Children's Safety Network

Missouri 2012 State Fact Sheet

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.

Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, Missouri, 2004-2008

	Age Groups					
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Congenital Anomalies 628	Unintentional Injury 171	Unintentional Injury 117	Unintentional Injury 148	Unintentional Injury 942	Unintentional Injury 1,100
2	Short Gestation 611	Homicide 55	Malignant Neoplasms 57	Malignant Neoplasms 39	Homicide 251	Homicide 345
3	Unintentional Injury 243	Congenital Anomalies 43	Congenital Anomalies 17	Suicide 39	Suicide 188	Suicide 308
4	SIDS 224	Malignant Neoplasms 34	Homicide 16	Homicide 25	Malignant Neoplasms 75	Malignant Neoplasms 100
5	Maternal Pregnancy Comp. 151	Heart Disease 21	Heart Disease 12	Heart Disease 18	Heart Disease 49	Heart Disease 67

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, Missouri, 2004-2008

	Age Groups					
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Suffocation 211	Homicide 55	MV Traffic 55	MV Traffic 83	MV Traffic 736	MV Traffic 711
2	Homicide 44	MV Traffic 48	Fire/Burn 19	Suicide 39	Homicide 251	Homicide 345
3	Undetermined Suffocation 14	Fire/Burn 41	Homicide 16	Homicide 25	Suicide 188	Suicide 308
4	MV Traffic 10	Drowning 32	Drowning 11	Fire/Burn 14	Poisoning 88	Poisoning 251
5	Drowning ****	Suffocation 17	Other Land Transport ****	Drowning 12	Drowning 41	Drowning 30

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, Missouri Residents, 2009

	Age Groups					
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Unintentional Other Specified, NEC 82	Unintentional Fall 154	Unintentional Fall 176	Unintentional Fall 214	Self-Inflicted 765	Self-Inflicted 759
2	Assault 74	Unintentional Poisoning 110	Unintentional MVT 77	Self-Inflicted 165	Unintentional MVT 633	Unintentional MVT 682
3	Unintentional Fall 57	Unintentional Fire/Burn 102	Unintentional Other Specified, NEC 70	Unintentional MVT 117	Assault 285	Assault 295
4	Unintentional Fire/Burn 23	Unintentional Bites & Stings 65	Unintentional Bites & Stings 68	Unintentional Struck By/Against 112	Unintentional Fall 222	Unintentional Fall 229
5	Unintentional Other N/E 18	Unintentional Other Specified, NEC 57	Unintentional Struck By/Against 44	Unintentional Other Specified, NEC 105	Unintentional Other Specified, NEC 183	Unintentional Other Specified, NEC 175

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. N/E = Natural/Environmental. *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 Missouri 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:

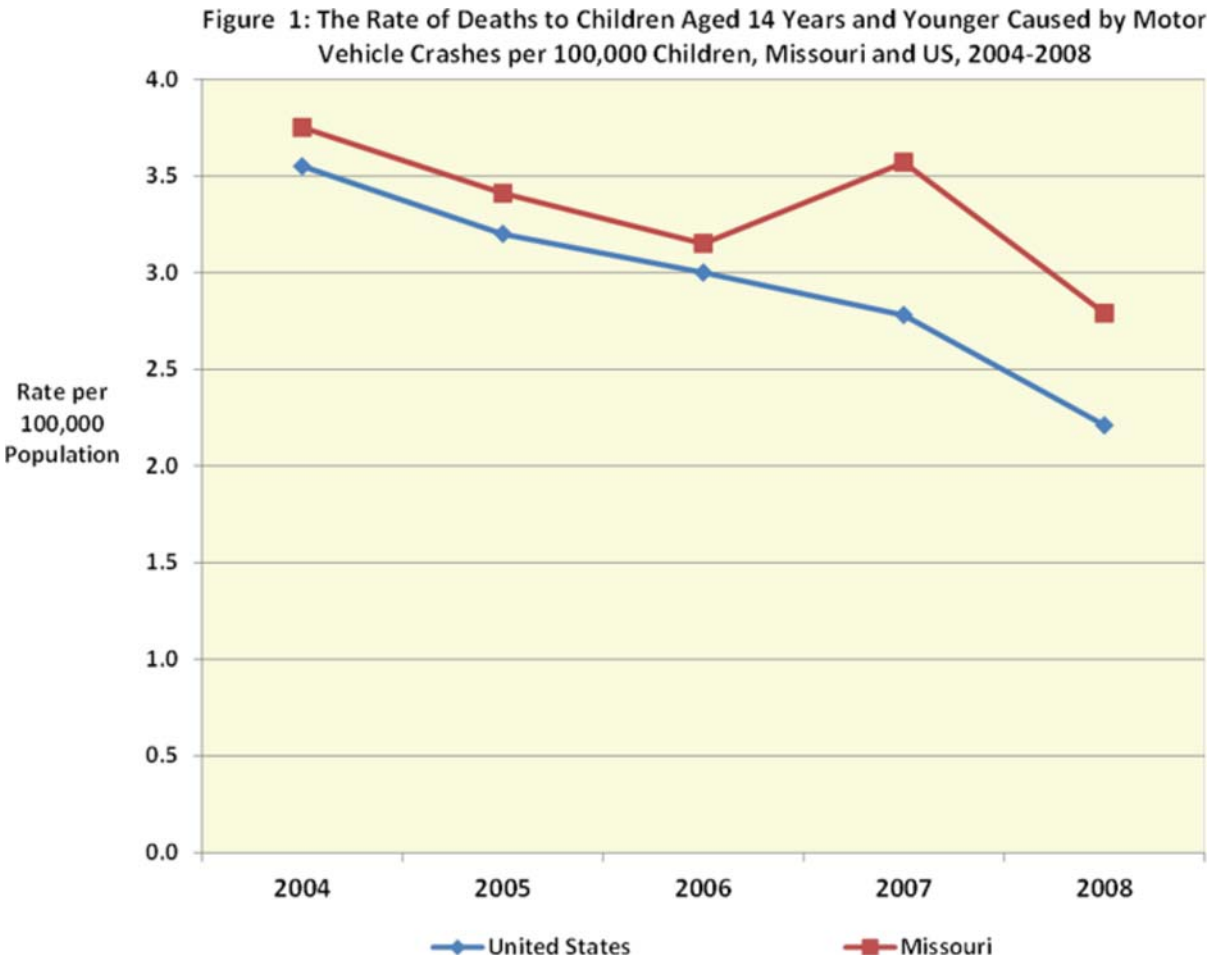


Figure 1 Source: **WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007**

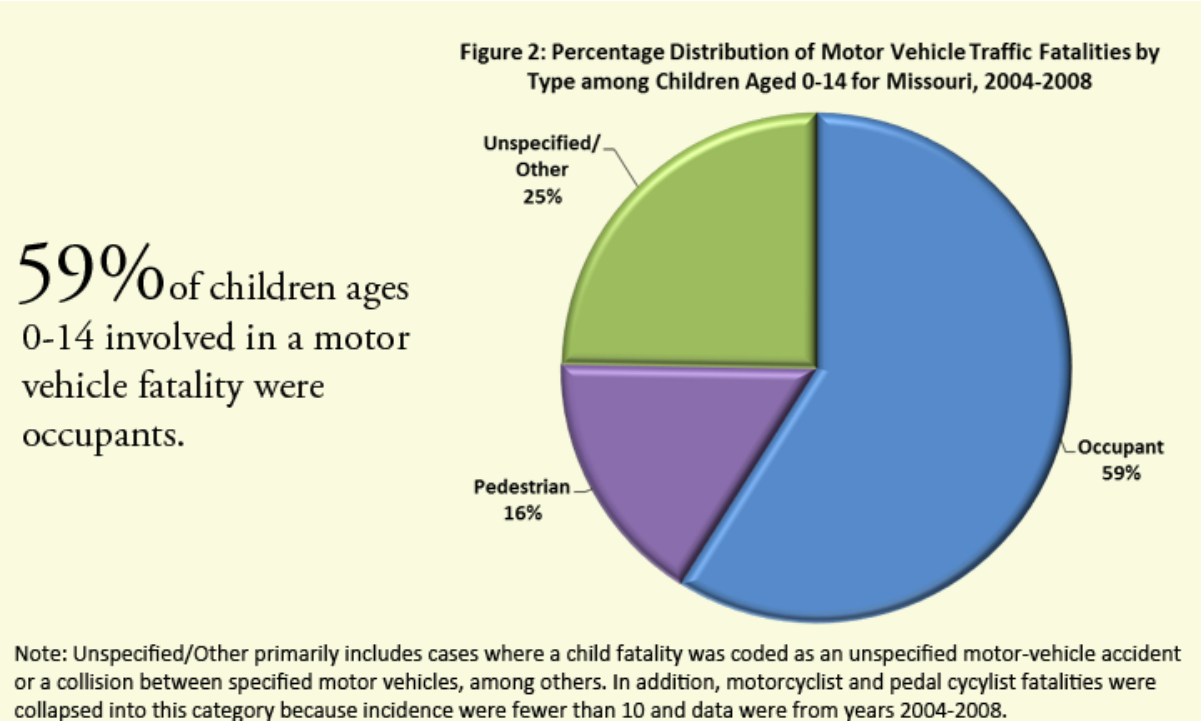


