



National Injury and Violence Prevention Resource Center

## New Mexico 2013 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

Table 1: Leading Causes and Total 5-Year Incidence of Deaths by Age Group, New Mexico, 2006-2010

Rank	Age Groups							
	<1	1 - 4	5 - 9	10 - 14	15-19		20-24	
1	Congenital Anomalies 200	Unintentional Injury 81	Unintentional Injury 36	Unintentional Injury 47	Unintentional Injury 286		Unintentional Injury 438	
2	Short Gestation 117	Congenital Anomalies 26	Malignant Neoplasms 18	Suicide 21	Suicide 150		Suicide 179	
3	SIDS 70	Homicide 18	Congenital Anomalies ****	Malignant Neoplasms 12	Homicide 88		Homicide 112	
4	Placenta Cord Membranes 43	Malignant Neoplasms 10	Influenza & Pneumonia ****	Homicide 11	Malignant Neoplasms 23		Malignant Neoplasms 44	
5	Maternal Pregnancy Comp. 38	Influenza & Pneumonia ****	Homicide ****	Congenital Anomalies 10	Congenital Anomalies 11	Heart Disease 11	Congenital Anomalies ****	Heart Disease ****

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

**Table 2. Leading Causes and Total 5-Year Incidence of Injury Deaths by Age Group, New Mexico, 2006-2010**

Age Groups													
Rank	<1		1 - 4		5 - 9		10 - 14		15-19		20-24		
1	Homicide 20		MV Traffic 35		MV Traffic 17		MV Traffic 30		MV Traffic 190		MV Traffic 248		
2	Suffocation 17		Drowning 18	Homicide 18	Other land transport ****		Suicide 21		Suicide 150		Suicide 179		
3	MV Traffic ****		Suffocation ****		Fire/ Burn ****	Homicide ****		Homicide 11		Homicide 88		Poisoning 142	
4	Drowning ****		Pedestrian, other ****		Suffocation ****		Drowning ****		Poisoning 61		Homicide 112		
5	Undetermined Suffocation ****		Fire/Burn ****		Struck by/ against ****	Drowning ****	Firearm ****	Other land transport ****	Drowning ****	Undetermined Poisoning 10	Drowning 10		

Note. 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 1-9 and are suppressed for data confidentiality purposes.

## Major Causes of Hospital-Admitted Injuries

**Table 3: Leading Causes and Annual Incidence of Hospital-Admitted Injuries by Age Group, New Mexico Residents, 2010**

Age Groups												
Rank	<1		1 - 4		5 - 9		10 - 14		15-19		20-24	
1	Fall 26	Other Specified, NEC 26	Fall 77		Fall 101		Fall 61		Self-Inflicted 203		Self-Inflicted 207	
2	Assault 19		Poisoning 42		MV Traffic 24		Self-Inflicted 47		MV Traffic 141		MV Traffic 171	
3	Unspecified 12		Other Specified, NEC 35		Other Specified, NEC 19		MV Traffic 34		Fall 80		Assault 121	
4	Poisoning 11		MV Traffic 33		Bites & Stings 14		Transport, other 33		Assault 57		Fall 67	
5	Struck By/ Against *		Fire/Burn 30		Pedal Cyclist, Other 12		Struck By/ Against 32		Struck By/ Against 53		Poisoning 66	

Note: MV = Motor Vehicle. NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at the Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013. Incidence based on 2010 data obtained from the New Mexico Department of Health. State Inpatient Data (SID) from the Healthcare Cost and Utilization Project (HCUP) developed by the 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.



Table 4: Leading Causes and Total Medical Cost in Thousands (\$1,000) for Hospital-Admitted Injuries by Age Group, New Mexico Residents, 2010

Rank	Age Groups					
	<1	1 - 4	5 - 9	10 - 14	15-19	20-24
1	Assault \$641	Fall \$560	Fall \$895	Struck By/ Against \$1,091	MV Traffic \$2,769	MV Traffic \$7,123
2	Poisoning \$261	Assault *	MV Traffic \$620	Fall \$1,074	Fall \$1,840	Fall \$1,347
3	MV Traffic *	Other Specified, NEC \$273	Suffocation *	MV Traffic \$779	Transport, other \$1,459	Self-inflicted \$1,096
4	Other Natural/ Environmental *	Suffocation *	Bites and stings \$168	Transport, other \$657	Struck By/ Against \$1,093	MVT Unspecified \$683
5	Fall \$87	Hot Object/ Substance \$231	Pedestrian *	Self-inflicted *	Self-inflicted \$980	Motorcyclist \$672

Note: MV = Motor Vehicle. NEC = Not Elsewhere Classifiable. Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013. Incidence based on 2010 data from the state and obtained from the XYZ State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality (AHRQ). Costs presented are medical costs in thousands. 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.

