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BURNS PEDESTRIAN KNIVES ASSAULT TRAUMATIC BRAIN INJURY ALCOHOL HIP FRACTURE DRUG OVERDOSE
BULLYING SEAT BELT USE SUICIDE HOMICIDE RAPE MOTOR VEHICLE CRASHES POISONING FALLS
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Injury Hurts New Mexico



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BULLYING SEAT BELT USE SUICIDE ALCOHOL HOMICIDE RAPE MOTOR VEHICLE CRASHES POISONING FALLS

NEW MEXICO
DEPARTMENT OF
HEALTH

JULY 2007

For further information or a copy of this report, please call the New Mexico Department of Health Epidemiology and Response Division at (505) 827-0006 and ask for the Office of Injury Prevention.

Electronic copies of the report are available at:

<http://www.health.state.nm.us/epi/injury.html>

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Introduction

Injury hurts New Mexico. Injuries affect all ages, races, and nationalities. They affect men and women, the healthy and the sick. They affect the survivors whose lives are changed forever and the loved ones left behind by a fatal injury. In 2004, injuries cost New Mexicans about \$4 billion, and New Mexico ranked first nationally in unintentional injury deaths and was tied for second with Nevada for intentional injury deaths.

For decades, deaths have been the only consistent source of injury statistics. As a result, these data have been used to direct policy, focus prevention programs, and are cited most often in the media.

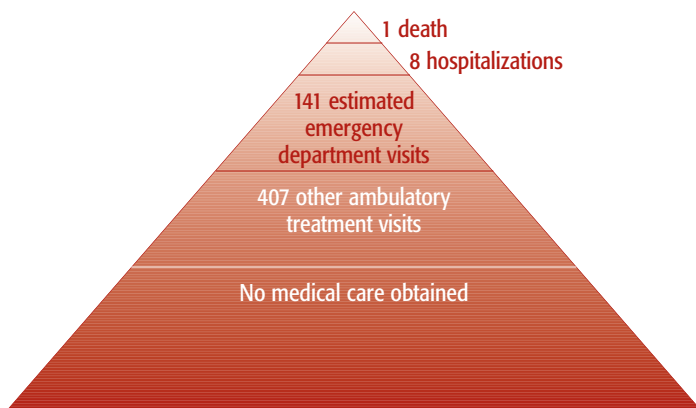
However, as illustrated by the injury pyramid below, people survive the vast majority of their injuries. Injuries can disrupt regular routines and cause a loss of productivity even if they don't result in permanent impairment. A broken arm can prevent someone from driving a car or writing for weeks.

Injuries that lead to permanent disability have serious impacts on all parts of a person's activities of daily living, work and income, education, family and relationships. Injuries such as brain or spinal cord damage, major burns, amputations, or hip fractures in the elderly can lead to loss of independence and create the need for

often-costly caregiver and support services. Families, friends, co-workers, the injured individual—all must adjust to his or her altered abilities.

Injury patterns differ by age groups, so understanding the population of our state can help target prevention efforts most effectively. The second chart below shows that the percent of New Mexico residents currently under 20 years of age is greater than that of the United States; persons in this age range are at higher risk for many injuries. Recent projections suggest that the population over 65 years will increase, and this group is at higher risk for such injuries as falls.

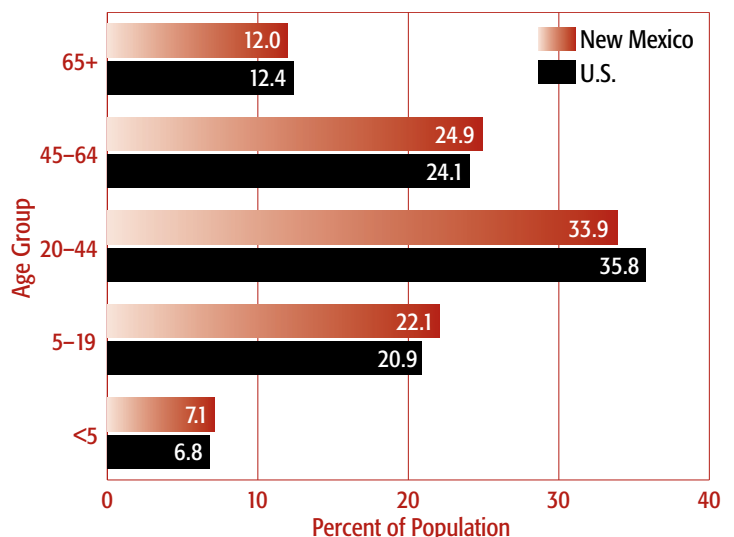
The Injury Pyramid



Note: New Mexico residents only

Sources: N.M. Department of Health, Office of Epidemiology ED-NMFIS S 2002 and CDC WISQARS

Population Distribution by Age U.S. and N.M., 2004

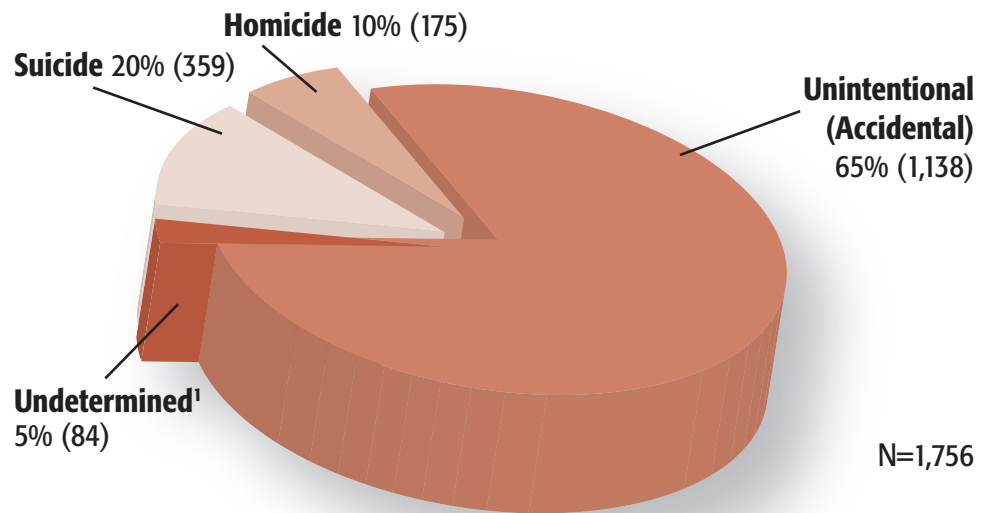


Injury in New Mexico

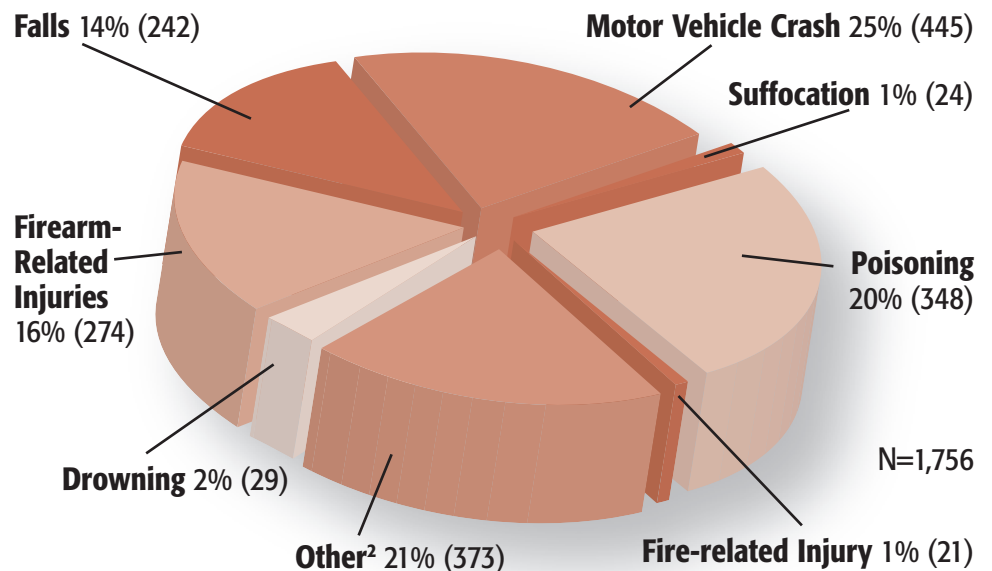
- ▶ About 65% of injury deaths are unintentional. They are often called “accidents” although most are predictable and often preventable
- ▶ Another 30% of injury deaths are a result of intentional injury, often called violence. Like the U.S. as a whole, New Mexico has twice as many suicides as homicides.
- ▶ Motor vehicle crashes, poisoning (mostly caused by drug overdoses), firearm-related injuries and falls have the highest rates of injury deaths in New Mexico
- ▶ New Mexico has about:
 - 3 unintentional injury deaths per day, including 1 motor vehicle crash death
 - 1 suicide per day
 - 1 homicide every 2 days
- ▶ Males have 2.5 times as many injury deaths as females, but both genders experience an almost equal number of hospitalizations for injuries

Overview of Injury in New Mexico

Injury Deaths by Intent, N.M., 2004



Injury Deaths by Cause, N.M., 2004



¹“Undetermined” means the intent of the injury is unknown.

²“Other” includes: cut/pierce, nature/environment, struck by/against, machinery, overexertion, etc.

Source: Bureau of New Mexico Vital Records and Health Statistics, NMDOH

Injury Costs New Mexicans Billions of Dollars Each Year

Cost of Fatal Injuries in 2004 Dollars Based on 1999–2002 Average Incidence

Cause of Injury

	Medical Cost	Work Lost Cost	Quality of Life Cost	TOTAL
Motor Vehicle Crashes	\$4,071,100	\$409,119,500	\$788,181,400	\$1,201,372,000
Falls	\$4,028,500	\$36,535,600	\$130,609,700	\$171,173,800
Firearm Injuries	\$1,161,300	\$293,664,100	\$521,158,600	\$815,984,000
Poisonings	\$1,349,000	\$310,063,200	\$560,712,400	\$872,124,600
Burns	\$533,400	\$12,282,500	\$27,351,500	\$40,167,400
Drowning	\$70,200	\$25,404,000	\$46,141,200	\$71,615,400
All Others	\$3,345,800	\$288,112,300	\$554,180,800	\$845,638,900
TOTAL	\$14,559,300	\$1,375,181,200	\$2,628,335,600	\$4,018,076,100

Intent of Injury

	Medical Cost	Work Lost Cost	Quality of Life Cost	TOTAL
Unintentional Injury	\$12,171,700	\$854,872,600	\$1,686,249,700	\$2,553,294,000
Self-Inflicted	\$1,02,300	\$327,900,600	\$599,860,900	\$928,853,800
Assault	\$14,559,300	\$2178,103,800	\$317,566,000	\$496,864,900
TOTAL	\$14,559,300	\$1,375,181,200	\$2,628,335,600	\$4,018,076,100

Age Group

	Medical Cost	Work Lost Cost	Quality of Life Cost	TOTAL
0–19	\$1,303,600	\$220,812,000	\$441,923,500	\$664,039,100
20–44	\$4,006,700	\$863,476,700	\$1,426,821,400	\$2,294,304,800
45–64	\$2,940,800	\$263,276,900	\$552,415,400	\$818,633,100
65–84	\$3,932,900	\$24,915,900	\$168,918,200	\$197,767,000
85+	\$14,559,300	\$2,699,700	\$38,257,100	\$43,332,100
TOTAL	\$14,559,300	\$1,375,181,200	\$2,628,335,600	\$4,018,076,100

See definition page for Medical Costs, Work Loss Costs, and Quality of Life Costs

Sources: 1. Children’s Safety Network Economics & Data Analysis Resource Center, at Pacific Institute for Research and Evaluation, Calverton, MD, 2005. <http://www.edarc.org/pubs/statedata.htm>. Accessed on 11-3-2006. 2. Finkelstein, E., et. al. *Incidence and Economic Burden of Injuries in the United States*. Oxford University Press, 2006.

