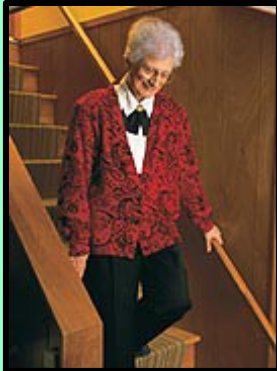


New Mexico Injury Prevention Strategic Plan 2016 Update



**Developed by
New Mexicans working
in injury prevention**

**in collaboration with the
Office of Injury Prevention,
Injury and Behavioral Epidemiology Bureau,
Epidemiology and Response Division**



The New Mexico Injury Prevention Strategic Plan

2016 Update

Prepared by:
Office of Injury Prevention
Injury and Behavioral Epidemiology Bureau
Epidemiology and Response Division
New Mexico Department of Health 1190 St.
Francis Drive, Suite N1100
P.O. Box 26110
Santa Fe, NM 87505 505-
827-0006

Table of Contents

Executive Summary1

Acknowledgements3

Introduction4

Background5

The Burden of Injury in New Mexico.....7

Preventing Injuries in New Mexico.....22

Mission Statement and Goals.....32

Strategic Goals, Objectives, and Activities for 2008-2012

 Goal 133

 Goal 2.....35

 Goal 3.....38

 Goal 4.....41

 Goal 5.....42

 Goal 6.....44

 Goal 7.....46

 Goal 8.....48

Executive Summary

The New Mexico Injury Prevention Strategic Plan addressed the tremendous toll that injuries exact on New Mexico – the pain and suffering, the cost, often the years of potential life lost or changed forever. It also acknowledges that change is needed to insure that effective, evidence-based injury prevention strategies are adequately funded and implemented. Much of the Plan focuses on building the capacity of the large, diversified, and dedicated injury prevention workforce in the State, many of whom came together to formulate the Plan and continue to be committed to its implementation.

The Plan promotes an approach to injury prevention that accounts for the multiple forces that cause injury and recognizes the effectiveness of changing the environment to create long-lasting, effective prevention. It also acknowledges how factors such as poverty, low socioeconomic status, and geographic location increase injury risk among certain subpopulations in New Mexico and must be addressed.

New Mexico has the highest injury death rates among states in the U.S. In 2014, NM had an overall injury death rate of 101.9 /100,000. Injury deaths are intentional or unintentional, and the cause of some is undetermined. The unintentional injury death rate was 71.9/100,000, also the highest in the nation. The high rate was due largely due to poisonings (30.4/100,000) including drug poisonings (27.3/100,000), motor vehicle crashes (18.9/100,000), and falls (18.03/100,000). New Mexico also ranks high for intentional injury death at 28.5/100,000, including suicide (21.0/100,000) and homicide (6.8/100,000), with youth suicide rates being particularly high.¹ Public health and the ability to successfully address injury are especially challenged by high rates of alcohol-related injury.

The Plan recognizes the need for greater capacity-building and more funding to tackle the enormity of the burden of injury in New Mexico. It demonstrates a tremendous amount of creativity, dedication, willingness to collaborate, and perseverance among the people working in injury prevention to undertake the challenge.

The New Mexico Injury Prevention Coalition was created out of the process of developing a previous version of the Plan. It continues to do its work to prevent injury in New Mexico through building capacity, encouraging community collaboration, and action. The Coalition also invites all of those concerned about injuries in New Mexico to join the Coalition in carrying out this Plan. More information about the Plan and the Coalition can be obtained by contacting Kim Faulkner at kim.faulkner@state.nm.us, or at (505) 827-2508.

Acknowledgements

The New Mexico Injury Prevention Strategic Plan was the work of a multi-disciplinary group of people who share a common commitment to preventing injuries in New Mexico. Prevention specialists, doctors, nurses, emergency medical technicians, program managers, health council members, epidemiologists, child care providers, government officials, researchers, Indian Health Service workers, and health educators are among those of us who dedicated their time and expertise to the planning process. They represent diverse sectors including governmental agencies, non-profit organizations, private service organizations, research institutions, and tribal entities. They work on various injury issues and represent different geographic regions in the state.

