A fresh look at the costs of non-fatal consumer product injuries

Bruce A Lawrence, Rebecca S Spicer, Ted R Miller

Pacific Institute for Research and Evaluation, Calverton, Maryland, USA

Correspondence to

Dr RS Spicer, Pacific Institute for Research and Evaluation, 11720 Beltsville Drive, Suite 900, Calverton, MD 20705-3111, USA; spicer@pire.org

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ABSTRACT

Background Products under the purview of the Consumer Product Safety Commission are involved in a large share of injuries and injury costs in the USA. **Methods** This study analyses incidence data from the National Electronic Injury Surveillance System (NEISS) and cost data based on the Injury Cost Model, integrated with the NEISS. We examined the magnitude of nonfatal consumer product related injury, the distribution of products involved in these injuries and the cost of these injuries. We compared these findings with an earlier identical study from 2000.

Results In 2008–2010, 43.8% of the annual 30.4 million non-fatal injuries treated in hospital emergency departments involved consumer products. Of these consumer product related injuries, in 2009-2010, just three product groups accounted for 77% of the \$909 billion annual cost: sports and recreation: home structures and construction materials; and home furnishings and fixtures. Sports and recreation was a leading cause of injury costs among 5-24-year-olds, particularly football, basketball, bicycling, baseball/ softball and soccer. Since 1996, football surpassed basketball in becoming the number one cause of injury costs for children aged 10-19 years and the fifth ranked cause of product related injury costs overall. Among those over age 30 years, stairs and floors were a leading cause of consumer product related injury costs, in particular among those over age 70 years where they were responsible for over one-fifth of costs.

Conclusions The findings of this study highlight priority areas for intervention and generate questions for future research.

INTRODUCTION

Consumer products are used extensively across a wide range of settings—homes, workplaces, daycare centres and schools—and are involved in a significant proportion of injuries. Annually, these product related injuries account for approximately 29% of unintentional injury deaths. The USA Consumer Product Safety Commission (CPSC) has jurisdiction over products and their related injuries, with the exception of injuries involving tobacco, drugs, pesticides, food, medical devices, boats, aircraft, firearms and motor vehicles.

Consumer product injury analyses are facilitated by CPSC's National Electronic Injury Surveillance System (NEISS). With NEISS, CPSC collects information on consumer product injuries treated in hospital emergency departments (EDs). Integrated within NEISS is the Injury Cost Model (ICM), which allows us to estimate the medical costs, work losses, pain and suffering costs, and product liability, insurance administration and litigation costs of

these injuries.¹ While incidence data are useful for assessing the magnitude of the problem, costs better account for multiple injury consequences—death, severity, disability, body region, nature of injury—in a single unit of measurement. Cost analyses are useful for comparing injury causes, assessing related health burden, setting priorities and planning cost effective prevention strategies.

Previously, using 1995–1996 NEISS data, Lawrence *et al*¹ developed and used the ICM to estimate the costs associated with non-fatal injuries related to products under CPSC jurisdiction. They found that consumer product injuries cost approximately \$500 billion per year in 1995–1996, accounting for nearly one-third of injury costs in the USA.

This aim of this article was to update these estimates of consumer product injury costs by applying the ICM to NEISS data from 2009 to 2010. We further examined the leading products responsible for non-fatal injury costs in 2009–2010 compared with 1995–1996.

METHODS

NEISS is a weighted national probability sample of consumer product related injury visits to EDs in a sample of 100 US hospitals. Overall, NEISS includes data on approximately 400 000 ED injury visits per year. The NEISS data provided detailed information on consumer product related injuries.

Since 2000, 66 of the 100 NEISS hospitals have participated in an expanded collection effort that covers all injuries, not just those involving consumer products. This expanded system, called the NEISS All Injury Program (NEISS-AIP), collects data on more than 500 000 ED injury visits per year, both intentional and unintentional. The NEISS-AIP data provided a more comprehensive context to understand the per cent contribution of consumer product related injury to the overall injury problem.

