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

<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>Congenital Anomalies 69</td>
<td>Unintentional Injury 12</td>
<td>Unintentional Injury 10</td>
<td>Unintentional Injury 16</td>
<td>Unintentional Injury 89</td>
<td>Unintentional Injury 95</td>
</tr>
<tr>
<td>2</td>
<td>SIDS 39</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Congenital Anomalies</td>
<td>Suicide 49</td>
<td>Suicide 62</td>
</tr>
<tr>
<td>3</td>
<td>Short Gestation 32</td>
<td>Homicide</td>
<td>Cerebrovascular</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms</td>
<td>Malignant Neoplasms 10</td>
</tr>
<tr>
<td>4</td>
<td>Maternal Pregnancy Comp. 14</td>
<td>Congenital Anomalies</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Suicide</td>
<td>Congenital Anomalies</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>5</td>
<td>Placenta Cord Membranes 11</td>
<td>Unintentional Injury 11</td>
<td>Cerebrovascular</td>
<td>Congenital Anomalies</td>
<td>Three Tied</td>
<td>Homicide</td>
</tr>
</tbody>
</table>

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 Heart Disease, Perinatal Period, and Influenza & Pneumonia. Each of these mechanisms had fewer than 10 deaths.
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 (per 100,000) of suicide deaths among youths aged 15 through 19.

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

Motor vehicle-related deaths remain a major cause of death for children 14 and under. Figure 1 shows the change in the rate of state motor vehicle-related deaths compared to the US rate from 2003-2007. Overall, the rate of death per 100,000 population declined steadily across the US during this period. Figure 2 provides a breakout of the fatalities by type distinguishing motor vehicle occupant deaths (of any vehicle type) from pedestrian and pedal cyclist fatalities. This information allows states to understand which types are responsible for most of the fatalities.

Figure 3 breaks out the fatalities by race and age group. There are considerable differences between races suggesting variations in social norms, safety practices, and the presence of risk factors, including child restraint system (CRS) or safety belt usage, alcohol involved crashes, and the use of helmets. Many factors may affect this variation. Figure 4 provides a breakdown of fatalities by gender and, although there is little variability between males and females for the 10-14 age group, there is an increasing difference in the 15-24 age group. Figure 4 suggests that the female rate decreased for 20-24 year olds compared with the 15-19 year olds while male fatalities increased for 20-24 year olds.
66% of children ages 0 through 14 involved in a motor vehicle fatality were occupants of the vehicle.
Many of these motor vehicle related deaths can be prevented through the implementation of a broad range of evidence-informed interventions and programs. These data are intended to provide a broad overview of the magnitude of the problem and to highlight possible disparities which may exist by race, gender, and urbanicity.

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

Suicide is the 4th leading cause of death and the 3rd leading cause of injury-related death among US youth 10-24 years of age. According to the 2011 Youth Risk Behavior Surveillance Survey (YRBSS), 15.8% of students seriously considered attempting suicide and 7.8% of students attempted suicide one or more times in the 12 months prior to the survey. Although progress has been made over the past decade in reducing the rate of completed suicides nationally, this reduction has leveled off in the last few years. The following figures provide state-specific data related to suicide. Figure 6 shows the state rate from 2006-2010 for 15-19 year olds in comparison to the US rate for the same age group and time period. Figure 7 provides information on the means used by the 15-19 year olds for completed suicides. It is important to note that the actual number of suicides is often quite small thus resulting in considerable variation when looking at year to year rates.

47% of youth ages 15 through 19 completed suicide by using a firearm.
Data for Figure 12: Rate of Completed Suicides by Urbanicity is not available.

The YRBSS provides information about behaviors that contribute to unintentional and intentional violence among youth. Figures 8 and 9 provide information on the percentage of high school students with suicide ideation and the percentage who reported being medically treated for a suicide attempt from 2003-2011, respectively. This information and other information available in the YRBSS can help states understand how behaviors are changing within this age group.

Figure 10 shows how the rate differs by race for 15-19 and 20-24 year olds from 2006-2010. Figure 11 shows the difference by gender for the same age group from 2003-2007 with the male rate for both age groups exceeding the female rate.
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, 2012.

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 2013 injury-related performance measures and priority needs.

North Dakota has the following injury-related State Performance Measures:
- Increase the number of children ages 0 to 2 served by an evidenced-based home visiting program.
- Decrease the percent of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
- Reduce the percent of students who were bullied on school property during the past 12 months.
- Reduce the rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals.

North Dakota has the following injury-related Priority Needs:
- Reduce violent behavior committed by or against children, youth, and women.
- Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.

State Contact Information

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About Children's Safety Network

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.

In this fact sheet CSN provides 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.

Connect with the Children’s Safety Network
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CSN’s website: http://www.ChildrensSafetyNetwork.org
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