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Kansas
Department of Health and Environment

Trends in External Causes of Death, Kansas, 2000-2014

Research Summary

Our Vision – Healthy Kansans living in safe and sustainable environments

Our Mission – To protect and improve the health and environment of all Kansans

Executive Summary

This report presents statistics on Kansas resident deaths and death rates due to selected external causes of death during the 2000-2014 period. Disparities in mortality rates due to external causes are analyzed using several demographic categories (sex, geographic region, and population group) to segment the population.

Analysis is limited to the four (out of 21) most common external causes of death: motor vehicle traffic incidents, firearms incidents, drug poisonings, and falls. In the most recent 3-year period (2012-2014) these four causes accounted for over seventy percent (71.5%) of all deaths due to external causes.

Data in this report are taken from death certificates of Kansas residents included in the vital records database maintained by the Office of Vital Statistics (OVS), Kansas Department of Health and Environment (KDHE). This database also includes death data shared by other states for Kansas residents who died out of state.

Overall, the number of Kansas residents who died due to all external causes rose from 4,707 in the 2000-2002 period to 5,866 in the 2012-2014 period. The corresponding age-adjusted death rates rose from 56.9 per 100,000 population in the 2000-2002 period to 65.0 per 100,000 population in the 2012-2014 period.

From the 2000-2002 period to the 2012-2014 period, Kansas resident death rates due to the four most common external causes changed as follows:
- motor vehicle traffic incident death rates decreased by 31.5 percent, from 18.1 per 100,000 population to 12.4 per 100,000 population;
- firearms incident death rates increased by 14.4 percent, from 10.4 per 100,000 population to 11.9 per 100,000 population;
- drug poisoning death rates increased by 121.6 percent, from 5.1 per 100,000 population to 11.3 per 100,000 population; and
- fall death rates increased by 81.7 percent, from 6.0 per 100,000 population to 10.9 per 100,000 population.

While motor vehicle traffic incidents are still the leading external cause of death, the difference between them and the other three leading external causes of death are no longer statistically significant.

Death rates due to external causes were consistently higher for men than for women: the disparity ratio (for rates) between males and females decreased only slightly from 2000-2002 to 2012-2014, from 2.5 to 2.3. In the 2000-2002 period death rates due to external causes were significantly higher for Black non-Hispanics than for White non-Hispanics (disparity ratio 1.4), but rates for White non-Hispanics have risen, while those for Black non-Hispanics have fallen: the disparity ratio decreased to 1.0 for the 2012-2014 period. Hispanics have consistently had lower death rates due to external causes than either White non-Hispanics or Black non-Hispanics.

Introduction

External cause of death is a broad category that includes deaths due to environmental events and circumstances, including accidental death, suicide, homicide, death due to legal intervention or war, and death of undetermined intent. External causes are traditionally distinguished from natural causes such as disease (whether infectious or chronic), pregnancy, childbirth and congenital malformations.

The *Kansas Annual Summary of Vital Statistics* presents an annual snapshot of Kansas resident deaths due to external causes, but includes little demographic analysis, and does not investigate multi-year trends.

The goals of this research summary are: a) to determine the principal components of Kansas resident deaths due to external causes, b) to discover any trends in death due to external causes over the 2000-2014 period, and c) to produce basic demographic analyses of external cause of death trends based on sex, population group, and geographic region of residence of decedent.

Methods

All deaths were coded using the International Classification of Diseases, 10th Revision (ICD-10) classification system defined by the World Health Organization [1]. For the purposes of this report, External Causes of Death include codes U01–Y36 and Y85–Y89, which cover accidents, intentional self-harm, assault, events of undetermined intent, legal intervention and operations of war, and various sequelae of these events. Complications of medical and surgical care are excluded.

External causes of death were grouped by mechanism of injury using a modified version of the groupings used to produce the Injury Matrix table for the Annual Summary of Vital Statistics. The modification consists of a division of poisoning deaths between drug poisoning deaths and other poisoning deaths. See Appendix 1 for a listing of the ICD-10 codes included in each of the mechanism of injury categories.

This Report uses partial aggregation of the population group method for reporting race and Hispanic origin as a single construct [2]. Categories of population groups are: Hispanic any race; White non-Hispanic; Black non-Hispanic; American Indian/Alaska Native non-Hispanic; and Asian, Native Hawaiian, and Other Pacific Islander non-Hispanic. Counts for deaths to non-Hispanic Asians and Native Hawaiian and Other Pacific Islander groups were too small to be reported individually.

Age-adjusted death rates were used to make comparisons among population groups, between sexes, among geographic regions, and among individual causes of death, and to maintain comparability over longer time periods that involved significant changes in the population structure of the state. Age-adjusting used the direct method for eleven standard age-groups. Rates were calculated using the bridged-race population estimates prepared by the National Center for Health Statistics (NCHS).

Small number issues raise confidentiality and rate reliability concerns that impact the interpretation of these findings. To address these issues, three years of deaths are combined for statistical reporting. To further address rate reliability this reports considers rates with a relative standard of error (RSE) of ≤ 30% as reliable, rates with 30% ≤ RSE ≤ 50% as published with a flag that denotes they are unreliable, and rates with RSE > 50% as suppressed. Unreliable rates will be shaded in tabular data. Dashed lines in charts indicate unreliable rates. Trend lines are suppressed when RSE > 50%. While three-year rates improved rate and trend reliability, some comparisons among population groups were not possible due to extremely low counts.

Since Kansas population groups vary significantly in size, direct rate comparisons between population groups are often not advisable. A population group with a very low number of events may have unreliable rates, or may have confidence intervals that overlap those of several other population groups. A chart that displayed the rates for such populations together with those for populations with large numbers of events, tight confidence intervals, and reliable rates would imply a greater degree of similarity or disparity between the groups than supported by statistical measures.

Upper and lower confidence Intervals at 95 percent were prepared for age-adjusted rates. If the confidence intervals for two rates did not overlap, the difference between those rates was statistically significant at the 95-percent level. If they did overlap, the difference was not statistically significant at that level.

The geographic regions used in this report are the six KDHE service areas. For brevity, the names Southeast (SE), Northeast (NE), South Central (SC), North Central (NC), Southwest (SW), and Northwest (NW) Kansas are used.

Findings

General trends in death rates due to external causes

The number of Kansas residents who died due to external causes rose from 4,707 in the 2000-2002 period to 5,866 in the 2012-2014 period. For males, the number of external cause deaths rose from 3,213 to 3,875, and for females, from 1,494 to 1,991.

The corresponding age-adjusted death rates for all Kansas residents rose from 56.9 per 100,000 population in the 2000-2002 period to 65.0 per 100,000 population in the 2012-2014 period, from 82.2 per 100,000 group population to 91.0 per 100,000 group population for males, and from 32.9 per 100,000 group population to 40.3 per 100,000 group population for females (Figure 1). The disparity ratio (for rates) between males and females decreased slightly from 2000-2002 to 2012-2014, from 2.5 to 2.3.

