

Non-Transportation Pediatric Mortality in U.S.-Mexico Border Region

Sophia Belton, Kayle Karcher, Asher Moran, Lucia Rivera

University of California, San Diego, Herbert Wertheim School of Public Health and Human Longevity Science

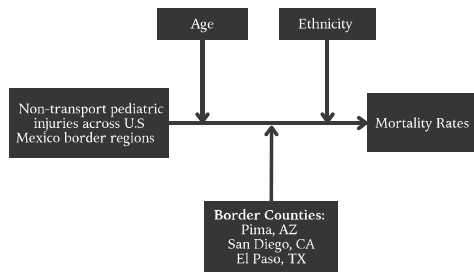
UC San Diego

Herbert Wertheim School of Public Health and Human Longevity Science

Objective

Aim: To evaluate the differences in mortality among non-transport pediatric injuries across age, race/ethnicity, & border counties

Figure 1. Model of Study



Introduction

- One-third of unintentional injuries along the U.S.-Mexico border occur in children/adolescents^{1,2}
- U.S.-Mexico Border regions are associated with increased numbers of migrant deaths, specifically among Arizona and Texas³
- Identifying culturally and sociopolitically relevant interventions is important to prevent deaths of children/adolescents in border regions

Methodology

- Cross-sectional retrospective correlational analysis
- Data sourced from Centers for Disease Control and Prevention (CDC) Wide-ranging ONline Data for Epidemiologic Research (WONDER) database
- Covariates:
 - Hispanic or non-Hispanic ethnicity
 - Age by 5-year age ranges
 - Categories of infants aged <1, children aged 1-4, and teenagers aged 15-19
- Outcome variable: crude death rate from non-transport accidents (MCD codes W00-X59 and Y86)
- Statistical analysis
 - ANOVA for our data by border county
 - Compare death rates between Hispanic and non-Hispanic ethnicities and those <1, 1-4, 5-9, 10-14, and 15-19 years of age

Results

CDC WONDER Database

Table 1. Demographics in the U.S.-Mexico border region (N=163,624,400)

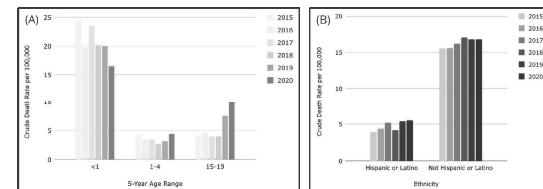
Characteristic, n (%)	
Age (Years)	
<1	2,509,184 (1.5)
1-4	9,723,900 (5.9)
5-9	11,842,754 (7.2)
10-14	12,105,108 (7.4)
15-19	12,343,666 (7.5)
20+	112,547,062 (68.8)
Male	81,267,598 (49.7)
Hispanic/Latino	87,867,881 (53.7)

Figure 2. U.S.-Mexico border region as defined by the U.S. government



This image is adapted from the U.S. Health Resources and Services Administration website

Figure 3. (A) Crude Death Rates from Non-transportation Accidents by Age Range Among Children and (B) Crude Death Rates from Falls by Ethnicity



In Fig. 3A <1 year & 15-19 years (p<0.001); <1 year & 1-4 years (p<0.001)
In Fig. 3B, Hispanic/Latino and Non-Hispanic/Latino (p<0.001)

Table 2. Crude Death Rates from Falls in U.S.-Mexico Border Region by County, 2015-2020

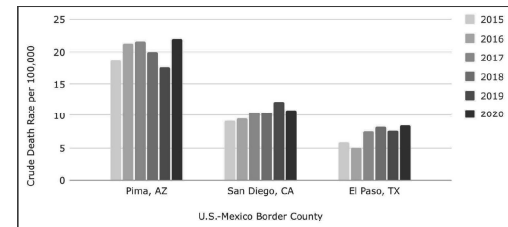
County	Pima, AZ	San Diego, CA	El Paso, TX	p-value
Crude death rate per 100,000, mean (SD)	20.2 (1.7)	10.5 (1.1)	7.1 (1.4)	<0.001

- Crude death rates from non-transportation accidents significantly differed between those aged <1 & 15-19 and between those aged <1 & 1-4 (Fig. 3A)
- Significantly greater deaths from falls found among non-Hispanic individuals compared to Hispanic individuals (Fig. 3B)
- Pima, AZ had more deaths from falls than San Diego, CA & El Paso, TX (Fig. 4).
- San Diego, CA had slightly more deaths from falls than El Paso, TX (Fig. 4)

Acknowledgements

We would like to thank Dr. France Nguyen-Grozavu, Lucia Ferrer, Melanie Wong, and the Herbert Wertheim School of Public Health and Longevity Science for their support in completing our research project. We would also like to acknowledge the Centers for Disease Control and Prevention (CDC) Wide-ranging ONline Data for Epidemiological Research (WONDER) database for providing the data for our study.

Figure 4. Crude Death Rates from Falls by Border County, 2015-2020



Significant association (p<0.001) between Pima, AZ & San Diego, CA and Pima, AZ & El Paso, TX; El Paso, TX & Pima, AZ. Significant association (p=0.003) between El Paso, TX & San Diego, CA

Discussion

- Increased deaths among Pima, AZ, and falls from 2015-2020, suggest the need to implement resources to mitigate falls
- Younger age groups (<1) had significantly greater deaths from falls, highlighting the need for infant health resources and preventative interventions in the U.S.-Mexico border area
- The exclusion of non-resident individuals may have biased results among Hispanic/Latino groups
- Findings provide insight into unintentional injuries among pediatric populations and understanding how age, ethnicity, and border counties' residence may contribute to local deaths
- Risk mitigation policies can be implemented and researched for their impact on injury rates
- U.S. Public Health Department should implement efforts of injury prevention education in the most affected border subregions while targeting most affected populations (Pima, AZ; infants; and non-Hispanic individuals), as well among evidence-based common migration routes into the Southwestern U.S.³
- Future studies should evaluate other sources of data that include nonresidents to best understand undocumented migrant deaths

References

References can be found online at the QR code:

