



New Mexico 2012 State Fact Sheet

Unintentional injuries and violence are the leading causes of death, hospitalization, and disability for children ages 1-18. This fact sheet provides a state snapshot of data on the injury-related Maternal and Child Health Block Grant National Performance Measures and Health Status Indicators, with a special focus on disparities based on race, gender, and rural/urban residence. The fact sheet is intended to be a helpful and easy-to-use tool for needs assessments, planning, program development, and presentations.

The Children's Safety Network (CSN) National Injury and Violence Prevention Resource Center, funded by the Maternal and Child Health (MCH) Bureau, works with states to utilize a science-based, public health approach for injury and violence prevention (IVP). CSN is available to provide information and technical assistance on injury surveillance and data; needs assessments; best practices; and the design, implementation, and evaluation of programs to prevent child and adolescent injuries.

Major Causes of Injury Death

Understanding injury rankings among other causes of death is important in determining their physical and economic role in each state. Knowing what types of injuries cause the majority of deaths and hospitalizations can inform program planning and development efforts. Table 1 shows the top 5 causes of death by age group in the state. Unintentional and intentional injury deaths are highlighted. Table 2 shows the top 5 causes of injury death by age group in the state. Intentional injury deaths are highlighted.

Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, New Mexico, 2004-2008

Age Groups							
Rank	<1	1 - 4	5 - 9		10 - 14	15-19	20-24
1	Congenital Anomalies 197	Unintentional Injury 82	Unintentional Injury 45		Unintentional Injury 65	Unintentional Injury 301	Unintentional Injury 475
2	Short Gestation 135	Congenital Anomalies 33	Malignant Neoplasms 21		Suicide 29	Suicide 156	Suicide 182
3	SIDS 82	Homicide 20	Congenital Anomalies ****		Malignant Neoplasms 15	Homicide 77	Homicide 116
4	Maternal Pregnancy Comp. 44	Malignant Neoplasms 14	Homicide ****		Homicide 13	Malignant Neoplasms 23	Malignant Neoplasms 39
5	Placenta Cord Membranes 43	Influenza & Pneumonia ****	Heart Disease ****	Septicemia ****	Congenital Anomalies ****	Congenital Anomalies 16	Congenital Anomalies 13

Note. **** = indicates that the cell values range from 1-9 and are suppressed for data confidentiality purposes.

Table 1 Source: [WISQARS Leading Causes of Death Reports, 2004-2008](#).

Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, New Mexico, 2004-2008

Age Groups							
Rank	<1	1 - 4		5 - 9	10 - 14	15-19	20-24
1	Homicide 22	MV Traffic 27		MV Traffic 26	MV Traffic 42	MV Traffic 227	MV Traffic 310
2	Suffocation 12	Drowning 20	Homicide 20	Other Land Transport ****	Suicide 29	Suicide 156	Suicide 182
3	MV Traffic ****	Pedestrian, other ****		Three Tied* ****	Homicide 13	Homicide 77	Homicide 116
4	Drowning ****	Suffocation ****		Firearm ****	Three Tied** ****	Poisoning 39	Poisoning 107
5	Undetermined Suffocation ****	Fire/Burn ****		Struck by/ Against ****		Drowning 8	Drowning 16

Note. *For ages 5-9, three mechanisms were tied for the third ranking including *Fire/Burn, Suffocation and Homicide*. Each of these mechanisms had 10 or fewer cases. **For ages 10-14, three mechanisms were tied for the fourth ranking including *Drowning, Other Land Transport and Poisoning*. Each of these mechanisms had 10 or fewer cases. All mechanisms of suicide and homicide were combined according to intent. Each listed mechanism is unintentional except those otherwise noted. **** = indicates that the cell values range from 1-10 and are suppressed for data confidentiality purposes.

Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2004-2008.

Childhood injury is also a leading cause of morbidity. Table 3 provides information from the state's hospital discharge data on the leading causes and incidence of hospital admissions by age group.

Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, New Mexico Residents, 2009

Age Groups							
Rank	<1	1 - 4		5 - 9	10 - 14	15-19	20-24
1	Unintentional Poisoning 74	Unintentional Fall 80		Unintentional Fall 72	Self-Inflicted 64	Self-Inflicted 217	Self-Inflicted 249
2	Unintentional Fall 28	Unintentional Poisoning 53		Unspecified 30	Unintentional Fall 63	Unintentional MVT 147	Assault 129
3	Unintentional Other Specified, NEC 21	Unspecified 36		Unintentional MVT 26	Unintentional Struck By/Against 44	Assault 84	Unintentional MVT 126
4	Unspecified 18	Unintentional Other Specified, NEC 29		Unintentional T/O OS, NEC 19 19	Unintentional MVT 38	Unspecified 75	Unintentional Poisoning 105
5	Assault 12	Unintentional Bites & Stings 23		Unintentional Bites & Stings 14	Unintentional Other Specified, NEC 26	Unintentional Poisoning 71	Unspecified 72

Note: MVT = Motor Vehicle Traffic. NEC = Not Elsewhere Classifiable. T/O = Transport, Other. OS = Other Specified. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2012. Incidence based on 2009 data from the state and obtained from the New Mexico State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). These injuries exclude patients who were dead at the time of discharge, readmission cases, transfers (e.g., from another short or long-term care facility, different acute care hospital), medical misadventures, and/or who suffered non-acute injuries. All counts were based on the patients' state of residence.

National Performance Measures

The Federal Maternal and Child Health Bureau Block Grant program requires State MCH programs to report on 18 National Performance Measures (NPM), two of which directly address injuries. NPM #10 addresses the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children. NPM #16 addresses the rate of suicide deaths among youths aged 15-19.

The following figures provide information related to NPMs #10 and #16.

NPM 10: Reducing Unintentional Motor Vehicle Deaths to Children Ages 0-14:

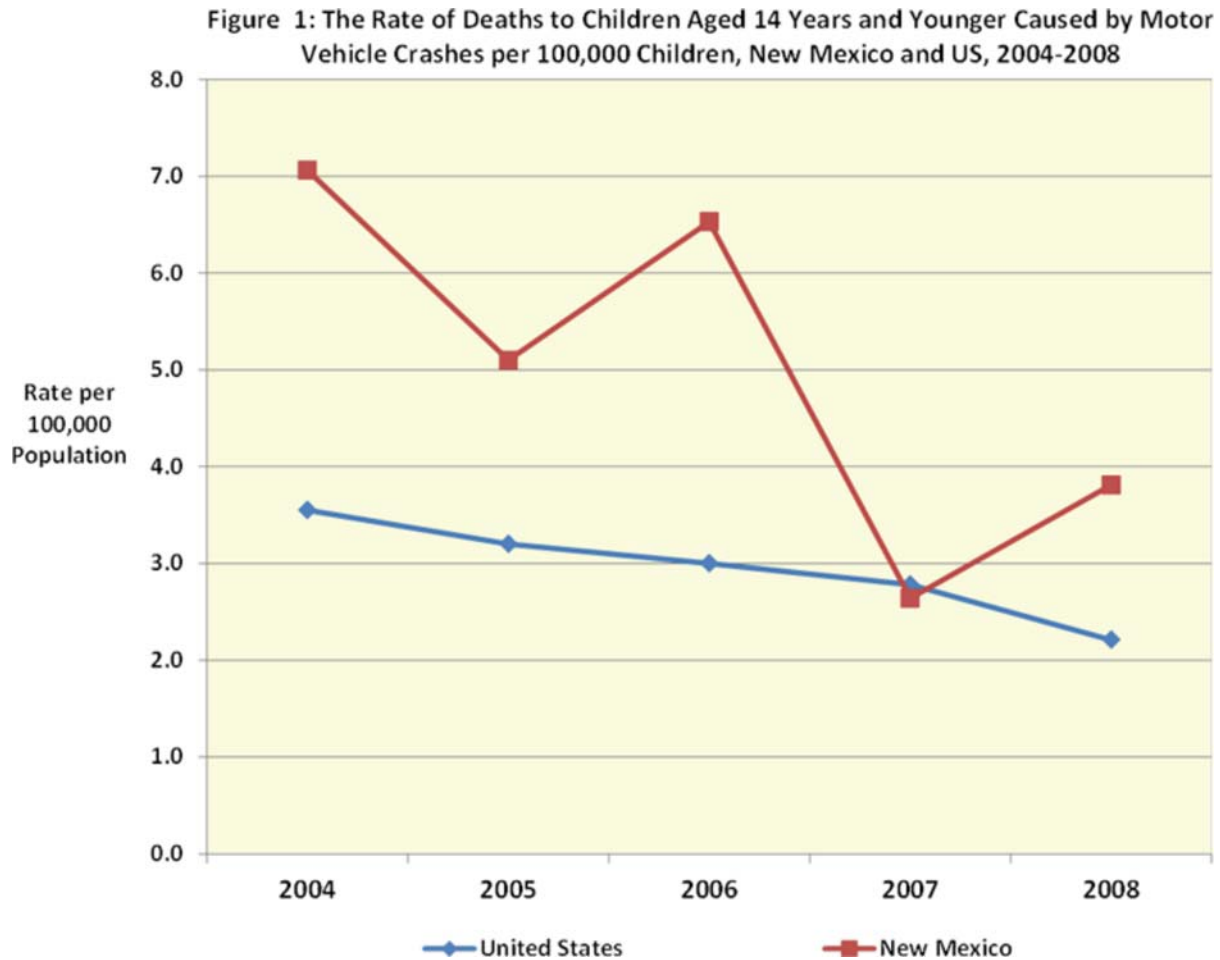
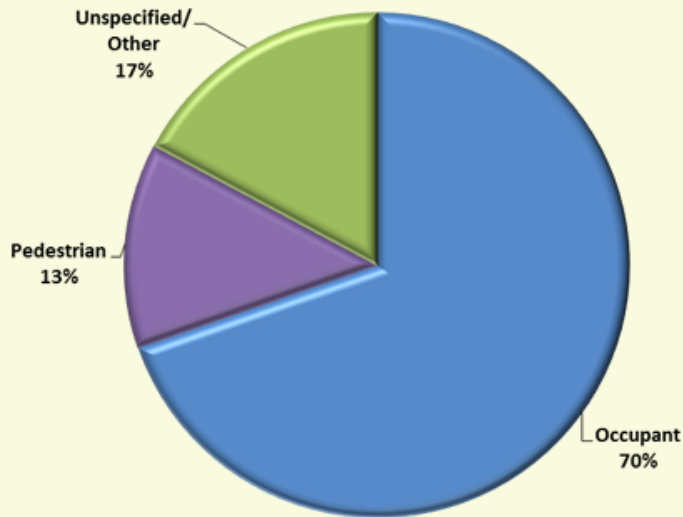