Figure 1. Age-adjusted death rates for all external causes, Kansas residents, 2000-2014
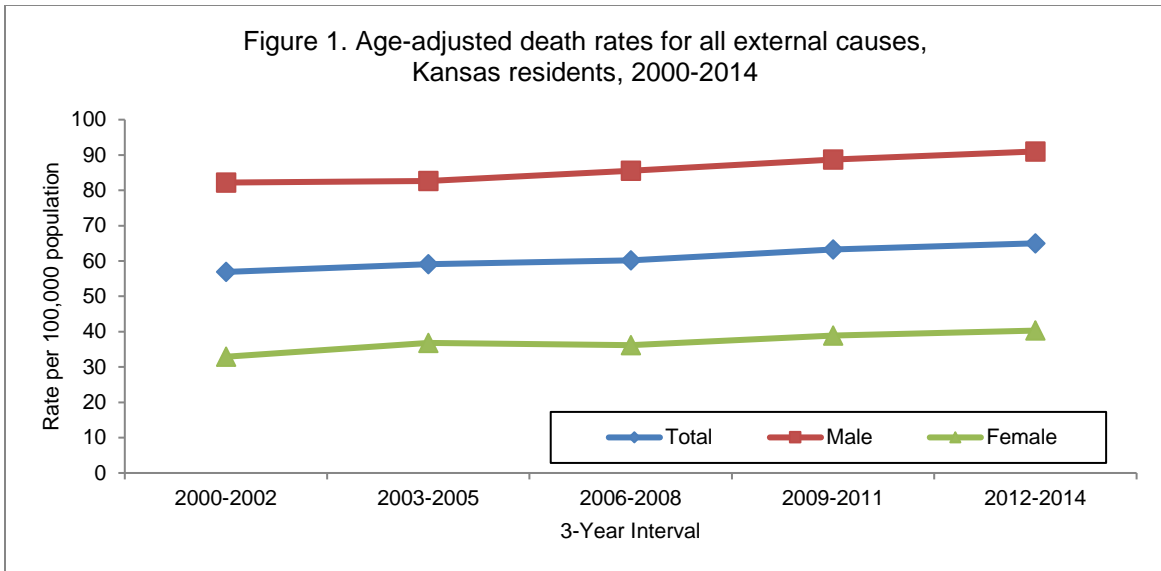
Since external causes of death represent a disparate group, the four leading external causes of death (which accounted for almost 71% of all deaths due to external causes in 2014) were also analyzed separately. For most of the 15 years covered by these analyses, the four leading external causes of death were motor vehicle traffic incidents, firearm incidents, falls, and drug poisonings (drug poisoning replaced suffocation in the top four list in 2002, very early in the period). Motor vehicle traffic incidents were the leading external cause for most of the period, but falls took the top spot in 2013 and 2014 (Table 1).

Table 1. Yearly Ranking of top our leading external causes of death (by count)
Kansas residents, 2000-2014

Year	Rank			
	First	Second	Third	Fourth
2000	MV* Traffic incident	Firearm incident	Fall	Suffocation
2001	MV Traffic incident	Firearm incident	Fall	Suffocation
2002	MV Traffic incident	Firearm incident	Fall	Drug poisoning
2003	MV Traffic incident	Firearm incident	Fall	Drug poisoning
2004	MV Traffic incident	Firearm incident	Fall	Drug poisoning
2005	MV Traffic incident	Firearm incident	Drug poisoning	Fall
2006	MV Traffic incident	Firearm incident	Drug poisoning	Fall
2007	MV Traffic incident	Firearm incident	Drug poisoning Fall (tie)	
2008	MV Traffic incident	Fall	Firearm incident	Drug poisoning
2009	MV Traffic incident	Fall	Firearm incident	Drug poisoning
2010	MV Traffic incident	Fall	Firearm incident	Drug poisoning
2011	MV Traffic incident	Firearm incident	Fall	Drug poisoning
2012	MV Traffic incident	Firearm incident	Fall	Drug poisoning
2013	Fall	MV Traffic incident	Drug poisoning	Firearm incident
2014	Fall	MV Traffic incident	Firearm incident	Drug poisoning

* MV = Motor Vehicle

From the 2000-2002 period to the 2012-2014 period, Kansas resident deaths due to motor vehicle traffic incidents fell from 1,489 to 1,092, while the age-adjusted death rate fell from 18.1 per 100,000 population to 12.4 per 100,000 population. In the same period, deaths due to firearms incidents rose from 848 to 1,030, while the age-adjusted death rate rose from 10.4 per 100,000 population to 11.9 per 100,000 population. Deaths due to poisoning by drugs rose from 404 to 945, while the age-adjusted death rate rose from 5.1 per 100,000 population to 11.3 per 100,000 population. Deaths due to falls rose from 538 to 1,130, while the age-adjusted death rate rose from 6.0 per 100,000 population to 10.9 per 100,000 population.

While most of the age-adjusted death rates for the four leading causes were statistically distinct in the 2000-2002 period (the exception being that the rates for drug poisonings and falls were not statistically distinct from each other), by the 2012-2014 period the age-adjusted death rates for these causes had converged to such a degree that they were no longer statistically distinct (Figure 2).

Figure 2. Age-adjusted death rates due to four leading external causes of death, Kansas residents, 2000-2014
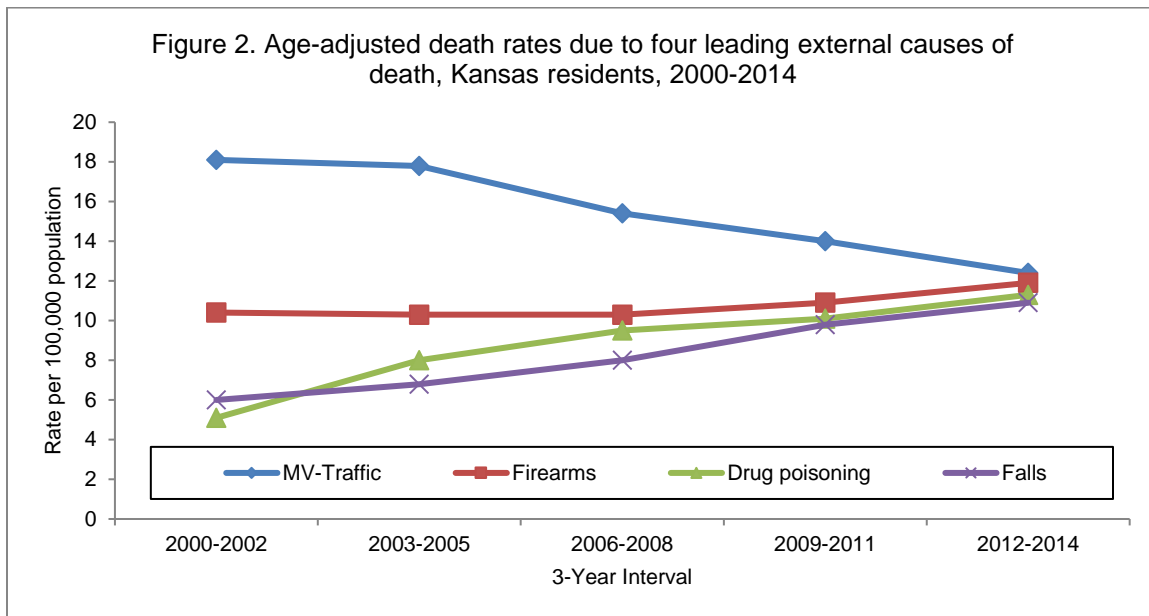
Demographic analyses

Age-adjusted death rates were higher for males than for females in each 3-year period for each of the four leading external causes of death. Both males and females contributed to the decline in motor vehicle traffic accident deaths and to the increases in deaths due to drug poisoning and to falls. The increase in firearms death rates from 10.4 to 11.9 per 100,000 population was driven by increases in male death rates from 18.1 to 20.9 per 100,000 group population, while female firearms death rates were unchanged at 3.1 deaths per 100,000 group population over the 15-year period (Figures 3-6).

