

Leading Causes of Injuries Among Children and Adolescents

Among youth ages 5-19, two-thirds of all deaths were injury-related in 2003, making injuries the leading cause of death. More than 20 million children and adolescents are injured each year, resulting in \$17 billion of medical costs. Common injury mechanisms among children and adolescents include: motor vehicles, recreation and sports, violence, suicide, and maltreatment.

Motor Vehicle Injuries

- Motor Vehicle traffic crashes were the leading cause of death for individuals ages 4-34 in 2003; 70% of injury deaths among those 5-19 were traffic-related.
- 1,638 children ages 14 years and younger died in motor vehicle crashes in 2004 and 214,000 were injured.
- 25% of 15-20 year old drivers killed in crashes had been drinking alcohol and 19% were intoxicated.
- 83% of bicycle-related deaths were caused by collisions with motor vehicles in 2003.
- From 1997-2002, one in four crash-related deaths among children 14 and under involved alcohol use.
- Police-reported crashes involving drivers aged 15-20 resulted in \$41 billion in total costs in 2002.
- 7,810 children under age 15 were involved in fatal vehicle crashes in 2005. Twenty-nine percent were unrestrained, and 50% of those who died were unrestrained.

Opportunities for Prevention

- **All 50 states and DC** have implemented 0.08% as the legal blood alcohol content (BAC) limit for all drivers.
- **46 states** have established lower blood alcohol concentration (BAC) limits (.00, .01, .02) for young drivers based on Zero Tolerance laws to prevent impaired driving among minors.
- **47 states and DC** have some form of Graduated Drivers Licensing. GDL includes a variety of restrictions for new drivers and phases-in privileges to gradually provide experience for these new drivers. Examples include: Limited nighttime driving, passenger limits, required supervised driving, and bans on cell phones. GDL programs reduced deaths among 16 year old drivers by 11% in 36 states between 1994-2004.
- **Colorado Department of Public Health and Environment** released an injury epidemiology report in March 2006 indicating a correlation between increased booster seat use by children ages 4-8 in Colorado from 2001-2004 and a decrease in the number of children hospitalized for injuries. The report documents a 45% increase in booster seat use, reducing crash-related hospitalization rates from 27% in 1997 to 15% in 2004.

Youth Violence

- 4 million children and adolescents are injured at school each year.
- 9% of high school students reported incidences of physical dating violence in 2003.
- 750,000 youths ages 10 -24 were admitted to emergency departments for violence-related injuries in 2004.
- Up to 25% of students report being bullied in school each year.
- One-third of homicide victims and half of perpetrators are under the age 25.

Opportunities for Prevention

- The Health Resources and Services Administration's "**Stop Bullying Now!**" campaign aims to raise awareness about, and reduce incidences of bullying among teens nationwide. HRSA provides an interactive website for children and adults that include statistics, fact sheets, games and other resources on bullying prevention.
- **The Safe Schools/Healthy Students (SS/HS)** initiative is a collaborative federal grant-making program designed to prevent youth violence and substance abuse. Grantees implement comprehensive programs including: safe school environment initiatives and policies, and alcohol and violence prevention and early intervention programs. The program is supported by the Departments of Health and Human Services, Education, and Justice. In 2006, more than \$31 million was provided to 19 school districts in 14 states, including: **CA, FL, GA, MA, MI, MN, NC, NE, NY, OK, PA, SC, TX, and WY.**

Suicide

- Suicide is the third leading cause of death among individuals ages 15 to 24.
- Males are 4 times more likely to die by suicide than females.
- American Indian/Alaskan Natives have the leading suicide rate among this age group.
- 17% of high school students contemplated suicide, and 9% made suicide attempts in 2003.

Opportunities for Prevention

- In 2006, through the **Garrett Lee Smith Memorial Act**, the Substance Abuse and Mental Health Services Administration awarded \$9.6 million, three-year grants to several states to support youth suicide prevention efforts including: state plan development and implementation, early intervention, assessment, screening programs, research and training. States funded in 2006 include: **AL, CA, CT, ID, MT, OR, UT and WI**.
- In 2003, **Oregon Department of Human Services** released “Safe Teens”, a comprehensive school-based suicide prevention program that provides guidelines to assist school administrators, parents and students recognize and respond to potential suicidal warning signs among adolescents.

Recreational Injuries

- 3.5 million children under age 14 receive medical treatment for sports or recreational injuries each year.
- 200,000 children under age 14 are treated each year in emergency departments for playground related injuries; 75% of these children are ages 5-14.
- 2,700 children ages 14 and under were treated in the emergency department for drowning incidents in 2002.
- 340 children under age 14 drowned in or around the home in 2004; 80% of these children were under age 4.

Opportunities for Prevention

- **Alaska Department of Public Health-Injury Surveillance & Prevention Program** provides the “Kids Don’t Float” program to reduce the prevalence of childhood drowning in Alaska. The program educates high school students about water safety and personal flotation device (PFD) use; these students in turn teach elementary school children the same skills adapted to their level. Additionally, the initiative offers PFD loaner programs for use at harbors and boat ramps.
- **CDC’s Injury Center** has developed “**Heads Up: Concussion in High School Sports**” a multi-media tool kit addressing concussions in high school sports. The kit is aimed at helping high school coaches prevent traumatic brain injuries. The kit includes a DVD, posters, fact sheets for parents and athletes in English and Spanish, and a downloadable CD-ROM.

Child Maltreatment

- 900,000 children in the U.S. were maltreated in 2003.
- Among children who are maltreated: 61% were neglected; 19% physically abused; 10% sexually abused; and 5% emotionally or psychologically abused.
- 1,500 children died from maltreatment in 2003.

Opportunity for Prevention

- “**Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE)**” is an effort led by CDC to develop capacity and build leadership in preventing violence towards and among children and adolescents. The grant enables awarded states to create assessment programs and reports that identify public health approaches, risk factors and prevention methods to address issues of youth suicide, child maltreatment, teen dating violence, bullying, and school violence. The grants were awarded to eight states in 2004. They include: **CO, IA, MA, MI, MN, NM, RI, and VA**.
- Through the ESCAPE grant, the **Rhode Island Department of Health** was able to release the state’s first ever, “The Burden of Injury in Rhode Island: A State Profile” in June 2006. The report identifies injuries and violence as a significant public health problem by documenting the burden through statistics, charts, and other data analysis.

For more information about state health agency activities related to child and adolescent injury prevention, please email publications@astho.org

Sources: Centers for Disease Control and Prevention-National Center for Injury Prevention and Control; Substance Abuse & Mental Health Services Administration; National SAFE KIDS; Health Resources and Services Administration; National Traffic Highway Association; National Conference for State Legislatures; Insurance Institute for Highways Safety; Colorado Department of Public Health and Environment; Journal of the American Medical Association; Johns Hopkins University School of Public Health; Alaska Department of Public Health-Injury Surveillance & Prevention Program; Oregon Department of Human Services