Thus we constructed two different datasets for our analysis. For the first, we combined NEISS data from 2009 and 2010, dropping all fatalities. Using the current version of the ICM, we estimated four types of costs in 2009 dollars for each case: medical costs, work loss, pain and suffering, and legal and liability expenses. When summed, these

ⁱNEISS is not a suitable dataset for analysing fatal injuries. Because it is collected in EDs, NEISS can capture only those deaths that occur during the brief time after arrival at the ED and before discharge or inpatient admission—a small and unrepresentative sample of injury deaths. Moreover, the Injury Cost Model is designed to cost only the non-fatal injuries in NEISS.





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represent the total long term cost of an injury to society. This dataset was used to look at the costs of consumer product injuries during 2009–2010 and contained nearly 800 000 product related injury cases.

NEISS data are collected only from hospital EDs. However, many injuries are treated in other settings, such as doctor's offices and standalone clinics. A few of these patients are even admitted to a hospital without being processed through an ED. In order to account for these cases, the ICM includes ratios of non-ED injuries to ED treated injuries. For the non-admitted, non-ED injuries, the ICM includes separate cost estimates. These features of the ICM enable CPSC to estimate the total incidence and costs of consumer product injuries, including those that are not represented directly through the ED based NEISS sample. This ability to cover non-ED injuries applies only to consumer product injuries. It could not, therefore, be extended to the broader NEISS-AIP.

Injuries were classified according to the CPSC product code. CPSC considers the injury sport related if it involves the use of a consumer product that is in play (ball, stick, etc) or a piece of apparatus that is in use. Sport related injuries include injuries to both players and spectators. We did not further explore each case narrative to classify the injury or to identify the aetiology or other case information.

For the second dataset, we combined NEISS-AIP data from 2008 to 2010, dropped the fatalities and merged on product codes from the NEISS data for these same years. We used 3 years in order to obtain a reliable sample size. As the ICM was built to cost only consumer product injuries, it is not appropriate for costing the non-product cases in NEISS-AIP. Injuries resulting from violence, motor vehicle collisions (MVCs) or occupational incidents, for example, have a different cost profile than consumer product injuries. The NEISS-AIP, as a subsample of NEISS hospitals, includes all NEISS cases—that is, all consumer product related cases—from those hospitals plus other cases that are not product related. By merging product codes onto the product related cases, we were able to identify the product related cases in NEISS-AIP. This augmented 3 year NEISS-AIP dataset was used to examine the place of consumer product injuries in the broader injury context. As the dataset was not costed, we used it only for incidence comparisons. This dataset contained about 1.5 million cases, including 650 000 consumer product cases that were also in NEISS.

RESULTS

Consumer product injuries in relation to all ED treated injuries

According to the NEISS-AIP, in 2008–2010, 43.8% (13.3 million injuries) of the annual 30.4 million injuries treated in hospital EDs involved products under the purview of the CPSC. The largest product category, sports and recreation, accounted for 13.7% of all ED treated injuries (11 853 634 injuries), 48% more injury visits to the ED than motor vehicle occupant injuries (8 009 038 injuries; a category not under CPSC purview). Among teenage boys, football injuries alone (742 269) outnumbered motor vehicle occupant injuries (476 919).

Incidence of consumer product injuries

Of the 13.3 million consumer product related injuries treated in hospital EDs annually, the leading precipitating causes of product related injuries were fall (39.3%), struck by/against (22.9%), overexertion (12.3%) and cut/pierce (10.4%). The leading products were stairs/steps (8.6%), floors (6.5%), beds

(4.2%), bicycles (3.7%), basketball (3.6%), football (3.4%), knives (2.4%), doors (2.4%) and chairs (2.3%).

The largest product category, sports and recreation, accounted for nearly one-third of product related injuries. The leading precipitating causes of sports/recreation related injuries were struck by/against (27.4%), fall (21.5%), overexertion (21.3%) and pedal cyclist (12.4%). The leading activities were bicycling (12.4%), basketball (11.9%), football (11.2%), baseball/softball (6.6%), exercise (5.9%), playground (5.5%) and soccer (5.0%).

Costs of consumer product injuries

The burden of non-fatal product related injury was analysed using the costed NEISS file.

As shown in table 1, in 2009–2010, three product categories accounted for 77% of the \$909 billion annual cost of medically treated product related injuries:

- ▶ sports and recreation (30%);
- ▶ home structures and construction materials (27%);
- ▶ home furnishings and fixtures (20%).

