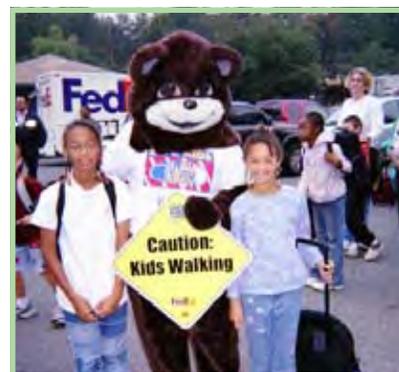
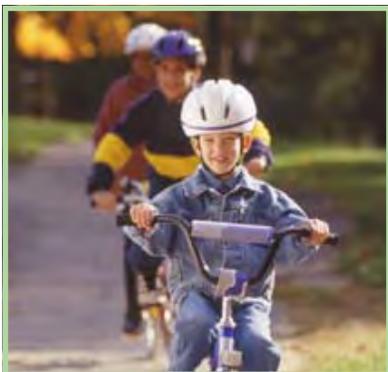


Injuries To North Carolina Children and the Role of SAFE KIDS



*Prepared for the North Carolina SAFE KIDS Coalition by
The UNC Injury Prevention Research Center*



UNC
INJURY PREVENTION
RESEARCH CENTER

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Prepared for the

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Preventing Injuries to Children...

Injury is the leading cause of death for children in North Carolina—each year more than 200 children under the age of 15 die, approximately 3200 are admitted to hospitals, and over 45,000 receive other medical care as a result of injuries. This means that in a typical year one out of every 34 children in North Carolina experiences an injury that results in death and medical care. SAFE KIDS and other organizations committed to injury prevention recognize that these injuries are not “accidents” resulting from chance or unpredictable occurrences. Injuries are preventable when addressed through public policy, environmental changes, and educational approaches, especially when adequate funding supports these strategies.

This report builds on *Injuries to North Carolina Children, 1996-1998*, prepared for the North Carolina SAFE KIDS Coalition in the summer of 2000. Using the most recently available mortality and hospitalization data from 1999-2002, as well as survey data from all 47 SAFE KIDS coalitions/chapters, this 2005 report shows both that injury prevention efforts in North Carolina have had an impact and that injuries remain the leading health problem for children. The infrastructure to assure that the State of North Carolina and the many communities where children reside provide a safe environment continues to grow, as evidenced by the increase in SAFE KIDS coalitions/chapters, the extraordinary number of activities that they sponsor, and the large number of children and families that they reach. While the overall rates of death and hospitalization have declined, injuries remain the leading cause of death and hospitalization for children, signaling that more work needs to be done. The SAFE KIDS coalitions/chapters appear prepared for the challenge.

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Executive Summary

Introduction

The North Carolina SAFE KIDS Coalition has been engaged in injury prevention efforts for children birth through 14 years for over 15 years and it is gratifying to note declines in mortality and morbidity due to injuries. Working through partnerships among hospitals, health departments, emergency medical services, civic organizations, private businesses and other organizations, SAFE KIDS educates adults and children about injury prevention, provides safety equipment to families in need, and advocates for laws and regulations to improve the safety of children. In 2000, with the support of the North Carolina SAFE KIDS Coalition, the Injury Prevention Research Center of the University of North Carolina produced a report about the extent of the problem of children's injuries and the range of injury prevention activities across the state. This 2005 report is designed to provide information about North Carolina's current injury problem and prevention efforts in order to guide the state, local communities and other stakeholders in planning future childhood injury prevention efforts. In addition, this report illustrates how county-level SAFE KIDS coalitions and chapters in North Carolina are addressing and preventing injuries in local communities.

Methods

In order to explore both the magnitude of the current injury problem in North Carolina and existing injury prevention efforts being conducted in the state, three methodological approaches were undertaken: (a) a quantitative analysis of mortality and hospital discharge data to determine injury rates, as well as estimates of non-hospitalized injury rates; (b) a description of hospital charges for injuries; and (c) a survey of the primary coordinators at local SAFE KIDS coalitions/chapters to describe their current injury prevention efforts, their challenges, and their training and assistance needs.

Injury Rate Calculations

Mortality rates were calculated based on the North Carolina Death Files for 1999-2002, obtained from the North Carolina State Center for Health Statistics. Hospitalization rates were calculated based on the North Carolina Health Information Network database for 1999-2002, obtained from the North Carolina Hospital Association. The processes for calculating the mortality and hospitalization rates for North Carolina childhood injuries were similar. First, "medical misadventures," duplicate records or records with a primary diagnosis other than injury, were excluded. Next, E-codes were collapsed to create a manageable number of groups that are suitable for describing the external causes of injuries (Appendix B). Denominators for rate calculations were based upon 1999-2002 age group population projections from the North Carolina Data Center and are expressed "per 100,000" unless otherwise noted.

The incidence of non-admitted injuries for 2002 was estimated building upon the method used in the 2000 report, based on the National Health Interview Survey for non-admitted injuries and the National Hospital Discharge Survey for hospital-admitted injuries.

Hospital Charges Calculations

Hospital charge estimates were computed by multiplying the number of injury victims in 2002 times corresponding charges per victim (in 2002 dollars). Hospital charges were calculated for each type of E-code category. It is important to note that hospital charges reflect only a part of the cost of injuries. Physician charges, emergency vehicle services, out-patient drug charges and medical equipment, not to mention time lost from work by parents or school by children have not been included in this report.

Injury Prevention Assessment

In order to assess community-based injury prevention efforts currently underway in North Carolina, a survey was conducted among coordinators from the 47 North Carolina counties with active SAFE KIDS coalitions/chapters. In addition to documenting current childhood injury prevention efforts, the survey was designed to extract information about creative prevention strategies and identify needs for improving injury prevention efforts. With the help of the North Carolina SAFE KIDS Coalition, the counties surveyed were identified because they were counties with local SAFE KIDS coalitions or chapters in place at the time of the survey. The survey was conducted online, required 30-45 minutes to complete, and included questions addressing the structure of the local efforts, areas of injury addressed, strategies used, evaluations conducted, outside resources available, and tools believed necessary for continued success.

The Problem of Childhood Injury

During the years 1999-2002, there were 906 injury deaths (13.49 per 100,000) and 12,954 injury hospitalizations (192.9 per 100,000) among North Carolina children under the age of 15. Additionally, it is estimated that in 2002, an additional 46,085 injuries (686.27 per 100,000) were treated but did not result in the child being admitted to a hospital.

Although injuries were only responsible for a small percent of infant deaths during this time period (3.5% of deaths for children under 1), they accounted for a much larger percent of all deaths to older children (43% for age 1-4, 52% for age 5-9, 58% for age 10-14).

The vast majority (73% of injury deaths and 90% of injury hospitalizations) of childhood injuries resulted from unintentional incidents (Figures 1 and 2). Because NC SAFE KIDS focuses on unintentional injuries, this document presents data and prevention efforts applicable primarily to these types of injuries. Additional information about intentional injuries, however, can be found in Chapter 2, “The Broader Childhood Injury Picture.”

Causes of Unintentional Childhood Injury

During 1999-2002, the leading type of unintentional injury death in children age 0-14 was being a motor vehicle occupant during a collision (Table 1). Over the same time period the leading type of nonfatal, hospital-admitted unintentional injury in this age group was injuries resulting from falls (Table 2). Based on estimates for 2002, the leading type of non-hospitalized unintentional injury during that year was being struck by a person or object (Table 3).

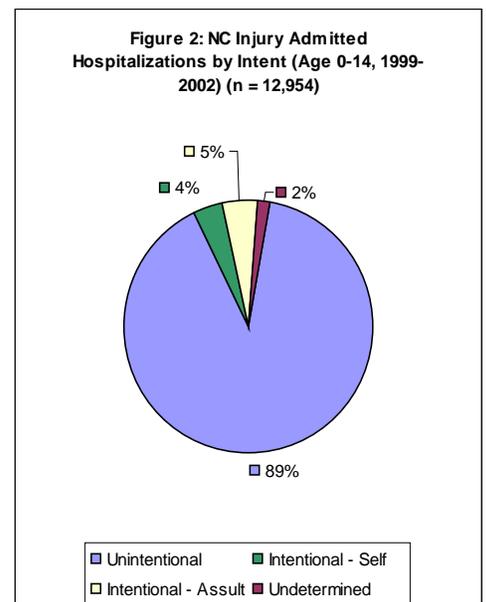
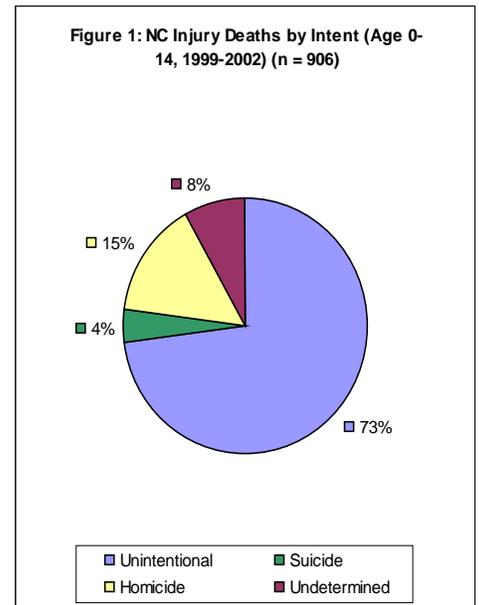


Table 1: Leading Types of Unintentional Injury Deaths (Age 0-14, 1999-2002) (n = 633)

Type of Injury	Number of Deaths
MV Occupant	226
Drowning	95
Suffocation	94
Pedestrian	82
Fire	58
Other Transportation	25
Bicycle	24
Natural Environment	15
Falls	7
Struck by Person/Object	7

Table 2: Leading Types of Unintentional Injury Admitted Hospitalizations (Age 0-14, 1999-2002) (n = 9,990)

Type of Injury	Number of Hospts.
Falls	2,718
MV Occupant	1,404
Struck by Person/Object	1,213
Poisoning	1,043
Other Transportation	837
Bicycle	747
Natural Environment	671
Pedestrian	521
Burns	475
Cut/Pierce	361

Table 3: Estimated Leading Types of Unintentional Non-Hospitalized Injuries (Age 0-14, 2002) (n = 45,086)

Type of Injury	Number of Injuries
Struck by Person/Object	14,084
Falls	9,927
Bicycle	5,823
Pedestrian	3,449
Cut/Pierce	3,270
Natural Environment	2,758
MV Occupant	2,506
Poisoning	1,751
Burns	1,158

Deaths and Hospitalizations by Age & Gender

Unintentional injury rates varied by both age group and gender. Children under age 1 had the highest rates (26.66 deaths per 100,000; 291.41 hospitalizations per 100,000). Children age 1-4 had the second highest death rate and the second highest hospitalization rate for unintentional injury (11.05 deaths per 100,000; 185.82 hospitalizations per 100,000), while the rates for children age 10-14 were third (8.5 deaths per 100,000; 170.86 hospitalizations per 100,000). Children age 5-9 had the lowest injury rates (6.83 deaths per 100,000; 140.17 hospitalizations per 100,000).

Boys under the age of 15 were more likely than girls in the same age group to die (11.37 male deaths per 100,000 vs. 8.18 female deaths per 100,000) or be hospitalized (213.84 male hospitalizations per 100,000 vs. 130.06 female hospitalizations per 100,000) as a result of unintentional injury. Stated differently, boys were 1.4 times more likely than girls to die of an injury and 1.7 times more likely to be hospitalized (Figures 3 and 4).

Figure 3: NC Unintentional Injury Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 659)

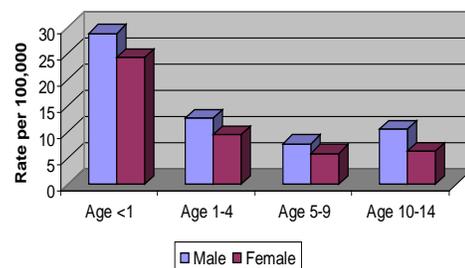
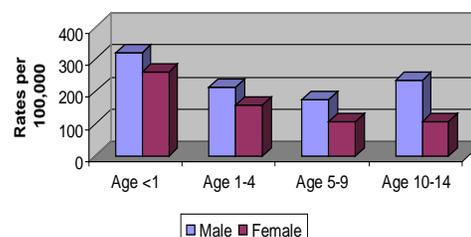


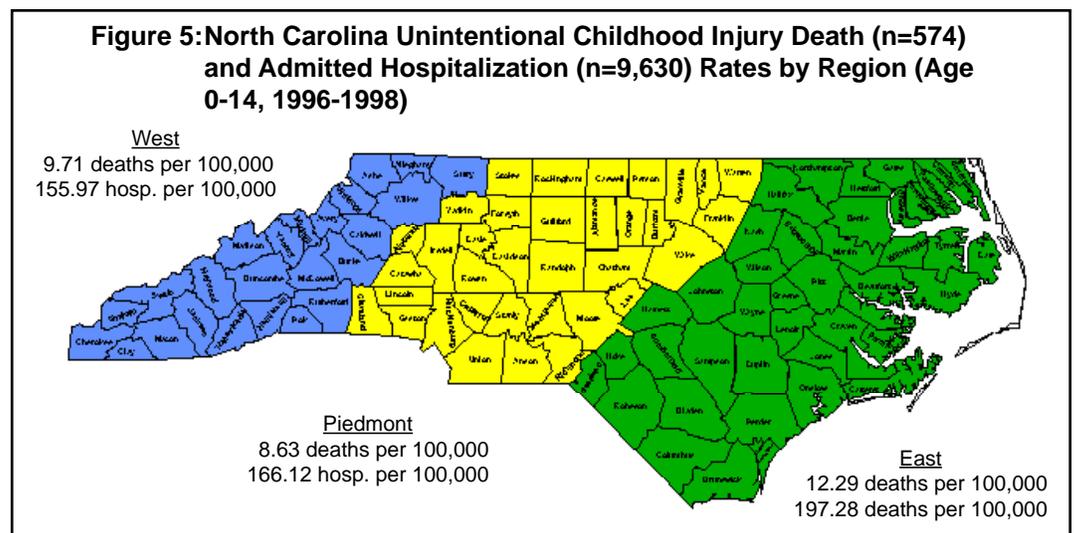
Figure 4: NC Unintentional Injury Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 11,647)



Regional Injury Rates

The three geographic regions of North Carolina report different rates of childhood injury deaths and hospitalizations. The Piedmont Region of the state reported the lowest mortality and second highest morbidity rates from unintentional childhood injury from 1999-2002 (8.63 deaths per 100,000; 166.12 hospitalizations per 100,000). The Eastern Region

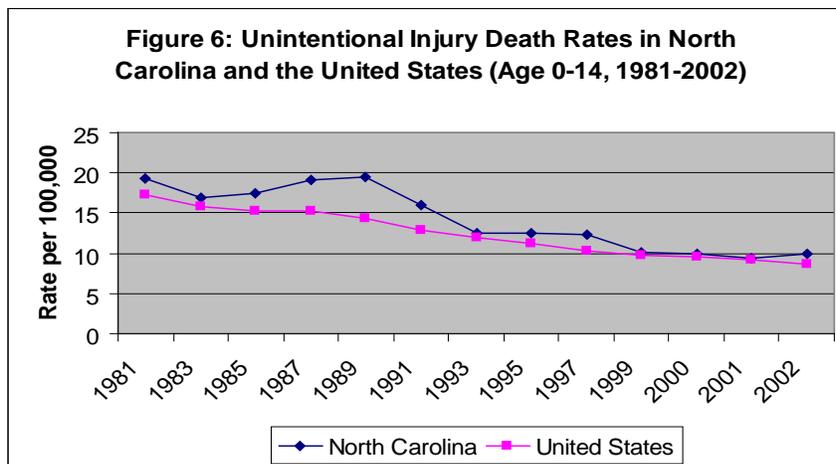
reported the highest mortality rate (12.29 deaths per 100,000) and the highest morbidity rate (197.28 hospitalizations per 100,000), while the Western Region reported the second-highest mortality rate (9.71 deaths per 100,000) and the lowest morbidity rate



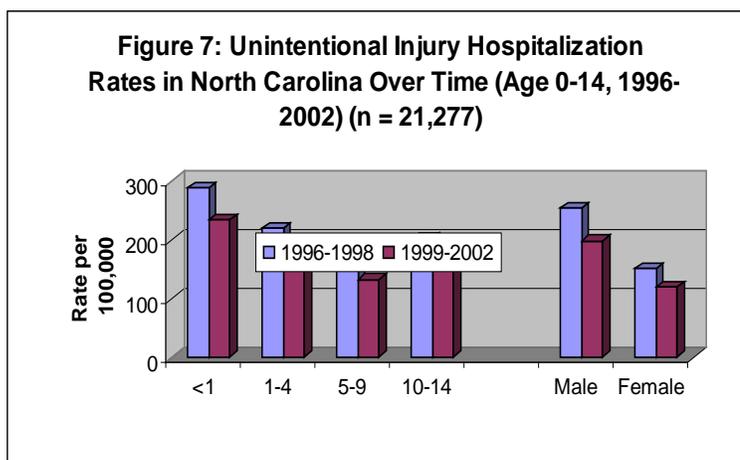
(155.97 hospitalizations per 100,000) (Figure 5). For the Western Region, this is a noticeable decline from 1996-1998, when the region had the highest mortality rate (246.09 per 100,000).

Comparison to the United States and Comparison over Time

The death rate due to unintentional injuries in North Carolina historically has been higher than that for the nation as a whole for this age group. In 2002, the most recent year for which federal data are available, the national



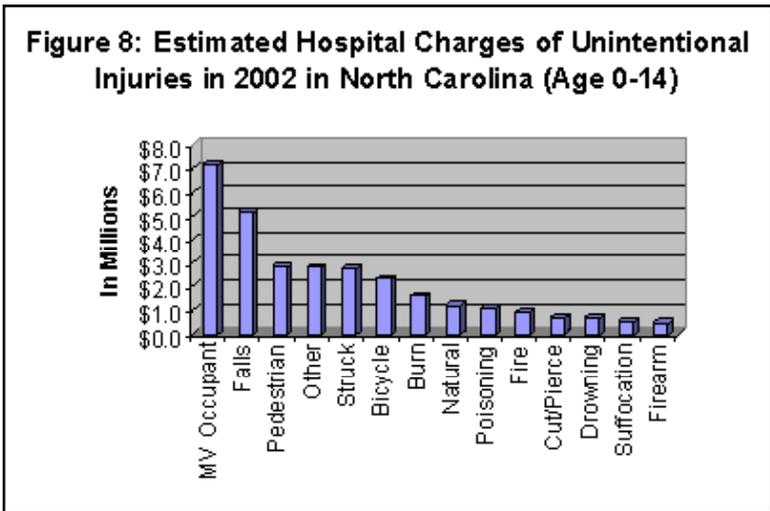
unintentional injury rate for children under 15 was 8.71 deaths per 100,000. In North Carolina in 2002, the rate was 9.87 deaths per 100,000. As the graph in Figure 6 shows, the death rate in North Carolina has been declining over time and is now comparable to the rate for the United States as a whole.



While national data are not available for non-fatal hospitalizations, a comparison between 1996-98 and 1999-2002 shows declines in North Carolina injury hospitalizations for all age groups, as well as males and females (Figure 7).

Hospitalization Charges for Children's Unintentional Injuries in 2002

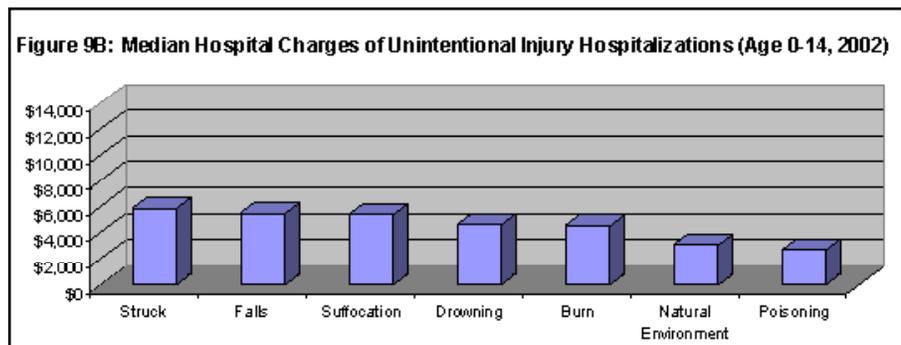
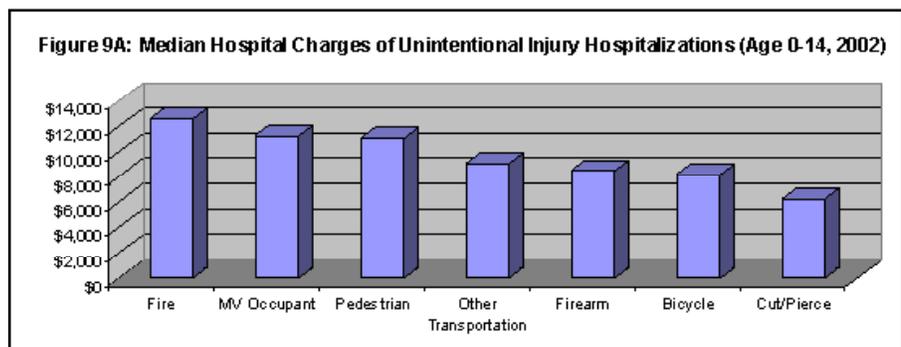
The charges associated with nonfatal injuries can be extraordinarily high—to individuals, families, communities, and the state as a whole. In North Carolina, the hospital charges alone for non-fatal unintentional injuries in 2002 are estimated to be more than \$30 million. (Note that this estimate does not include work loss and quality of life loss costs, both of which add significantly to the injury burden.)



Charges by Injury Type

Different types of injuries result in different costs to North Carolina. It is estimated that the largest total hospital charges for injuries in children age 0-14 in 2002 resulted from injuries where children were occupants of motor vehicles in a crash (total charges = \$7,154,403), even though a higher total number of injuries were incurred in this age group as a result of falls. Falls account for the second highest total hospital charges (total charges = \$5,161,493), followed by pedestrian-related injuries (total charges = \$2,823,778) (Figure 8).

The great variation in the actual effects of any given type of injury is associated with similar variation in the median charges for hospitalization. Some injuries, such as those resulting from fires, involve sophisticated and expensive treatments, often involving several organ systems, that can involve extended hospital stays. Injuries from motor vehicle crashes tend to be more severe than others because they involve subjecting occupants to the powerful mechanical forces that result from crashes. (For example, a child passenger without a safety restraint propels like a missile, energized by the speed and power of the motor vehicle.) As shown in Figures 9A and 9B, the most expensive injuries are those resulting from fires for which the median charges in 2002 were \$12,580, followed closely by motor vehicle injuries (\$11,304) and pedestrian injuries (\$11,103). Poisonings generated the lowest median charges of \$2,708.



North Carolina Childhood Injury Prevention Efforts

Injury prevention at the state level occurs through policies and programs. The Child Fatality Task Force is responsible for developing and monitoring policies that affect the safety of North Carolina children, such as child passenger safety, fire safety, and bike helmets. Likewise, several agencies are involved in child injury prevention, including the Department of Transportation, the Department of Health and Human Services, and the Department of Public Instruction. Childhood injury prevention is often segmented into type of injury. For example, the Governor’s Highway Safety Program’s “Click It or Ticket” program focuses on motor vehicle crashes, and the Office of State Fire Marshal’s “Learn Not to Burn” program works to prevent fire-related injuries. With the exception of the school health curriculum, which addresses some prevention tips, there is currently no comprehensive childhood injury prevention program with a presence throughout North Carolina.

For the most part, the responsibility for childhood injury prevention has become a local one. In any given community a wide variety of agencies and organizations might be working on childhood injury prevention, including county fire marshals, local fire departments, law enforcement, school systems, health departments, hospitals, local Partnerships for Children, Cooperative Extension Centers, and other private groups. The ability of these groups to dedicate energy and resources in childhood injury prevention is reliant on several factors, including the perceived need for injury prevention, the community support for such efforts, and the resources available to the community at large. Because resources, perceptions, and priorities differ depending on the locality, and because there is not a comprehensive, coordinated statewide effort, the prevention of injury among North Carolina children can be fragmented and inconsistent.

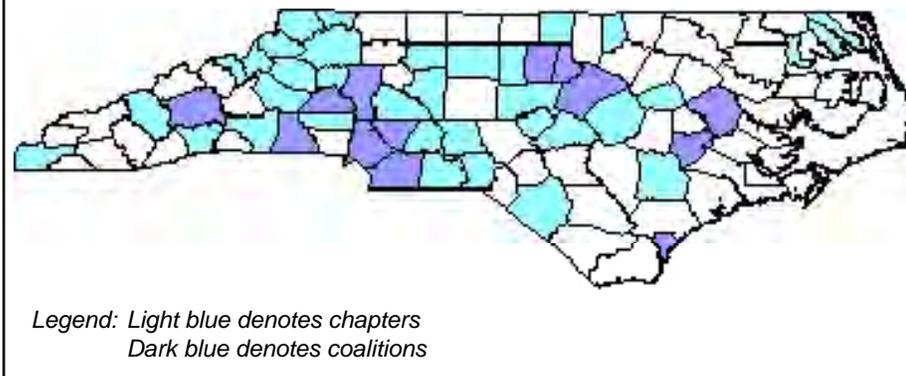
North Carolina SAFE KIDS Coalition

The National SAFE KIDS Campaign (NSKC) is a seventeen-year-old national unintentional childhood injury prevention initiative. The NSKC provides support to state and local SAFE KIDS coalitions and chapters in order to educate adults and children, provide safety devices to families in need, and pass or strengthen laws to protect children ages 14 and under. The North Carolina Commissioner of Insurance signed an agreement with the National SAFE KIDS Campaign and has formed a North Carolina SAFE KIDS Coalition.



