

## **MOTOR VEHICLE** CRASHES are a leading cause of death for children\*



When broken out by age groups, that comes to







When broken out by race/ethnicity<sup>†</sup>, that comes to

**80** Hispanic/Latino (H/L)

60 Black

- 10 American Indian/Alaskan Native (Al/AN)
- Asian/Pacific Islander (PI)

child passenger deaths per year

But these numbers don't tell the WHOLE STORY...

Al/AN child passengers die at a higher rate than any other racial/ethnic group

This means that for every 1,000,000

WHITE children, 5.6

H/L children, 5.4

BLACK children, 6.5

ASIAN/PI children, 2.1

die as passengers

## AI/AN child passengers are:

**2.6 times** more likely to die than Black child passengers

3.0 times more likely to die than White child passengers 3.1 times more likely to die than H/L child passengers

7.8 times more likely to die than Asian/PI child passengers









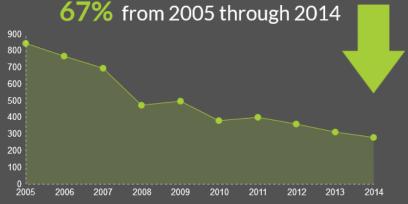


Children in RURAL areas are 2 to 5 times more likely to be seriously/fatally injured in a crash than in URBAN areas



# THE GOOD NEWS is that these deaths are PREVENTABLE

Child passenger deaths have decreased by



Child safety seats can reduce fatalities by



4/5 \* \* \* \* \* \* \* \*

parents report that their child uses age-appropriate restraints on **every trip** 



Parents who received information about child safety seats from their child's *doctor's office* were nearly **TWICE** as likely to use the correct restraints

checks by certified child passenger safety technicians during WELL-CHILD VISITS increase correct safety seat use in urban, low-income communities



## What can we do to fix it?



Provide culturally competent outreach to vulnerable and underserved populations

Tailor programs and campaigns to reach parents of different cultural and socioeconomic backgrounds





Distribute education materials in **MULTIPLE LANGUAGES** 





Have **health care providers** talk to parents about ageappropriate child restraint systems



Provide CRS CHECKS at health centers in vulnerable communities



Distribute free or low-cost child safety seats and booster seats to parents in vulnerable and underserved populations





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Children are defined as <15, toddlers are defined as 1 through 4, and infants are defined as <1 year

White, Black, Al/AN, and Asian/PI are non-Hispanic

For detailed sources and more information, visit: ChildrensSafetyNetwork.org/infographics/cps-disparities

# Disparities in Child Passenger Safety

Motor vehicle crashes are a leading cause of death among children\*

From 2010 through 2014, an average of 343 child passengers died per year

When broken out by age, that comes to:

- 115 children <1 through 4 years old
- 100 children 5 through 9 years old
- 128 children 10 through 14 years old

When broken out by race/ethnicity<sup>†</sup>, that comes to:

- 261 White
- 80 Hispanic/Latino (H/L)
- 60 Black
- 10 American Indian/Alaskan Native (Al/AN)
- 7 Asian/Pacific Islander (PI)

child passenger deaths per year

## But these numbers don't tell the whole story...

Al/An child passengers die at a higher rate than any other racial/ethnic group

This means that for every 1,000,000

- White children, 5.6
- H/L children, 5.4
- Black children, 6.5
- Al/AN children, 16.7
- Asian/Pl children, 2.1

die as passengers

AI/AN child passengers are:

- 2.6 times more likely to die than Black child passengers
- 3.0 times more likely to die than White child passengers
- 3.1 times more likely to die than H/L child passengers
- 7.8 times more likely to die than Asian/PI child passengers (WISQARS)

Children in rural areas are 2 to 5 times more likely to be seriously or fatally injured in a crash than in urban areas (Huseth, 2013)

### The good news is that these deaths are preventable

Child passenger deaths have decreased by 67% from 2005 through 2014 (WISQARS)

Year	Deaths
2005	842
2006	763
2007	694
2008	470
2009	495
2010	376
2011	396
2012	356
2013	309
2014	277

Child safety seats can reduce fatalities by 71% for infants and 54% for toddlers (NHTSA, 2013)

4 out of 5 parents report that their child used the age-appropriate restraint on every trip (Macy, 2014)

Parents who received information about child safety seats from their child's doctor's office were nearly twice as likely to use the correct restraints (Macy, 2014)

Child restraint system (CRS) checks by certified child passenger safety technicians during well-child visits increase correct safety seat use in urban, low-income communities (Quinlan, 2007)

## While the gap is closing, disparities still exist

What can we do to fix it?

Provide culturally competent outreach to vulnerable and underserved populations

Tailor programs and campaigns to reach parents of different cultural and socioeconomic backgrounds

Distribute education materials in multiple languages

Have health care providers talk to parents about age-appropriate child restraint systems

Provide CRS checks at health centers in vulnerable communities

Distribute free or low-cost child safety seats and booster seats to parents/caregivers in vulnerable and underserved populations

#### **Sources**

WISQARS. Fatal Injury Data. WISQARS (p. Accessed March 15, 2016 by R. Willmer). Atlanta, GA. Retrieved from <a href="http://www.cdc.gov/injury/wisqars/fatal.html">http://www.cdc.gov/injury/wisqars/fatal.html</a>

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To view this infographic on the web, visit: <a href="http://www.ChildrensSafetyNetwork.org/infographics/cps-disparities">http://www.ChildrensSafetyNetwork.org/infographics/cps-disparities</a>

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