Cost of Injury in New Mexico

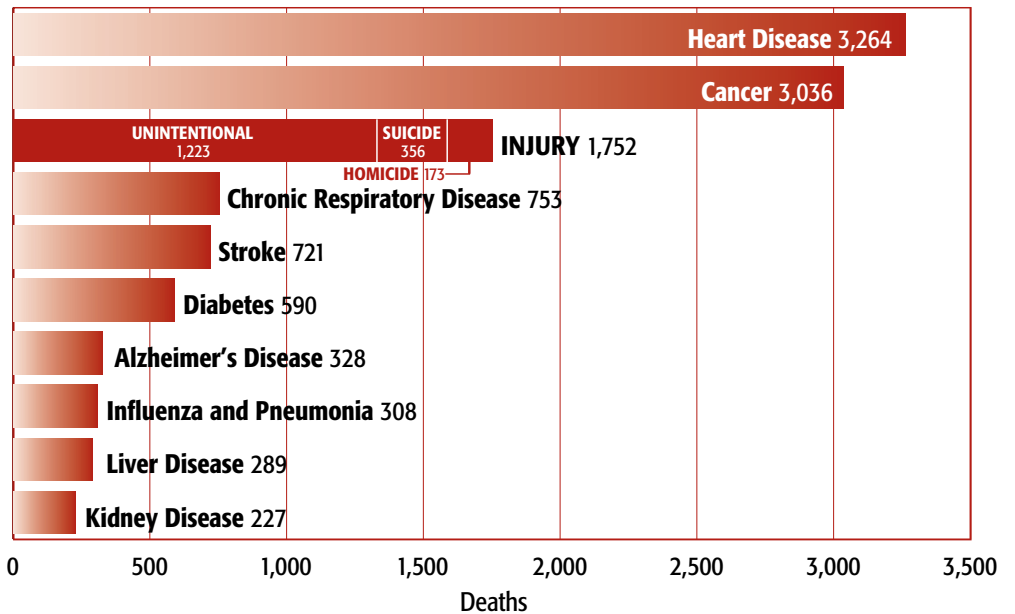
- ▶ Motor vehicle crashes, firearm injuries and poisonings are the “most expensive” injuries and, combined, cost New Mexicans an estimated \$3 billion in 2004
- ▶ Unintentional injuries alone cost New Mexico an estimated \$2.5 billion in 2004, mostly because of the high value of quality-of-life lost
- ▶ Individuals from 20–44 years old, the healthiest and most productive age group in the population, had about \$2 billion in costs related to injuries in 2004. This was larger than all the other age groups combined
- ▶ In 2000, about 50 million injuries required medical treatment nationwide. These injuries will ultimately cost Americans an estimated \$406 billion including \$80.2 billion in medical care costs and \$326 billion in productivity losses (lost wages, lost ability to perform normal household responsibilities, etc.)

Lives Lost to Injury in New Mexico

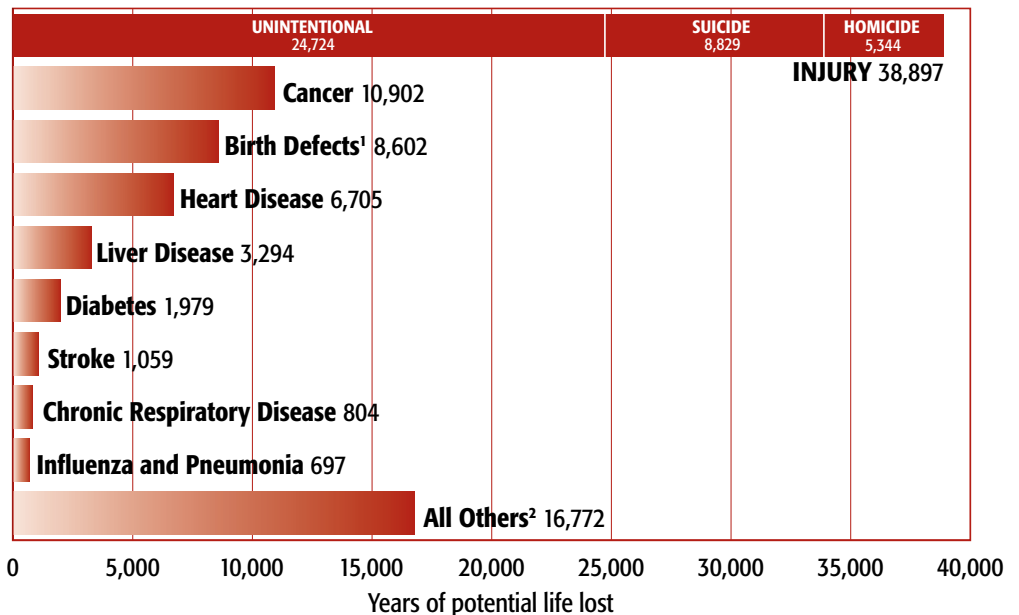
- ▶ Injury and violence combined are the third leading cause of death for New Mexicans after heart disease and cancer
- ▶ Years of potential life lost (YPLL) measures premature death by determining the number of years of life lost when someone dies before age 65
- ▶ Injury is the leading cause of death for New Mexicans under age 44, taking years of potential life from this younger segment of the population
- ▶ Injury causes 43% of all premature deaths in N.M.
- ▶ In 2004, New Mexicans lost a combined 89,711 years of life to all causes of death

Injury is a Leading Cause of Death and Premature Loss of Life

Leading Causes of Death for All Ages, N.M., 2004



Years of Potential Life Lost before Age 65 (YPLL) N.M., 2004



¹Relating to a condition that is present at birth as a result of either hereditary or environmental influences

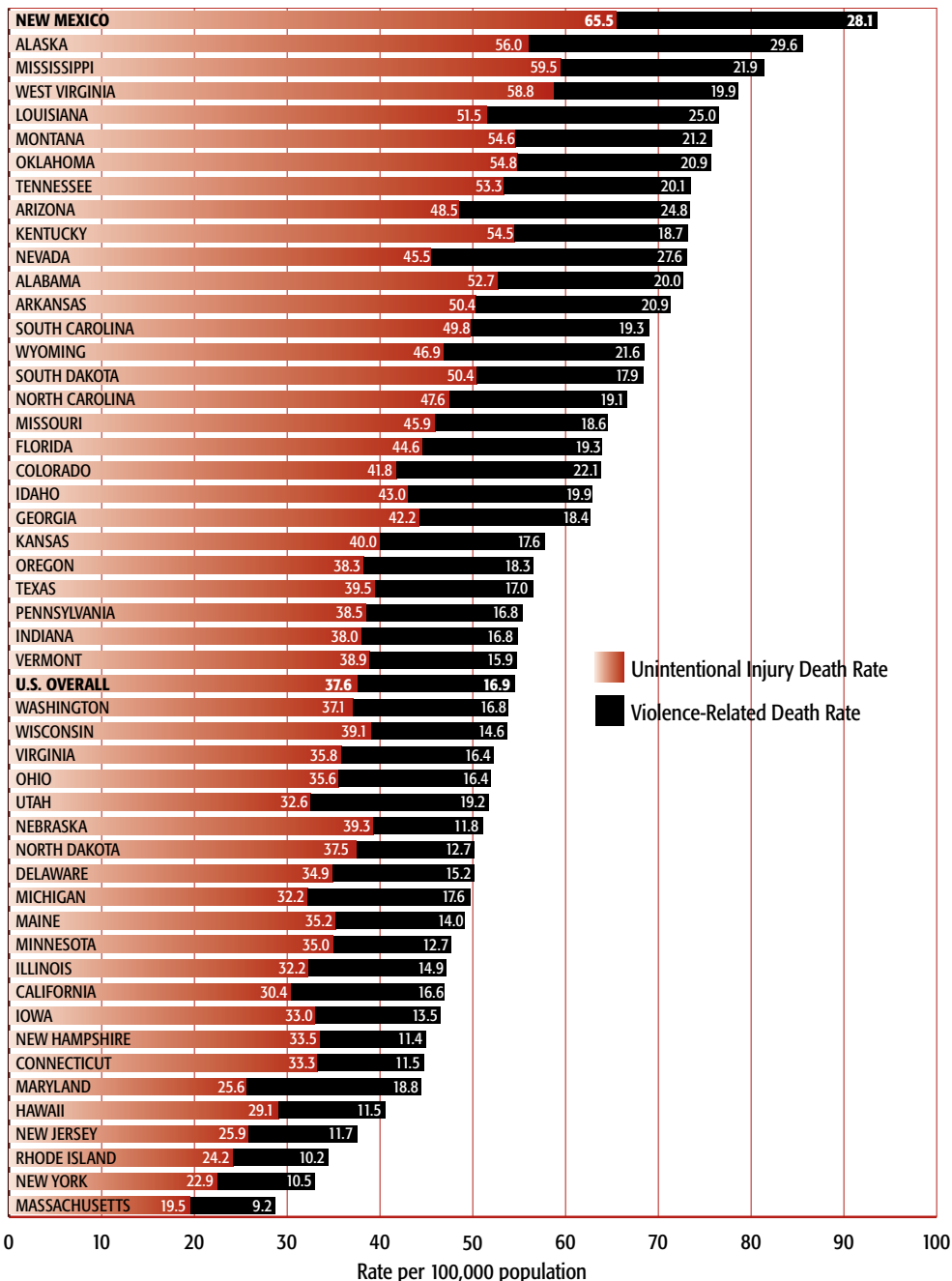
²Includes conditions such as other respiratory diseases, vascular diseases, and kidney infections

Source: CDC, WISQARS

Injury Deaths in New Mexico and the U.S.

New Mexico had the highest unintentional injury death rate and second-highest violence-related injury death rate in the nation in 2004

Unintentional and Violence-Related Injury Death Rate by State, 2004



- ▶ New Mexico had the nation's highest unintentional injury death rate (65/100,000 pop.) in 2004
- ▶ The violent (intentional injury) death rate in New Mexico has remained nearly the same since 2002. In 2004 New Mexico tied with Nevada for the highest violent death injury rate in the nation at 28/100,000; Alaska led at 30/100,000
- ▶ The violent death rate in New Mexico was 65% higher than in the U.S. and the unintentional injury rate was 71% higher in 2004

Top 5 States for Violence-Related Injury Death Rates

1. Alaska (30/100,000 pop.)
2. New Mexico and Nevada (tie) (28/100,000 pop.)
3. Arizona and Louisiana (tie) (25/100,000 pop.)
- U.S. Overall (17/100,000 pop.)

Top 5 States for Unintentional Injury Death Rates

1. New Mexico (65/100,000 pop.)
2. Mississippi (60/100,000 pop.)
3. West Virginia (59/100,000 pop.)
4. Alaska (56/100,000 pop.)
5. Oklahoma (55/100,000 pop.)
- U.S. Overall (38/100,000 pop.)

