

DEATHS DUE TO INJURIES AMONG CHILDREN & YOUNG ADULTS

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

DEATHS DUE TO INJURIES

For 2011 through 2015, the North Dakota Department of Health's Maternal and Child Health (MCH) programs have placed priority on reducing death rates resulting from injuries among children and young adults. Deaths resulting from injuries with harmful intent are considered intentional (e.g., suicides) while those due to injuries done without harmful intent are considered unintentional (e.g., motor vehicle crashes).^{1,2} Most injury deaths in North Dakota are preventable. During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

Priority Needs Statement: Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.¹

State Performance Measure: The rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals.¹



North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

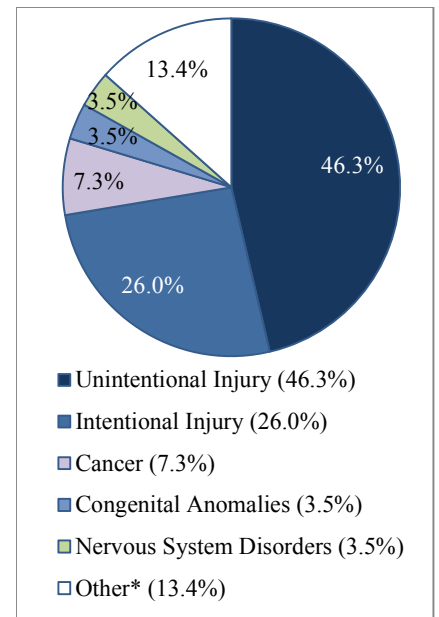
HOW DOES NORTH DAKOTA MEASURE UP?

From 2006 through 2010, the rate of death among children and youth ages 1 through 24 was 44 per 100,000 (492 deaths). Injury-related deaths were the leading causes of death (46.3% unintentional and 26% intentional; see Figure 1). Cancer was the next leading cause of death (7.3%), followed by congenital anomalies (3.5%) and nervous system disorders (3.5%).²

The injury death rate for individuals ages 1 through 24 was 31.8 per 100,000 (North Dakota's goal is to reduce the rate to 25); the rate among American Indians was more than three times higher than whites (92.8 among American Indians compared to 26.4 among whites). Overall, the injury death rate was highest for youth ages 15 through 18 (62 per 100,000).²

Motor vehicle crash deaths were the leading cause of injury-related deaths among individuals ages 1 through 24. Suicide was the next most common cause of injury-related death for individuals ages 1 through 24, followed by unintentional poisoning, homicide and drowning.²

Figure 1. Deaths of individuals ages 1 through 24 in North Dakota by cause, 2006-2010



Note: There were 492 deaths of individuals ages 1 through 24 from 2006 through 2010.
 *Examples of other: diseases of the heart, respiratory diseases, gastrointestinal disorders, influenza/pneumonia, diabetes, liver disease, and perinatal conditions.
 Source: North Dakota Department of Health, Division of Vital Records²



Divisions

- Children’s Special Health Services
- Family Health
- Nutrition and Physical Activity
- Injury Prevention and Control

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References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² North Dakota Department of Health, Division of Vital Records; special request

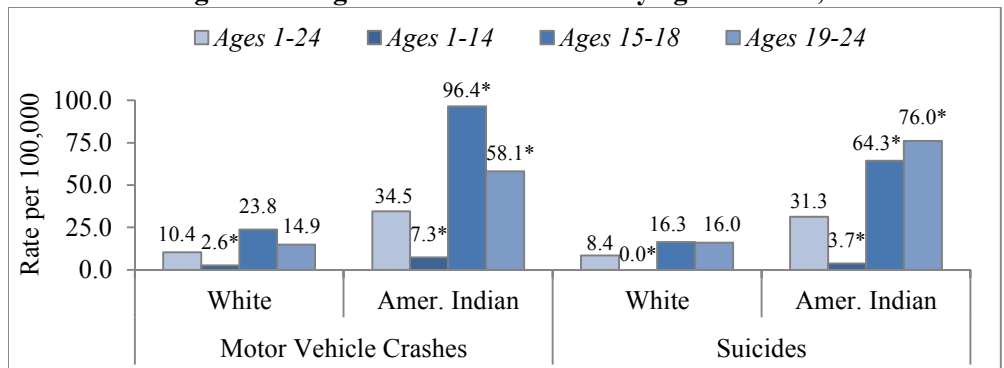
³ North Dakota Department of Transportation; www.dot.nd.gov/divisions/safety/trafficsafety.htm

Lack of seat belt use and alcohol continue to be contributing factors in motor vehicle deaths. Seat belt use can be the difference between life and death in a motor vehicle crash; more than half of occupants ages 14 through 17 killed in 2010 did not wear a seat belt (57.1%). One-third of fatal motor vehicle crashes involving alcohol in 2010 had an impaired driver younger than 25 (33.3%).³

Motor vehicle crash death rates were highest among youth ages 15 through 18 from 2006 through 2010 (30.4 deaths per 100,000; see Figure 2). The rate among American Indians ages 15 through 18 was four times higher than whites (96.4 deaths among American Indians compared to 23.8 among whites).²

From 2006 through 2010, the suicide rate was 18.8 per 100,000 young adults ages 19 through 24; the rate among American Indians was nearly five times higher than whites (76 among American Indians compared to 16 among whites).²

Figure 2. Death rates due to motor vehicle crashes and suicides among individuals ages 1 through 24 in North Dakota by age and race, 2006-2010



*Due to small numbers, we suggest caution in using these rates.

Source: North Dakota Department of Health, Division of Vital Records²

MOVING NORTH DAKOTA FORWARD

The reduction of deaths due to injuries, which are most often preventable, for the MCH population in North Dakota is promoted by:

- Collaborating with partners and organizations that support efforts to strengthen injury prevention and awareness activities.¹
- Coordinating with American Indian communities to strengthen cultural interventions and reduce factors that increase the risk of youth suicides.¹
- Providing injury prevention and control recommendations to laypersons and increasing technical assistance to local public health units to incorporate injury prevention activities.¹
- Supporting child passenger safety activities and exploring partnerships to expand injury prevention and control activities/programs.¹
- Increasing the inclusion of children with special health care needs in all program planning and activities.¹
- Encouraging an integrated approach to resiliency-building, risk-reduction and mental health wellness.¹
- Seeking funding to support prevention activities.