Figure 1 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)



70% of children ages 0-14 involved in a motor vehicle fatality were occupants.

Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type among Children Aged 0-14 for New Mexico, 2004-2008



Note: Unspecified/Other primarily includes cases where a child fatality was coded as an unspecified motor-vehicle accident or a collision between specified motor vehicles, among others. In addition, motorcyclist and pedal cyclist fatalities were collapsed into this category because incidence were fewer than 10 and data were from years 2004-2008.

Figure 2 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 3: Motor Vehicle Traffic Fatality Rates by Race among Children and Youths Aged 0-24 for New Mexico, 2003-2007

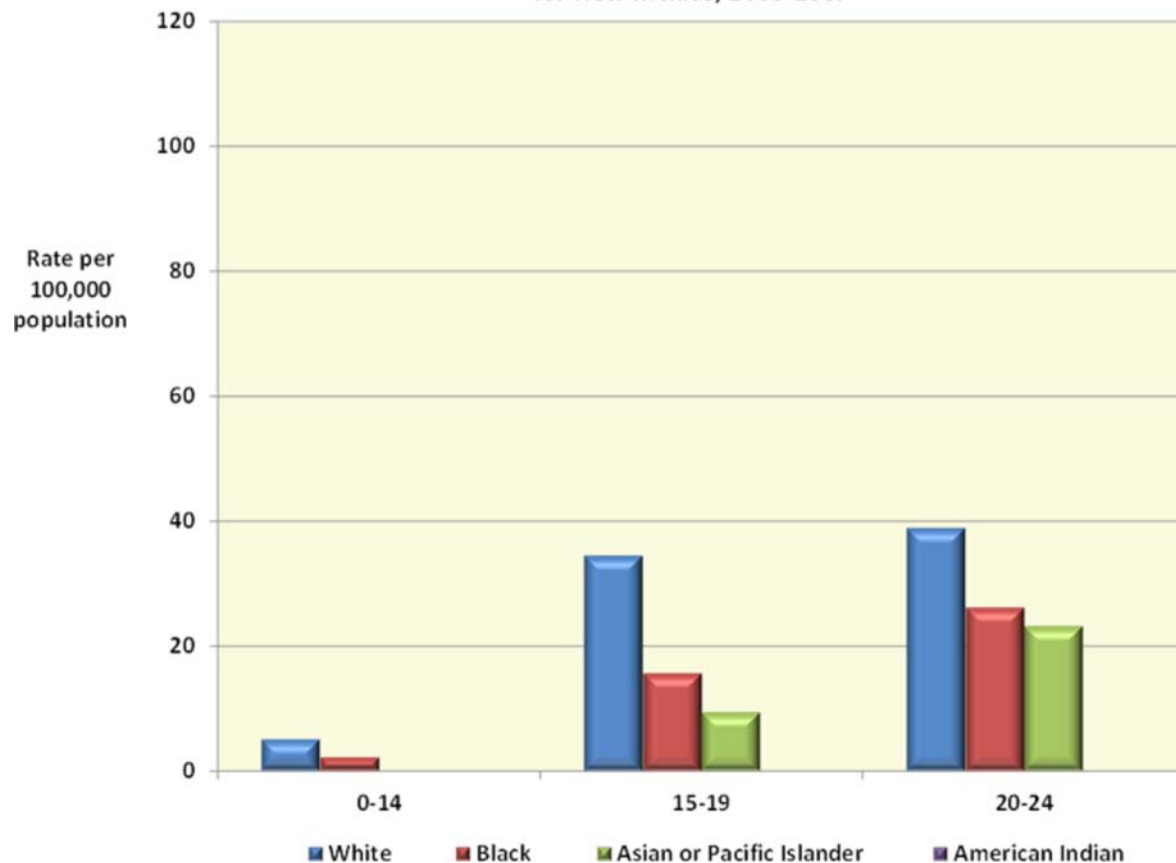
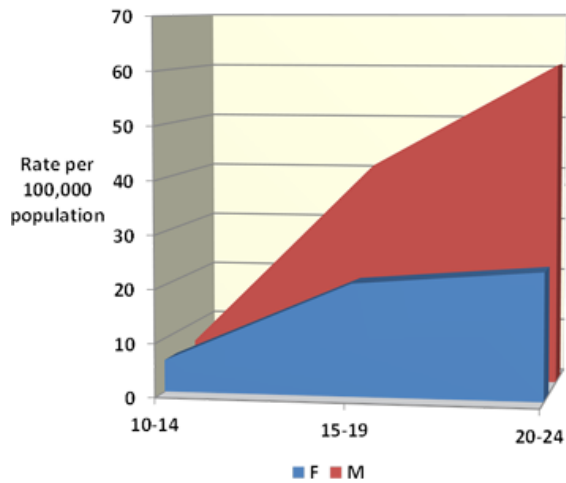


Figure 3 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

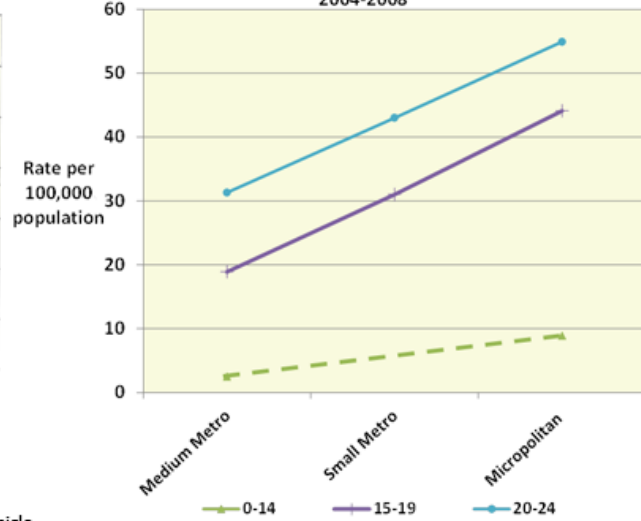
Figure 4: Motor Vehicle Traffic Fatality Rates by Gender among Children and Youths Aged 10-24 for New Mexico, 2004-2008



In the state of New Mexico from 2004 to 2008, the rate of motor vehicle crash involved fatalities for males age 15-19 was 96 percent higher than for females age 15-19.

Figure 4 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 5: Motor Vehicle Traffic Fatality Rates by Urbanicity among Children and Youths Aged 0-24 for New Mexico, 2004-2008



Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths, as indicated by a dotted line.

