



**Children's Safety Network**  
**National Injury and Violence Prevention**  
**Resource Center**

# New Jersey

## 2011 Fact Sheet

Unintentional injuries and violence are the leading cause of death, hospitalization, and disability for children ages 1-18. In 2007, the number of injury deaths for children ages 0-18 was 13,912\* and the number of all nonfatal injuries for children ages 0-18 was 8.7 million.\*\* 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 provides 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.

CSN has prepared this fact sheet to provide a state snapshot of injury and violence prevention data, resources, and activities. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, and presentations.

\*Reference: National Center for Health Statistics (NCHS) Vital Statistics System for numbers of deaths. U.S. Bureau of Census for population estimates.

\*\*Reference: National Electronic Injury Surveillance System (NEISS) All Injury Program operated by the U.S. Consumer Product Safety Commission for numbers of injuries. U.S. Bureau of Census for population estimates.

### Major Causes of Death

- Unintentional injuries (1,749) were the leading cause of death for children and youth ages 1–24 in New Jersey during the period 2003–2007.
- Homicide (680) was the second leading cause of death for youth ages 15–24 in New Jersey during the period 2003–2007.
- Homicide (24) was the third leading cause of death for children ages 10-14 in New Jersey during the period 2003-2007.
- Suicide (346) was the third leading cause of death for youth ages 15–24 in New Jersey during the period 2003–2007.

### Major Causes of Injury Death

- Unintentional suffocation (27) was the leading cause of injury death for children under age 1 in New Jersey during the period 2003–2007.
- Unintentional motor vehicle traffic crashes (965) were the leading cause of injury death for children and youth ages 1–24 in New Jersey during the period 2003–2007.
- Unintentional drowning (23) was the second leading cause of injury death for children ages 1-4 in New Jersey during the period 2003-2007.
- Unintentional fires/burns (23) were the second leading cause of injury death for children ages 5-9 in New Jersey during the period 2003-2007.
- Homicide by firearm (542) was the second leading cause of injury death for youth ages 15-24 in New Jersey during the period 2003-2007.

Understanding injury rankings among other causes of death is important in determining their physical and economic role in each state. Although injuries are the leading cause of death for ages 1-34, 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. Table 2 shows the top 5 causes of injury death by age group in the state.

**Table 1. Leading Causes and Total 5-Year Incidence of Deaths by Age Group, New Jersey, 2003-2007**

Rank	Age Groups						All Ages	
	<1	1 - 4	5 - 9	10 - 14	15-24			
1	Short Gestation 632	Unintentional Injury 98	Unintentional Injury 82	Unintentional Injury 104	Unintentional Injury 1,465	Heart Disease 101,637		
2	Congenital Anomalies 508	Congenital Anomalies 58	Malignant Neoplasms 52	Malignant Neoplasms 79	Homicide 680	Malignant Neoplasms 86,612		
3	SIDS 186	Malignant Neoplasms 44	Congenital Anomalies 23	Homicide 24	Suicide 346	Cerebrovascular 18,321		
4	Maternal Pregnancy Comp. 172	Homicide 22	Homicide 21	Suicide 20	Malignant Neoplasms 247	Chronic Low. Respiratory Disease 14,942		
5	Respiratory Distress 162	Heart Disease 19	Heart Disease 8	Influenza & Pneumonia 8	Congenital Anomalies 14	Heart Disease 14	Heart Disease 138	Diabetes Mellitus 12,402

**Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, New Jersey, 2003-2007**

Rank	Age Groups						All Ages
	<1	1 - 4	5 - 9	10 - 14	15-24		
1	Unintentional Suffocation 27	Unintentional MV Traffic 31	Unintentional MV Traffic 28	Unintentional MV Traffic 67	Unintentional MV Traffic 839	Unintentional MV Traffic 3,721	
2	Homicide Unspecified 18	Unintentional Drowning 23	Unintentional Fire/burn 23	Suicide Suffocation 17	Homicide Firearm 542	Unintentional Poisoning 3,291	
3	Homicide Other Spec., classifiable 12	Unintentional Fire/burn 16	Unintentional Drowning 13	Homicide Firearm 13	Unintentional Poisoning 371	Unintentional Fall 1,759	
4	Unintentional MV Traffic 7	Homicide Unspecified 13	Unintentional Suffocation 7	Unintentional Drowning 7	Suicide Suffocation 184	Homicide Firearm 1,375	
5	Unintentional Drowning 6	Unintentional Suffocation 12	Homicide Cut/pierce 5	Homicide Unspecified 5	Homicide Unspecified 6	Homicide Cut/pierce 77	Unintentional Unspecified 1,275

