

**New Mexico Core Injury Indicators Report  
September 2014**

**Office of Injury Prevention  
Injury and Behavioral Epidemiology Bureau  
Epidemiology and Response Division  
New Mexico Department of Health**



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## **Executive Summary**

This report was produced by the Office of Injury Prevention.

For this report, deaths, hospitalizations and emergency department (ED) visits of New Mexico residents that occurred in 2010-2012 were analyzed by all injuries and the following categories:

- Causes: motor vehicle, poisoning, firearm, fall, drowning, fire
- Violence-related: suicide and suicide attempt, homicide and assault injuries
- Injury diagnoses: hip fractures and traumatic brain injuries (TBI).

Death rates in New Mexico from 2003 to 2011 were compared to the national rates. The causes of injuries that resulted in a hospitalization or ED visit were analyzed using external cause of injury codes (E-codes) from the International Classification of Diseases, 9th Revision, Clinical Modification. These codes identify the cause of the injury, such as motor vehicle crash or fall. Each cause of injury death, hospitalization and ED visit was analyzed by age and sex.

### **Key Findings:**

- 5,654 New Mexico residents died from an injury in 2010-2012, 30,305 were hospitalized due to an injury, and 500,713 were treated and released from an emergency department for an injury. The rate of injury death for males was 2.3 times higher than for females. The hospitalization rate for males was similar to the rate for females.
- 68% of the injury deaths were unintentional, 30% were violence-related (suicide, homicide, or legal intervention), and the remainder were of undetermined intent.
- Poisoning was the leading cause of unintentional injury death, followed by motor vehicle traffic injury and fall-related injury.
- Unintentional fall-related injury was the leading cause of injury death, injury hospitalization and emergency department visits due to an injury among adults aged 65+ years.
- Unintentional fall-related injury was the leading cause of ED visits among all age groups except among persons aged 15 to 24 years.
- Suicides accounted for 70% of firearm-related deaths, homicides accounted for 26% of firearm-related deaths, legal intervention accounted for 2% of firearm-related deaths, 1% of firearm-related deaths were unintentional, and the intent of 1% of firearm-related deaths was undetermined.

- Suicide among males was three times higher than among females. Males accounted for 76% of the suicides.
- Firearm was the leading method of homicide.
- Persons aged 85+ years of age had the highest death, hospitalization and emergency department visit rates due to TBI.
- Traumatic brain injury deaths occurred most frequently due to firearms, fall-related injury and motor vehicle traffic injury.

## **Introduction**

Injuries affect everyone regardless of age, gender, race, or economic status. Unintentional injuries are the leading cause of death among New Mexico (NM) residents ages 1 through 44 years, and are the third leading cause of death for all ages. Suicide is the eighth leading cause of death in NM for all ages.

Injuries can be described by the cause of the injury, including motor vehicle traffic, fall, firearm, poisoning, drowning, or fire. Injuries can also be described by the physical nature of the injury, including traumatic brain injuries (TBI) and hip fractures. In addition to cause, injuries can be categorized by intent: unintentional, intentional (homicide, suicide, legal intervention) or undetermined intent.

## **Data Sources and Methodology**

For this report, death data for New Mexico residents were obtained from the New Mexico Bureau of Vital Records and Health Statistics. National death data were obtained from the Web-based Injury Statistics Query and Reporting System (WISQARS) maintained by the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC). Hospital inpatient discharge data and emergency department (ED) visit data for New Mexico residents were utilized for this report. The source for the population size of New Mexico was the U.S. Census Bureau.

For injury deaths, hospitalizations and ED visits, the injury cases were identified using the International Classification of Disease (ICD) codes. The code groups were established by the CDC's National Center for Injury Prevention and Control as standard indicators for states to use in tracking injuries. The ICD-tenth revision (ICD-10) was used for deaths. For hospital discharges and emergency department visits, the code groups were from the ICD-ninth revision, clinical modification (ICD-9-CM).

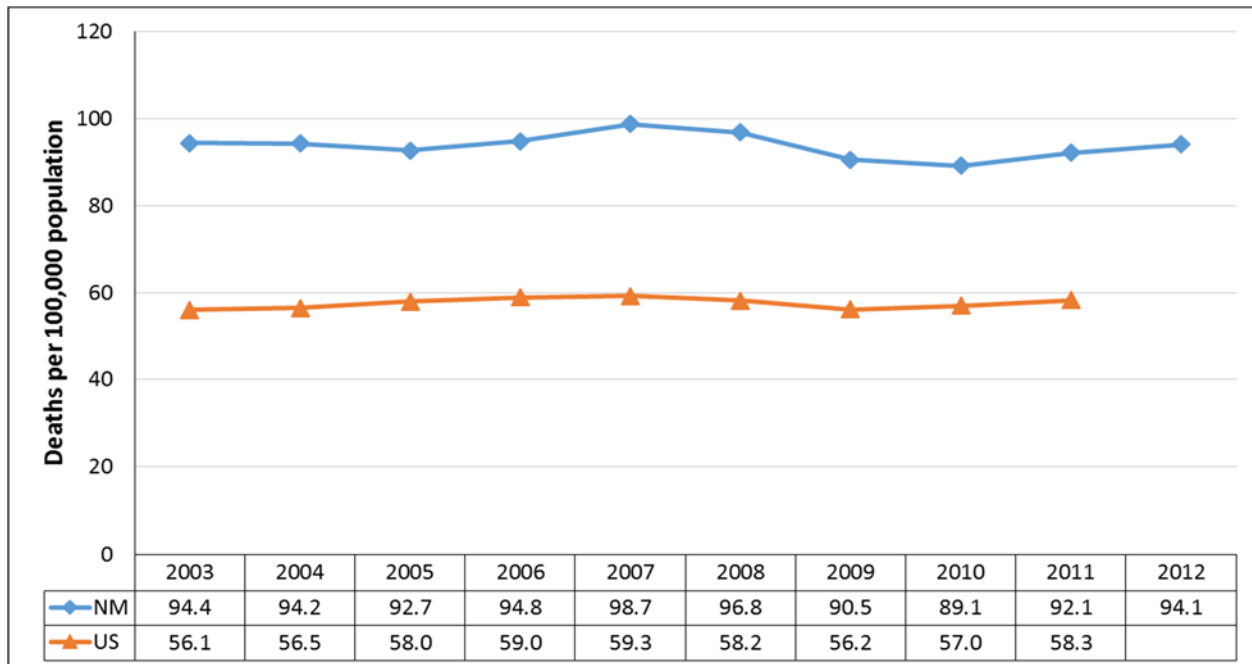
Injuries listed as the underlying cause of death were included in the analysis for each type of injury, except for TBI. For injury deaths, the external cause (e.g. fall) rather than the injury diagnosis (e.g. skull fracture) is used as the underlying cause of death because prevention efforts are primarily directed at the cause of injury death. TBI deaths were obtained from the multiple cause of death file. TBI deaths were identified by searching all contributing cause fields of death records for TBI codes where injury was the underlying cause of death.

Hospitalizations that had an injury listed as the principal diagnosis at the time of discharge were included in the analysis. Case inclusion was further refined using external cause of injury codes (E-codes). All diagnostic fields where injury is the principal diagnosis were searched to identify the TBIs. ED visits that had an injury listed as the principal diagnosis or an E-code in any field were included in the analysis.

Several limitations impact the use of hospital inpatient discharge data (HIDD) for determining numbers and rates of hospitalizations for injuries in New Mexico. E-coding is used to identify the cause of injury hospitalization, which is provided by hospitals on a voluntary basis. The percentage of injury hospitalizations that had a valid E-code has greatly increased with the addition of two more E-code fields in 2009. The percentage of injury hospitalizations with an E-code ranged from 93% to 94% during 2010-2012, The percentage of injury ED visits with an E-code ranged from 71% to 93% during 2010-2012.

Another limitation is that the HIDD and ED-visit data do not include data from federal hospitals, such as the Veterans Administration Hospital and Indian Health Service hospitals. Also, New Mexico residents who are hospitalized in out-of-state hospitals are not included in the HIDD. These limitations result in the undercounting of injury hospitalization and ED visit cases among NM residents.

**Figure 1. Injury Death Rates, New Mexico and United States, 2003-2012**

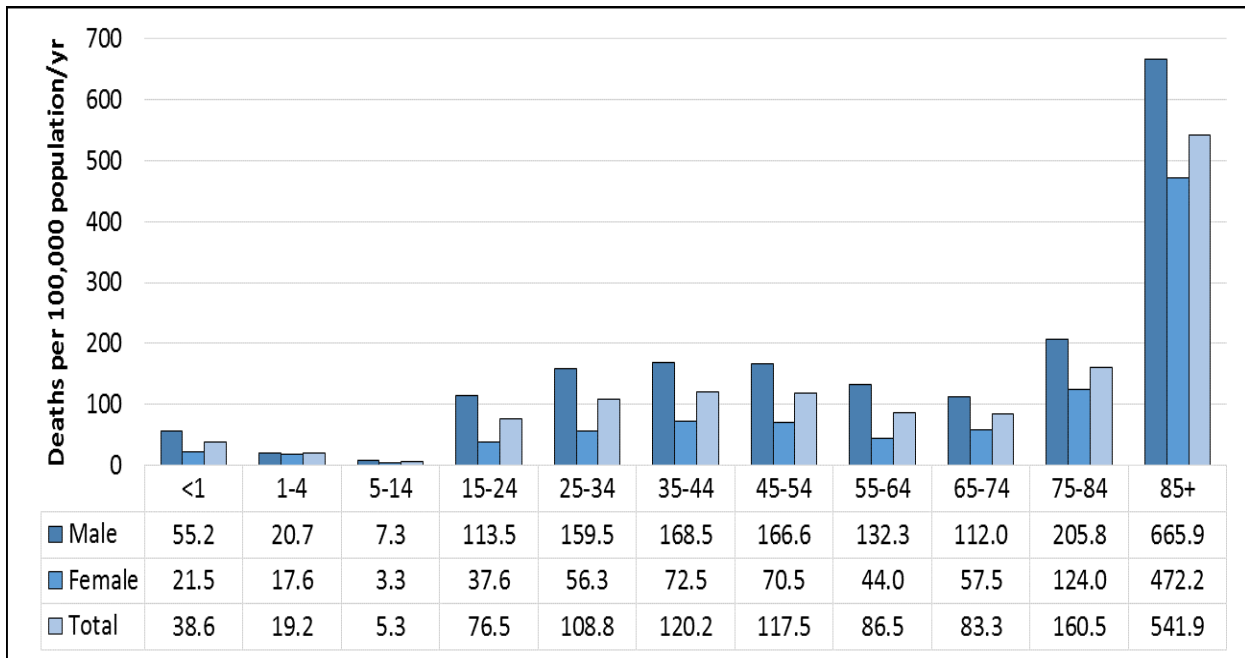


**Highlights:**

- The unintentional injury death rate in New Mexico was consistently higher than the national rate from 2003 through 2012.
- The injury death rate per 100,000 population in New Mexico was 1.6 times higher than the U.S. rate in 2011.



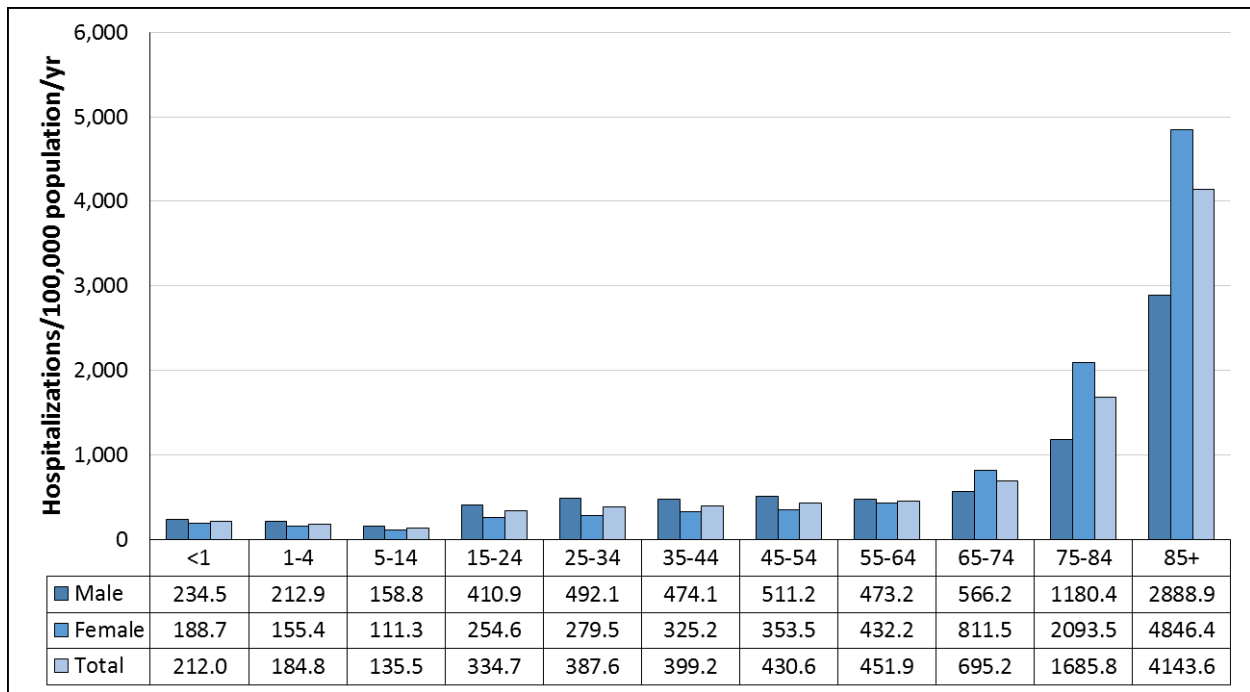
**Average Annual Injury Death Rate by Age and Sex, New Mexico, 2010-2012**  
 (Total Injury Deaths in NM = 5,654)



**Highlights:**

- From 2010 through 2012 the injury death rate was 2.3 times higher for males (average annual rate of 128.7/100,000 population) than for females (average annual rate of 56.4/100,000 population).
- The injury death rate was highest among persons aged 85+ years.
- Males in all age groups were more likely to die from injury than females.

**Injury Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012**  
*(Total Injury Hospitalizations in NM = 30,305)*

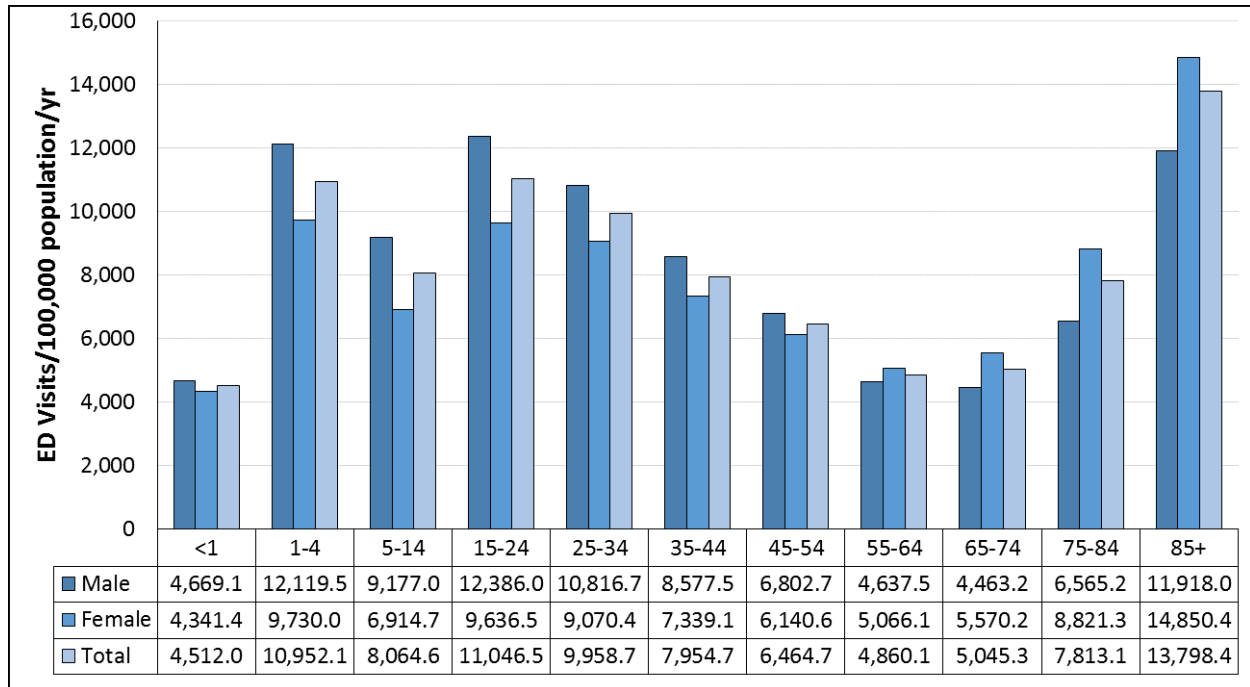


**Highlights:**

- The injury hospital discharge rate for 2010-2012 in New Mexico was 480.0/100,000 population.
- From 2010 through 2012, the injury hospital discharge rate for males (484.3/100,000 population) was similar to the rate for females (461.5/100,000 population).
- The injury hospital discharge rate was the highest among persons aged 85+ years, followed by persons aged 75-84 years.

## Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

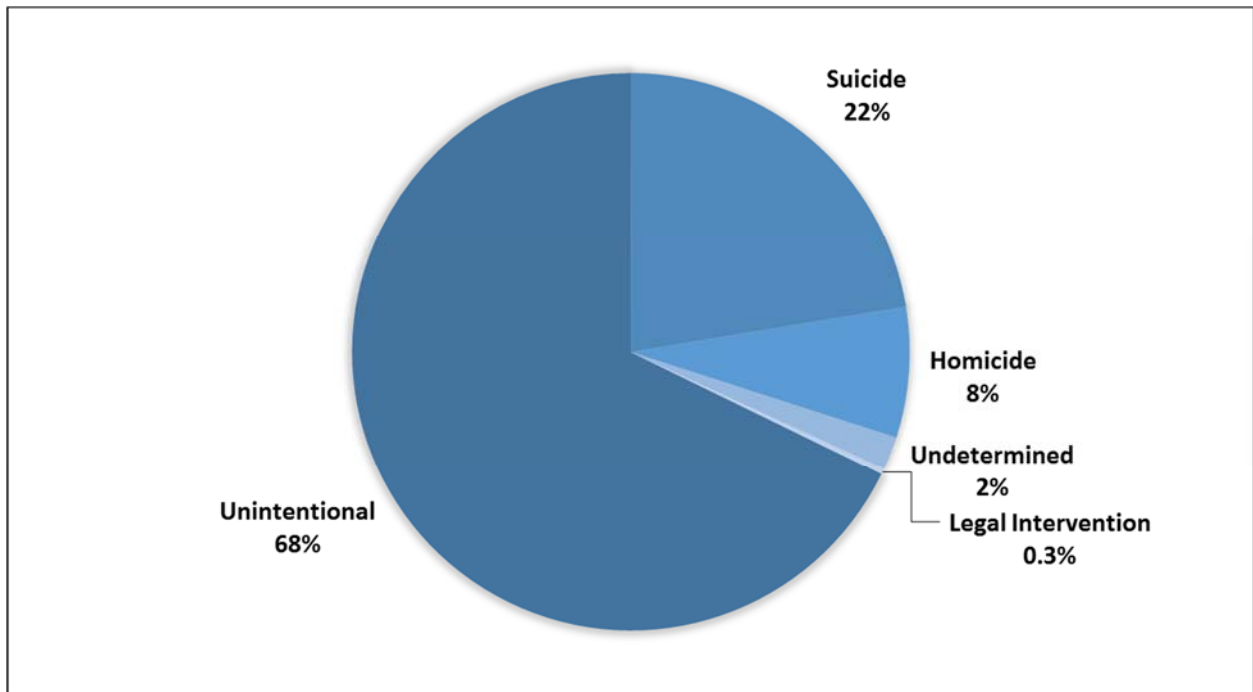
(Total Injury ED Visits in NM = 500,713)



### Highlights:

- From 2010 through 2012, the injury ED visit rate for males (8,745.1/100,000 population) was 10% higher than the rate for females (7,627.6/100,000 population).
- The injury ED-visit rate was highest among persons aged 85+ years followed by persons aged 15-24 years.

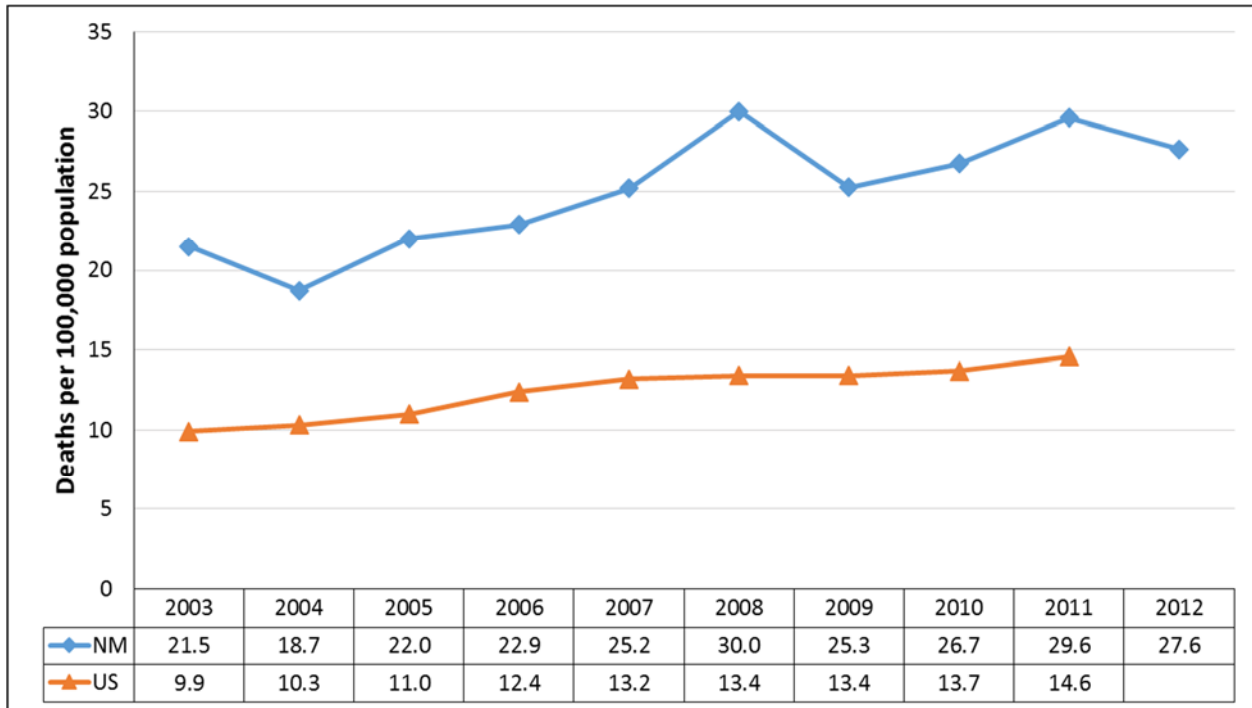
## Injury Deaths by Intent, New Mexico, 2010-2012



### Highlights:

- From 2010 through 2012 the majority of all injury deaths (68%) were due to unintentional injuries.
- Another 30% of injury deaths were the result of intentional injury. Suicide (22.4% of the injury deaths) was 2.9 times more common than homicide (7.6%).