Figure 2 Source: **WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007**

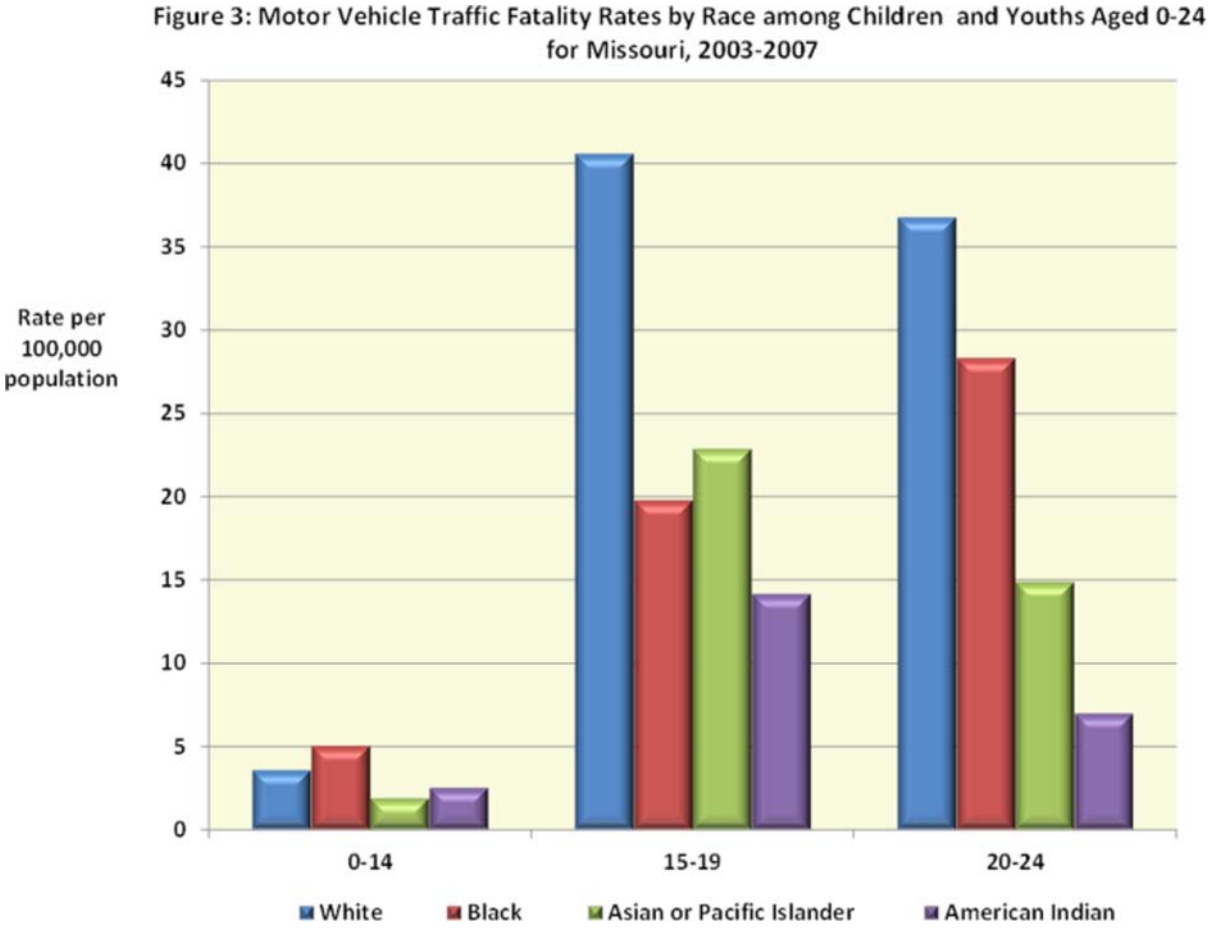
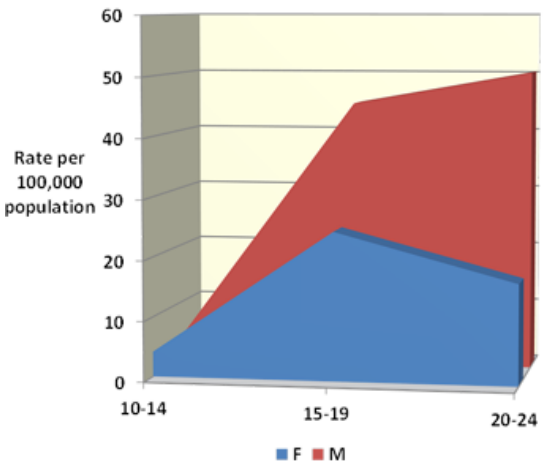


