Unintentional injuries and violence are the leading causes of death, hospitalization, and disability for children ages 1-18. This fact sheet provides a state snapshot of data on the injury-related Maternal and Child Health Block Grant National Performance Measures and Health Status Indicators, with a special focus on disparities based on race, gender, and rural/urban residence. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, program development, and presentations.

The Children’s Safety Network (CSN) National Injury and Violence Prevention Resource Center, funded by the Maternal and Child Health (MCH) Bureau, works with states to utilize a science-based, public health approach for injury and violence prevention (IVP). CSN is available to provide information and technical assistance on injury surveillance and data; needs assessments; best practices; and the design, implementation, and evaluation of programs to prevent child and adolescent injuries.

**Major Causes of Injury Death**
Understanding injury rankings among other causes of death is important in determining their physical and economic role in each state. Knowing what types of injuries cause the majority of deaths and hospitalizations can inform program planning and development efforts. Table 1 shows the top 5 causes of death by age group in the state. Unintentional and intentional injury deaths are highlighted. Table 2 shows the top 5 causes of injury death by age group in the state. Intentional injury deaths are highlighted.

<p>| Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Wisconsin, 2004-2008 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|</p>
<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1 Age Groups</th>
<th>1 - 4 Age Groups</th>
<th>5 - 9 Age Groups</th>
<th>10 - 14 Age Groups</th>
<th>15-19 Age Groups</th>
<th>20-24 Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Anomalies 470</td>
<td>Unintentional Injury 110</td>
<td>Unintentional Injury 96</td>
<td>Unintentional Injury 110</td>
<td>Unintentional Injury 627</td>
<td>Unintentional Injury 817</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation 457</td>
<td>Congenital Anomalies 46</td>
<td>Malignant Neoplasms 47</td>
<td>Malignant Neoplasms 45</td>
<td>Suicide 178</td>
<td>Suicide 269</td>
</tr>
<tr>
<td>3</td>
<td>SIDS 213</td>
<td>Malignant Neoplasms 32</td>
<td>Congenital Anomalies 18</td>
<td>Suicide 29</td>
<td>Homicide 125</td>
<td>Homicide 169</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injury 133</td>
<td>Homicide 27</td>
<td>Homicide 11</td>
<td>Congenital Anomalies 22</td>
<td>Malignant Neoplasms 57</td>
<td>Malignant Neoplasms 75</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Pregnancy Comp. 119</td>
<td>Septicemia ****</td>
<td>Septicemia ****</td>
<td>Heart Disease 10</td>
<td>Congenital Anomalies 30</td>
<td>Heart Disease 51</td>
</tr>
</tbody>
</table>

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Table 1 Source: WISQARS Leading Causes of Death Reports, 2004-2008.
Table 2: Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, Wisconsin, 2004-2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suffocation 111</td>
<td>Homicide 27</td>
<td>MV Traffic 43</td>
<td>MV Traffic 43</td>
<td>MV Traffic 443</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Homicide 42</td>
<td>MV Traffic 22</td>
<td>Drowning 16</td>
<td>Fire/Burn 16</td>
<td>Suicide 29</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MV Traffic 12</td>
<td>Drowning 20</td>
<td>Homicide 11</td>
<td>Drowning 16</td>
<td>Homicide 125</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Underdetermined Suffocation</td>
<td>Fire/Burn 19</td>
<td>Suffocation 11</td>
<td>Other spec clasbf</td>
<td>Sufc cession</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fall</td>
<td>Pedestrian Other</td>
<td>14</td>
<td>Other land transport ****</td>
<td>Drowning 28</td>
<td></td>
</tr>
</tbody>
</table>

Note. All mechanisms of suicide and homicide were combined according to intent. Each listed mechanism is unintentional except those otherwise noted. **** indicates that the cell values range from 1-10 and are suppressed for data confidentiality purposes.

Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2004-2008.

Childhood injury is also a leading cause of morbidity. Table 3 provides information from the state's hospital discharge data on the leading causes and incidence of hospital admissions by age group.

Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, Wisconsin Residents, 2009

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Other Specified, NEC 61</td>
<td>Unintentional Fall 112</td>
<td>Unintentional Fall 134</td>
<td>Self-Inflicted 175</td>
<td>Self-Inflicted 804</td>
<td>Self-Inflicted 681</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Fall 49</td>
<td>Unintentional Poisoning 82</td>
<td>Unintentional MVT 57</td>
<td>Unintentional Fall 142</td>
<td>Unintentional MVT 346</td>
<td>Unintentional MVT 352</td>
</tr>
<tr>
<td>3</td>
<td>Assault 37</td>
<td>Unintentional Fire/Burn 68</td>
<td>Unintentional Other Specified, NEC 36</td>
<td>Unintentional MVT 68</td>
<td>Unintentional Fall 175</td>
<td>Unintentional Fall 201</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Suffocation 20</td>
<td>Unintentional Bites &amp; Stings 44</td>
<td>Unintentional Struck By/Against 31</td>
<td>Unintentional T/O 59</td>
<td>SB/A 59</td>
<td>Assault 130</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Fire/Burn 12</td>
<td>Unintentional Other Specified, NEC 43</td>
<td>Unintentional Fire/Burn 21</td>
<td>Unintentional Other Specified, NEC 46</td>
<td>Unintentional Other Specified, NEC 110</td>
<td>Unintentional Poisoning 159</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable, T/O = Transport, Other, SB/A = Struck By/Against. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Cleveland, MD. January 2012. Incidence based on 2009 date from the state and obtained from the Wisconsin State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP); Agency for Healthcare Research and Quality (AHRQ). These injuries exclude patients who were read at the time of discharge, readmission cases, transfers (e.g., from another short or long-term care facility, different acute care hospital), medical misadventures, and/or who suffered non-acute injuries. All counts were based on the patients' state of residence.
National Performance Measures
The Federal Maternal and Child Health Bureau Block Grant program requires State MCH programs to report on 18 National Performance Measures (NPM), two of which directly address injuries. NPM #10 addresses the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. NPM #16 addresses the rate of suicide deaths among youths aged 15-19.

The following figures provide information related to NPMs #10 and #16.

NPM 10: Reducing Unintentional Motor Vehicle Deaths to Children Ages 0-14:

Figure 1: The Rate of Deaths to Children Aged 14 Years and Younger Caused by Motor Vehicle Crashes per 100,000 Children, Wisconsin and US, 2004-2008

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
69% of children ages 0-14 involved in a motor vehicle fatality were occupants.

Note: Unspecified/Other primarily includes cases where a child fatality was coded as an unspecified motor-vehicle accident or a collision between specified motor vehicles, among others. In addition, motorcyclist and pedal cyclist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.
In the state of Wisconsin from 2004 to 2008, the rate of motor vehicle crash-involved fatalities for males age 15-19 was 68 percent higher than for females age 13-19.

Figure 4 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 5 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System

NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:

Figure 6: The Rate (per 100,000) of Suicide Deaths among Youths Aged 15 to 19, Wisconsin and US, 2004-2008

Figure 6 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
47% of youth ages 15-19 completed suicide by using a firearm.

Note: Unspecified/Other includes all self-inflicted fatal injuries in which the mechanism was not identified or the coded mechanism was other than those named in the pie chart.
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Wisconsin, 2003-2007

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007

In the state of Wisconsin from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3.2 times higher than for females age 15-19.

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Wisconsin, 2004-2008

Figure 11 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, Wisconsin, 2003-2007

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System
IVP Health Status Indicators

The Maternal and Child Health Bureau requires every state to report on 12 Health Status Indicators. Six of the indicators are related to IVP. The two figures below reflect the data reported for the IVP Health Status Indicators by the state in their Maternal and Child Health Block Grant Application Form 17, 2011.

Figures 13 & 14 Source: HRSA, Title V Information System Multi-Year Report
State Specific Performance Measures and Priority Needs
Each state develops up to 7 – 10 State Performance Measures and priority needs. The following provides information about the states’ selected 2012 injury-related performance measures and priority needs.

State Performance Measures:
Wisconsin has the following injury-related State Performance Measure:
• To reduce the rate per 1,000 of substantiated reports of child maltreatment to Wisconsin children, ages 0-17, during the year.

Priority Needs:
Wisconsin has the following injury-related priority need:
• To increase the number of women, children, and families who live in a safe and healthy community.

This fact sheet presents a cursory review of the injury morbidity and mortality data available for the state. The figures and tables in this fact sheet can help you understand the state’s progress in addressing motor vehicle traffic injuries and suicide. To target and address these and other injury issues, it is critical to understand this data. CSN can assist you in conducting detailed data analyses, utilizing surveillance systems, and undertaking needs assessments. For assistance, contact the Children's Safety Network at csninfo@edc.org.

State Contact Information
MCH Director: Linda Hale, halelj@dhff.state.wi.us
IPV Director: Becky Turpin, rebecca.turpin@dhs.wisconsin.gov
PRAMS Coordinator: Eleanor Cautley, cautlek@dhfs.state.wi.us
EMSC Contact: Jennifer Ullsvik, jennifer.ullsvik@dhs.wisconsin.gov
CDR Coordinator: Abby Collier, AJCollier@chw.org

Connect with the Children’s Safety Network
43 Foundry Avenue Waltham, MA 02453-8313

CSN’s website: http://www.ChildrensSafetyNetwork.org
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Need TA? Have Questions? E-mail: csninfo@edc.org

CSN is funded by the Health Resources and Services Administration’s Maternal and Child Health Bureau (U.S. Department of Health and Human Services). A project of the Education Development Center, Inc.

January 2012