



Injuries, All Intent, among Arizona Residents, 2016

Injuries are the leading cause of death among Arizonans aged 1-44 years old and leading cause of disability for all ages

- In 2016, in Arizona, the Age-adjusted Injury Mortality Rate per 100,000 residents was **80.4**

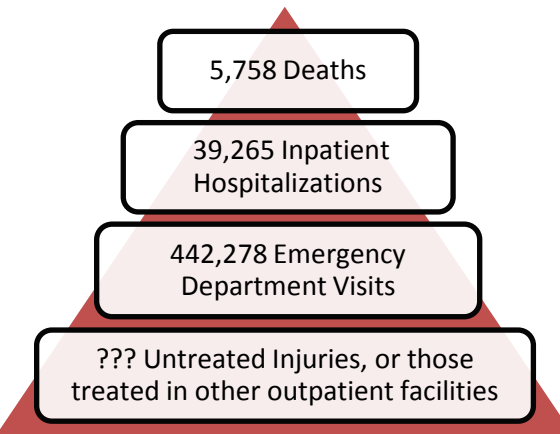
-For every Injury-related death in Arizona in 2016 there were:

-7 Non-fatal injury-related Hospitalizations (IP),

-77 Non-fatal injury-related Emergency Department Visits (ED Visit), and

-Resulted in over **\$5.1 Billion** in total injury charges

Arizona has higher Mortality Rates Compared to the United States



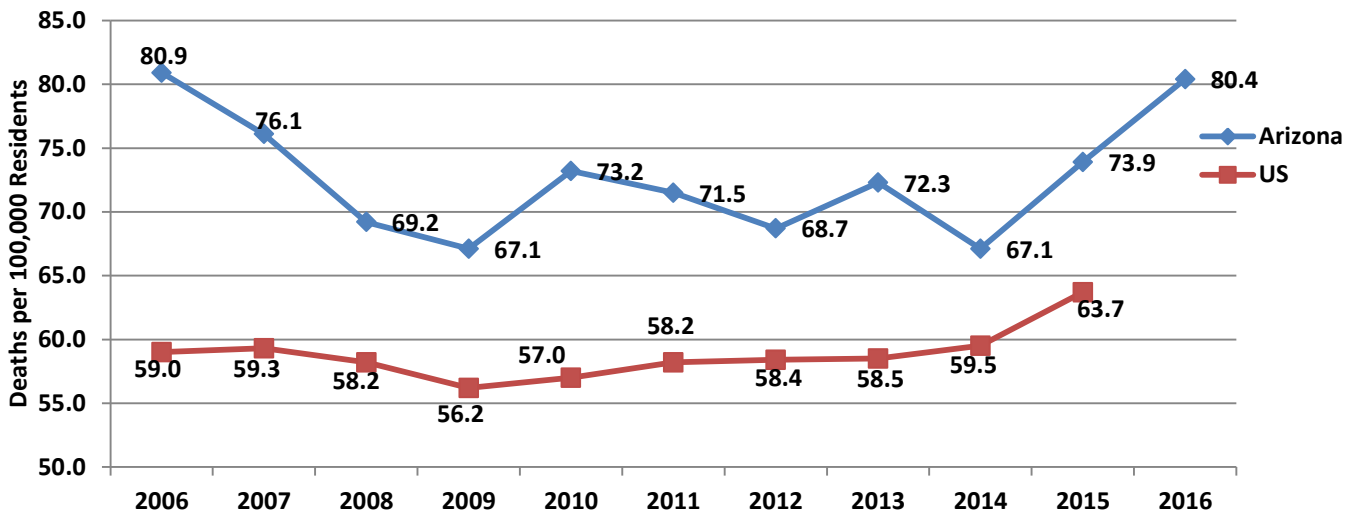
• Unintentional Injuries accounted for **68%** of all injury related deaths, **86%** of injury related hospitalizations and **92%** of injury related Emergency Department Visits

• Poisonings, falls, motor vehicle crashes (MVC) are the leading cause of unintentional injury deaths

• In addition to falls and MVC being leading causes of Unintentional Injuries, poisonings were a high cause for IP and being struck by/against were a high cause for ED Visit

• Males are 2 times more likely to die from injuries than females

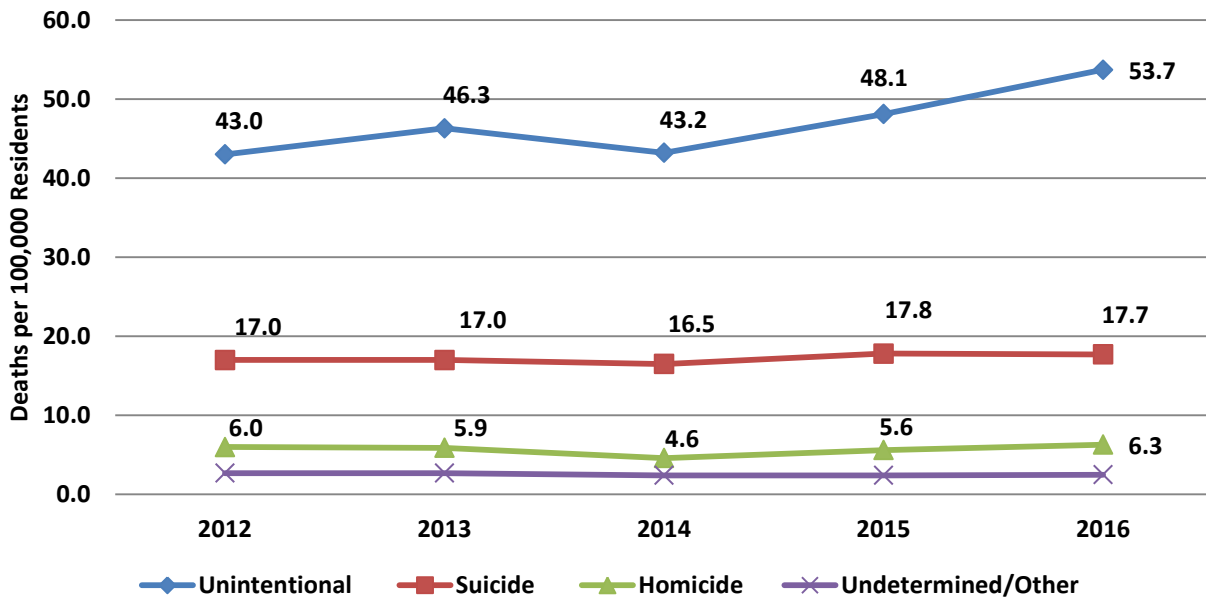
Age-adjusted Injury (All Intents) Mortality Rates per 100,000 Residents, Arizona Compared to United States, 2006-2016





