

# TRIBAL INJURY ATLAS

## NEW MEXICO AND SOUTHWEST COLORADO





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**Recommended Citation:**

Dixit A, Pecos-Duarte C, Waconda L, Espinoza J, and English K.

*Tribal Injury Atlas: New Mexico and Southwest Colorado.*

Albuquerque: Albuquerque Area Southwest Tribal Epidemiology Center,  
January 2020.

**For additional information, please contact:**

**Amruta Dixit, PhD, MPH**

Epidemiologist/Student Development Director

Albuquerque Area Southwest

Tribal Epidemiology Center

7001 Prospect Place NE

Albuquerque, NM 87110

P: 505-962-2601 or 1-800-258-6717

adixit@aaihb.org

**Kevin English, DrPH**

Director

Albuquerque Area Southwest

Tribal Epidemiology Center

7001 Prospect Place NE

Albuquerque, NM 87110

P: 505-962-2602 or 1-800-258-6717

kenglish@aaihb.org

**[www.aastec.net](http://www.aastec.net)**



**@aaihb.aastec**



# TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	7	<b>NEW MEXICO OPIOID POISONING EMERGENCY DEPARTMENT VISITS</b>		<b>COLORADO HOSPITALIZATION DATA</b>	
<b>EXECUTIVE SUMMARY</b> .....	9	Introduction .....	81	Introduction .....	113
<b>NEW MEXICO MORTALITY DATA</b>		Opioid Poisoning ED Visits .....	82	Falls Hospitalizations .....	114
Introduction .....	13	<b>NEW MEXICO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)</b>		Motor Vehicle Collision Hospitalizations .....	116
Ten Leading Causes of Mortality .....	14	Introduction .....	89	Poisoning Hospitalizations .....	118
Five Leading Causes of Injury-Related Mortality .....	15	Injury-Related Risk Factors .....	90	Suicide Attempt or Self-Harm Hospitalizations .....	119
Falls Mortality .....	17	<b>NEW MEXICO 2017 HIGH SCHOOL YOUTH RISK &amp; RESILIENCY SURVEY (YRRS)</b>		Assault Hospitalizations .....	120
Motor Vehicle Collision Mortality .....	22	Introduction .....	93	Other Types of Hospitalizations .....	122
Poisoning Mortality .....	27	Injury-Related Risk Factors .....	94	<b>HEALTHY KIDS COLORADO SURVEY (HKCS) 2017</b>	
Alcohol-Related Mortality .....	32	<b>NEW MEXICO 2017 MIDDLE SCHOOL YOUTH RISK &amp; RESILIENCY SURVEY (YRRS)</b>		Introduction .....	125
Drug Overdose Mortality .....	35	Introduction .....	97	Injury-Related Risk Factors (High School) .....	126
Suicide Mortality .....	37	Injury-Related Risk Factors .....	98	Injury-Related Risk Factors (Middle School) .....	130
Homicide Mortality .....	42	<b>COLORADO MORTALITY DATA</b>			
Fire and Smoke-Related Mortality .....	47	Introduction .....	101		
Drowning and Submersion Mortality .....	48	Ten Leading Causes of Mortality .....	102		
<b>NEW MEXICO HOSPITAL INPATIENT DISCHARGE DATA</b>		Motor Vehicle Collision Mortality .....	103		
Introduction .....	51	Poisoning Mortality .....	104		
Falls Hospitalizations .....	52	Suicide Mortality .....	106		
Motor Vehicle Collision Hospitalizations .....	57	Homicide Mortality .....	108		
Poisoning Hospitalizations .....	62	Other Types of Mortality .....	110		
Suicide Attempt or Self-Harm Hospitalizations .....	67				
Assault Hospitalizations .....	72				
Fire and Smoke-Related Injury Hospitalizations .....	77				

# LIST OF FIGURES & TABLES

## FIGURES

Figure 1: State of New Mexico . . . . .	13	Figure 17: NM AI/AN 2007–2015 Poisoning 3-Year Aggregate Mortality by Sex . . . . .	30	Figure 34: NM AI/AN Fire and Smoke-Related Injury 3-Year Aggregate Mortality . . . . .	47
Figure 2: Top Five Leading Causes of Injury Specific Mortality for AI/AN in New Mexico from 2007–2015 . . . . .	15	Figure 18: NM AI/AN 2007–2015 Poisoning 3-Year Aggregate Mortality Counts by Age Group . . . . .	31	Figure 35: Drowning and Submersion 3-Year Aggregate Mortality . . . . .	48
Figure 3: Top Five Leading Causes of Injury-Related Mortality in AI/AN in New Mexico By Year from 2007–2015. . . . .	16	Figure 19: NM AI/AN 2007–2015 Alcohol-Related Mortality . . . . .	32	Figure 36: NM AI/AN 2007–2015 Drowning and Submersion 9-Year Aggregate Mortality Counts by Age Group . . . . .	49
Figure 4: NM AI/AN 2007–2015 Falls Mortality . . . . .	17	Figure 20: NM AI/AN 2007–2015 Alcohol-Related Mortality Counts by sex. . . . .	33	Figure 37: NM 2007–2015 AI/AN Falls Hospitalizations . . . . .	52
Figure 5: NM AI/AN 2007–2015 Falls 3-year Aggregate Mortality . . . . .	18	Figure 21: NM AI/AN 2007–2015 Alcohol-Related Mortality Counts by Age Group . . . . .	34	Figure 38: NM AI/AN 2007–2015 Falls 3-Year Aggregate Hospitalizations . . . . .	53
Figure 6: NM AI/AN 2007–2015 Falls Mortality by Sex . . . . .	19	Figure 22: NM AI/AN 2007–2015 Drug Overdose Mortality. . . . .	35	Figure 39: NM AI/AN 2007–2015 Falls Hospitalizations by Sex . . . . .	54
Figure 7: NM AI/AN 2007–2015 Falls 3-Year Aggregate Mortality by Sex. . . . .	20	Figure 23: NM AI/AN 2007–2015 Drug Overdose Mortality Counts by Sex . . . . .	36	Figure 40: Falls 3-Year Aggregate Hospitalizations by Sex . . . . .	55
Figure 8: NM AI/AN 2007–2015 Falls 3-Year Aggregate Mortality Counts by Age Group . . . . .	21	Figure 24: NM AI/AN 2007–2015 Suicide Mortality. . . . .	37	Figure 41: NM AI/AN 2007–2015 Falls 3-Year Aggregate Hospitalizations Counts by Age Group. . . . .	56
Figure 9: NM AI/AN 2007–2015 Motor Vehicle Collision Mortality. . . . .	22	Figure 25: NM AI/AN 2007–2015 Suicide 3-Year Aggregate Mortality . . . . .	38	Figure 42: NM AI/AN 2007–2015 Motor Vehicle Collision Hospitalizations. . . . .	57
Figure 10: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Mortality . . . . .	23	Figure 26: NM AI/AN 2007–2015 Suicide Mortality by Sex. . . . .	39	Figure 43: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Hospitalizations . . . . .	58
Figure 11: NM AI/AN 2007–2015 Motor Vehicle Collision Mortality by Sex. . . . .	24	Figure 27: NM AI/AN 2007–2015 Suicide 3-Year Aggregate Mortality by Sex . . . . .	40	Figure 44: NM AI/AN 2007–2015 Motor Vehicle Collision Hospitalizations by Sex . . . . .	59
Figure 12: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Mortality by Sex . . . . .	25	Figure 28: NM AI/AN 2007–2015 Suicide 3-Year Aggregate Mortality Counts by Age Group . . . . .	41	Figure 45: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Hospitalizations by Sex . . . . .	60
Figure 13: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Mortality by Age Group . . . . .	26	Figure 29: NM AI/AN 2007–2015 Homicide Mortality. . . . .	42	Figure 46: NM AI/AN 2007–2015 Motor Vehicle Collision 3-Year Aggregate Hospitalizations by Age Group . . . . .	61
Figure 14: NM AI/AN 2007–2015 Poisoning Mortality . . . . .	27	Figure 30: NM AI/AN 2007–2015 Homicide 3-Year Aggregate Mortality . . . . .	43	Figure 47: NM AI/AN 2007–2015 Poisoning Hospitalizations . . . . .	62
Figure 15: NM AI/AN 2007–2015 Poisoning 3-Year Aggregate Mortality . . . . .	28	Figure 31: NM AI/AN 2007–2015 Homicide Mortality by Sex. . . . .	44	Figure 48: NM AI/AN 2007–2015 Poisoning 3-Year Aggregate Hospitalizations . . . . .	63
Figure 16: NM AI/AN 2007–2015 Poisoning Mortality by Sex . . . . .	29	Figure 32: NM AI/AN 2007–2015 Homicide 3-Year Aggregate Mortality by Sex . . . . .	45		
		Figure 33: NM AI/AN 2007–2015 Homicide 3-Year Aggregate Mortality by Age Group . . . . .	46		

Figure 49: NM AI/AN 2007–2015 Poisoning Hospitalizations by Sex . . . . .	64
Figure 50: NM AI/AN 2007–2015 Poisoning 3-Year Aggregate Hospitalizations by Sex . . . . .	65
Figure 51: NM AI/AN 2007–2015 Poisoning Hospitalization Counts by Age Group . . . . .	66
Figure 52: NM AI/AN 2007–2015 Suicide Attempt or Self-Harm Hospitalizations. . . . .	67
Figure 53: NM AI/AN 2007–2015 Suicide Attempt or Self-Harm 3-Year Aggregate Hospitalizations . . . . .	68
Figure 54: NM AI/AN 2007–2015 Suicide Attempt or Self-Harm Hospitalizations by Sex. . . . .	69
Figure 55: NM AI/AN 2007–2015 Suicide Attempt or Self-Harm 3-Year Aggregate Hospitalizations by Sex . . . . .	70
Figure 56: NM AI/AN 2007–2015 Suicide Attempt or Self-Harm Hospitalizations by Age Group . . . . .	71
Figure 57: NM AI/AN 2007–2015 Assault Hospitalization Counts and Rate . . . . .	72
Figure 58: NM 2007–2015 AI/AN Assault 3-Year Aggregate Hospitalization Counts and Rate . . . . .	73
Figure 59: NM AI/AN 2007–2015 Assault Hospitalization by Sex . . . . .	74
Figure 60: NM AI/AN 2007–2015 Assault 3-Year Aggregate Hospitalization by Sex . . . . .	75
Figure 61: NM AI/AN 2007–2015 Assault Hospitalization Counts by Age Group . . . . .	76
Figure 62: NM AI/AN 2007–2015 Fire and Smoke-Related Injury Hospitalizations. . . . .	77
Figure 63: NM 2007–2015 AI/AN Fire and Smoke-Related Injury 3-Year Aggregate Hospitalizations . . . . .	78

Figure 64: NM AI/AN 2010–2015 Opioid Poisoning ED Visit. . . . .	82
Figure 65: NM 2010–2015 Opioid Poisoning ED Visit. . . . .	83
Figure 66: NM AI/AN 2010–2015 Opioid Poisoning 3-Year Aggregate ED Visit . . . . .	83
Figure 67: NM AI/AN 2010–2015 Opioid Poisoning ED Visit by Sex. . . . .	84
Figure 68: NM AI/AN 2010–2015 Opioid Poisoning ED Visit Rates by Sex . . . . .	85
Figure 69: NM AI/AN 2010–2015 Opioid Poisoning ED Visit Rates by Age Group . . . . .	86
Figure 70: State of Colorado. . . . .	101
Figure 71: La Plata & Montezuma AI/AN 2006–2015 Motor Vehicle Collision Mortality . . . . .	103
Figure 72: La Plata & Montezuma AI/AN 2006–2015 Poisoning and Exposure to Noxious Substances Mortality . . . . .	104
Figure 73: La Plata & Montezuma AI/AN 2006–2015 Suicide Mortality . . . . .	106
Figure 74: La Plata & Montezuma AI/AN 2006–2015 Homicide Mortality . . . . .	108
Figure 75: La Plata & Montezuma AI/AN 2006–2015 Falls Hospitalizations. . . . .	114
Figure 76: La Plata & Montezuma AI/AN 2006–2015 Motor Vehicle Collision Hospitalizations . . . . .	116
Figure 77: La Plata & Montezuma AI/AN 2006–2015 Poisoning Hospitalizations . . . . .	118
Figure 78: La Plata & Montezuma AI/AN 2006–2015 Suicide Attempt or Self-Harm 3-Year Aggregate Hospitalizations . . . . .	119
Figure 79: La Plata & Montezuma AI/AN 2006–2015 Assault Hospitalizations . . . . .	120

## TABLES

Table 1: Ten Leading Causes of Death for AI/AN in New Mexico from 2007–2015 . . . . .	14
Table 2: NM AI/AN Alcohol-Related Mortality Counts by Sex . . . . .	33
Table 3: NM AI/AN Drug Overdose Mortality Counts by Sex . . . . .	36
Table 4: NM AI/AN 2010–2015 Opioid Poisoning ED Visit RATES by Age Group . . . . .	87
Table 5: Injury-Related Risk Factors in NM BRFSS 2011–2017 AI/AN Adults. . . . .	90
Table 6: Injury-Related Risk Factors in NM YRRS 2017 High School Students . . . . .	94
Table 7: Risk Factors in NM YRRS 2017 Middle School Students . . . . .	98
Table 8: Ten Leading Causes of Death for AI/AN in La Plata and Montezuma Counties, CO from 2006–2015 . . . . .	102
Table 9: Injury-Related Risk Factors-Healthy Kids Colorado Survey 2017 High School Students . . . . .	126
Table 10: Injury-Related Risk Factors-Healthy Kids Colorado Survey 2017 Middle School Students . . . . .	130







# INTRODUCTION

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This report provides an overview of injury among American Indian and Alaska Native people living in New Mexico and Southwestern Colorado. Topics covered include deaths and hospitalizations due to injury. Furthermore, it looks at both the Healthy Kids Colorado Survey and the New Mexico Youth Risk and Resiliency Survey to describe risk behaviors within the American Indian/Alaska Native (AI/AN) youth populations of the two states. The report also draws upon aggregated New Mexico Behavioral Risk Factor Surveillance System data to present injury-related risk behaviors in the adult AI/AN population in New Mexico. A special section on opioid misuse presents data on drug overdoses due to opioid misuse as well as state-level data on opioid poisonings resulting in emergency department visits.

In most circumstances, the AI/AN data for a particular topic are not shown in comparison to topical data for another race or ethnicity. This action was taken in a deliberate attempt to allow the AI/AN communities in New Mexico and Southwestern Colorado to make their own determinations with regards to which area of injury prevention needed the most attention. Injury, especially injury caused by a motor vehicle collision, was one of the leading causes of death among the AI/AN population in New Mexico. Unintentional injuries (such as motor vehicle collisions, falls, poisoning, etc.) were the highest cause of

death by counts for both AI/AN men and women in New Mexico from 2007 to 2015 and homicide, an intentional injury, was the 10<sup>th</sup> highest cause of death by count for both sexes in the AI/AN population in New Mexico in the same time period. Similarly in Southwestern Colorado, the American Indian and Alaska Native populations of La Plata and Montezuma counties saw a higher death rate from unintentional injuries than from intentional injuries.

The data presented here were compiled from a variety of sources and as with all data, had their limitations. As expected, the mortality data are the most accurate of all sourced data. The hospitalization data for New Mexico do not include any federal data from the Indian Health Service hospitals or from the Veterans' Affairs hospital system. Racial misclassification may also be a concern when considering datasets from the hospital systems where providers may not have time or the ability to accurately record a patient's race and ethnicity. Despite the limitations outlined here, we are confident that this report harbors some of the most comprehensive information available on injuries and injury-related risk behaviors for the AI/AN population throughout New Mexico and Southwestern Colorado. We hope it will serve as a useful resource to those involved in AI/AN injury-related work and allows for more effective translation of data to meaningful action for tribal communities.







# EXECUTIVE SUMMARY

## NEW MEXICO MORTALITY DATA (2007–2015)

- Unintentional injuries were the leading cause of death by count among AI/AN in New Mexico from 2007 to 2015.
- Motor vehicle collisions were the largest contributor to injury deaths for AI/AN in NM from 2007 to 2015 by both count and rate.
- AI/AN aged 55+ years had the highest falls-related mortality of any age group. Falls-related mortality was also higher among AI/AN males than females.
- Motor vehicle collision mortality count and mortality rate per 100,000 was higher among NM AI/AN males than females. NM AI/AN motor vehicle collision mortality was highest among the 15–34 year age group for all nine years observed.
- NM AI/AN males had significantly higher poisoning mortality rates than females for all observed years.
- From 2007–2015, NM AI/AN alcohol poisoning mortality was significantly higher among AI/AN males than females for all nine years. For most years, fewer than 10 alcohol poisoning deaths were reported for NM AI/AN females.
- From 2007–2015, NM AI/AN suicide mortality by counts and rate was significantly higher (more than double) among males compared to females. Also, AI/AN aged 15–34 years had the highest suicide mortality by counts of any age group.
- NM AI/AN males had a significantly higher homicide death count and homicide mortality rate in comparison to females from 2007–2015. Also, AI/AN aged 15–34 years had the highest homicide mortality of any age group.

## NEW MEXICO HOSPITAL INPATIENT DISCHARGE DATA (2007–2015)

- AI/AN aged 55 years or older had significantly higher fall hospitalizations counts than any other age group and the number of hospitalizations nearly doubled within this age group from 2007 to 2015.
- From 2007–2015, NM AI/AN motor vehicle collision hospitalization count and age-adjusted rate per 100,000 was higher among males.
- From 2007–2015, NM AI/AN suicide attempt or self-harm hospitalization counts were much higher among the 15–34 year age group compared to all other age groups
- NM AI/AN assault hospitalization rate was significantly higher (more than double) among males than females from 2007–2015.

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## NM BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2011–2015)

- Roughly one in ten (9.3%) AI/AN adults do not always wear a seatbelt.
- About one-third (33.0%) of surveyed AI/AN adults currently use alcohol. The difference between AI/AN male and female current use of alcohol was statistically significant.
- AI/AN males (19.1%) were significantly more likely to binge drink than women (10.3%).
- Over one-third (35.8%) of AI/AN adults aged 45 years or older have had a fall in the past 12 months.
- Among those 45 years old or older, 15.4% of AI/AN adults have been injured by a fall.

## NM HIGH SCHOOL YOUTH RISK AND RESILIENCY SURVEY (2017)

- About a third (33.8%) of AI/AN high school students have texted or emailed while driving.
- The vast majority (87.3%) of AI/AN high school students have not worn a helmet while riding a bike in the past 12 months.
- About a quarter (25.3%) of AI/AN high school student have carried a weapon in the past 30 days.

## NM MIDDLE SCHOOL YOUTH RISK AND RESILIENCY SURVEY (2017)

- AI/AN middle school male students are significantly more likely than AI/AN female students to have been in a physical fight.
- Over one-fourth (26.8%) of AI/AN middle school students have ever considered suicide. AI/AN middle school girls were significantly more likely to report suicide ideation than boys.
- Approximately one in ten (11.1%) of AI/AN middle school students currently use alcohol.

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## **SOUTHWESTERN COLORADO DEATHS— LA PLATA & MONTEZUMA COUNTIES (2006–2015)**

- AI/AN aged 15–34 years had the highest motor vehicle collision mortality by count of any age group.
- AI/AN aged 15–34 and 35–54 years had the most accidental poisoning and exposure by count to noxious substances mortalities. The age-adjusted mortality rate/100,000 for accidental poisoning and exposure to noxious substances was higher among AI/AN males than females.
- AI/AN aged 15–34 years had the highest suicide mortality by count of any age group.
- AI/AN aged 15–34 years had the highest homicide mortality by count of any age group. Homicide mortality by count were higher among males than females.

## **SOUTHWESTERN COLORADO HOSPITALIZATIONS— LA PLATA & MONTEZUMA COUNTIES (2006–2015)**

- AI/AN aged 55 years or older had significantly higher fall hospitalizations by count than any other age group.
- SW CO AI/AN assault hospitalization rate was significantly higher (more than double) among males than females from 2006-2015.

## **SOUTHWESTERN COLORADO HIGH SCHOOL HEALTHY KIDS COLORADO SURVEY (2017)**

- About a quarter of AI/AN high school students in SW CO texted or emailed while driving in the past 30 days.
- A little over one-seventh (15.2%) of the AI/AN high school students in SW CO reported driving a vehicle after using marijuana.
- About a fifth of AI/AN high school students in SW CO (21.9%) seriously considered attempting suicide in the past 12 months

## **SOUTHWESTERN COLORADO MIDDLE SCHOOL HEALTHY KIDS COLORADO SURVEY (2017)**

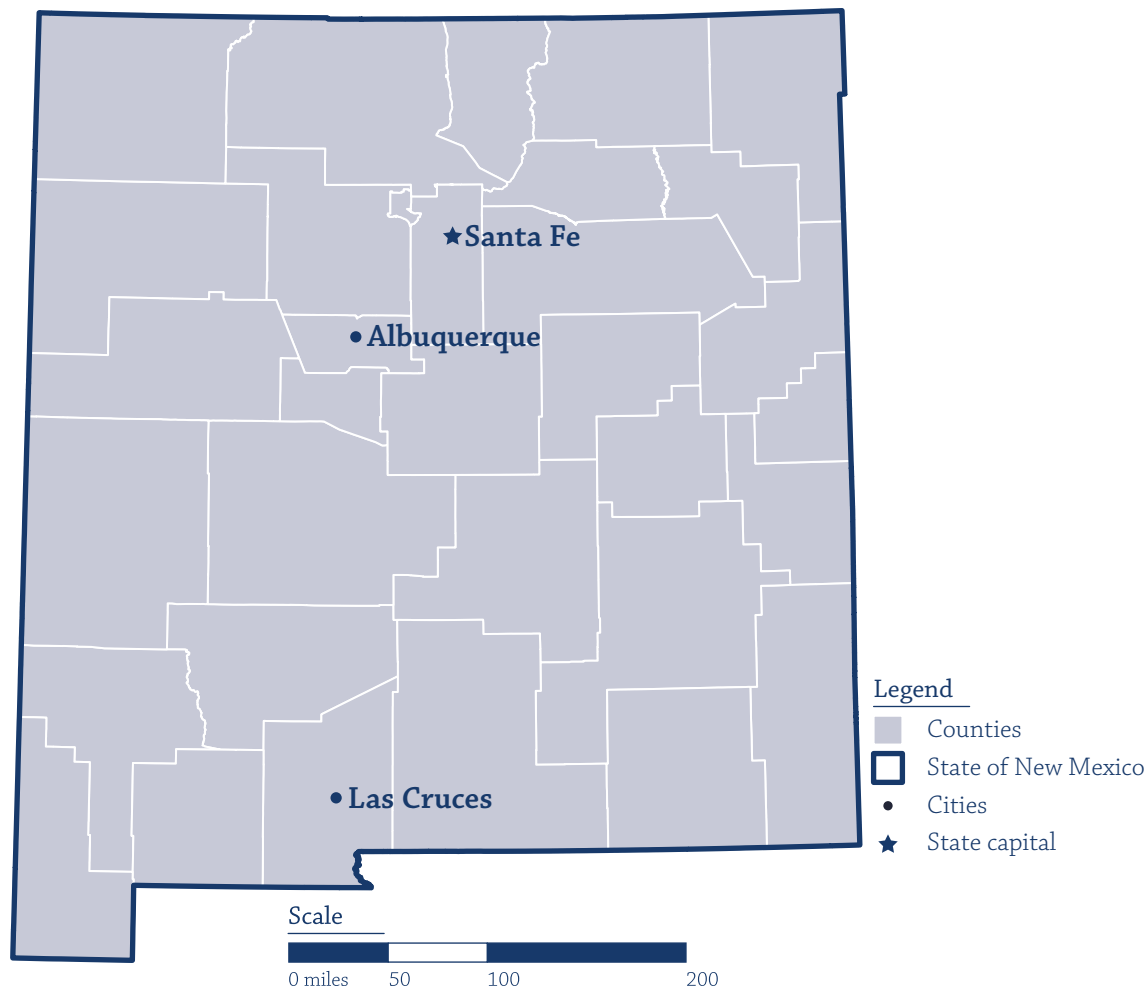
- Four in ten AI/AN middle school female students have seriously considered suicide.
- About a quarter of them (25.5%) have ever attempted suicide.
- More than a fifth (21.1%) of AI/AN middle school students in SW CO have ridden in a car with a driver who has been drinking.





# NEW MEXICO MORTALITY DATA

**FIGURE 1.**  
**STATE OF NEW MEXICO**



## INTRODUCTION

Between 2007 and 2015, there were 2,341 injury deaths in the New Mexican American Indian/Alaska Native (AI/AN) population. Additionally, there were 822 alcohol-related injury deaths and 247 drug overdose deaths in the same population during this time period. Mortality data is reported in this atlas for the following categories:

- Falls
- Motor vehicle collision
- Poisoning
- Suicide
- Homicide
- Fire and smoke
- Drowning and submersion
- Non-accidental alcohol poisoning
- Alcohol-related mortality
- Drug overdose

All mortality data reported here was collected from **New Mexico's Indicator-Based Information System (NM-IBIS)** and the **Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)** by the Albuquerque Area Southwest Tribal Epidemiology Center. Suppressed data were defined as fewer than three deaths in a given time period or category when using NM IBIS data and as fewer than ten deaths when using data from CDC WONDER.

## TEN LEADING CAUSES OF MORTALITY

**TABLE 1**  
**TEN LEADING CAUSES OF MORTALITY FOR AI/AN IN NEW MEXICO FROM 2007–2015**

Rank	Causes of mortality*	Age-adjusted mortality rate per 100,000 population	Number of deaths
1	Unintentional injuries	78.9	1,598
2	Cancer	76.6	1,552
3	Heart disease	68.2	1,381
4	Chronic liver disease and cirrhosis	41.4	838
5	Diabetes mellitus	41.2	835
6	Suicide	19.7	400
7	Influenza and pneumonia	19.1	387
8	Cerebrovascular disease (stroke)	17.5	354
9	Kidney disease	12.4	251
10	Homicide	10.9	251

Notes:

1. As indicated by a single asterisk (\*), ICD10 codes in order listed: V01-X59, Y85-Y86; C00-C97; I00-I09, I11, I13, I20-I51; K70, K73-K74; E10-E14; X60-X84, Y87.0, U03; J09-J18; I60-I69; N00-N07, N17-N19, N25-N27; X84-Y09, Y87.1, U01-U02.

2. Data source: New Mexico Department of Health Indicator-Based Information System.

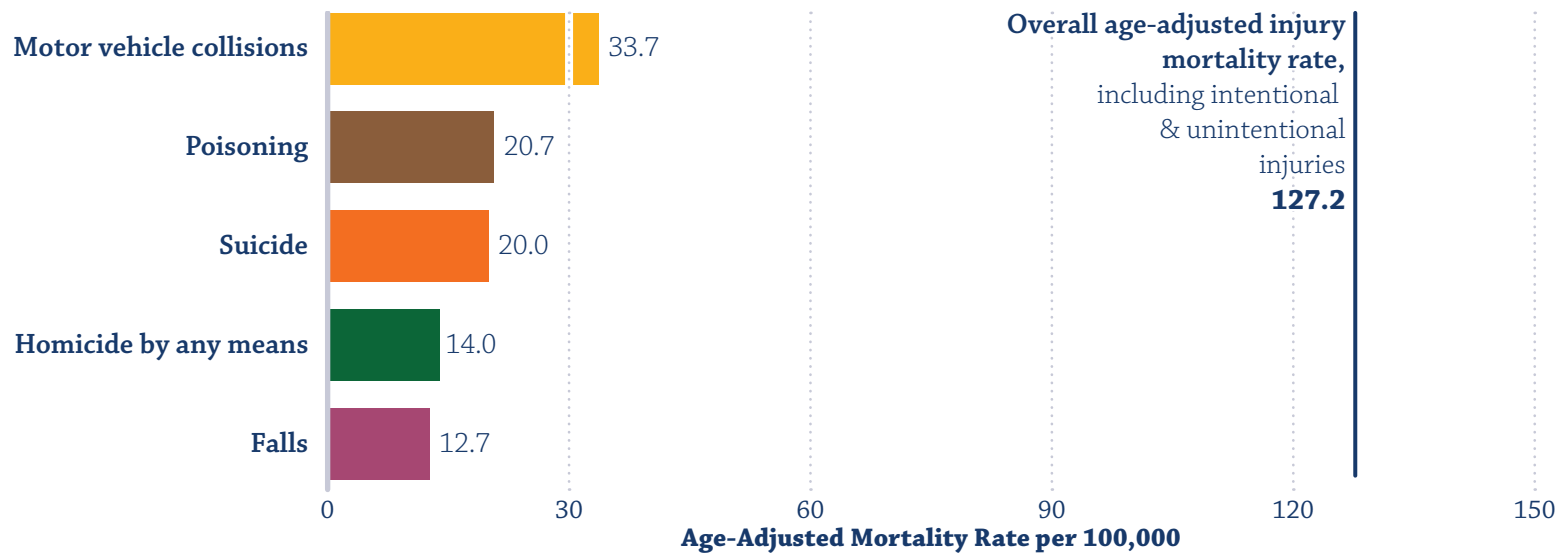
■ Unintentional injuries were the leading cause of mortality by number of deaths (1,598) in New Mexico during the period from 2007 to 2015.



## FIVE LEADING CAUSES OF INJURY-RELATED MORTALITY

**FIGURE 2**

**TOP FIVE<sup>2</sup> LEADING CAUSES OF INJURY-SPECIFIC MORTALITY FOR AI/AN IN NEW MEXICO FROM 2007–2015**



Note:

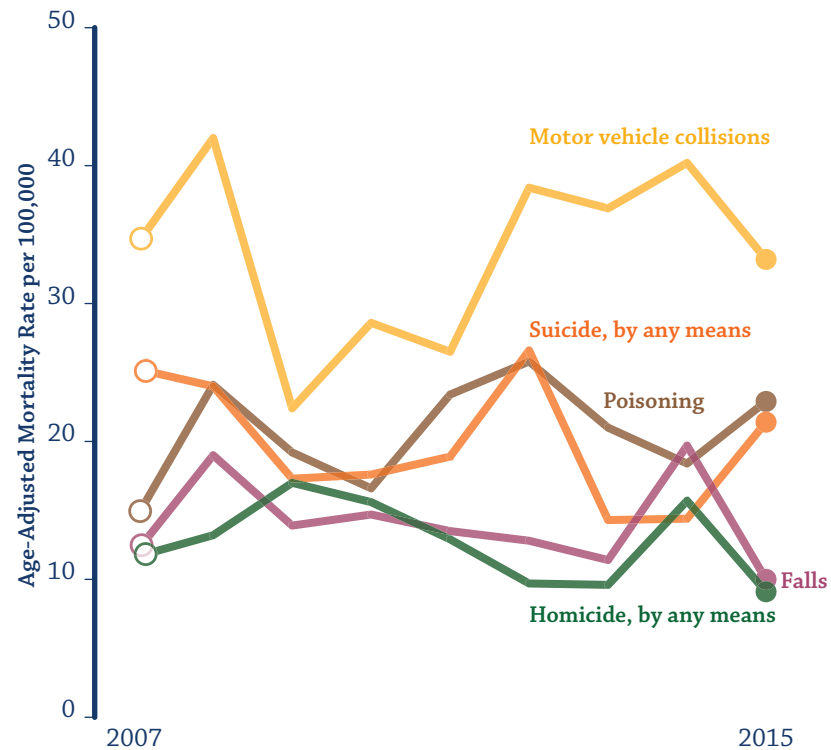
1. Data source: New Mexico Department of Health Indicator-Based Information System.
2. Officially, the 5<sup>th</sup> leading cause of death by rate and count was from “injury due to other and unspecified nontransport accidents and their sequelae.” However, due to the fact that this category consists of an amalgamation of multiple causes, it was omitted in favor of including falls-related mortality on the list.

■ During the period 2007-2015, the injury-related death rate for all causes was 127.2 deaths per 100,000 population among AI/AN in New Mexico.

■ Motor vehicle collisions were the leading cause of injury-related deaths among AI/AN in New Mexico (33.7 deaths per 100,000 population).

## FIVE LEADING CAUSES OF INJURY-RELATED MORTALITY

**FIGURE 3**  
**TOP FIVE LEADING CAUSES OF INJURY-RELATED MORTALITY**  
**IN AI/AN IN NEW MEXICO BY YEAR FROM 2007-2015**



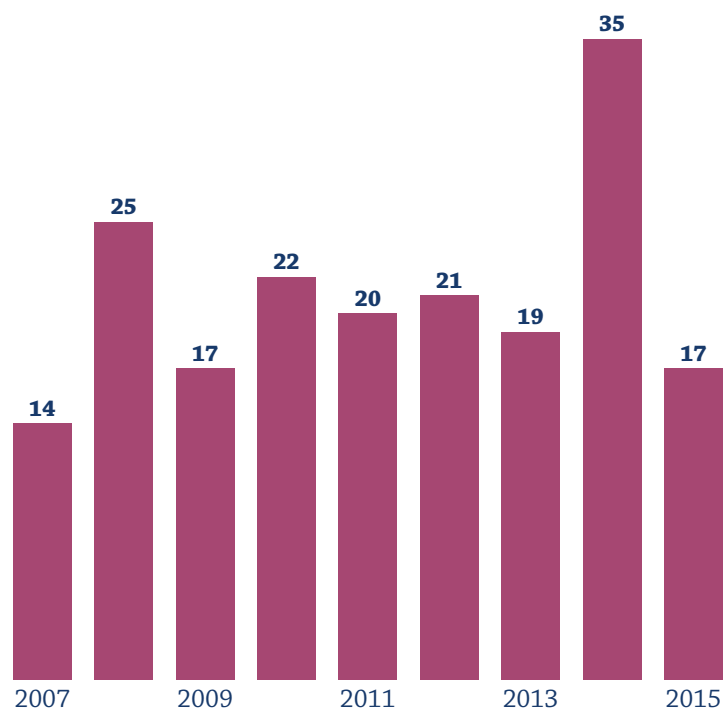
Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

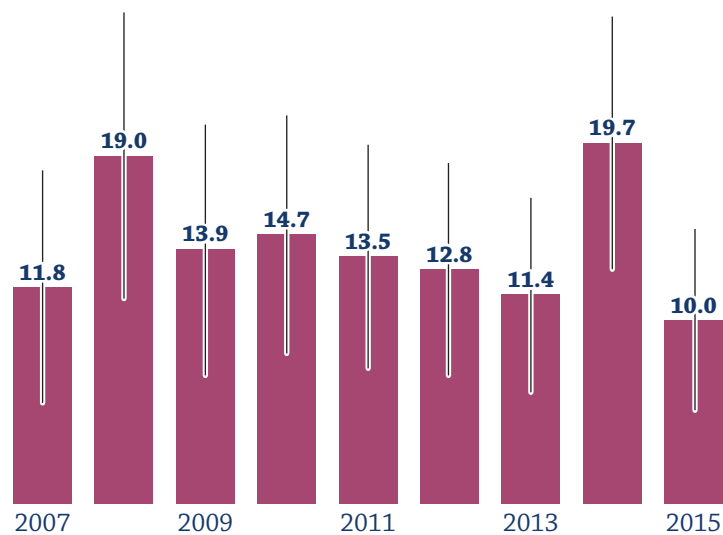
■ The graph above shows the changes in the leading causes of injury-related mortality by rate among AI/AN in New Mexico by year from 2007 to 2015.

**FIGURE 4**  
**NM AI/AN 2007–2015 FALLS MORTALITY**

A. Number of deaths



B. Deaths per 100,000 population (age-adjusted) with 95% Confidence Intervals (CI)



Notes:

1. ICD10 Codes: W00-W19

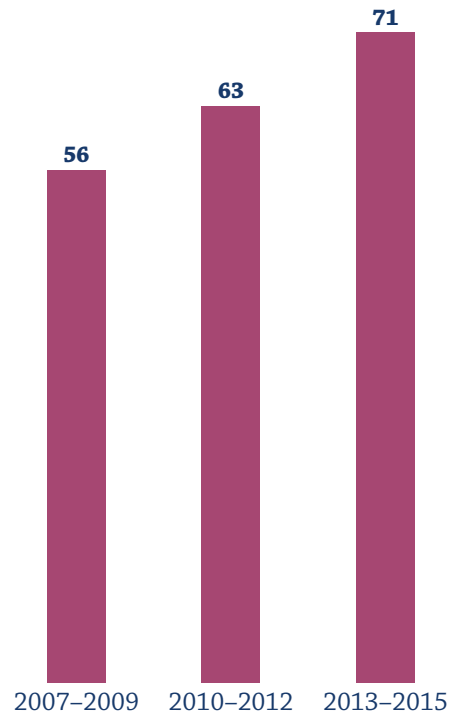
2. Data source: New Mexico Department of Health Indicator-Based Information System.

■ Between the years 2007-2015, the New Mexico AI/AN falls mortality stayed roughly around twenty deaths per year, and peaked in 2014 (35 deaths).

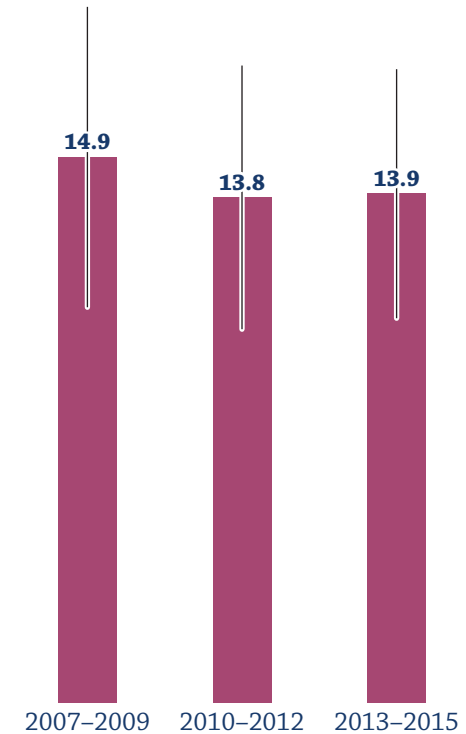
## FALLS MORTALITY

**FIGURE 5**  
**NM AI/AN 2007–2015 FALLS 3-YEAR AGGREGATE MORTALITY**

A. Number of deaths



B. Deaths per 100,000 population (age-adjusted) with 95% CI



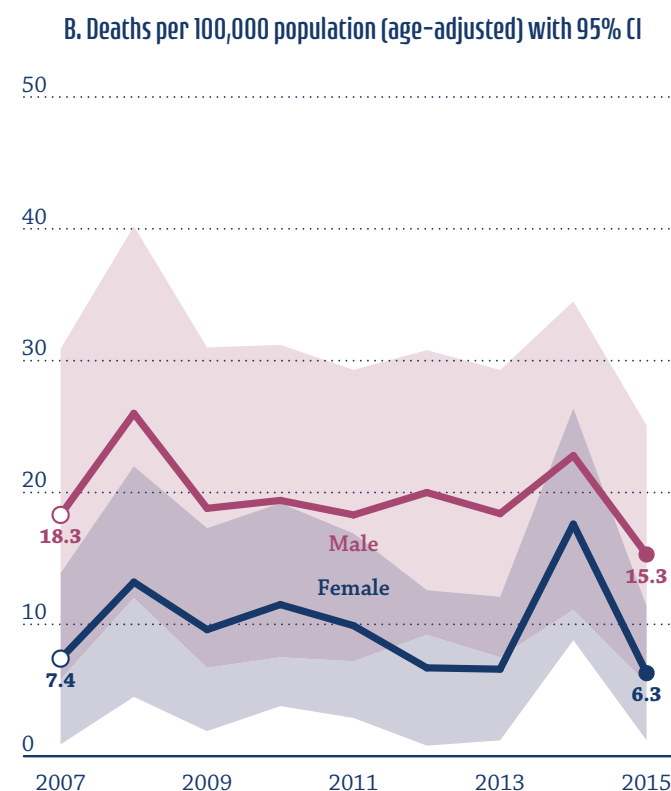
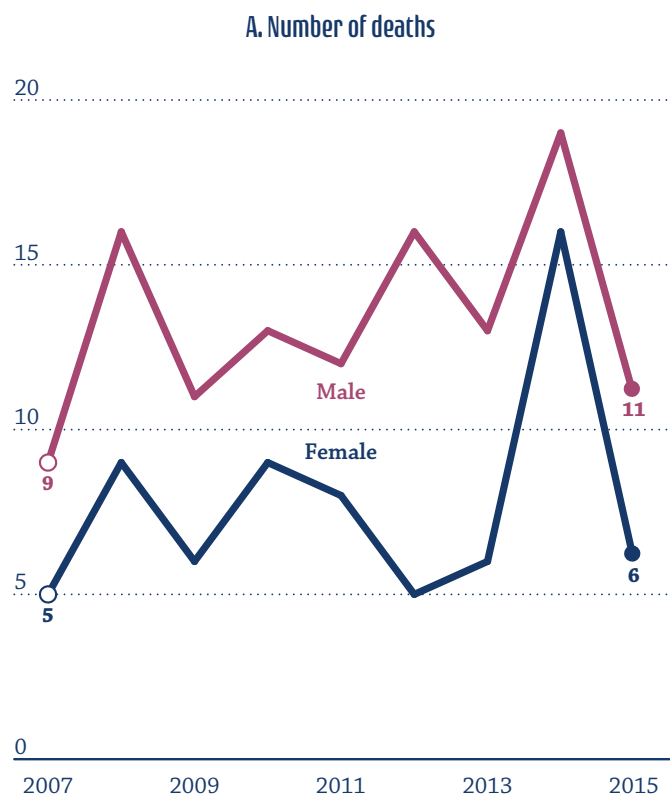
Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

■ The three-year aggregated data show that the number of fall mortalities among NM AI/AN people slightly increased over the observed years (from 56 in the 2007–2009 time period to 71 deaths in the 2013–2015 time period).

■ The age-adjusted mortality rate (13.9/100,000 in 2013–2015) remained fairly constant over time.

**FIGURE 6**  
**NM AI/AN 2007–2015 FALLS MORTALITY BY SEX**



Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

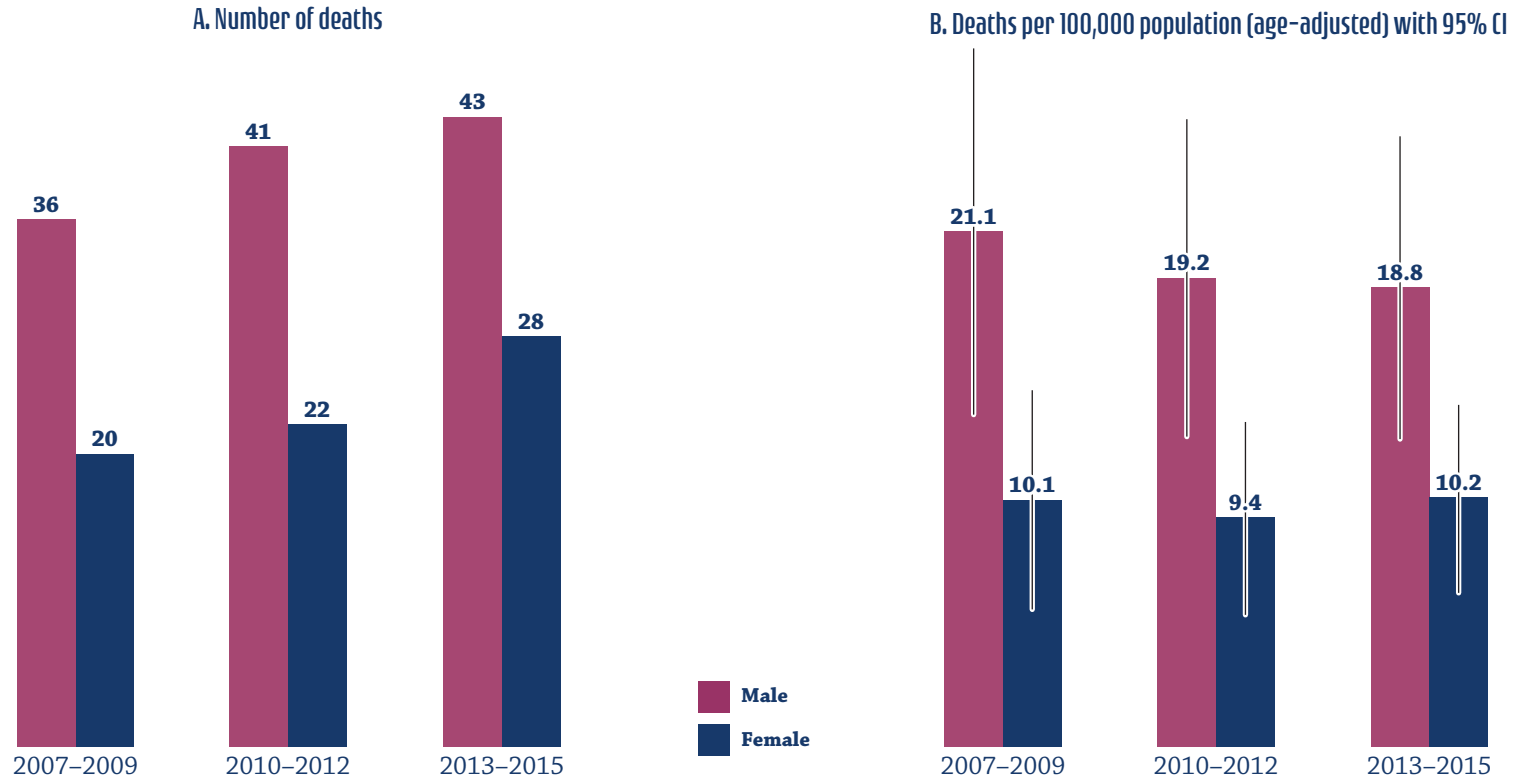
- From 2007–2015, NM AI/AN falls-related death count was higher among males than females for all years, with the largest difference seen in 2012 where sixteen AI/AN males and five AI/AN females died from falls.
- The number of deaths peaked in 2014 (nineteen deaths among AI/AN males and sixteen deaths among AI/AN females).

