



Hawaii 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, Hawaii, 2004-2008

		Age Groups					
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24	
1	Short Gestation 91	Unintentional Injury 34	Malignant Neoplasms ****	Unintentional Injury 15	Unintentional Injury 80	Unintentional Injury 136	
2	Congenital Anomalies 80	Congenital Anomalies 10	Unintentional Injury ****	Malignant Neoplasms 10	Suicide 38	Suicide 43	
3	Maternal Pregnancy Comp. 50	Malignant Neoplasms ****	Heart Disease ****	Congenital Anomalies ****	Malignant Neoplasms 15	Malignant Neoplasms 24	
4	Bacterial Sepsis 35	Homicide ****	Homicide ****	Suicide ****	Congenital Anomalies ****	Heart Disease 16	
5	Placenta Cord Membranes 22	Unintentional Injury 22	Heart Disease ****	Influenza & Pneumonia ****	Septicemia ****	*Three Tied ****	Homicide ****

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes. *For ages 10-14, three mechanisms were tied for the fifth through seventh ranking including Cerebrovascular Disease, Heart Disease, and Septicemia. Each of these mechanisms had fewer than 10 deaths.

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, Hawaii, 2004-2008

Age Groups									
Rank	<1	1 - 4	5 - 9		10 - 14	15-19	20-24		
1	Suffocation 16	Drowning ****	Homicide ****		MV Traffic ****	MV Traffic 59	MV Traffic 78		
2	Homicide ****	MV Traffic ****	Drowning ****	MV Traffic ****	Suicide ****	Suicide 38	Suicide 43		
3	MV Traffic ****	Suffocation ****	Poisoning ****		Drowning ****	Drowning ****	Poisoning 22		
4	Undetermined Unspecified ****	Homicide ****	Suffocation ****		Fire/Burn ****	Other Land Transport ****	Homicide ****	Drowning 13	Homicide 13
5	Drowning ****	Pedestrian Other ****	Undetermined Poisoning ****		Poisoning ****	Poisoning ****	Undetermined Poisoning ****		

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, Hawaii Residents, 2009

Age Groups							
Rank	<1	1 - 4	5 - 9	10 - 14		15-19	20-24
1	Unintentional Fall 17	Unintentional Fall 51	Unintentional Fall 57	Unintentional Fall 39		Self-Inflicted 84	Self-Inflicted 110
2	Unintentional Other Specified, NEC 14	Unspecified 41	Unspecified 41	Unspecified 24		Unintentional MVT 76	Unintentional MVT 107
3	Unspecified 14	Unintentional Other Specified, NEC 24	Unintentional MVT 19	Unintentional MVT 23		Unintentional Fall 52	Unspecified 92
4	Unintentional Poisoning *	Unintentional Poisoning 20	Unintentional Struck By/Against 12	Unintentional SB/A *	Self-Inflicted *	Assault 52	Unintentional Fall 60
5	Unintentional Bites & Stings *	Unintentional Fire/Burn 11	Unintentional Pedal Cyclist, Other *	Unintentional Other Specified, NEC *		Unintentional Struck By/Against 30	Assault 58

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. SB/A = Struck By/Against. * = indicates that the cell value ranges from 1-10. 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 Hawaii 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:

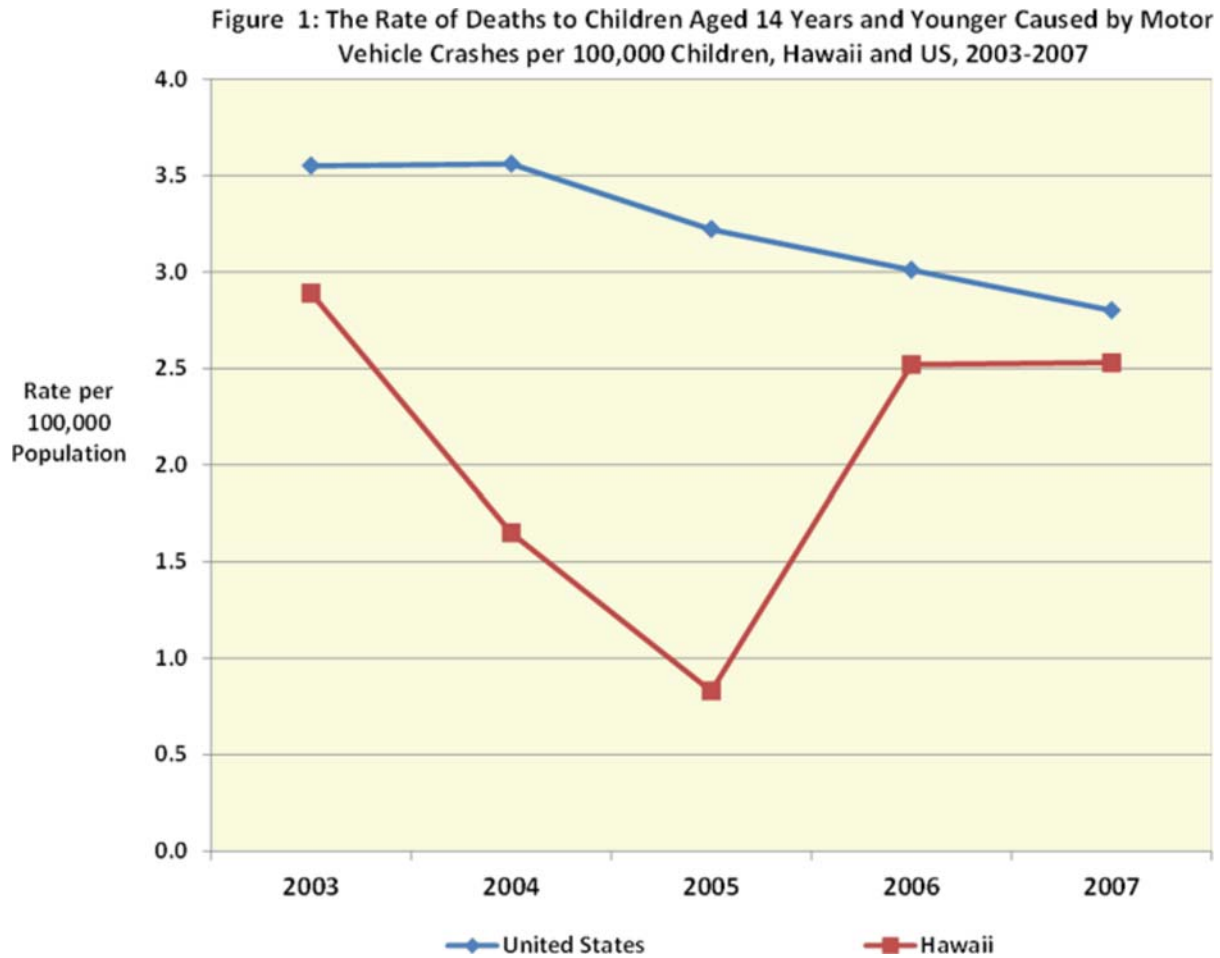
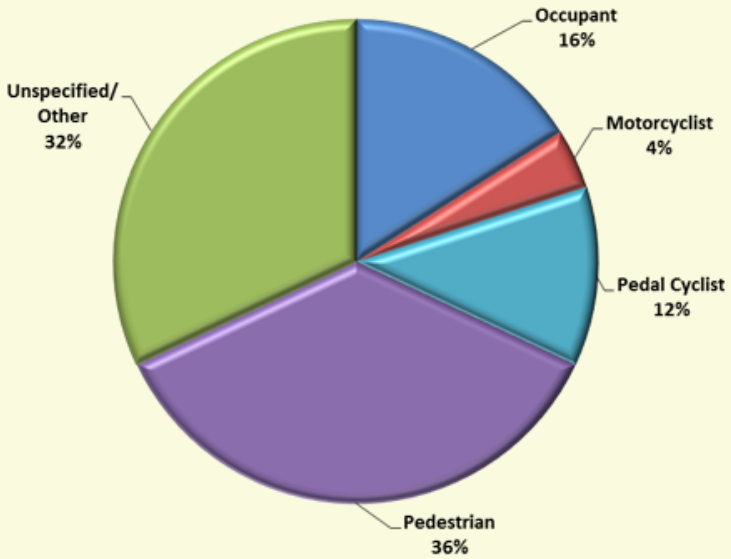


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for Hawaii, 2003-2007

36% of children ages 0-14 involved in a motor vehicle fatality were pedestrians.