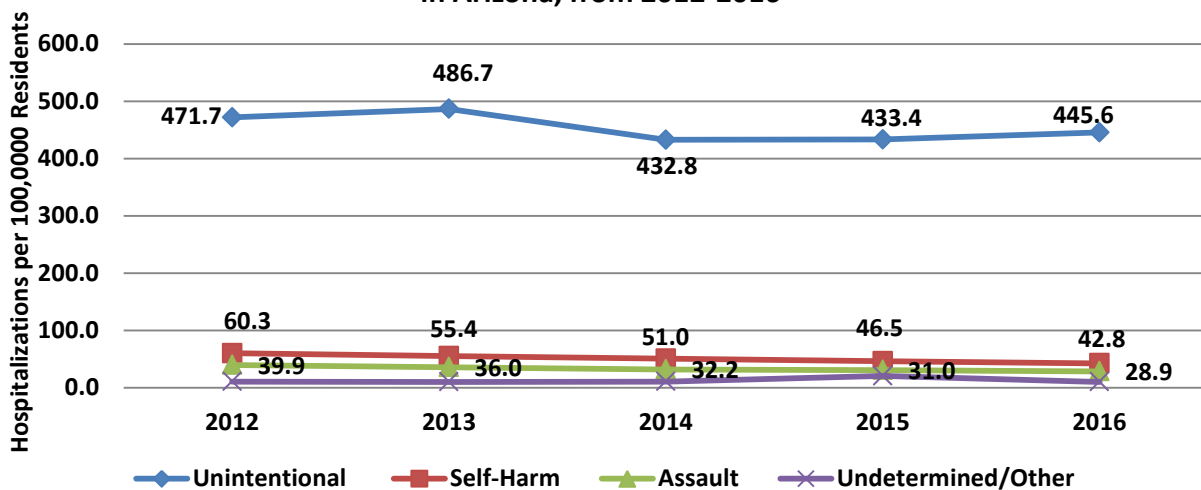
Five Year Trend for Injuries in Arizona by Manner and Leading Cause, from 2012- 2016

Age-adjusted Injury Mortality Rates per 100,000 Residents by Intent, in Arizona, from 2012-2016



* From 2012-2016 the age-adjusted injury mortality rates increased across all intents. There was an 11.6% increase in unintentional injuries related deaths from 2015-2016.

Age-adjusted Injury Hospitalization Rates per 100,000 Residents by Intent, in Arizona, from 2012-2016



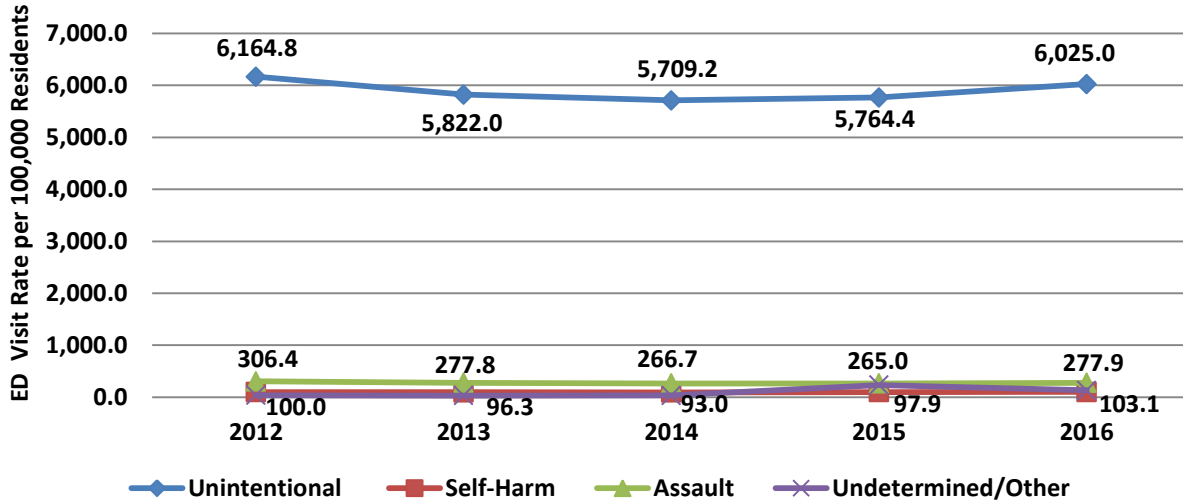
* From 2012-2016, the age-adjusted injury hospitalization rates from decreased across all intents. During this period, injury hospitalization rates decreased by 5.5% for unintentional, 29.0% for self-harm, and 27.6% for assault.