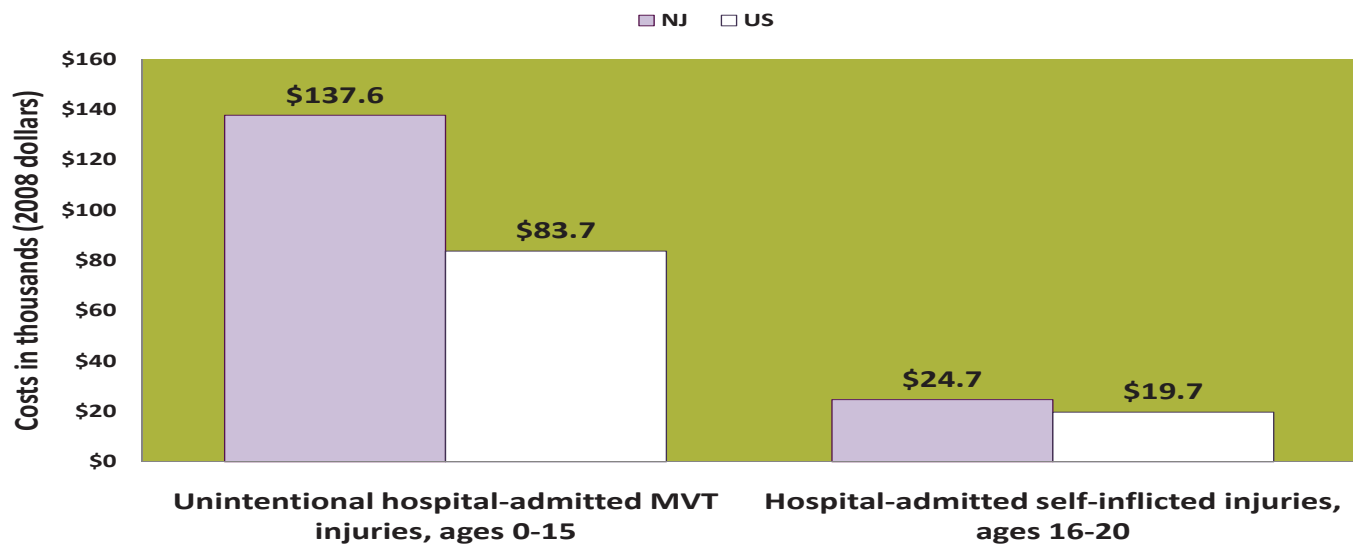
Table 3 shows the top 5 causes of injury hospitalization by age group. Figure H1 compares the medical and productivity costs per individual case between the state and the United States for youth motor vehicle traffic (MVT) injuries and youth self-inflicted injuries for hospitalizations.

**Table 3. Leading Causes and Annual Incidence of Hospital Admitted Injuries by Age Group, New Jersey Residents, 2008**

Rank	Age Groups					
	<1	1 - 4	5 - 9	10 - 14	15-24	All Ages
1	Unintentional Fall 176	Unintentional Fall 377	Unintentional Fall 438	Unintentional Fall 443	Self-Inflicted 1,261	Unintentional Fall 34,829
2	Unintentional Unspecified 93	Unintentional Poisoning 180	Unintentional MVT 104	Unintentional Struck B/A 188	Unintentional MVT 1,233	Unintentional MVT 6,332
3	Unintentional Other Specified 56	Unintentional Fire/Burn 119	Unintentional Struck B/A 87	Unintentional MVT 182	Assault 994	Unintentional Unspecified 4,839
4	Unintentional Fire/Burn 39	Unintentional Other Specified 118	Unintentional Bites and Stings 60	Unintentional Pedal Cyclist, Other 111	Unintentional Fall 858	Self-Inflicted 4,728
5	Assault 35	Unintentional Bites and Stings 95	Unintentional Pedal Cyclist, Other 50	Self-Inflicted 104	Unintentional Struck B/A 379	Assault 3033

