

Chapter 9: Injuries

Key points

- Injuries requiring medical attention are common, and place a substantial burden on the community.
- A quarter of all adults and children in the 1996/97 Health Survey reported suffering an injury or poisoning requiring medical attention in the previous year.
- Injuries and poisonings were more common among men, especially those aged 15–24 years.
- European/Pākehā and Māori people reported higher injury rates than Pacific people and people from the Other ethnic group.
- People with higher family incomes and higher educational qualifications reported more injuries and poisonings requiring medical attention.
- Injuries were most commonly caused by sports or games, followed by falls.
- People aged under 65 years, particularly men, were more likely to report injuries or poisoning occurring at work; while women and those 65 years or over were more likely to report injuries occurring at home.
- GPs were the most common health professional to provide medical treatment after an injury or poisoning, followed by accident and emergency staff and physiotherapists.

Introduction

According to the most recent mortality data, 1735 people died as the result of intentional (suicide and homicide) and unintentional injury or poisoning in 1996 (NZHIS 1998). During 1997 there were more than 66,000 injury- or poisoning-related admissions to New Zealand public hospitals (provisional data, NZHIS 1998). Furthermore, many more people who are not admitted to hospital suffer an injury of sufficient severity to seek medical attention every year. For example, it has been estimated that around 1 in 12 GP consultations are for injury-related conditions (McAvoy et al 1994). Injuries, therefore, place a substantial burden on the community, yet there is relatively little information available on injuries dealt with outside the hospital system. Such information is important because the characteristics of injuries of different severities are likely to be different. For example, while motor vehicle crashes and suicide account for the majority of injury deaths, falls are the leading cause of injury hospitalisations (NZHIS 1998).

In the 1996/97 Health Survey, questions were introduced to explore this issue. The questions are shown in Table 49. The caregivers of a random selection of children under the age of 15 years were asked similar questions relating to their child. The children's results are also included in this section.

The numbers given in this section refer to the number of people injured in the year prior to interview, rather than the number of injuries sustained in that time. Unless otherwise stated, age- and sex-standardised rates, and 95% confidence intervals in parentheses, are given in the text. Tables at the end of this section show key standardised and unstandardised estimates. More detailed tables related to this section are available on the Ministry of Health website (www.moh.govt.nz).

Table 49: Questions on injuries and poisoning asked in the 1996/97 Health Survey

1996/97 Health Survey	<ul style="list-style-type: none">• In the last 12 months, have you had an injury for which you received medical treatment?• Did any of the injuries that you received medical treatment for: (<i>select all that apply</i>)<ul style="list-style-type: none">– involve a car, bus, motorbike, pushbike, boat or other form of transport?– involve you getting burnt or scalded?– happen because you fell?– happen because someone meant to hurt you at the time?– happen while you were taking part in a sport or game?• In the last 12 months, have you consumed or been exposed to poison for which you received medical treatment?• Did any of the injuries or poisonings happen at work? At home? (<i>select all that apply</i>)• Who did you get medical treatment from for the injuries or poisonings? (<i>select all that apply</i>)<ul style="list-style-type: none">– accident and emergency staff– GP or family doctor– nurse (not at a hospital)– physiotherapist – pharmacist/chemist– St John’s ambulance / first aid• Were you admitted to hospital for any of the injuries or poisonings?
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Results

Injuries and poisonings: adults

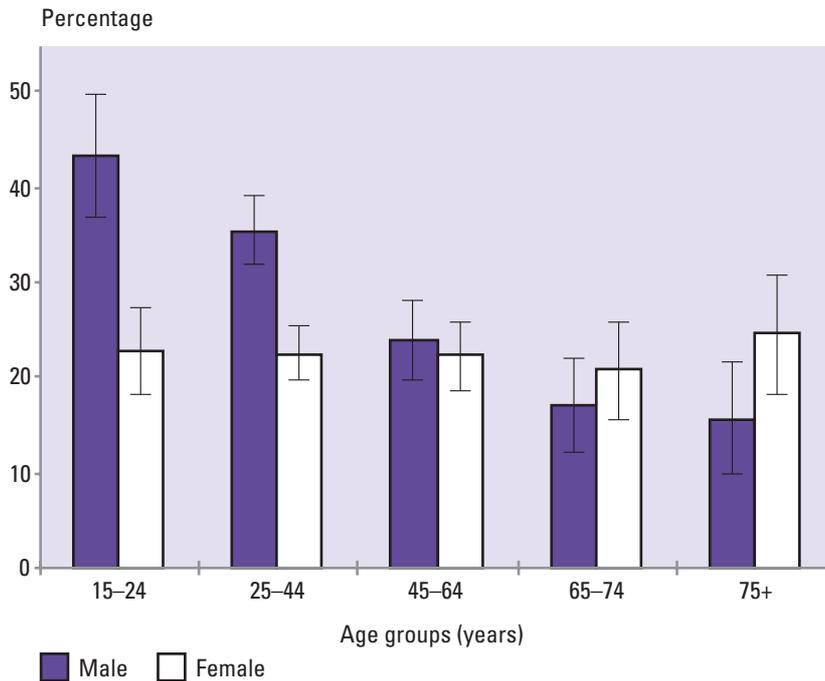
Incidence of injuries

Injuries and poisonings, by age and sex

More than a quarter (26.8%; 25.4–28.2) of all adults in the 1996/97 Health Survey reported that they had suffered an injury or poisoning for which they required medical treatment in the previous year. Overall, significantly more men than women reported being injured or poisoned in that time ($p < 0.0001$). Nearly a third (31.2%; 29.0–33.4) of the men in the sample reported an injury or poisoning, compared with just over one in five women (22.4%; 20.6–24.2).

