VERMONT
DEPARTMENT OF HEALTH

Division of Maternal & Child Health

BRIEF: Injury

The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.

Priority area	Children live in safe and supported communities
Performance Measure	Rate of hospitalization for non-fatal injury per 100,000 children ages 0 to 9 and adolescents 10 to 19
Strategy Measure	# of hospital emergency department clinicians and staff trained in the early identification and assessment of suicide risk

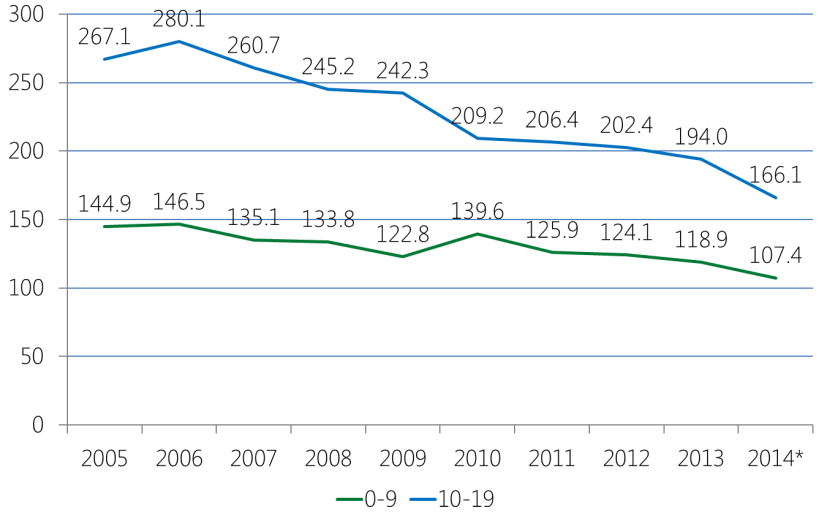
Introduction & Results.

Injury is the leading cause of child mortality. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings.

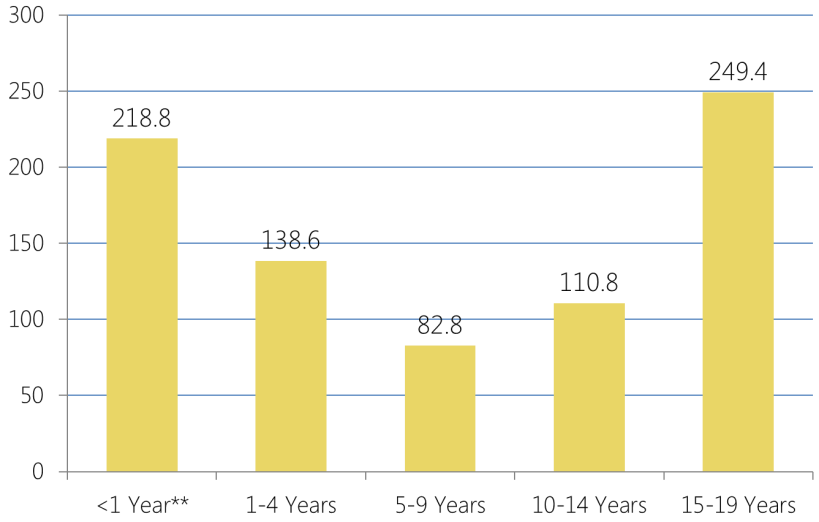
Vermont's Division of Maternal and Child Health (MCH) has long been committed to addressing injury in the MCH population; however, several years ago, Vermont lost dedicated injury funding and it has been challenging to prioritize this work. New efforts around suicide prevention, farm health, child maltreatment, and infant safe sleep have renewed our commitment to this work.

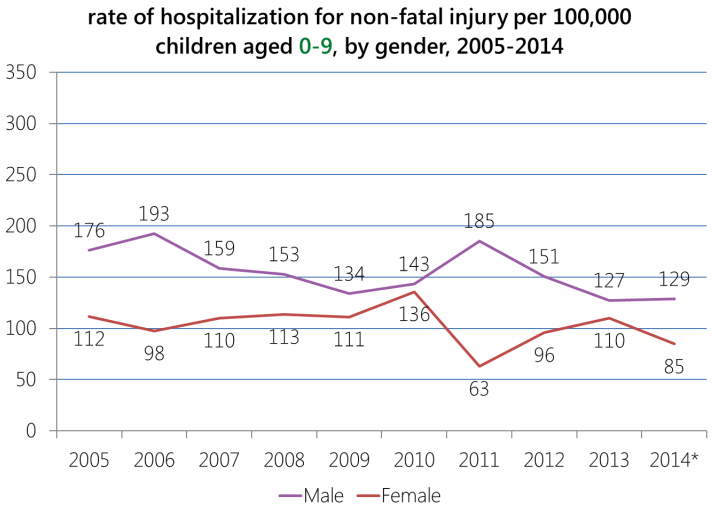
In 2014 the injury rate for children ages 0-9 was 107.4 per 100,000 children, compared to a rate of 166.1 for adolescents ages 10-19. Injury rates in adolescents are declining faster than in younger children starting from a higher level. The leading causes of injury in Vermont for children ages 0 to 14 are: falls, poisoning (primarily accidental), and motor vehicle; for adolescents 15 to 24: poisoning (primarily self-inflicted), motor vehicle, and falls.

