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SCRIPTS

State & Community Reports on Injury Prevalence & Targeted Solutions

Child and Adolescent Injury in Illinois

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Executive Summary

What is this report about and why is it important?

- This report describes serious injury to children and adolescents in Illinois, organized to help prevent such injuries in the future.

- It is the first report to provide local injury information for youth in Illinois. This information will allow communities to identify the problems in their areas and develop specific plans to reduce risk to the children there.

How big is the problem of death and hospitalization from injury to children and adolescents in Illinois?

On average, 8900 Illinois children and adolescents are hospitalized in trauma centers each year, and 1050 die. This translates into rates of 262 hospitalizations and 31 deaths per 100,000 population per year (Table 1.1).

What does this report tell us about preventing injuries to Illinois children and adolescents?

- In all areas, those most affected by injury are boys aged 15-19 years. We don't think of them as our most vulnerable youth, but in this way they are. More attention is needed to protect this group, with particular attention to motor vehicle and violent injuries.

- Local priorities and decisions about prevention must be based on local data. It is necessary to consider both deaths and hospitalizations.

- Five specific causes of injury account for 64% of all injury deaths and 71% of all injury hospitalizations. These causes are:

  - ✓ Firearm injuries, especially affecting preteens (10-14 years of age) and teens
  - ✓ Motor vehicle occupant injuries, especially affecting preteens and teens
  - ✓ Pedestrian injuries, especially affecting school aged children
  - ✓ Burns, especially affecting preschoolers
  - ✓ Falls, especially affecting preschool and school aged children

Focusing on local action:

The major causes of injury for children and adolescents are remarkably consistent across Illinois. What is not consistent is the relative size of each problem in each area and, therefore, the order in which the priorities should be addressed.

- In Chicago, top priorities must be to reduce firearm injuries for teens, burns for preschoolers, and pedestrian injuries for children of all ages.

- In suburban Cook County, top priorities must be steps to reduce firearm and motor vehicle injuries for teens, burns for preschoolers, motor vehicle occupant injuries for children over age six, and pedestrian injuries for all children.

- In Illinois' other counties, top priority must be to reduce motor vehicle occupant injuries and firearm injuries for teens, burns for preschoolers, motor vehicle occupant injuries for children over age six, and pedestrian injuries for all ages.

Targeted Solutions for each of these priorities include strategies for both parents and policymakers in communities. These are included in the report. A statewide policy agenda should include:

- Mandatory motor vehicle restraint of all children and adolescents - in the front and back seats of cars.

- Implementing graduated licensure for teen drivers.

- Tightening up the secondary firearm markets in Illinois, e.g., gun shows.

- Universal use of smoke detectors.

- Heightening public awareness of burn hazards in the home for preschoolers - including fire hazards, but also including kitchen, hot water and electrical hazards.

- Implementing traffic calming - i.e., slowing and simplifying traffic flow - to protect pedestrians and bicyclists.

- Encouraging families and teens to walk or bike instead of drive, when this is feasible.

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Child and Adolescent Injury in Illinois

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Acknowledgments

The completion of this type of project relies heavily on many individuals whose contributions are unknown to the reader. We would first like to thank Senator John Cullerton, whose tireless work to prevent childhood and adolescent injury made this project possible. Senator Cullerton for many years has advocated steadfastly for children and adolescents in Springfield. It will be reward enough if this report supports and advances his work, as well as the work of other child and adolescent advocates in Illinois, if even in a small way.

The Illinois Department of Public Health proved eager to foster our work and has done the most important task of setting up data systems to track injury in Illinois. A number of the department's staff also provided insight, support and were very responsive to our needs for data and clarification. We would especially like to acknowledge the helpfulness of Suzanne M. Gray, Evelyn Lyons, R.N., and Patrick McGarry, Ph.D.

The Child Health Data Lab enjoys the support and encouragement of many individuals at Children's Memorial Medical Center. Chief among these are Patrick Magoon, President and CEO, Susan Hayes Gordon and Jill Fraggos of the Government Relations Office, and Jim Harisiades, M.P.H, Director of the Office of Child Advocacy. Our parent department, the Center for Childhood Safety, was extremely helpful in guiding and shaping this project. We would especially like to thank John Sarwark, M.D., Teri Crawley, R.N. and Helene Garfinkel, R.N. Robert R. Tanz, M.D., provided a number of helpful insights as the project progressed and as a reviewer.

Other staff members of the Child Health Data Lab contributed substantial effort to portions of this report. We thank Tianyue Chen, M.S., for what seemed like countless retabulations of the data and Taruna Madhav for culling the injury prevention literature for appropriate preventive strategies.

Last, but not least, we thank our colleagues in the Statistical Sciences and Epidemiology Program at the Children's Memorial Institute for Education and Research. In small ways and large, they provide the environment necessary for disciplined research.

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Summary of the Data

How was the information in the report obtained?

We used:

The Illinois Trauma Registry for 1994-1996, which includes information on children and adolescents hospitalized (or in the Emergency Department for at least 12 hours) at designated Trauma Center hospitals. In Illinois, 67 of our 200 hospitals are designated Trauma Centers, equipped to treat serious injury. Over 90% of Illinois' hospitalized injuries are treated in the Trauma Centers.

Vital Statistics data for the same years, which include information on Illinois children and adolescents who died from injuries.

The methods employed to tabulate the data are detailed in Appendix I.

What injuries are the leading causes of death and hospitalizations to children and adolescents in Illinois?

It is important to consider deaths and hospitalizations. Information on both is presented in this report for specific injury causes, to guide prevention planning.

This summary focuses on the four leading causes of injury in each of several groups of children. Information is presented on both the number and the rates of death and injury (see Table 1.1).

Deaths

Firearms are the single leading cause of injury death to children and adolescents in Illinois, causing on average 346 deaths each year - the vast majority of these (83%) result from homicide. The next most common cause of injury death, motor vehicle occupant injuries, caused an average of 185 deaths each year.

The four leading causes of injury death are *firearms* (33% of all pediatric injury deaths; 24% when only homicide is considered), *motor vehicle occupant injuries* (18%), *burns* (7%) and *pedestrian injury* (6%).

The ages affected by these causes of death by injury differ. Firearms and occupant injury deaths most affect teens aged 15-19 years of age (88% of all pediatric firearm deaths, including homicide, and 63% of all pediatric motor vehicle occupant deaths). Burns particularly affect children under 5 years of age (57% of all pediatric deaths from burns); pedestrian injuries affect all the age groups about equally.

Trauma Center Hospitalizations

The four leading causes of injury hospitalizations are *falls* (25% of admissions), *motor vehicle occupant injuries* (22%), *firearm injuries* (10% from assaults; another 3% from unintentional firings), and *pedestrian injuries* (8%).

The ages affected by these causes of injury hospitalization differ. Falls most affect children under age 5 years of age (41% of all pediatric hospitalizations from falls). Firearms and occupant injuries most affect teens aged 15-19 years of age (87% of all pediatric firearm hospitalizations, including homicide, and 72% of all pediatric motor vehicle occupant hospitalizations). And pedestrian injuries most affect 5-9 year olds (37% of all pedestrian hospitalizations).

How does risk of serious injury vary across the state?

Deaths

Suburban Cook and non-Cook counties are similar in their patterns of child and adolescent injury hospitalization except that (Table 2.1):

- Motor vehicle occupant deaths are about twice as common in non-Cook counties as in suburban Cook.
- Firearm homicides are almost twice as common in suburban Cook as in non-Cook counties.

Comparing Chicago to suburban Cook (Table 2.1):

- Motor vehicle deaths are about 1/3 higher in suburban Cook.
- Firearm homicides are more than four times as common in Chicago.
- Pedestrian, drowning/submersion, and fire/burn deaths are each 2-3 times as common in Chicago as in suburban Cook.

Trauma Center hospitalizations

Suburban Cook and non-Cook counties are similar in their patterns of child and adolescent injury hospitalization except that (Table 2.1):

- Pedestrian, burns, and firearm assault injury hospitalizations are much more frequent in suburban Cook as in non-Cook counties,
- Sports injury hospitalizations are almost 5 times as frequent in suburban Cook as in non-Cook counties.

Comparing Chicago to suburban Cook (Table 2.1):

- Bike, sports, and motor vehicle occupant injury hospitalizations are more common in suburban Cook than in Chicago.
- Firearm assault hospitalizations are 8 times as common in Chicago; pedestrian hospitalizations are more than twice as common and burns are almost 50% more common.

How does risk vary with sex and age?

More than two-thirds of these injuries occur to boys. The increased risk for boys is especially marked for firearm deaths, which affect boys eight times as much as girls, and pedestrian and drowning deaths which each affect boys three times as much as girls (Table 1.2).

- *Boys*: For every 100,000 boys in IL, on average 345 are hospitalized at a trauma center for injuries each year, and 43 die.

- *Girls*: For every 100,000 girls in IL, on average 165 are hospitalized at a trauma center for injuries each year, and 17 die.

The largest proportion of injury deaths—60%—and hospitalizations—44%—occur in older teens, aged 15-19 years (Table 1.1).

- *Infants and preschoolers*: For every 100,000 children aged 0-4 years, on average 203 are hospitalized at a trauma center for injuries each year, and 23 die.

- *Young school-age children*: For every 100,000 children aged 5-9 years, on average 178 are hospitalized at a trauma center for injuries each year, and 9 die.

- *Young adolescents*: For every 100,000 children aged 10-14 years, on average 199 are hospitalized at a trauma center for injuries each year, and 15 die.

- *Adolescents*: For every 100,000 children aged 15-19 years, on average 481 are hospitalized at a trauma center for injuries each year, and 77 die.

Deaths

The leading causes of death by injury differs by age:

- *For those under 10*, the four leading causes are burns, motor vehicle occupant injuries, pedestrian injuries, and drowning.

- *For those 10 and over*, the four leading causes of injury death are firearm homicide, motor vehicle occupant injuries, pedestrian injuries, and drowning (i.e., the same as for the younger children except that firearms are added and burns drop out).

Trauma Center hospitalizations

Hospitalizations tell a slightly more complicated story when looked at by age:

- *For infants and preschoolers (0-4)*, the four leading causes are falls, burns, motor vehicle occupant injuries, and pedestrian injuries.

- *For young school-age children (5-9)*, the four leading causes are falls, pedestrian injuries, motor vehicle occupant injuries, and bicycle injuries.

- *For young adolescents (10-14)*, the four leading causes are falls, bike injuries, sports injuries, and motor vehicle occupant injuries.

- *For adolescents (15-19)*, the four leading causes are motor vehicle injuries, firearm assault injuries, sports injuries, and falls.

Targeted Solutions

SAFEKIDS and the American Academy of Pediatrics' TIPP program provide measures that can be taken to prevent injury (we have detailed these and other recommended Preventive Strategies in this report). What follows identifies helpful precautionary measures for causes of injury to Illinois children.

- *Motor vehicle occupant injuries* can be reduced by less frequent car travel (e.g., walking or using public transportation) and by consistent use of proper restraints for all passengers (seat belts, infant and child safety seats) when traveling in cars. Graduated licensure is one way to protect teens, as it increases supervision and decreases night driving.

- *Falls* by young children can be prevented by window guards, stair guards, safety rails on bunk beds at home, guard cushions on tables and furniture, avoiding the use of baby walkers, and never leaving infants unattended on raised surfaces. In the community, safe playground equipment can be essential to preventing falls resulting in hospitalizations.

- *Burns* to young children, when deadly, are generally caused by fire; most burns resulting in hospitalization are cased by scalding. It is vital to use smoke detectors, to teach fire safety to children who are old enough and to never leave young children unattended. In addition, parents should use safety equipment in the kitchen to prevent children from reaching for cooking pots and hot water heater temperature controls to prevent bathtub scalding.

- *Bike injuries* can be reduced by consistent use of bike helmets and separation of bike and car traffic. Youngsters under the age of 15 should be supervised while biking, as the highest rate of biking injuries happen to children 10-14.

- *Firearm injuries* to children and adolescents are usually the result of youngsters using guns. Reduced access can be fostered by removing guns from homes where children live or visit, safer storage of guns that must be kept, choosing only the safest models of guns, enforcement of means to reduce illegal gun trafficking, and other measures.

- *Pedestrian injuries* are lower when children walk safely, i.e., in areas where traffic is calmed and well controlled, and when safe street crossing practices are used. Children under the age of 8 should not cross streets without adult supervision.

- *Drowning* in young children can be prevented by using four-sided, five-foot high, locked barriers around swimming pools; avoiding the use of buckets around the home; and never leaving young children unattended in the bathtub. Teaching older children to swim can also help prevent drowning. And, of course, training in CPR can prevent serious submersion injuries and death.

For common problems without proven or promising solutions, state and local officials should encourage the development and evaluation of new approaches. This is true for *falls* that are not ones involving young children and great heights, and pool and freshwater *drownings* involving older children.

Geographical areas with shared problems may find it useful to work together to address these, sharing the program development and evaluation work. Suburban Cook shares problems with both Chicago and other Counties, and so may find that collaboration with both of the other regions will be useful.

Illinois

TABLE 1.1
Injury in Illinois by Age – Three Year Total Number and Annualized Rate

Mortality			AGE GROUPS							
	TOTAL		0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	33	.3	*	*	6	.2	18	.7	9	.4
Burns	215	2.1	123	4.5	51	2.0	22	.9	19	.8
Drowning	149	1.4	56	2.0	18	.7	28	1.1	47	1.9
Falls	30	.3	15	.6	6	.2	*	*	9	.4
MVI	555	5.4	69	2.5	51	2.0	86	3.4	349	14.3
MVI - Pedestrian	182	1.8	48	1.8	41	1.6	48	1.9	45	1.8
Sports	6	.1	*	*	*	*	*	*	6	.3
Unintentional Firearm	34	.3	*	*	*	*	7	.3	27	1.1
Unintentional Other	544	5.3	165	6.0	30	1.2	46	1.8	303	12.4
TOTAL	1748	16.9	476	17.3	203	7.9	255	10.0	814	33.3
INTENTIONAL DEATHS										
Firearm Homicide	865	8.4	8	.3	16	.6	80	3.2	761	31.1
Firearm Suicide	139	1.4	0	0	0	0	12	.5	127	5.2
Other Intentional	344	3.3	136	5.0	18	.7	30	1.2	160	6.7
TOTAL	1348	13.1	144	5.2	34	1.3	122	4.8	1048	42.9
ALL DEATHS	3149	30.5	641	23.3	243	9.4	383	15.1	1882	77.0

Hospitalizations			AGE GROUPS							
	TOTAL		0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	1389	13.5	78	2.8	427	16.5	677	26.6	207	8.5
Burns	1358	13.2	792	28.8	196	7.6	165	6.5	205	8.4
Drowning	132	1.3	81	3.0	18	0.7	20	0.8	13	0.5
Falls	6079	58.9	2479	90.2	1713	66.3	1119	44.0	768	31.4
MVI	5858	56.8	536	19.5	487	18.9	640	25.2	4195	171.7
MVI - Pedestrian	2275	22.1	448	16.3	834	32.3	556	21.9	437	17.9
Sports	1988	19.3	87	3.7	267	10.3	764	30.1	870	35.6
Unintentional Firearm	715	6.9	121	4.4	126	4.9	172	6.8	296	12.1
Unintentional Other	1901	18.4	534	19.4	384	14.9	319	12.6	664	27.2
TOTAL	22073	213.9	5252	190.99	4508	174.5	4505	177.3	7808	319.5
INTENTIONAL HOSP.										
Firearm Assault	2718	26.3	31	1.1	29	1.1	297	11.7	2361	96.6
Firearm Suicide Attempt	33	0.3	0	0	0	0	11	0.4	22	0.9
Other Intentional	2174	21.1	291	10.6	61	2.4	249	9.8	1573	64.4
TOTAL	4925	47.7	322	11.7	90	3.5	557	21.9	3956	161.9
ALL HOSPITALIZATIONS	26998	261.7	5574	202.7	4598	178.0	5062	199.2	11764	481.4

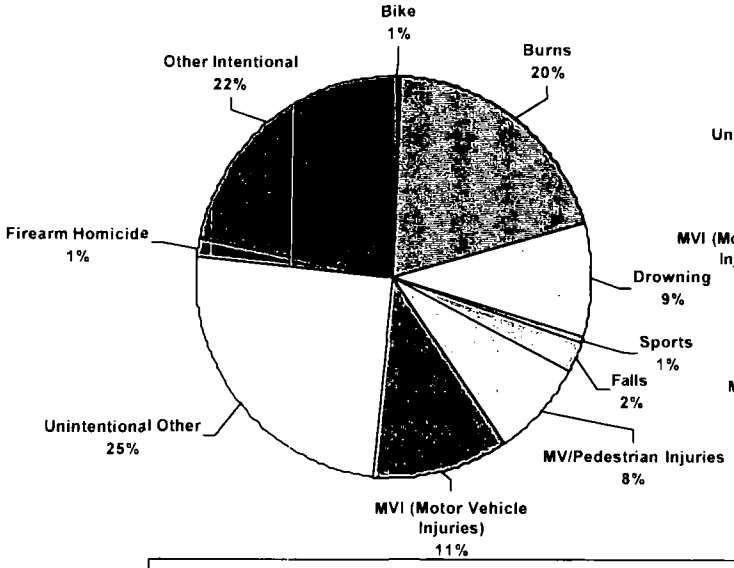
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix 1.

Figure 1.1: Illinois Mortality and Hospitalizations

0-4 and 5-9 Years of Age

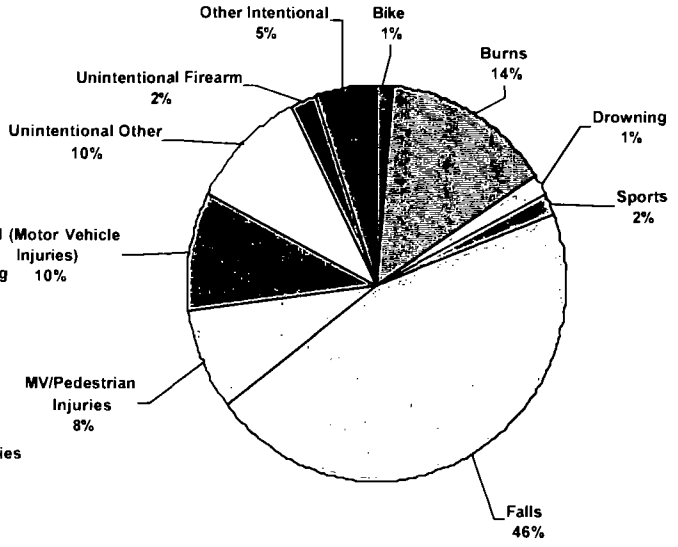
Mortality

0-4 Years



Hospitalizations

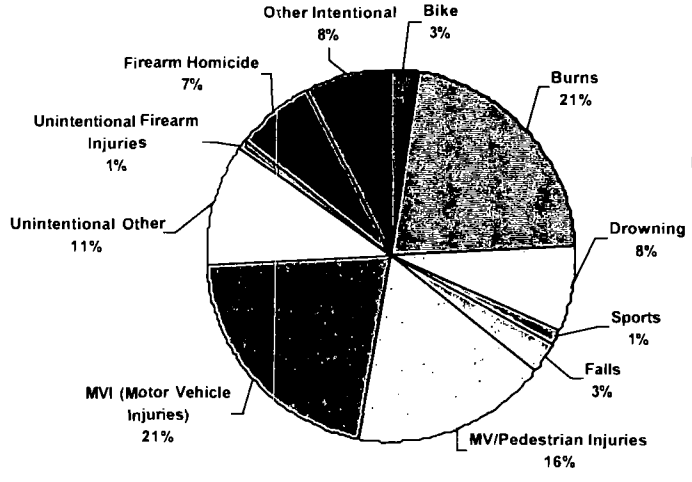
0-4 Years



- The youngest children are most likely to die from burns from fire, motor vehicle crashes, and drowning.
- The majority of "Intentional Other" deaths for this age group result from child abuse.
- The majority of hospitalizations occur as a result of falls and burns resulting from scalds.

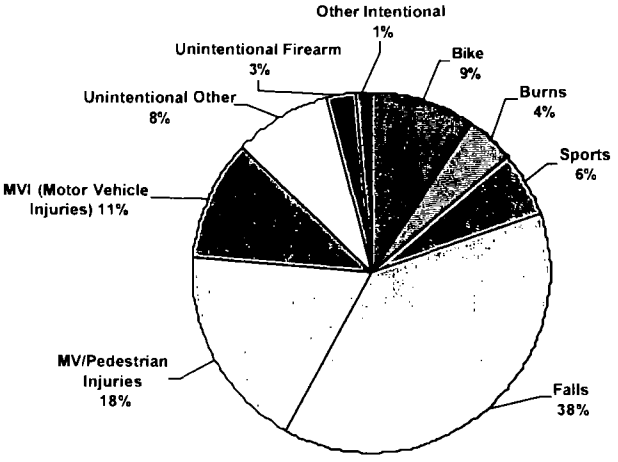
Mortality

5-9 Years



Hospitalizations

5-9 Years



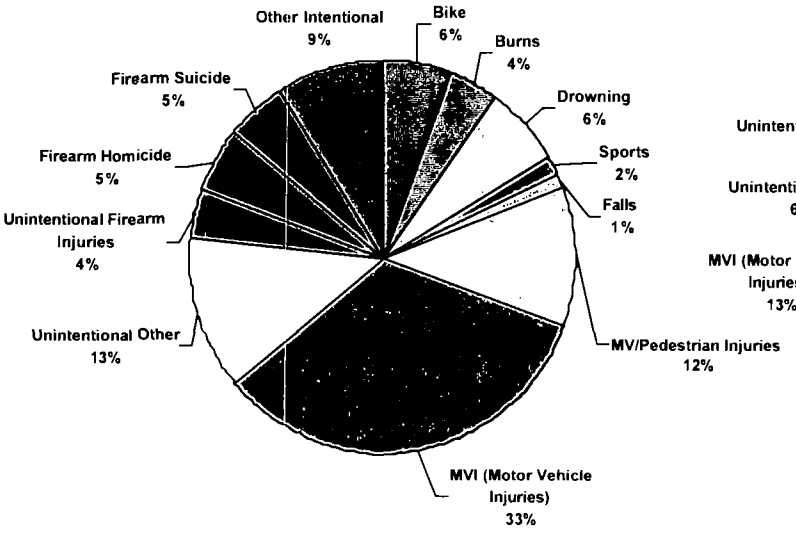
- For this age group, children are most vulnerable to injury death due to motor vehicle injuries, burns from fire and pedestrian injuries.
- When it comes to hospitalizations, this age group is most likely to be injured by falls and pedestrian injuries.

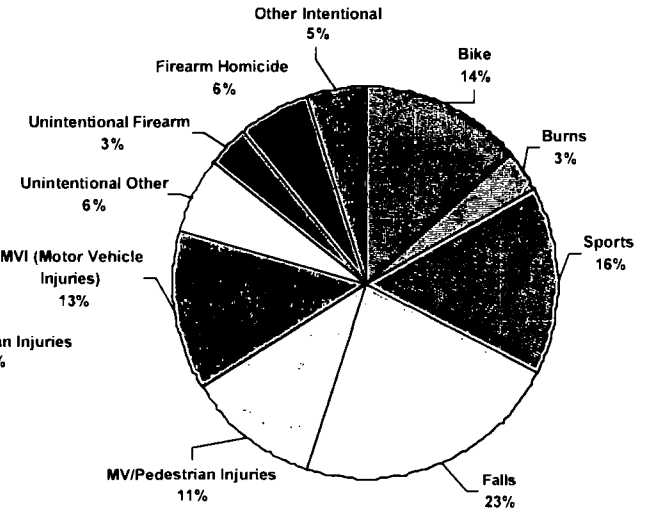
Figure 1.2 Illinois Mortality and Hospitalizations
10-14 and 15-19 Years of Age

Mortality

Hospitalizations

10-14 Years



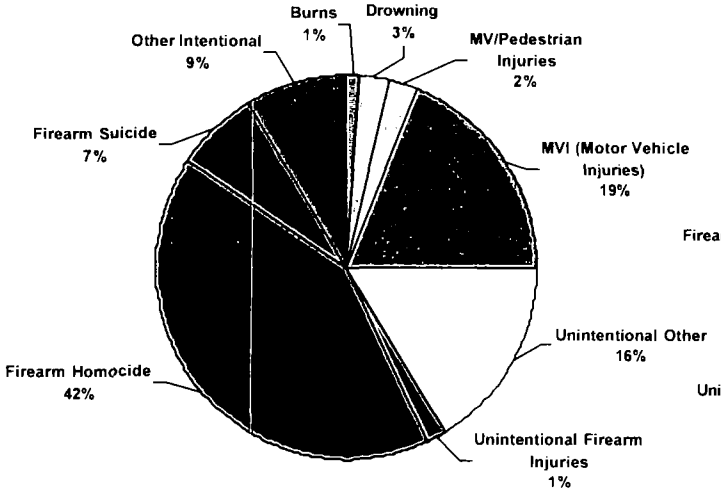


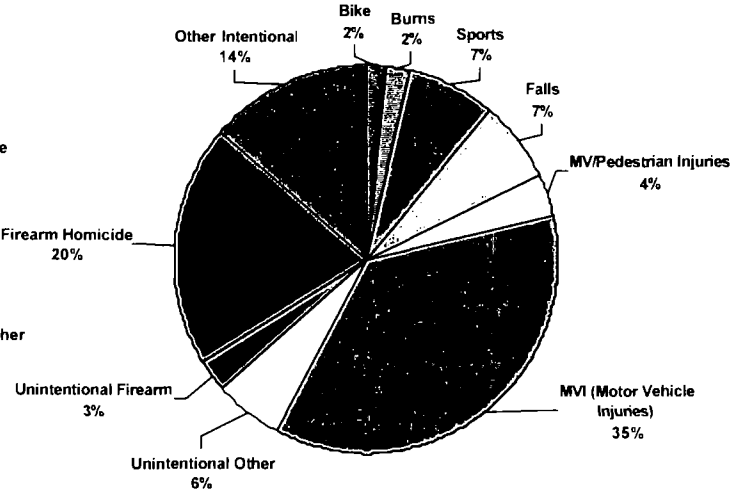
- Young adolescents are most likely to die from motor vehicle crashes and firearm violence.
- They are most likely to be hospitalized by falls and sports injuries.

Mortality

Hospitalizations

15-19 Years





- The leading cause of injury death for this age group is firearm violence, which is more than double the proportion of the second leading cause of injury death, motor vehicle crashes.
- This group is more vulnerable to injury from motor vehicle crashes than any other age group.