There was a clear relationship between experiencing an injury or poisoning and age ($p < 0.0001$). For women, the rates of injury remained reasonably constant over different age groups, while for men the injury rate dropped consistently with increasing age. Young men experienced high rates of injury, with nearly double the proportion of men aged 15–24 years having an injury or poisoning compared with women of the same age (43.4%; 36.9–49.9 and 22.8%; 18.3–27.3 respectively). By age 45–64 years men and women reported similar rates of injury (24.0%; 19.9–28.1 and 22.2%; 18.7–25.7 respectively), while for those aged over 65 years, women had higher rates of injury (see Figure 43).

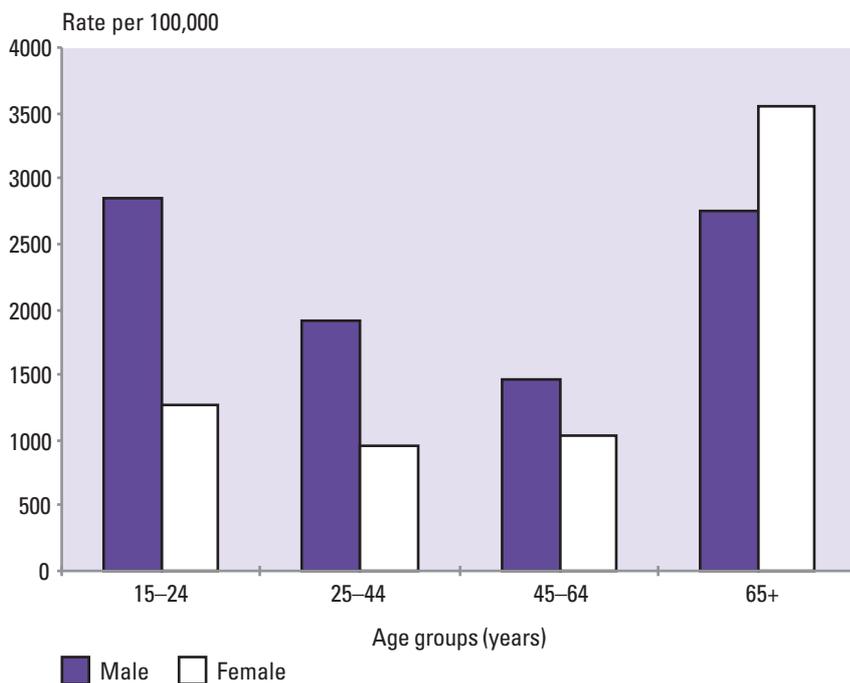
Figure 43: Proportion of adults reporting an injury or poisoning requiring medical treatment in the previous 12 months, by age and sex



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

The results from the 1996/97 Health Survey are consistent with provisional injury hospitalisation data for 1997 (NZHIS 1998). Between the ages of 15 and 64 years, admission rates for injury for men drop progressively with increasing age. The rates for women are lower than those for men and remain relatively stable across this age band, although women aged over 65 years had higher admission rates for injury. However, while data from the 1996/97 Health Survey suggest that those over 65 years have fewer injuries requiring medical attention, the hospital admission data show a sharp increase in admissions for injuries in this age group (see Figure 44). This suggests that the outcome of injuries is more severe for the older age group, and probably reflects the high admission rate for, in particular, hip fractures relating to falls among those aged over 65 years (Norton et al 1995).

Figure 44: Injury and poisoning hospitalisation rates, by age and sex, 1997



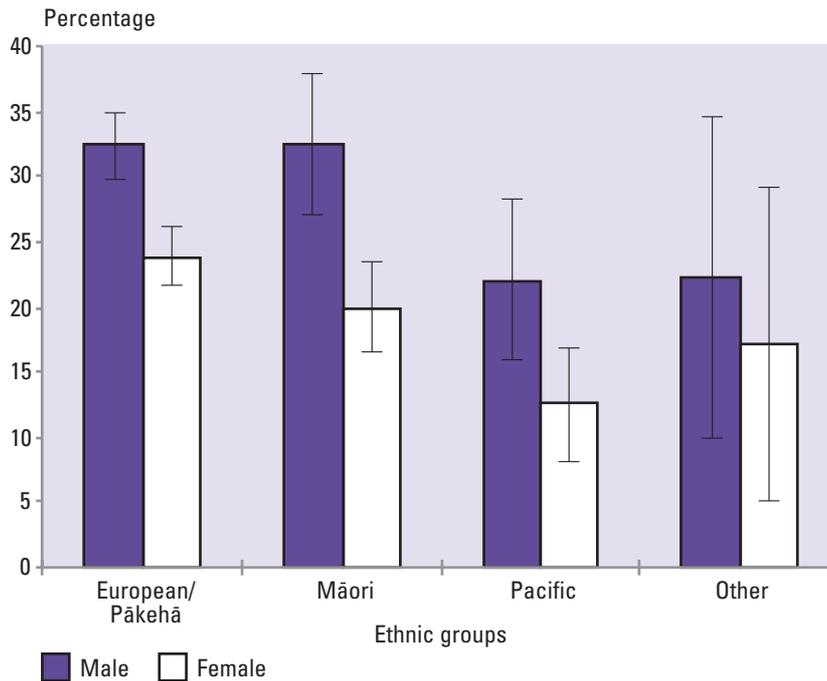
Source: NZHIS 1998
Note: Data are provisional.

Injuries and poisonings, by ethnicity

The proportion of adults reporting that they had been injured or poisoned in the previous year was significantly associated with ethnicity ($p < 0.0001$). European/Pākehā and Māori people reported the highest injury rates. This was true for both sexes, although in all ethnic groups women reported fewer injuries than men from the same ethnic group (see Figure 45).

These results are consistent with the 1997 hospitalisation data (NZHIS 1998). In 1997 Māori and non-Māori had similar rates of hospitalisation for injury (1753 and 1708 per 100,000 respectively), while Pacific people were hospitalised less frequently for injuries (1353 per 100,000). It is not clear why such a difference exists.