Many people have worked on this work before - the many determined and skilled people in NM and elsewhere who have dedicated endless hours of work to injury prevention and have contributed to the formulation and implementation of previous statewide injury prevention strategic plans. The continuity of these efforts is inspired by their hard work, fortitude, and their great successes. We applaud the ongoing efforts of the many people who continue to work throughout the state and nation to protect the people of New Mexico from injury.

Introduction

Each day in New Mexico, an average of nearly six people die from an injury², approximately 17 other New Mexicans are hospitalized³, and 465 are seen in emergency departments⁴. Injuries exact a tremendous toll on NM's families and resources. The only greater tragedy is that most are preventable.

The New Mexico Injury Prevention Strategic Plan establishes a framework and common agenda for those working on the prevention of injuries in the state. Its goals, objectives, and activities promote collaboration, capacity-building, and resource sharing in an effort to create change – change that will continue to lead to a more skilled, informed, and effective injury prevention workforce, that will generate more funding and resources for injury prevention initiatives, and that will encourage the public, policymakers, and other decision makers to focus more attention on injuries in New Mexico and the cost-effective, proven strategies that can prevent them.

The formulation of the Injury Prevention Strategic Plan (which updated the 2003 New Mexico Department of Health Strategic Plan and a previous version of this plan) originated with the Injury Community Planning Group (ICPG), now known as the New Mexico Injury Prevention Coalition. The ICPG was formed in January 2006, initially as an initiative of the New Mexico Department of Health's Office of Injury Prevention. The ICPG, representing a variety of organizations working in injury prevention, came together to reduce the burden of injury in New Mexico by identifying priority areas in injury prevention, promoting best practices and interventions, improving resource sustainability for injury prevention initiatives, and advocating for policy solutions. As a first step the ICPG recognized the need for an updated, statewide injury prevention strategic plan that would build on the momentum it had created working collaboratively as a diverse, skilled team of people. The plan focused on its mission of preventing injuries through community collaboration, capacity building, and action.

Background

Traditionally, injuries were viewed as isolated, random acts of fate that were unpredictable and unpreventable. But the application of epidemiology to injury -- the same science used to study the patterns of disease in a population and the factors that influence those patterns -- has changed that way of thinking. The epidemiological study of injury has demonstrated how injuries occur and who in the population is at highest risk. It has helped explain the multiple forces that cause injury, largely removing the focus solely on the behavior of the injured person. The newer, broader approach calls for the examination of factors such as the products people use, the economic and social circumstances under which people live, their physical surroundings, and the organizational and governmental policies that affect the safety of their environments.

Current approaches also seek to understand and respond to the disparate effect injury has on subpopulations in the state such as different age groups, genders, and races/ethnicities. As revealed by the injury data presented below, American Indians/Alaska Natives and Hispanics suffer the greatest burden with respect to many of the major injury problems in New Mexico. While it is important to highlight this unequal effect so that appropriate attention and resources can be devoted to address it, it is also essential to understand that race and ethnicity are not the only cause of this effect. Instead it is also affected by an array and often a confluence of factors such as income level, generational status, environmental conditions, geographic location, unique histories with health systems and government policies, occupational conditions, language barriers, discrimination, and inadequate access to treatment and medical services that characterizes the lives of these populations and contributes to the types and extent of injury disparities.⁵ For example, poverty puts individuals at elevated risk of injury (e.g., affects access to safe housing, safe products, safe neighborhoods, and preventive social resources) and Hispanic and American Indian populations experience high levels of poverty in New Mexico. About 31% of American Indians statewide lived below the federal poverty level in 2014 as did nearly 24% of the Hispanic population.⁶

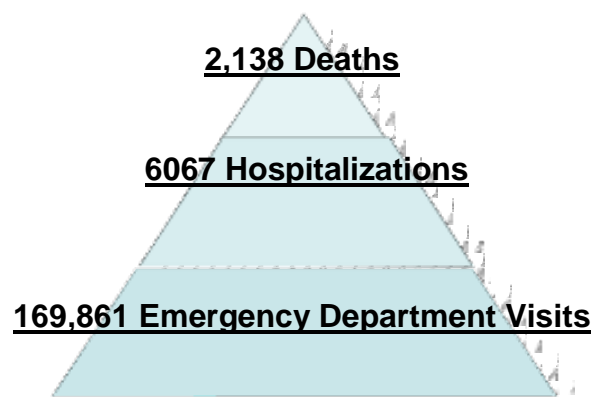
New Mexico is predominantly rural, with low population density (all but five of New Mexico's thirty-three counties have less than 50 people per square mile⁷) marked by unimproved roadways, long distances to travel, sub-standard housing, fewer economic and educational opportunities, and poorer access to health care and emergency services. Rural poverty, which affects many American Indian and Hispanic communities, exposes these residents to more injury-related risks while limiting personal, family and community resources that could make them less susceptible to the risks they encounter. Thus, excessive alcohol use, which is not limited to these New Mexico communities, may be displayed in many rural communities as increased alcohol-related injury.

