**DEFINITION**

*Child and teen deaths* is the number of deaths from all causes among children ages one to 19, per 100,000 children. The data are reported by place of residence, not place of death.

**SIGNIFICANCE**

The child and teen death rate is a reflection of access to health care; mental and physical health; the dangers to which children and teens are exposed in the community; a variety of risk behaviors including alcohol, drug use, and violence; access to and use of safety devices and practices (such as bicycle helmets and smoke alarms); and the level of adult supervision children and teens receive.\(^1,2\)

The U.S. child and teen death rate has declined steadily since 1980, but disparities still exist by age, gender, and race and ethnicity. Children ages one to four and teens ages 15 to 19 are more likely to die than children ages five to 14, and the child and teen death rate is higher for boys than girls and higher for Black children and teens than for children and teens of all other racial and ethnic groups.\(^3,4\)

Children are particularly vulnerable to injury deaths due to their size, development, inexperience, and natural curiosity.\(^5\) Unintentional injuries are the second highest cause of death for children ages one to 14 in Rhode Island and the leading cause in the U.S.\(^6,7\)

Nationally, the leading causes of child unintentional injury deaths are motor vehicle crashes and drowning.\(^8\) Child injury deaths can be reduced by educating families about injury prevention strategies and the importance of using safety products (such as seat belts and fencing around pools), enforcing laws that promote safety (such as speed limits and the mandatory use of child passenger restraints), and through continued environmental and product design improvements (such as safely engineered toys and safety surfacing on playgrounds).\(^9\)

Factors that protect against teen deaths include parent and family involvement, access to mental health services, state regulated teen driving programs, as well as violence and substance use prevention programs. Individual and group therapeutic programs in family, school, and community settings can support positive behavior changes and increase mental health awareness.\(^10,11,12\)

Between 2014 and 2018, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of these child deaths in Rhode Island during this time period.\(^13\)

### Child and Teen Deaths

<table>
<thead>
<tr>
<th>Child and Teen Death Rate (per 100,000 Children Ages 1-19)</th>
<th>2007</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>US</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>National Rank*</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>New England Rank**</td>
<td>1st</td>
<td></td>
</tr>
</tbody>
</table>

*Source: The Annie E. Casey Foundation KIDS COUNT Data Center, datacenter.kidscount.org.*

Between 2014 and 2018, 26 Rhode Island children ages one to 14 died as a result of injury. Suffocation, motor vehicle crashes, and drowning were the leading causes of these child deaths in Rhode Island during this time period.\(^13\)
According to the 2019 Rhode Island Youth Risk Behavior Survey, 15% of Rhode Island high school students reported attempting suicide one or more times in the 12 months before the survey was administered.

Of the 19 youth ages 15 to 19 who died from suicide between 2014 and 2018, 17 were male and two were female.

In 2018, 306 teens ages 13 to 19 were admitted to the emergency department after a suicide attempt, more than double the number in 2014 (138). Seventy-seven percent of teens admitted were girls, and 23% were boys.

In 2018, 250 teens ages 13 to 19 were hospitalized after a suicide attempt, more than double the number in 2014 (103). Seventy-five percent of teens hospitalized were girls, and 25% were boys.

Nationally, depression and suicide among adolescents have increased in recent years, with more females reporting symptoms of depression and committing suicide nationally than males. Mental health problems, depression, attempting suicide, alcohol use, experiencing partner violence, and having a family member or friend attempt suicide are associated with an increased risk of suicide or attempted suicide among youth.

References

3 The Annie E. Casey Foundation, KIDS COUNT Data Center, datacenter.kidscount.org
5 Rhode Island Department of Health, Center for Health Data and Analysis, Maternal and Child Health Database, 2014-2018.

(continued on page 182)