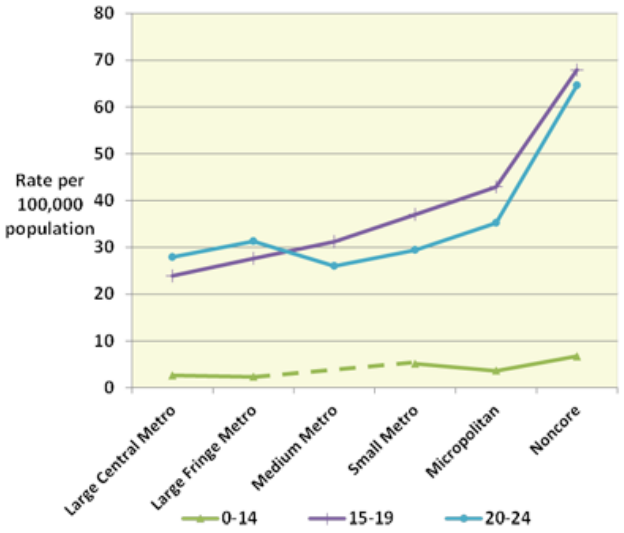
Figure 3 Source: **WISQARS Injury Mortality Reports, 2003-2007**

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Missouri, 2004-2008



In the state of Missouri from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 81 percent higher than for females age 15-19.