- From 2007–2015, the NM AI/AN falls mortality age-adjusted mortality rate was higher among males than females for all years, but did not differ in a statistically significant manner.
- In 2015, the falls age-adjusted mortality rate per 100,000 population reached a nine-year low for AI/AN men (15.3/100,000) and for AI/AN women (6.3/100,000).



## FALLS MORTALITY

**FIGURE 7**  
**NM AI/AN 2007–2015 FALLS 3-YEAR AGGREGATE MORTALITY**  
**BY SEX**



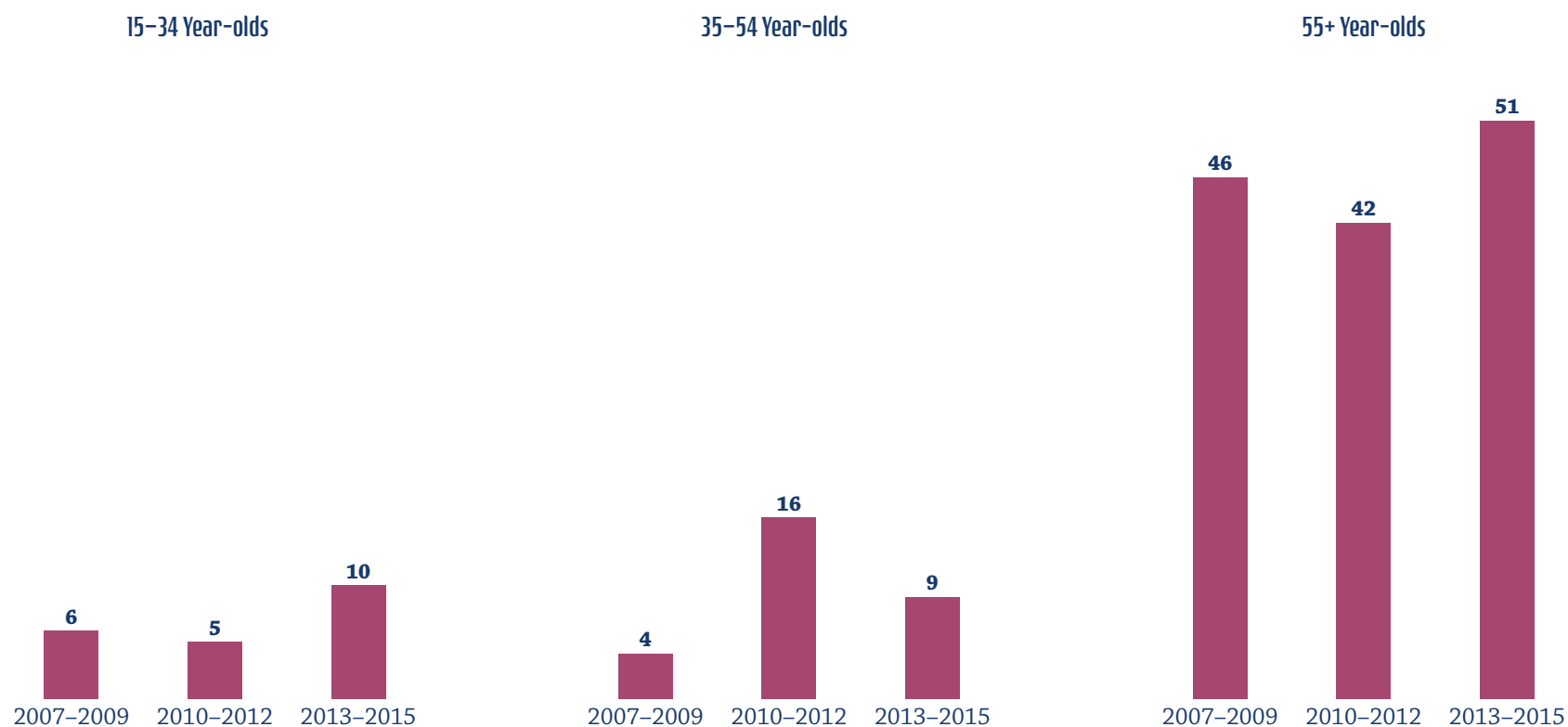
Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

- Three-year data show that NM AI/AN falls-related deaths increased for both sexes in each aggregated period from 36 in AI/AN males and 20 in AI/AN females in 2007–2009 to 43 in AI/AN males and 28 in AI/AN females 2013–2015.
- While the fall-related mortality rate for AI/AN men was higher than for AI/AN women, it was not statistically significant in its difference.
- In spite of the increase in the fall mortality count for AI/AN males from the 2007–2009 period to the 2013–2015 period, that group’s age-adjusted mortality rate did not increase in a statistically significant manner

**FIGURE 8**

**NM AI/AN 2007–2015 FALLS 3-YEAR AGGREGATE MORTALITY COUNTS BY AGE GROUP**



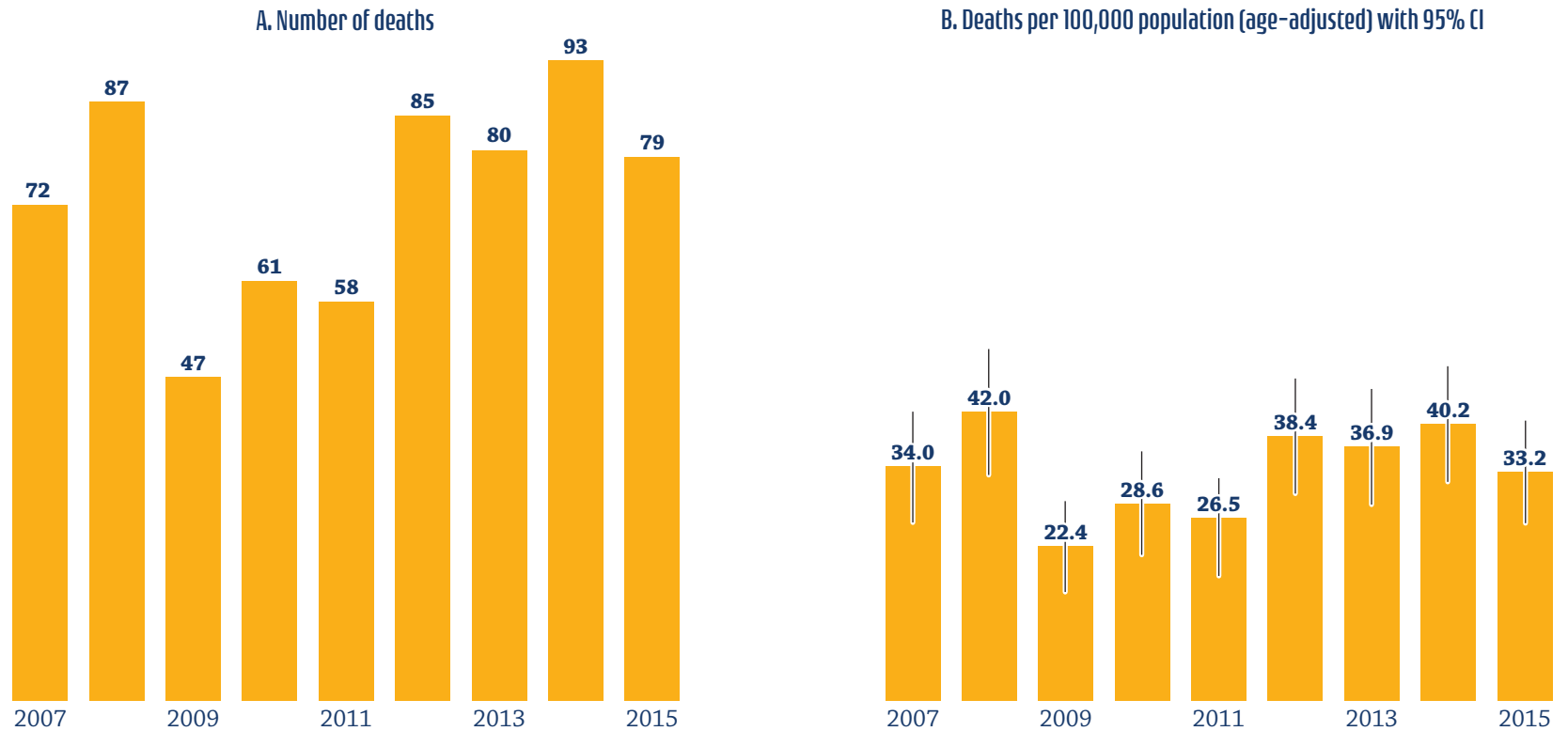
Note:

1. Data on fall-related mortality in the 0–14 age group were suppressed due to small numbers.
2. Data source: New Mexico Department of Health Indicator-Based Information System.

■ New Mexico AI/AN people aged 55+ years had noticeably more fall related deaths than any other age group (averaging 46 deaths in each of the aggregated time periods).

# MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 9**  
**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION MORTALITY**



**Notes:**

1. ICD10 Codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
2. Data source: New Mexico Department of Health Indicator-Based Information System.

■ From 2007–2015, the number of motor vehicle collision deaths among New Mexico AI/AN fluctuated, moving from a low of 47 deaths in 2009 to a high of 93 deaths in 2014.

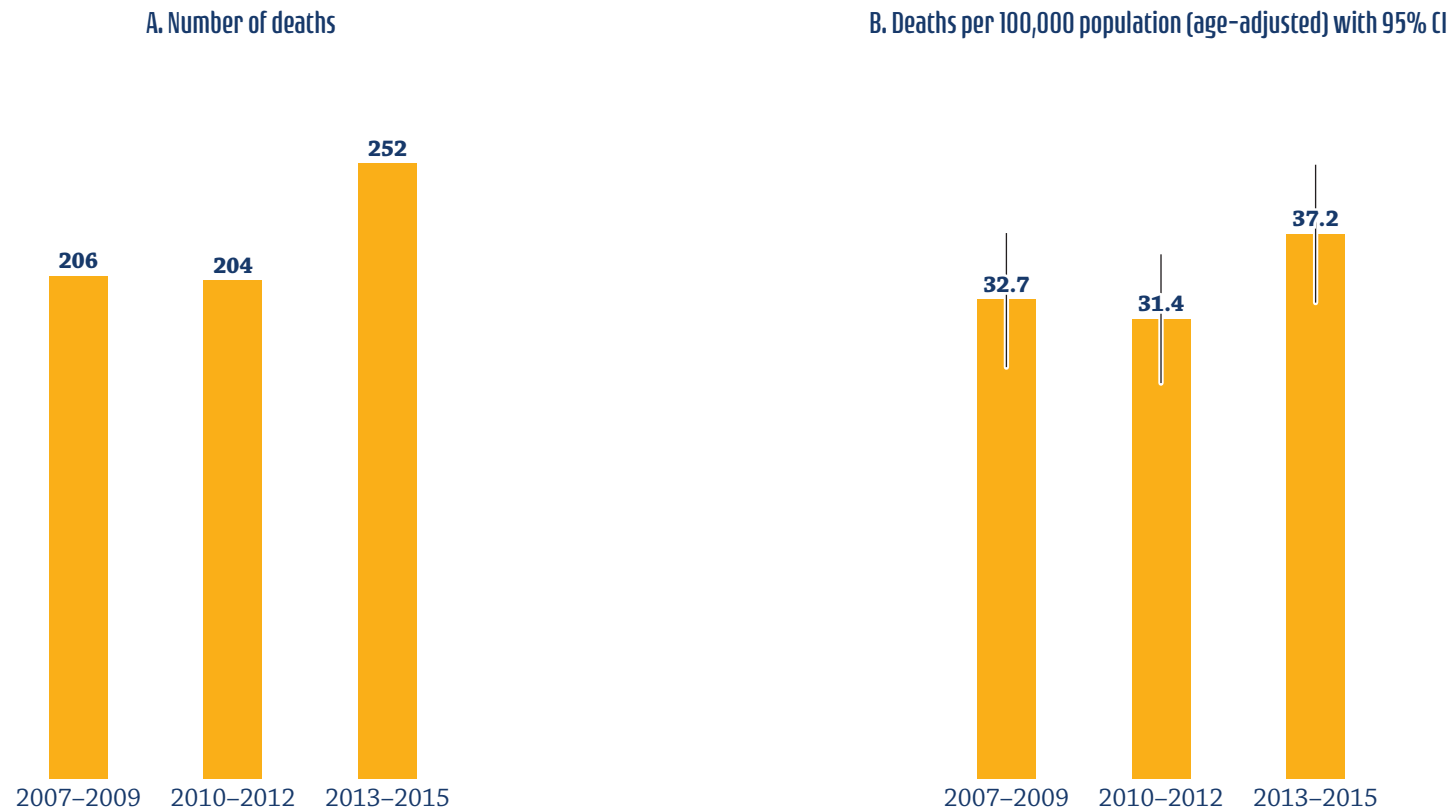
■ The age-adjusted mortality rate moved from a high of 42 deaths per 100,000 in 2008 to a low of 22.4 deaths per 100,000 in 2009.

■ There was a statistically significant decrease in the age-adjusted mortality rate between 2008 and 2009.

## MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 10**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE MORTALITY**



Note:

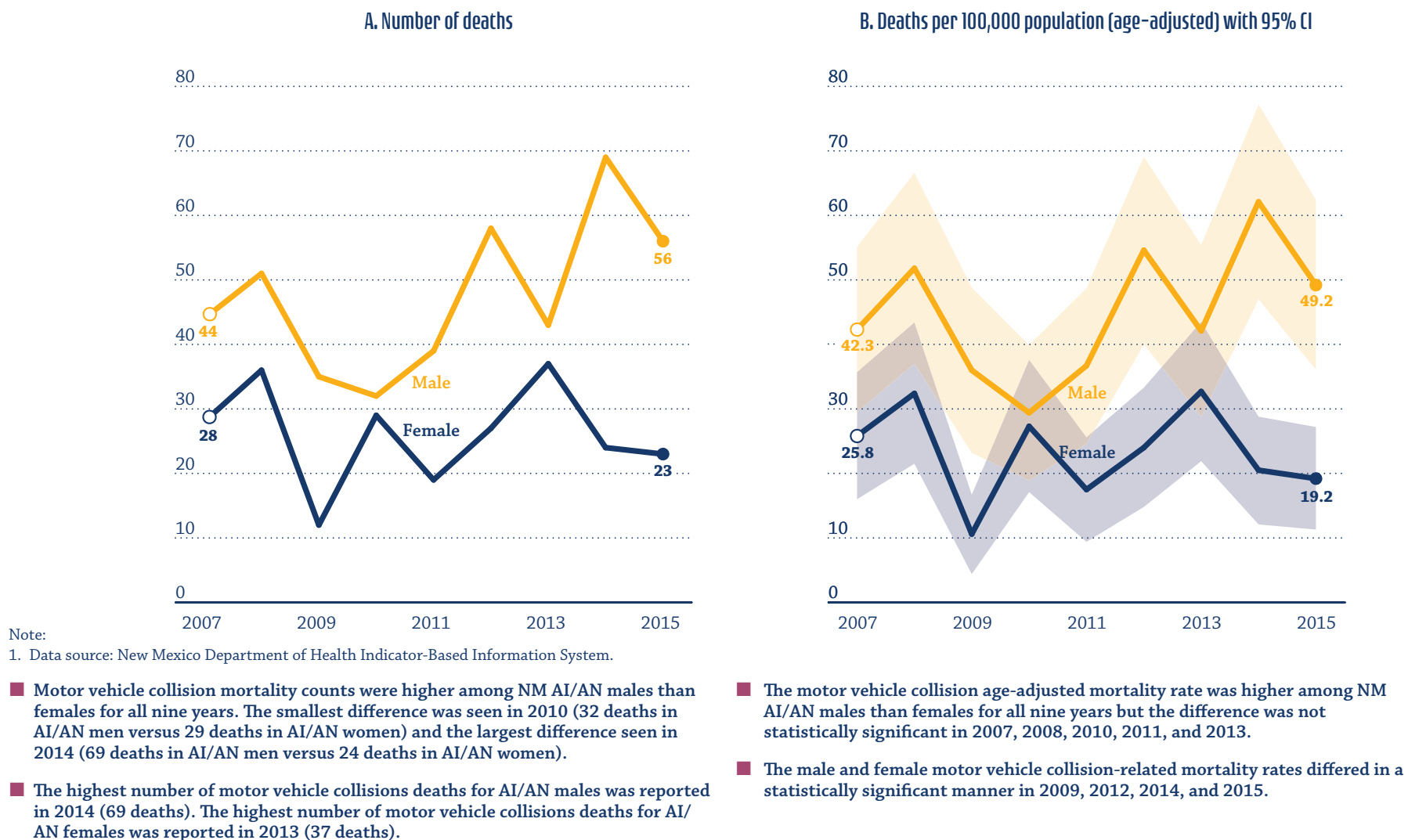
1. Data source: New Mexico Department of Health Indicator-Based Information System.

■ NM AI/AN motor vehicle collision mortality was highest during 2013–2015 (252 deaths, age-adjusted rate of 37.2/100,000).

■ The age-adjusted mortality rate/100,000 showed small but statistically nonsignificant changes in each of the aggregated time periods from 2007–2015, starting at 32.7/100,000 in 2007–2009 and ending at 37.2/100,000 in 2013–2015.

# MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 11**  
**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION MORTALITY BY SEX**

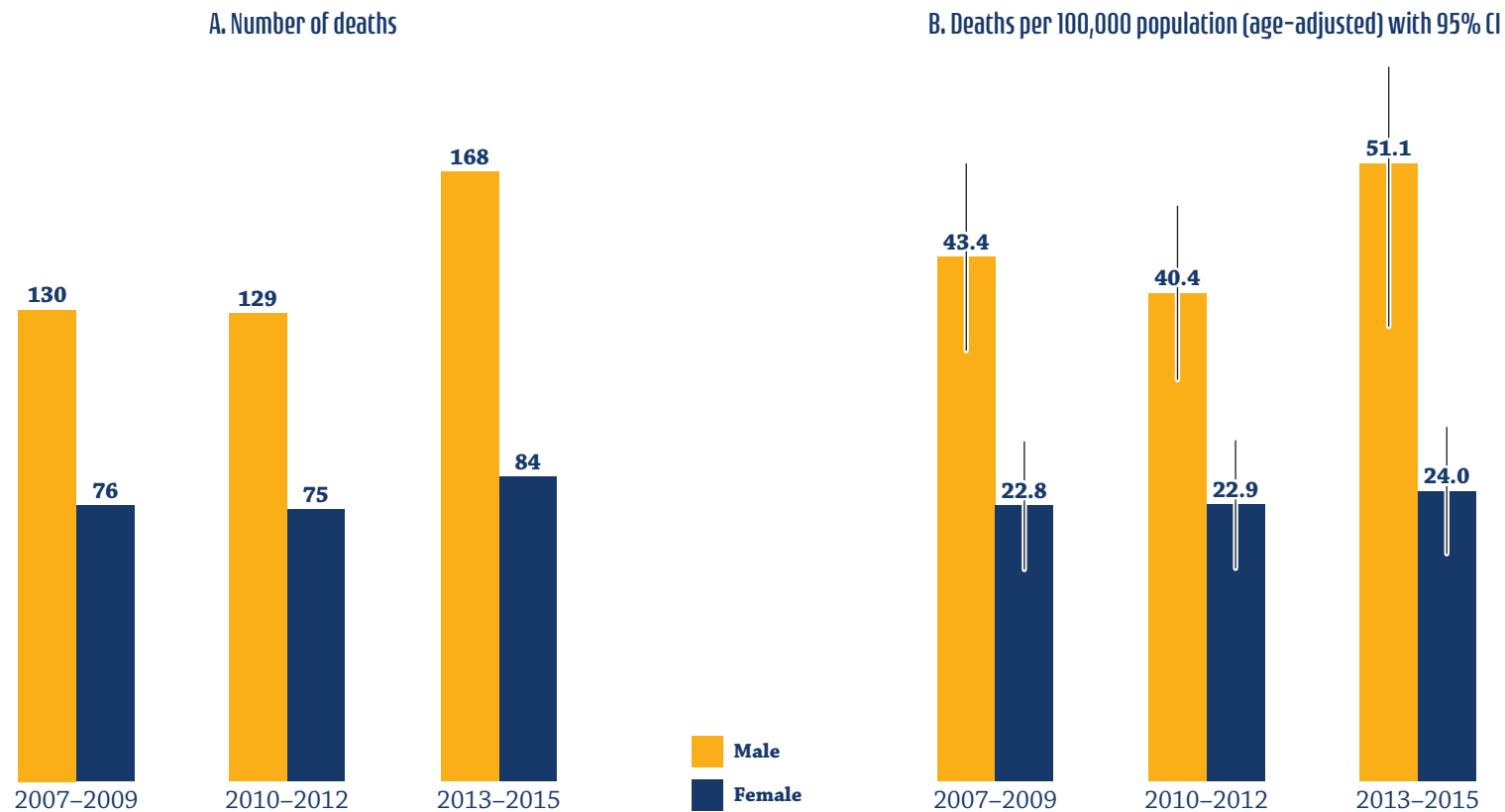




## MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 12**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE MORTALITY BY SEX**



Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

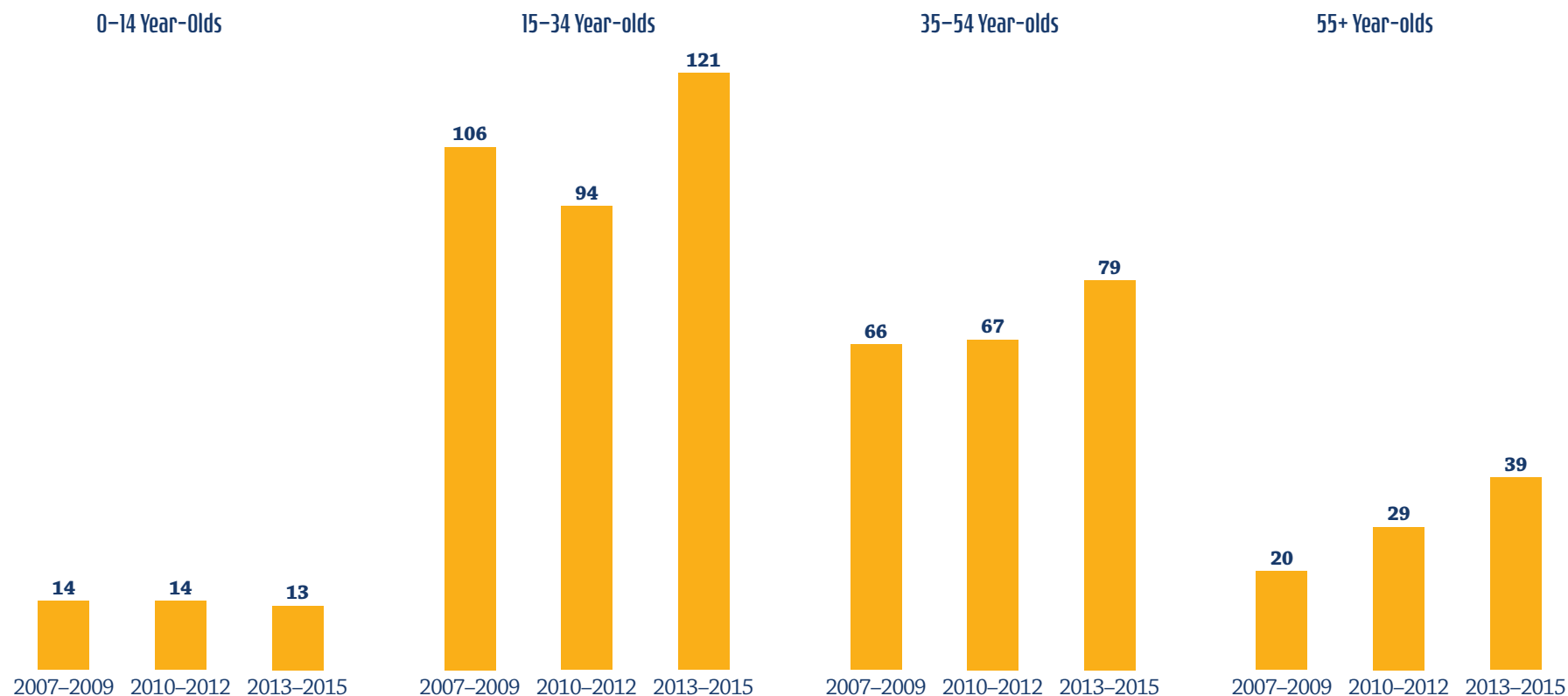
- From 2007–2015, the number of motor vehicle collision-related deaths was substantially higher among AI/AN males than females.
- The NM AI/AN motor vehicle collision mortality was highest during 2013–2015, with 168 male deaths and 84 female deaths.

- The age-adjusted mortality rate for AI/AN males increased slightly (from 43.4/100,000 in the 2007–2009 time period to 51.1/100,000 in the 2013–2015 time period), while the mortality rate for AI/AN females remained relatively constant over the observed years.

## MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 13**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE MORTALITY BY AGE GROUP**



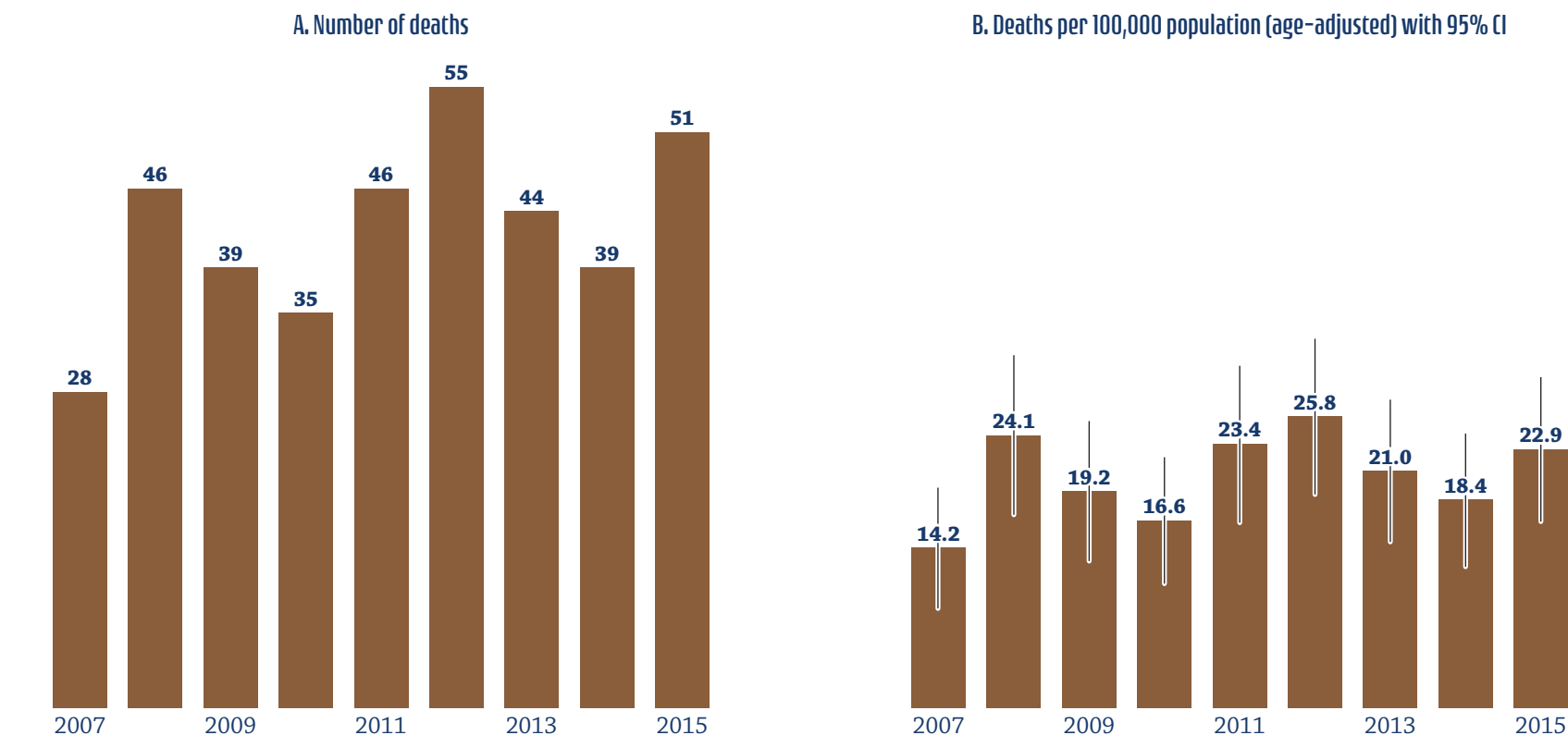
Note:

1 Data source: New Mexico Department of Health Indicator-Based Information System.

■ New Mexico AI/AN people aged 15–34 years had the highest number of motor vehicle collision deaths of any age group for all observed years (averaging around 107 deaths in each 3-year time period with a range of 94 to 121 deaths).

■ Those aged 35–54 years had the second highest amount of motor vehicle collision mortalities (averaging around 70 deaths per time period, ranging from 66 to 79 deaths).

**FIGURE 14**  
**NM AI/AN 2007–2015 POISONING<sup>3</sup> MORTALITY**



Notes:

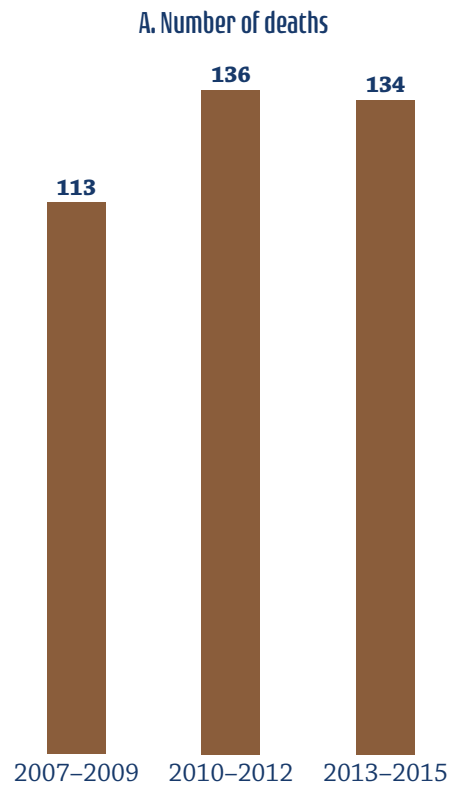
1. ICD10 Codes: X40-X49
2. Data source: New Mexico Department of Health Indicator-Based Information System.
3. Poisoning deaths include accidental poisoning due to alcohol, drugs (including over-the-counter, legally prescribed, and illicit drugs), gases, pesticides, solvents, and other unspecified chemicals or noxious substances. Intentional deaths due to exposure to the aforementioned substances are not included in this category.

■ Poisoning mortality in New Mexican AI/AN peaked in 2012 with 55 deaths.

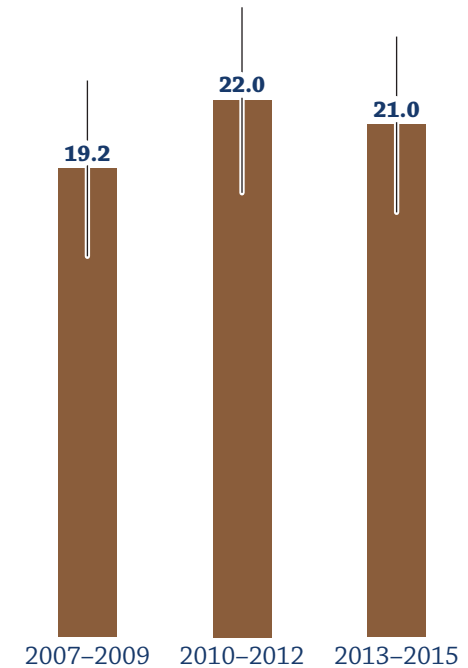
■ From 2007-2015, the New Mexico AI/AN poisoning age-adjusted mortality rate fluctuated between 14.2 deaths/100,000 in 2007 and 22.9 deaths/100,000 in 2015.

## POISONING MORTALITY

**FIGURE 15**  
**NM AI/AN 2007–2015 POISONING 3-YEAR AGGREGATE MORTALITY**



B. Deaths per 100,000 population (age-adjusted) with 95% CI

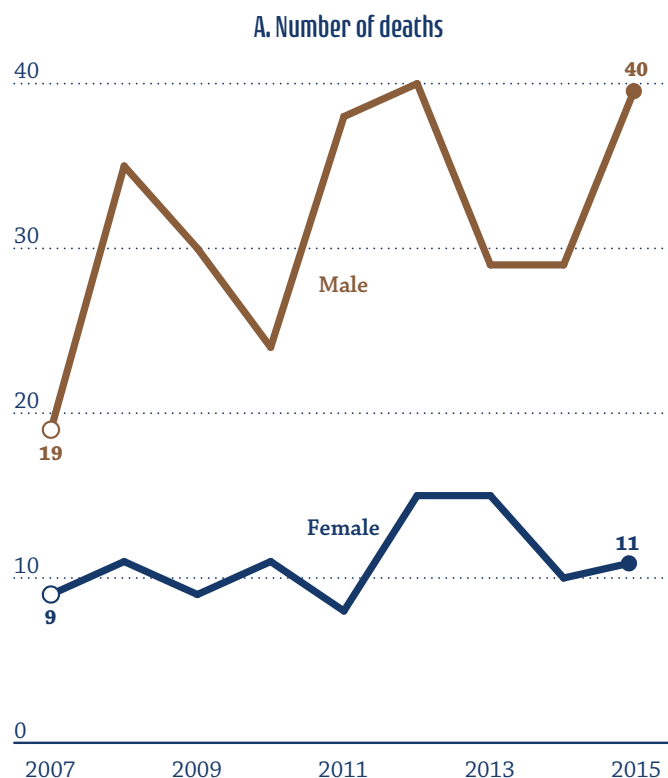


Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

■ The three-year aggregate data show that the New Mexico AI/AN poisoning mortality count and age-adjusted mortality rate stayed relatively consistent from 2007–2009 period (19.2 deaths/100,000) to 2013–2015 (21.0 deaths/100,000).

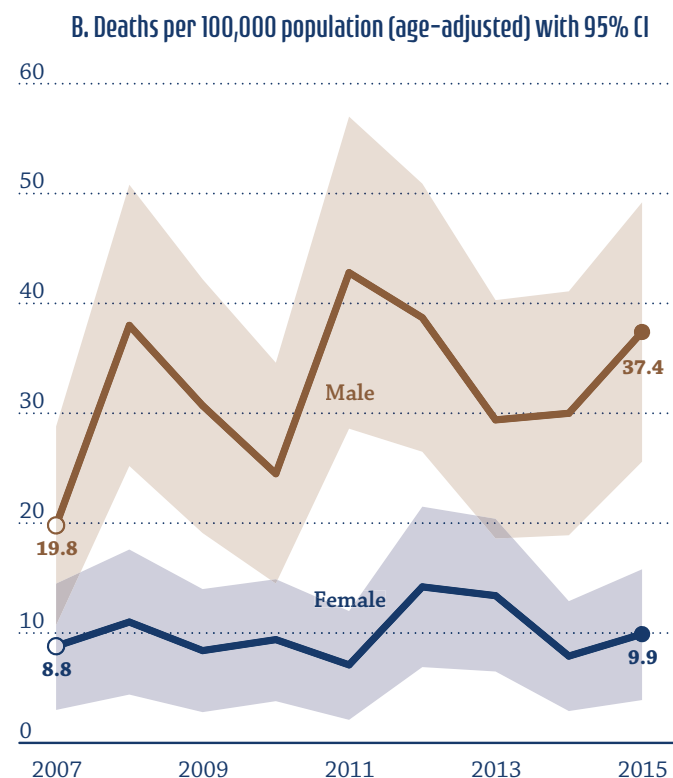
**FIGURE 16**  
**NM AI/AN 2007–2015 POISONING MORTALITY BY SEX**



Note:

1. Data source: New Mexico Department of Health Indicator-Based Information System.

- The number of poisoning deaths among New Mexico AI/AN was higher among AI/AN males than AI/AN females for all nine years, with the smallest difference in deaths between the sexes seen in 2010 (24 deaths in AI/AN males and 11 deaths in AI/AN females).
- The largest difference in poisoning deaths between men and women happened in 2011, where there were 8 deaths in AI/AN women as compared to 38 deaths in AI/AN men.

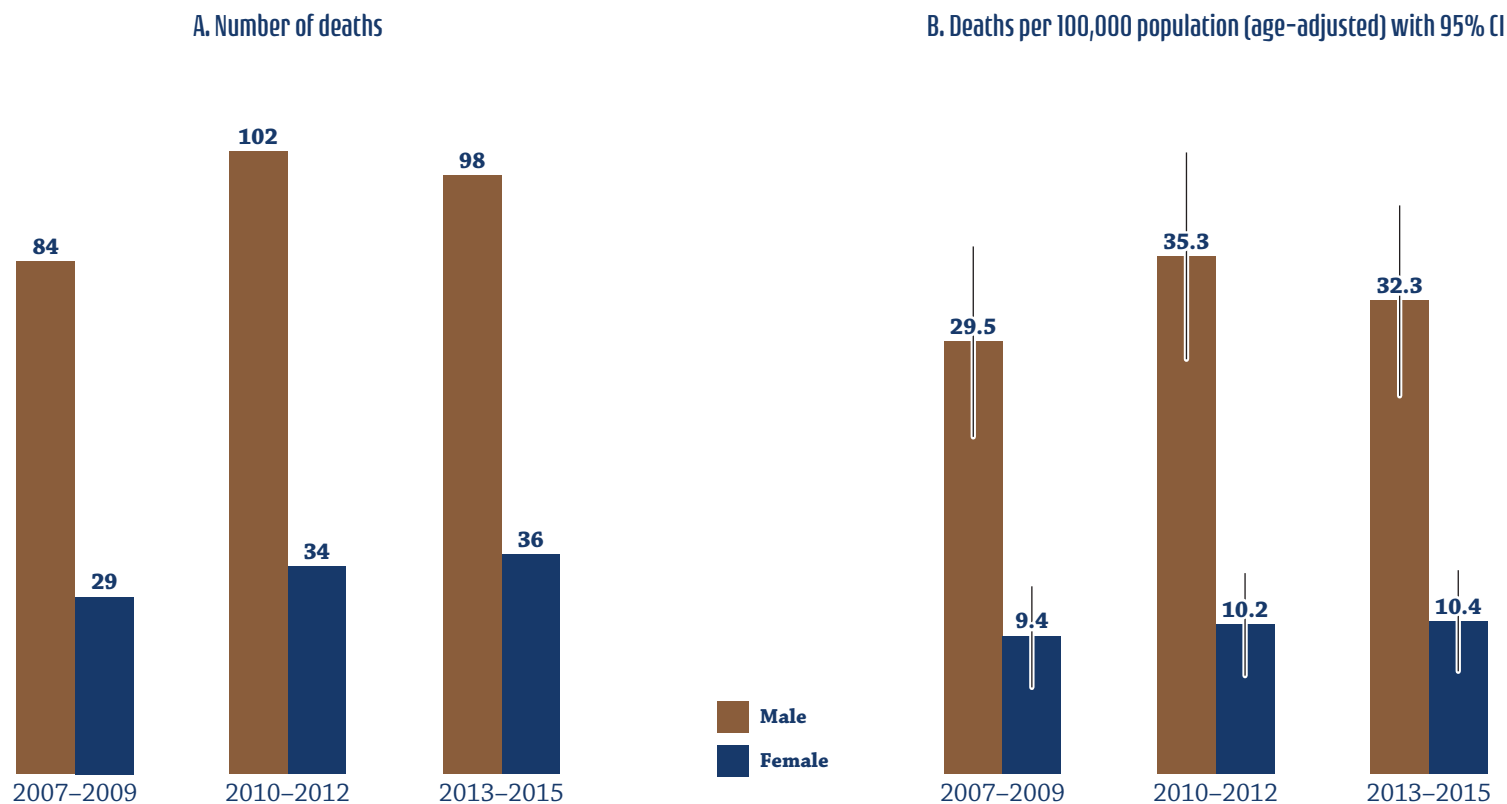


- The New Mexico AI/AN poisoning age-adjusted mortality rate was higher among males than females for all nine years.
- For six of the nine years reported (2008, 2009, 2011, 2012, 2014, and 2015), this difference was statistically significant.

# POISONING MORTALITY

**FIGURE 17**

**NM AI/AN 2007–2015 POISONING 3-YEAR AGGREGATE MORTALITY BY SEX**



Note:

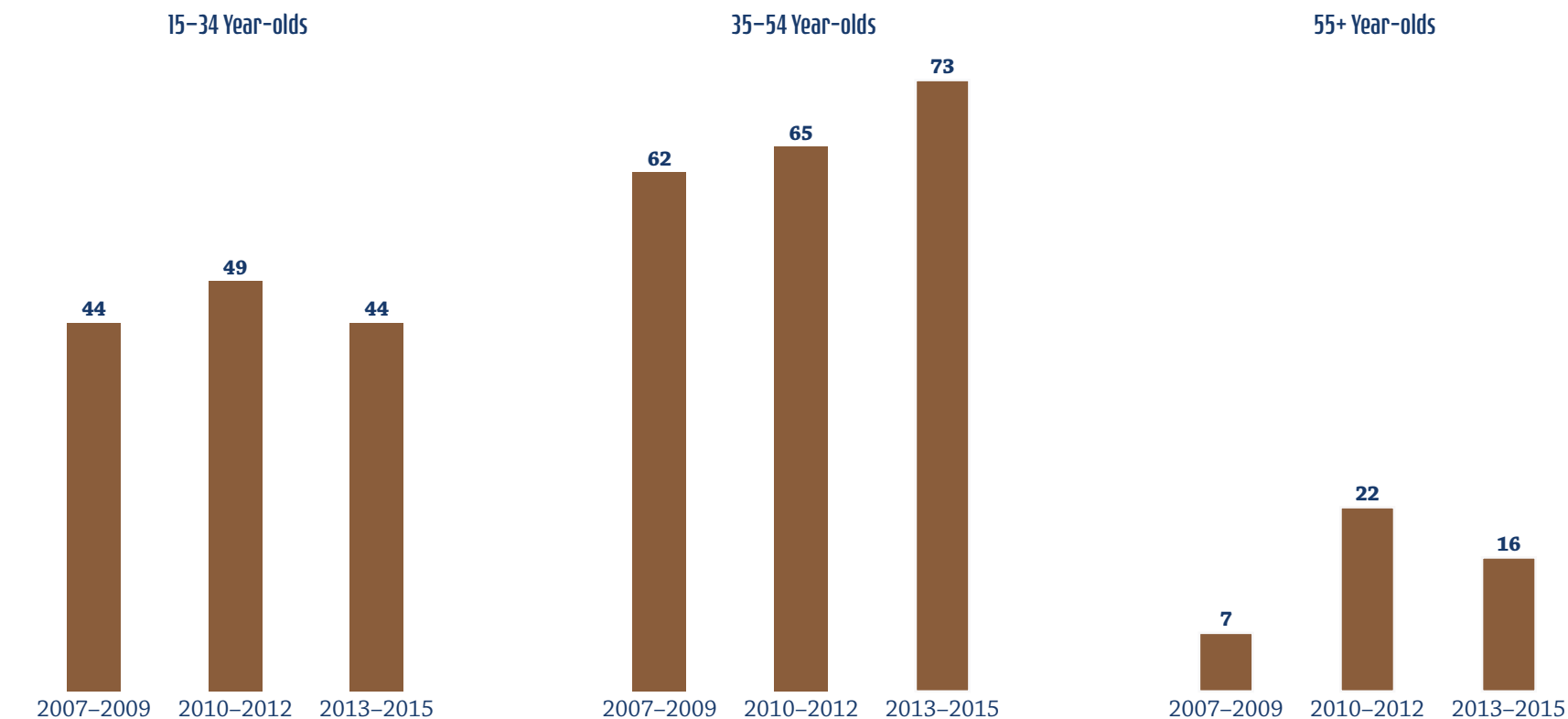
1. Data source: New Mexico Department of Health Indicator-Based Information System.

- NM AI/AN males experienced statistically significantly higher poisoning mortality than AI/AN females for all observed periods.
- From 2007-2015, the poisoning mortality rate among NM AI/AN females remained constant at about ten deaths per 100,000.

- Poisoning mortality counts among NM AI/AN males averaged around 95 deaths in each three-year period.

**FIGURE 18**

**NM AI/AN 2007–2015 POISONING 3-YEAR AGGREGATE MORTALITY COUNTS BY AGE GROUP**



Note:

1. Data were suppressed for the 0–14 years age group due to small numbers.
2. Data source: New Mexico Department of Health Indicator-Based Information System.