Figure 45: Proportion of adults reporting an injury or poisoning requiring medical treatment in the previous 12 months, by ethnicity and sex (age-standardised)



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

*Injuries and poisonings, by family income, education and NZDep96 score**

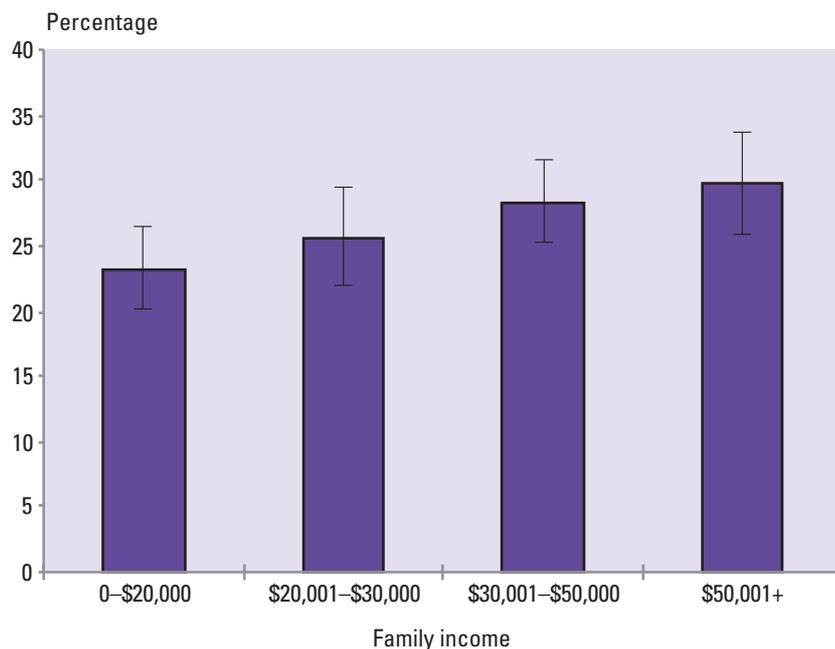
There was an association between the likelihood of having been injured or poisoned and both family income ($p < 0.05$) and level of education ($p < 0.05$). People with higher levels of family income tended to report more injuries and poisonings for which they had received medical attention (see Figure 46). People with no qualifications reported fewer injuries than people with school and/or post-school qualifications (see Figure 47). On the other hand, there was no significant relationship between reported injuries and poisonings and NZDep96 scores.

Findings from other studies suggest that the relationship of socioeconomic status with injuries is not simple and seems to be related to the severity of injuries examined. People from lower socioeconomic groups are more likely to die as a result of injury compared with people in higher socioeconomic groups (Avery et al 1990; Carey et al 1993). However, findings are not consistent when total incidence of injury (Williams et al 1997) or injury morbidity (Anderson et al 1994) are measured. In these cases, often no relationship between socioeconomic status and injury is found.

It has been suggested that the extent and type of injury may vary across socioeconomic groups while the absolute incidence of injury may not (Williams et al 1997). Furthermore, when the outcome of interest is injury requiring medical treatment, the results will be affected by factors which determine whether an individual seeks medical attention, other than injury severity. One of these factors is socioeconomic status, which is negatively associated with health service utilisation (Scott et al 1996). Therefore, people from higher socioeconomic groups may be more likely to seek medical attention for minor injuries than those in lower socioeconomic groups.

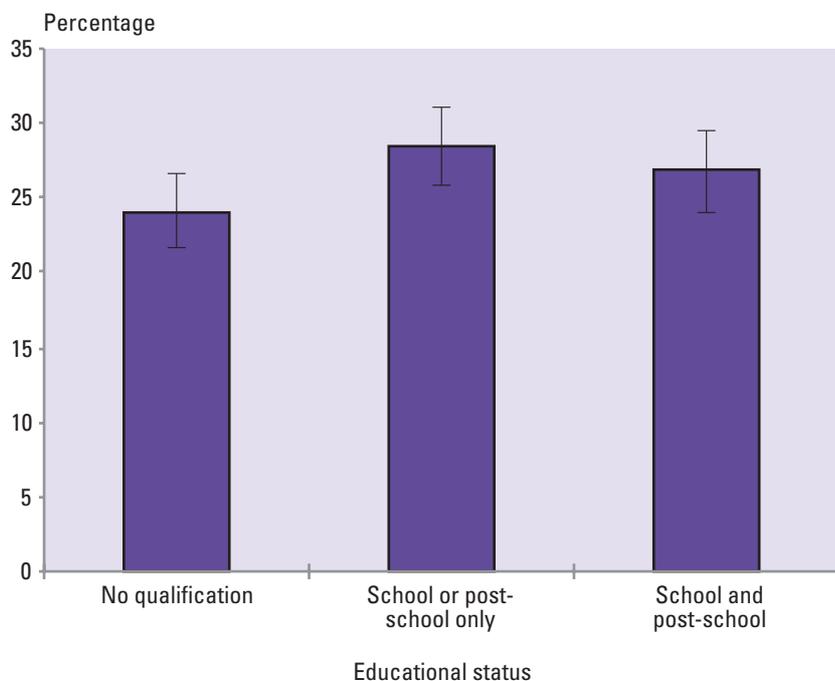
* The NZDep96 score measures the level of deprivation in the area in which a person lives, according to a number of census variables, such as the proportion of people in that area who earn low incomes or who receive income support benefits, are unemployed, do not own their own home, have no access to a car, are single-parent families, or have no qualifications. The scores are divided into quartiles from 1 (least deprived) to 4 (most deprived). For more details, see Chapter 1: The Survey.

Figure 46: Proportion of adults reporting an injury or poisoning requiring medical treatment in the previous 12 months, by family income (age- and sex-standardised)



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Figure 47: Proportion of adults reporting an injury or poisoning requiring medical treatment in the previous 12 months, by education (age- and sex-standardised)



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Injuries and poisonings, by alcohol use

There was a significant association between those who reported an injury or poisoning and those who drank any alcohol in the last year ($p < 0.0001$). One in five (19.7%; 17.8–22.6) of those who did not drink alcohol reported an injury or poisoning compared with slightly more than one in four (27.4%; 25.6–29.2) of those who drank any alcohol. The difference between those who drank moderately (AUDIT score of less than eight) and those who drank potentially hazardously (AUDIT score of eight or more) was not statistically significant.

