



## Minnesota 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, Minnesota, 2004-2008**

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Congenital Anomalies 499	Unintentional Injury 100	Unintentional Injury 72	Unintentional Injury 91	Unintentional Injury 410	Unintentional Injury 555
2	Short Gestation 245	Congenital Anomalies 47	Malignant Neoplasms 32	Malignant Neoplasms 36	Suicide 175	Suicide 256
3	SIDS 176	Malignant Neoplasms 33	Congenital Anomalies 16	Suicide 31	Homicide 80	Homicide 114
4	Maternal Pregnancy Comp. 122	Homicide 19	Heart Disease 10	Congenital Anomalies 18	Malignant Neoplasms 56	Malignant Neoplasms 73
5	Unintentional Injury 116	Heart Disease 13	Homicide ****	Homicide 11	Heart Disease 22	Heart Disease 48

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, Minnesota, 2004-2008**

Age Groups								
Rank	<1	1 - 4	5 - 9		10 - 14	15-19	20-24	
1	Suffocation 102	MV Traffic 26	MV Traffic 33		MV Traffic 48	MV Traffic 301	MV Traffic 361	
2	Homicide 20	Drowning 23	Drowning 11		Suicide 31	Suicide 175	Suicide 256	
3	MV Traffic ****	Homicide 19	Fire/Burn ****		Other land transport 13	Homicide 80	Homicide 114	
4	Undetermined Suffocation ****	Suffocation 14	Suffocation ****	Homicide ****	Drowning 11	Homicide 11	Poisoning 33	Poisoning 82
5	Drowning ****	Pedestrian Other ****	Other transport ****		Poisoning ****		Drowning 15	Drowning 24

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, Minnesota Residents, 2009**

Age Groups						
Rank	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Unintentional Other Specified, NEC 55	Unintentional Fall 144	Unintentional Fall 143	Unintentional Fall 154	Self-Inflicted 690	Self-Inflicted 596
2	Unintentional Fall 42	Unintentional Poisoning 59	Unintentional MVT 38	Self-Inflicted 149	Unintentional Fall 215	Unintentional MVT 247
3	Unspecified 33	Unintentional Fire/Burn 49	Unintentional Other Specified, NEC 37	Unintentional Struck By/Against 63	Unintentional MVT 184	Unintentional Fall 217
4	Assault 29	Unintentional Other Specified, NEC 48	Unintentional Struck By/Against 35	Unintentional Other Specified, NEC 62	Assault 132	Assault 210
5	Unintentional Suffocation 14	Unintentional Bites & Stings 43	Unspecified 25	Unintentional MVT 52	Unintentional Struck By/Against 117	Unspecified 119

Note: MVT = Motor Vehicle Traffic, NEC = Not Elsewhere Classifiable. 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 Minnesota 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:

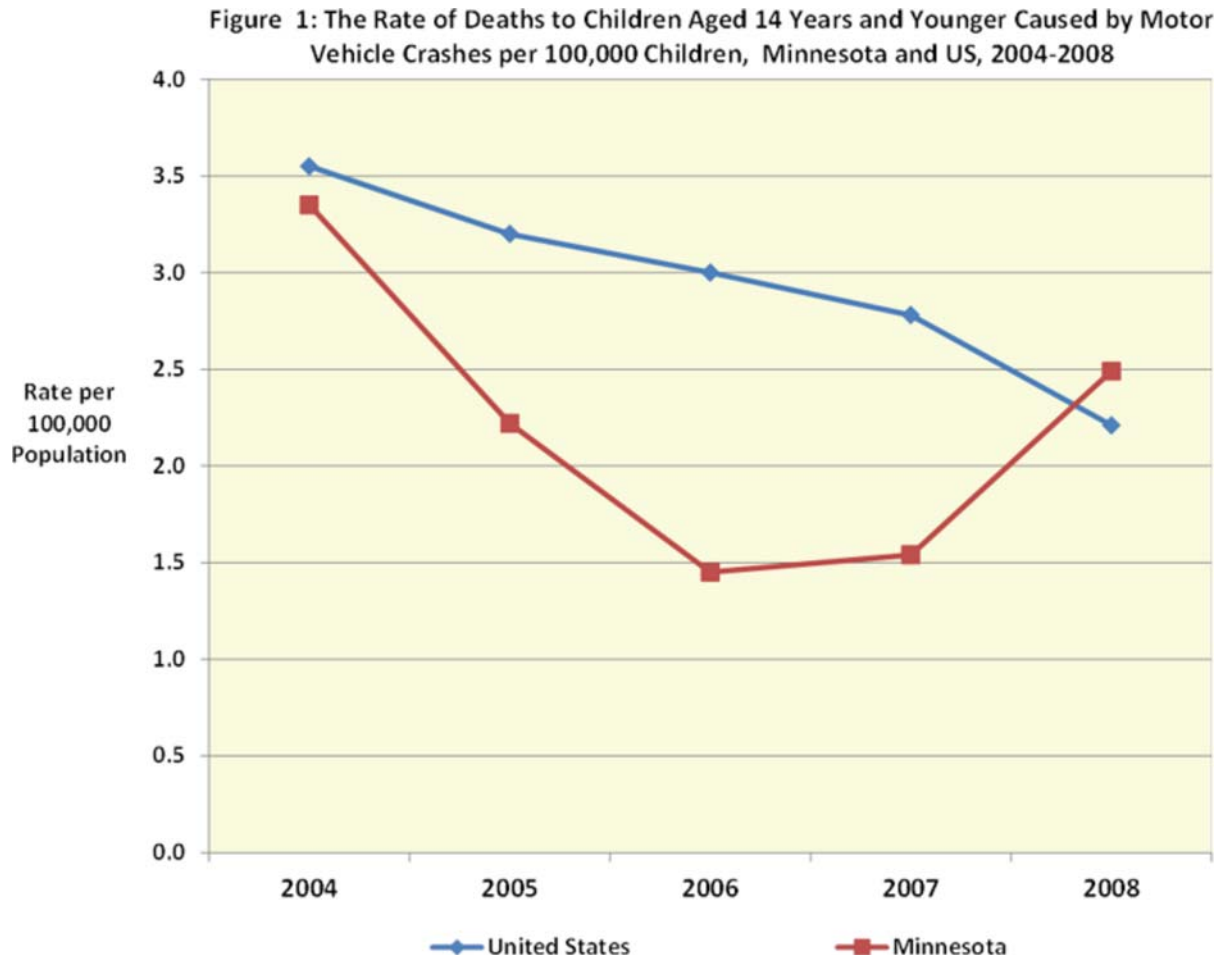
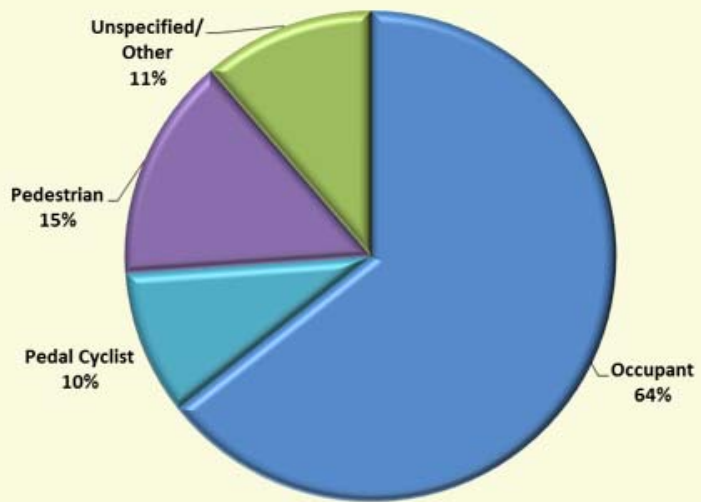


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



64% of children ages 0-14 involved in a motor vehicle fatality were occupants.

Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for Minnesota, 2004-2008



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

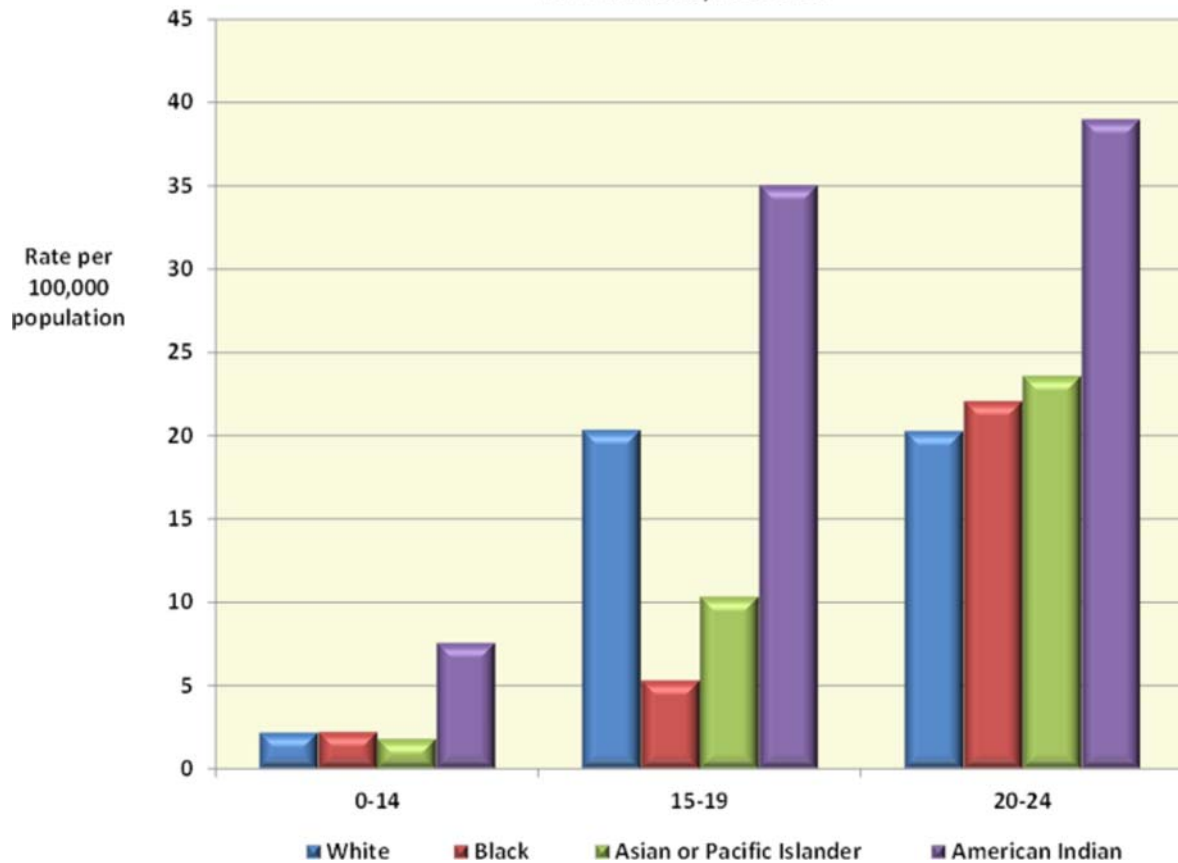
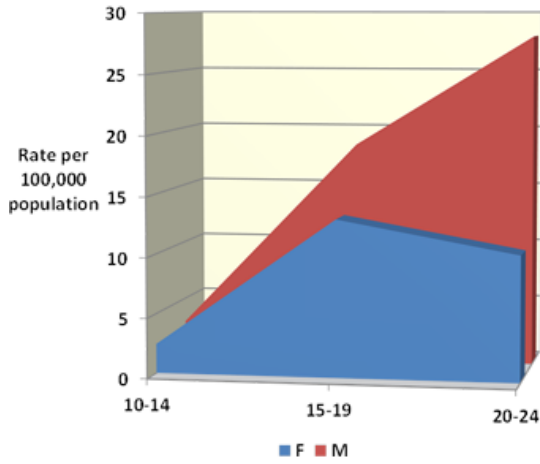