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.

Figure 2 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 3: Motor Vehicle Traffic Fatality Rates by Race among Children and Youths Aged 0-24 for Hawaii, 2003-2007

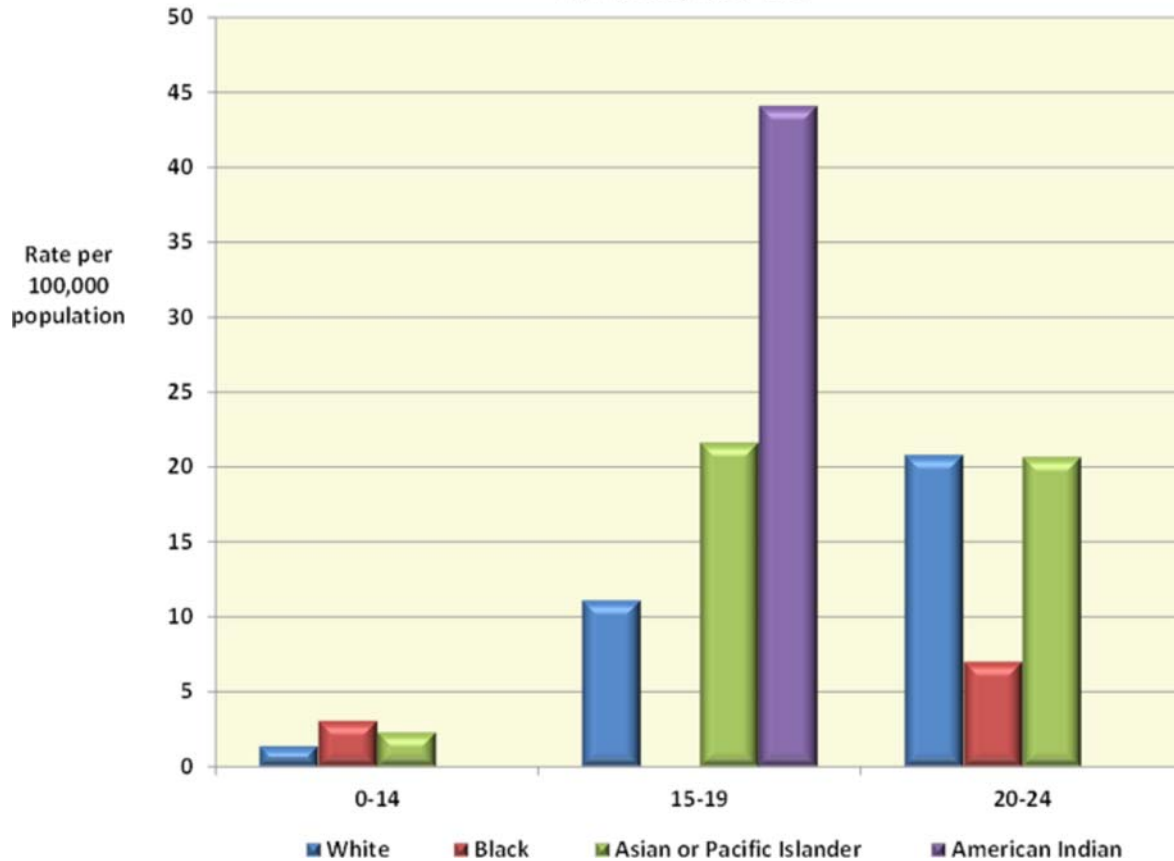
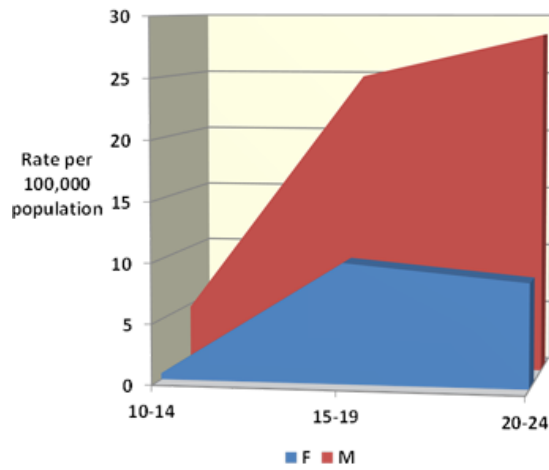