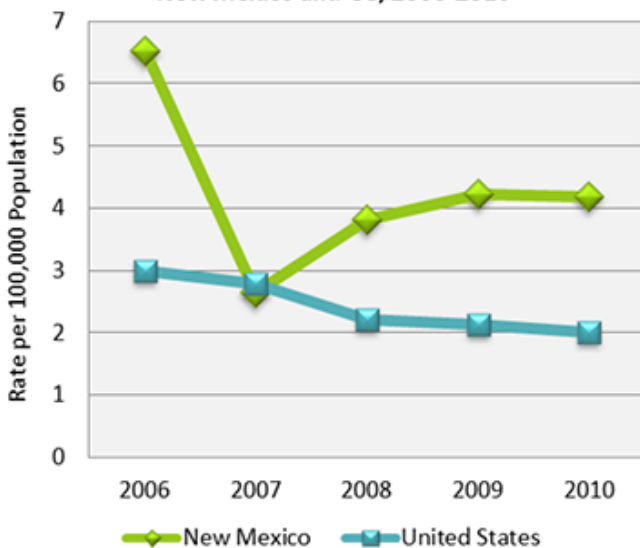
## National Performance Measures

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 (per 100,000) of suicide deaths among youths aged 15 through 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: Rate of Deaths Caused by Motor Vehicle Crashes, Children Aged 0 through 14, New Mexico and US, 2006-2010



Motor vehicle-related deaths remain a major cause of death for children 14 and under. Figure 1 shows the change in the rate of state motor vehicle-related deaths compared to the US rate from 2006-2010. Overall, the rate of death per 100,000 population declined steadily across the US during this period. Figure 2 provides a breakout of the fatalities by type distinguishing motor vehicle occupant deaths (of any vehicle type) from pedestrian and pedal cyclist fatalities. This information allows states to understand which types are responsible for most of the fatalities.

Figure 3 breaks out the fatalities by race and age group. There are considerable differences between races suggesting variations in social norms, safety practices, and the presence of risk factors, including child restraint system (CRS) or safety belt usage, alcohol involved crashes, and the use of helmets. Many factors may affect this variation. Figure 4 provides a breakdown of fatalities by gender and, although there is little variability between males and females for the 10-14 age group,

there is an increasing difference in the 15-24 age group. Figure 4 suggests that the female rate decreased for 20-24 year olds compared with the 15-19 year olds while male fatalities increased for 20-24 year olds.



Figure 2: Percentage Distribution of Motor Vehicle Traffic Fatalities by Type, Children Aged 0 through 14, New Mexico, 2006-2010

50% of children ages 0 through 14 involved in a motor vehicle fatality were occupants of the vehicle.

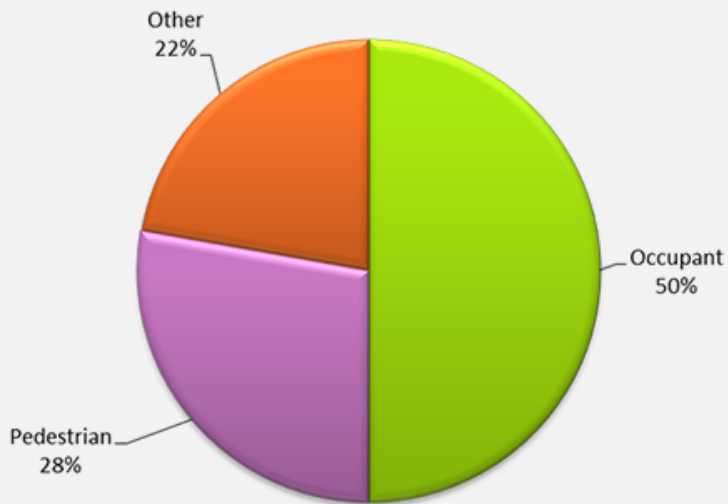


Figure 3: Motor Vehicle Traffic Fatality Rates by Race, Children and Youths Aged 0 through 24, New Mexico, 2006-2010

