State Injury Profile for Minnesota

The CDC State Injury Profiles

Gathering and sharing reliable data about the broad range of public health problems is among the many ways the Centers for Disease Control and Prevention protect the safety and health of Americans.

Policy makers and health care workers need access to the best, most current data available so they can make informed decisions about where to allocate limited resources to prevent diseases and injuries. Yet, many people find statistics difficult to understand and interpret. This State Injury Profile offers an easier way to look at statistics. Through maps and graphs, the Profile clearly shows how this state compares with others in the nation and what injury problems are most pressing.

CDC's National Center for Injury Prevention and Control gathers data about a broad range of intentional and unintentional injuries or what many people call 'violence' and 'accidents.' Injuries affect everyone. Injury is the leading cause of death for all Americans ages one to 34, and injury remains one of the leading causes of death, no matter how long someone may live.

Maps and graphs in this State Injury Profile show this state's death rates from in falls, poisoning, drowning, suffocation, fires and burns, suicide, homicide, traumatic brain injury and injuries related to firearms. The graphics show how this state compares with others and with mortality rates in the United States as a whole. You will also find a table showing the Ten Leading Causes of Death for the United States and for this state. **New this year** is a county-by-county map showing locations with higher death rates for each type of injury.

In addition to injury data, you'll also find a list of all CDC-funded injury prevention and research programs in this state for 2001.

To learn more

After you page through the State Injury Profile, if you want to know more, CDC has made it easy for you to find additional information about any injury and public health. Simply visit **www.cdc.gov/ncipc**. Or call the CDC National Center for Injury Prevention and Control, Office of Planning, Evaluation and Legislation at 1-770-488-4936.

These other resources offered or funded by the CDC may also interest you:

General information about injury in America

Customized data reports, www.cdc.gov/ncipc/wisqars

Consumer facts and tip sheets, www.cdc.gov/ncipc/safeusa or call the SafeUSA hotline toll free at 1-800-252-7751.

Intentional Injury

National Resource Center on Domestic Violence, 1-800-537-2238

National Sexual Violence Resource Center, **www.nsvrc.org**, or call 1-877-739-3895

National Violence Against Women Prevention Research Center, www.violenceagainstwomen.org, or call 1-843-792-2945

National Youth Violence Prevention Resource Center, www.safeyouth.org, or call 1-866-SAFEYOUTH (723-3968)

Violence Against Women Electronic Network (VAWnet), www.vawnet.org, or call 1-800-537-2238

Unintentional Injury

National Program for Playground Safety, www.uni.edu/playground, or call 1-800-554-PLAY (7529)

National Resource Center on Aging and Injury, www.olderadultinjury.org, or call 1-619-594-0986

State Injury Profile for Minnesota 1989-1998

United States 10 Leading Causes of Deaths by Age Group: 1996-1998

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 18,771	Unintentional Injuries 6,087	Unintentional Injuries 4,666	Unintentional Injuries 5,392	Unintentional Injuries 40,525	Unintentional Injuries 37,468	Malignant Neoplasms 51,170	Malignant Neoplasms 135,803	Malignant Neoplasms 260,166	Heart Disease 1,824,785	Heart Disease 2,185,194
2	Short Gestation 11,928	Congenital Anomalies 1,791	Malignant Neoplasms 1,557	Malignant Neoplasms 1,514	Homicide 18,200	Suicide 16,898	Unintentional Injuries 43,925	Heart Disease 105,367	Heart Disease 198,361	Malignant Neoplasms 1,150,087	Malignant Neoplasms 1,620,642
3	SIDS 8,863	Malignant Neoplasms 1,227	Congenital Anomalies 662	Suicide 918	Suicide 12,679	Homicide 15,068	Heart Disease 40,037	Unintentional Injuries 31,208	Bronchitis Emphysema Asthma 30,317	Cerebro- vascular 419,998	Cerebro- vascular 478,181
4	Respiratory Distress Synd. 3,958	Homicide 1,194	Homicide 523	Homicide 908	Malignant Neoplasms 4,976	HIV 14,953	HIV 26,456	Cerebro- vascular 17,196	Cerebro- vascular 29,005	Bronchitis Emphysema Asthma 283,777	Bronchitis Emphysema Asthma 327,640
5	Maternal Complications 3,836	Heart Disease 643	Heart Disease 413	Congenital Anomalies 613	Heart Disease 3,124	Malignant Neoplasms 13,837	Suicide 20,308	Liver Disease 16,797	Diabetes 25,504	Pneumonia & Influenza 235,529	Unintentional Injuries 288,427
6	Placenta Cord Membranes 2,870	Pneumonia & Influenza 494	Pneumonia & Influenza 218	Heart Disease 560	Congenital Anomalies 1,252	Heart Disease 9,843	Homicide 11,138	Suicide 14,916	Unintentional Injuries 21,316	Diabetes 142,639	Pneumonia & Influenza 262,047
7	Perinatal Infections 2,348	Septicemia 245	HIV 194	Bronchitis Emphysema Asthma 287	HIV 883	Cerebro- vascular 2,068	Liver Disease 10,518	Diabetes 12,979	Liver Disease 15,844	Unintentional Injuries 95,191	Diabetes 189,154
8	Unintentional Injuries 2,323	HIV 233	Bronchitis Emphysema Asthma 159	Pneumonia & Influenza 180	Bronchitis Emphysema Asthma 677	Diabetes 1,903	Cerebro- vascular 8,159	HIV 12,892	Pneumonia & Influenza 11,228	Alzheimer's Disease 65,647	Suicide 92,013
9	Pneumonia & Influenza 1,358	Perinatal Period 210	Benign Neoplasms 134	Cerebro- vascular 140	Pneumonia & Influenza 638	Pneumonia & Influenza 1,633	Diabetes 5,622	Bronchitis Emphysema Asthma 8,467	Suicide 8,834	Nephritis 65,296	Nephritis 75,817
10	Intrauterine Hypoxia 1,341	Benign Neoplasms 188	Cerebro- vascular 102	HIV 139	Cerebro- vascular 533	Liver Disease 1,592	Pneumonia & Influenza 4,255	Pneumonia & Influenza 6,493	Septicemia 5,704	Septicemia 54,428	Liver Disease 75,414