One of the goals of the North Carolina SAFE KIDS Coalition is to form partnerships with business and government entities to provide support for a SAFE KIDS presence in all North Carolina counties. Currently, there is a SAFE KIDS presence in 46 counties and on one Native American reservation (see Figure 10 and for the purposes of this report we will refer to 47 counties). Each SAFE KIDS coalition or chapter includes a lead agency that agrees to provide a meeting place, office support, financial accounting, and a coalition/chapter coordinator. In North Carolina, many of the lead agencies are hospitals and medical facilities (20), although several coalitions are led by fire/rescue departments (13) or county or local health departments (5). A smaller number of coalitions/

Figure 10: North Carolina SAFE KIDS Coalitions/Chapters as of July 2005



chapters are led by non-profit organizations or coalitions (9), such as Partnerships for Children.

In addition to lead agencies, local SAFE KIDS coalitions/chapters are comprised of members representing a variety of local agencies and organizations, as well as interested community members. While the composition of local SAFE KIDS coalitions/chapters varies by county, the majority of them contain representatives from county/local health departments (40), fire departments (38), non-profit organizations (38), EMS/medical rescue services (37), hospitals/medical facilities (37), police departments (37), and school systems (28). Additionally, several coalitions/chapters have strategically involved representatives from insurance companies, daycare centers, churches/temples/mosques, commercial businesses, physicians, and universities—organizations that can influence the parents and children coalitions/chapters are trying to reach.

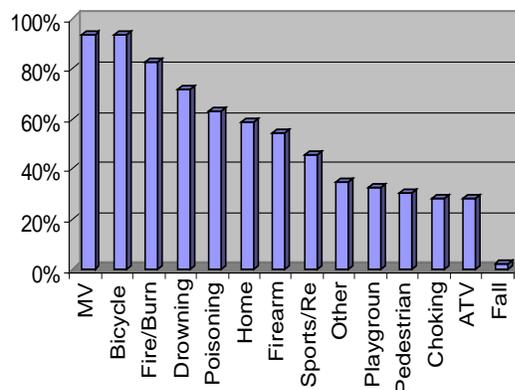
SAFE KIDS coalitions/chapters are funded through a combination of financial and in-kind support from the lead agency, grants, and donations. In addition, 14 of the Coalitions cover large enough populations to be nationally affiliated coalitions and are eligible for special resource opportunities through the National SAFE KIDS Campaign.

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Injuries Addressed and Strategies Employed by Local Prevention Efforts

Based on survey responses from SAFE KIDS coalition/chapter coordinators, unintentional childhood injury prevention efforts in 47 counties interacting with the SAFE KIDS program can be portrayed. At least one agency in each of these counties was conducting some kind of unintentional childhood injury prevention work, and each county focused on at least three specific types of childhood injury. In most counties, some effort was being conducted on motor vehicle occupant injury, bicycle injury, and fire/burn prevention. Additionally, the prevention work in a majority of counties included efforts aimed at preventing poisonings, firearm-related injuries, drowning, and home-related injuries (Figure 11). Consequently, most injury prevention efforts are directed at preventing the most prevalent unintentional childhood injuries. The one exception to this is falls—although falls were the leading cause of hospitalization in children, only 3% of SAFE KIDS coalitions/chapters focus on fall prevention efforts as part of their current work, though playground safety measures may partially address the problem.

Figure 11: Leading Injury Types Addressed by SAFE KIDS Chapters/Coalitions (2005) (n = 46)



Coordinators were also asked about the strategies they employed when working to prevent unintentional childhood injury. Most reported using several strategies, including events such as fairs and festivals; collaboration with local agencies, community groups, schools and businesses; safe toy and equipment distribution; media campaigns; and direct educational campaigns.

Improving Our Prevention Efforts – What is Needed?

Despite the growing presence of North Carolina SAFE KIDS and other injury prevention programs on state and local levels, most SAFE KIDS coordinators believe more needs to be done. Needs cited by coordinators in the survey include accessing and understanding relevant injury data, strengthening and building coalition/chapter membership, fundraising and grant writing, promoting specific prevention programs, publicizing the importance of injury prevention, working with special audiences (Hispanics, young mothers, non-English speakers, etc.), working effectively with schools, and receiving continuing education and training.

In regards to training, many coordinators expressed an interest both in injury prevention skills and in program and coalition/chapter development skills. The most desired trainings include working with Hispanic populations (35), accessing and collecting data (35), building partnerships (34), fundraising (34), grant writing (34), and strategic planning (32). Many also expressed a desire for a new coordinator training for individuals who are new to their role within SAFE KIDS. The training needs are summarized in Table 4.

Information specific to the coalitions and chapters surveyed for this report is included in Chapter 4 (“NC SAFE KIDS Coalitions/Chapters”).

Table 4: Training Needs Identified by SAFE KIDS Coalitions/Chapters

<u>Training Needs</u>	<u>Chapters Interested</u>
Accessing and Collecting Data	35
Working with Hispanic Populations	35
Coalition Building and Partnerships	34
Fundraising	34
Grant Writing	34
New Coordinator Training	34
Strategic Planning	32
Working with Schools	32
Learning How to Use Data	31
Promoting Specific Programs	31
Promoting Importance of Injury Prevention	31
Cultural Competency / Different Cultures	28

Conclusions and Recommendations

Injury is a major health problem for children in North Carolina, responsible for substantial loss of life and human suffering. The economic impact is large. Over the period covered by this report, North Carolina has made steady progress, as reflected in decreasing rates of death and hospitalization. In part this progress reflects the ongoing development of public awareness of injuries and the role of injury prevention, as well as the continuing growth of the infrastructure to ensure that the state provides a coordinated and comprehensive approach to injuries for all children. The SAFE KIDS coalitions/chapters, having grown in number to 47, are playing an important role in these developments. Reaching thousands of children and parents each year, SAFE KIDS is a major partner with the state health department, several active community-oriented injury prevention programs, major medical centers in the state, and the Injury Prevention Research Center of the University of North Carolina in making the state safer for children.

This report has addressed two major areas: measuring the extent of injuries to children in North Carolina and the development and role of North Carolina SAFE KIDS and the local chapters and coalitions. Recommendations address each area.

Data to Measure the Impact of Injuries on Children and to Evaluate Interventions

1. Motor vehicle-related injuries are the leading cause of death and the second leading cause of hospitalizations. North Carolina SAFE KIDS and the local coalitions should continue to emphasize motor vehicle safety
2. Drowning has become the second leading cause of death in North Carolina. The severity of drownings is indicated by the fact that they do not appear among the top ten causes of hospitalization. SAFE KIDS should consider further review and collaboration surrounding these deaths.
3. Choking and suffocation, the third leading cause of death, are largely confined to infants. SAFE KIDS should examine the circumstances further and consider programs to address choking.
4. Pedestrian deaths, as the fourth leading cause of death, warrant additional attention.
5. SAFE KIDS should continue to encourage the collection and distribution of high quality and useful injury-related data. The hospitalization data and mortality data seem to be collected and made available in as timely a manner as possible, so the coalitions should be encouraged to work with these data. SAFE KIDS should work with coalitions, organizations and individuals with expertise in evaluation to generate additional indicators of injury prevention that would be useful to the coalitions.

SAFE KIDS Coalitions

1. SAFE KIDS should continue to enhance the capacities of the local coalitions through technical assistance, planning and presentation of state meetings, and advocacy for additional financial support.
2. SAFE KIDS should encourage and assist new counties to establish coalitions.
3. SAFE KIDS should work specifically with local coalitions on training in the areas of fundraising, strategic planning for coalitions, public relations to promote the importance of injury prevention, and enhancing the capacities to work with a variety of cultural/ethnic groups.
4. SAFE KIDS should encourage the local chapters to provide more information about their programs and needs to provide a more complete picture of the accomplishments and needs of the chapters. This type of information is especially useful in promoting the value of SAFE KIDS chapters and in planning training for chapter development.
5. On the state level, SAFE KIDS should continue to encourage financial and technical support for injury prevention with the major state agencies and organizations with interests in child health, such as the North Carolina Department of Health and Human Services, the North Carolina Hospital Association, the state chapter of the American Academy of Pediatrics, and others.

Types of Unintentional Childhood Injury

Motor Vehicle Occupant Injury

Injuries incurred as a motor vehicle occupant during a crash is one of the greatest injury risks to children in North Carolina. Being a motor vehicle occupant during a collision is the number one cause of unintentional injury death and the number two cause of unintentional injury hospitalization among North Carolina children.

From 1999-2002, 226 children age 14 and under who were motor vehicle occupants were killed as a result of injuries sustained during a crash (3.37 per 100,000). Additionally, 1,404 children age 14 and under were hospitalized as a result of being a motor vehicle occupant during a collision (20.91 per 100,000). In 2002, an additional 2,506 motor vehicle occupant-related injuries (147.20 per 100,000) are estimated to have occurred but not been admitted to a hospital. Motor vehicle occupant injuries are extraordinarily expensive, accounting for higher injury costs in 2002 than any other type of childhood injury. Crash injuries sustained by North Carolina child motor vehicle occupants in 2002 are estimated to have generated more than \$7.1 million in hospital charges (Table 5).

Children under the age of 1 and children age 10-14 were the two age groups with the highest motor vehicle occupant death and hospitalization rates (7.98 deaths and 23.93 hospitalizations per 100,000 children under age 1; 3.71 deaths and 23.03 hospitalizations per 100,000 children age 10-14). Gender differences in victims of motor vehicle occupant injuries were less noticeable than in some other injury categories, with females slightly more likely to be killed, and males slightly more likely to be hospitalized as a result of being a motor vehicle occupant during a collision (Figures 12 and 13).

Table 5: Estimated Hospital Charges Resulting from Motor Vehicle Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$7,154,403
Median Charge:	\$11,304

Figure 12: NC Unintentional Motor Vehicle Occupant Deaths by Age and Gender (Age 0-14, 1999-2000) (n = 226)

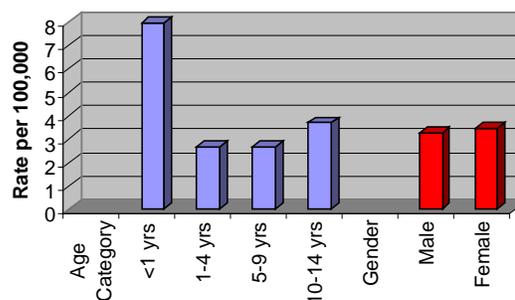
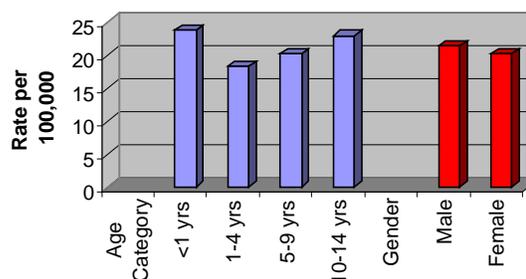


Figure 13: NC Unintentional Motor Vehical Occupant Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 1,404)



Drowning and Near-Drowning

Drowning and near-drowning injuries refer to those injuries caused by suffocation or near-suffocation as a result of submersion in water. If the victim survives the suffocation, severe neurological injuries may result. Drowning and near-drownings primarily occur in three environments: pools, bathtubs and naturally occurring bodies of water such as streams, lakes, and those along the North Carolina coast.

From 1999-2002, 95 North Carolina children age 14 and under drowned as a result of water submersion (1.41 per 100,000). Additionally, 122 children age 14 and under were hospitalized as a result of near-drownings (1.82 per 100,000). Near-drowning injuries during 2002 are estimated to have cost more than \$677,000 in hospital charges (Table 6).

Drowning and near-drowning injuries generally affected younger children more than older children, with the exception of drowning deaths to infants under age one, which was the lowest mortality rate for this injury type. Additionally, although this can not be determined from these data, national evidence suggests that the cause of drowning injuries differ by age as well, with bathtubs posing the greatest risk for infants and natural bodies of waters as the greatest risk for older children and adolescents.

Like most other injuries, males' injury death rates from drowning were higher than females' rates. Males were 2.2 times more likely to die from submersion than females (1.92 male deaths per 100,000; 0.89 female deaths per 100,000). Conversely, females were 1.1 times more likely to be hospitalized (1.80 male deaths per 100,000; 1.83 female deaths per 100,000) from submersion injuries than males. Figures 14 and 15 describe North Carolina drowning deaths and near-drowning hospitalizations by age and gender.

Table 6: Estimated Hospital Charges Resulting from Drowning Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$677,863
Median Charge:	\$4,681

Figure 14: NC Unintentional Drowning Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 95)

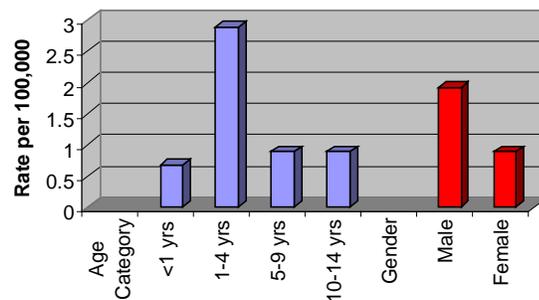
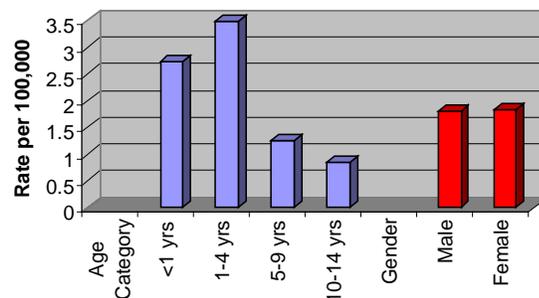


Figure 15: NC Unintentional Near-Drowning Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 122)



Choking and Suffocation

Deaths and hospitalizations resulting from choking and suffocation refer to mechanical causes (e.g., plastic bags, refrigerator entrapment, or fallen earth), pressure on the trachea (e.g., drapery cords, clothing drawstrings), and inhalation of food or foreign bodies.

From 1999-2002, 94 children age 14 and under died as a result of choking or suffocation, which is equal to 1.4 children per 100,000 residing in the state. Additionally, 234 children age 14 and under were hospitalized as a result of choking-related injuries, which is equal to 3.48 children per 100,000. Choking injuries in 2002 are estimated to have cost about \$532,000 in hospital charges (Table 7).

Infants under the age of 1 were much more likely to die or be hospitalized as a result of choking, having death rates that were 14 – 53 times higher, and hospitalization rates that were 5-26 times higher, than those for any other age group. Young children between the ages of 1-4 were also at an increased risk, with death and hospitalization rates that were 4-5 times higher than those for older children (Figures 16 and 17). Fatal choking in young children typically involves not only round food products such as candies, nuts, grapes, and hot dogs, but also non-food products such as undersized pacifiers, small toys, and latex balloons.

Compared to females, males were 1.4 times more likely to die (1.63 male deaths per 100,000; 1.16 female deaths per 100,000) and 1.1 times more likely to be hospitalized (3.66 male hospitalizations per 100,000; 3.30 female hospitalizations per 100,000) as a result of choking.

Table 7: Estimated Hospital Charges Resulting from Choking / Suffocation Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$532,965
Median Charge:	\$5,405

Figure 16: NC Unintentional Choking Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 94)

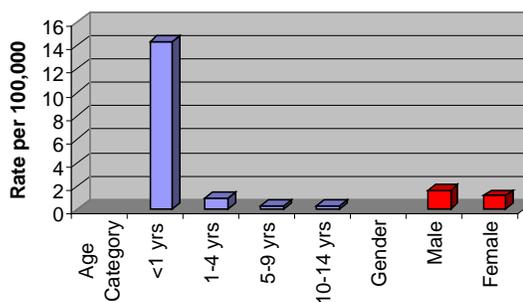
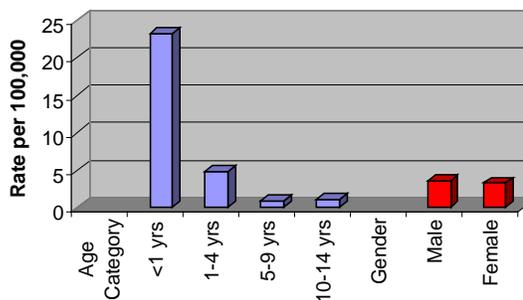


Figure 17: NC Unintentional Choking Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 234)



Pedestrian-Related Injuries

Deaths and hospitalizations resulting from pedestrian-related injuries are coded in two different categories: as a subcategory under motor vehicles (meaning the injury resulted from a collision with a motor vehicle) or under non-motor vehicle pedestrian injuries. These two categories were combined for discussion in this section.

From 1999-2002, 82 children age 14 and under died as a result of pedestrian-related injuries (1.22 per 100,000). Additionally, 521 children age 14 and under were hospitalized as a result of pedestrian injury, which is equal to 7.76 children per 100,000. In 2002, an additional 3,449 child pedestrian injuries (202.59 per 100,000) are estimated to have occurred but not been admitted to a hospital. Pedestrian injuries in 2002 are estimated to have cost more than \$2.8 million in hospital charges (Table 8).

Infants under the age of one, who are rarely unsupervised pedestrians, have very low rates of pedestrian-related injury. The child pedestrians who died or were hospitalized in North Carolina were almost entirely between the ages of 1 and 14, with death and hospitalization rates slightly higher in the younger age groups. Males both died and were hospitalized from pedestrian injury at rates that were much higher than females (1.54 male deaths per 100,000 and 9.83 male hospitalizations per 100,000; 0.89 female deaths per 100,000 and 5.59 female hospitalizations per 100,000). Figures 18 and 19 describe the child pedestrian-related injury problem by age and gender in North Carolina.

Table 8: Estimated Hospital Charges Resulting from Pedestrian-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$2,823,778
Median Charge:	\$11,103

Figure 18: NC Unintentional Pedestrian-Related Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 82)

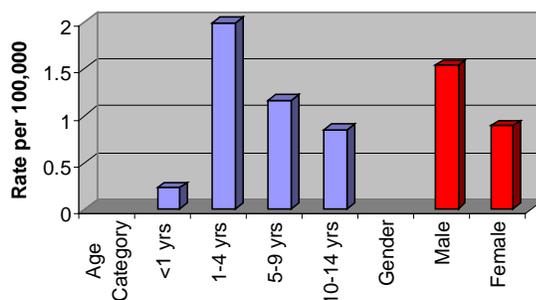
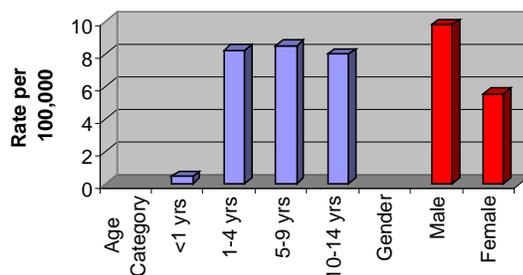


Figure 19: NC Unintentional Pedestrian-Related Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 521)



Fire-Related Injuries

Unintentional firearm injuries include those caused by unexpected firing of handguns, shotguns, hunting rifles, and military firearms. Although intentional shootings receive more public attention, unintentional firearm injuries account for a significant proportion of firearm-related hospitalizations.

From 1999-2002, 6 North Carolina children age 14 and under died as a result of unintentional firearm injuries, which is equal to 0.09 children per 100,000. Additionally, 102 children age 14 and under were hospitalized due to unintentional firearm-related injuries (1.52 per 100,000).

Unintentional firearm injuries, while less frequent than some of the other injuries, incur very high costs. Firearm injuries in 2002 are estimated to have cost \$463,147 in hospital charges (Table 15).

Unlike some injuries, firearm hospitalizations (but not deaths) were more likely to occur among older children. Children age 10-14 were at least 1.6 times more likely than other age groups to be hospitalized for firearm injuries (Figures 32 and 33).

The injury gender differential is even more striking in firearm injuries than in most other types of unintentional injuries. Males were twice as likely as females to be killed (0.12 male deaths per 100,000; 0.06 female deaths per 100,000) and nearly 6 times more likely than females to be hospitalized (2.56 male hospitalizations per 100,000; 0.43 female hospitalizations per 100,000) by unintentional firearm use from 1999-2002 (Figures 32 and 33). For a discussion of intentional firearm injuries, see Chapter 2.

Table 9: Estimated Hospital Charges Resulting from Fire-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$903,415
Median Charge:	\$12,580

Figure 20: NC Unintentional Fire Deaths by Age and Gender (Ages 0-14, 1999-2002) (n = 58)

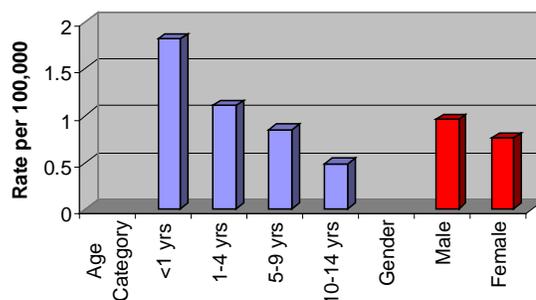
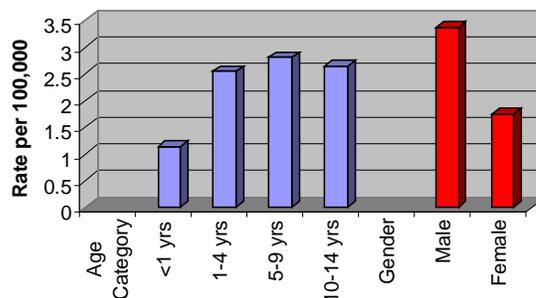


Figure 21: NC Unintentional Fire Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 173)



Other Transportation Injuries

Other transportation injuries cover a wide and diverse range of events, such as railway collisions, incidents involving animal drawn vehicles, and motor vehicle collisions in non-traffic settings, such as getting into or out of an automobile.

From 1999-2002, 25 children age 14 and under died as a result of transportation injuries (0.37 per 100,000). Additionally, 837 children age 14 and under were hospitalized as a result of transportation injuries (12.46 per 100,000). Other transportation injuries in 2002 are estimated to have cost almost \$2.8 million in hospital charges (Table 10).

In general, older children are more likely to die and be hospitalized for transportation injuries than younger children. The age group reporting the highest death rates from transportation injuries was the age 10-14 group (0.58 deaths per 100,000) while children less than 1 did not experience any deaths from this cause (Figure 22). The oldest children also accounted for the highest hospitalization rates from transportation injuries, with children age 10-14 having the highest rates (24.10 hospitalizations per 100,000) (Figure 23).

Males were almost four times more likely than females to die from transportation injuries (0.58 male deaths per 100,000; 0.15 female deaths per 100,000). Males were also 2.5 times more likely than females to be hospitalized for transportation injuries (17.62 male hospitalizations per 100,000; 7.05 female hospitalizations per 100,000) (Figures 22 and 23).

Table 10: Estimated Hospital Charges Resulting from Other Transportation-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$2,792,096
Median Charge:	\$9,083

Figure 22: NC Unintentional Other Transportation Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 25)

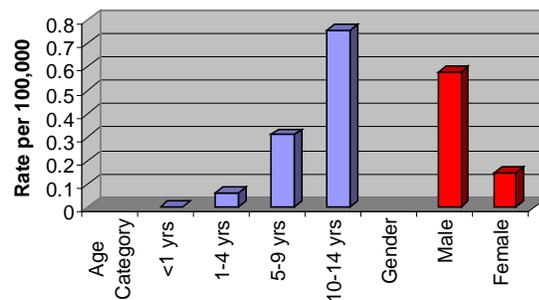
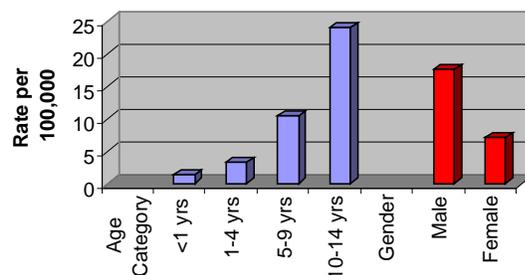


Figure 23: NC Unintentional Other Transportation Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 837)



Bicycle-Related Injuries

Deaths and hospitalizations resulting from bicycle-related injuries are coded in two different categories: as a subcategory under motor vehicles (resulting from a collision with a motor vehicle) or under non-motor vehicle pedal cycle injuries. These two categories were combined for discussion in this section.

From 1999-2002, 24 children age 14 and under died from bicycle-related injuries, which is equal to 0.35 children per 100,000 residing in the state. Additionally, 747 children age 14 and under were hospitalized due to bicycle-related injuries (11.12 children per 100,000). In 2002, an additional 5,823 bicycle injuries (342.05 per 100,000) are estimated to have occurred but not been admitted to a hospital. Nonfatal bicycle injuries in 2002 are estimated to have cost more than \$2.3 million in hospital charges, with a median charge of \$8,189 (Table 11).

All of the bicycle injury-related deaths and most of the hospitalizations between 1999 and 2002 occurred among children in the 5-14 age group. Furthermore, males had much higher rates of bicycle-related injury fatalities and bicycle-related hospitalizations than females (Figures 24 and 25).