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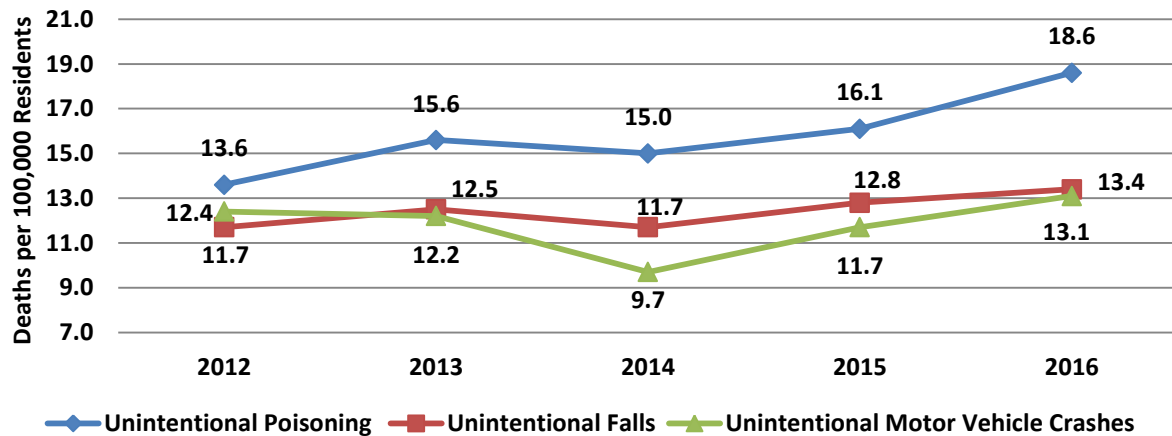
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Age-adjusted Injury Emergency Department Visit Rates per 100,000 Residents by Intent, in Arizona, from 2012-2016



* From 2012-2016, the age-adjusted injury emergency dept. visit rates from decreased across all intents but increased from 2015-2016. Injury emergency dept. visit rates increased by 4.8% for unintentional, and 4.9% for assault, and for 5.3% self-harm from 2015-2016.

Age-adjusted Injury Mortality Rates per 100,000 Residents, by Leading Cause of Unintentional Injuries, in Arizona from, 2012-2016



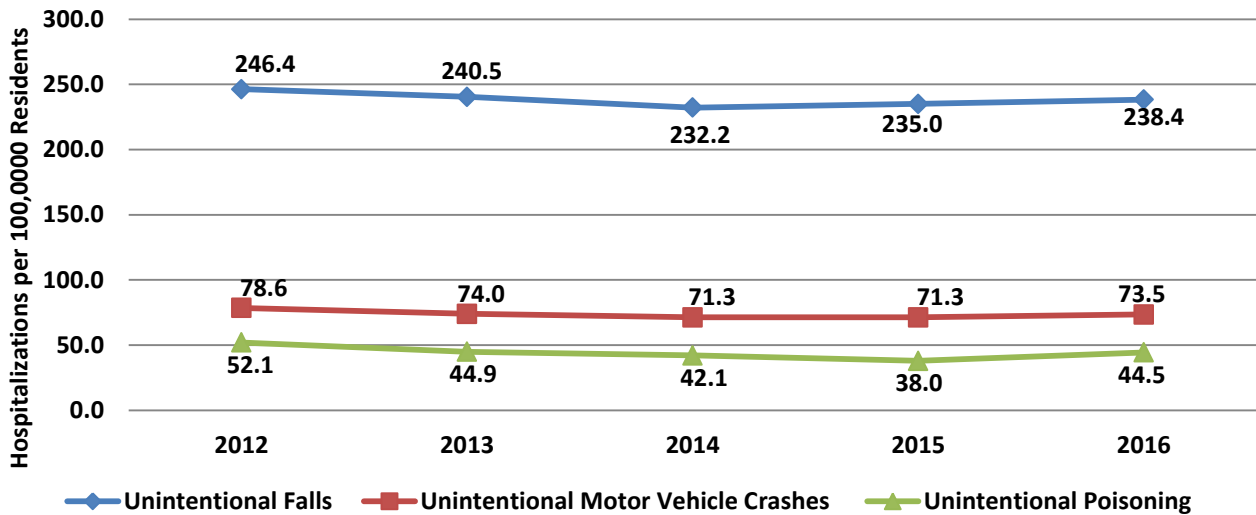
* From 2012-2016, poisonings, falls and motor vehicle crashes (MVC) remain the leading cause of unintentional injury deaths. Age-adjusted injury mortality rates increased by 15.5% for poisoning, 8.1% for falls, and for MVC 12.0% during this time period.



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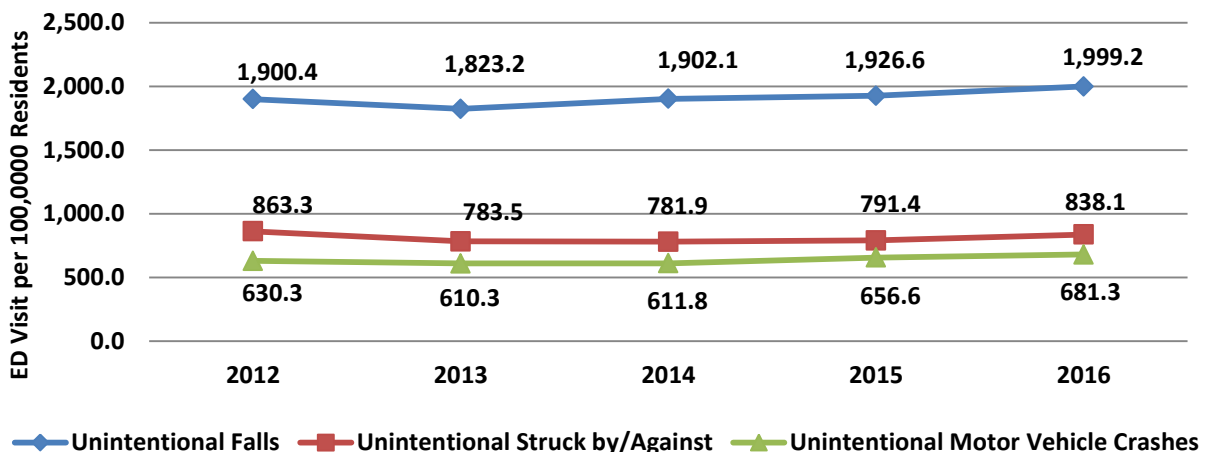
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Age-adjusted Injury Hospitalization Rates per 100,000 Residents, by Leading Cause of Unintentional Injuries, in Arizona from, 2012-2016