■ New Mexico AI/AN people aged 35–54 years had the highest poisoning mortality of any age group. This age group’s death count slightly increased from 2007 to 2015 (from 62 to 73 deaths).

■ Data were suppressed for the 0–14 years age group due to small numbers.

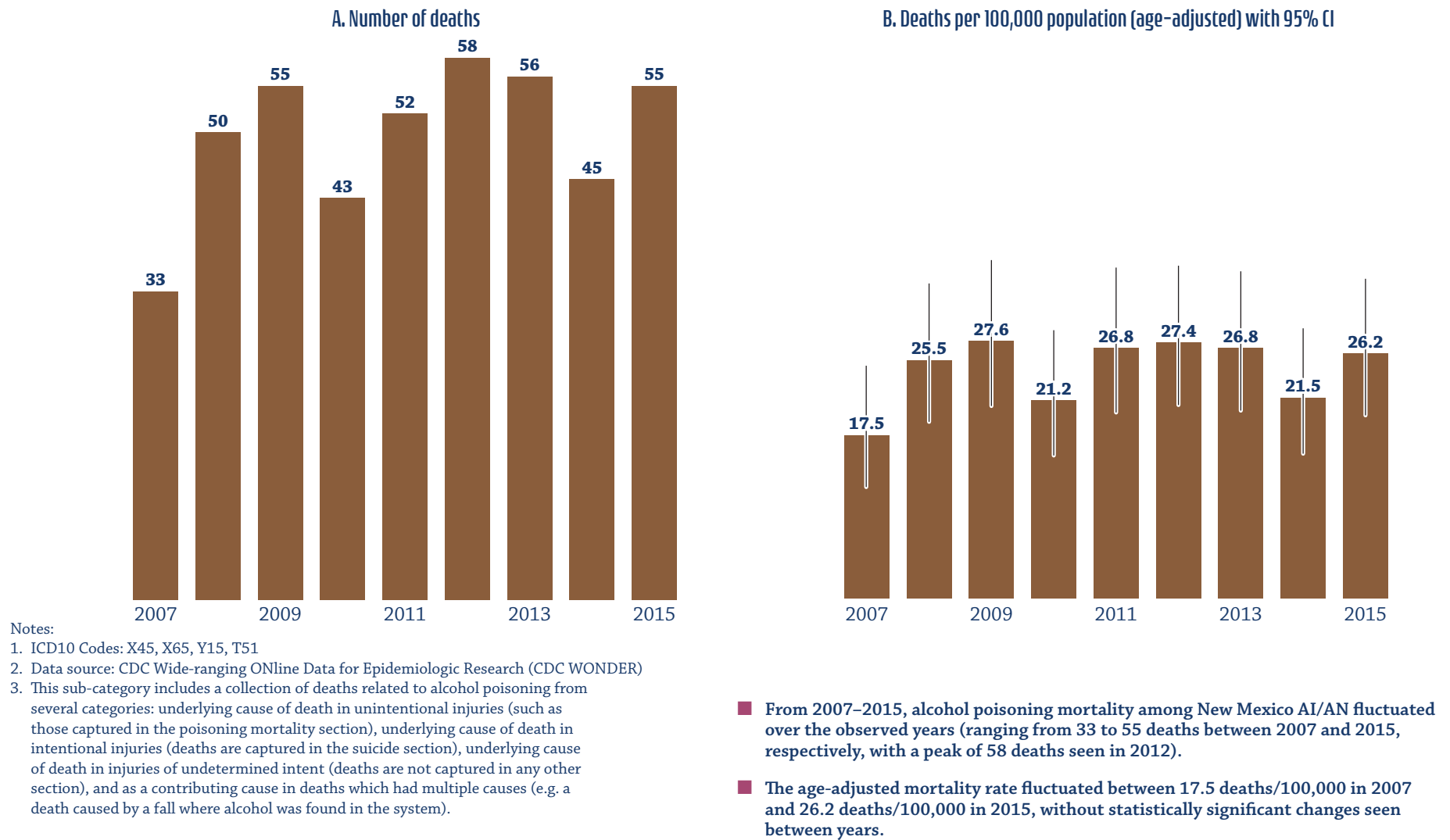
■ The 55+ year age group experienced an average of fifteen poisoning deaths per year for all observed years.



## ALCOHOL-RELATED MORTALITY

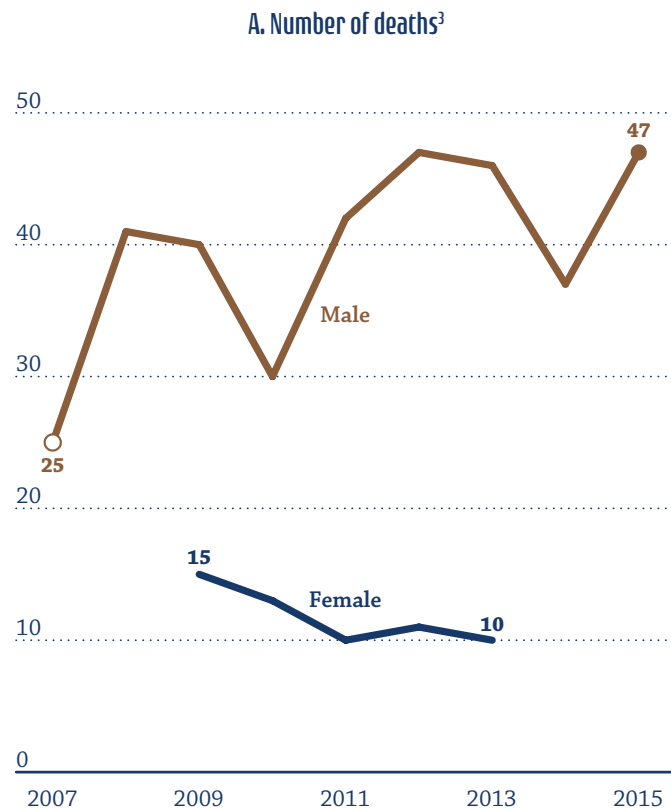
**FIGURE 19**

**NM AI/AN 2007–2015 ALCOHOL-RELATED MORTALITY<sup>3</sup>**



## ALCOHOL-RELATED MORTALITY

**FIGURE 20**  
**NM AI/AN 2007–2015 ALCOHOL-RELATED MORTALITY COUNTS BY SEX**



Notes:

1. Data for deaths in women due to alcohol poisoning are suppressed in 2007, 2008, 2014, and 2015 due to small numbers
2. Data Source: CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)
3. Due to the fact that the suppression rules for CDC WONDER are set at fewer than 10 deaths, there are insufficient data points to show a comparison between the age-adjusted mortality rates between the two sexes in 2007, 2008, 2014 and 2015.

**TABLE 2**  
**NM AI/AN ALCOHOL-RELATED MORTALITY COUNTS BY SEX**

Year	Male	Female
2007	25	*
2008	41	*
2009	40	15
2010	30	13
2011	42	10
2012	47	11
2013	46	10
2014	37	*
2015	47	*

Notes:

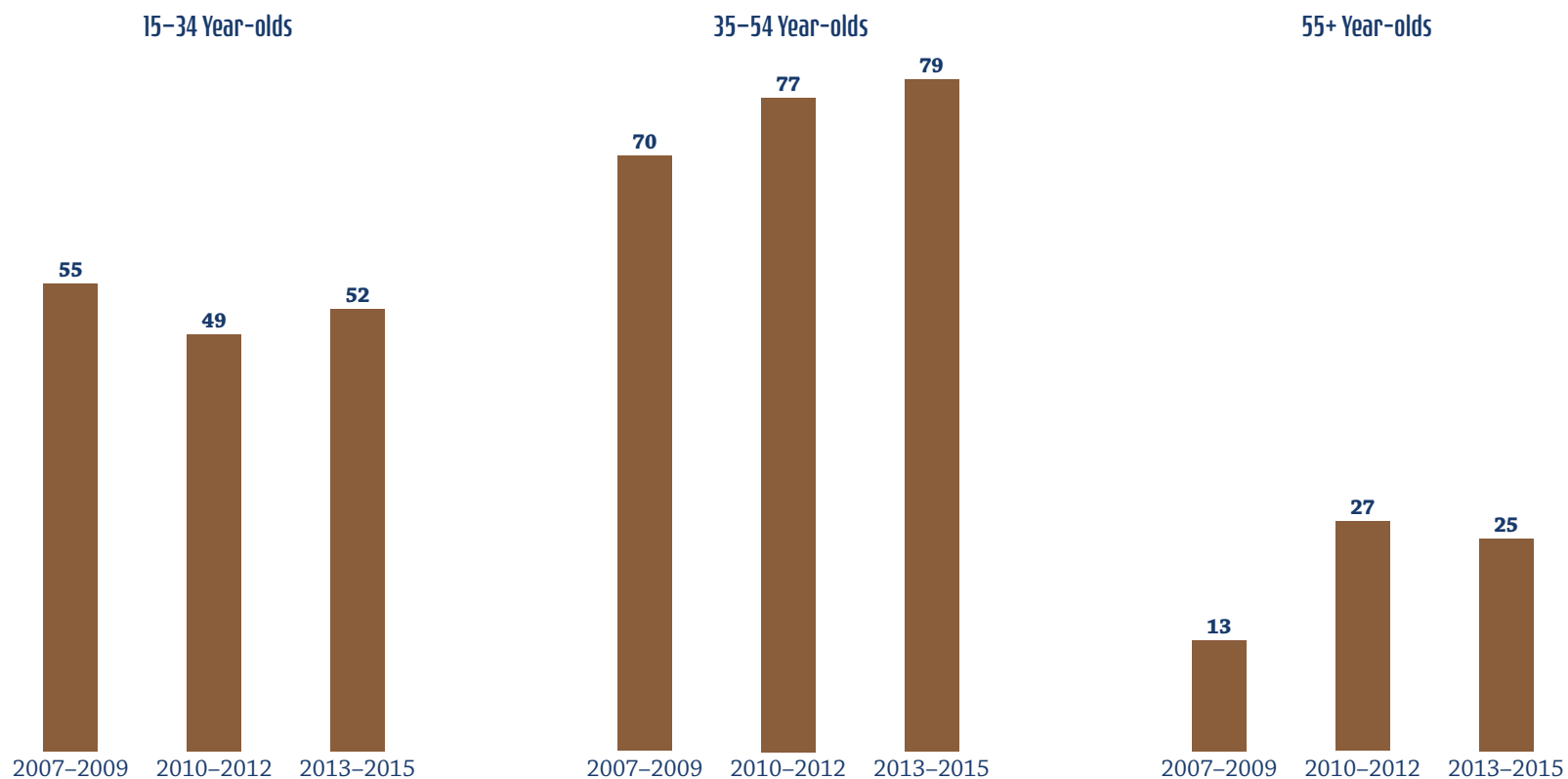
1. As noted by an asterisk (\*), data for deaths in women due to alcohol poisoning are suppressed in 2007, 2008, 2014, and 2015 due to small numbers.

- From 2007–2015, most deaths in this sub-category occurred in New Mexico AI/AN males; they reached a peak of 47 deaths in 2012 and again in 2015.
- Alcohol poisoning deaths in AI/AN women peaked in 2009 with fifteen deaths.
- Data for deaths in women due to alcohol poisoning are suppressed in 2007, 2008, 2014, and 2015 due to small numbers.

## ALCOHOL-RELATED MORTALITY

**FIGURE 21**

**NM AI/AN 2007–2015 ALCOHOL-RELATED MORTALITY COUNTS BY AGE GROUP**



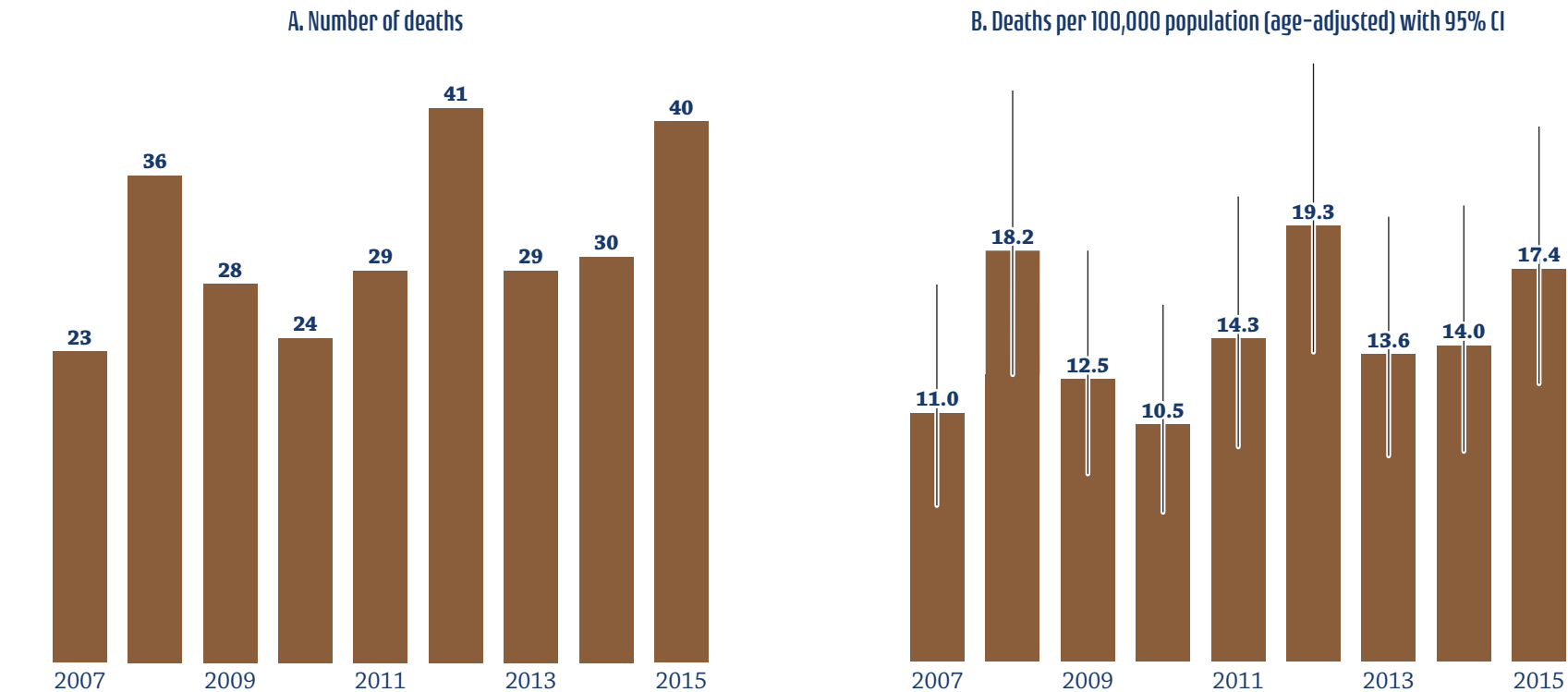
Note:

1. Data reported for the 0–14 year age group was suppressed for all years observed due to small numbers.
2. Data Source: CDC Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER)

- New Mexico AI/AN aged 35–54 years had the highest alcohol poisoning mortality of all age groups.
- For this same age group, the number of deaths slightly increased from 2007 to 2015 (70 to 79 deaths).

- Data reported for the 0–14 year age group was suppressed for all years observed due to small numbers.

**FIGURE 22**  
**NM AI/AN 2007–2015 DRUG OVERDOSE MORTALITY**



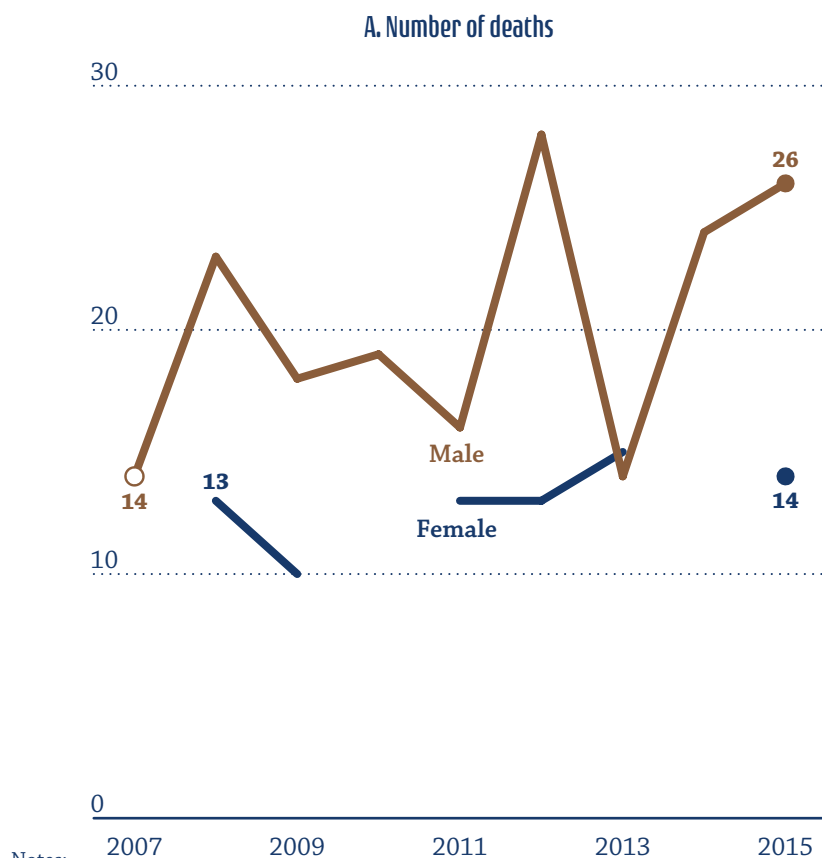
**Notes:**

1. ICD10 Codes: X40-X44, X60-X64, Y10-Y14
2. Data source: CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)
3. Drug overdose deaths include over-the-counter drugs (such as acetaminophen), prescription drugs (such as oxycodone), and illicit drugs (such as heroin).
4. This sub-category includes some deaths from accidental drug overdoses that are already captured in the poisoning category as well as deaths from drug overdoses as a result of intentional poisoning such as those captured in the suicide section, and deaths from injuries of undetermined intent (these deaths are not captured elsewhere).

- New Mexico AI/AN drug overdose varied between 23 and 40 deaths between 2007 and 2015 respectively, with a peak of 41 deaths seen in 2012.
- The age-adjusted mortality rate increased from 11 deaths/100,000 in 2007 to 17.4 deaths/100,000 in 2015. However, this increase was not statistically significant.

# DRUG OVERDOSE MORTALITY

**FIGURE 23**  
**NM AI/AN 2007–2015 DRUG OVERDOSE MORTALITY COUNTS BY SEX**



**TABLE 3**  
**NM AI/AN DRUG OVERDOSE MORTALITY COUNTS BY SEX**

Year	Male	Female
2007	14	*
2008	23	13
2009	18	10
2010	19	*
2011	16	13
2012	28	13
2013	14	15
2014	24	*
2015	26	14

**Notes:**

- As noted by an asterisk (\*), data were suppressed for female deaths in 2007, 2010, and 2014 due to small numbers (fewer than ten deaths).

**Notes:**

- Data were suppressed for female deaths in 2007, 2010, and 2014 due to small numbers (fewer than ten deaths).
- Data source: CDC Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER)

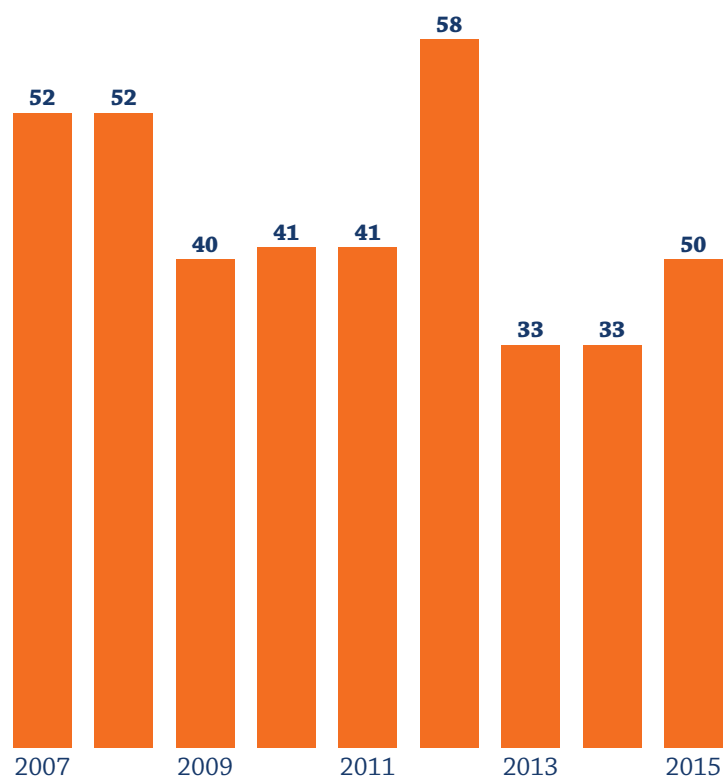
■ New Mexico AI/AN drug overdose mortality was higher among males than females for the majority of years (ranging from fourteen deaths in 2007 and 2013 to 26 deaths in 2015 with a peak of 28 deaths among AI/AN males in 2012).

■ In 2013, drug overdose mortality was higher among AI/AN females (fifteen deaths) than AI/AN males (fourteen deaths).

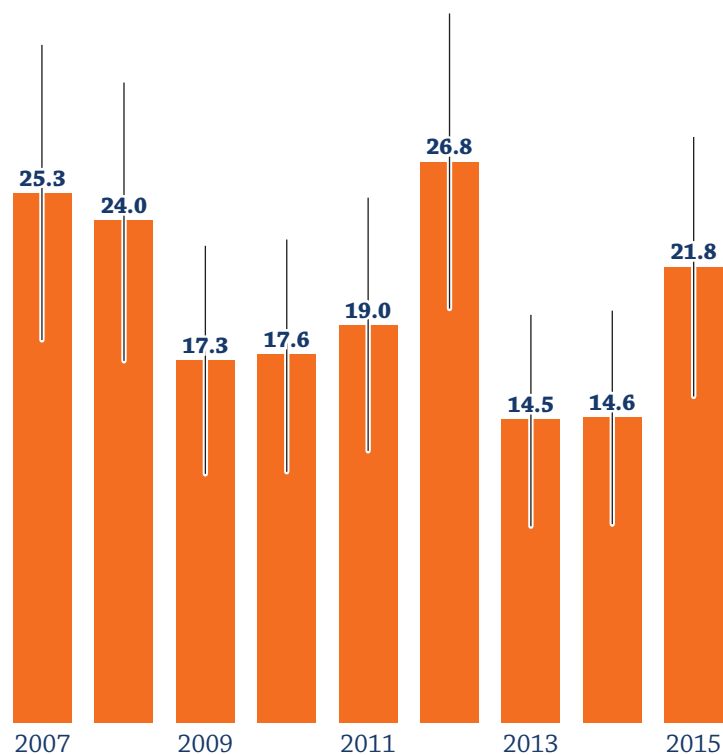
■ Data were suppressed for female deaths in 2007, 2010, and 2014 due to small numbers (fewer than ten deaths).

**FIGURE 24**  
**NM AI/AN 2007–2015 SUICIDE MORTALITY**

A. Number of deaths



B. Deaths per 100,000 population (age-adjusted) with 95% CI



Notes:

1. ICD10 Codes: X72-X74, X60-X71, X75-X84, Y87.0, U03
2. Data source: New Mexico Department of Health Indicator-Based Information System

■ From 2007–2015, the New Mexico AI/AN suicide age-adjusted mortality rate fluctuated slightly, ranging from 25.3 deaths/100,000 in 2007 to 21.8 deaths/100,000 in 2015.

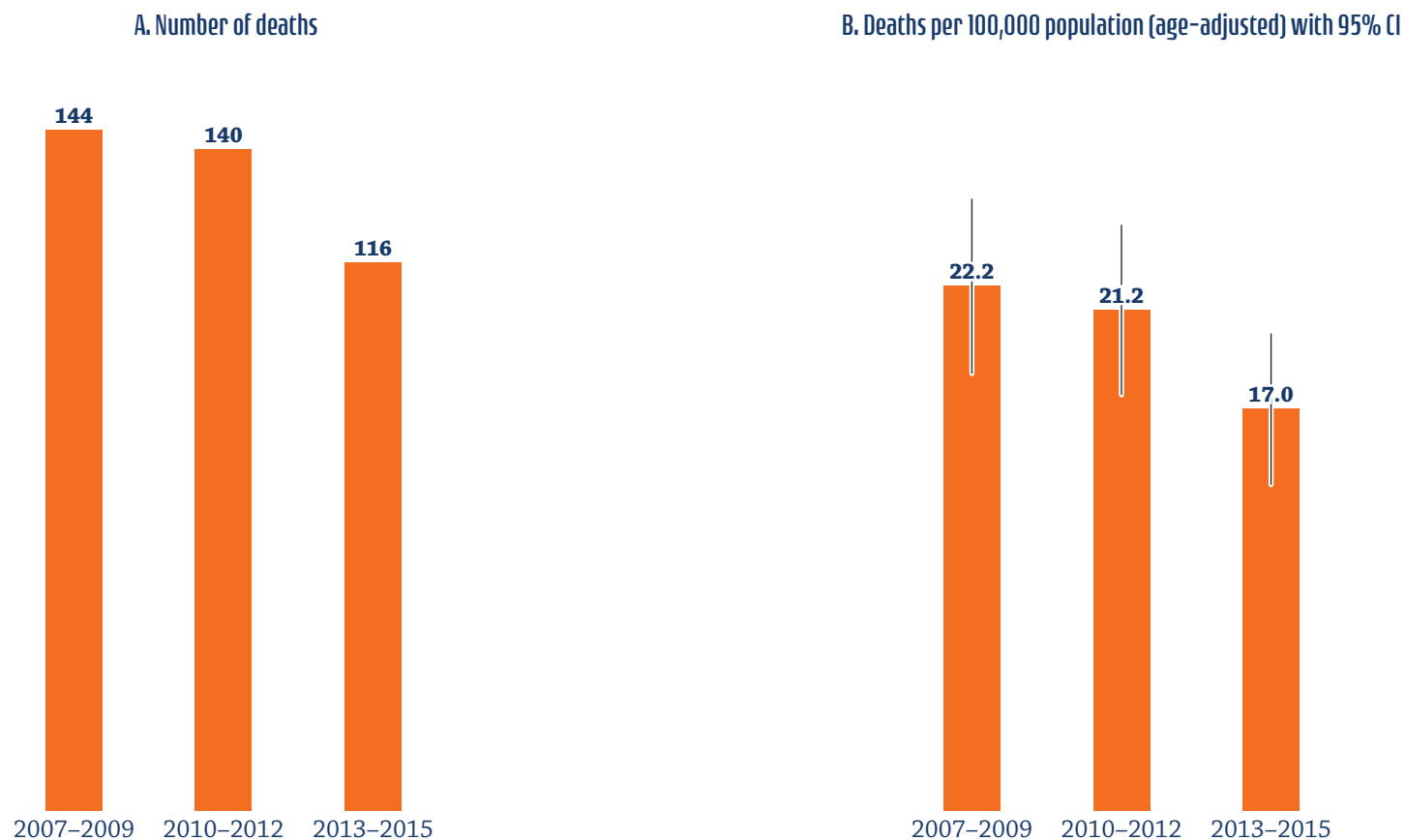
■ There was a statistically significant decrease in the age-adjusted mortality rate between 2012 and 2013.

■ The suicide mortality count peaked in 2012 with 58 deaths.

## SUICIDE MORTALITY

**FIGURE 25**

**NM AI/AN 2007–2015 SUICIDE 3-YEAR AGGREGATE MORTALITY**



Notes:

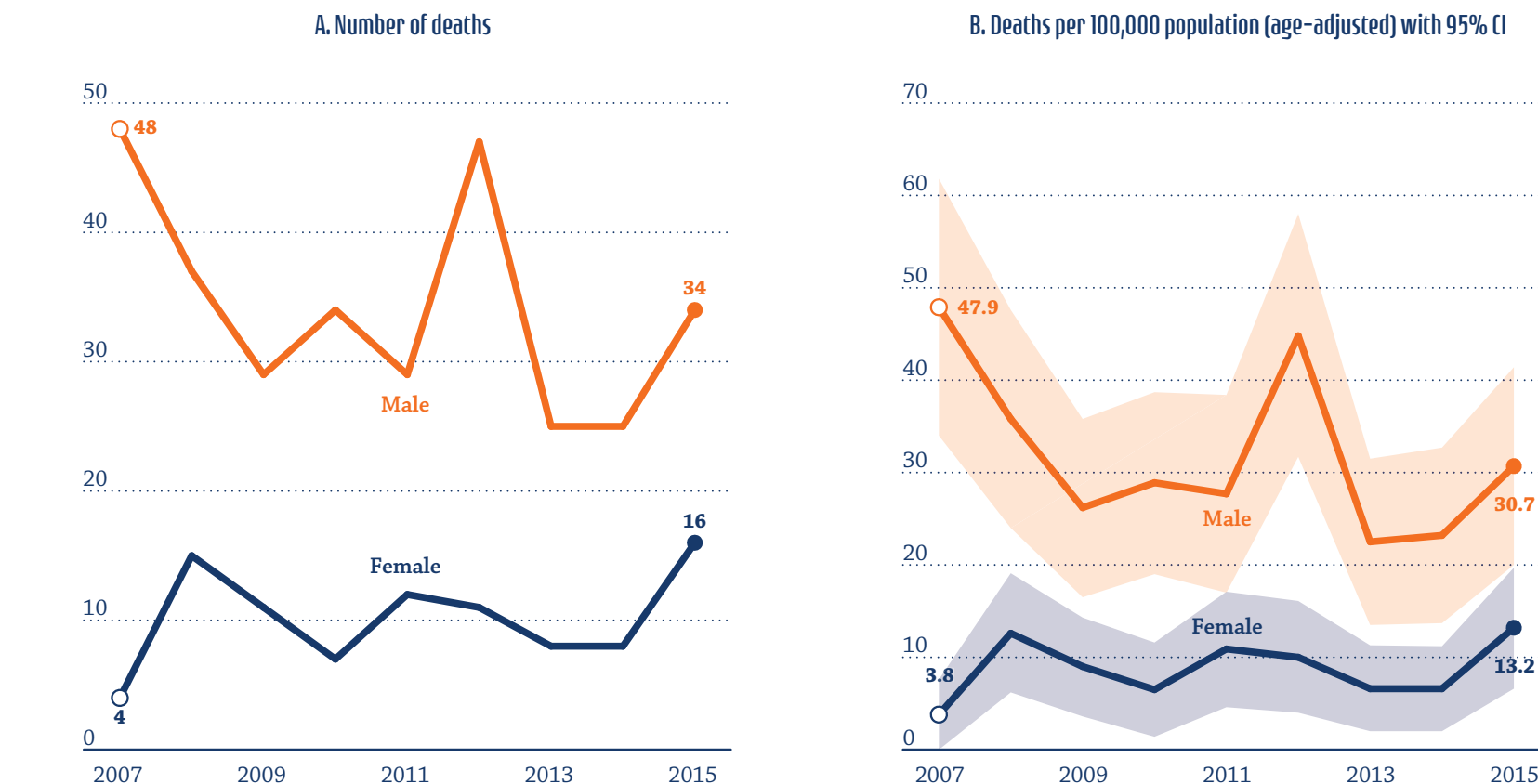
1. Data source: New Mexico Department of Health Indicator-Based Information System

■ The aggregate data show a statistically nonsignificant decrease in suicide mortality count over time (from 144 in the 2007–2009 period to 116 deaths in the 2013–2015 period).

■ The NM AI/AN suicide age-adjusted mortality rate remained relatively consistent from period to period, starting at 22.2 deaths/100,000 in 2007–2009 and ending at 17.0 deaths/100,000 in 2013–2015.



**FIGURE 26**  
**NM AI/AN 2007–2015 SUICIDE MORTALITY BY SEX**

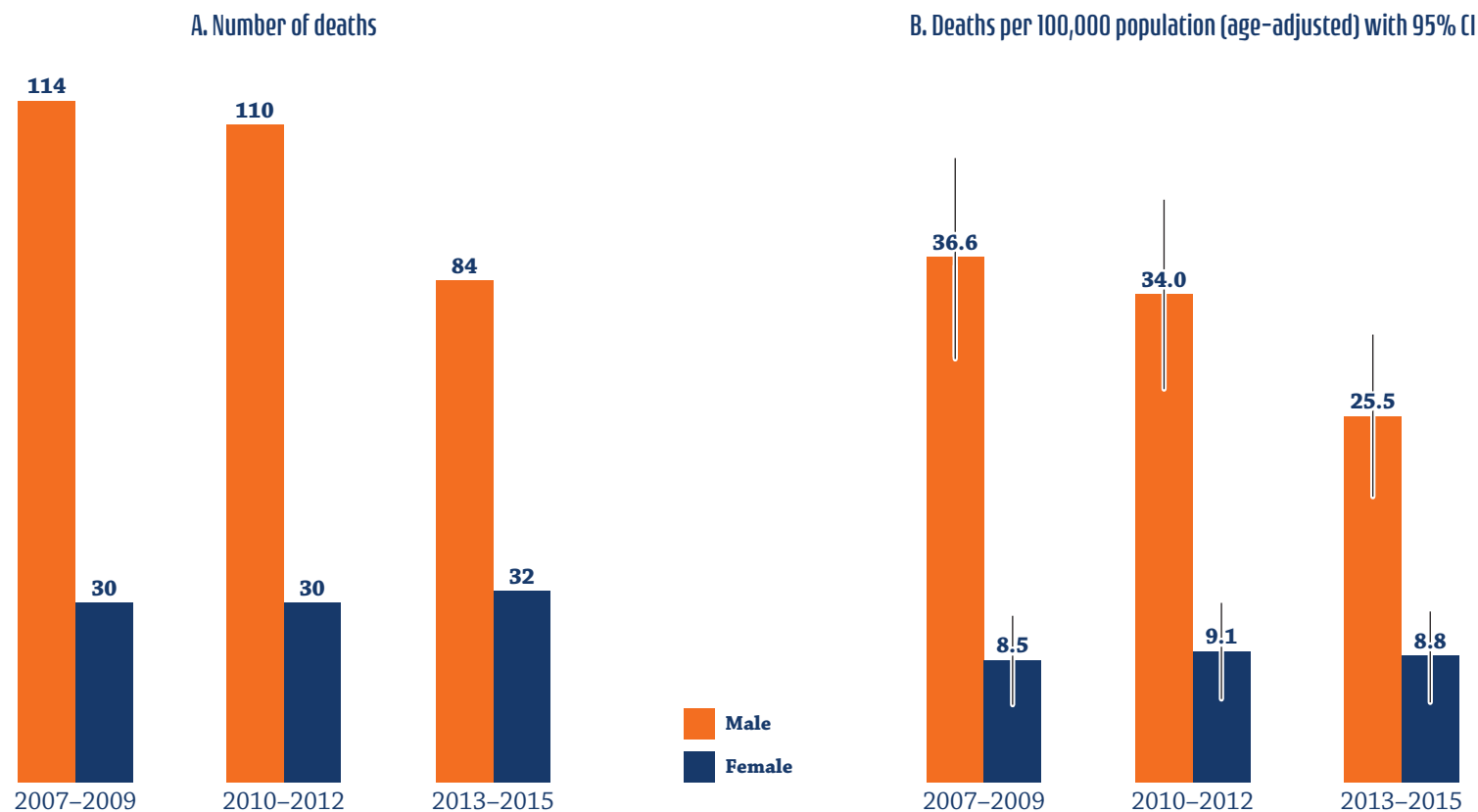


Notes:  
1. Data source: New Mexico Department of Health Indicator-Based Information System

- For every year reported, there were more suicide deaths among AI/AN men than among AI/AN women.
- 2007 saw the greatest disparity in suicide deaths between the two sexes with 48 deaths in AI/AN men and 4 deaths in AI/AN women.
- From 2007–2015, the suicide mortality rate was statistically significantly higher among AI/AN males than among AI/AN females for every year except 2011.
- The AI/AN male mortality rate peaked in 2007 with 47.9 deaths/100,000.

# SUICIDE MORTALITY

**FIGURE 27**  
**NM AI/AN 2007–2015 SUICIDE 3-YEAR AGGREGATE MORTALITY BY SEX**



Notes:

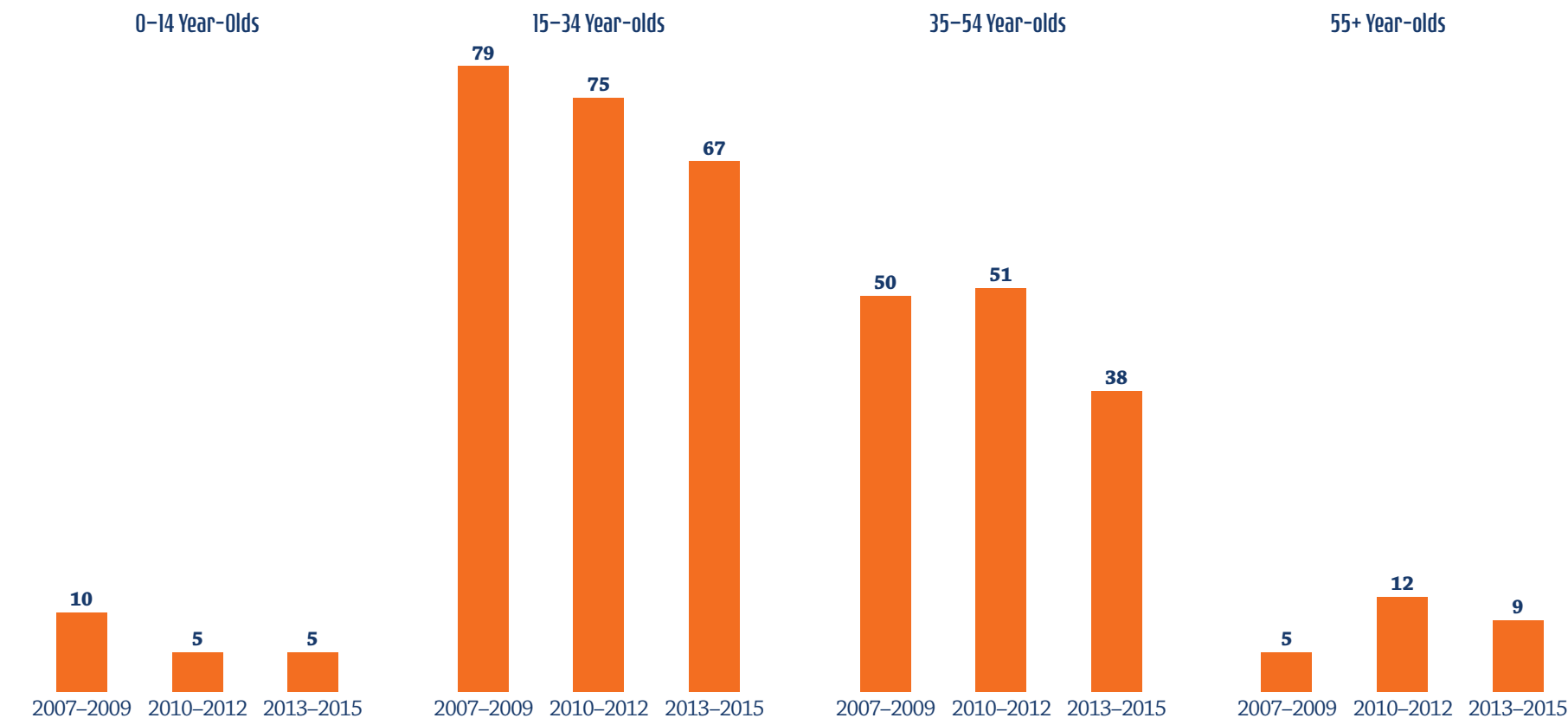
1. Data source: New Mexico Department of Health Indicator-Based Information System

- There was a decrease in suicide mortality among NM AI/AN males over the observed years (from 114 in 2007–2009 to 84 deaths in 2013–2015).
- The suicide mortality rate was statistically significantly higher among AI/AN males than AI/AN females for all observed periods.

- From 2007–2015, suicide mortality among NM AI/AN females remained constant (averaging around 31 deaths in each aggregate period).

**FIGURE 28**

**NM AI/AN 2007–2015 SUICIDE 3-YEAR AGGREGATE MORTALITY COUNTS BY AGE GROUP**



Notes:

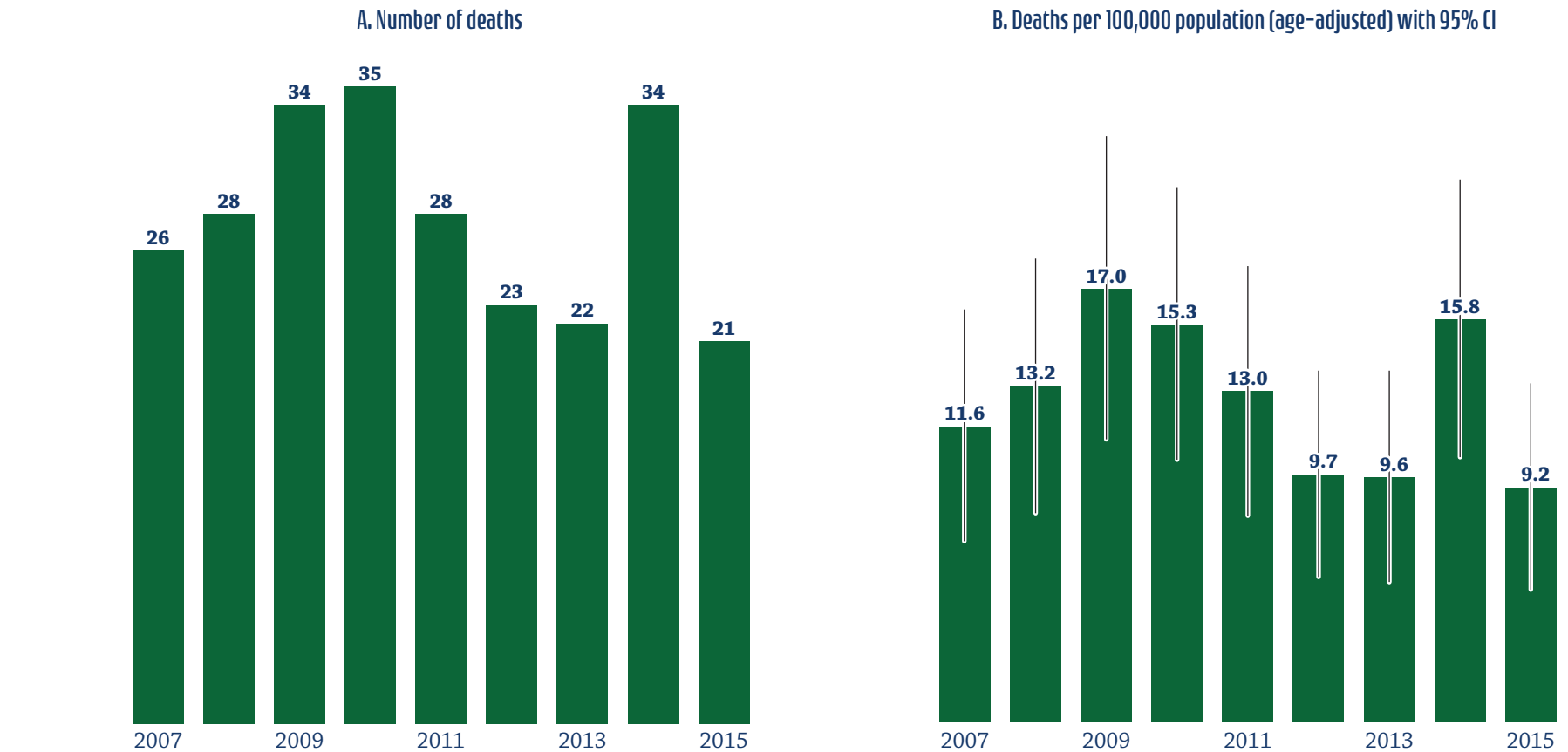
1. Data source: New Mexico Department of Health Indicator-Based Information System

■ New Mexico AI/AN aged 15–34 years had the highest suicide mortality of any age group for all nine years, followed by those aged 35–54 years.

■ Suicide mortality among both of these age groups decreased over time

# HOMICIDE MORTALITY

**FIGURE 29**  
**NM AI/AN 2007–2015 HOMICIDE MORTALITY**



Notes:

1. ICD10 Codes: X93-X95, U01.4, X85-X92, X96-Y09, Y87.1, U01.0-U01.3, U01.5-U01.9, U02
2. Data source: New Mexico Department of Health Indicator-Based Information System

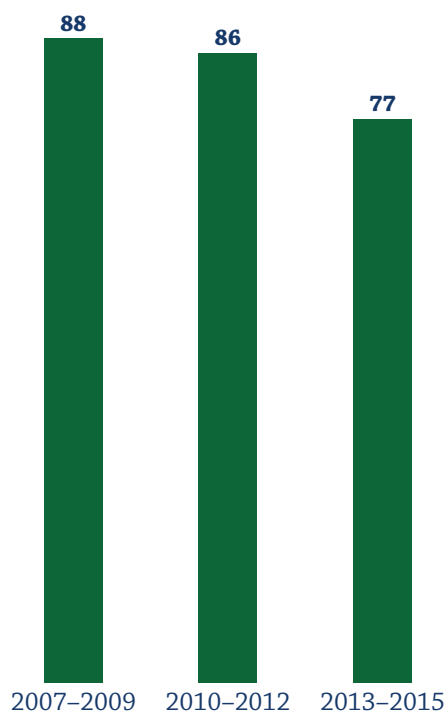
■ From 2007–2015, the number of New Mexico AI/AN homicide deaths fluctuated slightly (between 26 deaths in 2007 to 21 deaths in 2015, reaching a peak of 35 deaths in 2010).