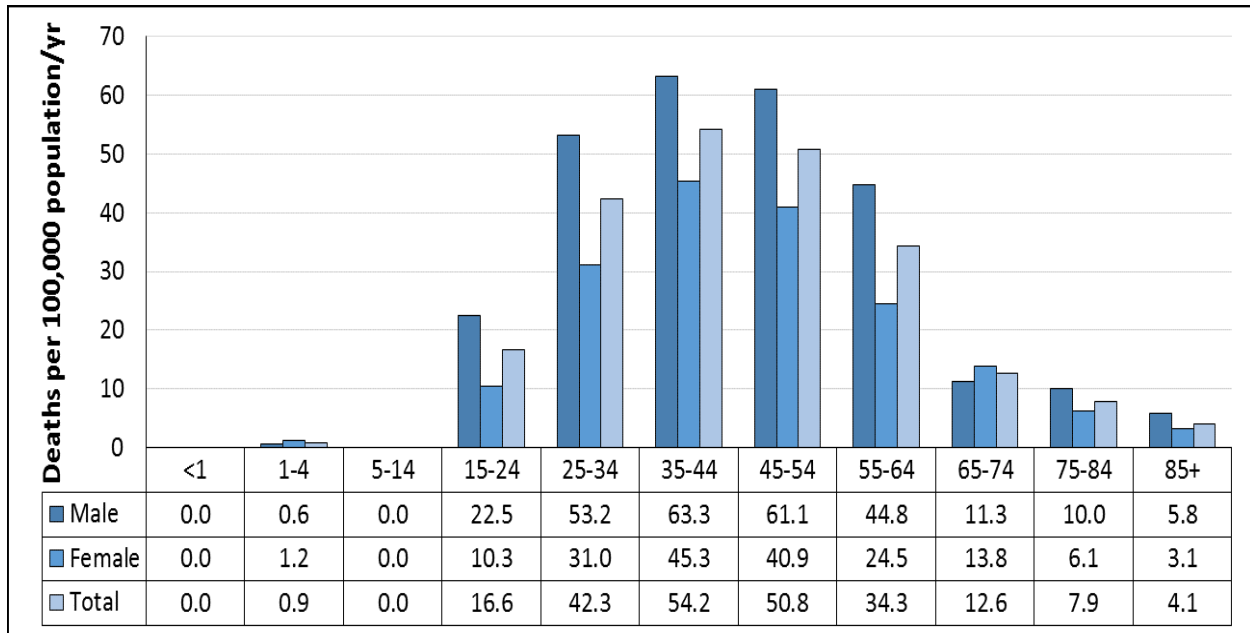
## Poisoning Death Rates, New Mexico and United States, 2003-2012



### Highlights:

- Poisoning has been the leading cause of unintentional injury death in New Mexico starting in 2007. Both unintentional and intentional poisoning deaths are included in the poisoning death rate in the figure.
- The poisoning death rate in New Mexico was 2.0 times higher than the national rate in 2011.
- From 2004 through 2008, the poisoning death rate increased 55.1 % in New Mexico and 30.1% in the United States. The rate in NM declined to 25.3/100,000 population in 2009 but increased to 29.6/100,000 population in 2011.
- In New Mexico, 88% of poisoning deaths were caused by drugs, where the largest subset of poisonings was unintentional drug overdose.

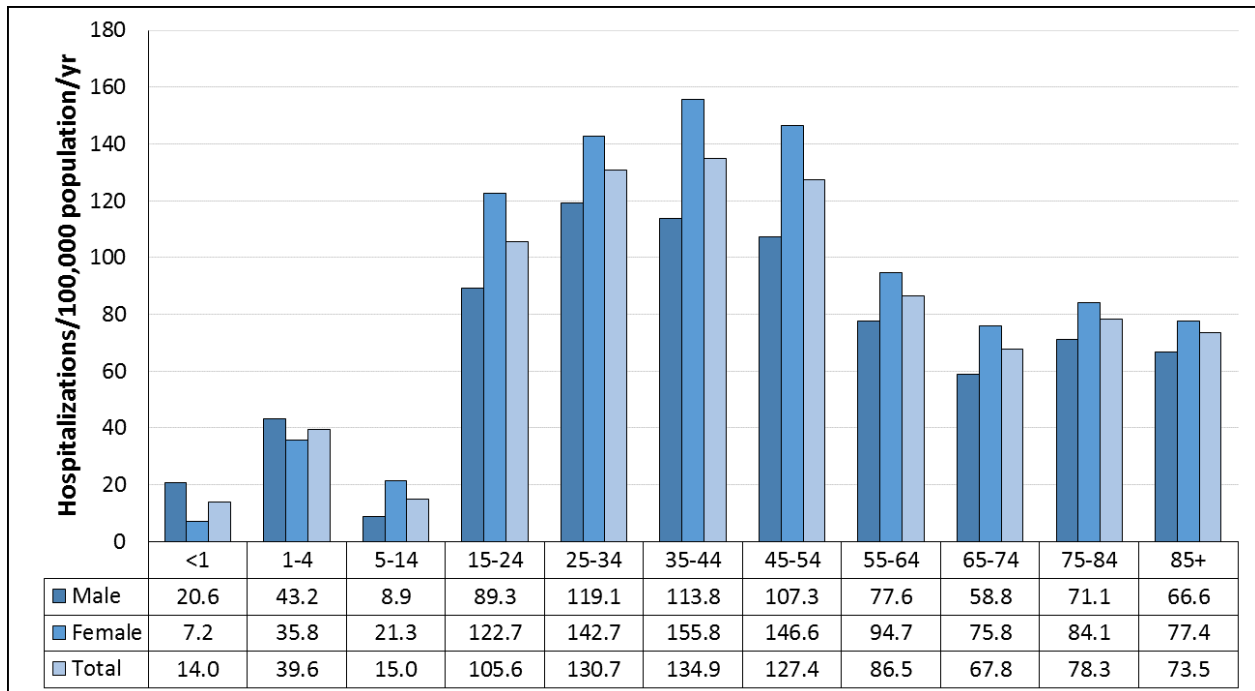
**Average Annual Poisoning Death Rates by Age and Sex, New Mexico, 2010-2012**  
 (Total Poisoning Deaths in NM = 1,685)



**Highlights:**

- The 2010-2012 poisoning death rate was 1.6 times higher for males (average annual rate of 34.1/100,000 population) than for females (average annual rate of 22.0/100,000 population).
- Persons aged 35-54 years had the highest poisoning death rate.

**Poisoning Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012**  
*(Total Poisoning Hospitalizations in NM = 5,647)*

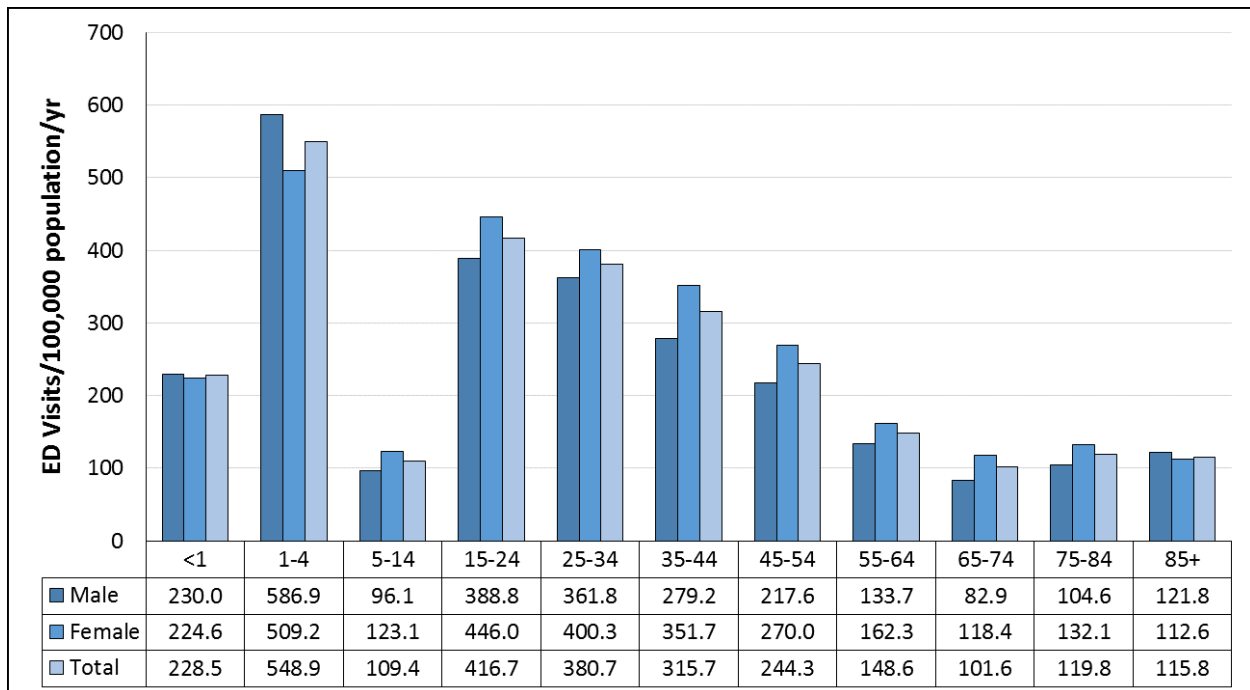


**Highlights:**

- In contrast to poisoning deaths, the poisoning hospitalization rate from 2010-2012 was 1.3 times higher for females (104.9/100,000 population) than for males (80.3/100,000 population).
- The highest poisoning hospitalization rate occurred among persons aged 35-44 years.

**Poisoning Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012**

*(Total Poisoning ED Visits in NM = 16,318)*

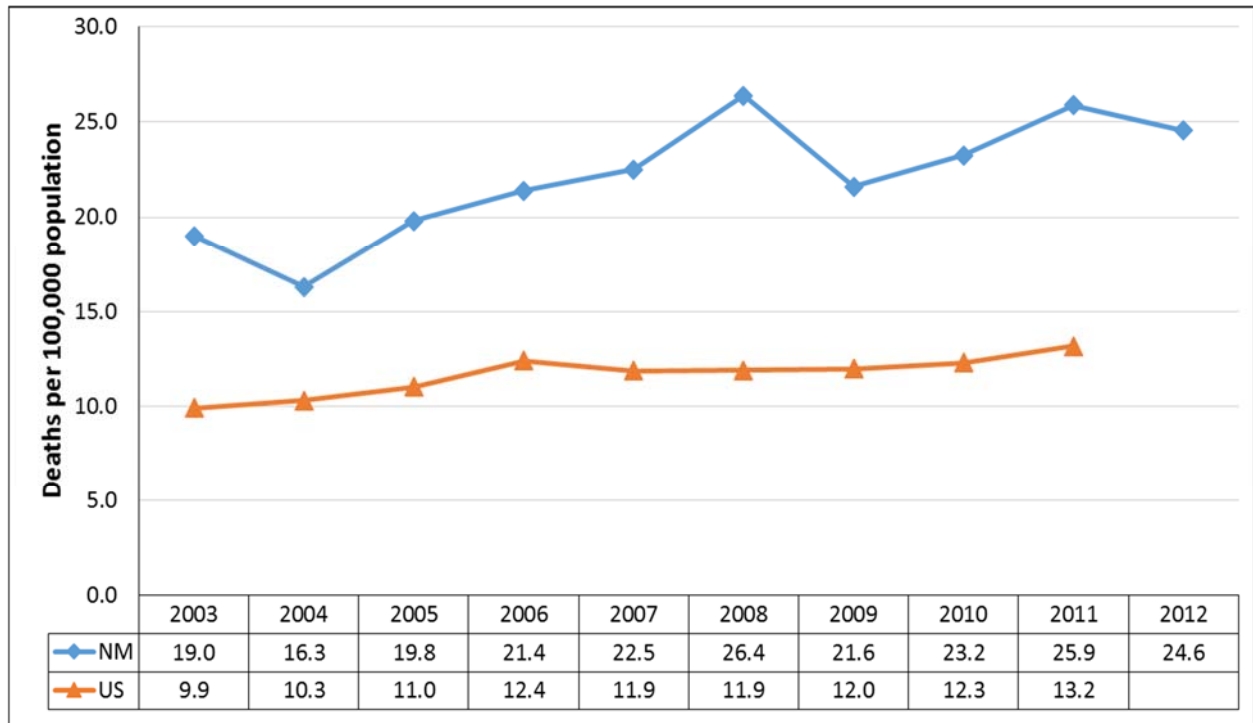


**Highlights:**

- The poisoning ED visit rate from 2010-2012 was 10% higher for females (288.5/100,000 population) than for males (251.0/100,000 population).
- The highest poisoning ED visit rate occurred among persons aged 1 to 4 years.



## Poisoning Drug Overdose Death Rates, New Mexico and United States, 2003-2012



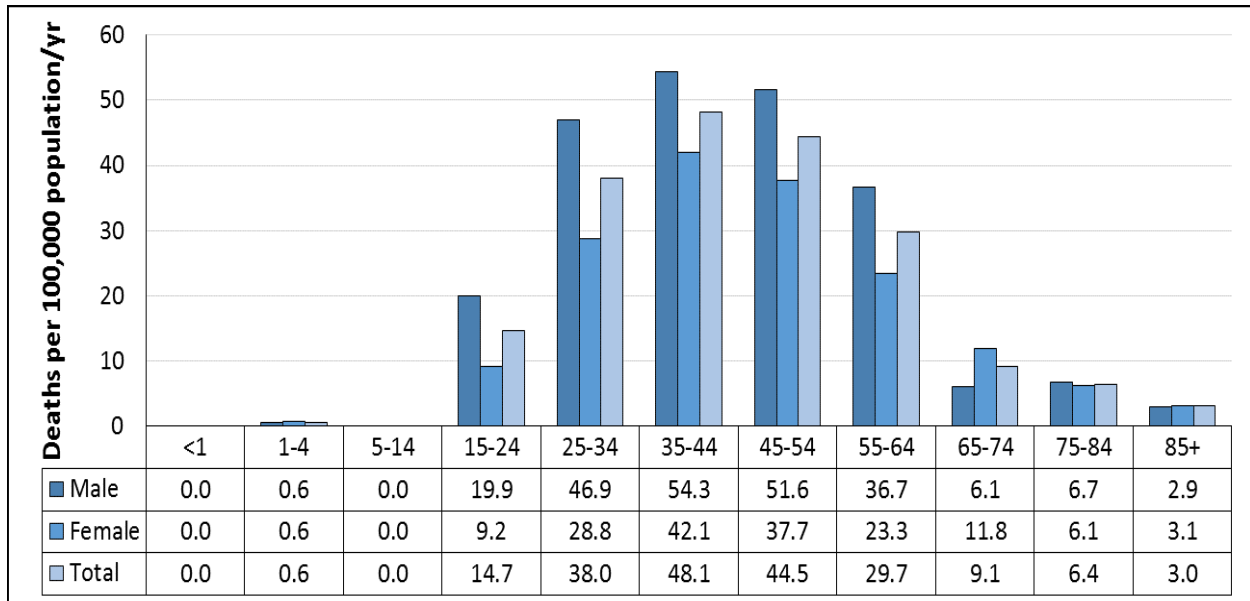
Rates are age-adjusted to the 2000 standard US population

### Highlights:

- The poisoning drug overdose death rate in New Mexico was 2.0 times higher than the national rate in 2011.

## Average Annual Poisoning Drug Overdose Death Rates by Age and Sex, New Mexico, 2010-2012

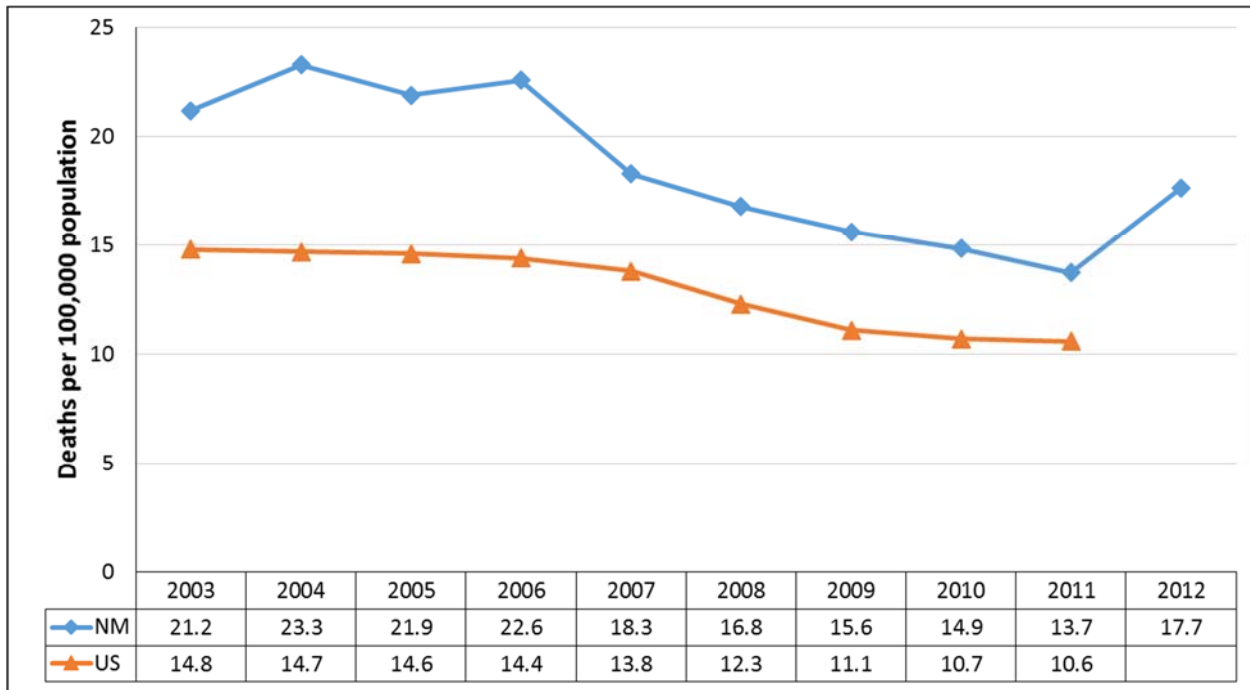
(Total Poisoning Overdose Deaths in NM = 1,475)



### Highlights:

- The 2010-2012 poisoning drug overdose death rate was 1.4 times higher for males (average annual rate of 28.9/100,000 population) than for females (average annual rate of 20.3/100,000 population).
- Persons aged 35-54 years had the highest poisoning drug overdose death rate.

## Motor Vehicle Traffic Injury Death Rates, New Mexico and United States, 2003-2012



Rates are age-adjusted to the 2000 standard US population

### Highlights:

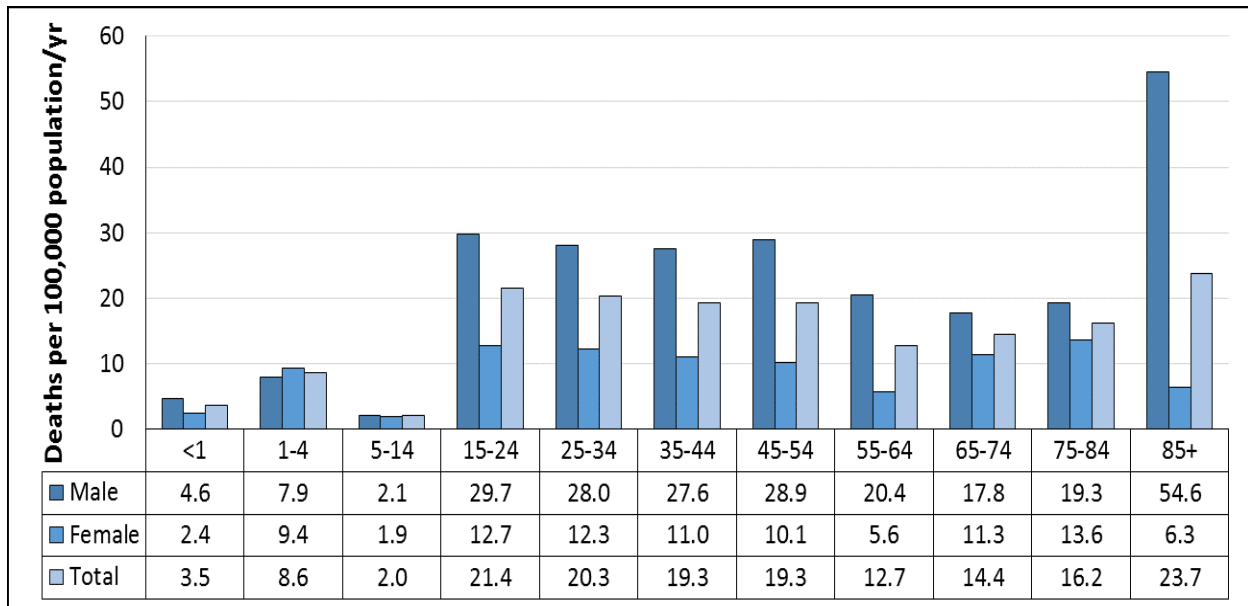
- Motor vehicle injury was the second leading cause of unintentional injury death in New Mexico in 2012.
- The motor vehicle injury death rate in New Mexico was 1.3 times higher than the national rate in 2011.
- The motor vehicle injury death rate in NM increased in 2012 after 5 years of decreasing.

