JULY-SEPTEMBER 2024 SELF-INFLICTED INJURY UPDATE

*Provisional Data: 2024

North Carolina Emergency Department (ED) Visits for Self-Inflicted Injury, Jul-Sep 2024 Update

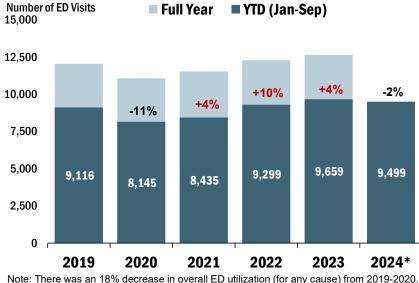


[^]Report is based on initial encounter ICD-10-CM self-inflicted injury codes. See the <u>CSTE Self-Harm Indicator</u> for comprehensive list of codes. **Note:** Report is restricted to NC residents ages 10 and older and does not exclude visits

resulting in death. Data Source: NC DETECT. ED visits: data as of 11/13/2024

Total self-inflicted injury ED visits in 2024 decreased by 2% compared to 2023.

Self-Inflicted Injury ED Visits: 2019-2024*

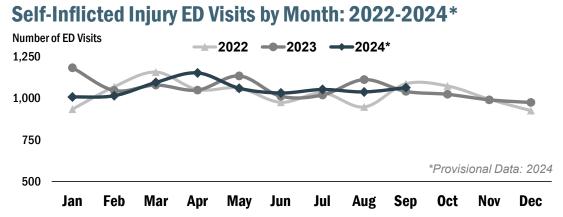


Note: There was an 18% decrease in overall ED utilization (for any cause) from 2019-2020. ED visits remained 11% lower in 2021 and 3% lower in 2022* compared to 2019.

YTD: Year to Date

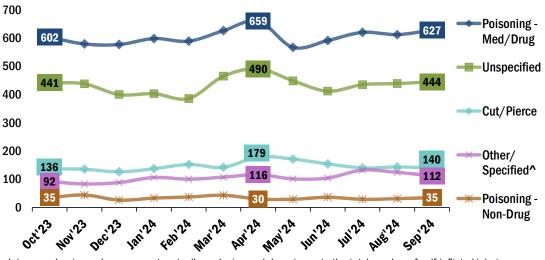
Percent change: YTD total compared to YTD total of previous year

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Most self-inflicted injury ED visits during Jul-Sep 2024* were due to medication/drug poisoning (59.0%).

Last 12 Months of Self-Inflicted Injury ED Visits by Injury Mechanism: Oct 2023-Sep 2024* Number of ED Visits



Injury mechanisms shown are <u>not mutually exclusive</u> and do not sum to the total number of self-inflicted injuries. For more information, see the IVPB <u>Injury Surveillance Technical Notes</u> Document.

[^]Other specified includes fire/burn (11%), suffocation (8%), and firearm (6%); no additional detail was available for 65% of self-inflicted injuries with a code for other specified mechanism. **Provisional Data: 2024*

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12/9/2024

Last 12 Months Self-Inflicted Injury ED Visit Rates by County of Residence: Oct 2023-Sep 2024*

Highest County Self-Inflicted Injury ED Visit Rates from the Last 12 Months, ≥10 visits: Oct 2023-Sep 2024*

	2-2 * *	County	Count	Rate per 100,000 [†]
	- Cond	Anson	53	272.0
		McDowell	100	246.8
	min the second	Madison	44	218.9
	The start is a start in the start in the start is a start in the start in t	Alexander	70	213.4
	A CARE A	Buncombe	531	212.0
	A A A A A A A A A A A A A A A A A A A	Pasquotank	71	193.3
	Jan 1	Scotland	58	192.6
	City City	Edgecombe	81	188.6
	and the second	Wilson	131	188.5
Rate per 100,000 NC residents*		Forsyth	644	185.6
< 90.0 Supressed (<5 visits)		Cleveland	165	184.5
		Craven	164	181.2
90.0 - 119.9 Interpret with caution,		Statewide	12,497	130.3
120.0 - 149.9 low numbers (5 to 9 visits)				
≥ 150.0	[†] Please note that rates are cal	culated using the	e most recer	nt 12 months of data
2 150.0	and 2023 US Census population			
*Provisional Data: 2024	Rates of Self-Inflcited Injury^	ED visits" table v	vill likely cha	ange each quarter.
Quarterly Demographics of Self-Inflicted Injury ED Visits Compared to Overall NC Population Estimates				

Most visits occurred among those ages 25-44 (32%) despite them making up only 30% of the population.