Figure 3. Age-adjusted death rate due to motor vehicle traffic incidents, by sex, Kansas residents, 2000-2014
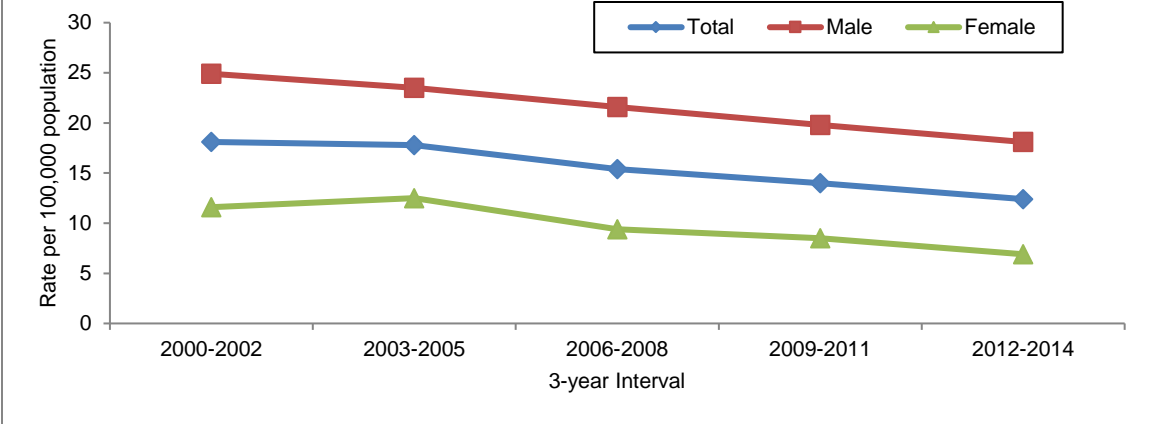

Figure 4. Age-adjusted death rate due to firearm incidents, by sex, Kansas residents, 2000-2014
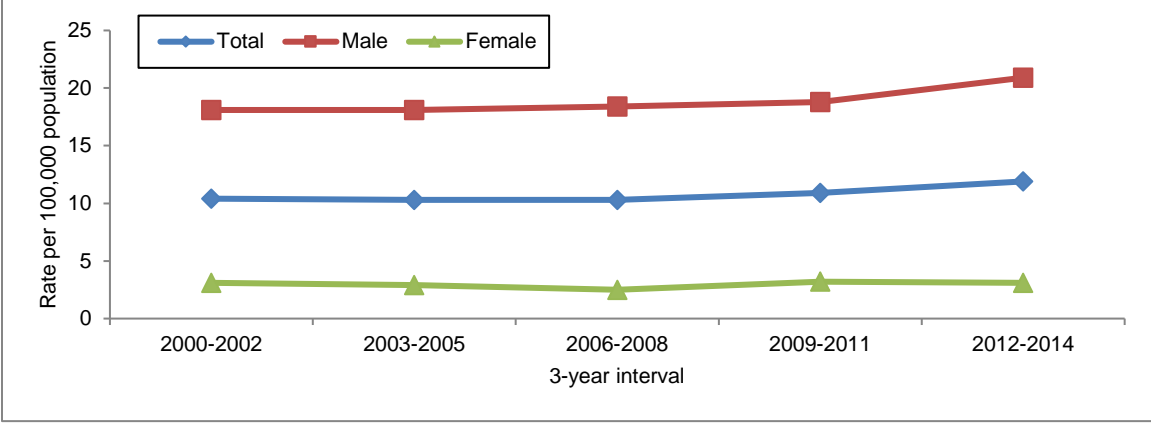

Figure 5. Age-adjusted death rates due to drug poisoning, by sex, Kansas residents, 2000-2014

Figure 6. Age-adjusted death rates due to falls, by sex, Kansas residents, 2000-2014
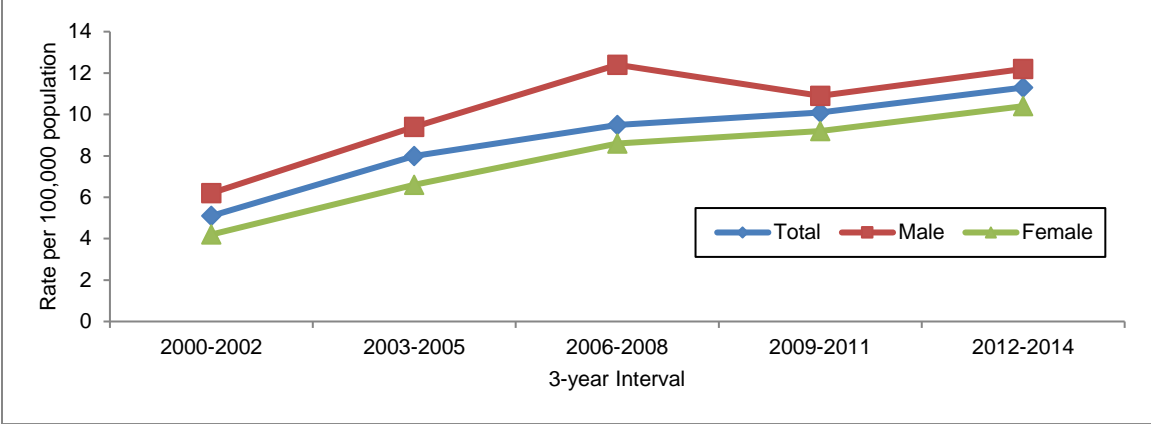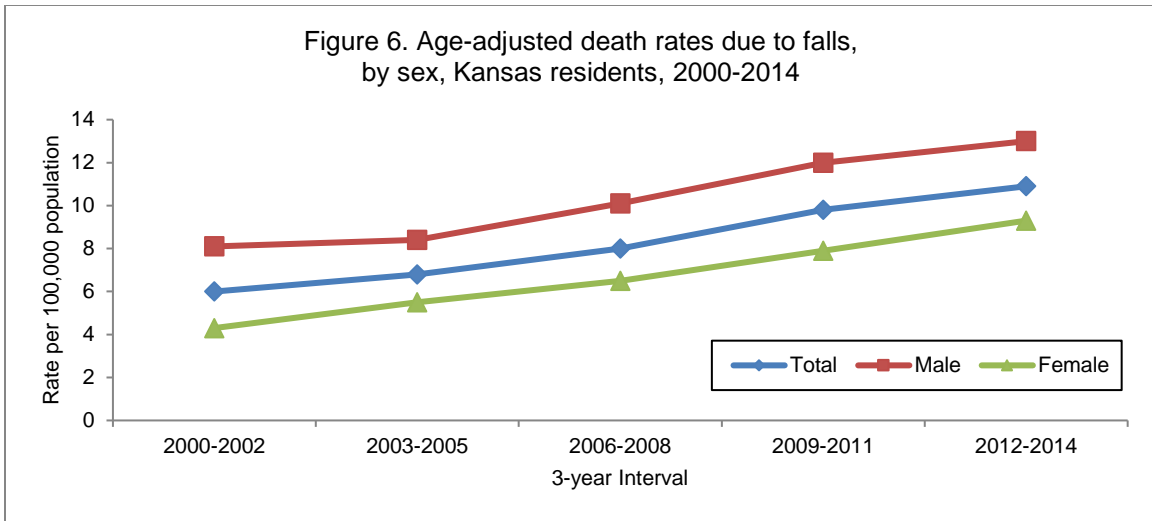
Geographic Analysis