* From 2012-2016, falls, motor vehicle crashes (MVC), and poisoning remain the leading cause of unintentional injuries resulting in hospitalization. Age-adjusted injury hospitalization rates decreased by 3.2% for falls, 6.5% for MVC, and 14.6% for poisoning during this time frame.

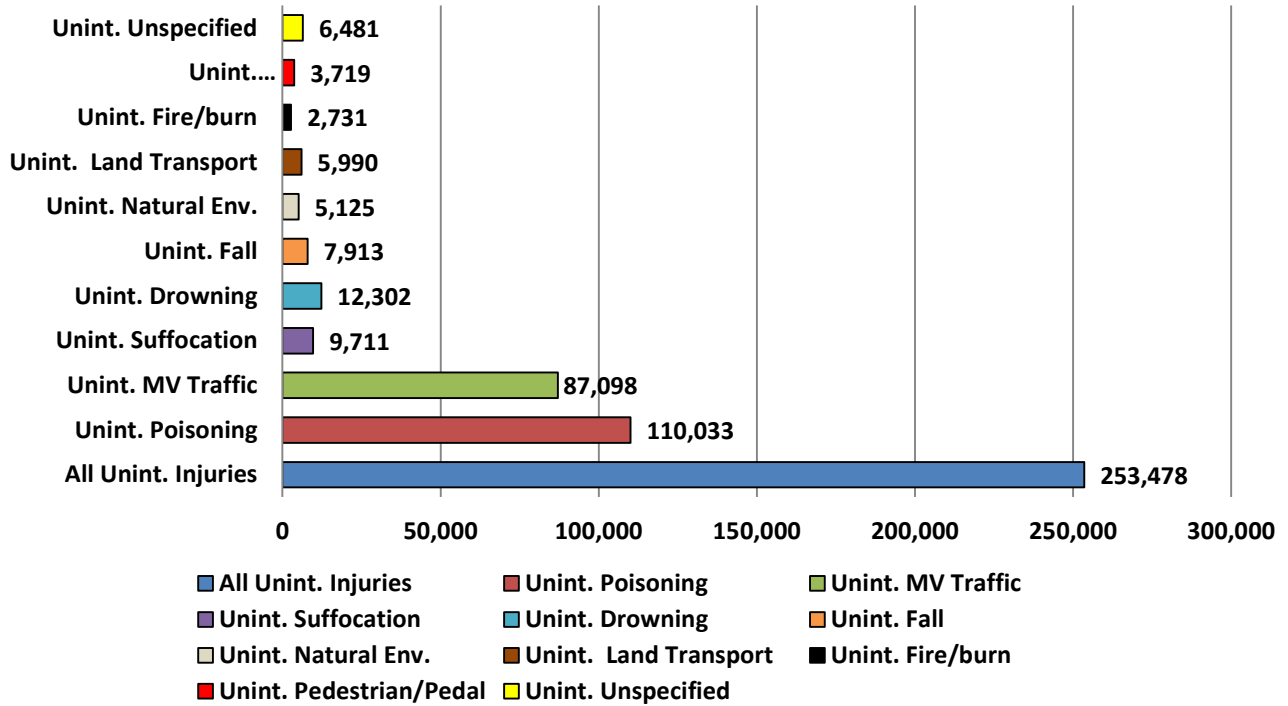
Age-adjusted Injury Emergency Department Visit Rates per 100,000 Residents, by Leading Cause of Unintentional Injuries, in Arizona from, 2012-2016



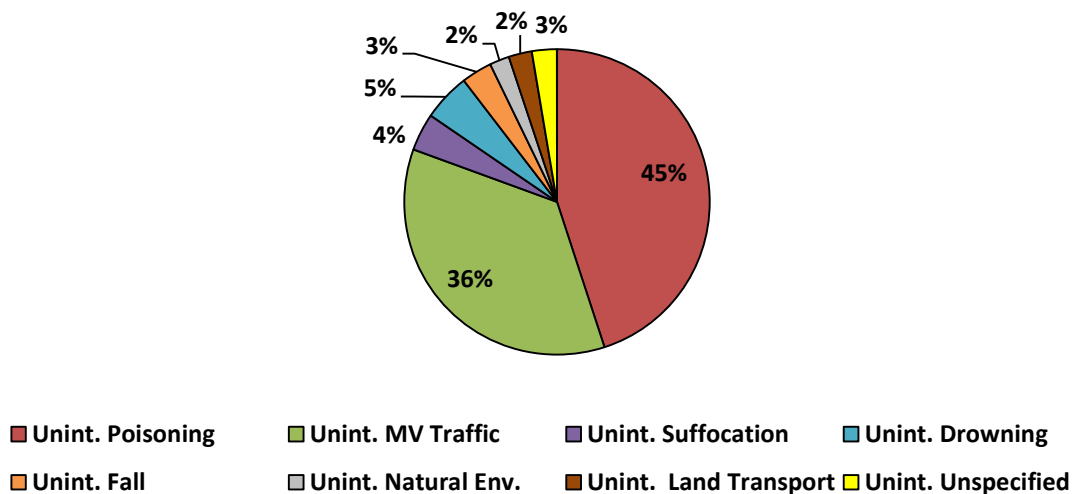
* From 2012-2016, falls, struck by/against, and motor vehicle crashes (MVC), remain the leading cause of unintentional injuries resulting in emergency dept. visit. Age-adjusted injury emergency dept. visit rates increased by 5.2% for falls and 8.1% for MVC, while struck by/against decreased by 2.9% during this time frame.