Table 11: Estimated Hospital Charges Resulting from Bicycle-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$2,306,055
Median Charge:	\$8,189

Figure 24: NC Unintentional Bicycle Injury Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 24)

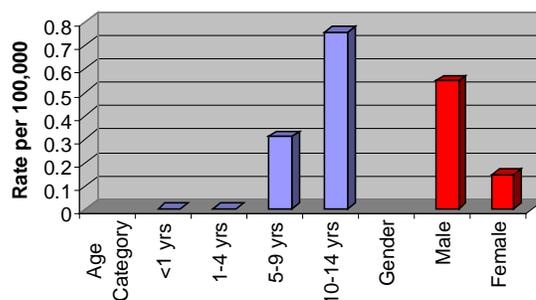
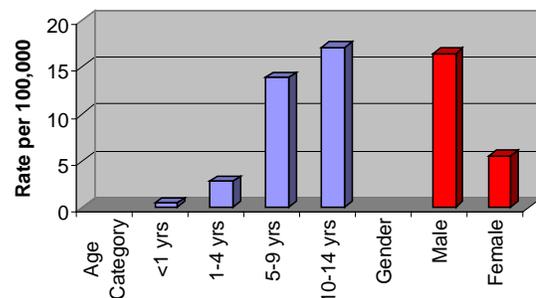


Figure 25: NC Unintentional Bicycle Injury Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 747)



Natural Environment Injuries

Natural environment injuries include those resulting from excessive heat or cold.

From 1999-2002, 15 children age 14 and under died as a result of natural environment injuries (0.22 per 100,000). Additionally, 671 children age 14 and under were hospitalized as a result of natural environment injuries (9.99 per 100,000). In 2002, an additional 2,758 natural environment injuries (162.0 per 100,000) are estimated to have occurred but not been admitted to a hospital. Environment injuries in 2002 are estimated to have cost more than \$1.2 million in hospital charges (Table 12).

In general, younger children are more likely to die and be hospitalized for natural environment injuries. The age group reporting the highest death rates from environment injuries was the less than 1 age group (0.91 deaths per 100,000) while children 10-14 did not experience any deaths from this cause (Figure 26). The youngest children also accounted for the highest hospitalization rates from environment injuries, with children less than one having the highest rates (19.14 hospitalizations per 100,000) (Figure 27).

Males were more likely than females to be hospitalized for natural environment injuries (11.46 male hospitalizations per 100,000; 8.45 female hospitalizations per 100,000). Conversely, females were slightly more likely than males to die from environmental injuries (0.20 male deaths per 100,000; 0.24 female deaths per 100,000) (Figures 26 and 27).

Table 12: Estimated Hospital Charges Resulting from Natural Environment Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$1,202,548
Median Charge:	\$3,114

Figure 26: NC Unintentional Natural Environment Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 15)

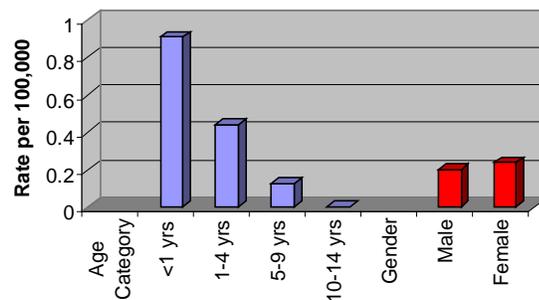
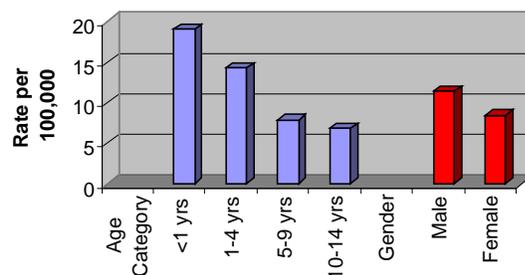


Figure 27: NC Unintentional Natural Environment Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 671)



Falls

Unintentional falls result from stairs or ladders, from buildings, into holes, from one level to another, or on the same level from tripping, stumbling, or collisions. Fall-related injury is the leading type of injury to cause hospitalizations in North Carolina children.

Although only seven North Carolina children age 14 and under died as a result of falls from 1999-2002 (0.10 per 100,000), 2,718 children age 14 and under were hospitalized as a result of falls (40.47 per 100,000). Furthermore, in 2002, an additional 9,927 (583.12 per 100,000) fall injuries are estimated to have occurred but not been admitted to a hospital. Falls were one of the most costly injuries. Falls during 2002 are estimated to have cost more than \$5 million dollars in hospital charges (Table 13).

The youngest children (under age 1) were most likely to be hospitalized due to a fall. The hospitalization rate for this group (65.86 per 100,000) is about 1.7 times larger than that for any other age group (Figure 28).

Males were more than 1.7 times more likely than females to be hospitalized as a result of falls (50.16 male hospitalizations per 100,000; 30.31 female hospitalizations per 100,000). Figures 28 and 29 display fall injury rates by age and gender. Because there were only five deaths as a result of falls, death rate comparisons based on sex and age are less informative.

Table 13: Estimated Hospital Charges Resulting from Fall-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$5,161,493
Median Charge:	\$5,530

Figure 28: NC Unintentional Falling Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 7)

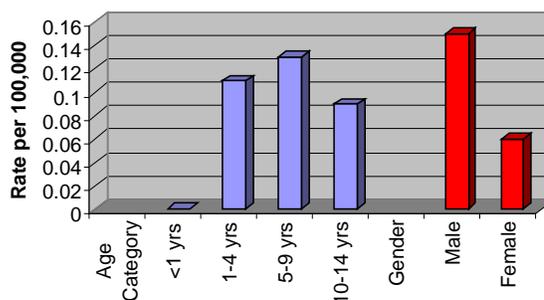
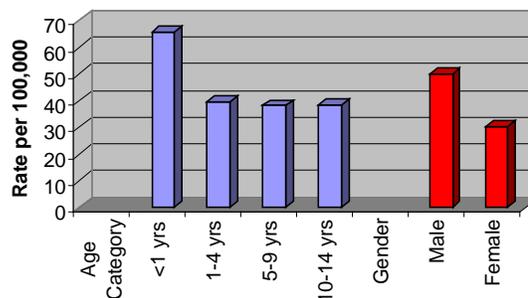


Figure 29: NC Unintentional Falling Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 2,718)



Struck-Related Injuries

Injuries classified as struck by a person or object include falling limbs, furniture, or other objects.

From 1999-2002, 7 children age 14 and under died as a result of struck-related injuries (0.10 per 100,000). Additionally, 1,213 children age 14 and under were hospitalized as a result of struck-related injuries (18.06 per 100,000). In 2002, an additional 14,084 child struck-related injuries (827.31 per 100,000) are estimated to have occurred but not been admitted to a hospital—the leading cause of non-admitted injuries. Struck-related injuries in 2002 are estimated to have cost more than \$2.7 million in hospital charges (Table 14).

Only two age groups of children under 14 experienced deaths related to struck injuries in 1999-2002. The age group reporting the highest death rates from struck-related injuries was the age 1-4 group (0.22 deaths per 100,000) while children less than 1 and children 5-9 did not experience any deaths from this cause (Figure 30). Conversely, children less than 1 had the highest rates of struck-related hospitalizations (30.54 hospitalizations per 100,000) while children 10-14 had the second highest rates (20.35 hospitalizations per 100,000) (Figure 31).

Males were more than twice as likely as females to be hospitalized for struck-related injuries (25.04 male hospitalizations per 100,000; 10.74 female hospitalizations per 100,000). Conversely, males were slightly less likely than females to die from struck-related injuries (0.09 male deaths per 100,000; 0.12 female deaths per 100,000) (Figures 30 and 31).

Table 14: Estimated Hospital Charges Resulting from Struck-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$2,768,112
Median Charge:	\$5,888

Figure 30: NC Unintentional Struck-Related Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 7)

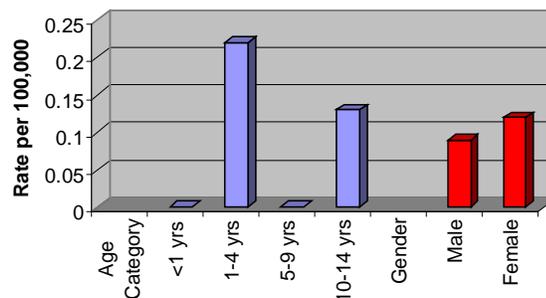
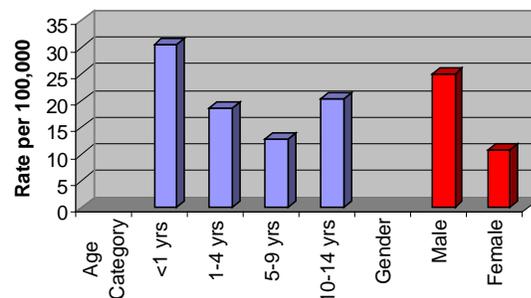


Figure 31: NC Unintentional Struck-Related Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 1,213)



Firearm Injuries (Unintentional)

Unintentional firearm injuries include those caused by accidental firing of handguns, shotguns, hunting rifles, and military firearms. Although intentional shootings receive more public attention, unintentional firearm injuries account for a significant proportion of firearm-related hospitalizations.

From 1999-2002, 6 North Carolina children age 14 and under died as a result of unintentional firearm injuries, which is equal to 0.09 children per 100,000. Additionally, 102 children age 14 and under were hospitalized due to unintentional firearm-related injuries, which is equal to 1.52 children per 100,000.

Unintentional firearm injuries, while less frequent than some of the other injuries, incur very high costs. Nonfatal firearm injuries in 2002 are estimated to have cost \$463,147 in hospital charges (Table 15).

Unlike some injuries, firearm hospitalizations (but not deaths) were more likely to occur among older children. Children age 10-14 were at least 1.6 times more likely than other age groups to be hospitalized for firearm injuries (Figures 32 and 33).

The injury gender differential is even more striking in firearm injuries than in most other types of unintentional injuries. Males were twice as likely as females to be killed (0.12 male deaths per 100,000; 0.06 female deaths per 100,000) and nearly 6 times more likely than females to be hospitalized (2.56 male hospitalizations per 100,000; 0.43 female hospitalizations per 100,000) by unintentional firearm use from 1999-2002 (Figures 32 and 33). For a discussion of intentional firearm injuries, see Chapter 2.

Table 15: Estimated Hospital Charges Resulting from Firearm Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$463,147
Median Charge:	\$8,484

Figure 32: NC Unintentional Firearm Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 6)

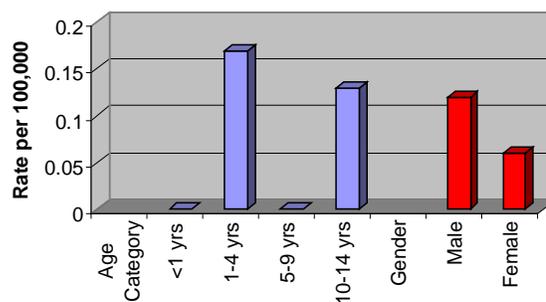
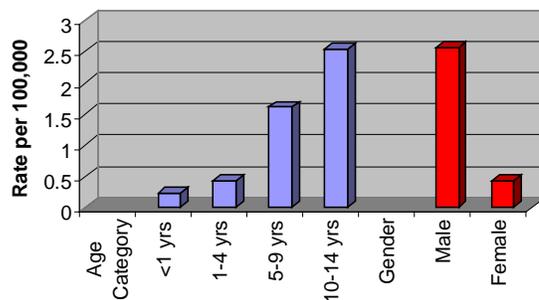


Figure 33: NC Unintentional Firearm Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 102)



Poisonings

Poisoning deaths and hospitalizations refer to injuries resulting from unintentional ingestion of harmful drugs, medicines, gases, household products, solvents, chemicals, acids, and poisonous foods or plants.

From 1999-2002, 6 children age 14 and under died as a result of poisonings (0.09 per 100,000). Despite the small number of deaths, poisoning causes serious public health concerns in terms of childhood hospitalizations. During this same time period, 1,043 children were hospitalized as a result of poisonings (15.53 children per 100,000). In 2002, an additional 1,751 poison-related injuries (102.85 per 100,000) are estimated to have occurred but not been admitted to a hospital. In 2002, childhood poisonings are estimated to have cost more than \$1 million in hospital charges (Table 16).

The youngest children were most likely to be hospitalized as a result of poisoning. In fact, children under the age of 5 were 6-7 times more likely to be hospitalized as a result of poisoning than their older peers. As with many other injuries, poisonings cause males to be hospitalized more often than females. The hospitalization rate for males (16.86 per 100,000) was about 1.2 times higher than that for females (14.13 per 100,000).

Because there were so few deaths as a result of poisoning, mortality rate comparisons based on sex and age are less informative. Figures 34 and 35 display the age and gender specific poisoning rates for North Carolina children.

Table 16: Estimated Hospital Charges Resulting from Poisoning-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$1,091,714
Median Charge:	\$2,708

Figure 34: NC Unintentional Poisoning Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 6)

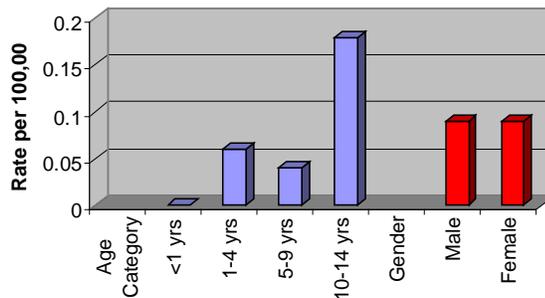
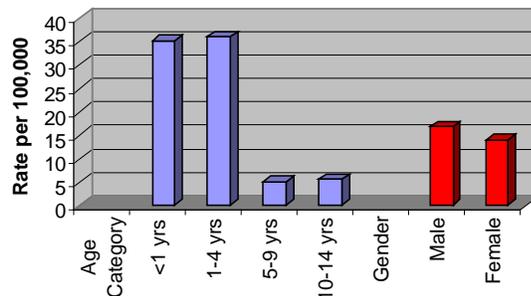


Figure 35: NC Unintentional Poisoning Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 1,043)



Burn-Related Injuries

Burn injuries include injuries resulting from hot substances such as water, grease, and heating elements and other hot surfaces.

From 1999-2002, only 3 children age 14 and under died as a result of burn injuries (0.04 per 100,000). However, 475 children age 14 and under were hospitalized as a result of burn injuries (7.07 per 100,000). In 2002, an additional 1,158 burn injuries (68.02 per 100,000) are estimated to have occurred but not been admitted to a hospital. Burn injuries in 2002 are estimated to have cost more than \$1.5 million in hospital charges (Table 17).

In general the majority of burn-related hospitalizations are scalds. The age group reporting the highest death rates from burn injuries was the less than 1 age group (0.23 deaths per 100,000) while children 10-14 did not experience any deaths from this cause (Figure 36). The youngest children also accounted for the highest hospitalization rates due to burns, with children under five accounting for the majority of all fire and burn hospitalizations (Figure 37).

Males were slightly more likely than females to be victims of burns (0.06 male deaths and 0.03 female deaths per 100,000; 7.73 male hospitalizations and 6.38 female hospitalizations per 100,000) (Figures 36 and 37).

Table 17: Estimated Hospital Charges Resulting from Burn-Related Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$1,592,758
Median Charge:	\$4,567

Figure 36: NC Unintentional Burn Deaths by Age and Gender (Ages 0-14, 1999-2002) (n = 3)

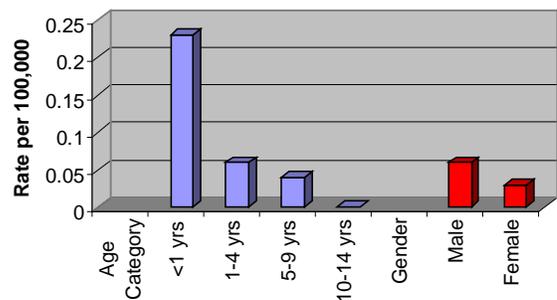
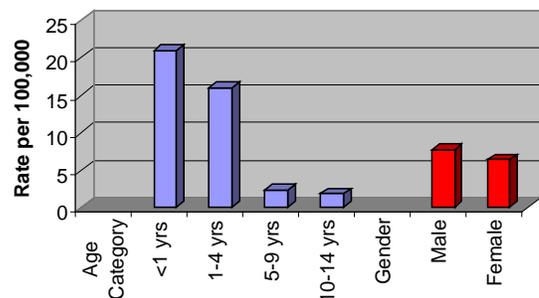


Figure 37: NC Unintentional Burn Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 475)



Cut and Pierce Injuries

Cut/pierce injuries include those from knives, power tools, or other types of machinery.

From 1999-2002, no deaths for children under 14 were caused by cut/pierce injuries (Figure 38); however, 361 children age 14 and under were hospitalized as a result of these injuries (5.38 per 100,000). In 2002, an additional 3,270 cut/pierce injuries (192.08 per 100,000) are estimated to have occurred but not been admitted to a hospital. Cut/pierce injuries in 2002 are estimated to have cost \$697,157 in hospital charges (Table 18).

Cut/pierce hospitalizations are fairly evenly distributed across age groups. The age group reporting the highest hospitalization rates from cut/pierce injuries was the less than 1 age group (7.29 hospitalizations per 100,000), followed by children age 5-9 (5.94 hospitalizations per 100,000). Children age 10-14 had the lowest hospitalization rates for cut/pierce injuries (4.56 per 100,000) (Figure 22). Males were almost twice as likely as females to be hospitalized for cut/pierce injuries (7.04 male hospitalizations per 100,000; 3.63 female hospitalizations per 100,000).

Table 18: Estimated Hospital Charges Resulting from Cut/Pierce Injuries to North Carolina Children (Age 0-14, 2002)

Total Charges:	\$697,157
Median Charge:	\$6,312

Figure 38: NC Unintentional Cut/Pierce Deaths by Age and Gender (Age 0-14, 1999-2002) (n = 0)

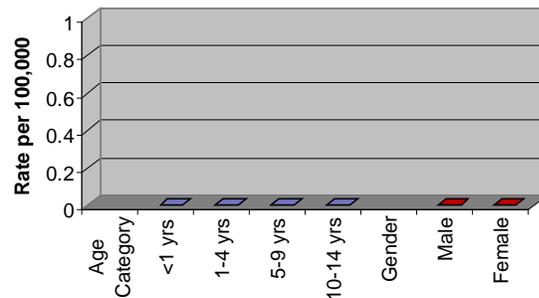
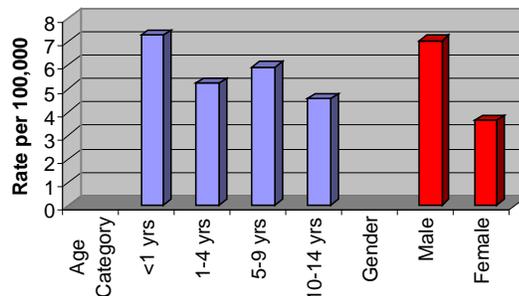


Figure 39: NC Unintentional Cut/Pierce Hospitalizations by Age and Gender (Age 0-14, 1999-2002) (n = 361)



The Nature of Injuries and their External Causes

Up to this point, this report has focused on the external causes of injuries, noted by the E-codes in death and hospitalization records. From the perspective of prevention, however, it is helpful to look at the two different ways to characterize injuries—the nature of the injury (N-codes), as well as the external cause (E-codes). Table 19 has divided the body into 4 different regions—head, back, torso, extremities. In addition, some injuries affect the body in ways that do not easily fit into one of these regions. Head injuries are clearly of great concern because of the active developmental processes that take place among children and the central role that education plays in the lives of children. As shown in the table, the major cause of head injuries is motor vehicle crashes, with falls the next most frequent cause. For injuries to extremities, falls are far and away the leading cause, accounting for 31% of injuries to that body region. Poisoning is the major cause of other or unclassified body regions, because poisons affect the body in many different ways, not necessarily related to a particular region. This table also shows that injuries to the head and to extremities are the leading causes of hospitalization. In summary, coalitions that wish to address head injuries, for example, should pay attention to motor vehicle crashes and falls.

Table 19: Nonfatal Body Region Injuries by External Cause (Age 0-14, 1999-2002)

Note: Number of injuries in chart exceeds total because one injury may affect multiple body regions. (For example, one motor vehicle injury may be counted as both a head injury and a torso injury.)

Cause	Head		Back		Torso		Extremities		Other					
	N	%	Cause	N	%	Cause	N	%	Cause	N	%			
Motor Vehicle	923	25	Motor Vehicle	123	44	Motor Vehicle Occupant	28	1404	Falls	1761	31	Poisoning	882	26
Falls	727	20	Falls	48	17	Burns	12	257	Motor Vehicle	614	11	Struck by person/object	437	13
Bicycles	336	9	Other Transportation	34	12	Falls	11	232	Other Transportation	529	9	Burns	397	11
Struck by person/object	332	9	Pedestrian	24	9	Other Transportation	11	228	Bicycles	441	8	Natural Environment	304	9
Other Transportation	328	9	Struck by person/object	13	5	Pedestrian	9	193	Struck by person/object	426	7	Motor Vehicle	237	7
Other Transportation	305	8	Bicycles	13	5	Bicycles	9	190	Pedestrian	375	7	Falls	213	6

The second way to look at injury prevention is to focus first on the external causes and then review the body regions that are affected. For Table 20 the percentages do not add up to 100% because nearly 25% of hospitalizations due to injuries involve more than one body region. For children hospitalized due to a fall, over one quarter had a head injury and 65% have injuries to their extremities. For children hospitalized due to motor vehicle crashes, two-thirds have head injuries, 40% have injuries to their torsos, and 40% to their extremities. In summary, in advocating to build coalitions around injury control, it may be useful to point out, for example, that falls are resulting in many injuries to the head and extremities or that motor vehicle crashes are causing numerous head injuries, as well as internal injuries and trauma to extremities.

Table 20: Major Injuries by External Cause

Cause	Total	Head		Back		Torso		Extremities		Unclassified	
		N	%	N	%	N	%	N	%	N	%
Falls	2718	727	27	48	2	232	9	1761	65	213	8
Motor Vehicle	1404	923	66	123	9	592	42	614	44	237	17
Struck by person/object	1213	332	27	13	1	88	7	426	35	437	36
Poisoning	1043	21	2	0	0	6	1	10	1	882	85
Other Transportation	837	328	39	34	4	228	27	529	63	109	13
Bicycles	747	336	45	13	2	190	25	441	59	100	13
Pedestrian	521	305	59	24	5	193	37	375	72	112	22

Changes over the Past Five Years

As shown in the Executive Summary, the overall rates for death and hospitalization have declined between the times of the 2000 and 2005 reports. Although injuries represent the leading cause of death beyond the first year of life, many types of injuries are rare enough to make it difficult to analyze changes in death rates over the relatively short period of five years. However, it is worth commenting on trends in the major causes of death.

Motor vehicle crashes remain the leading cause of death, but the death rate has declined from 3.91 to 3.37 per 100,000 children from the 1996-1998 period (“period one”) to the 1999-2002 period (“period two”). This pattern prevails for males and females and for all ages except infants under the age of 1 (for whom the rate has increased from 5.97 to 7.98). Although the actual numbers are small (19 deaths in period one and 35 deaths in period two), this exception to the otherwise notable decline in motor vehicle passenger deaths warrants a renewed commitment to the issue of motor vehicle safety for infants.

Drownings have surpassed pedestrian injuries to become the second leading cause of death for children in North Carolina. The overall rate has declined from 2.37 to 1.8 per 100,000 children, with a slight decline in the rate for males and an increase in the rate for females. Drownings, therefore, have become the second cause of death because the rates for other causes have dropped faster than the rate for drownings. Another cause of death that has undergone a notable change is choking/suffocation for infants, where the rate has increased from 10.06 to 14.36 per 100,000 infants. This apparent increase, however, is likely due to a change in diagnostic and coding procedures with regard to Sudden Infant Death Syndrome. Recently the criteria to make the diagnosis of SIDS have become more stringent so that cases that might have been categorized as SIDS in the past are now categorized as choking/suffocation.

Because hospitalization is a much more frequent occurrence, changes in hospitalization rates are more reliable than changes in death rates. Changes in hospitalization rates for three injuries of high priority for SAFE KIDS coalitions—motor vehicle occupants, pedestrians, and bicyclists—are noteworthy. The overall rate of hospitalization for motor vehicle occupants has declined from 24.39 to 20.9 per 100,000 children. This decline was experienced by males and females and among all ages, except for infants under the age of 1 who experienced an increased rate from 22.31 to 23.93. For pedestrians, the overall rate of hospitalization has declined from 10.08 to 7.8 per 100,000 children. Males and females, as well as all age groups, have experienced this decline. For bicyclists, the rate of hospitalization has declined from 12.16 to 11.1. Notable individual changes took place for males (17.82 down to 16.46), children 5 through 9 (15.77 to 13.89), and children 10-14 (18.29 to 17.17).

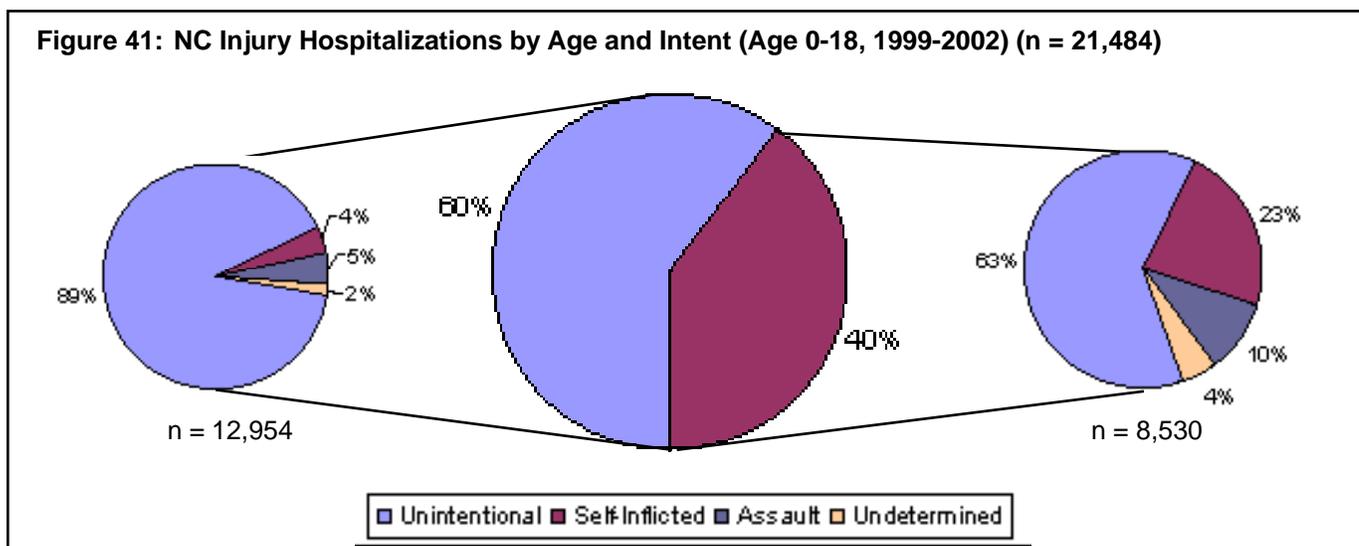
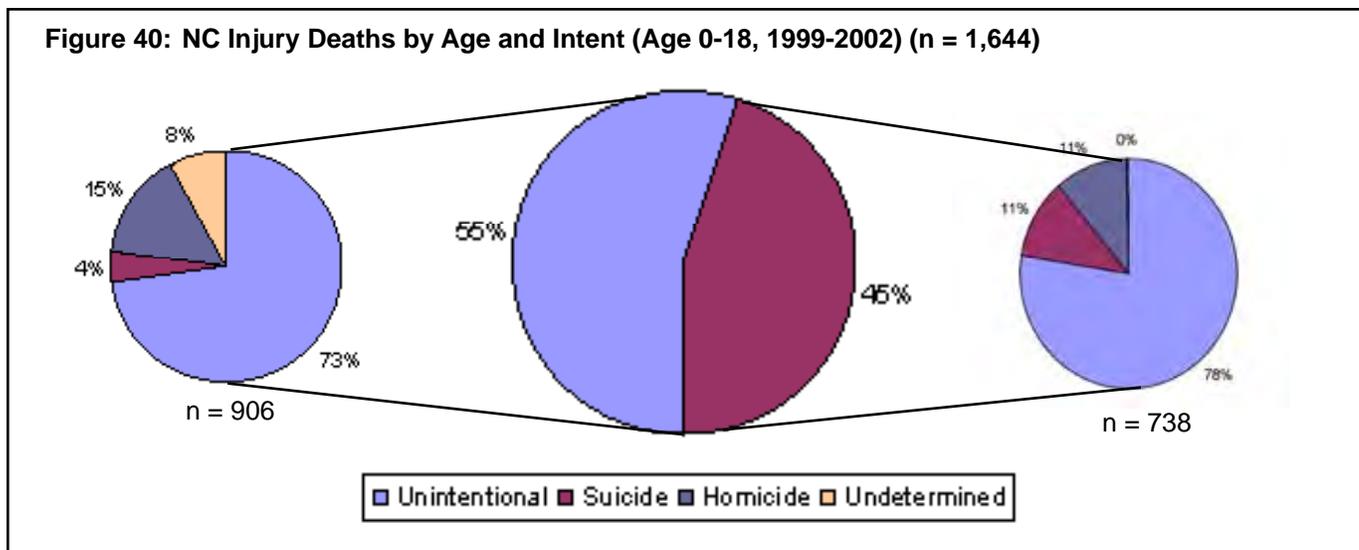
Overall, the children of North Carolina have experienced a decreasing trend in injury-related deaths and hospitalizations. While it is not possible to link this improvement directly to the specific activities of SAFE KIDS or any other aspect of the many injury prevention activities in the state, it is important to note this progress. SAFE KIDS—as well as the many individuals, institutions, and organizations that have made injury prevention a priority—are having an impact on this paramount child health problem.

The Broader Childhood Injury Picture

The majority of this report has focuses on the population (age 0-14) and unintentional injury problems addressed by the SAFE KIDS program. Important as these injuries and age groups are, it is also critical to understand the injury problem for older children, age 15-18, and to consider how North Carolina youth of all ages are affected by intentional injury. It is also important to remember that there are types of injury not well recorded in the current surveillance system.

Injuries to Older Children and Intentional Injuries

Of all injury deaths among youth (age 0-18), 55% occurred among children younger than 15 years of age, while 45% occurred among youth in the four year period between ages 15 and 18 (Figure 40). Hospitalizations were similarly distributed, as shown in Figure 41, with 60% occurring among those children age 0-14 and 40% among those in the 15-18 age group.



Fatalities

Both for children under 15 and those in the 15-18 age group, deaths due to unintentional injuries predominate. Nearly 73% of the deaths of those in the younger group were associated with unintentional circumstances, while the figure for 15-18 year olds was 78%. Among the older age group, 11% of the deaths were homicides and 11% of the deaths were suicides, compared to 15% and 4%, respectively, for younger children (Figure 40).

To compare injury patterns across age groups in a meaningful way, one must examine rates per 100,000 persons in the age group. This accounts for the fact that there were more children in the 14-year period of age (0-14) than in the four-year period of age (15-18). Among the 0-14 age group, unintentional injury deaths occurred at a rate of 9.81 per 100,000, while homicides and suicides occurred at rates of 2.01 per 100,000 and 0.58 per 100,000 respectively. In contrast, the injury death rates among teens in the 15-18 age group were 32.49 per 100,000 for unintentional injuries, 4.54 per 100,000 for homicide, and 4.77 per 100,000 for suicide.

The rates for specific types of injury, which are depicted in Figure 42, not only demonstrate the importance of motor vehicle crashes as the leading cause of fatality, but also point to the importance of homicide and suicide as causes of injury death among older youth. During the years 1999-2002, North Carolina children under age 15 had a motor vehicle occupant death rate of 13.28 children per 100,000. Over this same time period, the motor vehicle occupant death rate for children age 15-18 was 98.2 per 100,000, more than 7 times the rate of the younger children. The 15-18 age group death rates exceeded those for the 0-14 age group in almost all categories, including bicycle injuries, burns/scalds, cut/pierce injuries, falls, other transportation, drowning, pedestrian fatalities, poisoning, struck by person/object, and unintentional firearm injuries.

Figure 42: NC Injury Deaths by Age and Type of Injury (Age 0-18, 1999-2002) (n = 1,555)

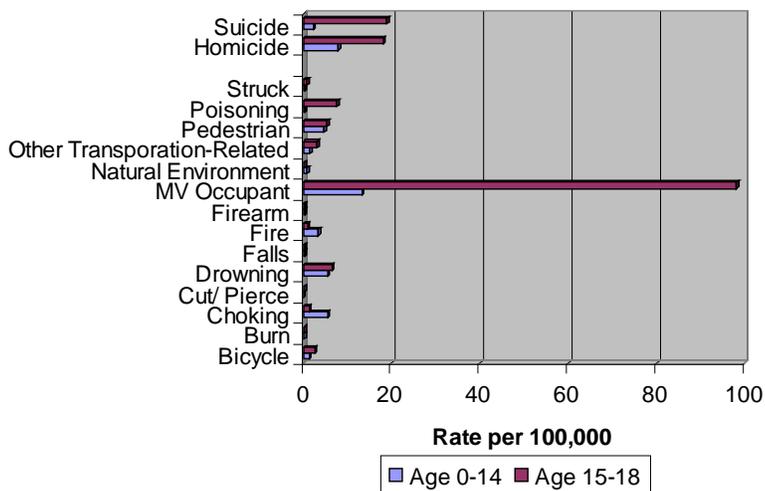
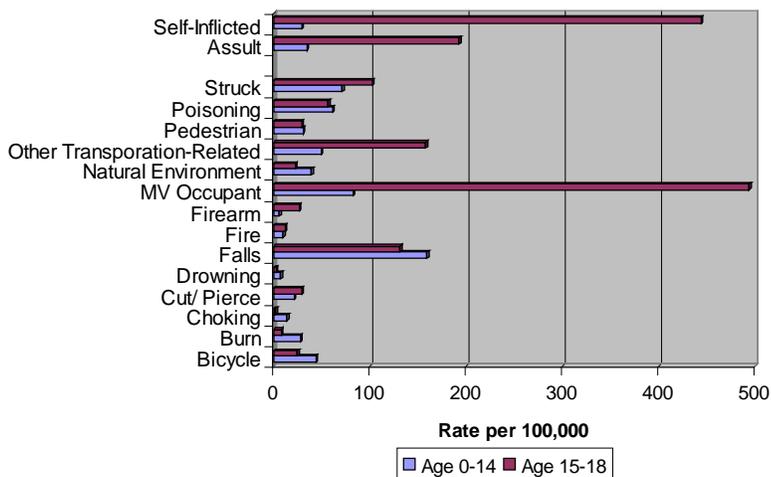


Figure 43: NC Injury Hospitalizations by Age and Type of Injury (Age 0-18, 1999-2002) (n = 19,390)



Hospitalizations

As with fatalities, unintentional injuries account for the majority of injuries for both children under 15 and those in the 15-18 age group. Figure 41 shows that unintentional injury hospitalizations among children age 0-14 account for 89% of all injury hospitalizations to that age group, compared to 9% for violence-related injuries (assault and self-inflicted). In contrast, for the group age 15-18, unintentional injuries were responsible for 63% of their injury-related hospitalizations, with violence-related injuries associated with 33%.

Stated in terms of rates, unintentional injuries account for 173.44 hospitalizations per 100,000 children age 0-14, while assault and self-inflicted injury hospitalizations in this age group occurred at rates of 8.84 per 100,000 and 7.49 per 100,000 respectively. In contrast, the hospitalization rates among teens in the 15-18 age group were 303.57 per 100,000 for unintentional injuries, 48.28 per 100,000 for assault injuries, and 111.45 per 100,000 for self-inflicted injuries.

Rates of hospitalization demonstrate that the same four injury types predominate for older youth—motor vehicle crashes, transportation-related injuries, assaults, and self-inflicted injuries. Younger children, in contrast, experienced their highest rates associated with falls, followed by motor vehicle crashes, and struck by person/object injuries (Figure 43).

Gender Differences

Males experience more fatal and hospitalized injuries than females, as shown in Figures 44 and 45. This was true for all age groups of children, across all injuries regardless of intent, with one exception. The female rate for hospitalizations due to non-fatal, self-inflicted injury (43.61 per 100,000 for age

Figure 44: NC Injury Deaths by Age, Gender, and Intent (Age 0-18, 1999-2002) (n = 1,569)

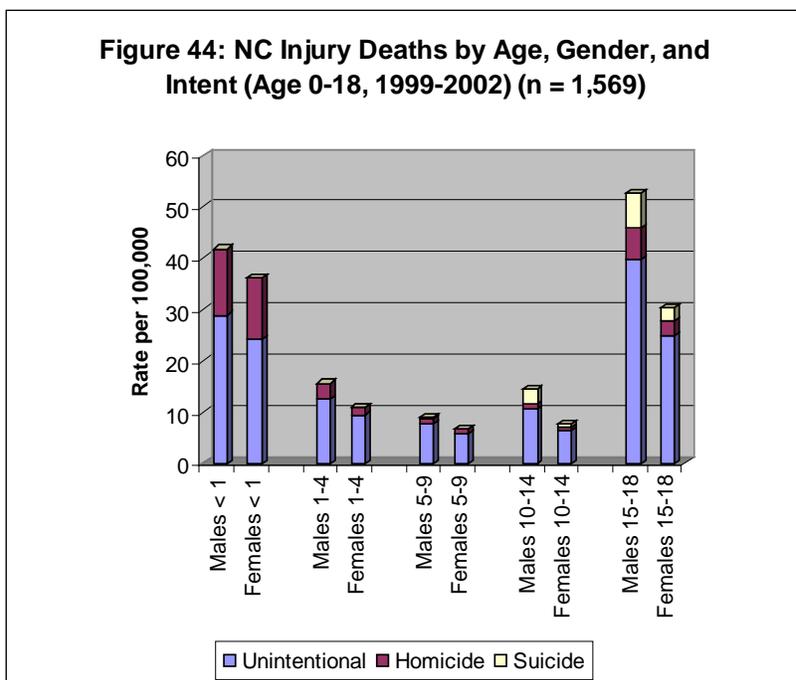
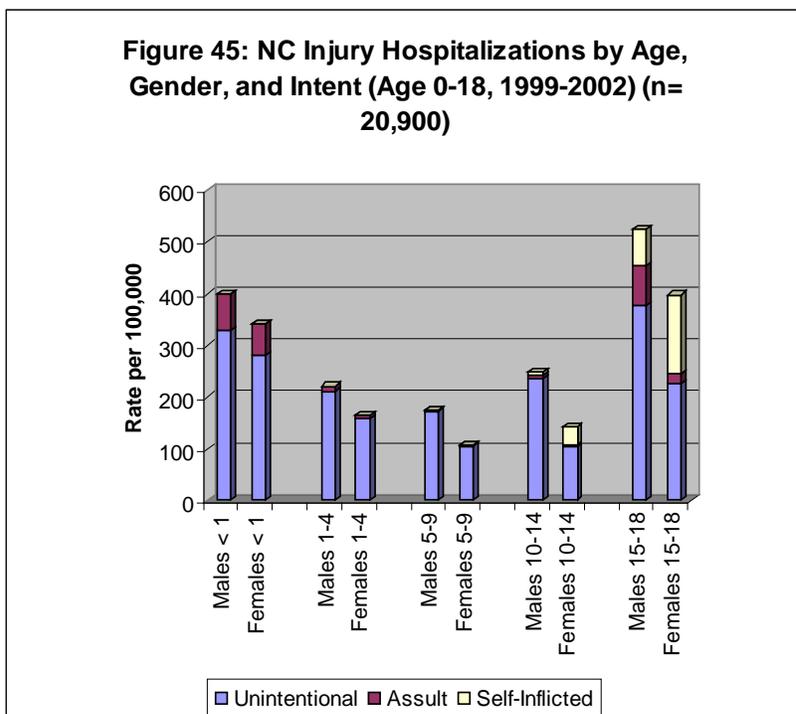


Figure 45: NC Injury Hospitalizations by Age, Gender, and Intent (Age 0-18, 1999-2002) (n= 20,900)



0-18) was greater than the male rate (18.3 per 100,000 for age 0-18) across all age groups except less than 1 year old.

Other Injuries Affecting Children and Adolescents

Injury rates that have been reported in this document are based on a coding system that records the external causes of injury deaths (E-codes). While the E-code system is well-developed for many types of injury, there are certain types of injury that are not captured by the current codes, such as injuries at work and injuries involving sports. For example, there is nothing in the E-code system to denote that a burn or a fall occurred at work. Although the current death and hospitalization data systems do not allow ready identification of these injuries, it is well known from both national and state-level research that both types of injury are important contributors to nonfatal injuries among youth. The following summaries are from the 2000 report in order to maintain awareness of workplace and sports as areas in need of greater attention.

Work-Related Injuries

Youth are legally permitted to work in paid jobs outside their families starting at age 14. By the time they graduate from high school, approximately 80% of teenagers will have had jobs. Estimates based on a combination of state and national data suggest that as many as 29,000 who graduated from high school in North Carolina in 1998 had been injured on the job at least once, with more than 4,000 having been hurt seriously enough to require medical care.¹ The exposure to serious work-related injury depends on the type of employment in which youth engage. The largest numbers of youth work in retail, including restaurants and stores. These teens have large numbers of injuries, such as burns, cuts, and falls, but these injuries are rarely fatal. In contrast, youth working in construction and agriculture experience more serious injuries, some of which result in death.

Like other types of injuries, work-related injuries are preventable and predictable. In particular, there is much room for improvement in the training, supervision and work conditions of young workers. These changes might be accomplished by enhancing and enforcing child labor laws and improving the safety of the environments in which teens work.

Sports Injuries

Children and adolescents participate in many types of sports, including organized school athletics, private teams and recreational sports. National data indicate that sports injuries are responsible for more emergency department visits than any other cause for children between ages 12 and 17.²

Specifically, the sports with the highest numbers of injuries among children ages 5-14 are football, baseball, basketball, gymnastics, and soccer.² In North Carolina, a special study of injuries associated with high school athletics has pointed to football, soccer, and basketball as the sports producing the largest number injuries, with more than 10,000 injuries estimated as occurring in a single year. It is \$150 million.³

1. Runyan CW & Zakocs RC. Epidemiology and Prevention of Injuries Among Adolescent Workers in the United States. *Annual Review of Public Health* 2000. 21:247-269.
2. Baker SP, O'Neill B, Ginsburg MJ, & Li G. (1992). *The Injury Fact Book*. New York: Oxford University Press
3. Steve Marshall, personal communication, 2000

Like occupational injuries, this is a problem that needs greater attention and will require multidisciplinary collaboration. Some of the suggested strategies for improvements focus on changes in rules, proper training of coaches and trainers, ensuring that players have access to the safest equipment, and developing new equipment and environment designs to improve safety.

Injury Prevention Strategies

The injury data presented in this report reflect a serious public health problem in the state of North Carolina. But it is important to remember that childhood injuries are often both predictable and preventable, if effective injury prevention programs are implemented. The prevention of injuries requires an understanding of how injuries occur and careful planning. The data presented in this report provide key information in the understanding of North Carolina's childhood injury problem. The following section reviews factors associated with injuries and methods for planning and implementing approaches to prevention.

Factors Associated with Injuries:

Behavior

Injuries are sometimes associated with individual behaviors, such as driving too fast, drinking too much alcohol, carelessness or clumsiness. Some behaviors are the result of not knowing the right thing to do (e.g. not knowing that shaking a baby causes serious harm; not understanding how to correctly use a piece of equipment). Other behaviors involve deliberately taking risks or making errors in judgment (e.g. driving too fast around a curve or after drinking alcohol; diving into water that is too shallow; or leaving a toddler unsupervised in the bathtub while answering the telephone). Behaviors can be changed, but require carefully developed intervention strategies that are derived from theories of human behavior within the social sciences.

Other Vulnerabilities of Individuals

Some individuals are more vulnerable to injury than others, because of social or developmental characteristics. For example, a young child lacks the ability to balance as well as an older child and is more likely to fall into a bucket and drown or topple down the stairs. Likewise, social pressures on older youth from peer groups may affect their willingness to either take safety precautions, such as wearing a bicycle helmet, or assume risks, such as using weapons. Developmental factors are relatively hard to modify, but education of parents and other caretakers of children about developmental abilities and more importantly anticipated abilities in growing infants and children has a role to play in injury prevention.

Products and Devices

There are many products and devices people come in contact with that may affect whether an injury occurs. Examples of products that have characteristics related to injury include consumer products, such as toys, kitchen appliances, firearms and automobiles; product packages, such as pill bottles; or product materials, such as fabric used in children's pajamas or upholstery or self-extinguishing properties of cigarettes. Changing these kinds of factors usually involves redesigning products in ways that make them safer, and requires input from engineers and other kinds of designers.

Physical Environments

The physical environment includes both built structures, such as highways, buildings and playgrounds, and natural features, such as lakes, rivers, mountains and the weather. These each play a role in the injury process. For example, roadways that are slippery, poorly banked or lit, or that have poorly engineered shoulders are more hazardous. Playgrounds with hard surfaces and inadequate spacing between equipment increase the likelihood of injury to playing children. Homes without smoke detectors or sufficient exits to permit escape increase the risk of death in a fire. There are, however, numerous injury prevention design modifications that can be implemented with the help of architects and engineers.

Social Environments

A powerful influence on personal behavior as well as the process of changing all the other factors is the larger social environment. This category includes the norms that a culture establishes, for example acceptable use of alcohol or appropriate supervision of children. Likewise, the political process determines if certain strategies, such as graduated driver licensing or child abuse reporting, will be implemented and enforced. Finally, the broader culture is important in establishing what value is placed on safety and what types of interventions and value tradeoffs are acceptable in devising solutions to injury problems. Changing the social environment requires a long term strategy with inputs from multiple types of expertise that include the social and behavioral sciences as well as political science and economics.

Preventing Injuries

Because there are so many factors that affect injuries, there are many ways to approach injury prevention. There is no one right way or wrong way. Rather, successful injury prevention usually requires incorporating multiple types of strategies in a planned and organized manner. There are, however, several ways to categorize injury prevention approaches. These include: education, regulation, legislation, and litigation.

Education

Educational approaches to injury prevention are necessary, but not sufficient. In other words, people must be aware of potential hazards and strategies to avoid injury, but often education is not enough to create behavior change. Further, in many situations people will respond favorably to education and are in a position to use the information to change, but everyone makes mistakes and has lapses in memory or judgment. So, relying solely on the provision of information as a way to change behavior and reduce injury is not effective. Also, even with the best knowledge, judgment, intentions and behaviors, injuries occur because people come into contact with unsafe environments or products. As a result, reliance on educational approaches to change the behaviors of at-risk people is not enough. As a complement to education, social and physical environments must also be modified. This process may require additional educational efforts, such as alerting legislators to the need for stronger restrictions on ATVs or the need to require that playgrounds designed and constructed with safety as a priority. Consequently, education should be viewed as an important component of injury programs, but should not be relied on to solve the problem alone.

Regulation

Regulatory approaches come about either through legislative action at the local, state or federal level or through action at an organizational level, such as school regulations or self-imposed industry standards. Regulatory approaches are frequently used to effect changes in environmental or product design. They can be voluntary or mandatory, but do result in some type of sanctions if violated. Since the focus is on changing products and environments, success does not usually depend on the behavior of individuals being protected. Regulation can affect the whole population at once, instead of relying on person-by-person change. Consequently, regulatory changes have great potential for reducing injury. Examples of regulatory changes affecting childhood injury include: requirements about packaging of medicines and other hazardous substances to keep children from ingesting poisons; regulations about the flammability of the fabrics used in children's sleepwear; rules about what tasks and work hours can be demanded of teenage workers; and the standards for bicycle helmet design.

Legislation

Legislative actions, whether at the local, state, or federal level, carry the force of law and, as a result, are powerful methods of changing behaviors or environments. Legislative changes can be targeted at behaviors (e.g. requiring use of bicycle helmets), at procedures (e.g. requiring background checks for day care workers) or at environments or products (e.g. requiring fences around swimming pools). For example, child passenger restraint legislation has been very successful in improving the use of restraints and has resulted in reductions in injury and death. Likewise, the Graduated Driver License (GDL) program, implemented in 1997, has had a profound impact on crashes and deaths and injuries for 16 year old new drivers. With requirements such as an extended period of supervision, limitations on driving after 9 p.m., and passenger restrictions, GDL provides the circumstances for parents to work effectively with their new teen drivers to develop safe driving behaviors. An educated constituency and legislative staff facilitate the passage of legislation. Once in place, legislative measures require adequately supported enforcement and various types of education to maximize compliance.

Litigation

Litigation is a powerful tool for forcing change in social norms or in creating regulatory processes. Litigation has been used successfully in many instances to promote safety and prevent injuries. For example, it has been used as a tool to encourage application of known safety measures in automobiles and toys, to encourage the firearm industry to manufacture more child-proof weapons, and to hold businesses responsible for the hazards associated with products they manufacture or sell. The threat of litigation can be a lever for change, but is often used only as a last resort.

Choosing Strategies

The choice of intervention strategies must rely on good science to determine what is known to work or is likely to work, based on sound theoretical and conceptual frameworks applied in a given population. However, effectiveness of interventions is not the only factor that influences choice of strategies. There are many values associated with any public health intervention that must be assessed during the decision process. These include: the short and long term costs of the intervention, balanced against the costs of not intervening; the restriction of individual or corporate

freedoms inherent in given strategies; issues of equity across social groups or geographic locales; the preferences of the population affected by the intervention; and the technological and political feasibility associated with given intervention strategies. Successful development of community-based interventions often requires careful attention to these values and the unique characteristics of the community affected.

In general, however, strategies that require less individual action are more effective. Usually these interventions focus on environmental changes. For example, efforts to reduce scald injuries to babies could focus on educating every parent and caretaker to ensure that they check the temperature of the water before placing the baby in the bath. However, mistakes can easily happen either because of lack of care in measuring water temperature or lapses in supervision. If instead the temperature is set at the hot water heater so that it can not exceed a safe level, the baby will be protected even if the caretaker makes an error. This kind of passive intervention is preferred to maximize effectiveness, but is not always socially, politically or technologically feasible.

Evaluating Programs

There is much known about successful interventions, but much left to learn. As new groups engage in injury prevention, they can learn from the experiences of others, relying to the extent possible on methods that have proven to be sound. Once they develop new programs, they can also evaluate and report their results, in order to provide more information for others working to prevent injuries. Without trying new things and making mistakes, we will not learn new strategies for preventing injuries, but experimentation should be based on current knowledge in order to avoid wasting scarce resources by making the same mistakes as the past.

Programs can benefit from consulting with experienced interventionists and evaluators in ensuring that prevention efforts are designed using the best known strategies and with appropriate attention to evaluation incorporated into the planning process. University-based research organizations can be valuable resources in planning and evaluation.