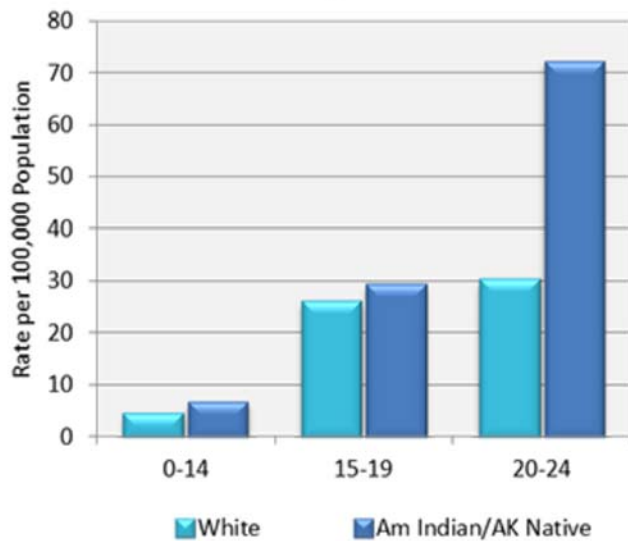
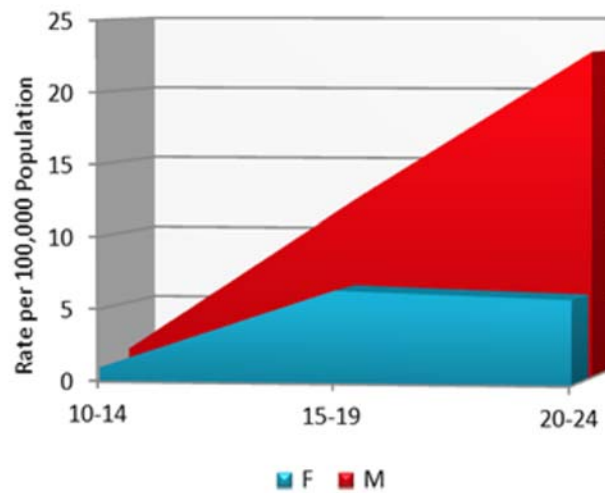


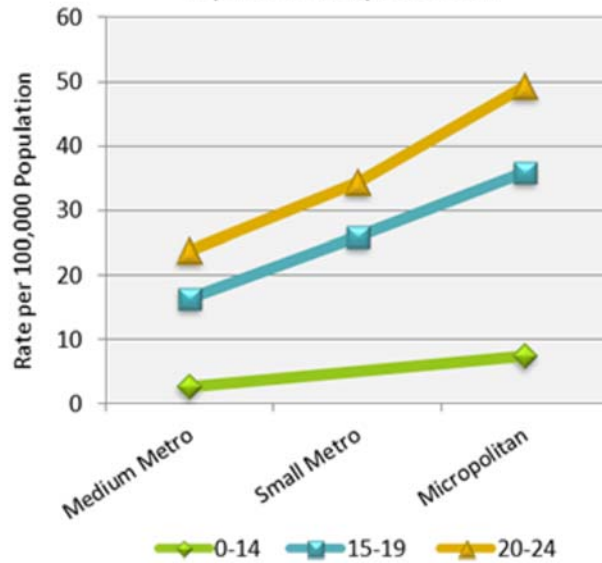
Figure 4: Motor Vehicle Traffic Fatality Rates by Gender, Children and Youths Aged 10 through 24, New Mexico, 2006-2010



One way of understanding disparities is to look at the rate of injuries by place of occurrence. To show this, CSN has provided the rates for the 0– 14, 15-19 and 20-24 age groups using the urban-rural classification system developed by the National Center for Health Statistics (NCHS). To show how injury rates vary by level of urbanization, a [table based on the classification system can be found here](#) and defines six levels of urbanization: large central metro, large fringe metro, medium metro, small metro, micropolitan, and noncore. Figure 5 shows how the rate varies by age group by place of occurrence/urban-rural setting. This information allows the state to better understand any disparity that may occur between the different settings. Data are provided only for those areas in which 20 or more deaths occurred.