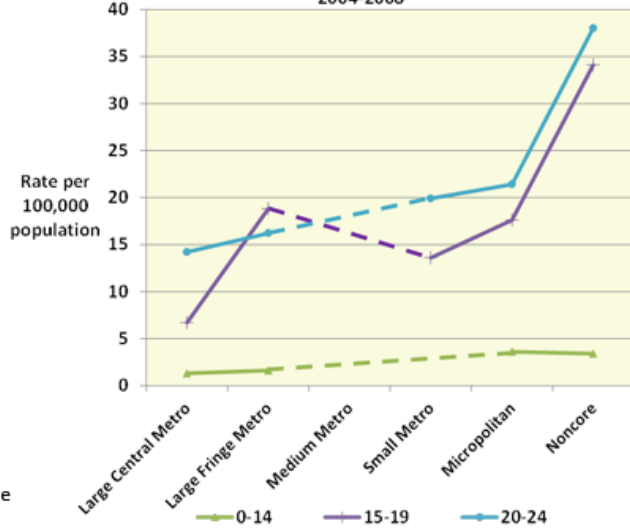
Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

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



In the state of Minnesota from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 42 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 Minnesota, 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, as indicated by a dotted line.

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, Minnesota and US, 2004-2008

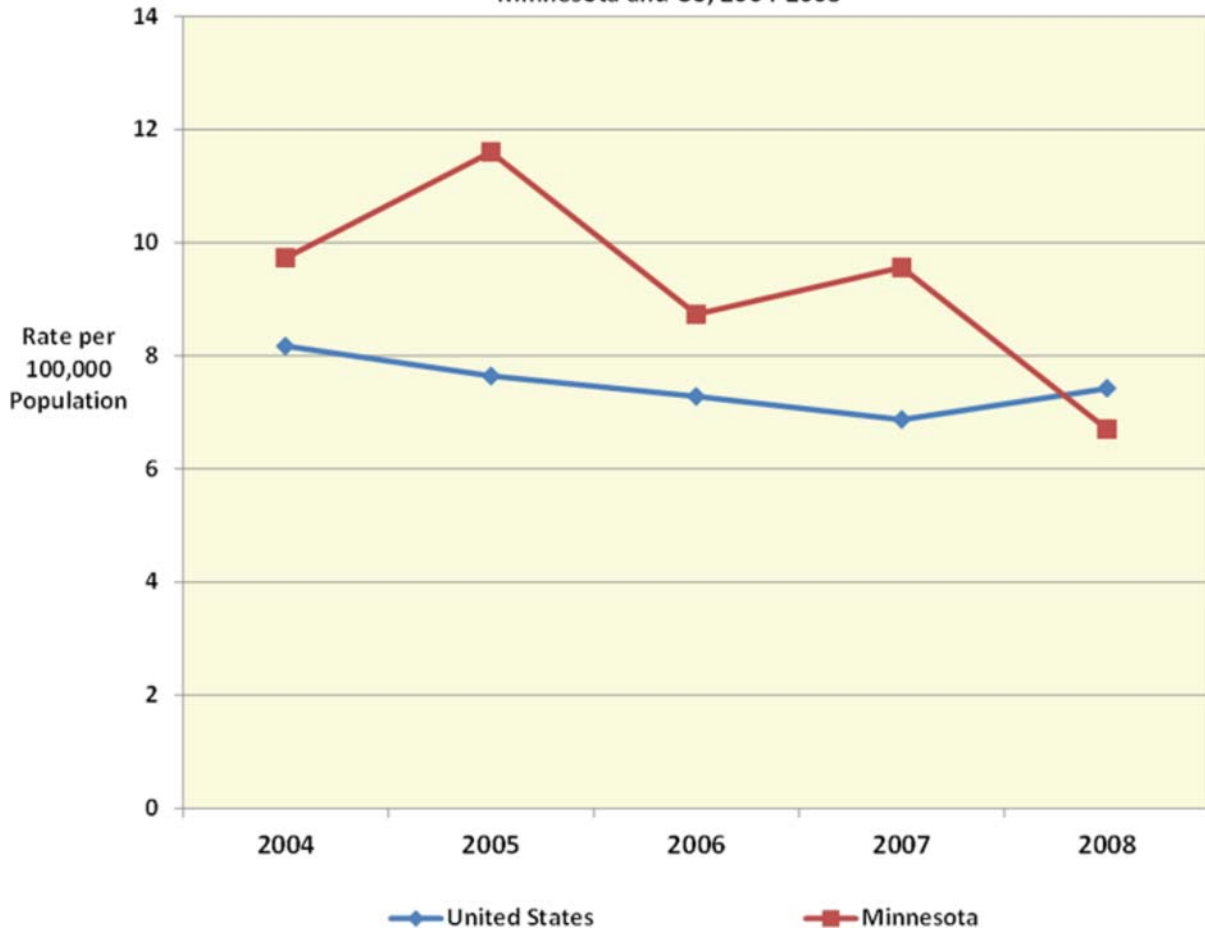


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

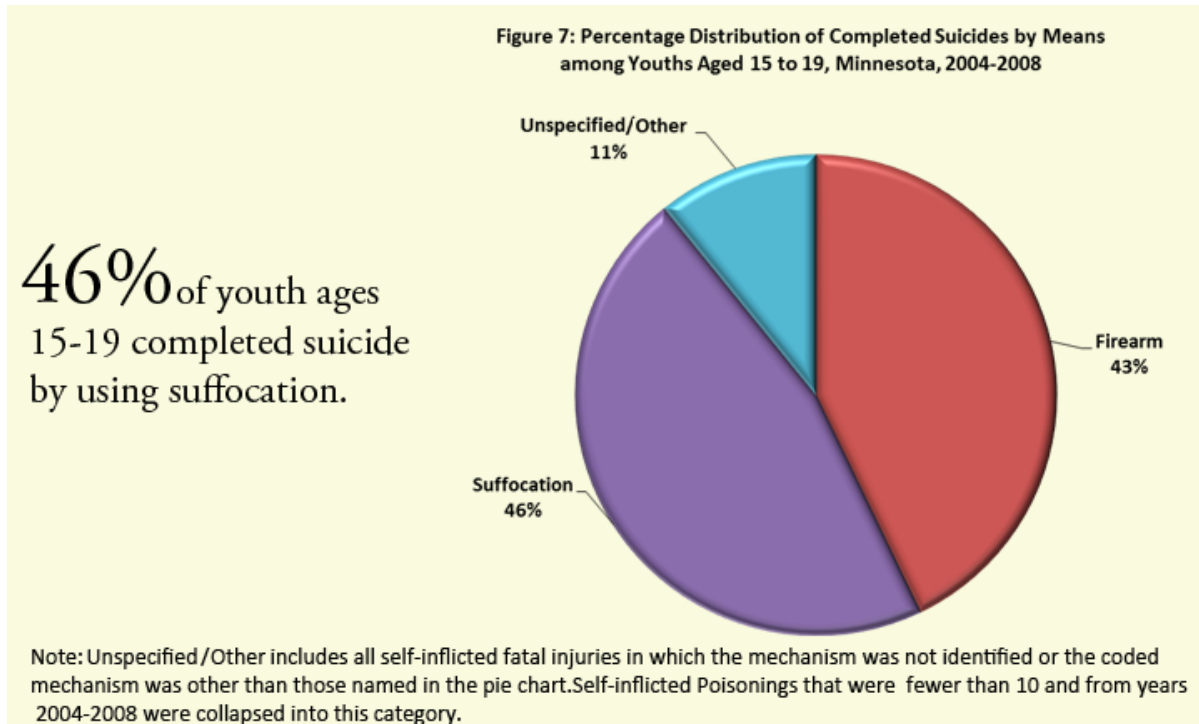


Figure 7 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figures 8 & 9: Minnesota does not have YRBS data.

