The Burden of Non-fatal Motor Vehicle Injuries in Virginia
Division of Prevention and Health Promotion, October 2014

Fast Facts:

- In 2012, there were more than 67,004 persons injured in traffic crashes in Virginia, with 4,165 inpatient hospitalizations attributable to motor vehicle traffic crash injuries occurring.
- Inpatient hospitalization rates for motor vehicle traffic-related injuries were highest among adults between the ages of 75 and 84 and youth and young adults between the ages of 15 and 24 in 2012.
- During 2012, inpatient stays for motor vehicle traffic-related injuries resulted in more than 300 million dollars in hospital charges in Virginia.
- In 2012, 5,861 persons were injured in alcohol-related crashes in Virginia, representing an increase of 7.25% over 2011.
- An estimated 80,954 million vehicle miles were travelled in 2012 in Virginia.

DID YOU KNOW?

- VDH performed approximately 7,600 child passenger safety seat inspections in 2012.
- Only 13% of drivers with child passenger safety seats had correctly installed them when checked at VDH Safety Seat Check Stations.
- Proper child safety seat or booster seat use is required for all children under age eight by §46.2-1095 of the Code of Virginia.
- Booster seats reduce serious injury risk by 45% for children aged 4-8 years, when compared with use of seat belts alone.

For inpatient hospitalizations related to motor vehicle traffic injuries in Virginia in 2012:
Median length of stay = 4 days
Median total hospital charges for stay = $38,632

In 2012, there were also 779 deaths attributed to motor vehicle traffic accidents in Virginia.
Addressing Risk for Motor Vehicle Traffic Injury:

- Research conducted by the Johns Hopkins Bloomberg School of Public Health has demonstrated that graduated driver licensure (GDL) programs reduce risk for injury crashes among teens by 19-40%, with greater reductions in injury crashes associated with more restrictive GDL programs.\(^7\)

- According to the CDC, risk for motor vehicle injury and death increases as people age. For drivers 65 and older, CDC recommends requesting that a doctor or pharmacist review medications to reduce side effects and drug interactions, having regular eye exams, planning travel routes in advance, leaving a large following distance behind the car in front of you, avoiding distractions such as texting and talking on the cell phone, and considering alternatives to driving.\(^8\)

- Drinking and driving presents significant risks for both the impaired driver and others on the road. The CDC recommends the expanded use of sobriety checkpoints, ignition interlocks for those convicted of drinking and driving, screening of patients by doctors for problematic drinking behaviors, and planning ahead to avoid situations in which you might drink and drive.\(^9\)

**Motor Vehicle Traffic Injury Hospitalizations by Health District, Average Annual Rate: 2010-2012**

![Hospitalization Rate per 100,000](image)

Data source: Analysis of inpatient hospitalization data conducted by the Division of Policy and Evaluation, VDH; October 2014.

**References:**