



Centers for Disease Control and Prevention

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## Injuries among American Indians/Alaska Natives (AI/AN): Fact Sheet

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### How big is the problem?

- Injuries are the leading cause of death for AI/AN ages 1 to 44 and the third leading cause of death overall. <sup>1</sup>
- Motor vehicle crashes are the leading cause of unintentional injury for AI/AN ages 1 to 44. Adult motor vehicle-related death rates for AI/AN are more than twice that of whites and almost twice that of blacks.<sup>1</sup>
- Among infants less than one year of age, AI/AN have consistently higher total injury death rates than other racial/ethnic populations and the highest rate of motor-vehicle traffic deaths.<sup>2</sup>
- Among AI/AN 19 years and younger, motor vehicle crashes are the leading cause of injury-related death, followed by suicide, homicide, drowning, and fires.<sup>3</sup>

### Who is most at risk?

- Children: Among ethnic groups in the United States, AI/AN children experience the highest rates of injury mortality and morbidity. AI/AN ages 19 years and younger are at greater risk of preventable injury-related deaths than others in the same age group in the United States. Compared with blacks and whites, this group has the highest injury-related death rates for motor vehicle crashes, pedestrian events, and suicide. Rates for these causes are two to three times greater than rates for whites the same age.<sup>3</sup>
- Males: AI/AN as a group are at increased risk of injury, but AI/AN males are at especially high risk for many types of injuries. Compared to their female counterparts, AI/AN males ages 20 years and older are twice as likely to die from a motor vehicle crash and nearly four times more likely to die from pedestrian-related injury. <sup>1</sup>

### What are the major risk factors?

#### Low seat belt use

- According to the National Highway Traffic Safety Administration (NHTSA), the overall rate of seat belt use on reservations is relatively low (55.4%). Belt use varies greatly across reservations, ranging from a low of 8.8 percent to a high of 84.8 percent. Reservations with primary seat belt laws have the highest use rates, followed by reservations with secondary seat belt laws; reservations with no seat belt laws have the lowest use rates.<sup>4</sup>
- More than 3 out of every 4 (76 %) of passenger vehicle occupants who died in motor vehicle crashes on reservations were unrestrained at the time of the fatal crash.<sup>5</sup>

#### Low child safety seat use

- Though child safety seat use rates for AI/AN communities vary greatly, rates are generally much lower than national rates.<sup>6</sup> In 2008, the national child safety seat use rate for

children from birth to age 7 was 87 percent.<sup>7</sup> In one study of three Northwest tribes, car seat use rate ranged from 12%–21% for children from birth to age 4.<sup>8</sup>

### **Alcohol Impaired Driving**

- AI/AN have a relatively high prevalence of alcohol-impaired driving and the highest alcohol-related motor vehicle mortality rates among racial/ethnic populations.<sup>9,10</sup>
- Among crashes on reservations from 1982 to 2002, an estimated 65 percent were alcohol-related. Nationally, during this same time period, 47 percent of total crashes were alcohol-related.<sup>5</sup>

### **How can injuries be prevented?**

Proven and effective strategies to reduce motor vehicle crash-related injuries and deaths are well established; these include use of occupant restraints, primary laws, high visibility enforcement, and strict blood alcohol content laws. Although each AI/AN community is politically and culturally unique, effective strategies can be tailored to meet the specific needs of tribes.

### **Child safety seats**

- Child safety seats reduce the risk of death in passenger cars by 71% for infants, and by 54% for toddlers ages 1 to 4 years.<sup>11</sup>
- There is strong evidence that child safety seat laws, safety seat distribution and education programs, community-wide education and enforcement campaigns, and incentive-plus-education programs are effective in increasing child safety seat use.<sup>12</sup>

### **Seat belt use**

- There is strong evidence that seat belt use laws, especially primary enforcement laws, and enhanced enforcement campaigns are effective in increasing seat belt use.<sup>13</sup>

### **Impaired driving**

Proven measures to reduce alcohol-impaired driving include:

- Aggressively enforcing 0.08% BAC laws, minimum legal drinking age laws and zero tolerance laws for drivers younger than 21 years old.<sup>14</sup>
- Utilizing sobriety checkpoints. DUI checkpoints are effective in reducing alcohol-related crashes and death by approximately 17-25%.<sup>15</sup>
- Using multi-faceted community-based approaches to alcohol control and DUI prevention.<sup>16,17</sup>



### **Teen drivers**

- There are proven methods to helping teens become safer drivers. Research suggests that the most comprehensive graduated drivers licensing (GDL) programs are associated with

reductions of 38% and 40% in fatal and injury crashes, respectively, among 16-year-old drivers.<sup>1</sup>

- Graduated driver licensing (GDL) systems ([http://www.cdc.gov/MotorVehicleSafety/Teen\\_Drivers/Teens\\_Behind\\_Wheel.html](http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/Teens_Behind_Wheel.html)) are designed to delay full licensure while allowing teens to get their initial driving experience under low-risk conditions. For more information about GDL systems, see the Teens Behind the Wheel: Graduated Drivers Licensing fact sheet ([http://www.cdc.gov/MotorVehicleSafety/Teen\\_Drivers/Teens\\_Behind\\_Wheel.html](http://www.cdc.gov/MotorVehicleSafety/Teen_Drivers/Teens_Behind_Wheel.html)).

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