Age-adjusted death rates for all external causes were lowest in Northeast Kansas over the entire 2000-2014 period and highest in Southeast Kansas for all but the 2012-2014 period. In 2012-2014, the regions fell into three statistically distinct clusters: Northeast (lowest rate), North Central (middle rate), and South Central, Southeast, Northwest, and Southwest (highest rates) (Figure 7).

Figure 7. Age-adjusted death rates due to all external causes by region of residence, Kansas 2012-2014

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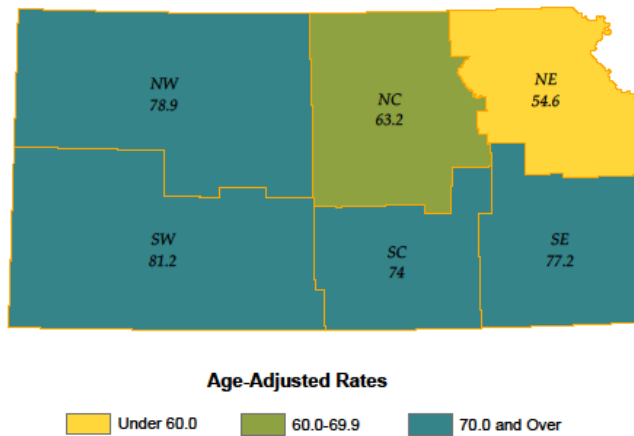
Age-adjusted death rates due to motor vehicle traffic accidents were consistently lowest in the Northeast region, but the rates for the other regions were not statistically distinct from one another (Table 2).

Table 2. Age-adjusted death rates due to motor vehicle traffic accidents, by 3-year period and by region, Kansas residents, 2000-2014						
3-Year Period	Southeast	Northeast	South Central	North Central	Southwest	Northwest
2000-2002	23.4	11.0	16.3	18.5	25.8	23.2
2003-2005	25.4	12.1	15.5	16.6	28.0	22.2
2006-2008	26.6	11.6	14.6	14.7	27.3	20.2
2009-2011	21.4	9.8	14.6	11.7	28.6	25.2
2012-2014	17.6	8.9	11.5	14.4	24.3	21.9

Age-adjusted death rates due to firearms incidents were not consistently statistically distinct from one region to another (Table 3).

Table 3. Age-adjusted death rates due to firearms accidents, by 3-year period and by region, Kansas residents, 2000-2014						
3-Year Period	Southeast	Northeast	South Central	North Central	Southwest	Northwest
2000-2002	11.5	10.5	9.4	8	9.3	7.2
2003-2005	12.8	9.5	10.1	9.4	7.5	13.5
2006-2008	8.2	10.6	11.5	9.7	7.1	10.9
2009-2011	13.1	11.1	9.7	11.3	7.9	14.9
2012-2014	12.3	11.7	12.4	9.3	11.4	15.9

Age-adjusted death rates due to drug poisoning rose in each of the six regions of the state. At the end of the 15-year period, death rates were significantly higher in the South Central and Southeastern regions (cluster 1) than in the remainder of the state (cluster 2) (Table 4).

| Table 4. Age-adjusted death rates due to drug poisoning, by 3-year period and by region, Kansas residents, 2000-2014						
3-Year Period	Southeast	Northeast	South Central	North Central	Southwest	Northwest
2000-2002	5.4	5.4	6.7	3.8	1.0	1.9
2003-2005	9.0	7.2	12.6	4.6	2.6	3.3
2006-2008	12.9	8.4	13.5	6.2	3.7	4.9
2009-2011	12.9	9.8	12.1	10.0	4.7	4.2
2012-2014	16.7	9.4	15.1	10.3	7.2	8.1

Age-adjusted death rates due to falls for Kansas regions were clustered closely together at the beginning of the 15-year period. Rates for the South Central region rose sharply by the end of the period, while rates for the other regions rose moderately and remained statistically indistinct from one another (Table 5)

| Table 5. Age-adjusted death rates due to falls, by 3-year period and by region, Kansas residents, 2000-2014 | | | | | | |
|---|---|---|---|---|---|
| 3-Year Period | Southeast | Northeast | South Central | North Central | Southwest | Northwest |
| 2000-2002 | 5.8 | 4.9 | 6.0 | 7.1 | 4.3 | 4.7 |
| 2003-2005 | 5.6 | 5.2 | 8.5 | 7.9 | 7.9 | 5.1 |
| 2006-2008 | 6.9 | 7.1 | 10.7 | 6.8 | 6.7 | 9.1 |
| 2009-2011 | 6.4 | 7.9 | 14.1 | 10.1 | 9.6 | 9.2 |
| 2012-2014 | 9.7 | 8.6 | 16.1 | 11.8 | 7.7 | 8.3 |

Population group analysis

Age-adjusted death rates due to all external causes were reliable for all population groups. Over the 15 year period, rates for Black non-Hispanics and White non-Hispanics have converged. (Rates for Black non-Hispanics have fallen, while those for White non-Hispanics have risen.) Asian/Pacific Islander non-Hispanics have consistently had the lowest death rates due to external causes, while the other population groups (White non-Hispanics, Black non-Hispanics, American Indian/Alaska Native (AI/AN) non-Hispanics, and Hispanics) have statistically higher rates that are not distinguishable from one another (Figure 8).

Rates for individual external causes of death, on the other hand, are often not reliable for all population groups: comparisons among groups should be made only when all the groups being compared have reliable rates. Instead, comparisons of trends for individual external causes of death will be presented for each population group.