New Mexico's American Indian population has high injury rates. Prevention strategies need to include a focus on the conditions that encourage injury in New Mexico.

It is with this breadth of understanding that the New Mexico Injury Prevention Strategic Plan was developed. All who read this Plan are invited to embrace its goals and become part of the effort to create the change necessary to make each day in New Mexico safer for its residents. If you would like more information or would like to offer your ideas or suggestions, contact Kim Faulkner of the Office of Injury Prevention at kim.faulkner@state.nm.us at 505) 827-2708.

The Burden of Injury in New Mexico

Injury is the leading cause of premature death in New Mexico. New Mexicans, ages 1-44 years, are more likely to die from an injury than from any other cause.² Injury deaths are significant but provide only a partial description of the burden of injury. For every injury death that occurs, many more nonfatal injuries are suffered. In 2014, 2138 New Mexicans died from an injury. In that same year, 6067 people in NM were hospitalized for an injury and 169,861 NM residents were seen in Emergency Departments.²



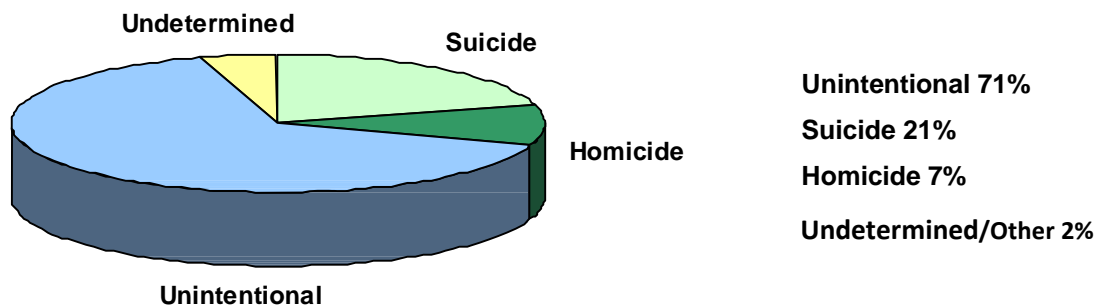
New Mexico fares poorly compared to the U.S. and other states. In 2014 the injury death rate per 100,000 people in the U.S. was 62.6. The injury death rate for New Mexico residents that year was almost 63% higher, at 101.9/100,000. In 2014, New Mexico had the highest death rate from unintentional or “accidental” injury in the U.S., the highest intentional (violence-related) injury death rate among the states, and the highest overall injury death rate.¹

Injuries are costly – for the victim, the victim’s family and friends, and for society. The estimated economic cost of injuries in New Mexico is estimated to be almost \$4 billion annually (based on interpolation from CDC WISQARS data). Costs of injury-related death were found to be \$2,039,960,000 in 2010.¹ The population of NM is approximately .067 of the US population. The US estimate was \$586,849,358,000. At .067, NM costs of deaths, medical costs, and work loss were calculated to be \$3,931,990,698 in 2010.^v The emotional and social costs of injury are immeasurable.

Of all the deaths due to injury in New Mexico, about two-thirds are from unintentional or “accidental” causes – primarily traffic crashes, poisonings (primarily drug overdose) and falls. The remaining one third is due to intentional or violent injuries – suicides and homicides, and injuries resulting from undetermined intent.