The top 10 individual products in terms of non-fatal injury cost (table 2) came from these three categories. Home structures included stairs/steps (No 1) and floors (No 2); home furnishings and fixtures by beds and bedding (No 3), chairs (No 7), bathtubs and showers (No 8), and ladders (No 9); and sports and recreation by bicycles (No 4), football (No 5), basketball (No 6) and exercise (No 10). The first product not in one of these three categories, all-terrain vehicles, ranked 16th.

Injuries related to home furnishings and fixtures were concentrated among young children and older adults. Home structures, by contrast, were involved in injuries at every stage of life. In fact, as shown in table 3, the top two products from this category, stairs/steps and floors, were both among the top four products associated with injury costs for every age group except children and young adults, ages 5-24 years. At these ages, sports and recreation came to the fore, particularly football, basketball, bicycling, baseball/softball and soccer, as shown in table 4. In this age range, 59% of all product related injury costs were related to sports and recreation, compared with 25% at other ages. Conversely, 54% of all sports and recreation injury costs resulted from injuries incurred by 5-24-year-olds (data not shown). As participation in competitive team sports falls through the 20s and 30s, so do the aggregate costs of injuries associated with these sports. The only sports and recreation activities that continued to be top sources of injury costs after age 40 years were bicycling and exercise.

The NEISS-AIP incidence data showed that basketball accounted for more injuries than football. However, football injuries accounted for a greater share of injury costs than basketball because of the higher cost per injury, suggesting more severe injuries on average.

Consumer products related to the most severe injuries, measured by cost per injury, included horseback riding, bathtub showers and manual snow/ice tools (table 2).

Trends in sports and recreation injury costs

Since we last looked at consumer product injuries more than a decade ago, based on the 1995–1996 NEISS data, patterns of sports and recreation injuries have changed. We will further examine tables 2 and 3 to highlight these changes.

Bicycling remains the number one cause of sports/recreation related injuries and the third ranked cause of product related injuries overall, but its share of injury costs has fallen from 6% to 4%. Its share of injuries at ages 5–9 years fell from 14% to

Table 1 Annual costs of non-fatal consumer product injuries by product group, 2009–2010 (2009 dollars)

Product group	Annual total cost (\$)	Percentage	Annual incidence	Mean cost (\$)	
Sports and recreation	269 501 000 000	29.6	4 273 620	63 062	
Home structures and construction materials	248 708 000 000	27.4	3 578 616	69 498	
Home furnishings and fixtures	184 615 000 000	20.3	2 678 972	68 913	
Miscellaneous products	29 199 000 000	3.2	366 072	79 763	
Personal use items	27 422 000 000	3.0	557 401	49 196	
Housewares (non-powered)	23 698 000 000	2.6	684 801	34 606	
Yard and garden equipment	21 491 000 000	2.4	300 682	71 473	
Packaging and containers	20 224 000 000	2.2	354 850	56 992	
Toys	19 109 000 000	2.1	374 087	51 083	
Home workshop equipment	18 256 000 000	2.0	369 362	49 425	
Home electronics and hobby	9 192 000 000	1.0	149 089	61 656	
Kitchen appliances	7 636 000 000	0.8	115 805	65 939	
Space HVAC appliances	6 765 000 000	0.7	113 795	59 447	
Products covered by existing regulations	6 534 000 000	0.7	116 155	56 250	
Home/family maintenance	6 249 000 000	0.7	128 491	48 637	
Child nursery equipment	5 937 000 000	0.7	89 742	66 154	
Household appliances	3 848 000 000	0.4	54 768	70 268	
Other categories*	1 097 000 000	0.1	18 506	59 302	
Total	909 481 000 000	100.0	14 324 811	63 490	

^{*}Other categories include farm supplies and equipment; home alarm/escape/protection; school equipment; and poisoning (age <5 years).

8%, and similar drops were found for all ages through the 30s. At ages 50–69 years, however, bicycling now accounted for a greater share of injuries than previously. Skating, which formerly ranked between fifth and eighth for ages 5–19 years, now barely registered at 12th for ages 10–14 years. The place formerly occupied by skating is now occupied by skateboards among children aged 10–19 years, and to some extent by scooters for children of 5–9 years.