### Other findings:

- According to the 2012 NM Behavioral Risk Factor Surveillance System Survey, 89.0% of NM residents reported always wearing a seatbelt when driving or riding in a car.

## Average Annual Motor Vehicle Traffic Injury Death Rates by Age and Sex, New Mexico, 2010-2012

(Total Motor Vehicle Traffic Injury Deaths in NM = 947)

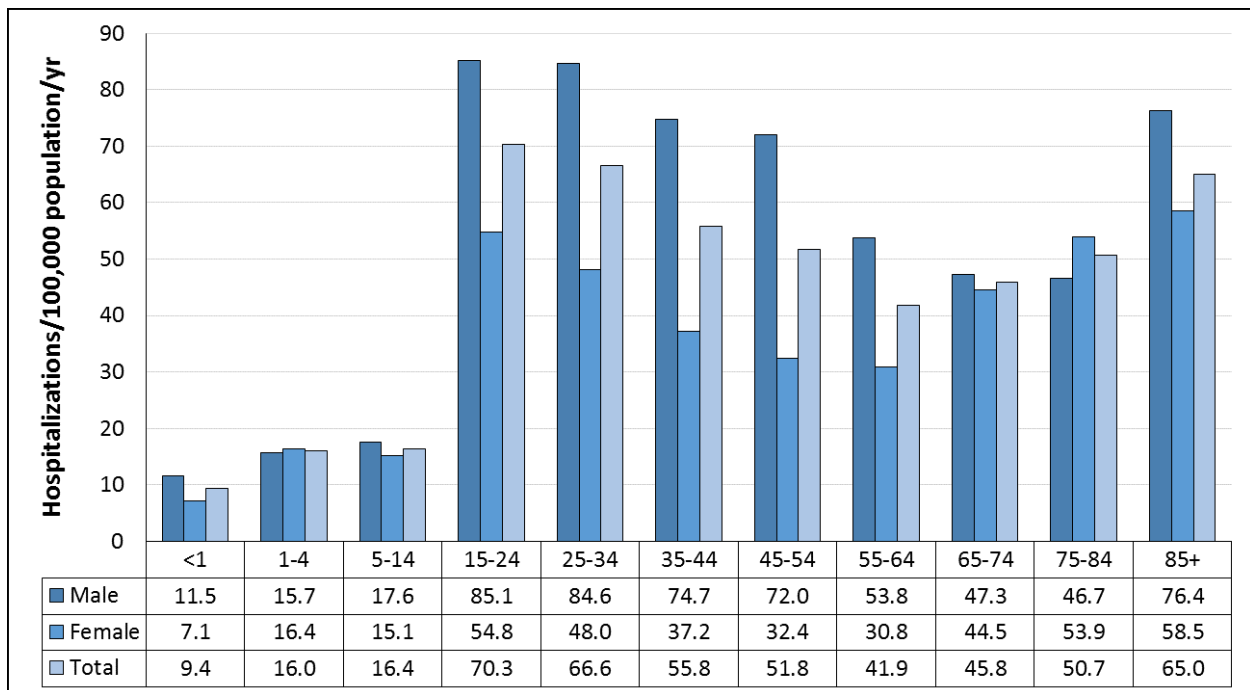


### Highlights:

- From 2010 through 2012 the motor vehicle injury death rate was 2.3 times higher for males (average annual rate of 21.8/100,000 population) than for females (average annual rate of 9.3/100,000 population).
- Motor vehicle traffic injury was the leading cause of unintentional injury death for persons aged 1 to 24 years.
- Persons aged 85+ years had the highest motor vehicle traffic injury death rate, followed by persons aged 15-24 years.

## Motor Vehicle Traffic Injury Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012

(Total Motor Vehicle Traffic Injury Hospitalizations in NM = 2,971)

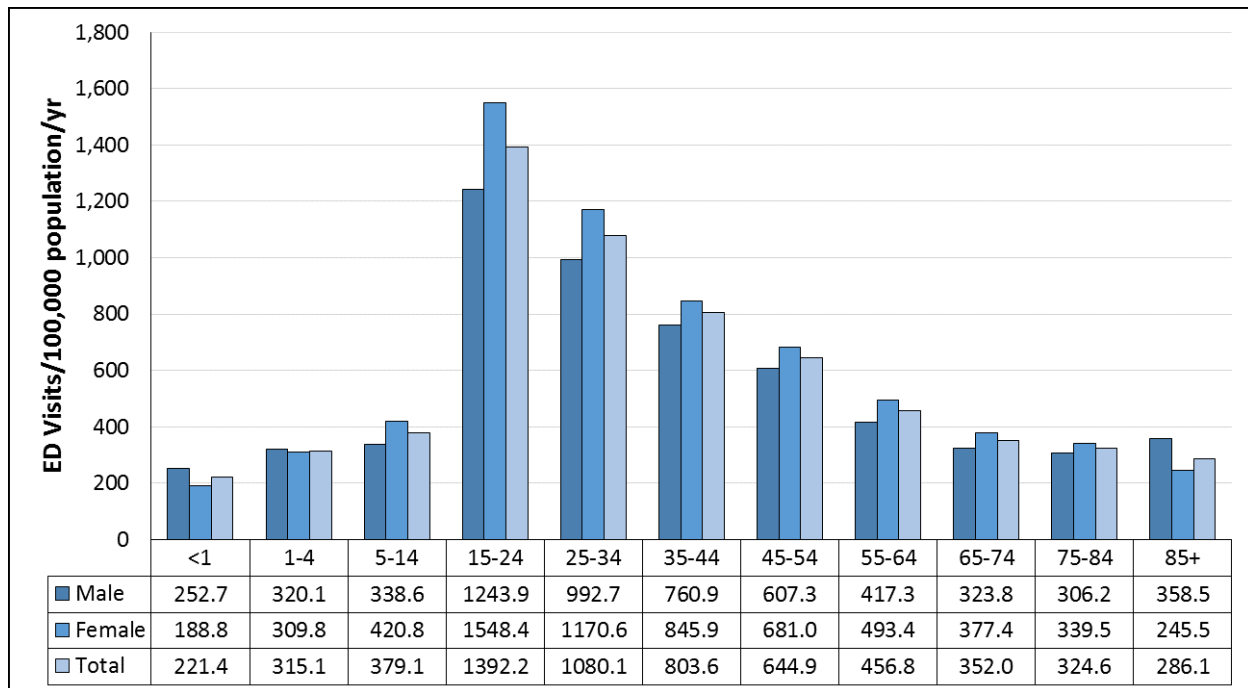


### Highlights:

- From 2010 through 2012 the motor vehicle injury hospitalization rate was 1.6 times higher for males (59.8/100,000 population) than for females (36.7/100,000 population).
- Persons aged 15-24 years had the highest motor vehicle injury hospitalization rate, followed by persons aged 25-34 years.

## Motor Vehicle Traffic Injury Emergency Department Visit Discharge Rates by Age and Sex, New Mexico, 2010-2012

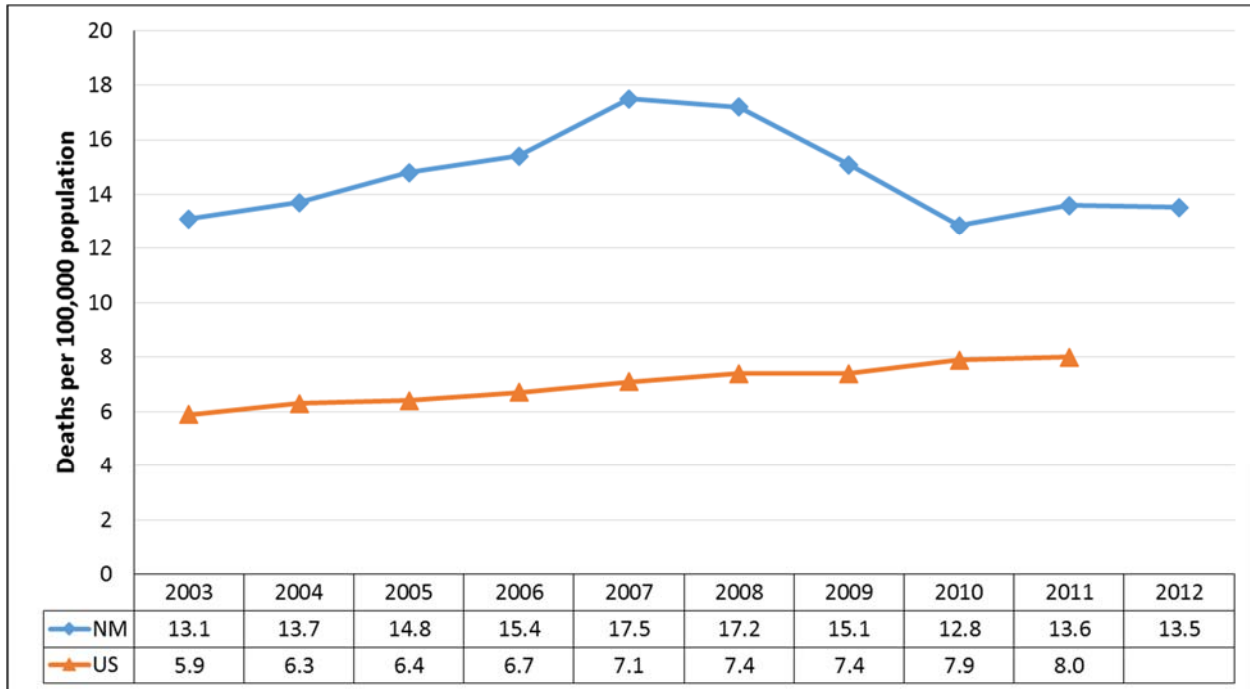
(Total Motor Vehicle Traffic Injury ED Visits in NM = 43,431)



### Highlights:

- In contrast to hospitalizations, during 2010-2012 the motor vehicle injury ED visit rate was 1.2 times higher for females (770.8/100,000 population) than for males (660.2/100,000 population).
- Persons aged 15-24 years had the highest motor vehicle injury ED visit rate followed by persons aged 25-34 years.

## Unintentional Fall-Related Death Rates, New Mexico and United States, 2003-2012



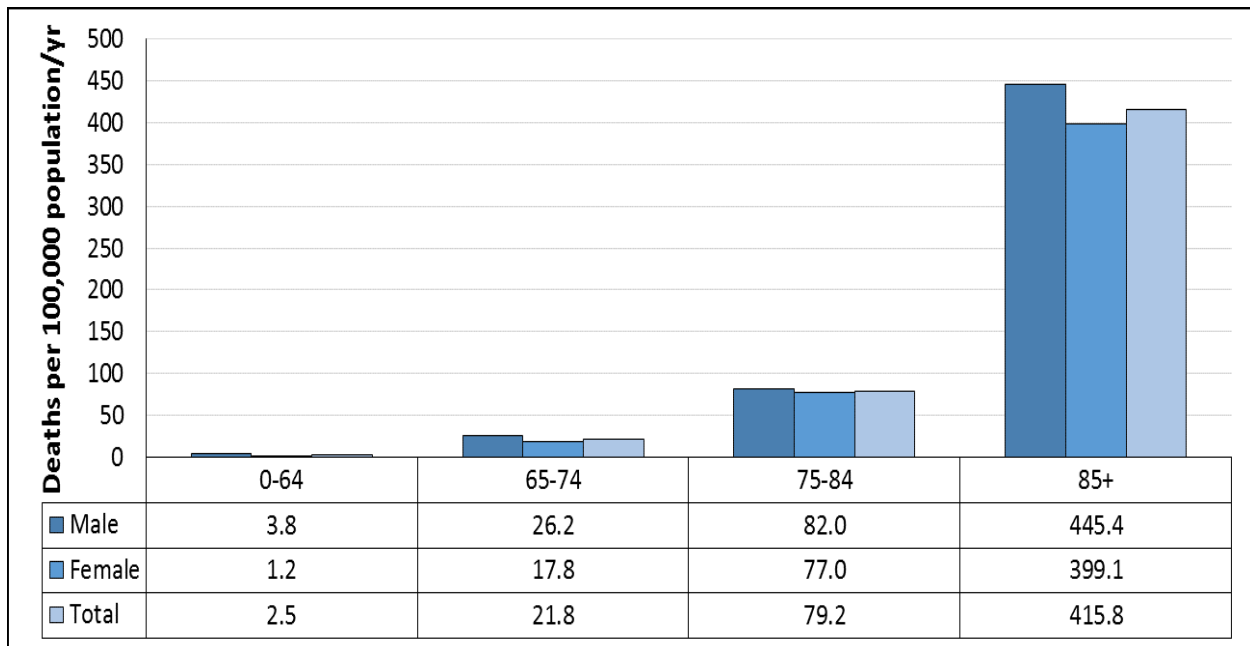
Rates are age-adjusted to the 2000 standard US population

### Highlights:

- Fall-related injury was the third leading cause of unintentional injury death in New Mexico in 2012.
- The unintentional fall-related death rate in New Mexico was 1.7 times higher than the national rate in 2011.
- The unintentional fall-related death rate increased 33.6% in New Mexico and 20.3% in the United States from 2003 through 2007. The rate in NM declined 25.1% from 2007 through 2010, while the US fall-related death rate continued to increase during this time period.

## Average Annual Fall-Related Death Rates by Age and Sex, New Mexico, 2010-2012

(Total Fall-Related Deaths in NM = 867)



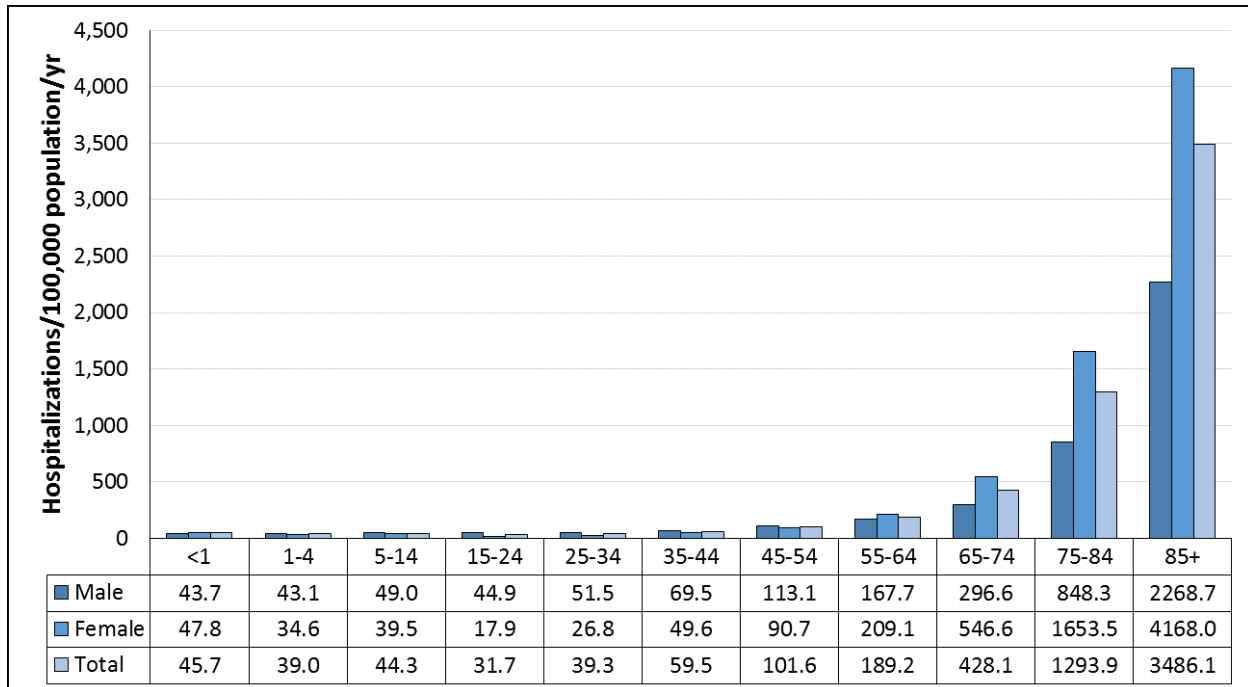
### Highlights:

- The 2010-2012 fall-related death rate was 1.3 times higher for males (average annual rate of 15.3/100,000 population) than for females (average annual rate of 11.7/100,000 population).
- Fall-related deaths increased dramatically with age.
- Falls were the leading cause of injury deaths among adults aged 65+ years.
- In New Mexico, 85% of all fall-related deaths were among persons aged 65+ years from 2010 through 2012.



## Fall-Related Injury Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012

(Total Fall-Related Injury Hospitalizations in NM = 12,984)

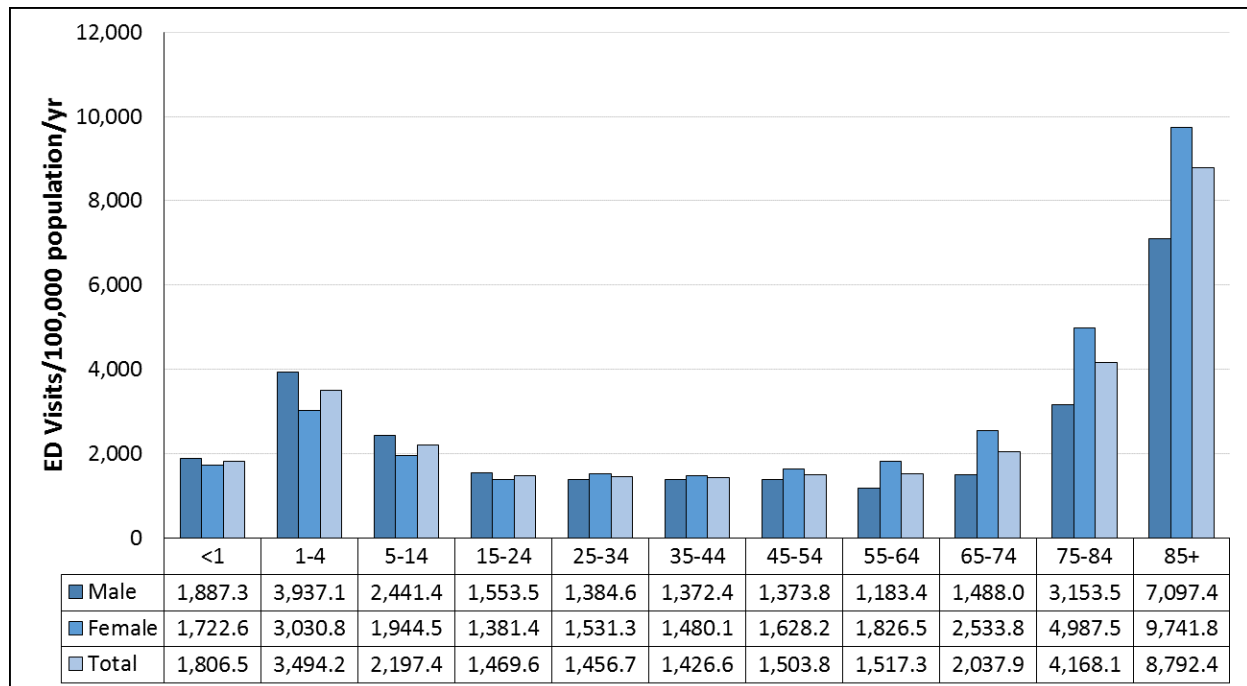


### Highlights:

- The 2010-2012 fall hospitalization rate was 1.4 times higher for females (227.8/100,000 population) than for males 157.3/100,000 population).
- The fall hospitalization rate rapidly increased beginning at age 65 years. Persons aged 85+ years had the highest fall-related hospitalization rate.