TABLE 1.2
Injury in Illinois by Sex – Three Year Total Number and Annualized Rate

Mortality			SEX			
	TOTAL		MALE		FEMALE	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES
Bike	33	.3	24	.5	9	.2
Burns	215	2.1	131	2.5	84	1.7
Drowning	149	1.4	114	2.2	35	.7
Falls	30	.3	22	.4	8	.2
MVI	555	5.4	339	6.4	216	4.3
MVI - Pedestrian	182	1.8	129	2.4	53	1.1
Sports	6	.1	*	*	*	*
Unintentional Firearm	34	.3	34	.6	*	*
Unintentional Other	544	5.3	351	6.6	193	3.8
TOTAL	1748	16.9	1144	21.6	604	12.0
INTENTIONAL DEATHS						
Firearm Homicide	865	8.4	764	14.4	101	2.0
Firearm Suicide	139	1.4	117	2.2	22	.4
Other Intentional	344	3.3	215	4.1	129	2.6
TOTAL	1348	13.1	1096	20.7	252	5.0
ALL DEATHS	3149	30.5	2280	43.0	869	17.3

Hospitalizations			SEX			
	TOTAL		MALE		FEMALE	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES
Bike	1389	13.5	1030	19.4	359	7.2
Burns	1358	13.2	928	17.5	429	8.5
Drowning	132	1.3	91	1.7	41	.8
Falls	6079	58.9	3791	71.5	2282	45.5
MVI	5858	56.8	3492	65.9	2363	47.1
MVI - Pedestrian	2275	22.1	1500	28.3	773	15.4
Sports	1988	19.3	1552	29.3	434	8.6
Unintentional Firearm	715	6.9	538	10.2	177	3.5
Unintentional Other	1901	18.4	1318	24.9	582	11.6
TOTAL	22073	213.9	14240	268.7	7440	148.2
INTENTIONAL HOSP.						
Firearm Assault	2718	26.3	2447	46.2	269	5.4
Firearm Suicide Attempt	33	0.3	29	.5	*	*
Other Intentional	2174	21.1	1591	30.0	585	11.6
TOTAL	4925	47.7	4067	76.7	854	17.0
ALL HOSPITALIZATIONS	26998	261.7	18307	345.4	8294	165.2

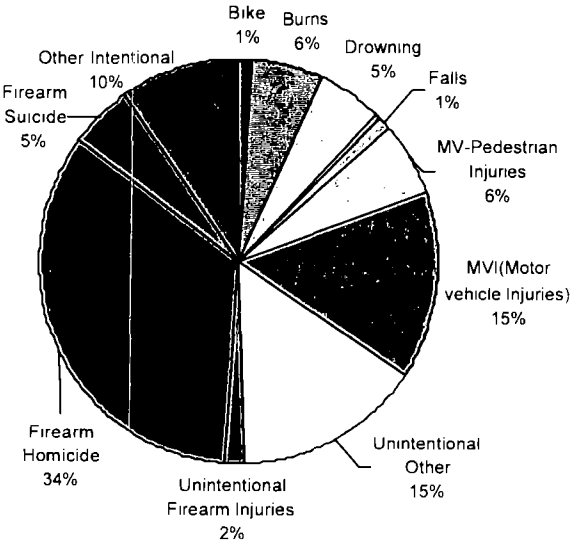
Rates are per 100,000 persons under age 20 over three years, 1994-1996
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

Figure 1.3 Illinois Mortality and Hospitalizations

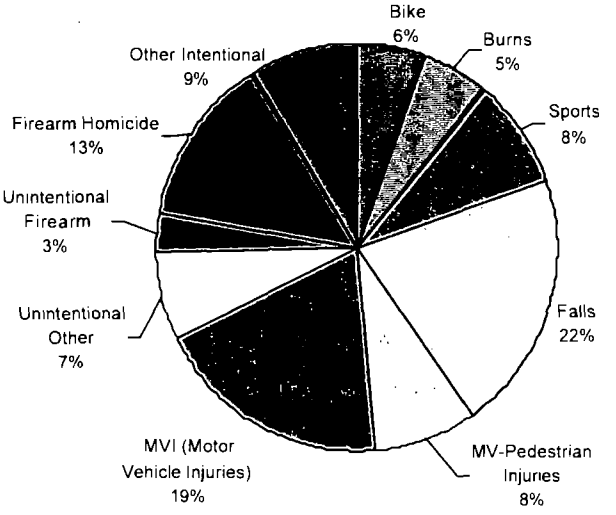
By Sex

Males

Mortality



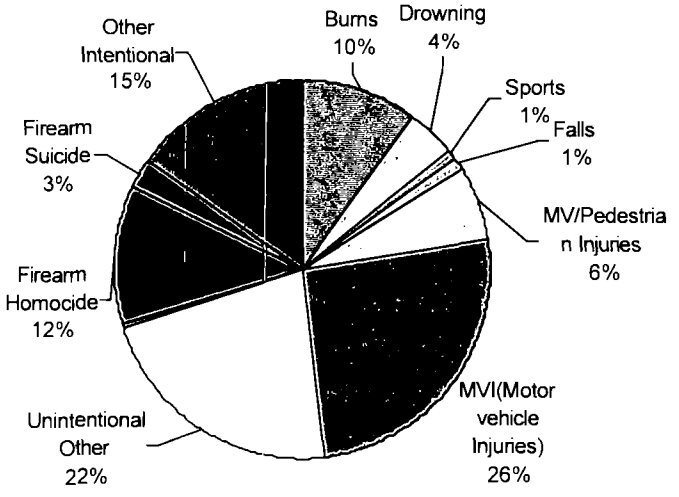
Hospitalizations



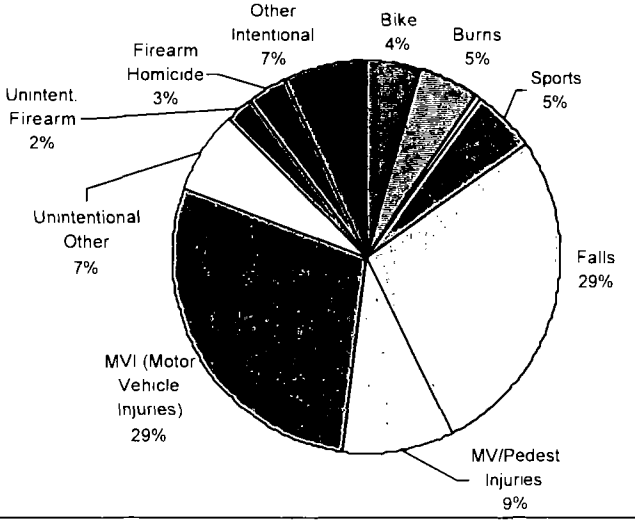
- Boys are most likely to die as a result of firearm homicide and motor vehicle injuries.
- They are most likely to be hospitalized as a result of falls, motor vehicle injuries and firearm assault.

Females

Mortality

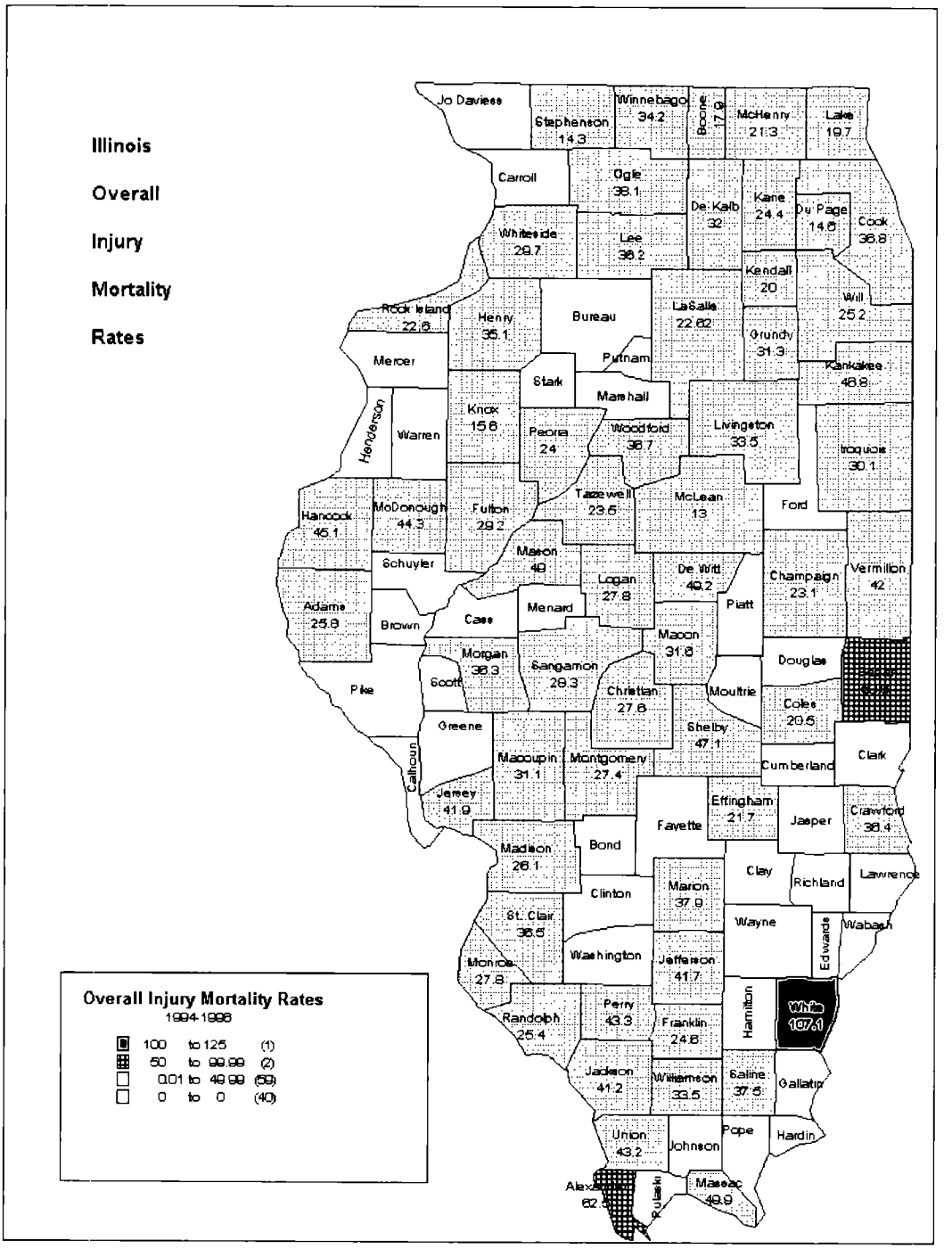


Hospitalizations



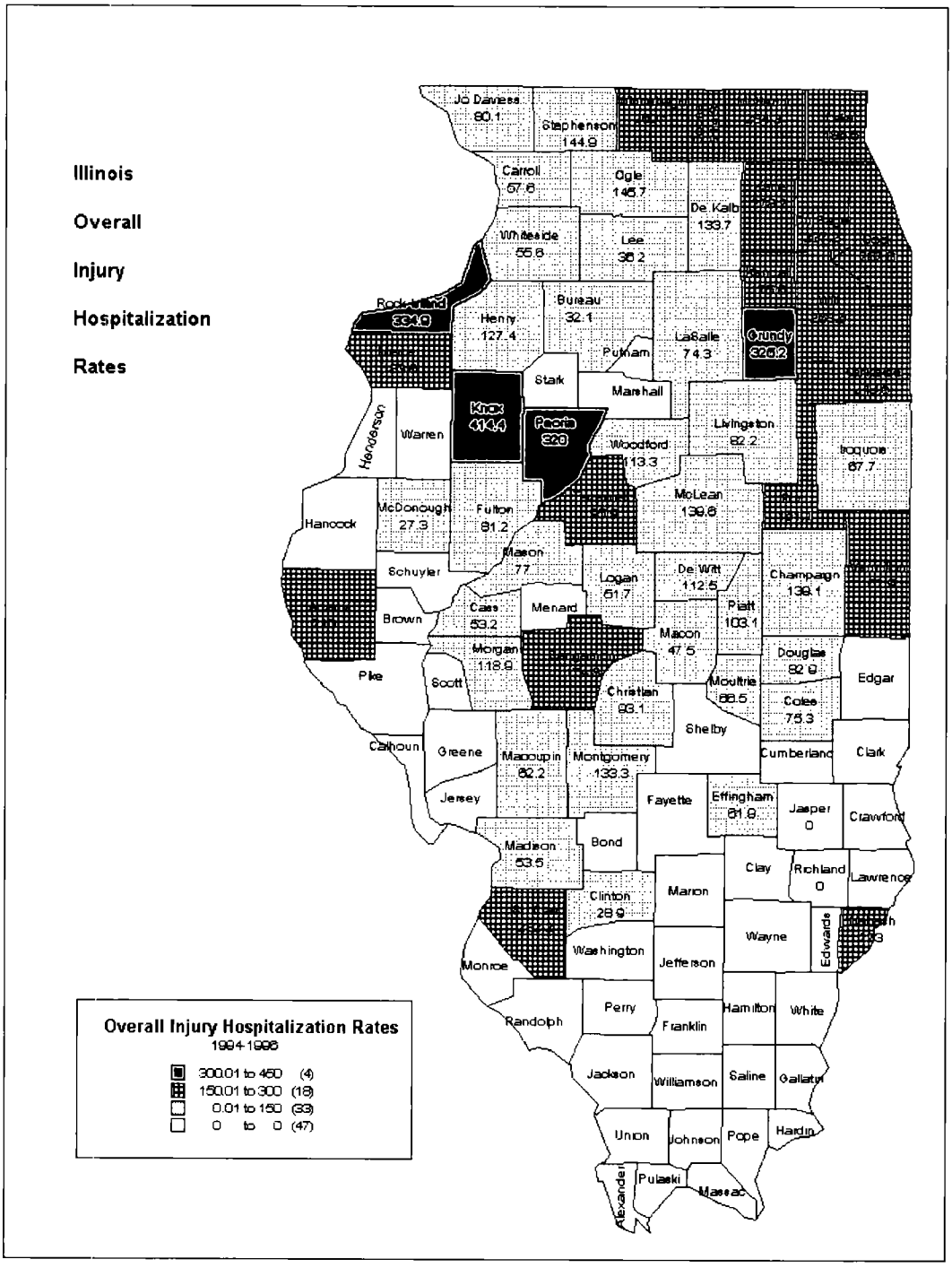
- Girls who die as a result of injury are most likely to have been injured be motor vehicle crashes.
- Motor vehicle injuries also lead the causes of hospitalizations for girls. Like boys, falls are a leading cause of hospitalization for girls.

Figure 1.4



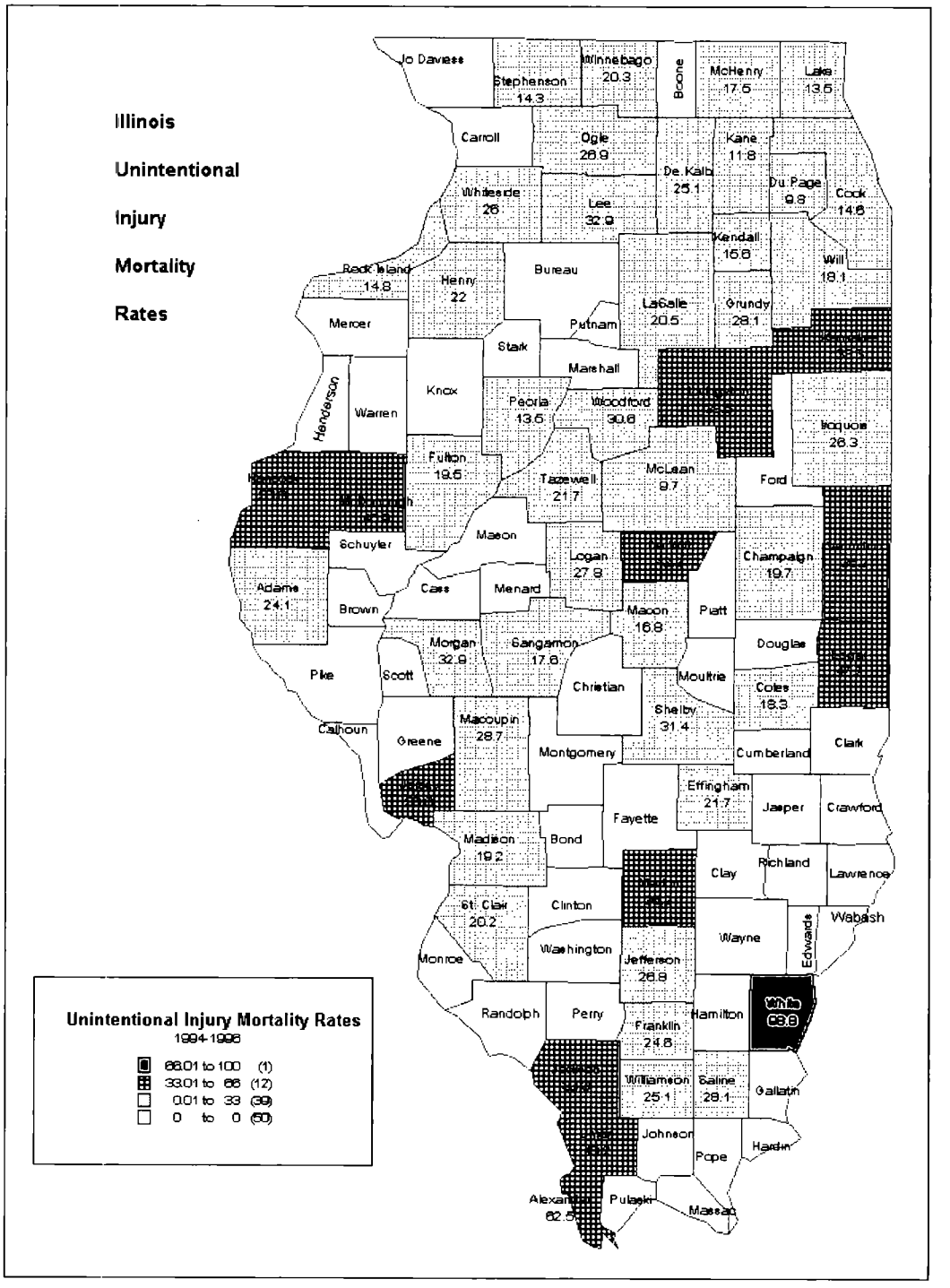
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Figure 1.5



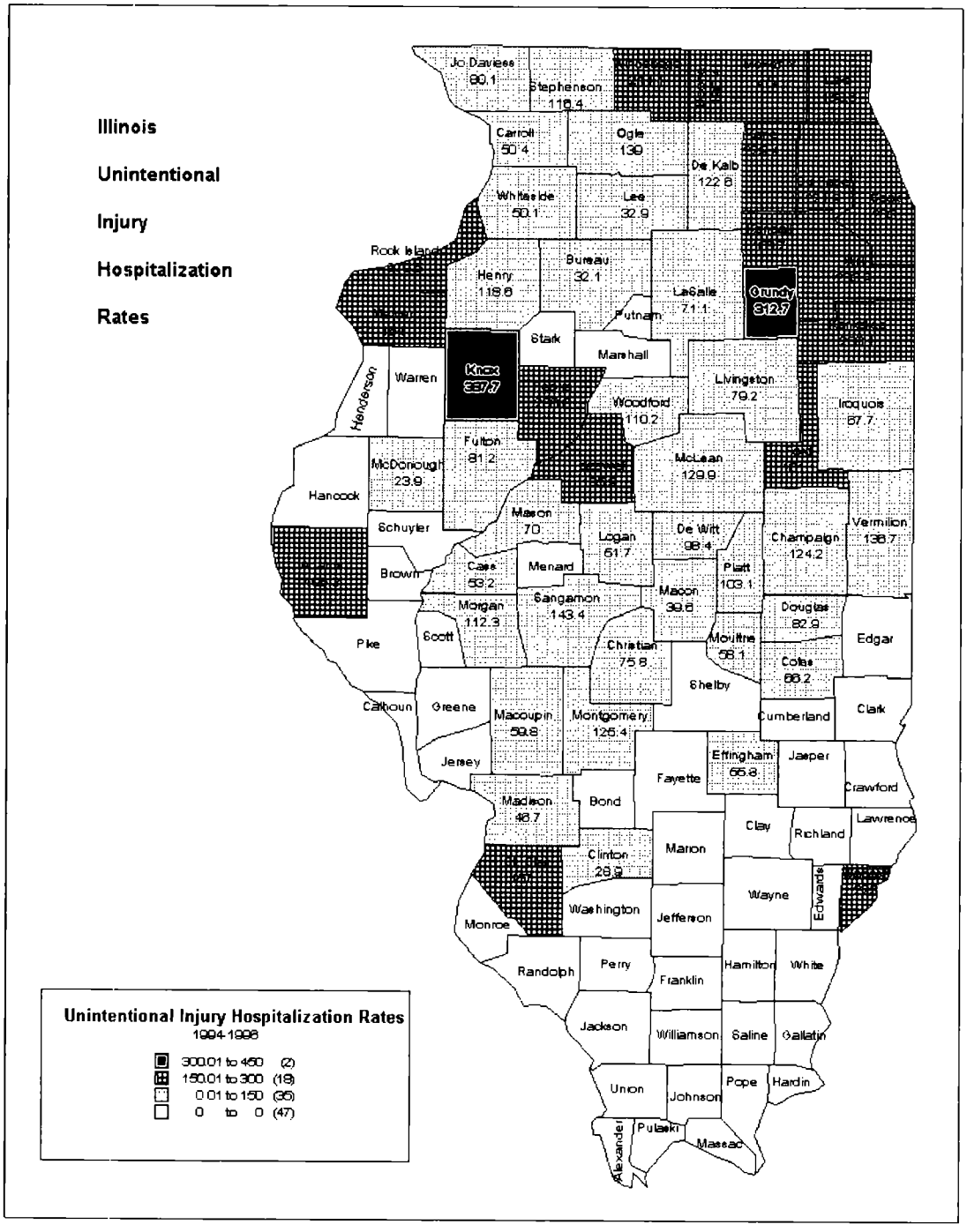
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Figure 1.6



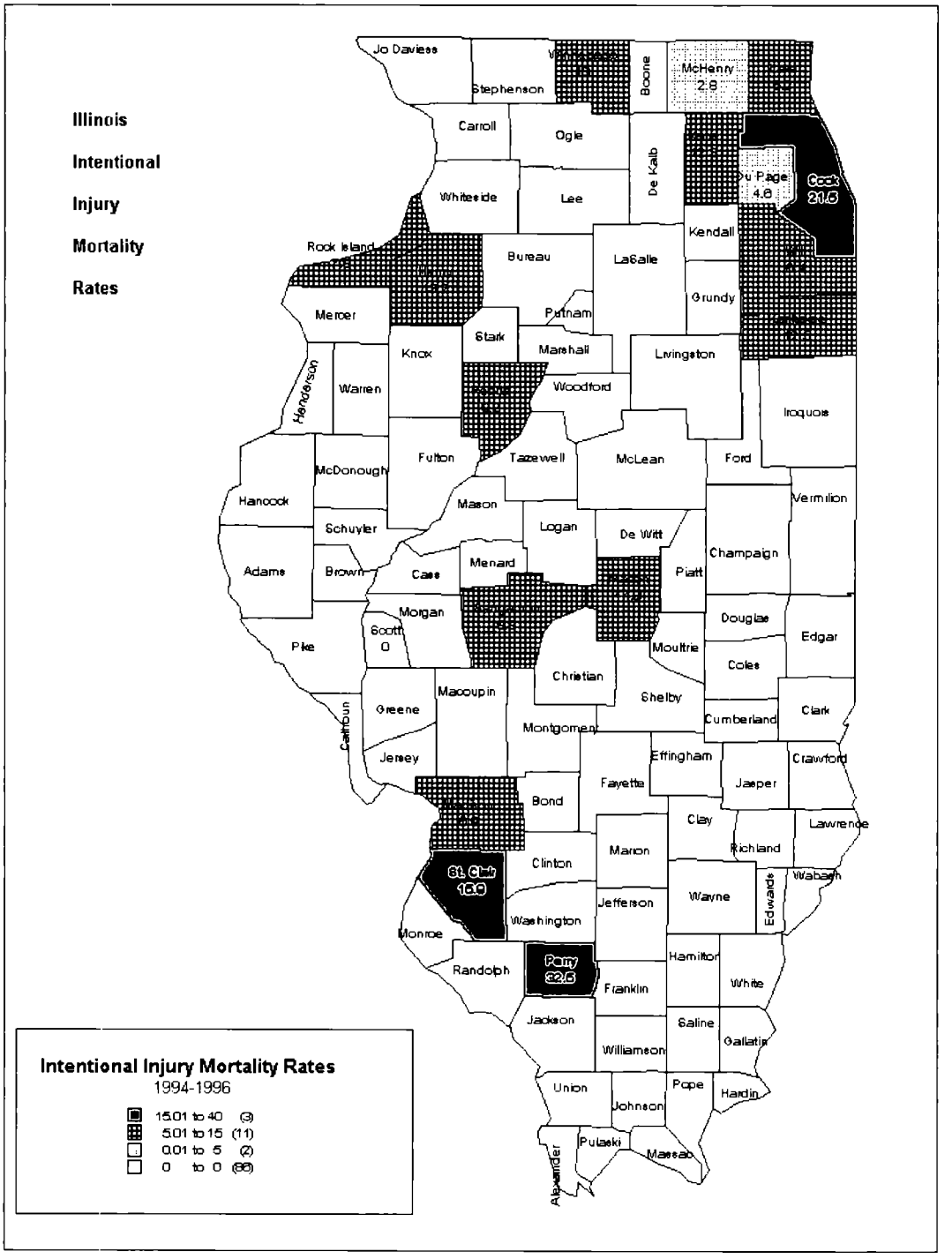
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Figure 1.7



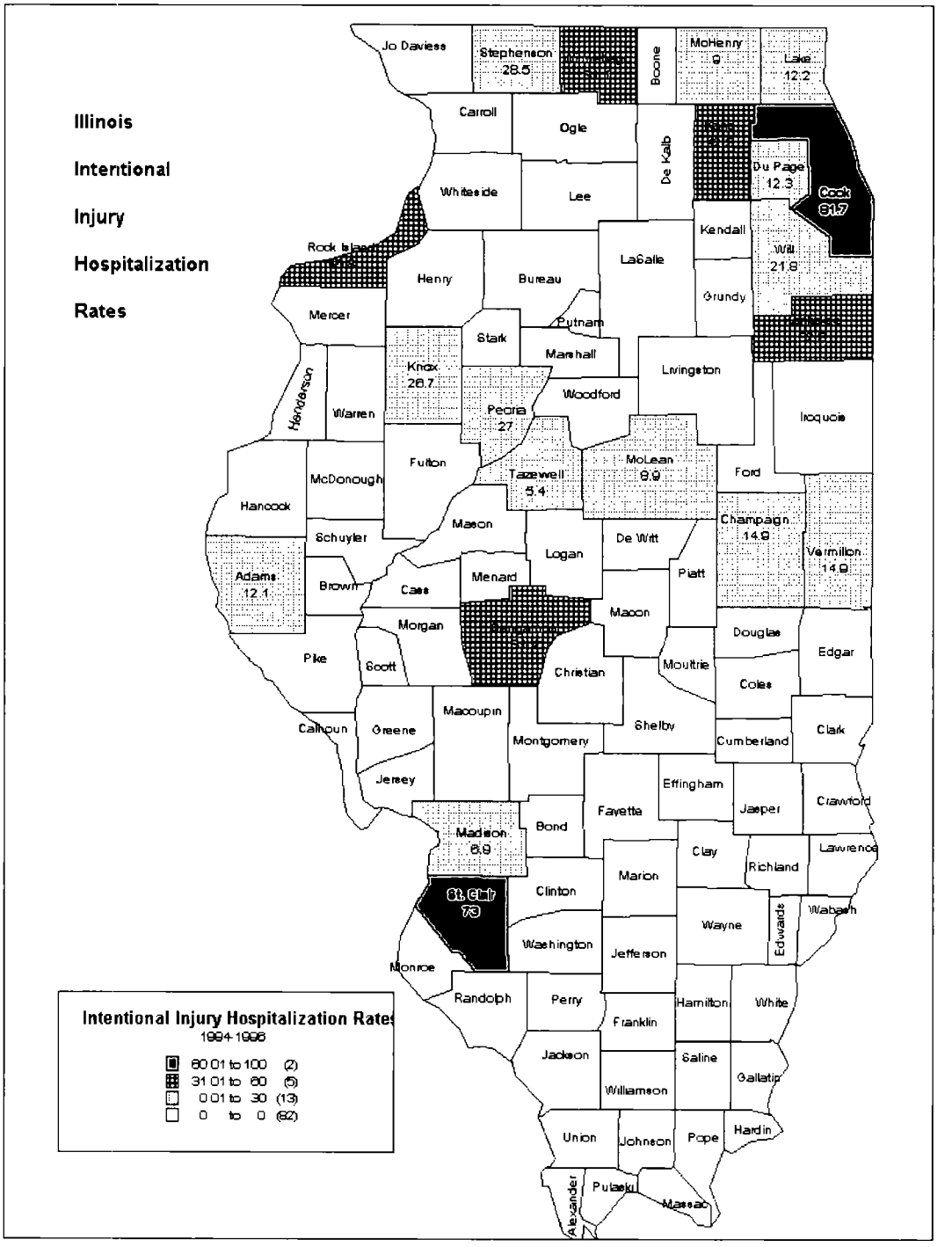
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Figure 1.8



Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Figure 1.9



Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Regional Comparisons

TABLE 2.1
Injury in Illinois by Region – Three Year Total Number and Annualized Rate

Mortality	ILLINOIS		EXCLUSIVE OF COOK COUNTY		COOK COUNTY		SUBURBAN COOK COUNTY		CHICAGO	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	33	.3	19	.3	7	.2	*	*	*	*
Burns	215	2.1	104	1.8	111	2.5	22	1.1	83	3.4
Drowning	149	1.4	85	1.4	59	1.4	15	8	43	1.8
Falls	30	.3	14	.2	8	.2	*	*	8	.3
MVI	555	5.4	426	7.2	129	3.0	66	3.4	58	2.4
MVI - Pedestrian	182	1.8	87	1.5	95	2.2	22	.8	68	2.8
Sports	6	.1	*	*	*	*	*	*	0	0
Unintentional Firearm	34	.3	22	.4	12	.3	*	*	9	.4
Unintentional Other	544	5.3	353	5.9	217	5.0	101	5.2	143	5.9
TOTAL	1748	16.9	1110	18.7	638	14.6	226	11.6	412	17.0
INTENTIONAL DEATHS										
Firearm Homicide	865	8.4	144	2.4	715	16.2	106	5.4	598	24.7
Firearm Suicide	139	1.4	83	1.4	54	1.2	21	1.1	33	1.4
Other Intentional	344	3.3	181	3.0	171	4.1	69	3.5	113	4.7
TOTAL	1348	13.1	408	6.7	940	21.5	196	10.1	744	30.7
ALL DEATHS	3149	30.5	1542	25.9	1607	36.8	431	22.1	1176	48.6

Hospitalizations	ILLINOIS		EXCLUSIVE OF COOK COUNTY		COOK COUNTY		SUBURBAN COOK COUNTY		CHICAGO	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	1389	13.5	704	11.8	482	11.0	281	14.4	201	8.3
Burns	1358	13.2	409	6.9	808	18.5	289	14.8	519	21.4
Drowning	132	1.3	49	.8	54	1.2	11	.6	34	1.4
Falls	6079	58.9	2766	66.0	2457	56.2	1112	57.1	1345	55.5
MVI	5858	56.8	2444	11.4	2127	48.7	996	51.1	1131	46.7
MVI - Pedestrian	2275	22.1	525	8.6	1553	35.5	364	18.7	1189	49.1
Sports	1988	19.3	1050	3.4	490	11.2	353	18.1	137	5.7
Unintentional Firearm	715	6.9	370	4.0	242	5.5	96	4.9	146	6.0
Unintentional Other	1901	18.4	901	15.2	662	15.0	290	14.9	376	15.5
TOTAL	22073	213.9	9416	131.7	9000	206.0	3859	198.1	5141	212.3
INTENTIONAL HOSP.										
Firearm Assault	2718	26.3	405	6.8	2161	49.5	206	10.6	1955	80.7
Firearm Suicide Attempt	33	0.3	16	.3	9	0 2	*	*	*	*
Other Intentional	2174	21.1	581	9.8	1399	32.0	343	17.7	1065	44.0
TOTAL	4925	47.7	1002	16.9	3569	81.7	549	28.2	3020	124.7
ALL HOSP.	26998	261.7	10418	175.2	12569	287.6	4408	226.3	8161	337.0

Note: Row totals do not equal the sum of the row contents because some data cannot be geocoded and because cells in subsequent tables with frequencies of less than six are hidden for reasons of confidentiality.

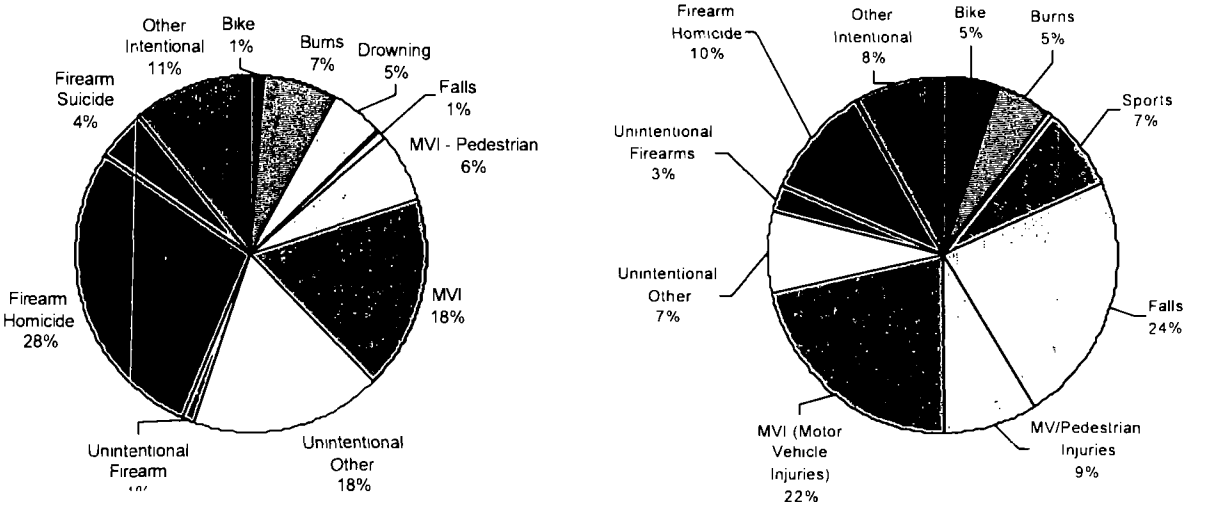
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

Figure 2.1: Illinois Mortality and Hospitalizations

Illinois and Illinois Exclusive of Cook

Mortality — Hospitalizations

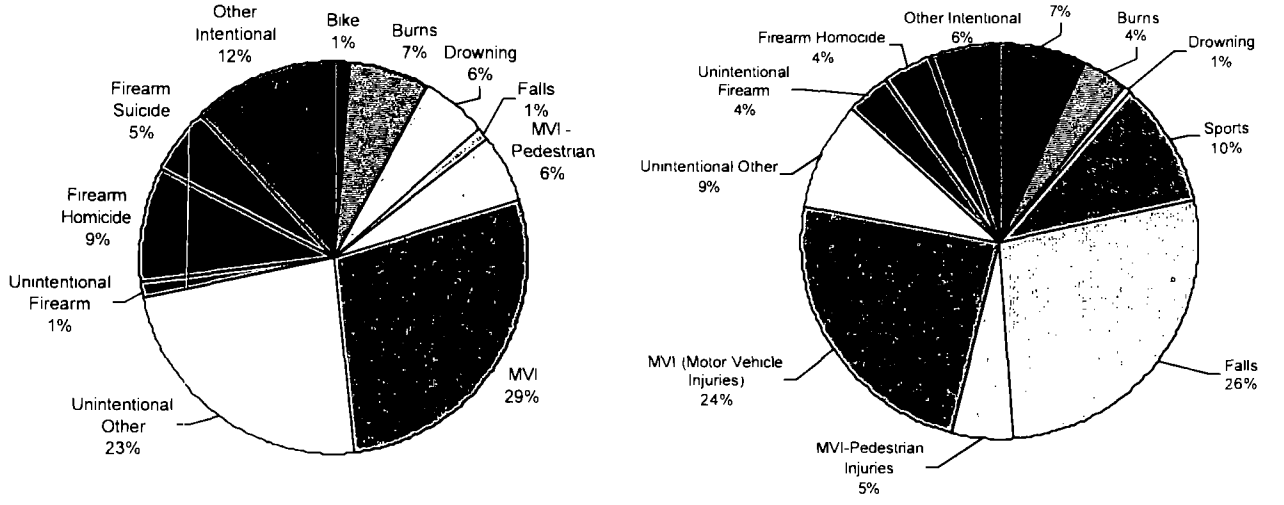
Illinois



- Firearm homicide is the leading cause of injury death for young people in Illinois. Motor vehicle crashes are the second highest single cause of injury death.
- Falls are the leading cause of injury hospitalizations for youth in Illinois; motor vehicle crashes are the second highest cause.

Mortality — Hospitalizations

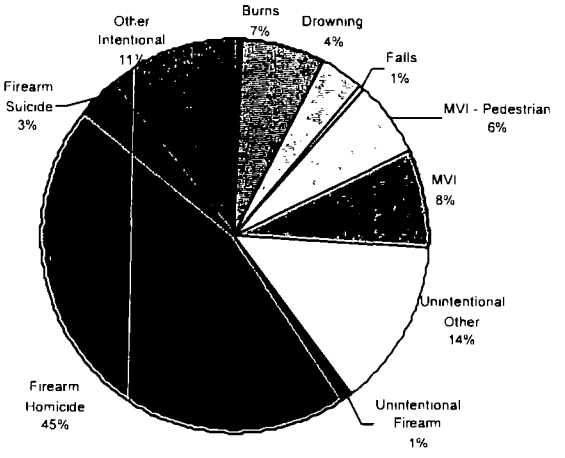
Illinois Exclusive of Chicago



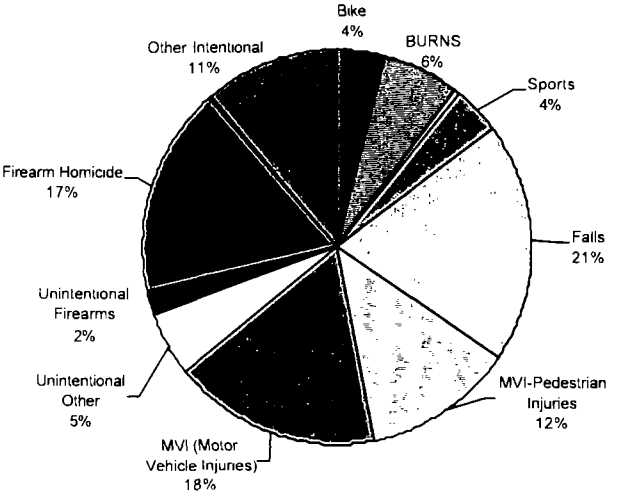
- For young people outside of Cook County, the leading cause of injury death is motor vehicle injuries. Firearm-related deaths comprise 15% of injury deaths.
- When it comes to hospitalizations, motor vehicle injuries follows closely hospitalizations caused by falls.

Figure 2.2: Illinois Mortality and Hospitalizations
Cook County and Suburban Cook

Mortality — Cook County

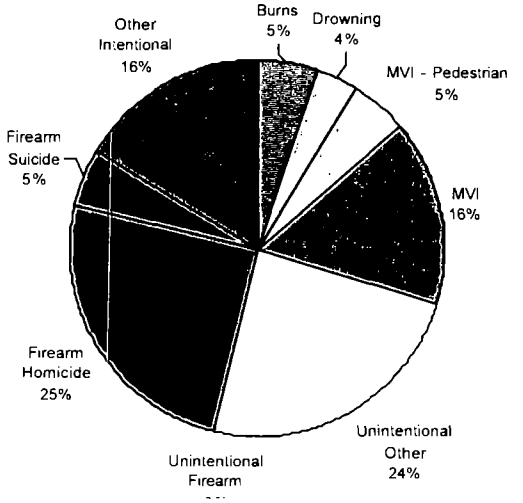


Hospitalizations — Cook County

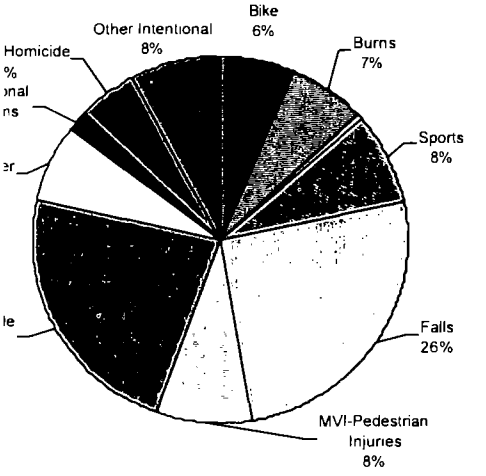


- In Cook County, firearm-related injury is the leading cause of injury death for youth, comprising almost 50% of all injury deaths.
- Falls, motor vehicle crashes, and firearm injuries are the leading causes of hospitalization.

Mortality — Suburban Cook County



Hospitalizations — Suburban Cook County

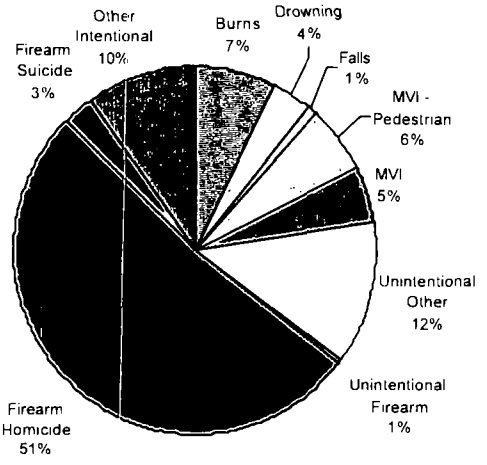


- When Chicago is excluded from Cook County, firearm injury remains the leading cause of death for youth.
- Motor vehicle crashes and falls remain the leading causes of hospitalizations.

Figure 2.3: Illinois Mortality and Hospitalizations

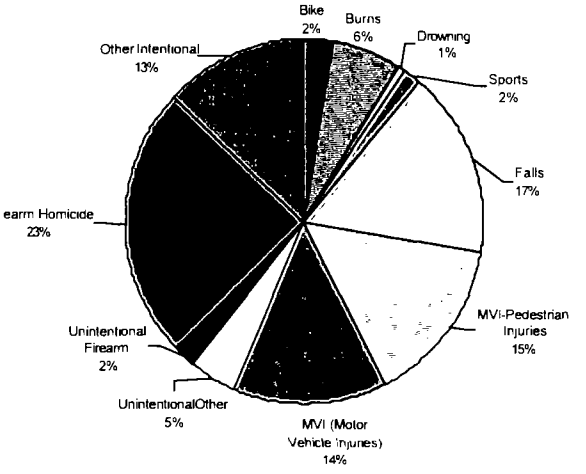
Chicago

Mortality



Hospitalizations

Chicago



- Over half of injury deaths of youth in Chicago are due to firearms.
- Pedestrian injury is more substantial problem in Chicago than motor vehicle injuries, an injury pattern unique to Chicago among Illinois' jurisdictions.
- The leading causes of hospitalizations for Chicago youth are firearm injuries, pedestrian injuries and motor vehicle injuries.

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

TABLE 2.2
Injury in Illinois, Exclusive of Cook County by Age – Three Year Total Number and Annualized Rate

Mortality

	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	19	.3	*	*	*	*	11	.7	8	.6
Burns	104	1.8	64	4.2	24	1.6	8	5	8	.6
Drowning	85	1.4	31	2.1	13	.9	12	.8	29	2.0
Falls	14	.2	7	.5	*	*	*	*	7	5
MVI	426	7.2	45	3.0	37	2.5	63	4.2	281	19.7
MVI - Pedestrian	87	1.5	22	1.5	21	1.4	22	1.5	22	1.5
Sports	*	*	*	*	*	*	*	*	*	*
Unintentional Firearm	22	.4	0	0	*	*	7	.5	15	1.1
Unintentional Other	353	5.9	74	4.9	24	1.6	29	1.9	226	15.8
TOTAL	1110	18.7	243	16.1	119	7.9	152	10.1	596	41.8
INTENTIONAL DEATHS										
Firearm Homicide	144	2.4	*	*	*	*	10	.7	134	9.4
Firearm Suicide	83	1.4	0	0	0	0	10	.7	73	5.1
Other Intentional	181	3.0	70	4.6	9	.6	17	1.1	85	6.0
TOTAL	408	6.7	70	4.6	9	.6	37	2.5	292	20.5
ALL DEATHS	1542	25.9	319	21.1	131	8.7	192	12.8	900	63.1

Hospitalizations

	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	704	11.8	43	2.8	232	15.4	339	22.6	90	6.3
Burns	409	6.9	202	13.3	67	4.5	57	3.8	83	5.8
Drowning	49	.8	31	2.1	12	.8	*	*	6	.4
Falls	2766	46.5	1000	66.0	847	56.3	567	37.8	352	24.7
MVI	2444	41.1	173	11.4	210	14.0	249	16.6	1812	127.0
MVI - Pedestrian	525	8.8	130	8.6	173	11.5	121	8.1	101	7.1
Sports	1050	17.7	51	3.4	133	8.8	382	25.4	484	33.9
Unintentional Firearm	370	6.2	60	4.0	77	5.1	88	5.9	145	10.2
Unintentional Other	903	15.2	252	16.6	188	12.5	154	10.2	307	21.5
TOTAL	9416	158.3	1994	131.7	1982	131.7	1994	132.8	3446	241.5
INTENTIONAL HOSP.										
Firearm Assault	405	6.8	7	.5	6	.4	39	2.6	353	24.7
Firearm Suicide Attempt	16	.3	0	0	0	0	*	*	12	.8
Other Intentional	581	9.8	101	6.7	11	.7	60	4.0	413	28.9
TOTAL	1002	16.9	108	7.1	17	1.1	99	6.6	778	54.5
ALL HOSPITALIZATIONS	10418	175.2	2102	138.8	1999	132.8	2093	139.4	4224	296.0

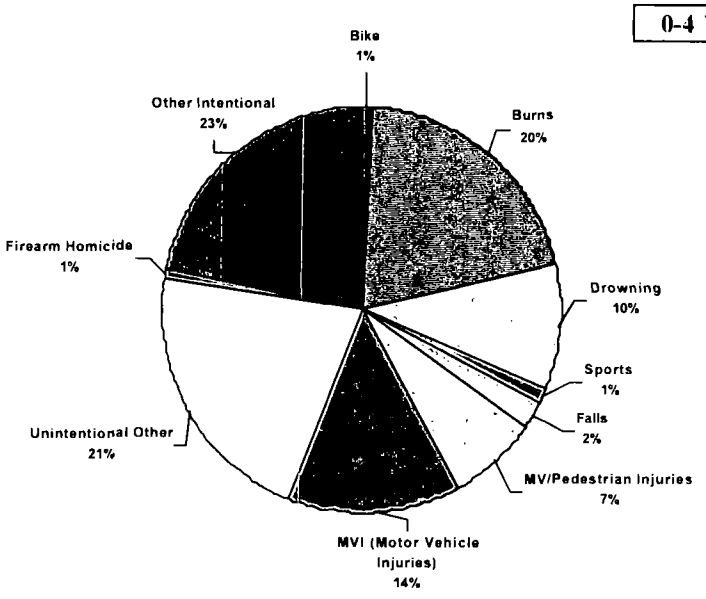
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

Figure 2.4: Injury in Illinois, Exclusive of Cook County

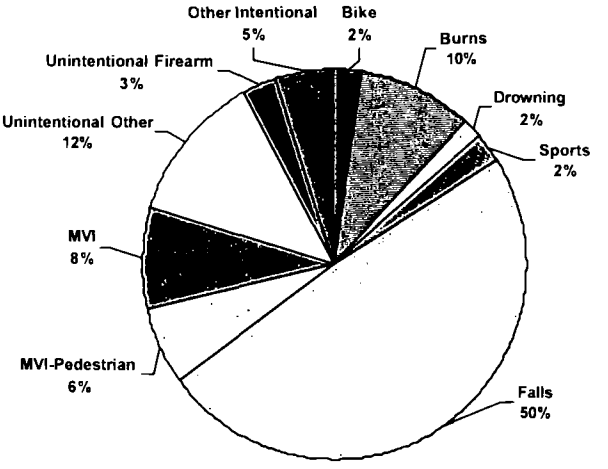
0-4 and 5-9 Years of Age

Mortality

0-4 Years



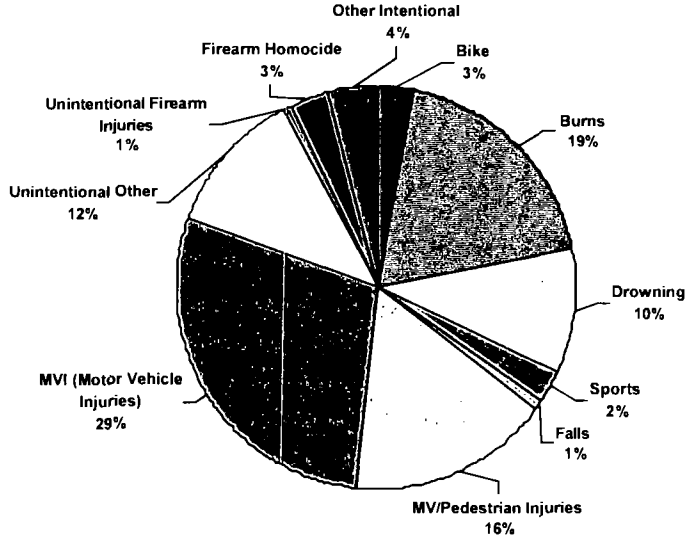
Hospitalizations



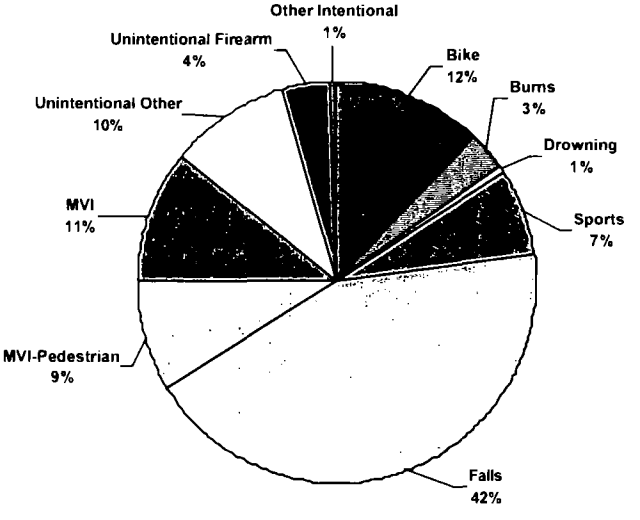
- The greatest single cause of injury death for the youngest children in this region is burns, followed by motor vehicle injury. The "other intentional" category for this age group is dominated by child abuse.
- Falls and burns from scalding are the leading causes of hospitalization for this age group.

Mortality

5-9 Years



Hospitalizations



- Motor vehicle crashes, fires, and pedestrian injuries are the leading cause of death for this age group.
- Hospitalizations are most likely to be caused by falls, bicycle injuries and pedestrian injuries.

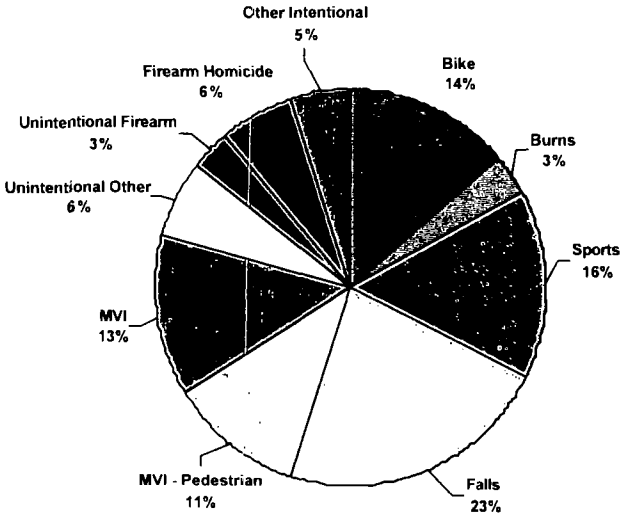
Figure 2.5: Injury in Illinois, Exclusive of Cook County

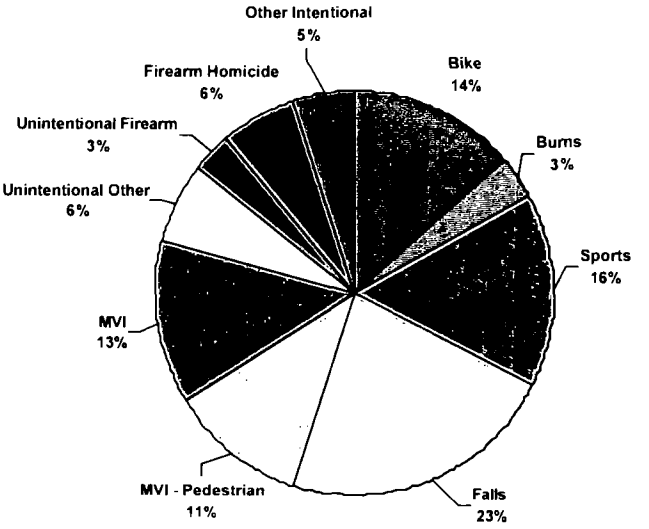
10-14 and 15-19 Years of Age

Mortality

Hospitalizations

10-14 Years



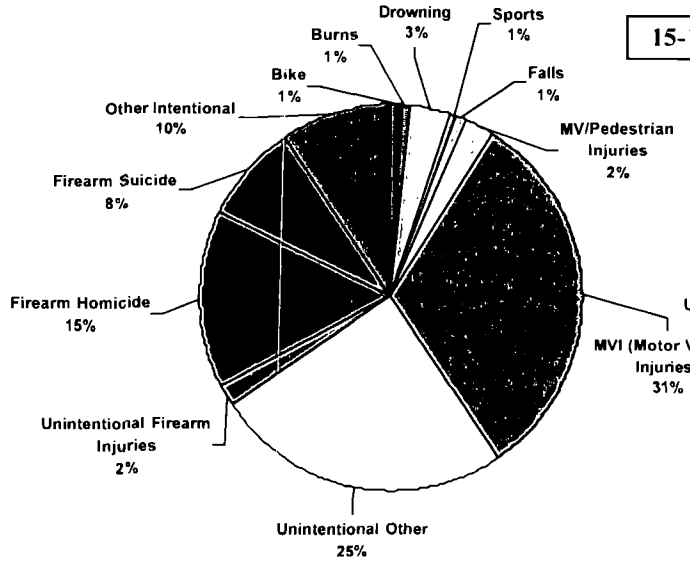


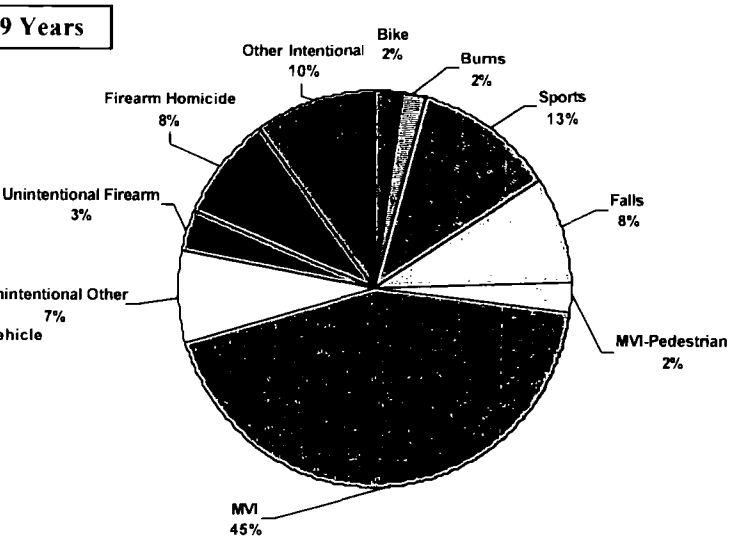
- A young adolescent outside of Cook County is almost three times as likely to die from motor vehicle crashes than any other single source of injury.
- Hospitalizations are most likely to occur as a result of falls, sports injuries and bicycle injuries.