There have also been shifts in the patterns of injury costs related to popular team sports. Overall, football has risen from seventh to fifth, surpassing both basketball, which fell from fourth to sixth, and baseball/softball, which dropped from sixth to 13th. Football is now the top cause of product related injuries at ages 10–19 years, and it has also moved up the list for ages 5–9 years and 20–29 years. For ages 10–14 years, football has risen from 9% of all product related injuries to 14%. Meanwhile, the share of injuries associated with basketball has fallen dramatically, from 5% to 3% overall, and by 2–4 percentage points for each age group in the 10–39 year range. Similarly, the share of injuries associated with baseball/softball has fallen by about 1 percentage point for each age group. Soccer is now responsible for more injury costs than baseball/softball at ages 10–19 years, but not at other ages.

At ages 5–9 years, various types of playground apparatus are major causes of injury. Monkey bars remained the second ranked product for this age, just after bicycles. However, swings have fallen from third to ninth while trampolines have risen from 10th to sixth, with corresponding changes in percentages. Slides moved onto the list of top products at 1-th. Among children 10–14 years, trampolines held steady at 2% of injury costs.

Two activities that formerly accounted for significant shares of injury costs among the middle aged declined. Snow skiing,

which ranked third to sixth at ages 40–69 years and accounted for as much as 6% of injury costs at ages 50–59 years no longer made the list of the top 12 injury causes for any age group. Also, horseback riding, which accounted for 2% of injury costs at ages 40–59 years now accounted for just 1% of injury costs for ages 50–59 years.

Exercise (defined as exercise without special equipment, such as aerobics, stretching or jogging) was ranked 10th overall. Exercise ranked seventh for the 20s through to the 50s, and ninth in the 60s.

Trends in injury costs related to home structures and furnishings

While stair/step related injuries comprised the largest proportion of overall product injury costs,² their contribution decreased substantially for the <1 year age group compared with 1995–1996, when stairs and steps were the leading contributor at 15% of total product injury costs for this age group. In 2009–2010, stairs and steps were the fourth leading cause among children under 1 year of age, at 6% of total injury costs. Among 1–4-year-olds, stairs still contributed substantially (7%, compared with 8% in 1995–1996) to injury costs along with other home structures (floors, doors, ceilings and walls). Among those aged 20 years and older, home structures (stairs/steps and floors) continued to be leading contributors to injury costs.

Home furnishings were substantial contributors to injury costs, particularly among infants less than 1 year of age: beds and bedding alone accounted for 22% of product related injury costs, with sofas, tables and chairs contributing another 13%. These shares have increased since 1995–1996, when 11% of costs were bed related and another 11% were related to the other four products. Among 1–4-year-olds, these four products accounted for 23% of product related injury costs in 2009–2010—slightly greater than the 19% share in 1995–1996.

Among those age 60 years and above, bathroom related injuries (primarily bathtubs, showers and toilets) contributed

ⁱⁱIn our analysis of the 1995–1996 data, we combined in-line skating and roller skating. Now CPSC combines all types of skating—roller, in-line and ice—in a single category.