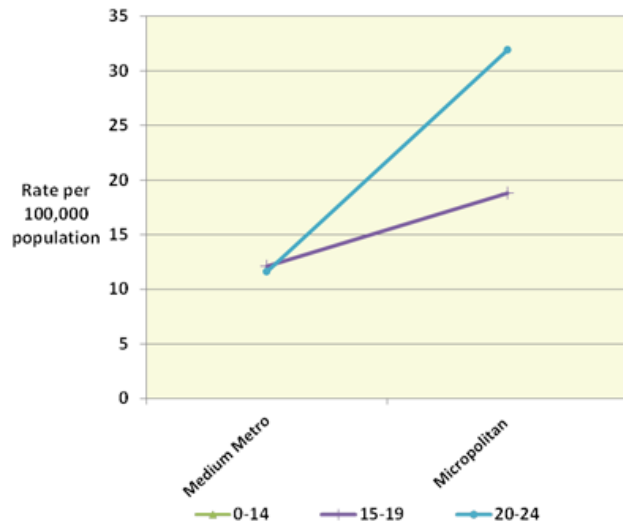
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for Hawaii, 2003-2007



In the state of Hawaii from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 103 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 Hawaii, 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, Hawaii and US, 2004-2008

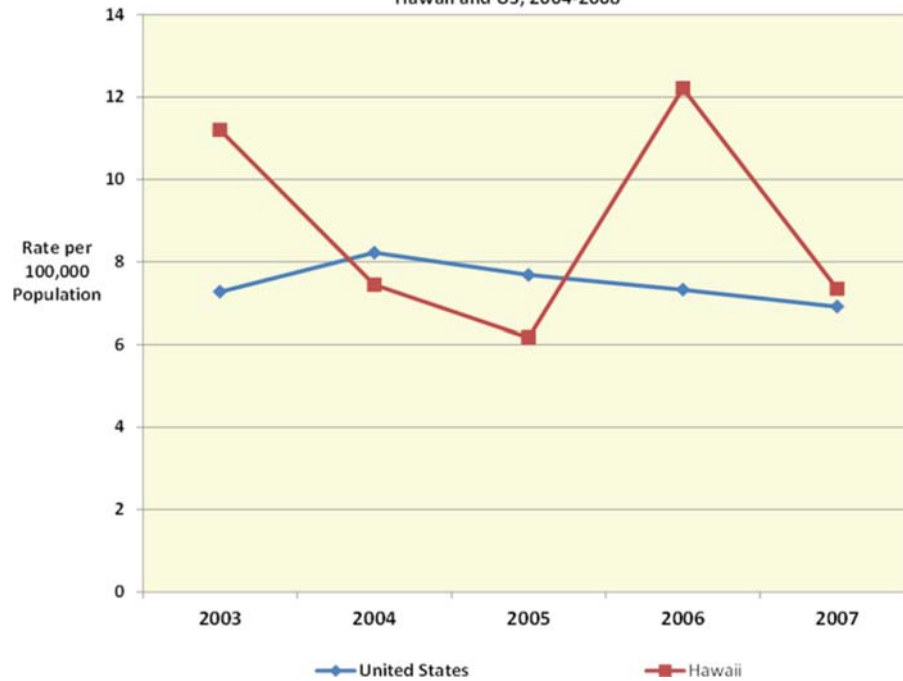
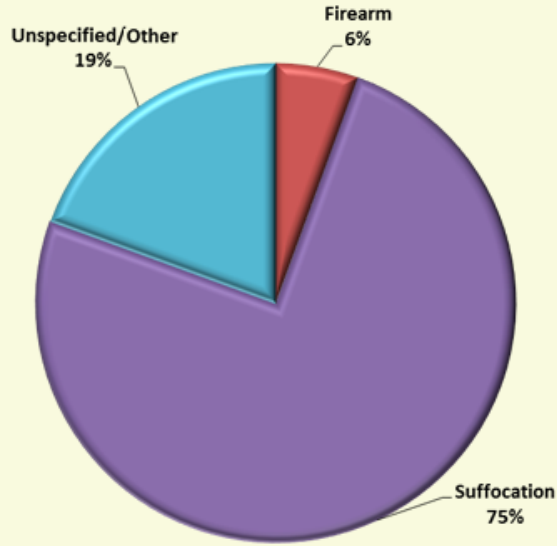


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, Hawaii, 2004-2008

75% of youth ages 15-19 completed suicide by using suffocation.



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 7 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 8: Percentage of High School Aged Children with Suicide Ideation, Hawaii and US, 2003-2009

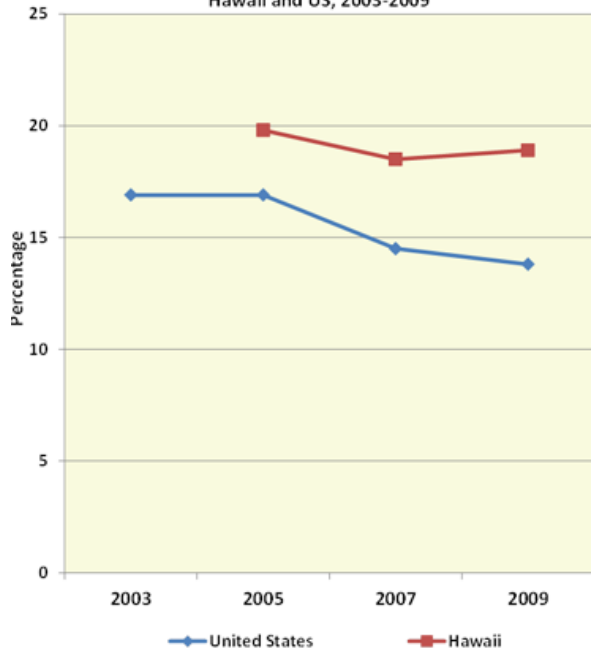
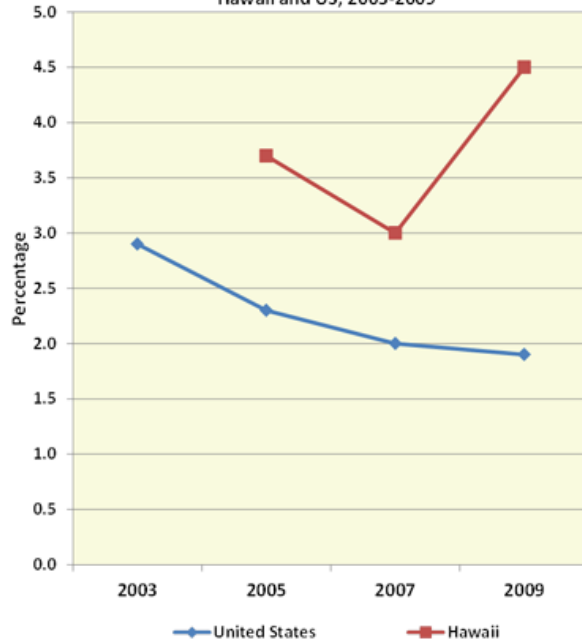


Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, Hawaii and US, 2003-2009



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, Hawaii, 2003-2007

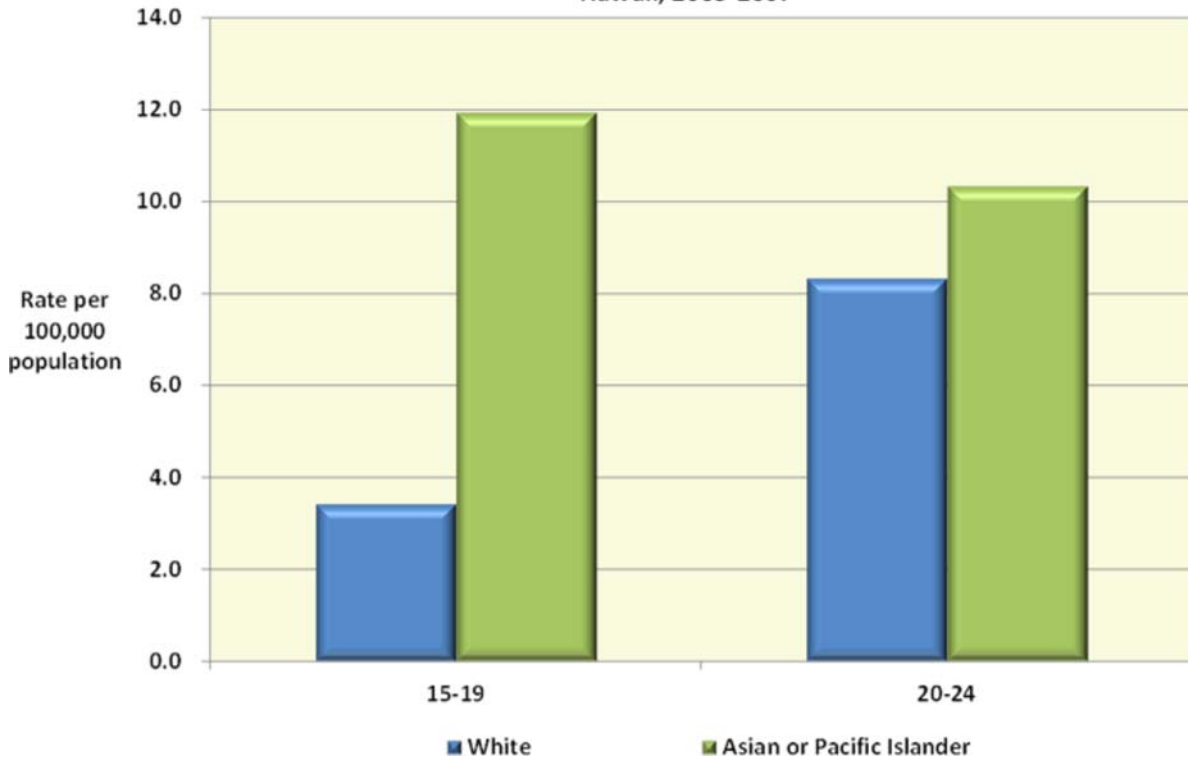
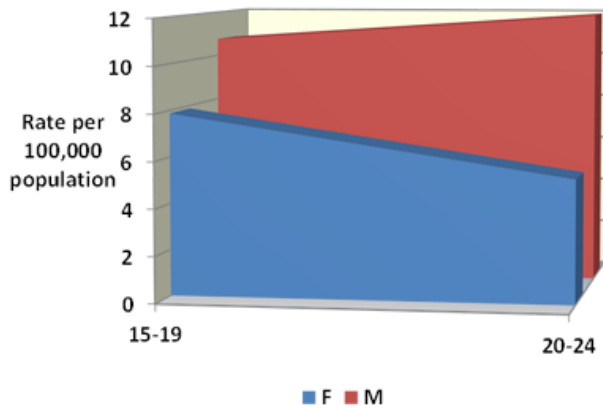


Figure 10 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

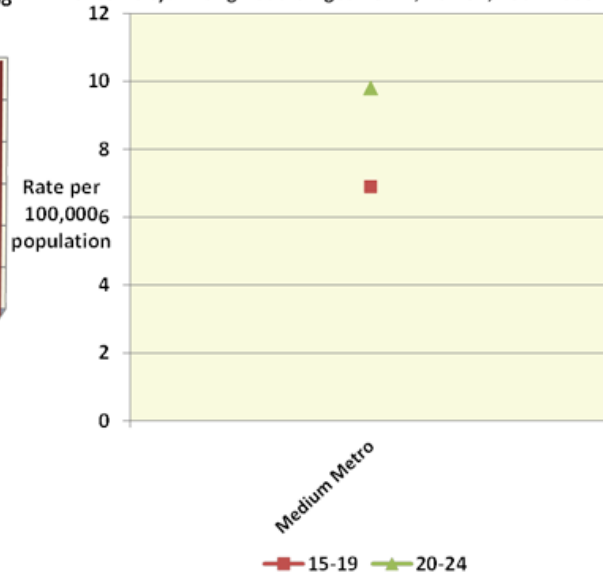
Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Hawaii, 2004-2008



In the state of Hawaii from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 0.4 times higher than for females age 15-19.