Chapter 4:

NC SAFE KIDS Coalitions/Chapters

During January and February of 2005, the UNC Injury Prevention Research Center worked with North Carolina SAFE KIDS staff to develop a Web-based survey for administration to the 47 North Carolina coalitions/chapters. Of the 47 local coordinators, 46 completed the survey. (A copy of the survey is included as Appendix D.)

The survey results indicate that SAFE KIDS coalitions and chapters have grown in both number and expertise since the 2000 report and that counties are beginning to address additional areas of injury. The SAFE KIDS county coordinators come from a variety of organizations and career paths. While the largest percentage of coordinators are based at hospitals (approximately 40%), organizations such as fire departments, non-profit organizations, EMS/medical rescue units, and county/local health departments also served as home bases for coordinators.

For 44% of coordinators, SAFE KIDS activities constituted a major part of job responsibilities. In fact, 49% of coordinators report spending 11 hours or more on SAFE KIDS activities each week. Moreover, the coordinators appear to be experienced; 71% have been involved with SAFE KIDS two years or longer and nearly 55% came from injury prevention programs prior to SAFE KIDS. Over three quarters have attended an annual SAFE KIDS meeting in the past two years.

As shown in the coalition/chapter highlights on the following pages, many organizations participate in SAFE KIDS coalitions and chapters. While nearly all of these organizations provide volunteers, others contribute full or part-time staff, consultation, and facilities or supplies. With regard to financial support, 37% of the coalitions/chapters reported contributions from hospitals, 28% from insurance companies, 24% from community organizations, 17% from fire departments, and 10% from EMS or medical rescue services.

Most importantly, the SAFE KIDS coalitions/chapters are actively engaged in injury prevention. Coalitions/chapters report that child passenger safety, bicycle safety, and Buckle Bear programs are the most successful, but every group coordinates activities and programs that are suited to their communities. In fact, 14% of coalitions reported hosting 7 or more activities in the month prior to the survey. (Twenty-one percent hosted 4-6 programs, and 41% hosted 1-3 programs in the month prior to the survey.)

More than 83% of the coalitions/chapters reported at least one program in the January to March 2005 quarter, with 12% providing over 10 programs in that time period. Considering the longer time frame of one year, 42 out of the 46 responding coalitions/chapters sponsored or hosted at least one program. In total, coalitions/chapters hosted well over 200 programs during 2004. While there is no reliable way to document the number of people who attend activities, coalitions/chapters indicated that more than 2000 people participated in some type of SAFE KIDS program during the year.

It is appropriate to summarize the work of the coalitions/chapters with a quote from one of the local coordinators:

“...We need to continue to collaborate and coordinate the efforts of the people that are so dedicated to our young people. I feel that this information can help with the awareness of what we have to offer our community, state, and [nation].”

Alamance County SAFE KIDS

- Lead Agency:** Burlington Fire Department
- Founded:** 2001
- Coalition Members:** Burlington Fire Department, Burlington Police Dept., Healthy Alamance, Alamance Regional Medical Center, Mebane Fire Dept., Alamance County Recreation, City of Burlington HR Dept., Alamance County Sheriff's Dept., Graham Fire Dept., Well's Chiropractic, Alamance/Burlington Bicycle Club, Coast Guard Auxiliary, Triangle Sports Plex, Child Care Connections, Alamance County Health Dept., City of Burlington Recreation Dept., American Red Cross
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety,, Sports and recreational safety, Bike safety, Poisoning

Alexander County SAFE KIDS

- Lead Agency:** Alexander County Fire Services
- Founded:** 2000
- Coalition Members:** Alexander County Partnership for Children, Alexander County Fire Services, Alexander County Schools, United Way, Alexander County EMS, Alexander County Chamber of Commerce
- Areas of Injury Addressed:** Water safety, Child passenger safety, Sports and recreational safety, Bike safety, Home safety, Poisoning, Gun safety

Anson County SAFE KIDS

- Lead Agency:** Anson Community Hospital
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** Anson County Sheriffs Office, Wadesboro Police Dept., Wadesboro Fire Dept., Partnership for Children, Kiwanis, NCSHP, Anson EMS
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Ashe/Alleghany County SAFE KIDS

- Lead Agency:** NC Cooperative Extension Service – Ashe and Alleghany Centers; USDA-Farm Service Agency
- Founded:** 2000
- Coalition Members:** NC Cooperative Extension Service – Ashe and Alleghany Centers, USDA – Farm Service Agency, Ashe County Schools, Alleghany County Schools, Ashe Memorial Hospital, Alleghany Memorial Hospital, New River State Park, USDA – Natural Resources & Conservation Service, Ashe/Alleghany Soil and Water Conservation Districts, NCDA – Upper Mountain Research Station, New River Fire Dept., NC Farm Bureau, Alleghany County DARE (Domestic Abuse is Not Acceptable), Ashe County ASHE (A Safe Home for Everyone), Ashe & Alleghany County safety/inspection officers
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Gun safety, Animal safety, Stranger danger, Tractor/equipment safety, First aid

Avery County SAFE KIDS

- Lead Agency:** North Carolina Cooperative Extension
- Founded:** 1995
- Coalition Members:** Avery County Partnership for Children, Avery County Cooperative Extension
- Areas of Injury Addressed:** Fire safety, Child passenger safety, Bike safety, Poisoning

Buncombe County SAFE KIDS

- Lead Agency:** Mission Children’s Hospital
- Founded:** 1994
- Coalition Members:** INFORMATION NOT AVAILABLE
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, Home safety, Poisoning, Gun safety

Burke County SAFE KIDS

- Lead Agency:** Burke County Health Department
- Founded:** 2001
- Coalition Members:** Burke County Health Dept, Blue Ridge Healthcare System, Burke County Emergency Services, Morganton Department of Public Safety, Burke County Sheriff's Office, Valdese Fire Dept., Salem Fire Dept., Carolina Access Developmental Evaluation Center, Burke County Fire Marshall's Office, Community Members Health Choice
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Home safety, Poisoning, Gun safety

Cabarrus County SAFE KIDS

- Lead Agency:** North East Medical Center
- Founded:** 1997
- Coalition Members:** Concord Police, Cabarrus County Sheriff's Dept., Cabarrus County DSS, Parks and Recreation, Cabarrus County School System, Northeast Medical Center, Harrisburg Fire Dept., Kannapolis Fire Dept., Concord Fire Dept., Kannapolis Police Dept., American Red Cross, EMS
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Home safety, Poisoning

Caldwell County SAFE KIDS

- Lead Agency:** Women's Care Specialists
- Founded:** 2002
- Coalition Members:** Caldwell County Fire Marshall's Office, Lenoir Fire Dept., Kingscreek Fire Dept., Gamewell Fire Dept., Steve Strange State Farm Insurance, Lenoir Police Dept., Caldwell County Sheriff's Dept., Caldwell County Health Dept., Women's Care Specialists
- Areas of Injury Addressed:** Fire safety, Child passenger safety, Playground safety, Bike safety, Home safety

Catawba County SAFE KIDS

- Lead Agency:** Catawba Valley Medical Center
- Founded:** 1999
- Coalition Members:** Catawba Valley Medical Center, Catawba County Health Dept. – Early Childhood Support Team, Conover Fire Dept., Hickory City Fire Dept., Newton Fire Dept., Catawba County Fire Marshall’s Office, Catawba County EMS, Hickory Police, NC Hwy Patrol, Claremont Optimist, Babies R Us, Western Southern Insurance, Unifour Optimist, YMCA
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Toy safety, Bike safety, Wheeled safety, Home safety, Poisoning, Pedestrian safety, Gun safety, Health and wellness, Food safety, Animal safety, Babysitter clinic, Stranger danger

Chatham County SAFE KIDS

- Lead Agency:** UNC Hospitals
- Founded:** 2002
- Coalition Members:** Chatham County Sheriff’s Dept., Chatham County Health Dept., Siler City Police Dept., Chatham County Fire/Rescue, UNC Hospitals – Trauma, Chatham County EMS, Chatham County Schools, Partnership for Children, 4-H Cooperative Extension, NC State Parks – Jordan Lake, Healthy Homes of Chatham County, Chatham Hospital
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Playground safety, Bike safety, ATV safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Cherokee Reservation SAFE KIDS

- Lead Agency:** Healthy Cherokee
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** Cherokee Children’s Dental, Cherokee Police Dept., Cherokee Fire Dept., Qualla Housing Drug Prevention, Tribal EMS, Dora Reed Children’s Center, Cherokee Travel & Promotion, Cherokee High School Athletic Department
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Gun safety

Chowan County SAFE KIDS

- Lead Agency:** University Health Care Systems of Eastern North Carolina – Chowan Hospital
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** Edenton-Chowan Schools, University Health Systems – Chowan Hospital, Edenton Police Dept., Edenton Fire Dept., Chowan Rescue Services, Boys and Girls Club, Chowan Gates, Perquimans Partnership for Children, Albemarle Regional Health Services – Health Dept., Dept. of Social Services, Chowan County Extension Office, Edenton Optometrist Club, Perquimans County School, Edenton-Chowan Recreation Dept.
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Playground safety, Bike safety, Wheeled safety, Poisoning, Gun safety

Cleveland County SAFE KIDS

- Lead Agency:** Cleveland Healthcare Foundation
- Founded:** 2000
- Coalition Members:** NC Cooperative Extension, NC Highway Patrol, Shelby Fire Dept., Hamrick O’Shields (John Deere dealership), Cleveland County Schools, State Farm, City of Shelby Police Dept., Carter Chevrolet, Transportation Authority of Cleveland County, Cleveland Sheriff’s Dept., Cleveland County Health Dept., Cleveland Mall, NC DOT, Department of Social Services, Cleveland County EMS, Cleveland County Partnership for Children
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Craven County SAFE KIDS

- Lead Agency:** City of New Bern Fire-Rescue
- Founded:** 2003
- Coalition Members:** Craven County Health Dept., Trent Woods Police, Havelock Police, Craven Regional Medical Center, ENRICH Partnership for Children, New Bern Fire-Rescue, Craven County School
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Home safety

Davidson County SAFE KIDS

- Lead Agencies:** Fire Marshal's Office; Davidson County Health Department
- Founded:** 2001
- Coalition Members:** Davidson County Fire Marshall's Office, Davidson County Health Dept., Davidson County EMS, Davidson County Sheriff's Dept., Lexington Police Dept., NCSHP DSS, Lexington City Schools, Davidson County Schools, Partnership for Children, Lexington Fire Dept., Thomasville Fire Dept., Lexington Pediatrics, Thomasville Pediatrics
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Bike safety, Gun safety

Duplin County SAFE KIDS

- Lead Agency:** Duplin County Health Department
- Founded:** 2001
- Coalition Members:** Police Dept., Sheriffs Dept., Department of Social Services, EMS, Health Department
- Areas of Injury Addressed:** Fire safety, Child passenger safety, Bike safety, Pedestrian safety

Durham County SAFE KIDS

- Lead Agency:** Duke Children's Hospital
- Founded:** 1996
- Coalition Members:** Durham County EMS, Durham County Health Dept., Durham City Police, YMCA, State Farm, Pearsonstown Elementary School, Duke Children's Volunteer Services, Child Life, Red Cross, Duke Emergency Department
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Toy safety, Bike safety, Wheeled safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Forsyth County SAFE KIDS

- Lead Agency:** Wake Forest University Baptist Medical Center (WFUBMC) and Brenner Children's Hospital
- Founded:** 2000
- Coalition Members:** Employees of WFUBMC and Brenner Children' Hospital, WS Fire Dept., WS Police Dept., Forsyth County School, Forsyth County Health Department, Forsyth County EMS
- Areas of Injury Addressed:** Fire safety, Child passenger safety, Bike safety, Poisoning, Gun safety

Guilford County SAFE KIDS

- Lead Agency:** SAFE Guilford
- Founded:** 2001
- Coalition Members:** Advanced Home Care, AMBUCS, American Heart Association, American Red Cross, Babies R Us, Centro de Accion Latino, ENCARE Family Service of the Piedmont, Greensboro Dept. of Transportation, Greensboro Fire Dept., Greensboro Optimist Club, Greensboro Police Dept., Greensboro YWCA, Guilford County Child Fatality Prevention Team, Guilford County Cooperative Extension, Guilford County EMS, Guilford County Fire Protection Association, Guilford County Juvenile Crime Prevention Council, Hearthside Home Care, High Point AARP, High Point Fire, High Point Police, High Point Regional Health System, Immigrant Health Access Program, Mental Health Association of Greensboro, North Carolina Highway Patrol, Piedmont Triad Council of Governments, Senior Resources of Guilford, TriadMedia, United Way of Greater Greensboro, YWCA of High Point, Moses Cone Health System, Guilford County Dept. of Public Health, Guilford Health Partnership
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Toy safety, Bike safety, Wheeled safety, ATV safety, Home safety, Pedestrian safety

Harnett County SAFE KIDS

- Lead Agency:** Harnett County Emergency Services
- Founded:** 2000
- Coalition Members:** Harnett County Emergency Services, Harnett County EMS, Harnett County DSS, Harnett County Health Dept., NCSHP, Harnett County Partnership for Children, Harnett County Parents as Teachers, Harnett County Child Care Resource & Referral, Angier Migrant Headstart, Lillington & Dunn, Kiwanis, Dunn Police Dept., Angier Police Dept., Coats Police Dept., Lillington Police Dept., Erwin Police Dept., Spout Springs Fire Dept., Flatbranch Fire Dept., Anderson Creek Fire Dept., Flatwoods Fire Dept., Erwin Fire Dept., Coats Fire Dept., Lillington Fire Dept., Buies Creek Fire Dept., Angier Fire Dept., Summerville Fire Dept., Boone Trail Fire Dept., Benhaven Fire Dept., Northwest Fire Dept., Dunn Fire Dept., Dunn Rescue, Bunnlevel Fire Dept., Harnett County Sheriff's Dept., Betsy Johnson Regional Hospital, Harnett County Cooperative Extension, American Red Cross
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Poisoning, Gun safety

Haywood County SAFE KIDS

- Lead Agencies:** Clyde Fire Department; Canton Police Department
- Founded:** 2000
- Coalition Members:** Clyde Fire Dept., Canton Police Dept., Healthy Haywood, Haywood County Health Dept., Haywood Regional Health and Fitness Center/Hospital, NC State Highway Patrol, Haywood County EMS, KARE (Kids Advocacy Resource Effort), Waynesville Kiwanis
- Areas of Injury Addressed:** Child passenger safety Bike safety ATV safety Home safety Poisoning Other (please specify) - Sun Safety
- Memorial Hospital – Community Programming, Outpatient/Emergency Services Nursing (pediatric and Family Birth Center), NC Cooperative Extension – Lenoir and Jones Counties, Boys and Girls Club, Kinston Community Health Center, MADD, Driver's Education Program
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Henderson County SAFE KIDS

Lead Agency: Henderson Fire and Rescue

Founded: INFORMATION NOT AVAILABLE

Coalition Members: Kiwanis Club, Henderson County Health Dept., Walmart

Areas of Injury Addressed: Child safety seats, bike safety

Iredell County SAFE KIDS

Lead Agency: Iredell County Partnership for Young Children

Founded: 2001

Coalition Members: Lake Norman Regional Medical Center, Iredell County Sheriff's Dept., Statesville Police Dept., Mooresville Police Dept., Iredell County EMS, LC Wagner Child Development Center, Iredell Memorial Hospital, Iredell County Health Dept., Iredell County YMCA, Iredell County Public Library, State Farm Insurance (Mooresville - Sheryl Hill), Randy Marion Chevrolet/Buick/Pontiac, Mooresville Fire Dept., Statesville Fire Marshall's Office

Areas of Injury Addressed: Fire safety, Water safety, Child passenger safety, Playground safety, Bike safety, Wheeled safety, Gun safety

Johnston County SAFE KIDS

Lead Agency: Partnership for Children of Johnston County

Founded: 2002

Coalition Members: Partnership for Children, Johnston County Health Dept., Head Start

Areas of Injury Addressed: Child passenger safety, Bike safety

Lee County SAFE KIDS

- Lead Agency:** Sanford Fire Department
- Founded:** 2001
- Coalition Members:** Sanford Fire Dept., Lee County Health Dept., Lee County Social Services, Coalition to Improve the Quality of Life, Brick City Child Development, State Farm Insurance, YMCA, Boys and Girls Club, Kiwanis
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Home safety

Lenoir County SAFE KIDS

- Lead Agency:** Lenoir Memorial Hospital
- Founded:** 1997 (chapter), 2000 (coalition status)
- Coalition Members:** NC State Highway Patrol, Kinston Dept. of Public Safety – Fire and Law Enforcement Divisions, Lenoir and Jones County Sheriff’s Office, Lenoir County DSS, Lenoir County Public Schools, Lenoir County Health Dept., Greene County Health Dept., Jones County Health Dept., Lenoir County Emergency Management and EMS, Lenoir- Greene Public Dental Health, Lenoir-Greene Partnership for Children, State Farm Insurance, First Citizens Bank Insurance, Lenoir Memorial Hospital – Community Programming, Outpatient/Emergency Services Nursing (pediatric and Family Birth Center), NC Cooperative Extension – Lenoir and Jones Counties, Boys and Girls Club, Kinston Community Health Center, MADD, Driver’s Education Program
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Lincoln County SAFE KIDS

- Lead Agency:** Lincoln County Health Department
- Founded:** 2001
- Coalition Members:** Lincoln County Health Dept., Lincoln Partnership for Health, Lincoln County/ Lincolnton Parks and Recreation, Lincoln County Coalition Against Child Abuse, Lincoln Medical Center, Lincoln County Sheriff's Dept., Lincolnton Fire Dept., EL Fire Dept., Lincoln County 4-H, Partnership for Children, First Baptist Children's Ministries, Lincolnton Police Dept., Lincoln County EMS, EL Rescue Squad, Lincoln County Fire Marshall's Office, Lincoln County Emergency Management, Lincoln County Family YMCA, Wal-Mart
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Bike safety

Mecklenburg County SAFE KIDS

- Lead Agency:** Charlotte Fire Department
- Founded:** 1997
- Coalition Members:** Mecklenburg County Sheriff's Office, Carolinas Poison Control Center, Safety & Health Council, Carolinas Center for Injury Prevention, Charlotte Fire Dept., Cornelius Police Dept., Charlotte-Mecklenburg Police Dept., Mecklenburg EMS Agency, Mecklenburg County Health Dept., Mecklenburg County Security Police
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Toy safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety

Mitchell County SAFE KIDS

- Lead Agency:** Spruce Pine Community Hospital
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** INFORMATION NOT AVAILABLE
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, Home safety

Montgomery County SAFE KIDS

- Lead Agency:** Montgomery County Partnership for Children
- Founded:** 2002
- Coalition Members:** Montgomery County Partnership for Children, Montgomery County Health Dept., Montgomery County Cooperative Extension, US Forestry Service, Montgomery County Rescue Squad
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, Poisoning

Moore County SAFE KIDS

- Lead Agency:** FirstHealth of the Carolinas
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** INFORMATION NOT AVAILABLE
- Areas of Injury Addressed:** INFORMATION NOT AVAILABLE

New Hanover County SAFE KIDS

- Lead Agency:** New Hanover County Health Department
- Founded:** 1999
- Coalition Members:** New Hanover County Health Dept., New Hanover County Fire, New Hanover County EMS, New Hanover County Sheriff's Dept., New Hanover County Partnership for Children/Smart Start, Wilmington Fire Department, Planned Parenthood, Wilmington Health Access for Teens, Pender County Health Dept., Brunswick County Health Dept., Pender County Partnership for Children, Parkway Volvo Subaru, Jeff Gordon Chevrolet, Coastal Horizons, Wilmington Child Advocacy, Two Wheeler Dealer, UNC-Wilmington Police Dept., Wrightsville Beach Fire Dept., New Hanover County Schools, New Hanover County Dept. of Social Services
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Bike safety, Poisoning, Gun safety

Orange County SAFE KIDS

Lead Agencies: Orange County Emergency Management (OCEM); UNC Health Care System-Trauma Office

Founded: INFORMATION NOT AVAILABLE

Coalition Members: OCEM OC – EMS, Chapel Hill Police, Chapel Hill Fire, Carrboro Fire, Carrboro Police, UNC Hospitals, Chapel Hill-Carrboro City Schools, Red Cross, Public Health El Centro Latino

Areas of Injury Addressed: Fire safety, Child passenger safety, Bike safety

Pasquotank-Camden County SAFE KIDS

Lead Agency: Albemarle Hospital

Founded: 1998

Coalition Members: Albemarle Hospital, Elizabeth City Fire Dept., Pasquotank-Camden EMS, Albemarle YMCA, Albemarle Chapter of the American Red Cross, Elizabeth City – Pasquotank Public Schools, Perquimans County Public Schools, Wal-Mart, Pasquotank Central Communications, Pasquotank-Camden Emergency Management, Pasquotank Sheriff's Office, Camden Sheriff's Office, Gates Cooperative Extension, Pasquotank Cooperative Extension, Currituck Cooperative Extension, Currituck Sheriff's Office, Albemarle Regional Health Services, Healthy Carolinians of the Albemarle, Pasquotank County Rescue Squad, NC Highway Patrol, Southgate Mall, Albemarle Smart Start Partnership

Areas of Injury Addressed: Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Person County SAFE KIDS

- Lead Agency:** Person County Emergency Services
- Founded:** 2001
- Coalition Members:** Person County Emergency Services, Person County Sheriff's Dept., Roxboro Police Dept., Roxboro Fire Dept., Person County Rescue Squad, Person County Health Dept., Person County Parks & Recreation, Person Memorial Hospital, Person County Healthy Personians, State Highway Patrol
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Bike safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Pitt County SAFE KIDS

- Lead Agencies:** University Health Systems of Eastern Carolina; Pitt County Memorial Hospital
- Founded:** 1996
- Coalition Members:** Greenville Fire/Rescue, NC State Highway Patrol, Greenville Police Dept., Pitt County Sheriff's Office, Winterville Fire Dept., Ayden Police Dept., Martin/Pitt Partnership for Children, Pitt County Health Dept., Pitt County Memorial Hospital, ECU Dept. of Trauma and Surgical Critical Care, ChildLinks, Child Care Resource Center
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, ATV safety, Home safety, Other (please specify) - Fall Safety

Richmond County SAFE KIDS

- Lead Agency:** FirstHealth of the Carolinas
- Founded:** 2000
- Coalition Members:** Richmond County, Richmond County Sheriff's Dept., Rockingham Police Dept., Hamlet Police Dept., Rockingham Fire and Rescue, Richmond EMS, FirstHealth Richmond Memorial Hospital, Richmond County Schools, Richmond County Daily Journal, Richmond County Chamber of Commerce, North Carolina State Highway Patrol, Time Warner Cable
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Bike safety, ATV safety, Gun safety

Robeson County SAFE KIDS

- Lead Agency:** Robeson County Public Health Dept.
- Founded:** 1999
- Coalition Members:** Robeson County Health Dept., Divisions Partnership for Children, Robeson Health Corp, Public Schools of Robeson County, Lumberton City Fire Dept., Recreation Dept., Police Dept., Housing Authority, Transportation Dept., Lumberton Children’s Clinic, Horizon Point Child Advocacy Center, American Indian Mothers, Inc., Robeson County Recreation Dept., Agriculture Extension Homemaker Specialist, Sheriff’s Dept., State Police Troopers Troop C, Robeson Public Health Dept., Guardian Ad Litem
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Pedestrian safety

Rowan County SAFE KIDS

- Lead Agency:** Rowan County EMS
- Founded:** 2001
- Coalition Members:** Rowan EMS, Rowan County Sheriff’s Office, Granite Quarry Fire Dept., Salisbury Fire Dept., Rowan Partnership for Children, Adolescent and Family Enrichment Council, Salisbury Recreation Dept., Rowan County Health Dept.
- Areas of Injury Addressed:** INFORMATION NOT AVAILABLE

Rutherford County SAFE KIDS

- Lead Agency:** Community Health Council of Rutherford County
- Founded:** 2002
- Coalition Members:** Community Health Council of Rutherford County, Kiwanis Club of Forest City, EMS of Rutherford County, Rutherfordton Police, DSS of Rutherford County, Rutherford County School System, Pilots Club
- Areas of Injury Addressed:** Child passenger safety, Bike safety

Union County SAFE KIDS

- Lead Agency:** Union Regional Medical Center
- Founded:** 1999
- Coalition Members:** NC Hwy Patrol, UC Sheriff's Office, Waxhaw Police Dept., Wingate Police Dept., Marshville Police Dept., Monroe Police Dept., Stallings Police Dept., Union EMS, Monroe Fire Dept., NC DMV Enforcement Community College, Union Regional Medical Center, Riggins Allstate Insurance, Union County Public Schools, Union County MADD, Fire Marshall's Office, Union County Red Cross
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Home safety, Poisoning, Gun safety

Vance County SAFE KIDS

- Lead Agency:** Maria Parham Medical Center
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** Henderson Police Dept., North Carolina Underwater Recovery, Henderson-Vance Fire Dept., NC State Parks, School Bus Transportation System, YMCA, Recreation & Parks (Friends of Youth), VGFW Area Authority (Mental Health), Franklin-Vance-Warren Opportunity Inc., Maria Parham Medical Center, District 9 Sexual Assault Program, Vance County Schools, Franklin-Granville-Vance Partnership for Children, Vance County Health Dept., 911 Emergency, Chamber of Commerce (Henderson-Vance), Henderson-Vance Downtown Development Center, City of Henderson Dept. of Juvenile Justice and Delinquent Prevention, Franklin-Granville-Vance Childcare Resource & Referral, Vance County School Nurses
- Areas of Injury Addressed:** INFORMATION NOT AVAILABLE