United States Total Number of Injury Deaths

 Cause
 Deaths
 Percent

 Unintentional Injury
 288,427
 65.6%

 Intentional
 151,102
 34.4%

 Total (1996-1998)
 439,529
 100.0%

Average Number of Injury Deaths per Year In the United States = 146,510

Minnesota 10 Leading Causes of Deaths by Age Group: 1996-1998

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 344	Unintentional Injuries 69	Unintentional Injuries 76	Unintentional Injuries 86	Unintentional Injuries 618	Unintentional Injuries 447	Malignant Neoplasms 797	Malignant Neoplasms 1,954	Malignant Neoplasms 3,899	Heart Disease 24,909	Heart Disease 29,018
2	SIDS 145	Congenital Anomalies 36	Malignant Neoplasms 26	Suicide 22	Suicide 240	Suicide 257	Unintentional Injuries 530	Heart Disease 1,219	Heart Disease 2,196	Malignant Neoplasms 19,411	Malignant Neoplasms 26,421
3	Short Gestation 110	Malignant Neoplasms 21	Homicide 12	Malignant Neoplasms 20	Homicide 125	Malignant Neoplasms 213	Heart Disease 500	Unintentional Injuries 452	Bronchitis Emphysema Asthma 387	Cerebro- vascular 8,190	Cerebro- vascular 8,883
4	Maternal Complications 69	Homicide 13	Congenital Anomalies 11	Congenital Anomalies 12	Malignant Neoplasms 72	Heart Disease 102	Suicide 346	Suicide 228	Unintentional Injuries 344	Bronchitis Emphysema Asthma 4,545	Unintentional Injuries 5,074
5	Placenta Cord Membranes 53	Heart Disease 9	Heart Disease 10	Homicide 12	Heart Disease 36	Homicide 96	HIV 149	Cerebro- vascular 224	Cerebro- vascular 334	Pneumonia & Influenza 3,767	Bronchitis Emphysema Asthma 5,056
6	Respiratory Distress Synd. 40	Benign Neoplasms 6	Anemias 2	Heart Disease 9	Congenital Anomalies 24	HIV 75	Liver Disease 108	Diabetes 180	Diabetes 329	Diabetes 2,644	Pneumonia & Influenza 3,979
7	Unintentional Injuries 34	Cerebro- vascular 4	Benign Neoplasms 1	Bronchitis Emphysema Asthma 5	Cerebro- vascular 9	Congenital Anomalies 30	Homicide 94	Liver Disease 180	Liver Disease 187	Unintentional Injuries 2,417	Diabetes 3,257
8	Intrauterine Hypoxia 21	Pneumonia & Influenza 4	Pneumonia & Influenza 1	Cerebro- vascular 4	Bronchitis Emphysema Asthma 8	Diabetes 18	Cerebro- vascular 91	Bronchitis Emphysema Asthma 79	Suicide 117	Alzheimer's Disease 1,363	Suicide 1,422
9	Perinatal Infections 21	Perinatal Period 3	Septicemia 1	Meningo- coccal 3	Pneumonia & Influenza 4	Cerebro- vascular 17	Diabetes 83	Pneumonia & Influenza 59	Pneumonia & Influenza 92	Nephritis 1,292	Nephritis 1,399
10	2 Tied	Septicemia 3	Viral Hepatitis 1	Benign Neoplasms 2	Meningo- coccal 3	Liver Disease 13	Pneumonia & Influenza 32	HIV 52	Hypertension 65	Hypertension 838	Alzheimer's Disease 1,387