Figure 5: Motor Vehicle Traffic Fatality Rates by Urbanicity among Children and Youths Aged 0-24 for Missouri, 2004-2008



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**

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, Missouri and US, 2004-2008

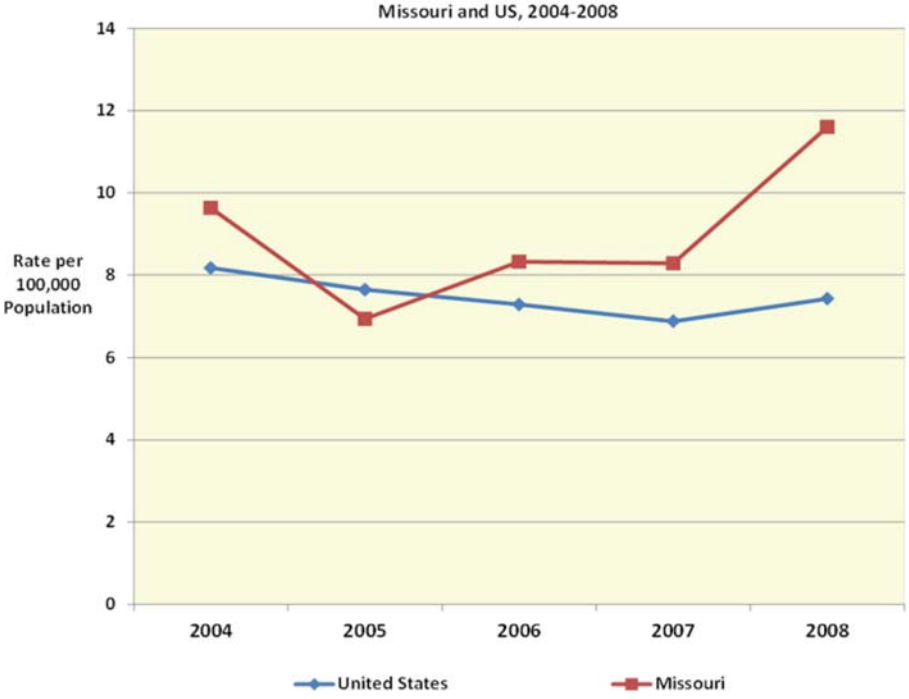


Figure 6 Source: **WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007**

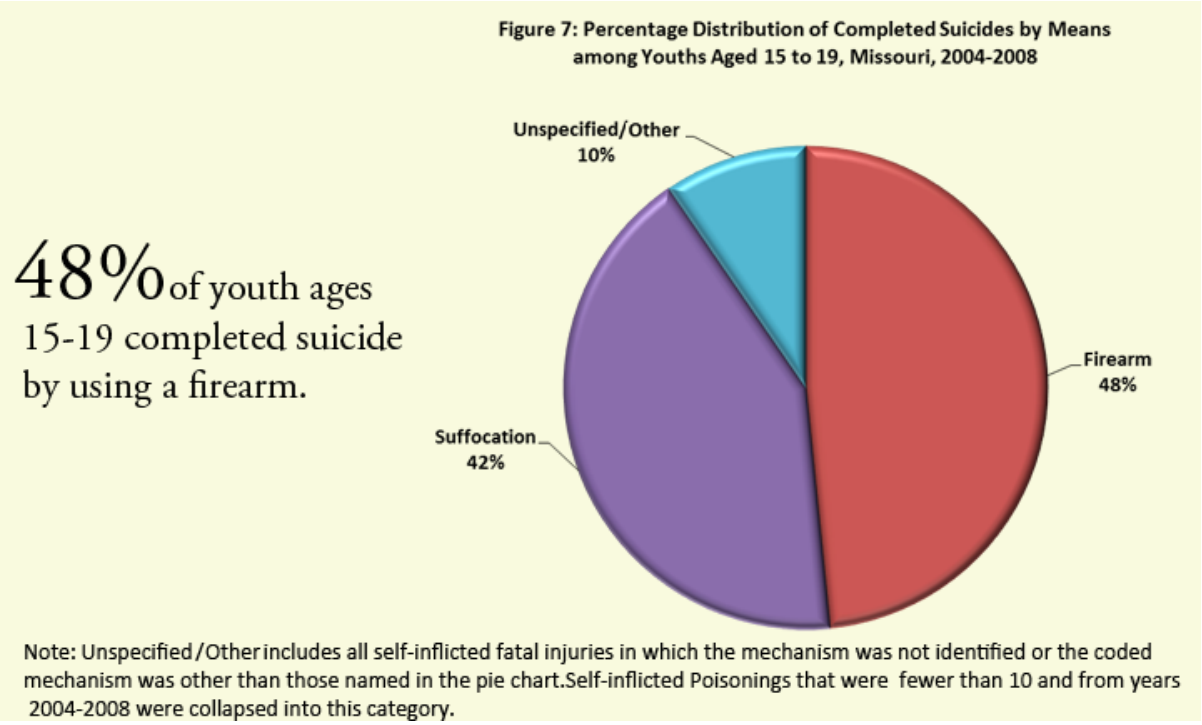
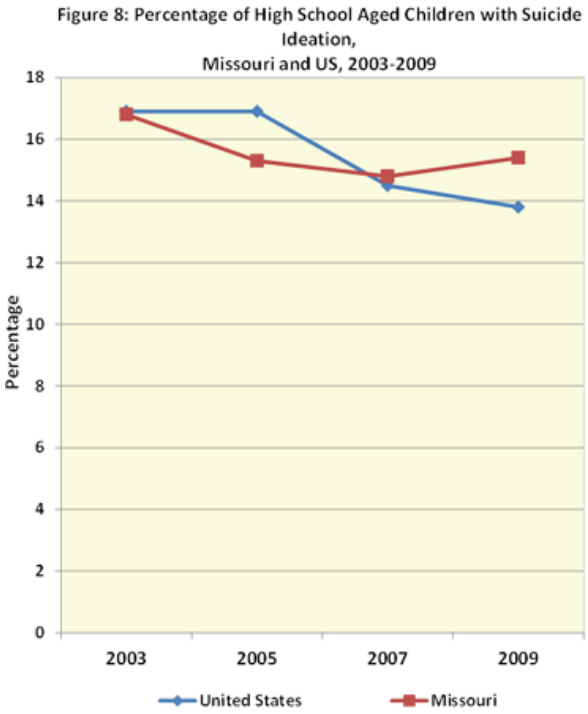
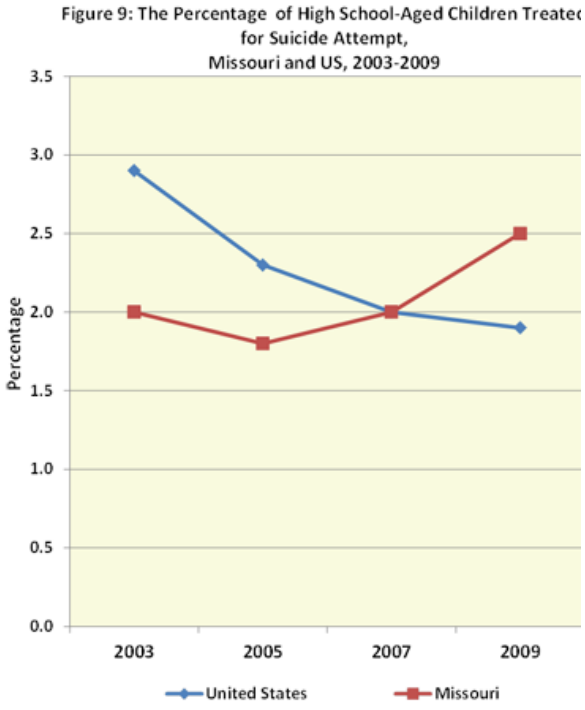