■ The homicide mortality rate dipped from 11.6 deaths per 100,000 in 2007 to 9.2/100,000 in 2015 but the drop was not statistically significant.

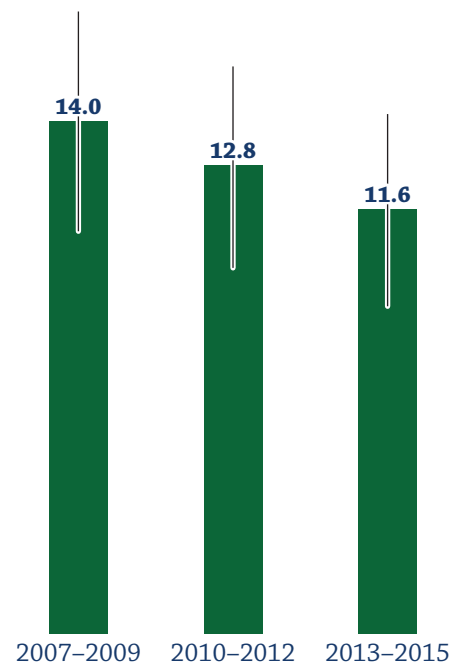
**FIGURE 30**

**NM AI/AN 2007–2015 HOMICIDE 3-YEAR AGGREGATE MORTALITY**

A. Number of deaths



B. Deaths per 100,000 population (age-adjusted) with 95% CI



Notes:

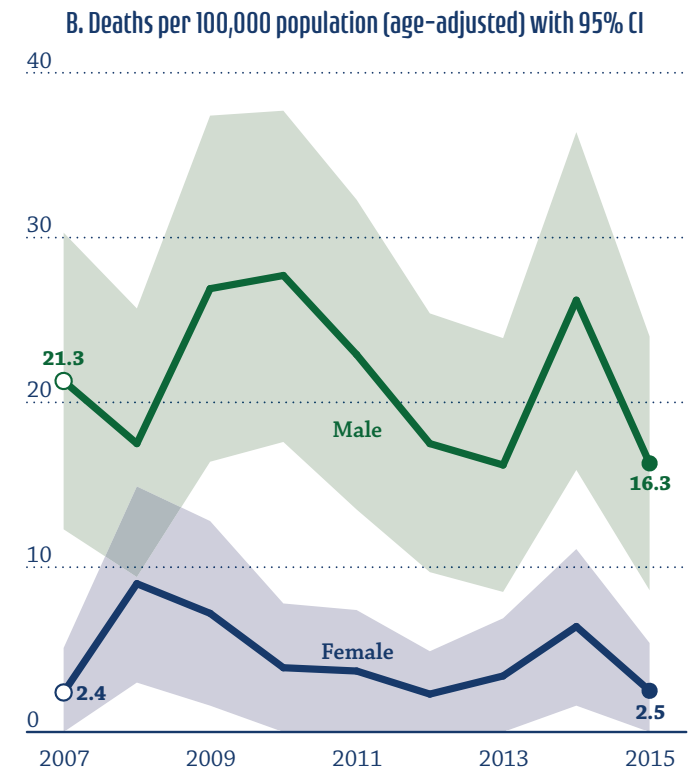
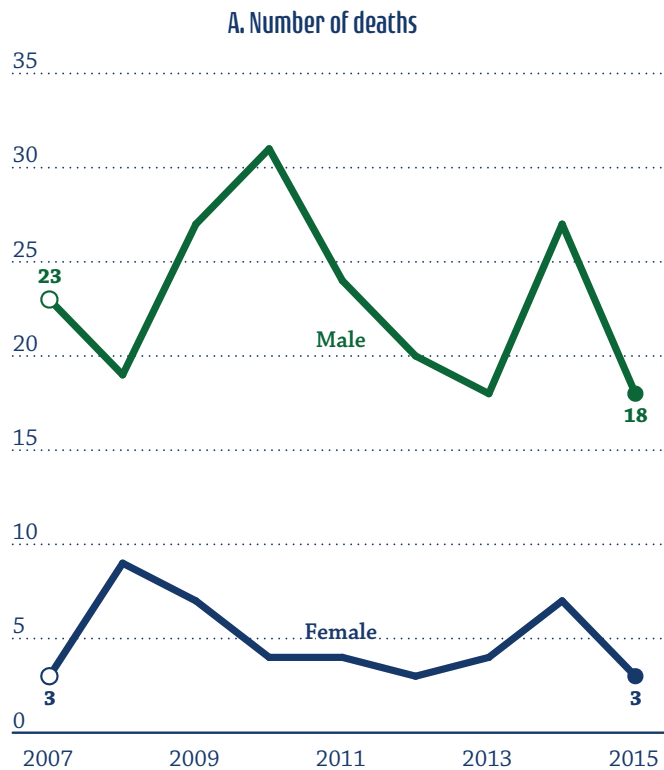
1. Data source: New Mexico Department of Health Indicator-Based Information System

■ The number of homicide deaths has slightly decreased over time (from 88 deaths in 2007–2009 to 77 deaths in 2013–2015).

■ The NM AI/AN homicide rate did not change in a statistically significant manner between 2007 and 2015, moving from a high of 14.0 deaths per 100,000 in 2007–2009 to 11.6 deaths per 100,000 in 2013–2015.

# HOMICIDE MORTALITY

**FIGURE 31**  
**NM AI/AN 2007–2015 HOMICIDE MORTALITY BY SEX**



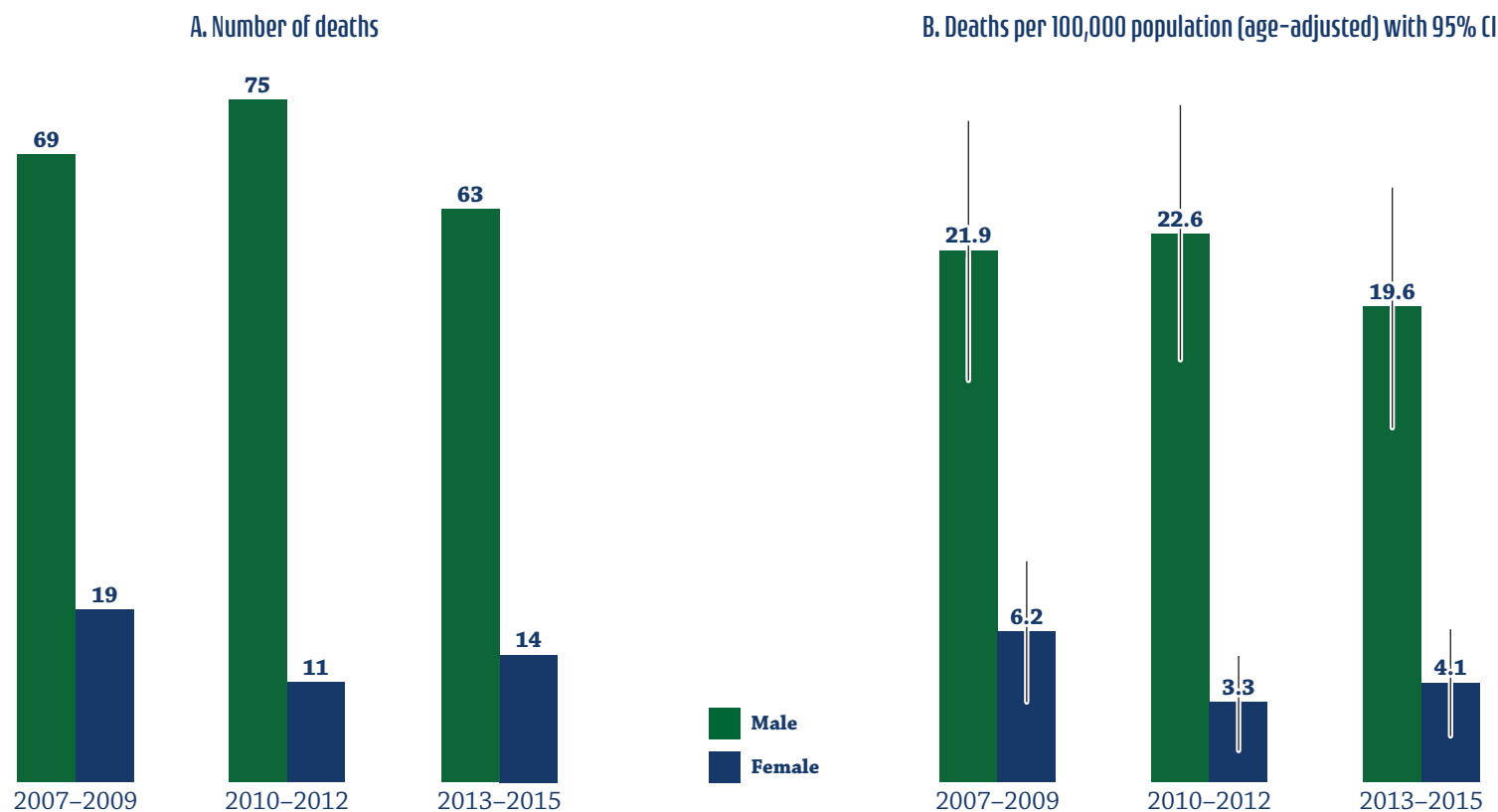
Notes:

1. Data source: New Mexico Department of Health Indicator-Based Information System

- For all years reported, more AI/AN men died due to homicide than women.
- In 2010, AI/AN male homicide mortality peaked with 31 deaths.
- In 2008, AI/AN female homicide mortality peaked with nine deaths.

- The AI/AN male homicide mortality rate varied between a high of 27.7 deaths/100,000 in 2010 to a low of 16.2 deaths/100,000 in 2013, ending up at 16.3/100,000 in 2015.
- The AI/AN female homicide mortality rate followed a downward trend from a high of 9.0 deaths /100,000 in 2008 to a low of 2.3/100,000 in 2012, ending at 2.5/100,000 in 2015.
- The homicide mortality rate was higher in a statistically significant manner among NM AI/AN males than females for all years except 2008.

**FIGURE 32**  
**NM AI/AN 2007–2015 HOMICIDE 3-YEAR AGGREGATE MORTALITY BY SEX**



**Notes:**

1. Data source: New Mexico Department of Health Indicator-Based Information System

■ The homicide mortality rate was statistically significantly higher among AI/AN males (19.6/100,000 in 2013–2015) than AI/AN females (4.1/100,000 in 2013–2015) for all observed sets of years.

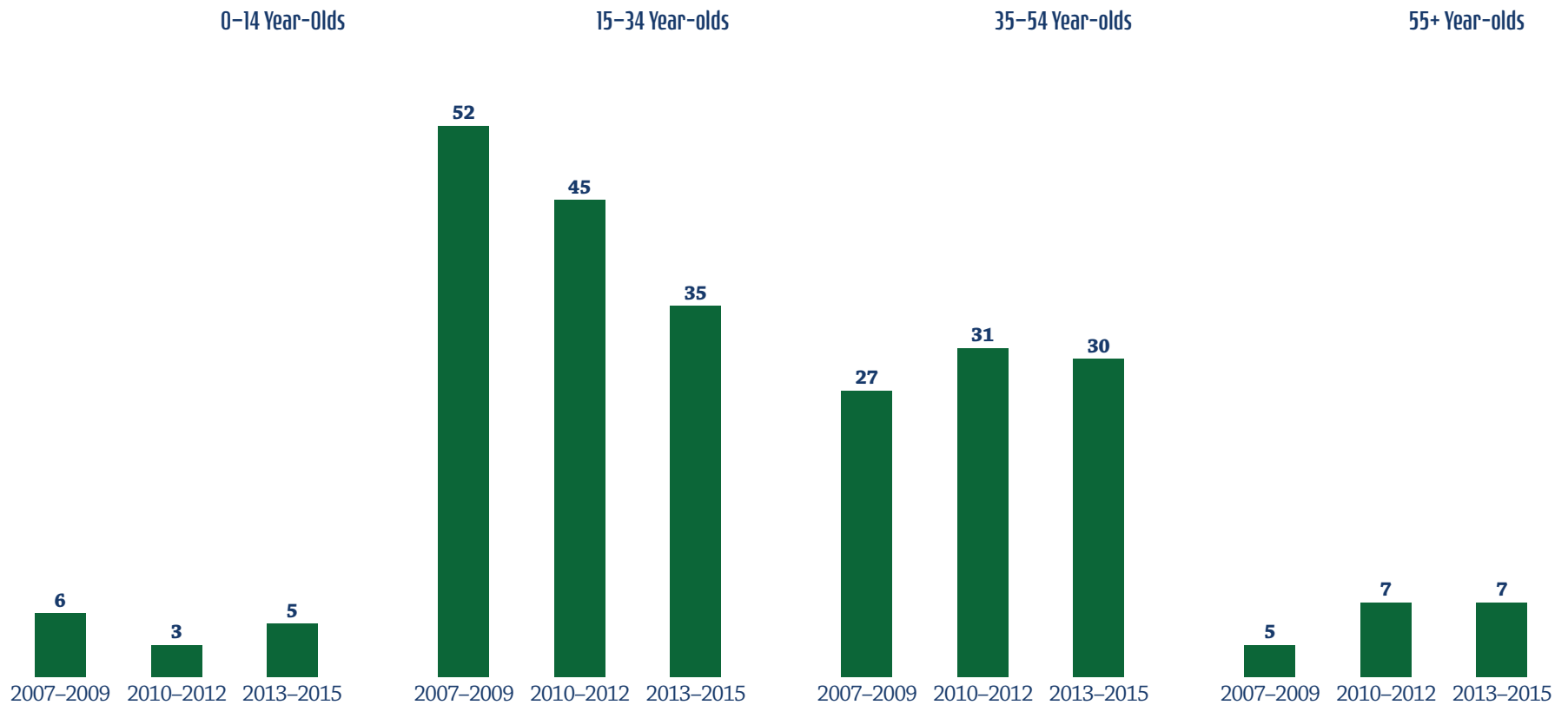
■ The NM AI/AN homicide mortality rate for both males and females did not change in a statistically significant manner from 2007–2015.



## HOMICIDE MORTALITY

**FIGURE 33**

**NM AI/AN 2007–2015 HOMICIDE 3-YEAR AGGREGATE MORTALITY BY AGE GROUP**



Notes:

1. Data source: New Mexico Department of Health Indicator-Based Information System

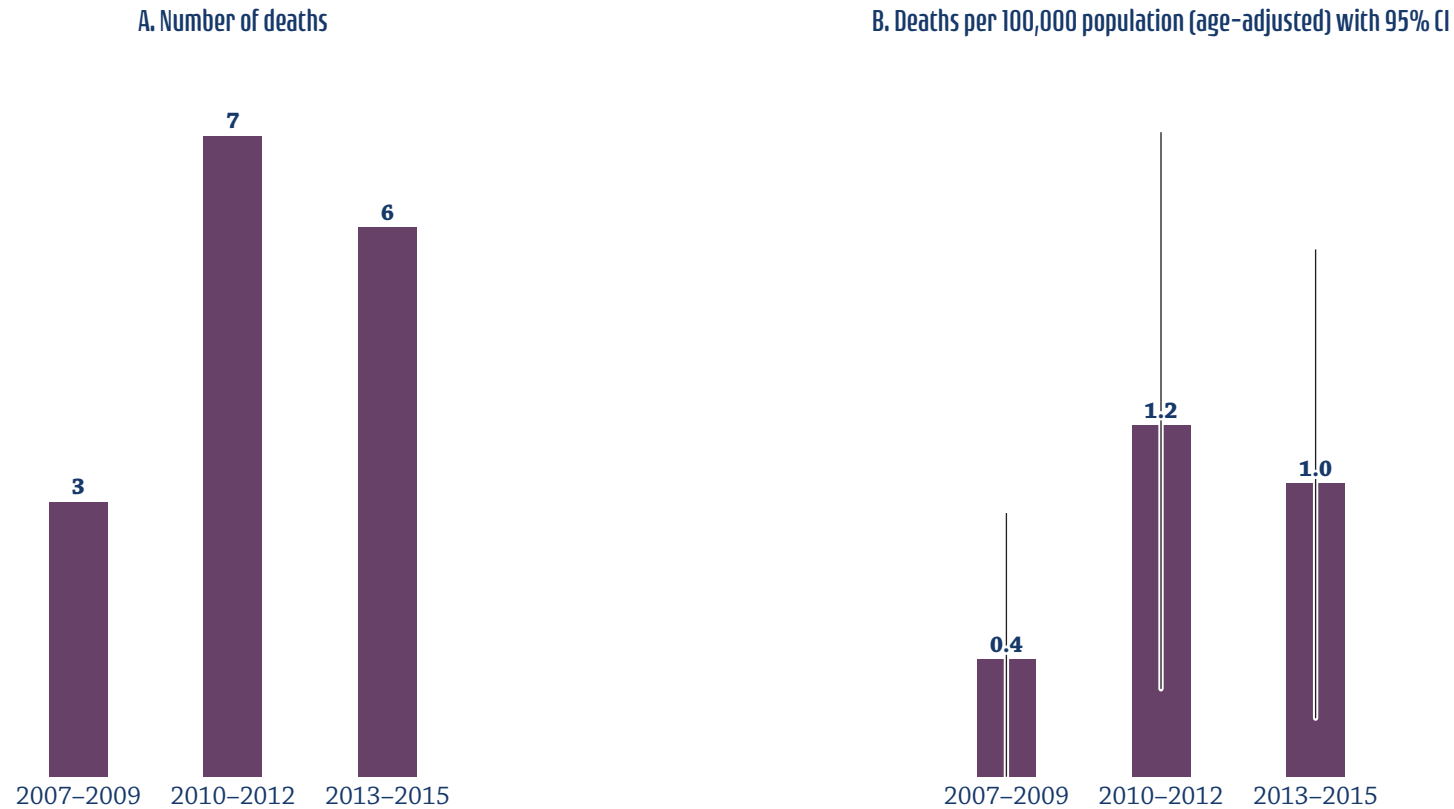
■ NM AI/AN people aged 15–34 years had the highest number of homicide deaths of any age group for all nine years, ranging from a high of 52 deaths in 2007–2009 to 35 deaths in 2013–2015.

■ The 35–54 year age group had the second highest number of homicide deaths (averaging around 29 deaths per 3-year time period).

## FIRE AND SMOKE-RELATED MORTALITY

**FIGURE 34**

**NM AI/AN FIRE AND SMOKE-RELATED 3-YEAR AGGREGATE MORTALITY**



Notes:

1. Data source: New Mexico Department of Health Indicator-Based Information System

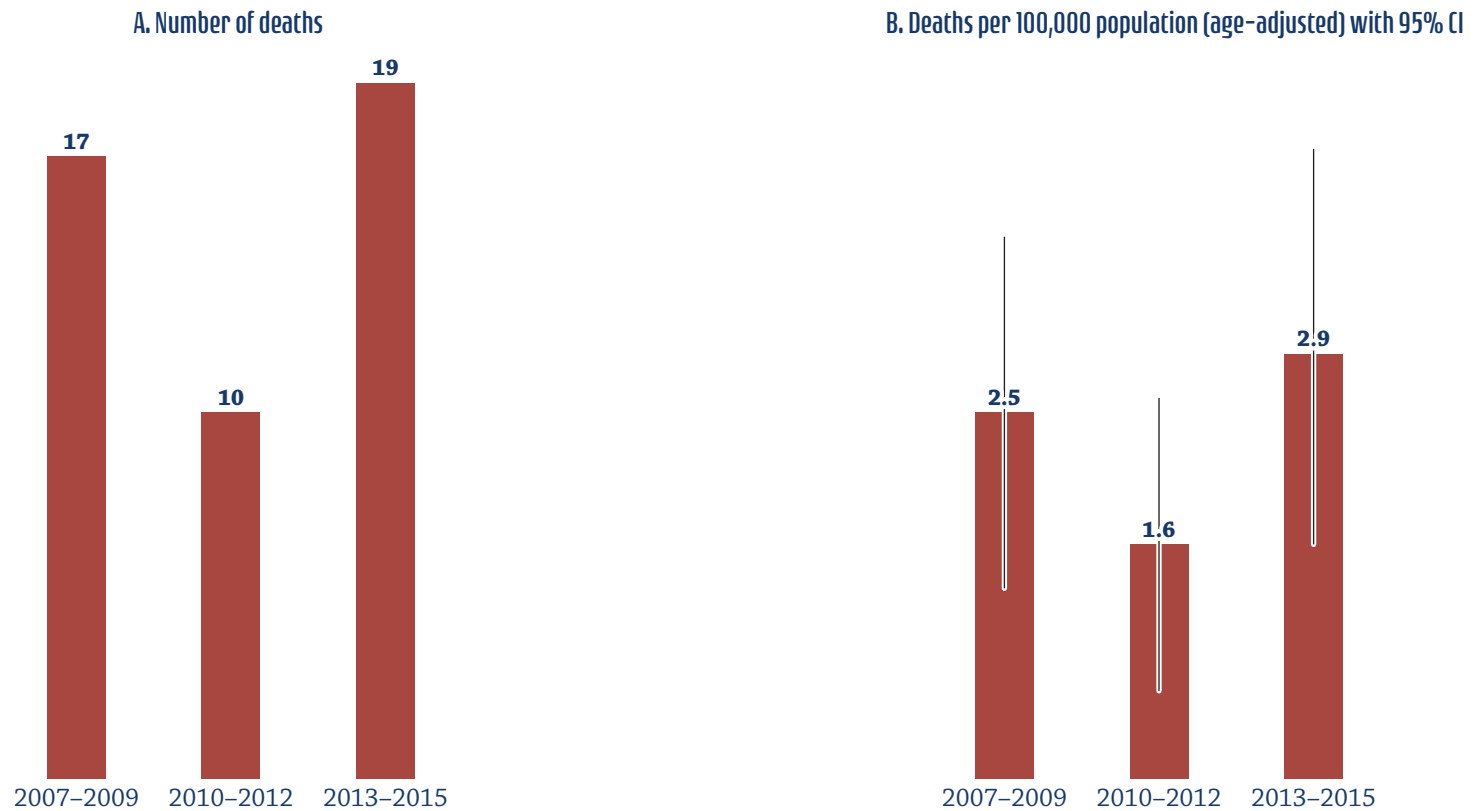
■ The number of deaths related to fire and smoke among New Mexico AI/ANs increased from 2007-2009 period (three deaths) to the 2013-2015 (six deaths).

■ While the mortality rate increased from 0.4/100,000 in 2007-2009 to 1.0/100,000 in 2013-2015, the change was not statistically significant.

■ Due to the small amount of deaths caused by fire and smoke-related injury, there is insufficient information to display the data by single year, sex, or age group.

## DROWNING AND SUBMERSION MORTALITY

**FIGURE 35**  
**DROWNING AND SUBMERSION 3-YEAR AGGREGATE MORTALITY**



Notes:

1. ICD10 Codes: W65-W74

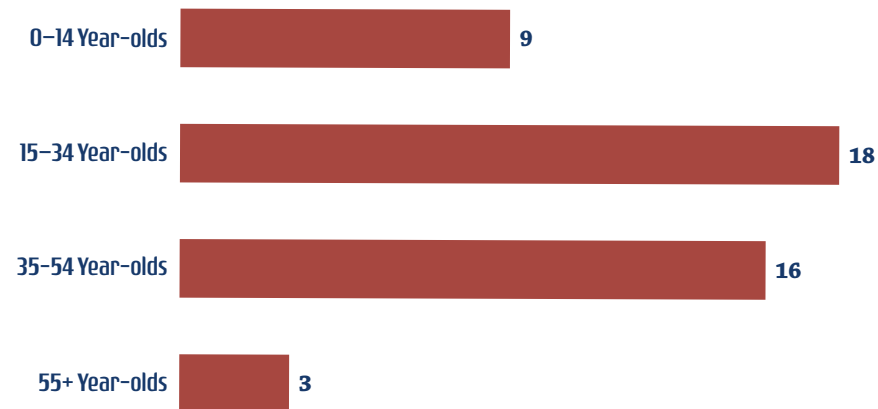
2. Data source: New Mexico Department of Health Indicator-Based Information System

■ From 2007–2015, the drowning and submersion mortality count and age-adjusted mortality rate varied slightly among New Mexico AI/AN.

■ The number of deaths related to drowning and submersion in a three-year period averaged around fifteen deaths.

## DROWNING AND SUBMERSION MORTALITY

**FIGURE 36**  
**NM AI/AN 2007–2015 DROWNING AND SUBMERSION 9-YEAR**  
**AGGREGATE MORTALITY COUNTS BY AGE GROUP**



Notes:

1. Data source: New Mexico Department of Health Indicator-Based Information System

- New Mexico AI/AN people aged 15–34 years had the highest drowning and submersion mortality of all age groups (eighteen deaths).
- The 35–54 year age group had the second most drowning and submersion deaths (sixteen deaths).

- AI/AN males accounted for 41 of the 46 total drowning and submersion deaths from 2007–2015 (not displayed).







# NEW MEXICO HOSPITAL INPATIENT DISCHARGE DATA

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## INTRODUCTION

The following section focuses on AI/AN inpatient hospitalization cases from 2007 to 2015 in New Mexico. Hospitalization data was collected for the following categories:

- Falls
- Motor vehicle collisions
- Poisoning
- Suicide attempt/self-harm
- Homicide attempt/assault
- Fire or smoke-related injuries

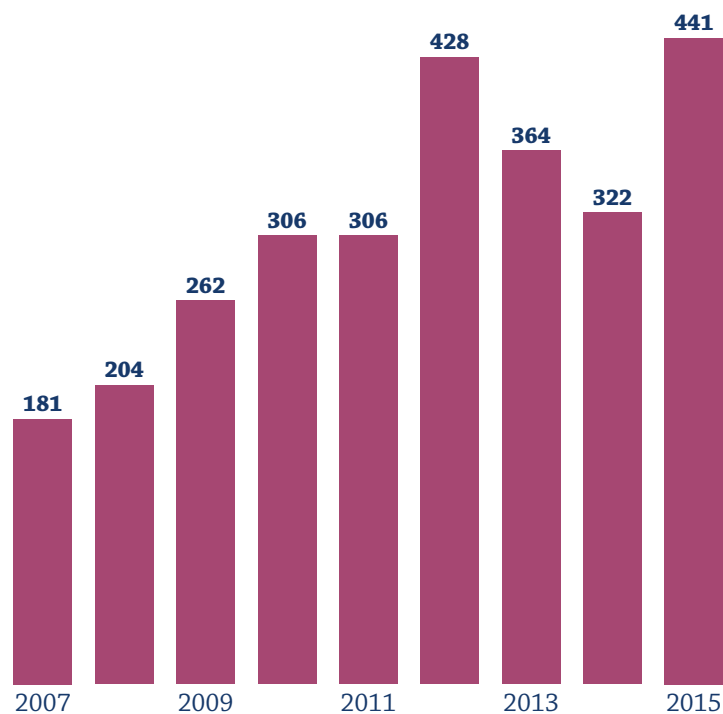
The dataset included an “e-code” or external cause of injury code variable that was searched in order to separate the injury hospitalizations from other causes of hospitalization. Data for each category were collected on a single year basis, as well as on a three-year aggregated basis. Hospitalization counts and rates were graphed in totality, and by sex and age group where there were sufficient data to do so.

Suppressed data were defined as fewer than five hospitalizations per displayed category. All hospitalizations reported are collected from non-federal hospitals. This excludes records from Veterans’ Affairs and Indian Health Service Hospitals.

## FALLS HOSPITALIZATIONS

**FIGURE 37**  
**NM 2007–2015 AI/AN FALLS HOSPITALIZATIONS**

A. Number of hospitalizations

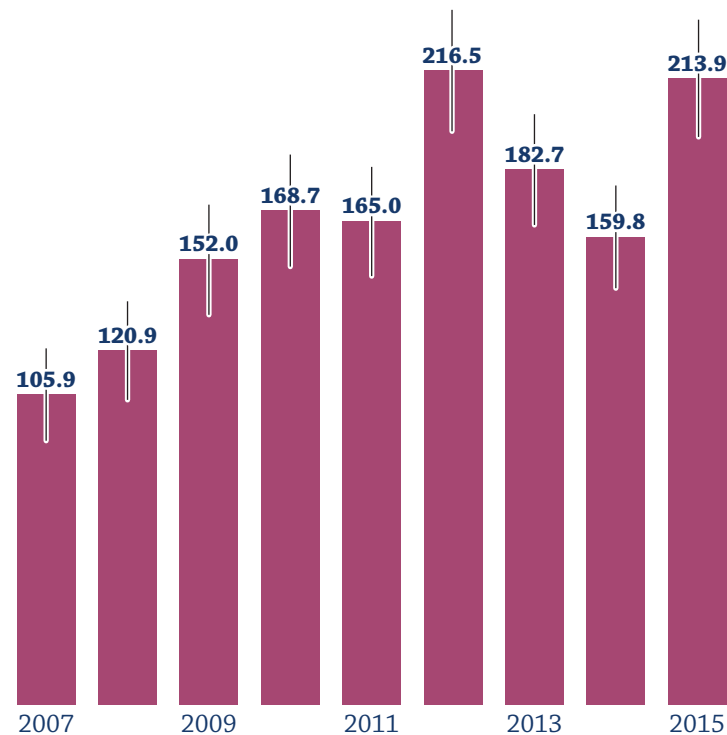


Notes:

1. Data source: New Mexico Department of Health

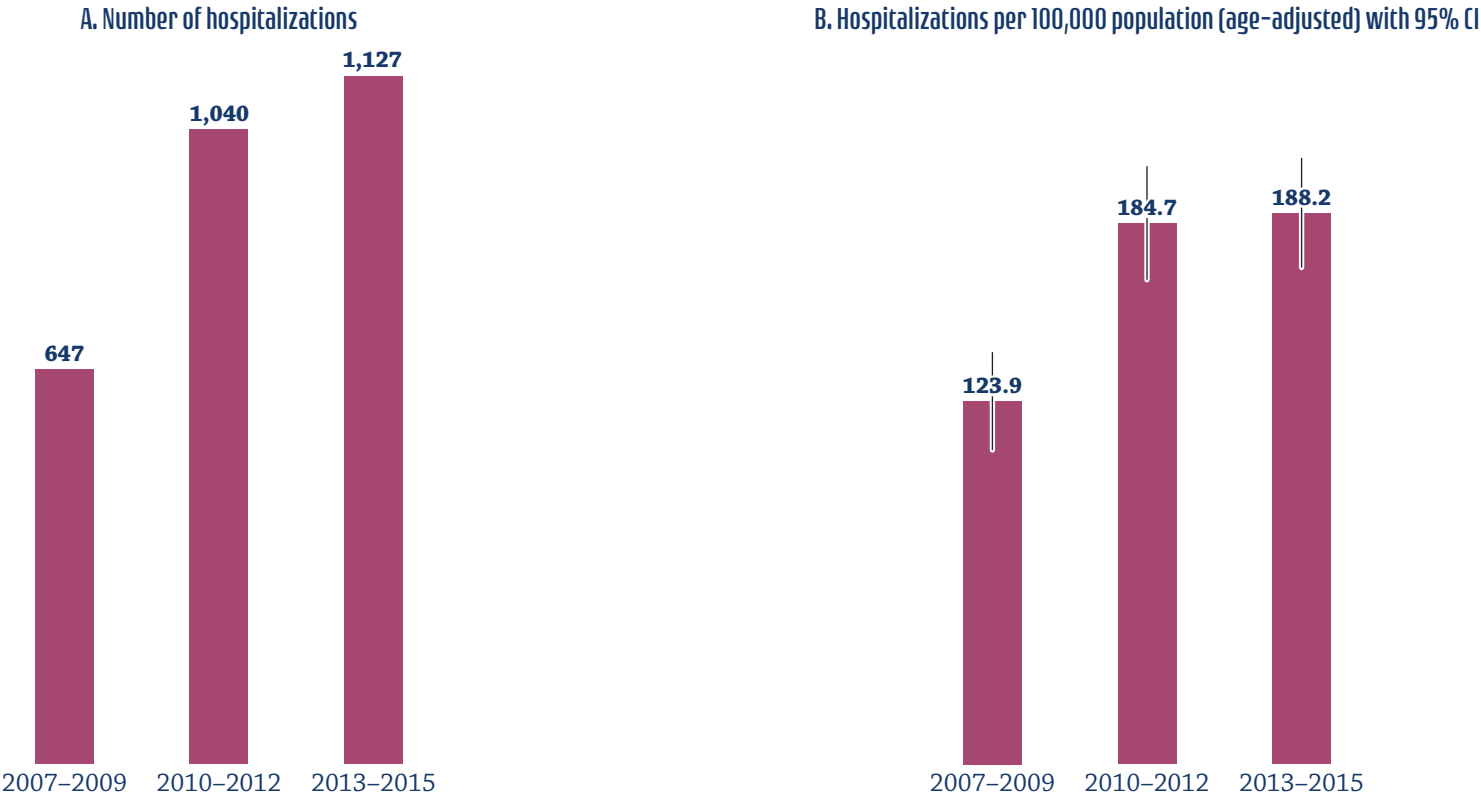
■ Hospitalization events due to falls ranged from 181 in 2007 to a high of 441 events in 2015.

B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI



■ From 2007 to 2015, the New Mexico AI/AN hospitalization rate increased from 105.9/100,000 to 213.9/100,000, respectively. This change in rate over the 9 years observed was statistically significant between 2007 and 2015.

**FIGURE 38**  
**NM AI/AN 2007–2015 FALLS 3-YEAR AGGREGATE HOSPITALIZATIONS**

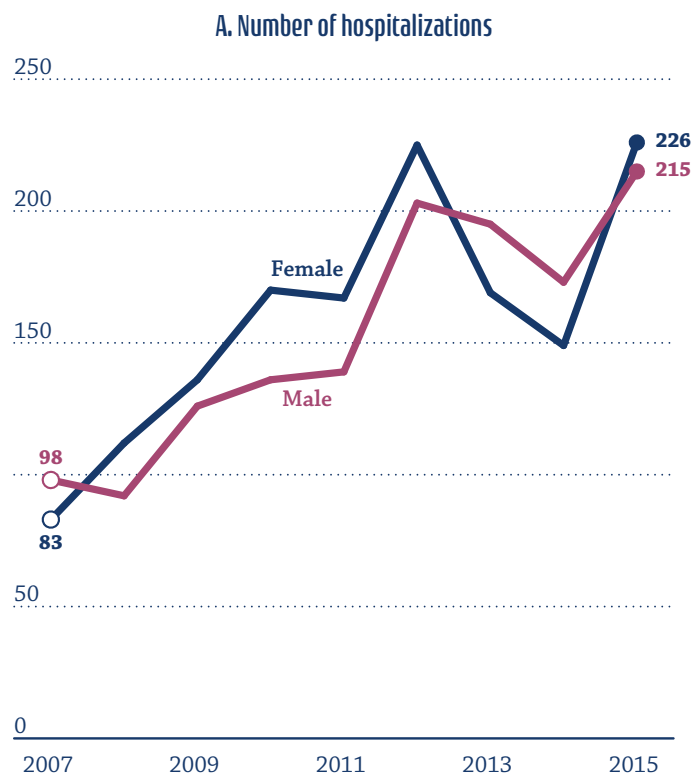


Notes:  
1. Data source: New Mexico Department of Health

- 3-year data in 2007–2009 show that the number of NM AI/AN fall hospitalizations increased from 647 to 1,127 events in 2013–2015.
- The age-adjusted rate for falls-related hospitalizations increased from 123.9/100,000 to 188.2/100,000.
- The increase in the rate from 2007–2009 to 2010–2012 and beyond was statistically significant.

# FALLS HOSPITALIZATIONS

**FIGURE 39**  
**NM AI/AN 2007–2015 FALLS HOSPITALIZATIONS BY SEX**

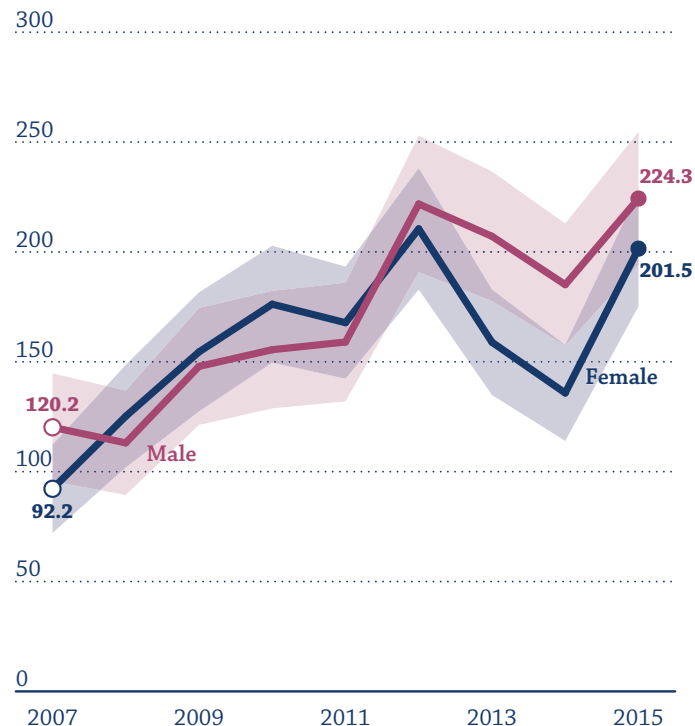


Notes:

1. Data source: New Mexico Department of Health

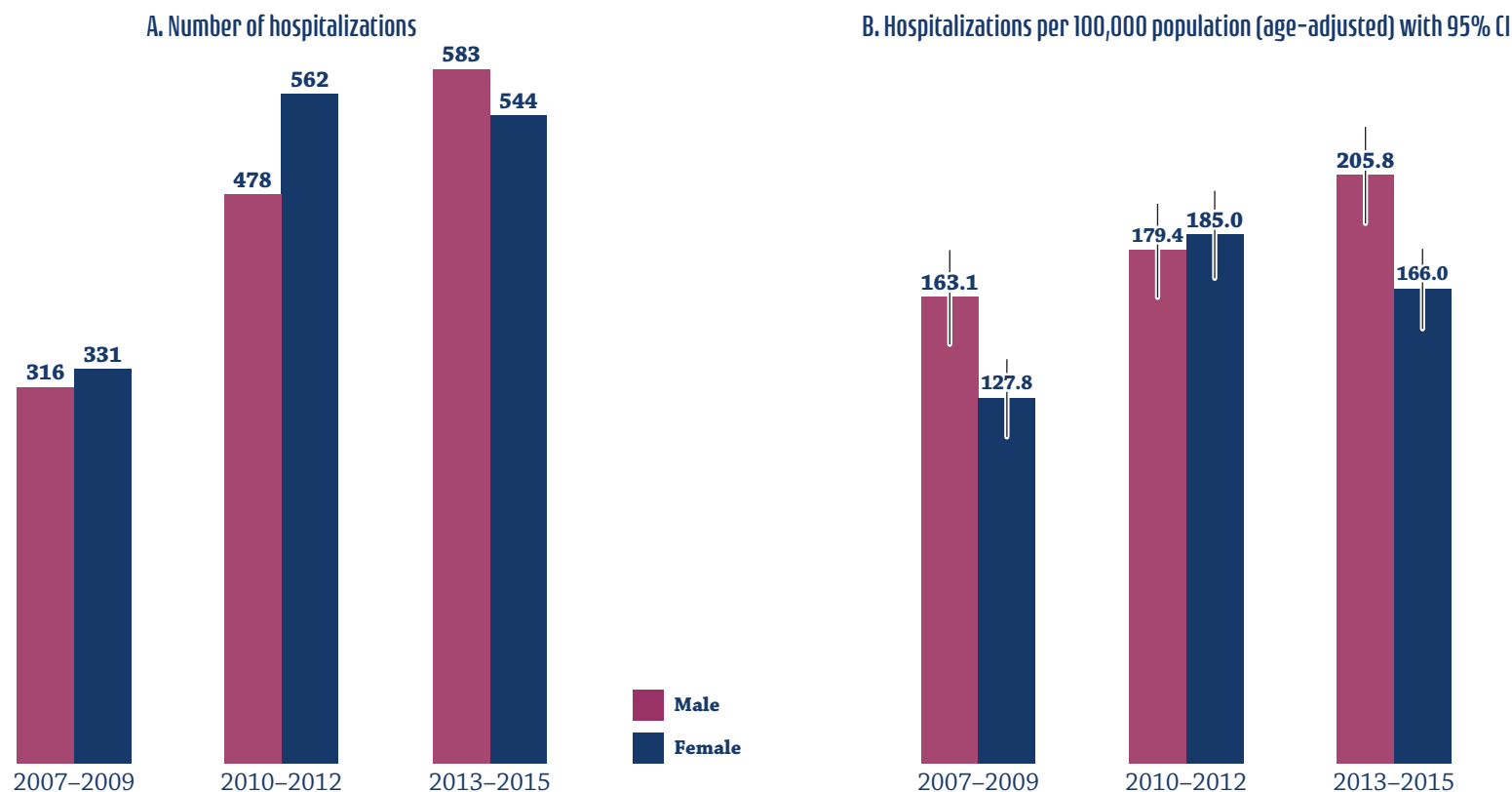
- From 2007–2015, the NM AI/AN falls hospitalization count for males and females remained relatively similar to each other.
- The number of hospitalizations recorded for both sexes increased substantially (more than doubled) from 2007 to 2015.
- From 2007–2015, the NM AI/AN falls hospitalization rate among males and females was relatively the same and increased in a statistically significant manner over time.

**B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI**



- In 2007, the AI/AN male and female falls hospitalization rates were 120.2/100,000 and 92.2/100,000 respectively.
- In 2015, the AI/AN male and female falls hospitalization rates were 224.3/100,000 and 201.5/100,000 respectively.
- There were no statistically significant differences between AI/AN male and female rates in any single year.

**FIGURE 40**  
**FALLS 3-YEAR AGGREGATE HOSPITALIZATIONS BY SEX**



Notes:  
1. Data source: New Mexico Department of Health

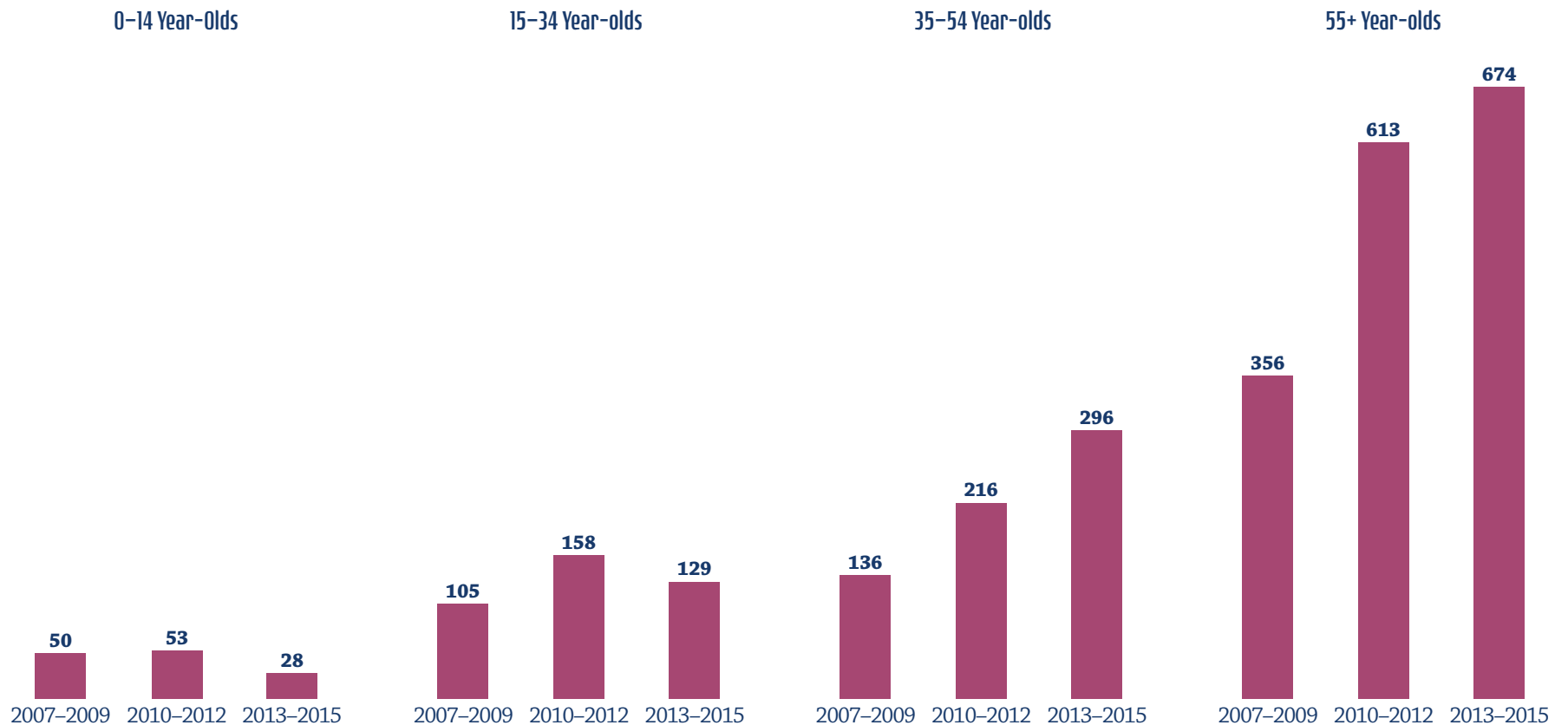
- The number of NM AI/AN fall hospitalizations increased among males from 2007 to 2015 (from 316 to 583 events).
- Hospitalization events among AI/AN females fluctuated (ranging from 331 to 562 events from 2007–2009 to 2010–2012 and dropped to 544 events in 2013–2015).
- There were statistically significant differences in fall hospitalizations rates between sexes during 2007–2009 and again during 2013–2015 where the AI/AN male rates were higher than the AI/AN female rates.