## Fall-Related Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

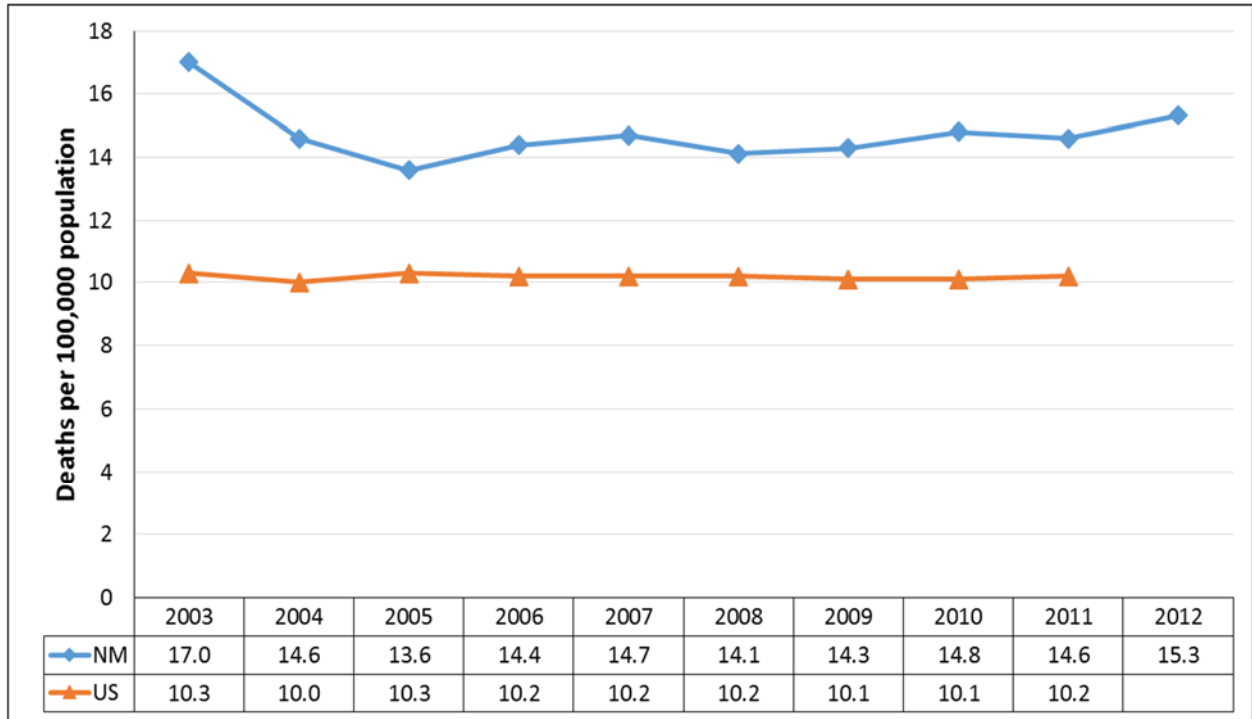
(Total Fall-Related injury ED Visits in NM = 122,635)



### Highlights:

- The 2010-2012 fall ED visit rate was 10% higher for females (2,035.2/100,000 population) than for males (1,863.7/100,000 population).
- Persons aged 85+ years had the highest fall ED visit rate.
- Falls were the leading cause of injury ED visits among all ages combined and for each age group except persons aged 15-24 years. The leading cause of ED visits among persons aged 15-24 years was struck by, or against, an object.

## Firearm-Related Injury Death Rates, New Mexico and United States, 2003-2012



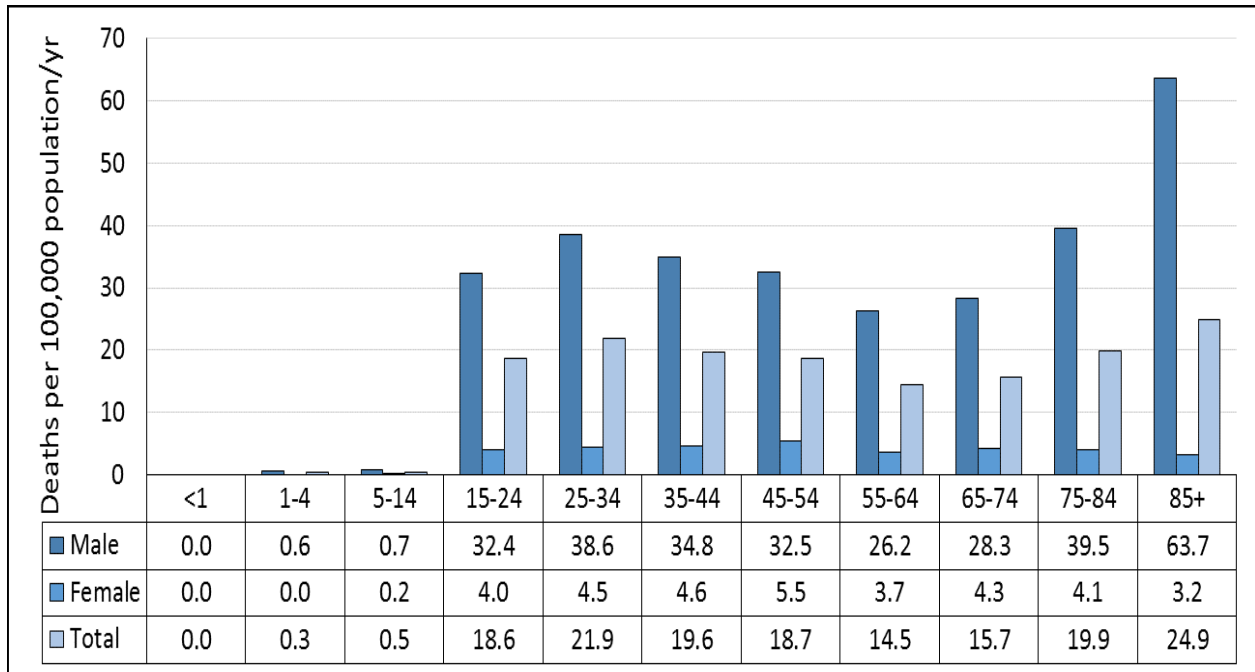
Rates are age-adjusted to the 2000 standard US population

### Highlights:

- The firearm-related injury death rate in New Mexico was 1.4 times higher than the national rate in 2011.

## Average Annual Firearm-Related Death Rates by Age and Sex, New Mexico, 2010-2012

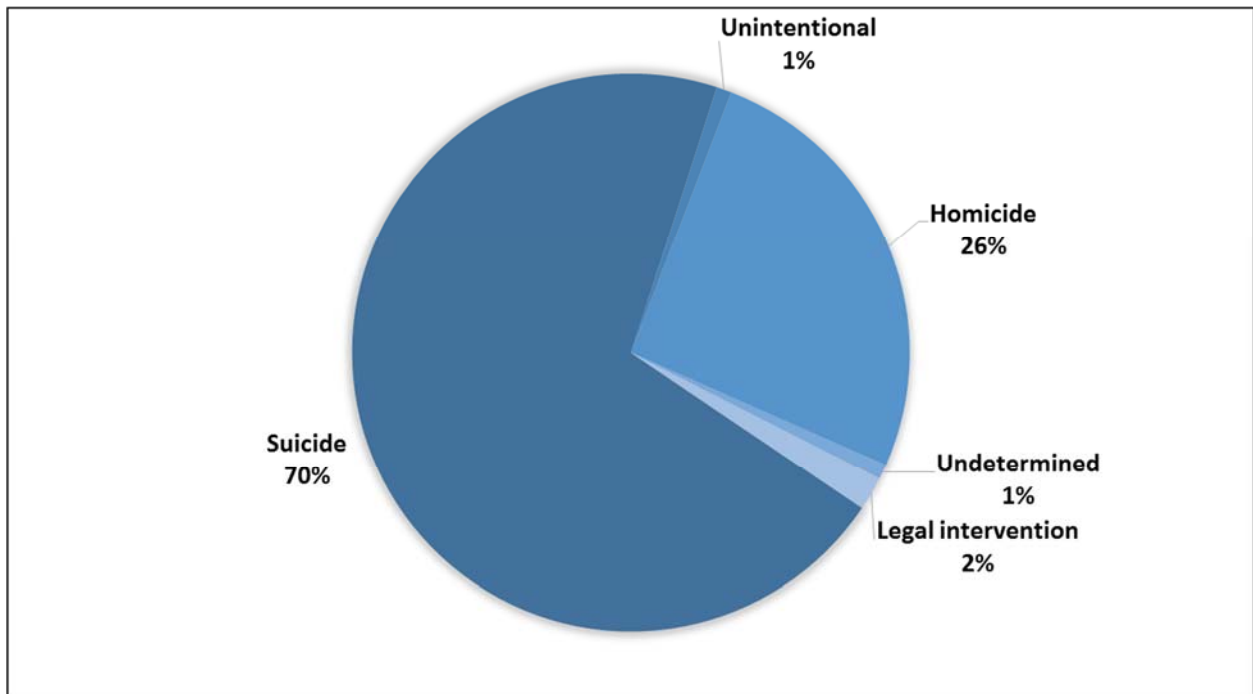
(Total Firearm-Related Deaths in NM = 919)



### Highlights:

- The 2010-2012 firearm-related injury death rate was 7.6 times higher for males (average annual rate of 26.8/100,000 population) than for females (average annual rate of 3.5/100,000 population).
- Males accounted for 88% of firearm injury deaths from 2010 through 2012.
- Males aged 85+ years had the highest firearm-related injury death rate.

## Firearm-related Injury Deaths by Intent, New Mexico, 2010-2012

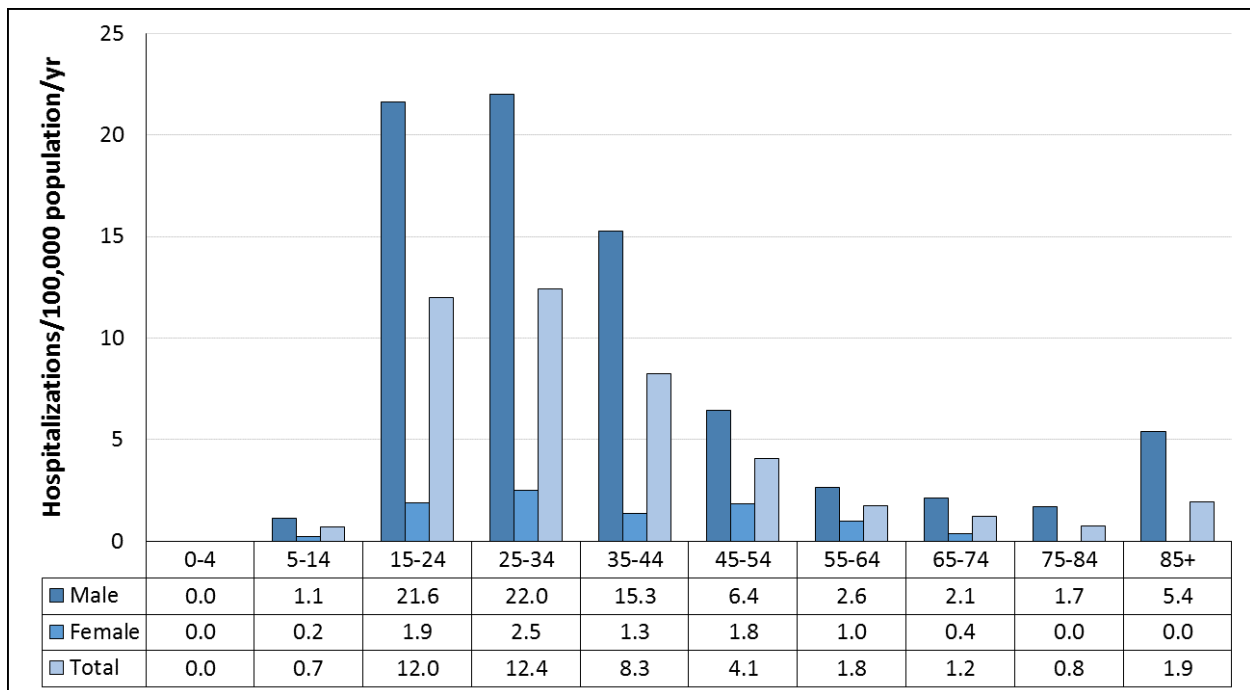


### Highlights:

- Violence (96%) accounted for most of the firearm-related injury death in New Mexico.

## Firearm-Related Injury Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012

(Total Firearm-Related Injury Hospitalizations in NM = 332)

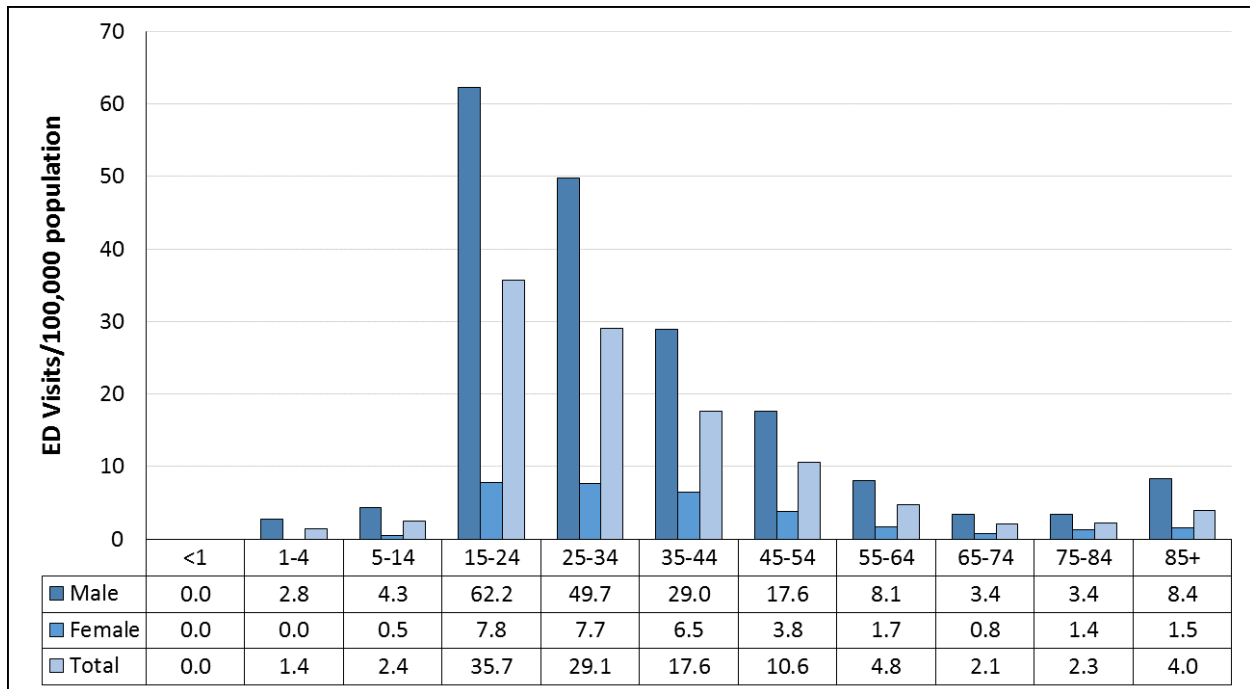


### Highlights:

- During 2010-2012, the firearm-related injury hospitalization rate was 8.3 times higher for males (10.0/100,000 population) than for females (1.2/100,000 population).
- Males aged 15 to 24 years had the highest firearm-related injury hospitalization rate.
- Males accounted for 89% of firearm-related injury hospitalizations during 2010-2012.
- No firearm-related injury hospitalizations occurred among 0 to 4 year olds during from 2010 through 2012.

## Firearm-Related Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

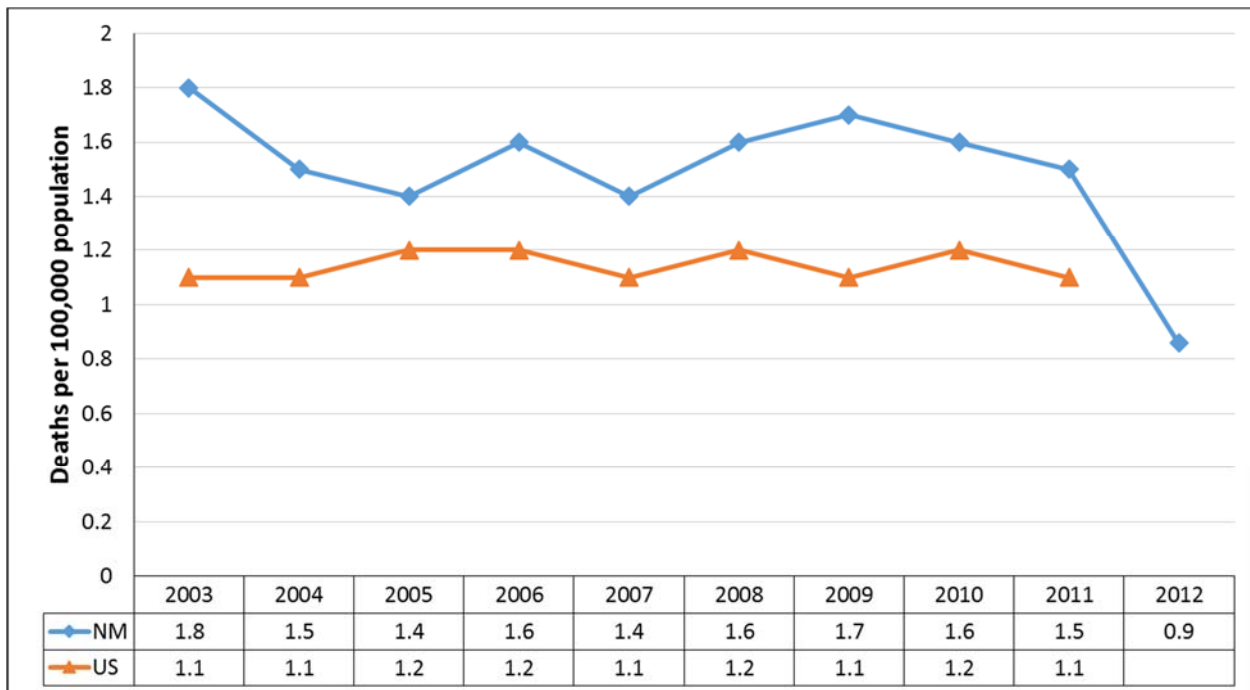
(Total Firearm-Related Injury ED visits in NM = 854)



### Highlights:

- The 2010-2012 firearm-related injury ED visit rate was 6.0 times higher for males (24.5/100,000 population) than for females 4.0/100,000 population).
- The firearm-related injury ED visit rate was highest among persons aged 15-24 years.

## Unintentional Drowning Death Rates, New Mexico and United States, 2003-2012



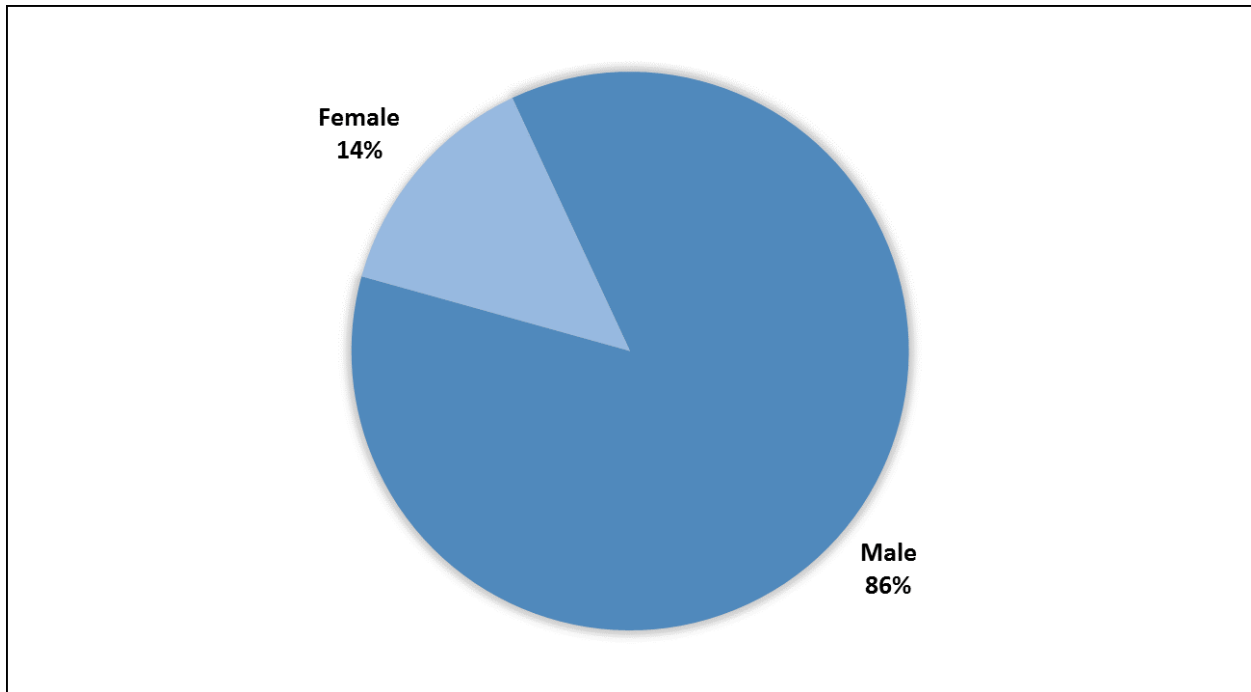
Rates are age-adjusted to the 2000 standard US population

### Highlights:

- Drowning was the fifth leading cause of unintentional injury death in New Mexico in 2012.
- The 2011 drowning death rate in New Mexico (1.6/100,000 population) was 1.5 times higher than the national rate (1.1/100,000 population).



**Unintentional Drowning by Sex, New Mexico, 2010-2012**  
(Total Unintentional Drowning Deaths in NM = 80)



**Highlights:**

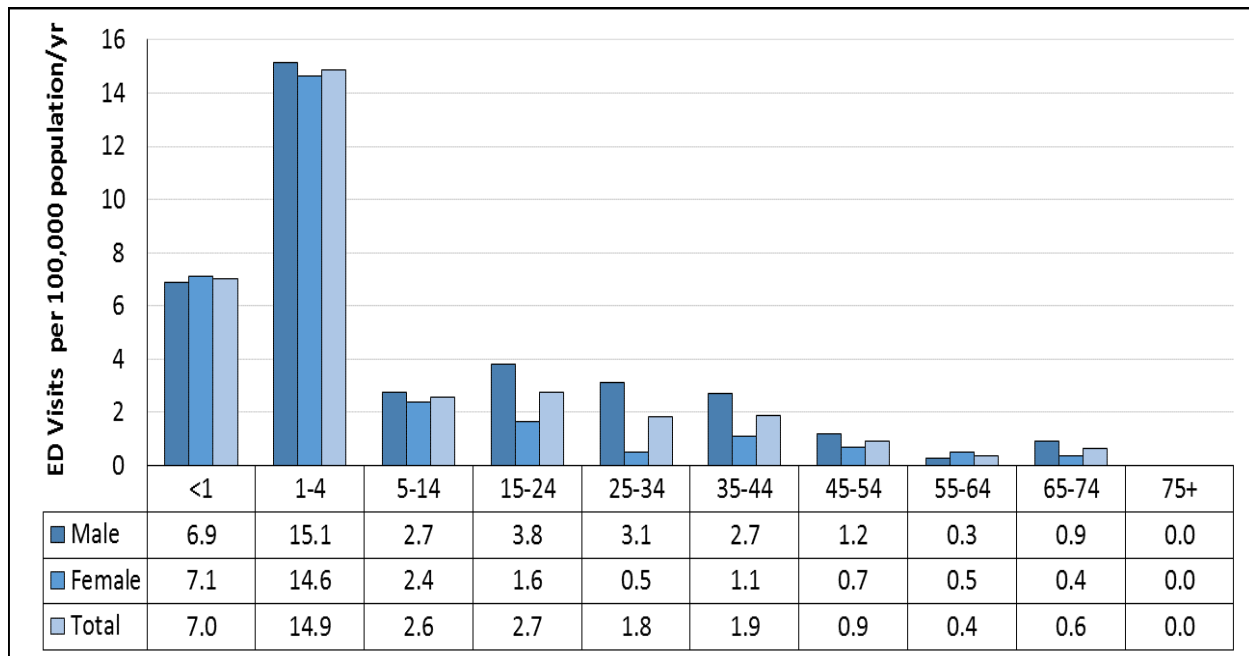
- The 2010-2012 drowning-related death rate was 6.6 times higher for males (average annual rate of 2.3/100,000 population) than for females (average annual rate of 0.3/100,000 population).
- Males accounted for 86% of drowning deaths during 2010-2012.