Minnesota Total Number of Injury Deaths

 Cause
 Deaths
 Percent

 Unintentional Injury
 5,074
 73.3%

 Intentional Injury
 1,851
 26.7%

 Total (1996-1998)
 6,925
 100.0%

Average Number of Injury Deaths per Year In Minnesota = 2,308

1996-1998 Leading Causes of Death

Unintentional Injury

ı	United States Jnintentional Injury	,
Cause MV Traffic Fall	<u>Deaths</u> 127,053 35,745	Percent 44.1% 12.4%
Poisoning Suffocation Drowning Fire/Burn Other Causes	30,474 13,325 12,416 10,809 _58,605 288,427	10.6% 4.6% 4.3% 3.7% <u>20.3%</u> 100.0%

Minnesota Only intentional Injury	y
<u>Deaths</u> 1,820 1,086 260 218 189 1,501	Percent 35.9% 21.4% 5.1% 4.3% 3.7% 29.6%
	Deaths 1,820 1,086 260 218 189

Intentional Injury

	United States Suicide	
<u>Cause</u> Firearm	<u>Deaths</u> 53,156	Percent 57.8%
Suffocation	16,469	17.9%
Poisoning Other Causes	15,280 _7,108	16.6%
	92,013	100.0%

	Minnesota Only Suicide	
Cause Firearm Poisoning Suffocation Other Causes	Deaths 762 296 254 	Percent 53.6% 20.8% 17.9% 7.7% 100.0%

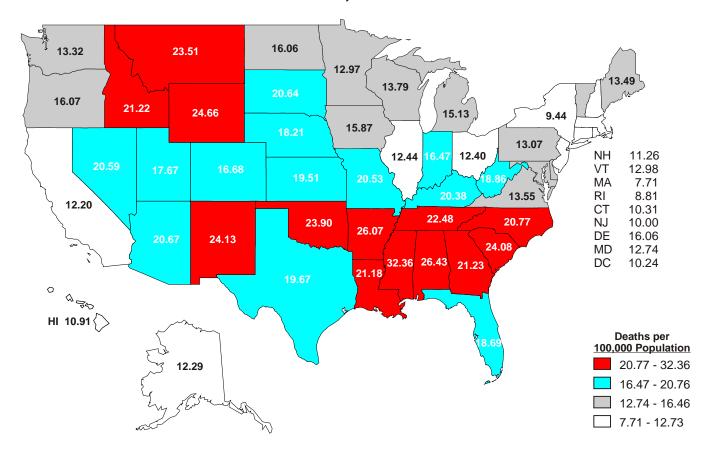
United States
Homicide and Legal Intervention

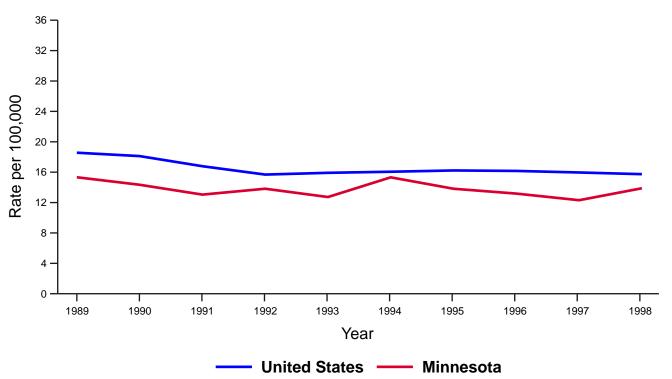
Cause	<u>Deaths</u>	Percent
Firearm	39,951	67.6%
Cut/Pierce	6,955	11.8%
Suffocation	2,147	3.6%
Other Causes	10,036	17.0%
	59.089	100.0%

Minnesota Only					
Homicide and	Legal	Intervention			

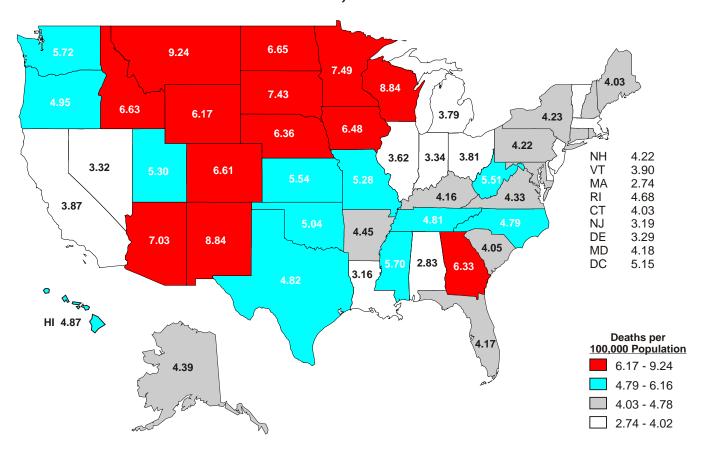
Cause	Deaths	Percent
Firearm	231	53.8%
Cut/Pierce	62	14.5%
Suffocation	30	7.0%
Other Causes	<u>106</u>	24.7%
	429	100 0%