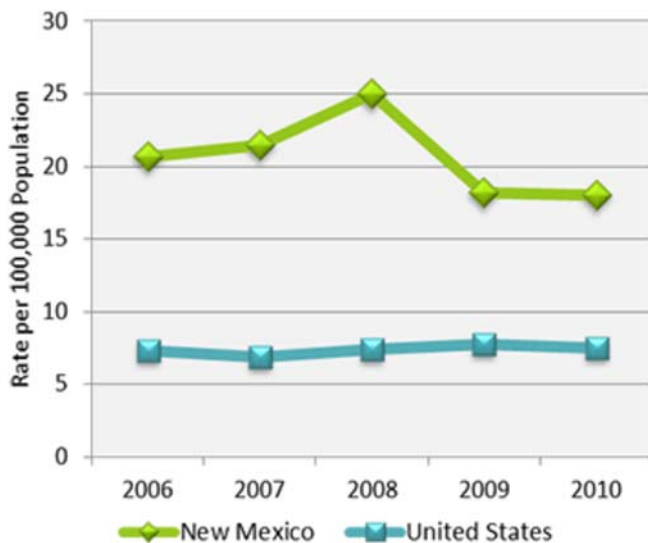
Many of these motor vehicle related deaths can be prevented through the implementation of a broad range of evidence-informed interventions and programs. These data are intended to provide a broad overview of the magnitude of the problem and to highlight possible disparities which may exist by race, gender, and urbanicity.

**Figure 5: Motor Vehicle Traffic Fatality Rates by Urbanicity, Children and Youths Aged 0 through 24, New Mexico, 2006-2010**



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

**Figure 6: Rate of Suicide Deaths, Youths Aged 15 through 19, New Mexico and US, 2006-2010**



Suicide is the 4th leading cause of death and the 3rd leading cause of injury-related death among US youth 10-24 years of age. According to the 2011 Youth Risk Behavior Surveillance Survey (YRBSS), 15.8% of students seriously considered attempting suicide and 7.8% of students attempted suicide one or more times in the 12 months prior to the survey. Although progress has been made over the past decade in reducing the rate of completed suicides nationally, this reduction has leveled off in the last few years. The following figures provide state-specific data related to suicide. Figure 6 shows the state rate from 2006-2010 for 15-19 year olds in comparison to the US rate for the same age group and time period. Figure 7 provides information on the means used by the 15-19 year olds for completed suicides. It is important to note that the actual number of suicides is often quite small thus resulting in considerable variation when looking at year to year rates.



Figure 7: Percentage Distribution of Completed Suicides by Means, Youths Aged 15 through 19, New Mexico, 2006-2010

44% of youth ages 15 through 19 completed suicide by using a firearm.

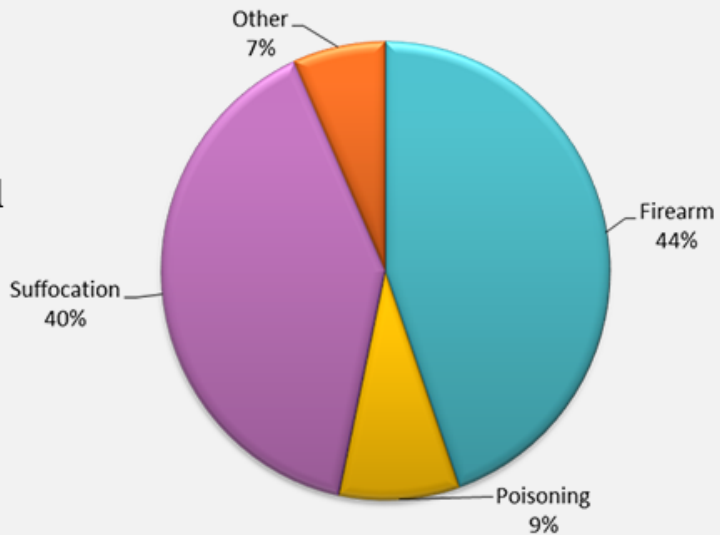


Figure 8: Percentage of High School-Aged Children with Suicide Ideation, New Mexico and US, 2003-2011