Mortality

Hospitalizations

15-19 Years





- Motor vehicle crashes are the leading cause of death *and* hospitalization for older adolescents.
- Even outside of Cook County, firearms pose a significant threat – it is the second leading cause of injury death for this group.

TABLE 2.3
Injury in Cook County by Age – Three Year Total Number and Annualized Rate

Mortality

			AGE GROUPS							
	TOTAL		0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	7	.2	*	*	*	*	7	.7	*	*
Burns	111	2.5	59	4.8	27	2.5	14	1.4	11	1.1
Drowning	59	1.4	25	2.0	*	*	16	1.5	18	1.8
Falls	8	.2	8	.7	*	*	*	*	*	*
MVI	129	3.0	24	1.9	14	1.3	23	2.2	68	6.7
MVI - Pedestrian	95	2.2	26	2.1	20	1.9	26	2.5	23	2.3
Sports	*	*	0	0	0	0	0	0	*	*
Unintentional Firearm	12	.3	*	*	*	*	0	0	12	1.2
Unintentional Other	217	5.0	91	7.4	23	2.1	17	1.6	86	8.5
TOTAL	638	14.6	233	18.9	84	7.8	103	9.9	218	21.4
INTENTIONAL DEATHS										
Firearm Homicide	715	16.2	6	.5	12	1.1	70	6.7	627	61.7
Firearm Suicide	54	1.2	0	0	0	0	*	*	54	5.3
Other Intentional	171	4.1	68	5.5	13	1.2	15	1.4	75	7.4
TOTAL	940	21.5	74	6.0	25	2.3	85	8.2	756	74.4
ALL DEATHS	1607	36.8	322	26.1	112	10.4	191	18.4	982	96.6

Hospitalizations

			AGE GROUPS							
	TOTAL		0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	482	11.0	25	2.0	135	12.5	242	23.3	80	7.9
Burns	808	18.5	532	43.1	108	10.0	81	7.8	87	8.6
Drowning	54	1.2	37	3.0	*	*	11	1.1	6	0.6
Falls	2457	56.2	1199	97.0	603	55.9	375	36.1	280	27.5
MVI	2127	48.7	257	20.8	193	17.9	221	21.3	1456	143.2
MVI - Pedestrian	1553	35.5	276	22.3	599	55.6	385	37.0	293	28.8
Sports	490	11.2	21	1.7	77	7.1	212	20.4	180	17.7
Unintentional Firearm	242	5.5	47	3.8	30	2.8	59	5.7	106	10.4
Unintentional Other	662	15.0	187	15.1	127	11.4	106	10.2	237	23.3
TOTAL	9000	206.0	2614	211.6	1879	174.3	1720	165.5	2787	274.2
INTENTIONAL HOSP.										
Firearm Assault	2161	49.5	20	1.6	22	2.0	246	23.7	1873	184.2
Firearm Suicide Attempt	6	0.1	0	0	0	0	*	*	6	0.6
Other Intentional	1399	32.1	158	12.8	42	3.9	175	16.6	1027	101.0
TOTAL	3569	81.7	178	14.4	64	5.9	421	40.5	2906	285.9
ALL HOSPITALIZATIONS	12569	287.6	2792	226.0	1943	180.2	2141	206.0	5693	560.0

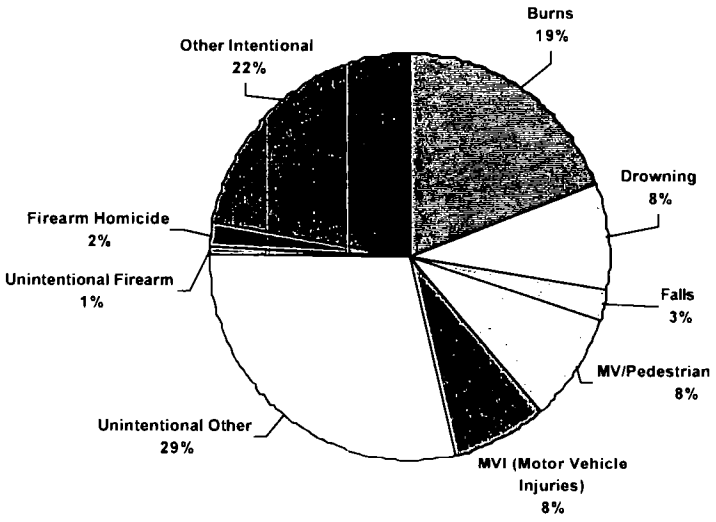
Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

Figure 2.6: Injury in Cook County

0-4 and 5-9 Years of Age

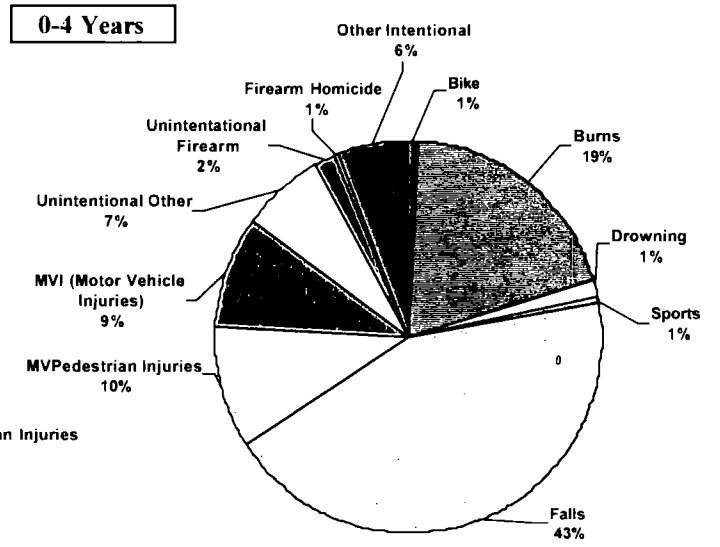
Mortality

0-4 Years



Hospitalizations

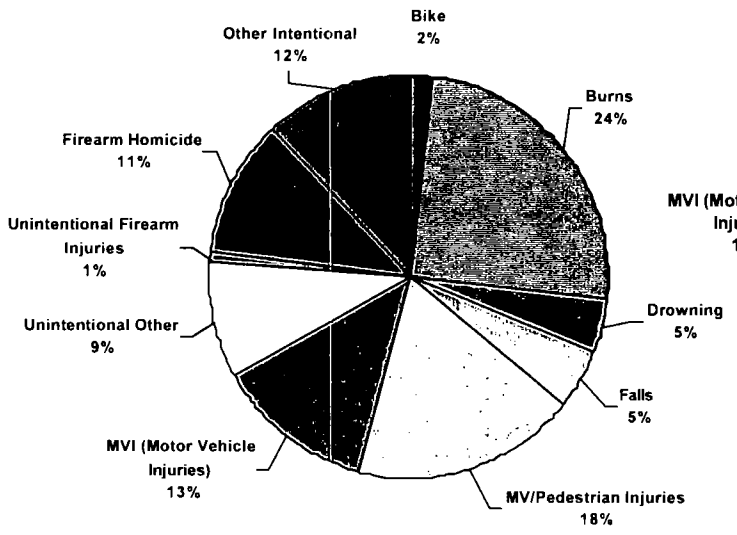
0-4 Years



- In Cook County, the leading cause of death for the youngest children is burns from fire. Choking (about half of the "other unintentional" category) is the second greatest cause of death. The "other intentional" category is dominated by child abuse injuries.
- Falls, burns from scalds and pedestrian injuries lead the causes of hospitalization for this age group.

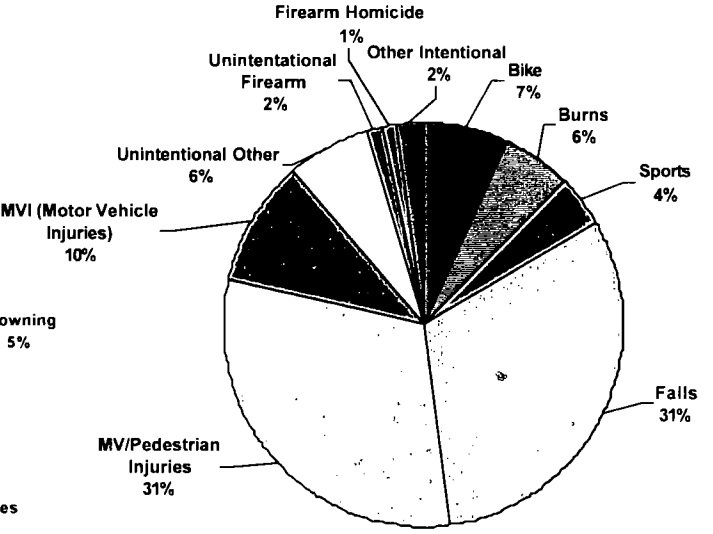
Mortality

5-9 Years



Hospitalizations

5-9 Years

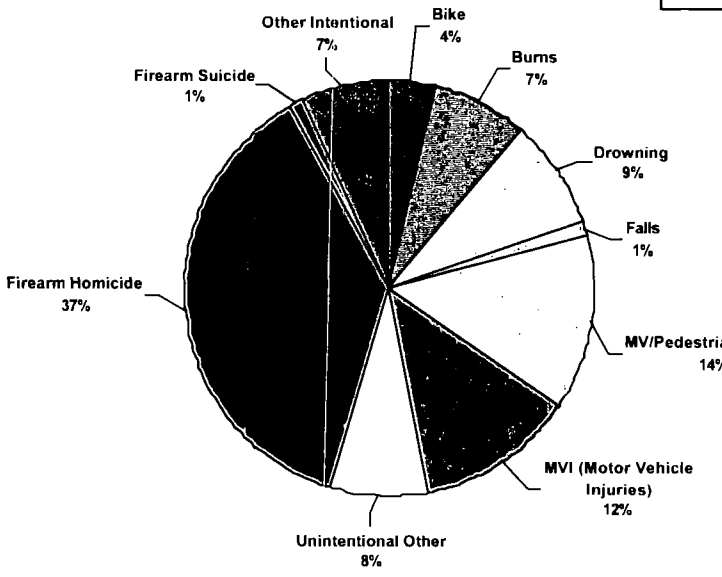


- Burns from fire, pedestrian injuries and motor vehicle occupant injuries are the leading causes of injury death for children 5-9 in Cook County.
- Pedestrian injuries lead the reasons for hospitalization along with falls.

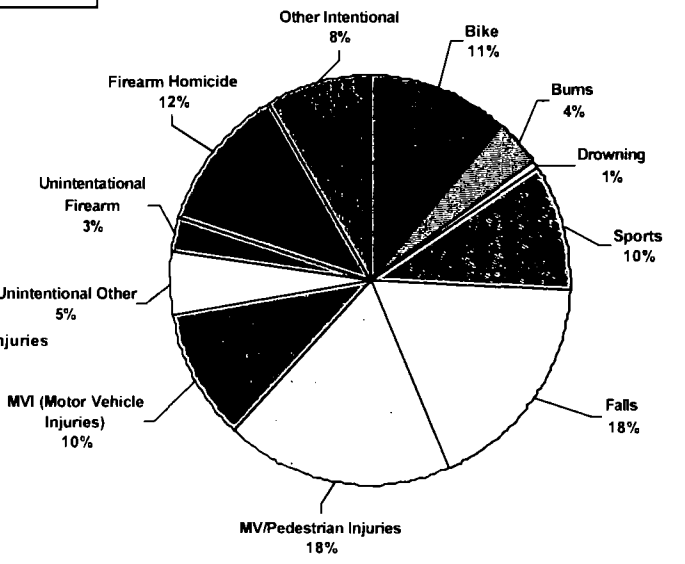
Figure 2.7: Injury in Cook County

10-14 and 15-19 Years of Age

Mortality — 10-14 Years

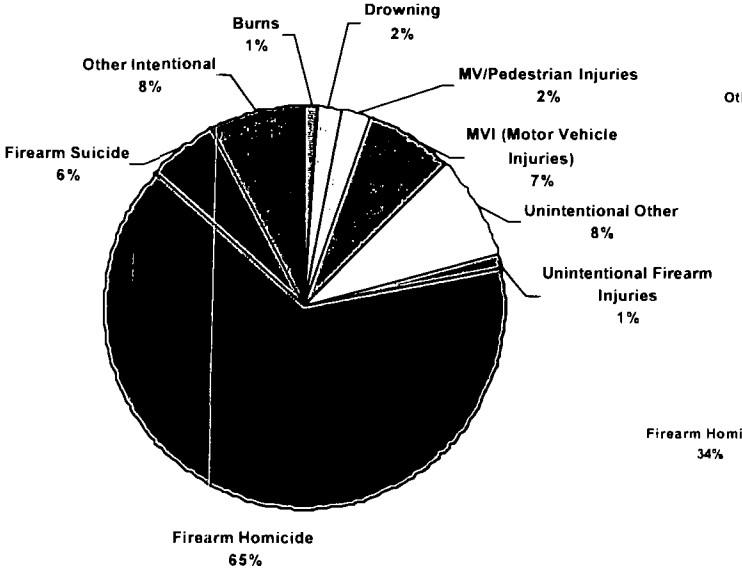


Hospitalizations — 10-14 Years

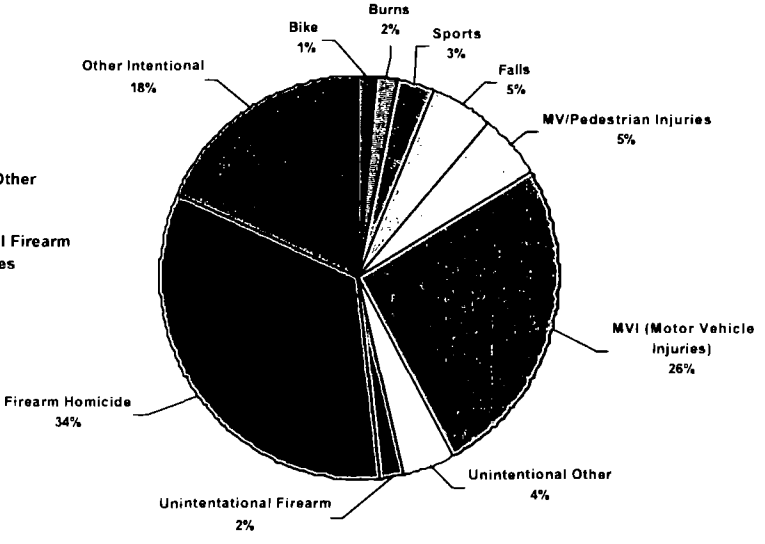


- Even for young adolescents, firearm injury is the single highest cause of injury death. Pedestrian injury is the second and motor vehicle occupant injuries are the second and third causes of injury death.
- Pedestrian injury and falls are the leading causes of hospitalization; bicycle injury is the second most frequent cause of hospitalization for young adolescents in Cook County.

Mortality — 15-19 Years



Hospitalizations — 15-19 Years



- Firearm homicide is responsible for two-thirds of the adolescent injury deaths in Cook County.
- Firearm assault is responsible for one-third of all injury hospitalizations. Motor vehicle injury follows, being responsible for 26% of injury hospitalizations.

TABLE 2.4
Injury in Suburban Cook County by Age – Three Year Total number and Annualized Rate

Mortality

	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	*	*	*	*	*	*	*	*	*	*
Burns	22	1.1	15	2.5	7	1.5	*	*	*	*
Drowning	15	.8	8	1.4	*	*	*	*	7	1.7
Falls	*	*	0	0	*	*	0	0	*	*
MVI	66	3.4	10	1.7	9	1.9	8	1.7	39	9.3
MVI - Pedestrian	22	.8	6	1.0	*	*	8	1.7	8	1.9
Sports	*	*	0	0	0	0	0	0	*	*
Unintentional Firearm	*	*	0	0	0	0	0	0	*	*
Unintentional Other	101	5.2	27	4.6	13	2.7	14	3.0	47	11.3
TOTAL	226	11.6	66	11.2	29	6.1	30	6.5	101	24.2
INTENTIONAL DEATHS										
Firearm Homicide	106	5.4	*	*	*	*	8	1.7	98	23.5
Firearm Suicide	21	1.1	0	0	0	0	*	*	21	5.0
Other Intentional	69	3.5	15	2.5	10	2.1	10	2.2	34	8.1
TOTAL	196	10.1	15	2.5	10	2.1	18	3.9	153	36.6
ALL DEATHS	431	22.1	85	14.4	40	8.4	48	10.4	258	61.8

Hospitalizations

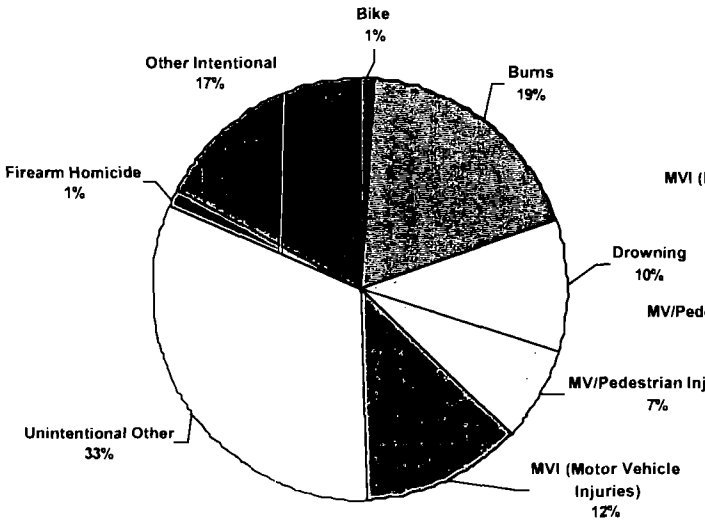
	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	281	14.4	11	1.9	63	13.2	161	35.0	46	11.0
Burns	289	14.8	175	29.6	33	6.9	35	7.6	46	11.0
Drowning	11	.6	11	1.9	0	0	*	*	*	*
Falls	1112	57.1	449	76.0	315	65.8	208	45.2	140	33.5
MVI	996	51.1	98	16.6	75	15.7	95	20.6	728	174.3
MVI - Pedestrian	364	18.7	59	10.0	96	20.0	114	24.8	95	22.7
Sports	353	18.1	10	1.7	54	11.3	149	32.4	140	33.5
Unintentional Firearm	96	4.9	18	3.1	14	2.9	19	3.5	51	11.5
Unintentional Other	290	14.9	78	13.2	46	9.6	46	10.7	114	28.0
TOTAL	3859	198.1	924	156.5	699	145.9	847	183.9	1389	332.6
INTENTIONAL HOSP										
Firearm Assault	204	10.6	*	*	*	*	21	4.6	183	43.8
Firearm Suicide Attempt	*	*	0	0	0	0	*	*	*	*
Other Intentional	345	17.7	37	6.3	17	3.5	36	7.8	255	61.1
TOTAL	549	28.2	37	6.3	17	3.6	57	12.4	438	104.9
ALL HOSPITALIZATIONS	4408	226.3	961	162.7	716	149.5	904	196.3	1827	437.4

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

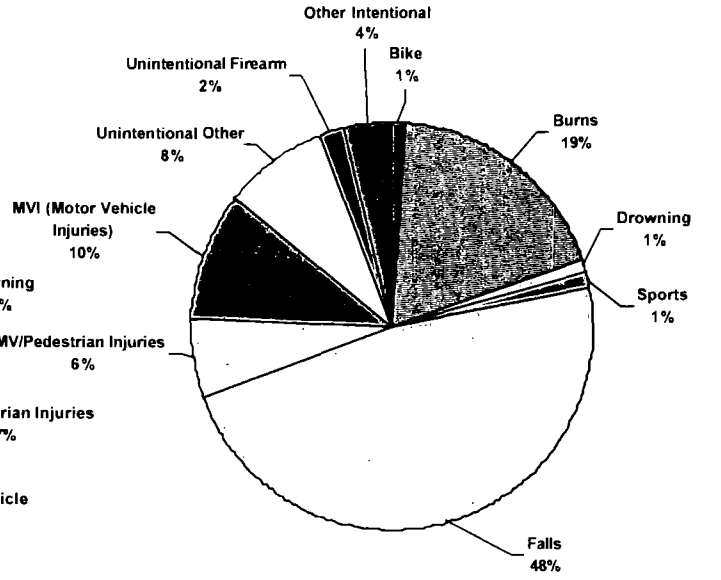
Figure 2.8: Injury in Suburban Cook County

0-4 and 5-9 Years of Age

Mortality — 0-4 Years

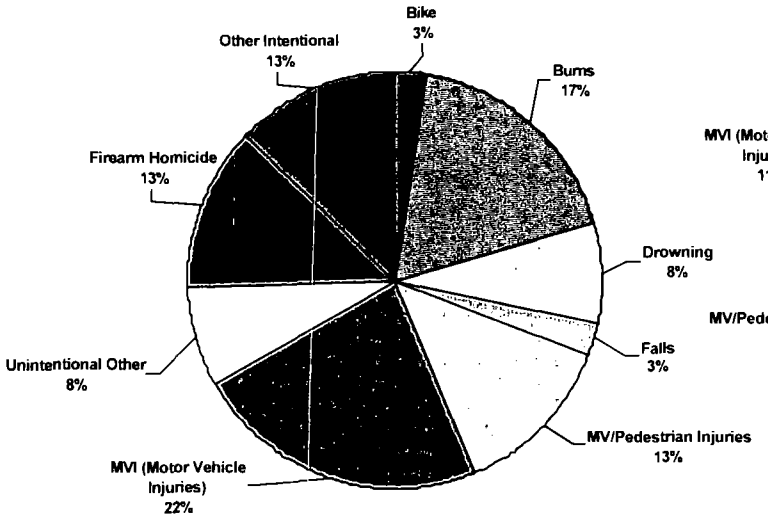


Hospitalizations — 0-4 Years

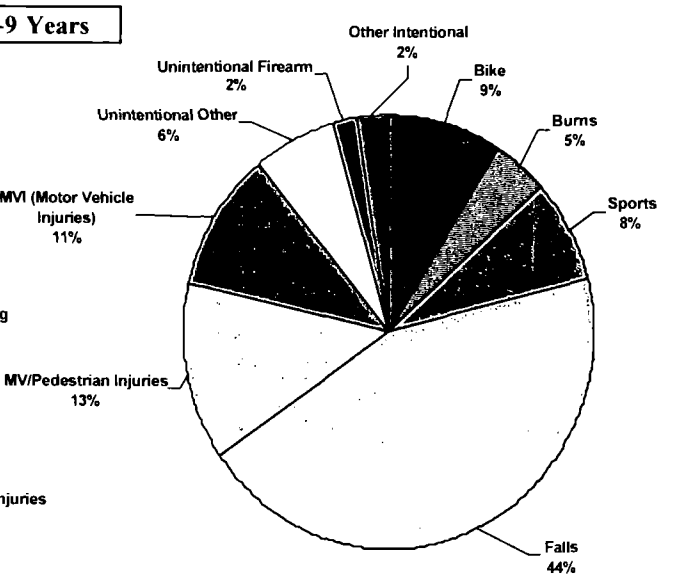


- One-third of the "other unintentional" category are deaths from choking for this age group, putting deaths from choking third as a cause of death, behind fire and motor vehicle occupant injuries.
- When it comes to hospitalizations, they are most likely to be cause by falls and burns, most frequently scalds.

Mortality — 5-9 Years



Hospitalizations — 5-9 Years



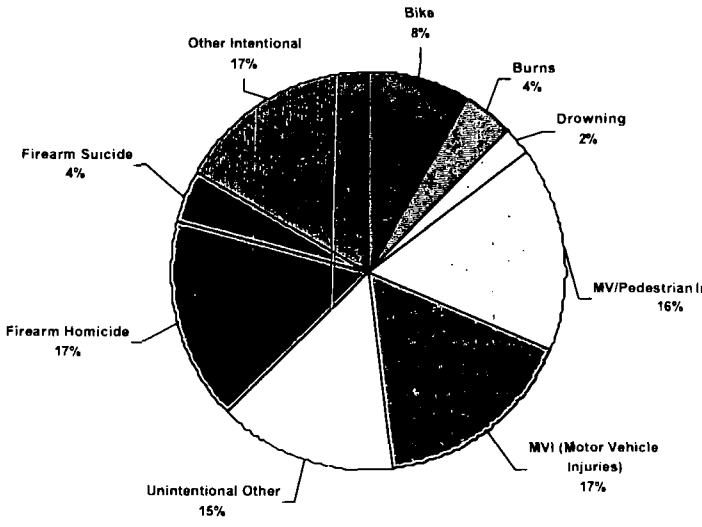
- In suburban Cook County, the leading cause of injury death for children 5-9 is motor vehicle crashes, followed by burns from fire and pedestrian injuries.
- Falls dominate the causes of hospitalization. Pedestrian injury and motor vehicle injury are the second and third leading causes of hospitalization.

