



# Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety



April 2008

Dear Friends:

Safe Kids USA has been working for 20 years to prevent unintentional injury to our nation's children. Our efforts are working! From 1987 to 2005, **the unintentional childhood injury death rate among children ages 14 and under has declined by 45 percent.** This result has been achieved by the combined efforts of many groups: Safe Kids USA and its more than 600 coalitions and chapters, parents, schools, public health and advocacy organizations, government agencies, public policymakers, corporations, and many others.

While we have made great progress, **unintentional injury continues to be the leading killer of children ages 1 to 14 in the United States, and millions of children visit emergency rooms each year as a result of unintentional injuries.** Many of these injuries could have been prevented.

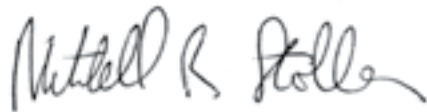
Clearly, we must expand our efforts to save more young lives. To help guide us in our work, Safe Kids USA conducted a survey to assess parents' knowledge, attitudes and behaviors regarding child safety today as compared to 1987 and 1997.

What we found is that parents are not as concerned about unintentional injury and the threat to their children as they should be. While most parents consistently practice certain safety behaviors, like making sure young children are buckled in an appropriate car seat or booster seat, they are not consistently practicing others, like requiring children to always wear a helmet when biking. **These are simple and low-cost efforts that can save a child's life.**

We are releasing this report during National Safe Kids Week 2008 to celebrate 20 years of preventing unintentional injuries to children with our founding sponsor, Johnson & Johnson, whose generous support allows us to reach millions of families across the United States with important safety messages.

Thank you for all of your efforts on behalf of children.

Sincerely,



Mitch Stoller  
President and CEO, Safe Kids Worldwide



Martin R. Eichelberger, M.D.  
Founder and Director, Safe Kids Worldwide

# EXECUTIVE SUMMARY

In celebration of the 20th anniversary of Safe Kids Worldwide, a global network of organizations whose mission is to prevent unintentional childhood injury, Safe Kids USA has prepared this comprehensive national report on children and injury in the United States.

The report demonstrates some exceptional progress: the unintentional childhood injury fatality rate among children ages 14 and under has decreased in the United States by 45 percent since 1987.

But we still have a great deal of work to do: unintentional injury remains the number one killer of American children ages 1 to 14. In fact, in 2005, unintentional injury claimed 5,162 children's lives, and in 2006, caused more than 6.2 million emergency room visits for children 14 and under. Perhaps the worst part is that many of these deaths and serious injuries could have been prevented.

The report examines unintentional injury and its impact on children by age, gender, race and ethnicity, and reviews unintentional childhood injury fatality rates and emergency room visits in leading risk areas: suffocation, motor vehicle occupant injuries, drowning, pedestrian incidents, fire and burn injuries, bicycle incidents, poisonings, falls and more. It shows declines in the rate of unintentional injury fatalities in most risk areas, except the childhood suffocation fatality rate, which has actually increased by 21 percent and now exceeds the motor vehicle occupant fatality rate for children ages 14 and under for the first time. The increase in the suffocation fatality rate is largely the result of a re-categorization of the cause of death driven by improvements in the quality of death scene investigations occurring at various levels across the country. Previously, many of these deaths were categorized as sudden infant death syndrome (SIDS). With the improved investigations, more cases are being seen where a child suffocates from soft pillows, mattresses, or mattress coverings in the crib or from bed-sharing with a parent.

The report also compares data from a recent parental attitude and behavior survey to surveys from 1987 and 1997. Some of the major findings include:

- Only 58 percent of parents with children 14 and under report their child being involved in a serious accident or getting seriously injured as a major concern – a statistic demonstrating that parents are showing even less concern than they were in 1987 when 65 percent of parents listed accidental injury as a major concern.
- There is little change from 1987 to 2007 in the amount done by parents to ensure their child's safety – due to reasons varying from parents actually feeling the chance of their child being seriously injured is slim (especially fathers) to reporting that taking all the necessary steps is a hassle to 20 percent of low-income families (household income levels under \$25,000 per year) saying many safety devices such as fire extinguishers and bicycle helmets cost too much.

While it is difficult to assign a direct cause-and-effect relationship to any one intervention, education and outreach programs such as those led by Safe Kids USA have contributed to the decline in fatal injuries per capita and have kept injury prevention a high priority for parents. The positive trends reported here validate and demand that the injury prevention community continue to develop and implement a multifaceted public health approach to injury prevention, including adequate funding for child safety agencies, better laws to protect children, safer environments, expanded data collection, and continued public education.

The Safe Kids USA *Report to the Nation: Trends in Unintentional Childhood Injury Mortality and Parental Views on Child Safety* is being released in the United States during National Safe Kids Week 2008, which is supported by Safe Kids Worldwide's founding sponsor, Johnson & Johnson. Almost 400 Safe Kids USA coalitions and chapters across the country are playing a key role during National Safe Kids Week to raise awareness within their communities about this report's findings and to teach families how to protect their children from unintentional injury.

# INJURY TRENDS

## Introduction

Unintentional childhood injuries due to motor vehicle crashes, falls, burns, drowning, and poisoning remain a serious public health problem in the United States and the leading cause of death in children ages 1 to 14. Unintentional injuries are often called “accidents,” but are almost always foreseeable and preventable events involving high-risk behavior. This report addresses:

- The trend in fatality rates from 1987 to 2005 for children ages 14 and under, overall and by age, gender, race, ethnicity, and geography
- A survey of 1,101 parents regarding their concerns, beliefs and behaviors involving child safety issues and access to safety resources
- A community, state and national call to action to recognize unintentional injury to children as a top public health priority needing continued work by the injury prevention community and others

By tracking the rates and demographic prevalence of unintentional childhood injuries and deaths, Safe Kids USA monitors the effectiveness of innovative injury prevention strategies at the community, state and national levels.