**Unintentional Drowning-related Hospitalizations:**

- From 2010 through 2012, there were 23 hospitalizations for drowning-related injuries in New Mexico.
- Males accounted for 78% of the drowning-related hospitalizations during 2010-2012.

## Drowning-Related Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

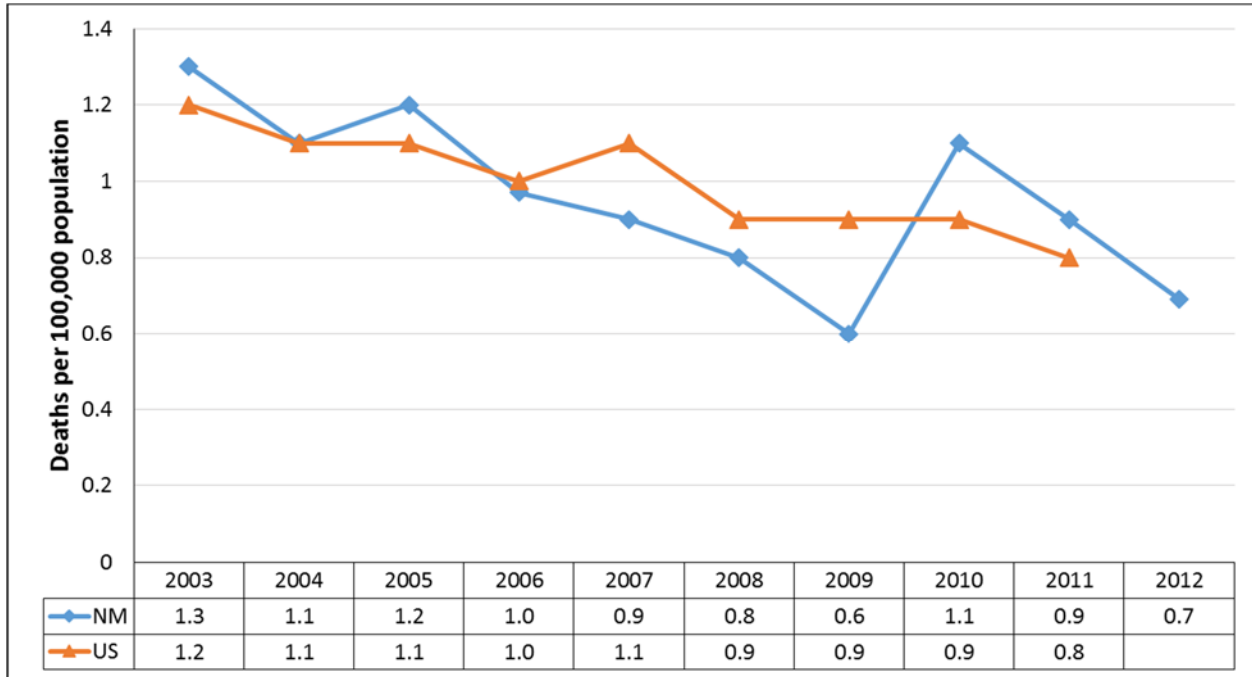
(Total Drowning-Related Injury ED visits in NM = 147)



### Highlights:

- The 2010-2012 drowning-related ED visit rate was 1.6 times higher for males (average annual rate of 3.0/100,000 population) than for females (average annual rate of 1.9/100,000 population).
- Males accounted for 61% percent of the drowning-related ED visits during 2010-2012.

## Unintentional Fire-Related Death Rates, New Mexico and United States, 2003-2012

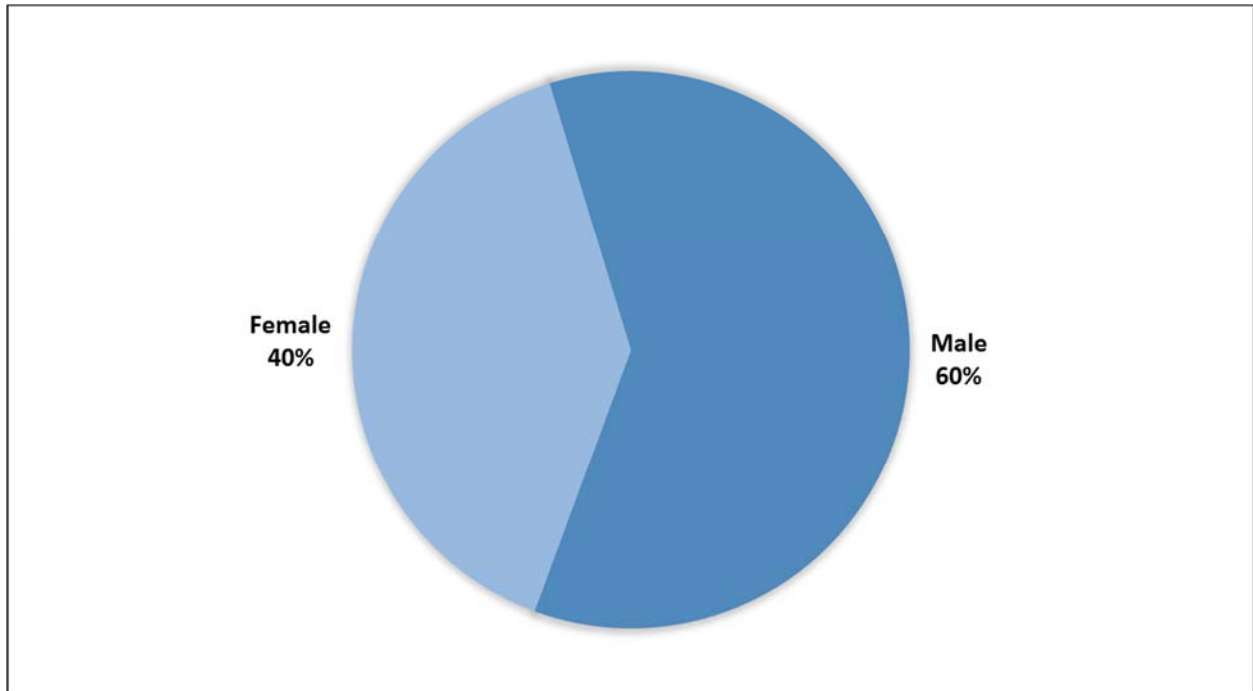


Rates are age-adjusted to the 2000 standard US population

### Highlights:

- The unintentional fire-related death rate in New Mexico was 10% higher than the U.S. rate in 2011.
- The unintentional fire-related death rate in New Mexico declined 54% from 2003 through 2009 while the U.S. rate declined 25% during this time. The unintentional fire-related death rate in New Mexico then increased in 2010, but decreased 37% from 2010 through 2012.

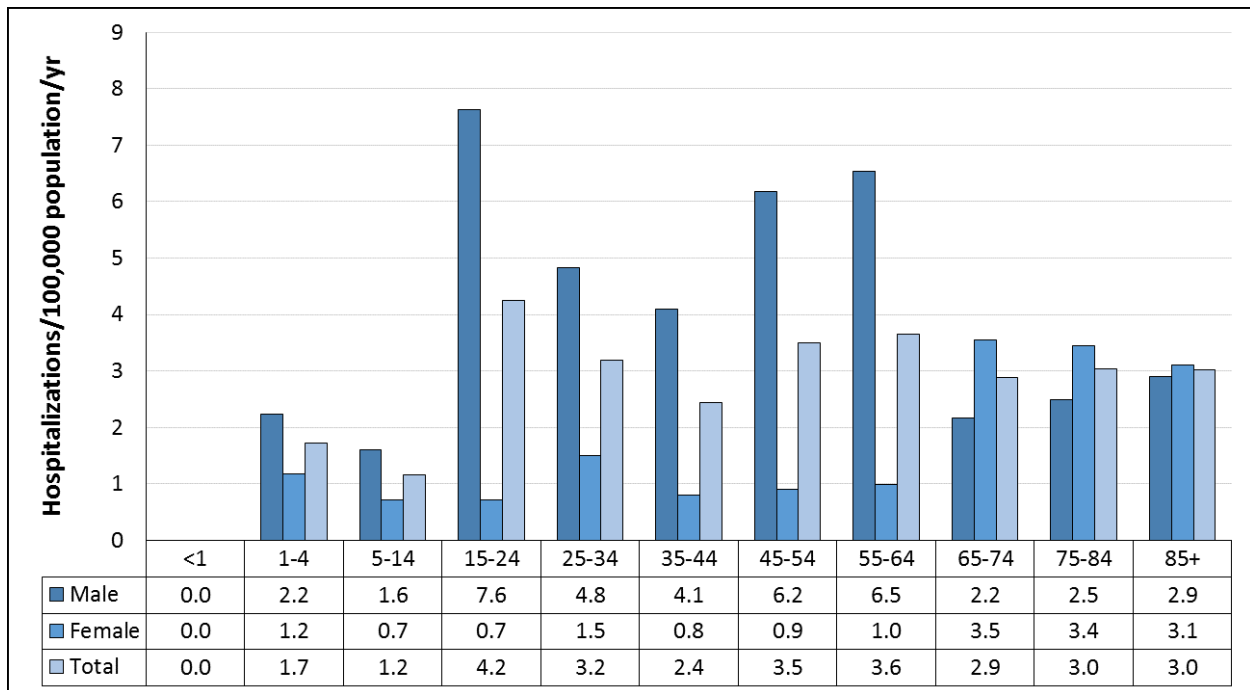
**Unintentional Fire-Related Deaths by Sex, New Mexico, 2010-2012**  
(Total Fire-Related Deaths in NM= 58)



**Highlights:**

- Males accounted for 60% of the fire-related deaths during 2010-2012.
- The 2010-2012 fire-related death rate was 1.7 times higher for males (average annual rate of 1.2/100,000 population) than for females (average annual rate of 0.7/100,000 population).
- The 2010-2012 fire-related death rate was highest among persons aged 75-84 years (6.4/100,000). The rate among all ages was 0.9/100,000.

**Fire-Related Hospitalizations by Age and Sex, New Mexico, 2010-2012**  
 (Total Fire-Related Hospitalizations in NM = 181)

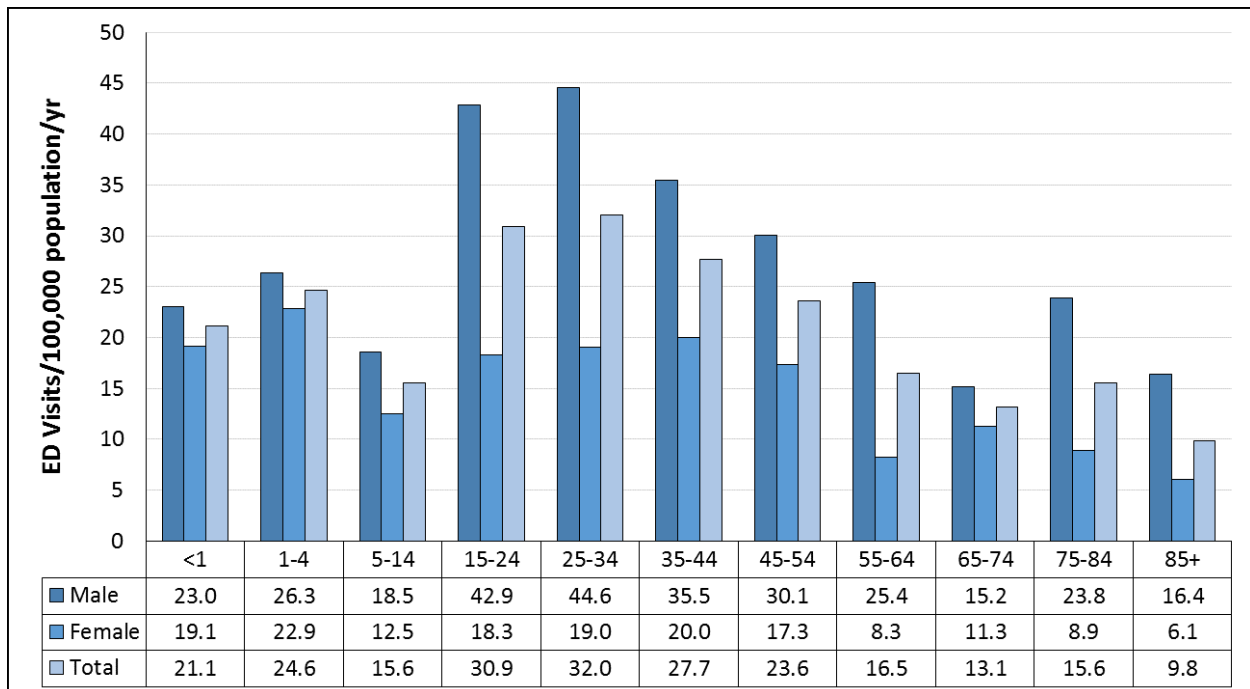


**Highlights:**

- The 2010-2012 fire-related hospitalization rate was 3.6 times higher for males (4.4/100,000 population) than for females (1.2/100,000 population).
- Males accounted for over three-quarters of the fire-related hospitalizations during 2010-2012.
- The fire-related hospitalization rate was highest among persons aged 15-24 years.

## Fire-Related Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

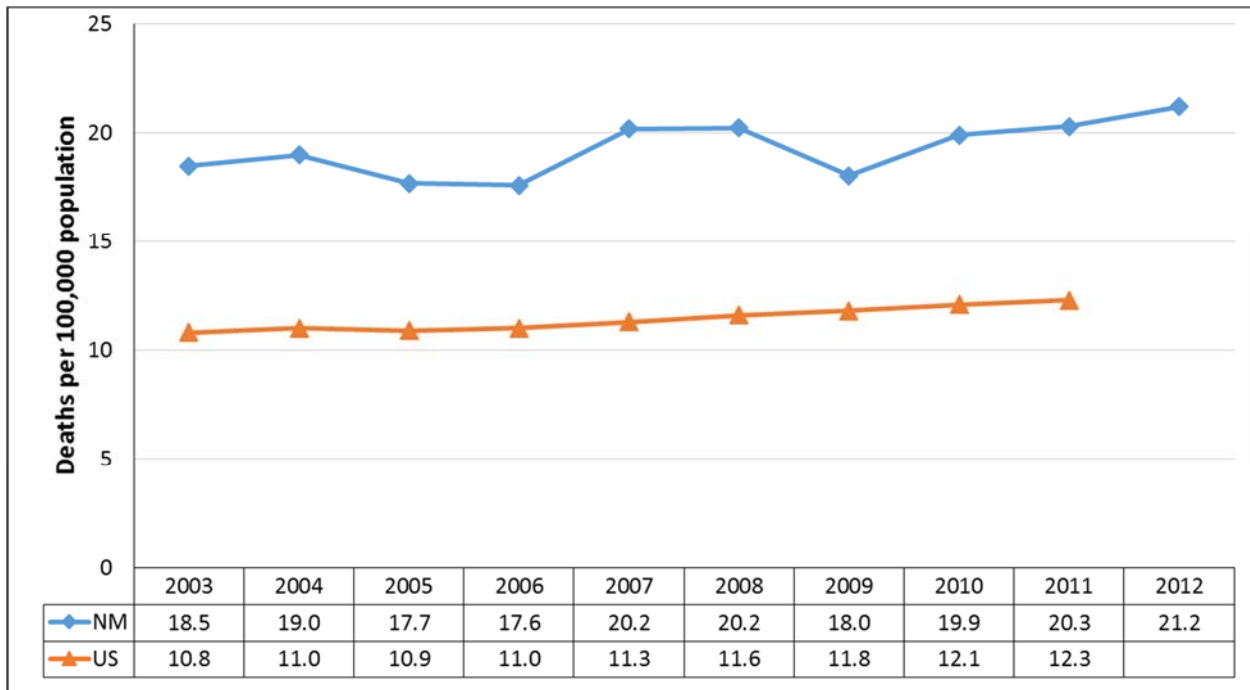
(Total Fire-Related Injury ED Visits in NM = 1,421)



### Highlights:

- The 2010-2012 fire-related ED visit rate was 1.9 times higher for males (30.8/100,000 population) than for females 16.0/100,000 population).
- The fire-related ED visit rate was highest among persons aged 15-34 years.

## Suicide Rates, New Mexico and United States, 2003-2012



Rates are age-adjusted to the 2000 standard US population

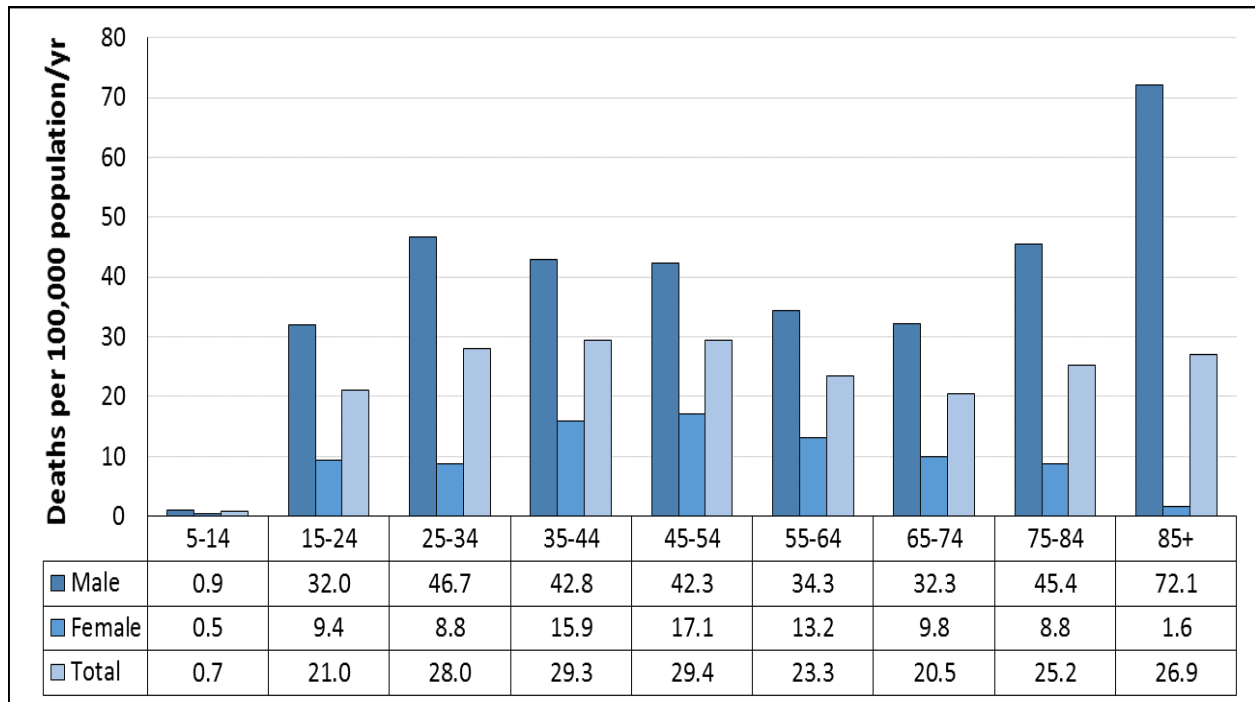
### Highlights:

- The suicide rate in New Mexico was 1.7 times that of the U.S. rate in 2011.

### Other Findings:

- From 2010-2012, the method for over half of suicides in New Mexico was firearms (52%).
- The second and third most common methods of suicide in New Mexico were suffocation (25%) and poisoning (20%), respectively.

**Average Annual Suicide Rates by Age and Sex, New Mexico, 2010-2012**  
 (Total Suicides in NM = 1,263)



**Highlights:**

- The 2010-2012 suicide rate was 3.3 times higher for males (31.8/100,000 population) than for females (9.7/100,000 population).
- From 2010 through 2012 males accounted for 76% of suicides.
- Males aged 85+ years had the highest suicide rate.
- Persons aged 25-54 years had the highest suicide rate.