Figure 5 Source: [CDC WONDER Multiple Cause of Death data, 2003-2007](#) and [Urban-Rural Definition Classification System](#)

NPM 16: Reducing Suicide Deaths Among Teens Ages 15-19:

Figure 6: The Rate (per 100,000) of Suicide Deaths among Youths Aged 15 to 19, New Mexico and US, 2004-2008

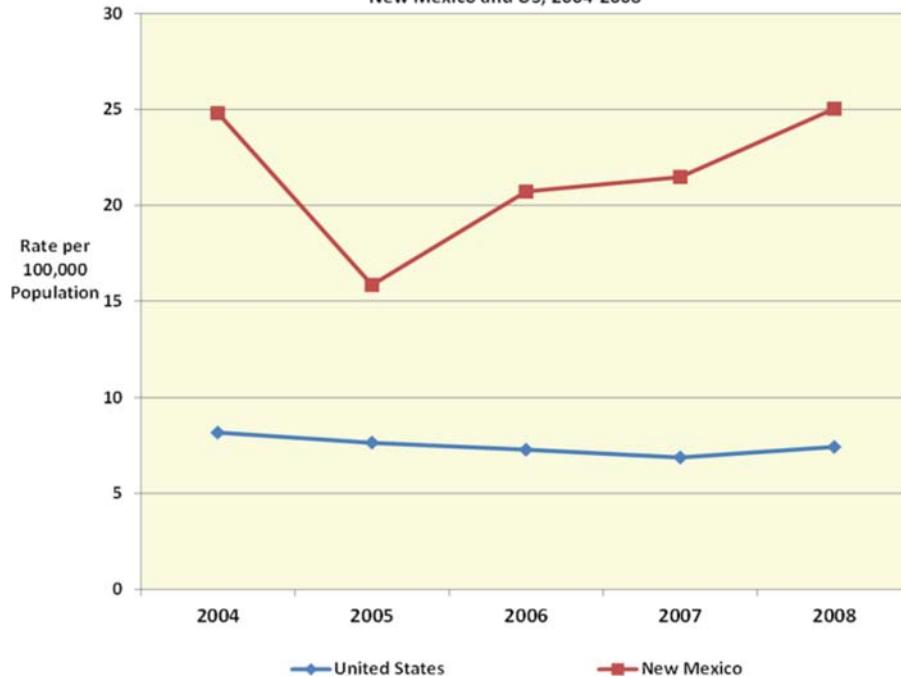
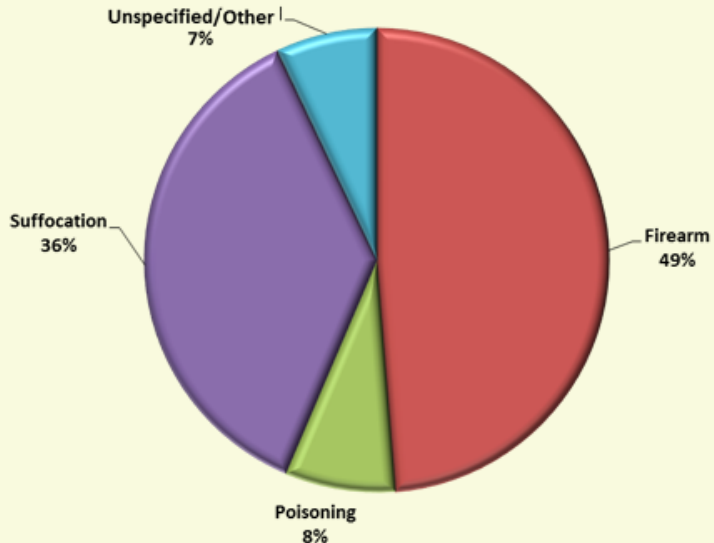


Figure 6 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7: Percentage Distribution of Completed Suicides by Means among Youths Aged 15 to 19, New Mexico, 2004-2008

49% of youth ages 15-19 completed suicide by using a firearm.



Note: Unspecified/Other includes all self-inflicted fatal injuries in which the mechanism was not identified or the coded mechanism was other than those named in the pie chart.