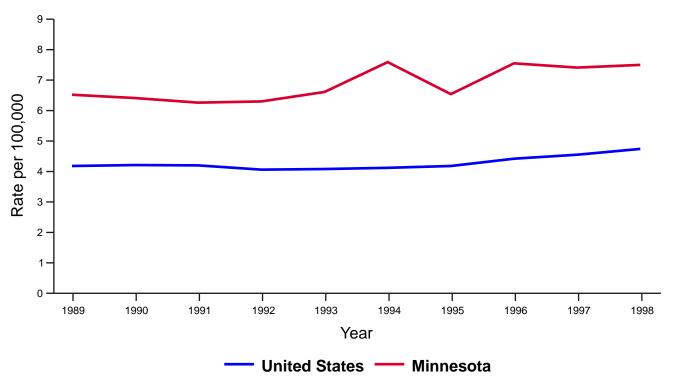
Unintentional Motor Vehicle, Traffic-Related Death Rates United States, 1996-1998



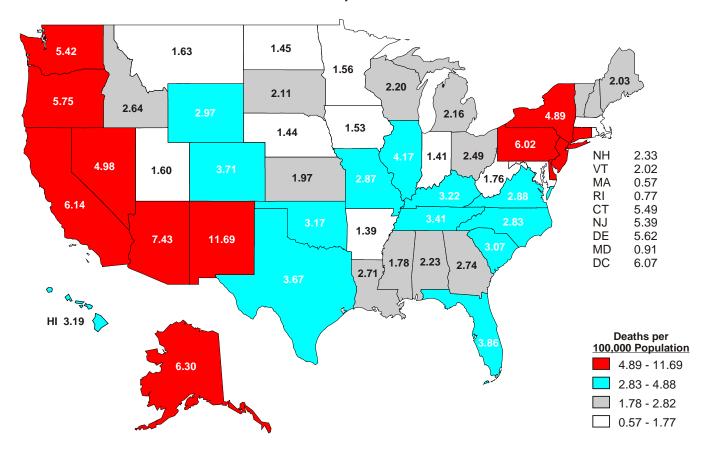


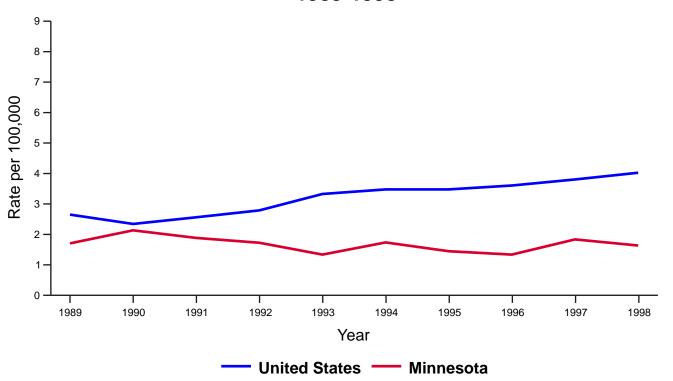
Unintentional Fall Death Rates United States, 1996-1998