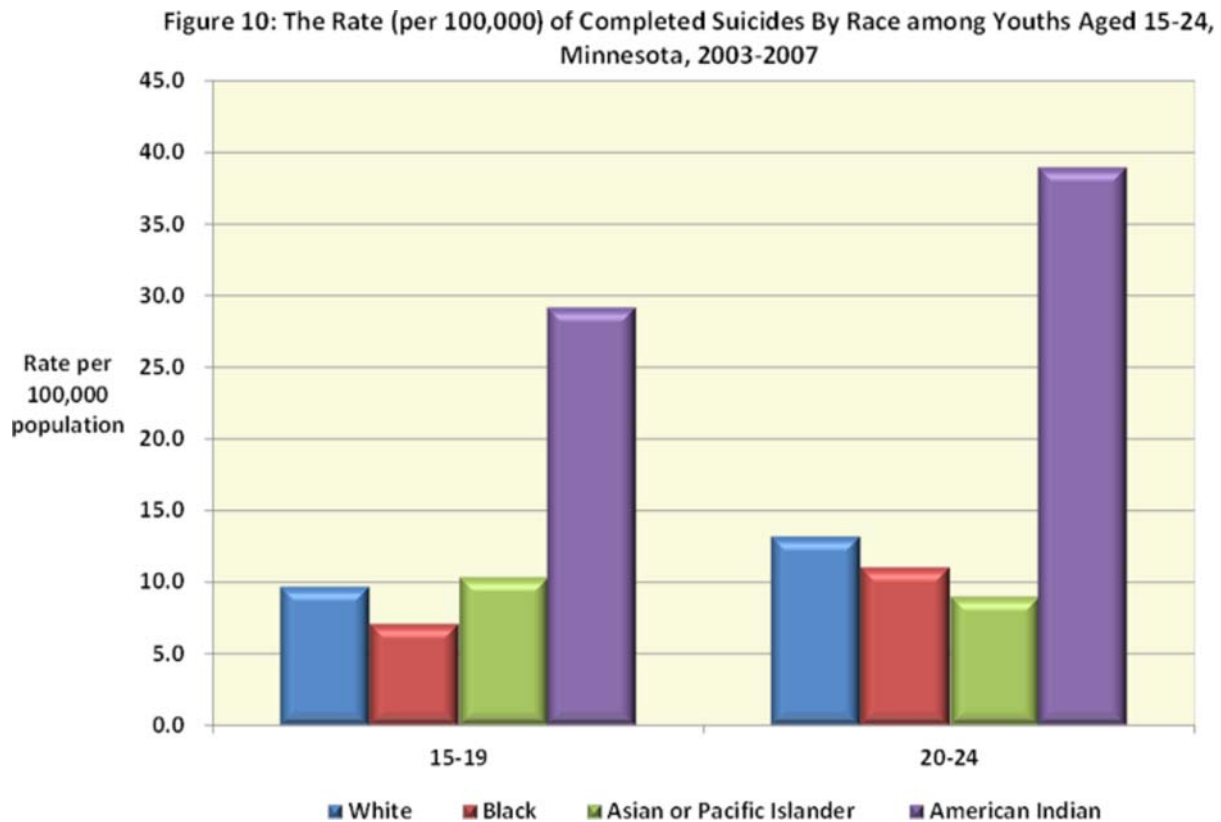
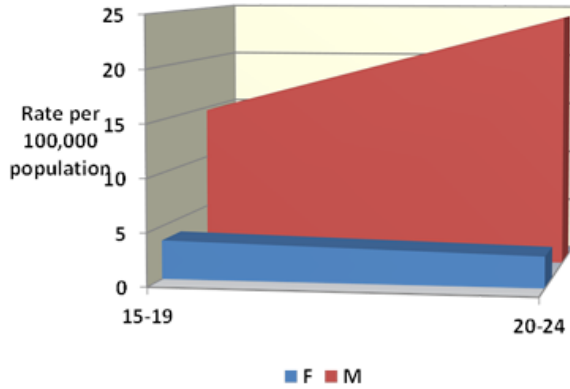