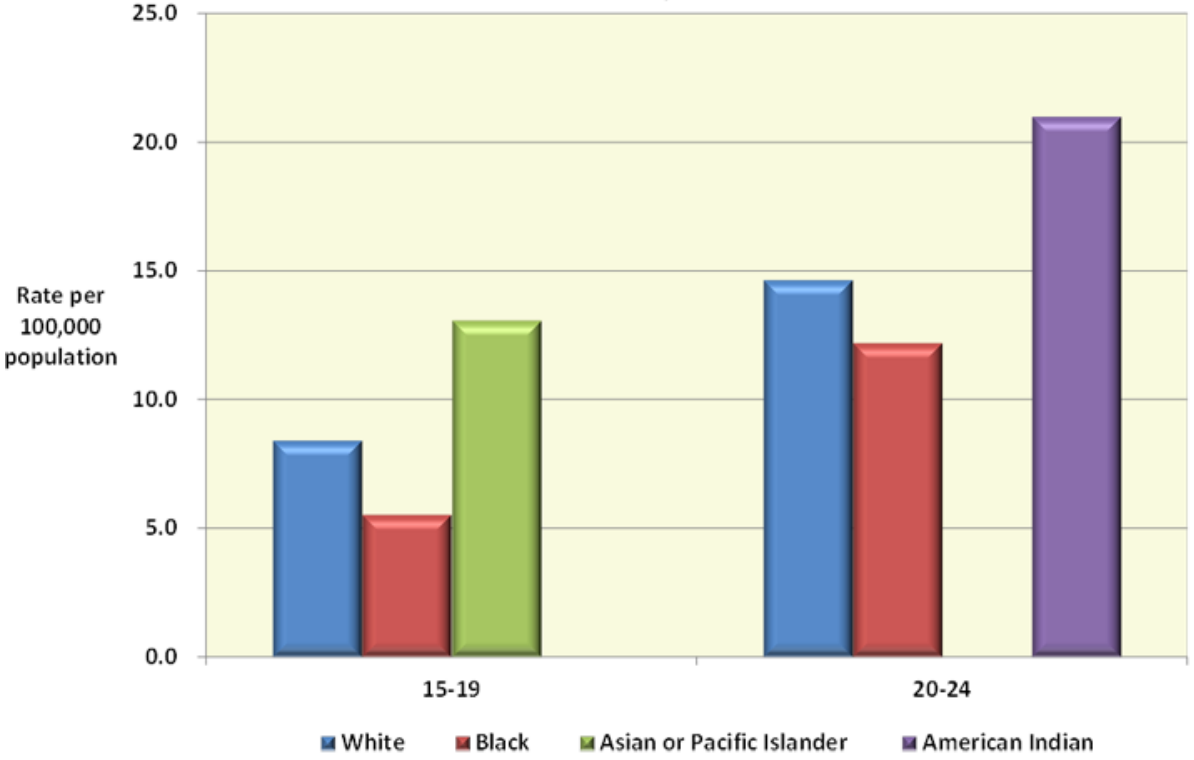
Figure 7 Source: **WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007**





Figures 8 & 9 Source: **Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009**

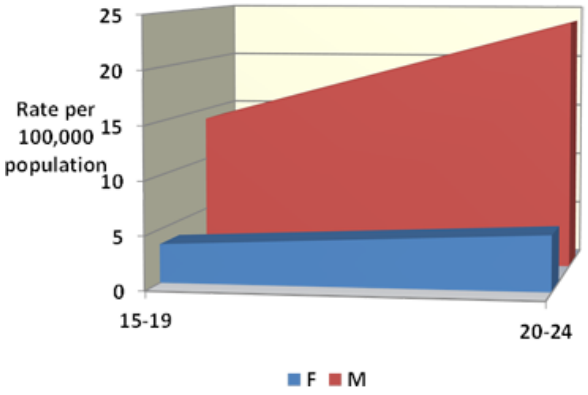
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, Missouri, 2003-2007



Note: Rates based on two or fewer deaths were excluded.