This relationship between an increased risk of injuries or poisonings and alcohol was particularly evident for males. While a fifth of males who did not drink reported an injury or poisoning (20.6%; 15.9–25.3), nearly a third of those who drank either moderately (32.2%; 29.3–35.1) or potentially hazardously (32.9%; 28.2–37.6) reported such an incident. The relationship between alcohol and injuries or poisonings was not significant for females.

For more detail on the AUDIT score, see Chapter 5: Alcohol Use.

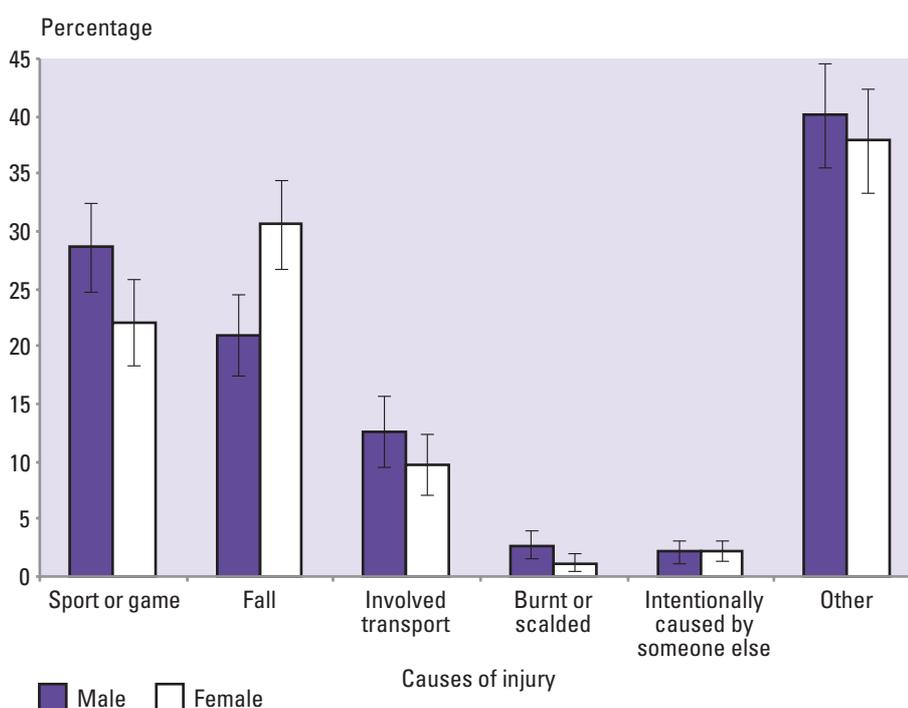
Causes of injuries

People who reported any injury requiring medical attention were asked whether their injury:

- happened while taking part in a sport or game
- happened because of a fall
- involved some form of transport including a car, bus, motorbike, pushbike or boat
- involved getting burnt or scalded
- happened because someone meant to hurt you (see Figure 48).

Participants were invited to select more than one option if appropriate.

Figure 48: Proportion of people reporting specific causes of injury, by sex (age-standardised)



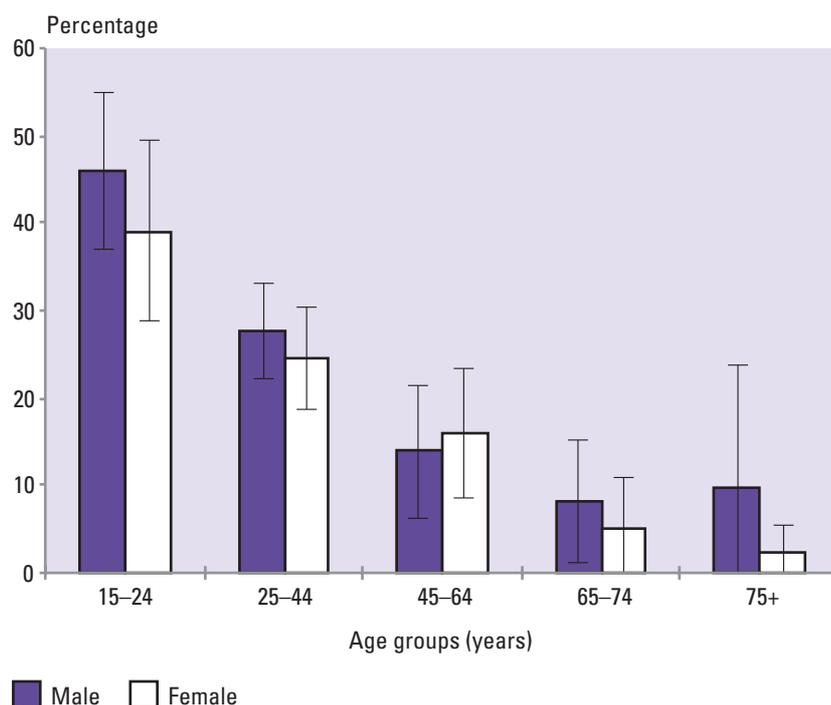
Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Injuries caused by a sport or game

It is relatively difficult to know the extent of the problem of injuries relating to sports and games; however, one analysis in New Zealand suggests that there are around seven fatalities, 4500 hospitalisations and 92,500 accident and emergency attendances every year in New Zealand as a result of such injuries (Hume and Marshall 1994). In the 1996/97 Health Survey, injuries relating to sports or games were identified as a major problem. Of the listed specific causes of an injury, playing a sport or game caused the highest proportion of injuries (25.8%; 23.1–28.5). Men who had been injured were more likely to report sport as the cause than women (28.6%; 24.7–32.5 and 22.1%; 18.4–25.8 respectively; $p < 0.01$). Younger people were also more likely to report being injured because of sport than older people ($p < 0.0001$). For example, 43.9% (37.0–50.8) of those aged 15–24 years reported that they had been injured through sport, compared with 15.0% (9.9–20.1) of those aged 45–64 years (see Figure 49).