Years of Potential Life Lost (YPLL), Before Age 65 among residents, by Leading Cause of Death for Unintentional (Unint.) Injuries, in Arizona, from 2012-2016



Percentage of Years of Potential Life Lost (YPLL), by Leading Cause of Death for Unintentional (Unint.) Injuries in Arizona, from 2012-2016



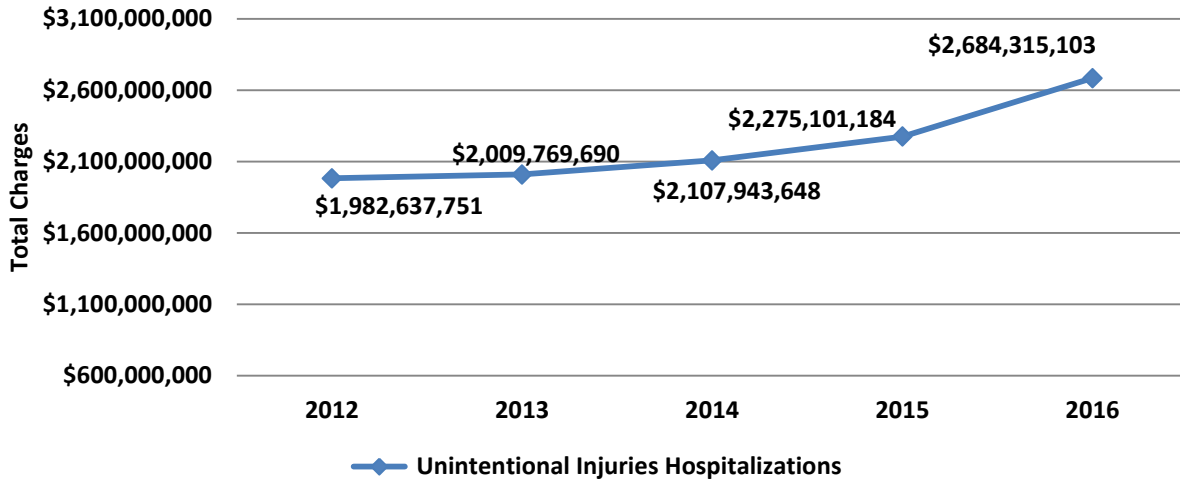
* YPLL is a serious burden of unintentional injuries. YPLL is an estimate of the average years a person would have lived if they had not died prematurely. From 2012-2016, a total of 253,478 YPLL were due to unintentional injuries. Poisonings (45%) and motor and vehicle crashes (36%) were the two leading causes of unintentional deaths with the highest YPLL before the age of 65.



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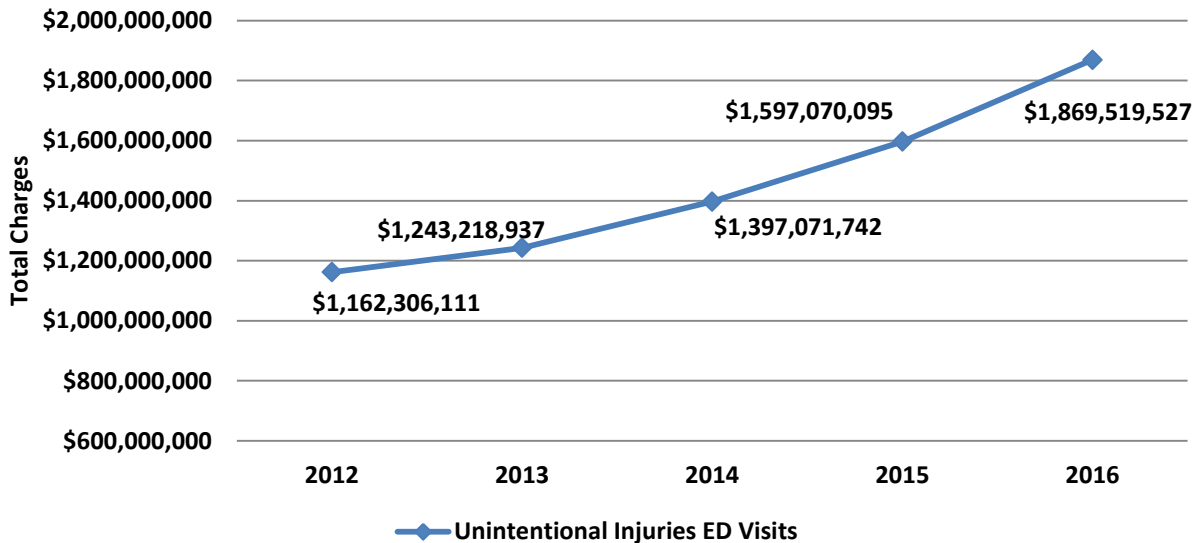
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Total Charges due to Unintentional Injuries resulting in Hospitalizations by Year, in Arizona, from 2012-2016



* Unintentional injuries are economic burden in Arizona. The total charges due to unintentional injuries resulting in hospitalizations has gradually increased from 2012-2016. During this period, total charges increased by 18%.