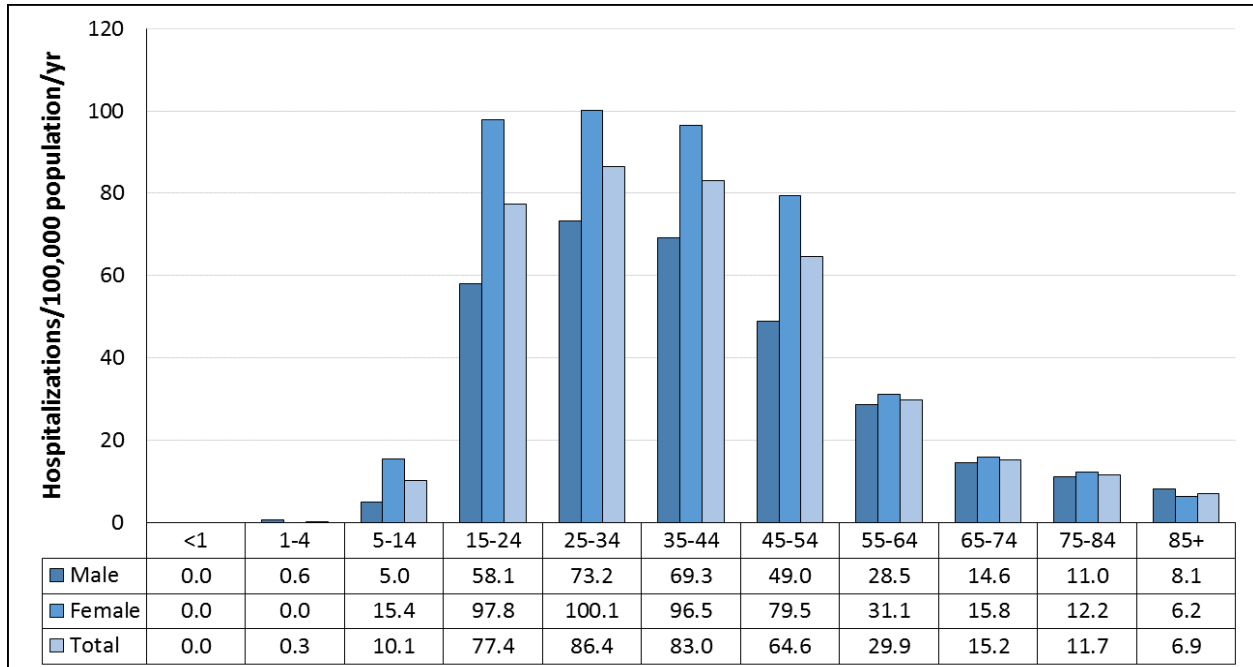
**Other Findings:**

- The leading method of suicide for males was firearms (61%).
- The leading method of suicide for females was poisoning (48%).



## Suicide Attempt Hospital Discharge Rate by Age and Sex, New Mexico, 2010-2012

(Total Suicide Attempt Hospitalizations in NM = 2,982)



### Highlights:

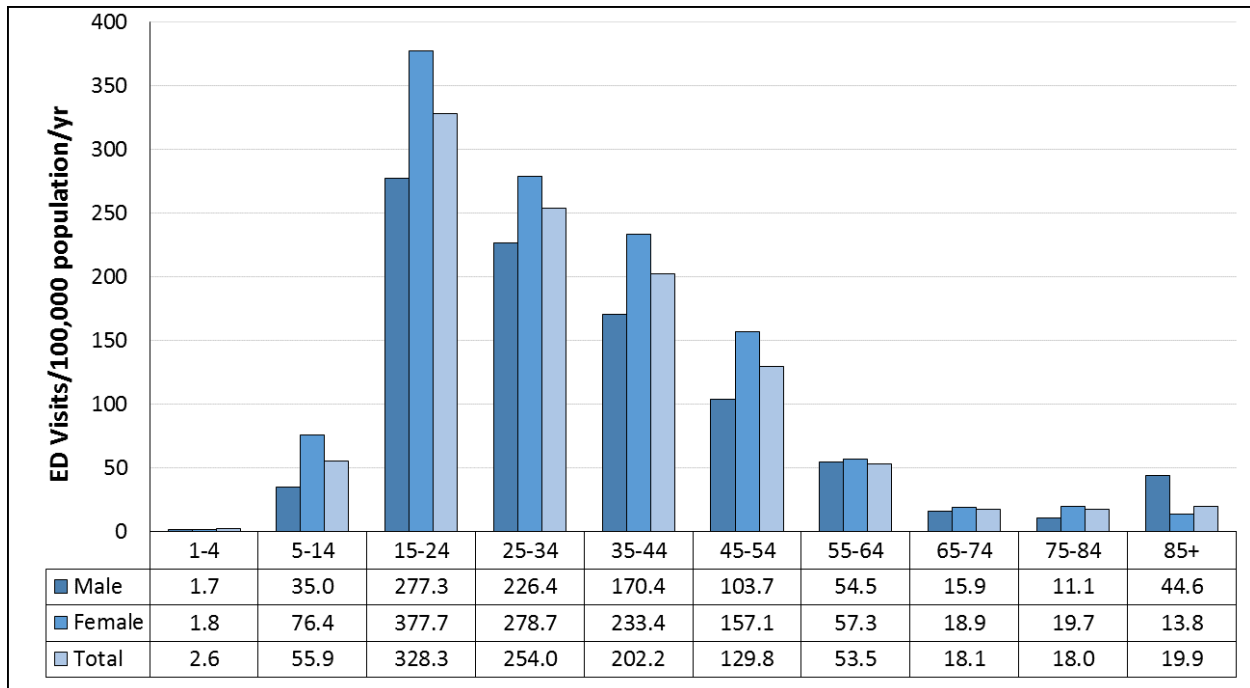
- The 2010-2012 suicide attempt hospitalization rate was 1.5 times higher for females (60.2/100,000 population) than for males (40.7/100,000 population).
- The hospitalization rate for suicide attempts among females was higher for all age groups than among males with the exception of the 1-4 and 85+ age groups.
- Females accounted for 60% of attempted suicides that required hospitalization.
- Persons aged 25 to 44 years had the highest suicide attempt hospitalization rate.

### Other findings:

- The leading method of suicide attempt requiring hospitalization was poisoning.

## Suicide Attempt Emergency Department Visit Rate by Age and Sex, New Mexico, 2010-2012

(Total Suicide Attempt ED Visits in NM = 8,609)



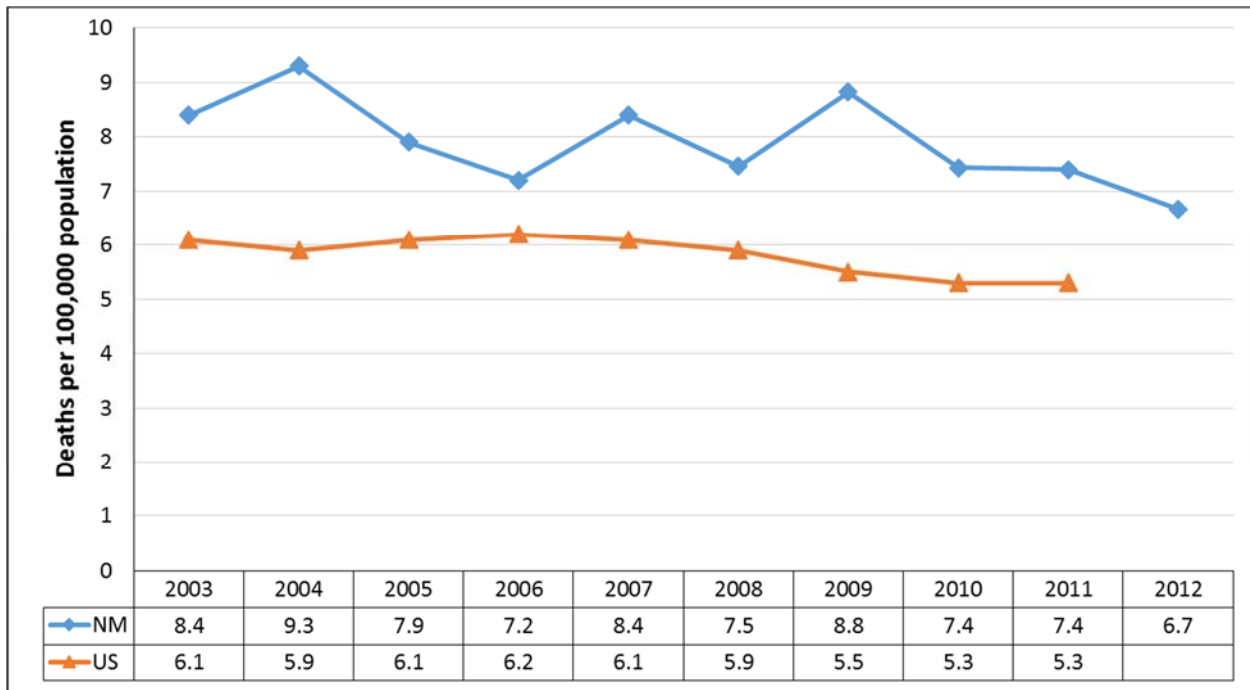
### Highlights:

- The 2010-2012 suicide attempt ED visit rate was 1.4 times higher for females (167.8/100,000 population) than for males (123.7/100,000 population).
- The ED visit rate for suicide attempts among females was higher for all age groups than among males with the exception of the 85+ age group.
- Females accounted for 57% of attempted suicides that required a visit to the emergency department..
- Persons aged 15 to 24 years had the highest suicide attempt ED visit rate.

### Other findings:

- The leading method of suicide attempt requiring an ED visit was poisoning.

## Homicide Rates, New Mexico and United States, 2003-2012



Rates are age-adjusted to the 2000 standard US population

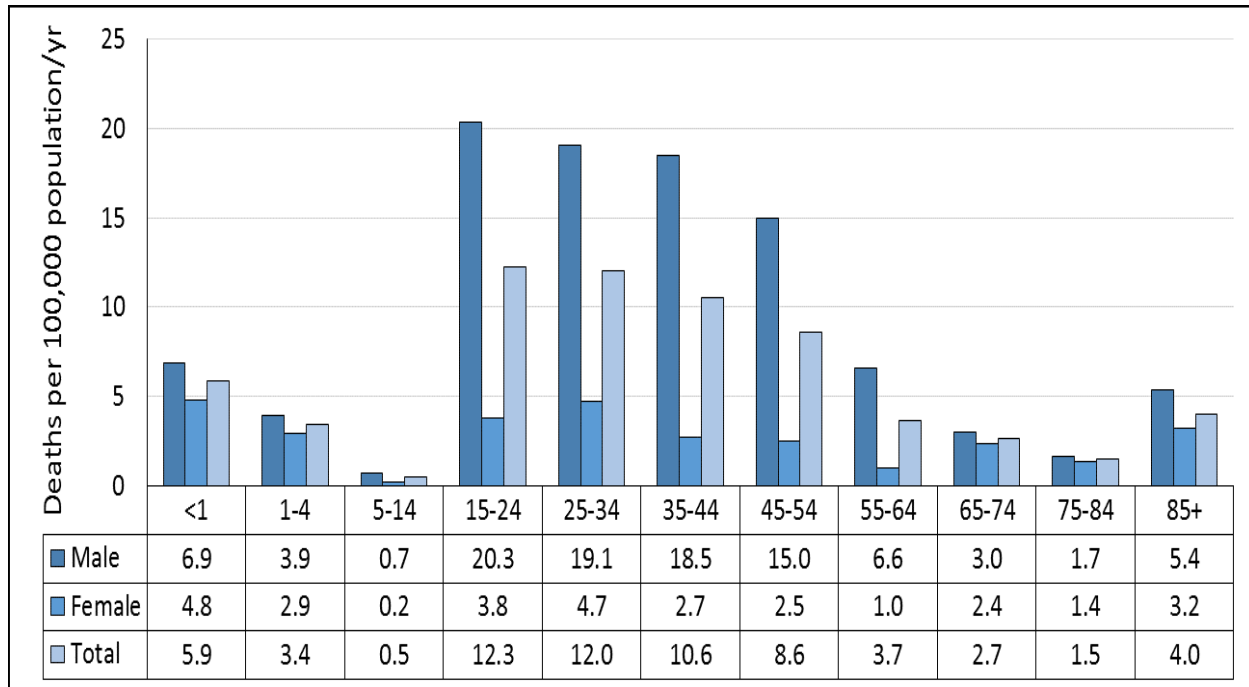
### Highlights:

- The homicide rate in New Mexico (7.4/100,000 population) was 1.4 times higher than the U.S. rate (5.3/100,000 population) in 2011.

### Other Findings:

- From 2010-2012, 77% of the homicides in New Mexico were due to firearm injury.
- The second most common method of homicide in New Mexico was cut/pierce injury (20%).

**Average Annual Homicide Rates by Age and Sex, New Mexico, 2010-2012**  
 (Total Homicides in NM = 428)

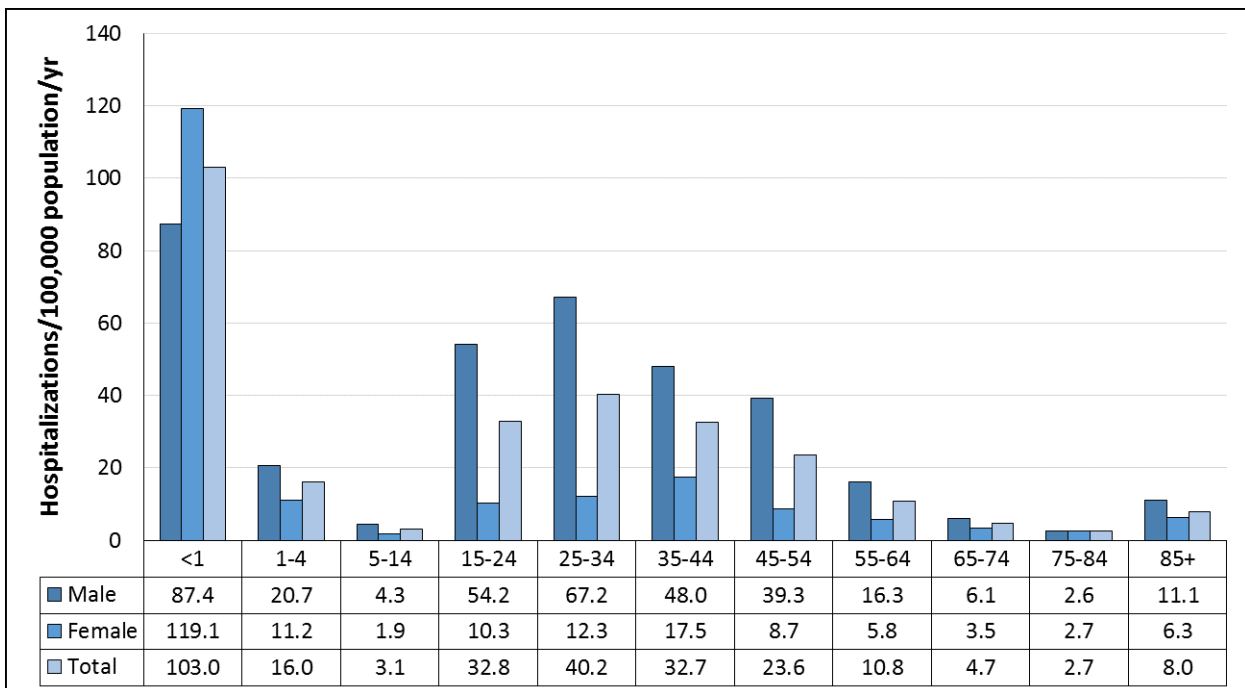


**Highlights:**

- The 2010-2012 homicide rate was 4.6 times higher for males (11.8/100,000 population) than for females (2.6/100,000 population).
- The homicide rate in New Mexico was highest among males aged 15 to 24 years.
- Males accounted for 82% of the homicides from 2010 through 2012.

## Assault-Related Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012

(Total Assault-Related Hospitalizations in NM = 1,353)

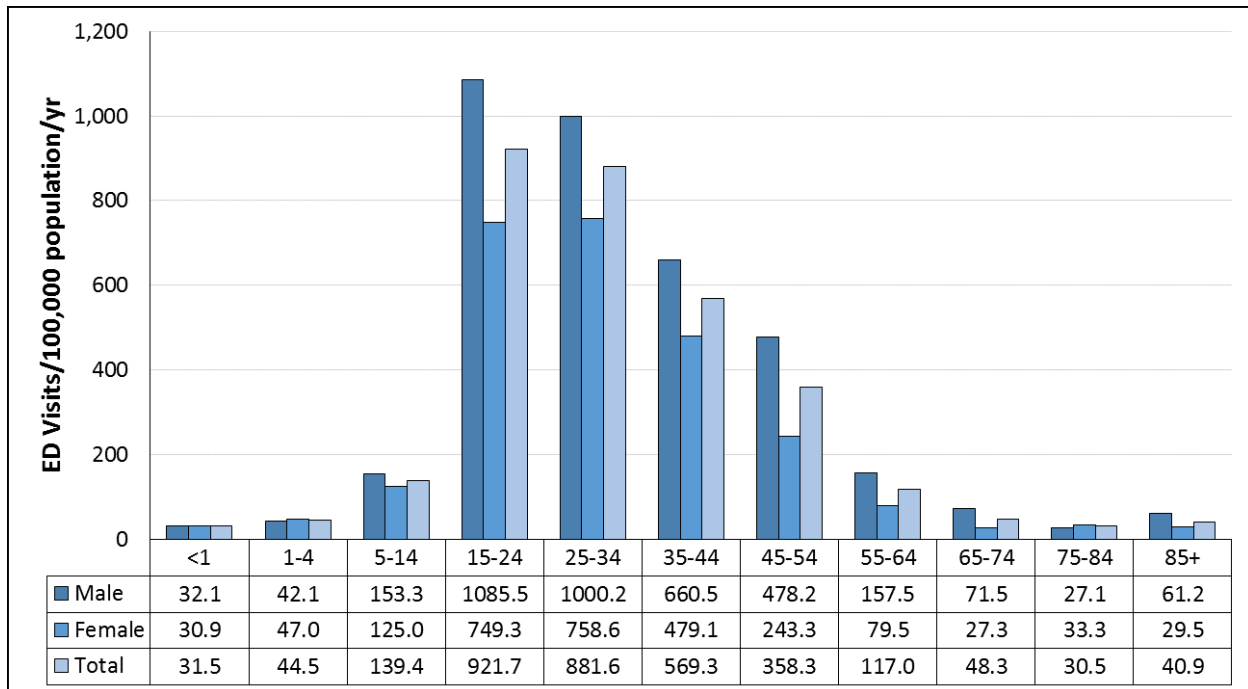


### Highlights:

- The 2010-2012 assault-related hospitalization rate was 3.3 times higher for males (34.8/100,000 population) than for females (10.6/100,000 population).
- The assault-related hospitalization rate in New Mexico was highest among infants.
- Males accounted for 77% of the assault-related hospitalizations during 2010-2012.

## Assault-Related Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

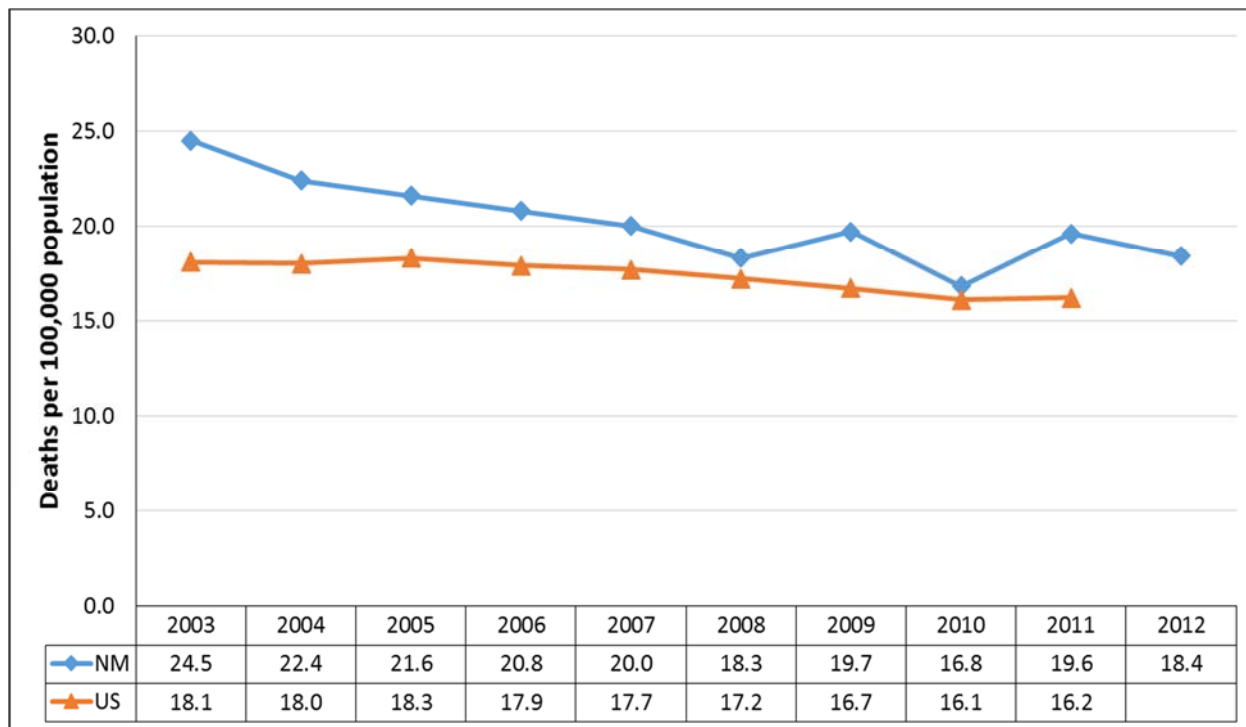
(Total Assault-Related ED Visits in NM = 25,158)



### Highlights:

- The 2010-2012 assault-related ED visit rate was 1.4 times higher for males (503.7/100,000 population) than for females (349.4/100,000 population).
- The assault-related ED visit rate in New Mexico was highest among persons aged 15-34 years.
- Males accounted for 60% of the assault-related ED visits during 2010-2012.