Injury Deaths by Intent, New Mexico, 2014

Source: New Mexico Indicator-Based Information System



Injury Deaths by Intent, New Mexico, 2014 – 2138

Unintentional – 1504

Suicide – 450

Homicide – 141

Undetermined/Other - 43

Rates of the Leading Causes of Injury Deaths – Injury Mortality in New Mexico varied by Race/Ethnicity in 2014. The overall rate for the 2138 injury deaths that occurred was 101.6/100,000 population. The highest rates were among American Indians/Alaska Natives at 173.3/100,000 (285 deaths), followed by Blacks/African Americans at 97.7/100,000 (41 deaths), Hispanics at 96.5/100,000 (860 deaths), Whites at 90.6/100,000 (925 deaths), and Asians/Pacific Islanders at 27.9/100,000, among whom there were 7 deaths resulting from injury.²

Unintentional Injury

Poisoning – Unintentional poisoning was the leading cause of injury death in New Mexico in 2014, due primarily to unintentional illicit drug overdoses. For the years 2012-2014, the median age of those who died from unintentional drug overdose was 43 years old and about one-quarter of those deaths involved drug *and* alcohol co-intoxication. About two thirds of the victims were male (64.3%), 41.5% were Hispanic, and 51.9% were White.³

As in other states, overdose deaths due to prescription drugs have been increasing in New Mexico. For the years 1994 to 2014, the overdose death rate due to prescription drugs increased by 177%. In 2012-2014 more than half of all overdose deaths involved prescription drugs (56.8%). Nearly half percent (49.2%) of New Mexicans who died during 2012-2014 due to prescription drug only overdose were female and 63.7% were White. They had a median age of 47.0 years and 25.2% had co-intoxication with alcohol.⁸

Unintentional Poisoning Deaths, New Mexico 2012-2014 (By Type of Drug Causing Death)

	Illicit Drugs Only (n=495)	Prescription Drugs Only (n=545)	Mixed Illicit and Prescription Drugs (N=202)	Total Overdoses (n=1244)
Sex				
Male	77.4%	50.8%	68.8%	64.3%
Female	22.6%	49.2%	31.2%	35.7%
Age				
Median	41.1 years	47.0 years	39.7 years	43.4 years
Race/Ethnicity				
Hispanic	47.3%	26.9%	57.9%	41.5%
White/Non-Hispanic	45.3%	63.7%	37.1%	51.9%
American Indian	4.7%	4.6%	3.0%	4.3%
Black/Asian	2.6%	1.8%	2.0%	2.2%
Alcohol Co-Intoxication	27.10%	25.2%	23.1%	25.6%

Among New Mexico high school students in 2013, 8.5% used opioid painkillers to get high in the past 30 days. Painkillers were the third most commonly used drug, after marijuana (27.8%) and synthetic marijuana (8.6%).⁹ New Mexico had a lifetime heroin use rate of 4.0%, almost two times that of the US (2.2%), and higher than all but six other states, of 29 state-level Youth Risk Behavior Surveys (YRBS).¹⁰

Motor Vehicle Injury Traffic crashes (defined for this purpose as an incident on a public roadway involving one or more motor vehicles that result in death) were the second-leading cause of injury death in New Mexico in 2014, when 367 NM residents died in a traffic crash, for an average of one per day. Of these, 263 (25.4/100,000) were males and 104 females (9.8/100,000) died in traffic crashes.²

Native Americans were at greatest risk for motor vehicle injury death. In 2014, 87 (49.1/100,000) native American NM residents died from motor vehicle crash injuries. In addition, 165 Hispanics (17.6/100,000) and 108 Whites died in traffic crashes.²

Deaths due to driving while intoxicated (DWI) provide a hopeful example of a health outcome that has been successfully reduced by using a public health approach, both nationally and in New Mexico. From 1982 through 2013, New Mexico's alcohol-impaired motor vehicle traffic crash fatality rate decreased 83% in response to a wide range of policy and preventive interventions, including requiring ignition interlock for all DWI convictions. This dropped New Mexico from first to tenth among states in alcohol-impaired motor vehicle traffic crash fatalities per 100,000 population. Another state law requires children and youth under 18 to wear helmets and goggles while riding All-Terrain Vehicles. In addition to dedicated policymakers who were convinced of the value of injury prevention legislation, these efforts required the commitment of skilled, injury prevention advocates. There have been attempts to pass statewide statutes prohibiting or limiting use of cell phones. Although these efforts haven't yet been successful, some local ordinances are in effect. However, NM has a statute prohibiting texting while driving. In 2015, the Office of Injury Prevention provided technical

assistance to motorcycle injury prevention advocates in their efforts to have a universal motorcycle helmet law or a “partial motorcycle helmet law” passed by the legislature.

