

New research finds over half of young adult deaths could be preventable if parents and children work together

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(Medical Xpress)—About 57 percent of deaths among American teenagers and young adults are attributable to personal decisions and could be prevented, according to new risk research from Duke University. The researchers propose ideas for specific family decision making and communication to avoid fatalities from risky situations.

According to the Centers for Diseases Control and Prevention (CDC), the leading causes of [preventable deaths](#) for 15-24 year olds include [motor vehicle accidents](#), homicide and suicide, [illicit drug use](#), accidents (such as drowning) and sexually transmitted diseases. Most of the risks are greater for males than females, according to the research, based on CDC mortality information from 2005 and vehicle accident reports.

Decision sciences expert Dr. Ralph Keeney and doctoral student Asa Palley of the Duke University Fuqua School of Business conducted an in-depth analysis of the CDC data to discern which among the identified causes of deaths among teenagers and [young adults](#) were attributable to avoidable personal choices. Their article "Decision Strategies to Reduce Teenage and Young Adult Deaths in the United States" was published electronically in a recent issue of the journal *Risk Analysis* published by the Society for Risk Analysis.

The researchers cross-referenced [CDC data](#) with other government information (such as [National Highway Traffic Safety Administration](#) data on speeding, alcohol impairment and seat belt use in [fatal crashes](#)) to identify preventable deaths. In their analysis, the researchers relied on the distinction between the medical or biological (such as bleeding to death) and the actual or behavioral cause of death (such as crashing as a result of drunk driving).

The scientists also developed a framework to guide parents and teenagers in collaborating to arrive at more informed personal decisions that can help avoid [premature deaths](#). Since personal decision making of young people at risk is the most direct means to avoid preventable death, the framework encourages parents to start early and work with children before they are teens to recognize that they are not immune to the risks they face. Encouraging them to understand that they personally have much control over these risks through their own decisions and possess the skills to use that control is critical. "This framework is grounded on the common sense knowledge that parents have much more influence on the lives and experiences of younger children and adolescents than on teenagers and young adults," Keeney said.

Teenage decisions that lower life-threatening risks range from strategies such as actively pursuing extracurricular activities in locations away from high risk activity to always wearing seat belts and not riding with

drivers who have been drinking. Other suggestions include prearranged agreements among peers to help each other if violence or other threats emerge at social gatherings, or with parents agreeing in advance to pick up children at events by car at any hour should teens feel threatened or identify risks.

"A child must understand that it is the decisions that avoid risks, not simply the knowledge of those risks," Keeney said. As the researchers point out, this distinction is important since recent surveys show that although most teenagers and young adults know the extreme dangers of texting while driving, roughly one-third continue to take that risk.

While not a panacea, the researchers write that if their approach could avert "even a small proportion of these potentially preventable deaths [that] would be an important and valuable step forward in protecting young people." The authors say that more proactive parenting and education programs could prevent tragedies among young people, some of whom may believe they are invincible.

More information: The complete study is available at [onlinelibrary.wiley.com/doi/10 ... 1111/risa.12016/full](https://onlinelibrary.wiley.com/doi/10.1111/risa.12016/full)

Provided by Duke University

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