## FALLS HOSPITALIZATIONS

**FIGURE 41**

**NM AI/AN 2007–2015 FALLS 3-YEAR AGGREGATE HOSPITALIZATIONS COUNTS BY AGE GROUP**



Notes:

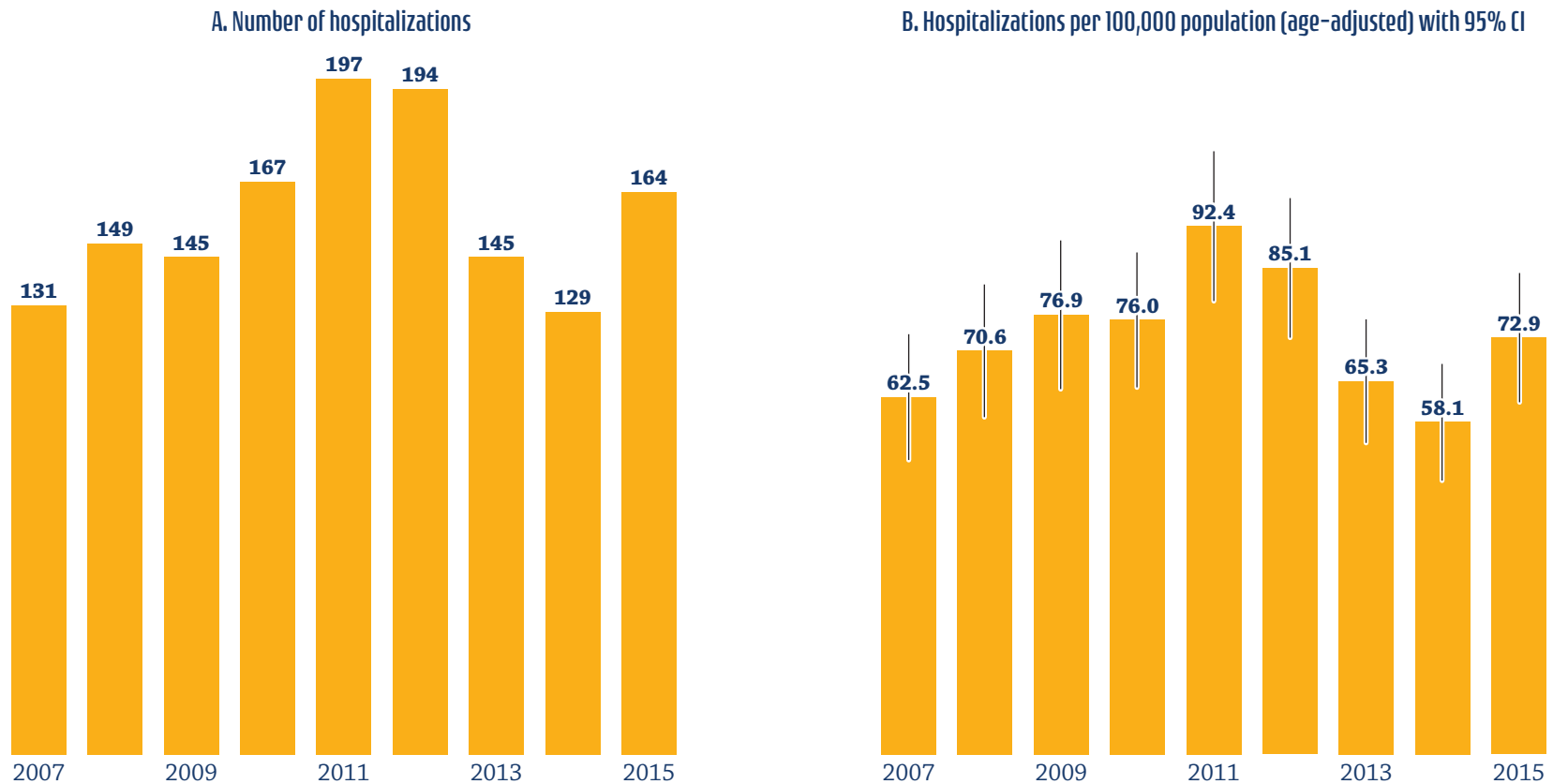
1. Data source: New Mexico Department of Health

■ New Mexico AI/AN people aged 55+ years had the highest number of fall hospitalizations of any age group (356 in 2007–2009 to 674 in 2013–2015).

■ For those aged 35–54, the number of fall hospitalization events increased from 136 in 2007–2009 to 296 in 2013–2015.

# MOTOR VEHICLE COLLISION HOSPITALIZATIONS

**FIGURE 42**  
**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION HOSPITALIZATIONS**



Notes:

1. Data source: New Mexico Department of Health

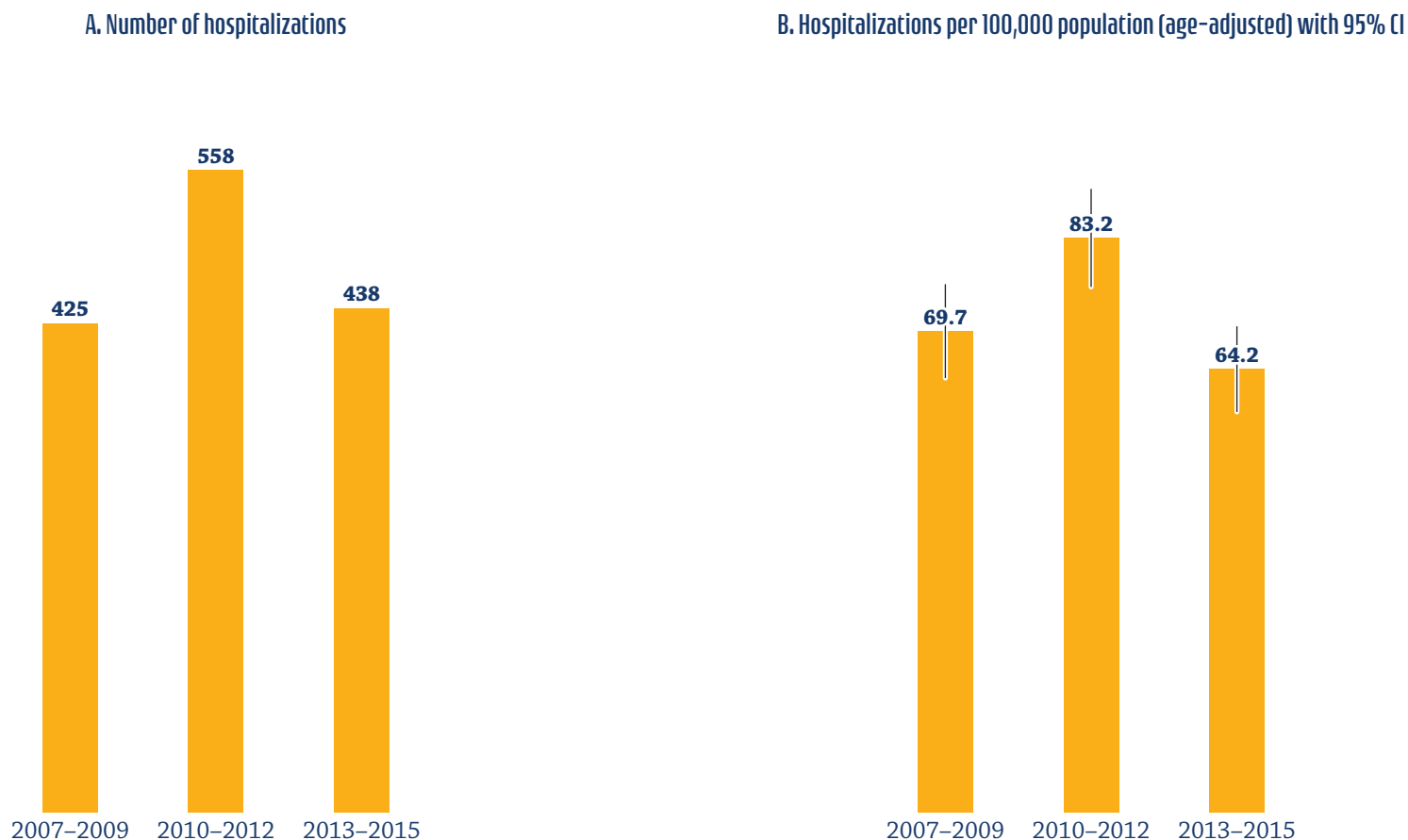
- From 2007 to 2015, the New Mexico AI/AN motor vehicle collision hospitalization count fluctuated (ranging from 131 to 164, respectively).
- The NM AI/AN motor vehicle collision hospitalization age-adjusted rate increased from 62.5/100,000 in 2007 to 72.9/100,000 in 2015. However, this change was not statistically significant.

- Both the number of hospitalizations due to motor vehicle collisions and the associated age-adjusted rate peaked in 2011, where the rate of 92.4/100,000 was higher than the 2007 rate (62.5/100,000) in a statistically significant manner.

## MOTOR VEHICLE COLLISION HOSPITALIZATIONS

**FIGURE 43**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE HOSPITALIZATIONS**



Notes:

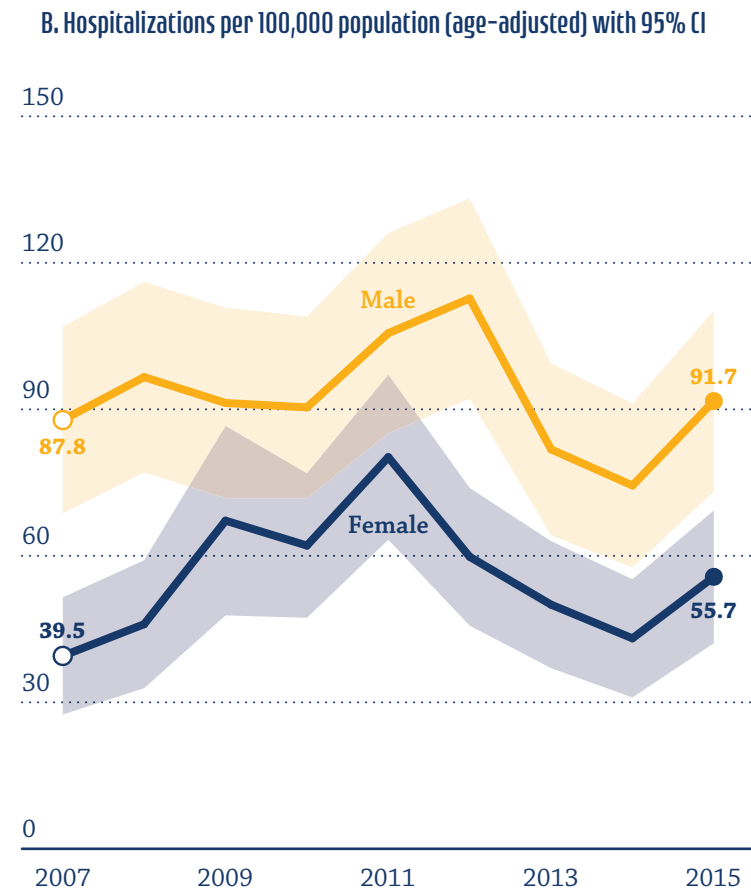
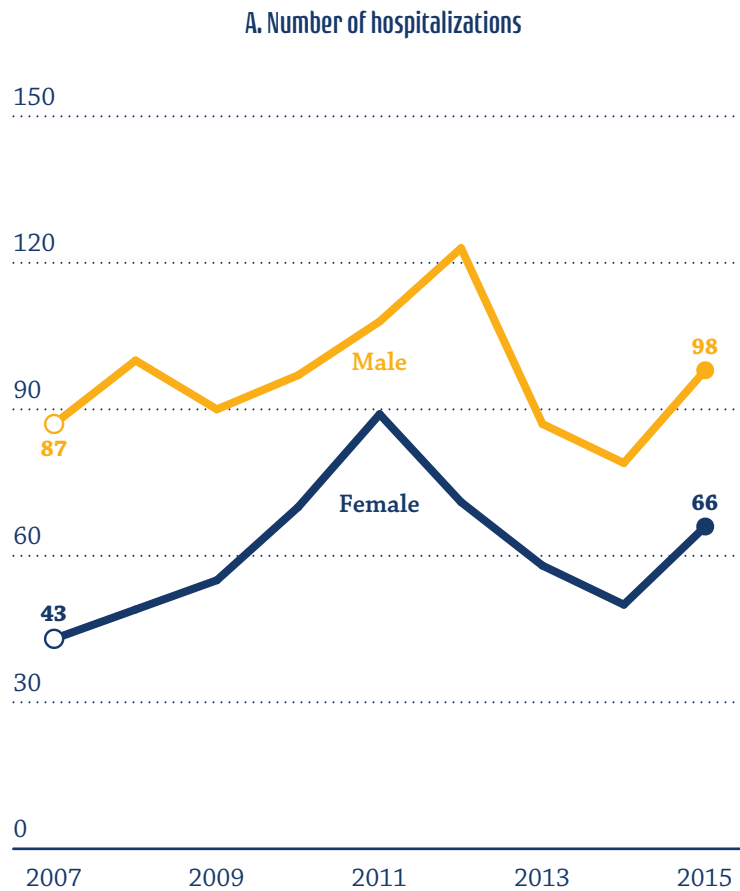
1. Data source: New Mexico Department of Health

■ 3-year data shows that New Mexico AI/AN motor vehicle collision hospitalizations peaked in 2010–2012 (558 hospitalizations).

■ The hospitalization rate remained relatively stable from 2007 to 2012, with a statistically significant decrease seen during 2013–2015 time period.

# MOTOR VEHICLE COLLISION HOSPITALIZATIONS

**FIGURE 44**  
**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION HOSPITALIZATIONS BY SEX**



Notes:  
 1. Data source: New Mexico Department of Health

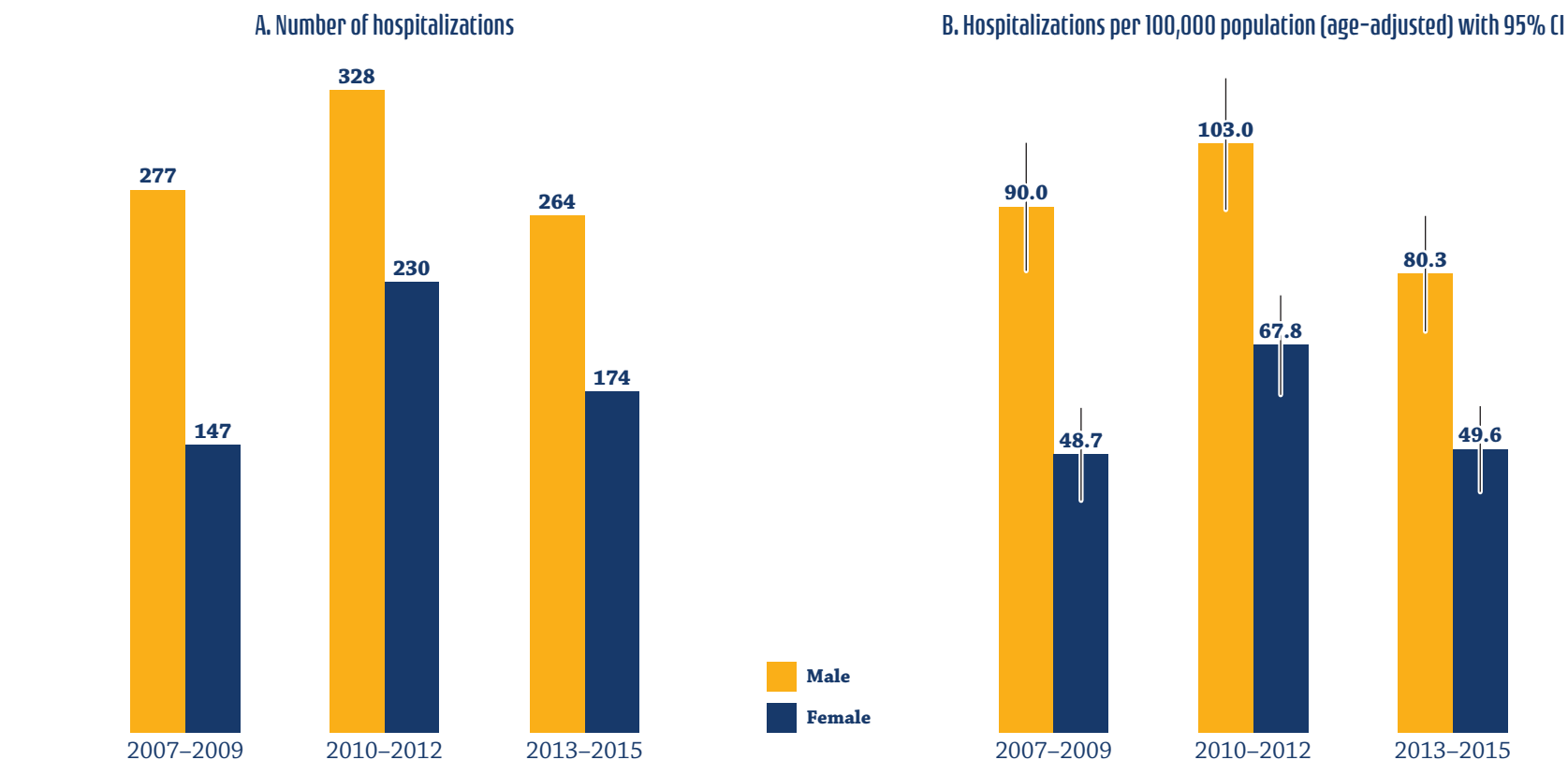
■ AI/AN men had more hospitalizations due to motor vehicle collisions than AI/AN women in every year observed.

■ There were statistically significant differences seen between the AI/AN male and female hospitalization rates in 2007, 2008, and 2012–2015.

# MOTOR VEHICLE COLLISION HOSPITALIZATIONS

**FIGURE 45**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE HOSPITALIZATIONS BY SEX**



Notes:

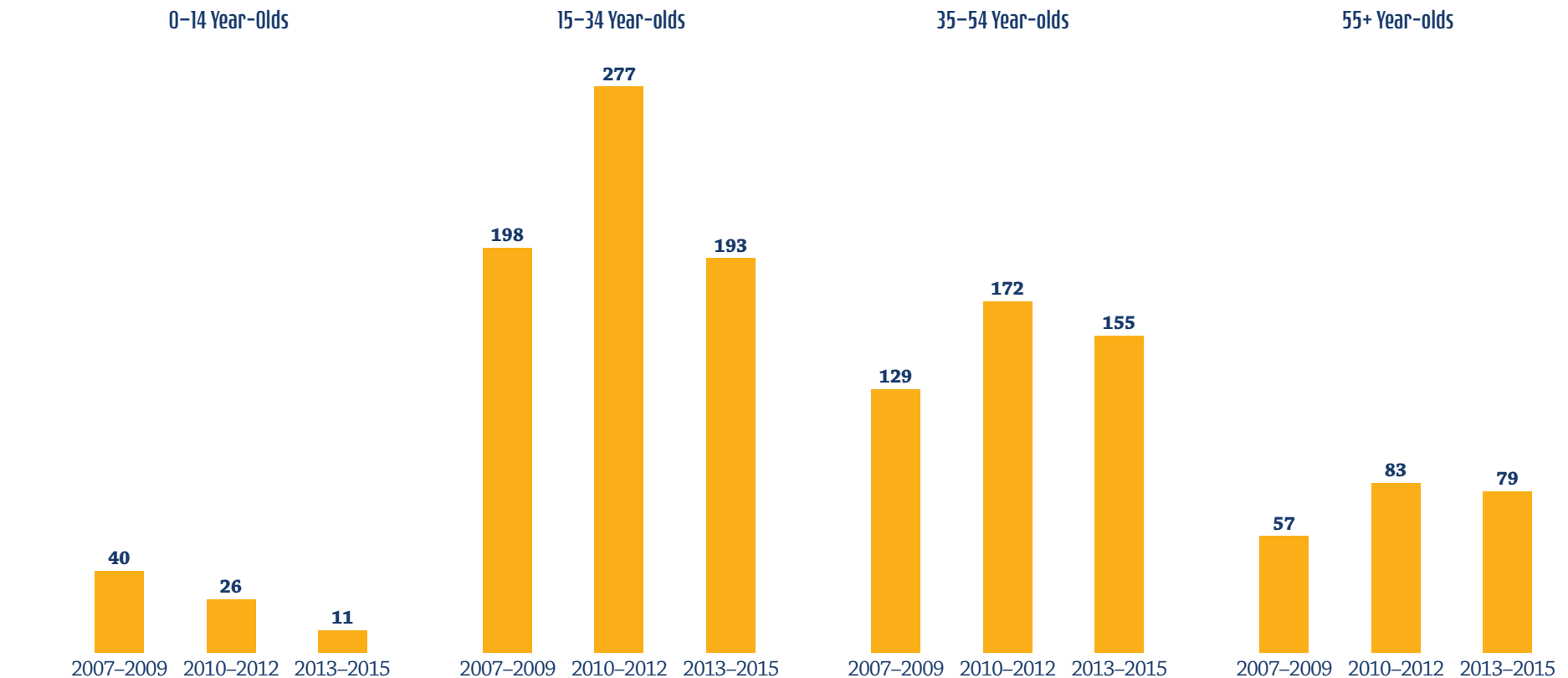
1. Data source: New Mexico Department of Health

- AI/AN males were significantly more likely to be hospitalized for a motor vehicle collision-related injury.
- There were statistically significant differences in motor vehicle collision hospitalizations between sexes in every time period.
- The 3-year average hospitalization rate for AI/AN males peaked in the 2010–2012 period with 103/100,000 hospitalizations due to motor vehicle collisions.
- In the same time period (2010–2012), AI/AN females were hospitalized at a rate of 67.8/100,000 for motor vehicle collision.

## MOTOR VEHICLE COLLISION HOSPITALIZATIONS

**FIGURE 46**

**NM AI/AN 2007–2015 MOTOR VEHICLE COLLISION 3-YEAR AGGREGATE HOSPITALIZATIONS BY AGE GROUP**



Notes:

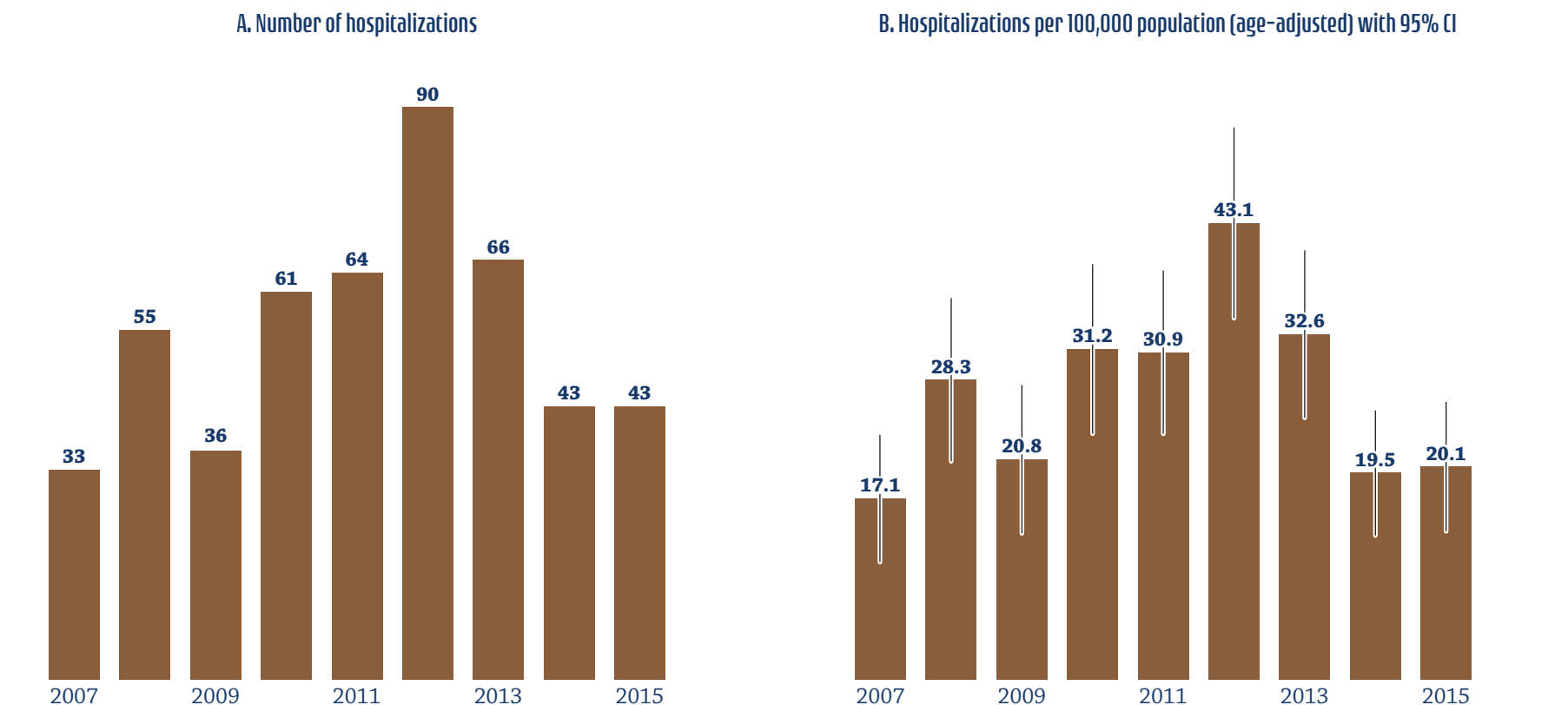
1. Data source: New Mexico Department of Health

- New Mexican AI/AN people aged 15–34 years had the most motor vehicle collision hospitalizations of any age group for all observed years (average of 222 hospitalizations in each three-year period).
- The 35–54 year age group had the second most motor vehicle collision hospitalizations (averaging 152 hospitalizations in each aggregate time period).

- For those aged 0–14 years, motor vehicle collision hospitalizations decreased over time (from 40 to eleven hospitalizations).

# POISONING HOSPITALIZATIONS

**FIGURE 47**  
**NM AI/AN 2007–2015 POISONING HOSPITALIZATIONS<sup>2</sup>**



**Notes:**

1. Data source: New Mexico Department of Health
2. Poisoning hospitalizations include accidental poisoning due to alcohol, drugs (including over-the-counter, legally prescribed, and illicit drugs), gases, pesticides, solvents, and other unspecified chemicals or noxious substances.
3. They do not include hospitalizations due to intentional exposure to the aforementioned substances.

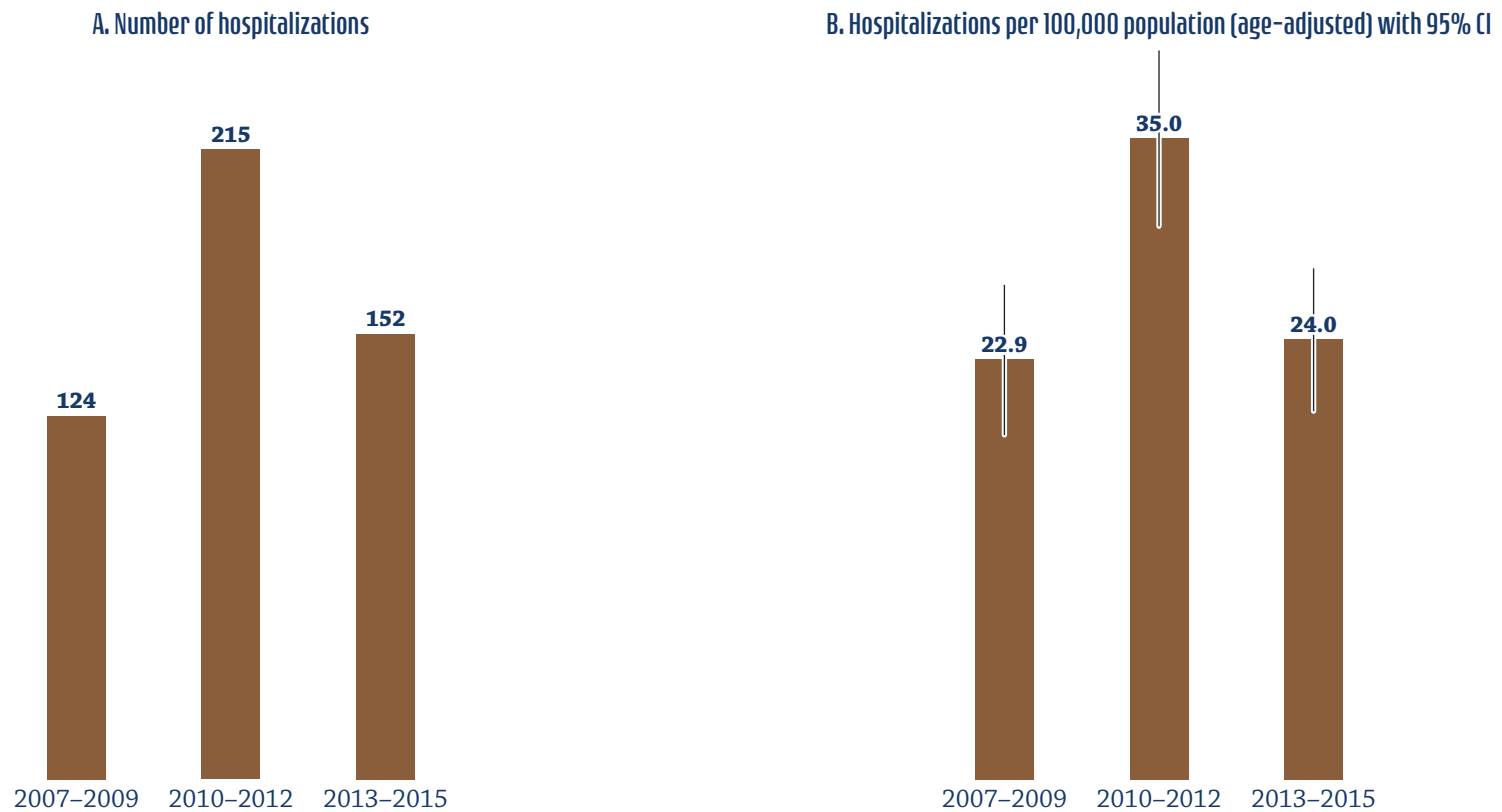
■ From 2007–2015, New Mexico AI/AN poisoning hospitalization counts fluctuated between 2007 (33 hospitalizations) and 2015 (43 hospitalizations), peaking in 2012 with 90 hospitalizations.

■ From 2007–2015, New Mexico AI/AN poisoning hospitalization rate fluctuated between 2007 (17.1/100,000) and 2015 (20.1/100,000), peaking in 2012 with an age-adjusted rate of 43.1/100,000.



## POISONING HOSPITALIZATIONS

**FIGURE 48**  
**NM AI/AN 2007–2015 POISONING 3-YEAR AGGREGATE HOSPITALIZATIONS**



Notes:

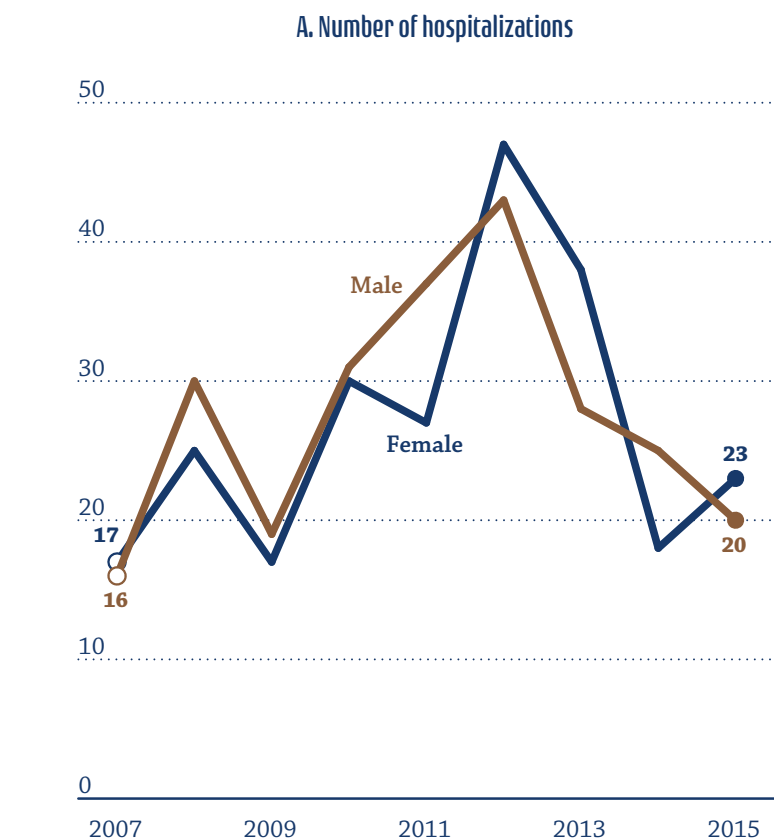
1. Data source: New Mexico Department of Health

■ 3-year aggregate data show that the greatest number of poisoning hospitalizations among NM AI/AN occurred from 2010–2012 (215 hospitalizations).

■ The hospitalization rate peaked in 2010–2012 with 35.0 hospitalizations per 100,000. The rate during this time period was higher than the other periods in a statistically significant manner.

# POISONING HOSPITALIZATIONS

**FIGURE 49**  
**NM AI/AN 2007–2015 POISONING HOSPITALIZATIONS BY SEX**

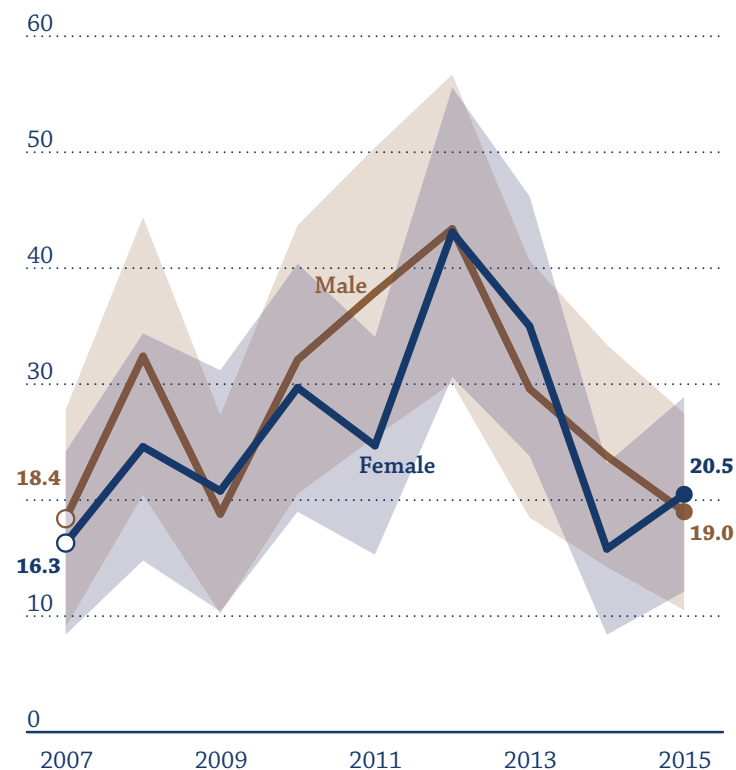


Notes:

1. Data source: New Mexico Department of Health

■ Although there were no clear differences present between AI/AN males and females with regards to the poisoning hospitalization counts from 2007 to 2015, the highest number of hospitalizations for both sexes occurred in 2012 with 43 hospitalizations for AI/AN males and 47 for AI/AN females.

**B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI**



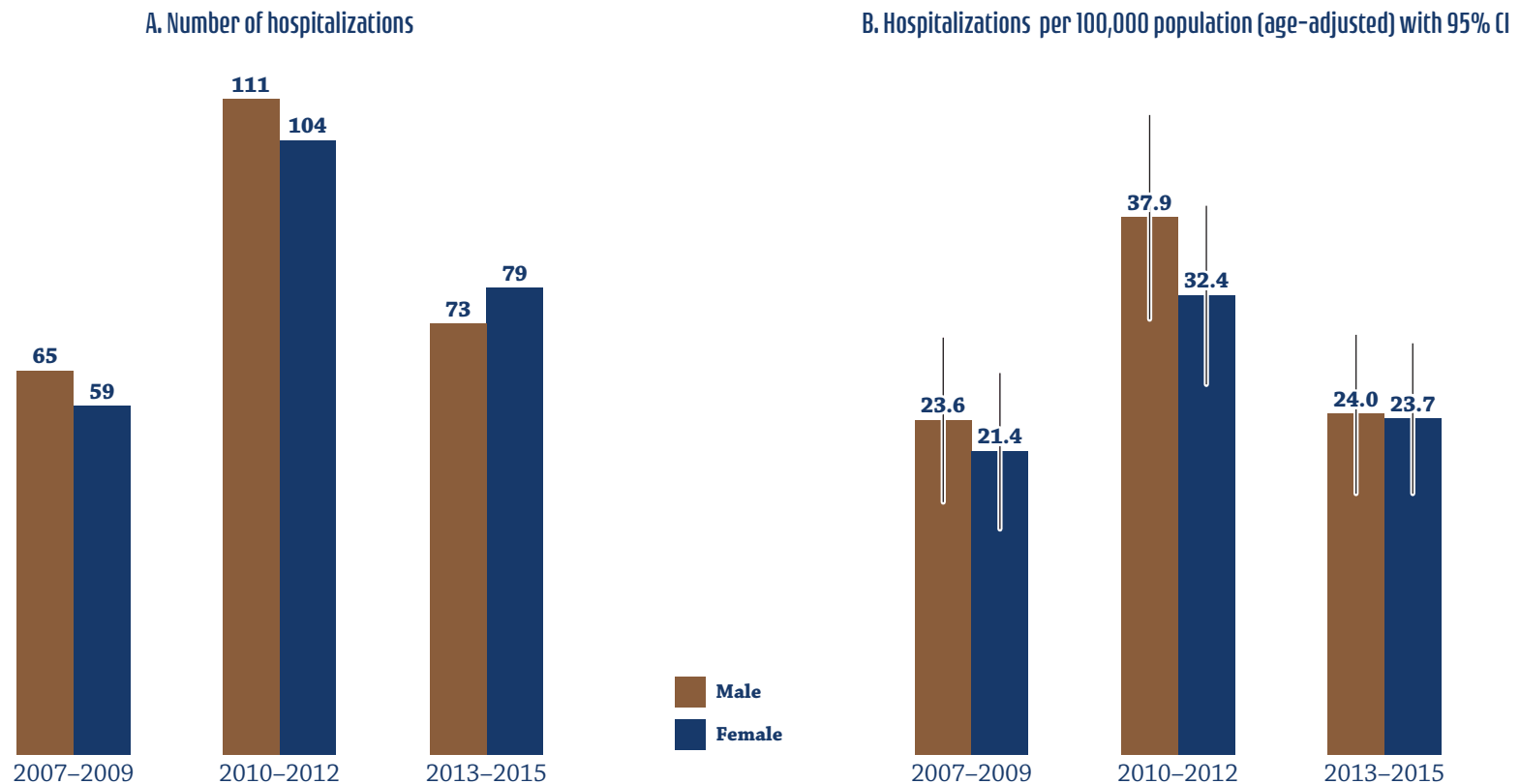
■ From 2007–2015, poisoning hospitalizations among NM AI/AN males and females fluctuated, peaking in 2012 for both men and women with rates of 43.4/100,000 for men and 43.1/100,000 for women.

■ The poisoning hospitalization age-adjusted rate did not differ in a statistically significant manner between AI/AN males and females.

## POISONING HOSPITALIZATIONS

**FIGURE 50**

**NM AI/AN 2007–2015 POISONING 3-YEAR AGGREGATE HOSPITALIZATIONS BY SEX**



Notes:

1. Data source: New Mexico Department of Health

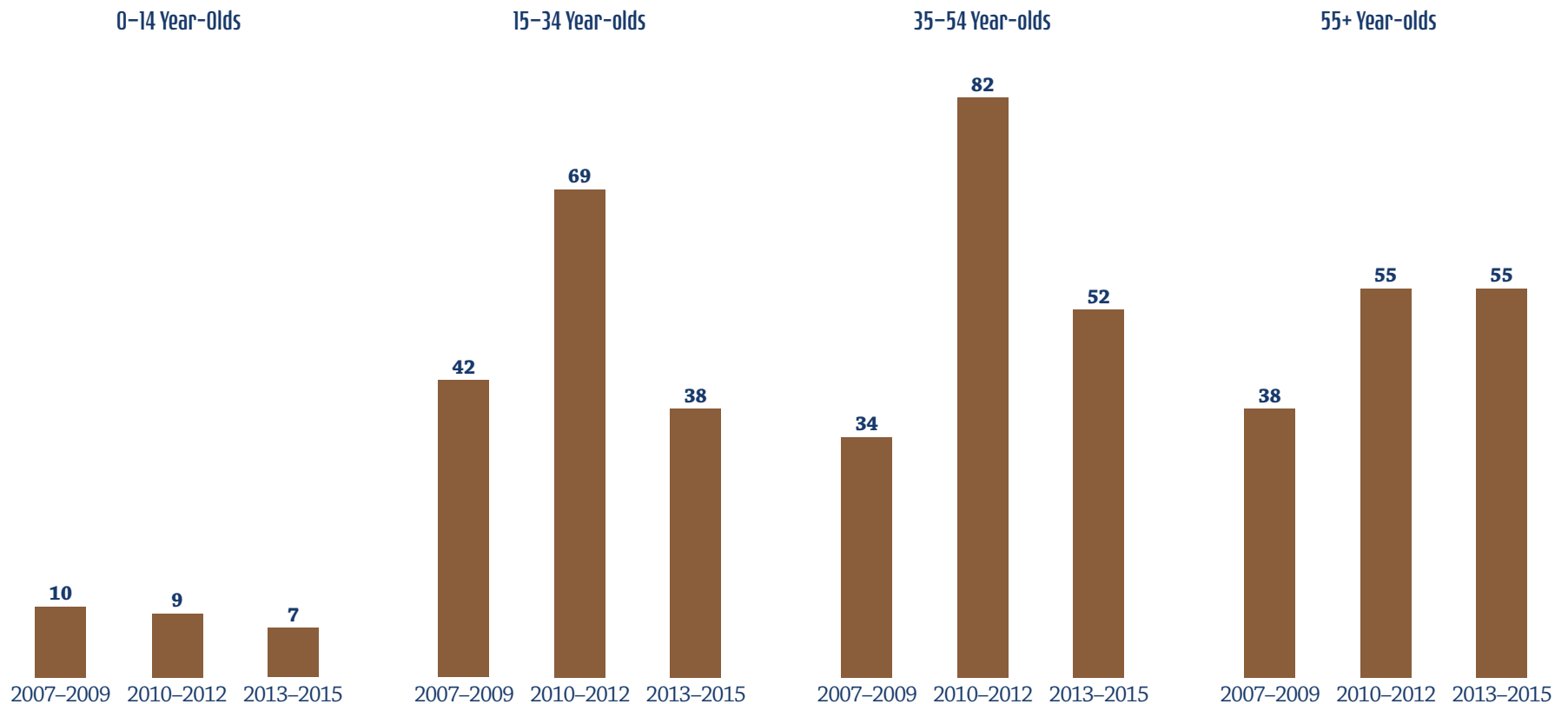
- The aggregate data show that New Mexico AI/AN poisoning hospitalization count and rate peaked during 2010–2012 for both males and females.
- The hospitalization rate peaked for NM AI/AN males in 2010–2012 with 37.9 hospitalizations per 100,000. The rate during this time period was higher than the other periods in a statistically significant manner.

- The hospitalization rate did not differ in a statistically significant manner for AI/AN females.