## Methodology

This study analyzed 1987-2005 data from the Web-based Injury Statistics Query and Reporting System (WISQARS) database of the Centers for Disease Control and Prevention. The database includes information documented by attending physicians, medical examiners and coroners. Crude fatality rates for children ages 14 and under were calculated by WISQARS. Unintentional injury fatality rates were defined as the number of deaths per 100,000 population. Rates reflect all death certificates filed in the United States in which the cause of death was related to unintentional injury, e.g., motor vehicle crash, pedestrian injury, bicycle-related injury, drowning, fire and burn injury, suffocation, choking, falls, or poisoning. In addition, fatality rates were analyzed by U.S. geographic region, age group, race, gender and ethnicity.

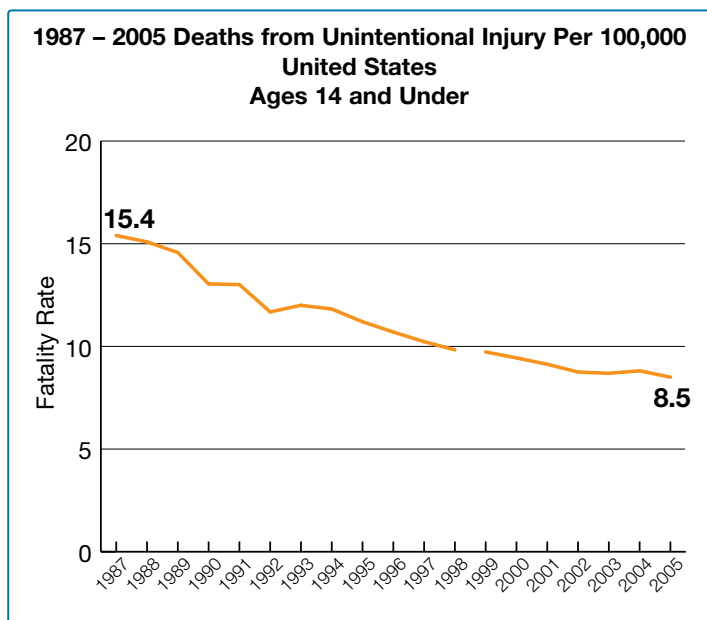
A Chi-squared test for trend was performed to determine whether there was linear association of the overall unintentional injury fatality rate over time. This association was evaluated by geographic region, race, ethnicity, age group, and gender using SPSS version 14.0 (SPSS Chicago, IL). In each case, the decrease in fatality rates was found to be significant at the  $p$ -value  $< 0.05$ .

Fatal injuries are classified by cause using e-codes from the World Health Organization’s International Classification of Diseases. The tenth revision of the ICD (ICD-10) was adopted in the United States in 1999. The National Center for Health Statistics notes that trends in injury rates and deaths from 1998 to 1999 may be partly attributable to this change in classification from the 9th to 10th version. This discontinuity between ICD revisions is depicted in the graphs of this report by a line break separating data years 1998 and 1999.

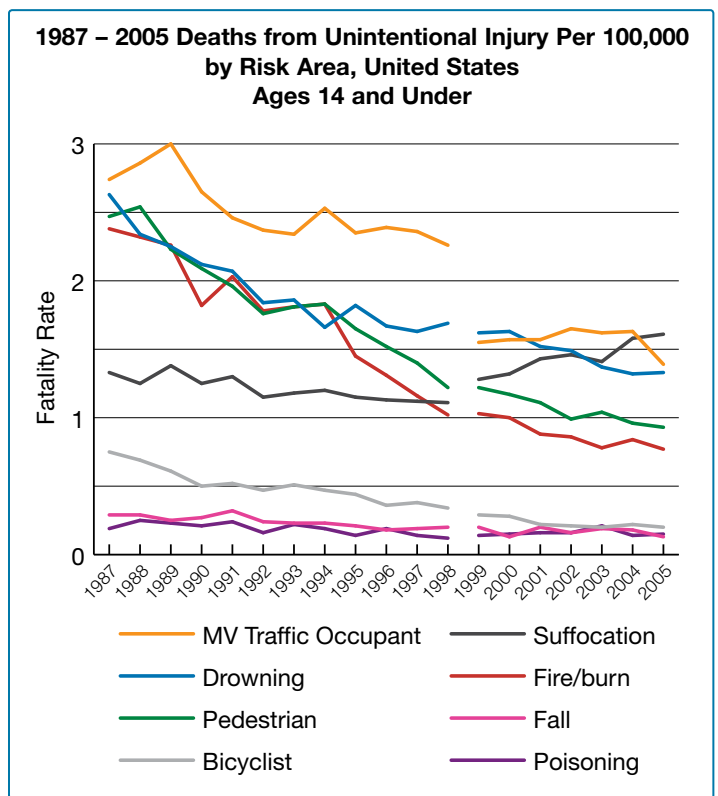


# Trends in Unintentional Injury

The fatality rate from unintentional injury in children ages 14 and under has declined significantly in the United States, from 15.4 per 100,000 in 1987 to 8.5 per 100,000 in 2005 — a decrease of 45 percent, or 2,824 children. Despite this decline, unintentional injury remains the leading cause of death among children ages 1 to 14 in the United States. In fact, 5,162 children ages 14 and under died in 2005 from an unintentional injury, and 6,253,661 emergency room visits for unintentional injuries in this age group occurred in 2006. Many of these deaths and injuries, which can lead to serious and permanent disabilities, could have been prevented.