## Traumatic Brain Injury Death Rates, New Mexico and United States, 2003-2012



Rates are age-adjusted to the 2000 standard US population

### Highlights:

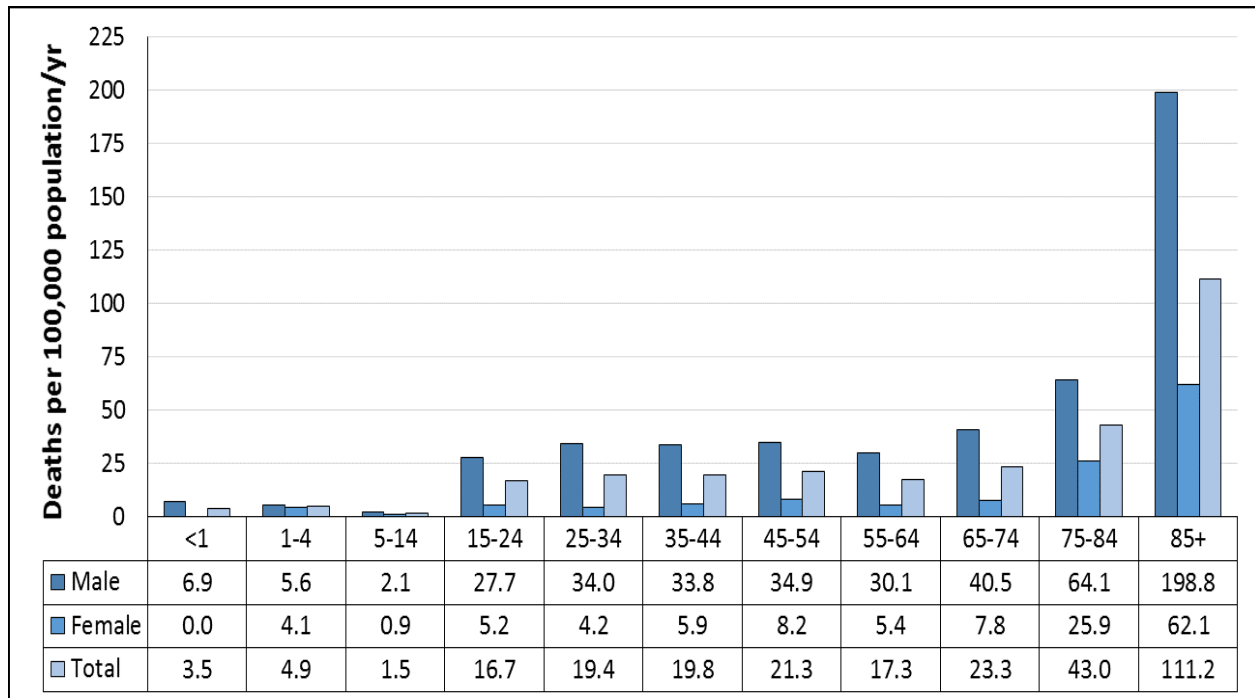
- The traumatic brain injury death rate in New Mexico (19.6/100,000 population) was 1.2 times higher than the U.S. rate (16.2/100,000 population) in 2011.
- The traumatic brain injury death rate in New Mexico declined 25% from 2003 through 2008. The rate has fluctuated since 2008.

### Other findings:

- The leading causes of TBI-related death in New Mexico are firearms (54%), fall-related injury (22%) and motor vehicle traffic injury (12%).

## Average Annual Traumatic Brain Injury Death Rates by Age and Sex, New Mexico, 2010-2012

(Total Traumatic Brain Injury Deaths in NM = 1,141)



### Highlights:

- The 2010-2012 traumatic brain injury death rate was 4.5 times higher for males (average annual rate of 30.6/100,000 population) than for females (average annual rate of 6.8/100,000 population).
- Males accounted for 80% of traumatic brain injury deaths from 2010 through 2012.
- Persons aged 85+ years had the highest traumatic brain injury death rate.

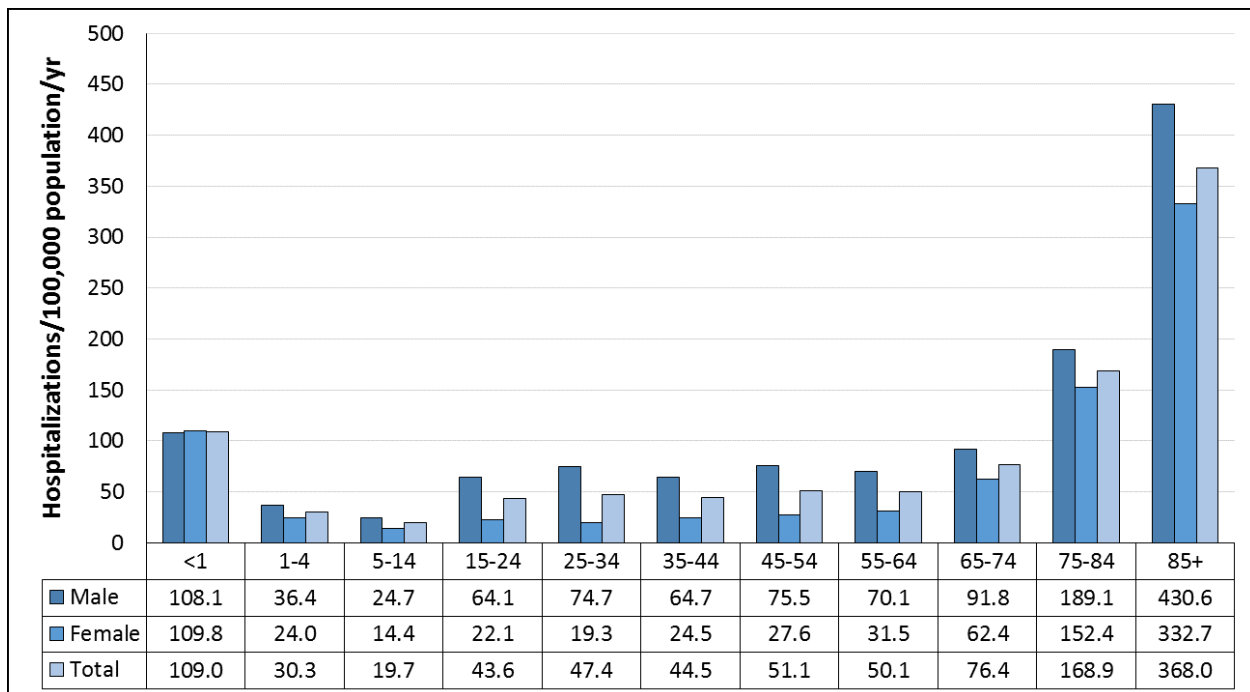
### Other Findings:

- Falls caused the majority of TBI deaths (75%) among adults aged 85+ years from 2010 through 2012.



## Traumatic Brain Injury Hospital Discharge Rates by Age and Sex, New Mexico, 2010-2012

(Total Traumatic Brain Injury Hospitalizations = 3,488)



### Highlights:

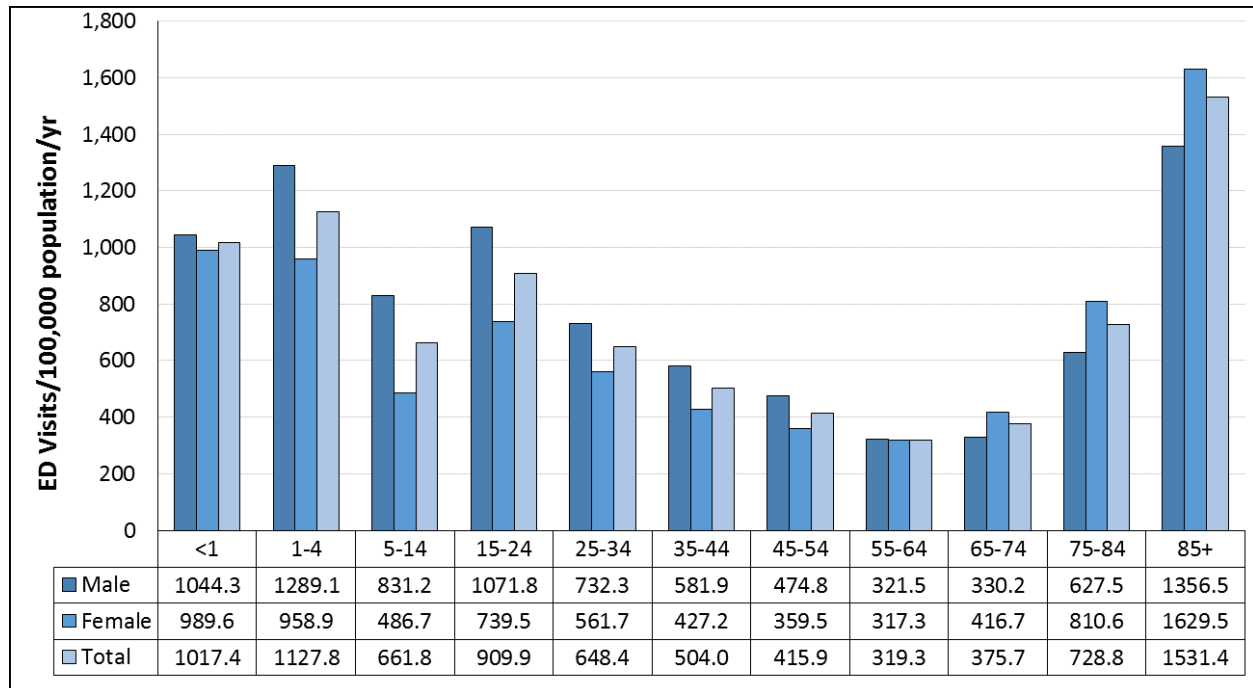
- The 2010-2012 TBI hospital discharge rate was two times higher for males (74.2/100,000 population) than for females (37.2/100,000 population).
- Males accounted for 64% of the TBI hospitalizations during 2011-2012.
- Persons aged 85+ years had the highest traumatic injury hospitalization rate.

### Other Findings:

- Fall-related injuries were the cause of 40% of the TBI ED visits from 2010 through 2012.
- Falls caused the majority of TBI ED visits (80%) among adults aged 85+ years from 2010 through 2012.

## Traumatic Brain Injury Emergency Department Visit Rates by Age and Sex, New Mexico, 2010-2012

(Total Traumatic Brain Injury ED Visits = 38,836)



### Highlights:

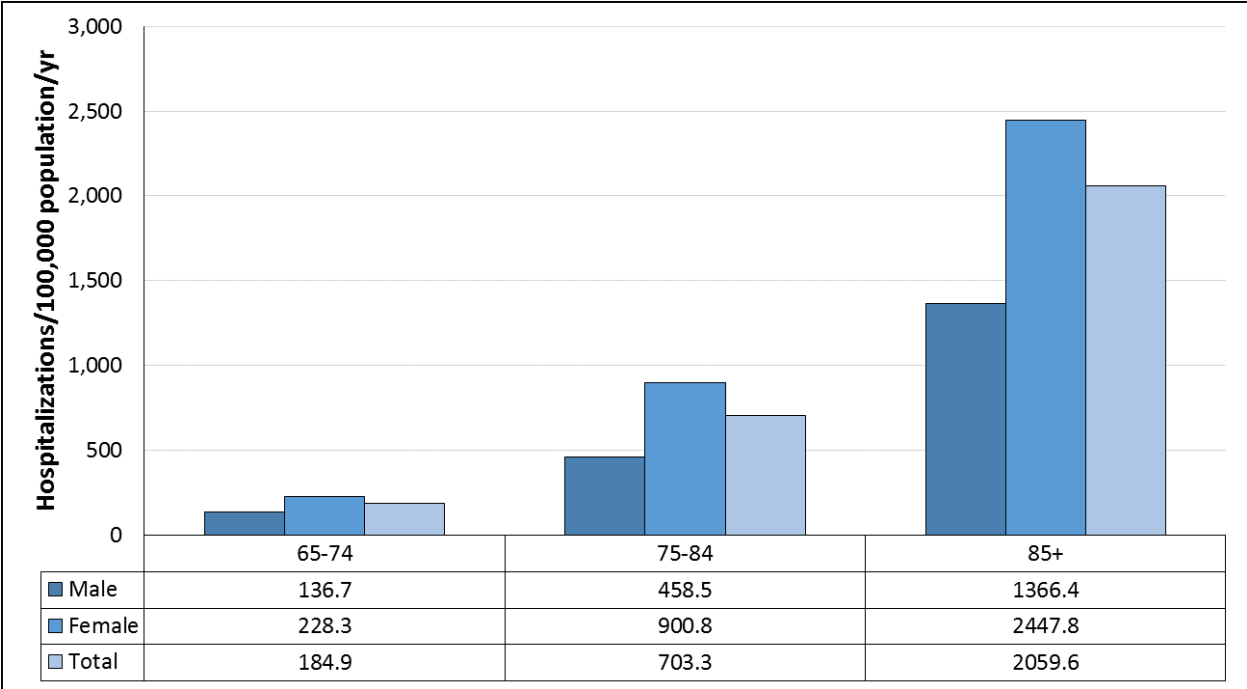
- The 2010-2012 TBI ED visit rate was 1.3 times higher for males (712.3/100,000 population) than for females (551.0/100,000 population).
- Males accounted for 56% of the TBI ED visits during 2010-2012.
- Adults 85+ years of age had the highest traumatic brain injury ED visit rate during 2010-2012.

### Other Findings:

- Fall-related injuries were the cause of 37% of the TBI ED visits from 2010 through 2012.
- Falls caused the majority of TBI ED visits (76%) among adults aged 85+ years from 2010 through 2012.

**Hip Fracture Hospital Discharge Rate Among Persons Aged 65 Years and Older by Age and Sex, New Mexico, 2010-2012**

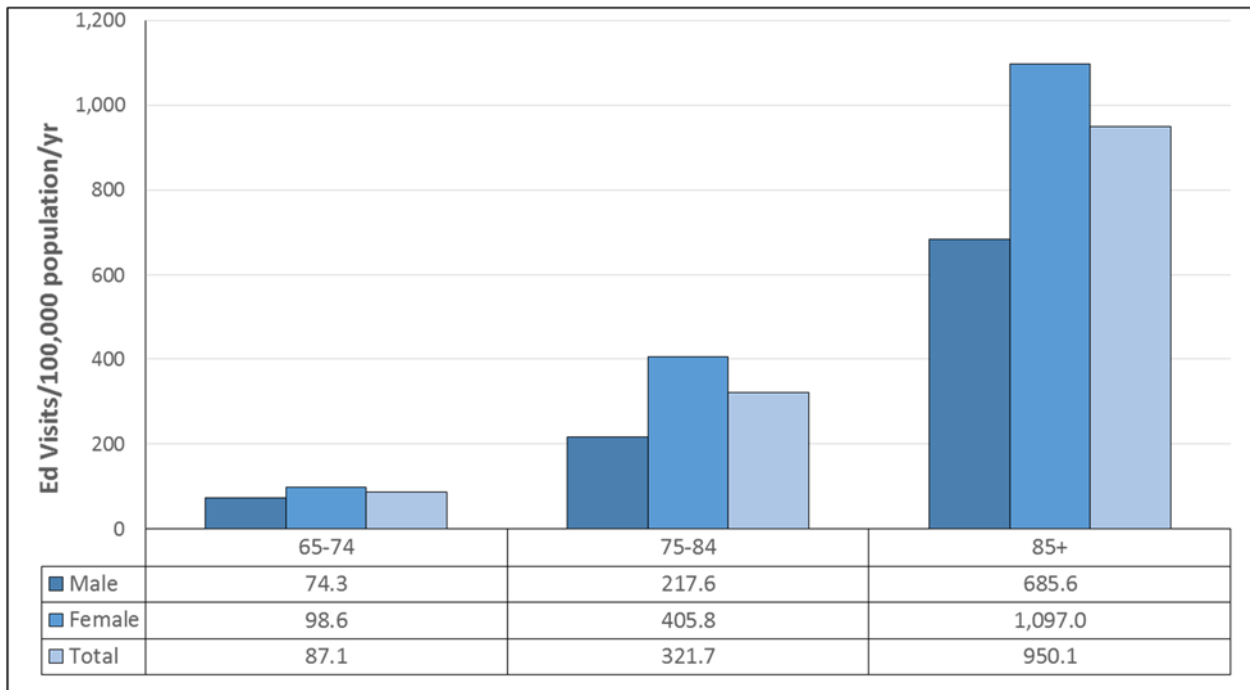
*(Total Hip Fracture Hospitalizations in NM = 4,837)*



**Highlights:**

- The 2010-2012 hip fracture hospitalization rate for persons aged 65+ years was 2.1 times higher for females (747.9/100,000 population) than for males (351.8/100,000 population).
- Persons aged 85+ years had the highest hip fracture hospitalization rate.

**Hip Fracture Emergency Department Visit Rate Among Persons Aged 65 Years and Older by Age and Sex, New Mexico, 2010-2012**  
*(Total Hip Fracture ED visits in NM = 2,237)*



**Highlights:**

- The 2010-2012 hip fracture ED visit rate for persons aged 65+ years was 1.9 times higher for females (333.7/100,000 population) than for males (176.1/100,000 population).
- Persons aged 85+ years had the highest hip fracture ED visit rate during 2010-2012.

## State Injury Focus Areas

The New Mexico Department of Health (DOH) is focusing on two priority injury areas: poisoning and older adult falls. In addition, the DOH is also focusing on traumatic brain injury (TBI) and child maltreatment. The importance of each of these areas is supported by high rates of death, hospitalization and ED visits among New Mexico residents, as described in this report. Furthermore, evidence-based primary prevention strategies (described below) are available to address them. The data in this report are provided for use by concerned agencies, advocates, policy makers and the public to better understand the impact of these very debilitating injuries on the public, and to develop effective programs to prevent them or reduce their impact.

### Poisoning

Poisoning is the leading cause of injury-related death in New Mexico with poisoning-related death rates well above the national rate (in the case of one county, Rio Arriba, actually 5 times the national rate during 2008-2012). Since 1989, New Mexico has been among the top 3 US states for rates of unintentional drug-induced poisoning death. The majority of these poisonings are the result of unintentional overdoses from illicit and prescription drugs. Beginning in 2006, the statewide drug overdose death rates associated with prescription drugs overtook rates associated with illicit drugs. Prescription opioids are associated with the majority of drug overdose deaths in the state. Importantly, between 2011 and 2013, the overdose death rate has decreased 17% (the largest sustained decrease since 1990) and the preponderance of that rate decrease is among prescription drug-associated deaths.

In addition to addressing poisoning-related injuries through the enforcement of laws to curtail the sales and distribution of illegal drugs, New Mexico is promoting and receiving national recognition for other innovative ways to reduce overdose deaths.

In 2007, New Mexico became the first state in the nation to pass an 911 Good Samaritan Law which allows friends and family members to call 911 when someone they know has overdosed, without fear of prosecution for possession of illegal substances. New Mexico also provides harm reduction services directed to injection drug users and their families and friends. This program includes education on how to prevent overdoses, how to recognize the signs of an overdose, and it provides intranasal Narcan, which can be administered by family or friends to reverse the effects of opioids in the event of an overdose.

Another specific step by the DOH to reduce unintentional poisonings related to drug overdoses is increasing the number of buprenorphine-certified physicians across the state. Buprenorphine is an opiate replacement therapy that can be provided in primary care office settings, and provides an alternative to methadone therapy. Further, the

DOH is urging primary care physicians to maintain training in addiction medicine so they will be better equipped to properly treat patients with a history of addiction. In 2011, 76 NM physicians were trained and certified to prescribe buprenorphine. Certification trainings, led by the University of New Mexico Health Sciences Center Project ECHO (Extension for Community Health Outcomes) have continued to date.

In 2012, Senate Bill 215 was passed by State Legislature, creating the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council, with members appointed by the Governor, administratively attached to the Department of Health. The Advisory Council is charged with the development of recommendations to the Office of the Governor, on steps to be taken to strengthen the state's response to the epidemic of prescription drug abuse and overdose. The Advisory Council issued a set of recommendations in 2012 as well as 2013 for consideration by the Office of the Governor.

Senate Bill 215 also directed professional healthcare boards to review and revise rules associated with chronic pain care and prescription of opioids. All of the licensing boards (for medical providers with controlled substance prescriptive authority) have pursued rules changes to tighten review of patient's prescription history, assess for misuse, provide appropriate referral, and other safety precautions for opioid therapy. And most boards (led by the Medical Board and the Board of Nursing) have required mandatory 5 hours of CME training on pain management to assure appropriate academic detailing with regard to safe prescribing practices with opioids.

Beginning in 2012, the DOH launched an effort to support community-based responses to prescription drug overdose in a number of counties (Taos, Santa Fe, Sierra and Chaves). Those efforts expanded in 2013 and early 2014 to include Rio Arriba, San Miguel, and Bernalillo counties. Included in the efforts were the naloxone co-prescription pilots, where naloxone rescue kits and overdose prevention education are provided to patients identified by their providers for risk of opioid overdose. Collaborative leadership for these projects is provided by primary care providers, federally qualified health centers, chronic pain clinics, substance disorder treatment centers and pharmacies. Throughout 2013 and first half of 2014, the pilot projects have expanded to increasing numbers of provider sites in 4 counties.

Also in 2012, the Board of Pharmacy was appropriated funding by the state legislature to expand and enhance the utility of the New Mexico Prescription Drug Monitoring Program (initiated in 2005). Increased access for providers, enhanced training, and reporting utility, have all led to dramatic increases in program registration and use.

In October of 2013, the New Mexico Human Services Department/Medical Assistance Division, administrator of the state Medicaid program, directed all NM managed care organizations mandating inclusion of a naloxone rescue kit on the Medicaid formulary.

In 2013, an effort was begun to establish expanded prescriptive authority for pharmacists, enabling them to directly prescribe naloxone. In early 2014 the Board of Pharmacy approved the expanded prescriptive authority rule and the New Mexico Pharmacists' Association began offering credentialing trainings for pharmacists across the state. As of mid-2014, more than 90 pharmacists have completed the prescriptive authority training. Pharmacy-based overdose prevention services have tremendous potential, particularly coupled with an identified third-party payer in Medicaid, to expand access to this life-saving medication.

Also in 2013, the Department of Health's Emergency Medical Services Bureau initiated a scope expansion among their "first responders" level to include administration of intra-nasal naloxone. Adopted in August 2014, this rule will enable volunteer firefighters in isolated rural communities to carry and administer naloxone.