There was no relationship between sporting injuries and family income or with NZDep96 scores, but people without educational qualifications were significantly less likely than those with school and/or post-school qualifications to report that an injury was due to sport (19.7%; 14.8–24.6 and 26.5%; 22.2–31.2 respectively; $p < 0.05$).

Figure 49: Proportion of those injured who reported sports or games as a cause, by age and sex



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

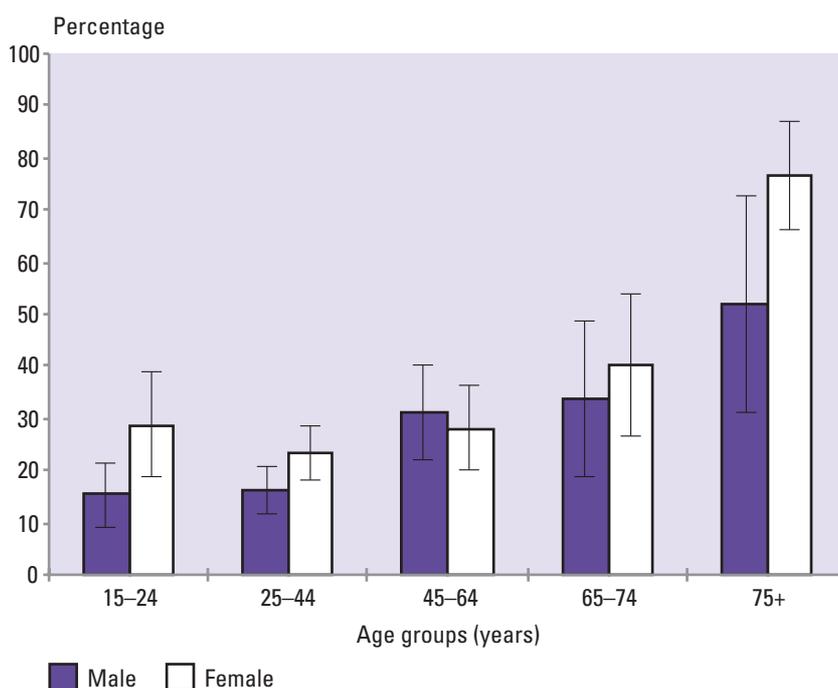
Injuries caused by falls

Falls are the leading cause of injury hospitalisations and the second most common cause of injury death after motor vehicle crashes (Ministry of Health 1998). A quarter (25.2%; 22.5–27.9) of the participants in the 1996/97 Health Survey who reported injuries said they had been injured because of a fall. A higher proportion of injuries among women (30.6%; 26.7–34.5) were caused by a fall

compared with men (20.9%; 17.4–24.4; $p = 0.0001$). Falls were also more commonly reported as a cause of injury among older people ($p < 0.0001$). Around two-thirds of the injuries requiring medical attention among those aged 75 years or over were caused by falls (68.7%; 57.7–79.7) compared with around one in five for those aged 15–24 years (20.2%; 14.7–25.7; see Figure 50).

There was no clear relationship between the likelihood of reporting falls as the cause of an injury, and family income, level of education or NZDep96 scores.

Figure 50: Proportion of those injured who reported falls as a cause, by age and sex



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Injuries involving transport

Motor vehicle crashes are the leading cause of injury deaths in New Zealand (Ministry of Health 1998). In the 1996/97 Health Survey, around one in nine (11.3%; 9.1–13.5) people who reported injuries requiring medical attention said their injury involved transport. A slightly higher proportion of men with injuries (12.6%; 9.5–15.7) compared with women (9.7%; 7.0–12.4) said their injuries involved transport ($p < 0.05$).

Other causes of injuries

Only small proportions of those injured reported that their injuries were due to either being burnt or scalded (2.1%; 1.3–2.9), or that their injuries were intentionally caused by someone else (2.1%; 1.3–2.9). However, under-reporting of these injuries is very plausible.

Around two in five people (39.1%; 36.0–42.2) reported that their injuries involved causes other than those listed.

Poisonings

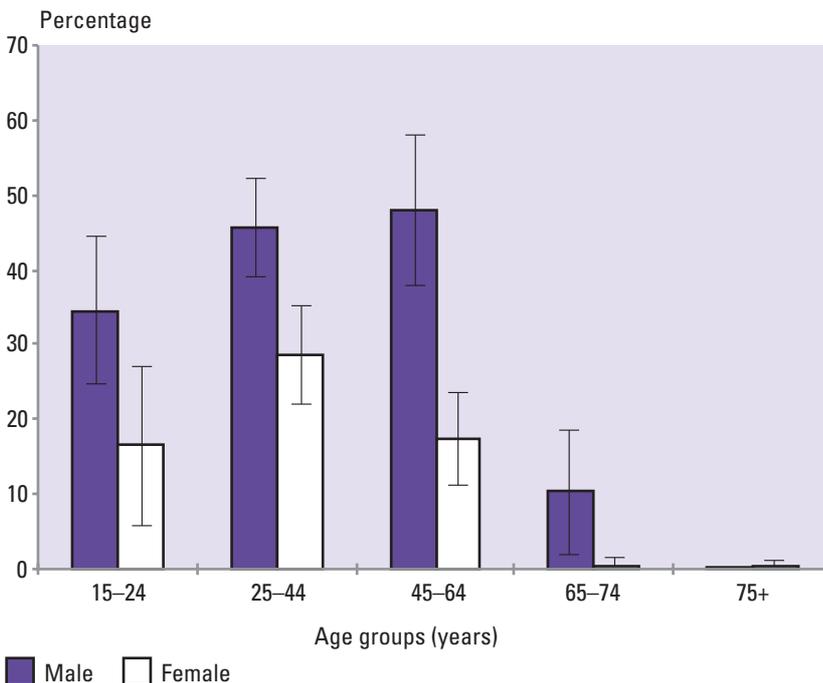
Respondents were asked separately whether they had consumed or been exposed to poison for which they had received medical attention. A total of 1.4% (1.0–1.8) of the sample aged 15 years or over reported that they had been poisoned. Significantly more men (2.3%; 1.3–3.3) than women (0.6%; 0.4–0.8) reported that they had been poisoned ($p < 0.001$).