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, Hawaii, 2004-2008



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

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, Hawaii 2005-2010

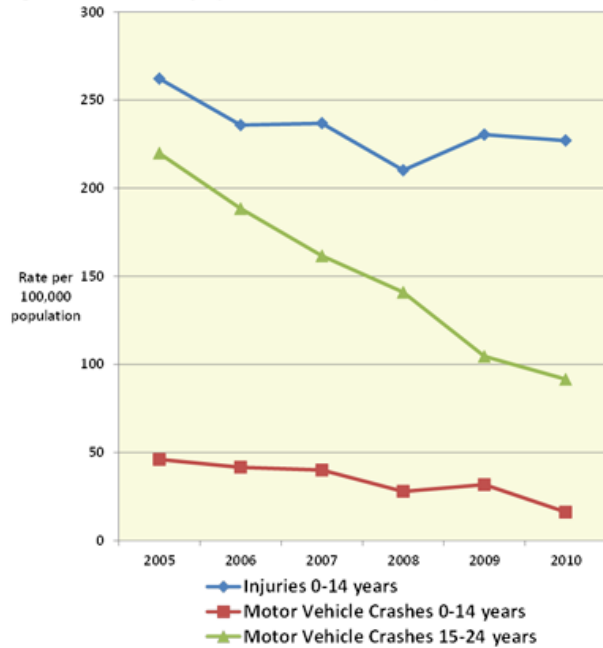
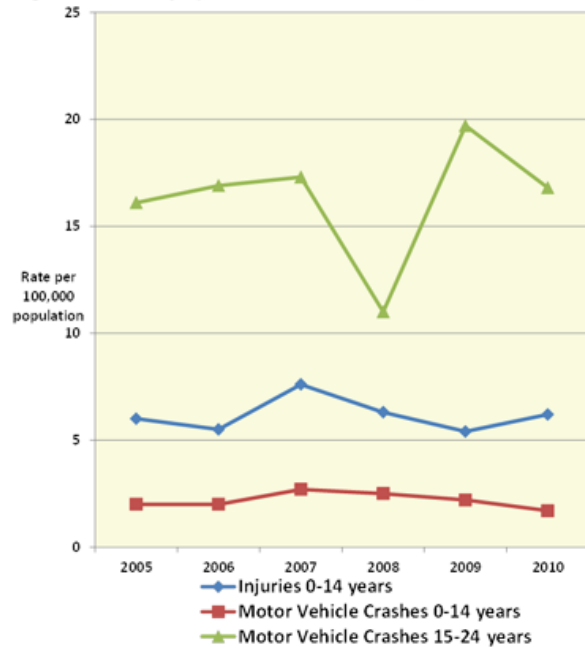


Figure 14: Fatal Injury Health Status Indicators, Hawaii 2005-2010



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:

Hawaii has the following injury-related State Performance Measures:

- To reduce the rate of confirmed child abuse/neglect reports per 1,000 for children aged 0-5 years.
- To reduce the percent of teenagers in grades 6 to 8 attending public schools who report bullying is a problem at their school.

Priority Needs:

Hawaii has the following injury-related priority needs:

- Reduce the rate of child abuse and neglect with special attention on ages 0-5 years.
- Prevent bullying behavior among children with special attention on adolescents age 11-18 years.

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: Danette Wong Tomiyasu, danette.tomiyasu@doh.hawaii.gov

IVP Director: Therese Argoud, therese.argoud@doh.hawaii.gov

PRAMS Coordinator: Emily Roberson, emily.roberson@doh.hawaii.gov

EMSC Contact: Dwayne Lopes, dwayne.lopes@doh.hawaii.gov

CDR Coordinator: Susan Anderson, susan.anderson@doh.hawaii.gov

Connect with the Children's Safety Network

43 Foundry Avenue Waltham, MA 02453-8313

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Need TA? Have Questions? E-mail: csninfo@edc.org

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