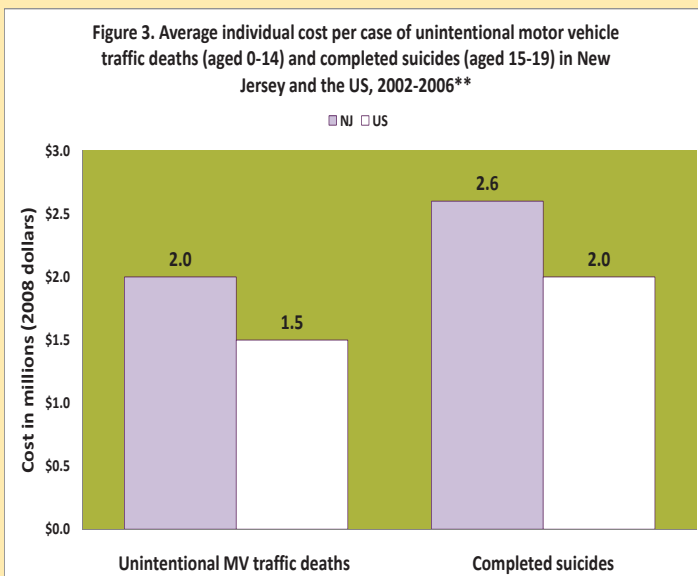
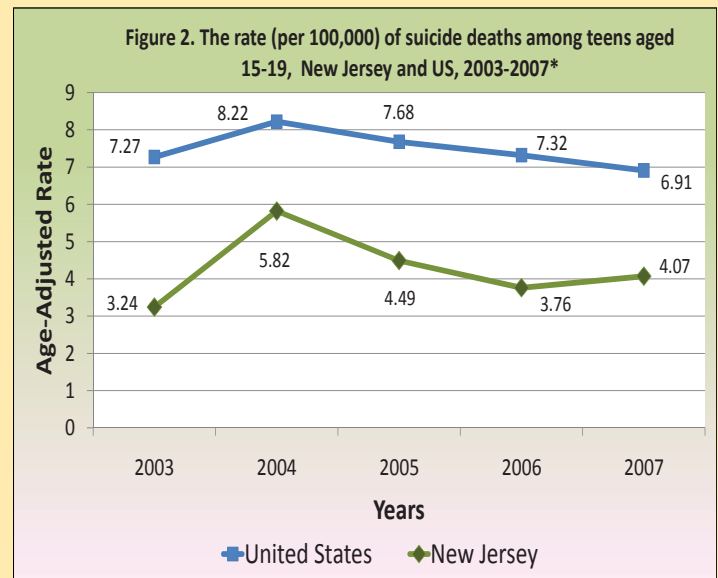
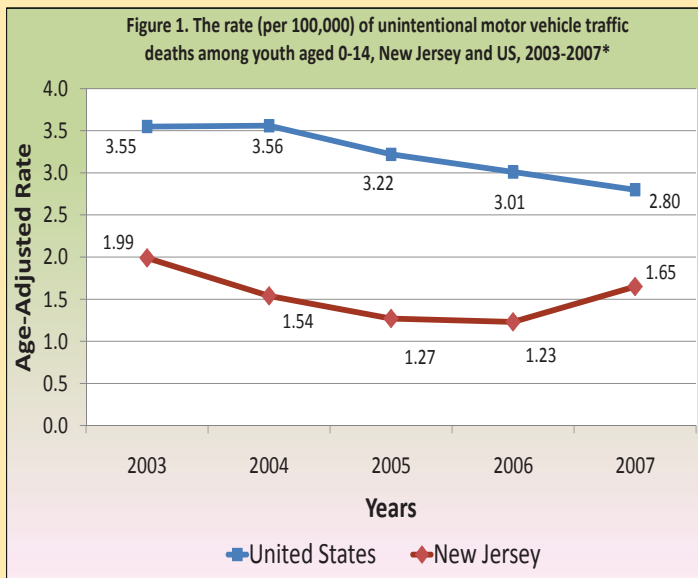
Note. MVT = Motor Vehicle Traffic. B/A = By/Against.

**Figure H1. Average individual costs per case of nonfatal, unintentional hospital-admitted MVT and self-inflicted injuries, ages 0-15 and ages 16-20, respectively, in NJ and the US (Based on Year 2003 Incidence)\***



## 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. Figure 1 (NPM #10) shows the trend in the rate of deaths for children aged 14 years and younger caused by motor vehicle crashes. In the United States, the average rate of unintentional motor vehicle (MV) deaths for children aged 0-14 during 2003-2007 is 2.80 per 100,000 population. Figure 2 (NPM #16) shows the trend in the rate of suicide deaths among youths aged 15-19. In the United States, the average rate of suicide deaths among youths aged 15-19 for this same period is 6.91 per 100,000 population. Figure 3 compares the cost per individual case between the state and the United States for childhood MV traffic deaths and youth suicides.



## Definitions

**Medical costs** include payments for hospital and physician care, as well as emergency medical transport, rehabilitation, prescription drugs, allied health services, medical devices, and insurance claims processing. For fatalities, coroner and premature burial expenses are included.

**Productivity costs** include immediate and future work losses (e.g., wages, fringe benefits, schoolwork, and housework) due to a childhood injury.