Figure 10 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

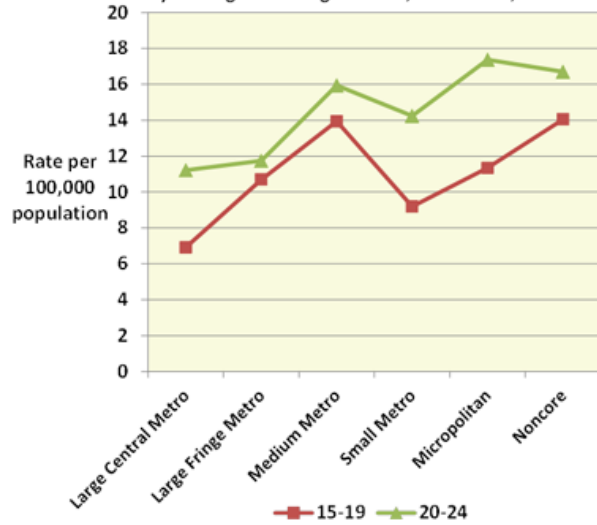
Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, Minnesota, 2004-2008



In the state of Minnesota from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3 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, Minnesota, 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 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, Minnesota 2005-2010

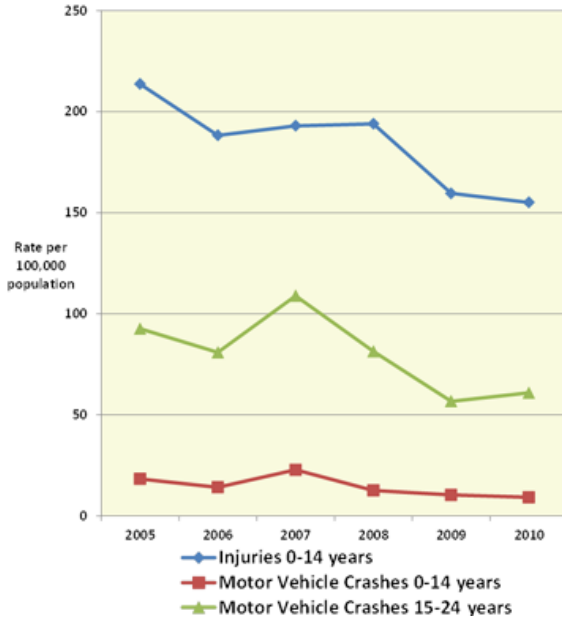
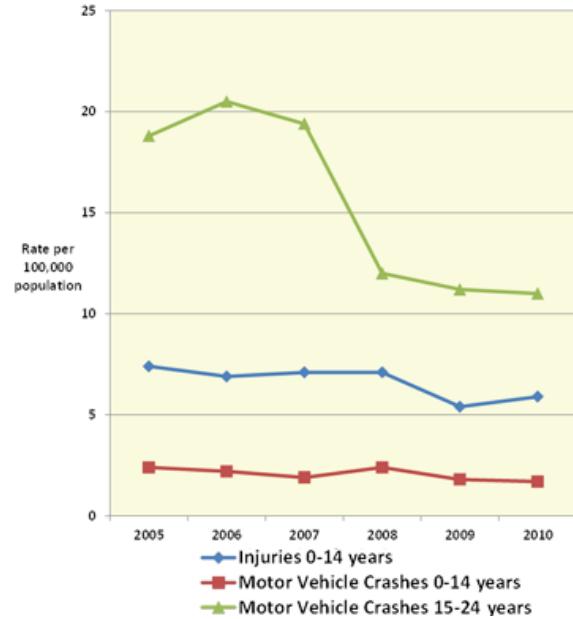


Figure 14: Fatal Injury Health Status Indicators, Minnesota 2005-2010



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:

Minnesota has the following injury-related State Performance Measures:

- To reduce the rate of child maltreatment cases.
- To increase the percentage of participants in Minnesota's family home visiting program referred to community resources that received a family home visitor follow-up on that referral.

### Priority Needs:

Minnesota has the following injury-related priority need:

- Reduce child injury and death.

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](mailto:csninfo@edc.org).

## State Contact Information

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### Connect with the Children's Safety Network

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CSN's website: <http://www.ChildrensSafetyNetwork.org>

CSN on Facebook: <http://www.facebook.com/childrenssafetynetwork>

CSN on Twitter: <http://www.twitter.com/childrenssafety>

Register for the CSN newsletter: <http://go.edc.org/csn-newsletter>

Need TA? Have Questions? E-mail: [csninfo@edc.org](mailto:csninfo@edc.org)

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