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>Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, North Dakota, 2004-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rank</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</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.
<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>MV Traffic ****</td>
<td>MV Traffic ****</td>
<td>MV Traffic ****</td>
<td>MV Traffic 11</td>
<td>MV Traffic 75</td>
<td>Suicide 61</td>
</tr>
<tr>
<td>2</td>
<td>Drowning ****</td>
<td>Homicide ****</td>
<td>Drowning ****</td>
<td>Pedestrian Other ****</td>
<td>Suicide ****</td>
<td>Suicide 45</td>
</tr>
<tr>
<td>3</td>
<td>Suffocation ****</td>
<td>Homicide ****</td>
<td>Fire/Burn ****</td>
<td>Other land transport ****</td>
<td>Other Land Transport ****</td>
<td>Poisoning ****</td>
</tr>
<tr>
<td>4</td>
<td>Fire/Burn ****</td>
<td>Natural/Environmental ****</td>
<td>Other Land Transport ****</td>
<td>Suffocation ****</td>
<td>Machinery ****</td>
<td>Firearm ****</td>
</tr>
<tr>
<td>5</td>
<td>Undetermined Unspecified ****</td>
<td>Undetermined Firearm ****</td>
<td>Undetermined Firearm ****</td>
<td>Drowning ****</td>
<td>Firearm ****</td>
<td>Suffocation ****</td>
</tr>
</tbody>
</table>

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.
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
66% 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.

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
In the state of North Dakota from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 12 percent higher than for females age 15-19.

Figure 4 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 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 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 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
54% of youth ages 15-19 completed suicide by using a firearm.

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.

Figure 8: Percentage of High School Aged Children with Suicide Ideation, North Dakota and US, 2003-2009

Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, North Dakota and US, 2003-2009

Figures 8 & 9 Source: Youth Online: High School Youth Risk Behavior Survey (YRBS), 2003-2009
Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, North Dakota, 2003-2007

Figure 10 Source: WISQARS Injury Mortality Reports, 2003-2007

Note: Rates based on two or fewer deaths were excluded.

Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, North Dakota, 2003-2007

Figure 11 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

In the state of North Dakota from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 4.2 times higher than for females age 15-19.

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, North Dakota, 2004-2008

Figure 12 Source: CDC WONDER Multiple Cause of Death data, 2003-2007 and Urban-Rural Definition Classification System

Data are only reported for urban areas that exist within the state and provide too few data points to complete a line graph. In addition, data for some age groups and areas are not reported due to few or no deaths.
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.

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:
North Dakota has the following injury-related State Performance Measures:

• To 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.
• To reduce the percent of students who were bullied on school property during the past 12 months.
• To reduce the rate of deaths to individuals ages 1-24 caused by intentional and unintentional injuries per 100,000 individuals.
• To increase the number of children ages 0 to 2 served by an evidence-based home visiting program.

Priority Needs:
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.

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.

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Register for the CSN newsletter: http://go.edc.org/csn-newsletter
Need TA? Have Questions? E-mail: csninfo@edc.org

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