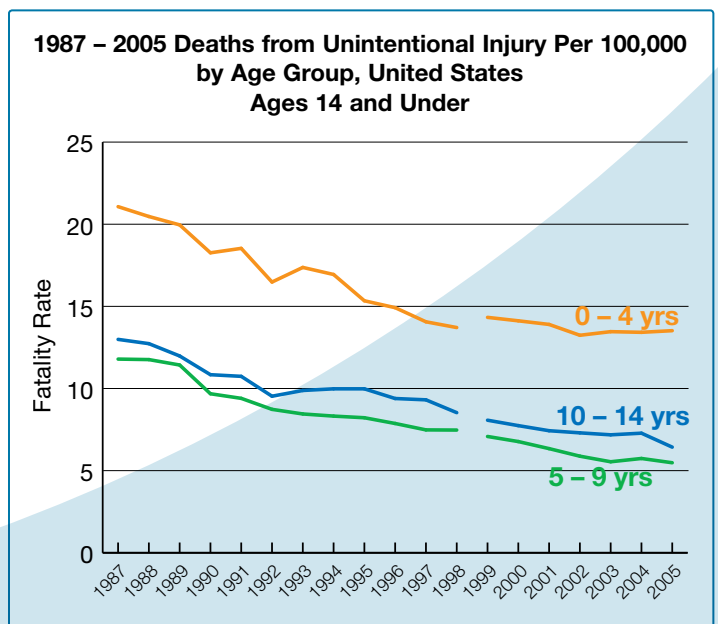


The unintentional injury fatality rate has declined in most risk areas (e.g. motor vehicle occupant injuries, drowning, pedestrian injuries, fire, and burns). Unfortunately, the suffocation rate has a documented increase of 21 percent. This is largely the result of a re-categorization of the cause of death driven by improvements in the quality of death scene investigations occurring at various levels across the country.<sup>1</sup> Previously, many of these deaths were categorized as sudden infant death syndrome (SIDS). With the improved investigations, more cases are being seen where a child suffocates from soft pillows, mattresses or mattress coverings in the crib or from bed-sharing with a parent.



## Age

The decrease in fatality rates from 1987 to 2005 varied significantly by age group. Children ages 4 and under have the highest fatality rate as well as the highest number of deaths (2,747 in 2005). While the fatality rate decreased by more than 50 percent for children ages 5 to 9 and 10 to 14, younger children saw a much lower decline of only 35 percent over the same period.



**Children ages 4 and under** have the highest fatality rate from unintentional injury, more than twice that of all other age groups. Between 1987 and 2005 there was a 35 percent decrease in fatal unintentional injuries in this group.

Suffocation injury, which includes choking and strangulation, is the leading cause of death from unintentional injury among infants under age 1, accounting for nearly 69 percent of deaths from unintentional injury. Among ages 1 to 4, drowning is the leading cause of fatal injury and accounts for 30 percent of deaths from unintentional injury.

Infants and young children are at greater risk of many types of injury due to their limited physical coordination and cognitive abilities; including small size, developing bones and muscles and innate curiosity.<sup>ii</sup>

**Children ages 5 to 9** have the lowest fatality rate from unintentional injury among children ages 14 and under. For ages 5 to 9, the fatality rate dropped by 54 percent from 1987 to 2005. Motor vehicle occupant injuries remain the leading cause of death in this age group, accounting for 22 percent of fatal unintentional injuries.

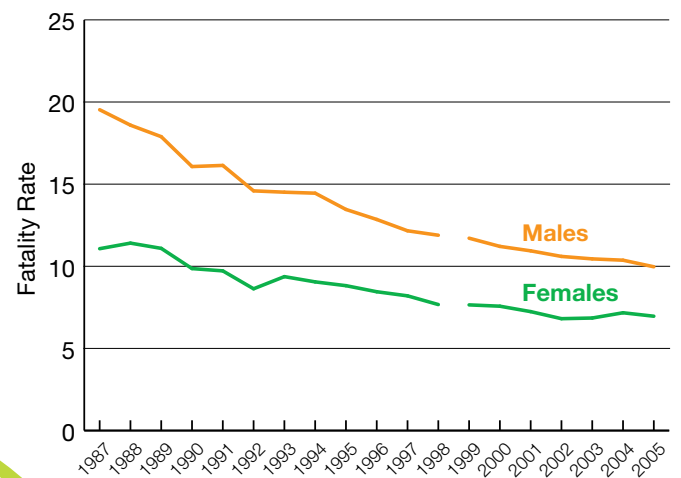
**Children ages 10 to 14** have a higher fatality rate from unintentional injury than ages 5 to 9 but a lower rate than ages 4 and under. For ages 10 to 14, the fatality rate dropped by 51 percent from 1987 to 2005. Motor vehicle occupant injuries remain the leading killer of children ages 10 to 14, accounting for 25 percent of fatal unintentional injuries.

## Gender

The fatality rate from unintentional injury is higher among males than females, as is the actual number of deaths. In 2005, approximately 3,000 boys and 2,000 girls ages 14 and under died from unintentional injury. This gap was more than twice as great in 1987 at 2,300, and the fatality rate among boys has decreased by almost 50 percent, compared to 37 percent among girls.

For all injury risk areas, males generally have a higher rate of injury than females. This can be attributed to a variety of factors, including biology (differences in temperament), exposure to risky behavior, gender socialization and cognitive differences.<sup>iii</sup>

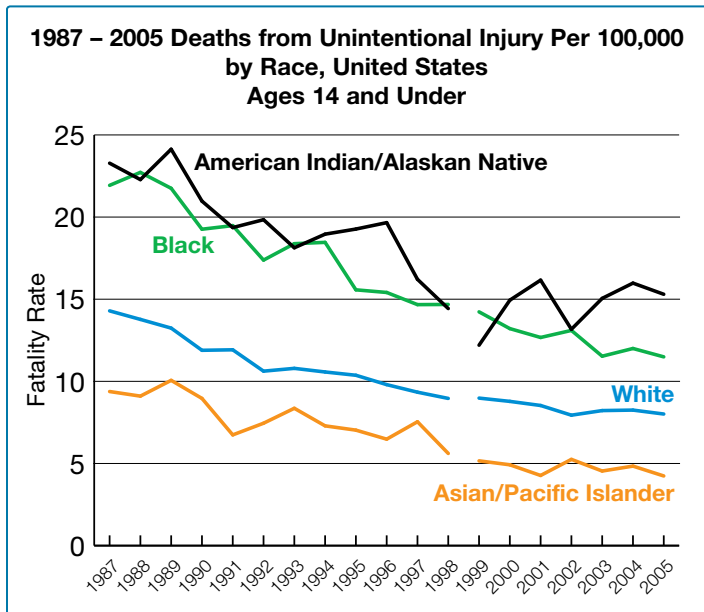
**1987 – 2005 Deaths from Unintentional Injury Per 100,000 by Gender, United States Ages 14 and Under**