Where injuries or poisonings occurred

Participants who reported that they had been injured or poisoned were asked if any of the events in question took place at home or at work. People who had been injured more than once could select both options.

Of those who reported an injury or poisoning, 31.2% (28.1–34.3) said the incident had occurred at work. Men (40.3%; 36.0–44.6) were more likely to report that their injury or poisoning had occurred at work than women (19.3%; 15.6–23.0; $p < 0.0001$). The higher rates of injury and poisoning at work for men compared with women will be related to both higher participation in employment amongst men and the different occupational structures of men and women in the workforce. There was also a strong relationship between age and injury or poisoning at work. Not surprisingly, those over 65 years were significantly less likely to report injuries and poisonings at work than those aged between 15 and 64 years ($p < 0.0001$; see Figure 51).

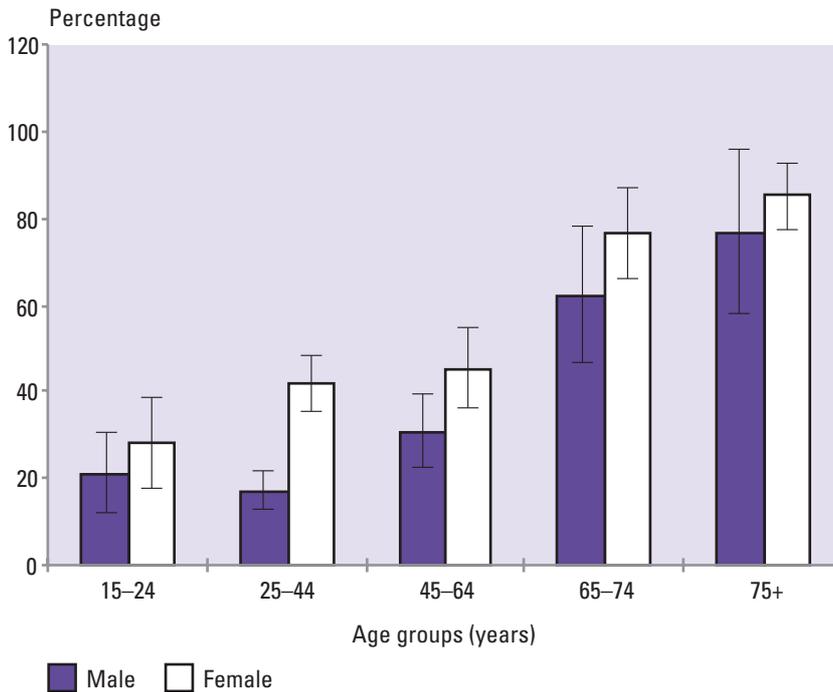
Figure 51: Proportion of those injured reporting injuries or poisonings occurring at work, by age and sex



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Around a third (34.0%; 31.1–36.9) of those who reported an injury or poisoning said that it occurred at home. Women (45.8%; 41.5–50.1) were more likely to report that an injury or poisoning had occurred at home than men (24.9%; 21.0–28.8; $p < 0.0001$). Again, there was a strong relationship with age, with increasing proportions of people in older age groups reporting that their injury or poisoning occurred at home ($p < 0.0001$; see Figure 52).

Figure 52: Proportion of those injured reporting injuries or poisonings occurring at home, by age and sex

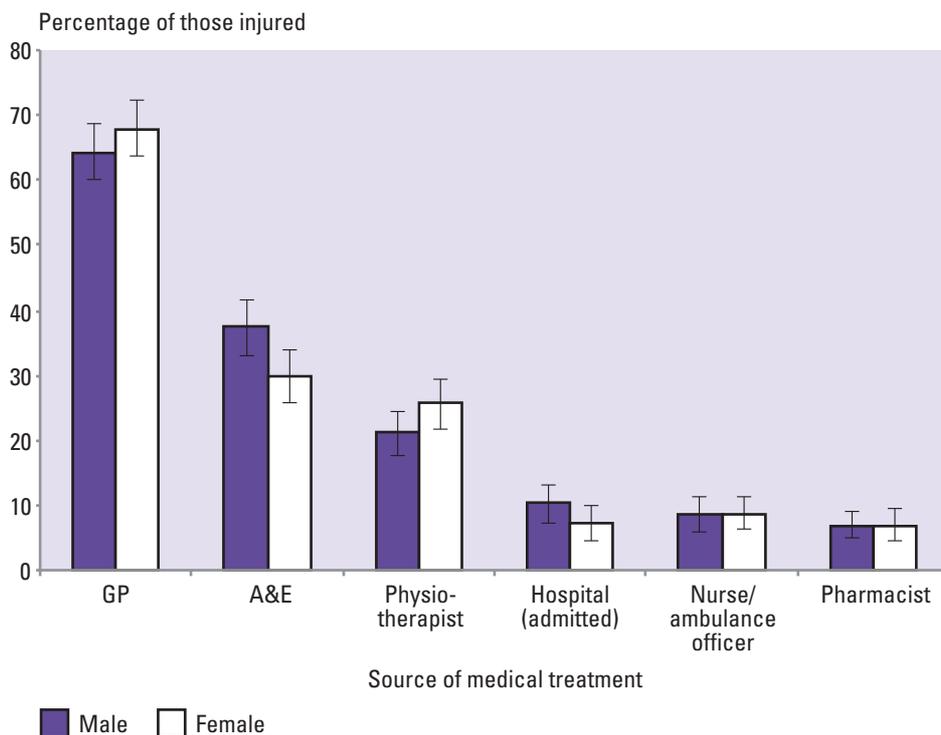


Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Source of medical treatment for an injury or poisoning

Participants who reported injuries or poisonings were asked who provided them with medical treatment for those injuries or poisonings (see Figure 53). A list was provided which included accident and emergency staff, GP or family doctor, nurse, physiotherapist, pharmacist or chemist and St John's ambulance or first aid officer. People were also asked if they had been admitted to hospital because of their injury or poisoning. Again, people who had suffered injuries and poisonings were able to select all that applied.