Total Charges due to Unintentional Injuries resulting in Emergency Department Visit by Year, in Arizona, from 2012-2016

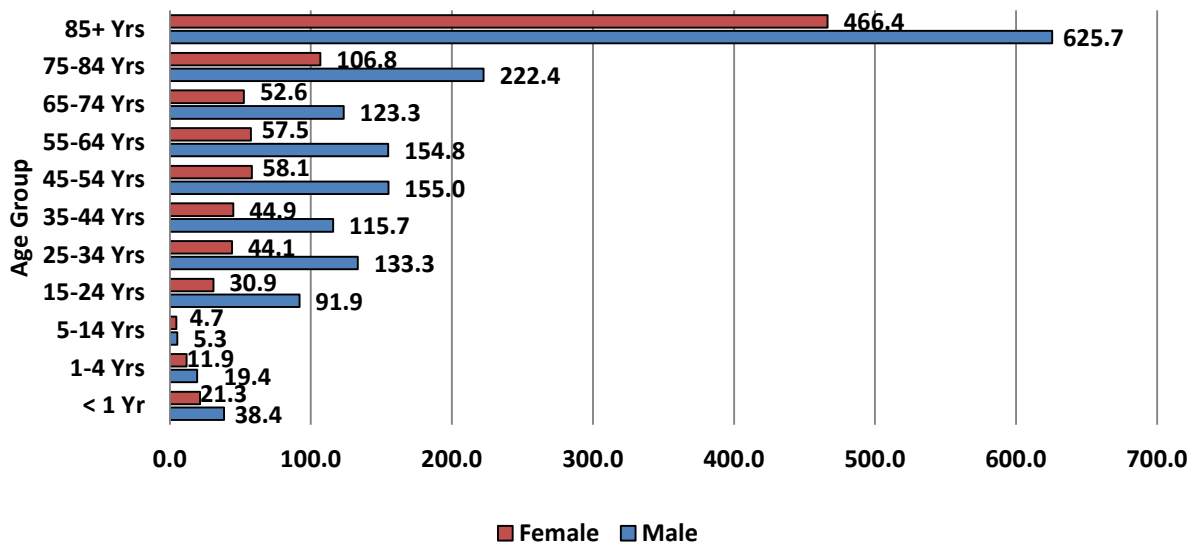


* Unintentional injuries are economic burden in Arizona. The total charges due to unintentional injuries resulting in emergency dept. visits has gradually increased from 2012-2016. During this period, total charges increased by 17.1%.



Injuries in Arizona by Age Group, Sex, and Race/Ethnicity, 2016

Age-specific Injury (All Intents) Mortality Rates per 100,000 Residents by Age Group and Gender, in Arizona, 2016



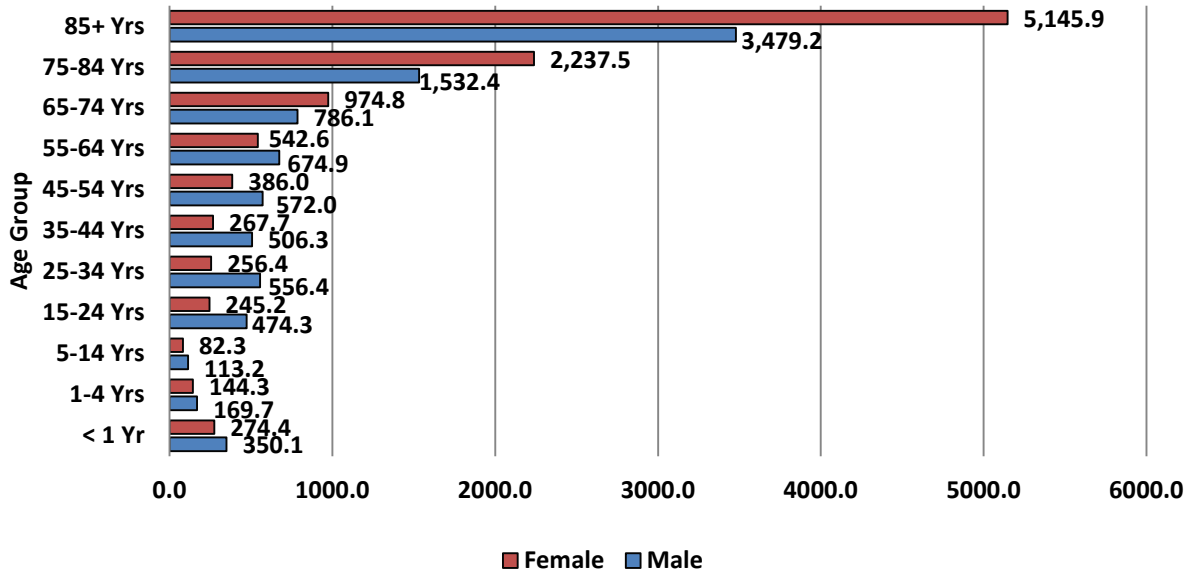
* In 2016, males were more likely die from injury related death than females for all age groups. Age-specific injury mortality rates increased directionally with age. Residents 85+ had the highest injury mortality rate.



