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, South Dakota, 2004-2008](image)

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 2: Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, South Dakota, 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>Suffocation 12</td>
<td>Fire/Burn 17</td>
<td>MV Traffic 12</td>
<td>MV Traffic 13</td>
<td>MV Traffic 104</td>
<td>MV Traffic 99</td>
</tr>
<tr>
<td>2</td>
<td>MV Traffic ****</td>
<td>Homicide ****</td>
<td>Fire/Burn 10</td>
<td>Suicide 12</td>
<td>Suicide 69</td>
<td>Suicide 69</td>
</tr>
<tr>
<td>3</td>
<td>Fall ****</td>
<td>Homicide ****</td>
<td>MV Traffic ****</td>
<td>Drowning ****</td>
<td>Other Land Transport ****</td>
<td>Poisoning ****</td>
</tr>
<tr>
<td>4</td>
<td>Drowning ****</td>
<td>Fall ****</td>
<td>Suffoc. ****</td>
<td>Other Land Transport ****</td>
<td>Fire/Burn ****</td>
<td>Drowning ****</td>
</tr>
<tr>
<td>5</td>
<td>Fire/Burn ****</td>
<td>Natural/Environmental ****</td>
<td>Fall ****</td>
<td>Natural/Environmental ****</td>
<td>Drowning ****</td>
<td>Drowning ****</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.

### Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, South Dakota 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>Unspecified 11</td>
<td>Unintentional Fall 23</td>
<td>Unintentional Fall 17</td>
<td>Unspecified 28</td>
<td>Self-Inlicted 78</td>
<td>Self-Inlicted 70</td>
</tr>
<tr>
<td>2</td>
<td>Unintentional Other Specified, NEC *</td>
<td>Unintentional Poisoning 15</td>
<td>Unspecified 15</td>
<td>Self-Inlicted 21</td>
<td>Unintentional MVT 62</td>
<td>Unintentional MVT 55</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Fall *</td>
<td>Unspecified 14</td>
<td>Unintentional MVT</td>
<td>PCO *</td>
<td>Unintentional Fall 11</td>
<td>Unspecified 51</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Poisoning *</td>
<td>Undetermined OS, NEC *</td>
<td>Unintentional Fire/Burn *</td>
<td>Unintentional MVT *</td>
<td>Unintentional Transport, Other 16</td>
<td>Unintentional Fall 25</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional Struck By/Against *</td>
<td>Unintentional Bites &amp; Stings</td>
<td>Unintentional Cut/pierce *</td>
<td>Unintentional Pedal Cyclist, Other *</td>
<td>Unintentional Struck By/Against 11</td>
<td>Unintentional Transport, Other 13</td>
</tr>
</tbody>
</table>

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. PCO = Pedal Cyclist. Other: OS = Other Specified. T/O = Transport. Other. * = indicates that the cell value ranges from 1-10 and is suppressed for data confidentiality purposes. 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 South Dakota 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:**

![Graph showing the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children, South Dakota and US, 2003-2007.](image)

Figure 1 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
76% 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 the state of South Dakota from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 34 percent higher than for females age 15-19.

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 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007
47% of youth ages 15-19 completed suicide by using a firearm.

Figure 7 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

Figure 8 Source: WISQARS Fatal Injury Reports, 2004-2008 and WISQARS Injury Mortality Reports, 2003-2007

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, South Dakota, 2003-2007

Source: WISQARS Injury Mortality Reports, 2003-2007

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

In the state of South Dakota from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 3.2 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, South Dakota, 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.

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.

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:
South Dakota has the following injury-related State Performance Measure:
• To reduce the accidental death rate (per 100,000) among adolescents aged 15 through 19 years.

Priority Needs:
South Dakota has the following injury-related priority need:
• To improve adolescent health and reduce risk-taking behaviors (i.e., intentional and unintentional injuries, dietary habits, tobacco use, alcohol use, and other drug utilization).

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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EMSC Contact: Dave Boer, dave.boer@usd.edu
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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