## Race and Ethnicity

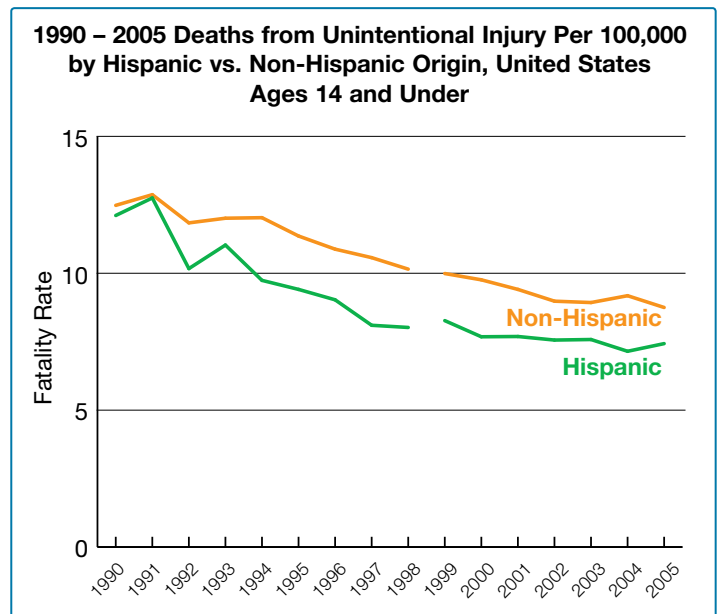
There are large disparities between the fatality rates among children of different races and ethnicities. American Indian/Alaskan Native children have the highest fatality rate from unintentional injury at 15.3 per 100,000, and Asian/Pacific Islander children have the lowest fatality rate at 4.24 per 100,000. These disparities have been consistent since 1987.

The injury fatality rate for Asian/Pacific Islander children has dropped more than 54 percent since 1987, showing the most significant decline. The fatality rate for white children has declined by 44 percent, and for black children by 48 percent. American Indian/Alaskan Native children have had the smallest decline at 34 percent.



In 1990, Hispanic and non-Hispanic children had similar fatality rates from unintentional injury at approximately 12.11 and 12.48 per 100,000, respectively. Since then, the fatality rate has declined by nearly 40 percent for Hispanic children and only 30 percent for non-Hispanic children. In 2005, 4,229 non-Hispanic children and 922 Hispanic children in the United States died from unintentional injuries. While the number of fatal injuries among Hispanic children increased, the rate of injuries declined due to the increased population size.

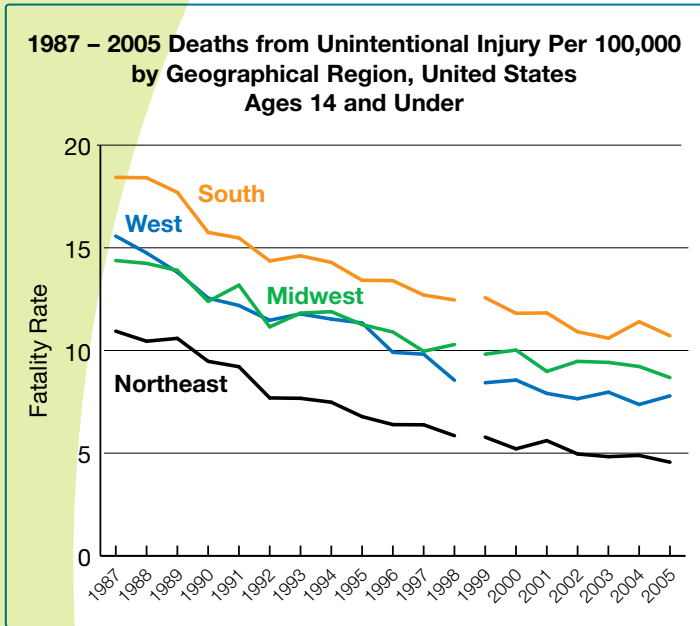
Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, and other or unknown Spanish origin. Persons of Hispanic origin may be of any race. In 1990, reporting of Hispanic origin on death certificates occurred in all but three states: Louisiana, New Hampshire and Oklahoma. All states provided Hispanic origin data at sufficient levels for comparison starting in 1997.<sup>iv</sup>



Racial and ethnic disparities in unintentional injury rates have more to do with economic conditions than with biological differences, and living in an impoverished community is a significant predictor of injury.<sup>v, vi, vii, viii</sup> Native American/Alaskan Native children have the highest fatality rate from unintentional injuries, and black children have the second highest, with fatality rates nearly 1.5 times that of white children. Non-Hispanic children have a fatality rate 15 percent higher than Hispanic children.



## Geography



Fatality rates from unintentional injury declined in each of the four regions of the United States between 1987 and 2005. The largest decrease, almost 60 percent, was in the Northeast, while the Midwest had the smallest decrease, 40 percent. Since 1987, the South has consistently had the highest rate of fatality, 10 per 100,000 in 2005, and the Northeast has had the lowest, 4.56 per 100,000.

Geographic differences in injury fatality rates reflect demographic differences and different levels of exposure to hazardous activities. At the state level, rates of unintentional injury fatality tend to be highest in the South, potentially due to large rural populations with high rates of poverty and limited access to trauma care. ix x xi xii

## Conclusion

The fatality rate in the United States from unintentional injury in children ages 14 and under has declined by 45 percent since 1987. Some of the greatest improvements have been made in preventing bicycle injuries (down 73 percent), fire/burn injuries (down 68 percent) and pedestrian injuries (down 62 percent). While we have seen significant progress in most risk areas there is still a long way to go. Every year, more than 5,000 American children ages 14 and under die from unintentional injury. Deaths from suffocation, motor vehicle crashes and drowning still represent a majority of these deaths, and many of these deaths could have been prevented.