## POISONING HOSPITALIZATIONS

**FIGURE 51**

**NM AI/AN 2007–2015 POISONING HOSPITALIZATION COUNTS BY AGE GROUP**



Notes:

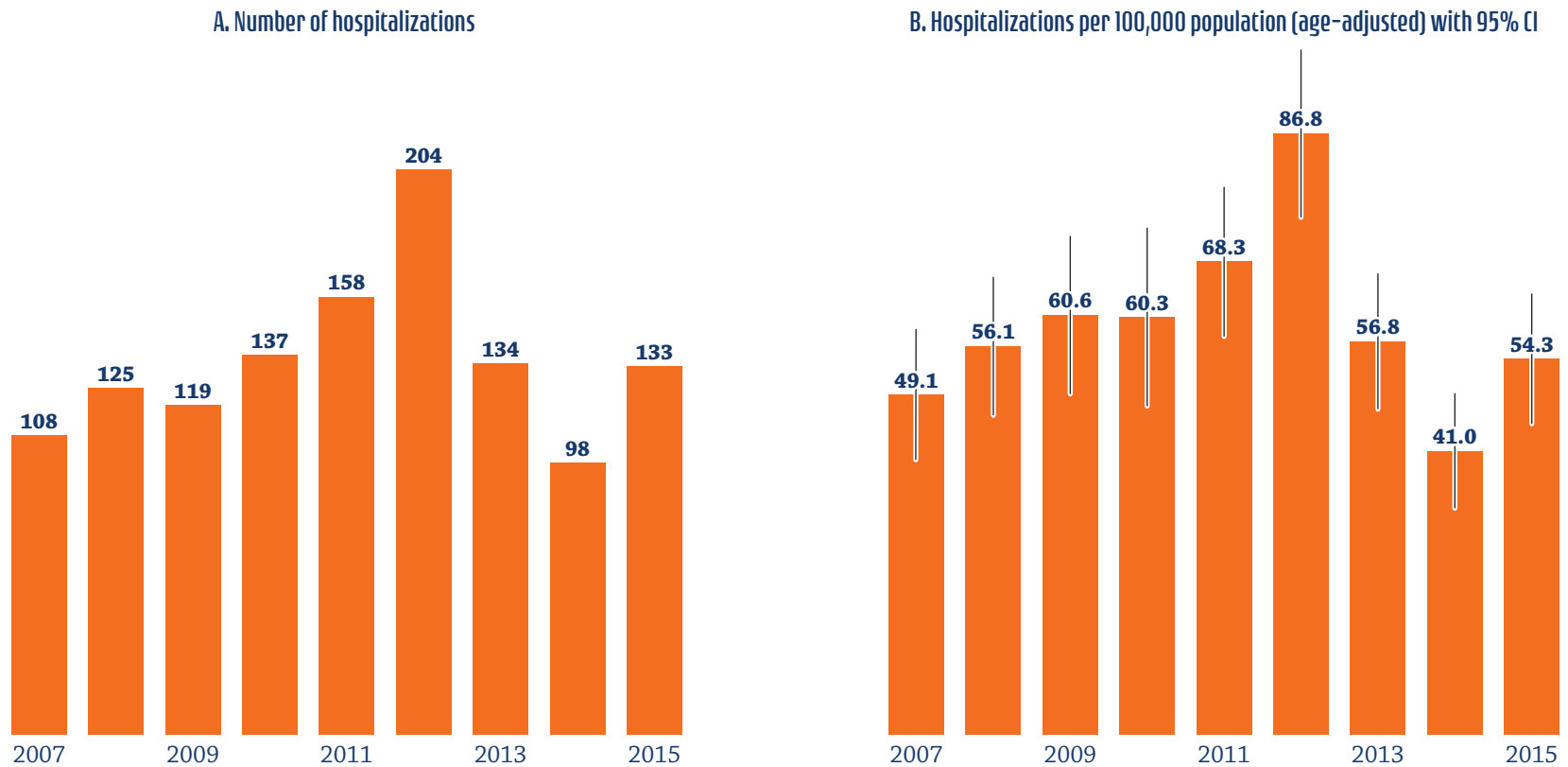
1. Data source: New Mexico Department of Health

■ The number of poisoning hospitalization events varied over the observed years with an overall peak of 82 hospitalizations for the 35–54 year-olds in 2010–2012.

## SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

**FIGURE 52**

**NM AI/AN 2007–2015 SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS**



Notes:

1. Data source: New Mexico Department of Health

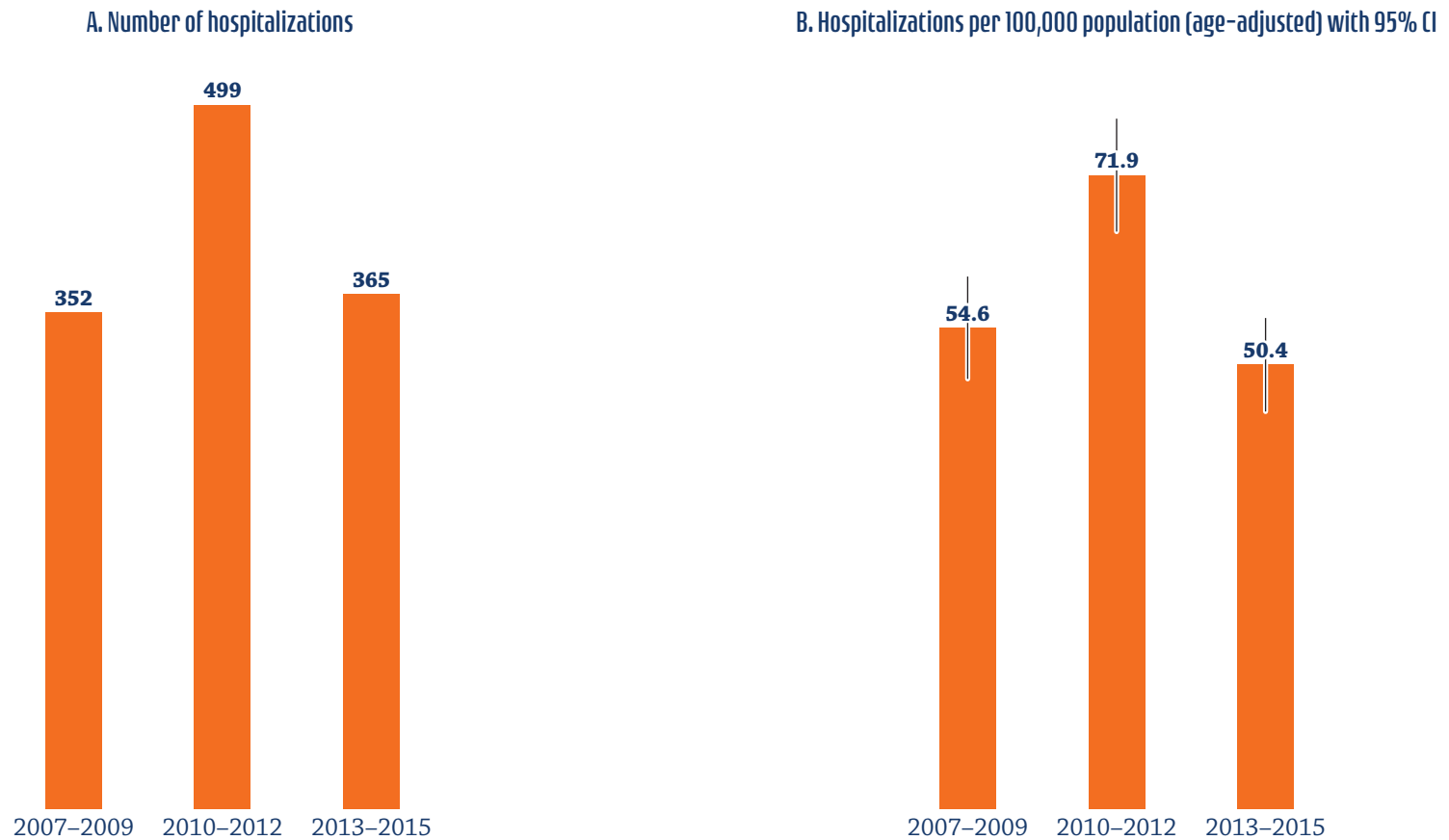
■ From 2007–2015, New Mexico AI/AN suicide attempt/self-harm hospitalizations peaked in 2012 (204 hospitalizations).

■ The suicide attempt/self-harm hospitalization rate in 2012 (86.8/100,000) was higher in a statistically significant manner than other years except for 2011.

## SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

**FIGURE 53**

**NM AI/AN 2007–2015 SUICIDE ATTEMPT OR SELF-HARM 3-YEAR AGGREGATE HOSPITALIZATIONS**



Notes:

1. Data source: New Mexico Department of Health

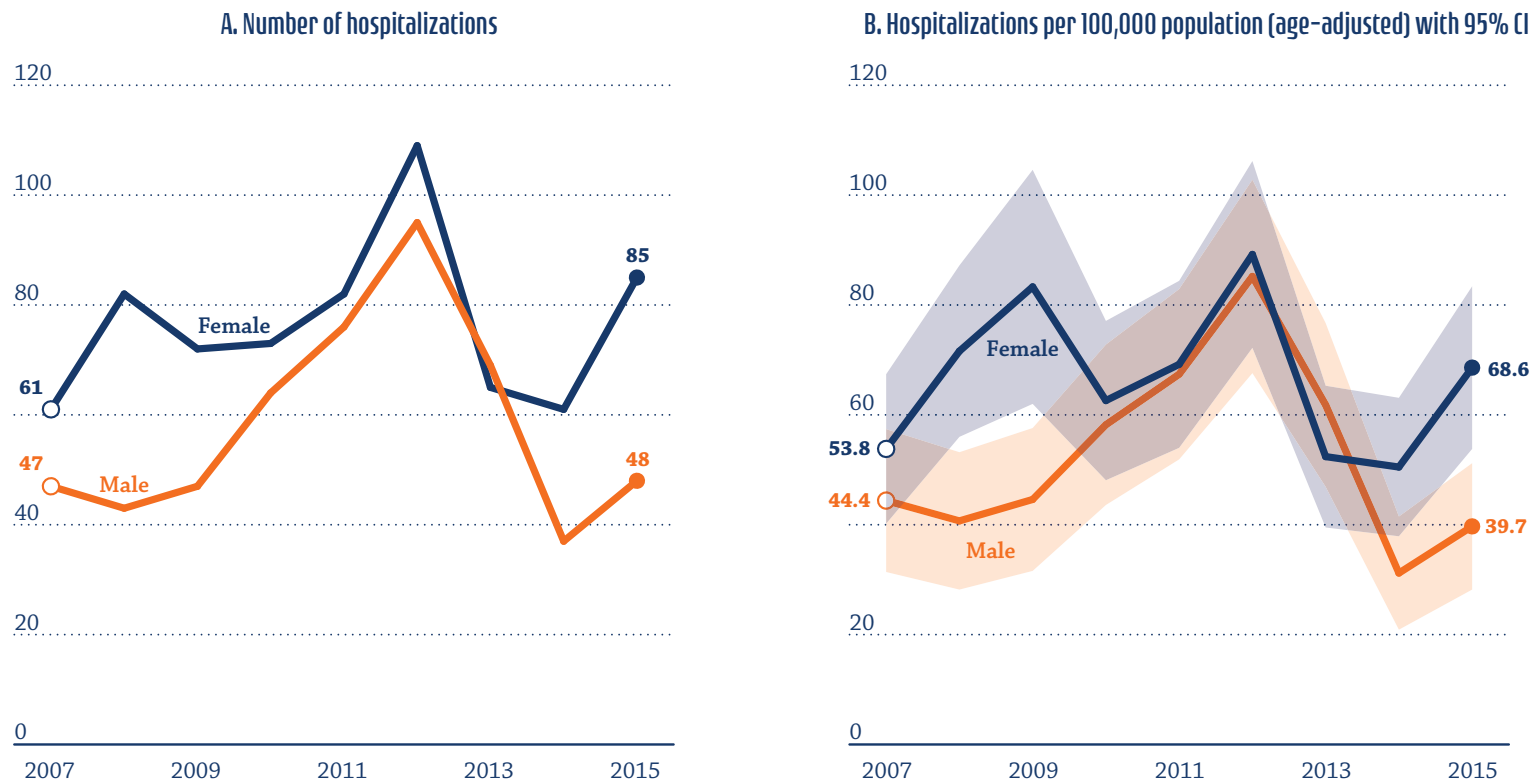
■ 3-year data show that NM AI/AN suicide attempt/self-harm hospitalizations peaked in 2010–2012 (499 hospitalizations).

■ The NM AI/AN suicide attempt/self-harm hospitalization rate was statistically significantly higher in the 2010–2012 period (71.9/100,000) than in the remaining periods, surpassing the 2007–2009 period (54.6/100,000) and 2013–2015 period (50.4/100,000).

# SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

**FIGURE 54**

**NM AI/AN 2007–2015 SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS BY SEX**



Notes:

1. Data source: New Mexico Department of Health

- In general, AI/AN women had more inpatient hospital stays for self-harm or suicide attempts than AI/AN men in all years except for 2013.
- In 2012, there were 109 hospitalizations for suicide attempts/self-harm among AI/AN women.

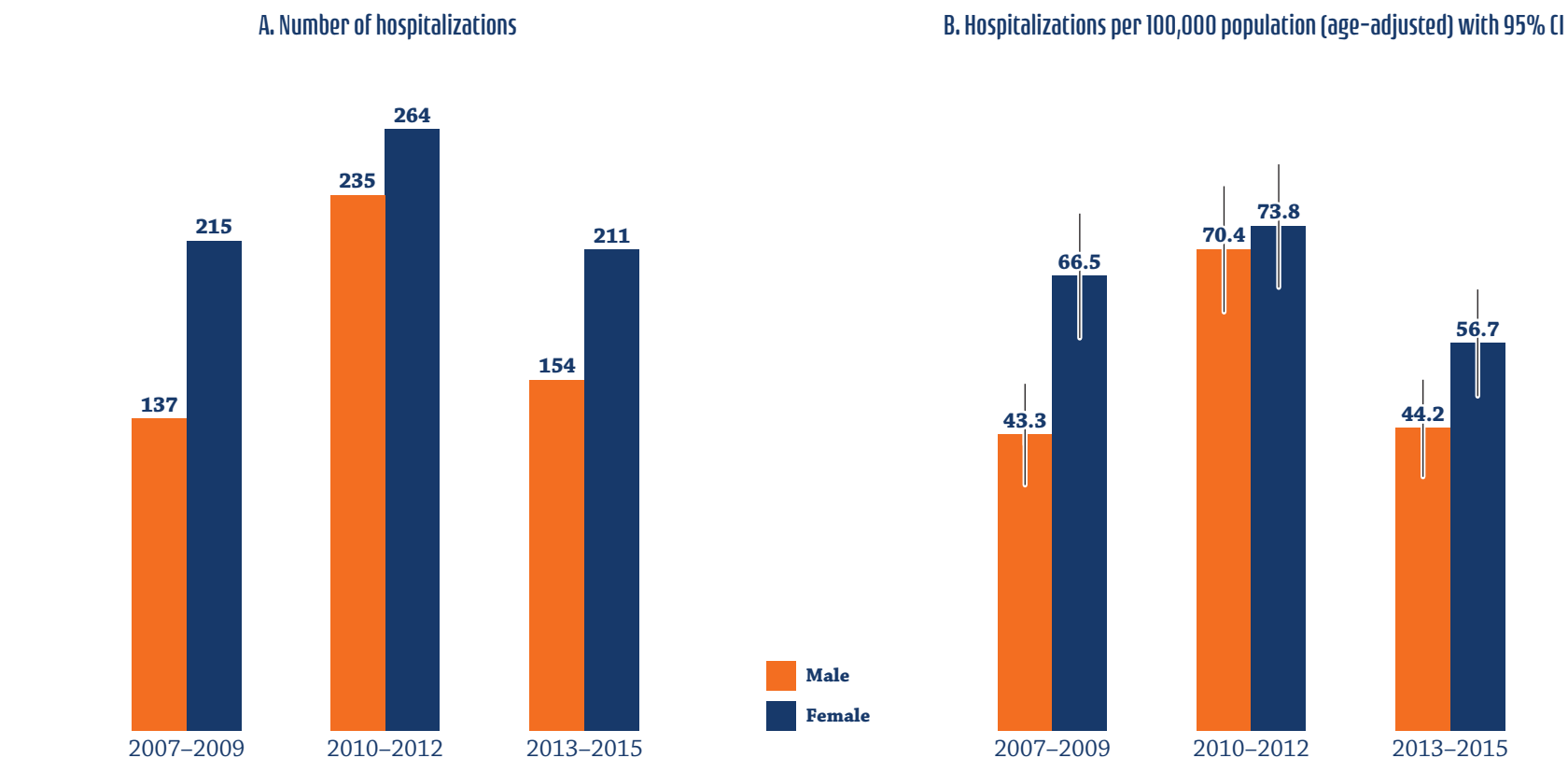
- Both A/AN males and females had the highest amount of suicide attempt or self-harm hospitalization events in 2012.
- While the suicide attempt or self-harm hospitalization rates for AI/AN males and females overlapped during most of the years observed, there were statistically significant differences between the two in 2008 (71.6/100,000 for females versus 40.7/100,000 for males), 2009 (83.3/100,000 for females versus 44.6/100,000 for males), and 2015 (68.6/100,000 for females versus 39.7/100,000 for males).



## SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

**FIGURE 55**

**NM AI/AN 2007–2015 SUICIDE ATTEMPT OR SELF-HARM 3-YEAR AGGREGATE HOSPITALIZATIONS BY SEX**



Notes:

1. Data source: New Mexico Department of Health

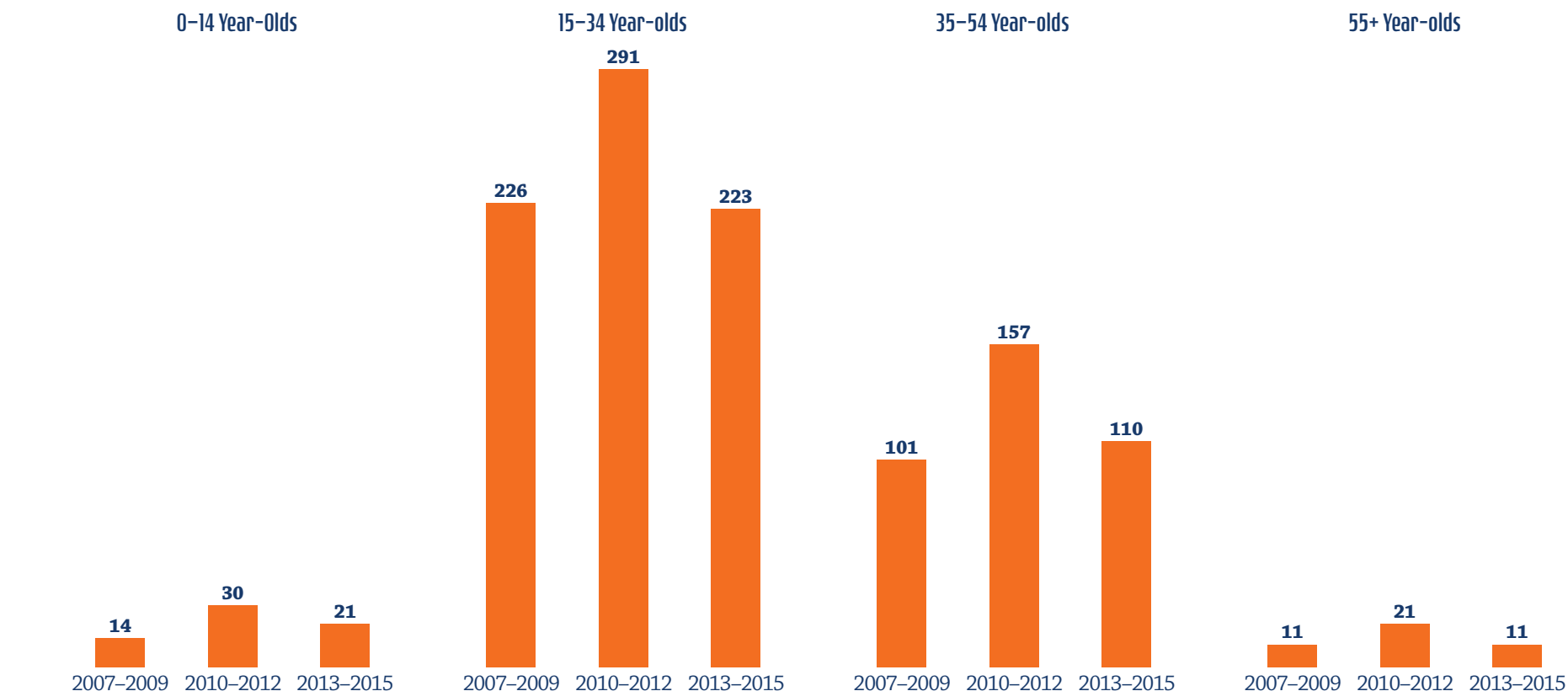
- The aggregated data further shows that both AI/AN males and females saw the most hospitalizations due to suicide attempt/self-harm from 2010–2012 (235 and 264 hospitalizations, respectively).
- The hospitalization rate in the 2007–2009 period showed a statistically significant difference between the sexes (66.5/100,000 in AI/AN women versus 43.3/100,000 in AI/AN men).

- The aggregate suicide attempt or self-harm hospitalization rate in the 2013–2015 period (56.7/100,000 for AI/AN women and 44.2/100,000 for AI/AN men) showed a statistically significant decrease from the 2010–2012 period (73.8/100,000 for women and 70.4/100,000 for men) for both sexes.

## SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

**FIGURE 56**

**NM AI/AN 2007–2015 SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS BY AGE GROUP**



Notes:

1. Data source: New Mexico Department of Health

■ New Mexico AI/AN people aged 15–34 years had the most suicide attempt/self harm hospitalizations of any age group from 2007–2015, reaching 291 cases in the 2010–2012 period.

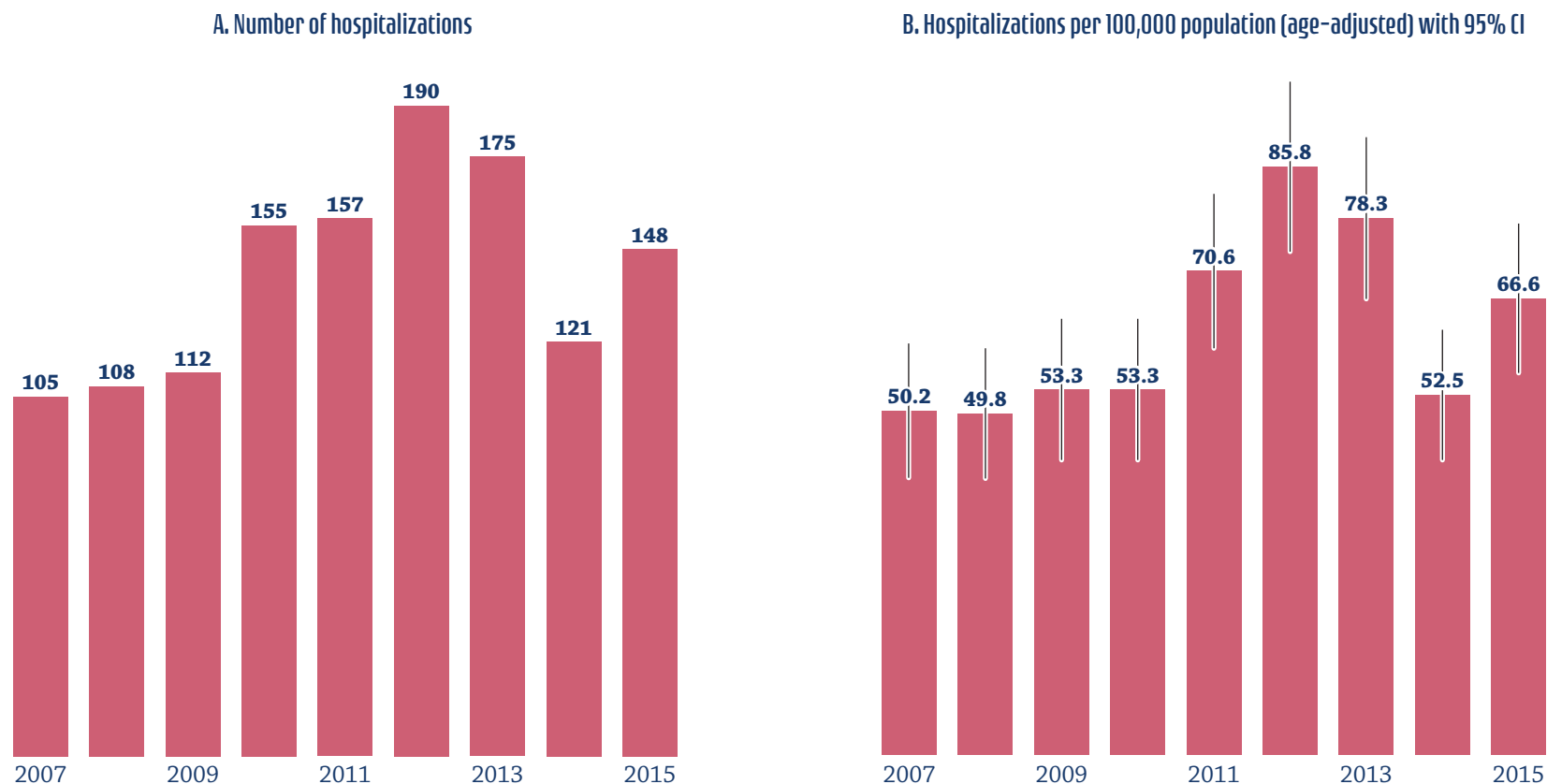
■ This same age group had an average of 249 hospitalizations for each three-year time period.

■ Those aged 35–54 years had the second highest amount of suicide attempt/self harm hospitalizations (average of 117 hospitalizations in every three-year time period).

## ASSAULT HOSPITALIZATIONS

**FIGURE 57**

**NM AI/AN 2007–2015 ASSAULT HOSPITALIZATION COUNTS AND RATE**



Notes:

1. Data source: New Mexico Department of Health

■ In 2012, the number of assault hospitalizations peaked with 190 hospitalization events. The rate also peaked in 2012 (85.8/100,000) and was higher than the rates in 2007, 2008, 2009, 2010, and 2014 in a statistically significant manner.

■ From 2007–2015, New Mexico AI/AN assault hospitalizations fluctuated and the age-adjusted rate increased slightly from 50.2/100,000 in 2007 to 66.6/100,000 in 2015. This difference was not statistically significant.

## ASSAULT HOSPITALIZATIONS

**FIGURE 58**

**NM 2007–2015 AI/AN ASSAULT 3-YEAR AGGREGATE HOSPITALIZATION COUNTS AND RATE**



Notes:

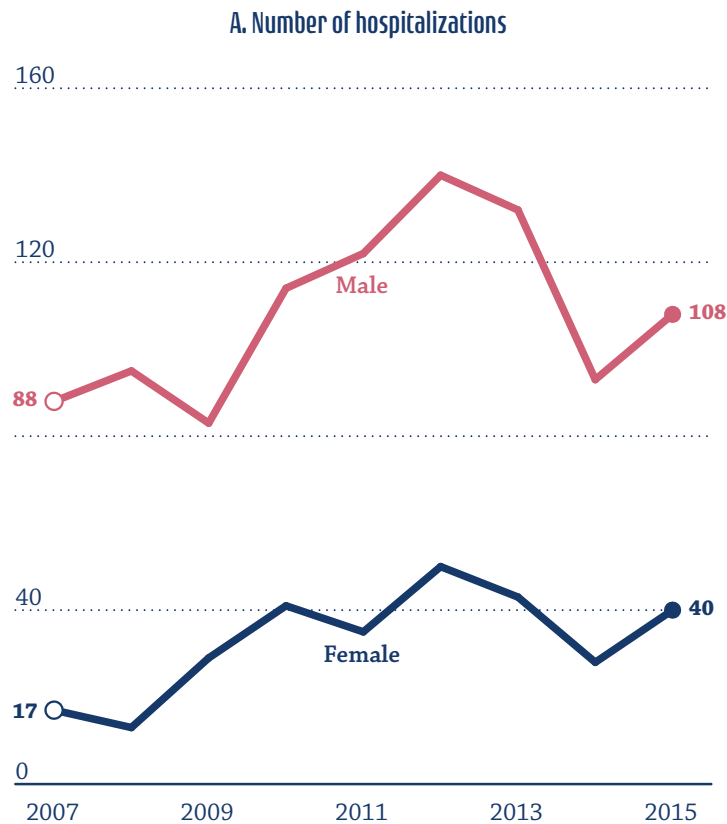
1. Data source: New Mexico Department of Health

■ The aggregate data show that NM AI/AN assault hospitalizations were at their highest from 2010–2012 (502 hospitalizations).

■ There was a statistically significant increase in the aggregated rates between the 2007–2009 time period (54.1/100,000) and the 2010–2012 time period (75.7/100,000).

# ASSAULT HOSPITALIZATIONS

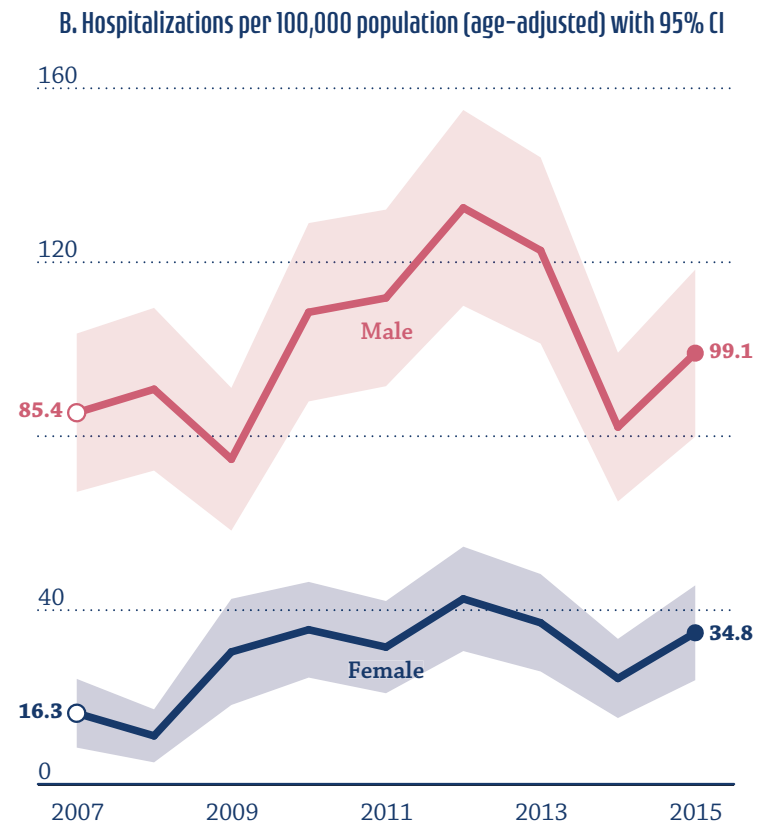
**FIGURE 59**  
**NM AI/AN 2007–2015 ASSAULT HOSPITALIZATION BY SEX**



Notes:

1. Data source: New Mexico Department of Health

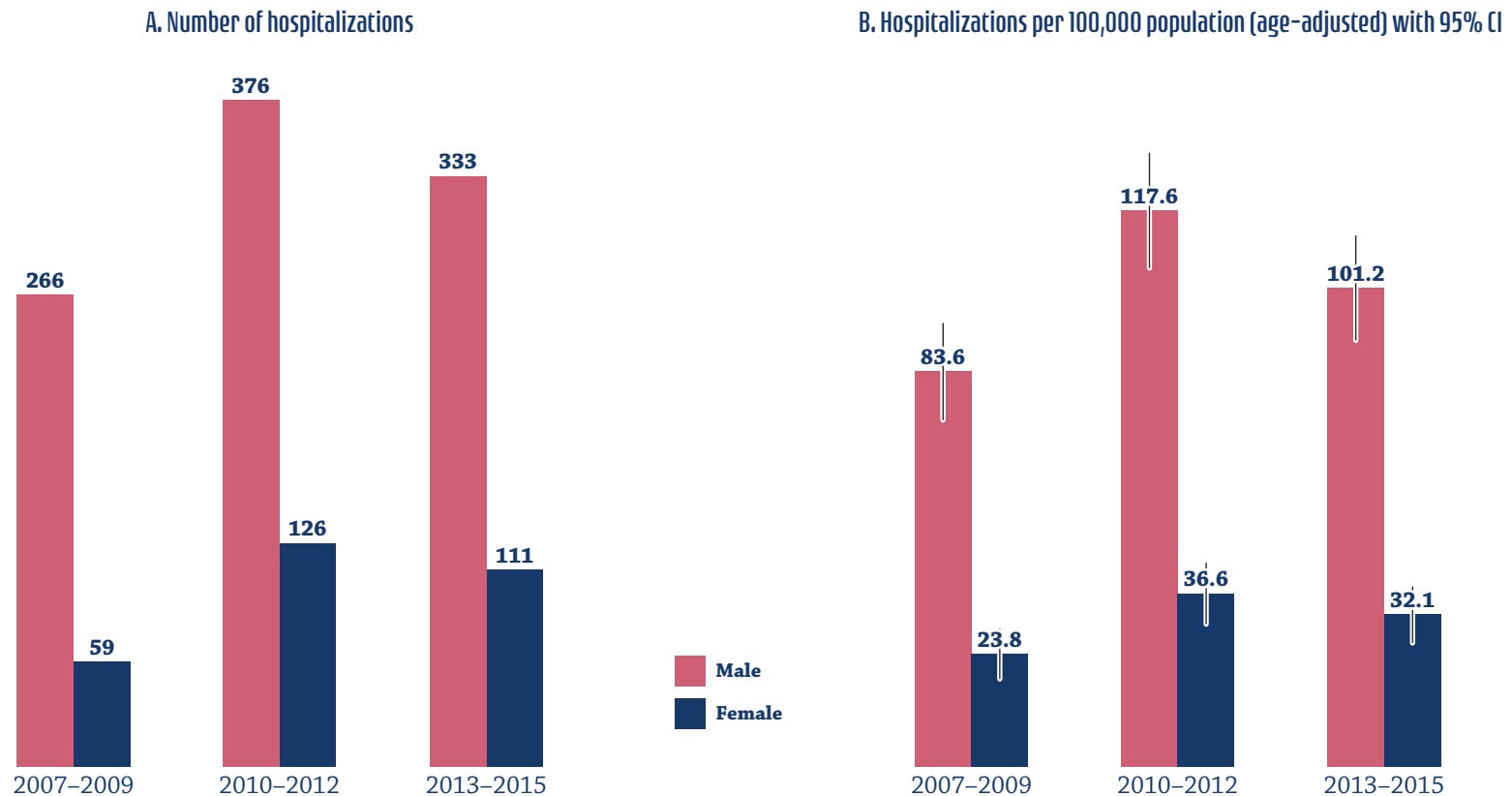
- NM AI/AN males had more hospitalizations for assault than women in every year.
- The most hospitalizations for AI/AN males occurred in 2012 (140 events).



- From 2007–2015, more assault hospitalizations occurred among NM AI/AN males.
- The AI/AN male rate peaked at 132.5/100,000 in 2012.
- The assault hospitalization rate was statistically significantly higher among AI/AN males than females in all years.

## ASSAULT HOSPITALIZATIONS

**FIGURE 60**  
**NM AI/AN 2007–2015 ASSAULT 3-YEAR AGGREGATE HOSPITALIZATION BY SEX**



Notes:

1. Data source: New Mexico Department of Health

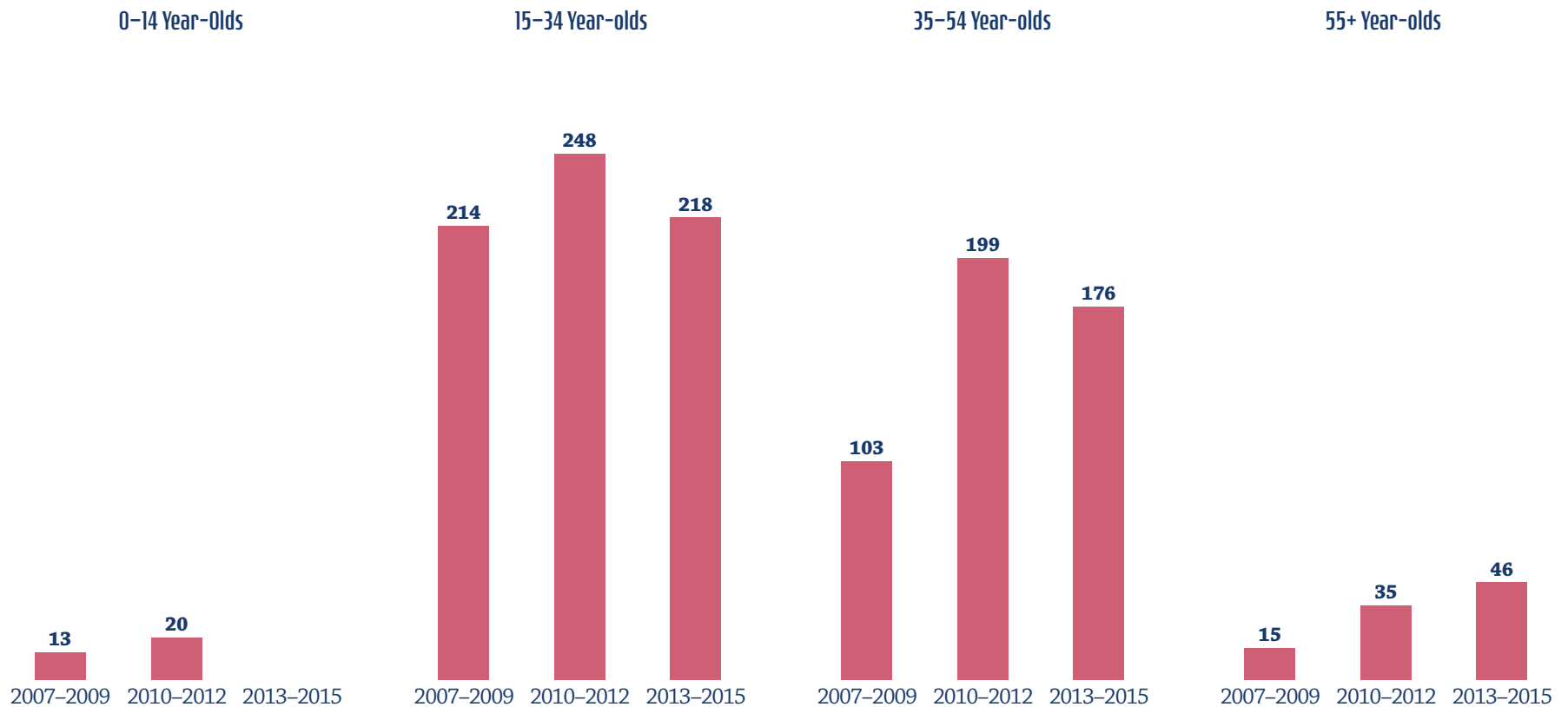
■ From 2007 to 2015, NM AI/AN males had an average of 109 assault-related hospitalizations per year and females had an average of 33 hospitalizations per year.

■ The NM AI/AN assault hospitalization rate was statistically significantly higher in every aggregated time period among males as compared to females.

## ASSAULT HOSPITALIZATIONS

**FIGURE 61**

**NM AI/AN 2007–2015 ASSAULT HOSPITALIZATION COUNTS BY AGE GROUP**



Notes:

1. Data source: New Mexico Department of Health
2. From 2013–2015, the data for the 0–14 year age group were suppressed due to small numbers.

■ From 2007–2015, New Mexico AI/AN people aged 15–34 years had the most assault hospitalizations of any other age group (~227 hospitalizations on average per time period).

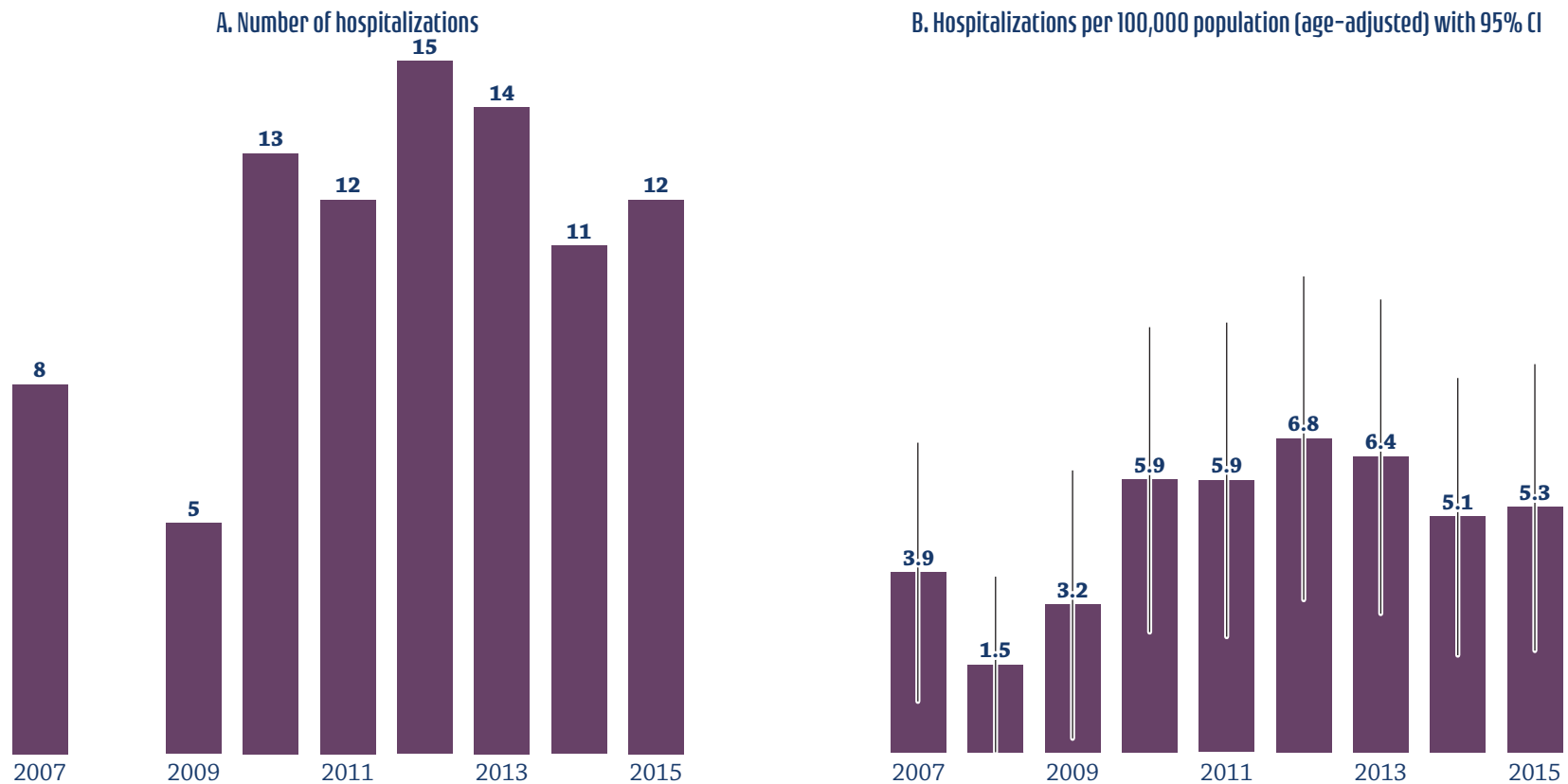
■ Those aged 35–54 years had the second most assault hospitalizations (160 hospitalizations on average for every three-year aggregate period).