Wake County SAFE KIDS

- Lead Agency:** WakeMed
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** INFORMATION NOT AVAILABLE
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Wheeled safety, Poisoning, Pedestrian safety, Gun safety

Watauga County SAFE KIDS

- Lead Agency:** Watauga Medical Center
- Founded:** 1998
- Coalition Members:** Watauga Medical Center, Watauga Healthy Carolinians, NC DOI/OSFM, Town of Boone, Boone Town Council, Boone Police, Boone Fire Dept., Children's Council of Watauga, NC Hwy Patrol, Watauga County Health Dept., Watauga Rescue Squad, Watauga Fire Marshal/Emergency Management, Watauga Medics, Watauga Sheriff's Dept., ASU Police, Blowing Rock Fire Dept., Cove Creek Volunteer Fire Dept., Zionville Volunteer Fire Dept., Deep Gap Volunteer Fire Dept., Watauga County Schools, Parents As Teachers, Child Development Services, Lowe's, Wal-Mart
- Areas of Injury Addressed:** Fire safety, Child passenger safety, Bike safety, Wheeled safety, ATV safety, Home safety, Poisoning, Gun safety

Wilkes County SAFE KIDS

- Lead Agency:** Wilkes County Fire Marshal's Office
- Founded:** INFORMATION NOT AVAILABLE
- Coalition Members:** Wilkes County Fire Marshall's Office, Wilkes County Sheriff's Office, Wilkes County EMS, Wilkes County Health Dept., Wilkesboro Police Dept., N. Wilkesboro Police Dept., NC Highway Patrol, State Farm Insurance, Wilkes Regional Medical Center, Lowe's Companies, Wal-Mart, U.S. Army Corp of Engineers, Wilkes County Board of Education, Wilkes County Law Enforcement Officers Association
- Areas of Injury Addressed:** Fire safety, Water safety, Child passenger safety, Sports and recreational safety, Playground safety, Toy safety, Bike safety, Home safety, Poisoning, Pedestrian safety, Gun safety

Wilson County SAFE KIDS

- Lead Agency:** Wilson County EMS
- Founded:** 2003
- Coalition Members:** Wilson Police Dept., Wilson County Rescue, Wilson County 911, Wilson County DSS, Safe Communities, Wilson Medical Center
- Areas of Injury Addressed:** Child passenger safety, Bike safety, Home safety, Poisoning, Gun safety

Injuries by County of Residence

Alamance

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (5.61 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**138 (129.12 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	21	2
Pedestrian	3	1
Bicycle	3	1
Drowning & Near Drowning	0	1
Fire Injury	0	0
Falls	33	0
Poisoning	9	1
Choking/Suffocation	5	0
Unintentional Firearm	1	0
Burn Injury	6	0
Natural Environment	10	0
Other Transportation	8	0
Struck by Person/Object	20	0
Cut or Pierce	2	0
Other	17	0

Alexander

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (18.12 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**52 (188.47 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	6	1
Pedestrian	3	0
Bicycle	3	1
Drowning & Near Drowning	2	2
Fire Injury	1	0
Falls	7	0
Poisoning	4	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	6	0
Other Transportation	8	1
Struck by Person/Object	4	0
Cut or Pierce	4	0
Other	3	0

Alleghany County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (29.06 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**16 (232.49 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	2
Pedestrian	0	0
Bicycle	2	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	1	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	4	0
Other Transportation	1	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	0	0

Anson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (14.2 per 100,000)

**Total Unintentional Injury
Hospitalizations
to Children Ages 0-14 (1999-2002):**46 (217.77 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	1
Pedestrian	1	0
Bicycle	2	1
Drowning & Near Drowning	0	0
Fire Injury	0	1
Falls	12	0
Poisoning	7	0
Choking/Suffocation	1	0
Unintentional Firearm	1	0
Burn Injury	4	0
Natural Environment	3	0
Other Transportation	2	0
Struck by Person/Object	3	0
Cut or Pierce	2	0
Other	5	0

Ashe County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (6.35 per 100,000)

**Total Unintentional Injury
Hospitalizations
to Children Ages 0-14 (1999-2002):**34 (215.85 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	5	0
Pedestrian	3	0
Bicycle	2	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	6	0
Poisoning	5	0
Choking/Suffocation	3	0
Unintentional Firearm	1	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	2	0
Struck by Person/Object	1	0
Cut or Pierce	2	1
Other	4	1

Avery County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**32 (290.22 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	0
Pedestrian	0	0
Bicycle	2	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	10	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	2	0
Other Transportation	5	0
Struck by Person/Object	7	0
Cut or Pierce	1	0
Other	0	0

Beaufort County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (11.57 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**66 (190.99 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	8	2
Pedestrian	4	0
Bicycle	12	0
Drowning & Near Drowning	2	1
Fire Injury	0	0
Falls	10	0
Poisoning	7	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	4	0
Natural Environment	1	0
Other Transportation	12	1
Struck by Person/Object	5	0
Cut or Pierce	4	0
Other	7	0

Bertie County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (6.03 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**35 (210.89 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	5	0
Pedestrian	2	1
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	2	0
Falls	7	0
Poisoning	5	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	2	0
Other Transportation	3	0
Struck by Person/Object	4	0
Cut or Pierce	0	0
Other	4	6

Bladen County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (11.4 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**58 (220.35 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	12	2
Pedestrian	3	0
Bicycle	3	0
Drowning & Near Drowning	0	0
Fire Injury	2	1
Falls	8	0
Poisoning	7	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	7	0
Other Transportation	4	0
Struck by Person/Object	6	0
Cut or Pierce	2	0
Other	3	0

Brunswick County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**7 (13.3 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**128 (243.20 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	17	4
Pedestrian	6	1
Bicycle	5	0
Drowning & Near Drowning	1	2
Fire Injury	2	0
Falls	23	0
Poisoning	16	0
Choking/Suffocation	5	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	6	0
Other Transportation	7	0
Struck by Person/Object	19	0
Cut or Pierce	3	0
Other	16	0

Buncombe County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (5.33 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**178 (118.64 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	29	2
Pedestrian	4	1
Bicycle	15	0
Drowning & Near Drowning	0	2
Fire Injury	0	1
Falls	39	0
Poisoning	22	0
Choking/Suffocation	3	1
Unintentional Firearm	3	0
Burn Injury	0	0
Natural Environment	11	0
Other Transportation	13	0
Struck by Person/Object	20	1
Cut or Pierce	7	0
Other	12	0

Burke County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**7 (9.93 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**107 (151.79 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	15	4
Pedestrian	3	1
Bicycle	7	0
Drowning & Near Drowning	2	0
Fire Injury	0	0
Falls	33	0
Poisoning	8	0
Choking/Suffocation	2	1
Unintentional Firearm	2	0
Burn Injury	2	0
Natural Environment	5	0
Other Transportation	5	0
Struck by Person/Object	8	0
Cut or Pierce	5	0
Other	10	1

Cabarrus County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**16 (13.67 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**192 (164.1 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	19	6
Pedestrian	10	1
Bicycle	19	0
Drowning & Near Drowning	3	2
Fire Injury	2	2
Falls	44	0
Poisoning	9	0
Choking/Suffocation	5	3
Unintentional Firearm	1	1
Burn Injury	7	0
Natural Environment	12	0
Other Transportation	17	0
Struck by Person/Object	21	0
Cut or Pierce	5	1
Other	18	0

Caldwell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (4.9 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**132 (215.62 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	7	1
Pedestrian	1	0
Bicycle	15	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	31	0
Poisoning	15	0
Choking/Suffocation	7	2
Unintentional Firearm	2	0
Burn Injury	4	0
Natural Environment	7	0
Other Transportation	7	0
Struck by Person/Object	18	0
Cut or Pierce	11	0
Other	7	0

Camden County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**2 (36.09 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	1	0
Poisoning	1	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	0	0
Struck by Person/Object	0	0
Cut or Pierce	0	0
Other	0	0

Carteret County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (15.39 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**87 (223.12 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	2
Pedestrian	10	1
Bicycle	6	0
Drowning & Near Drowning	1	2
Fire Injury	1	0
Falls	24	0
Poisoning	5	0
Choking/Suffocation	5	0
Unintentional Firearm	0	0
Burn Injury	4	0
Natural Environment	6	0
Other Transportation	6	0
Struck by Person/Object	8	0
Cut or Pierce	4	0
Other	4	1

Caswell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (22.2 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**11 (61.06 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	1
Pedestrian	0	2
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	1	0
Choking/Suffocation	0	1
Unintentional Firearm	1	0
Burn Injury	1	0
Natural Environment	1	0
Other Transportation	2	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	1	0

Catawba County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**12 (10.2 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**226 (192.14 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	28	6
Pedestrian	12	1
Bicycle	17	0
Drowning & Near Drowning	3	1
Fire Injury	0	1
Falls	59	1
Poisoning	15	0
Choking/Suffocation	10	2
Unintentional Firearm	0	0
Burn Injury	9	0
Natural Environment	8	0
Other Transportation	20	0
Struck by Person/Object	23	0
Cut or Pierce	9	0
Other	13	0

Chatham County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**11 (28.89 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**55 (144.47 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	6	2
Pedestrian	0	2
Bicycle	6	0
Drowning & Near Drowning	0	1
Fire Injury	2	5
Falls	7	0
Poisoning	5	0
Choking/Suffocation	2	0
Unintentional Firearm	0	0
Burn Injury	4	0
Natural Environment	4	0
Other Transportation	9	1
Struck by Person/Object	5	0
Cut or Pierce	2	0
Other	3	0

Cherokee County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (12.27 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**24 (147.21 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	0	1
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	1
Falls	7	0
Poisoning	8	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	2	0
Other Transportation	3	0
Struck by Person/Object	1	0
Cut or Pierce	1	0
Other	2	0

Chowan County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (17.77 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**27 (239.96 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	1
Pedestrian	0	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	0	1
Falls	4	0
Poisoning	7	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	0	0
Natural Environment	2	0
Other Transportation	2	0
Struck by Person/Object	3	0
Cut or Pierce	0	0
Other	4	0

Clay County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (19.26 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**6 (115.58 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	0	0
Choking/Suffocation	2	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	2	1
Struck by Person/Object	0	0
Cut or Pierce	0	0
Other	0	0

Cleveland County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (6.10 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**183 (223.30 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	18	3
Pedestrian	11	0
Bicycle	12	0
Drowning & Near Drowning	0	1
Fire Injury	1	0
Falls	43	0
Poisoning	21	1
Choking/Suffocation	2	0
Unintentional Firearm	2	0
Burn Injury	9	0
Natural Environment	10	0
Other Transportation	19	0
Struck by Person/Object	19	0
Cut or Pierce	9	0
Other	7	0

Columbus County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (13.20 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**140 (308.05 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	29	2
Pedestrian	4	1
Bicycle	6	0
Drowning & Near Drowning	0	1
Fire Injury	3	0
Falls	30	0
Poisoning	10	1
Choking/Suffocation	1	1
Unintentional Firearm	1	0
Burn Injury	7	0
Natural Environment	17	0
Other Transportation	7	0
Struck by Person/Object	13	0
Cut or Pierce	5	0
Other	7	0

Craven County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (10.55 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**173 (228.12 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	19	0
Pedestrian	8	0
Bicycle	14	1
Drowning & Near Drowning	4	4
Fire Injury	2	0
Falls	43	0
Poisoning	19	0
Choking/Suffocation	2	3
Unintentional Firearm	1	0
Burn Injury	7	0
Natural Environment	9	0
Other Transportation	13	0
Struck by Person/Object	12	0
Cut or Pierce	8	0
Other	12	0

Cumberland County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**25 (8.71 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**524 (182.65 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	69	6
Pedestrian	28	2
Bicycle	28	1
Drowning & Near Drowning	7	4
Fire Injury	7	1
Falls	100	0
Poisoning	63	0
Choking/Suffocation	9	7
Unintentional Firearm	1	0
Burn Injury	22	1
Natural Environment	45	0
Other Transportation	17	2
Struck by Person/Object	64	1
Cut or Pierce	6	0
Other	58	0

Currituck County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (13.06 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**5 (32.65 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	1
Fire Injury	0	1
Falls	1	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	0	0
Cut or Pierce	0	0
Other	3	0

Dare County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**14 (65.4 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	4	0
Other Transportation	2	0
Struck by Person/Object	1	0
Cut or Pierce	1	0
Other	1	0

Davidson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**23 (19.19 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**188 (156.83 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	33	7
Pedestrian	5	3
Bicycle	11	1
Drowning & Near Drowning	1	4
Fire Injury	5	1
Falls	35	0
Poisoning	15	0
Choking/Suffocation	3	2
Unintentional Firearm	3	0
Burn Injury	11	0
Natural Environment	8	2
Other Transportation	14	2
Struck by Person/Object	14	0
Cut or Pierce	7	0
Other	23	0

Davie County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**46 (159.23 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	0
Pedestrian	2	0
Bicycle	4	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	9	0
Poisoning	1	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	2	0
Natural Environment	2	0
Other Transportation	8	0
Struck by Person/Object	6	0
Cut or Pierce	2	0
Other	5	0

Duplin County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**13 (30.07 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**104 (240.53 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	30	4
Pedestrian	5	3
Bicycle	2	0
Drowning & Near Drowning	0	1
Fire Injury	4	0
Falls	21	1
Poisoning	4	0
Choking/Suffocation	0	1
Unintentional Firearm	0	0
Burn Injury	4	0
Natural Environment	7	0
Other Transportation	5	2
Struck by Person/Object	10	0
Cut or Pierce	3	0
Other	9	1

Durham County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**10 (5.54 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**269 (149.10 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	20	2
Pedestrian	17	0
Bicycle	12	0
Drowning & Near Drowning	5	1
Fire Injury	2	1
Falls	52	0
Poisoning	14	0
Choking/Suffocation	9	4
Unintentional Firearm	0	0
Burn Injury	11	0
Natural Environment	4	0
Other Transportation	7	1
Struck by Person/Object	28	0
Cut or Pierce	5	0
Other	83	1

Edgecombe County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**14 (28.39 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**94 (190.60 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	12	1
Pedestrian	9	2
Bicycle	5	2
Drowning & Near Drowning	1	1
Fire Injury	2	6
Falls	16	0
Poisoning	13	0
Choking/Suffocation	3	0
Unintentional Firearm	0	0
Burn Injury	3	0
Natural Environment	4	2
Other Transportation	3	0
Struck by Person/Object	11	0
Cut or Pierce	5	0
Other	7	0

Forsyth County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**23 (9.13 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**407 (161.51 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	36	3
Pedestrian	20	4
Bicycle	44	1
Drowning & Near Drowning	4	3
Fire Injury	6	4
Falls	91	0
Poisoning	17	0
Choking/Suffocation	15	5
Unintentional Firearm	4	1
Burn Injury	26	0
Natural Environment	31	0
Other Transportation	31	1
Struck by Person/Object	41	1
Cut or Pierce	16	0
Other	25	0

Franklin County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (19.43per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**75 (182.11 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	15	5
Pedestrian	2	1
Bicycle	6	0
Drowning & Near Drowning	0	2
Fire Injury	0	0
Falls	15	0
Poisoning	3	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	2	0
Natural Environment	5	0
Other Transportation	4	0
Struck by Person/Object	9	0
Cut or Pierce	2	0
Other	11	0

Gaston County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**10 (6.36 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**269 (171.06 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	14	4
Pedestrian	12	0
Bicycle	19	0
Drowning & Near Drowning	3	2
Fire Injury	2	0
Falls	98	1
Poisoning	29	0
Choking/Suffocation	4	3
Unintentional Firearm	4	0
Burn Injury	8	0
Natural Environment	15	0
Other Transportation	13	0
Struck by Person/Object	19	0
Cut or Pierce	5	0
Other	24	0

Gates County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**3 (33.01 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	1	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	0	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	1	0

Graham County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**9 (155.28 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	1	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	0	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	1	0
Other Transportation	0	0
Struck by Person/Object	3	0
Cut or Pierce	1	0
Other	0	0

Granville County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (10.15 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**58 (147.25 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	12	3
Pedestrian	4	0
Bicycle	4	0
Drowning & Near Drowning	0	0
Fire Injury	2	1
Falls	10	0
Poisoning	4	0
Choking/Suffocation	1	0
Unintentional Firearm	1	0
Burn Injury	1	0
Natural Environment	2	0
Other Transportation	5	0
Struck by Person/Object	1	0
Cut or Pierce	1	0
Other	10	0

Greene County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (12.63 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**31 (195.73 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	1	1
Bicycle	2	0
Drowning & Near Drowning	0	0
Fire Injury	2	0
Falls	6	0
Poisoning	3	0
Choking/Suffocation	2	1
Unintentional Firearm	0	0
Burn Injury	3	0
Natural Environment	0	0
Other Transportation	2	0
Struck by Person/Object	6	0
Cut or Pierce	1	0
Other	3	0

Guilford County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**23 (6.74 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**691 (202.46 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	55	9
Pedestrian	37	4
Bicycle	60	0
Drowning & Near Drowning	10	3
Fire Injury	3	0
Falls	208	0
Poisoning	51	0
Choking/Suffocation	9	5
Unintentional Firearm	3	0
Burn Injury	27	1
Natural Environment	31	1
Other Transportation	45	0
Struck by Person/Object	84	0
Cut or Pierce	15	0
Other	53	0

Halifax County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (10.28 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**85 (174.72 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	8	2
Pedestrian	7	0
Bicycle	8	1
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	17	0
Poisoning	6	0
Choking/Suffocation	3	0
Unintentional Firearm	2	1
Burn Injury	2	0
Natural Environment	1	0
Other Transportation	11	1
Struck by Person/Object	12	0
Cut or Pierce	3	0
Other	4	0

Harnett County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**15 (17.74 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**215 (254.24 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	26	8
Pedestrian	8	2
Bicycle	7	0
Drowning & Near Drowning	2	1
Fire Injury	6	2
Falls	22	0
Poisoning	77	0
Choking/Suffocation	3	2
Unintentional Firearm	4	0
Burn Injury	6	0
Natural Environment	8	0
Other Transportation	8	0
Struck by Person/Object	16	0
Cut or Pierce	3	0
Other	19	0

Haywood County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (8.09 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**77 (207.59 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	7	1
Pedestrian	4	1
Bicycle	5	0
Drowning & Near Drowning	2	0
Fire Injury	0	0
Falls	23	0
Poisoning	4	0
Choking/Suffocation	3	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	4	0
Other Transportation	6	1
Struck by Person/Object	8	0
Cut or Pierce	1	0
Other	8	0

Henderson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (6.39 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**79 (126.19 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	5	2
Pedestrian	4	0
Bicycle	7	0
Drowning & Near Drowning	1	0
Fire Injury	2	0
Falls	17	0
Poisoning	9	0
Choking/Suffocation	1	1
Unintentional Firearm	0	1
Burn Injury	2	0
Natural Environment	5	0
Other Transportation	5	0
Struck by Person/Object	8	0
Cut or Pierce	2	0
Other	11	0

Hertford County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (10.99 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**32 (175.84 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	2
Pedestrian	1	0
Bicycle	3	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	6	0
Poisoning	2	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	2	0
Other Transportation	4	0
Struck by Person/Object	2	0
Cut or Pierce	1	0
Other	3	0

Hoke County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (11.35 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**44 (124.89 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	7	0
Pedestrian	4	2
Bicycle	4	0
Drowning & Near Drowning	1	0
Fire Injury	1	1
Falls	5	0
Poisoning	7	0
Choking/Suffocation	1	0
Unintentional Firearm	1	0
Burn Injury	1	0
Natural Environment	1	1
Other Transportation	3	0
Struck by Person/Object	6	0
Cut or Pierce	0	0
Other	2	0

Hyde County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (52.08 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**4 (104.17 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	2
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	0	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	0	0

Iredell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**9 (8.28 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**200 (184.05 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	18	2
Pedestrian	6	2
Bicycle	24	1
Drowning & Near Drowning	2	0
Fire Injury	6	1
Falls	38	0
Poisoning	16	0
Choking/Suffocation	2	2
Unintentional Firearm	1	0
Burn Injury	8	0
Natural Environment	16	1
Other Transportation	24	0
Struck by Person/Object	20	0
Cut or Pierce	5	0
Other	14	0

Jackson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (28.81 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**15 (72.02 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	2	1
Pedestrian	0	1
Bicycle	1	0
Drowning & Near Drowning	0	1
Fire Injury	1	0
Falls	2	2
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	3	0
Other Transportation	1	0
Struck by Person/Object	0	1
Cut or Pierce	1	0
Other	2	0

Johnston County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**14 (12.49 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**209 (186.41 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	20	7
Pedestrian	12	3
Bicycle	8	0
Drowning & Near Drowning	2	1
Fire Injury	5	0
Falls	46	0
Poisoning	31	0
Choking/Suffocation	4	1
Unintentional Firearm	3	0
Burn Injury	11	0
Natural Environment	10	1
Other Transportation	19	1
Struck by Person/Object	21	0
Cut or Pierce	4	0
Other	13	0

Jones County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**17 (198.83 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	2	0
Pedestrian	2	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	2	0
Poisoning	1	0
Choking/Suffocation	1	0
Unintentional Firearm	1	0
Burn Injury	0	0
Natural Environment	1	0
Other Transportation	3	0
Struck by Person/Object	1	0
Cut or Pierce	1	0
Other	0	0

Lee County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (14.28 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**114 (271.30 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	14	0
Pedestrian	4	1
Bicycle	7	0
Drowning & Near Drowning	3	3
Fire Injury	2	0
Falls	29	1
Poisoning	10	0
Choking/Suffocation	2	0
Unintentional Firearm	1	0
Burn Injury	4	0
Natural Environment	5	0
Other Transportation	10	1
Struck by Person/Object	8	0
Cut or Pierce	5	0
Other	10	0

Lenoir County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**9 (18.36 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**145 (295.85 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	14	2
Pedestrian	8	1
Bicycle	6	0
Drowning & Near Drowning	0	0
Fire Injury	2	2
Falls	33	0
Poisoning	8	0
Choking/Suffocation	1	4
Unintentional Firearm	2	0
Burn Injury	10	0
Natural Environment	10	0
Other Transportation	7	0
Struck by Person/Object	23	0
Cut or Pierce	4	0
Other	17	0

Lincoln County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (14.93 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**108 (201.56 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	17	2
Pedestrian	5	2
Bicycle	8	0
Drowning & Near Drowning	1	1
Fire Injury	3	0
Falls	26	0
Poisoning	5	1
Choking/Suffocation	2	1
Unintentional Firearm	1	0
Burn Injury	5	0
Natural Environment	5	0
Other Transportation	8	0
Struck by Person/Object	15	0
Cut or Pierce	4	0
Other	3	1

Macon County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (5.14 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**31 (159.38 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	2	0
Pedestrian	0	0
Bicycle	3	0
Drowning & Near Drowning	0	0
Fire Injury	0	1
Falls	7	0
Poisoning	2	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	2	0
Other Transportation	4	0
Struck by Person/Object	7	0
Cut or Pierce	1	0
Other	1	0

Madison County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (35.76 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**26 (185.97 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	2
Pedestrian	1	2
Bicycle	0	0
Drowning & Near Drowning	0	1
Fire Injury	1	0
Falls	6	0
Poisoning	1	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	1	0
Other Transportation	7	0
Struck by Person/Object	0	0
Cut or Pierce	1	0
Other	2	0

Martin County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (9.53 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**62 (295.38 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	11	1
Pedestrian	2	1
Bicycle	6	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	11	0
Poisoning	3	0
Choking/Suffocation	1	1
Unintentional Firearm	1	0
Burn Injury	4	0
Natural Environment	0	0
Other Transportation	8	0
Struck by Person/Object	10	0
Cut or Pierce	0	0
Other	5	0

McDowell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (15.49 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**46 (142.51 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	6	2
Pedestrian	2	0
Bicycle	4	0
Drowning & Near Drowning	0	2
Fire Injury	1	0
Falls	9	0
Poisoning	6	0
Choking/Suffocation	1	1
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	4	0
Other Transportation	3	0
Struck by Person/Object	3	0
Cut or Pierce	2	0
Other	5	0

Mecklenburg County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**36 (5.9 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**799 (130.98 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	90	11
Pedestrian	54	5
Bicycle	50	2
Drowning & Near Drowning	10	4
Fire Injury	5	0
Falls	247	0
Poisoning	41	0
Choking/Suffocation	13	12
Unintentional Firearm	6	0
Burn Injury	37	0
Natural Environment	37	0
Other Transportation	27	1
Struck by Person/Object	92	1
Cut or Pierce	23	0
Other	67	0

Mitchell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**12 (111.65 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	1	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	6	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	2	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	1	0

Montgomery County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (18.06 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**43 (194.17 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	11	1
Pedestrian	1	0
Bicycle	4	1
Drowning & Near Drowning	0	0
Fire Injury	1	2
Falls	8	2
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	2	0
Other Transportation	1	0
Struck by Person/Object	5	0
Cut or Pierce	3	0
Other	3	0

Moore County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**4 (7.35 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**120 (220.4 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	19	0
Pedestrian	7	0
Bicycle	9	0
Drowning & Near Drowning	1	2
Fire Injury	5	0
Falls	22	0
Poisoning	9	0
Choking/Suffocation	2	1
Unintentional Firearm	1	0
Burn Injury	6	0
Natural Environment	6	1
Other Transportation	13	0
Struck by Person/Object	9	0
Cut or Pierce	4	0
Other	7	0

