

2007 Fact Sheet on

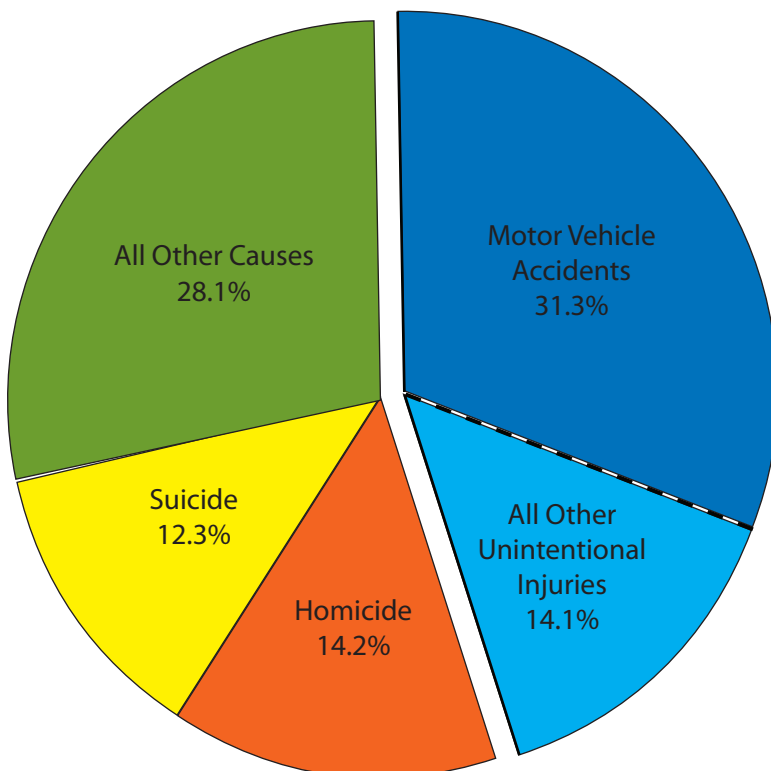
Unintentional Injury: Adolescents & Young Adults

Highlights:

- ▶ Unintentional injuries are the leading cause of death for adolescents and young adults.
- ▶ Motor vehicle accidents (MVAs) account for one third of mortality among young people.
- ▶ American Indian/Alaskan Native males have the highest MVA mortality rate.
- ▶ Male MVA mortality has decreased markedly in the past decade.
- ▶ Female students are more likely to wear seat belts than their male peers.

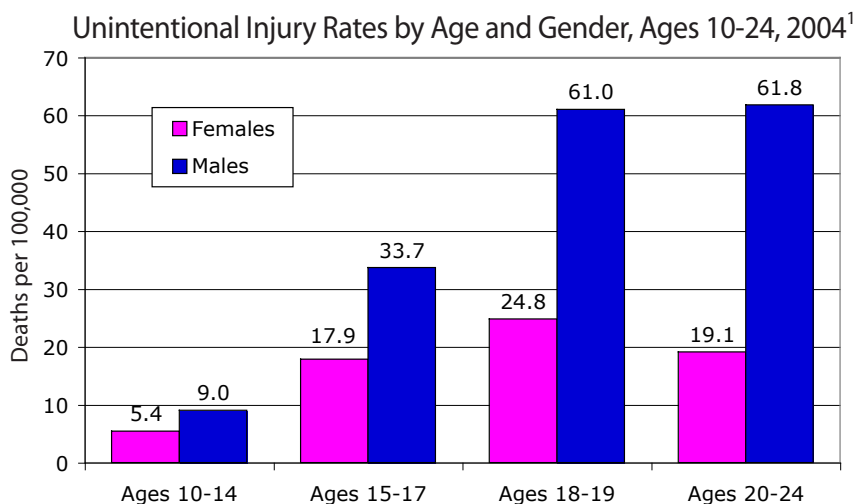
- ▶ **Unintentional injuries are the leading cause of death for adolescents and young adults.**

Leading Causes of Death, Ages 10-24, 2004¹



Unintentional injuries account for the greatest number of adolescent and young adult deaths. Among young people ages 10-24 in 2004, 16,989 died as a result of unintentional injuries, representing 45.5% of all deaths in this age group. Seven out of ten unintentional injury deaths involved motor vehicle accidents. Other unintentional injuries included poisoning, drowning, fires/burns, and falls. The unintentional injury mortality rate for this age group has decreased during the past two decades, from 43.2/100,000 in 1981 to 27.0/100,000 in 2004.¹

► Older adolescent and young adult males have the highest unintentional injury mortality.