Figure 2.9: Injury in Suburban Cook County

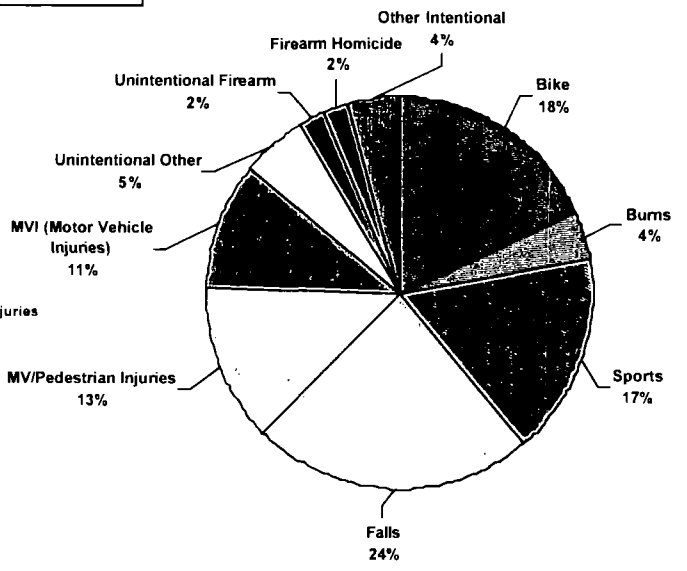
10-14 and 15-19 Years of Age

Mortality

10-14 Years



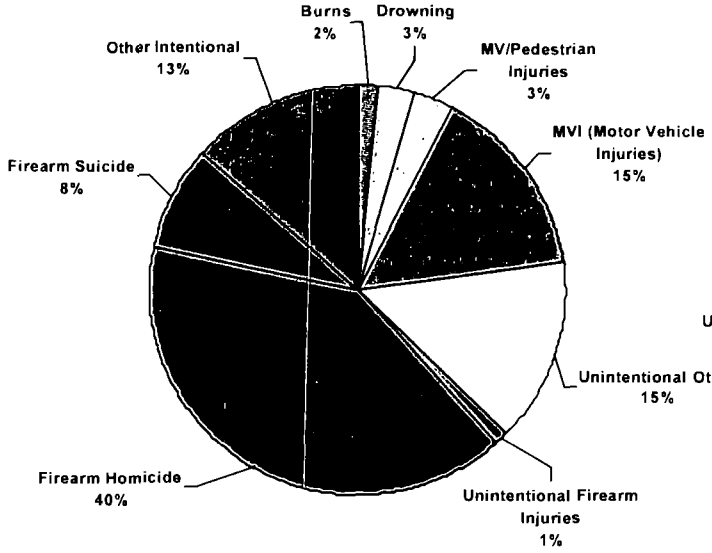
Hospitalizations



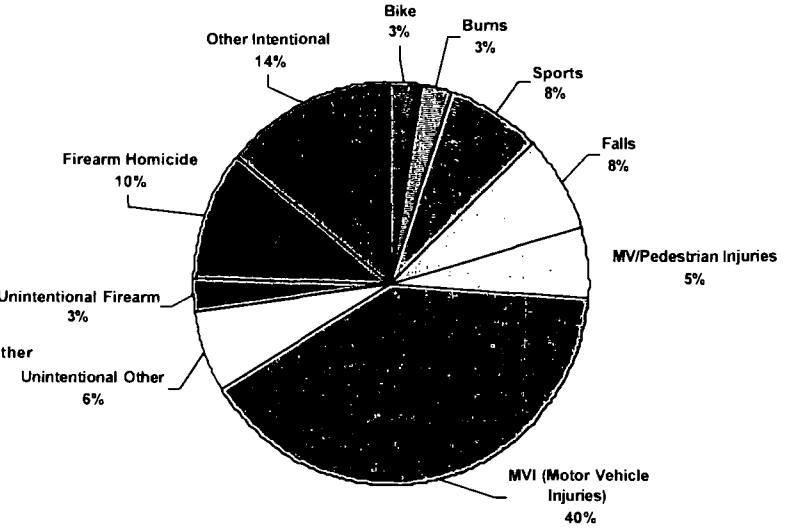
- Firearm homicide, motor vehicle injury and pedestrian injury are the leading causes of injury death for young adolescents in suburban Cook County.
- Falls, bicycle injuries, and sports injuries are the leading causes of hospitalization for injury.

Mortality

15-19 Years



Hospitalizations



- Firearm injury, including those resulting from suicide, is responsible for half of all injury deaths of older adolescents in suburban Cook County.
- Motor vehicle crashes, a major cause of death, are responsible for 40% of hospitalizations.

TABLE 2.5
Injury in Chicago by Age – Three year Total Number and Annualized Rate

Mortality

	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL DEATHS	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	*	*	0	0	*	*	*	*	*	*
Burns	83	3.4	44	6.8	20	3.3	12	2.1	7	1.2
Drowning	43	1.8	17	2.6	*	*	15	2.6	11	1.8
Falls	8	.3	8	1.2	*	*	*	*	*	*
MVI	58	2.4	14	2.2	*	*	15	2.6	29	4.8
MVI - Pedestrian	68	2.8	20	3.1	15	2.5	18	3.1	15	2.5
Sports	0	0	0	0	0	0	0	0	0	0
Unintentional Firearm	9	.4	*	*	*	*	0	0	9	1.5
Unintentional Other	143	5.9	64	9.9	20	3.3	13	2.3	46	7.7
TOTAL	412	17.0	167	25.9	55	9.2	73	12.6	117	19.5
INTENTIONAL DEATHS										
Firearm Homicide	598	24.7	*	*	7	1.2	62	10.7	529	88.3
Firearm Suicide	33	1.4	0	0	0	0	0	0	33	5.5
Other Intentional	113	4.7	59	9.2	8	1.3	5	.9	41	6.9
TOTAL	744	30.7	59	9.2	15	2.5	67	11.6	603	100.7
ALL DEATHS	1176	48.6	237	36.8	72	12.0	143	24.7	724	120.9

Hospitalizations

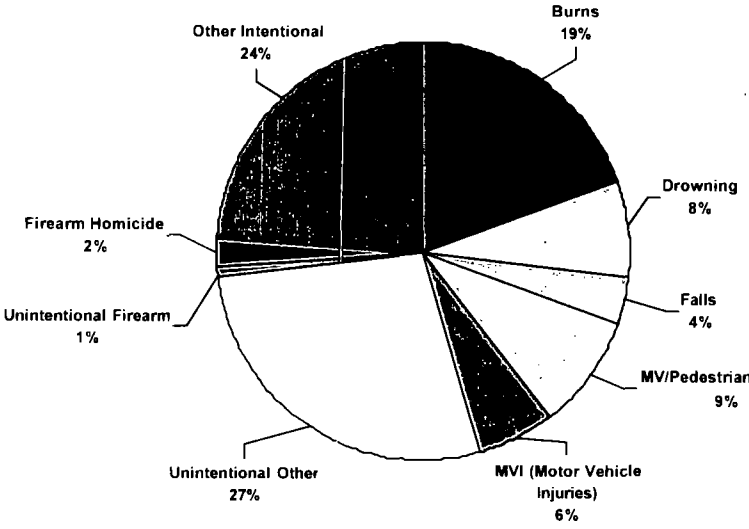
	TOTAL		AGE GROUPS							
			0-4 YEARS		5-9 YEARS		10-14 YEARS		15-19 YEARS	
UNINTENTIONAL HOSP.	N	RATES	N	RATES	N	RATES	N	RATES	N	RATES
Bike	201	8.3	14	2.2	72	12.0	81	14.0	34	5.7
Burns	519	21.4	357	55.4	75	12.5	46	8.0	41	6.9
Drowning	34	1.4	26	4.0	*	*	8	1.4	*	*
Falls	1345	55.5	750	116.3	288	48.1	167	28.9	140	23.4
MVI	1131	46.7	159	24.7	118	19.7	126	21.8	728	121.6
MVI - Pedestrian	1189	49.1	217	33.6	503	84.0	271	46.8	198	33.1
Sports	137	5.7	11	1.7	23	3.8	63	10.9	40	6.7
Unintentional Firearm	146	6.0	29	4.5	20	2.7	43	7.4	61	9.7
Unintentional Other	376	15.5	109	16.9	77	13.6	60	10.4	123	21.0
TOTAL	5141	212.3	1672	262.0	1176	196.9	865	150.8	1365	233.4
INTENTIONAL HOSP.										
Firearm Assault	1955	80.7	19	3.0	21	3.5	225	38.9	1690	282.2
Firearm Suicide Attempt	*	*	0	0	0	0	*	*	*	*
Other Intentional	1065	44.0	122	18.9	26	4.3	139	24.1	778	129.9
TOTAL	3020	124.7	141	21.9	47	7.8	364	62.9	2468	412.1
ALL HOSPITALIZATIONS	8161	337.0	1831	283.9	1227	204.8	1237	213.7	3866	645.5

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
* Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996. Cases are added to "other" categories. See Appendix I.

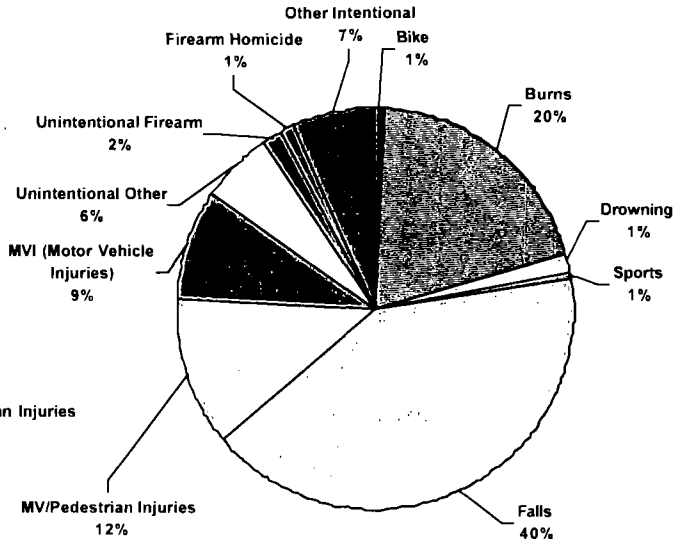
Figure 2.10: Injury in Chicago

0-4 and 5-9 Years of Age

Mortality — 0-4 Years

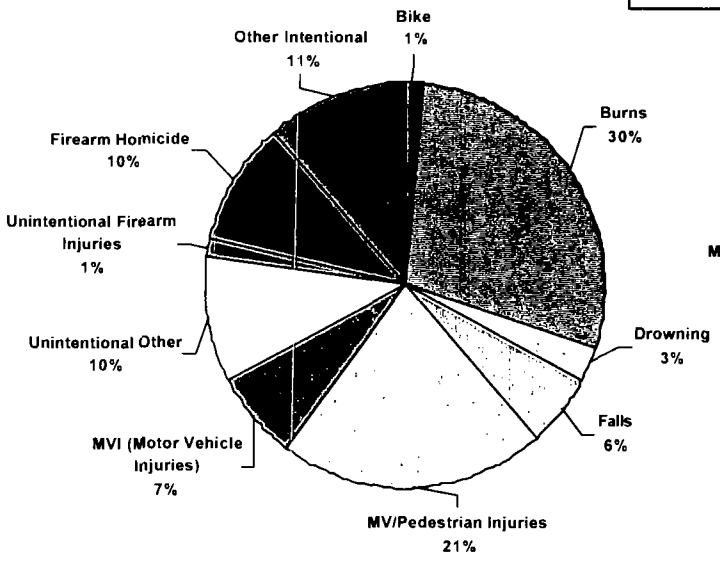


Hospitalizations — 0-4 Years

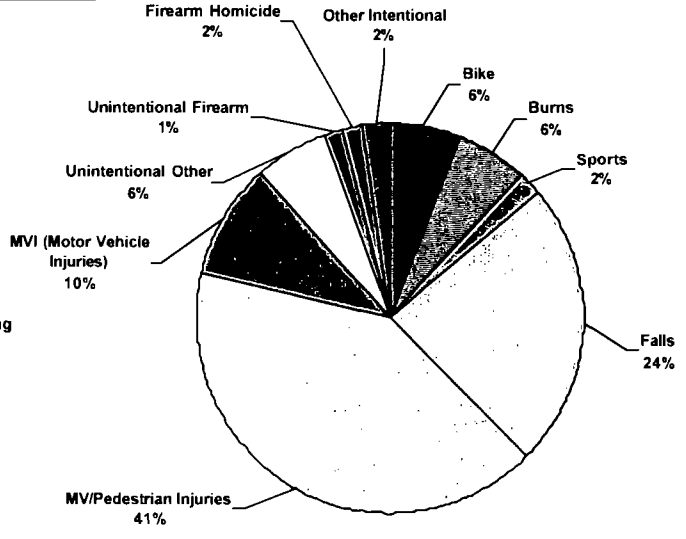


- The leading single cause of injury death for this age group is burn injuries from fire. The "other intentional" category is dominated by child abuse; the "other unintentional" category is dominated by choking.
- Falls, burns (mostly from scalds) and pedestrian injuries are the leading causes of hospitalization due to injury.

Mortality — 5-9 Years



Hospitalizations — 5-9 Years

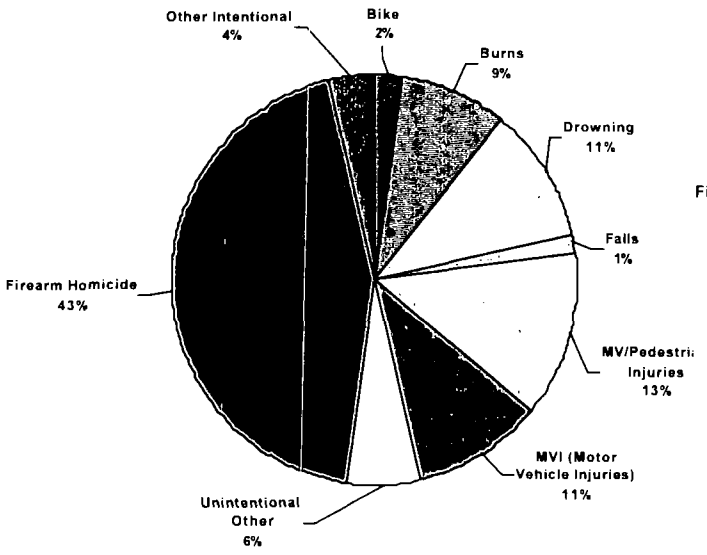


- Burns from fire and pedestrian injuries are the leading causes of death for children 5-9 in Chicago.
- Pedestrian injuries are also the leading cause of hospitalization by a wide margin, followed by falls.

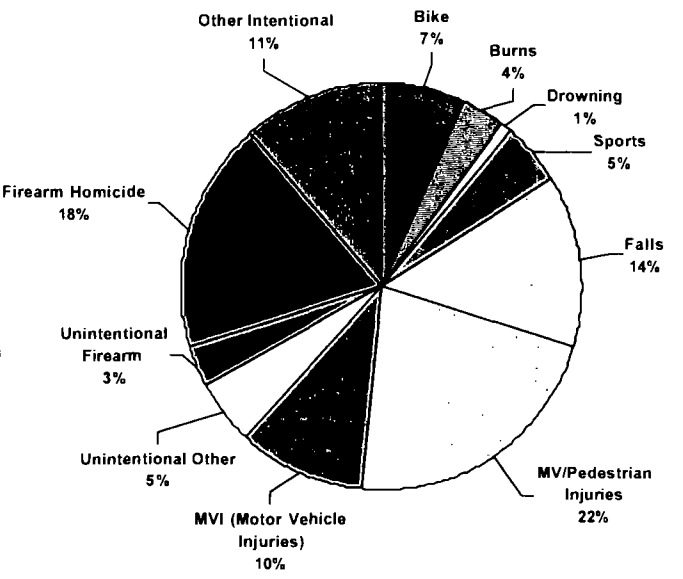
Figure 2.11: Injury in Chicago

10-14 and 15-19 Years of Age

Mortality — 10-14 Years

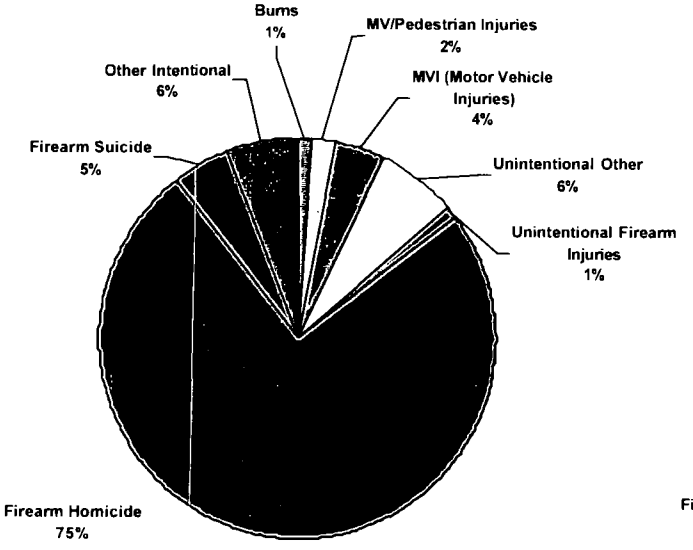


Hospitalizations — 10-14 Years

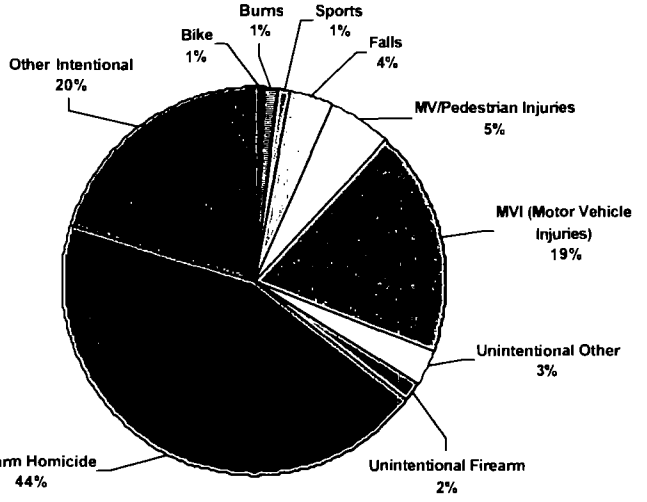


- For young adolescents (10-14) in Chicago, firearm homicide is the leading cause of injury death, over three times more likely than the second leading cause, pedestrian injuries.
- Pedestrian injury, firearm injury, and injury from falls are the first, second and third cause, respectively, of hospitalizations for this age group.

Mortality — 15-19 Years



Hospitalizations — 15-19 Years



- Firearm injury is responsible for 75% of all injury deaths in older adolescents in Chicago.
- It is also the leading cause of hospitalization by a wide margin.
- Motor vehicle occupant injury is responsible for almost 20% of all injury hospitalizations for this group.

County Rankings

Table 3 1
Overall Injury Mortality Rates Ranked by County
1994-1996

Rank	In Rank Order County	Rate	Rank	In Alphabetical Order County	Rate
1	White	107.1	43	Adams	25.8
2	Alexander	62.5	2	Alexander	62.5
3	Edgar	53.6	58	Boone	17.9
4	Massac	49.9	50	Champaign	23.1
5	De Witt	49.2	40	Christian	27.6
6	Mason	49.0	55	Coles	20.6
7	Shelby	47.1	20	Cook	36.8
8	Kankakee	46.8	23	Crawford	36.4
9	Hancock	45.1	5	De Witt	49.2
10	McDonough	44.3	30	DeKalb	32.0
11	Perry	43.3	60	DuPage	14.6
12	Union	43.2	3	Edgar	53.6
13	Vermilion	42.0	53	Effingham	21.7
14	Jersey	41.9	46	Franklin	24.6
15	Jefferson	41.7	36	Fulton	29.3
16	Jackson	41.2	32	Grundy	31.3
17	Ogle	38.1	9	Hancock	45.1
18	Marion	37.9	26	Henry	35.2
19	Saline	37.5	34	Iroquois	30.1
20	Cook	36.8	16	Jackson	41.2
21	Woodford	36.7	15	Jefferson	41.7
22	St. Clair	36.5	14	Jersey	41.9
23	Crawford	36.4	47	Kane	24.4
24	Morgan	36.3	8	Kankakee	46.8
25	Lee	36.2	56	Kendall	20.0
26	Henry	35.1	59	Knox	15.6
27	Winnebago	34.2	52	La Salle	22.6
28	Livingston	33.5	57	Lake	19.7
29	Williamson	33.5	25	Lee	36.2
30	DeKalb	32.0	28	Livingston	33.5
31	Macon	31.6	38	Logan	27.8
32	Grundy	31.3	31	Macon	31.7
33	Macoupin	31.1	33	Macoupin	31.1
34	Iroquois	30.1	42	Madison	26.1
35	Whiteside	29.7	18	Marion	37.9
36	Fulton	29.2	6	Mason	49.0
37	Sangamon	28.3	4	Massac	49.9
38	Logan	27.8	10	McDonough	44.3
39	Monroe	27.8	54	McHenry	21.3
40	Christian	27.6	62	McLean	13.0
41	Montgomery	27.4	39	Monroe	27.8
42	Madison	26.1	41	Montgomery	27.4
43	Adams	25.8	24	Morgan	36.3
44	Randolph	25.4	17	Ogle	38.1
45	Will	25.2	48	Peoria	24.0
46	Franklin	24.6	11	Perry	43.3
47	Kane	24.4	44	Randolph	25.4
48	Peoria	24.0	51	Rock Island	22.6
49	Tazewell	23.5	19	Saline	37.5
50	Champaign	23.1	37	Sangamon	28.3

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.1
Overall Injury Mortality Rates Ranked by County
1994-1996

In Rank Order			In Alphabetical Order		
Rank	***County***	***Rate***	***Rank***	***County***	***Rate***
51	Rock Island	22.6	7	Shelby	47.1
52	La Salle	22.6	22	St. Clair	36.5
53	Effingham	21.7	61	Stephenson	14.3
54	McHenry	21.3	49	Tazewell	23.5
55	Coles	20.5	12	Union	43.3
56	Kendall	20.0	13	Vermilion	42.0
57	Lake	19.7	1	White	107.1
58	Boone	17.9	35	Whiteside	29.7
59	Knox	15.6	45	Will	25.2
60	DuPage	14.6	29	Williamson	33.5
61	Stephenson	14.3	27	Winnebago	34.2
62	McLean	13.0	21	Woodford	36.7

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.2
Overall Injury Hospitalization Rates Ranked by County
1994-1996

In Rank Order			In Alphabetical Order		
Rank	*County*	*Rate*	*Rank*	*County*	*Rate*
1	Knox	414.4	15	Adams	210.1
2	Rock Island	334.9	14	Boone	214.3
3	Grundy	325.2	53	Bureau	32.1
4	Peoria	320.0	46	Carroll	57.6
5	Cook	287.6	49	Cass	53.2
6	McHenry	284.3	26	Champaign	139.1
7	Kane	278.2	34	Christian	93.1
8	Will	258.6	54	Clinton	28.9
9	Winnebago	250.1	40	Coles	75.3
10	Kankakee	243.5	5	Cook	287.6
11	DuPage	237.2	32	De Witt	112.5
12	St. Clair	232.2	27	DeKalb	133.7
13	Wabash	223.0	35	Douglas	82.9
14	Boone	214.3	11	DuPage	237.2
15	Adams	210.1	45	Effingham	61.9
16	Tazewell	195.9	21	Ford	161.1
17	Lake	186.5	37	Fulton	81.2
18	Mercer	183.6	3	Grundy	325.2
19	Kendall	175.6	29	Henry	127.4
20	Sangamon	174.8	42	Iroquois	67.7
21	Ford	161.1	38	Jo Daviess	80.1
22	Vermilion	152.9	7	Kane	278.2
23	Ogle	145.7	10	Kankakee	243.5
24	Stephenson	144.9	19	Kendall	175.6
25	McLean	139.6	1	Knox	414.4
26	Champaign	139.1	41	La Salle	74.3
27	DeKalb	133.7	17	Lake	186.5
28	Montgomery	133.3	52	Lee	36.2
29	Henry	127.4	36	Livingston	82.2
30	Morgan	118.9	50	Logan	51.7
31	Woodford	113.3	51	Macon	47.5
32	De Witt	112.5	44	Macoupin	62.2
33	Piatt	103.1	48	Madison	53.5
34	Christian	93.1	39	Mason	77.0
35	Douglas	82.9	55	McDonough	27.3
36	Livingston	82.2	6	McHenry	284.3
37	Fulton	81.2	25	McLean	139.6
38	Jo Daviess	80.1	18	Mercer	183.6
39	Mason	77.0	28	Montgomery	133.3
40	Coles	75.3	30	Morgan	118.9
41	La Salle	74.3	43	Moultrie	66.5
42	Iroquois	67.7	23	Ogle	145.7
43	Moultrie	66.5	4	Peoria	320.0
44	Macoupin	62.2	33	Piatt	103.1
45	Effingham	61.9	2	Rock Island	334.9
46	Carroll	57.6	20	Sangamon	174.8
47	Whiteside	55.6	12	St. Clair	232.2
48	Madison	53.5	24	Stephenson	144.9
49	Cass	53.2	16	Tazewell	195.9
50	Logan	51.7	22	Vermilion	152.9

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.2
Overall Injury Hospitalization Rates Ranked by County
1994-1996

Rank	**In Rank Order** *County*	*Rate*	*Rank*	**In Alphabetical Order** *County*	*Rate*
51	Macon	47.5	13	Wabash	223.0
52	Lee	36.2	47	Whiteside	55.6
53	Bureau	32.1	8	Will	258.6
54	Clinton	28.9	9	Winnebago	250.1
55	McDonough	27.3	31	Woodford	113.3

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.3
Unintentional Injury Mortality Rates Ranked by County
1994-1996

Rank	In Rank Order County	Rate	Rank	In Alphabetical Order County	Rank
1	White	98.8	30	Adams	24.1
2	Alexander	62.5	2	Alexander	62.5
3	Edgar	47.7	37	Champaign	19.7
4	Union	43.2	40	Coles	18.3
5	De Witt	42.2	47	Cook	14.6
6	McDonough	40.9	18	Crawford	30.3
7	Jersey	36.6	5	De Witt	42.2
8	Vermilion	35.2	28	DeKalb	25.1
9	Marion	35.2	52	DuPage	9.8
10	Hancock	33.8	3	Edgar	47.7
11	Livingston	33.5	32	Effingham	21.7
12	Jackson	33.3	29	Franklin	24.6
13	Kankakee	33.3	38	Fulton	19.5
14	Morgan	33.0	20	Grundy	28.1
15	Lee	32.9	10	Hancock	33.8
16	Shelby	31.4	31	Henry	22.0
17	Woodford	30.6	25	Iroquois	26.3
18	Crawford	30.3	12	Jackson	33.3
19	Macoupin	28.7	24	Jefferson	26.8
20	Grundy	28.1	7	Jersey	36.6
21	Saline	28.1	51	Kane	11.8
22	Logan	27.8	13	Kankakee	33.3
23	Ogle	26.9	45	Kendall	15.6
24	Jefferson	26.8	34	La Salle	20.5
25	Iroquois	26.3	50	Lake	13.5
26	Whiteside	26.0	15	Lee	32.9
27	Williamson	25.1	11	Livingston	33.5
28	DeKalb	25.1	22	Logan	27.8
29	Franklin	24.6	44	Macon	16.8
30	Adams	24.1	19	Macoupin	28.7
31	Henry	22.0	39	Madison	19.2
32	Effingham	21.7	9	Marion	35.2
33	Tazewell	21.7	6	McDonough	40.9
34	La Salle	20.5	43	McHenry	17.5
35	Winnebago	20.3	53	McLean	9.7
36	St. Clair	20.2	14	Morgan	33.0
37	Champaign	19.7	23	Ogle	26.9
38	Fulton	19.5	49	Peoria	13.5
39	Madison	19.2	46	Rock Island	14.8
40	Coles	18.3	21	Saline	28.1
41	Will	18.1	42	Sangamon	17.6
42	Sangamon	17.6	16	Shelby	31.4
43	McHenry	17.5	36	St. Clair	20.2
44	Macon	16.8	48	Stephenson	14.3
45	Kendall	15.6	33	Tazewell	21.7
46	Rock Island	14.8	4	Union	43.2
47	Cook	14.6	8	Vermilion	35.2
48	Stephenson	14.3	1	White	98.8
49	Peoria	13.5	26	Whiteside	26.0
50	Lake	13.5	41	Will	18.1

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.3
Unintentional Injury Mortality Rates Ranked by County
1994-1996