\* Reference: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) (2010). CDC WISQARS On-line Database, compiled from Compressed Mortality File 2003-2007. Report retrieved October 18, 2010.

\*\* Note: These estimated annual costs combine medical and productivity costs (see Definitions box above). Totals have been rounded and may not equal previously published cost estimates.

## NPM Key Facts

- New Jersey's average rate of unintentional motor vehicle deaths for children ages 0–14 was 1.65 per 100,000 in 2007 as compared to the national average rate of 2.80.
- New Jersey's average rate of suicide deaths for teens ages 15–19 was 4.07 per 100,000 in 2007 as compared to the national average rate of 6.91.
- The average cost per case of unintentional motor vehicle traffic deaths for children ages 0–14 in New Jersey was \$2.0 million in 2002–2006 (in 2008 dollars) as compared to the national average cost per case of \$1.5 million.
- The average cost per case of suicide deaths for teens ages 15–19 in New Jersey was \$2.6 million in 2002–2006 (in 2008 dollars) as compared to the national average cost per case of \$2.0 million.

## NPM Plan Summaries for the Coming Year

The following are summaries of plans for the coming year that the state submitted to the Maternal and Child Health Bureau (MCHB). The complete plans can be found on the MCHB website at <http://mchb.hrsa.gov>.

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

The Healthy Child Care New Jersey Initiative will continue to promote safety at home and in child care facilities. The initiative has developed a safety curriculum with Emergency Medical Services for Children and features information from this curriculum in the Early Childhood Health Link newsletter. New Jersey has a new law requiring teen drivers ages 16 to 20 to put red fluorescent decals on their front and rear license plates, making it easier for police to identify and ticket violators of the state graduated drivers licensing requirements.

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

By means of several community partnerships, New Jersey's Department of Health and Senior Services will develop plans to prevent suicide, as well as other sudden,

traumatic deaths to children. A Community Response Workshop will be held in summer 2010. The New Jersey Suicide Prevention Quilt will be on display at the Adolescent Health Institute in November 2010.

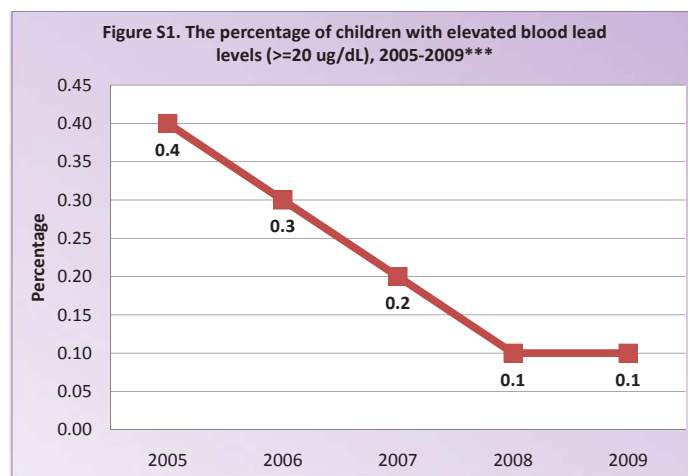
## State Performance Measures

New Jersey currently has the following injury-related State Performance Measures:

To increase the number of Regional MCH Consortia conducting community-based Fetal and Infant Mortality Review (FIMR) Teams and implementing recommendations through a Community Action Team.

New Jersey kept the following injury-related State Performance Measure from 2005-2009 to 2010:

To reduce the percentage of children with elevated blood lead levels ( $\geq 20$  ug/dL).



\*\*\*Reference: MCH Bureau (2010). MCH Services Title V Block Grant: State Narrative for New Jersey. Report retrieved December 1, 2010.



