



Child and Teen Death Rates

Examining Our Most Preventable Losses

A total of 61 children ages 1-19 died in North Dakota in 2005.¹ Spread out over the course of a year, these deaths go largely unnoticed by the public, though each individual death is felt deeply by the child's family and friends. But consider the impact if two entire school classrooms of children were to disappear at once - the effect would be obvious and would cause much more urgency. Regardless of how many children die each year in North Dakota, any death is one too many and deserves attention.



It's About Prevention

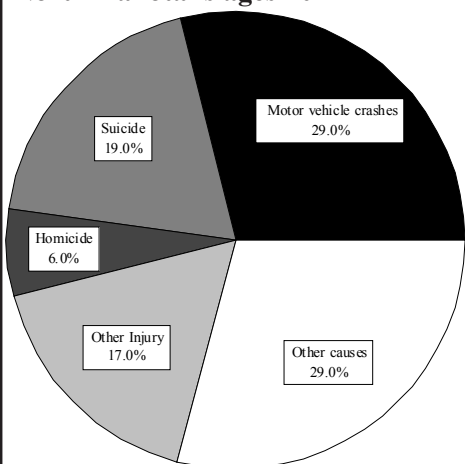
Causes of Death

No specific cause of death stands out as the leading cause among children ages 1-14 in North Dakota; the leading preventable cause is motor vehicle crashes. Other causes include cancer, congenital anomalies, and drowning.¹

Among teens ages 15-19 in North Dakota, the leading cause of death is motor vehicle crashes followed by suicide, as reported by the North Dakota Division of Vital Records.¹ Nationally, these causes rank 1st and 3rd for this age group, respectively.⁴

The trends among North Dakota teens ages 15-19 are reflected in CDC data for the broader age group of persons ages 10-24 (see Figure 1).⁴

Figure 1. Causes of death among North Dakotans ages 10-24



Source: 2003 CDC mortality data ⁴

Child and teen death rates are consistently among North Dakota's poorest ranked indicators according to the annual KIDS COUNT Data Book. This is especially important because the leading causes of death among teens ages 15-19 in North Dakota - motor vehicle crashes and suicide - are preventable.

North Dakota consistently ranks in the top 10 in the nation for child well-being according to the annual KIDS COUNT Data Book. However, North Dakota's child death rate (deaths per 100,000 children ages 1-14) and teen death rate (deaths per 100,000 teens ages 15-19) are consistently among the state's worst ranked individual indicators. While the national trend shows slight decline since 2000, North Dakota's child and teen death rates show an increase (despite fluctuations due to relatively small numbers).²

While the number of children ages 1-19 continues to decline, the number of deaths among children in this age group does not. In 2005, 61 children ages 1-19 died in North Dakota (a death rate of 41.1 per 100,000 children ages 1-19), up from 51 deaths in 2000 (a death rate of 29.0 per 100,000 children ages 1-19). The total number of deaths has fluctuated, with a low of 48 deaths in 2001 and a high of 67 deaths in 2003 (see Table 1).^{1, 3}

Examining motor vehicle crashes and suicide, North Dakota's two leading causes of death for teens ages 15-19, can help draw attention to child and teen deaths through 1) assessing the trends, 2) considering reasons why, and 3) taking preventative measures.

Table 1. North Dakota Child and Teen Deaths and Death Rates

	YEAR					
	2000	2001	2002	2003	2004	2005
Ages 1-14						
Total Pop.*	122,186	114,273	113,048	109,111	105,601	102,324
Total Deaths**	23	18	22	27	28	24
Death Rate***	18.8	15.8	19.5	24.7	26.5	23.5
Ages 15-19						
Total Pop.*	53,618	51,268	49,704	48,327	47,420	46,243
Total Deaths**	28	30	33	40	28	37
Death Rate***	52.2	58.5	66.4	82.8	59.0	80.0
Ages 1-19						
Total Pop.*	175,804	165,541	162,752	157,438	153,021	148,567
Total Deaths**	51	48	55	67	56	61
Death Rate***	29.0	29.0	33.8	42.6	36.6	41.1

*Census 2000 and July 1 Population Estimates (Vintage 2005), U.S. Census Bureau ³

**Deaths per Calendar Year, North Dakota Division of Vital Records ¹

***Calculated death rate per 100,000 persons

Youth Risk Behavior Survey Data

2005 Youth Risk Behavior Survey results for North Dakota high school students include:⁴

- 22% had driven a car after drinking (down from 33% in 1995).
- 37% had ridden in a car driven by someone who had been drinking (down from 49% in 1995).
- 17% never or rarely wore a seat belt as a passenger in a car (down from 32% in 1999).
- 34% had binge drank (5 or more drinks in a row in a few hours) (down from 46% in 1999).
- 15% had seriously considered attempting suicide (down from 25% in 1995).