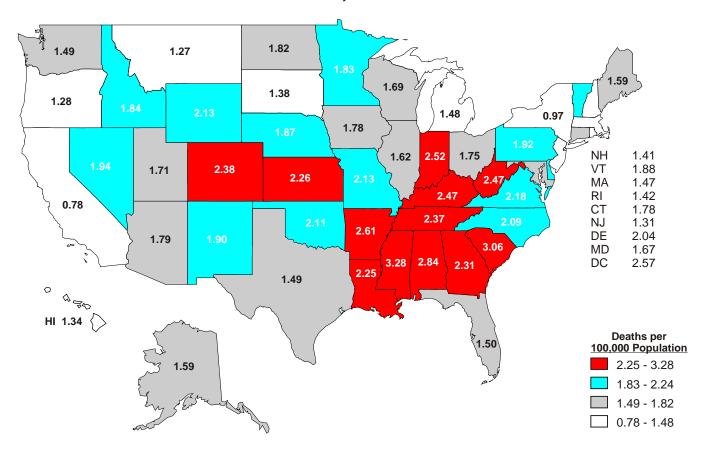


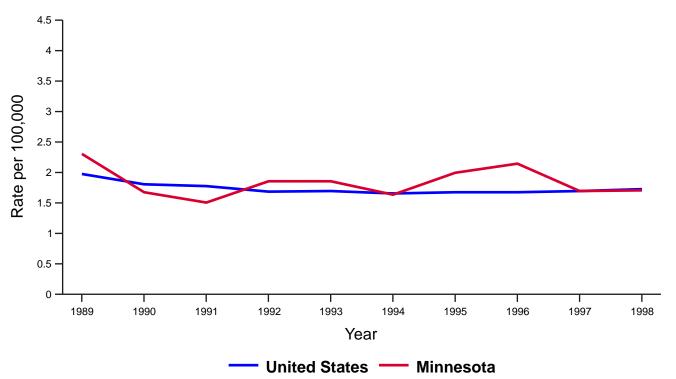
Unintentional Poisoning Death Rates United States, 1996-1998



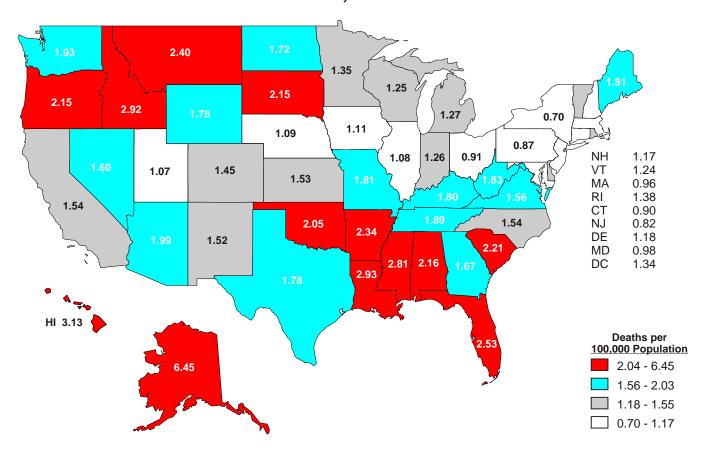


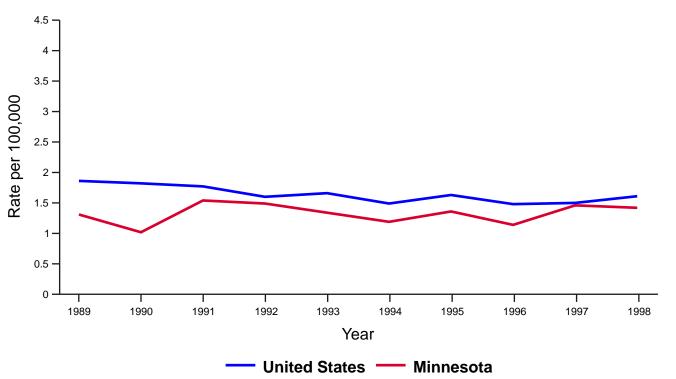
Unintentional Suffocation Death Rates United States, 1996-1998



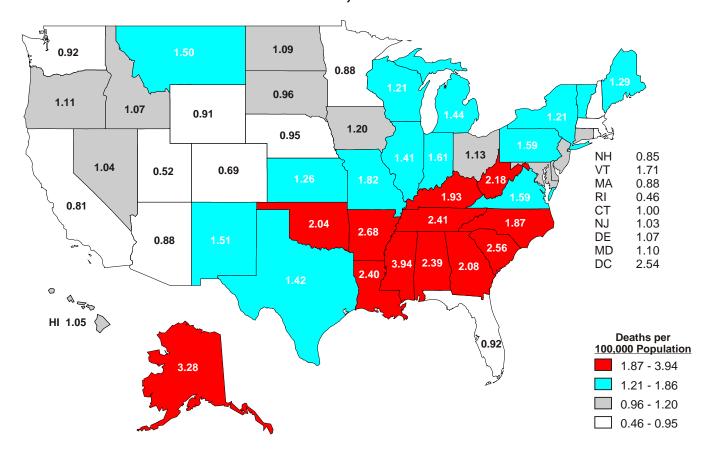


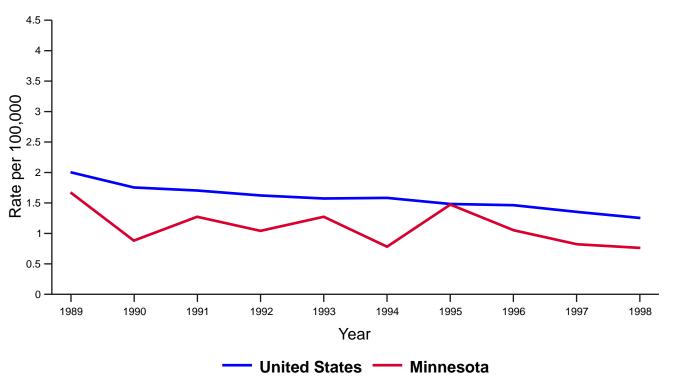
Unintentional Drowning Death Rates United States, 1996-1998