## FIRE AND SMOKE-RELATED INJURY HOSPITALIZATIONS

**FIGURE 62**

**NM AI/AN 2007–2015 FIRE AND SMOKE-RELATED INJURY HOSPITALIZATIONS**



**Notes:**

1. Data source: New Mexico Department of Health

2. The data from 2007 to 2009 were suppressed due to small numbers.

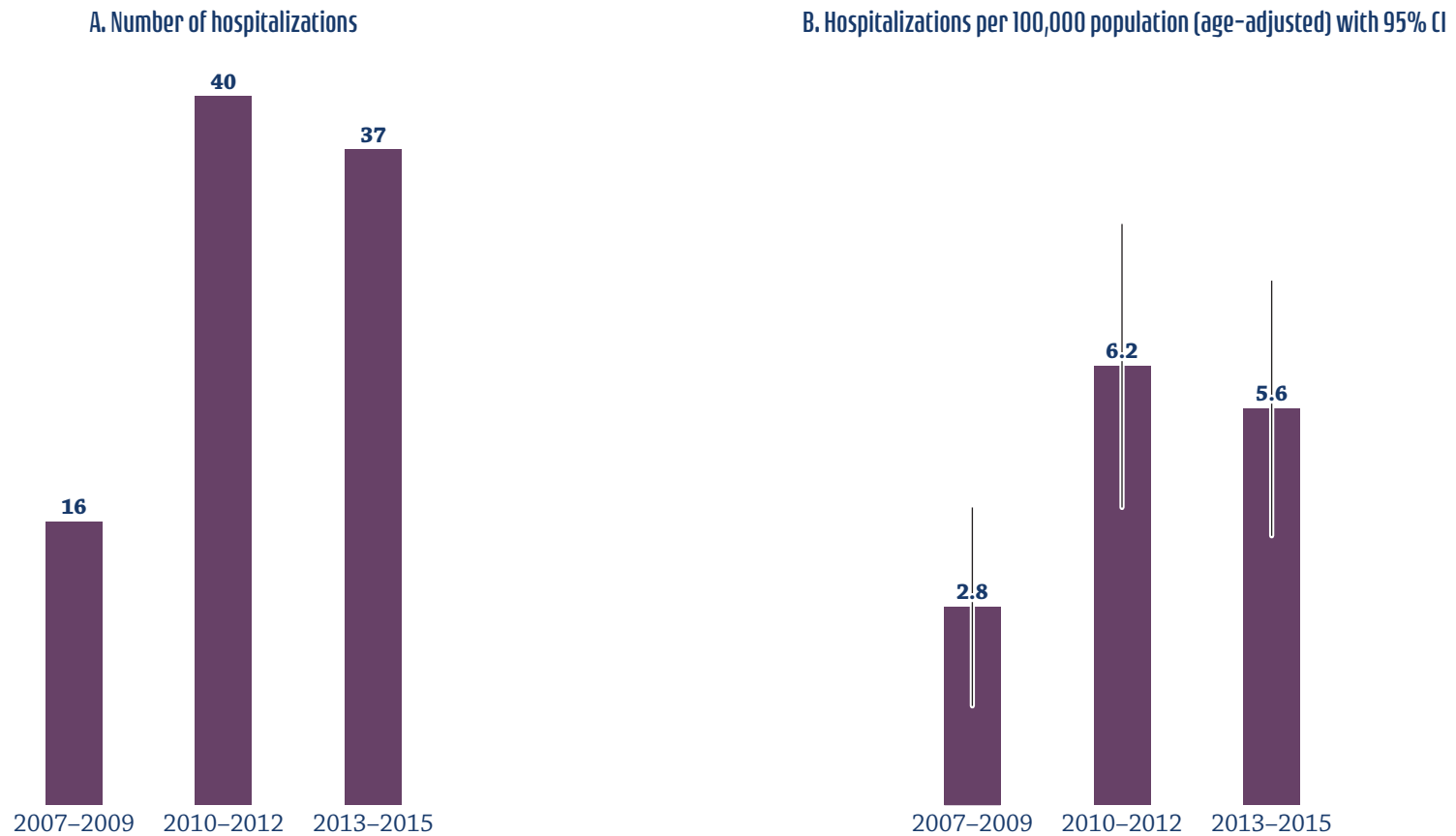
■ From 2007–2015, the New Mexico AI/AN fire and smoke-related hospitalization count and age-adjusted rate showed no significant changes.

■ The data from 2007 to 2009 were suppressed due to small numbers.

## FIRE AND SMOKE-RELATED INJURY HOSPITALIZATIONS

**FIGURE 63**

**NM 2007–2015 AI/AN FIRE AND SMOKE INJURY-RELATED 3-YEAR AGGREGATE HOSPITALIZATIONS**



Notes:

1. Data source: New Mexico Department of Health

■ The aggregated data show an increase in NM AI/AN fire and smoke-related hospitalizations occurred from 2007–2009 (16 hospitalizations) to 2010–2012 (40 hospitalizations) although this difference was not statistically significant.

■ Due to small numbers, counts and rates (both individual year and three-year aggregates) by sex were suppressed.







# NEW MEXICO OPIOID POISONING EMERGENCY DEPARTMENT VISITS

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## INTRODUCTION

Opioids refer to a group of drugs that include the illegal drugs opium and heroin, as well as drugs available via prescription such as fentanyl, methadone, morphine, codeine, hydrocodone, oxycodone, etc. The data on emergency department visits due to opioid poisoning<sup>1</sup> were provided to AASTEC by the New Mexico Department of Health using their annual emergency department (ED) files. The case definition for opioid poisoning during an ED visit is based on the following codes: “E850.0” or “E850.1” or “E850.2” or “9650.0” or “9650.1” or “9650.2” or “9650.9” or “T40.0X” or “T40.1X” or “T40.2X” or “T40.3X” or “T40.4X” or “T40.60” or “T40.69.”

### Notes:

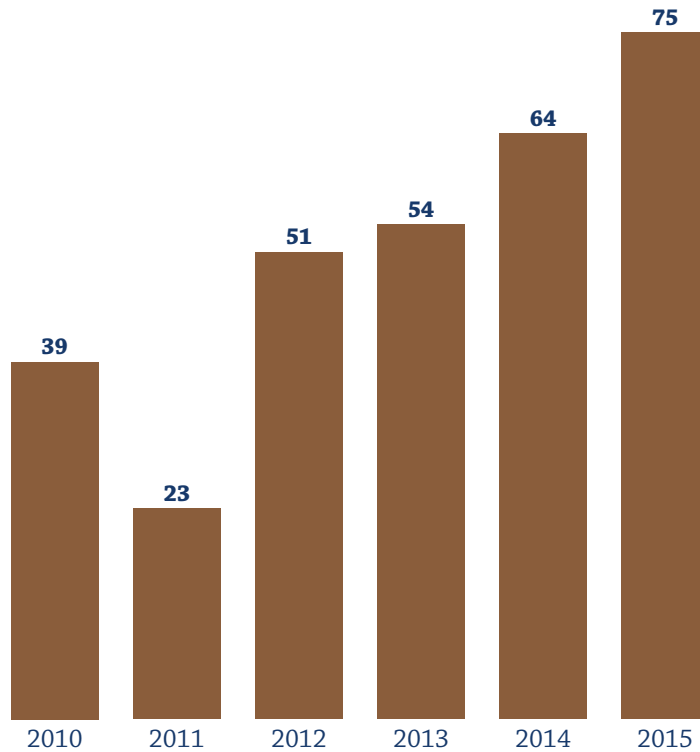
1. The data start at 2010 rather than 2007 as seen in other sections of the Atlas. It is important to note that the data recorded for the variables of race and ethnicity before 2015 were deemed to be “highly irregular and reliability is questionable.” However, because the topic of opioid misuse and abuse is highly salient, we are choosing to include this data because we believe it contributes to an improved understanding of the nature of opioid use in New Mexico.

## OPIOID POISONING ED VISITS

**FIGURE 64**

**NM AI/AN 2010–2015 OPIOID POISONING ED VISIT**

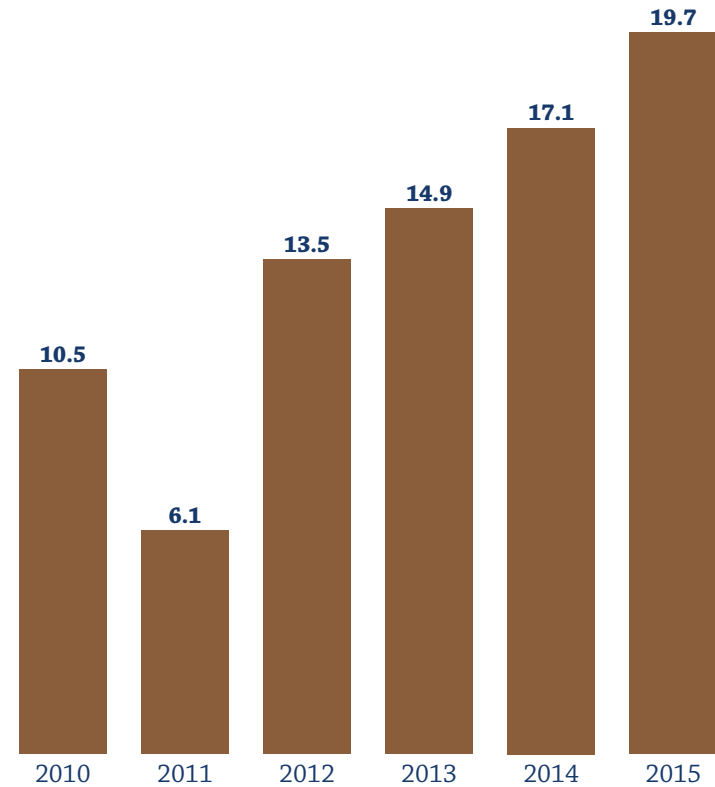
A. Number of visits



Notes:

1. Data source: New Mexico Department of Health
2. The opioid-specific visits refer to the use of opioids such as heroin, fentanyl, oxycodone, hydrocodone, codeine, etc.

B. Visits per 100,000 population (age-adjusted)

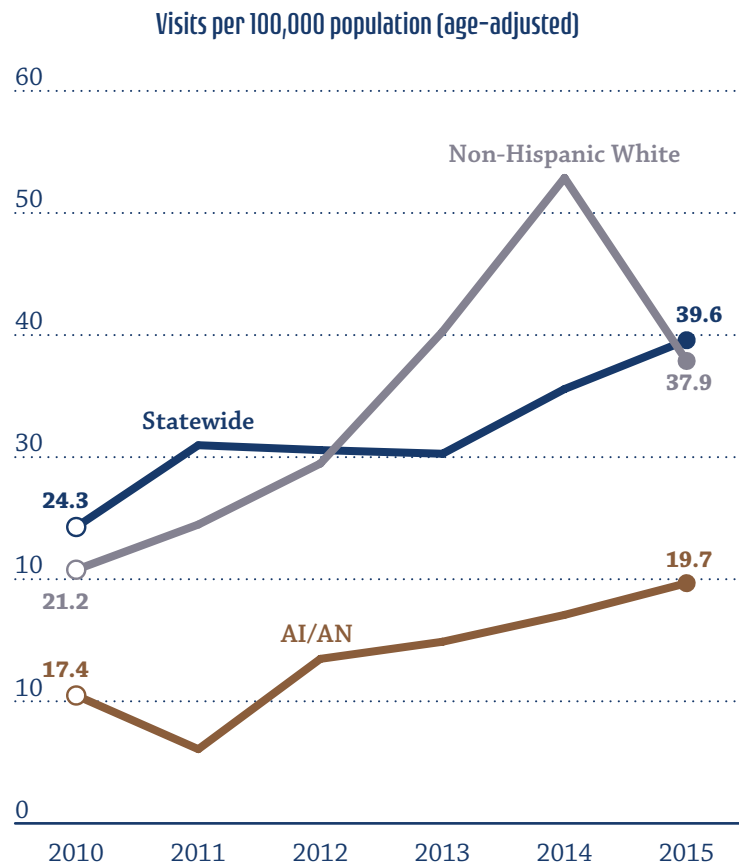


■ The count of opioid poisoning ED visits among New Mexico AI/AN increased from 39 in 2010 to 75 ED visits in 2015.

■ With the exception of 2011, the opioid-related ED visit rates show a rising trend.

## OPIOID POISONING ED VISITS

**FIGURE 65**  
**NM 2010–2015 OPIOID POISONING ED VISIT**



Notes:  
1. Data source: New Mexico Department of Health

- The rate of opioid poisoning ED visits for NM AI/AN increased over time (from 17.4/100,000 in 2010 to 19.7 per 100,000 in 2015).
- From 2010–2015, the rate of opioid poisoning ED visits was lower among NM AI/AN in comparison to the rate of Non-Hispanic Whites and the statewide rate.

**FIGURE 66**  
**NM AI/AN 2010–2015 OPIOID POISONING 3-YEAR AGGREGATE ED VISIT**

### A. Emergency department visits

2010–2012



2013–2015



### B. Emergency department visits per 100,000 population (age-adjusted)

2010–2012



2013–2015

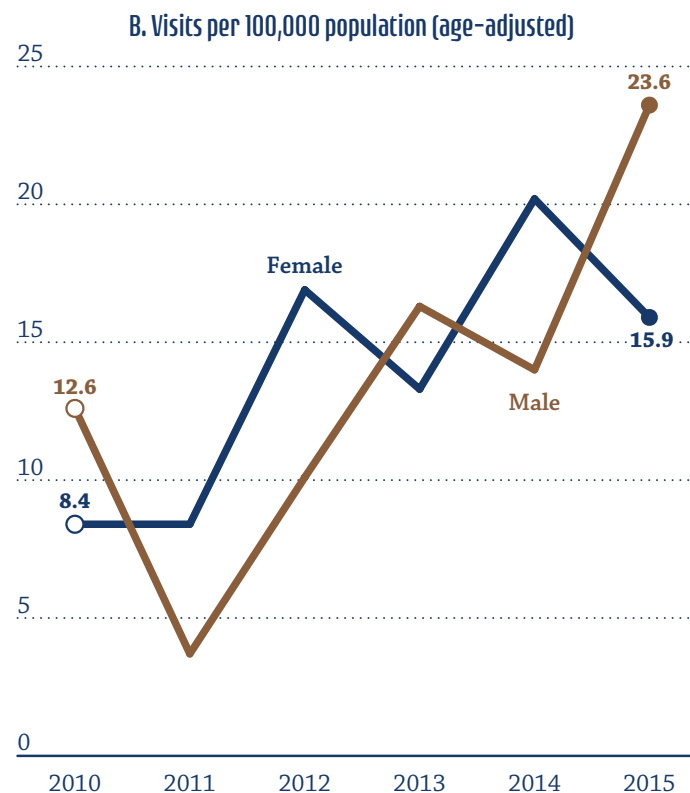
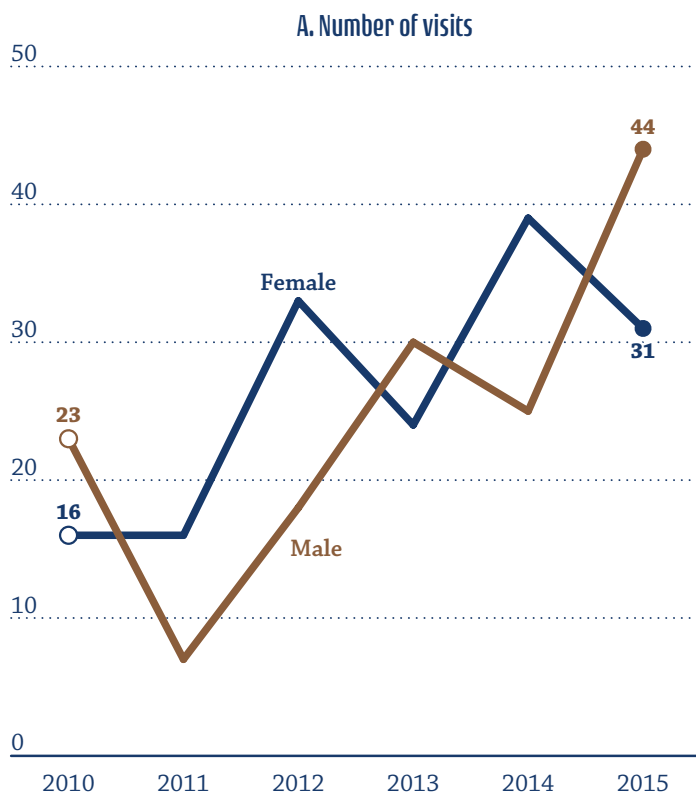


- The number of opioid poisoning ED visits among New Mexico AI/AN nearly doubled from 2010–2012 to 2013–2015 (from 113 to 193 ED visits).
- The opioid poisoning ED visit rate also increased from 2010–2012 to 2013–2015 (from 10.0 to 17.2 per 100,000, respectively).

# OPIOID POISONING ED VISITS

**FIGURE 67**

**NM AI/AN 2010–2015 OPIOID POISONING ED VISIT BY SEX**



Notes:

1. Data source: New Mexico Department of Health

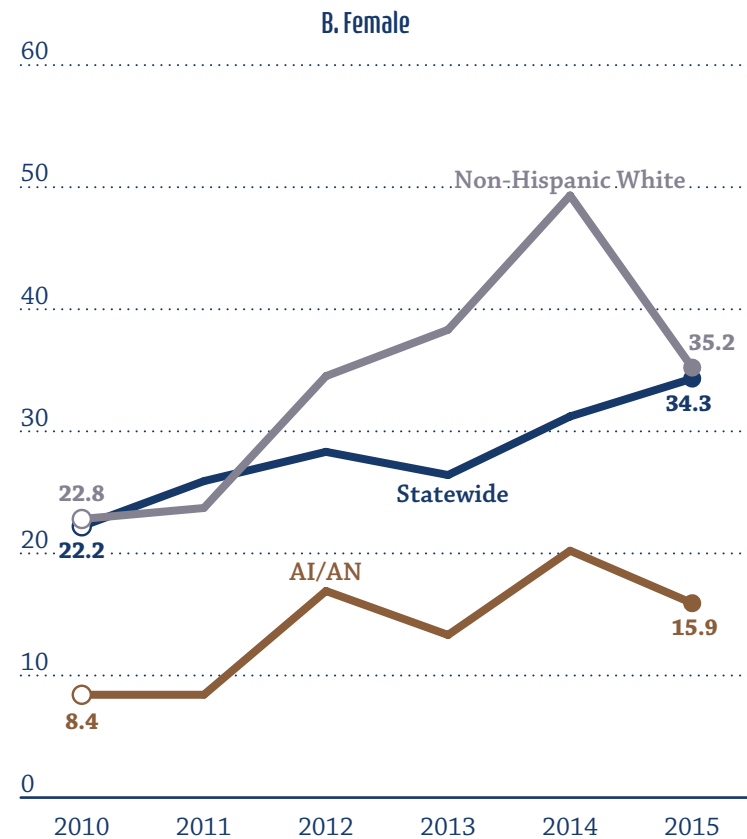
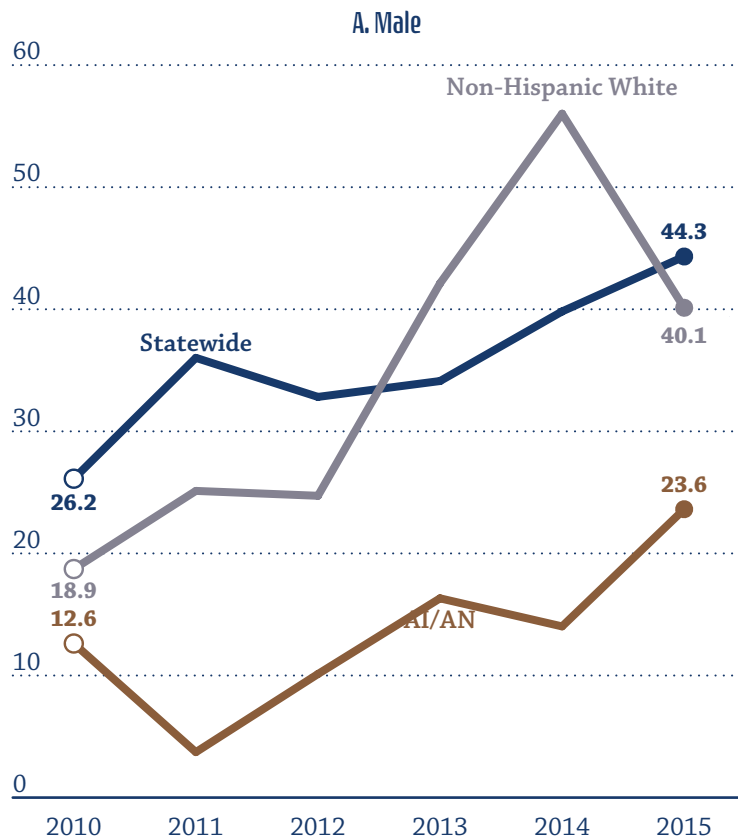
- From 2010–2015, opioid poisoning ED visits among male and female New Mexico AI/AN showed some fluctuation with a general trend towards increased visits per year in both sexes from 2010 to 2015.
- Total ED visits for AI/AN males was highest in 2015 (44 visits).
- Total ED visits for AI/AN females was highest in 2014 (39 visits).

- From 2010–2015, the New Mexico AI/AN opioid poisoning ED visit rate among both males and females fluctuated, but has been gradually increasing since 2011.
- For AI/AN females, opioid poisoning ED visit rate increased from 8.4/100,000 to 15.9 per 100,000 respectively from 2010 to 2015.
- For AI/AN males, opioid poisoning ED visit rate increased from 12.6/100,000 to 23.6 per 100,000 respectively from 2010 to 2015.



## OPIOID POISONING ED VISITS

**FIGURE 68**  
**NM AI/AN 2010–2015 OPIOID POISONING ED VISIT RATES BY SEX**



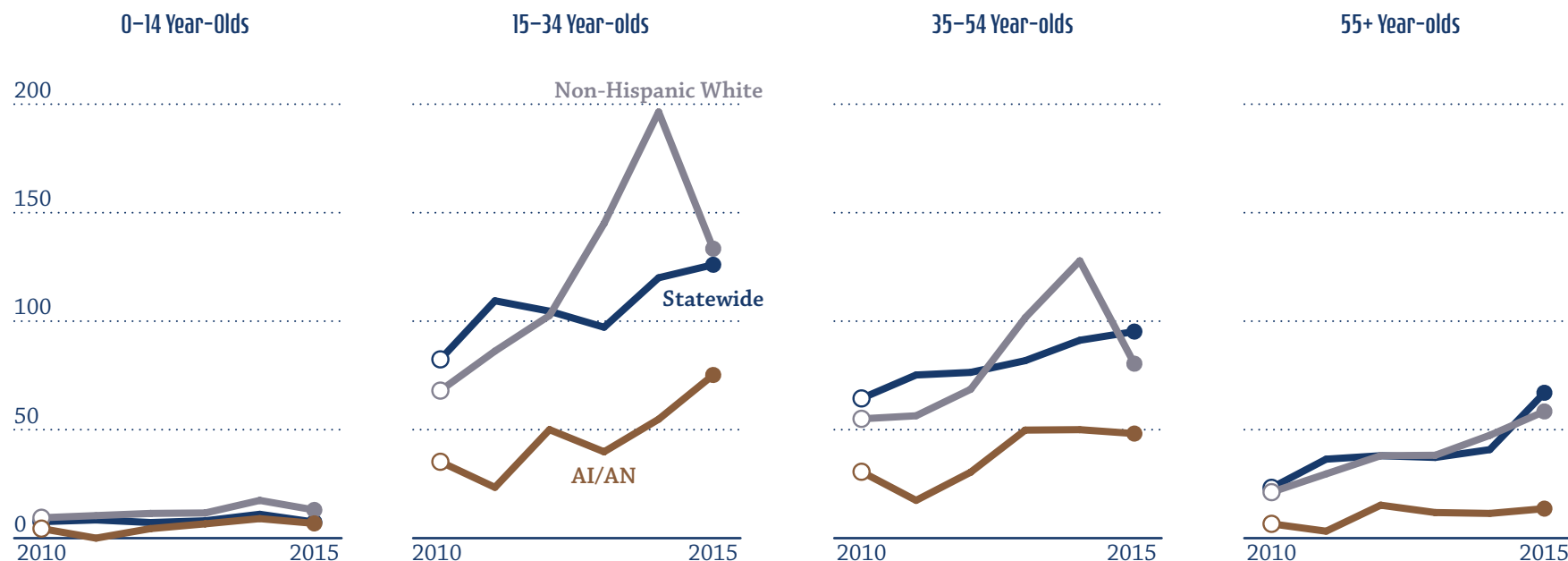
Notes:

1. Data source: New Mexico Department of Health

- From 2010–2015, the NM male opioid poisoning ED visit rate was noticeably lower among AI/AN males than in Non-Hispanic White males and statewide.
- However, the opioid poisoning ED visit rate for NM AI/AN males has almost doubled from 2010 to 2015 (from 12.6 to 23.6 per 100,000, respectively).

- From 2010–2015, the NM female opioid poisoning ED visit rate was noticeably lower among AI/AN females than in Non-Hispanic White females and statewide.
- The opioid poisoning ED visit rate for NM AI/AN females has almost doubled from 2010 to 2015 (from 8.4 to 15.9 per 100,000, respectively).

**FIGURE 69**  
**NM AI/AN 2010–2015 OPIOID POISONING ED VISIT RATES BY AGE GROUP**



Notes:

1. Data source: New Mexico Department of Health

- New Mexico AI/AN people aged 0–14 years had a lower opioid poisoning ED visit rate in comparison to Non-Hispanic Whites and statewide from 2010–2015.
- The opioid poisoning ED visit rate among NM AI/AN people aged 0–14 increased from 2.2/100,000 in 2010 to 3.4/100,000 in 2015.
- Although confidence intervals were unavailable, the rate of opioid poisoning ED visits was noticeably lower among NM AI/AN aged 15–34 years in comparison to Non-Hispanic Whites and statewide from 2010–2015.
- The rate for NM AI/AN 15–34 years old increased 114%, going from 17.6/100,000 in 2010 to 37.6/100,000 in 2015.
- Opioid poisoning ED visit rate was noticeably lower among NM AI/AN people aged 35–54 years compared to Non-Hispanic Whites and statewide from 2010–2015.
- The opioid poisoning ED visit rate among NM AI/AN aged 55 years and older was noticeably lower in comparison to Non-Hispanic Whites and statewide for all observed years.
- The rate for NM AI/AN elders (those 55 years and older) increased from 3.3/100,000 in 2010 to 6.8/100,000 in 2015.

**TABLE 4**  
**NM AI/AN 2010–2015 OPIOID POISONING ED VISIT RATES BY AGE GROUP**

Year	Age Group											
	0–14 years			15–34 years			35–54 years			55+ years		
	AI/AN	NNP*	Statewide	AI/AN	NHW	Statewide	AI/AN	NHW	Statewide	AI/AN	NHW	Statewide
2010	2.2	4.7	3.8	17.6	34.0	41.2	15.3	27.5	32.2	3.3	10.6	11.6
2011	0.0	5.2	4.2	11.7	43.1	54.7	8.7	28.2	37.6	1.6	14.8	18.2
2012	2.2	5.7	3.6	25.0	51.3	52.3	15.2	34.3	38.2	7.6	19.0	19.0
2013	3.3	5.8	4.0	19.9	72.5	48.6	24.9	50.8	40.9	5.9	19.1	18.6
2014	4.5	8.7	5.5	27.4	98.2	60.0	25.0	63.9	45.6	5.7	23.7	20.4
2015	3.4	6.5	3.7	37.6	66.7	63.0	24.1	40.2	47.6	6.8	29.2	33.5



# NEW MEXICO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

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## INTRODUCTION

The BRFSS is a survey designed by the CDC to provide insight into health risk behaviors in adults that can lead to injuries, such as seatbelt use, binge drinking, falls, and depression. The NM Department of Health conducts this survey by phone on an annual basis, selecting its participants randomly. However, not every question or category of questions is asked every year. The data in this report are aggregated from AI/AN-specific responses received from 2011 to 2017. While confidence intervals are not presented here for the sake of clarity, they were evaluated in order to determine statistically significant differences by sex. The sex at a statistically significant elevated level of risk is indicated by a single asterisk (\*).

## INJURY-RELATED RISK FACTORS

**TABLE 5-A**  
**INJURY-RELATED RISK FACTORS IN NM BRFSS 2011–2017 AI/AN ADULTS**

Variable/Factor	Age-Adjusted Rate			18–34 Year-Old		35–54 Year-Old		45–54 Year-Old		55 Years and Older	
	(Percent)			(Percent)		(Percent)		(Percent)		(Percent)	
	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female
Adults <u>45 years old and older</u> who had a fall in the past 12 months	38.7%	33.6%	35.8%	-	-	-	-	39.3%	32.1%	41.0%	34.0%
Adults <u>45 years old and older</u> who were injured in a fall in the past 12 months	12.9	17.1	15.4	-	-	-	-	13.9	16.1	12.8	18.5
Adults who did not always wear a seatbelt	10.1	8.6	9.3	12.9	11.6	9.4	6.9	-	-	7.5	6.6
Adults who consumed any alcohol in the past 30 days	<b>40.9*</b>	26.4	33.0	<b>52.1*</b>	30.0	38.9	34.2	-	-	<b>31.6*</b>	14.0

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: New Mexico Department of Health

- Over a third of AI/AN respondents aged 45 years and older (35.8%) had experienced a fall in the 12 months preceding the survey. More AI/AN men than women indicated a experiencing a fall but the difference was not statistically significant.
- Of AI/AN adults, 15.4% said that they had been injured as a result of a fall. More AI/AN women indicated that they had experienced an injury from a fall than AI/AN men. However, the difference was not statistically significant.

- Almost one in ten (9.3%) of AI/AN adults indicated that they do not always wear a seatbelt. While this was more common in younger individuals as well as in males, the differences were not statistically significant.
- Current alcohol use within the past 30 days was higher in AI/AN men (40.9%) than in AI/AN women (26.4%) in a statistically significant manner.



## INJURY-RELATED RISK FACTORS

**TABLE 5-B**  
**INJURY-RELATED RISK FACTORS IN NM BRFSS 2011–2017 AI/AN ADULTS**

Variable/Factor	Age-Adjusted Rate			18–34 Year-Old		35–54 Year-Old		45–54 Year-Old		55 Years and Older	
	(Percent)			(Percent)		(Percent)		(Percent)		(Percent)	
	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female
Adults who had consumed more than 4 (for women) or 5 (for men) drinks on one occasion in the past 30 days	<b>19.1%*</b>	10.3%	14.3%	25.6%	16.7%	20.2%	11.6%	-	-	<b>10.9%*</b>	1.3%
Adults who drove after drinking	1.9	0.4	1.1	2.8	0.5	1.8	0.1	-	-	1.1	0.0
Adults who have felt depressed all or most of the past 30 days	14.2	19.5	16.9	13.1	18.8	15.9	21.8	-	-	17.7	20.6

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: New Mexico Department of Health

- AI/AN men were also more likely to binge drink in a statistically significant manner with almost 1 in 5 men (19.1%) reporting an incidence of binge drinking. Older AI AN men (55 years and older) had a lower rate of binge drinking as compared to men in the other age categories but were statistically significantly more likely to report binge drinking than AI/AN women in their age category.
- About 1 in 5 AI/AN women (19.5%) reported feeling depressed all or most of the past 30 days. About 1 in 7 AI/AN men (14.2%) reported feeling the same way. There were no statistically significant differences between the sexes or age groups.
- While AI/AN men were more likely to report instances of driving after drinking, all rates were low.





# NEW MEXICO 2017 HIGH SCHOOL YOUTH RISK & RESILIENCY SURVEY (YRRS)

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## INTRODUCTION

In New Mexico, the Youth Risk and Resiliency Survey is funded by the CDC and administered by the New Mexico Department of Health every other (odd) year. AASTEC also contributes funding to the administration of the survey so that the state's middle and high schools with a high number of AI/AN students can be oversampled. The data are shared with AASTEC who then develops reports for schools within or near the communities it serves. The YRRS asks questions that allow us to gain an improved understanding of health risk behaviors. It also sheds light on certain undertakings that may lead to injury such as lack of bicycle helmet or seatbelt use, suicide ideation or contemplation, and carrying a weapon on school property in the past 30 days. In 2017, 3,133 AI/AN high school students participated in the YRRS. Confidence intervals were evaluated in order to determine statistically significant differences. The sex at a statistically significant elevated level of risk is indicated by a single asterisk (\*).

## INJURY-RELATED RISK FACTORS

**TABLE 6-A**  
**INJURY-RELATED RISK FACTORS IN NM YRRS 2017 HIGH SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Do not always wear a seatbelt	7.6% [6.1%, 9.6%]	5.9% [4.3%, 8.1%]	6.9% [5.8%, 8.1%]
Texting or emailing while driving in the past 30 days	32.0 [27.2, 37.1]	35.6 [30.1, 41.5]	33.8 [29.5, 38.4]
Driving a vehicle after drinking alcohol in the past 30 days	8.5 [6.4, 11.8]	6.5 [4.7, 8.8]	7.8 [6.2, 9.8]
Riding in a car with a driver who has been drinking in the past 30 days	19.7 [17.1, 22.7]	23.4 [20.4, 26.8]	21.6 [19.8, 23.4]
Did not wear a bike helmet in the past 12 months when biking	88.9 [86.4, 91.0]	84.9 [80.4, 88.4]	87.3 [85.1, 89.2]
Carried a weapon in the past 30 days	<b>31.7*</b> <b>[28.7, 34.8]</b>	18.0 [15.3, 21.2]	25.3 [23.1, 27.6]
Carried a weapon on school property in the past 30 days	6.2 [4.9, 7.8]	6.1 [3.9, 9.4]	6.2 [4.8, 8.1]
Been in a physical fight in the past 12 months	<b>33.1*</b> <b>[29.6, 36.7]</b>	23.0 [19.6, 26.9]	28.4 [25.8, 31.1]
Seriously considered attempting suicide in the past 12 months	15.9 [13.9, 18.1]	<b>26.7*</b> <b>[23.4, 30.1]</b>	21.1 [19.1, 23.2]

- Overall, about 7% of AI/AN high school students do not always wear their seatbelt when riding in a car.
- While AI/AN boys were more likely than girls to report that they did not always wear a seatbelt, the difference between the sexes was not seen to be statistically significant.
- The data show that roughly one-third of the AI/AN students of both sexes (33.8%), have texted or emailed while driving in the past 30 days.
- In total, 7.8% of the AI/AN students indicated that they had driven a vehicle after drinking in the past 30 days. There was no statistically significant difference between the sexes.
- Roughly 1 in 5 AI/AN students (21.6%) indicated that in the past 30 days, they had ridden in the car with a driver who had been drinking.
- The majority of AI/AN students (87.3%) do not wear a helmet when riding a bike.
- More AI/AN boys (31.7%) carried a weapon in the past 30 days than girls (18.0%). This difference was statistically significant.

## INJURY-RELATED RISK FACTORS

**TABLE 6-B**  
**INJURY-RELATED RISK FACTORS IN NM YRRS 2017 HIGH SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Made a suicide plan in the past 12 months	11.3% [9.2%, 13.8%]	<b>18.7%*</b> <b>[15.6%, 22.4%]</b>	14.9% [12.8%, 17.2%]
Attempted suicide in the past 12 months	10.3 [8.5, 12.5]	<b>18.9*</b> <b>[15.4, 23.0]</b>	14.6 [12.6, 16.9]
Suffered an injury resulting from a suicide attempt in the past 12 months	2.5 [1.7, 3.4]	<b>5.5*</b> <b>[4.1, 7.4]</b>	4.1 [3.1, 5.1]
Purposefully hurt themselves without intention to commit suicide in the past 12 months	16.6 [14.1, 19.5]	32.3 [28.9, 35.8]	24.1 [21.7, 26.8]
Alcohol use in past 30 days	20.2 [17.6, 23.1]	25.2 [22.2, 28.5]	22.6 [20.3, 25.1]
Binge drinking in the past 30 days (minimum of 4 drinks/occasion for girls, minimum of 5 drinks/occasions for boys)	8.0 [6.3, 10.2]	10.7 [8.7, 13.1]	9.3 [7.9, 11.0]
Dating violence that led to injury in the past 12 months	9.0 [7.1, 11.4]	<b>15.1*</b> <b>[12.1, 18.6]</b>	11.9 [10.1, 14.0]

Notes:

- Confidence intervals were evaluated in order to determine statistically significant differences.
- The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).

- More AI/AN boys (33.1%) than girls (23.0%) had been in a physical fight in the past 12 months. The difference was statistically significant.
- Over a quarter (26.7%) of AI/AN girls reported having seriously considered attempting suicide in the past 12 months. That was a statistically significant difference from the number of AI/AN boys (15.9%).
- Significantly more AI/AN girls (18.7%) than boys (11.3%) made a suicide plan in the past 12 months preceding the survey.
- More than twice as many AI/AN girls (5.5%) than boys (2.5%) suffered an injury resulting from a suicide attempt in the past 12 months. The difference was statistically significant.
- The rate of self-harm outside of a suicide attempt was about twice as high in AI/AN girls (32.3%) than in boys (16.6%). This difference was statistically significant.
- About 1 in 10 (9.3%) AI/AN students indicated that they had binged on alcohol in the past 30 days. Binge drinking was defined differently for boys (5 drinks on one occasion) than for girls (4 drinks on one occasion).
- AI/AN girls reported a statistically significantly higher rate (15.1%) in experiencing dating violence that led to an injury in the past 12 months than boys (9.0%).







# NEW MEXICO 2017 MIDDLE SCHOOL YOUTH RISK & RESILIENCY SURVEY (YRRS)

---

## INTRODUCTION

In New Mexico, the Youth Risk and Resiliency Survey is funded by the CDC and administered by the New Mexico Department of Health every other (odd) year. AASTEC also contributes funding to the administration of the survey so that the state's middle and high schools with a high number of AI/AN students can be oversampled. The data are shared with AASTEC who then develops reports for schools within or near the communities it serves. The YRRS asks questions that allow us to gain an improved understanding of health risk behaviors. It also sheds light on certain undertakings that may lead to injury such as lack of bicycle helmet or seatbelt use, suicide ideation or contemplation, and carrying a weapon on school property in the past 30 days. In 2017, 4,055 AI/AN middle school students participated in the YRRS. Confidence intervals were evaluated in order to determine statistically significant differences. The sex at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).

## INJURY-RELATED RISK FACTORS

**TABLE 7-A**  
**RISK FACTORS IN NM YRRS 2017 MIDDLE SCHOOL STUDENTS**

<b>Risk Factor</b>	<b>Male</b> Percent [95% LCL, 95% UCL]	<b>Female</b> Percent [95% LCL, 95% UCL]	<b>Total</b> Percent [95% LCL, 95% UCL]
Do not always wear a seatbelt	<b>7.2%*</b> <b>[5.8%, 8.8%]</b>	4.3% [3.5%, 5.4%]	5.8% [5.0%, 6.8%]
Do not always wear a bike helmet	76.3 [72.0, 80.2]	75.9 [72.1, 79.3]	76.1 [72.5, 79.4]
Ever ridden in a car with a driver who has been drinking	20.7 [18.7, 22.9]	23.1 [20.8, 25.5]	21.8 [20.2, 23.5]
Ever carried a weapon	<b>46.9*</b> <b>[42.9, 51.0]</b>	22.9 [20.1, 26.0]	35.1 [32.3, 38.0]
Ever been in a physical fight	<b>55.4*</b> <b>[52.1, 58.7]</b>	35.5 [32.7, 38.4]	46.0 [43.4, 48.6]
Ever seriously considered attempting suicide	20.0 [17.6, 22.7]	<b>34.3*</b> <b>[31.7, 37.0]</b>	26.8 [25.0, 28.7]

- While the percentage of AI/AN middle school students who reported not always wearing a seatbelt while riding in a car was low overall (5.8%), there was a statistically significant difference between boys and girls where more boys (7.2%) did not always wear a seatbelt than girls (4.3%).
- More than three-quarters of all AI/AN students (76.1%) do not always wear a bike helmet when riding a bike.
- Roughly 1 in 5 AI/AN students (21.8%) indicated that they had ever ridden in the car with a driver who had been drinking.
- Over one-third (35.1%) of AI/AN students indicated that they have ever carried a weapon. AI/AN boys (46.9%) were statistically significantly more likely than girls (22.9%) to have ever carried a weapon.
- Significantly more AI/AN boys (55.4%) than girls (35.5%) had ever been in a physical fight. The difference was statistically significant.
- About one in three AI/AN girls (34.3%) reported having ever seriously considered attempting suicide. That was a statistically significant difference from the number of AI/AN boys (20.0%).

## INJURY-RELATED RISK FACTORS

**TABLE 7-B**  
**RISK FACTORS IN NM YRRS 2017 MIDDLE SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Ever made a suicide plan	10.3% [8.6%, 12.4%]	<b>19.2%*</b> <b>[17.3%, 21.2%]</b>	14.5% [13.2%, 15.9%]
Ever attempted suicide	8.6 [6.9, 10.6]	<b>15.6*</b> <b>[13.7, 17.9]</b>	12.0 [10.7, 13.4]
Alcohol use in past 30 days	11.1 [8.8, 13.9]	11.1 [9.2, 13.4]	11.1 [9.3, 13.2]
Had 5 or more drinks in a row on one occasion in the past 30 days	5.1 [3.4, 6.9]	6.4 [5.0, 8.3]	5.7 [4.5, 7.2]
Perceived risk of harm due to drinking	71.0 [68.2, 73.7]	<b>78.2*</b> <b>[75.4, 80.7]</b>	74.3 [72.4, 76.2]

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment.

- About twice as many AI/AN girls (19.2%) than boys (10.3%) ever made a suicide plan. This difference was statistically significant.
- Almost twice as many AI/AN girls (15.6%) than boys (8.6%) had ever attempted suicide. The difference was statistically significant.
- A little more than 1 in 10 AI/AN students (11.1%) consumed alcohol in the past 30 days.

- A little more than 1 in 20 (5.7%) AI/AN middle school students reported having consumed 5 or more drinks in a row on one occasion in the past 30 days.
- Almost three-quarters (74.3%) of AI/AN middle school students agreed that people who have one or two drinks every day have a moderate or great risk of harming themselves.

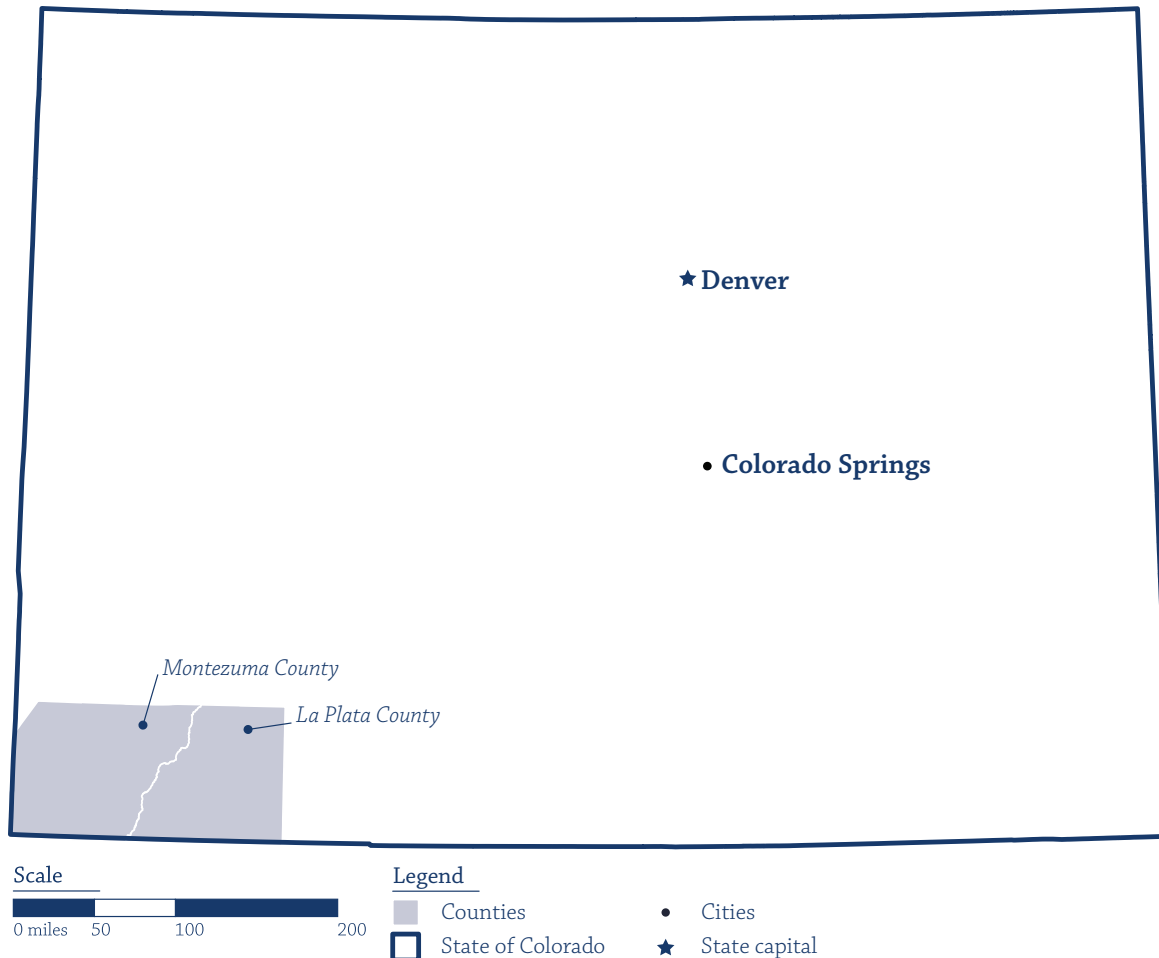






# COLORADO MORTALITY DATA

**FIGURE 70**  
**STATE OF COLORADO**



## INTRODUCTION

In Colorado, mortality cases from the residents of La Plata and Montezuma counties were reported for the period 2006–2015. Mortality data were collected for the following categories:

- Falls
- Motor vehicle accidents
- Poisoning
- Suicide
- Homicide
- Drowning and submersion

From 2006–2015, the total average population of all American Indians and Alaska Natives (AI/AN) in La Plata and Montezuma counties was 7,471. This included a mid-point average of 3,867 women and 3,604 men. During 2006–2015, there were a total of 363 deaths among AI/AN across both counties. Due to the small population and its resulting lower numbers of deaths and hospitalizations, some of the data collected could not be reported in the Atlas, either due to data suppression or because there were no data to report for the particular sex, age group, or overall category. Suppressed data were defined as fewer than three deaths.

All data was collected by Colorado Department of Public Health and Environment and shared with AASTEC.