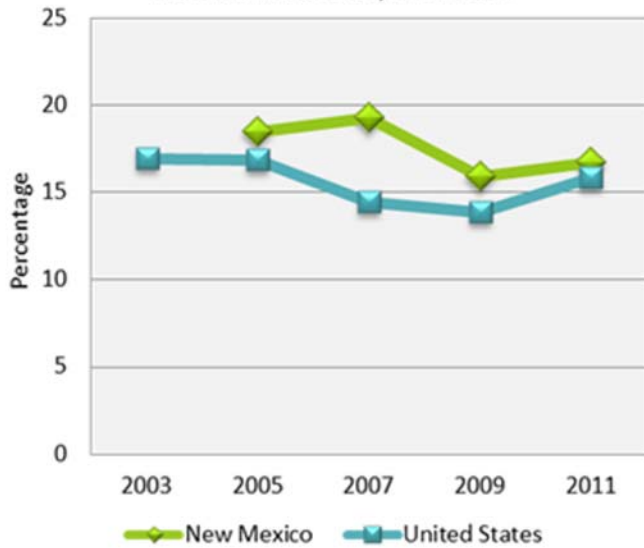
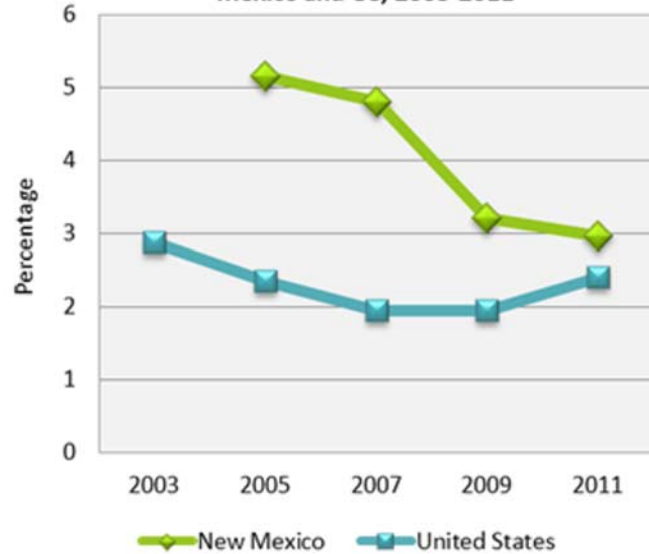
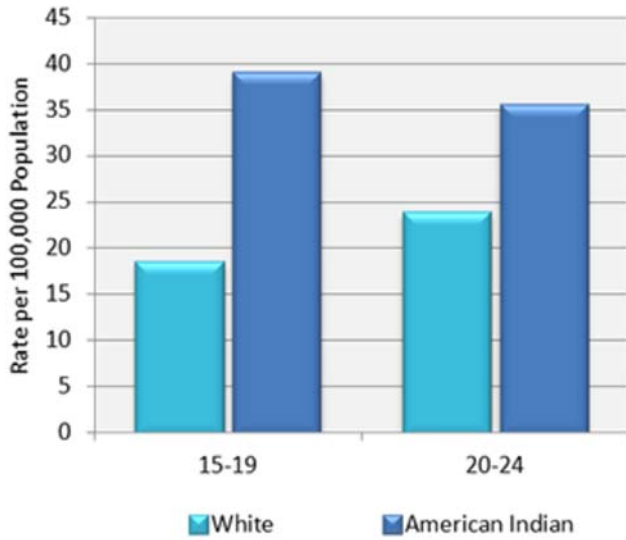


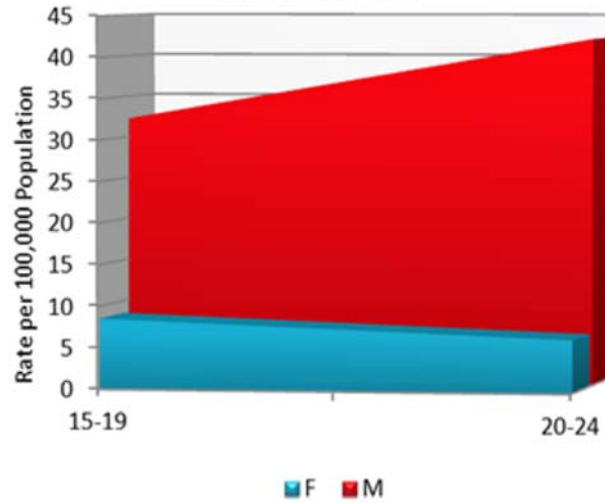
Figure 9: Percentage of High School-Aged Children Treated for Suicide Attempt, New Mexico and US, 2003-2011



