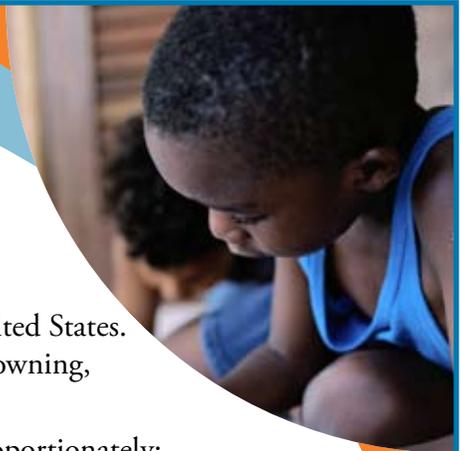




Children at High Risk



Key Facts

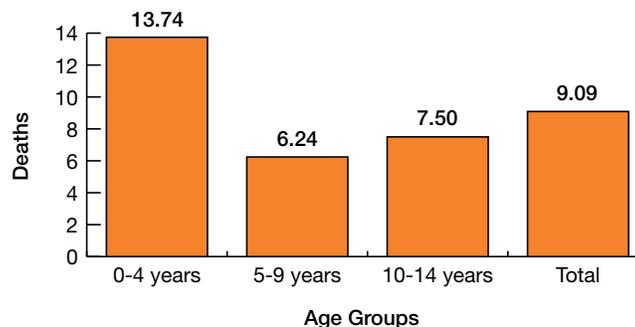
Unintentional injury is the number one killer of children ages 1-14 in the United States.

- The leading causes of injury death to children are motor vehicle crashes, drowning, suffocation, fires and/or burns and pedestrian-related incidents.
- Younger children, males, minorities, and poor children tend to suffer disproportionately; poverty is often a predictor of injury.

Burden of Unintentional Childhood Injury

Age: Children ages 4 and under are at greater risk of unintentional injury-related death; among children under 14 years of age, children less than age 4 years account for approximately half of all unintentional injury deaths.

1999 - 2004 Unintentional Injury Death Rates by Age Group, United States
(per 100,000 population)

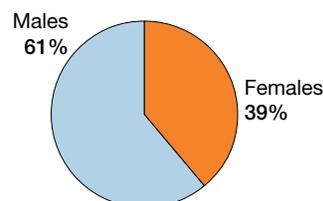


- Each year more children between the ages 1 and 4 years die from unintentional injuries than from all childhood diseases combined. An overwhelming majority of these fatalities occur in the home.
- Suffocation, motor vehicle occupant injury, drowning, residential fire or burn injury, falls, and poisoning are the leading causes of unintentional injury death for infants. Infants less than 1 year of age have higher overall rate of unintentional injury-related death than older children.
- For children ages 1 to 14 years, the leading causes of unintentional injury deaths are motor vehicle-related injuries, drowning, residential fires or burn injury, suffocation and pedestrian injury.

Gender: For all ages, males have a significantly higher risk of unintentional death and injury than females.

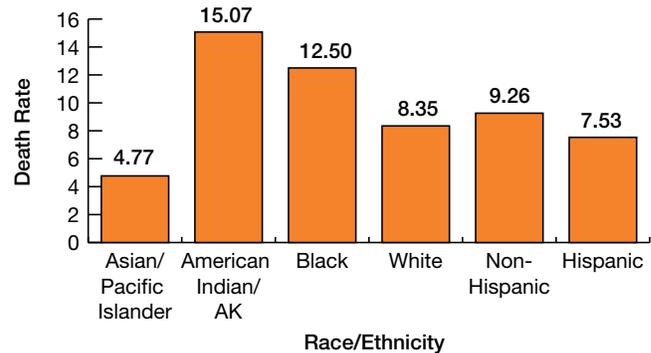
- From 1999 to 2004, males under 14 years of age accounted for 61 percent of all unintentional injury-related deaths in the United States.

2000 - 2004, U.S. Unintentional Injury
Death Percentages by Gender
(All races, ages 0-14)



Race: Among children ages 14 and under, black and Native American/Alaska Native children experience the highest rates of unintentional death and injury. Native American children are nearly twice as likely to die from an unintentional injury as white children.

2000 - 2004 Unintentional Injury Death Rates by Race and Ethnicity (Per 100,000 population, ages 0 to 14)



- The unintentional injury death rate for black children is one and a half times that of white children.
- Factors that contribute to a higher death and injury rate among Native American children are tied to economic conditions rather than differences in parenting based upon culture.

Income Level: Children from low-income families experience more fatalities than children from families with greater economic resources.

- Children from low-income families are twice as likely to die in a motor vehicle crash, four times more likely to drown, and five times more likely to die in a fire.
- Lower income families have more difficulty obtaining necessary medical care in hospital emergency rooms and are often less likely to receive lifesaving preventive services.
- Children from low-income families may live in more hazardous environments that can increase their risk of injury. Risk factors include substandard and overcrowded housing, lack of safe playing facilities, and the distances setting apart houses from busy streets, inadequate childcare and/or supervision, increased exposure to physical hazards and limited access to health care.
- Low-income families are less likely to use safety devices due to a lack of money, lack of access to obtaining safety devices, and/or a perceived lack of control over housing conditions.

Rural and Urban Regions: Children living in rural areas (especially minority children) are at significantly greater risk from unintentional injury-related death than children living in urban areas.

- Rural children are at high risk for drowning, motor vehicle crashes, unintentional firearm injury, residential fires and agricultural work-related injury.
- Urban children are at an increased risk of sustaining severe nonfatal injuries than suburban and rural children. This is possibly due to closer access to hospitals and trauma centers.

Preventative Strategies

- Reducing or eliminating the financial barriers to attaining safety devices (e.g. smoke alarms, bicycle helmets, car seats, and booster seats).
- Increasing educational efforts directed toward children who are at high risk for injury.
- Improving the overall safety of the child's surrounding environment.