## TEN LEADING CAUSES OF MORTALITY

**TABLE 8**  
**TEN LEADING CAUSES OF MORTALITY FOR AI/AN IN LA PLATA AND MONTEZUMA COUNTIES, CO**  
**FROM 2006–2015**

Rank	Causes of mortality*	Age-adjusted mortality rate per 100,000 population	Number of deaths
1	Unintentional injuries	94.1	60
2	Chronic liver disease and cirrhosis	77.1	45
3	Malignant neoplasms	128.0	44
4	Heart disease	125.1	42
5	Diabetes mellitus	48.9	18
6	Homicide	20.7	16
7	Suicide	19.8	16
8	Kidney disease	70.8	15
9	Cerebrovascular disease	36.1	11
10	Chronic lower respiratory disease	28.8	10

Notes:

1. Data source: Colorado Department of Public Health and Environment

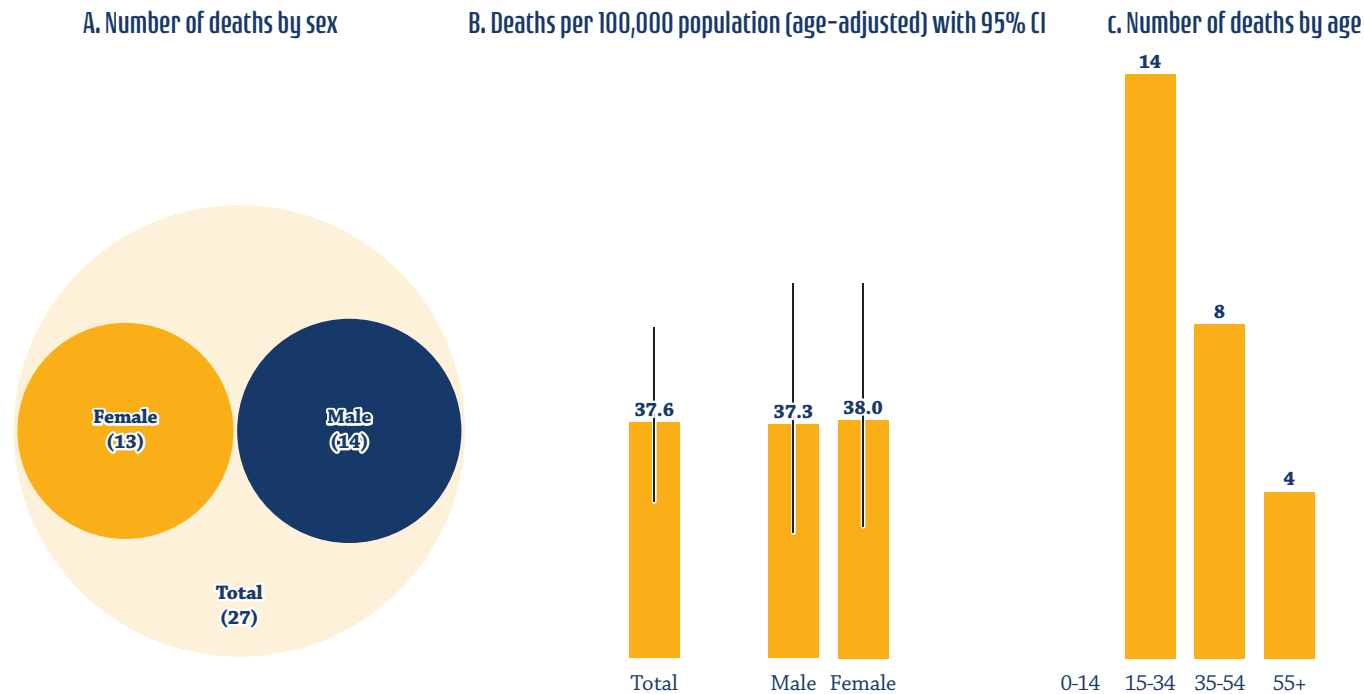
■ The leading cause of mortality (by number of deaths) for AI/AN in La Plata and Montezuma counties is unintentional injuries (n=60), a category that includes specific causes such as motor vehicle collisions, falls, drowning, etc.

■ Based on the age-adjusted mortality rate, malignant neoplasms or cancer, affected more AI/AN people per 100,000 population than any other cause of death.

## MOTOR VEHICLE COLLISION MORTALITY

**FIGURE 71**

### LA PLATA & MONTEZUMA AI/AN 2006–2015 MOTOR VEHICLE COLLISION MORTALITY



**Notes:**

- ICD10 codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
- Data source: Colorado Department of Public Health and Environment

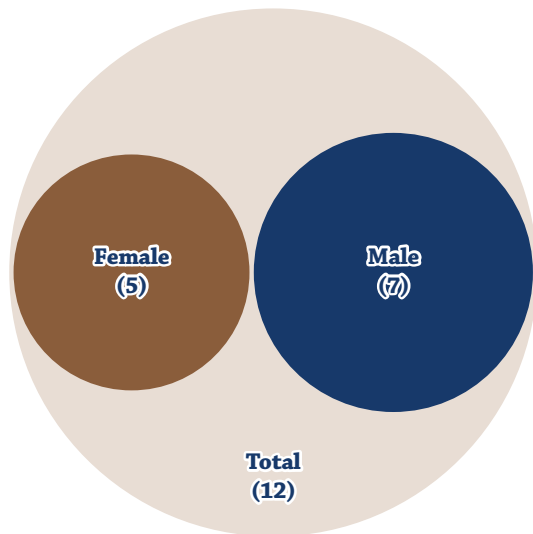
- From 2006–2015, there were 27 deaths total due to motor vehicle collisions among AI/AN in La Plata and Montezuma counties. This represented 7.4% of all deaths (363 total deaths) in this population.
- Motor vehicle collision mortality was similar between both males (fourteen deaths) and females (thirteen deaths).
- From 2006–2015, the overall motor vehicle collision mortality rate for AI/AN in La Plata and Montezuma counties was 37.6/100,000 whereas the statewide CO rate was 10.3/100,000 (not displayed).
- The motor vehicle collision mortality rate further shows that there was no statistically significant difference between AI/AN males (37.3/100,000) and AI/AN females (38.0/100,000).
- American Indian/Alaska Natives aged 15–34 years had the highest motor vehicle collision mortality of all age groups (fourteen deaths).
- Due to small numbers, data were suppressed for those aged 0–14 years.

# POISONING MORTALITY

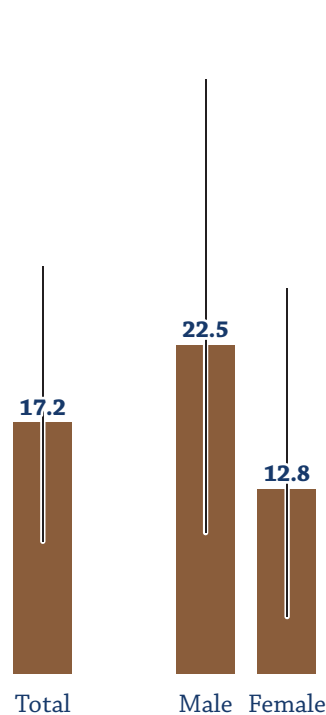
**FIGURE 72**

**LA PLATA & MONTEZUMA AI/AN 2006–2015 POISONING AND EXPOSURE TO NOXIOUS SUBSTANCES MORTALITY**

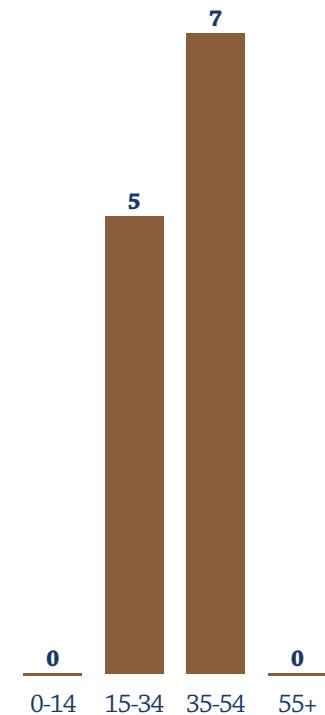
A. Number of deaths by sex



B. Deaths per 100,000 population (age-adjusted) with 95% CI



C. Number of deaths by age



Notes:

1. ICD10 codes: X40-X49
2. Data source: Colorado Department of Public Health and Environment
3. This category included deaths due to poisoning by over-the-counter, prescription, and illicit drugs, alcohol, gases, pesticides, and other noxious chemicals.
4. Common poisoning exposures include alcohol, medications, illicit drugs, and gases.

- During 2006–2015, there were twelve deaths related to poisoning among AI/AN in La Plata and Montezuma counties. This represented 3.3% of all deaths (363 total deaths) in this population.
- There were five deaths related to poisoning among AI/AN females and seven deaths among AI/AN males in this population.

### NOTE ON ALCOHOL-RELATED MORTALITY

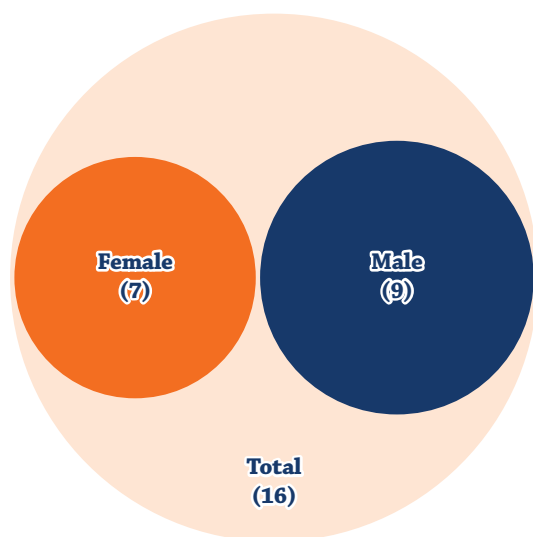
- Of the twelve total poisoning deaths, six were directly attributable to the toxic effects of alcohol. That is, alcohol poisoning was noted as the underlying cause of death. These deaths are included in the counts and rates above.
- Ten additional injury deaths listed in other categories, also included the toxic effect of alcohol as one of the multiple causes of death. However, as it was not the underlying cause of death in those individuals, those deaths are only counted in their other respective injury categories.

- The overall mortality rate due to poisoning among AI/AN in La Plata and Montezuma counties was 17.2 deaths/100,000.
- The mortality rates show that there was no statistically significant difference in poisoning mortality between AI/AN males (22.5/100,000) and AI/AN females (12.8/100,000).
- The CO statewide all-race rate (not shown) for poisoning deaths was 12.3/100,000 for the same time period.
- In La Plata and Montezuma counties, AI/AN aged 35–54 years had the highest amount of mortalities due to poisoning (seven deaths) followed by those aged 15–34 years (five deaths).
- There were zero deaths reported for the 0–14 and 55+ year age groups.

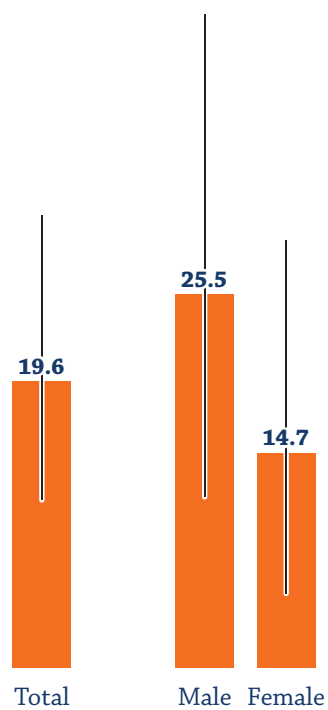
# SUICIDE MORTALITY

**FIGURE 73**  
**LA PLATA & MONTEZUMA AI/AN 2006–2015 SUICIDE MORTALITY**

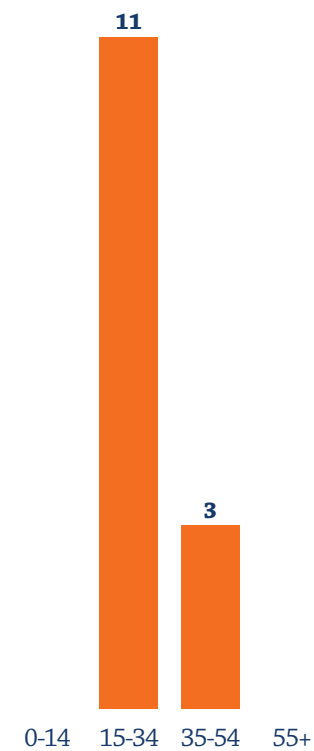
A. Number of deaths by sex



B. Deaths per 100,000 population (age-adjusted) with 95% CI



C. Number of deaths by age



Notes:

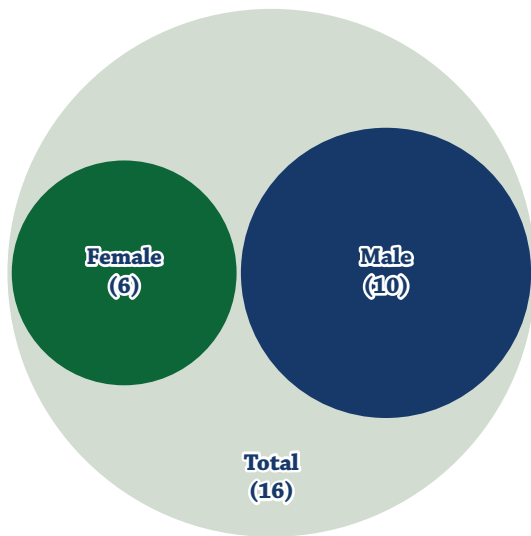
1. ICD10 codes: X72-X74, X60-X71, X75-X84, Y87.0, U03
2. Data source: Colorado Department of Public Health and Environment

- During 2006–2015, sixteen AI/AN in La Plata and Montezuma counties died as a result of suicide. This accounted for 4.4% of all deaths (363 total deaths) in this population.
- From 2006–2015, seven AI/AN females and nine AI/AN males in La Plata and Montezuma counties died as a result of suicide.
- From 2006–2015, the overall suicide mortality rate in the AI/AN population in the two counties was 19.6 deaths/100,000.
- In the same period, the CO statewide all-race rate (not shown) for suicide was 17.8/100,000.
- Although there were more suicide mortalities among AI/AN males (25.5/100,000) than AI/AN females (14.7/100,000), there were no statistically significant differences in the mortality rate between the two sexes.
- Among AI/AN in La Plata and Montezuma counties, the 15–34 year age group had the highest amount of suicide deaths of any age group (eleven deaths) in this population.
- There were no reported suicides in the 0–14 year age group among AI/AN in the two counties.
- Due to small numbers, the data were suppressed for those in the 55+ year age group.

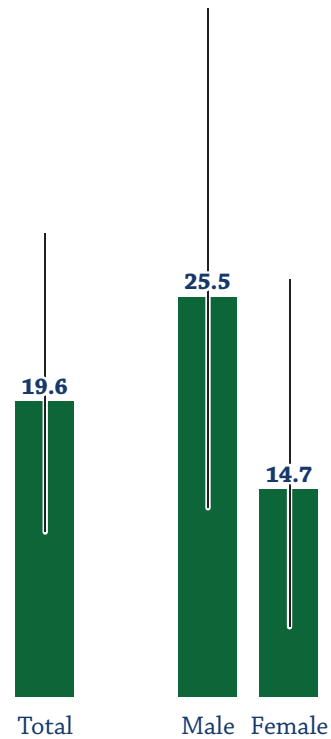
# HOMICIDE MORTALITY

**FIGURE 74**  
**LA PLATA & MONTEZUMA AI/AN 2006–2015 HOMICIDE MORTALITY**

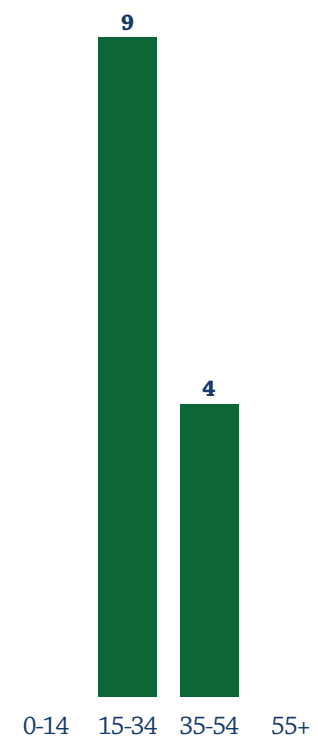
A. Number of deaths by sex



B. Deaths per 100,000 population (age-adjusted) with 95% CI



C. Number of deaths by age



Notes:

1. ICD10 codes: X93-X95, U01.4, X85-X92, X96-Y09, Y87.1, U01.0-U01.3, U01.5-U01.9, U02
2. Data source: Colorado Department of Public Health and Environment
3. Data for the 0–14 and 55+ year age groups were suppressed due to small numbers.



- During 2006–2015, there were sixteen deaths due to homicide among AI/AN in La Plata and Montezuma counties. This accounted for 4.4% of all deaths (363 total deaths) for the population in this region.
- There were more homicide deaths among AI/AN males (ten deaths) than females (six deaths) in this population.
- From 2006–2015, the overall homicide mortality rate among AI/AN in La Plata and Montezuma counties was 19.6 deaths/100,000.
- The CO statewide all-race mortality rate for homicides during this time period was 3.6/100,000 (not displayed).
- There was no statistically significant difference in homicide mortality rates between sexes (AI/AN males: 25.5/100,000 and AI/AN females: 14.7/100,000).
- American Indian/Alaska Natives aged 15–34 years had the highest amount of homicide deaths of all age groups (nine deaths).

## OTHER TYPES OF MORTALITY

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### FALLS MORTALITY<sup>1</sup>

- From 2006–2015, there were a total of seven AI/AN deaths related to falls in La Plata and Montezuma counties. This accounted for 1.9% of all deaths (363 total deaths).
- From 2006–2015, the age-adjusted mortality rate for falls in this population was 13.5/100,000.
- By comparison, the CO statewide all-race rate (not displayed) was 13.8/100,000. There was no statistically significant difference between the AI/AN rate in the two counties and the statewide rate.
- All fall-related deaths occurred among males.
- Three of the seven total fall-related deaths were reported among AI/AN aged 15–34 years.

### DROWNING AND SUBMERSION MORTALITY<sup>2</sup>

- From 2006–2015, there were five deaths due to drowning and submersion among AI/AN in La Plata and Montezuma counties. This represented 1.4% of all deaths (363 total deaths) in this region.
- The drowning and submersion mortality rate in this population was 6.7 deaths/100,000 as compared to 1.0/100,000 statewide. There was a statistically significant difference between the two rates.
- All deaths related to drowning and submersion occurred among males.

### FIRE AND SMOKE–RELATED MORTALITY<sup>3</sup>

- All fire and smoke-related mortality data were suppressed due to the small numbers rule (fewer than three deaths in the given time period).

#### Notes:

1. ICD10 codes: W00-W19
2. ICD10 codes: W65-W74
3. ICD10 codes: X0- X09
4. Data source: Colorado Department of Public Health and Environment





# COLORADO HOSPITALIZATION DATA

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## INTRODUCTION

American Indian/Alaska Native-specific hospitalization cases from La Plata and Montezuma counties were reported for the period 2006–2015. Hospitalization data were collected for the following categories:

- Falls
- Motor vehicle accidents
- Poisoning and exposure to noxious substances
- Suicide attempt/self-harm
- Assault
- Drowning and submersion

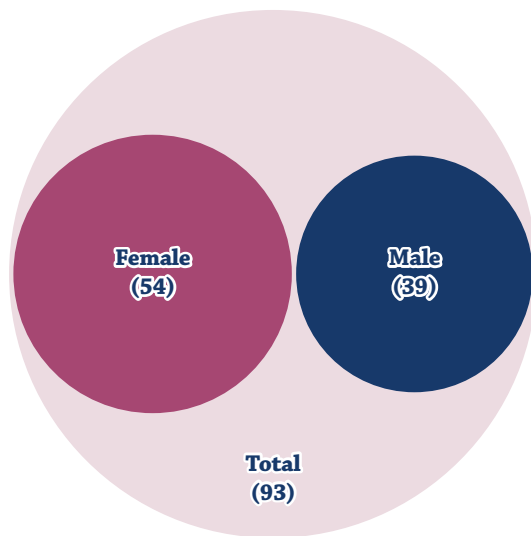
All data was collected by Colorado Hospital Association in the Hospital Discharge Dataset and prepared for AASTEC by the Center for Health and Environmental Data at the Colorado Department of Public Health and Environment.

From 2006–2015, the total average population of all American Indians and Alaska Natives in La Plata and Montezuma counties was 7,471. This included a mid-point average of 3,867 women and 3,604 men. During 2006–2015, there were approximately 300 injury-related hospitalization events among AI/AN across both counties. Due to the small population and its resulting lower numbers of hospitalizations, much of the data collected could not be reported in this Atlas, either due to data suppression or because there were no data to report for the particular sex, age group, or overall category. Suppressed data were defined as fewer than ten hospitalizations per category.

# FALLS HOSPITALIZATIONS

**FIGURE 75**  
**LA PLATA & MONTEZUMA AI/AN 2006–2015 FALLS HOSPITALIZATIONS**

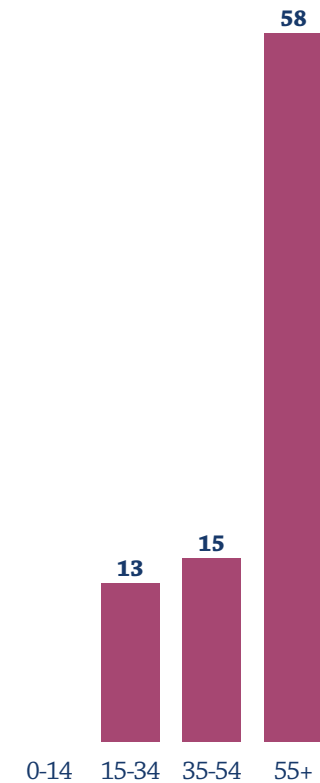
A. Number of hospitalizations by sex



B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI



C. Number of hospitalizations by age



Notes:

1. ICD10 codes: W00-W19
2. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment
3. Data for fall-related hospitalizations among AI/AN aged 0–14 years in the two counties of interest were suppressed due to small numbers.

- From 2006–2015, there was a total of 93 hospitalizations related to falls among AI/AN in the two Colorado counties.
- More fall-related hospitalizations occurred among AI/AN females (54) than AI/AN males (39).
- The overall age-adjusted hospitalization rate for falls among the AI/AN population in La Plata and Montezuma counties was 179.6/100,000 as compared to 332.42/100,000 statewide all-race (not displayed). This difference was statistically significant.
- The age-adjusted hospitalization rate for falls among AI/AN females (195.2/100,000) was higher than the rate for males (158.0/100,000). However, the differences in fall hospitalization rates between sexes was not statistically significant.
- In La Plata and Montezuma counties, AI/ANs aged 55+ years experienced substantially more falls (58) than other age groups (those aged 15–34 experienced thirteen falls while those aged 35–54 had fifteen falls).



# MOTOR VEHICLE COLLISION HOSPITALIZATIONS

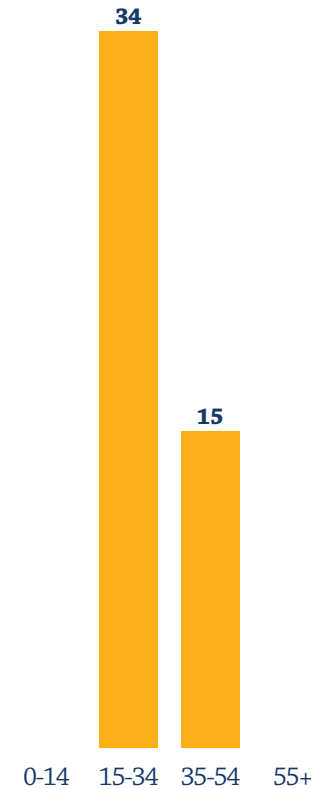
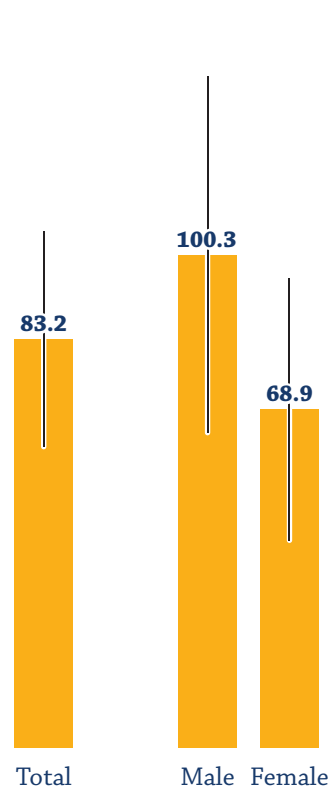
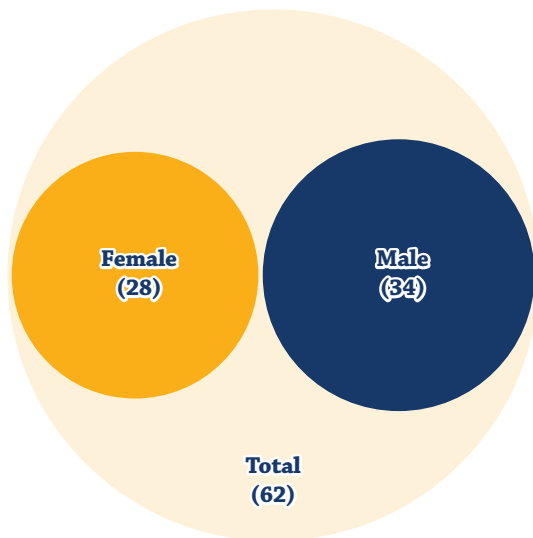
**FIGURE 76**

## LA PLATA & MONTEZUMA AI/AN 2006–2015 MOTOR VEHICLE COLLISION HOSPITALIZATIONS

A. Number of hospitalizations by sex

B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI

C. Number of hospitalizations by age



Notes:

1. ICD10 codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
2. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment

## MOTOR VEHICLE COLLISION HOSPITALIZATIONS

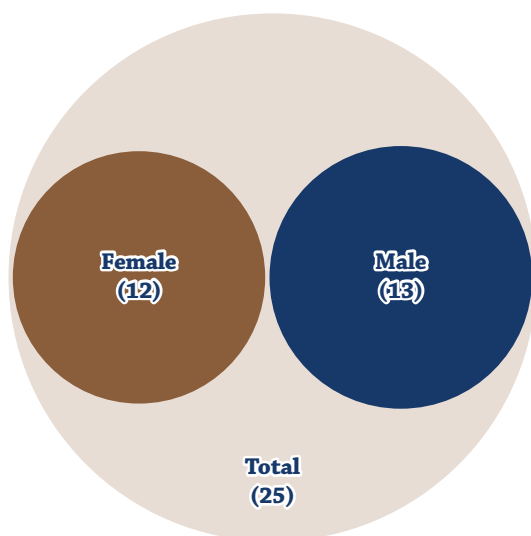
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- During 2006–2015, there were a total of 62 motor vehicle collision hospitalizations among the AI/AN population in La Plata & Montezuma counties.
- The motor vehicle collision hospitalization count was higher among AI/AN males (34 hospitalizations) than AI/AN females (28 hospitalizations).
- The total AI/AN hospitalization rate for AI/ANs in La Plata and Montezuma counties was 83.2/100,000.
- By comparison, the statewide hospitalization rate for motor vehicle collisions (not shown) was 97.2/100,000 and was statistically different from the rate in the AI/AN population of La Plata and Montezuma counties.
- AI/AN males in La Plata and Montezuma counties had a higher age-adjusted motor vehicle collision hospitalization rate than females (100.3 compared to 68.9 per 100,000, respectively). However, the difference was not statistically significant.
- American Indian/Alaska Natives aged 15–34 years in La Plata and Montezuma counties had the most motor vehicle collision hospitalizations of any age group during 2006–2015 (34 hospitalizations). This represented 54.8% of all motor vehicle collision hospitalizations reported for all AI/AN in the two counties.
- Data for the 0–14 and 55+ year age groups was suppressed.

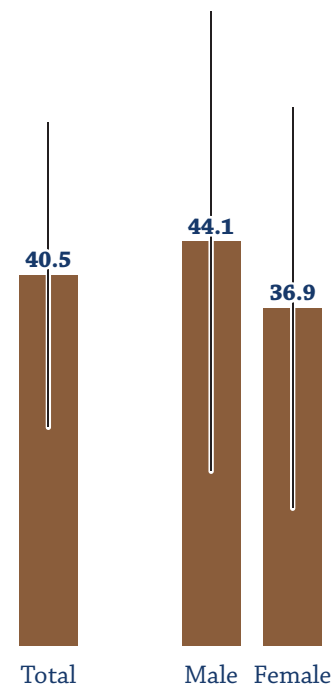
# POISONING HOSPITALIZATIONS

**FIGURE 77**  
**LA PLATA & MONTEZUMA AI/AN 2006–2015 POISONING HOSPITALIZATIONS**

A. Number of hospitalizations by sex



B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI



**Notes:**

1. ICD10 codes: X40-X49
2. Common poisoning exposures include alcohol, medications, illicit drugs, pesticides, and gases.
2. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment

- There were a total of 25 hospitalizations due to accidental poisoning and exposure to noxious substances among AI/AN in the two counties from 2006–2015.
- There were thirteen hospitalizations among males and twelve hospitalizations among females.
- For poisoning hospitalizations by age, data were suppressed for all age groups due to small numbers.

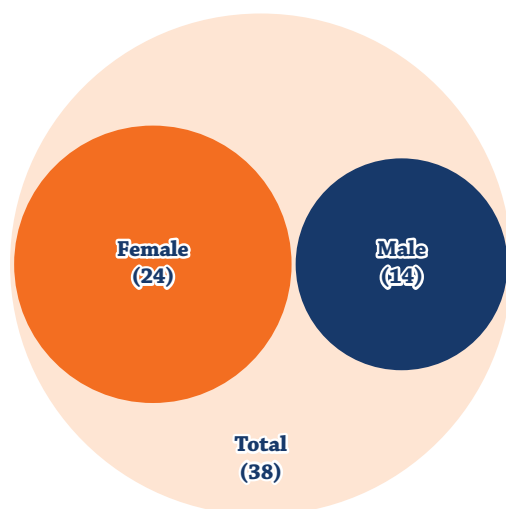
- The hospitalization rate was higher among males than females (44.1 compared to 36.9 per 100,000, respectively). However, these differences were not statistically significant.
- The total age-adjusted hospitalization rate for both sexes was 40.5/100,000 during 2006–2015.

## SUICIDE ATTEMPT OR SELF-HARM HOSPITALIZATIONS

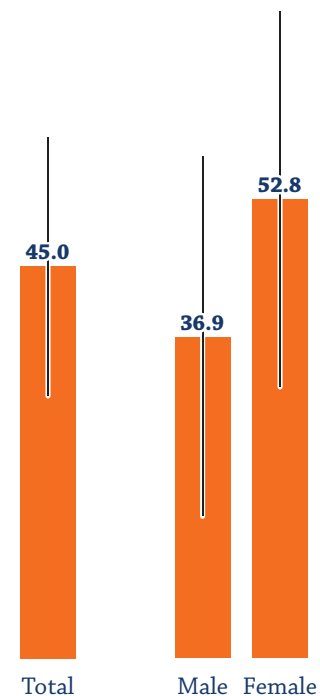
**FIGURE 78**

### LA PLATA & MONTEZUMA AI/AN 2006–2015 SUICIDE ATTEMPT OR SELF-HARM 3-YEAR AGGREGATE HOSPITALIZATIONS

A. Number of hospitalizations by sex



B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI



**Notes:**

1. ICD10 codes: X72-X74, X60-X71, X75-X84, Y87.0, U03

2. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment

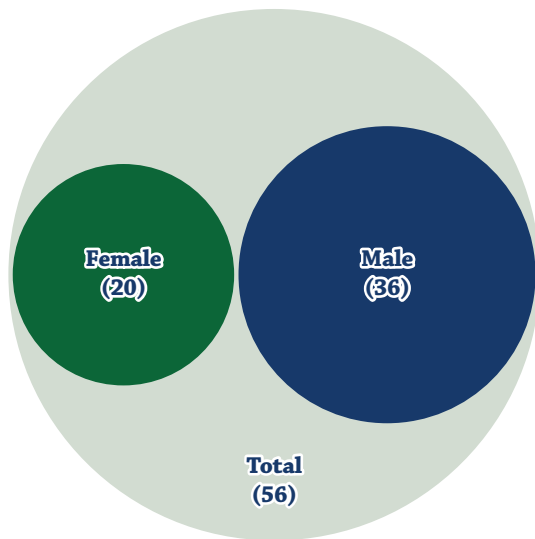
- From 2006–2015, there were 38 intentional self-harm (suicide attempt) hospitalizations among AI/AN in La Plata and Montezuma counties.
- Those aged 15–34 years had the highest amount of intentional self-harm (suicide attempt) hospitalizations of any age group (28 hospitalizations). For all other age groups, data were suppressed due to small numbers (not displayed).
- There were more intentional self-harm (suicide attempt) hospitalizations among AI/AN females (24 hospitalizations) than AI/AN males (fourteen hospitalizations) in this population.

- From 2006–2015, there were a total of 45.0 hospitalizations/100,000 population for intentional self-harm (suicide) among the AI/AN population in the two counties.
- The female hospitalization rate (52.8/100,000) was higher than the male hospitalization rate (36.9/100,000) in this population. However, this difference was not statistically significant.

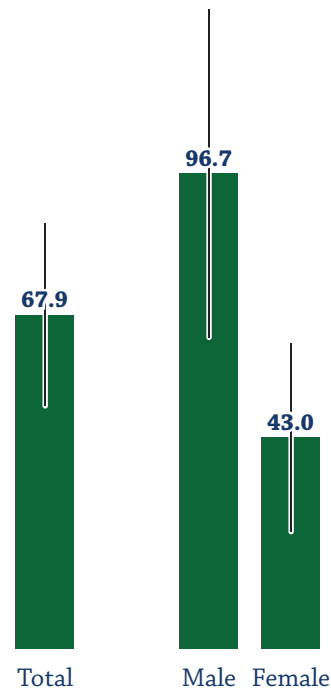
# ASSAULT HOSPITALIZATIONS

**FIGURE 79**  
**LA PLATA & MONTEZUMA AI/AN 2006–2015 ASSAULT HOSPITALIZATIONS**

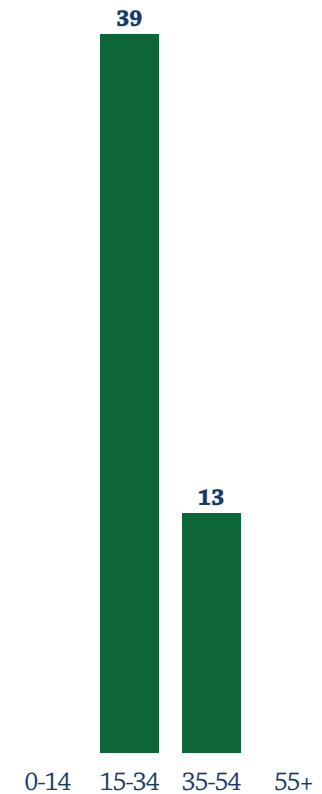
A. Number of hospitalizations by sex



B. Hospitalizations per 100,000 population (age-adjusted) with 95% CI



C. Number of hospitalizations by age



Notes:

1. ICD10 codes: X72-X74, X60-X71, X75-X84, Y87.0, U03
2. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment
3. Data were suppressed for the 0–14 and 55+ year age groups due to small numbers.

## ASSAULT HOSPITALIZATIONS

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- From 2006–2015, there were a total of 56 hospitalizations due to assault among AI/AN in La Plata and Montezuma counties.
- There were more assault hospitalizations among AI/AN males (36 hospitalizations) than AI/AN females (20 hospitalizations) in this population.
- From 2006–2015, there were 67.9 hospitalizations/100,000 population due to assault among AI/AN in La Plata and Montezuma counties.
- The assault hospitalization rate was more than twice as high among males than females (96.7 compared to 43.0 per 100,000, respectively). The difference was statistically significant.
- La Plata and Montezuma counties' AI/AN population aged 15–34 years had a noticeably higher number of assault hospitalizations of any age group (39 hospitalizations) in this population.

## OTHER TYPES OF HOSPITALIZATIONS

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### DROWNING AND SUBMERSION<sup>1</sup>

- Data for drowning and submersion hospitalizations among AI/AN in La Plata and Montezuma counties were suppressed due to the small numbers rule (defined as fewer than ten hospitalizations in the given time period).

### FIRE AND SMOKE-RELATED INJURIES<sup>2</sup>

- All fire and smoke-related injury hospitalization data were suppressed due to the small numbers rule (defined as fewer than ten hospitalizations in the given time period).

Notes:

1. ICD10 codes: W65-W74
2. ICD10 codes: X0, X1







# HEALTHY KIDS COLORADO SURVEY (HKCS) 2017

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## INTRODUCTION

The Healthy Kids Colorado Survey (HKCS) is a health risk behavior survey that is conducted in high schools and middle schools throughout Colorado every odd year. The data presented in this report are specific to aggregated 2017 data from schools in southwestern Colorado that serve a high population of American Indian and Alaska Native students. The HKCS is supported by the Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Education (CDE), the Colorado Department of Human Services (CDHS), and the University of Colorado Denver. This report focuses on HKCS data for risk behaviors associated with injury such as seatbelt and helmet use, driving under the influence, and suicide contemplation and attempts, among others. In 2017, 199 AI/AN high school students and 219 AI/AN middle school students participated in the HKCS. Confidence intervals were evaluated in order to determine statistically significant differences. The sex at a statistically significantly elevated level of risk is indicated in bold.

## INJURY-RELATED RISK FACTORS (HIGH SCHOOL)

**TABLE 9-A**

### INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 HIGH SCHOOL STUDENTS

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Never or rarely wear a seatbelt	17.9% [8.5%, 33.8%]	7.9% [2.6%, 21.3%]	13.1% [5.4%, 28.4%]
Texted or emailed while driving in the past 30 days	11.7 [6.0, 21.6]	<b>41.3*</b> <b>[31.7, 51.6]</b>	25.3 [18.2, 34.0]
Drove a vehicle after drinking alcohol in the past 30 days	6.2 [2.1, 17.1]	9.6 [3.8, 21.9]	7.8 [3.4, 16.7]
Used marijuana and drove in the past 30 days	20.2 [9.5, 40.0]	7.9 [2.3, 24.1]	15.2 [7.8, 27.5]

- More than twice as many AI/AN boys (17.9%) than girls (7.9%) never or rarely wore a seatbelt when riding in a car. However, this difference was not statistically significant.
- AI/AN girls were statistically significantly more likely than boys to report that they had texted or emailed while driving in the past 30 days. More than 4 in 10 AI/AN girls indicated that they texted or emailed while driving and only a little more than 1 in 10 boys indicated that they did so.
- More AI/AN boys (20.2%) than girls (7.9%) indicated that they drove under the influence of marijuana in the past 30 days than girls, but the difference was not statistically significant.



## INJURY-RELATED RISK FACTORS (HIGH SCHOOL)

**TABLE 9-B**

### INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 HIGH SCHOOL STUDENTS

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Rode in a car with a driver who has been drinking in the past 30 days	22.0% [13.9%, 22.9%]	18.9% [10.3%, 31.9%]	20.5% [14.1%, 29.0%]
Rode in a car with a driver who has been using marijuana in the past 30 days	21.5 [12.4, 34.7]	28.1 [13.9, 48.7]	25.4 [17.3, 35.5]
Carried a weapon on school property in the past 30 days	20.7 [9.3, 40.1]	2.8 [0.6, 12.1]	13.1 [6.6, 24.5]
Been in a physical fight in the past 12 months	32.3 [21.1, 45.9]	16.5 [10.5, 25.0]	26.3 [19.0, 35.1]

- Roughly 1 in 5 AI/AN students (20.5%) indicated that in the past 30 days, they had ridden in the car with a driver who had been drinking.
- About 1 in 4 (25.4%) AI/AN students said that in the past 30 days, they had ridden in the car with a driver who had been using marijuana.
- More than six times as many AI/AN boys (20.7%) than girls (2.8%) carried a weapon on school property in the past 30 days. However, that difference was not statistically significant.

- Almost twice as many AI/AN boys (32.3%) than girls (16.5%) had been in a physical fight in the past 12 months. However, that difference was not statistically significant.

## INJURY-RELATED RISK FACTORS (HIGH SCHOOL)

**TABLE 9-C**  
**INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 HIGH SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Seriously considered attempting suicide in the past 12 months	13.1% [7.4%, 22.0%]	<b>32.8%*</b> <b>[22.7%, 44.7%]</b>	21.9% [15.9%, 29.3%]
Made a suicide plan in the past 12 months	9.7 [4.9, 18.3]	20.4 [12.6, 31.4]	14.8 [10.1, 21.2]
Attempted suicide one or more times in the past 12 months	10.0 [5.5, 17.4]	14.3 [8.0, 24.3]	12.4 [8.2, 18.4]
Purposefully hurt themselves without intention to commit suicide in the past 12 months	12.6 [6.7, 22.4]	27.3 [14.9, 44.7]	19.8 [13.6, 27.9]

■ Almost a third (32.8%) of AI/AN girls reported having seriously considered attempting suicide in the past 12 months. That was a statistically significant difference from the number of AI/AN boys who reported having seriously considered attempting suicide in the past 12 months (13.1%).

■ The rate of self-harm outside of a suicide attempt was more than twice as high in AI/AN girls (27.3%) than in boys (12.6%). However, this difference was not statistically significant.

## INJURY-RELATED RISK FACTORS (HIGH SCHOOL)

**TABLE 9-D**

### INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 HIGH SCHOOL STUDENTS

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Alcohol use in past 30 days	19.0% [9.6%, 34.0%]	26.9% [16.6%, 40.3%]	23.1% [15.4%, N/A]
Binge drinking in the past 30 days	5.8 [2.5, 12.7]	15.6 [7.7, 29.2]	10.8 [6.4, 17.7]
Believe there is risk of harm due to drinking	74.5 [49.7, 89.6]	73.0 [52.8, 86.8]	73.8 [58.2, 85.1]
Dating violence that led to injury in the past 12 months	6.0 [2.3, 14.8]	21.5 [11.3, 37.0]	12.2 [6.8, 20.8]

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: Colorado Department of Public Health and Environment.

■ About 1 in 10 AI/AN students (10.8%) indicated that they had binged on alcohol in the past 30 days. Binge drinking was defined differently for boys (5 drinks on one occasion) than for girls (4 drinks on one occasion).

■ About three-quarters (73.8%) of the AI/AN students agreed that people who have one or two drinks every day have a moderate or great risk of harming themselves.



## INJURY-RELATED RISK FACTORS (MIDDLE SCHOOL)

**TABLE 10-A**  
**INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 MIDDLE SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Never or rarely wear a seatbelt	13.4% [8.1%, 21.3%]	7.8% [3.8%, 15.3%]	11.8% [7.7%, 17.5%]
Never or rarely wear a bike helmet	16.1 [9.9, 25.2]	20.2 [12.3, 31.3]	17.8 [12.8, 24.1]
Rode in a car with a driver who has been drinking in the past 30 days	16.4 [12.0, 21.9]	24.0 [17.0, 32.8]	21.1 [15.0, 28.8]
Ever carried a weapon	5.7 [2.7, 11.7]	6.0 [2.6, 13.3]	5.8 [3.1, 10.6]
Ever been in a physical fight	61.6 [51.0, 71.2]	43.5 [33.1, 54.4]	52.9 [45.9, 59.7]
Ever seriously considered attempting suicide	15.3 [8.8, 25.4]	<b>40.0*</b> <b>[29.3, 51.8]</b>	21.9 [15.9, 29.3]

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment.

- Roughly 1 in 5 AI/AN students (21.1%) indicated that in the past 30 days, they had ridden in the car with a driver who had been drinking. While that number was higher for girls (24.0%) than for boys (16.4%), the difference was not statistically significant.
- About 1 in 20 (5.8%) AI/AN students have ever carried a weapon.

- Roughly 50% more AI/AN boys (61.6%) than girls (43.5%) had ever been in a physical fight. However, that difference was not seen to be statistically significant.
- Four out of ten AI/AN girls (40.0%) have ever seriously considered attempting suicide. That was a statistically significant difference from the number of AI/AN boys (15.3%).

## INJURY-RELATED RISK FACTORS (MIDDLE SCHOOL)

**TABLE 10-B**  
**INJURY-RELATED RISK FACTORS-HEALTHY KIDS COLORADO SURVEY 2017 MIDDLE SCHOOL STUDENTS**

Risk Factor	Male	Female	Total
	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]	Percent [95% LCL, 95% UCL]
Ever made a suicide plan	12.3% [6.4%, 22.4%]	28.5% [19.1%, 40.4%]	20.0% [13.6%, 28.4%]
Ever attempted suicide	8.5 [4.2, 16.3]	25.5 [15.7, 38.5]	16.4 [10.9, 24.0]
Alcohol use in past 30 days	5.7 [2.0, 15.1]	11.6 [6.7, 19.3]	8.2 [4.8, 13.7]
Believe there is risk of harm due to drinking	70.7 [57.6, 81.1]	70.0 [58.1, 78.1]	70.4 [62.4, 77.2]

Notes:

1. Confidence intervals were evaluated in order to determine statistically significant differences.
2. The sex (within group) at a statistically significantly elevated level of risk is indicated by a single asterisk (\*).
3. Data source: Colorado Hospital Association & Colorado Department of Public Health and Environment.

■ About three times as many AI/AN girls (25.5%) than boys (8.5%) indicated that they had ever attempted suicide. However, this difference in the sexes was not seen to be statistically significant.

■ More than 7 out of 10 AI/AN students (70.4%) agreed that people who have one or two drinks every day have a moderate or great risk of harming themselves.







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