**Figure 10: Rate of Completed Suicides by Race, Youths Aged 15 through 24, New Mexico, 2006-2010**



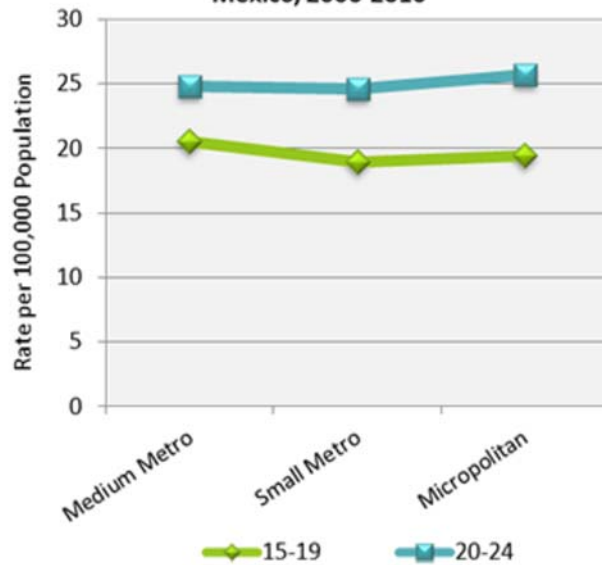
**Figure 11: Rate of Completed Suicides by Gender among Youths Aged 15 through 24, New Mexico, 2006-2010**



The YRBSS provides information about behaviors that contribute to unintentional and intentional violence among youth. Figures 8 and 9 provide information on the percentage of high school students with suicide ideation and the percentage who reported being medically treated for a suicide attempt from 2003-2011, respectively. This information and other information available in the YRBSS can help states understand how behaviors are changing within this age group.

Figure 10 shows how the rate differs by race for 15-19 and 20-24 year olds from 2006-2010. Figure 11 shows the difference by gender for the same age group and time period with the male rate for both age groups exceeding the female rate. Figure 12 looks at the variation in rate by urbanicity for 15-24 year olds with the rate increasing as rurality increases (see definition of urbanicity in Motor Vehicle section). This information provides a better understanding of the magnitude of the problem in different parts of the state, helping the state to identify environmental risk factors and facilitate decision making on where to target its suicide prevention efforts.