New Mexico has implemented a number of effective strategies

(http://www.cdc.gov/motorvehiclesafety/pdf/impaired_driving/drunk_driving_in_nm.pdf)

to prevent drunk driving, including sobriety checkpoints, requiring ignition interlocks for any DWI conviction, and a number of mass media campaigns. These interventions have been implemented by a number of community groups and agencies in the state, including New Mexico Department of Transportation, Department of Public Safety, and the Local DWI Programs. In 1993, New Mexico’s legislature passed the Local DWI Grant Program Act to fund DWI programs. The 33 county-level local DWI programs are currently funded by the DWI grant fund, which receives a fixed distribution of 41.5% of the net receipts attributable to the Liquor Excise Tax. The 33 county local DWI programs use these funds for the following programs: prevention; screening of convicted DWI offenders; alcohol-related domestic violence; compliance monitoring and tracking; providing alternative sentencing; coordination, planning, and evaluation; increasing law enforcement activities; and providing treatment.

However there is still work to be done. In 2014, 116 people were killed in alcohol-impaired driving crashes in New Mexico, accounting for almost one third of all traffic-related deaths (<http://www-nrd.nhtsa.dot.gov/Pubs/812231.pdf>). New Mexico can continue to reduce alcohol-involved motor vehicle crash deaths by implementing additional strategies recommended by the Centers for Disease Control and Prevention (CDC). Potential strategies include increasing education on and providing reimbursement for alcohol screening and brief intervention and supporting community mobilization.

New Mexico’s primary seat belt law, with support from law enforcement, has increased the seat belt usage rate to 92% in 2014, making the state’s seatbelt use well above the national rate of 87%, but below some other states’ rates.¹¹ Among high school students, 7.6% reported they rarely or never wore their seat belt when driving in a car. This rate was equal to the national rate, and was more favorable than all but 11 of the 40 state-

level YRBS surveys. The state's car seat and booster seat laws protect our youngest residents. New Mexico has a primary enforcement seat belt law covering all seating positions.

New Mexico has a graduated driver's licensing (GDL) law for teenage drivers that is intended to decrease the crash risk of new drivers. The law has three stages that allow a young driver to incrementally gain experience and acquire skills in low-risk driving situations. Several emergency medical services regional offices in New Mexico have led in developing and implementing interactive safe teen driving programs. NM's GDL law could be strengthened by changing the minimum age for a learner's permit from 15 years to 16 years, increasing the holding period for a driver with a learner's permit from the current six months to 12 months, and starting the nighttime driving restriction at 10:00 from the current 11:59 pm.¹³

Among high school students, a significant portion reported either impaired or distracted driving. 40.4% reported texting or emailing while driving a car in the last 30 days, and 8.9% reported drinking and driving in the last 30 days. These rates for these behaviors were similar to US rates.¹⁴

Young driver crashes and impaired driving are just two of many safety issues targeted in the New Mexico Comprehensive Transportation Safety Plan, in the development of which the Office of Injury Prevention was involved. The Plan, the work of multiple state agencies involved in transportation safety, provides a comprehensive program of actions and strategies intended to reduce injuries and fatalities among motorists, bicyclists, pedestrians, and riders of public transportation throughout New Mexico. Other emphasis areas addressed in the Plan include aggressive driving and speeding, crashes involving fatigue, distracted drivers, lane departures, and intersection crashes

The Office of Injury Prevention recently participated in State Traffic Records Assessment. This involvement will result in various improvements in OIP surveillance and reporting.

Falls Adult falls were the third leading cause of injury death in New Mexico in 2014, when 373 residents died (NM IBIS) and the leading cause of injury hospitalization.³ But for residents age 65 and older, falls were the leading cause of injury death, as falls accounted for 67% of all unintentional injury deaths in that age group.⁴ Falls can cause severe injuries among older adults such as hip fractures or head trauma, which can make independent living impossible and increase the risk of premature death.

Data from the 2010 New Mexico Behavioral Risk Factor Surveillance System (BRFSS), revealed that 18% of adults 45 years and older had fallen during a 3 month period.