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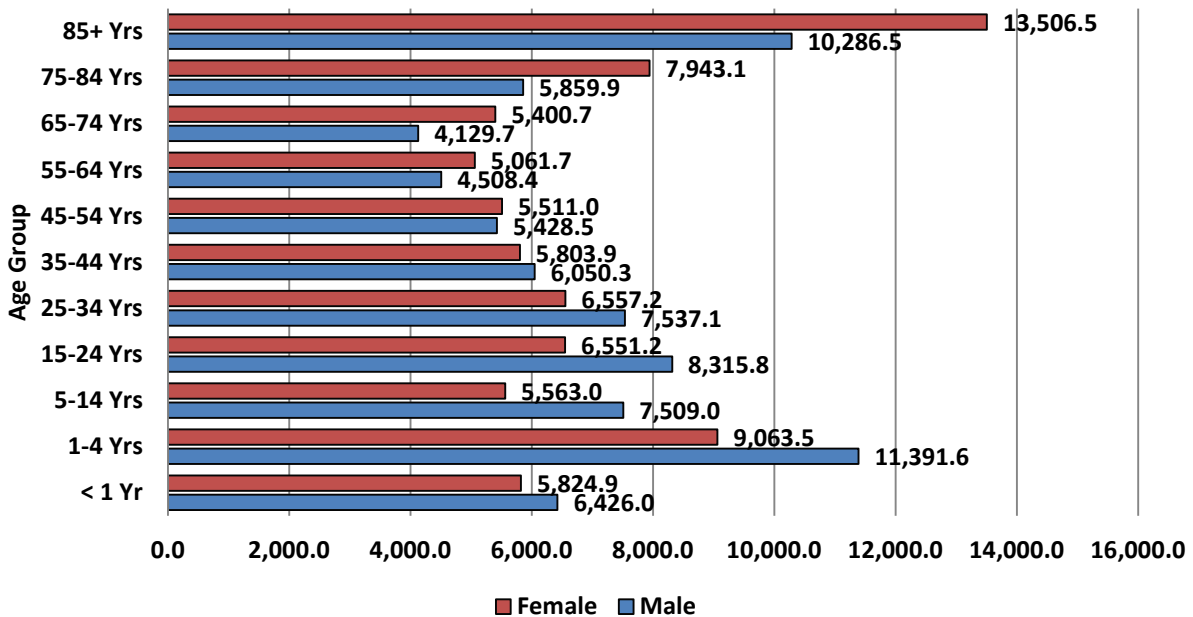
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Age-specific Injury (All Intents) Hospitalization Rates per 100,000 Residents by Age Group and Gender, in Arizona, 2016



* In 2016, males were more likely to be hospitalized for injuries than females between 0-64 years of age, while females were more likely to be hospitalized 65+ years of age. Age-specific Injury hospitalization rates increased directionally with age. Residents 85+ had the highest hospitalization rates.

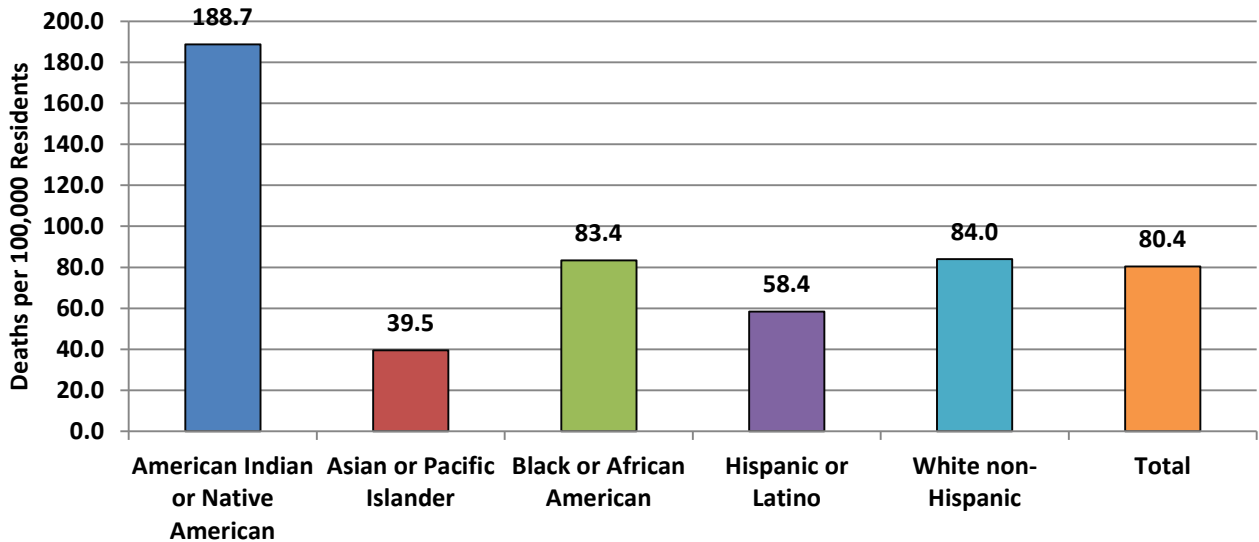
Age-specific Injury (All Intents) Emergency Department Visit Rates per 100,000 Residents by Age Group and Gender, in Arizona, 2016



* In 2016, males were more likely to end up in emergency dept. for injuries than females between 1-44 years of age, while females were more likely to end up in emergency dept. between 45-85+ years of age. Residents 85+ years and 1-4 years old had the highest age-specific injury emergency dept. visit rates.