*Rates are age adjusted to the standard U.S. 2000 population

Source: CDC, WISQARS

Injury in New Mexico by Age Group:

The eight tables on these two pages show how the key causes of injury death differ by age. This information helps target prevention efforts toward key causes of injury in each age group

- ▶ Injuries are the leading cause of death in children and young adults—the healthiest part of our population
- ▶ Motor vehicle crashes are the most frequent cause of injury death for every age group under 24
- ▶ Drowning is a leading cause of injury death for children 9 years and younger
- ▶ Other land transport, which includes bicycle-related injuries, is a major cause of injury death for children ages 5–14

Leading Causes of Injury Death Differed by Age in New Mexico During 2000–2004

0–4 Years

Cause of Death	No.*	%
Motor vehicle crash	7.2	25.0
Suffocation	4.2	14.6
Drowning	3.6	12.5
Fire/burns	2.2	7.6
Poisoning	1.2	4.2
All others ¹	10.4	36.1
TOTAL	28.8	100

¹Others include falls, pedestrian, and adverse effects

*Average number per year

5–9 Years

Cause of Death	No.*	%
Motor vehicle crash	7.2	64.3
Drowning	1.0	8.9
Other land transport	0.6	5.4
Firearm	0.4	3.6
All others ¹	2.0	17.9
TOTAL	11.2	100

¹Others include suffocation, falls, burns, and machinery

*Average number per year

10–14 Years

Cause of Death	No.*	%
Motor vehicle crash	11.8	50.9
Suffocation	4.4	19.0
Firearm	2.6	11.2
Other land transport	1.4	6.0
Poisoning	1.2	5.2
All others ¹	1.8	7.8
TOTAL	23.2	100

¹Others include adverse effects and pedestrian

*Average number per year

15–17 Years

Cause of Death	No.*	%
Motor vehicle crash	26.0	48.9
Firearm	14.0	26.3
Suffocation	5.2	9.8
Poisoning	2.0	3.8
All others ¹	6.0	11.3
TOTAL	53.2	100

¹Others include other unspecified injuries

*Average number per year

Source: CDC, WISQARS

Leading Causes of Injury Death Differed by Age in New Mexico During 2000–2004

18–24 Years

Cause of Death	No.*	%
Motor vehicle crash	87.6	42.1
Firearm	53.6	25.7
Poisoning	21.6	10.4
Suffocation	15.4	7.4
Cut/Pierce	5.4	2.6
All others ¹	24.6	11.8
TOTAL	208.2	100

¹Other includes burns, etc.

*Average number per year

25–44 Years

Cause of Death	No.*	%
Poisoning	167.0	30.3
Motor vehicle crash	145.0	26.3
Firearm	102.6	18.6
Suffocation	43.2	7.8
Cut/Pierce	14.4	2.6
All others ¹	79.0	14.3
TOTAL	551.2	100

¹Others include falls, drowning, other unspecified homicides, etc

*Average number per year

45–64 Years

Cause of Death	No.*	%
Poisoning	116.2	30.1
Motor vehicle crash	84.8	22.0
Firearm	72.0	18.6
Falls	26.4	6.8
Suffocation	17.8	4.6
All others ¹	69.0	17.9
TOTAL	386.2	100

¹Other includes fire/burn, natural/environmental, etc.

*Average number per year

65+ Years

Cause of Death	No.*	%
Falls	165.6	45.2
Motor vehicle crash	55.6	15.2
Firearm	42.8	11.7
Suffocation	22.6	6.2
Poisoning	14.6	4.0
All others ¹	65.4	17.8
TOTAL	366.6	100

¹Other includes natural/environmental, fire/burn, poisoning and other unspecified unintentional injuries

*Average number per year

Injury in New Mexico by Age Group:

- ▶ After age 44 more people die from heart disease, cancer, stroke and pneumonia than from injuries, but injuries still claim many lives
- ▶ Firearms are a leading cause of injury death in every age group except 0–4 years
- ▶ Poisonings—largely caused by drug overdose—are the leading cause of injury death for persons from 25 to 64 years old, exceeding motor vehicle crash
- ▶ Motor vehicle crash and firearms are among the top three causes of injury death for adults in all age groups
- ▶ Falls are a leading cause of injury death for all individuals over 45

Motor vehicle crashes, poisoning, and falls are the top three leading causes of unintentional injury death in New Mexico

► Motor vehicle crash death rates have decreased substantially in the U.S. and New Mexico since 1981. In 2004, the New Mexico rate had decreased by 22% and the U.S. rate by 29%

► The poisoning death rate in New Mexico has increased steadily since 1990 due primarily to illegal drug overdoses

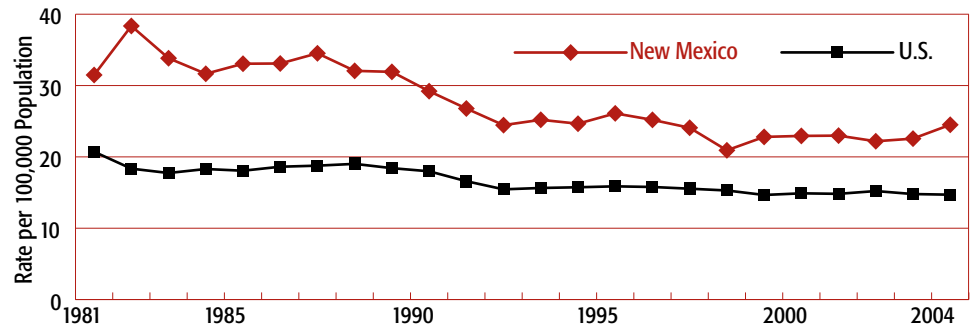
► Fall death rates have been increasing slowly since 1990 in the U.S. but dramatically in New Mexico during the same period

Top 5 Causes of Unintentional Injury in N.M. in 2004

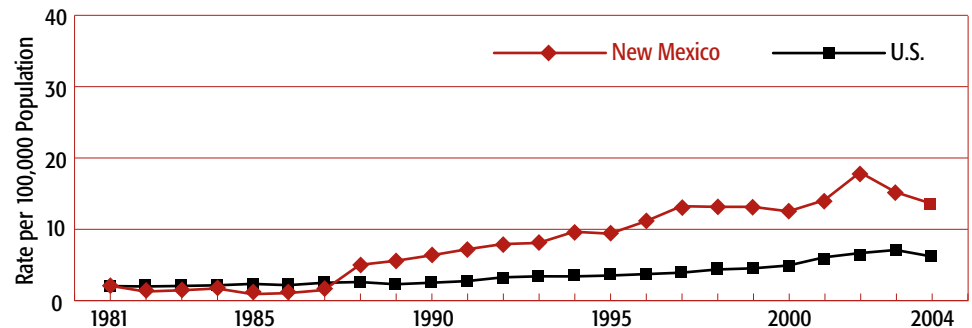
1. Motor Vehicle Crash (24.5/100,000 pop.)
2. Poisoning (15.2/100,000 pop.)
3. Falls (13.6/100,000 pop.)
4. Suffocation (2.1/100,000 pop.)
5. Fire/burns (1.2/100,000 pop.)

Unintentional Injury Death in New Mexico

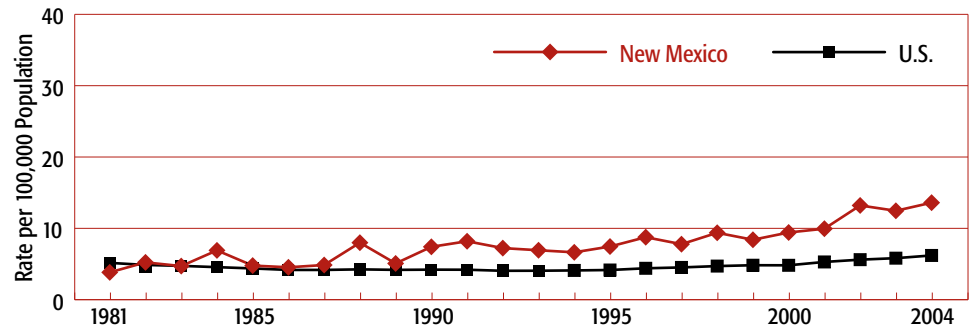
Motor Vehicle Crash Death Rates* U.S. and N.M., 1981–2004



Poisoning Death Rates,* U.S. and N.M. 1981–2004



Fall Death Rates,* U.S. and N.M. 1981–2004

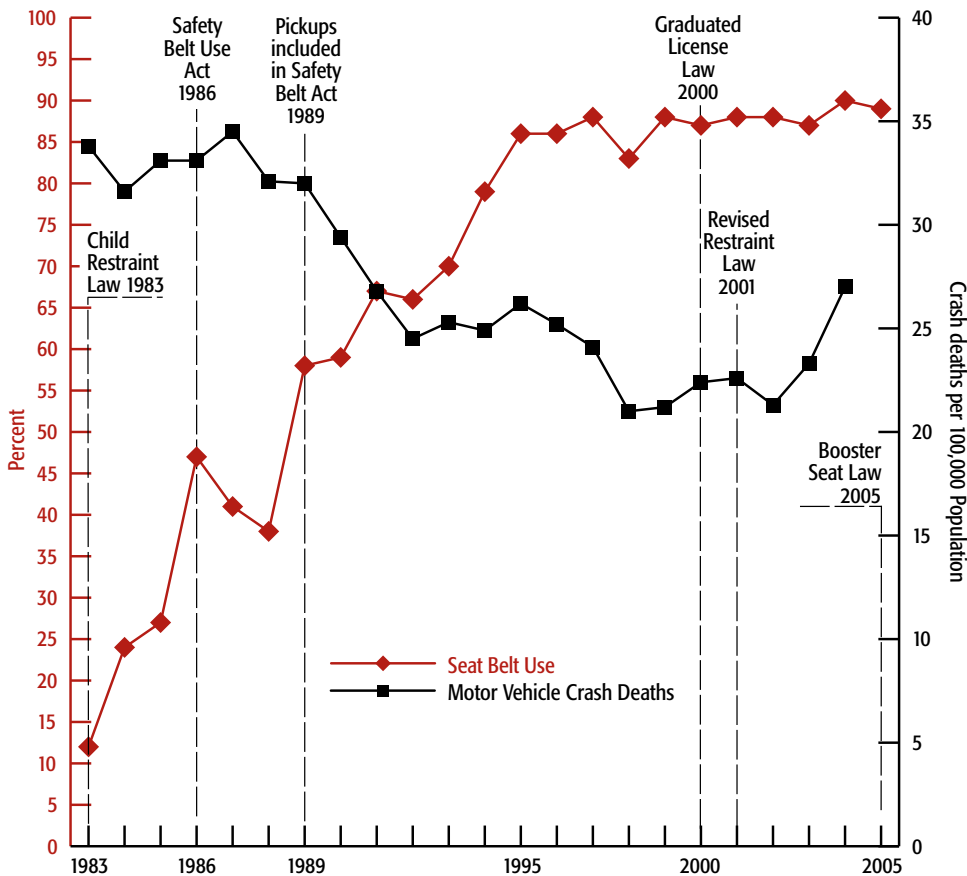


*Rates age adjusted to the 2000 standard U.S. population

Source: CDC, WISQARS

Safe Driving Saves Lives

Observed Front Seat Belt Use and Motor Vehicle Death Rates, N.M., 1983–2005



Safe Driving in New Mexico

► New Mexico ranked 10th highest among states in seatbelt use in 2005 with 89.5% of front seat occupants wearing seatbelts

► From 1983 to 1995, New Mexico seatbelt use increased dramatically and then continued a gradual increase to nearly 90% usage. In this period crash deaths decreased 30%

► According to the 2005 New Mexico Youth Risk and Resiliency Survey:

- 80% of high school students report seatbelt use most or all the time
- More than 30% of both male and female students reported that, in the past 30 days, they had ridden with a driver who had been drinking

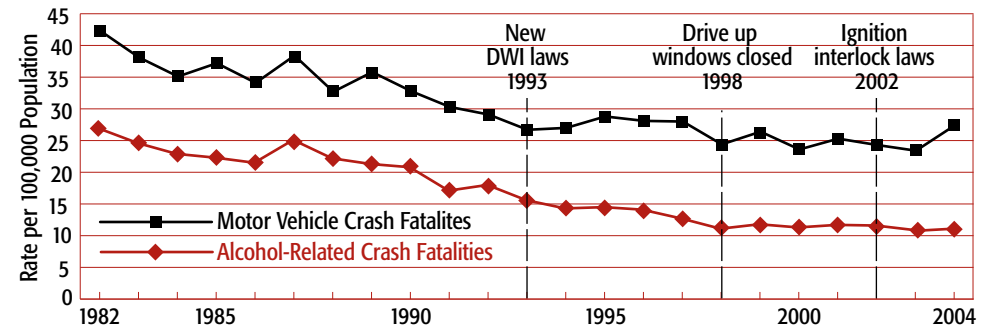
Sources: 1. CDC, WISQARS. 2. Traffic Safety Bureau, Transportation Programs Division, New Mexico Department of Transportation. 3. Injury Epidemiology Unit, Office of Injury Prevention, Epidemiology and Response Division, NMDOH. 4. Bureau of New Mexico Vital Records and Health Statistics. 5. Division of Government Research, University of New Mexico