**Figure 12: Rate of Completed Suicides by Urbanicity, Youth Aged 15 through 24, New Mexico, 2006-2010**

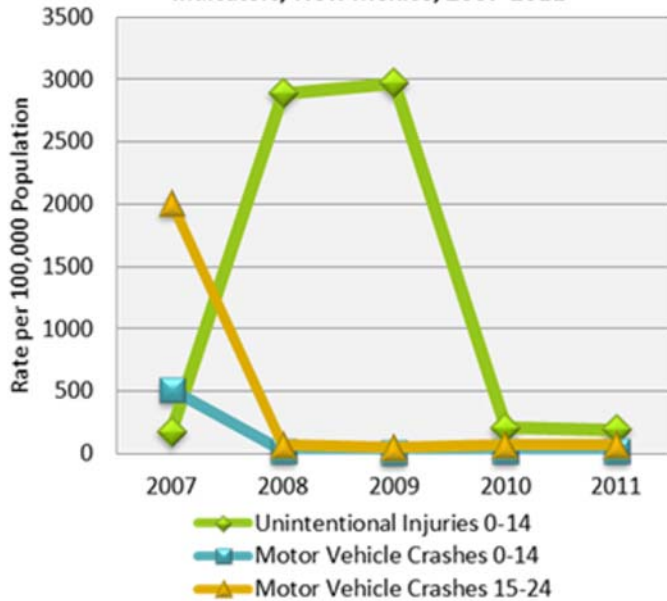




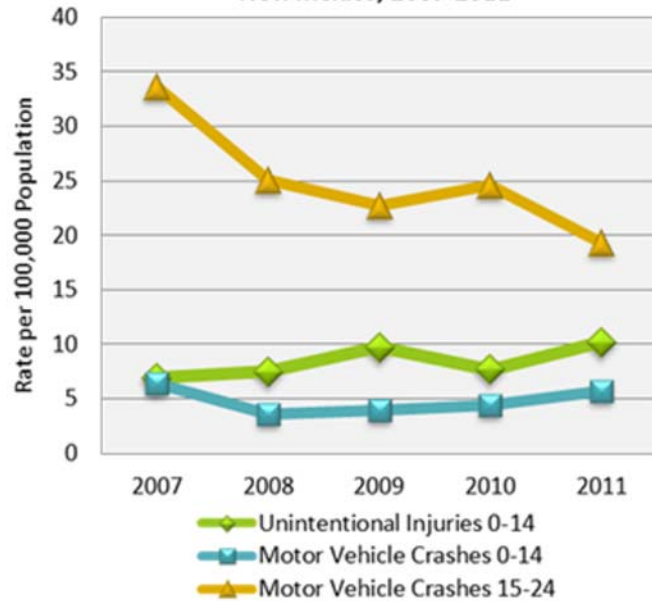
## IVP Health Status Indicators

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, 2012.

**Figure 13: Nonfatal Injury Health Status Indicators, New Mexico, 2007-2011**



**Figure 14: Fatal Injury Health Status Indicators, New Mexico, 2007-2011**



## 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 2013 injury-related performance measures and priority needs.

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

- Increase the percent of pregnant women and new mothers receiving support services through community home visiting programs.
- Reduce the proportion of women who report being physically abused by a husband or partner during pregnancy.

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 a focus on reducing the number of children witnessing violence, the rate of substantiated child abuse, and 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 an emphasis on building personal and social assets at the family, school, and community levels, and with a view to reducing the proportion of youth who engage in risk behaviors that have serious life-long consequences.

## State Contact Information

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**CDR Coordinator:** Paula Bauch, [paula.bauch@state.nm.us](mailto:paula.bauch@state.nm.us)



## State Fact Sheets Figure & Table Source Data

Table 1 Source: [WISQARS Leading Causes of Death Reports, 2006-2010](#)

Table 2 Source: National Center for Health Statistics, Multiple Cause of Death Data, 2006-2010

Table 3 Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013.

Table 4 Source: Children's Safety Network Economics and Data Analysis Resource Center (CSN EDARC), at Pacific Institute for Research and Evaluation (PIRE), Calverton, MD, January 2013.

Figure 1 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 2 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 3 Source: [WISQARS Injury Mortality Reports, 2006-2010](#)

Figure 4 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 5 Source: [CDC WONDER Multiple Cause of Death data, 2006-2010 and Urban-Rural Definition Classification System](#)

The classification scheme can be found at: <http://wonder.cdc.gov/wonder/help/CMF/Urbanization-Methodology.html>. 2006 NCHS Urban-Rural Classification Scheme for Counties, by Deborah D. Ingram and Sheila Franco.

Figure 6 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 7 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figures 8 & 9 Source: [Youth Online: High School Youth Risk Behavior Survey \(YRBS\), 2003-2011](#)

Figure 10 Source: [WISQARS Injury Mortality Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 11 Source: [WISQARS Fatal Injury Reports, 2006-2010 and WISQARS Injury Mortality Reports, 2003-2007](#)

Figure 12 Source: [CDC WONDER Multiple Cause of Death data, 2006-2010 and Urban-Rural Definition Classification System](#)

Figures 13 & 14 Source: [HRSA, Title V Information System Multi-Year Report](#). Some states may have changed their method of calculation.

## About Children's Safety Network

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.

In this fact sheet CSN provides 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](mailto:csninfo@edc.org).

### Connect with the Children's Safety Network

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CSN's website: <http://www.ChildrensSafetyNetwork.org>

CSN on Facebook: <http://www.facebook.com/childrenssafetynetwork>

CSN on Twitter: <http://www.twitter.com/childrenssafety>

Register for the CSN newsletter: <http://go.edc.org/csn-newsletter>

Need TA? Have Questions? E-mail: [csninfo@edc.org](mailto:csninfo@edc.org)

CSN is funded by the Health Resources and Services Administration's Maternal and Child Health Bureau (U.S. Department of Health and Human Services). A project of the Education Development Center, Inc.

January 2013