77 107

44 038

60 351

90 763

70 253

48 466

59 770

51 988

67 688

46 953

63 691

100 532

40 808

91 214

65 036

63 490

Rank	Product	Annual total cost (\$)	Percentage	Annual incidence	Mean cost (\$)	
1	Stairs	92 294 000 000	10.1	1 231 619	74 937	
2	Floors	81 233 000 000	8.9	941 296	86 299	
3	Beds	44 192 000 000	4.9	612 658	72 131	
4	Bicycles	38 898 000 000	4.3	536 360	72 521	
5	Football	27 127 000 000	3.0	467 575	58 016	
6	Basketball	25 677 000 000	2.8	508 167	50 529	
7	Chairs	22 377 000 000	2.5	335 180	66 761	
8	Bathtubs/showers	19 723 000 000	2.2	262 849	75 037	
9	Ladders	18 662 000 000	2.1	179 195	104 144	
10	Exercise (w/o equipment)	16 135 000 000	1.8	211 682	76 224	
11	Doors	15 914 000 000	1.7	334 868	47 522	
12	Ceilings and walls	15 545 000 000	1.7	288 755	53 833	
13	Baseball/softball	14 942 000 000	1.6	280 869	53 197	
14	Tables	13 908 000 000	1.5	284 042	48 965	
15	Soccer	12 256 000 000	1.3	215 466	56 880	
16	All-terrain vehicles	12 223 000 000	1.3	133 144	91 805	
17	Sofas	11 663 000 000	1.3	168 029	69 410	
18	Wheelchairs	10 102 000 000	1.1	123 839	81 570	
19	Porches/balconies	9 864 000 000	1.1	130 760	75 435	
20	Furniture, NS	9 753 000 000	1.1	113 685	85 786	
21	Knives	9 312 000 000	1.0	347 257	26 815	
22	Containers, NS	9 115 000 000	1.0	113 492	80 318	
23	Crutches/canes/walkers	8 430 000 000	0.9	104 174	80 926	
24	Skateboards	8 053 000 000	0.9	135 958	59 233	
25	Horseback riding	7 796 000 000	0.9	73 172	106 551	
26	Footwear	7 711 000 000	0.8	129 899	59 359	
27	Rugs/carpets	6 873 000 000	0.8	95 164	72 220	
28	Toilets	6 691 000 000	0.7	77 675	86 145	
29	Cabinets/shelves, NEC	6 576 000 000	0.7	124 964	52 625	
30	Weight lifting	6 117 000 000	0.7	87 555	69 869	
31	Dirt/trail bikes	6 001 000 000	0.7	68 332	87 818	
32	Desks/chests/bureaus	5 953 000 000	0.7	106 753	55 760	
33	Fences and fence posts	5 516 000 000	0.6	99 209	55 596	
34	Trampolines	5 265 000 000	0.6	93 721	56 179	
35	First aid equipment	5 177 000 000	0.6	46 266	111 903	
36	Monkey bars	5 100 000 000	0.6	79 236	64 362	

0.6

0.5

0.5

0.5

0.4

0.4

0.4

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0.4

0.4

0.4

0.4

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0.4

0.4

100.0

5 038 000 000

4 777 000 000

4 299 000 000

4 186 000 000

3 931 000 000

3 879 000 000

3 854 000 000

3 737 000 000

3 722 000 000

3 702 000 000

3 518 000 000

3 516 000 000

3 469 000 000

3 396 000 000

3 354 000 000

909 481 000 000

Total

NEC, Not elsewhere classified; NS, Not specified.

Toys

Hot water

Dancing

Swimming pools

Windows

Snow skiing

Televisions

Poisoning

Swings/swingsets

Snow boarding

Exercise equipment

Manual snow/ice tools

Swimming

Sports and recreation, NEC

Skating

between 5% and 6% of total product related injury costs, slightly greater than their contribution in 1995–1996.

DISCUSSION

The findings of this study highlight priority areas for intervention and generate questions for future research.

The reduction in the proportionate costs due to stair and step related injuries among those under age 1 year was notable and likely reflects the reduction in baby walker injuries seen since CPSC regulation in 1997 required baby walkers to meet safety standards designed to reduce falls down stairs. An evaluation of this regulation found that stair fall requirements prevented an