Alcohol Involvement in Motor Vehicle Crashes (MVC) in New Mexico

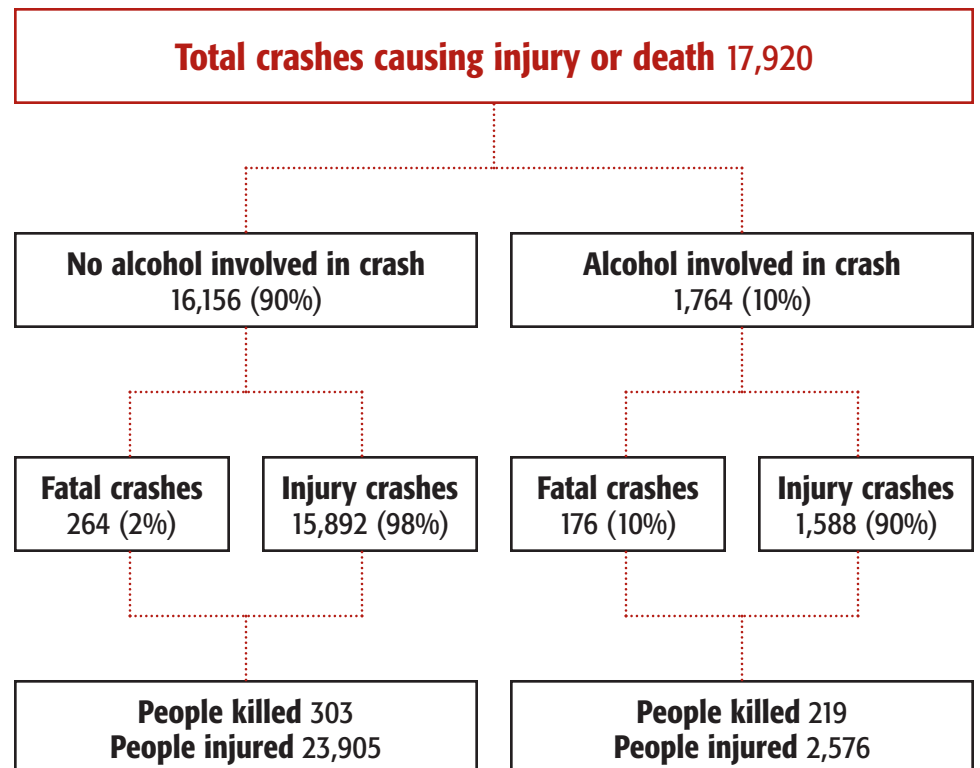
- ▶ MVC death rates and alcohol-involved MVC death rates have decreased by 35% and 59%, respectively, from 1982 to 2004
- ▶ Alcohol was involved in 10% of all MVCs causing injury or death in 2004
- ▶ Forty-two percent of motor vehicle injury deaths in 2004 occurred in alcohol-involved crashes
- ▶ Key interventions implemented for reducing MVC deaths:
 - Vehicle and roadway design improvements
 - Seatbelt use
 - Airbag use
 - New DWI laws
 - Ignition Interlock laws

Alcohol-Involved Motor Vehicle Injury Deaths

Motor Vehicle Crash Fatalities by Cause N.M. 1982–2004



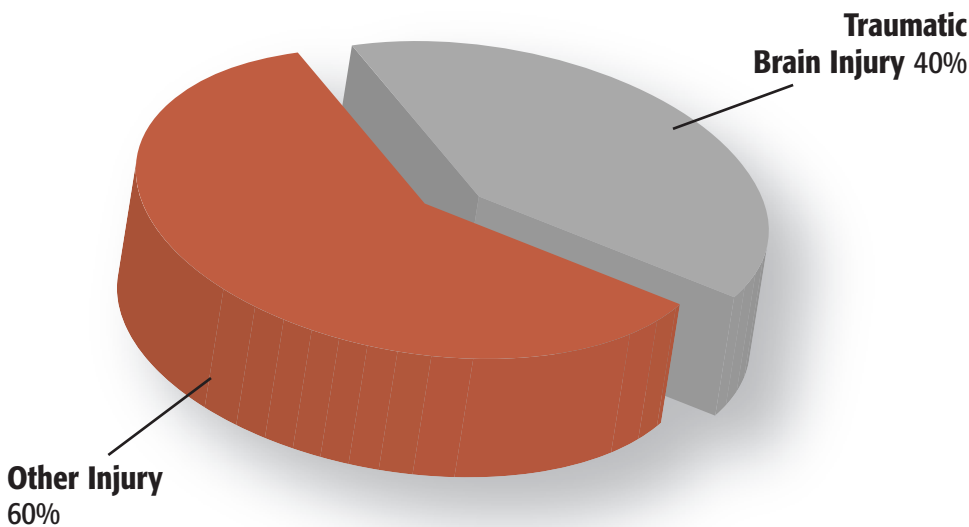
Crashes and Alcohol Involvement, N.M., 2004



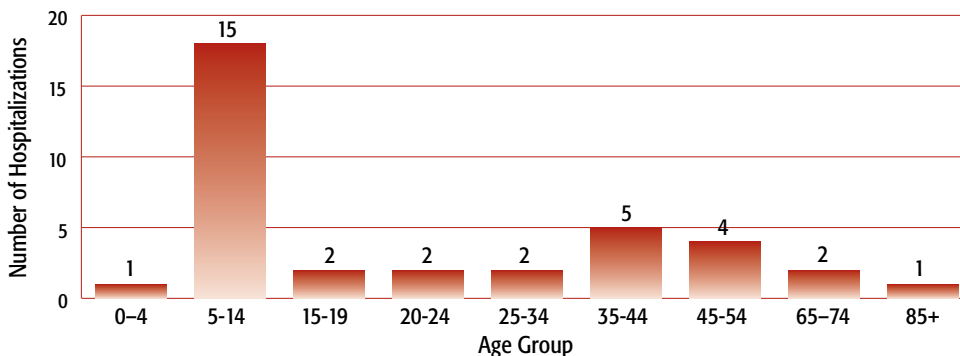
Sources: 1. Division of Government Research, University of New Mexico. 2. Traffic Safety Bureau, Transportation Programs Division, New Mexico Department of Transportation. 3. Injury Epidemiology Unit, Office of Injury Prevention, Epidemiology and Response Division, NMDOH. 4. Bureau of New Mexico Vital Records and Health Statistics, NMDOH

Bicycle Helmets Save Children's Lives

Bicycle-Related Injury Hospitalizations Among Children 17 and Under, N.M., 2001–2003



Number of Hospitalizations¹ for Pedal Cycle Injuries by Age, N.M., 2003



¹Pedal cycle injury hospitalizations may be undercounted because external cause was only documented in 73% of injury hospitalizations in 2003

Sources: 1. Brain Injury Association Bicycle Safety Information Sheet, New Mexico Brain Injury Advisory Council Bicycle Safety Facts Sheet. 2. U.S.A. SafeKids bicycle injury facts http://www.usa.safekids.org/content_documents/Bike_facts.pdf. 3. New Mexico Health Policy Commission

Bicycle-related Traumatic Brain Injuries (TBIs) in New Mexico:

► Children under 14 years are 5 times more likely to be injured in bicycle-related crashes than older riders

► According to the New Mexico Brain Injury Advisory Council, between 70% and 80% of all fatal bicycle crashes involve brain injuries

► Nationally, only 41% of kids ages 5 to 14 wear helmets when participating in wheeled activities like biking and skateboarding, and 35% of children who use helmets wear them improperly

► Bicycle helmets have been shown to reduce the risk of head injury by as much as 85% and the risk of brain injury by as much as 88%

► An estimated 75% of fatal head injuries among child bicyclists could be prevented with a bicycle helmet

► In states with mandatory bicycle helmet laws, TBI has been reduced by 45%

► The rate of hospitalization for bicycle-related injuries is 2.6% higher for children 17 and younger compared to adults

► N.M. enacted a recreational helmet law effective 7/01/2007, requiring children under 18 years on bicycles, skateboards, skates and scooters to wear helmets when riding on public roads and parks

Unintentional Overdose Deaths in New Mexico:

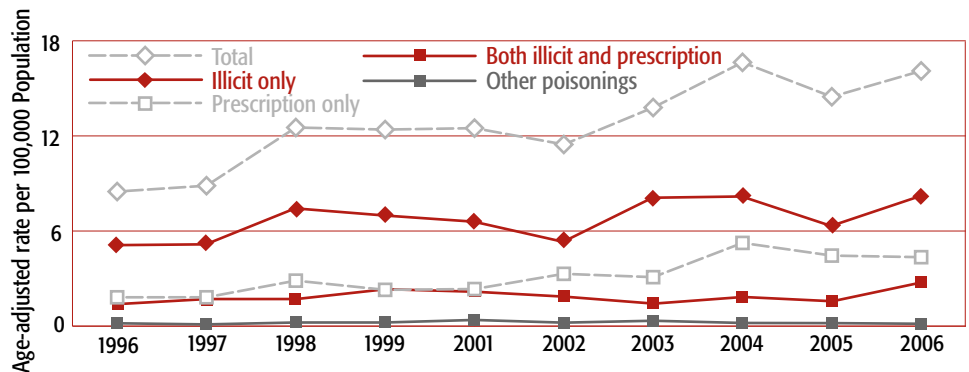
- ▶ The majority of unintentional overdose deaths in New Mexico are from illicit drugs
- ▶ Thirty-five to 44 year olds had the highest death rate from drug overdose of any age group during 2003–2005
- ▶ Among those age 65 and older, more drug overdose deaths were from prescription drugs than illicit drugs

Recommendations:

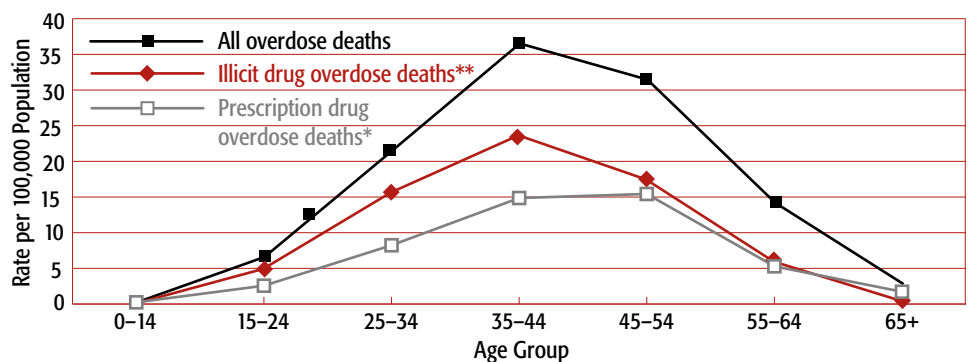
- ▶ Increase distribution of harm reduction and overdose prevention strategies to those who need them (i.e., naloxone training, HIV/hepatitis testing, hepatitis vaccinations)
- ▶ Educate physicians and patients about the dangers of taking certain drug combinations, and monitor the extent of non-medical drug use.
- ▶ Engage pharmacists to assist clients in understanding the risks of multi-drug use

N.M. Leads the Nation in Drug-Related Poisoning Deaths

Unintentional Prescription and Illicit Drug Overdose Deaths, N.M., 1996–2005*



Rate of Unintentional Drug Overdose Death by Age, N.M., 2003–2005



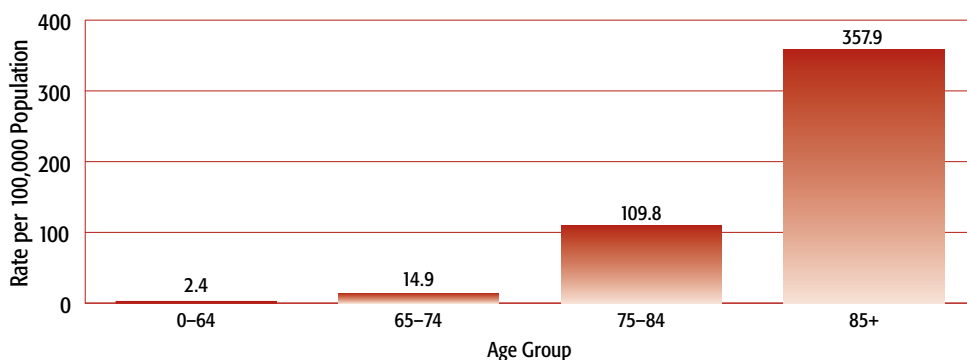
*For 2005, population denominators for 2004 were used because 2005 were not yet available.