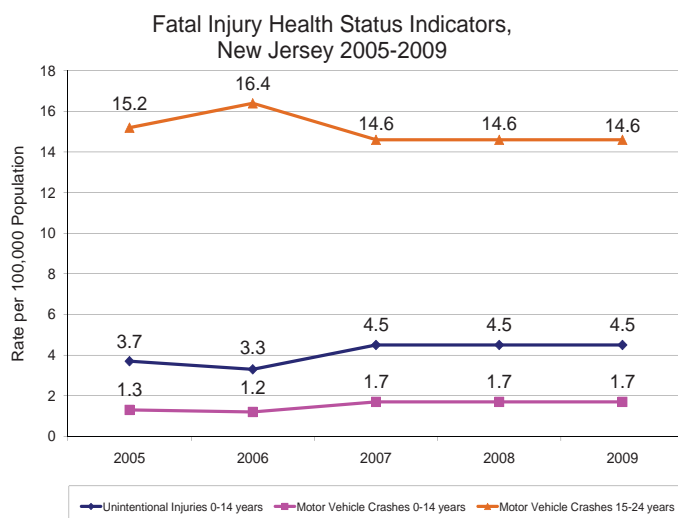
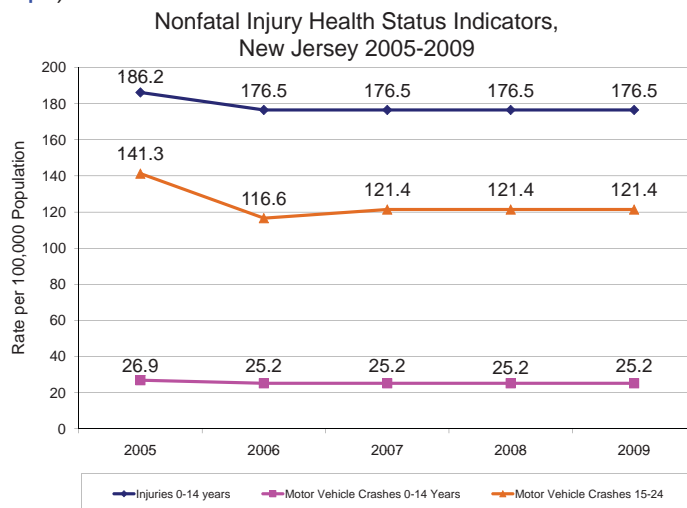
## Priority Needs

New Jersey currently has the following injury-related priority need:

Reduce adolescent risk taking behaviors.

## 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, 2010 (<https://perfdata.hrsa.gov/MCHB/TVISReports/MeasurementData/HSI/HsiMenu.aspx>).



## Child Death Review (CDR)

New Jersey has a state level team as well as regional teams. They review SIDS, homicides, suicides, abuse/neglect, and cases in which the child has a history with social services. They have a state level advisory board that reviews local findings, makes state-level recommendations, and issues an annual report. New Jersey participates in the National Child Death Review Case Reporting System.

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## Injury Prevention Strategic Plan

*Preventing Injury in New Jersey: Priorities for Action, 2008*

[http://www.state.nj.us/health/chs/oisp/documents/injury\\_prevention.pdf](http://www.state.nj.us/health/chs/oisp/documents/injury_prevention.pdf)

New Jersey's plan covers the following IVP topics:

Falls

Fire and burns

Motor vehicle crashes

Occupational injuries

Sports, recreation, and exercise injuries

Unintentional childhood injuries

Unintentional poisoning

Violence



## IVP Grants and Contacts

### Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program

Grant Recipient: New Jersey Department of Health and Senior Services

Contact Person: Lakota Kruse, [lakota.kruse@doh.state.nj.us](mailto:lakota.kruse@doh.state.nj.us)

### CDC Rape Prevention and Education Grant

Grant Recipient: New Jersey Department of Health and Senior Services

Contact Person: Doreleena Sammons-Posey, [Doreleena.sammons\\_posey@doh.state.nj.us](mailto:Doreleena.sammons_posey@doh.state.nj.us)

### Readiness and Emergency Management for Schools Discretionary Grant Program (FY2010)

Grant Recipient: Butler Public School District, Butler, NJ

Grant Recipient: Hillsborough Township Board of Education, Hillsborough, NJ

Grant Recipient: Stafford Township School District, Manahawkin, NJ

### Safe Schools/Healthy Students Initiative (FY2009)

Grant Recipient: Trenton Public Schools, Trenton, NJ

Contact Person: Rodney Lofton, Superintendent

### Pregnancy Risk Assessment Monitoring System (PRAMS) Contact Information

Contact Person: Ingrid Morton, [Ingrid.Morton@doh.state.nj.us](mailto:Ingrid.Morton@doh.state.nj.us)



## MCH and IVP Contact Information

MCH Director:

Celeste Andriot Wood, [Celeste.Andriot-Wood@doh.state.nj.us](mailto:Celeste.Andriot-Wood@doh.state.nj.us)

IVP Contact:

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State of New Jersey Department of Health and Senior Services website: <http://www.state.nj.us/health/>

## Other Contacts

The following programs may exist within your state and can be important resources for you to work with in the development and implementation of IVP initiatives: Injury Free Coalition for Kids, Level I Trauma Center Pediatric Sites, and Safe Kids Coalitions. Call Jennifer Allison, CSN's Assistant Director, State Partnerships, at 617-618-2918 to get the most recent contact information for these programs.



*Children's Safety Network is funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.*

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CSN is a project in EDC's Health and Human Development Division.

[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)