Many factors have contributed to the reduction in the overall fatality rate from unintentional injuries, including:

- Better research into the causes of child deaths from unintentional injury
- Increased recognition of unintentional injuries as preventable, leading to increased public education and legislation
- Fewer children walking and biking to school, which lowers the exposure to pedestrian and bike-related hazards
- Effectiveness of intervention strategies, including:
  1. Improvements in children's environments, such as traffic-calming measures and cushioned playground surfaces
  2. Public education campaigns by national, state and local nonprofit organizations and governments addressing many injury risk areas
  3. Development, improvement and increased use of safety devices such as car seats, smoke alarms, childproof containers, stairway gates and bike helmets
  4. Enactment and enforcement of child safety laws, including laws requiring the use of car seats, booster seats and life jackets

# PARENT SURVEY

## Introduction

In addition to measuring the trends in fatality rate from unintentional injury, Safe Kids USA conducted a survey in the fall of 2007 to assess parents' knowledge, attitudes and behaviors regarding child safety. Similar surveys were conducted in 1987 and 1997. The survey conducted in 2007 contained the same questions as in the previous surveys to achieve a uniform comparison. Questions were added to the 2007 survey to address other current safety issues.

## Methodology

Harris Interactive conducted an online survey among 1,101 parents of children ages 14 and under between Oct. 30 and Nov. 6, 2007. The sample was drawn from the Harris Interactive online panel (HPOL) of double opted-in respondents. Qualified respondents were U.S. parents of children ages 14 and under. Data were weighted to be representative of U.S. adults 18 or older with children ages 14 and under living in the household. Propensity score weighting was also used to adjust for respondents' propensity to be online.

Safe Kids conducted telephone studies in 1987 (404 respondents) and 1997 (1,560 respondents) addressing a variety of issues related to child injury. In order to identify trends comparing these past data with new data collected online, Harris Interactive fielded eight questions to be compared after two telephone omnibus surveys in November among U.S. parents with children ages 14 and under (one with 169 respondents, one with 204). Past data were then adjusted to correct for effects of the different modes of data collection.

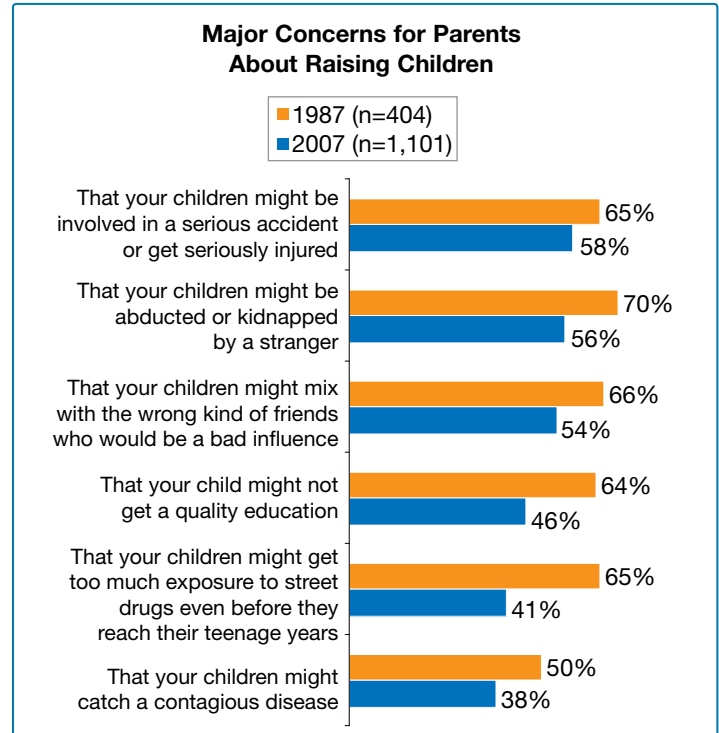
## Child Safety Concerns and Beliefs

Parenting is often synonymous with worrying, but what exactly are parents in 2007 worrying about with regard to their children's well-being? And how do their concerns and beliefs align with the actual safety threats to children ages 14 and under?

### Parental Concerns & Worries

When asked in an open-ended question what kinds of things parents worry about *the most*, top responses in 2007 were health issues (37 percent), crime (36 percent) and safety (26 percent). Accidental injuries came next at 23 percent. Parents of younger children (ages 9 and under) are particularly concerned with their child's health. As children age, parents begin to worry more about school issues and bad habits, such as drugs and alcohol.

When asked about specific issues, only 58 percent of parents with children 14 and under report their child being involved in a serious accident or getting seriously injured as a major concern, demonstrating that parents are showing even less concern than they were in 1987, when 65 percent of parents listed accidental injury as a major concern.



Mothers are significantly more concerned than fathers about serious accident/injury (64 percent of mothers and 51 percent of fathers label it a major concern) and parents in low-income households show more concern than parents in higher-income households (67 percent of those earning less than \$25,000 compared to 56 percent of those earning \$25,000 or more).

Serious injury or accident was the concern most often cited among white parents (55 percent) and parents of children ages 9 and under (61 percent where the child is age 4 or under, 59 percent where the child is between ages 5 and 9). For parents with older children (ages 10 to 14), the major concern most often cited was that their child will "mix with the wrong kind of friends" (67 percent), which is also the top concern among African-American parents (69 percent).

In all income brackets, ethnicities and child age groups, the type of unintentional injury parents are most concerned about is motor vehicle crashes, cited by 73 percent. This is consistent with the fact that motor vehicle crashes are by far the number one cause of accidental death among children ages 1 to 14 in the United States. The next most prevalent concerns cited by parents when asked about unintentional injuries are pedestrian collisions (53 percent) and falls (52 percent). Parents are least concerned about poisoning (34

percent) and unintentional firearm injuries (21 percent). Parents in low-income households are more concerned than parents in higher-income households about injury from fire (47 percent of those earning less than \$25,000 compared to 34 percent of those earning more) and firearms (32 percent of those earning less than \$25,000 compared to 18 percent of those earning more).