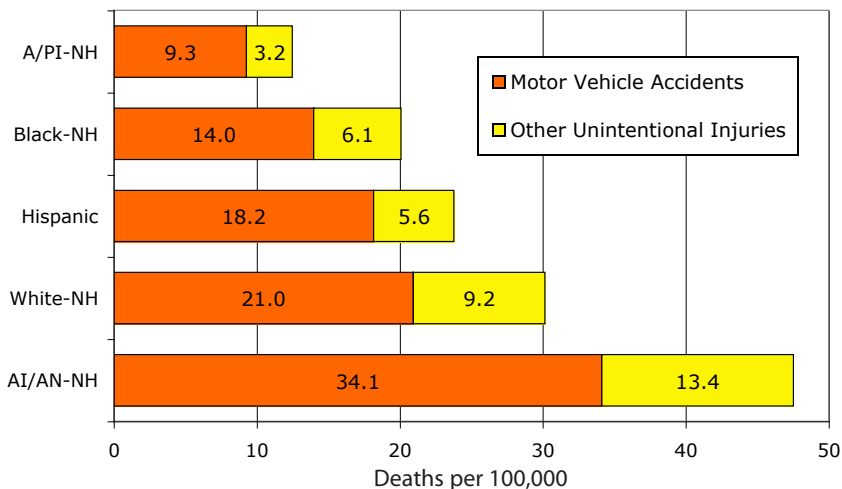


Male adolescents and young adults have a higher unintentional injury (UI) mortality rate than females. This disparity increases with age: males ages 10-14 were 1.7 times as likely to die as same-age females in 2004; among ages 20-24, this figure was 3.2. Among 10-24 year-olds, rates are highest for males ages 18-24. After young adulthood, UI mortality rates decrease throughout the lifespan until age 70, when they peak again.¹

► Motor vehicle accidents account for one third of mortality among young people.

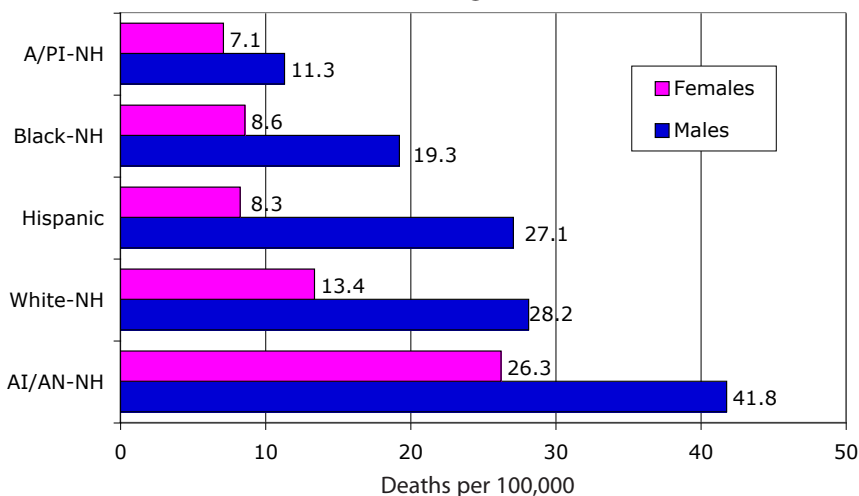
In 2004, motor vehicle accidents (MVAs) accounted for 31.3% of all mortality and a majority of UI mortality among adolescents and young adults.¹ Alcohol use and lack of seat belt use contribute to MVA mortality at all ages. Lack of driving experience is also a contributing factor for adolescents.² Among all racial/ethnic groups, non Hispanic American Indian/Alaskan Native youth had the highest MVA mortality rate.¹

Motor Vehicle Accident and Other Unintentional Injury Rates by Race/Ethnicity*, Ages 10-24, 2004¹



► American Indian/Alaskan Native males have the highest MVA mortality rate.