Figure 8. Age-adjusted death rates due to all external causes, by population group, Kansas residents, 2000-2014
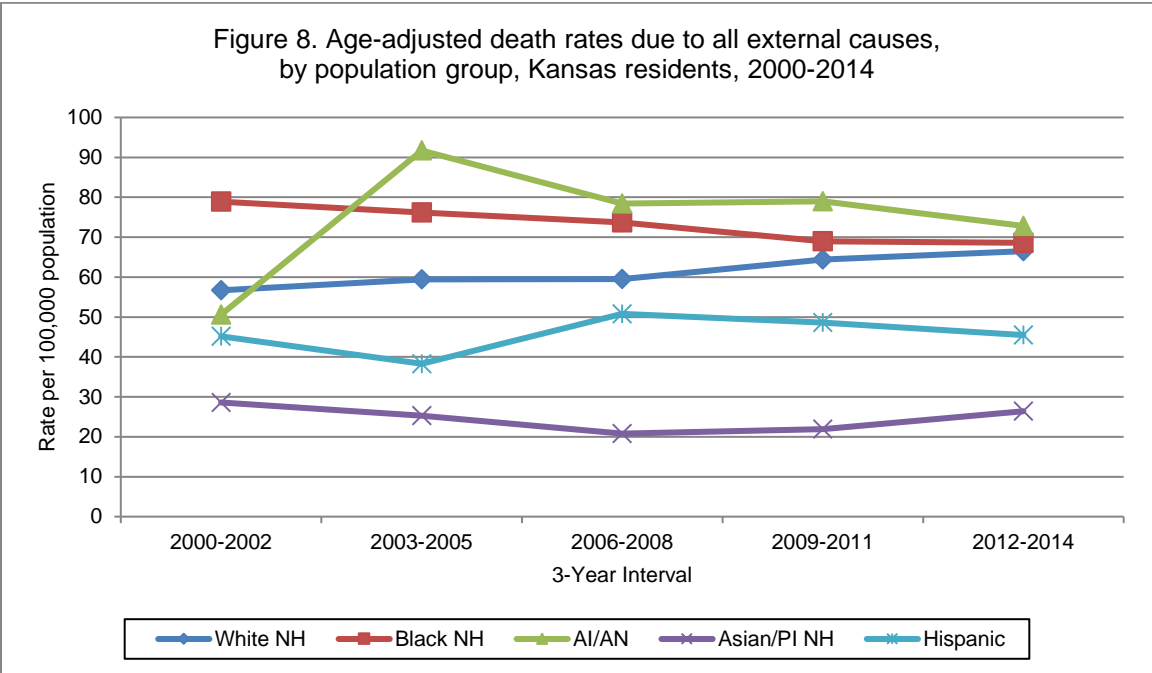
Since White non-Hispanics account for slightly over three-quarters (76.8% in 2014) of the state population, rate trends for the leading external causes for that group are very similar to those for the entire population (previously shown in Figure 2). No chart is presented for White non-Hispanics, but counts and rates are available (Appendices 2 and 3).

Black non-Hispanics

Figure 9. Age-adjusted death rates due to four leading external causes, Black non-Hispanic Kansas Residents, 2000-2014
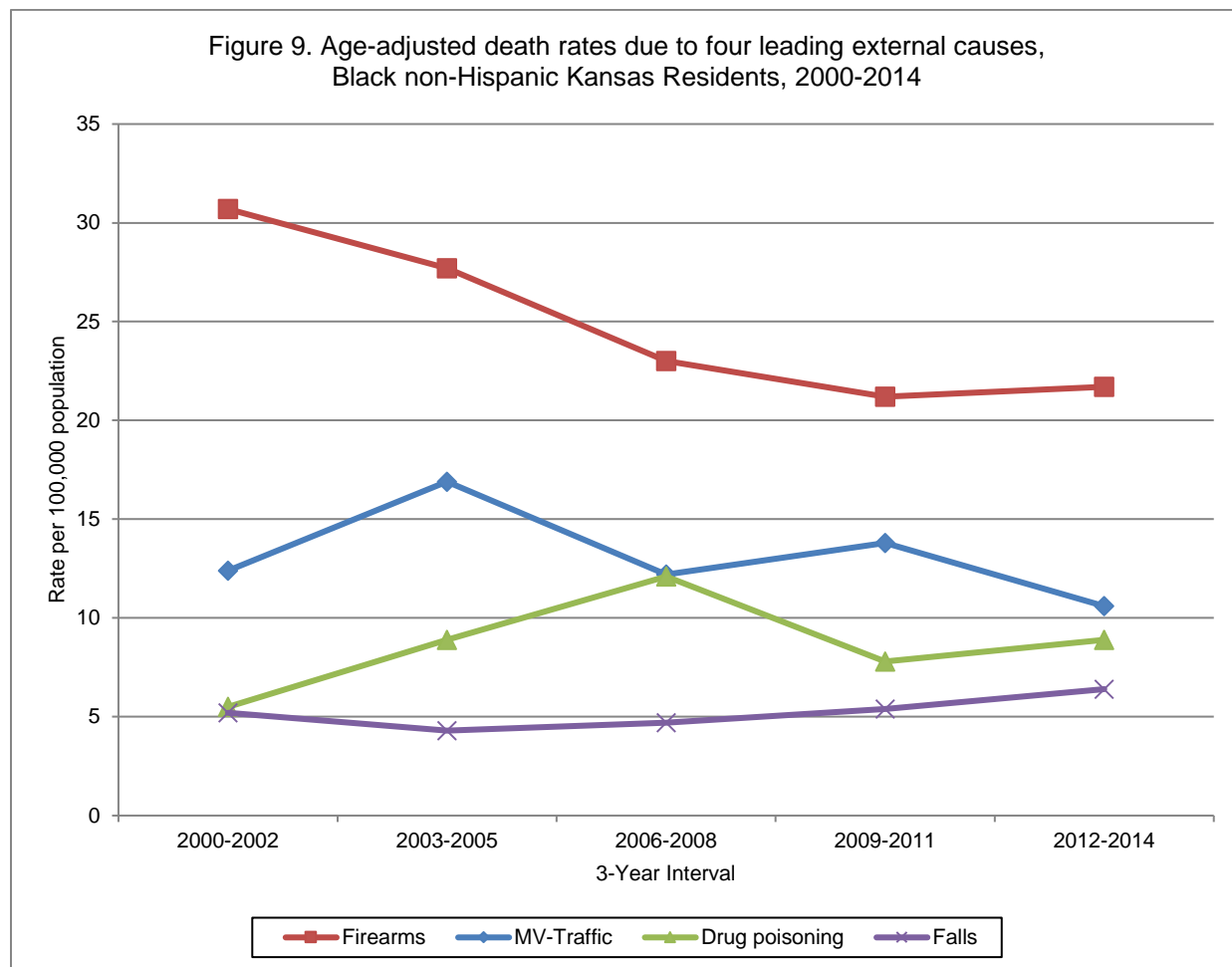
Firearms deaths were the leading external cause of death for Black non-Hispanics throughout the 15-year period, though the rate declined by about 30 percent during that time. Motor vehicle traffic incident deaths declined for this group, but drug poisoning and fall death rates increased (Figure 9).