Rank	**In Rank Order** *County*	*Rate*	*Rank*	**In Alphabetical Order** *County*	*Rank*
51	Kane	11.8	27	Williamson	25.1
52	DuPage	9.8	35	Winnebago	20.3
53	McLean	9.7	17	Woodford	30.6

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.4
Unintentional Injury Hospitalization Rates Ranked by County
1994-1996

In Rank Order			In Alphabetical Order		
Rank	*County*	*Rate*	*Rank*	*County*	*Rate*
1	Knox	387.7	14	Adams	196.3
2	Grundy	312.7	13	Boone	196.4
3	Peoria	286.8	53	Bureau	32.1
4	Rock Island	279.5	48	Carroll	50.4
5	McHenry	272.0	46	Cass	53.2
6	Will	233.9	26	Champaign	124.2
7	Kane	229.4	38	Christian	75.8
8	Wabash	223.0	54	Clinton	28.9
9	DuPage	221.9	42	Coles	66.2
10	Winnebago	214.1	12	Cook	203.0
11	Kankakee	206.1	33	De Witt	98.4
12	Cook	203.0	27	DeKalb	122.6
13	Boone	196.4	34	Douglas	82.9
14	Adams	196.3	9	DuPage	221.9
15	Tazewell	185.9	45	Effingham	55.8
16	Kendall	166.7	19	Ford	161.1
17	Mercer	164.0	35	Fulton	81.2
18	Lake	163.6	2	Grundy	312.7
19	Ford	161.1	28	Henry	118.6
20	St. Clair	157.1	41	Iroquois	67.7
21	Sangamon	143.4	36	Jo Daviess	80.1
22	Ogle	139.0	7	Kane	229.4
23	Vermilion	136.7	11	Kankakee	206.1
24	McLean	129.9	16	Kendall	166.7
25	Montgomery	125.4	1	Knox	387.7
26	Champaign	124.2	39	La Salle	71.1
27	DeKalb	122.6	18	Lake	163.6
28	Henry	118.6	52	Lee	32.9
29	Stephenson	116.4	37	Livingston	79.2
30	Morgan	112.3	47	Logan	51.7
31	Woodford	110.2	51	Macon	39.6
32	Piatt	103.1	43	Macoupin	59.8
33	De Witt	98.4	50	Madison	46.7
34	Douglas	82.9	40	Mason	70.0
35	Fulton	81.2	55	McDonough	23.9
36	Jo Daviess	80.1	5	McHenry	272.0
37	Livingston	79.2	24	McLean	129.9
38	Christian	75.8	17	Mercer	164.0
39	La Salle	71.1	25	Montgomery	125.4
40	Mason	70.0	30	Morgan	112.3
41	Iroquois	67.7	44	Moultrie	58.1
42	Coles	66.2	22	Ogle	139.0
43	Macoupin	59.8	3	Peoria	286.8
44	Moultrie	58.1	32	Piatt	103.1
45	Effingham	55.8	4	Rock Island	279.5
46	Cass	53.2	21	Sangamon	143.4
47	Logan	51.7	20	St. Clair	157.1
48	Carroll	50.4	29	Stephenson	116.4
49	Whiteside	50.1	15	Tazewell	185.9
50	Madison	46.7	23	Vermilion	136.7

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.4
Unintentional Injury Hospitalization Rates Ranked by County
1994-1996

Rank	**In Rank Order** *County*	*Rate*	*Rank*	**In Alphabetical Order** *County*	*Rate*
51	Macon	39.6	8	Wabash	223.0
52	Lee	32.9	49	Whiteside	50.1
53	Bureau	32.1	6	Will	233 9
54	Clinton	28.9	10	Winnebago	214.1
55	McDonough	23 9	31	Woodford	110.2

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996

Table 3.5
Intentional Injury Mortality Rates Ranked by County
1994-1996

In Rank Order			In Alphabetical Order		
Rank	*County*	*Rate*	*Rank*	*County*	*Rate*
1	Perry	32.5	2	Cook	21.5
2	Cook	21.5	15	DuPage	4.6
3	St. Clair	15.9	5	Henry	13.2
4	Macon	14.8	8	Kane	12.3
5	Henry	13.2	7	Kankakee	12.5
6	Winnebago	13.0	14	Lake	6.2
7	Kankakee	12.5	4	Macon	14.8
8	Kane	12.3	12	Madison	6.9
9	Peoria	9.2	16	McHenry	2.8
10	Sangamon	8.8	9	Peoria	9.2
11	Rock Island	7.8	1	Perry	32.5
12	Madison	6.9	11	Rock Island	7.8
13	Will	6.4	10	Sangamon	8.8
14	Lake	6.2	3	St. Clair	15.9
15	DuPage	4.6	13	Will	6.4
16	McHenry	2.8	6	Winnebago	13.0

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

Table 3.6
Intentional Injury Hospitalization Rates Ranked by County
1994-1996

In Rank Order			In Alphabetical Order		
Rank	*County*	*Rate*	*Rank*	*County*	*Rate*
1	Cook	81.7	16	Adams	12.1
2	St. Clair	73.0	12	Champaign	14.9
3	Rock Island	46.8	1	Cook	81.7
4	Kane	42.3	14	DuPage	12.3
5	Kankakee	32.3	4	Kane	42.3
6	Sangamon	31.4	5	Kankakee	32.3
7	Winnebago	31.1	10	Knox	26.7
8	Stephenson	28.5	15	Lake	12.2
9	Peoria	27.0	19	Madison	6.9
10	Knox	26.7	17	McHenry	9.0
11	Will	21.8	18	McLean	8.9
12	Champaign	14.9	9	Peoria	27.0
13	Vermilion	14.9	3	Rock Island	46.8
14	DuPage	12.3	6	Sangamon	31.4
15	Lake	12.2	2	St. Clair	73.0
16	Adams	12.1	8	Stephenson	28.5
17	McHenry	9.0	20	Tazewell	5.4
18	McLean	8.9	13	Vermilion	14.9
19	Madison	6.9	11	Will	21.8
20	Tazewell	5.4	7	Winnebago	31.1

Rates are per 100,000 persons under age 20 over three years, 1994-1996.
Rates are not computed and numbers not reported where there are fewer than 6 cases in the three year period, 1994-1996.

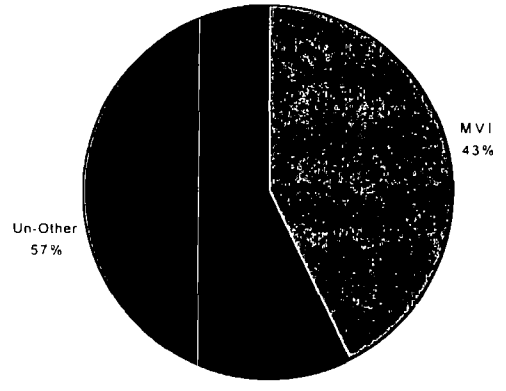
County Reports

TABLE 4. 1

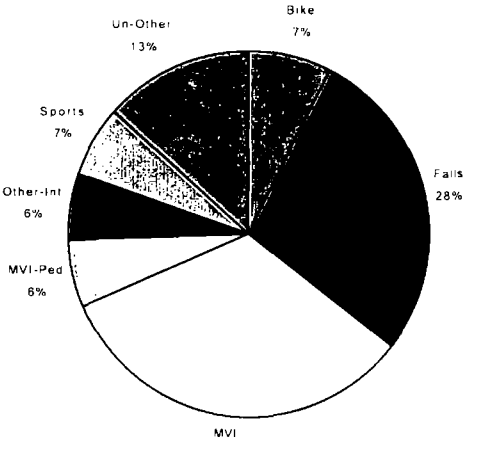
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Adams

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	9	15.5	1389	13.5
Burns	*	*	215	2.1	*	*	1358	13.2
Drow ning	*	*	149	1.4	0	0	132	1.3
Falls	0	0	34	0.3	34	58.6	6079	58.9
MVI	6	10.3	555	5.4	40	68.9	5858	56.8
MVI - Pedestrian	0	0	182	1.8	7	12.1	2275	22.1
Sports	0	0	16	0.2	8	13.8	1988	19.3
Unintentional Firear	0	0	38	0.4	*	*	715	6.9
Unintentional Other	8	13.8	522	5.1	16	27.6	1901	18.4
TOTAL	14	24.1	1748	16.9	114	196.3	22073	213.9
INTENTIONAL								
Firearm Homicide	0	0	865	8.4	0	0	2718	26.3
Firearm Suicide	0	0	139	1.3	0	0	33	0.3
Other Intentional	0	0	344	3.3	7	12.1	2174	21.1
TOTAL	0	0	1348	13.1	7	12.1	4925	47.7
ALL INJURIES	15	25.8	3149	30.5	122	210.1	26998	261.7

MORTALITY



HOSPITALIZATION



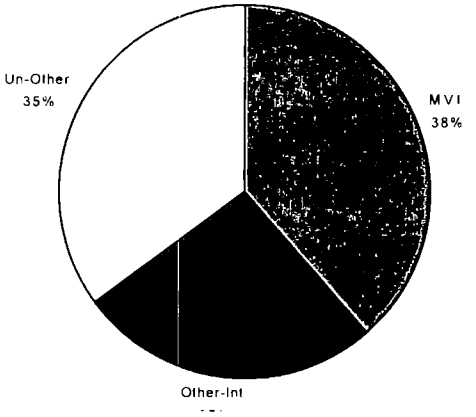
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 2

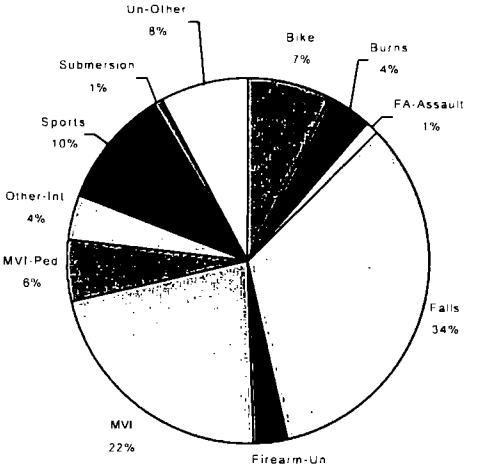
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
DuPage

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	129	17.4	1389	13.5
Burns	*	*	215	2.1	68	9.2	1358	13.2
Drow ning	*	*	149	1.4	15	2	132	1.3
Falls	*	*	34	0.3	588	79.3	6079	58.9
MVI	32	4.3	555	5.4	379	51.1	5858	56.8
MVI - Pedestrian	12	1.6	182	1.8	97	13.1	2275	22.1
Sports	0	0	16	0.2	182	24.5	1988	19.3
Unintentional Firear	0	0	38	0.4	52	7	715	6.9
Unintentional Other	29	3.9	522	5.1	136	18.3	1901	18.4
TOTAL	73	9.8	1748	16.9	1646	222	22073	213.9
INTENTIONAL								
Firearm Homicide	12	1.6	865	8.4	22	3	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	22	3	344	3.3	69	9.3	2174	21.1
TOTAL	34	4.6	1348	13.1	91	12.3	4925	47.7
ALL INJURIES	108	14.6	3149	30.5	1759	237.2	26998	261.7

MORTALITY



HOSPITALIZATION



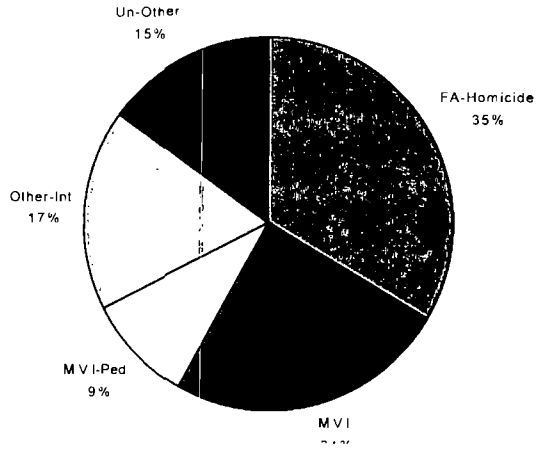
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 3

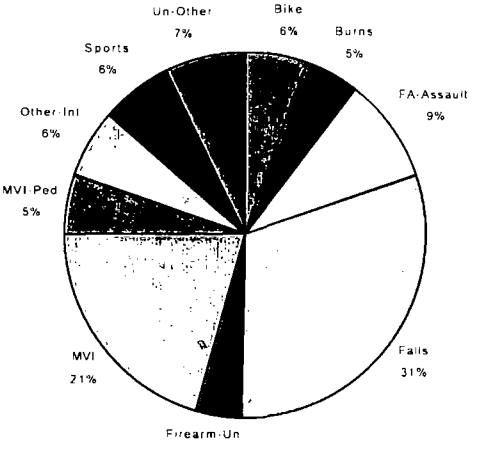
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Kane

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	53	14.9	1389	13.5
Burns	*	*	215	2.1	45	12.6	1358	13.2
Drow ning	*	*	149	1.4	6	1.7	132	1.3
Falls	0	0	34	0.3	294	82.4	6079	58.9
MVI	21	5.9	555	5.4	199	55.8	5858	56.8
MVI - Pedestrian	8	2.2	182	1.8	51	14.3	2275	22.1
Sports	0	0	16	0.2	60	16.8	1988	19.3
Unintentional Firear	*	*	38	0.4	40	11.2	715	6.9
Unintentional Other	13	3.6	522	5.1	70	19.6	1901	18.4
TOTAL	42	11.8	1748	16.9	818	229.4	22073	213.9
INTENTIONAL								
Firearm Homicide	29	8.1	865	8.4	91	25.5	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	15	4.2	344	3.3	60	16.8	2174	21.1
TOTAL	44	12.3	1348	13.1	151	42.4	4925	47 7
ALL INJURIES	87	24.4	3149	30.5	992	278.2	26998	261.7

MORTALITY



HOSPITALIZATION



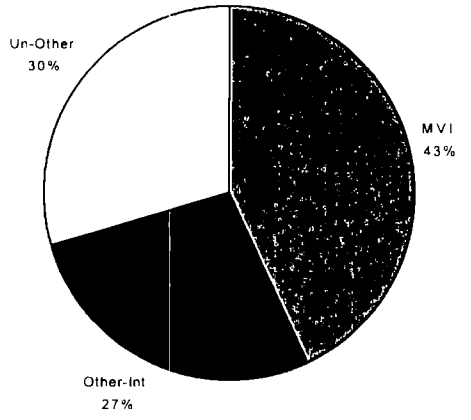
Note. Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 4

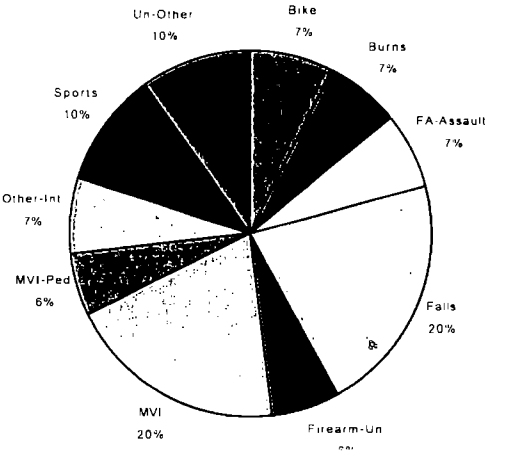
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Kankakee

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	17	17.7	1389	13.5
Burns	*	*	215	2.1	15	15.6	1358	13.2
Drow ning	*	*	149	1.4	0	0	132	1.3
Falls	*	*	34	0.3	48	50	6079	58.9
MVI	19	19.8	555	5.4	45	46.8	5858	56.8
MVI - Pedestrian	0	0	182	1.8	13	13.5	2275	22.1
Sports	0	0	16	0.2	23	23.9	1988	19.3
Unintentional Firear	*	*	38	0.4	14	14.6	715	6.9
Unintentional Other	13	13.5	522	5.1	23	23.9	1901	18.4
TOTAL	32	33.3	1748	16.9	198	206.1	22073	213.9
INTENTIONAL								
Firearm Homicide	*	*	865	8.4	16	16.6	2718	26.3
Firearm Suicide	0	0	139	1.3	0	0	33	0.3
Other Intentional	12	12.5	344	3.3	15	15.6	2174	21.1
TOTAL	12	12.5	1348	13.1	31	32.3	4925	47.7
ALL INJURIES	45	46.8	3149	30.5	234	243.5	26998	261.7

MORTALITY



HOSPITALIZATION



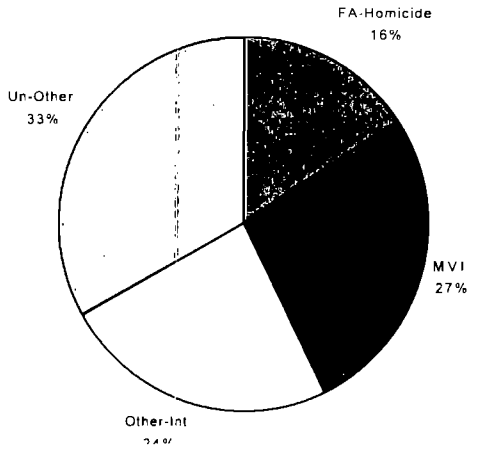
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 5

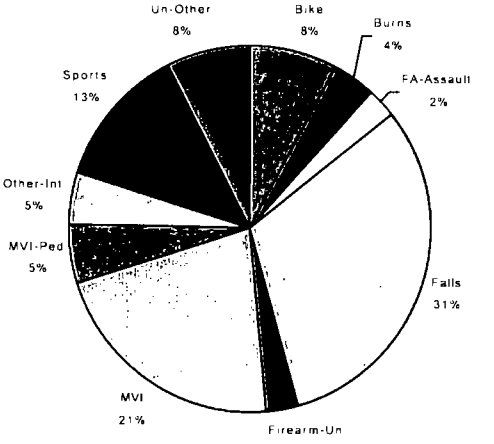
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Lake

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	72	13.5	1389	13.5
Burns	7	1.3	215	2.1	38	7.1	1358	13.2
Drow ning	9	1.7	149	1.4	6	1 1	132	1.3
Falls	*	*	34	0.3	294	55.1	6079	58.9
MVI	22	4.1	555	5.4	202	37.9	5858	56.8
MVI - Pedestrian	7	1.3	182	1.8	46	8.6	2275	22 1
Sports	*	*	16	0.2	117	21.9	1988	19.3
Unintentional Firear	*	*	38	0.4	28	5.2	715	6.9
Unintentional Other	27	5.1	522	5.1	70	13.1	1901	18.4
TOTAL	72	13.5	1748	16.9	873	163.6	22073	213.9
INTENTIONAL								
Firearm Homicide	13	2.4	865	8.4	22	4.1	2718	26.3
Firearm Suicide	*	*	139	1.3	0	0	33	0.3
Other Intentional	20	3.8	344	3.3	43	8.1	2174	21.1
TOTAL	33	6.2	1348	13.1	65	12.2	4925	47.7
ALL INJURIES	105	19.7	3149	30.5	995	186.5	26998	261.7

MORTALITY



HOSPITALIZATION



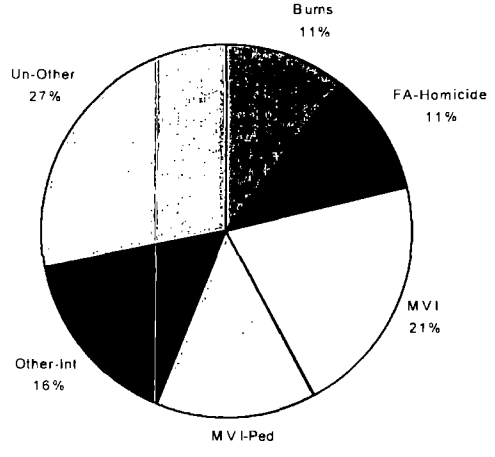
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 6

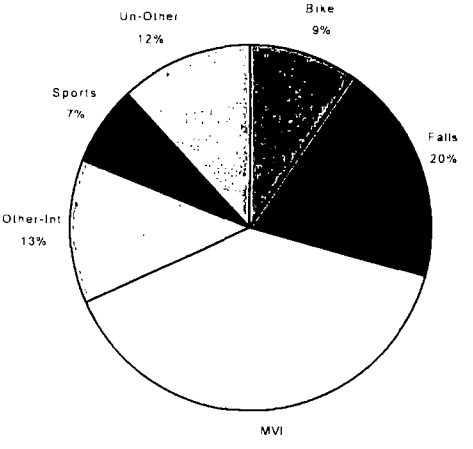
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Madison

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	11	5	1389	13.5
Burns	6	2.8	215	2.1	0	0	1358	13.2
Drow ning	0	0	149	1.4	*	*	132	1.3
Falls	*	*	34	0.3	23	10.5	6079	58.9
MVI	12	5.5	555	5.4	46	21	5858	56.8
MVI - Pedestrian	8	3.7	182	1.8	*	*	2275	22.1
Sports	*	*	16	0.2	8	3.7	1988	19.3
Unintentional Firear	*	*	38	0.4	*	*	715	6.9
Unintentional Other	16	7.3	522	5.1	14	6.4	1901	18.4
TOTAL	42	19.2	1748	16.9	102	46.7	22073	213.9
INTENTIONAL								
Firearm Homicide	6	2.8	865	8.4	*	*	2718	26.3
Firearm Suicide	*	*	139	1.3	0	0	33	0.3
Other Intentional	9	4.1	344	3.3	15	6.9	2174	21.1
TOTAL	15	6.9	1348	13.1	15	6.9	4925	47.7
ALL INJURIES	57	26.1	3149	30.5	117	53.6	26998	261.7

MORTALITY



HOSPITALIZATION



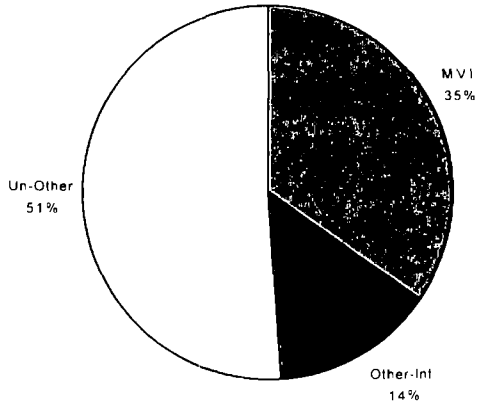
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 7

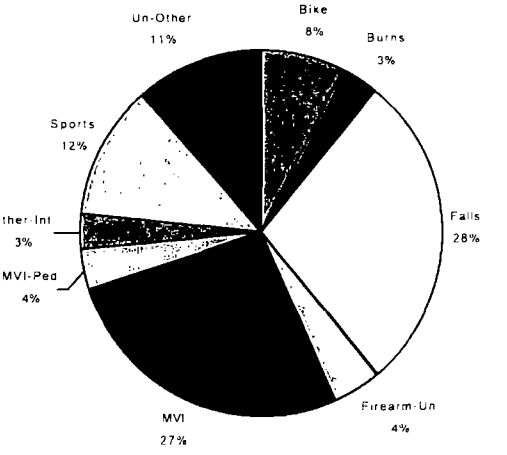
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
McHenry

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	45	21.3	1389	13.5
Burns	*	*	215	2.1	20	9.5	1358	13.2
Drow ning	0	0	149	1.4	*	*	132	1.3
Falls	*	*	34	0.3	166	78.5	6079	58.9
MVI	15	7.1	555	5.4	158	74.7	5858	56.8
MVI - Pedestrian	*	*	182	1.8	22	10.4	2275	22.1
Sports	*	*	16	0.2	71	33.6	1988	19.3
Unintentional Firear	0	0	38	0.4	26	12.3	715	6.9
Unintentional Other	22	10.4	522	5.1	67	31.7	1901	18.4
TOTAL	37	17.6	1748	16.9	575	272	22073	213.9
INTENTIONAL								
Firearm Homicide	*	*	865	8.4	*	*	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	6	2.8	344	3.3	19	9	2174	21.1
TOTAL	6	2.8	1348	13.1	19	9	4925	47.7
ALL INJURIES	45	21.3	3149	30.5	601	284.3	26998	261.7

MORTALITY



HOSPITALIZATION



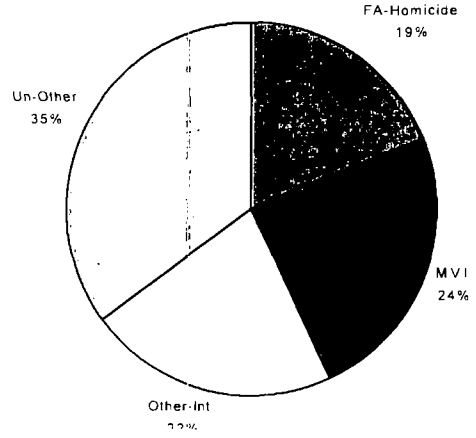
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 8

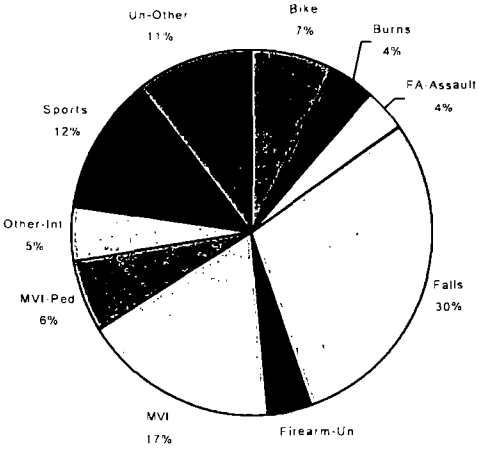
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Peoria

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	38	23.3	1389	13.5
Burns	*	*	215	2.1	20	12.3	1358	13.2
Drow ning	*	*	149	1.4	*	*	132	1.3
Falls	0	0	34	0.3	151	92.7	6079	58.9
MVI	9	5.5	555	5.4	88	54	5858	56.8
MVI - Pedestrian	*	*	182	1.8	33	20.3	2275	22.1
Sports	0	0	16	0.2	62	38.1	1988	19.3
Unintentional Firear	*	*	38	0.4	20	12.3	715	6.9
Unintentional Other	13	8	522	5.1	54	33.2	1901	18.4
TOTAL	22	13.5	1748	16.9	467	286.8	22073	213.9
INTENTIONAL								
Firearm Homicide	7	4.3	865	8 4	19	11.7	2718	26.3
Firearm Suicide	*	*	139	1 3	*	*	33	0.3
Other Intentional	8	4.9	344	3.3	24	14.7	2174	21.1
TOTAL	15	9.2	1348	13.1	44	27	4925	47.7
ALL INJURIES	39	24	3149	30.5	521	320	26998	261.7

MORTALITY



HOSPITALIZATION



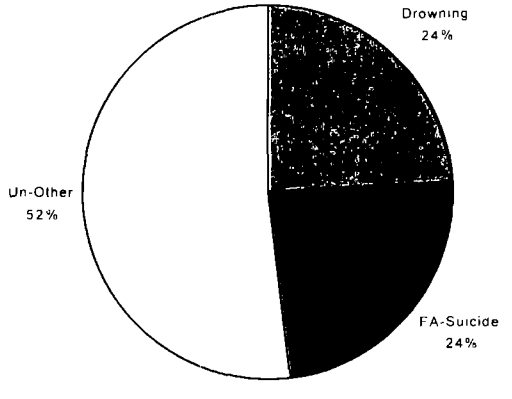
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 9