**Sum of the two rates does not equal the total because some deaths were caused by both illicit and prescription drugs.

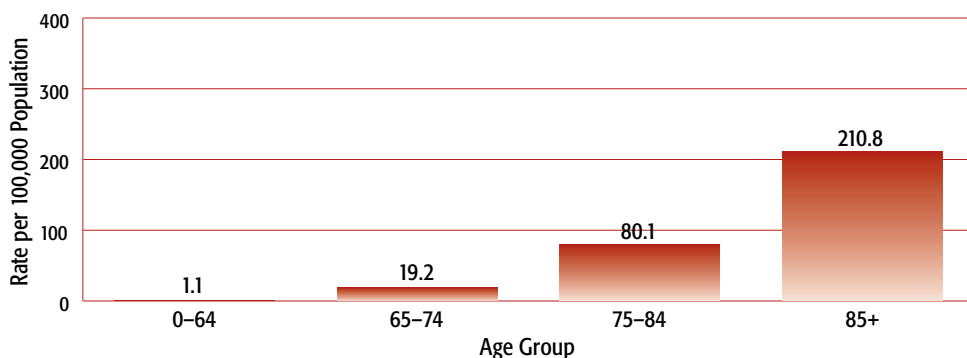
Source: The New Mexico Office of the Medical Investigator

Falls are the Leading Cause of Injury Death for People Ages 65 and Older

Fall Deaths by Age, N.M., 2004



Hip Fracture Hospitalizations by Age, N.M., 2003



Falls in New Mexico:

- ▶ Fall death rates increase sharply with age, reaching 358/100,000 pop. in New Mexicans age 85+
- ▶ Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head trauma that can reduce mobility and independence and increase the risk of premature death
- ▶ Older adults who have fallen previously or who stumble frequently are two to three times more likely to fall within the next year
- ▶ Of all fall-related injuries, hip fractures in older adults cause the greatest number of deaths and lead to the most severe health problems and reduced quality of life

Recommendations:

- ▶ Encourage physicians to address fall-related medical conditions such as poor eyesight, balance problems, and use of multiple medications with the elderly
- ▶ Educate the elderly on the importance of exercise, strength training and flexibility in preventing future falls
- ▶ Facilitate home inspections to promote fall prevention by removing loose throw rugs and installing grab bars in bathrooms

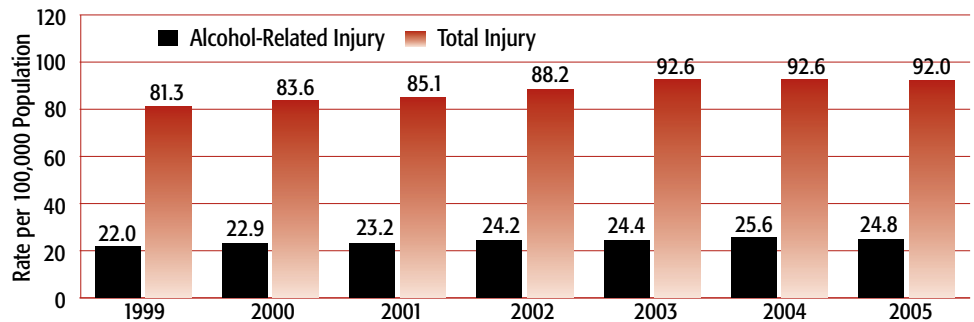
Sources: 1. CDC WISQARS. 2. CDC Falls and Hip Fractures Injury Fact Sheet: Falls and Hip Fractures Among Older Adults <http://www.cdc.gov/ncipc/factsheets/falls.htm>. 3. CDC Falls and Hip Fractures Injury Fact Sheet: Summary of Falls <http://www.cdc.gov/ncipc/pub-res/toolkit/SummaryOfFalls.htm>. 4. CDC 2003 Behavioral Risk Factor Surveillance System Codebook ftp://ftp.cdc.gov/pub/data/brfss/codebook_03.rtf. 5. New Mexico Health Policy Commission

Alcohol-Related Injury Deaths in New Mexico:

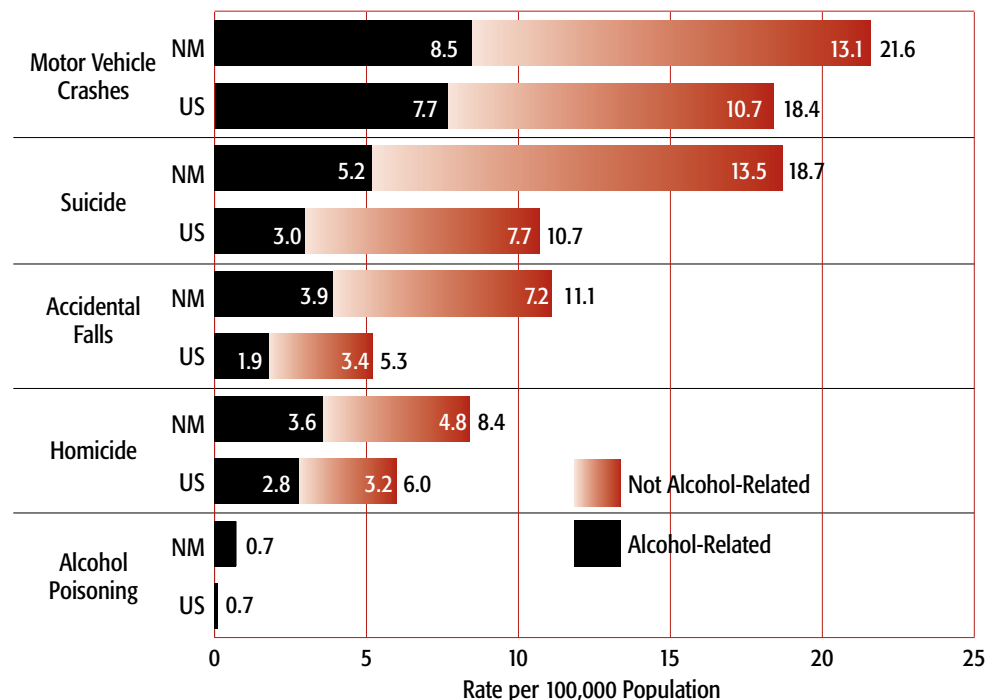
- ▶ New Mexico alcohol-related injury death rates are higher than the United States rates
- ▶ Alcohol is involved in approximately 42% of motor vehicle crash deaths, 35% of fall deaths, 28% of suicides and 46% of homicides
- ▶ Binge drinking** is the principal risk behavior associated with alcohol-related injury
 - In the 2005 Youth Risk and Resiliency Survey, 28.6% of New Mexico high school students reported having had at least one episode of binge drinking in the past 30 days

Alcohol-Related Injury Deaths in New Mexico

Rate of Total and Alcohol-Related Injury Deaths N.M., 1999–2005



Alcohol-Related, Non-Alcohol-Related, and Total Injury Rates* by Cause of Death, Five Leading Causes in N.M. and the U.S., 1999–2003



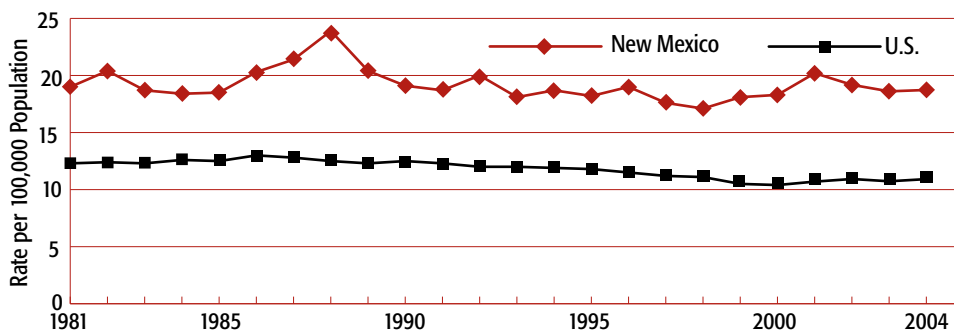
*Rates are age adjusted to standard U.S. 2000 population

**Drinking five or more drinks on a single occasion

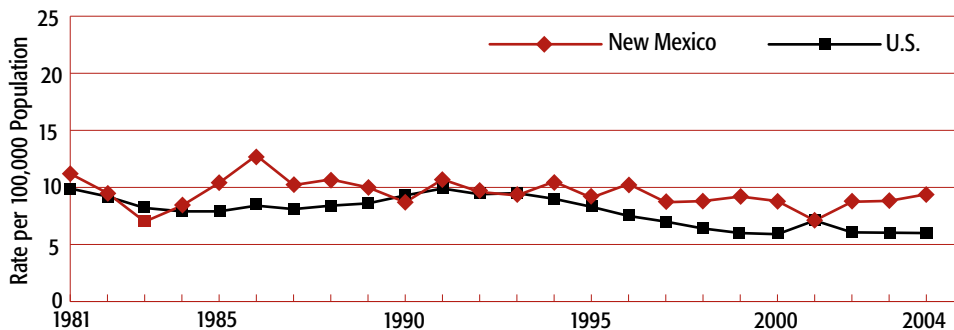
Sources: Bureau of Vital Records and Health Statistics, NMDOH

Suicide and Homicide Rates in New Mexico During the Past 24 Years

Suicide Rates*, U.S. and N.M., 1981–2004



Homicide Rates*, U.S. and N.M., 1981–2004



Violent Death in New Mexico

- ▶ New Mexico suicide rates have been nearly double the U.S. rates for the last two decades
- ▶ Homicide rates for New Mexico and the U.S. have been tracking closely with each other for the past two decades

Top 3 Methods of Suicide in 2004

1. Firearms
2. Hanging/Suffocation
3. Poisoning

Top 3 Methods of Homicide in 2004

1. Firearm
2. Hit by a sharp or blunt object
3. Suffocation

*Age adjusted to the standard U.S. 2000 population

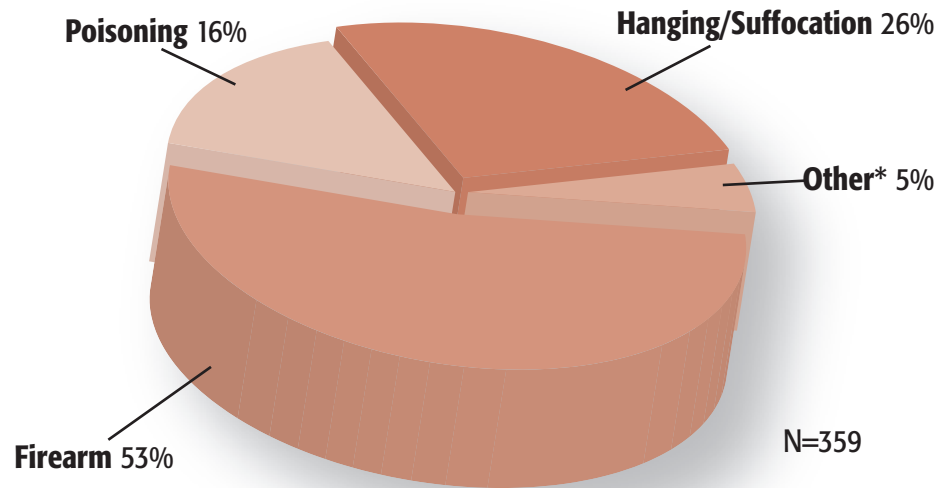
Source: CDC, WISQARS

Suicide in New Mexico:

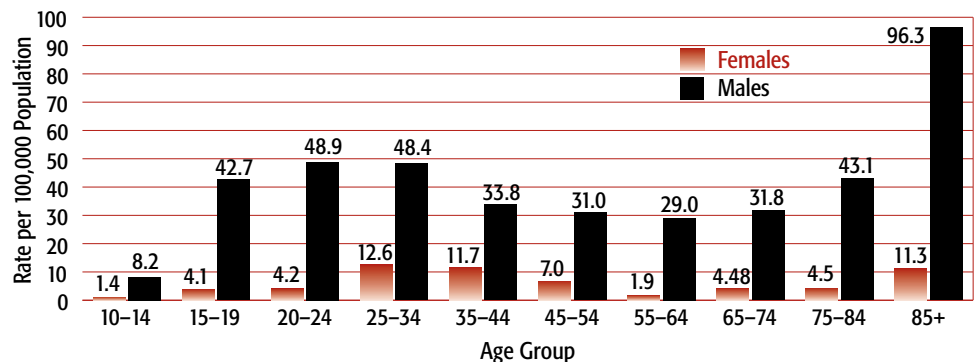
- ▶ The suicide rate in N.M. (18.7/100,000 pop.) was 70% higher than the national rate (10.9/100,000 pop.) in 2004
- ▶ Although New Mexico has been a leader in funding programs to reduce the youth suicide rate, suicide is an even larger problem in the adult population.
- ▶ Most suicides were committed by males
- ▶ Over half of suicides were by firearms
- ▶ Suicide rates were highest for males 85+ years and for females 25–34 years
- ▶ Suicide is the second leading cause of death among those 10–34 years old in N.M.
- ▶ Suicide rates are highest among people ages 65 and older
- ▶ According to the N.M. Suicide Prevention Resource Center, from 1999–2003 an average of 1,760 hospitalized suicide attempts were identifiable in New Mexico each year. This equates to about 19 attempts every four days
- ▶ The average medical cost for each hospitalized suicide attempt in New Mexico from 1999–2003 was \$9,881

Suicide in New Mexico

Methods of Suicide, N.M., 2004



Suicide by Age and Gender, N.M., 2004



*Other includes crashing of motor vehicle, fire/burn, jump from high place, jump/lie before moving object, cut/slash, etc.

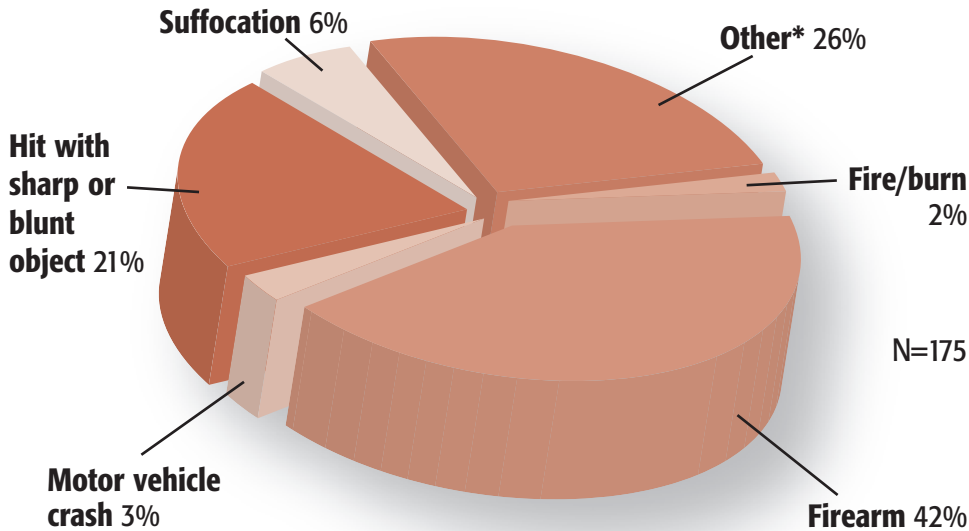
Sources: 1. Bureau of New Mexico Vital Records and Health Statistics, NMDOH. 2. Suicide Prevention Resource Center New Mexico Suicide Prevention Fact sheet http://www.sprc.org/stateinformation/PDV/statedatasheets/nm_datasheet.pdf

Homicide in New Mexico

Homicide in New Mexico:

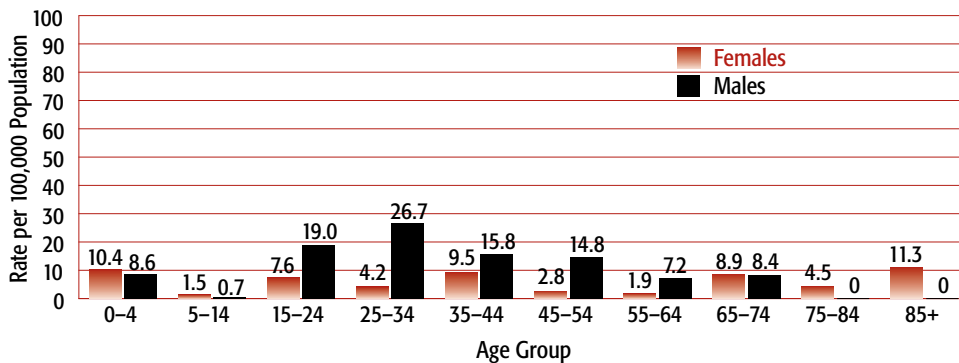
- ▶ New Mexico recorded 175 homicides in 2004
- ▶ Forty-two percent of homicides were by firearms
- ▶ Over two-thirds of homicide victims (69%) were males
- ▶ The 2004 homicide rate in New Mexico (9.4/100,000 pop.) was 57% higher than the national rate (6/100,000 pop.)
- ▶ Research suggests that having a firearm in the home is a risk factor for homicide

Methods of Homicide, N.M., 2004



*Other includes drowning/submersion, push/place before moving object, and unspecified.

Homicide by Age and Gender, N.M., 2004



Sources: 1. Bureau of New Mexico Vital Records and Health Statistics. 2. Hepburn, L.M. and Hemenway, D. Firearm availability and homicide: A review of the Literature. *Aggression and Violent Behavior* 9 (2004) 417-440.

Nonfatal Gun Injuries in New Mexico Requiring Emergency Department Visits in 2002:

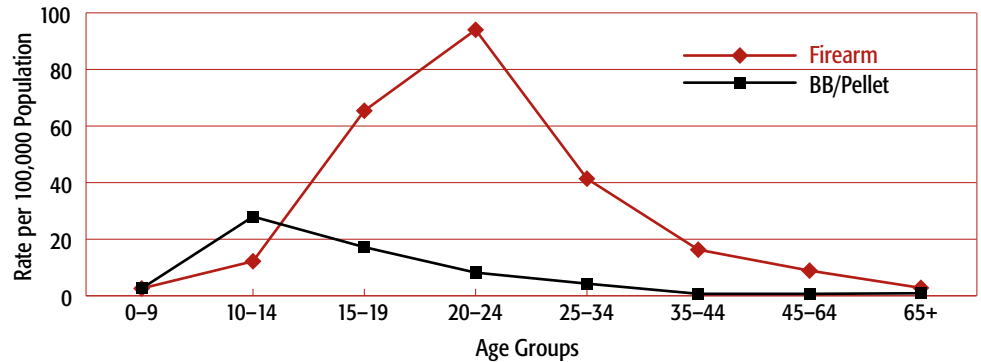
- ▶ Seventy percent of persons injured by firearms were 15–34 years old
- ▶ BB/pellet injuries were most common among youth 14 years and under
- ▶ Firearm injury rates peaked in young adults aged 20–24
- ▶ Males experienced 88% of gunshot injuries
- ▶ Thirty-five percent of firearm injury victims treated in emergency departments required hospitalization

Firearm Injury Deaths in New Mexico:

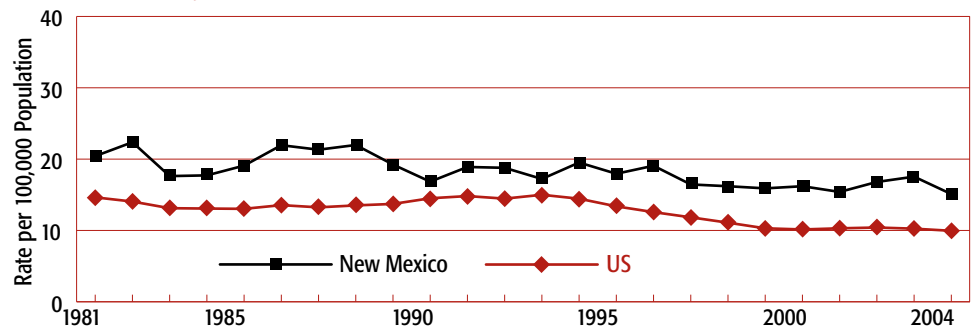
- ▶ The firearm injury death rate in New Mexico has decreased 26% from 1981 to 2004
- ▶ Ninety-eight percent of firearm injury deaths were suicides and homicides

Gun-Related Injuries in New Mexico

Non-Fatal Firearm Injury and BB/Pellet Injury Rates by Age, N.M., 2002



Firearm Injury Death Rates,¹ U.S. and N.M., 1981–2004

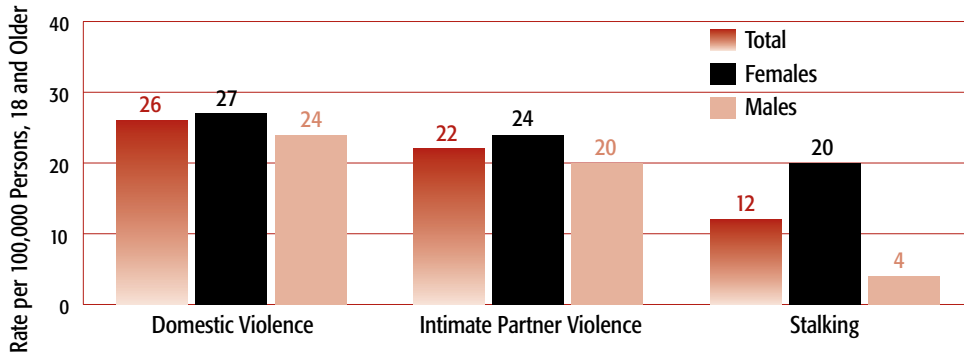


¹Rate age-adjusted to the standard U.S. 2000 population

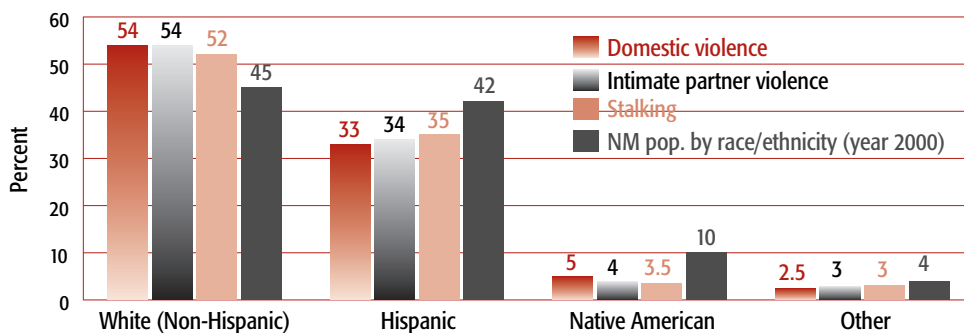
Source: 1. Emergency Department-New Mexico Firearm Injury Surveillance System, NMDOH.
2. CDC, WISQARS

Domestic Violence in New Mexico, 2005

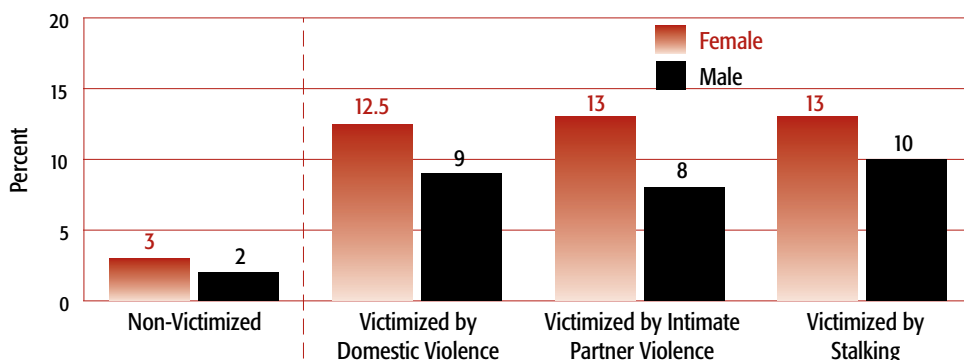
Adults Victims of Interpersonal Violence in the Last 12 Months, N.M., 2005



Victims of Domestic Violence by Race/Ethnicity N.M., 2005



Comparison of Chronic Mental Health Problems in New Mexicans by Gender, 2005



Sources: 1. State Survey of Victimization in New Mexico. 2. Domestic Violence Central Repository. 3. State Survey of Victimization in New Mexico. Additional source: Incidence and Nature of Domestic Violence in New Mexico VI: An Analysis of 2005 Data from the New Mexico Interpersonal Violence Data Central Repository.