65 334

108 466

71 228

46 117

55 956

80 027

64 489

71 889

54 993

78 848

55 236

34 977

85 009

37 230

51 572

14 324 811

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Rank	<1	1–4	5–9	10–14	15–19	20–24	25–29	30–39	40–49	50–59	60–69	70–79	≥80	All ages
1	Beds and bedding	Beds and bedding	Bicycles	Football	Football	Stairs	Stairs	Stairs	Stairs	Stairs	Stairs	Floors	Floors	Stairs
	22.2%	9.1%	7.7%	14.3%	12.8%	9.8%	11.1%	12.9%	14.1%	14.5%	14.5%	21.8%	28.7%	10.1%
2	Floors	Floors	Monkey bars	Bicycles	Basketball	Basketball	Basketball	Floors	Floors	Floors	Floors	Stairs	Beds and bedding	Floors
	13.8%	7.2%	6.8%	8.4%	11.3%	6.8%	4.4%	5.0%	6.6%	9.8%	13.8%	12.4%	11.9%	8.9%
3	Sofas	Stairs	Beds and bedding	Basketball	Bicycles	Bicycles	Floors	Bicycles	Bicycles	Bicycles	Beds and bedding	Beds and bedding	Stairs	Beds and bedding
	6.6%	7.1%	4.6%	8.3%	4.8%	4.6%	4.4%	4.0%	5.0%	5.2%	5.7%	8.1%	8.5%	4.9%
4	Stairs	Tables	Floors	Soccer	Soccer	Football	Bicycles	Basketball	Ladders	Ladders	Ladders	Chairs	Chairs	Bicycles
	6.0%	5.1%	4.0%	4.9%	4.7%	3.7%	4.3%	2.8%	3.6%	4.3%	4.5%	5.0%	5.9%	4.3%
5	Car seats	Chairs	Football	Baseball /softball	Stairs	Floors	ATVs	Ladders	Beds and bedding	Beds and bedding	Chairs	Bathtubs /showers	Crutches /canes /walkers	Football
	5.1%	4.6%	3.4%	4.7%	4.5%	3.4%	2.9%	2.7%	3.4%	4.1%	3.6%	3.6%	5.7%	3.0%
6	Tables	Sofas	Trampolines	Skateboards	Baseball /softball	ATVs	Football	Beds and bedding	Bathtubs /showers	Bathtubs /showers	Bicycles	Crutches /canes /walkers	Wheelchairs	Basketball
	3.2%	4.0%	3.4%	3.9%	4.1%	3.2%	2.7%	2.7%	2.8%	3.2%	3.5%	3.3%	5.0%	2.8%
7	Chairs	Drugs and medications	Stairs	Stairs	Skateboards	Ceilings and walls	Exercise	Exercise	Exercise	Exercise	Bathtubs /showers	Wheelchairs	Bathtubs /showers	Chairs
	2.8%	3.7%	3.1%	3.0%	3.2%	2.8%	2.6%	2.7%	2.7%	2.7%	3.3%	3.0%	3.1%	2.5%
8	Baby strollers	Doors	Doors	Floors	Ceilings and walls	Exercise	Baseball /softball	Furniture, NS	Furniture, NS	Chairs	Wheelchairs	Ladders	Toilets	Bathtubs /showers
	2.4%	3.7%	2.8%	2.1%	2.5%	2.5%	2.6%	2.4%	2.3%	2.4%	2.2%	2.6%	2.6%	2.2%
9	Cribs	Ceilings and walls	Swings/ swing sets	Sports and rec, NEC	Floors	Baseball /softball	Beds and bedding	ATVs	Containers, NS	Containers, NS	Exercise	Toilets	Rugs/ carpets	Ladders
	2.2%	2.3%	2.8%	2.0%	2.1%	2.2%	2.5%	2.3%	2.1%	1.6%	2.0%	1.9%	2.6%	2.1%
10	Shopping carts	Shopping carts	Slides	Trampolines	ATVs	Beds and bedding	Ceilings and walls	Bathtubs /showers	Chairs	Wheel-chairs	Toilets	Rugs/ carpets	Tables	Exercise
	1.9%	1.9%	2.5%	1.9%	2.0%	2.2%	2.3%	2.3%	1.9%	1.5%	1.5%	1.9%	1.9%	1.8%
11	High chairs	First aid equipment	Baseball /softball	Ceilings and walls	Wrestling	Soccer	Bathtubs /showers	Baseball /softball	ATVs	Porches/ balconies	Doors	Doors	Doors	Doors
	1.8%	1.8%	2.2%	1.7%	1.9%	2.1%	2.0%	2.0%	1.7%	1.5%	1.5%	1.5%	1.5%	1.7%
12	Baby bouncer seats	Bicycles	Scooters	Skating	Dirt/trail bikes	Doors	Knives	Containers, NS	Porches/ balconies	Horseback riding	Porches/ balconies	Tables	Ceilings and walls	Ceilings and walls
	1.6%	1.8%	1.9%	1.7%	1.7%	2.1%	1.9%	1.8%	1.5%	1.4%	1.4%	1.5%	1.4%	1.7%