Other leading *unintentional* or “accidental” injuries that claim the lives of NM residents and leave others disabled are suffocation, drowning, and fire/burns. In 2014, 177 New Mexicans died from unintentional suffocation, 29 died from unintentional drowning, and 26 from fire/burn injuries.²

Occupational Injury The injury prevention activities described above address injuries that occur at home and in our neighborhoods and communities. Prevention strategies are also in place to reduce the risk of injury in the workplace. Of the 881,000 New Mexicans in the workforce in 2012, 39 New Mexicans died as a result of a work-related injury, 40 workers suffered amputations, 1,050 sustained musculoskeletal disorders, and 31 acute pesticide poisoning episodes were reported to the New Mexico Poison and Drug Information Center. The Occupational Health and Safety Bureau (OHSB), part of the New Mexico Environment Department, works to enforce the federal Occupational Safety and Health Administration regulations as well as state specific regulations that keep the New Mexican workforce safe. The State of New Mexico Workers’ Compensation Administration as well as private organizations such as industry trade groups and labor unions also promote workplace safety. The New Mexico Occupational Health Surveillance Program (NMOHSP) tracks trends for occupational injury and fatalities. Occupational deaths are a significant health problems in New Mexico with a death rate substantially greater than that of the United States. Specifically, fatalities by industry indicated that oil and gas-related and transportation were the top two high risk industries for workplace fatality. Oil and gas fatalities occurred most frequently as a

result of motor vehicle accidents, followed by crushing/pinning accidents, falls, struck-by-object accidents, and electrocutions. The 2013 death rate was substantially higher than that for 2012. The increase in occupational related fatalities in NM from 2012 to 2013 was largely a result of an increase in transportation –related deaths for the year.

Intentional Injury

Violence Intentional or violent injury (injury that is an assault to oneself or another) is a leading cause of death and injury for New Mexicans. Communities and organizations throughout New Mexico are working to reduce the violence that affects so many of its people.

New Mexico Voices for Children, a statewide children's advocacy organization, prepares an annual report on the health, economic, and educational status of the state's children which is useful in explaining the social and economic conditions that put children at risk for violent as well as other types of injury.

School districts in New Mexico develop and implement comprehensive Safe School Plans that include violence prevention activities such as mentoring, mediation, and anti-bullying programs and policies as well as fire drills, evacuations, and shelter-in-place drills.

The New Mexico Sexual Violence Strategic Plan estimated, based on US data, that in 2013 the cost of reported rape in New Mexico was close to \$219,000,000. (New Mexico –Sexual Violence Free strategic plan) Since the number of unreported rapes in NM in 2013 is estimated to be four times that of reported rapes, the estimate in this plan was that the total cost associated with rape in NM in 2013 was close to nearly \$1 billion.¹⁵

New Mexico is one of the few states that systematically collects state and county data on domestic and sexual violence. It has an extensive mix of individuals and organizations working throughout the state to prevent and reduce the incidence of violence against women and to ensure that care is provided for survivors. These

include domestic violence shelters, rape crisis centers and service providers, sexual assault nurse examiners, sex offender treatment programs, prevention and intervention programs, advocacy organizations, courts, and law enforcement. Two comprehensive, non-profit organizations coordinate services and trainings: the New Mexico Coalition of Sexual Assault Programs and the New Mexico Coalition Against Domestic Violence. The New Mexico Coalition of Sexual Assault Programs maintains the New Mexico Interpersonal Violence Data Central Repository, which is the main statewide repository of domestic violence and sexual assault data. The NETWORK, an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations, meets regularly to share information and resources, provide training, identify gaps, needs and duplication of services, foster new partnerships and collaborate on legislative efforts.

Organizations such as the Coalition to Stop Violence Against Native Women address the often hidden but devastating and disproportionate impact of violence against Native American women in the state. State funding has also been appropriated for child sexual abuse prevention programs and parent advocates work on the prevention of issues such as Shaken Baby Syndrome. State agencies such as the New Mexico Department of Health's Office of Injury Prevention and Family Health Bureau, the New Mexico Children, Youth, and Families Department, and the New Mexico Crime Victims Reparations Commission, not in Google or websites provide various forms of guidance and assistance in the effort to reduce violence against women and children as well as older adults.