American Indian/Alaska Native non-Hispanics

Figure 10. Age-adjusted death rates due to four leading external causes,
American Indian/Alaska Native non-Hispanic Kansas Residents, 2000-2014

Rate per 100,000 population

3-Year Interval

MV-Traffic — Firearms — Drugs — Falls
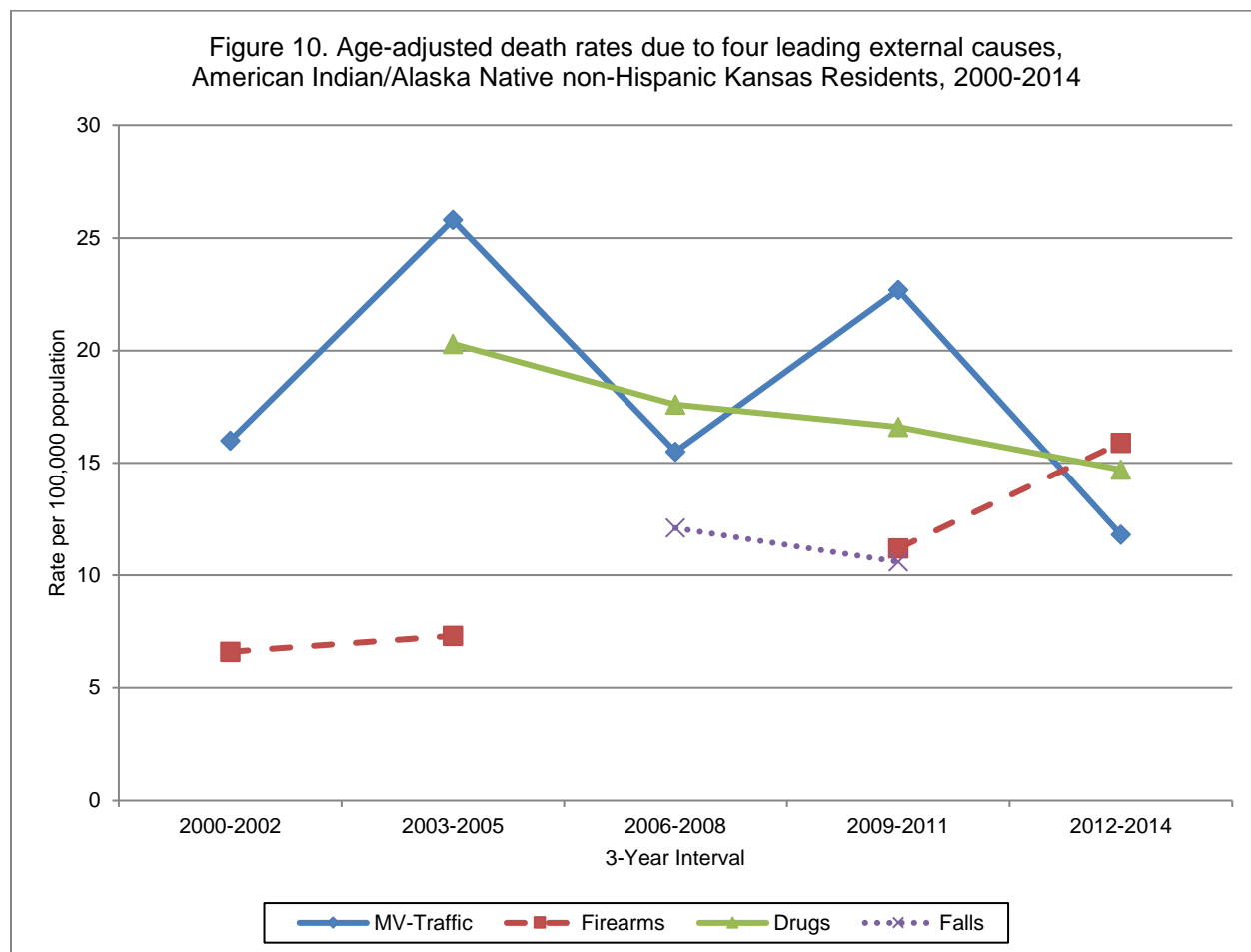
The American Indian/Alaska Native non-Hispanic population group in Kansas had a small population in comparison to most other population groups during the 2000-2014 period, and event counts and rates for the four leading external causes of death were correspondingly low. For some 3-year periods rates for one or more causes were suppressed due to RSE>50%, leading to gaps in the chart above (Figure 10). Dashed lines indicate that the rates for some 3-year periods had RSE>30% and RSE≤50%, and should be used with caution. Age-adjusted death rates for motor vehicle traffic incidents and drug poisoning fell over the whole period, while rates for firearms incidents rose, but the differences between any two causes were not statistically significant. Full count and rate data are available (Appendices 2 and 3).