Nash County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (10.76 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**124 (166.81 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	25	5
Pedestrian	4	1
Bicycle	5	0
Drowning & Near Drowning	1	0
Fire Injury	4	1
Falls	26	0
Poisoning	10	0
Choking/Suffocation	3	1
Unintentional Firearm	3	0
Burn Injury	2	0
Natural Environment	6	0
Other Transportation	7	0
Struck by Person/Object	7	0
Cut or Pierce	2	0
Other	19	0

New Hanover County

Total Unintentional Injury Deaths to Children Ages 0-14 (1999-2002):7	(6.17 per 100,000)
Total Unintentional Injury Hospitalizations to Children Ages 0-14 (1999-2002):169	(148.9 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	10	1
Pedestrian	10	0
Bicycle	17	2
Drowning & Near Drowning	2	1
Fire Injury	2	0
Falls	55	0
Poisoning	20	0
Choking/Suffocation	1	3
Unintentional Firearm	3	0
Burn Injury	11	0
Natural Environment	9	0
Other Transportation	4	0
Struck by Person/Object	10	0
Cut or Pierce	2	0
Other	13	0

Northampton County

Total Unintentional Injury Deaths to Children Ages 0-14 (1999-2002):3	(17.44 per 100,000)
Total Unintentional Injury Hospitalizations to Children Ages 0-14 (1999-2002):27	(156.93 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	0
Pedestrian	3	0
Bicycle	1	0
Drowning & Near Drowning	0	1
Fire Injury	3	0
Falls	7	0
Poisoning	0	0
Choking/Suffocation	0	2
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	2	0
Cut or Pierce	1	0
Other	5	0

Onslow County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**11 (8.19 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**182 (135.48 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	16	1
Pedestrian	2	2
Bicycle	7	1
Drowning & Near Drowning	2	4
Fire Injury	1	0
Falls	48	0
Poisoning	14	0
Choking/Suffocation	1	1
Unintentional Firearm	3	0
Burn Injury	7	0
Natural Environment	23	0
Other Transportation	15	0
Struck by Person/Object	30	1
Cut or Pierce	3	1
Other	10	0

Orange County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (2.47 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**155 (191.59 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	13	0
Pedestrian	5	0
Bicycle	7	0
Drowning & Near Drowning	0	0
Fire Injury	3	1
Falls	42	0
Poisoning	7	0
Choking/Suffocation	3	1
Unintentional Firearm	1	0
Burn Injury	8	0
Natural Environment	16	0
Other Transportation	2	0
Struck by Person/Object	16	0
Cut or Pierce	3	0
Other	29	0

Pamlico County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (11.7 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**18 (210.55 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	2	0
Pedestrian	0	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	4	1
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	1	0
Natural Environment	2	0
Other Transportation	2	0
Struck by Person/Object	0	0
Cut or Pierce	1	0
Other	2	0

Pasquotank County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (10.49 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**21 (73.41 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	2	2
Pedestrian	0	0
Bicycle	2	0
Drowning & Near Drowning	0	1
Fire Injury	0	0
Falls	3	0
Poisoning	1	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	2	0
Struck by Person/Object	0	0
Cut or Pierce	2	0
Other	8	0

Pender County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**51 (160.43 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	9	0
Pedestrian	4	0
Bicycle	5	0
Drowning & Near Drowning	1	0
Fire Injury		0
Falls	6	0
Poisoning	1	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	1	0
Natural Environment	2	0
Other Transportation	4	0
Struck by Person/Object	8	0
Cut or Pierce	5	0
Other	2	0

Perquimans County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**12 (145.40 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	0
Pedestrian	0	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	2	0
Poisoning	0	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	0	0
Struck by Person/Object	2	0
Cut or Pierce	2	0
Other	3	0

Person County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (10.42 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**57 (197.93 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	9	2
Pedestrian	3	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	11	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	7	0
Natural Environment	3	1
Other Transportation	6	0
Struck by Person/Object	5	0
Cut or Pierce	2	0
Other	8	0

Pitt County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**14 (13.11 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**228 (213.52 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	30	6
Pedestrian	11	1
Bicycle	14	1
Drowning & Near Drowning	4	2
Fire Injury	4	2
Falls	59	0
Poisoning	16	0
Choking/Suffocation	5	2
Unintentional Firearm	2	0
Burn Injury	12	0
Natural Environment	9	0
Other Transportation	12	0
Struck by Person/Object	18	0
Cut or Pierce	8	0
Other	24	0

Polk County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (16.20 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**7 (56.69 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	1
Pedestrian	0	0
Bicycle	1	0
Drowning & Near Drowning	0	1
Fire Injury	0	0
Falls	1	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	0	0

Randolph County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**11 (9.99 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**248 (225.32 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	42	4
Pedestrian	6	1
Bicycle	17	1
Drowning & Near Drowning	2	0
Fire Injury	5	3
Falls	52	0
Poisoning	19	0
Choking/Suffocation	3	1
Unintentional Firearm	2	0
Burn Injury	13	0
Natural Environment	7	0
Other Transportation	22	1
Struck by Person/Object	27	0
Cut or Pierce	14	0
Other	17	0

Richmond County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**3 (7.53 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**147 (369.09 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	15	1
Pedestrian	4	1
Bicycle	5	0
Drowning & Near Drowning	1	1
Fire Injury	6	0
Falls	35	0
Poisoning	21	0
Choking/Suffocation	5	1
Unintentional Firearm	0	0
Burn Injury	5	0
Natural Environment	9	0
Other Transportation	13	0
Struck by Person/Object	12	0
Cut or Pierce	4	0
Other	12	0

Robeson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**30 (25.01 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**297 (247.55 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	34	10
Pedestrian	12	4
Bicycle	11	1
Drowning & Near Drowning	3	5
Fire Injury	10	3
Falls	49	0
Poisoning	33	0
Choking/Suffocation	7	4
Unintentional Firearm	8	0
Burn Injury	12	0
Natural Environment	26	0
Other Transportation	27	2
Struck by Person/Object	33	0
Cut or Pierce	9	0
Other	23	1

Rockingham County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**8 (11.2 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**155 (217.02 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	18	2
Pedestrian	5	0
Bicycle	8	0
Drowning & Near Drowning	0	1
Fire Injury	0	3
Falls	34	0
Poisoning	21	0
Choking/Suffocation	7	1
Unintentional Firearm	1	0
Burn Injury	12	0
Natural Environment	6	0
Other Transportation	12	1
Struck by Person/Object	17	0
Cut or Pierce	5	0
Other	9	0

Rowan County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**11 (10.15 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**181 (167.07 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	27	7
Pedestrian	5	1
Bicycle	15	2
Drowning & Near Drowning	2	1
Fire Injury	5	0
Falls	43	0
Poisoning	15	0
Choking/Suffocation	0	0
Unintentional Firearm	2	0
Burn Injury	4	0
Natural Environment	11	0
Other Transportation	25	0
Struck by Person/Object	10	0
Cut or Pierce	7	0
Other	10	0

Rutherford County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**9 (18.01 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**65 (130.08 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	9	2
Pedestrian	1	1
Bicycle	4	1
Drowning & Near Drowning	2	2
Fire Injury	5	0
Falls	16	1
Poisoning	6	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	3	0
Natural Environment	0	1
Other Transportation	7	0
Struck by Person/Object	10	0
Cut or Pierce	3	0
Other	3	1

Sampson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**9 (17.13 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**164 (312.21 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	21	5
Pedestrian	6	1
Bicycle	2	0
Drowning & Near Drowning	1	0
Fire Injury	6	1
Falls	32	0
Poisoning	25	1
Choking/Suffocation	3	0
Unintentional Firearm	2	0
Burn Injury	9	0
Natural Environment	6	1
Other Transportation	9	0
Struck by Person/Object	22	0
Cut or Pierce	4	0
Other	16	0

Scotland County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (15.14 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**71 (214.93 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	7	1
Pedestrian	2	1
Bicycle	5	9
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	11	0
Poisoning	8	0
Choking/Suffocation	3	0
Unintentional Firearm	1	0
Burn Injury	4	0
Natural Environment	6	1
Other Transportation	8	1
Struck by Person/Object	9	0
Cut or Pierce	4	0
Other	3	0

Stanly County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (10.38 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**85 (176.43 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	9	3
Pedestrian	5	0
Bicycle	8	0
Drowning & Near Drowning	3	1
Fire Injury	0	1
Falls	18	0
Poisoning	7	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	2	0
Other Transportation	10	0
Struck by Person/Object	10	0
Cut or Pierce	3	0
Other	8	0

Stokes County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**2 (5.48 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**54 (148.04 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	5	0
Pedestrian	2	0
Bicycle	3	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	10	0
Poisoning	1	0
Choking/Suffocation	1	0
Unintentional Firearm	0	2
Burn Injury	3	0
Natural Environment	6	0
Other Transportation	9	0
Struck by Person/Object	9	0
Cut or Pierce	1	0
Other	3	0

Surry County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**9 (15.97 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**89 (157.96 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	13	6
Pedestrian	3	1
Bicycle	8	0
Drowning & Near Drowning	0	0
Fire Injury	1	0
Falls	13	0
Poisoning	6	0
Choking/Suffocation	3	2
Unintentional Firearm	2	0
Burn Injury	2	0
Natural Environment	6	0
Other Transportation	10	0
Struck by Person/Object	12	0
Cut or Pierce	2	0
Other	8	0

Swain County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**6 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**22 (212.52 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	0
Pedestrian	0	0
Bicycle	3	0
Drowning & Near Drowning	1	0
Fire Injury	2	0
Falls	4	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	1	0
Other Transportation	4	0
Struck by Person/Object	2	0
Cut or Pierce	2	0
Other	0	0

Transylvania County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**29 (152.78 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	0
Pedestrian	0	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	12	0
Poisoning	5	0
Choking/Suffocation	2	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	2	0
Cut or Pierce	0	0
Other	3	0

Tyrell County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**0 (0 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**6 (204.08 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	0	0
Pedestrian	1	0
Bicycle	0	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	0	0
Poisoning	0	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	0	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	1	0
Cut or Pierce	1	0
Other	1	0

Union County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**15 (12.06 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**207 (166.46 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	31	5
Pedestrian	7	5
Bicycle	12	1
Drowning & Near Drowning	1	2
Fire Injury	0	1
Falls	42	0
Poisoning	17	0
Choking/Suffocation	5	1
Unintentional Firearm	3	0
Burn Injury	7	0
Natural Environment	19	0
Other Transportation	23	0
Struck by Person/Object	20	0
Cut or Pierce	8	0
Other	12	0

Vance County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**7 (17.65 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**68 (171.45 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	8	2
Pedestrian	4	1
Bicycle	1	0
Drowning & Near Drowning	2	3
Fire Injury	3	0
Falls	16	0
Poisoning	3	0
Choking/Suffocation	2	1
Unintentional Firearm	1	0
Burn Injury	2	0
Natural Environment	5	0
Other Transportation	8	0
Struck by Person/Object	9	0
Cut or Pierce	2	0
Other	2	0

Wake County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**31 (5.56 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**708 (126.90 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	95	13
Pedestrian	18	2
Bicycle	46	0
Drowning & Near Drowning	16	4
Fire Injury	9	1
Falls	183	2
Poisoning	65	0
Choking/Suffocation	12	4
Unintentional Firearm	2	0
Burn Injury	23	0
Natural Environment	48	2
Other Transportation	38	2
Struck by Person/Object	69	0
Cut or Pierce	23	0
Other	61	1

Warren County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (6.58 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**24 (157.92 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	1
Pedestrian	1	0
Bicycle	5	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	3	0
Poisoning	2	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	2	0
Other Transportation	0	0
Struck by Person/Object	5	0
Cut or Pierce	0	0
Other	2	0

Washington County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (8.77 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**16 (140.35 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	3	0
Pedestrian	1	0
Bicycle	2	0
Drowning & Near Drowning	0	1
Fire Injury	1	0
Falls	1	0
Poisoning	3	0
Choking/Suffocation	0	0
Unintentional Firearm	1	0
Burn Injury	1	0
Natural Environment	0	0
Other Transportation	1	0
Struck by Person/Object	0	0
Cut or Pierce	0	0
Other	2	0

Watauga County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (4.44 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**54 (239.88 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	4	0
Pedestrian	2	0
Bicycle	7	0
Drowning & Near Drowning	0	0
Fire Injury	0	1
Falls	13	0
Poisoning	3	0
Choking/Suffocation	1	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	3	0
Other Transportation	6	0
Struck by Person/Object	9	0
Cut or Pierce	1	0
Other	5	0

Wayne County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (5.07 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**210 (213.00 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	22	2
Pedestrian	15	1
Bicycle	11	0
Drowning & Near Drowning	2	2
Fire Injury	4	0
Falls	61	0
Poisoning	11	0
Choking/Suffocation	7	0
Unintentional Firearm	1	0
Burn Injury	12	0
Natural Environment	10	0
Other Transportation	16	0
Struck by Person/Object	18	0
Cut or Pierce	7	0
Other	13	0

Wilkes County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (10.03 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**96 (192.65 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	17	1
Pedestrian	6	0
Bicycle	2	0
Drowning & Near Drowning	3	1
Fire Injury	1	1
Falls	24	0
Poisoning	9	0
Choking/Suffocation	1	1
Unintentional Firearm	0	0
Burn Injury	5	0
Natural Environment	3	0
Other Transportation	10	1
Struck by Person/Object	6	0
Cut or Pierce	2	0
Other	7	0

Wilson County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**7 (11.13 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**113 (179.66 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	27	2
Pedestrian	6	0
Bicycle	3	0
Drowning & Near Drowning	0	2
Fire Injury	0	0
Falls	33	0
Poisoning	12	0
Choking/Suffocation	2	2
Unintentional Firearm	0	0
Burn Injury	4	1
Natural Environment	2	0
Other Transportation	7	0
Struck by Person/Object	10	0
Cut or Pierce	1	0
Other	6	0

Yadkin County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**5 (16.89 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**50 (168.86 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	14	4
Pedestrian	1	1
Bicycle	3	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	9	0
Poisoning	2	0
Choking/Suffocation	2	0
Unintentional Firearm	0	0
Burn Injury	2	0
Natural Environment	4	0
Other Transportation	5	0
Struck by Person/Object	3	0
Cut or Pierce	3	0
Other	2	0

Yancey County

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**1 (7.94 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**19 (150.94 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1	1
Pedestrian	2	0
Bicycle	1	0
Drowning & Near Drowning	0	0
Fire Injury	0	0
Falls	7	0
Poisoning	1	0
Choking/Suffocation	0	0
Unintentional Firearm	0	0
Burn Injury	0	0
Natural Environment	2	0
Other Transportation	1	0
Struck by Person/Object	1	0
Cut or Pierce	0	0
Other	3	0

Total for North Carolina

**Total Unintentional Injury Deaths
to Children Ages 0-14 (1999-2002):**659 (9.87 per 100,000)

**Total Unintentional Injury Hospitalizations
to Children Ages 0-14 (1999-2002):**11,649 (174.44 per 100,000)

<u>Leading Causes</u>	<u>Number of Hospitalizations</u>	<u>Number of Deaths</u>
Motor Vehicle Occupant	1404	226
Pedestrian	747	82
Bicycle	521	24
Drowning & Near Drowning	122	95
Fire Injury	173	58
Falls	2718	7
Poisoning	1043	6
Choking/Suffocation	234	94
Unintentional Firearm	102	6
Burn Injury	475	3
Natural Environment	671	15
Other Transportation	837	25
Struck by Person/Object	1213	7
Cut or Pierce	361	0
Other	1026	11

Appendix A: Injury Prevention Resources

Federal Government Agencies

National Center for Injury Prevention and Control

(Centers for Disease Control and Prevention)
Mailstop K65
4770 Buford Highway NE
Atlanta, GA 30341-3724
Phone: (770) 488-1506; Fax: (770) 488-1667
<http://www.cdc.gov/ncipc>
Email: OHCINFO@CDC.gov
Director: Julie Gerberding

National Highway Traffic Safety Administration

400 7th St. SW
Washington, DC 20590
Phone: (888) 327-4326; TTY: (800) 424-9153
<http://www.nhtsa.dot.gov>
Director: Dr. Jeffery W. Runge

National Transportation Safety Board Headquarters

490 L'Enfant Plaza, SW,
Washington, D.C., 20594
Phone: (202) 314-6000
<http://www.nts.gov/>
Acting Chairman: Mark V. Rosenker

United States Consumer Product Safety Commission

Washington, DC 20207-0001
Phone (General Info): (301) 504-7902; Consumer
Hotline: (800) 638-2772;
(TTY): (800) 638-8270
<http://www.cpsc.gov>
Chairman: Hal Stratton

United States Department of Health and Human Services

Bureau of Maternal and Child Health
Region IV Office (includes NC)
Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Phone: (404) 562-7980; Fax: (404) 562-7899
<http://mchb.hrsa.gov>

United States Indian Health Service

Injury Prevention Program
12300 Twinbrook Parkway
Rockville, MD 20852
<http://www.ihs.gov/medicalprograms/injuryprevention>
Director: Charles W. Grim, DDS, MHSA

Government and Other North Carolina Agencies

Center for Child and Family Health — North Carolina

3518 Westgate Dr. Suite 100
Durham, NC 27707
Phone: (919) 419-3474; Fax: (919) 419-9353

Injury and Violence Prevention Branch

Chronic Disease and Injury, NC Division of Public Health
Department of Health and Human Services
1915 Mail Service Center
Raleigh, NC 27699-1915
Phone: (919) 715-0110; Fax: (919) 715-3144
<http://www.communityhealth.dhhs.state.nc.us/injury.htm>
Chief Director of Chronic Disease and Injury: Dr. Marcus Plescia

North Carolina Department of Insurance/Office of State Fire Marshal

1202 Mail Service Center
Raleigh, NC 27699-1202
Phone: (919) 733-3901
<http://www.ncdoi.com/OSFM/default.asp>

North Carolina Department of Labor

(Standards Information)
1101 Mail Service Center
Raleigh, NC 27699-1101
Phone: (919) 733-7166, (800) NC-LABOR or (919) 733-0358
<http://www.nclabor.com/osha/etta/stds.htm>
Commissioner of Labor: Cherie K. Berry

North Carolina Governor's Highway Safety Program

215 East Lane Street
Raleigh, NC 27601
Phone: (919) 733-3083,
<http://www.ncdot.org/secretary/GHSP/>
Secretary of Transportation: Lyndo Tippet

North Carolina SAFE KIDS Coalition (NC DOI/OSFM)

1202 Mail Service Center
Raleigh, NC 27699-1202
Phone: (919) 733-3901
<http://www.ncdoi.com/OSFM/default.asp>
Chairman: Jim Long

CDC Centers of Excellence

UNC Injury Prevention Research Center

University of North Carolina
Bank of America Building, Suite 500
137 East Franklin Street, CB#7505
Chapel Hill, NC 27599-7505
Phone: (919) 966-2251; Fax: (919) 966-0466
<http://www.iprc.unc.edu/>
Director: Carol W. Runyan, PhD, MPH

University of Alabama at Birmingham

Injury Control Research Center
403 Community Health Services Building
Birmingham, AL 35294-2041
Phone: (205) 934-7845; Fax: (205) 975-8143
<http://www.uab.edu/icrc/>
Director: Phillip R. (Russ) Fine, PhD, MSPH

Harvard Injury Control Research Center

Harvard School of Public Health
Kresge Building, 3rd Floor
677 Huntington Avenue
Boston, MA 02115
Phone: (617) 432-3420; Fax: (617) 432-3699
<http://www.hsph.harvard.edu/hicrc/>
Director: David Hemenway, PhD

San Francisco Injury Center

University of California, San Francisco
1001 Potrero Avenue, Box 0807
SFGH Department of Surgery, Ward 3A
San Francisco, CA 94110
Phone: (415) 206-4623; Fax: (415) 206-5950
<http://www.surgery.ucsf.edu/sfic/>
Director: M. Margaret Knudson, MD

Southern California Injury Prevention Research Center

UCLA School of Public Health
10911 Weyburn Avenue, Suite 200
Los Angeles, CA 90024-2884
Phone: (310) 794-2706; Fax: (310) 794-0787
<http://www.ph.ucla.edu/sciprc/>
Director: Jess F. Kraus, PhD, MPH

Center for Injury Research and Policy

Hampton House, Room 548
624 North Broadway Street
Baltimore, MD 21205-1996
Phone: (410) 955-2636; Fax: (410) 614-2797
<http://www.jhsph.edu/InjuryCenter/index.html>
Director: Ellen, MacKenzie, PhD

Center for Injury Research and Control (CIRCL)

University of Pittsburgh
Department of Neurological Surgery
200 Lothrop Street, Suite B400-PUH
Pittsburgh, PA 15213
Phone: (412) 648-2600; Fax: (412) 648-8924
<http://www.circl.pitt.edu/home/>
Director: Hank Weiss, PhD, MPH

Harborview Injury Prevention & Research Center

325 Ninth Avenue
Box 359960
Seattle, WA 98104-2499
Phone: (206) 744-9430; Fax: (206) 744-9962
<http://depts.washington.edu/hiprc/>
Director: Charles Mock, MD, PhD

Colorado Injury Control Research Center

Colorado State University
Department of Psychology
Fort Collins, Colorado 80523-1876
Phone: (970) 491-0670; Fax: (970) 491-1032
<http://psy.psych.colostate.edu/CICRC/>
Director: Lorann Stallones, PhD, MPH

UI Injury Prevention Research Center

The University of Iowa
158 IREH Oakdale Research Campus
Iowa City, IA 52242-5000
Phone: (319) 335-4458; Fax: (319) 335-4631
<http://www.public-health.uiowa.edu/iprc/>
Director: Craig Zwerling, MD, PhD, MPH

WVU Injury Control Research Center

West Virginia University
PO Box 9151
Morgantown, WV 26506-9151
Phone: (304) 293-6682; Fax: (304) 293-0265
<http://www.hsc.wvu.edu/som/icrc/icrc.asp>
Director: Jim Helmkamp, PhD, MS

Injury Research Center

8701 Watertown Plank Road
Milwaukee, WI 53226-0509
Phone: (414) 456-7670; Fax: (414) 456-6470
<http://www.mcw.edu/display/router.asp?docid=1442>
Director: Stephen Hargarten, MD, MPH

Other Injury Research Centers

The University of North Carolina Highway Safety Research Center

CB# 3430, Chapel Hill, NC 27599
Phone: (919) 962-2202 or (in NC) (800) 672-4527; Fax: (919) 962-8710
<http://www.hsrb.unc.edu/>
Director: H. Douglas Robertson, PhD, PE

University of Michigan Transportation Research Institute

2901 Baxter Road
Ann Arbor, Michigan 48109-2150 USA
Phone: (734) 764-6504; Fax: (734) 936-1081
<http://www.umtri.umich.edu/>
Assistant Director: Jim Thomson

Web-Based Injury Prevention Training

University of Pittsburgh's Epidemiology, the Internet and Global Health

(multiple lectures online)
WHO Collaborating Center
University of Pittsburgh
Pittsburgh, PA, 15261 USA
<http://www.pitt.edu/~super1/>
Director: Ronald E. LaPorte

Center for Injury Control

Rollins School of Public Health
Emory University
Center for Injury Prevention and Control, EOH 580/
IH581 online course
Phone: (404) 712-9628
<http://www.sph.emory.edu/CIC/announce.html>
Course Instructor: Dr. Philip L. Graitcer

Selected Organizations

The American Academy of Pediatrics

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Phone: (847) 434-4000; Fax: (847) 434-8000
<http://www.aap.org>
Director: Carol Berkowitz, MD, FAAP

American Public Health Association

800 I Street, NW
Washington, DC 20001
Phone: (202) 777-2742; Fax: (202) 777-2534
<http://www.apha.org>
Executive Director: Georges C. Benjamin, MD

American Association of Poison Control Centers

3201 New Mexico Avenue, Suite 330
Washington, DC 20016
Phone: (202) 362-7217
<http://www.aapcc.org/>
Executive Director: Anne Flanagan

The Brain Injury Association of America

8201 Greensboro Drive, Suite 611
McLean, VA 22102
Phone: (703) 761-0750; Fax: (703) 761-0755
<http://www.biausa.org/Pages/splash.html>
Executive Director: Susan H. Connors

American Burn Association

625 N. Michigan Ave., Ste 2550
Chicago, IL 60611
Phone: (312) 642-9260; Fax: (312) 642-9130
<http://www.ameriburn.org>
Director: John A. Krichbaum, JD

Children's Safety Network: National Injury and Violence Prevention Resource Center

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
Phone: (617) 969-7100, ext. 2722; Fax: (617) 969-9186
<http://www.childrensafetynetwork.org/>
Director: Lloyd Potter, MPH, PhD

American Medical Association

515 North State Street
Chicago, IL 60610
Phone: (800) 621-8335
<http://www.ama-assn.org>

Insurance Institute for Highway Safety: Highway Loss Data Institute

1005 N. Glebe Road, Suite 800
Arlington, VA 22201 USA

Selected Organizations (Continued)

Phone: (703) 247-1500; Fax (703) 247-1588
<http://www.hwysafety.org>
Director: Russ Rader

The National Child Labor Committee

1501 Broadway, Suite 403
New York, NY 10036
Phone: (212) 840-1801; Fax: (212) 768-0963
<http://www.kapow.org/nclc.htm>
Director: Susan Ladner

National Consumers League

1701 K Street, N.W., Suite 1200
Washington, D.C., 20006
Phone: (202) 835-3323; Fax: (202) 835-0747
<http://www.nclnet.org>
Director: Linda Golodner

National Fire Protection Association

1 Batterymarch Park

Quincy, MA 02169-7471
Phone: (617) 770-3000; Fax: (617) 770-0700
<http://www.nfpa.org/index.asp>

Director: James M. Shannon

National Safety Council

1121 Spring Lake Drive
Itasca, IL 60143-3201
Phone: (630) 285-1121; Fax: (630) 285-1315
<http://www.nsc.org/>
Director: Alan C. McMillan

Safe Kids Worldwide

1301 Pennsylvania Ave, NW, Suite 1000
Washington, D.C., 20004-1707
Phone: (202) 662-0600; Fax: (202) 393-2072
<http://www.safekids.org>
Director: Martin R. Eichelberger, M.D

Journals to Watch for Child Injury Research

Accident Analysis and Prevention
American Journal of Preventive Medicine
American Journal of Public Health
Archives of Child and Adolescent Medicine
Child Abuse and Neglect
Child Maltreatment

Injury Prevention
Journal of Adolescent Health
Journal of the American Medical Association (JAMA)
Journal of Interpersonal Violence
Journal of Safety Research
Pediatrics

Appendix B: List of E-Codes Used in Analysis

<u>Injury Type</u>	<u>E-Code</u>
Bicycle-Related Injury	8106, 8116, 8126, 8136, 8146, 8156, 8166, 8176, 8186, 8196, 8003, 8013, 8023, 8033, 8043, 8053, 8063, 8073, 8206, 8216, 8226, 8236, 8246, 8256, 8261, 8269, 8271, 8281, 8291
Burn Injury	9240 through 9249
Choking and Suffocation	9110 through 9139
Cut/Pierce	9200 through 9209
Drowning and Near Drowning	8300 through 8309, 8320 through 8329, 9100 through 9109
Falls	8800 through 8869, 8880 through 8889
Fire Injury	8900 through 8999
Firearm Injury	9220 through 9229
Motor Vehicle Occupant Injury	8100, 8110, 8120, 8130, 8140, 8150, 8160, 8170, 8180, 8190, 8101, 8111, 8121, 8131, 8141, 8151, 8161, 8171, 8181, 8191
Natural Environment	9000 through 9099, 9280 through 9282
Other Transportation	8000, 8010, 8020, 8030, 8040, 8050, 8060, 8070, 8001, 8011, 8021, 8031, 8041, 8051, 8061, 8071, 8008, 8018, 8028, 8038, 8048, 8058, 8068, 8078, 8009, 8019, 8029, 8039, 8049, 8059, 8069, 8079, 8200, 8210, 8220, 8230, 8240, 8250, 8201, 8211, 8221, 8231, 8241, 8251, 8202, 8212, 8222, 8232, 8242, 8252, 8203, 8213, 8223, 8233, 8243, 8253, 8204, 8214, 8224, 8234, 8244, 8254, 8205, 8215, 8225, 8235, 8245, 8255, 8208, 8218, 8228, 8238, 8248, 8258, 8209, 8219, 8229, 8239, 8249, 8259, 8262 through 8268, 8272 through 8279, 8292 through 8299, 8310 through 8319, 8330 through 8459, 8282 through 8289
Pedestrian-Related Injury	8107, 8117, 8127, 8137, 8147, 8157, 8167, 8177, 8187, 8197, 8002, 8012, 8022, 8032, 8042, 8052, 8062, 8072, 8207, 8217, 8227, 8237, 8247, 8257, 8260, 8270, 8280, 8290
Poisonings	8500 through 8699
Struck by Person/Object	9160 through 9180

Note: All e-codes 9230 through 9239 and 9268 through 9289 refer to injuries where intent was not determined.