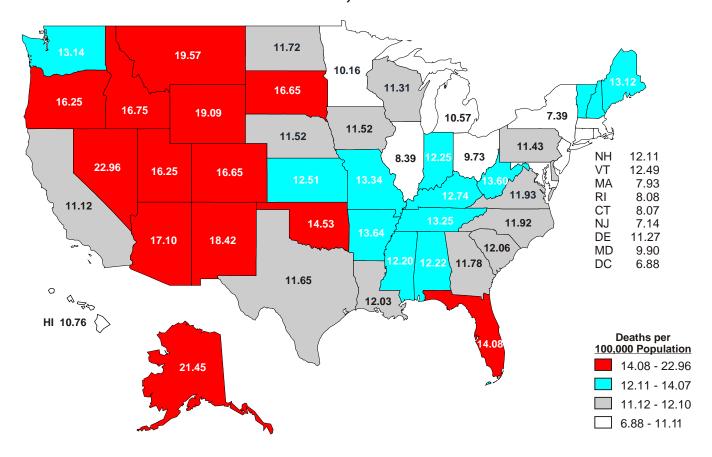


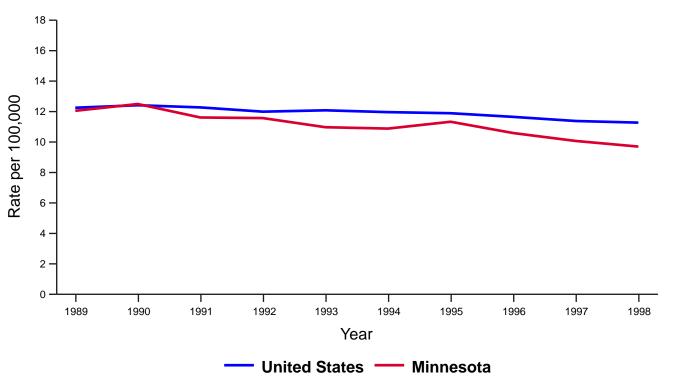
Unintentional Fire and Burn-Related Death Rates United States, 1996-1998



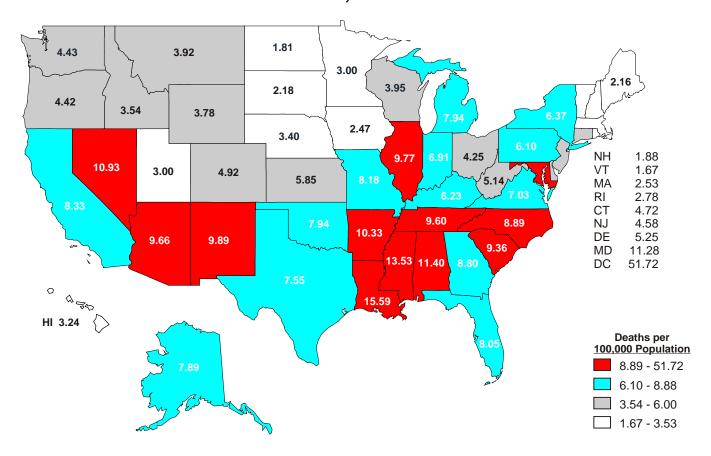


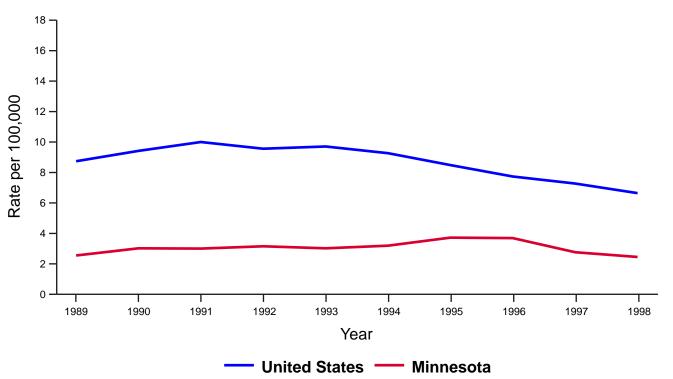
Suicide Death Rates United States, 1996-1998