Figure 7 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 8: Percentage of High School Aged Children with Suicide Ideation, New Mexico and US, 2003-2009

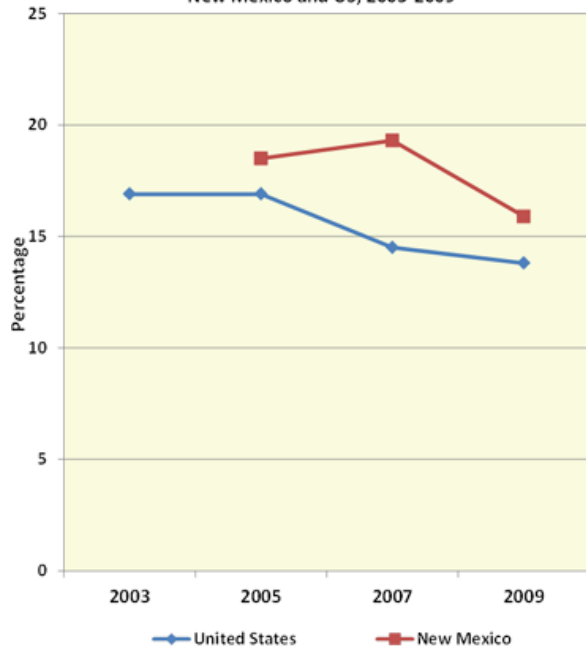
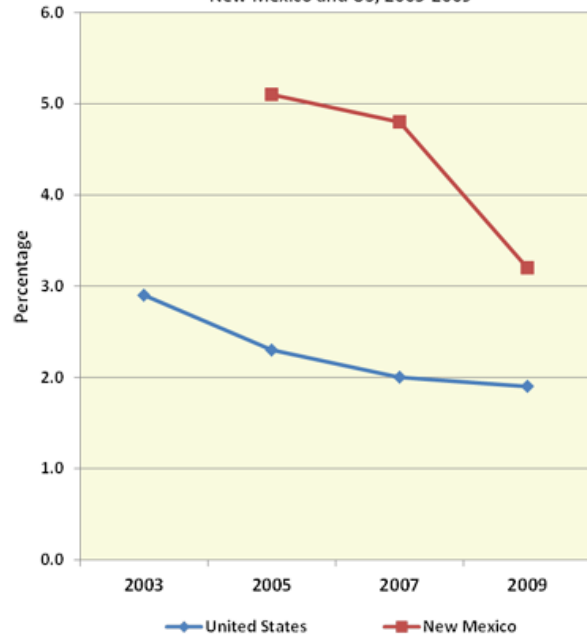


Figure 9: The Percentage of High School-Aged Children Treated for Suicide Attempt, New Mexico and US, 2003-2009



Figures 8 & 9 Source: [Youth Online: High School Youth Risk Behavior Survey \(YRBS\), 2003-2009](#)

Figure 10: The Rate (per 100,000) of Completed Suicides By Race among Youths Aged 15-24, New Mexico, 2003-2007