Leading products, ages 5–24 years, ranked by cost of non-fatal injuries, 2009–2010 (2009 dollars) Rank Product Annual total cost (\$) Annual incidence Mean cost (\$) Percentage 1 Football 418 892 55 761 23 358 000 000 9.5 2 Basketball 18 080 000 000 404 237 44 726 7.4 3 **Bicycles** 16 165 000 000 6.6 307 457 52 578 4 Stairs 11 664 000 000 44 555 4.8 261 783 5 Soccer 8 847 000 000 3.6 175 935 50 283 6 Baseball/softball 8 662 000 000 3.5 192 279 45 050 7 Floors 6 866 000 000 2.8 52 930 129 725 8 Skateboards 6 691 000 000 2.7 56 455 118 526 9 Ceilings and walls 5 258 000 000 2.1 128 185 41 018 10 Beds and bedding 5 194 000 000 2.1 109 077 47 618 4 537 000 000 11 1.8 122 066 37 166

1.8

17

1.5

1.3

1.3

1.3

100.0

4 482 000 000

4 185 000 000

3 778 000 000

3 246 000 000

3 105 000 000

3 091 000 000

245 456 000 000

NEC, Not elsewhere classified.

All-terrain vehicles

Exercise (w/o equipment)

Sports and recreation, NEC

Monkey bars

Trampolines

Dirt/trail bikes

12

13

14

15

16

17

estimated 60% of baby walker injuries.³ A follow-up analysis found that net benefits from the regulation totalled \$169 per baby walker's product life.⁴

While much progress has been made in preventing stair related injuries among children,² stairs still contributed substantially to injury costs among those over age 19 years. Thus intervention to prevent stair related injuries should continue to be a priority. Based on 34 years of NEISS data, Pauls⁵ found that stair related injuries in homes increased steadily from 1998 to 2006, a period that coincided with increased use of prefabricated stairs in new homes. When fitting prefabricated stairs into a home, the top step will often have a different rise/run ratio than lower steps in the same flight. Non-uniform step geometry has been shown to increase the risk of falls on stairs. Another priority area for intervention among the elderly is bathroom related injuries.

Among 5-24-year-olds, sports related injuries dominated injury costs. Notably, football is now appearing among the top five product injury cost contributors among 5-9-year-olds. In 1995-1996 it was not in the top 10. The contribution of soccer is also increasing among 5-24-year-olds. The change cannot be attributed to changes in participation. In fact, national data show that participation in football in 2010 was at levels similar (-2%) to 1995 and participation in soccer has declined dramatically since 1995 (-16%). Increases in severity of injury, including increased numbers of traumatic brain injuries (TBI), may play a role in the increases in sport related injury costs. An analysis of 2001-2009 NEISS data noted that the number of sports and recreation related ED visits for TBI among 0-19-year-olds increased by 62% in this period, with football, basketball and soccer as leading causes. The study also noted that the increase was likely due to increases in awareness of TBI. Further exploration of the factors driving the increase in sports related injury costs, in particular for soccer and football among children 5–19 years, is a priority.

Exercise is rising in importance as a cause of consumer product related injury, especially among the middle age groups. The change may be as result of increasing informal physical activity, such as jogging and walking, in these age groups and merits observation for future trends.

64 236

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71 227

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42 870

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49 597

48 899

72 099

46 873

Fatal consumer product related injury

This study was limited to non-fatal injuries. NEISS and NEISS-AIP are not suitable datasets for analysing fatal injuries, and the ICM is not designed to estimate the costs of fatal injuries. Schroeder, suing established CPSC methods with Vital Statistics data, estimated that there were 35 900 product related injury deaths in 2008. Applying a value of statistical life of \$5 million, that would come to \$179.5 billion dollars—about 20% of our estimated cost of non-fatal consumer product injuries.

In 2009–2010, according to Vital Statistics data, there were 164 336 unintentional, non-transport related injury deaths in the USA. This can be taken as an upper bound on the number of fatal consumer product injuries. According to our estimates, these injuries would result in an annual cost to society of \$328.5 billion dollars—about 36% of our estimated cost of non-fatal consumer product injuries.

Limitations

First, since the ICM cost estimates are based on NEISS incidence estimates, they also necessarily embody the limitations of the NEISS sample. NEISS estimates based on small case counts will lack statistical reliability, and ICM estimates of aggregate costs for those cases should be regarded with caution.

Second, the ICM does not estimate costs for a large body of injuries where no medical treatment was sought, but whose victims restricted their activities for at least a half day. These injuries are self-diagnosed, and their severity is difficult to assess. These activity restricting injuries consist primarily of cracked ribs, strains, contusions and superficial injuries. While costs for these relatively minor injuries are difficult to assess, we estimate that they number some 12 million. Additional study of these injuries may suggest innovative costing methods. However, any costs developed are likely to be a small fraction of total costs estimated by the ICM.