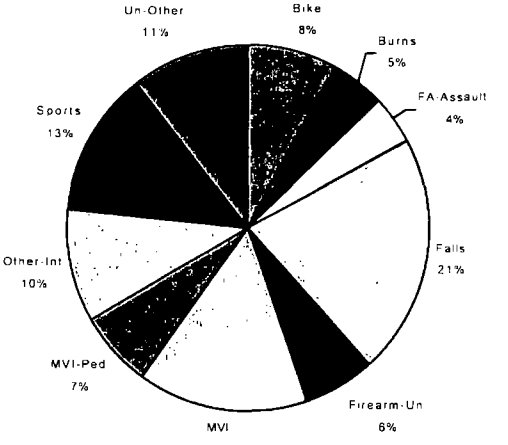
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Rock Island

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	0	0	37	0.4	34	26.5	1389	13.5
Burns	*	*	215	2.1	19	14.8	1358	13.2
Drow ning	6	4.7	149	1.4	*	*	132	1.3
Falls	0	0	34	0.3	89	69.5	6079	58.9
MVI	*	*	555	5.4	64	50	5858	56.8
MVI - Pedestrian	*	*	182	1.8	28	21.9	2275	22.1
Sports	0	0	16	0.2	53	41.4	1988	19.3
Unintentional Firear	*	*	38	0.4	27	21.1	715	6.9
Unintentional Other	13	10.2	522	5.1	44	34.4	1901	18.4
TOTAL	19	14.8	1748	16.9	358	279.5	22073	213.9
INTENTIONAL								
Firearm Homicide	*	*	865	8.4	18	14	2718	26.3
Firearm Suicide	6	4.7	139	1.3	0	0	33	0.3
Other Intentional	*	*	344	3.3	42	32.8	2174	21.1
TOTAL	10	7.8	1348	13.1	60	46.8	4925	47.7
ALL INJURIES	29	22.6	3149	30.5	429	334.9	26998	261.7

MORTALITY



HOSPITALIZATION



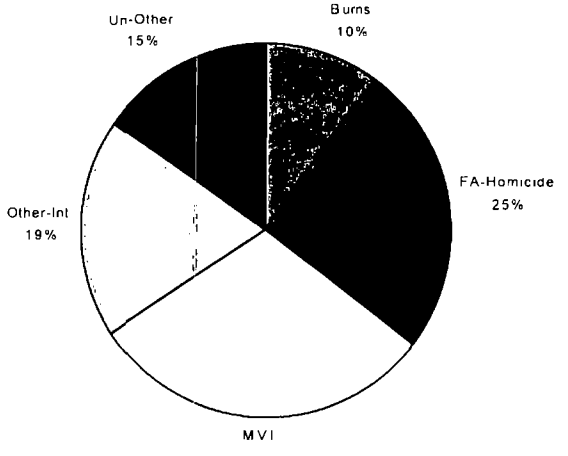
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 10

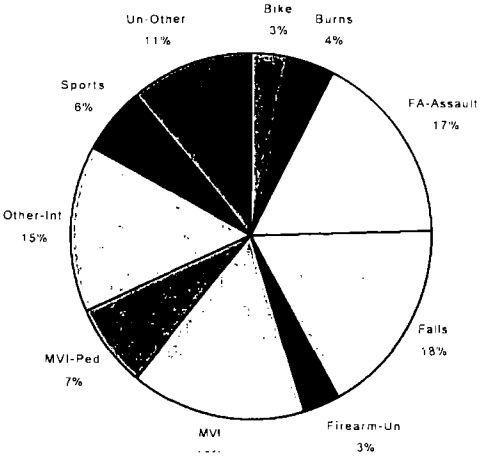
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
St. Claire

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	19	7.5	1389	13.5
Burns	9	3.6	215	2.1	25	9.9	1358	13.2
Drow ning	*	*	149	1.4	*	*	132	1.3
Falls	*	*	34	0.3	102	40.5	6079	58.9
MVI	28	11.1	555	5.4	91	36.1	5858	56.8
MVI - Pedestrian	0	0	182	1.8	42	16.7	2275	22.1
Sports	0	0	16	0.2	33	13.1	1988	19.3
Unintentional Firear	0	0	38	0.4	19	7.5	715	6.9
Unintentional Other	14	5.6	522	5.1	65	25.8	1901	18.4
TOTAL	51	20.2	1748	16.9	396	157.2	22073	213.9
INTENTIONAL								
Firearm Homicide	23	9.1	865	8.4	98	38.9	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	17	6.8	344	3.3	86	34.1	2174	21.1
TOTAL	40	15.9	1348	13.1	184	73	4925	47.7
ALL INJURIES	92	36.5	3149	30.5	585	232.2	26998	261.7

MORTALITY



HOSPITALIZATION



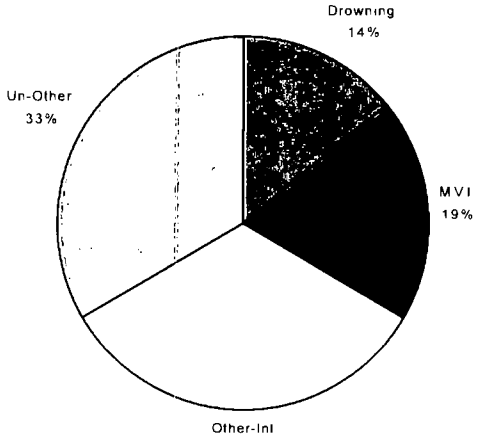
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

TABLE 4. 11

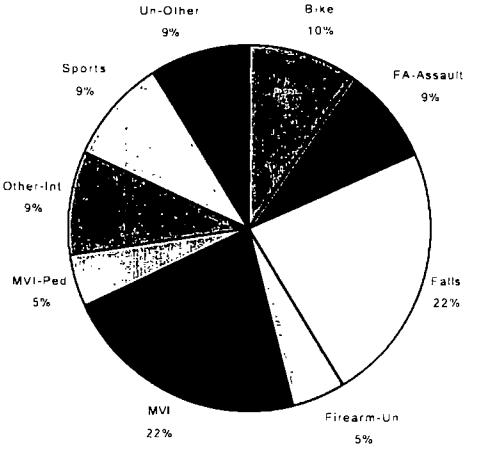
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Sangamon

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	27	17	1389	13.5
Burns	*	*	215	2.1	*	*	1358	13.2
Drowning	6	3.8	149	1.4	*	*	132	1.3
Falls	0	0	34	0.3	64	40.2	6079	58.9
MVI	8	5	555	5.4	61	38.4	5858	56.8
MVI - Pedestrian	*	*	182	1.8	13	8.2	2275	22.1
Sports	0	0	16	0.2	25	15.7	1988	19.3
Unintentional Firear	*	*	38	0.4	13	8.2	715	6.9
Unintentional Other	14	8.8	522	5.1	25	15.7	1901	18.4
TOTAL	28	17.6	1748	16.9	228	143.4	22073	213.9
INTENTIONAL								
Firearm Homicide	*	*	865	8.4	24	15.1	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	14	8.8	344	3.3	26	16.4	2174	21.1
TOTAL	14	8.8	1348	13.1	50	31.4	4925	47.7
ALL INJURIES	45	28.3	3149	30.5	278	174.8	26998	261.7

MORTALITY



HOSPITALIZATION



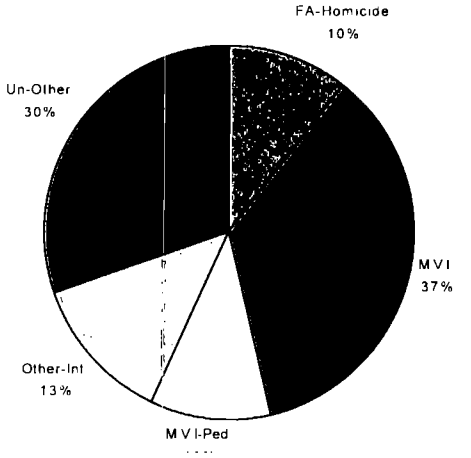
Note: Rates are per 100,000 persons under age 20. Rates are not computed where there are fewer than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for which intent was not known.

TABLE 4. 12

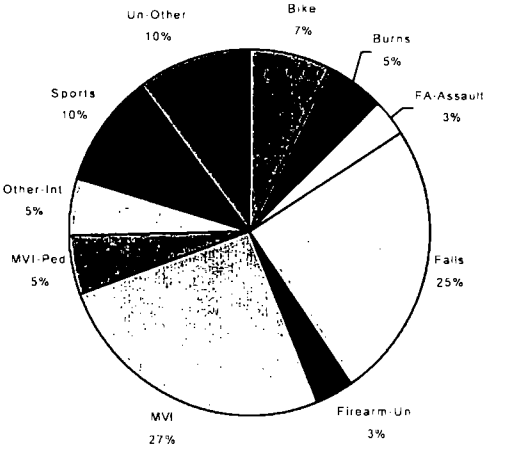
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Will

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	74	18.1	1389	13.5
Burns	*	*	215	2.1	55	13.5	1358	13.2
Drow ning	8	2	149	1.4	7	1.7	132	1.3
Falls	0	0	34	0.3	256	62.6	6079	58.9
MVI	31	7.6	555	5.4	265	64.8	5858	56.8
MVI - Pedestrian	9	2.2	182	1.8	53	13	2275	22.1
Sports	0	0	16	0.2	104	25.4	1988	19.3
Unintentional Firear	*	*	38	0 4	35	8.6	715	6.9
Unintentional Other	26	6.4	522	5.1	107	26.2	1901	18.4
TOTAL	74	18.1	1748	16.9	956	233.9	22073	213.9
INTENTIONAL								
Firearm Homicide	9	2.2	865	8.4	34	8.3	2718	26.3
Firearm Suicide	6	1.5	139	1.3	*	*	33	0.3
Other Intentional	11	2.7	344	3.3	55	12.5	2174	21.1
TOTAL	26	6.4	1348	13.1	89	21.8	4925	47.7
ALL INJURIES	103	25.2	3149	30.5	1057	258.6	26998	261.7

MORTALITY



HOSPITALIZATION



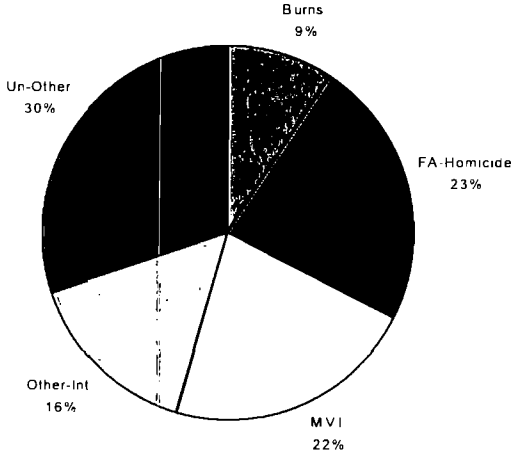
Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n

TABLE 4. 13

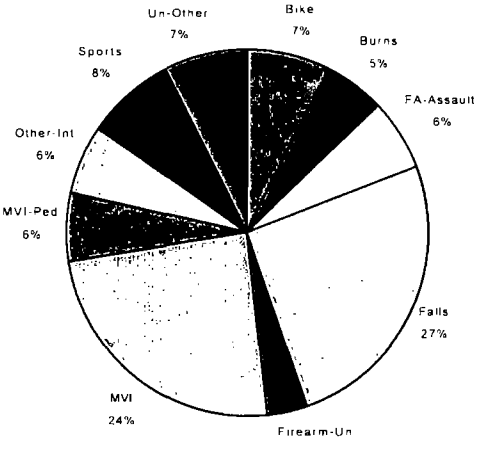
Injury in Illinois Counties Age < 20
Three Year Total Number and Annualized Rate
Winnebago

	MORTALITY				HOSPITALIZATIONS			
	COUNTY		STATE		COUNTY		STATE	
	N	RATES	N	RATES	N	RATES	N	RATES
UNINTENTIONAL								
Bike	*	*	37	0.4	42	18.2	1389	13.5
Burns	7	3	215	2.1	31	13.4	1358	13.2
Drow ning	*	*	149	1.4	*	*	132	1.3
Falls	0	0	34	0.3	145	62.7	6079	58.9
MVI	17	7.4	555	5.4	137	59.3	5858	56.8
MVI - Pedestrian	*	*	182	1.8	34	14.7	2275	22.1
Sports	0	0	16	0.2	44	19	1988	19.3
Unintentional Firear	*	*	38	0.4	20	8.6	715	6.9
Unintentional Other	23	10	522	5.1	42	18.2	1901	18.4
TOTAL	47	20.3	1748	16.9	495	214.1	22073	213.9
INTENTIONAL								
Firearm Homicide	18	7.8	865	8.4	36	15.6	2718	26.3
Firearm Suicide	*	*	139	1.3	*	*	33	0.3
Other Intentional	12	5.2	344	3.3	36	15.6	2174	21.1
TOTAL	30	13	1348	13.1	72	31.2	4925	47.7
ALL INJURIES	79	34.2	3149	30.5	578	250	26998	261.7

MORTALITY



HOSPITALIZATION



Note: Rates are per 100,000 persons under age 20. Rates are not computed w here there are few er than six cases for the three year period 1994-1996 (*). Numbers and rates may not sum precisely because the totals include cases for w hich intent w as not know n.

Preventive Strategies

Preventive Strategies for Unintentional Injury

Bicycle Injuries

What you can do and teach at home...

(Adapted from the National Highway Traffic Safety Administration)

Bicycle safety education begins when your child climbs on his or her tricycle the first time. This is the time to develop habits that will keep them safe when they are older and more independent.

Equipment Safety: Before allowing your child to ride his or her bike, make sure to check it for safety.

- Not only should the bike be an appropriate size for the child, the bike seat must also be adjusted so that the leg can be slightly bent while sitting.
- Reflectors should be on the front and back and should be pointed straight to reflect car headlights.
- Make sure that the bike chain is lubricated, the brakes stop the bike but do not stick and the tires are properly inflated.

Bicycle Helmet: It is very important to wear a bicycle helmet! 3 out of 4 serious bicycle injuries involve some form of head damage.

- Have your child try a helmet on before purchasing it, and make sure that no parts of the helmet are loose or sag.
- The helmet should fit snugly, with the front of the helmet low to protect the forehead. The padding should exert uniform pressure all over the head.
- The helmet should be adjusted squarely on top of the head with the straps secured as tightly as your child can stand it.
- If you purchase add-on accessories, consider very carefully what would happen to the accessory during a crash.
- All helmets should have a Consumer Product Safety Commission standards sticker inside the helmet indicating that the helmet has passed standardized crash testing.

Independent Riding: Be aware that most deaths and hospitalizations from bike riding occur in children from ages 10 to 14. The fact that a child is a competent bike rider does not mean he or she is ready for complete independence.

- Before the age of 10, a child should not be riding in streets unless accompanied by an adult.

- At age 8, your child *may begin* to develop the skills to ride alone, though it is imperative to teach him or her the "Rules of the Road", emphasizing the rules of city riding when appropriate.
- While riding on streets, always ride with the flow of traffic. Ride single file, warning pedestrians or other riders in front of you when you want to pass them. Also make sure to check behind before changing lanes. Be observant of road signs, traffic lights, and obstacles such as pot holes and sewer drains on the streets and sidewalk.
- Do not ride too closely to a moving car (you may be in their blind spot) or a parked car (someone may open the car door and hit you).
- Always keep your hands on the brakes in case you need to stop suddenly!

What to Wear: Dress defensively.

- Make certain your child wears light colored or bright clothing to make him or her more visible to others.
- Discourage your children from riding outside in the dark. But if they must, retro-reflective clothing and lights on the front and back of the bicycle are important to use.
- Wear appropriate shoes -- do not ride barefoot or with floppy sandals.
- Avoid loose straps and clothing that may get caught in the bicycle.
- Make sure to wear a helmet!

What you can do in your community...

- Since so many bicycle injuries occur in traffic, you can contribute to biker safety by decreasing driving speeds in residential neighborhoods, especially near bike riders and bike lanes.
- Drive carefully and note warning signs posted where children bicycle routinely.

What you can do in your city/county/state...

- Urge city board members to post warning signs in areas where children bike regularly.
- Ally with other adults concerned with child safety (other adults in the community, parent-teacher association members, safety officers, bike club members, etc.) to promote the building of bike lanes and passage of regulations to make traffic slower and safer.
- For further involvement, look to advocacy groups such as the Chicagoland Bicycle Federation or the League of Illinois Bicyclists.

Falls

What you can do and teach at home...

(Adapted from the American Medical Association)

Falls can occur in many areas of the home. Address each potential location for a fall to minimize the risk of injury from falls:

Around the House: Depending on your child, you may come to regard fall prevention around the house as an endless task. At a minimum:

- For the youngest children, especially those crawling or learning to walk, install hardware-mounted safety gates at the top and bottom of stairways rather than pressure-mounted gates, which are not as safe. Avoid accordion gates that may trap a child's head.
- Clean up spills and pick up toys/objects, especially near stairways.
- Secure loose rugs to the floor with specially designed foam pads.
- Apply nonskid strips to the bottom of bathtubs.
- Do not use infant walkers which often can make spills down stairs especially injurious.

Windows: Screens do not prevent falls out of windows.

- Install safety bars on upper story windows; use bars that are childproof but easy for adults to open in case of fire. If you rent, your landlord may be able to help with the cost.
- If you do not wish to install safety bars, keep windows closed and locked, opening them only from the top portion of the window (not near the windowsill).
- Do not place furniture near windows, where children may use them to climb onto windowsills.

Cribs, Beds and Seats:

- Install safety rails onto diaper-changing tables (or just use a portion of the floor as a diaper changing station) and to the tops of bunk beds.
- Do not leave an unattended child on a diaper-changing table, or place a child under age six on the top bunk of a bunk bed.
- Install safety belts on diaper-changing tables, strollers, carriages, high chairs and shopping carts.

Outdoors: Supervise your child outside as closely as you do inside.

- Before permitting your child to play in an outside area, inspect it carefully. Is it free of litter, such as rusted cans and glass fragments? Will your children remain in your view while playing?
- If older children plan to play away from parental supervision, use the buddy system to make sure one child can run for help if the two get into danger.

- Make sure playground equipment is safe by checking that there are no loose or rusted parts.
- Playground surfaces should consist of soft material that may absorb falls, such as sand or wood chips. Concrete, gravel or packed dirt are too hard.
- Never allow a child to play on a trampoline, even with adult supervision.

Keep abreast of product recalls: The U.S. Consumer Product Safety Commission maintains a website of unsafe products and recalls. It also contains a page that allows individuals to report unsafe products. Information is also available from Kids in Danger.

What you can do in your community...

- Coordinate with other parents/guardians in the neighborhood to ensure that public playgrounds and schoolyards have safe equipment and surfaces, and that children are supervised there.
- Communicate prevention methods to others to minimize the risk to their child and yours in other homes.

What you can do in your city/state/county...

- Pressure appropriate officials to maintain playground equipment in a safe condition and to update old equipment.
- Urge officials to erect fences around playgrounds.
- For further information, contact advocacy groups such as The National Program for Playground Safety.

Burns and Fire Injuries

(Adapted from the American Medical Association)

What you can do and teach at home...

Burn Prevention: Steps parents take to prevent burns must be appropriate to the risks facing children, which vary by age. Scalds are the leading cause of hospitalizations from burns for very young children. Babies and toddlers are more susceptible to burns because they are curious about touching objects and do not understand that they can get hurt. They are also more hurt by burns because they have very sensitive skin that burns easily. As children grow into adolescence and are supervised a bit less, they need to be taught proper electrical and kitchen safety.

1. Cooking Safety:

- Block infants' and toddlers' access to the stove as much as possible. Stove knob protectors and stove guards may be purchased to prevent young children from turning on the stove. Or, simply remove knobs that children can reach; replace them temporarily when you need to use a burner.
- Children should not run around in a kitchen while adults are cooking; a child may trip an adult carrying hot foods/liquids or they may try to help and burn themselves.
- Do not drink hot liquids with a child in your lap, as you may spill it.
- Do not place large mats or tablecloths on tables since a child may pull them and spill hot food or liquids.
- Do not warm baby bottles in the microwave because hot pockets of liquid may develop and burn a baby's mouth when he/she drinks it. Better yet, don't heat the formula or breast milk at all: Many babies can handle cool formula just fine. If you must use the microwave, follow this procedure:
    - ✓ remove the nipple from the bottle before heating,
    - ✓ count slowly to ten after heating,
    - ✓ replace the nipple and shake the bottle to mix hot and cool spots,
    - ✓ and always test the temperature of the milk on the inside of your wrist before putting the bottle in you baby's mouth.
- As children get older, allow them to help and teach them how to operate a stove, oven, microwave or other heating appliances safely.
- Do not use infant walkers. In addition to being a hazard in the case of falls, they give small children the ability to reach for things normally out of reach (e.g., hanging towels or pot handles).

2. Hot Water Safety:

- Set your hot water heater to 120°F or lower. A young child can get seriously scalded in 30 seconds at a temperature only 5° higher.
- If there is no way to adjust the water heater (if you live in an apartment, for example) purchase an anti-scalding device to place on your bathtub. The device automatically

reduces the flow of water to a trickle if the temperature becomes too hot.

3. Electrical Safety. Electrical safety is a very important aspect of burn prevention because many cords and outlets are within easy reach for a toddler.

- When using kitchen or bathroom appliances, keep cords out of reach; make sure to unplug appliances when not in use.
- To prevent babies and toddlers from chewing on electrical cords, keep all excess cord bound together and beyond reach.
- Make certain all cords in the house are properly insulated, and use safety caps in electrical outlets.
- Check appliance and electronic toys frequently for signs of wear and tear; any object that sparks, feels hot, or smells unusual must be repaired or discarded immediately.

Fire Prevention: Fire prevention is a critical component of burn prevention.

- If someone smokes in your house, they should quit.
- Do not leave unattended cigarettes or lit candles within children's reach. Never leave matches or lighters about the house.
- Keep fireplaces clean and covered with a screen, and make sure to burn only wood in the fireplace.
- Follow electrical safety practices (see above).
- Equip your house with basic fire-safety equipment such as smoke detectors and fire extinguishers. A smoke detector should be placed near every bedroom, in every child's room, on each floor and in the basement. Avoid putting a detector in bathrooms or the kitchen, where steam may set it off. Test the detector once a month (perhaps when you pay your phone bill), change the batteries twice a year (perhaps during day lights saving clock adjustments) and replace the detector every ten years (perhaps around birthdays that end in '5' or '0').
- A fire extinguisher should be kept on every floor of the home, including in the kitchen, the basement and the garage or workshop area. Know how to use an extinguisher properly; if there is a fire and you are not sure what to do, get everyone out of the house (if possible) and contact the fire department immediately.
- Plan and practice escape routes routinely, making sure to teach your children two ways to exit.

1. Kitchen Safety. Instruct young children not to use a stove or kitchen appliance by themselves. As an adult, know how to extinguish and/or react to different types of kitchen fires.

2. Bedroom and Living Room Safety:

- Do not allow lamps, night-lights or electric heaters to touch fabrics such as drapes or bedding.
- Make sure children cannot get at a fireplace while there is a fire going.
- Don't go to bed while a fire is still raging in the fireplace; douse the fire or wait until it is smoldering. Make certain a screen is in place in the fireplace.

- Protect your children further by choosing fire retardant clothing for sleeping. Follow the manufacturer's instructions for washing the sleepwear to maintain their fire retardancy.

3. Electrical Safety:

- Young children should never be allowed near electrical sockets.
- Older children should be well-supervised when using sockets.
- Instruct adolescents not to overload electrical sockets, to keep water away from electrical cords, and to report loose wiring to you.

What you can do in your community...

Firecrackers are widely used in many communities in celebration of various holidays. Many of these (especially bottle rockets) are extremely dangerous and are illegal in most jurisdictions.

- An adult should supervise the children to ascertain that any small, legal firecrackers are being used safely, or they should not be used at all.
- If you observe misuse of explosives, low hanging electrical wires and other situations that pose a threat to individuals in the community, call the proper authorities.

What you can do in your city/state/county...

- Insist that residential and commercial building codes are enforced and up to standards.
- Ally with other adults concerned with child safety (other adults in the community, parent-teacher association members, safety officers, etc.) to promote fire and burn prevention education in schools.

Drownings

(Adapted from the American Academy of Pediatrics)

What you can do and teach at home...

Drowning risks differ in origin and type among age groups. Consequently, strategies to prevent drownings are best addressed in an age related manner.

Infants and Children Newborn Through 4 Years of Age:

- Learn CPR.
- Standing water presents a particular danger to children in this age group. Never - even for a moment - leave children alone in bathtubs, spas, or wading pools, near irrigation ditches, potholes, or other open standing water. Remove all water from containers, such as pails and 5-gallon buckets, immediately after use. To prevent drowning in toilets, young children should not be left alone in the bathroom. Toilet seat latches are available that prevent a wandering child from gaining access.
- Know that swimming lessons for children less than 4 years of age will not provide "drown proofing". Take caution in all swimming areas if the child cannot swim.
- Install a four-sided fence around your personal pool as rigid, motorized pool covers are not likely to always be used appropriately and consistently.
- Keep a telephone and equipment approved by the US Coast Guard (eg, life preservers, life jackets, shepherd's crook) at poolside.

For Children 5 to 12 Years of Age:

- Teach your children to swim. At the same time, teach children never to swim alone or without adult supervision.
- Knowing how to swim well in one body of water does not always make a child safe in another. In addition to rules for safe swimming in pools, teach your children the various safety requirements for swimming in natural bodies of water, such as lakes, streams, rivers, and oceans. Increased drowning risk arises from changing environmental conditions (eg, depth, water temperature, currents, and weather), hazards concealed in murky water, and inaccessibility of emergency medical services.
- Use an approved personal flotation device on your children whenever riding on a boat or fishing, and preferably while playing near a river, lake, or ocean.
- Teach your children to refrain from walking, skating, or riding on weak or thawing ice on any body of water.

For Adolescents 13 to 19 Years of Age:

Teenagers should follow the prevention guidelines presented for children aged 5 to 12 years, in addition to the following guidelines:

- Counsel teenagers about the dangers of alcohol and other drug consumption during aquatic recreation activities (eg, swimming, diving, and boating). Because boys are at

much higher statistical risk of water-based injuries than girls, they warrant extra counseling.

- Teach teens CPR.

What you can do in your community...

- Support the inclusion of CPR training in high school health classes.
- Work in your community to pass legislation to mandate isolation pool fencing for new and existing residential pools.
- Support efforts to ensure that community pools have lifeguards with current CPR certification.
- Educate neighborhood parents on drowning risks and prevention strategies and advise them to install a fence (at least 4 feet high and climb-proof) that separates access to the pool from access to the house.

What you can do in your city/state/county...

- Support the establishment of counseling services for relatives and friends of drowning victims.
- Support state and community efforts to enforce laws that prohibit alcohol and other drug consumption by teens and boat operators.
- Support efforts in your state to pass legislation and adopt regulations to establish basic safety requirements for natural swimming areas and public and private recreational facilities (eg, mandating the presence of lifeguards in designated swimming areas).
- Lobby for adequate funding for drowning surveillance, prevention program implementation, and injury control evaluation provided by national and state public health agencies.

Motor Vehicle Occupant Injuries

(Adapted from NHTSA and NYS Department of Motor Vehicles)

What you can do and teach at home...

Infants and Young Children: The first rule for child car safety is "Buckle Up". Before a car is even turned on, everyone in the car should be buckled up.

- Children age 8 and younger should be restrained correctly in a safety seat or booster seat – one that fits the child's size and is securely fastened in the car.
- Children over age 8 and/or 80 lbs. may wear an adult lap and shoulder safety belt if they can bend their knees at the edge of the seat when their back is touching the seatback. The seatbelt should fit snugly across the hips and collarbone; it should not cross the stomach.
- The shoulder strap is a very important piece of the seat belt system and must be worn with the lap belt – it cannot work if the wearer pushes it behind his/her body – and it must be securely fastened in the car.
- Front passenger air bags were designed to fit an average adult's needs, and may injure or kill a child or small adult during a car crash. For this reason, the best place for all children and many adolescents is in the back seat wearing a seatbelt or in a safety seat.

Adolescents: Motor vehicle crashes are one of the leading causes of injury and death among children in this age group. So it is very important to stress motor vehicle safety to adolescents who drive and those who ride in a car with adolescent drivers (such as friends).

- Seat belts should be worn at all times in the front or back seat. Not only is it a good idea, the law requires it!
- Don't give your teen permission right away to drive any time in any place. Tie driving privileges to responsible behavior and allow increased driving gradually as his/her driving experience grows. Establish a driving curfew for your child; often there are curfews established by the city in which you live and these can become yours as well. Remove privileges for a designated period when rules (like curfews) are broken.
- Stress the importance of not riding in a car with an intoxicated driver, and encourage your children to attempt to convince intoxicated friends not to drive when in that situation ("Friends Don't Let Friends Drive Drunk"). Create an open door policy with your child so he or she feels comfortable calling for a ride home if his or her friends are intoxicated and cannot drive.

What you can do in your community...

- Educate friends and family members about transportation safety for children.
- Make certain that people who drive your children (even once) know that you expect your child to be restrained correctly in his or her seat.
- Advocate and help coordinate alcohol-free proms and parties.

What you can do in your city/state/county...

- Ally with other adults concerned with child safety (other adults in the community, parent-teacher association members, safety officers, etc.) to promote measures to slow traffic and to simplify intersections and traffic flow.
- Support graduated license for adolescent drivers.
- Support legislation to make driving without a seatbelt a primary offense and to assure young persons ride in the backseat and are properly restrained for their size.
- Consult agencies that promote motor vehicle safety, such as the Illinois Department of Transportation or the National Highway Traffic Safety Administration.

Pedestrian Injuries (Due to Motor Vehicles)

(Adapted from NHTSA)

What you can do and teach at home...

Crossing Streets:

- Children age 8 and under should not cross streets by themselves.
- No child should be allowed to play in or near traffic, streets or alleys: children are small, unpredictable and not a good judge of vehicle distances or speeds.
- Teach children to walk on the sidewalk, and to obey crosswalk and traffic signals if these are present.
- If there is no sidewalk, pedestrians should walk on the side of the road facing traffic.
- It is safest to cross only at intersections. Look left, right and left again to see any oncoming cars before crossing the street. To make sure the coast is really clear, also stop at the curb and the outer edge of parked cars at the intersection before crossing the street. This will also make it easier for drivers to see you.
- Wearing light colored clothing at night also helps in being visible to drivers.
- Model this safe pedestrian behavior for your children. Give your children "walking alone" privileges gradually, as you observe them to be alert and responsible enough to handle this by themselves or in a group.

Getting In and Out of Vehicles: If you park on a street, make certain to load and unload children on the curb side of the vehicle. When this cannot be done or when you are parking in a parking lot, use a "One Hand on the Car" policy that your child must follow. Tell your child that he/she must keep one hand on the car at all times unless you instruct them otherwise. This will help prevent him or her from wandering into the street or the thoroughfare of the parking lot.

What you can do in your community...

Transportation safety in a community starts with your own behavior.

- Model safe crossing behavior when you are with your child.
- Set an example in your neighborhood by giving pedestrians right of way while you are driving.
- Obey speed limits, especially in neighborhoods where children play and in school zones.
- Institute "walking school buses", in which groups of children walk to school together under adult supervision.
- Identify ways to increase safe walking in your neighborhood, including traffic calming measures, increased number of sidewalks and walking paths separated from traffic.
- Work with people concerned with child safety such as traffic engineers, police traffic officers, school transportation directors and parent-teacher associations to implement these.

What you can do in your city/state/county...

Organize your neighbors and local policy makers to allocate funds for playgrounds and walking paths away from traffic and traffic calming measures such as speed bumps and traffic circles.

Sports-Related Injuries

(Adapted from Sports Parents magazine)

What you can do and teach at home...

- Encourage your child to be active but be aware of his or her limitations, especially limits given by your child's doctor.
- Be sure the coaches for sports team are careful to build team members' strength and endurance gradually.
- Be alert to your child's nonverbal signals that he/she may be hurting or overdoing the activity.
- Children are more prone to a new injury after an injury that is not well healed. Help your child heal from injuries using prescribed treatments, rest and exercises to detect when there are injuries.
- Outfit your child with the proper protective equipment and clothing whether that means using equipment already provided or having to purchase equipment yourself. Protective eyewear is important in all impact sports.
- About 30% of sports injuries among children under the age of 16 are eye injuries, and 90% of those are preventable.
- Well fitting shoes and clothing are important.

What you can do in your community...

- Take interest in the competence of coaches hired and the facilities used. Coaches should be trained in the proper skill instruction to prevent injury from wrong techniques.
- Coaches should employ a proper warm-up and cool-down period that incorporates stretching and a 5 minute aerobic period to loosen muscles.
- A coach should also know first aid and have an emergency medical plan in case of an injury.
- Parents should insist upon a well trained and, if possible, certified coach that understands and enforces the rules of play and league rules.
- Encourage activity opportunities for children at all skill levels, not just at the most athletic level.
- Develop standards for coaching that do not push children too hard physically or psychologically.
- Make it a practice to pick up litter on or near the playing field whenever you visit. Many injuries are caused by or made more serious by paper, tin cans and glass fragments lying about.
- Do not pressure your child or verbally assault coaches, referees or other players.
- Insist that leagues incorporate behavior standards for participants and fans.

What you can do in your city/state/county...

- Insist upon clean and safe facilities for sports play.
- Support efforts to maintain playing fields free of ruts and bare spots, and indoor track and field surfaces clean and dry.
- Require regular tests of equipment, especially gymnastic and wrestling equipment.
- Make sure swimming pools are a proper depth for diving and swimming events, and are marked where the water is too shallow for diving.
- Consult interest groups for further direction on how to influence sports safety. Sports Parents and the American Academy of Pediatrics are two groups that address sports safety.

Prevention Strategies for Intentional Injury

Intentional injuries include all of those that occur as a result of violence or self-inflicted harm. While it is common to think that the source of violence is away from the home, most violence to young children occurs in the home. Although violence can never be prevented completely, there are measures that can be taken to reduce the likelihood of violent injury to children and adolescents.

Suicide

(Adapted from the Light for Life Foundation and the Centers for Disease Control)

What you can do and teach at home...

Suicide is a major cause of death among adolescents ages 15 to 19 in the United States today. *Seek guidance or help if you think your child may be at risk for suicide.*

Give your child, from the earliest age, the skills to handle the predictable emotional challenges of growing up:

- Follow the guidelines in the Violence section (below) to encourage your child to speak up for him- or herself.
- Model good coping skills so that they can see how you confront difficult challenges.
- Use family crises to show children and adolescents that sadness need not lead to despair, but to richer friendships and acts of compassion.

Look for warning signs and risk factors. These may include:

- Abrupt changes in personality
- Previous suicide attempt
- Depression
- Talk of wanting to die
- Chronic pain, panic or anxiety
- Giving away possessions
- Use of drugs and/or alcohol
- Unusual sadness, discouragement and loneliness.
- Withdrawal from people/activities they love.
- Perfectionism

What you can do in your community...

In addition to developing a caring and supportive rapport with adolescents whom you routinely come into contact, promote the institution of various suicide prevention programs. They may take many forms:

- Crisis centers and hotlines
- Restriction of access to lethal means

- Intervention after a suicide
- General suicide education

What you can do in your city/state/county...

Sometimes, suicide is a passionate act that could be prevented if the adolescent is simply slowed down. Laws can help prevent adolescents from gaining access to weapons so that they can have a chance to think more clearly or get help.

- Advocate for laws that restrict adolescents' access to firearms.
- Insist that schools be kept drug-free.
- Demand that local liquor dealers check the IDs of customers.

There are many national foundations and organizations advocating for a more proactive approach towards suicide prevention, like Suicide Prevention Advocacy Network.

Violence

When parents think of preventing injuries from violence, they often focus on ways to prevent their child from being victimized. This is, of course, important. But researchers understand the link between being a victim and being a perpetrator. So we provide preventive strategies for both.

Preventing Your Child from Being a Perpetrator of Violence

(Adapted from the American Academy of Pediatrics)

What you can do and teach at home...

The American Academy of Pediatrics recommends the following age appropriate interventions at home to help prevent youth violence:

Category	Infancy/Early Childhood (0-2 years)	Preschool (3-5 years)	School Age (6-12 years)	Early Adolescence (13-16 years)
Early Nurturing	Nurture bonding and attachment	Nurture bonding and attachment	Encourage empathy skills	Encourage empathy skills
	Read to your child	Teach social skills	Help develop anger-management skills	Help develop anger-management skills
	Nurture healthy sibling friendships	Know normal age-appropriate behavior	Find opportunities for positive activities	Find opportunities for positive activities
		Spend time with children	Spend time with children	
Limit Setting	Avoid corporal punishment	Avoid corporal punishment	Avoid corporal punishment	Avoid corporal punishment
	Employ age-appropriate disciplinary practices, including praise for positive behavior	Employ appropriate time-outs	Employ appropriate time-outs	Employ appropriate restrictions on: • Driving • Drugs • Curfews
		Praise positive behavior	Expand family rules	
			Include among responsibilties: • School • Chores	Include among responsibilties: • School • Chores
Basic Safety	Make sure child is safe in high quality child care	Make sure child is safe in high quality child care	Make sure child is safe in high quality child care	
	Confront and get help for domestic violence	Confront and get help for domestic violence	Confront and get help for domestic violence	Confront and get help for domestic violence

	Make non-violent conflict resolution a habit	Make non-violent conflict resolution a habit	Make non-violent conflict resolution a habit	Make non-violent conflict resolution a habit
	Do not keep firearms in the home. If you must own a gun, keep it stored safely: locked, unloaded and with ammunition locked up separately.	Do not keep firearms in the home. If you must own a gun, keep it stored safely: locked, unloaded and with ammunition locked up separately.	Do not keep firearms in the home. If you must own a gun, keep it stored safely: locked, unloaded and with ammunition locked up separately.	Do not keep firearms in the home. If you must own a gun, keep it stored safely: locked, unloaded and with ammunition locked up separately.
			Be aware of the possibility of gang recruitment	Be aware of the possibility of gang recruitment
			Be aware of your child's accessibility to drugs	Be aware of your child's accessibility to drugs
				Consider how your child may be victimized by classmates or friends

What you can do in your community...

- Model nonviolent conflict resolution in your community, and model age-appropriate guidelines for other parents to follow.
- Volunteer your time and mentor a youth. Mentors provide role models for young people who have none, or they offer alternatives to negative role models. The attention and interest bestowed on a youth by people who care enhance the youth's self-esteem and strengthens his or her ability to choose nonviolent methods to resolve conflict.
- Seek help for domestic violence to take a step towards breaking the cycle of abuse among families in your community. Refer needy acquaintances to parenting programs, services for domestic violence, drug treatment programs, mental illness treatment programs and/or counseling on the dangers of guns in homes.

What you can do in your city/state/county...

There are many national foundations and organizations oriented towards violence prevention among youth.

- Promote the visibility of these programs and work towards enhancing their availability to individuals.
- Develop cadres of community workers to guide troubled youth back towards better paths; often this will involve collaborating with the religious community.

The Illinois Violence Prevention Authority offers further ideas and guidance.

(Adapted from Fight Crime)

What you can do and teach at home...

Like all causes of injury, the most effective ways to prevent violent injury depend on the age of your child. Sadly, most children under the age of 10 who die or are hospitalized because of violence experienced that violence in their homes. So while "stranger danger" gets the attention of the news media, parents should give serious and honest attention to "home and acquaintance danger." On the other hand, parents of adolescents must also consider "stranger danger."

In the home: *If you or a member of your family is victimizing your child, get help now.* Most communities provide a wide range of resources for child abuse. Your child's school, a minister, a family friend or a healthcare professional (like your child's pediatrician) can help you get the support and the resources you need to stop abusive behavior.

When among acquaintances: Reducing your child's likelihood of becoming a victim of violence outside the home involves instilling in them an idea of appropriate reactions to violence that occurs at home, school or in the community.

- Foster communication with your child so he/she feels comfortable discussing problems with authority figures and confident in questioning their authority.
- Discourage highly confrontational language and behavior that may lead to escalated conflicts with others.
- Stress that all forms of verbal, sexual or physical abuse must *never* be tolerated.
- Model language and behavior that prevents *you* as a parent from being a victim of violence in the home or community, thus giving your child the skills to avoid becoming a victim.

On the streets: Teach your child what a dangerous situation is and equip him or her with the skills to exit or, failing that, to negotiate difficult situations. Young children should be taught to seek help from a mother with small children with her if they get lost or need help. Older children and adolescents should know phone numbers for emergencies and basic self-defense (e.g., carrying pepper spray).

What you can do in your community...

- Model nonviolent conflict resolution in the community.
- Push schools to implement mediation programs, whether provided by adults or peers, that assist youth in conflict resolution.
- Help schools identify troubled and disruptive children at an early age and encourage the schools to provide children and their parents with the counseling and training they need.
- Volunteer your time and mentor a youth.
- If you notice signs of victimization or violence among children in the community, inform

the parents and/or appropriate authority figures.

- Seek help for domestic or any other form of violence that you may be experiencing.

What you can do in your city/state/county...

- Encourage and help develop after-school, weekend and summer youth development programs to shut down the "Prime Time for Juvenile Crime".
- Form a coalition to assure all babies and preschool children access to quality daycare.
- Prevent child abuse and neglect by: a) providing enough well-trained child protective services staff to protect endangered children; and b) offering all high-risk parents the in-home parenting-coaching programs that have been proven to cut in half both abuse and neglect and subsequent teen delinquency.
- Push for national laws that restrict gun and drug trafficking, and press police to enforce these laws.
- Reduce bullying in schools -- there are proven ways to accomplish this.
- Develop shelters for battered women where children may also go.
- Also help develop drop-in centers for parents in stress.
- Develop adequate and accessible drug and mental health centers to help individuals in the community.

The Illinois Violence Prevention Authority is a state agency that individuals may refer to for further ideas and guidance.

Firearms

(Adapted from American Academy of Child and Adolescent Psychiatry)

What you can do and teach at home...

In addition to being employed in violent crime, firearms pose a substantial safety risk around the home. The best way to protect children against gun violence is to remove all guns from the home. Have a "no guns" rule in your home. Stress to visitors "You are welcome but your gun is not."

If parents feel they must keep one or more guns in the home, there will always be some dangers. The following actions are crucial to lessen the dangers:

- Store all firearms unloaded in a securely locked container. Only the parents should know where the container is located and have the keys or combination.
- Store the guns and ammunition in separate locked locations.
- For a revolver, place a padlock around the top strap of the weapon to prevent the cylinder from closing, or use a trigger lock; for a pistol, use a trigger lock. When handling or cleaning a gun, never leave it unattended, even for a moment; it should be in your view at all times.

When anyone uses alcohol and also has a gun available, the risk for violence rapidly increases. Store alcohol in a location that makes it unavailable to children and adolescents.

What you can do in your community...

In a study of accidental handgun shootings of children under 16, nearly 40% of the shootings occurred in the homes of friends and relatives. The tragedies occurred most often when children were left unsupervised.

- Educate your community regarding the risks of guns, the Child Access Protection (CAP) law and gun disposal options.
- Even if parents don't own a gun, they should check with parents at other places where their children visit or play, to make sure that safety precautions are followed.
- Provide trigger locks or lock boxes to community members.
- Advocate and help coordinate alcohol-free proms and parties.

What you can do in your city/state/county...

Pressure policy makers to allocate funds to adequately track gun injuries and the weapons that cause them; this helps to focus and evaluate prevention approaches.

- Encourage "gun-free zones" in public places including but not limited to: schools, libraries, places of worship, funeral homes, movie theaters, sports arenas, restaurants and bars.
- Pressure police to enforce laws against gun and drug trafficking.
- Push for national laws to reduce gun trafficking, such as closing gun show loopholes and

promoting a one gun a month law in your state and at the federal level.

- Oppose preemption laws that prevent local governments from passing guns law or suing gun manufacturers in court.

Look to advocacy groups such as the Illinois Council Against Handgun Violence and The Bell Campaign for further guidance.

Appendix I: Methods

Source of data. Two data sources were employed for this report: the Illinois Trauma Registry and Illinois Vital Statistics. The former includes all hospitalizations for injury in Trauma system hospitals (and all stays in these emergency departments for at least twelve hours). Of the 200 hospitals in Illinois, 67 are Trauma hospitals. Of all hospitalized injuries in Illinois, it is estimated that over 90% occur in Trauma hospitals. The latter includes all deaths of Illinois residents for any reason, even if the death occurs outside of Illinois.

The Trauma Registry contains a broad spectrum of medical data relating the health status of the individual arriving at the emergency department, diagnosis, care received, and a modest amount of discharge information. For this report, CHDL used only the primary E-Code and demographic variables for individuals listed in the registry who were under the age of 20. Similarly, only the primary E-Code classification and demographic variables were used from the Vital Statistics for the same population.

Three years of data. In order to compute rates of injury in small geographic areas, three years of data were combined from each data source, 1994, 1995, and 1996. This permitted us to develop reliable rates of injury for areas where there is potentially substantial year-to-year variation and to compute rates for areas with very small populations.

To compute rates, estimates of county and City of Chicago populations were derived from the Current Population Survey for 1994 through 1996; estimates of Chicago's community area population were derived from the 1990 United States' Census. County population estimates were downloaded from the CDC Wonder website; community area estimates were supplied by Chicago Area Geographic Information Systems (CAGIS). All rates are computer per 100,000 population.

Although there are difficulties using the 1990 Census (i.e., young children are undercounted generally and many community areas may have experienced a relevant population shift), no other data were available. It has been suggested that the 1980 Census provides a better estimate of small area population in Illinois, but the 1990 Census, though flawed, came closer to drawing an accurate picture of neighborhoods that underwent a great deal of change in the 1980s.

E-Code groupings. The term "E-Code" stands for "external cause of injury code." E-Codes are delineated in the International Classification of Diseases, the world-wide standard for coding disease and injury. The Centers for Disease Control and Prevention (CDC) in the United States recommends researchers employ a standard grouping scheme for the individual E-Codes. We have adopted the CDC recommendation as a general framework, departing from it only where it seemed unworkable for children and adolescents. Table A-1 details how we grouped E-Codes into categories.

Most of the decisions to depart from CDC recommendations arose because our population (children and adolescents under age 20) often are exposed to risk of injury differently than adults. The development of the "Sports Injury" category, for example, addresses this concern. Other choices to depart from the CDC recommendations had to do with the clarity of the public health education message for children and adolescents. For example, the CDC codes burns resulting from fireworks in the "Other Unintentional Injury" category; we report it as part of the burn category because a parent concerned with preventing burns should focus on the dangers of fireworks, as well as other sources of burn injury.

"Undetermined" E-Codes were included in overall rates, but excluded from the detailed computations.

Data cleaning. The Vital Statistics data required very little cleaning on our part. However, the Illinois Trauma Registry required more substantial cleaning. This was expected, since it is a far more complex data set. All cleaning decisions resulted in the choice to exclude portions of that data from analysis. Certain variables are quite unreliably reported (e.g., in the case of race, 30% of the cases are missing a racial classification). As a result, we chose not to examine the relationship between race and injury. Table A-2 details our choices to exclude cases from analysis.

Trauma data were geocoded by CAGIS, who were supplied with a file containing only the address of the injury patient and a unique identifier we created by random (i.e., the file was stripped of all medical and other demographic information). The following geocoding procedure was employed by CAGIS: (1) the conformity of the city name and zipcode was confirmed; (2) county and community area identifiers were added; and (3) where a zipcode crossed county lines, the assignment of the correct county was verified.

The age variable was cleaned by computing the age from date of admission and the birth date and comparing the computed age to the reported age. Records with age discrepancies greater than one year were dropped from the analytic data set.

The Vital Statistics data were geocoded by the Illinois Department of Public Health (IDPH) before we received it.

Explanation of tables. The following rules were applied in the development of the data for display in the tables:

- Rates were not computed for cells in which fewer than six cases were present.
- In cases where fewer than six cases were present, the data from the cell was added to the appropriate "other category," so as to prevent readers from deducing the value of the hidden cells.

Where cells do not add up to totals, this results from two decisions:

- The totals on the table also include "undetermined intent," i.e., cases in which it is unknown whether the cause of injury was intentional or unintentional.
- The totals on the table include cases that cannot be classified by age, sex or residence. Therefore, those missing a street address are included in the Illinois total, but cannot be included in any of the regional comparisons.

The county rankings exclude all counties where the number of events is fewer than six.

Table A-1

E-Code Explanation and Grouping

Category	General description	E-codes
UNINTENTIONAL INJURY		
Bike	Railway	800-807 (.3)
	MV - with train	810.6
	MV general	811-819 (.6)
	MV out of traffic	822-825 (.6)
	All other bicycling collisions	826.0-826.9
Falls	Down stairs, ladders, etc.	880.0-881.9
	Out of building	882.0
	Into hole; from playground equipment	883.0-884.9
	Onto same level (e.g., tripping)	
	Unspecified	885.0, 886.9
	Late effects of fall	
		887.0, 888.0
		929.3
Burns	Fire in a building	891.0-891.9
	Fire outside of a building	892.0
	Ignition of clothing	893.0-893.9
	Other fires	894-897, 899 (.0)
	Burning bed clothes/materials	898.0-898.9
	Explosion	921.0-921.9
	Fireworks, blasting materials	923.0-923.9
	Scalding; electrocution	924.0-925.9
	Late effects of burns	949.4
Motor Vehicle Occupant	Driver or passenger of car; driver or passenger of motorcycle in or out of traffic	810-819 (.0-.3) 822-825 (.0-.3)
	Late effects of MV occupant injury	929.0
Pedestrian	Struck by MV in traffic	810-819 (.7)
	Struck by MV out of traffic	822-825 (.7)
Sports	Struck by MV while riding an animal or vehicle in traffic and out of traffic	810-819 (.5) 822-825 (.5)
	Snow mobile and off-road vehicle	
	Animal-drawn vehicle and animal being ridden	820.0-821.9
	Occupant of small boat	827.0-828.9
	Fall in boat	
	Collision in sports	831.0-831.9
	Struck in sports, crowds and water	833.0-838.9
	Overexertion and strain	886
		917.0-917.8
		927.0-927.9
Drowning	Watercraft	830.0-830.9
		832.0-832.9
	While swimming; bathtub	910.0-910.9
Firearm - unintentional	Handgun, automatic, hunting rifle, military firearms, firearm missile	922.0-922.9
	BB gun or air rifle	
		917.9
Other - unintentional	Trains	800-807 (.0, .1, .2, .8, .9)
	MV	810-819 (.4, .8, .9)
		822-825 (.4, .8, .9)

Category	General description	E-codes
		829.0-829.9
	Air and space transport	840.0-845.9
		846, 847, 848
	Poisoning by drugs, medicines	850.0-859.9
	Poisoning by other solids, liquids, gases	860.0-869.9
	Misadventures during medical care	
	Later complications of medical care	870.0-876.9
	Natural and environmental events	
	Foreign bodies	877.0-879.9
		900.0-909.9
	Other injury	911, 912, 914-916, 918 (.0)
	Late effects of injury	913.0-913.9
		919.0-919.9
	Adverse effect of therapeutic	920, 926, 928 (.0-.9)
	medicines	921.1
		929 (.2, .5, .8, .9)
		930.0-949.9
INTENTIONAL INJURY		
Firearm homicide/assault	All firearm types	965.0-965.4
Firearm suicide/attempted suicide	Al firearm types	955.0-955.9
Other homicides	Brawl, rape, poisoning, strangulation, explosions, cut/pierce, child battering	960.0-969.9
Other suicides	Poisoning, strangulation, suffocation, drowning, cut/pierce, burn, jumping, MV crash, etc.	950.0-953.9 954, 956 957.0-959.9
UNKNOWN INTENT		980.0-999.9

Table A-2

Data Exclusion Choices

Choice	No. of cases 1994	No. of cases 1995	No. of cases 1996	Total no. of cases
Original database received from IDPH	9996	9488	8633	28117
Out of state addresses, missing addresses, missing cities, missing E-Codes	301	274	248	823
Missing birth date	66	44	30	140
Obviously inaccurate birth date	54	43	56	153
County or community area was unclassifiable	1411	1339	1261	4011
Total cases	8164	7788	7038	22990

Appendix II: Helpful Organizations

The following organizations are active in the promotion of injury prevention.

Center for Childhood Safety
Children's Memorial Medical Center
2300 Children's Plaza, #79
Chicago, IL 60614-3394
Phone: 773/880-8198

Violent Injury Prevention Center
Children's Memorial Medical Center
2300 Children's Plaza, #88
Chicago, IL 60614-3394
Phone: 773/880-6770

US Consumer Product Safety Commission
US Consumer Product Safety Commission
Washington, DC 20207-0001
Phone: (301) 504-0580

Light for Life Foundation
Yellow Ribbon Suicide Prevention Program
P.O. Box 644
Westminster, CO 80030-0644
Phone: (303) 429-3530
Fax: (303) 426-4496

Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333
Phone: (404) 639-3311

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Phone: (847) 228-5005
Fax: (847) 228-5097

Illinois Violence Prevention Authority
100 W. Randolph Street
Suite 6-600
Chicago, IL 60601
Phone: (312) 814-2796

National Highway Traffic Safety
400 7th St. SW
Washington, DC 20590
Phone: (202) 366-0123

Chicagoland Bicycle Federation
417 S. Dearborn, Suite 1000
Chicago, IL 60605-1120
Phone: (312) 427-3325
Fax: (312) 427-4907

League of Illinois Bicyclists
6 Chestnut Court
Park Forest, IL 60466-6121

National Program for Playground Safety
University of Northern Iowa
School for Health, Physical Education and Leisure Services
Cedar Falls, IA 50614-0618
Phone: (319) 273-2416
Fax: (319) 273-7308

The American Medical Association
515 North State Street
Chicago, IL 60610
Phone: (312) 464-5000

National Highway Traffic Safety
400 7th St. SW
Washington, DC 20590
Phone: (202) 366-0123

NYS Department of Motor Vehicles
6 Empire State Plaza
Albany, NY 12228
Phone: (518) 474-5111
Fax: (518) 473-6946

Illinois Department of Transportation
The Division of Traffic Safety
3215 Executive Park Drive
Springfield, IL 62794
Phone: (217) 782-4972

Sports Parents Magazine
S.I. For Kids
Time & Life Building
New York, NY 10020
Phone: (212) 522-2674

Illinois Department of Public Health
525 W. Jefferson
Springfield, IL 62761
Phone: 217/785-2060

H.E.L.P. (Handgun Epidemic Lowering Plan)
Children's Memorial Medical Center
2300 Children's Plaza, #88
Chicago, IL 60614-3394
Phone: 773/880-3826