The good news is that parental concern about unintentional injury has declined less significantly than parental concern about other childhood risks. For example, in 1987, 65 percent of parents said they were concerned about their child being exposed to drugs before they become a teenager, compared to 41 percent in 2007; and in 1987, 64 percent of parents said they were concerned about their child getting a quality education, compared to 46 percent in 2007.

## Causes of Childhood Death

Only 58 percent of parents with children ages 14 and under are aware that unintentional injury is the number one killer of children ages 1 to 14; 14 percent believe that illness/disease is the leading cause and 12 percent believe that crime is the leading cause. Parents in low-income households are more than twice as likely as parents in higher-income households to cite crime (including things like abuse, abduction and murder) as the leading killer of U.S. children (25 percent of those earning less than \$25,000 compared to 9 percent of those earning more).

Parents were also asked what they thought were the most common causes of death by accidental injury for children in the United States. The rankings of the actual leading cause of death from unintentional injury were limited to children ages 1 to 14 because deaths due to suffocation are highly skewed toward infants under 1 year old. Two-thirds (67 percent) of parents of children ages 14 and under recognize that motor vehicle crashes are one of the most common causes of death in this age group; 40 percent recognize drowning and 31 percent recognize airway obstruction as top causes of accidental death. However, most parents do not realize that fire and burn injuries are a more common cause of death than poisoning or unintentional firearm injury. Parents in low-income households are more likely to believe that unintentional injuries involving firearms are a leading cause of death (31 percent of those earning less than \$25,000 compared to 22 percent of those earning more).

Type of Injury	Causes Ranked	
	BELIEVED (2007)*	ACTUAL (2005) **xiii
Motor vehicle accident (child as occupant)	1st	1st
Drowning	2nd	2nd
Airway obstruction	3rd	5th
Poisoning	4th	8th
Unintentional firearm injury	5th	7th
Pedestrian accident	6th	3rd
Bicycle accidents	7th	6th
Fire/burn	8th	4th
Falls	9th	9th

\* Parents of children ages 0-14 in the survey

\*\* Children ages 1 to 14 — deaths due to suffocation are highly skewed toward infants under 1 year old

## Child Safety: Parental Actions

In 1987 and still today, just over half of parents say they can think of actions they have taken in the past year to protect their children from unintentional injury (53 percent in 1987, 51 percent in 2007). When asked for specifics, in both 1987 and 2007 the two actions most often cited were the use of seatbelts (22 percent) and educating their children about potential dangers (21 percent).

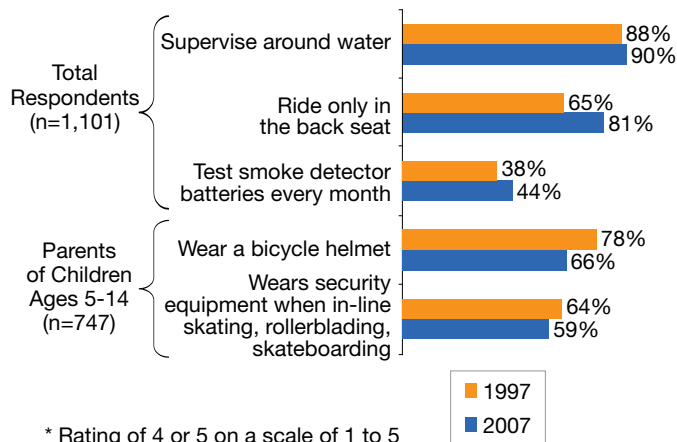
## Specific Safety Behavior

Parents report a wide range of safety practices. The percentages in this section exclude respondents who said they “could not rate” or the option “does not apply” to them.

With regard to specific safety behavior, in 2007, as in 1997, almost all parents said they consistently supervise their children when they are around water (88 percent in 1997, 90 percent in 2007). And there is improvement in parents consistently having their child ride in the back seat of the car (65 percent in 1997, 81 percent in 2007).



### Households Consistent in Practicing Safety Behavior\*



\* Rating of 4 or 5 on a scale of 1 to 5 (1 = household never does that, 5 = household is very consistent in doing that particular thing all the time). Excludes "cannot rate" responses.

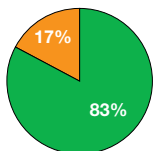
In other safety areas, many parents are less vigilant. Only 66 percent of parents of 5-14 year olds say they consistently require their children to wear a helmet when biking (down from 78 percent in 1997). In 2007, parents of low-income households are even less likely than parents of higher-income households to require their children to wear a bike helmet (51 percent of those earning less than \$25,000 compared to 68 percent of those earning more). And, while there has been a slight improvement over the past 10 years, few households are consistent in checking their smoke alarm batteries every month (38 percent in 1997, 44 percent in 2007).

Some parents of children ages 5 and under do not always practice certain important safety behaviors. Drowning is one of the leading causes of death among unintentional injuries, yet in 2007, 24 percent of parents of children ages 5 and under said they do not always keep their child within arm's reach when swimming and 32 percent said they do not always supervise their child at all times in the bathtub. Forty percent said they do not always tie up window blind cords to prevent strangulation, and 63 percent said they do not install window guards on windows above the first floor.

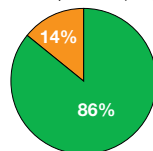
In the 2007 survey, parents were also asked about other specific safety precautions that they take. Nearly all parents with children ages 5 and under (94 percent) say they always make sure their child is buckled up in an appropriate car seat or booster seat. Most parents (86 percent) say they change the batteries in home smoke alarms at least once a year, and 83 percent set the temperature of their water heater to 120 degrees or lower to prevent scald burns.