Third, the limited purpose of the ICM—estimating the cost of non-fatal injuries caused by consumer products-must be kept in mind when interpreting the cost estimates and product rankings. The estimated \$43 billion cost of the 21 500 annual consumer product fatalities is not distributed by product category. (The \$2 million value per fatality is our estimate, based on a review of awards for consumer product injury deaths, of the average wrongful death award.) If fatal injury cases contribute disproportionately to costs across product categories, their inclusion might alter the product rankings. Additionally, certain products are excluded from this analysis because the CPSC does not have jurisdiction over them—most notably, motor vehicles and firearms, which annually cause a substantial number of injuries as well as fatalities. We estimate that non-fatal injuries due to MVCs (excluding crashes with motorcycles, pedal cycles and pedestrians) cost \$85.5 billion (in 1997 dollars), nearly twice the cost of injuries associated with stairs, the first place consumer product, at \$46.7 billion. Non-fatal unintentional firearm injuries cost \$14.2 billion,9 which would put gun related injuries in eighth place in terms of injury costs (with MVCs included in the rankings), after baseball/softball and ahead of football, doors, chairs and ladders.

Fourth, this analysis does not examine product exposure, which may influence the incidence and costs of injuries across products. Some products (eg, chainsaws) may be associated with a small number of injuries because they are used infrequently, while more widely used and safer products (eg, kitchen knives) may be associated with higher levels of injuries and costs. The current analysis fails to separate exposure and products' inherent level of danger or risk.

Fifth, friction costs¹⁰ would measure the indirect costs to the employer of replacing disabled workers more accurately than the ICM employer cost estimates. However, estimates of USA friction costs do not exist. Computing them would be an ambitious undertaking beyond the scope of the ICM project.

What is already known on the subject?

- Products under the purview of the Consumer Product Safety Commission are involved in a large share of injuries and injury costs in the USA.
- Annually, these product related injuries account for approximately 29% of unintentional injury deaths.
- Non-fatal consumer product related injuries cost approximately \$500 billion per year in 1995–1996.

What this study adds

- ► This study highlights the leading consumer products responsible for non-fatal injury costs, by age group, from 2009 to 2010.
- ▶ The findings generate questions for future research.

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REFERENCES

- 1 Lawrence BA, Miller TR, Jensen AF, et al. Estimating the costs of non-fatal consumer product injuries in the United States. *Inj Contr Saf Promot* 2000:7:97–113.
- 2 Zielinski AE, Rochette LM, Smith GA. Stair-related injuries to young children treated in US emergency departments, 1999–2008. *Pediatrics* 2012;129:721–7.
- 3 Rodgers GB, Leland EW. An evaluation of the effectiveness of a baby walker safety standard to prevent stair-fall injuries. J Saf Res 2005;36:327–32.
- 4 Rodgers GB, Leland EW. A retrospective benefit-cost analysis of the 1997 stair-fall requirements for baby walkers. Accid Anal Prev 2008;40:61–8.
- 5 Pauls J. Injurious falls on stairways: background for international conference in June 2011. Proceedings of International Conference on Slips, Trips and Falls, STF2011. UK: Health and Safety Laboratory, 2011.
- 6 NSGA, National Sporting Goods Association. Sports Participation in the United States. Mount Prospect, IL, 2011.
- 7 CDC. Nonfatal traumatic brain injuries from sports and recreation activities among persons aged ≤19 years—United States, 2001–2009. MMWR Morb Mortal Wkly Rep 2011;60:1337–42.
- 8 Schroeder T. Consumer product-related injuries and deaths in the United States: Estimated injuries occuring in 2010 and estimated deaths occuring in 2008. Bethesda, MD: US Consumer Product Safety Commission, 2012.
- 9 Miller TR, Romano EO, Spicer RS. The cost of childhood unintentional injuries and the value of prevention. Future Child 2000;10:137–63.
- 10 Koopmanschapp MA, Rutten FFH, van Ineveld BM, et al. The friction cost method for estimating the indirect costs of disease. J Health Econ 1995;14:171–89.