Motor Vehicle Accident Rates by Race/Ethnicity and Gender, Ages 10-24, 2004¹



Among males ages 10-24, the MVA mortality rate is 1.6 times higher for AI/AN-NHs* than same-age males in all other racial/ethnic groups. Among female adolescents and young adults, the AI/AN-NH rate is 2.2 times greater than their female peers in all other racial/ethnic groups.¹

*These abbreviations apply to all figures and text throughout the fact sheet:

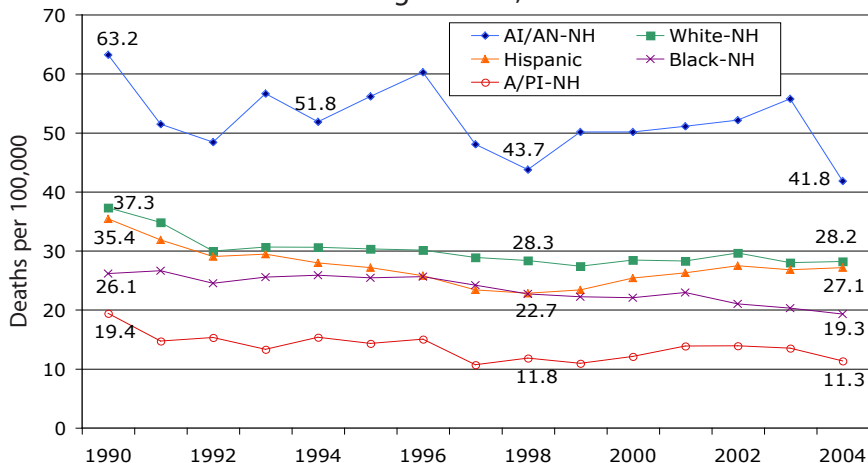
NH(s)=non Hispanic(s)

AI/AN=American Indian/Alaskan Native

A/PI=Asian/Pacific Islander

► **Male MVA mortality has decreased markedly in the past decade.**

Trends in MVA Mortality by Race/Ethnicity, Males Ages 10-24, 1981-2004¹

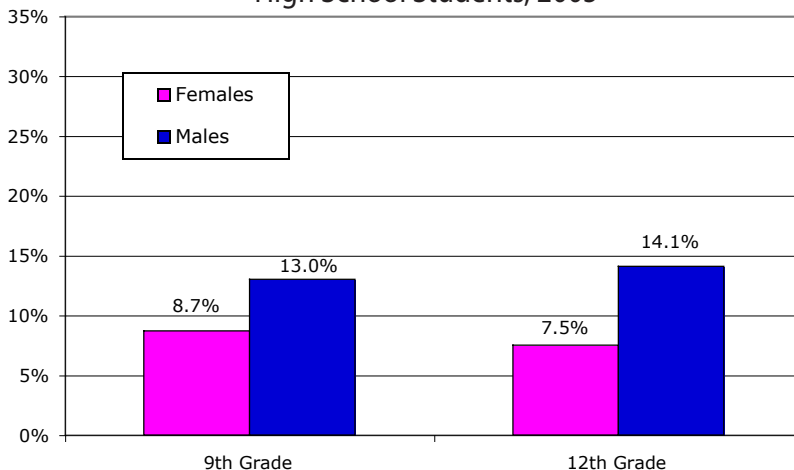


Mortality rates for MVAs among adolescent and young adult males have decreased significantly in the past decade. Rates fell the most for AI/AN-NH and A/PI-NH males between 1990 and 2004. For most other racial/ethnic groups, mortality rates decreased slightly between 1994 and 2004.¹ About three in ten fatal crashes involved alcohol, and this proportion has remained stable in the past decade.^{3,4}