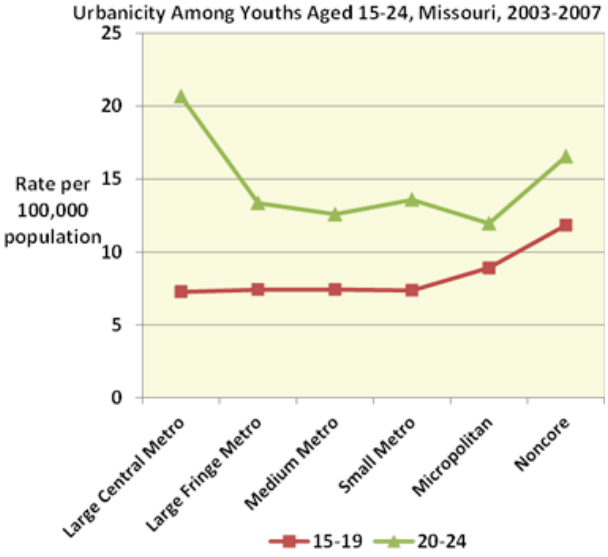
Figure 10 Source: **WISQARS Injury Mortality Reports, 2003-2007**

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



In the state of Missouri from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 2.9 times higher than for females age 15-19.

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



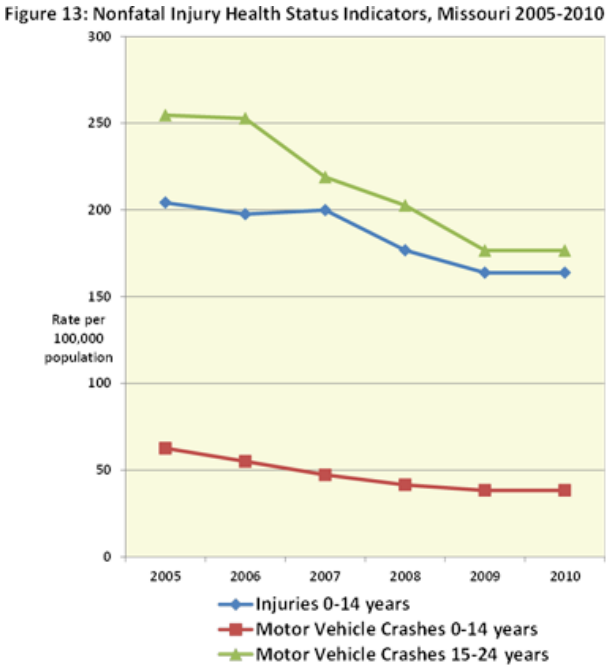
Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

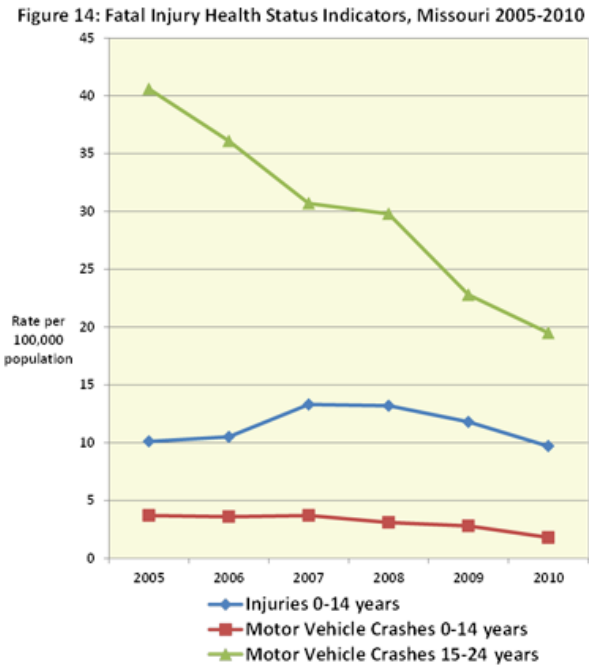
Figure 11 Source: **WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007**

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.





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:

Missouri has the following injury-related State Performance Measure:

• To reduce the percentage of women with a recent live birth who reported frequent postpartum depressive symptoms.

Priority Needs:

Missouri has the following injury-related priority needs:

• Improve the mental health status of MCH populations.

• Reduce intentional and unintentional injuries among women, children, and adolescents.

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

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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