Figure 53: Source of medical treatment* for an injury or poisoning, by sex (age-standardised)



* Respondents may have had more than one source of treatment.

Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

The most common contact for medical treatment after an injury or poisoning was a GP. Nearly two-thirds (65.9%; 62.8–69.0) of those who reported an injury or poisoning requiring medical attention said they sought help from a GP. Around a third (34.1%; 31.0–37.2) of participants reporting an injury or poisoning said they received medical treatment from accident and emergency staff, while a quarter (23.0%; 20.3–25.7) reported receiving treatment from a physiotherapist. Smaller proportions received treatment from a pharmacist or chemist (7.0%; 5.4–8.6), an ambulance or first aid officer (4.3%; 2.9–5.7) or a nurse (4.5%; 2.7–6.3). Overall, 9.0% (7.0–11.0) of people who reported an injury or poisoning said they had been admitted to hospital as a result.

Injuries and poisonings: children

Injury is the leading cause of death and second leading cause of hospitalisation among New Zealand children after the first year of life (Coggan et al 1997). It has also been estimated that around one in three families with pre-school children has experienced at least one incident of childhood poisoning (Francis 1994). Therefore, in the 1996/97 Health Survey, the caregivers of a random selection of children under the age of 15 years were asked questions on injuries and poisonings relating to their child.

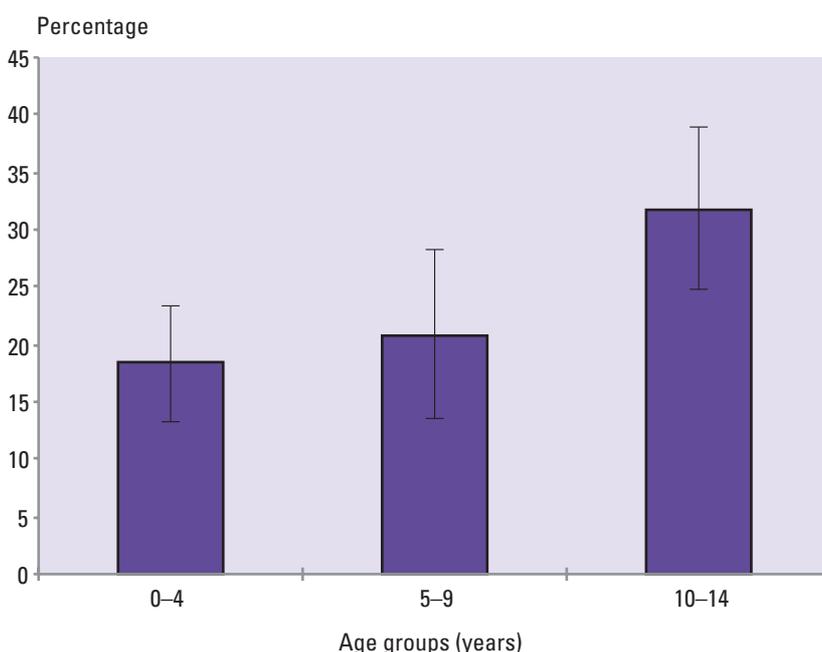
Injuries and poisonings among children

According to their caregivers, nearly a quarter (23.6%; 19.7–27.5) of children aged under 15 years had suffered an injury or poisoning requiring medical attention in the 12 months prior to interview. The prevalence of injuries and poisonings was similar for boys (25.0%; 20.1–29.9) and girls (22.1%; 16.6–27.6); however, rates increased significantly with increasing age ($p < 0.01$). Fewer than one in five (18.4%; 13.3–23.5) children aged under five years had an injury or poisoning compared with nearly a third (31.8%; 24.7–38.9) of those aged 10–14 years (see Figure 54).

There were similar rates of injuries and poisonings among European/Pākehā and Māori children (25.0%; 20.3–29.7 and 27.0%; 17.8–36.2 respectively). The rates for Pacific children and children from the Other ethnic group were lower (16.4%; 7.4–25.4 and 4.9%; 0.0–10.2 respectively), although the numbers involved were small and therefore the confidence intervals are particularly wide for these groups.

There was no relationship between the rate of childhood injuries or poisonings and the family’s income or the NZDep96 quartile.

Figure 54: Proportion of children reporting an injury or poisoning requiring medical treatment in the previous 12 months, by age



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Types and sources of treatment of injuries among children

As with adults, the main causes of injuries among children were falls and injuries received during sports or games. A third (33.2%; 25.9–40.5) of children with an injury had received it because of a fall, and a third (31.2%; 22.2–40.2) had received an injury during sports or games. Much smaller proportions reported an injury involving transport, being burnt or scalded, or as the result of an assault. Only a small proportion of caregivers reported that their child had been exposed to poison requiring medical attention in the previous 12 months (2.1%; 0.9–3.3).

When asked whether injuries and poisonings requiring medical attention had occurred at home or at school, over half the caregivers reported such events at home (57.3%; 47.1–67.5), and around one in five (21.0%; 14.3–27.7) at school. These proportions were similar for boys and girls.

As was the case for adults, GPs were the health professionals seen most often by children after an injury or poisoning (59.2%; 48.0–70.4), followed by accident and emergency staff (47.8%; 36.8–58.8). Around 1 in 10 children who had suffered an injury or poisoning (10.2%; 5.3–15.1) had been admitted to hospital as a result in the previous year.