Appendix C: About the University of North Carolina Injury Prevention Research Center

The University of North Carolina Injury Prevention Research Center was created in 1987 as one of five original “centers of excellence” for research in injury funded by the Centers for Disease Control and Prevention (CDC). Currently, IPRC is one of twelve injury control research centers supported by the National Center for Injury Prevention and Control (NCIPC) at the CDC. In 1998, these centers established the National Association of Injury Control Research Centers (NAICRC) as a 501C(3) organization to further the academic agenda in injury control nationally.

Our Challenge

Injury is a major, but under-recognized, public health problem worldwide. Over 150,000 people in the U.S. die of injuries each year, resulting in more years of life lost before age 65 than any other single health problem. In addition, the pain, suffering, and long-term disability associated with injuries are enormous. Most injuries are preventable, but we have much to learn. To design and implement effective and appropriate intervention strategies, we need to understand more about the factors that influence how, when, and where injuries occur and who they affect.

Our Vision

The University of North Carolina Injury Prevention Research Center’s vision is to create a world in which injuries are reduced as a result of important discoveries made and disseminated in a scholarly manner to guide policies and program development. The vision includes a leadership role for UNC IPRC in effecting change both nationally and internationally, and the Center is strongly committed to enriching the science of intervention.

Our Mission

Our mission is to build the field of injury prevention and control through a combination of interdisciplinary scholarly approaches to research, intervention, and evaluation as well as through the training of the next generation of researchers and practitioners. We focus on areas of significant need in which we can address problems through careful epidemiological research with a constant eye toward application of findings for preventive interventions. IPRC is also committed to ensuring that the injury problem becomes more visible on the public agenda and within multiple health spheres.

Our Work

The Center’s work emphasizes residential injury; sports and recreational injury; occupational injury; violence, injury control infrastructure development through surveillance activities, training, and translation of research into practice.

Research. The mainstay of UNC IPRC is its research program. Although we also examine acute care delivery and rehabilitation services for injured persons, the Center places particular emphasis on prevention research. Key

areas of investigation include epidemiological research on home injury, occupational injury, recreational injury and violence.

Intervention and Evaluation. To assess the quality of program and policy interventions in achieving outcome objectives and the quality of implementation, IPRC develops and tests state-of-the-art methodologies for injury program evaluations. Our goal is to increase capacity among practitioners who work in regional, state, and local injury control units and to facilitate development of sound evaluation research among injury control scientists.

Training and Mentoring. IPRC provides traditional classroom setting and distance education for public health and medical providers, as well as others interested in learning about the field of injury prevention. IPRC is open to new opportunities for expanding our distance and continuing education capacities and is currently serving as the lead site for a national training initiative. This initiative, the National Training Initiative for Injury and Violence Prevention, unites academic injury researchers with injury practitioners throughout the nation in building the infrastructure necessary for effective injury prevention through the development of training.

Appendix D: Online Survey of Safe Kids Coalitions and Chapters

The following survey was developed to elicit information about eight different dimensions of the Safe Kids coalitions/chapters—leadership, coalition/chapter membership, programs and activities, fundraising, financial status, sources of data, program evaluation, and training needs and support.

SAFE KIDS North Carolina—

Thank you for taking the time to answer the following questions. This survey is intended for the primary coordinator of your SAFE KIDS chapter or coalition and should be completed by that person. This information will help North Carolina SAFE KIDS strengthen programs, assist local coordinators, and support each chapter/coalition. Your complete and honest answers are important and appreciated. Please submit your survey no later than April 20.

A. LEADERSHIP

A1. In what county is your coalition/chapter located?

Answer: _____

A2. What is the lead agency for your SAFE KIDS coalition/chapter?

Answer: _____

A3. What is the basis of your relationship with SAFE KIDS? Are you involved in... (check one)

- County/local health department
- EMS or medical rescue
- Hospital or other healthcare area
- Fire safety or fire department
- Law enforcement
- Community school or school system
- Community non-profit organization or civic group
- Other: _____

A4. Is your involvement in SAFE KIDS officially part of your current job? *IF NO, SKIP TO QUESTION A6.*

- Yes and a major part of my current job
- Yes, but a minor part of my current job
- No, I am involved with SAFE KIDS outside of my current job

A5. What is your current job title?

Answer: _____

A6. Whether you are a volunteer or SAFE KIDS is part of your paid job, approximately how much time do you spend on SAFE KIDS each week?

- 1-10 hours per week
- 11-15 hours per week
- 16-20 hours per week
- 21-30 hours per week
- 31-40 hours per week

NC SAFE KIDS Survey

A7. Approximately how many years have you served in your current position with SAFE KIDS?

- 1 or less
- 2
- 3
- 4
- 5 or more

A8. Were you involved in injury prevention before SAFE KIDS?

- Yes
- No

A9. Have you attended a SAFE KIDS annual meeting in the past two years?

- Yes
- No

If so, please list which meeting(s): _____

A10. In general, how satisfied are you with the direction of your SAFE KIDS coalition/chapter?

- Very satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Very unsatisfied

Comments: _____

A11. In general, how satisfied are you with the direction of North Carolina SAFE KIDS?

- Very satisfied
- Somewhat satisfied
- Somewhat unsatisfied
- Very unsatisfied

Comments: _____

B. COALITION AND CHAPTER MEMBERSHIP

B1. What types of organizations are members/partners of your coalition/chapter? (check all that apply)

- County/local health department (Ex. Wake County health department)
- EMS or medical rescue (Ex. Medical Emergency Transport, Pitt County EMS)
- Hospital or medical facility (Ex. UNC Children's Hospital)
- Fire department (Ex. Durham fire department)
- Police department (Ex. Asheville police department)
- Community school or school system (Ex. Avery County schools, Johnson middle school)
- Community non-profit organization or civic group (Ex. YMCA, Partnership for Children, Asheville Kiwanis, local Red Cross)
- Insurance company (Ex. Allstate Insurance)
- Church, temple, or mosque (Ex. Binkley Baptist Church)
- Daycare or child care center
- Other: _____

NC SAFE KIDS Survey

B2. Please name ALL the organizations that are members of your coalition/chapter.

Answer: _____

B3. Please check the contributions of each type of organization, if any. (check all that apply)

Organization Type	Funding	Other Resources (Ex. facilities, supplies)	Expertise (Ex. Program Guidance)	Full or Part-Time Staff	Volunteers	Other	No Contributions
County/local health department (Ex. Wake County health department)							
EMS or medical rescue (Ex. Medical Emergency Transport, Pitt County EMS)							
Hospital or medical facility (Ex. UNC Children's Hospital)							
Fire department (Ex. Durham fire department)							
Police department (Ex. Asheville police department)							
Community school or school system (Ex. Avery County schools, Johnson middle school)							
Community non-profit organization or civic group (Ex. YMCA, Partnership for Children, Asheville Kiwanis, local Red Cross)							
Insurance company (Ex. Allstate Insurance)							
Church, temple, or mosque (Ex. Binkley Baptist Church)							
Daycare or Childcare Provider							

NC SAFE KIDS Survey

B4. In what year was your coalition/chapter founded?

Answer: _____

C. PROGRAMS AND ACTIVITIES

C1. Approximately how many programs and activities has your coalition/chapter hosted in the past month?

- None
- 1-3
- 4-6
- 7 or more

C2. Approximately how many programs and activities has your coalition/chapter hosted in this quarter (Jan 2005-March 2005)?

- None
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- 16 or more

C3. Approximately how many programs and activities did your coalition/chapter host this past year (Jan 2004-Dec 2004)?

- None
- 1-3
- 4-6
- 7-9
- 10-12
- 13-15
- 16-18
- 19 or more

Questions C4-C7 ask about program activities over the past five years. It may be difficult to remember that far back, so simply answer the questions to the best of your ability

C4. In which of the following risk areas has your coalition/chapter offered programs during the **past five years**? (check all that apply)

- Fire safety
- Water safety
- Child passenger safety
- Sports and recreational safety
- Playground safety
- Toy safety
- Bike safety
- Wheeled safety
- ATV safety
- Home safety
- Poisoning

NC SAFE KIDS Survey

C9. For your coalition/chapter’s community events—such as health fairs or bike rodeos—how many target individuals (i.e., parents, children) usually attend?

Program	5 or Fewer	6-10	11-15	16-20	21-30	31 or More
2 Day CPS Training						
5 Day CPS Training						
Risk Watch						
SAFE eens						
Bucklebear						
Other						

C10. Are you satisfied that you’re reaching your intended target audience through your programs and events?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

D. FUNDRAISING

D1. What are your coalition/chapter’s sources of financial support? (check all that apply)

- Ongoing business sponsorships (Ex. Annual gift from Walmart)
- One-time business sponsorships (Ex. One-time donation from Lowe’s)
- Ongoing community organization sponsorships (Ex. Annual gift from school system)
- One-time community organization sponsorships (Ex. One-time donation from Red Cross)
- Ongoing civic group sponsorships (Ex. Annual gift from Kiwanis club)
- One-time civic group sponsorships (Ex. One-time donation from Rotary club)
- Community fundraising drives (Ex. Raising money for SAFE KIDS in your community)
- Applying for grants
- Selling injury-related merchandise (i.e., bike helmets, car seats)
- Other: _____

D2. Sometimes contributions are earmarked for specific activities (i.e., bike safety programs) and are not available for general administrative use. How frequently in your fundraising are donations earmarked for specific programs?

- Very frequently earmarked
- Somewhat frequently earmarked
- Somewhat infrequently earmarked
- Very infrequently earmarked

D3. If your coalition/chapter solicits funds from organizations, businesses, and civic groups, which ones does it target? Specific names (i.e., Walmart) and industries (i.e., insurance companies) may be included.

Answer: _____

NC SAFE KIDS Survey

4. Which of these organizations, businesses, and civiv groups, if any, have you found especially helpful?

Answer: _____

D5. Has your coalition/chapter applied for grants? If so, please list which ones. *IF NO, THEN SKIP TO QUESTION D9.*

- Yes
- No

Grants: _____

D6. Have you applied for grants in any of the following areas? (Check all that apply)

- Bike safety
- Fire safety
- Pedestrian
- Child passenger safety (general)
- Child passenger safety week
- Risk Watch
- SAFE KIDS Week
- Other: _____
- None

D7. Have you pursued any national or state SAFE KIDS grants?

- National SAFE KIDS grants
- State SAFE KIDS grants
- Both national and state SAFE KIDS grants
- Neither

D8. If not, why not?

Answer: _____

D9. What do you think is the most effective way to raise money for your coalition/chapter? (Examples: Applying for grants, securing business sponsorships, community solicitations, etc.)

Answer: _____

E. FINANCIAL

E1. Which of these best describes your coalition/chapter's financial structure?

- Part of a city government organization (Ex. Pittsboro police department, Concord city fire department)
- Part of a county government organization (Ex. Catawba County health department)
- Part of a for-profit organization (Ex. Allstate Insurance, Sunshine Childcare Center)
- Part of a 501c3 (non-profit) organization (Ex. American Red Cross chapter, Kiwanis Club)

E2. On average, how much money does your coalition/chapter raise or earn each year?

- \$500 or less
- \$501-1000
- \$1001-1500
- \$1501-2000
- \$2001-3000
- \$3001-5000
- More than \$5000

NC SAFE KIDS Survey

E3. What were your coalition/chapter's total expenses (including personnel and programs) for 2004?

Answer: _____

E4. How would you rate the financial stability of your coalition/chapter?

- Very stable
- Relatively stable
- Relatively unstable
- Very unstable

E5. Do you have a system for tracking and managing your coalition/chapter's finances? (For example, some coalitions/chapters track all donations in a database or spreadsheet. Others track all expenditures as if they were a business.) *IF NO, SKIP TO E7.*

- Yes
- No

E6. If so, what type of system do you use?

Answer: _____

E7. In general, how is money distributed throughout the coalition/chapter? (For example, 50% goes to programs, 20% goes to overhead and expenses, 10% goes to salaries, etc.)

	Coalition/Chapter Activity	Percentage
Programs (Events, activities, etc.)		
Overhead (Building space, utilities, general supplies, etc.)		
Salaries (Including part-time staff, Benefits, etc.)		

E. SOURCES OF DATA

F1. Is your coalition/chapter able to access relevant injury data easily? *IF NO, SKIP TO SECTION G.*

- Yes
- No

F2. What are some of the obstacles to accessing useful data, if any? (For example: Injury-specific data is unavailable; Organization does not have access to the data; etc.)

Answer: _____

F3. What types of injury prevention data does your coalition/chapter access and use? (check all that apply)

- Hospital discharge information
- County-wide government injury data
- State-wide government injury data
- National government injury data (CDC)
- North Carolina SAFE KIDS data (injuries to NC children)
- National SAFE KIDS data
- SAFE KIDS program evaluation data from your coalition/chapter
- Other: _____

F4. For each column—interpretation, access, and value—what are the strengths and weaknesses for each type of data that you use? (check all that apply)

NC SAFE KIDS Survey

Type of Data	Interpretation (Easy to interpret)	Interpretation (Difficult to Interpret)	Access (Easy to Access)	Access (Difficult to Access)	Value (Contains Useful Info)	Value (Contains Incomplete Info)	Don't Use this type of data
Hospital Discharge							
County Gov't Data							
State Gov't Data							
National Gov't Data							
Program Eval Data							
NC SK Data							
National SK Data							
Other							
Church, temple, or mosque (Ex. Binkley Baptist Church)							
Daycare or Childcare Provider							

F5. What types of injury data are you unable to use as effectively as you'd like? (check all that apply)

- Hospital discharge information
- County-wide government data
- State-wide government data
- National government data
- SAFE KIDS program evaluation data
- Other: _____

F6. Give one example of how injury data has directed your coalition/chapter's activities?

Answer: _____

G. PROGRAM EVALUATION

G1. What types of evaluations has your coalition/chapter conducted? (check all that apply) *IF NONE, SKIP TO QUESTION G4.*

- Surveying event attendees
- Observing behavior following a program
- Comparing program recipients to individuals who didn't receive program
- Other: _____
- Have not conducted evaluations

NC SAFE KIDS Survey

G2. If you've conducted evaluations, what have you tried to measure? (check all that apply)

- Increase in awareness of an issue
- Increase in awareness of SAFE KIDS and its programs
- Completion of program or event as intended
- Change in child/adult attitudes regarding a behavior or an issue
- Adoption of intended behavior in children/adults
- Change in incidence or mortality rate of specific injury
- Other: _____

G3. If you conduct evaluations, which programs have you evaluated? (check all that apply)

Program	Evaluated
CPS Events	
Misuse Rates	
Bike Safety	
Risk Watch	
Other:	
Other:	

G4. Has your coalition/chapter ever requested assistance in evaluating a program?

- Yes, and received help
- Yes, but did not receive help
- No

G5. If your coalition/chapter received assistance, who provided it?

Answer: _____

G6. Would your coalition/chapter like help evaluating programs in the future?

- Yes
- No

G7. Give one example of how an evaluation would direct your coalition/chapter's activities?

Answer: _____

H. TRAINING AND SUPPORT

H1. As part of this evaluation, SAFE KIDS is investigating what types of training and support each coalition/chapter needs and desires. For each of the topics below, please indicate whether you have received and/or would like training in that area.

Topic	Received Training	Would Like Training
Coalition Building and Partnerships		
Accessing and Collecting Data		
Learning How to Use Data		
Promoting/Marketing Specific Programs		
Public Relations/Promoting the Importance of Injury Prevention		
Strategic Planning		

NC SAFE KIDS Survey

Topic	Received Training	Would Like Training
Cultural Competency/Working with Different Cultures		
Working with Hispanic Populations		
Fundraising		
Grant Writing		
New Coordinator Training		
Working with Schools		

H2. What other types of training—not listed in the chart above—would be useful?

Answer: _____

H3. Would you be interested in distance training (i.e., conducted through the Internet)?

- Yes
- No

H4. In addition to broad training, SAFE KIDS is investigating whether coalitions/chapters need training for and assistance with specific programs. For each of the programs below, please indicate whether you would like assistance in planning and/or improving that program.

Program	Would Like Assistance
CPS Clinics	
Bike Helmet Fittings	
Bike Rodeo Set Up	
Pedestrian Training – Walk This Way	
Risk Watch	
Other:	

H5. For which other programs—not listed in the chart above—would you like to receive assistance?

Answer: _____

H6. Is there a program that you haven't been able to do but would like to plan?

Answer: _____

H7. Are there any other comments that you'd like to add?

Answer: _____

Again, thank you for taking the time to complete this survey. Your answers and insight are extremely valuable to North Carolina SAFE KIDS, and we appreciate the time you have invested in answering these questions. If you have any additional comments that you would like to share—about SAFE KIDS or the survey—please don't hesitate to contact [Original survey contained contact email and phone number for contact].

Thank you for your time.

NC SAFE KIDS Survey

Selected Frequencies

The following frequencies are provided to enable chapters and coalitions to learn from one another about their approaches to the following issues. Information about financial status and training needs are presented elsewhere.

LEADERSHIP

1. What is the basis of your relationship with SAFE KIDS?

	%
County/local health department	15
EMS or medical rescue	4
Hospital or other healthcare area	39
Fire safety or fire department	17
Law enforcement	0
Community school or school system	2
Community non-profit organization or civic group	7
Other	15

2. Is your involvement in SAFE KIDS officially part of your current job?

	%
Yes, and a major part of my current job	44
Yes, but a minor part of my current job	46
No, I am involved with SAFE KIDS outside of my current job.	11

3. Whether you are a volunteer or SAFE KIDS is part of your paid job, approximately how much time do you spend on SAFE KIDS each week?

	%
1-10 hours per week	51
11-15 hours per week	11
16-20 hours per week	18
21-30 hours per week	7
31-40 hours per week	9
More than 40 hours per week	4

4. Approximately how many years have you served in your current position with SAFE KIDS?

	%
1 or less	29
2	13
3	27
4	11
5 or more	20

NC SAFE KIDS Survey

5. Were you involved in injury prevention before SAFE KIDS?

	%
Yes	56
No	44

6. Have you attended a SAFE KIDS annual meeting in the past two years?

	%
Yes	76
No	24

7. In general, how satisfied are you with the direction of your SAFE KIDS coalition/chapter?

	%
Very satisfied	29
Somewhat satisfied	58
Somewhat unsatisfied	13
Very unsatisfied	0

8. In general, how satisfied are you with the direction of the North Carolina SAFE KIDS?

	%
Very satisfied	59
Somewhat satisfied	42
Somewhat unsatisfied	4
Very unsatisfied	0

PROGRAMS AND ACTIVITIES

9. Approximately how many programs and activities has your coalition/chapter hosted in this quarter (Jan 2005 – March 2005)?

	%
None	16
1-3	33
4-6	16
7-9	16
10-12	12
13-15	0
16 or more	7

10. Approximately how many programs and activities did your coalition/chapter host this past year (Jan 2004 – Dec 2004)?

	%
None	2
1-3	12
4-6	28
7-9	5
10-12	5
13-15	14
16-19	17
19 or more	28

NC SAFE KIDS Survey

11. In which of the following risk areas has your coalition/chapter offered programs during the past five years?

	%
Fire safety	86
Water safety	75
Child passenger safety	100
Sports and recreational safety	48
Playground safety	34
Toy safety	30
Bike safety	100
Wheeled safety	36
ATV safety	30
Home safety	61
Poisoning	66
Pedestrian safety	32
Gun safety	57
Others	11

12. Please indicated which programs your coalition/chapter has offered during the past five years. How frequently was each offered?

Program	Not of-fered	Once a year	Twice a year	Quarterly	Monthly	More than monthly
2-Day CPS Training	25	48	22	5	0	0
5-Day CPS Training	33	44	18	5	0	0
Risk Watch	32	35	3	0	18	15
SAFE TEENS	82	4	4	4	4	7
Bucklebear	13	22	24	26	5	0

13. Are you satisfied that you're reaching your intended target audience through your programs and events?

	%
Very satisfied	26
Satisfied	60
Unsatisfied	14
Very unsatisfied	0

FUNDRAISING

14. Sometimes contributions are earmarked for specific activities (i.e., bike safety programs) and are not available for general administrative use. How frequently in your fundraising are donations earmarked for specific programs?

	%
Very frequently earmarked	33
Somewhat frequently earmarked	28
Somewhat infrequently earmarked	15
Very infrequently earmarked	23

NC SAFE KIDS Survey

15. Have you applied for grants in any of the following areas?

	%
Bike safety	67
Fire safety	36
Pedestrian	17
Child passenger safety (general)	93
Child passenger safety week	74
Risk Watch	33
SAFE KIDS Week	74
Other	0
None	0

DATA AND EVALUATION

16. Is your coalition/chapter able to access relevant injury data easily?

	%
Yes	54
No	46

17. What types of injury prevention data does your coalition/chapter access and use?

	%
Hospital discharge information	52
County-wide government injury data	52
State-wide government injury data	76
National government injury data (CDC)	52
North Carolina SAFE KIDS data (injuries to NC children)	86
National SAFE KIDS data	76
SAFE KIDS program evaluation data from your coalition/chapter	38
Other	14

18. What types of injury data are you unable to use as effectively as you'd like?

	%
Hospital discharge information	46
County-wide government data	64
State-wide government data	41
National government data	23
SAFE KIDS program evaluation data	27
Other	5

NC SAFE KIDS Survey

19. What types of evaluations has your coalition/chapter conducted?

	%
Surveying event attendees	21
Observing behavior following a program	71
Comparing program recipients to individuals who didn't receive program	53
Other	0
Have not conducted evaluations	0

20. If you've conducted evaluations, what have you tried to measure?

	%
Increase in awareness of an issue	70
Increase in awareness of SAFE KIDS and its programs	33
Completion of program or event as intended	44
Change in child/adult attitudes regarding a behavior or an issue	78
Adoption of intended behavior in children/adults	26
Change in incidence or mortality rate of specific injury	48
Other	7

21. Has your coalition/chapter ever requested assistance in evaluating a program?

	%
Yes, and received help	11
Yes, but did not receive help	3
No	87

22. Would your coalition/chapter like help evaluating programs in the future?

	%
Yes	83
No	17

The North Carolina SAFE KIDS Coalition
www.ncsafekids.org