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.

![Image of a table showing leading causes and total 5-year incidence of deaths by age group in West Virginia, 2004-2008.](Table 1 Source: WISQARS Leading Causes of Death Reports, 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, West Virginia 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 Fall 24</td>
<td>Unintentional Fall 45</td>
<td>Unintentional Fall 40</td>
<td>Unspecified 54</td>
<td>Unintentional MVT 168</td>
<td>Unintentional MVT 213</td>
</tr>
<tr>
<td>2</td>
<td>Unspecified 11</td>
<td>Unspecified 35</td>
<td>Unspecified 27</td>
<td>Unintentional Transport, Other 48</td>
<td>Self-Inflicted 125</td>
<td>Self-Inflicted 178</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Poisoning 29</td>
<td>Unintentional MVT 15</td>
<td>Unintentional Fall 41</td>
<td>Unspecified 110</td>
<td>Unspecified 153</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Poisoning</td>
<td>Unintentional Bites &amp; Stings 19</td>
<td>Unintentional Pedal Cyclist, Other 13</td>
<td>Unintentional MVT 28</td>
<td>Unintentional Transport, Other 50</td>
<td>Unintentional Fall 63</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Suffocation</td>
<td>Unintentional Other Specified, NEC</td>
<td>Unintentional Transport, Other 17</td>
<td>Self-Inflicted 17</td>
<td>Unintentional Fall 45</td>
<td>Unintentional Transport, Other 55</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic, GS = Other Specified, NEC = Not Elsewhere Classifiable. * = indicates that the cell value ranges from 1-10 and is suppressed for data confidentiality purposes. Source: Children’s Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2012. Incidence based on 2009 data from the state and obtained from the West Virginia State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These injuries exclude patients who were dead 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 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
39% 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.

Figure 2 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 3 Source: WISQARS Injury Mortality Reports, 2003-2007
NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:

In the state of West Virginia from 2004 to 2008, the rate of motor vehicle crash-involved fatalities for males age 15-19 was 1.05 percent higher than for females age 15-19.

Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

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
53% 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.

Figures 7 & 9 Source: Youths Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
In the state of West Virginia from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3.1 times higher than for females age 15-19.

Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

Figure 11 Source: **WISQARS Fatal Injury Reports, 2004-2008** and **WISQARS Injury Mortality Reports, 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.

Figure 13: Nonfatal Injury Health Status Indicators, West Virginia 2005-2010

Figure 14: Fatal Injury Health Status Indicators, West Virginia 2005-2010

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:

West Virginia has the following injury-related State Performance Measures:

• To decrease the number of infant deaths due to SIDS/SUID.
• To decrease the percentage of high school students who drink alcohol and drive.
• To decrease the number of high school students who never or rarely wear a seatbelt when riding in a car driven by someone else.

Priority Needs:

West Virginia has the following injury-related priority needs:

• Reduce the infant mortality rate, focusing efforts on black infants and sudden, unexplained causes.
• Decrease the incidence of fatal accidents caused by drinking and driving.
• Increase the percentage of adolescents who wear seat belts.
• Reduce accidental deaths among youth 24 years of age or younger.

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: Anne Williams, anne.a.williams@wv.gov
IVP Director: Michelle O’Bryan, michelle.l.o'bryan@wv.gov
PRAMS Coordinator: Traci Hudson, traci.d.hudson@wv.gov
EMSC Contact: Vicki L Hildreth, vicki.l.hildreth@wv.gov
CDR Coordinator: Trish A McCay, patricia.a.mccay@wv.gov

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

CSN’s website: http://www.ChildrensSafetyNetwork.org
CSN on Facebook: http://www.facebook.com/childrenssafetynetwork
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Register for the CSN newsletter: http://go.edc.org/csn-newsletter
Need TA? Have Questions? E-mail: csninfo@edc.org

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