Beginning in early 2013, the Department of Health provided technical assistance to the first law enforcement agency in the state to implement a naloxone carry-and-administer protocol for its officers in the city of Española. In the months that followed, the DOH has initiated naloxone policy development with 3 other county-level public safety agencies (Taos, San Miguel and Santa Fe), one municipal law enforcement agency (Albuquerque), and the state Department of Public Safety (State Police).

## **Falls**

In New Mexico, falls are the leading cause of unintentional injury death among adults aged 65+ years. Falls are also the most common cause of nonfatal injuries that require an emergency department visit or hospitalization. Fall-related deaths, hospitalizations and emergency department visits increase dramatically with age. The risks for fall-related deaths and hospitalizations may be due to several factors, including impaired gait, muscle weakness, reduced visual acuity, mental confusion and the effects of prescription drugs.

In response to the increase in fall-related deaths and hospitalizations, the NMDOH has designated older adult fall prevention as one of its priorities. The DOH has brought the *Tai Chi: Moving for Better Balance* evidence-based exercise program to New Mexico. The health benefits of practicing *Tai Chi: Moving for Better Balance* include: improved social and mental well-being; improved balance and physical functioning; improved confidence in conducting activities of daily living; reduced risk of falling and associated injuries; and maintaining independence and quality of life. New Mexico now has a cadre of people in communities throughout the state who can implement this program in Senior Centers, Wellness Centers and other venues where older adults participate. The OIP adult fall prevention coordinator conducted a New Mexico Senior Center Survey, surveying activities offered at Senior Centers throughout the state that impact the reduction of falls among persons aged 65+ years.

In 2014 an estimated 200 seniors have participated in Tai Chi: Moving for Better Balance classes.

In 2013, the Older Adult Falls Coalition developed Adult Falls Awareness legislation, House Joint Memorial 32 (HJM 32), intended to increase the visibility of the impact falls have on the health and well-being of older New Mexicans. This was followed in 2014 by House Bill 99 (HB99), which provided for permanent funding for fall prevention activities coordinated by the Department of Health. HB99 was signed into law by the Governor, and fall prevention became a permanent, mandated activity of DOH. In response to HB99 the Office of Injury Prevention is expanding the *Tai Chi Moving for Better Balance* Training and appropriating resources to promote additional evidence – based fall prevention strategies.

Other community-based fall prevention initiatives include the September 2014 participation of the New Mexico Adult Fall Prevention Coalition in the annual National Fall Awareness Day, where they will provide fall prevention information and fall risk screenings at the New Mexico State Fair. In November 2014, the Office of Injury Prevention will partner with the New Mexico Falls Prevention Coalition, Aging and Long Term Services and the Healthily Aging Collaborative to co-sponsor New Mexico's first Older Adult Falls Prevention Symposium.

## **Traumatic Brain Injury**

The New Mexico Department of Health and its injury stakeholders recognize the need to expand short- and long-term care services, as well as to facilitate access to resources to assist persons affected by traumatic brain injuries (TBIs). 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 (NMBIAC), between 70% and 80% of all fatal bicycle crashes involve brain injuries. Nationally, only 41% of children 4 to 14 years old wear helmets when participating in wheeled activities, such as biking and skateboarding. Bicycle helmets have been shown to reduce 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 (Source: [Safe Kids Worldwide bicycle injury facts](#)).

To help reduce the number of TBIs in children associated with non-motorized vehicle crashes, the 2007 New Mexico Legislature passed the most comprehensive child helmet law in the nation. The Office of Injury Prevention (OIP) collaborated with NMDOT, NMBIAC, the Pediatric Society and AAA New Mexico to develop and seek approval for The Child Helmet Safety Act, which requires that all children younger than 18 years wear helmets when riding bicycles, tricycles, skateboards, scooters, and skates on public property. NMBIAC has distributed 5,300 helmets to young children in kindergarten and Early Head Start during the past four years (2011-2014). The Office of Injury Prevention, in collaboration with the network of Safe Kids



organizations statewide, has distributed approximately 12,000 helmets during the same four year interim, primarily targeting a slightly older population in elementary school.

To help reduce the number of TBIs in children associated with motorized recreational vehicle crashes, OIP had partnered with the same team in 2006 to develop and receive legislative approval for expanded off-highway vehicle regulations. This legislation mandates helmet use and eye protection for all minors, training certification between the ages of 10 and 17, and adult supervision for all minors who do not have a motor vehicle or motorcycle driver's license.

To help reduce the number of TBIs in children associated with motorized passenger vehicle crashes, OIP and its community partners worked to develop and receive legislative approval for a comprehensive set of child safety seat laws. The Revised Car Seat Law of 2001 and the Booster Seat Law of 2005 extended the mandatory requirement of a car or booster seat from age 1 until age 7, and then until age 11 for those children remaining too small to fit safely in an adult seat belt.

The NMBIAC has organized meetings to discuss policy options concerning a universal helmet law that will be proposed to be introduced at the 2015 NM legislative session.

To help reduce the number of falls and head injuries incurred by children in all settings, including motor vehicle, non-motor vehicle, and residential, OIP has collaborated with the New Mexico Children, Youth and Families Department (NMCYFD) to develop and teach a safety curriculum to home daycare providers for the past 12 years. Since 2011, these home safety trainings have also been conducted for home visitation specialists working with pregnant, young, low income, new, young, disabled, foster and adoptive parents, as well as nurses, social workers, parents and grandparents.

During 2014, "Safe Habits, Safe Homes, Safe Children", a workshop which includes a substantive range of practices for preventing TBIs among infants and small children, is also being provided to NMDOH staff statewide, including WIC, Families First, and Children's Medical Services. Raising awareness among all service providers and home visitors for young and vulnerable families about the potential for brain injury, as well as recognizing the signs of concussion, continues to be a top priority.

OIP and the New Mexico Safe Kids Coalition also continue to collaborate with the statewide network of trauma centers to increase the number of sponsored safety events in their communities and "spheres of influence" in adjoining counties. The Safe Kids program is becoming an integral part of the trauma center community outreach statewide, funded by grants from the New Mexico Trauma Authority.

### **Child Maltreatment**

OIP and NMCYFD expanded their collaboration in 2013 to develop and teach a child

abuse prevention and early recognition curriculum, starting with a major focus on substance abuse cessation and prevention in tandem with a focus on building healthy relationships to prevent domestic violence. During 2014, this has been provided to home daycare providers, as well as home visitation program staff and parents from the federal Early Head Start (EHS), Families First (FF), Family, Infants and Toddlers (FIT), Parents As Teachers (PAT), Native American Professional Parent Resources (NAPPR), the nationally recognized “best practices” model Nurse Family Partnership and the locally developed First Born program designed to reach first time parents. These home visitation programs focus on expecting, young, low income, new, young, disabled, foster and adoptive parents. During 2014, “Pregnancy to Preschool”, a workshop which focuses on substance abuse and domestic violence cessation/prevention during pregnancy as the primary means of preventing child abuse thereafter, is also being provided to NMDOH staff statewide, including WIC, Families First, and Children’s Medical Services. Raising awareness among all service providers and home visitors for young and vulnerable families about the potential for child abuse and neglect, as well as recognizing the signs, has become a top priority due the increase in recorded incidence over the past few years. This workshop will also be featured at the federal Region 6 Annual Conference for Head Start providers from five states scheduled for November in Albuquerque.

OIP is hoping to collaborate with NMCYFD to expand the current annual 16 half day Regional Early Care Educational Conferences (RECEC’s) for home daycare providers into full day events during 2015, repeating an expanded curriculum in the afternoon for home visitation staff, parents, and grandparents, as well as local agency information booths on site for general networking among all caregivers and program managers. In addition to adding requested courses on CPR, First Aid and Personal Safety provided by local paramedics and social workers, this would allow OIP to offer the unintentional and intentional injury workshops in tandem during both the morning and afternoon sessions to maximize coverage.

OIP is also actively participating in the newly formed New Mexico Child Abuse Prevention Partnership (NMCAPP), a consortium of stakeholders throughout the state, each with their own mission relating to child abuse prevention coming together to eliminate child maltreatment. The individual strengths and programs of the member stakeholders are augmented by their affiliation with other like-minded organizations. The collaboration of NM-CAPP with these stakeholder organizations provides a structured, unified, diverse and comprehensive approach to the prevention of child maltreatment, including: public awareness regarding child maltreatment through the use of public service announcements, statewide advertising campaigns and fundraising activities; education for families in nurturing, parenting, and skills for life; supporting stakeholders in their initiatives and forging collaborations with State and local agencies; and, finally, promoting research, education, public policy, access, and change. NMCYFD’s Children’s Trust Fund has designated NMCAPP as the official sponsor of the first Prevent Child Abuse America Chapter in New Mexico in 2014, with operations to be underway by 2015.

## Appendix

### Injury Death Counts by Age Group and Sex, New Mexico, 2010-2012

#### All-Injury Deaths

Age Group	Total	Male	Female
<1yr	33	24	9
1-4yr	67	37	30
5-14yr	46	32	14
15-24yr	668	508	160
25-34	885	660	225
35-44	887	618	269
45-54	1,006	698	308
55-64	686	505	181
65-74	403	257	146
75-84	426	244	182
85+	547	242	305
Total	5,654	3,825	1,829

#### Unintentional Drowning Deaths

Age Group	Total	Male	Female
<1yr	3	3	0
1-4yr	5	4	1
5-14yr	3	3	0
15-24yr	11	9	2
25-34	13	12	1
35-44	12	11	1
45-54	11	8	3
55-64	7	7	0
65-74	8	7	1
75-84	5	4	1
85+	2	1	1
Total	80	69	11

#### Unintentional Fall-Related Deaths

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	1	1	0
5-14yr	2	2	0
15-24yr	6	5	1
25-34	5	5	0
35-44	17	13	4
45-54	38	30	8
55-64	63	45	18
65-74	105	60	45
75-84	210	97	113
85+	420	162	258
Total	867	420	447

#### Unintentional Fire-Related Deaths

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	2	1	1
5-14yr	1	0	1
15-24yr	3	2	1
25-34	3	2	1
35-44	3	1	2
45-54	8	4	4
55-64	10	7	3
65-74	9	4	5
75-84	17	13	4
85+	2	1	1
Total	58	35	23

## Injury Death Counts by Age Group and Sex, New Mexico, 2010-2012

### Unintentional Firearm-Related Deaths

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	1	1	0
5-14yr	4	3	1
15-24yr	162	145	17
25-34	178	160	18
35-44	145	128	17
45-54	160	136	24
55-64	115	100	15
65-74	76	65	11
75-84	53	47	6
85+	25	23	2
Total	919	808	111

### Homicides

Age Group	Total	Male	Female
<1yr	5	3	2
1-4yr	12	7	5
5-14yr	4	3	1
15-24yr	107	91	16
25-34	98	79	19
35-44	78	68	10
45-54	74	63	11
55-64	29	25	4
65-74	13	7	6
75-84	4	2	2
85+	4	2	2
Total	428	350	78

### Motor Vehicle Traffic Deaths

Age Group	Total	Male	Female
<1yr	3	2	1
1-4yr	30	14	16
5-14yr	17	9	8
15-24yr	187	133	54
25-34	165	116	49
35-44	142	101	41
45-54	165	121	44
55-64	101	78	23
65-74	70	41	29
75-84	43	23	20
85+	24	20	4
Total	947	658	289

### Poisoning Deaths

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	3	1	2
5-14yr	0	0	0
15-24yr	145	101	44
25-34	344	220	124
35-44	400	232	168
45-54	435	256	179
55-64	272	171	101
65-74	61	26	35
75-84	21	12	9
85+	4	2	2
Total	1,685	1,021	664

## Injury Death Counts by Age Group and Sex, New Mexico, 2010-2012

### Poisoning: Drug Overdose Deaths

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	2	1	1
5-14yr	0	0	0
15-24yr	128	89	39
25-34	309	194	115
35-44	355	199	156
45-54	381	216	165
55-64	236	140	96
65-74	44	14	30
75-84	17	8	9
85+	3	1	2
Total	1,475	862	613

### Suicides

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	0	0	0
5-14yr	6	4	2
15-24yr	183	143	40
25-34	228	193	35
35-44	216	157	59
45-54	252	177	75
55-64	185	131	54
65-74	99	74	25
75-84	67	54	13
85+	27	26	1
Total	1,263	959	304

### Traumatic Brain Injury Deaths

Age Group	Total	Male	Female
<1yr	3	3	0
1-4yr	17	10	7
5-14yr	13	9	4
15-24yr	146	124	22
25-34	158	141	17
35-44	146	124	22
45-54	182	146	36
55-64	137	115	22
65-74	113	93	20
75-84	114	76	38
85+	112	72	40
Total	1,141	913	228

## Injury Hospitalization Counts by Age Group and Sex, New Mexico, 2010-2012

### All-Injury Hospitalizations

Age Group	Total	Male	Female
<1yr	181	102	79
1-4yr	645	380	265
5-14yr	1,165	694	471
15-24yr	2,923	1,840	1,083
25-34	3,154	2,037	1,117
35-44	2,945	1,738	1,207
45-54	3,696	2,146	1,550
55-64	3,584	1,804	1,780
65-74	3,368	1,301	2,067
75-84	4,463	1,397	3,066
85+	4,181	1,049	3,132
<b>Total</b>	<b>30,305</b>	<b>14,488</b>	<b>15,817</b>

### Drowning-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	1	1	0
1-4yr	10	7	3
5-14yr	4	2	2
15-24yr	1	1	0
25-34	1	1	0
35-44	4	4	0
45-54	0	0	0
55-64	2	2	0
65-74	0	0	0
75-84	0	0	0
85+	0	0	0
<b>Total</b>	<b>23</b>	<b>18</b>	<b>5</b>

### Unintentional Fall-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	39	19	20
1-4yr	136	77	59
5-14yr	381	214	167
15-24yr	277	201	76
25-34	320	213	107
35-44	439	255	184
45-54	873	475	398
55-64	1,500	639	861
65-74	2,074	681	1,393
75-84	3,427	1,005	2,422
85+	3,518	824	2,694
<b>Total</b>	<b>12,984</b>	<b>4,603</b>	<b>8,381</b>

### Unintentional Fire-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	6	4	2
5-14yr	10	7	3
15-24yr	37	34	3
25-34	26	20	6
35-44	18	15	3
45-54	30	26	4
55-64	29	25	4
65-74	14	5	9
75-84	8	3	5
85+	3	1	2
<b>Total</b>	<b>181</b>	<b>140</b>	<b>41</b>

## Injury Hospitalization Counts by Age Group and Sex, New Mexico, 2010-2012

### Firearm-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	0	0	0
5-14yr	6	5	1
15-24yr	105	97	8
25-34	101	91	10
35-44	61	56	5
45-54	35	27	8
55-64	14	10	4
65-74	6	5	1
75-84	2	2	0
85+	2	2	0
Total	332	295	37

### Assault-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	88	38	50
1-4yr	56	37	19
5-14yr	27	19	8
15-24yr	287	243	44
25-34	327	278	49
35-44	241	176	65
45-54	203	165	38
55-64	86	62	24
65-74	23	14	9
75-84	7	3	4
85+	8	4	4
Total	1,353	1,039	314

### Motor Vehicle Traffic-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	8	5	3
1-4yr	56	28	28
5-14yr	141	77	64
15-24yr	614	381	233
25-34	542	350	192
35-44	412	274	138
45-54	444	302	142
55-64	332	205	127
65-74	222	109	113
75-84	134	55	79
85+	66	28	38
Total	2,971	1,814	1,157

### Poisoning-Related Hospitalizations

Age Group	Total	Male	Female
<1yr	12	9	3
1-4yr	138	77	61
5-14yr	129	39	90
15-24yr	922	400	522
25-34	1,063	493	570
35-44	995	417	578
45-54	1,093	450	643
55-64	686	296	390
65-74	328	135	193
75-84	207	84	123
85+	74	24	50
Total	5,647	2,424	3,223

## Injury Hospitalization Counts by Age Group and Sex, New Mexico, 2010-2012

### Suicide Attempt Hospitalizations

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	1	1	0
5-14yr	87	22	65
15-24yr	676	260	416
25-34	703	303	400
35-44	612	254	358
45-54	554	205	349
55-64	237	109	128
65-74	74	34	40
75-84	31	13	18
85+	7	3	4
<b>Total</b>	<b>2,982</b>	<b>1,204</b>	<b>1,778</b>

### Truamatic Brain Injury Hospitalizations

Age Group	Total	Male	Female
<1yr	93	47	46
1-4yr	106	65	41
5-14yr	169	108	61
15-24yr	381	287	94
25-34	386	309	77
35-44	328	237	91
45-54	438	317	121
55-64	397	267	130
65-74	371	212	159
75-84	447	224	223
85+	372	157	215
<b>Total</b>	<b>3,488</b>	<b>2,230</b>	<b>1,258</b>

### Hip Fracture Hospitalizations

Age Group	Total	Male	Female
65-74	896	314	582
75-84	1,863	543	1,320
85+	2,078	496	1,582
<b>Total</b>	<b>4,837</b>	<b>1,353</b>	<b>3,484</b>



## Injury ED Visit Counts by Age Group and Sex, New Mexico, 2010-2012

### All-Injury ED Visits

Age Group	Total	Male	Female
<1yr	3,849	2,030	1,816
1-4yr	38,220	21,627	16,592
5-14yr	69,361	40,099	29,257
15-24yr	96,427	55,440	40,986
25-34	81,032	44,764	36,267
35-44	58,696	31,459	27,237
45-54	55,433	28,540	26,891
55-64	38,549	17,687	20,861
65-74	24,489	10,274	14,215
75-84	20,710	7,776	12,934
85+	13,947	4,333	9,613
Total	500,713	264,029	236,669

### Drowning-Related ED Visits

Age Group	Total	Male	Female
<1yr	6	3	3
1-4yr	52	27	25
5-14yr	22	12	10
15-24yr	24	17	7
25-34	15	13	2
35-44	14	10	4
45-54	8	5	3
55-64	3	1	2
65-74	3	2	1
75-84	0	0	0
85+	0	0	0
Total	147	90	57

### Unintentional Fall-Related ED Visits

Age Group	Total	Male	Female
<1yr	1,542	821	721
1-4yr	12,188	7,023	5,165
5-14yr	18,904	10,671	8,229
15-24yr	12,821	6,949	5,872
25-34	11,863	5,735	6,128
35-44	10,521	5,031	5,490
45-54	12,872	5,753	7,118
55-64	12,043	4,517	7,526
65-74	9,919	3,436	6,483
75-84	11,059	3,742	7,317
85+	8,903	2,585	6,317
Total	122,635	56,263	66,366

### Unintentional Fire-Related ED Visits

Age Group	Total	Male	Female
<1yr	18	10	8
1-4yr	86	47	39
5-14yr	134	81	53
15-24yr	270	192	78
25-34	261	185	76
35-44	204	130	74
45-54	202	126	76
55-64	131	97	34
65-74	64	35	29
75-84	41	28	13
85+	10	6	4
Total	1,421	937	484

## Injury ED Visit Counts by Age Group and Sex, New Mexico, 2010-2012

### Unintentional Firearm-Related ED Visits

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	5	5	0
5-14yr	21	19	2
15-24yr	312	279	33
25-34	237	206	31
35-44	130	106	24
45-54	91	74	17
55-64	38	31	7
65-74	10	8	2
75-84	6	4	2
85+	4	3	1
Total	854	735	119

### Assault-Related ED Visits

Age Group	Total	Male	Female
<1yr	27	14	13
1-4yr	155	75	80
5-14yr	1,199	670	529
15-24yr	8,047	4,860	3,187
25-34	7,177	4,142	3,035
35-44	4,199	2,422	1,777
45-54	3,069	2,003	1,065
55-64	928	601	327
65-74	235	165	70
75-84	81	32	49
85+	41	22	19
Total	25,158	15,006	10,151

### Motor Vehicle Traffic-Related ED Visits

Age Group	Total	Male	Female
<1yr	189	110	79
1-4yr	1,099	571	528
5-14yr	3,261	1,480	1,781
15-24yr	12,150	5,566	6,584
25-34	8,798	4,113	4,685
35-44	5,925	2,788	3,137
45-54	5,525	2,545	2,980
55-64	3,627	1,592	2,035
65-74	1,707	745	962
75-84	861	363	498
85+	289	130	159
Total	43,431	20,003	23,428

### Poisoning-Related ED Visits

Age Group	Total	Male	Female
<1yr	195	100	94
1-4yr	1,915	1,047	868
5-14yr	941	420	521
15-24yr	3,637	1,740	1,897
25-34	3,100	1,499	1,601
35-44	2,328	1,023	1,305
45-54	2,095	912	1,183
55-64	1,179	510	669
65-74	493	192	301
75-84	318	124	194
85+	117	44	73
Total	16,318	7,611	8,706

## Injury ED Visit Counts by Age Group and Sex, New Mexico, 2010-2012

### Suicide Attempt ED Visits

Age Group	Total	Male	Female
<1yr	0	0	0
1-4yr	9	6	3
5-14yr	481	158	323
15-24yr	2,865	1,259	1,606
25-34	2,068	953	1,115
35-44	1,492	626	866
45-54	1,113	425	688
55-64	425	189	236
65-74	88	40	48
75-84	48	19	29
85+	20	11	9
Total	8,609	3,686	4,923

### Traumatic Brain Injury ED Visits

Age Group	Total	Male	Female
<1yr	868	454	414
1-4yr	3,934	2,299	1,635
5-14yr	5,692	3,632	2,059
15-24yr	7,939	4,795	3,144
25-34	5,278	3,031	2,247
35-44	3,717	2,132	1,585
45-54	3,561	1,987	1,574
55-64	2,535	1,227	1,308
65-74	1,827	762	1,065
75-84	1,933	744	1,189
85+	1,552	495	1,057
Total	38,836	21,558	17,277

### Hip Fracture ED Visits

Age Group	Total	Male	Female
65-74	423	171	252
75-84	853	258	595
85+	961	249	711
Total	2,237	678	1,558