### Actions Taken to Reduce Accidental Injuries\*

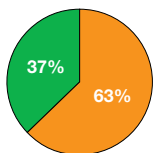
**Set the temperature of your water heater to 120 degrees or lower**  
Total Respondents (n=1,101)



**Change the batteries in all your household smoke detectors at least once a year**  
Total Respondents (n=1,101)

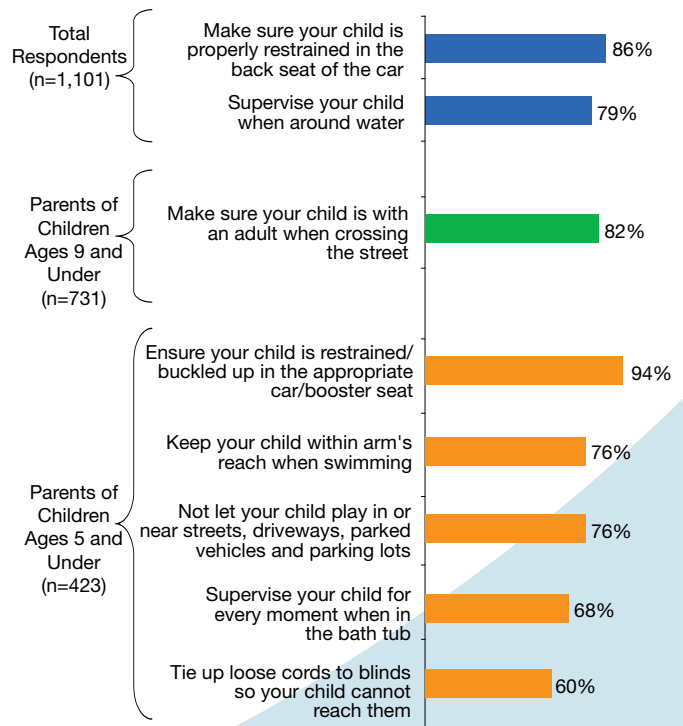


**Install window guards on windows above the first floor of your home**  
Parents of Children Ages 5 and Under (n=423)



\*Excludes "does not apply" responses.

### Households Always Practicing Safety Behavior\*



\*Excludes "does not apply" responses.

## Obstacles to Safety Behavior

Parents that may not always do everything possible to take safety precautions give several reasons for not doing so. In 2007, 16 percent said they do not do everything possible because the chances of their child being seriously injured are slim. Fathers are much more likely than mothers to cite this reasoning (21 percent compared to 13 percent). Some parents also say recommended safety measures are a hassle (16 percent) and that there are too many other responsibilities to deal with besides safety (16 percent). These responses are similar to those in 1987. Today, the number one reason parents in low-income households do not do everything possible is that many safety devices, such as fire extinguishers and bike helmets, cost too much. Cost was cited as an obstacle by 20 percent of parents with household income under \$25,000 and by 9 percent of parents with higher household income.

## Educating Children

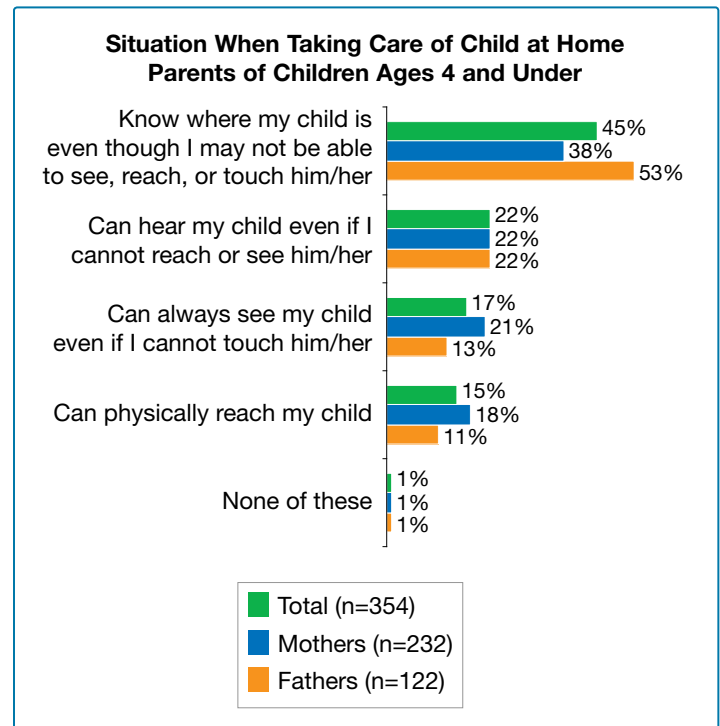
In addition to taking protective action themselves, parents talk to their children about developing good safety habits. However, parents are addressing some safety habits more than others. Among parents of children ages 2 to 14, 68 percent say they talk to their child about not playing in or near streets multiple times a year and 64 percent of parents of children ages 10 to 14 talk to their children multiple times a year about how to cross streets; however, 27 percent of parents of children ages 2 to 14 have never discussed an escape route from the home in case of fire. In addition, 10 percent have not talked with their child about going swimming with an adult present, and 18 percent have not talked with their child about wearing a life jacket in and around open water.

When asked how often their children are following their safety rules and guidelines, 71 percent of parents said they believe their child follows the rules at least most of the time, up from 58 percent in 1997. In 2007, parents in higher-income households are more likely to say their children follow safety rules; 62 percent of those earning under \$25,000, compared to 79 percent of those earning \$100,000 or more, said their children follow safety rules always or most of the time.



## Child Supervision

Active supervision is another general strategy for preventing accidental injuries to children, especially very young children. However, parents report varying levels of supervision around young children. When the parent of a child under age 5 is the caregiver, only 15 percent said they can always physically reach their child when they are taking care of them at home. Forty-five percent overall (53 percent of fathers and 38 percent of mothers) said they usually know where their child is but are not always able to see or reach the child; 22 percent said they can usually hear, but not always see or reach, their child; and 17 percent said they can always see, but not always reach, their child.



