Child and Teen Mortality Decreasing in Montana

Anna G. Walker, MS, MBA, MCH Epidemiologist

The death of a child is a tragedy for family and friends, and a loss to the community. In Montana, mortality rates for children of age 1 to 17 years have fallen markedly in the past thirty years. Between 1979 and 2013, the mortality rates dropped from 7.0 per 10,000 to 2.5 per 10,000 (Figure 1).

Unintentional injuries were the leading cause of death among children and youth during this time period, accounting for more than a half (54%) of all deaths. Between 1979 and 2013, mortality rates from unintentional injury among children ages 1 to 4 years dropped from 4.0 per 10,000 to 1.4 per 10,000, while rates for children ages 14 to 17 years dropped from 9.1 to 2.2 per 10,000. The decline in age groups 5 to 9 years and 10 to 13 years was not as steep. The majority of children’s unintentional injury deaths were caused by motor vehicle crashes (57%), followed by drowning (12%), the leading causes were consistent throughout the time period.
Mortality rates for boys were higher than for girls in every age group. The difference increased progressively after age 10 years (Figure 2.) Between 1990 and 2013, American Indians and Alaskan Native (AI/AN) children had higher mortality rates than White children. The overall mortality rate for White children ages 1 to 17 years was 3.2 per 10,000, and for AI/AN children it was 5.7 per 10,000 (data not shown). The unintentional injury rates were 1.6 and 3.0 per 10,000, respectively.

Figure 2. Mortality Rates for children Age 1 to 17 years by Sex
Montana Office of Vital Statistics, 1979-2013

Since 1979, unintentional injury death rates among children and teens declined significantly from 4.5 per 10,000 to 1.1 per 10,000 in 2013. These deaths need not occur because they often result from predictable events. Public health approaches to injury prevention include identifying risk and protective factors, and, on the basis of this information, developing, implementing, and evaluating interventions, and promoting widespread adoption of evidence-based practices and policies. In the case of childhood injury mortality, attention should be focused on vehicle safety such as age-appropriate car restraints and safe vehicle operation.

For more information about MCH Epidemiology Program, contact Anna G Walker, MCH Epidemiologist, AnWalker@mt.gov, 406-444-5954.

This document was published in electronic format only. Alternative formats will be provided on request. Please visit our website at http://www.dphhs.mt.gov/publichealth/epidemiology/index.shtml

1 Bridged race population estimates identifying American Indians/Alaska Natives by year of age were first available in 1990. http://wonder.cdc.gov/wonder/help/bridged-race.html