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>
<thead>
<tr>
<th>Rank</th>
<th>Age Group</th>
<th>Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1</td>
<td>Congenital Anomalies, Unintentional Injury</td>
</tr>
<tr>
<td></td>
<td>1-4</td>
<td>Unintentional Injury, SIDS, Maternal Pregnancy Comp.</td>
</tr>
<tr>
<td></td>
<td>5-9</td>
<td>Unintentional Injury, Malignant Neoplasms, Congenital Anomalies</td>
</tr>
<tr>
<td></td>
<td>10-14</td>
<td>Unintentional Injury, Malignant Neoplasms, Suicide</td>
</tr>
<tr>
<td></td>
<td>15-19</td>
<td>Unintentional Injury, Homicide</td>
</tr>
<tr>
<td></td>
<td>20-24</td>
<td>Unintentional Injury, Heart Disease</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15-19</th>
<th>20-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Other Specified, NEC 55</td>
<td>Unintentional Fall 144</td>
<td>Unintentional Fall 143</td>
<td>Unintentional Fall 154</td>
<td>Self-Inflicted 590</td>
<td>Self-Inflicted 596</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Fall 42</td>
<td>Unintentional Poisoning 59</td>
<td>Unintentional MVT 38</td>
<td>Self-Inflicted 149</td>
<td>Unintentional Fall 215</td>
<td>Unintentional MVT 267</td>
</tr>
<tr>
<td>3</td>
<td>Unspecified 33</td>
<td>Unintentional Fire/Burn 49</td>
<td>Unintentional Other Specified, NEC 37</td>
<td>Unintentional Struck By/Against 63</td>
<td>Unintentional MVT 184</td>
<td>Unintentional Fall 217</td>
</tr>
<tr>
<td>4</td>
<td>Assault 29</td>
<td>Unintentional Other Specified, NEC 48</td>
<td>Unintentional Struck By/Against 35</td>
<td>Unintentional Other Specified, NEC 62</td>
<td>Assault 132</td>
<td>Assault 210</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Suffocation 14</td>
<td>Unintentional Bites &amp; Stings 43</td>
<td>Unspecified 25</td>
<td>Unintentional MVT 52</td>
<td>Unintentional Struck By/Against 117</td>
<td>Unspecified 119</td>
</tr>
</tbody>
</table>

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 complications, 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:**

![Graph showing the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children, Minnesota and US, 2004-2008.](image)

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.

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 Source: WISQARS Injury Mortality Reports, 2003-2007
NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:

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 6: The Rate (per 100,000) of Suicide Deaths among Youths Aged 15 to 19, Minnesota and US, 2004-2008

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
46% 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. Self-inflicted poisonings that were fewer than 10 and from years 2004-2008 were collapsed into this category.

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

State Contact Information
MCH Director: Maggie Diebel, maggie.diebel@state.mn.us
IVP Director: Mark Kinde, mark.kinde@state.mn.us
PRAMS Coordinator: Cheryl Barber, cheryl.barber@state.mn.us
EMSC Contact: Kjelsey "Chelsea" Kluge, kjelsey.kluge@childrensmn.org and Kristi Moline, kristi.moline@childrensmn.org
CDR Coordinator: Ruth Clinard, ruth.a.clinard@state.mn.us

Connect with the Children’s Safety Network
43 Foundry Avenue Waltham, MA 02453-8313

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

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