► **Female students are more likely to wear seat belts than their male peers.**

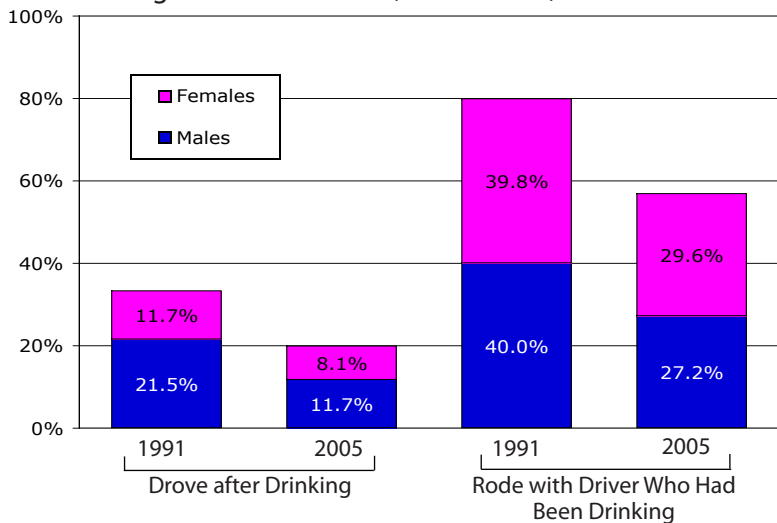
“Rarely/Never Wore” Seat Belts by Gender and Grade Level, High School Students, 2005⁵

Female high school students are more likely to wear seat belts than same-age males: 7.5% of females reported that they “rarely/never wore” seat belts compared to 12.5% of males in 2005. Seat belt use increases as females get older, but decreases for males. These figures vary little by race/ethnicity. Seat belt use has increased over the last decade: 10.2% of students “rarely/never” wore a seat belt in 2005, compared to 25.9% in 1991.⁵ MVAs are less likely to end in fatality when seat belts are used.⁴



► **Male students are more likely to drink and drive than their female peers.**

Driving and Drinking Behavior by Gender, High School Students, Past Month, 1991 & 2005⁵



In 2005, male high school students reported that they were more likely to drive after drinking than female students. Both genders were almost equally likely to ride with a driver who has been drinking. Racial/ethnic data indicate that Hispanic male students (37.4%) were more likely than White-NH (26.2%) and Black-NH (24.3%) males to ride with a driver who had been drinking in 2005. Overall, both behaviors’ rates decreased markedly for males and females between 1991 and 2005.⁵

*These abbreviations apply to all figures and text throughout the fact sheet:

NH(s)=non Hispanic(s)

AI/AN=American Indian/Alaskan Native

A/PI=Asian/Pacific Islander

Data and Figure Sources & Other Notes:

1. National Center for Injury Prevention and Control [NCIPC]. (2006). Leading Causes of Death and Fatal Injuries Mortality Reports [Online Database]. Atlanta, GA: Centers for Disease Control and Prevention. [Available online at URL (2/07): <http://www.cdc.gov/ncipc/wisqars/>]
2. Insurance Institute for Highway Safety [IIHS]. (2005). Q&A: Teenagers - General [Online Fact Sheet]. [Available online at URL (2/07): <http://www.iihs.org/research/qanda/teens.html>]
3. Fatality Analysis Reporting System [FARS]. Web-Based Encyclopedia [Online Database]. [Available online at URL (2/07): <http://www-fars.nhtsa.dot.gov/main.cfm>]
4. National Highway Traffic Safety Administration [NHTSA]. (2005). Traffic safety facts 2004: A compilation of motor vehicle crash data from the fatality analysis reporting system and the general estimates system. Washington, DC: National Highway Traffic Safety Administration, National Center for Statistics and Analysis, U.S. Department of Transportation. [Available online at URL (2/07): <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/TSF2004.pdf>]
5. Youth Risk Behavior Surveillance System [YRBSS], Division of Adolescent and School Health, Centers for Disease Control and Prevention. (2006). Youth Online [Online Database]. [Available online at URL (2/07): <http://apps.nccd.cdc.gov/yrbss/>]

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., racial/ethnic) are relatively limited. The category names presented are those of the data sources used (eg., racial/ethnic and accidents/crashes data). Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

NAHIC Briefs & Fact Sheets

A Health Profile of Adolescent & Young Adult Males

A Mental Health Profile of Adolescents

Fact Sheet on Demographics: Adolescents & Young Adults

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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All listed Briefs & Fact Sheets can be downloaded at <http://nahic.ucsf.edu/>.

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