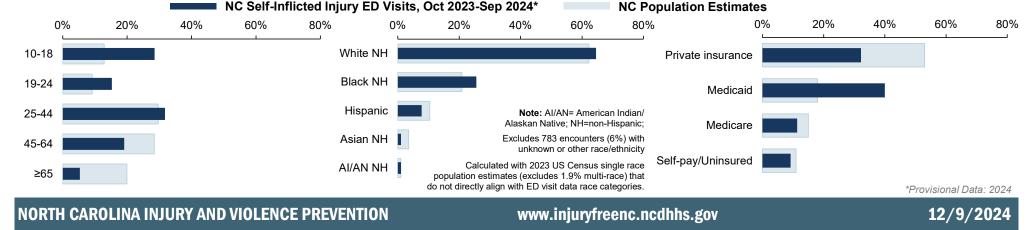
Most visits were among non-Hispanic (NH) White residents (65%) followed by NH Black residents (26%).

ED Visits by Age Group

ED Visits by Race/Ethnicity

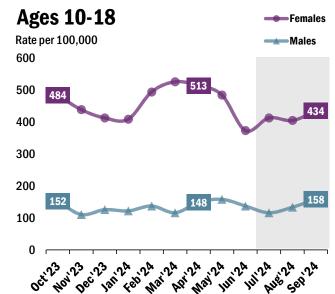
Most visits occured among those with Medicaid (40%) followed by those with private insurance (32%).

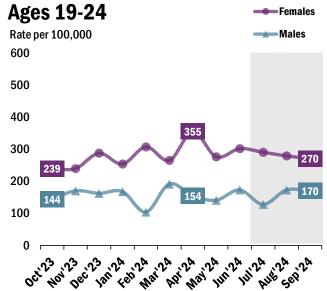
ED Visits by Insurance Coverage

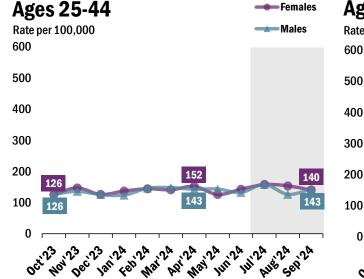


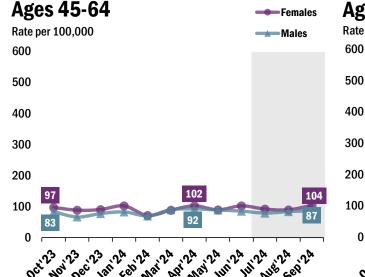
Rates of self-inflcited injury ED visits from Jul-Sep 2024* were highest among females ages 10-18 (417.0 per 100,000) followed by females ages 19-24 (279.8 per 100,000).

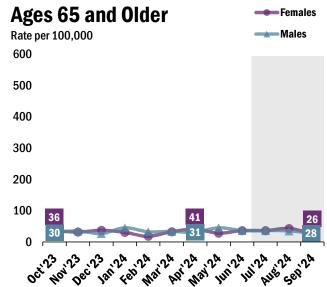
Among males, rates of selfinflcited injury ED visits were highest among those ages 19-24 (156.8 per 100,000).











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HEALTH AND

Division of Public Health

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Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. For training on NC DETECT, contact <u>ising@ad.unc.edu</u>; Population Data-National Center for Health Statistics; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017, <u>www.kff.org/other/state-indicator/total-population</u>. Self-pay ED visits are compared to the uninsured overall population estimate category.

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