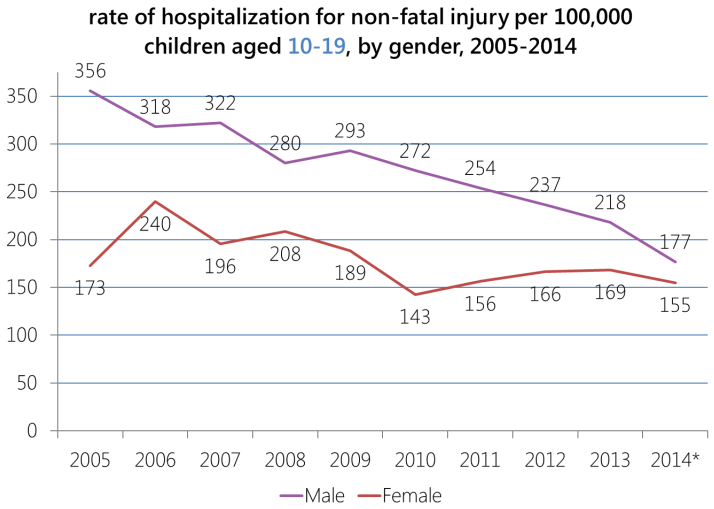
rate of hospitalization for non-fatal injury per 100,000 children by age, 2005-2014



rate of hospitalization for non-fatal injury per 100,000 children by age, 2012-2014







Females ages 0-9 have lower overall injury rates than males, although, in most years the difference is not statistically significant. Male children's injury rates are falling faster than for female children (5.0 cases per 100,000 vs. 2.1 cases per 100,000). The 2011 injury rate in females aged 0-9 is unusually low.

The injury rates for males and females ages 10-19 appear to be converging. The male injury rate is declining almost three times faster than the female rate (17.2 cases per 100,000 vs. 6.1 cases per 100,000).

Vermont Strategies.

- Utilize **accurate data in programming planning and evaluation** through the support of childhood injury data analysis and epidemiology
- Participate on the **Vermont Suicide Prevention Coalition** and facilitate Vermont Suicide Data Committee:
  - In partnership with the Vermont Child Health Improvement Program (VCHIP), collect and report on quality improvement data from pediatric practices on depression screening
  - Promote suicide screening in primary care using the nationally recognized Zero Suicide approach
- MCH Leadership is engaged in the national quality improvement project: Child Safety Collaborative Improvement & Innovation Networks (CoIIN) to **assess emergency department protocols and coding** for response to patients who have attempted suicide.
- Promote infant **safe sleep practices** in hospital and community settings (see Safe Sleep Brief for more info)
- Provide public health leadership in the **prevention and approach to child maltreatment**
  - Support statewide implementation of evidence-based home visiting programs
  - MCH Coordinators at the District Office level serve as members of local Child Protection Teams
  - MCH leadership serves on the Vermont Citizen's Advisory Board (VCAB) to examine policies, practices, and procedures of the Vermont's child protection agency
  - MCH leadership serves on Vermont's Child Fatality Review Team and works with this team to update data gathering, assessment, and review procedures
  - MCH Coordinators at the local level coordinate with the Department for Children and Families to improve the health status of children in state custody
  - Vermont contracts with a Child Safe Physician to provide medical leadership and case-specific consultation for community efforts and coordination around child abuse and neglect and trauma response
- Contribute to farm health injury prevention though participation on **Vermont's Farm Health Task Force**

Data Sources & Issues.

Numerator: Vermont Hospital Discharge data set 2005-2014. Denominator: Vermont Population data by age and sex 2005-2014 from: healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates, accessed 5/19/2017

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For more information, visit: healthvermont.gov/children-youth-families/adolescent-health/prevent-teen-suicide