A caregiver who cannot see his or her child might not be able to determine whether the child is doing something risky. Also, parents sometimes leave their children in the care of another person or leave them home alone. Most parents (76 percent) are confident that the adult caring for their child is very knowledgeable about preventing unintentional injury, but only 48 percent say the teenage caregiver is very knowledgeable and only 39 percent say the child home alone is very knowledgeable. Given that more than 1 in 4 children (28 percent) ages 10 to 14 are home alone at least once a week, parents should be encouraged to further educate their children to make sure the child practices the same safety behavior regardless of whether the parent is present.

## Parental Views about Safety Resources

To learn more about preventing injuries to their children, parents of children ages 14 and under most often look to doctors (55 percent), family (40 percent), and the Internet (39 percent). In 2007, 77 percent of parents think they need to learn more about child safety, and their preferred resources are reading information on the Internet (68 percent), pamphlets from their pediatrician (53 percent) and attending school safety events (38 percent).

Parents say they consider the source of safety information as well as the medium. The sources respondents thought other parents would be most likely to listen to, in 2007, were rescue workers (58 percent), healthcare professionals (49 percent) and schools (26 percent). Doctors are still considered important sources, cited by 42 percent, but down from 89 percent in 1987.

## Conclusion

Over the past 20 years, survey results show that parents of children ages 14 and under have been relatively consistent in their attitudes toward injury prevention and in their safety-related behavior. Only 58 percent of parents say that accidental injury is among their major concerns for their children, and this is down from 65 percent in 1987. Parents in low-income households are more concerned than parents in higher-income households.

Parents of children 14 and under can do much more to keep their children safe. While parents are generally consistent in keeping young children in the appropriate car seat or booster seat and making sure children are accompanied by an adult when crossing the street, many parents are less consistent with other important safety behavior, such as testing smoke alarm batteries or making sure their child wears a helmet when riding a bike, skateboard, scooter, or inline skates. Parents reinforce some safety habits with their children, but discuss others very infrequently or not at all. Some parents do not recognize the risks of unintentional injury. The majority of parents say that they want to learn and do more to prevent unintentional injuries, although they find it difficult to prioritize safety education among competing responsibilities.

The level of supervision of young children is often not sufficient to prevent some unintentional injuries, such as bathtub drownings and falls down stairs. In addition, parents in low-income households face a financial barrier to purchasing some of the important safety devices.

While significant progress has been made in the past 20 years, more work needs to be done to further decrease the rate of unintentional injuries and deaths among children. We must continue to educate parents and children on safe behavior and help establish good safety habits as social norms. It is also essential that safety devices be distributed

at low cost to families in need. In addition, further environmental changes and improved child safety laws can help reduce risks to children.

## Call to Action

Safe Kids USA calls on the nation to place the highest priority on child injury prevention. We must continue to act to have an even greater impact over the next 20 years. Actions the injury prevention community can take to reduce the number of injuries and deaths to children include:

### National

- Develop programs to educate parents and children about safe behavior in all injury risk areas, focusing on children at high risk due to income, race, geography, or other factors
- Maintain partnerships with manufacturers of children's products and safety devices to inform product development and make products safer and more effective
- Advocate for sufficient federal funding and authority for agencies charged with promoting child safety, such as the United States Consumer Product Safety Commission, the National Highway Traffic Safety Administration, the United States Fire Administration and the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control
- Advocate for continuing federal incentive grant programs, with appropriate funding, to encourage states to pass primary enforcement seat belt and booster seat laws
- Advocate for adequate funding for incentive grants under the Virginia Graeme Baker Pool and Spa Safety Act to encourage states to pass laws requiring fencing/barriers and anti-entrapment devices in residential pools and spas
- Advocate for a more effective system of consumer product recalls in order to remove dangerous items quickly from homes, daycare centers, secondhand shops, retail outlets, and motor vehicles
- Create public/private partnerships to encourage corporate and institutional involvement in injury prevention efforts

### State

- Develop statewide programs to distribute and install safety devices at low or no cost to families in need.
- Develop partnerships with like-minded organizations to further efforts to educate parents about safe behavior.

- Advocate for state laws that require children to wear or use safety devices at appropriate ages, including:
  - Helmets for cycling, skateboarding, inline skating, and scooters
  - Car seats, booster seats and seat belts in rear-seating positions of motor vehicles
  - Life jackets in and around open bodies of water
- Advocate for state laws that increase the safety of a child’s environment, including:
  - Four-sided isolation fencing/barriers around pools and spas and anti-entrapment devices in pools and spas
  - Adoption of the CPSC/ASTM guidelines for safer playground equipment and surfaces
  - Carbon monoxide detectors in homes, daycare centers, hotels/motels, and schools
- Advocate for primary enforcement restraint laws for children in vehicles
- Advocate for state funding of injury prevention units in state and local health departments to collect and analyze injury data and implement public education programs
- Advocate for external cause of injury coding in hospital admissions and emergency room records

## Community

- Educate parents and children about safe behavior and safety devices in all injury risk areas, focusing on children at high risk due to income, race, geography or other factors
- Distribute safety devices such as bike helmets and life jackets at low or no cost to families in need
- Teach parents to actively supervise their children, especially around water, on playgrounds and in and around vehicles
- Advocate for safe and accessible walking, bicycling, and play environments (e.g., streetlights, traffic-calming measures, shared-use trails and sufficient cushioning material on playgrounds)
- Teach parents of young children that active supervision and babyproofing in the home is very important in preventing injuries such as falls down stairs, poisonings and choking
- Recommend that hospitals, fire departments, police departments, schools, and other community organizations commit to establishing or strengthening their injury prevention efforts

## Endnotes

- i Personal communication with Teri Covington, Executive Director, National Center for Child Death Review.
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- viii National Highway Traffic Safety Administration. *Traffic Tech: Rural Preventable Mortality Studied in Michigan and North Carolina*. Washington (DC): U.S. Department of Transportation, 1996 April.
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- xii National Highway Traffic Safety Administration. *Traffic Tech: Rural Preventable Mortality Studied in Michigan and North Carolina*. Washington (DC): U.S. Department of Transportation, 1996 April.
- xiii National Vital Statistics System, 2005 Mortality Data (Hyattsville, MD: National Center for Health Statistics, 2008).

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