

CHILDHOOD INJURY

The unintentional injury-related death rate among children ages 14 and under declined more than 40 percent from 1987 to 2001. However, unintentional injury remains the leading cause of death among children ages 14 and under in the United States. In 2001, 5,526 children ages 14 and under died from unintentional injuries. In addition, each year more than 92,000 children are permanently disabled. Each year, one out of every four children (a total of more than 14 million children ages 14 and under) sustains an injury serious enough to require medical attention. These injuries have enormous financial, emotional and social effects on not only the child and the family but also the community and society as a whole.

In general, children are primarily at risk of unintentional injury-related death from: motor vehicle injuries, which include children as occupants, pedestrians and bicyclists; drowning; fire and burns; airway obstruction injury (including suffocation and choking); unintentional firearm injuries; falls; and poisoning. Injury rates vary with a child's age, gender, race and socioeconomic status. Younger children, males and poor children suffer disproportionately. Additionally, the causes and consequences of injuries vary considerably by age and developmental level, reflecting differences in children's cognitive, perceptual, motor and language abilities as well as environment and exposure to hazards.

DEATHS

- In 2001, unintentional injuries resulted in the deaths of 976 children under age 1, 1714 children ages 1 to 4, 1,283 children ages 5 to 9 and 1,553 children ages 10 to 14.
- Among children under age 1, airway obstruction is the leading cause of unintentional injury-related death, followed by motor vehicle occupant injury, drowning, and fire and burns.
- Among children ages 1 to 4, drowning is the leading cause of unintentional injury-related death, followed by motor vehicle occupant injury, pedestrian injury, fire and burns, and airway obstruction.
- Among children ages 5 to 9, motor vehicle occupant injury is the leading cause of unintentional injury-related death, followed by pedestrian injury, drowning, fire and burns, and bicycle injury.
- Among children ages 10 to 14, motor vehicle occupant injury is the leading cause of unintentional injury-related death, followed by pedestrian injury, drowning, fire and burns, and bicycle injury.

INJURIES

- Every day, more than 39,000 children are injured seriously enough to require medical treatment, totaling more than 14 million children each year.
- In 2002, more than 6.6 million children ages 14 and under were treated in hospital emergency rooms for unintentional injuries.
- In 2000, injuries to children ages 14 and under resulted in 228,000 hospitalizations, more than 1.6 million visits to hospital outpatient departments and more than 13.5 million visits to physicians' offices.
- Among children ages 14 and under, treatment for injury is the second leading cause of hospitalization.

WHEN AND WHERE DEATHS AND INJURIES OCCUR

- An estimated 42 percent of all childhood injury deaths and 40 percent of all childhood injury-related emergency room visits occur between May and August.

- The vast majority of unintentional injury-related deaths among children occur in the evening hours, when children are most likely to be out of school and unsupervised.
- Among children ages 14 and under, it is estimated that 40 percent of deaths and 50 percent of nonfatal unintentional injuries occur in and around the home.

WHO IS AT RISK

- Unintentional injuries disproportionately affect poor children and result in more fatalities among these children than among children with greater economic resources.
- Children ages 4 and under are at greater risk of unintentional injury-related death and disability and account for 49 percent of these deaths among children ages 14 and under.
- Through virtually all ages, for all causes of injury, males are at greater risk of unintentional death and injury than females. This is primarily due to greater exposure to activities that result in injury and patterns of risk-taking and rough play.
- Children living in rural areas are at greater risk from unintentional injury-related death than children living in urban areas. Injuries in rural settings occur in remote, sparsely populated areas that tend to lack organized systems of trauma care, resulting in prolonged response and transport times. A short supply of medical facilities, equipment and personnel to treat injuries in rural areas also contributes to increased risk.
- Black and Native American children have disproportionately high death and injury rates, primarily due to higher levels of poverty and lower levels of education, employment and income.

HEALTH CARE COSTS AND SAVINGS

- Injury is the leading cause of medical spending for children ages 5 to 14.
- Among children ages 14 and under, falls account for the largest share of unintentional injury-related costs — approximately 31 percent — followed by motor vehicle occupant injuries, poisonings, fire and burn injuries, pedestrian injuries and drownings.
- In 2000, injuries to children ages 10 and under resulted in an estimated \$5.7 billion in direct medical expenditures.
- For every child injured, the total cost is more than \$12,700, including \$650 in medical costs, more than \$1,000 in future earnings lost and nearly \$11,000 in lost quality of life.
- Every dollar spent on a child safety seat saves this country \$32 in direct medical costs and other costs to society.
- Every dollar spent on a bicycle helmet saves this country \$30 in direct medical costs and other costs to society.
- Every dollar spent on a smoke alarm can save \$69 in fire-related costs.
- Every dollar spent on poison control centers saves this country \$7 in medical costs.

PREVENTION EFFECTIVENESS

- It is estimated that as many as 90 percent of unintentional injuries can be prevented.
- A combination of education, environmental improvements, engineering modifications, enactment and enforcement of legislation and regulations, economic incentives, community empowerment and program evaluation is effective at reducing the incidence and severity of unintentional injury-related death and disability.