Each of these risky behaviors has shown a meaningful decrease over time, pointing to positive changes in North Dakota high school students. However, these positive trends have not translated to corresponding decreases in the teen death rate and point to a need for continued improvement.⁴

Guidelines for Prevention

Some general guidelines for preventing child and teen deaths include:¹¹

- Invest time in mentoring and community involvement to help youth reduce risky behaviors and transition into adulthood.
- Support extracurricular and after-school programs for youth.
- Utilize community resources designed to address developmental needs in children.
- Model consistent messages that substance abuse is not accepted.
- Identify youth who are depressed or exhibit risky behavior and provide guidance or intervention strategies.
- Encourage safe driving practices.
- Implement graduated licensing based on behind-the-wheel experience and driving skills.

For additional information, including examples of programs already at work in North Dakota, visit www.ndkidscount.org/health/deathdata.htm.

1. Assessing the Trends

According to the Insurance Information Institute, young drivers ages 15-20 in the United States “have the highest rate of fatal crashes relative to other age groups, including the elderly. In fact, the risk of being involved in a fatal crash for teens is three times greater than for drivers ages 65 to 69.”⁵

Nationwide, suicide is the third leading cause of death among teens ages 15-19. While female teens are much more likely to report seriously considering suicide and attempting suicide, males are much more likely to die from an attempt.⁶ Whites have the highest rate of suicide overall; among persons ages 15-24, American Indians/Alaska Natives have the highest rate of suicide.⁷

2. Considering Reasons Why

“Immaturity and lack of driving experience are the two main factors leading to the high crash rate among teens.”⁵ A 2005 Allstate Foundation national study involving an online survey and focus group discussions with teens ages 15-17 provides insight into the risky behaviors of young drivers: 56 percent of teens said they use cell phones while driving, 69 percent who speed do so to keep up with traffic, and 47 percent said passengers sometimes distract them.⁵ According to the National Highway Traffic Safety Administration, one reason for higher traffic fatalities among teens is that “they have lower safety belt use rates than adults.” Properly-used seat belts can “reduce the risk of fatal injury” to passengers in the front seat “by 45 percent and the risk of moderate to critical injury by 50 percent.”¹⁰

Risk factors for suicide include: depression, substance abuse, exposure to traumatic events, and isolation. Easy access to lethal methods is also a risk factor; in 2001, guns were used in more than half of all youth suicides.⁷

3. Taking Preventative Measures

The North Dakota Child Fatality Review Panel (CFRP) was created in 1996 to identify causes and circumstances contributing to the deaths of all children under 18 years of age in the state and determine possible strategies for preventing these deaths through changes in policies, practices, and laws.⁸ The term “unintentional injuries” is preferred to “accident” by the CFRP because child and teen deaths in this category are considered predictable, understandable, and preventable.⁸ According to the National Adolescent Health Information Center, seven out of 10 adolescent and young adult deaths are preventable.⁹

The KIDS COUNT Indicator Brief *Reducing the Teen Death Rate* states “many societal factors affect the well-being of young people” and “strategies to keep them healthy require proactive, coordinated efforts.” Broad strategies include:¹¹

- Support the adults who play significant roles in the lives of young adults.
- Strengthen the capacity of communities to support healthy development.
- Focus intently on motor vehicle safety.
- Develop policies and programs aimed at preventing youth violence.
- Prevent suicide by bolstering the capacity of families and communities to recognize and treat young people in emotional distress.

Resources:

1. North Dakota Division of Vital Records, 2000-2005 data. ndhealth.gov/vital/
2. KIDS COUNT State-Level Data Online. www.aecf.org/kidscount/sld/
3. U.S. Census Bureau, Census 2000 and Population Division. www.census.gov
4. CDC Youth Risk Behavior Survey. www.cdc.gov/HealthyYouth/yrbs/index.htm
5. Insurance Information Institute. www.iii.org/media/hottopics/insurance/teendrivers/
6. Child Trends DataBank. www.childtrendsdatabank.org/indicators/34SuicidalTeens.cfm
7. CDC National Center for Injury Prevention and Control. www.cdc.gov/ncipc/factsheets/suifacts.htm
8. Child Fatality Review Panel 2003 Annual Report. www.nd.gov/humanservices/info/pubs/family.html
9. National Adolescent Health Information Center. nahic.ucsf.edu/downloads/Suicide.pdf
10. National Highway Traffic Safety Admin. www.nhtsa.dot.gov/people/injury/airbags/buassteens03/
11. KIDS COUNT Indicator Brief. www.aecf.org/kidscount/sld/auxiliary/briefs/teendeathupdated.pdf