Domestic Violence in New Mexico:

► Number of New Mexico adults who reported domestic violence crimes to different agencies in 2005:

- 36,594 to the Statewide Victimization Survey
- 28,256 to law enforcement
- 8,371 to service providers

► One in three adult women and one in seven adult men has been the victim of domestic violence during their lifetimes

► Adult domestic violence victims experienced an average of 5 to 6 incidents of abuse in 2005

► Most male victims of interpersonal violence are victimized by another male

► The proportion of domestic violence crimes reported by Hispanics and Native Americans is smaller than the proportion of those two groups in the New Mexico population. This may indicate a reluctance of members of those groups to report domestic violence crimes

Recommendations:

► Train educators and community members to better identify victims of interpersonal violence and offer referrals to appropriate services

► Train people involved in domestic violence outreach to address obstacles victims face when deciding to report interpersonal violence crimes

► Improve interpersonal violence data collection on victims who are treated at hospitals but do not report the crime to law enforcement or a domestic violence service provider

Intimate Partner Violence in New Mexico

- ▶ In 2001–2002 nearly 10% of homicides in New Mexico were committed by an intimate partner
- ▶ Seventy percent of perpetrators had a prior police record; 30% had a prior police-documented IPV incident

Recommendations

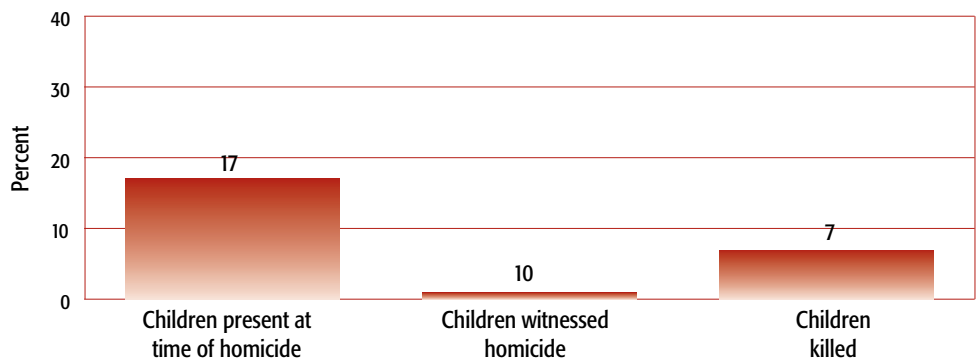
- ▶ Encourage law enforcement training to increase scrutiny of misdemeanor level IPV crimes for risk factors associated with homicide
- ▶ Federal and state law enforcement should take full advantage of existing firearm laws to remove guns from any person convicted of domestic violence
- ▶ Improve victim notification services by strengthening communication between the courts, law enforcement and victims
- ▶ Improve communication along the continuum of care for victims of IPV, including mental health, substance abuse treatment, advocacy and career services

Intimate Partner Violence (IPV) in New Mexico 2001–2002

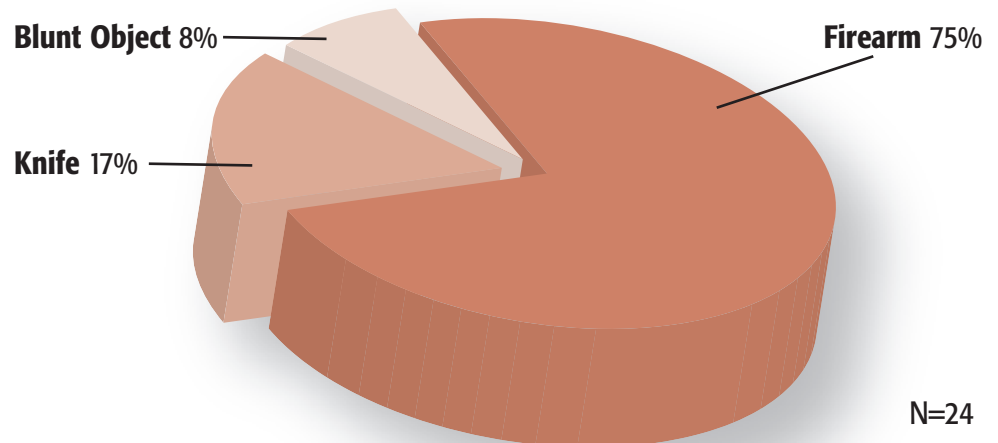
Profile of IPV Victims and Offenders

	Victims (N=30)	Offenders (N=30)
Gender	77% female	77% male
Average age	34.1 years	37 years
Race: Hispanic	50%	46%
Race: Anglo	36%	40%
Race: African American	7%	7%
Race: American Indian	7%	7%

Intimate Partner Homicides Involving Children, N.M., 2004



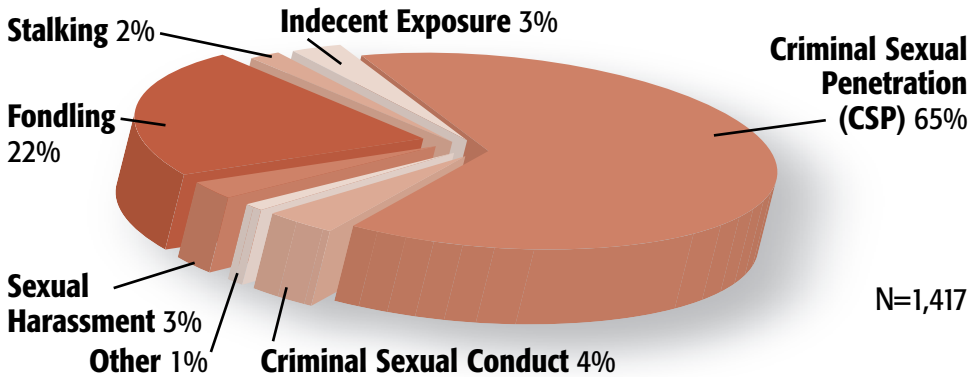
Intimate Partner Homicides By Weapon Used N.M., 2001–2002



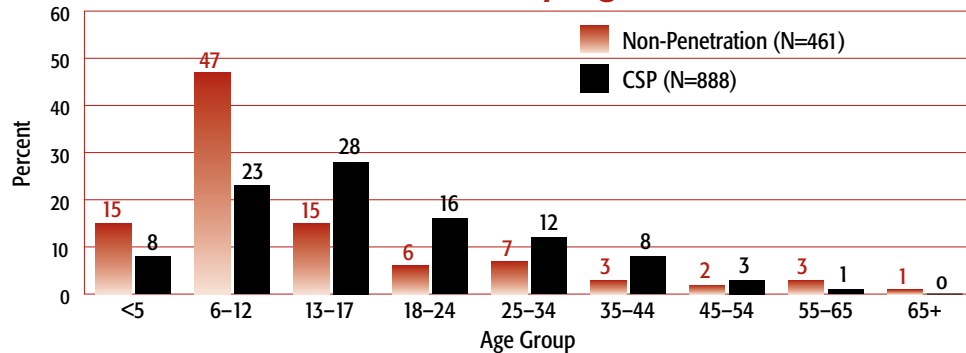
Source: *Getting Away with Murder IV: Intimate partner Violence Deaths 2001–2002*

Sexual Violence in New Mexico

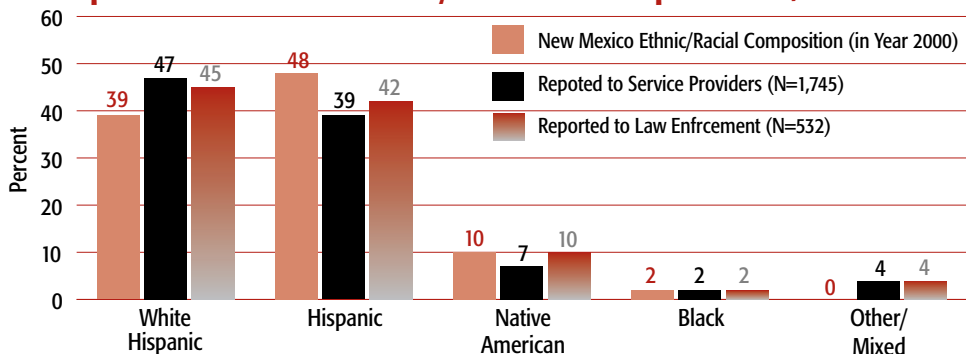
Sexual Offense by Type as Reported by Service Providers N.M., 2004



Percent Criminal Sexual Penetration (CSP) and Non-Penetration Sex Crimes by Age, N.M., 2004



Criminal Sexual Penetration (CSP) Victim Race/Ethnicity Compared to N.M. Racial/Ethnic Composition, 2004



Source: *Sex Crimes in New Mexico IV: An Analysis of 2004 Data from the New Mexico Interpersonal Violence Data Central Repository.*

Sexual Violence in New Mexico:

- ▶ Number of sex crimes reported to different agencies in 2004:
 - 2,654 to law enforcement
 - 1,804 to sexual assault service providers
 - 3,115 processed by courts
 - 1,103 to the sexual assault nurse examiners (SANE) program

▶ According to the Statewide Victimization Survey, about 1 in 4 New Mexico women has been raped some time in her life

▶ Children are more commonly victims of non-penetration crimes, which are often more difficult to detect. Of all non-penetration crimes, 82% were committed against children under 14

Recommendations:

- ▶ Groups like disability communities, communities of color and other groups who are disproportionately impacted by sexual violence should be empowered to develop appropriate, relevant strategies to prevent sexual violence
- ▶ Use data to identify populations most at risk for sexual violence
- ▶ Promote outreach and education efforts to prevent sexual violence before it first occurs and include men and boys as part of the solution

Injury Risk and Protective Factors in New Mexico High Schools:

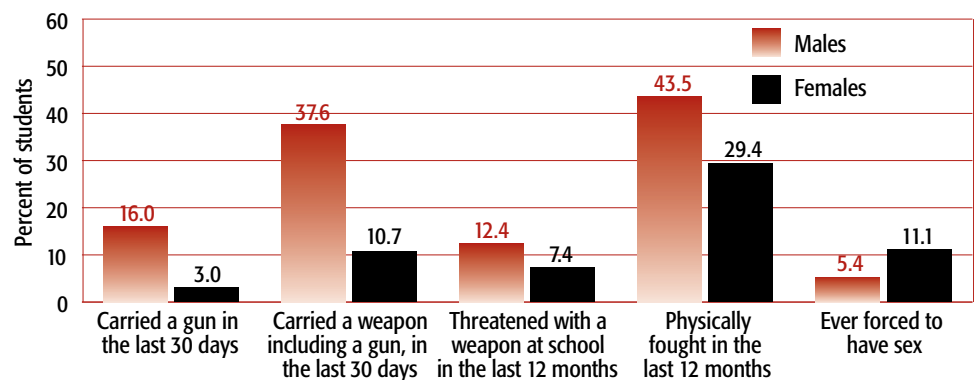
- ▶ Physical fights precede many violence-related injuries and fatalities. Over 40% of male high school students reported that they engaged in at least one physical fight in the past year
- ▶ Dating violence (having been hit by a boyfriend or girlfriend in the past 12 months) was reported by 10.0% of New Mexico students
- ▶ High school females report higher rates of persistent feelings of sadness and hopelessness, suicide ideation, and suicide plans than males. However, males of high school age have higher suicide completion rates