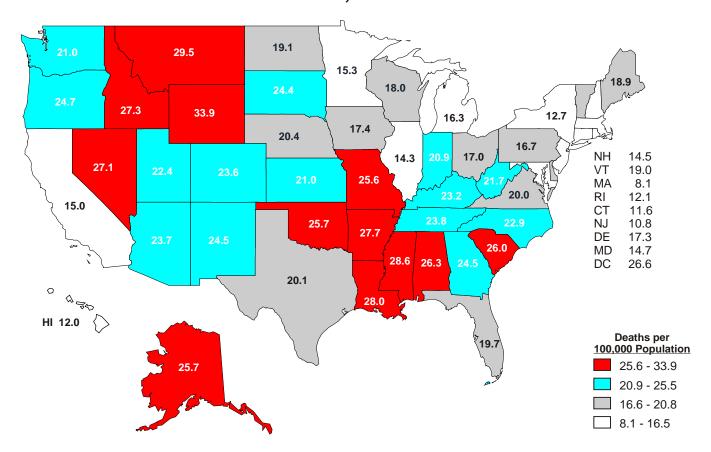


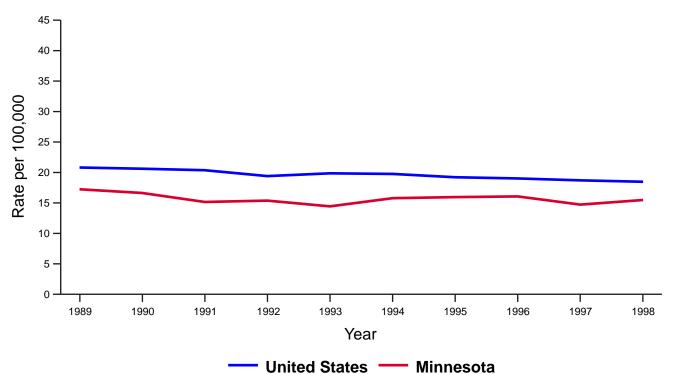
Homicide Death Rates United States, 1996-1998





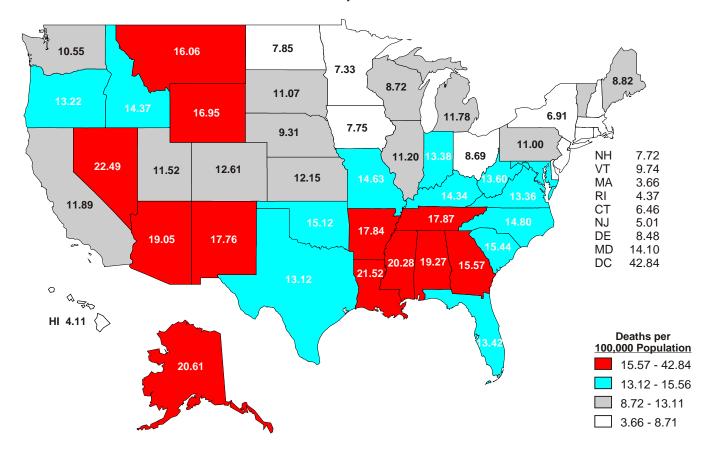
Traumatic Brain Injury-Related Death Rates* United States, 1996-1998

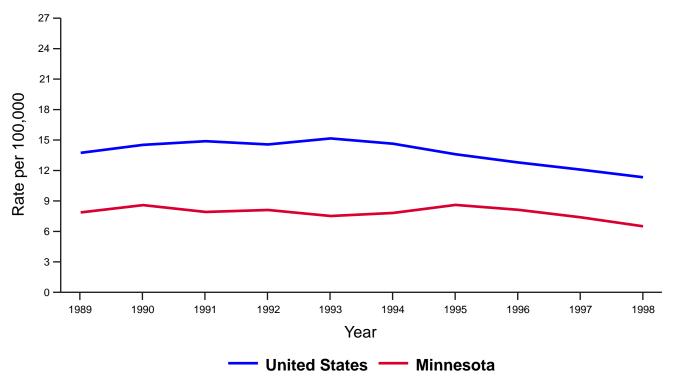




^{*} Includes unintentional and intentional deaths from motor vehicles, firearms, falls, and other causes (of determined and undetermined intent).

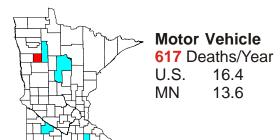
Firearm-Related Death Rates United States, 1996-1998

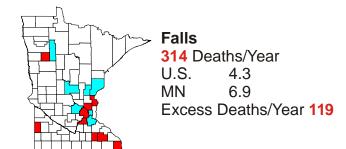


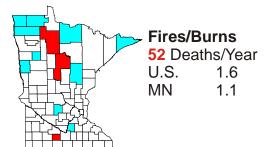


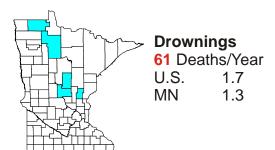
^{*} Includes deaths from firearm suicide, firearm homicide, unintentional firearm-related deaths, and firearm-related deaths of undetermined intent.