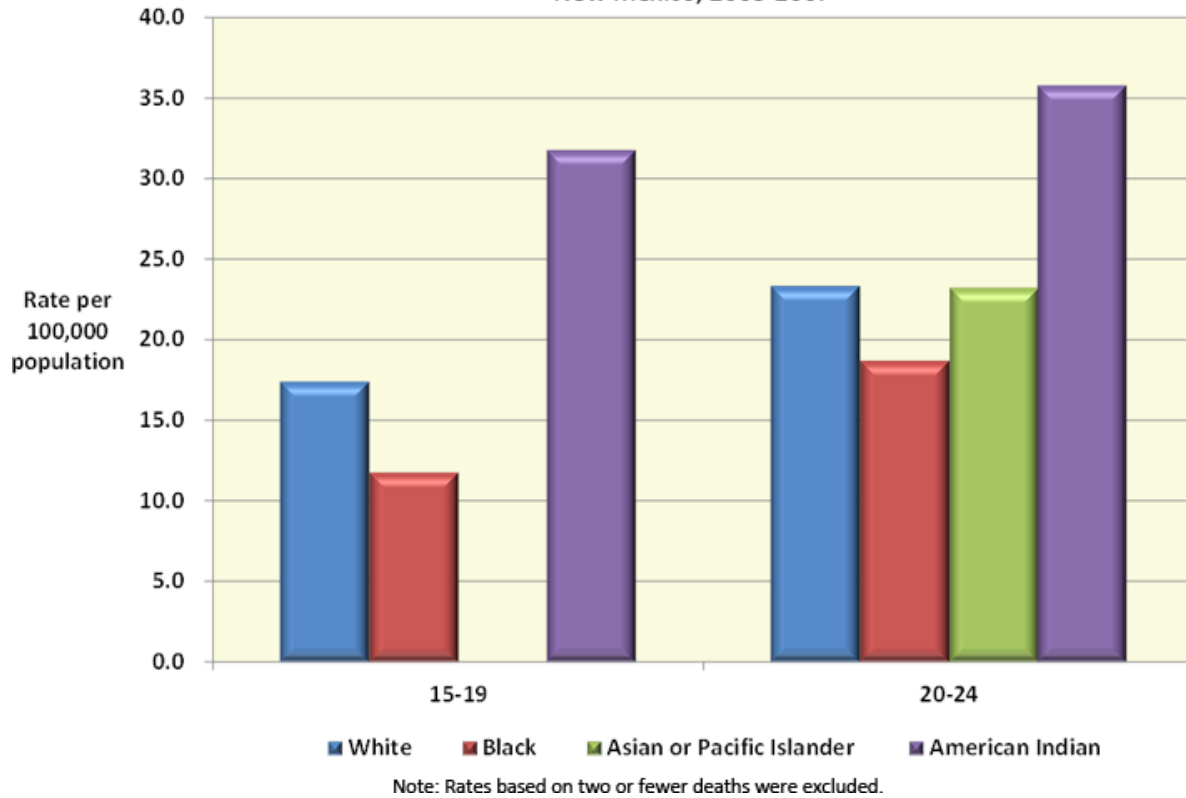
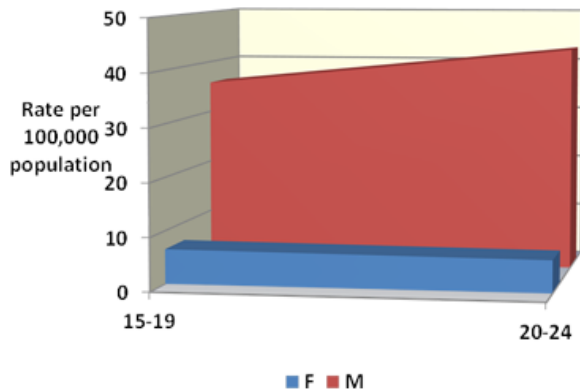


Figure 10 Source: [WISQARS Injury Mortality Reports, 2003-2007](#)

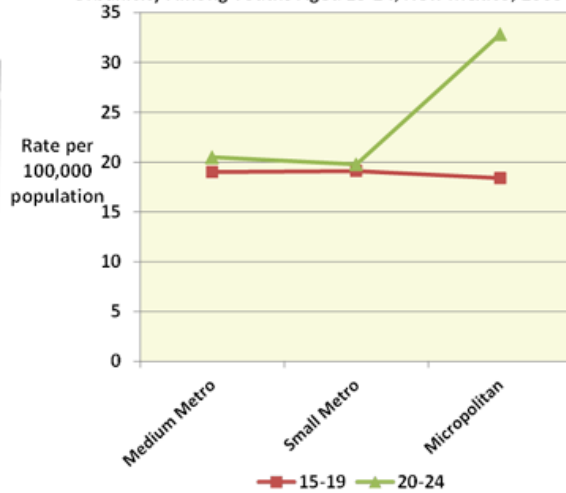
Figure 11: The Rate (per 100,000) of Completed Suicides by Gender among Youths Aged 15-24, New Mexico, 2004-2008



In the state of New Mexico from 2004 to 2008, the rate of suicide deaths for males age 15-19 is 4.6 times higher than for females age 15-19.

Figure 11 Source: [WISQARS Fatal Injury Reports, 2004-2008](#) and [WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 12: The Rate (per 100,000) of Completed Suicides by Urbanicity Among Youths Aged 15-24, New Mexico, 2003-2007



Data are only reported for urban areas that exist within the state. In addition, data for some age groups and areas are not reported due to few or no deaths.

Figure 12 Source: [CDC WONDER Multiple Cause of Death data, 2003-2007](#) and [Urban-Rural Definition Classification System](#)

IVP Health Status Indicators

The Maternal and Child Health Bureau requires every state to report on 12 Health Status Indicators. Six of the indicators are related to IVP. The two figures below reflect the data reported for the IVP Health Status Indicators by the state in their Maternal and Child Health Block Grant Application Form 17, 2011.