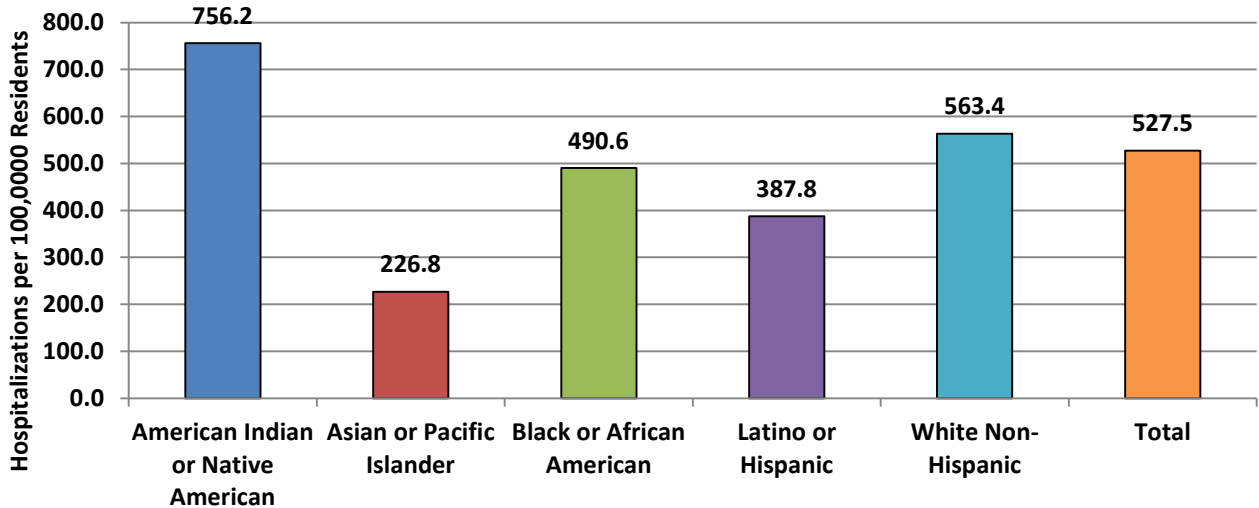


Age-adjusted Injury (All Intents) Mortality Rates per 100,000 Residents by Race/Ethnicity, in Arizona, 2016



* In 2016, the age-adjusted injury mortality rate was 80.4 per 100,000 residents. American Indian or Native Americans had the highest injury mortality rate followed by White non-Hispanic, then by Black or African residents. All other race/ethnic groups had rates below Arizona's State rate.

Age-adjusted Injury (All Intents) Hospitalization Rates per 100,000 Residents by Race/Ethnicity, in Arizona, 2016

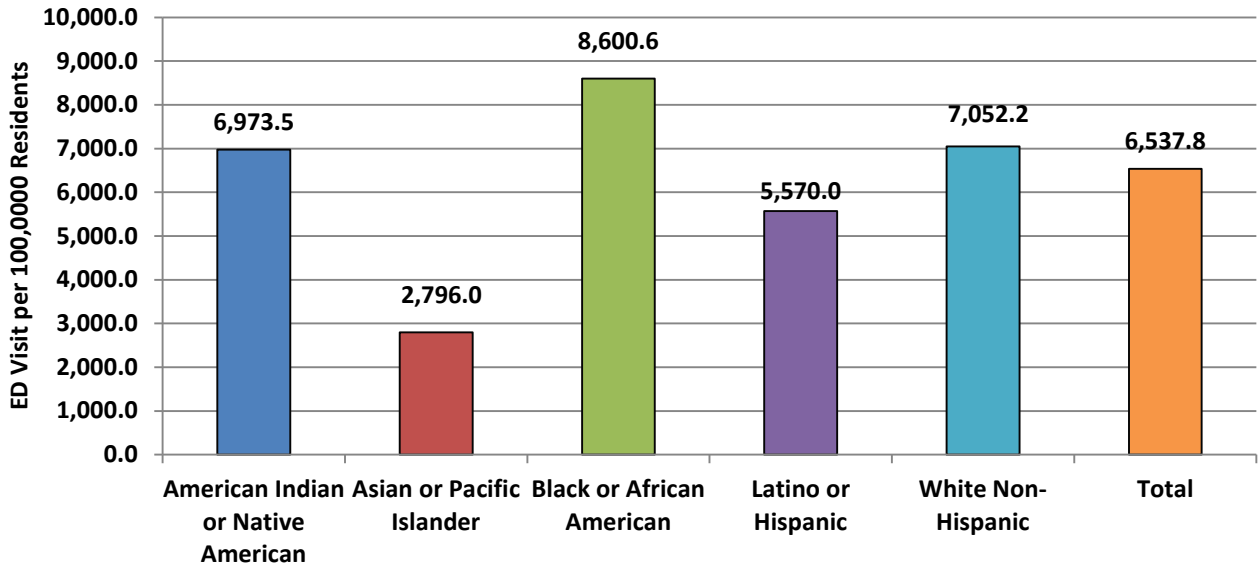


*There were 673 hospitalizations among individuals of other or unknown race/ethnicity.

* In 2016, the age-adjusted injury hospitalization rate was 527.5 per 100,000 residents. American Indian or Native Americans had the highest injury hospitalization rate followed by White non-Hispanic, and then Black or African American residents. All other race/ethnic groups had rates below Arizona's State rate.



**Age-adjusted Injury (All Intent) Emergency Department Visit Rates per
100,000 Residents by Race/Ethnicity, in Arizona, 2016**



*There were 6,071 Emergency Department Visits among individuals of other or unknown race/ethnicity.

* In 2016, the age-adjusted injury mortality rate was 6,537.8 per 100,000 residents. Black of African American had the highest injury emergency dept. visit rate followed by White non-Hispanic, and then American Indian or Native Americans residents. All other race/ethnic groups had rates below Arizona's State rate.

ICD-9-CM to ICD-10-CM Transition

In October 2015, the federal government's mandate for International Classification of Diseases, Clinical Modification (ICD-CM), the conversion of ICD-9-CM diagnostic and procedural codes to the implementation and use of ICD-10-CM codes, went into effect. This new mandate provides health providers a wider and more detail range for diagnosing diseases and other health problems for the last quarter year of 2015 (October-December) and all of 2016. This mandate will cause significant changes in injury surveillance, reporting, and may not be comparable to previous years.