Minnesota 1989-1998

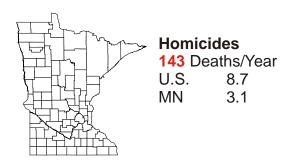


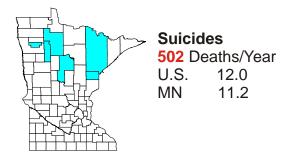




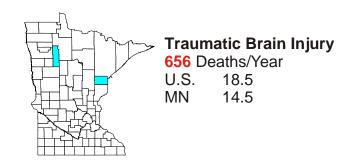


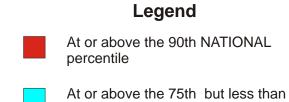












the 90th NATIONAL percentile

CDC-Funded Injury Control Projects

CDC-Funded Injury Control Projects in MINNESOTA

CDC's National Center for Injury Prevention and Control (NCIPC) funds seven programs in Minnesota to build the state's ability to keep its citizens safe. The Minnesota Department of Health oversees all six cooperative agreements.

Core Injury Programs

State-Based Core Injury Program Development

Minnesota is one of 23 states receiving CDC funding to establish a point of coordination for injury control efforts, assess injury data and surveillance resources within the state, and develop a state injury control plan. A core injury development program is a cooperative effort to develop or strengthen the capacity of state public health agencies to prevent and control injuries. These programs possess some combination of these features and tools:

- 1) injury prevention coordinator;
- 2) up-to-date profile of injuries within the state from existing data sources;
- 3) advisory structure to facilitate collaboration with public and private sector groups;
- 4) relationships with organizations, agencies, and individuals interested or experienced in injury prevention or control; and
- 5) a current plan for injury prevention and control based on the state's priorities.

Minnesota received funding for an advanced program to enhance existing surveillance capabilities and develops a comprehensive, ongoing, statewide injury surveillance system. (Minnesota Department of Health Services)

State-Based Core Injury Surveillance and Program Development

This program supports further development and evaluation of injury surveillance structures based in Emergency Departments (ED) established with a recommendation from the Governor's Task Force on Violence. The Minnesota Hospital and Healthcare Partnership will assist in developing and implementing ED-based injury surveillance, and collecting and linking additional information from a random sample of all nonfatal injuries treated in the ED. Program staff will evaluate the ED surveillance system and report both the surveillance data and evaluation results to CDC, the Advisory Board, the Technical Advisory Panel, and the public. They will also develop a plan to ensure continued ED injury surveillance beyond the CDC funding period. (*Minnesota Department of Health Services*)

Acute Care and Rehabilitation

Traumatic Brain Injury Surveillance Program

This program characterizes the risk factors, incidence, external causes, severity, and short-term outcomes of traumatic brain injury (TBI) through population-based surveillance of the condition. These data will be used to develop prevention programs that address both the specific causes of TBI and the populations at greatest risk. Data may also apply to improve access to health care and other services needed after injury. (*Minnesota Department of Health Services*)

Unintentional Injury

Prevention of Fire-Related Injuries

Distributing and installing smoke alarms in high-risk urban and rural homes is expected to reduce the incidence of fire injury. Program staff will train public health nurses, community outreach workers, senior outreach workers, fire fighters, and community volunteers to assess the status of smoke alarm coverage in homes, install 10-year lithium-powered alarms, collect data, identify fire hazards, develop a fire escape plan, and test smoke alarms. Residents will receive education about identifying home fire hazards, preventing fire-related injury, planning a fire escape, and testing and maintaining smoke alarms. (Minnesota Department of Health Services)

Program to Prevent Fire- and Fall-Related Injuries in Older Adults

Aitkin, Itasca, and Koochiching are implementing a multi-faceted fire and fall prevention program and testing the hypothesis that such a program results in fewer high-risk elderly persons reporting falls and fires/burns. Program staff will conduct about 150 home visits in each community during each project year and will use the *Home Safety Checklist for Older Adults* to identify and correct fire and fall hazards. (*Minnesota Department of Health Services*)

Intentional Injury

Surveillance of Intimate Partner Violence

Minnesota seeks to improve its capacity for surveillance of intimate partner violence by integrating population-based surveillance systems into existing injury surveillance systems to help determine the magnitude of intimate partner violence in population subgroups, and by revising and testing uniform definitions and recommended data elements. Program staff propose developing a statewide, victim-oriented surveillance system, exploring and establishing linkages to perpetrator data, and providing incidence data. These activities would be supplemented by community-based surveys, which would have capacity to describe prevalence. (*Minnesota Department of Health Services*)

Rape Prevention and Education

A nationwide grant program providing resources to states for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for:

- 1) educational seminars;
- 2) operation of hotlines;
- 3) training programs for professionals;
- 4) preparation of informational material;
- 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities;
- 6) education and training to increase awareness about drugs to facilitate rapes or sexual assaults; and
- 7) other efforts to increase awareness about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities.

(Minnesota Department of Health Services)

Notes

Notes