Table 50: Injuries or poisoning requiring medical treatment in the last 12 months among adults, by sociodemographic variables: percent (95% confidence intervals)

Injuries/poisonings requiring treatment			
Adults	% (95% CI)		Pop est
	Unadj	Adj*	
Total	26.8 (25.4–28.2)		757,361
Sex			
Male	31.4 (29.0–33.8)	31.2 (29.0–33.4)	431,818
Female	22.4 (20.6–24.2)	22.4 (20.6–24.2)	325,542
Age			
15–24 years	33.2 (28.9–37.5)	32.9 (28.6–37.2)	175,387
25–44 years	28.8 (26.6–31.0)	28.8 (26.6–31.0)	328,530
45–64 years	23.1 (20.4–25.8)	23.1 (20.4–25.8)	173,201
65–74 years	19.0 (15.5–22.5)	18.8 (15.3–22.3)	46,470
75+ years	21.1 (16.8–25.4)	20.7 (16.4–25.0)	33,774
Ethnicity			
European/Pākehā	27.6 (25.8–29.4)	28.0 (26.2–29.8)	625,910
Māori	28.6 (25.1–32.1)	26.1 (23.0–29.2)	79,803
Pacific	22.5 (18.2–26.8)	17.2 (13.7–20.7)	29,723
Other	15.0 (8.7–21.3)	19.6 (11.2–28.0)	21,925
Family income			
0–\$20,000	21.0 (18.6–23.4)	23.2 (20.1–26.3)	106,069
\$20,001–\$30,000	22.9 (19.6–26.2)	25.7 (22.0–29.4)	86,974
\$30,001–\$50,000	28.3 (25.2–31.4)	28.4 (25.3–31.5)	151,258
\$50,001+	30.0 (27.1–32.9)	30.5 (26.6–34.4)	262,488
NZDep96 score			
1 (least deprived)	26.6 (23.3–29.9)	26.2 (22.9–29.5)	215,022
2	28.9 (25.8–32.0)	29.6 (26.3–32.9)	202,443
3	26.9 (24.2–29.6)	26.6 (23.9–29.3)	170,928
4 (most deprived)	24.9 (22.7–27.1)	24.5 (22.3–26.7)	168,968
Education			
No qualification	23.1 (20.7–25.5)	24.0 (21.5–26.5)	186,422
School or post-school only	29.6 (27.1–32.1)	28.5 (26.0–31.0)	299,910
School and post-school	27.0 (24.5–29.5)	26.9 (24.2–29.6)	267,647

* Adjusted rates are adjusted for age and sex, except when they are age-specific, in which case they are adjusted only for sex, or when they are sex-specific, in which case they are adjusted only for age.

Note: For further explanation of Tables, see Appendix 2: Notes to Figures and Tables.

Table 51: Injuries or poisoning requiring medical treatment in the last 12 months, among males, by age and ethnicity: percent (95% confidence intervals)

Injuries/poisonings requiring treatment			
Males	% (95% CI)		Pop est
	Unadj	Adj*	
Total	31.4 (29.0–33.8)	31.2 (29.0–33.4)	431,818
Age			
15–24 years	43.4 (36.9–49.9)		115,567
25–44 years	35.4 (31.9–38.9)		196,798
45–64 years	24.0 (19.9–28.1)		89,686
65–74 years	17.1 (12.2–22.0)		19,950
75+ years	15.7 (9.8–21.6)		9818
Ethnicity			
European/Pākehā	31.7 (29.2–34.2)	32.4 (29.9–34.9)	349,948
Māori	37.1 (31.4–42.8)	32.5 (27.2–37.8)	48,872
Pacific	29.2 (21.8–36.6)	22.1 (15.8–28.4)	19,149
Other	19.3 (8.5–30.1)	22.2 (9.9–34.5)	13,849

* Adjusted rates are adjusted for age.

Note: For further explanation of Tables, see Appendix 2: Notes to Figures and Tables.

Table 52: Injuries or poisoning requiring medical treatment in the last 12 months, among females, by age and ethnicity: percent (95% confidence intervals)

Injuries/poisonings requiring treatment			
Females	% (95% CI)		Pop est
	Unadj	Adj*	
Total	22.4 (20.6–24.2)	22.4 (20.6–24.2)	325,542
Age			
15–24 years	22.8 (18.3–27.3)		59,820
25–44 years	22.5 (19.8–25.2)		131,732
45–64 years	22.2 (18.7–25.7)		83,515
65–74 years	20.7 (15.6–25.8)		26,520
75+ years	24.5 (18.2–30.8)		23,956
Ethnicity			
European/Pākehā	23.7 (21.5–25.9)	23.9 (21.7–26.1)	275,962
Māori	21.0 (17.5–24.5)	20.0 (16.5–23.5)	30,930
Pacific	15.9 (10.4–21.4)	12.5 (8.2–16.8)	10,574
Other	10.9 (4.0–17.8)	17.1 (5.1–29.1)	8076

* Adjusted rates are adjusted for age.

Note: For further explanation of Tables, see Appendix 2: Notes to Figures and Tables.

Table 53: Injuries or poisoning requiring medical treatment in the last 12 months among children under 15 years: percent (95% confidence intervals)

Injuries/poisonings requiring treatment			
Children	% (95% CI)		Pop est
	Unadj	Adj*	
Total	23.6 (19.7–27.5)		199,743
Age			
0–4 years	18.4 (13.3–23.5)	18.4 (13.3–23.5)	51,839
5–9 years	20.9 (13.5–28.3)	20.9 (13.5–28.3)	62,268
10–14 years	31.8 (24.7–38.9)	31.8 (24.7–38.9)	85,635
Ethnicity			
European/Pākehā	25.1 (20.4–29.8)	25.0 (20.3–29.7)	136,422
Māori	26.9 (17.7–36.1)	27.0 (17.8–36.2)	50,397
Pacific	14.9 (6.7–23.1)	16.4 (7.4–25.4)	9761
Other	6.1 (0.6–12.8)	4.9 (0.0–10.2)	3162

* Adjusted rates are adjusted for age and sex, except when they are age-specific, in which case they are adjusted only for sex.

Note: For further explanation of Tables, see Appendix 2: Notes to Figures and Tables.

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