Asian and Pacific Islander non-Hispanics

Figure 11. Age-adjusted death rates due to four leading external causes, Asian and Pacific Islander non-Hispanic Kansas Residents, 2000-2014
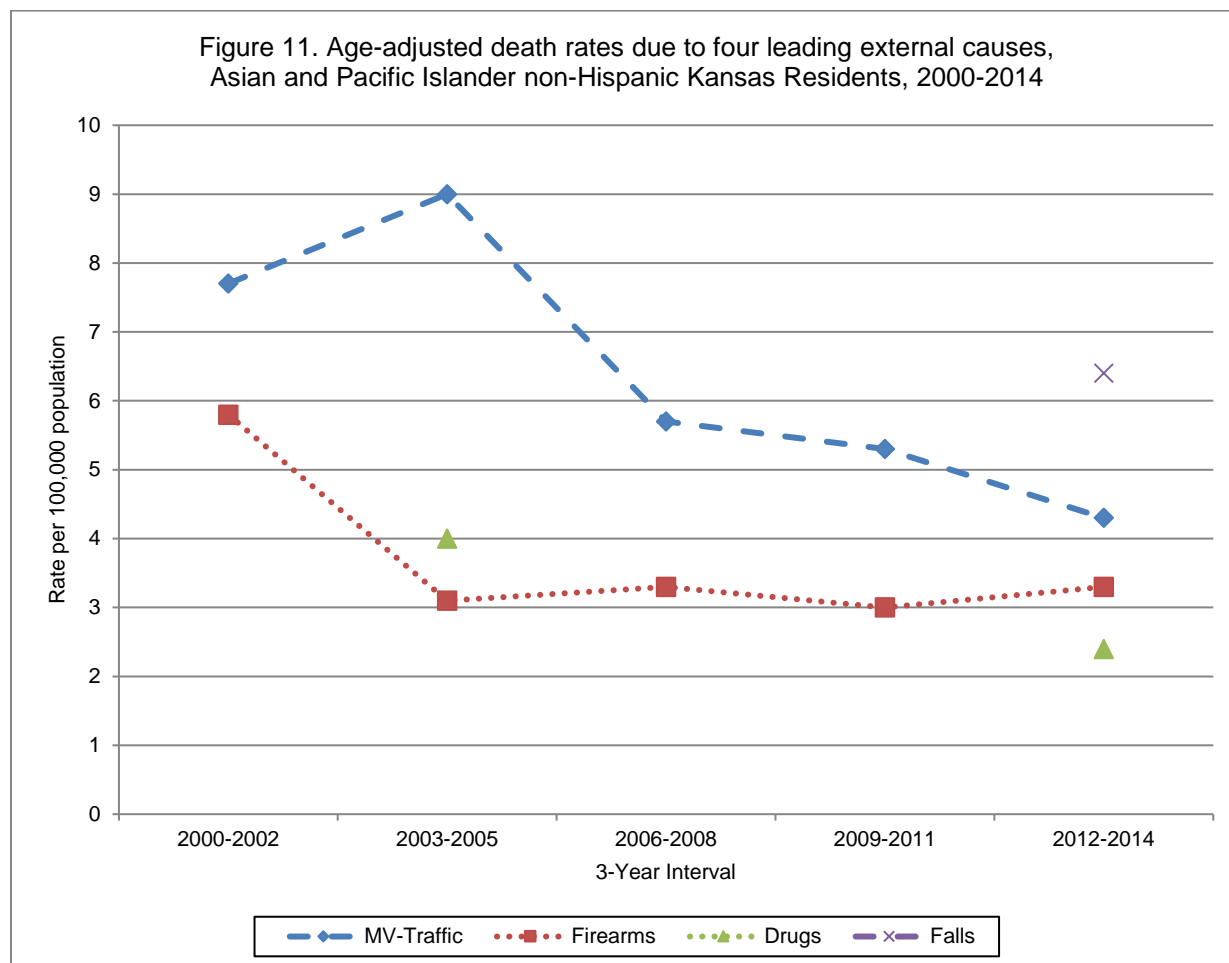
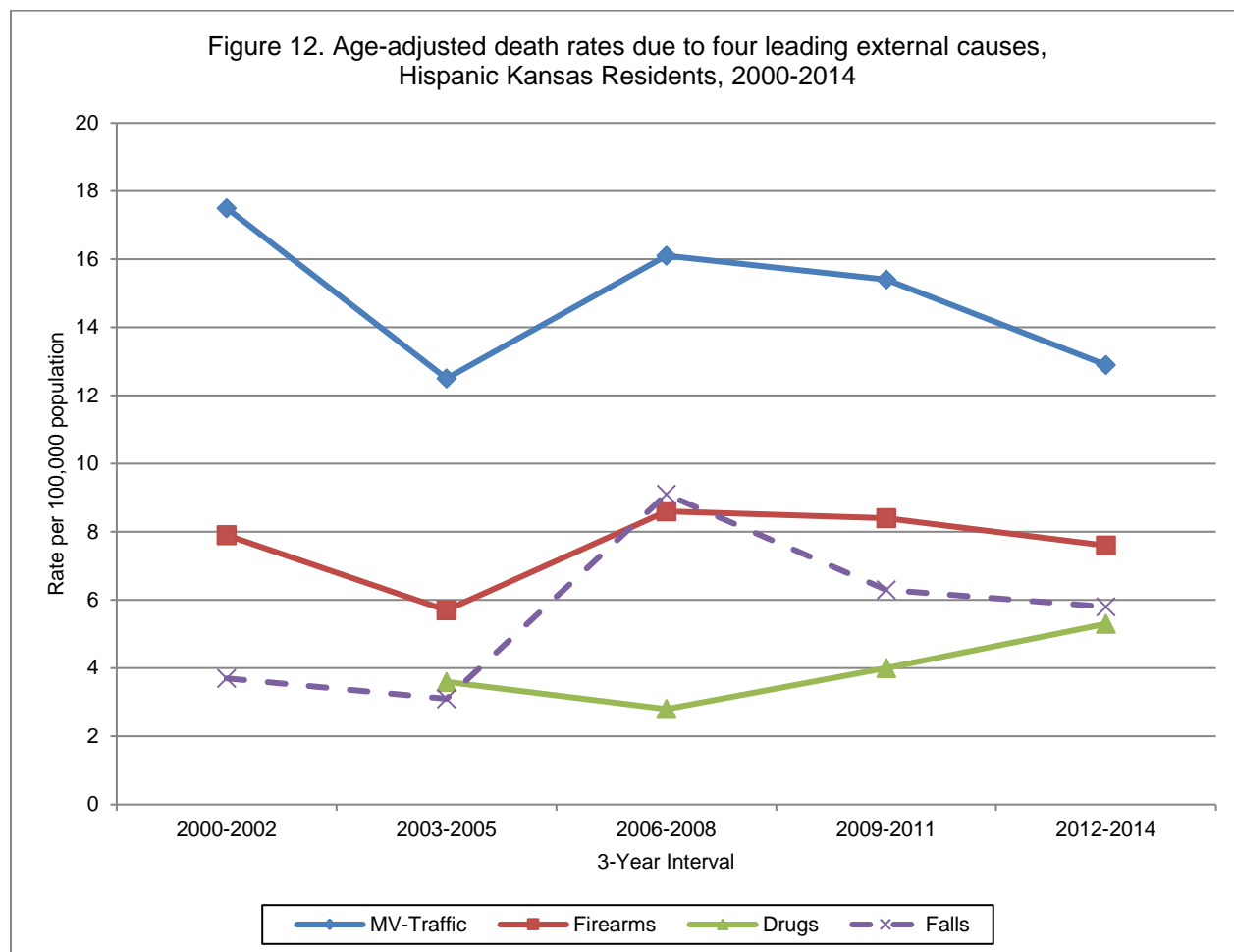The Asian and Pacific Islander non-Hispanic population group in Kansas had a small population in comparison to most other population groups during the 2000-2014 period, and event counts and rates for the four leading external causes of death were correspondingly low. For some 3-year periods rates for one or more causes were suppressed due to RSE>50%, leading to gaps in the chart above (Figure 11). Dashed lines indicate that the rates for some 3-year periods had RSE>30% and RSE≤50%, and should be used with caution. Age-adjusted death rates for motor vehicle traffic incidents and firearms incidents fell over the whole period, while event counts for drug poisoning and falls were so low that the rates were suppressed for most years. The differences between any two causes were not statistically significant. Full count and rate data are available (Appendices 2 and 3).

Hispanics

Figure 12. Age-adjusted death rates due to four leading external causes, Hispanic Kansas Residents, 2000-2014

The Hispanic population group in Kansas had a small population in comparison to White non-Hispanics during the 2000-2014 period, although the group population grew rapidly during the period. Event counts and rates for the four leading external causes of death were low at the beginning of the period, and counts for the first two 3-year periods were low enough to trigger some statistical concerns. For one 3-year period the rate for drug poisoning was suppressed due to RSE>50%, leading to a gap in the chart above (Figure 7). Dashed lines indicate that the rates for some 3-year periods had RSE>30% and RSE≤50%, and should be used with caution. Motor vehicle traffic accidents remained the leading external cause of death for Hispanics throughout the period, though it declined over the period. Death rates due to firearm incidents fluctuated throughout the period, but ended very close to where they began. Death rates due to drug poisoning and falls rose during the period. Rates for motor vehicle traffic incidents were statistically higher than those from the other three causes, which were not statistically distinct from one another.

Discussion

The Kansas death rate due to motor vehicle traffic incidents declined by 31.5 percent from the 2000-2002 period to the 2012-2014 period (from 18.1 to 12.4 per 100,000 population). For the same periods, the US death rate due to motor vehicle traffic incidents declined by 30.0 percent (from 15.0 to 10.5 per 100,000 population) [3].

The Kansas death rate due to firearms incidents rose by 14.4 percent from the 2000-2002 period to the 2012-2014 period (from 10.4 to 11.9 per 100,000 population). For the same periods, the US death rate due to firearms incidents rose by 1.0 percent (from 10.3 to 10.4 per 100,000 population) [4].

The Kansas death rate due to drug poisoning more than doubled from 2000 to 2014, rising from 5.2 to 11.3 per 100,000 population. This is consistent with national trends in drug poisoning death rates, which also more than doubled over the 1999-2012 period, from 6.1 to 13.1 per 100,000 population [5].