Figure 13: Nonfatal Injury Health Status Indicators, New Mexico 2005-2009

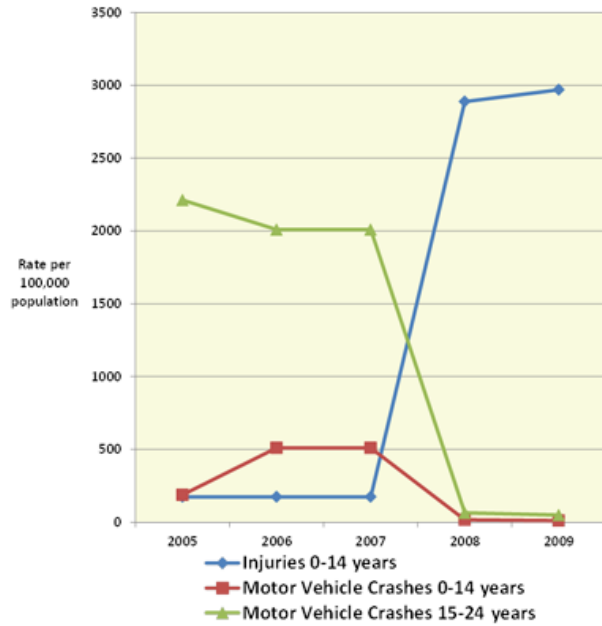
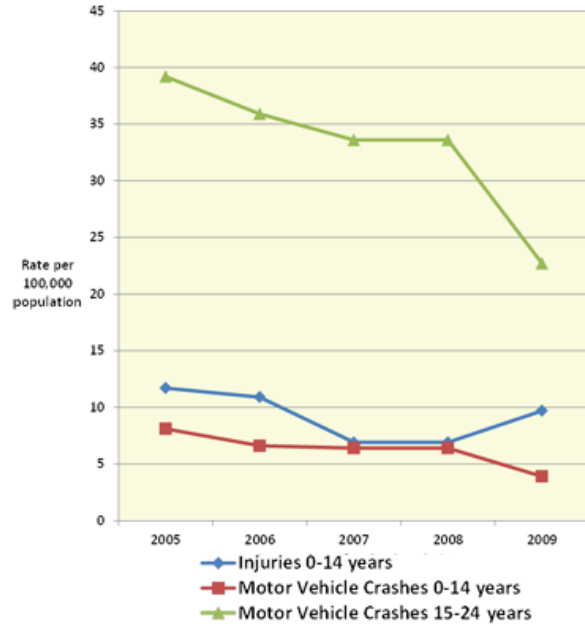


Figure 14: Fatal Injury Health Status Indicators, New Mexico 2005-2009



Figures 13 & 14 Source: [HRSA, Title V Information System Multi-Year Report](#)



State Specific Performance Measures and Priority Needs

Each state develops up to 7 – 10 State Performance Measures and priority needs. The following provides information about the states' selected 2012 injury-related performance measures and priority needs.

State Performance Measures:

New Mexico has the following injury-related State Performance Measures:

- To increase the percent of mothers receiving support services through community home visiting/support programs.
- To reduce the proportion of women who report being physically abused by husband or partner during pregnancy.

Priority Needs:

New Mexico has the following injury-related priority needs:

- Improve indicators of health in the preconception and perinatal periods, including but not limited to smoking, alcohol, folic acid use, family violence, intention of pregnancy, access to and use of health care, and maternal depression.
- Reduce indicators of violence affecting the MCH population with focus on reducing the number of children witnessing violence, the rate of substantiated child abuse and on reducing the percent of women who report physical abuse before and during pregnancy.
- Reduce rates of fatal and non-fatal unintentional injury among children and teens, with emphasis on interventions to prevent motor vehicle crash and household accident injuries.
- Promote positive youth development experiences with emphasis on building personal and social assets at the family, school, and community levels, with a view to reduce the proportion of youth who engage in risk behaviors that have serious, life-long consequences.

This fact sheet presents a cursory review of the injury morbidity and mortality data available for the state. The figures and tables in this fact sheet can help you understand the state's progress in addressing motor vehicle traffic injuries and suicide. To target and address these and other injury issues, it is critical to understand this data. CSN can assist you in conducting detailed data analyses, utilizing surveillance systems, and undertaking needs assessments. For assistance, contact the Children's Safety Network at csninfo@edc.org.

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Need TA? Have Questions? E-mail: csninfo@edc.org

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