

BACKGROUND

- Pediatric trauma remains a **leading** cause of morbidity and mortality, with disparities across race, SES, and geography (America's Health Rankings, 2024).
- Socioeconomic disadvantage **increases** childhood injury risk, highlighting the need for **equity-focused prevention** (Goyal et al., 2024).
- Recreational cannabis legalization has been **linked** to rising pediatric poisonings and hospitalizations, especially from edibles (Choi et al., 2023).
- Reviews show mixed **effects** of legalization on pediatric health outcomes, underscoring the **need** for further study (Hall et al., 2023).

PURPOSE

To **compare** pediatric trauma in Nevada (**2013–2023**) **before** and **after** cannabis legalization by incidence, mechanisms, demographics, utilization, and socioeconomic factors.

METHODS

- Retrospective** review of pediatric trauma activations in Nevada (**2013–2023**).
- Compared **pre-legalization** (2013–2016) vs. **post-legalization** (2017–2023).
- Variables: incidence, mechanisms, demographics, healthcare utilization, socioeconomic status.
- Analyses: **descriptive** statistics and **trend** comparisons.

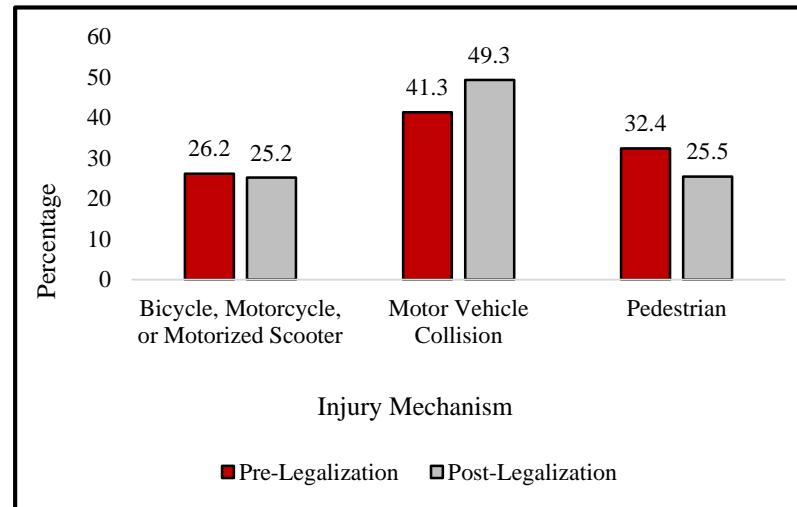


Figure 1- Injury mechanism by pre- and post-cannabis legalization

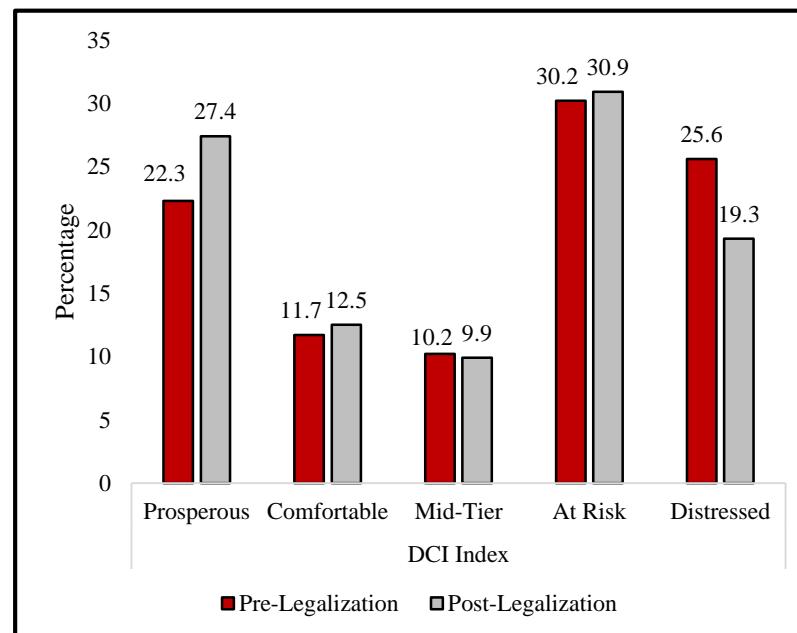


Figure 2- Distribution of DCI index by pre- and post-cannabis legalization

RESULTS

- Pediatric trauma incidence remained **stable** before and after legalization (~21 per 100,000).
- Motor vehicle collisions **increased** (41% → 49%), while pedestrian injuries decreased.
- Black/African American patients rose from 18% to 26%; age and gender distributions were **unchanged** (figure 1).
- Hospital admissions **declined** slightly (76% → 70%); ICU admissions **decreased** (27% → 20%) but ICU stay **increased** (4 → 6 days).
- Mortality and ventilator use remained **low** and **unchanged**.
- Patients from distressed communities **decreased**, while those from prosperous areas **increased** (figure 2); Medicaid/government insurance use **rose**.

CONCLUSIONS

- Overall pediatric trauma rates stayed stable, but motor vehicle injuries **increased**.
- Racial and socioeconomic disparities shifted, **highlighting** areas for targeted prevention.
- ICU stays **increased** despite fewer admissions, suggesting higher case severity.
- Emphasizes need for **equity-focused** injury prevention and trauma care planning.

REFERENCES