Kansas death rate due to falls increased by 81.7 percent from the 2000-2002 period to the 2012-2014 period (from 6.0 to 10.9 per 100,000 population). For the same periods, the US death rate due to falls increased by 57.1 percent (from 5.6 to 8.8 per 100,000 population) [6]. Some researchers working with the CDC WONDER online database concluded that sharp increases seen in U.S. fall death rates for the period 1999-2007 were largely the result of improved reporting quality following the transition from ICD-9 to ICD-10 coding of cause of death [7]. However, the continued increases in fall death rates from 2007 to 2014 suggest that the overall increases from 2000 to 2014 involves more than an improvement in reporting quality.

Appendix 1

Cause of Death ICD-10 Code Groupings for the Injury Matrix

Cause Group	Unintentional	Suicide	Homicide	Undetermined	Legal/War
Cut/Pierce	W25-W29, W45	X78	X99	Y28	Y35.4
Drowning	W65-W74	X71	X92	Y21	---
Falls	W00-W19	X80	Y01	Y30	---
Fire/flame	X00-X09	X76	X97	Y26	---
Hot Object/ Scalding	X10-X19	X77	X98	Y27	---
Firearm	W32-W34	X72-X74	U01.4, X93-X95	Y22-Y24	Y35.0
Machinery	W24, W30-31	---	---	---	---
Motor Vehicle Traffic	[V02-V04] (.1,.9), V09.2, [V12-V14] (.3-.9), V19 (.4-.6), [V20-V28] (.3-.9), [V29-V79] (.4-.9), V80 (.3-.5), V81.1, V82.1, [V83-V86] (.0-.3), V87 (.0-.8), V89.2	---	---	---	---
Other Pedal Cyclist	V10-V11, [V12-V14] (.0-.2), V15-V18, V19 (.0-.3, .8, .9)	---	---	---	---
Other Pedestrian	V01, [V02-V04] (.0), V05, V06, V09 (.0-.1, .3, .9)	---	---	---	---
Other Land Transport	[V20-V28] (.0-.2), [V29-V79] (.0-.3), V80 (.0-.2, .6-.9), [V81-V82] (.0-.2, .9), [V83-V86] (.4-.9), V87.9, V88 (.0-.9), V89 (.0, .1, .3, .9)	X82	Y03	Y32	---
Other Transport	V90-V99	---	U01.1	---	Y36.1
Natural/Environmental	W42-W43, W53-W64, W92-W99, X20-X39, X51-X57	---	---	---	---
Overexertion	X50	---	---	---	---
Poisoning	X40-X49	X60-X69	U01 (.6-.7), X85-X90	Y10-Y19	Y35.2
Drug poisoning	*X40-X44*	*X60-X64*	*X85*	*Y10-Y14*	
Other poisoning	*X45-X49*	*X65-X69*	*U01 (.6-.7), X86-X90*	*Y15-Y19*	*Y35.3*
Struck By/Against	W20-W22, W50-W52	X79	Y00, Y04	Y29	Y35.3
Suffocation	W75-W84	X70	X91	Y20	---
Other Specified	Y85	---	---	---	Y36 (.0, .2, .4-.8)
NEC	X58, Y86	X83, Y87.0	U01.8, U02, Y08, Y87.1	Y33, Y87.2	Y35.6, Y89 (.0-.1)
Not Specified	X59, X84	U03.9	U01.9, Y09	Y34, Y89.9	Y35.7, Y36.9

Appendix 2

Number of deaths due to external causes, by mechanism and 3-year period, by population group, Kansas residents, 2000-2014

Cause and Year of Death	Total	White NH	Black NH	NATAM NH	Asian/PI NH	Hispanic
All External Causes						
2000-2002	4,707	4,023	359	34	40	250
2003-2005	4,983	4,260	343	56	37	245
2006-2008	5,196	4,333	357	50	33	330
2009-2011	5,597	4,726	334	49	35	351
2012-2014	5,866	4,939	343	50	55	356
MVA Traffic Incident						
2000-2002	1,489	1,297	58	12	12	110
2003-2005	1.488	1,282	77	18	14	89
2006-2008	1,304	1,081	59	12	10	110
2009-2011	1,220	983	65	15	9	120
2012-2014	1,092	888	54	9	9	109
Firearms Incident						
2000-2002	848	629	154	5	10	50
2003-2005	855	660	140	5	6	38
2006-2008	867	650	124	4	8	71
2009-2011	931	719	113	7	6	72
2012-2014	1,092	800	117	12	9	71
Drug Poisoning						
2000-2002	404	370	25	3	4	5
2003-2005	642	561	39	13	8	21
2006-2008	777	662	55	12	3	19
2009-2011	840	737	39	12	4	28
2012-2014	945	820	43	10	6	42
Falls						
2000-2002	538	507	17	1	4	9
2003-2005	628	594	14	3	4	10
2006-2008	771	709	18	5	3	29
2009-2011	963	902	19	5	4	19
2012-2014	1,130	1,063	24	4	7	21

NATAM = Native American or Alaska Native
Asian/PI = Asian or Pacific Islander
NH = Non-Hispanic

Shaded cells contain counts too low to compute a reliable rate (RSE > 30%).

Appendix 3

Age-adjusted death rates due to external causes, by mechanism and 3-year period, by population group, Kansas residents, 2000-2014

Cause and Year of Death	Total	White NH	Black NH	NATAM NH	Asian/PI NH	Hispanic
All External Causes						
2000-2002	56.9	56.7	78.9	50.6	28.6	45.2
2003-2005	59.1	59.4	76.2	91.7	25.3	38.3
2006-2008	60.2	59.5	73.7	78.4	20.9	50.8
2009-2011	63.3	64.4	69.0	79.0	21.9	48.6
2012-2014	65.0	66.5	68.6	72.8	26.4	45.5
MVA Traffic Incident						
2000-2002	18.1	18.8	12.4	16.0	7.7	17.5
2003-2005	17.8	18.5	16.9	25.8	9.0	12.5
2006-2008	15.4	15.4	12.2	15.5	5.7	16.1
2009-2011	14.0	14.0	13.8	22.7	5.3	15.4
2012-2014	12.4	12.6	10.6	11.8	4.3	12.9
Firearms Incident						
2000-2002	10.4	9.2	30.7	6.6	5.8	7.9
2003-2005	10.3	9.5	27.7	7.3	3.1	5.7
2006-2008	10.3	9.3	23.0	†	3.3	8.6
2009-2011	10.9	10.4	21.2	11.2	3.0	8.4
2012-2014	11.9	11.4	21.7	15.9	3.3	7.6
Drug Poisoning						
2000-2002	5.1	5.6	5.5	†	†	†
2003-2005	8.0	8.4	8.9	20.3	4.0	3.6
2006-2008	9.5	10.0	12.1	17.6	†	2.8
2009-2011	9.4	11.1	7.8	16.6	†	4.0
2012-2014	11.3	12.5	8.9	14.7	2.4	5.3
Falls						
2000-2002	6.0	6.1	5.2	†	†	3.7
2003-2005	6.8	7.0	4.3	†	†	3.1
2006-2008	8.0	8.0	4.7	12.1	†	9.1
2009-2011	9.8	10.0	5.4	10.6	†	6.3
2012-2014	10.9	11.2	6.4	†	6.4	5.8

NATAM = Native American or Alaska Native
Asian/PI = Asian or Pacific Islander
NH = Non-Hispanic

Shaded cells contain unreliable rates (RSE > 30%).
† Rate suppressed (RSE > 50%).

Acknowledgements

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