▶ New Mexico high school students were more likely to report having attempted suicide or been injured in a suicide attempt than students in the U.S. as a whole

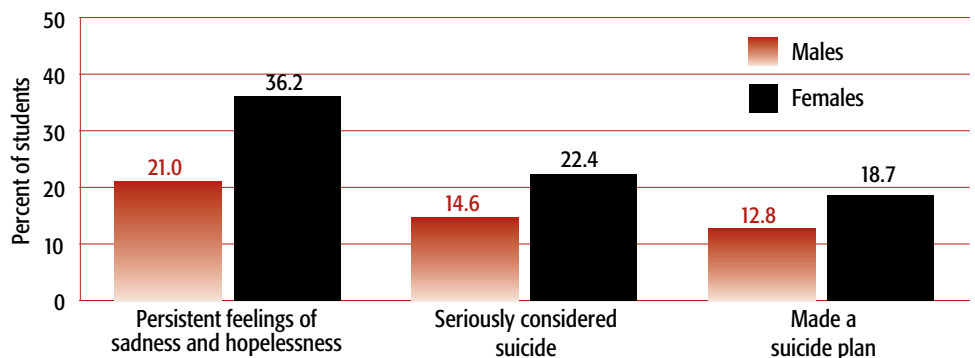
The New Mexico Youth Risk and Resiliency Survey is the primary surveillance tool for monitoring high school student risk behaviors and protective factors by providing data on student behavior, which can assist administrators and policy makers in initiating prevention programs

Risk and Protective Factors Among New Mexico High School Students

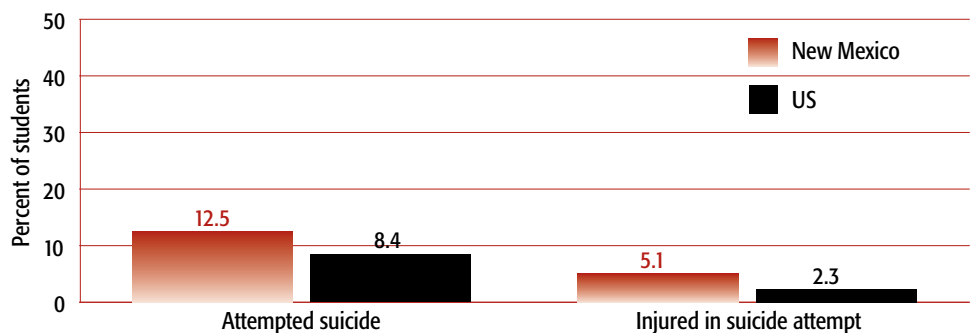
Violence Among 9–12 Graders, N.M., 2005



Depression and Suicidal Ideation Among 9–12 Graders in the Past 12 Months, N.M., 2005



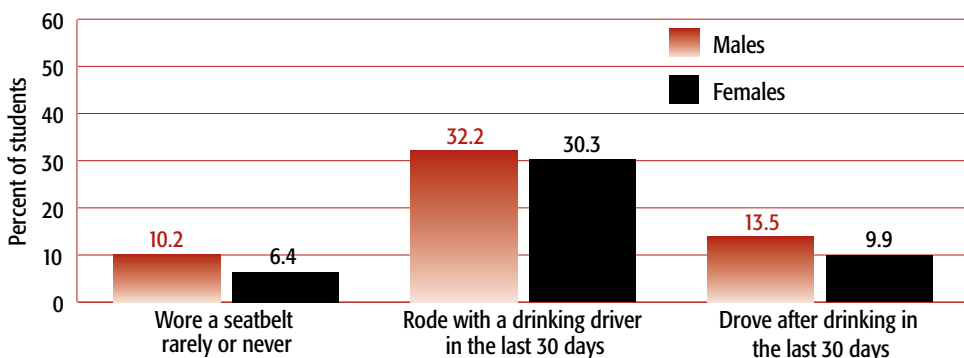
Suicide Attempts Among 9–12 Graders in the Past 12 Months, N.M. and U.S., 2005



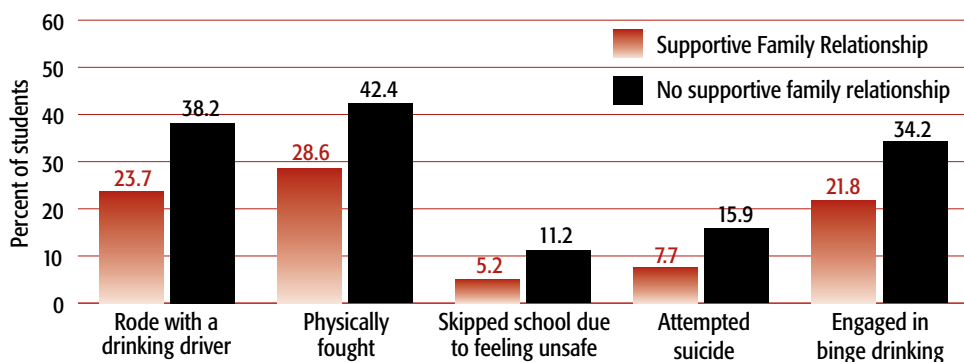
Source: N.M. Youth Risk and Resiliency Survey 2005, Youth Violence in New Mexico

Risk and Protective Factors Among New Mexico High School Students

Dangerous Driving Among 9–12 Graders, N.M., 2005



Association of Supportive Family Relationships with Selected Risk Behaviors in the Past 12 Months Among 9–12 Graders, N.M., 2005



Injury Risk and Protective Factors in New Mexico High Schools:

► Motor vehicle-related injuries kill more young adults aged 15–19 years than any other single cause both in New Mexico and the United States. Seventy-seven percent of males and 83% of females reported they wear a seatbelt “most times” or “always”

► Many adolescents who appear to face serious injury risk factors (poverty, drug use, sexual abuse) are able to overcome these adversities if they have protective factors working in their favor. Risk factors are only part of the equation. To fully understand the picture of adolescent health, both risk and protective factors must be considered

► Students who reported having a strong family relationship were less likely to ride with a drinking driver, be involved in a physical fight, skip school because they felt unsafe, attempt suicide or binge drink

► Forty-two percent of students responded that they had a parent or adult “who talks with me about my problems” and almost 50% of students had an adult or parent in the home “who listens to me when I have something to say”

► PROTECTIVE (RESILIENCY) FACTORS:

- Youth engagement, community service opportunities
- Academic performance, excellence in education
- Life skills and social competency
- Supportive relationships with adults at school, home, in the community
- Influence of norms and expectations on youth

Definitions

Injuries are caused by physical forces we encounter in our daily lives

Unintentional Injury: Injury occurring without conscious attempt to inflict harm to self or another person. Unintentional injuries are often called accidents; however, most are predictable and often preventable

Intentional Injury: Injury that is an assault to one's self or another person. This type of injury is often referred to as violence

Domestic Violence: Physical and verbal abuse carried out by one person in a home against another to control their behavior

Homicide or Assault: Physical trauma inflicted intentionally by one person against another leading to death or injury, respectively

Medical Costs for fatalities include coroner/medical examiner, medical transport, emergency department (including transportation and administrative costs), inpatient hospital (including transportation and administrative costs) and nursing home

Quality of Life Costs places a dollar value on pain, suffering and lost quality of life to the injured person and his or her family

Suicide: Trauma intentionally inflicted by a person on himself or herself that leads to death

Work Loss Costs for fatalities include the present value of lifetime productivity losses

continues on next page. . .

Conclusion and Definitions

Since the 2005 edition of *Injury Hurts*, the state legislature has enacted several important laws aimed at reducing unintentional injuries:

- Requiring minors to wear helmets while riding ATVs (2006)
- Requiring children ages 5–6 and, depending on height, ages 7–11 to be restrained in booster seats while riding in a motor vehicle (2005)
- Requiring persons under 18 years to use helmets when riding bicycles, tricycles, skateboards, skates, and scooters (2007)
- Good Samaritan Law protecting families, caregivers, law enforcement and EMS personnel, and community members from drug possession charges when assisting drug users in getting medical help in the event of an overdose (2007)

Injury prevention is an ongoing task, and this book closes by listing goals for the next two years:

1. Unintentional injury

- Continue the successful promotion of seatbelts and child safety and booster seats to keep New Mexicans safer in cars and trucks
- Promote child helmet use
- Encourage the safe use and storage of all guns
- Address the rising trends in drug overdose death rates through community prevention activities
- Focus programs on the growing population of elderly New Mexicans by targeting prevention toward falls and fall-related injuries and overdose from mixing multiple prescription drugs

2. Intentional injury

- Improve data collection to support and inform community groups and educate New Mexicans on how to prevent domestic and sexual violence. Increase prevention and intervention activities targeting perpetrators and victims to reduce the occurrence of violent crimes
- Develop comprehensive suicide prevention programs that address suicide in youth and adults, and its impact on survivors
- Support community programs that develop protective factors in the lives of high school students to help prevent violent injuries and death and, as an extension, foster a safe environment in schools to improve attendance and education

continues on next page. . .

Conclusion and Definitions

3. Resources for injury prevention

- Mobilize resources to support injury prevention in New Mexico
- Establish more state and local programs that work on similar injury issues
- Engage more partners in injury prevention, such as colleges and universities, home builders and remodelers, senior citizens groups and tribal programs
- Seek new revenues for local and state injury prevention activities from public and private sources
- Use existing, tested approaches to injury prevention and incorporate evaluation as an integral part of all programs

4. Data collection to track the causes and costs of injuries

- Increase available data on non-fatal injuries from hospitals and emergency departments
- Help communities get more local data
- Address, via partnerships, the gap in injury cause reporting from hospitals
- Improve collection of injury cost data
- Position the state to collect injury data that can be analyzed with the newly developing State Traffic Records System that will have a central repository of law enforcement encounters

For more information, contact:

Office of Injury Prevention
New Mexico Department of Health
(505) 827-0006

Access this report on the internet at <http://www.health.state.nm.us/epi/injury.html>

Definitions

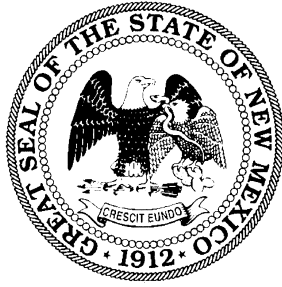
Interpersonal Violence: Domestic violence, intimate partner violence and stalking. An **intimate partner** is a current or ex-boyfriend or girlfriend, a current or ex-spouse, and includes same sex relationships. **Domestic violence** includes non-intimate partners like parents, siblings, and grandparents.

Sexual assault: Actual or threatened sexual or indecent acts by one person on or against another resulting in physical and/or mental trauma

Criminal Sexual Penetration (CSP)*: The unlawful and intentional causing of a person to engage in sexual intercourse, cunnilingus, fellatio or anal intercourse or the causing of penetration to any extent and with any object, of the genital or anal openings of another, whether or not there is any emission

Criminal Sexual Contact*: The unlawful and intentional touching or applying of force, without consent, to the unclothed intimate parts of another, or intentionally causing another to touch one's own intimate parts

**From New Mexico statute 30-9-11 through 30-9-13 NMSA 1978*



State of New Mexico

Governor

The Honorable Bill Richardson

New Mexico Department of Health

Alfredo Vigil MD, Secretary

Epidemiology and Response Division

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NEW MEXICO

DEPARTMENT OF

HEALTH