More recently, the Office of Injury Prevention has begun working with New Mexicans to Prevent Gun Violence, by presenting at a conference and preparing to better inform efforts to reduce intentional and unintentional firearm-related injury in NM. This organization promotes reasonable gun laws, educates the public about gun safety and the high emotional and financial costs of gun-related violence against children and adults.

Suicide In 2014, New Mexico had the third-highest suicide rate in the U.S. (WISQARS Injury Mortality Report), when suicide accounted for 21.0% of all New

Mexico injury deaths.² The suicide rate for all races for 2014, when NM experienced 450 suicides, was 21.1 per 100,000, which is 62% higher than the 13.0 per 100,000 for the U.S. in 2014. The NM suicide rate for males was 33.37/100,000, while the US rate for males was 9.16/100,000, making the NM rate 264% higher than the US rate.¹

New Mexico also ranked high among states for suicide among young adults ages 15-24 in 2014. The NM rate for both sexes was 21.30/100,000, while the US rate was 11.55/100,000, making the NM rate 84.4% higher than the U.S. rate. Among males in this age group, the US rate was 18.15/100,000, while the NM rate was 31.84/100,000 which is 75% higher than the US rate for males. Among females in this age group, The US rate was 4.61/100,000, while the NM rate was 9.97/100,000, making the NM rate, 116% higher than the US rate for females.

The attempted suicide rate among New Mexico high school students has declined from 12.5% in 2005 to 9.4% in 2015.¹⁶ Results from the 2013 *New Mexico Youth Risk and Resiliency Survey* (YRRS), a survey of New Mexico high school students, revealed that the prevalence of attempted suicide was similar to the US rate (8.0%) and to other states that conduct a similar Youth Risk Behavior Survey (14th highest rate out of 40 participating states) The New Mexico rate of suicide attempts resulting in an injury (3.1%) was also similar to US rate (2.7%).¹⁷

Attempted Suicide by Race/ethnicity, Grades 9-12
New Mexico Youth Risk and Resiliency Survey, 2013¹⁸

Race/Ethnicity	2013 Rate
American Indian	11.1%
Asian/Pacific Islander	12.7%
Black or African American	9.8%
Hispanic	10.6%
White	6.1%
All	9.4%

Males committed suicide at a much higher rate than females in New Mexico. In 2014, the suicide rate of 34.0 per 100,000 among males was almost 4 times that of women. Women, however, had a hospitalization rate for attempted suicide more than 35% higher than that of men.³ Suicide rates in New Mexico were highest among the ten leading causes of death for 10-14 year olds, and second-highest for the 15-34 year old age group.¹

In 2014, firearms accounted for 54% of all suicides in New Mexico. Suffocation accounted for 28%, poisoning accounted for 15%, and falls, fire or burns, and others accounted for less than 1% each.²

Homicide In 2014, homicide was the third leading cause of death for 14-34 olds in New Mexico, the fourth leading cause for 10-14 year olds, and the fifth leading cause of death 1-4 year olds. For the year 2014, the homicide rate in New Mexico was 6.8 per 100,000, 37% higher than the U.S. homicide rate.¹ Males were approximately 3.5 times more likely than females to be victims of homicide in New Mexico. As is the case with suicides, firearms were a primary weapon of choice in homicides in New Mexico. Fifty-four percent (54%) of all homicides were committed with firearms in 2014.²

For the 2014, the homicide rate was highest for Native Americans at 20.4 per 100,000, followed by 10.7 for Black or African Americans, 6.9 for Hispanics, and 3.6 for Whites.²

Intimate Partner Violence Intimate partner violence (IPV), which is defined as a physical attack by a current or former spouse, or a current or former boyfriend or girlfriend, also resulted in devastating injury in New Mexico. In 2003 and 2004, approximately three people a month died in circumstances related to intimate partner violence. An in-depth review of 28 IPV homicides (for the years 2003-2004) conducted by the New Mexico Intimate Partner Violence Homicide Review Team, revealed that 86% of the victims were female and the average age was 40. Forty-six percent (46%) were Hispanic, 39% were White, 11% were Native American, and 4% were Asian. Half of the victims died as a result of firearm injuries (in 86% of those incidents handguns were used). In 25% of the IPV cases

reviewed, children either witnessed the homicide or were present at the time of the homicide. In two cases children were killed.¹⁹

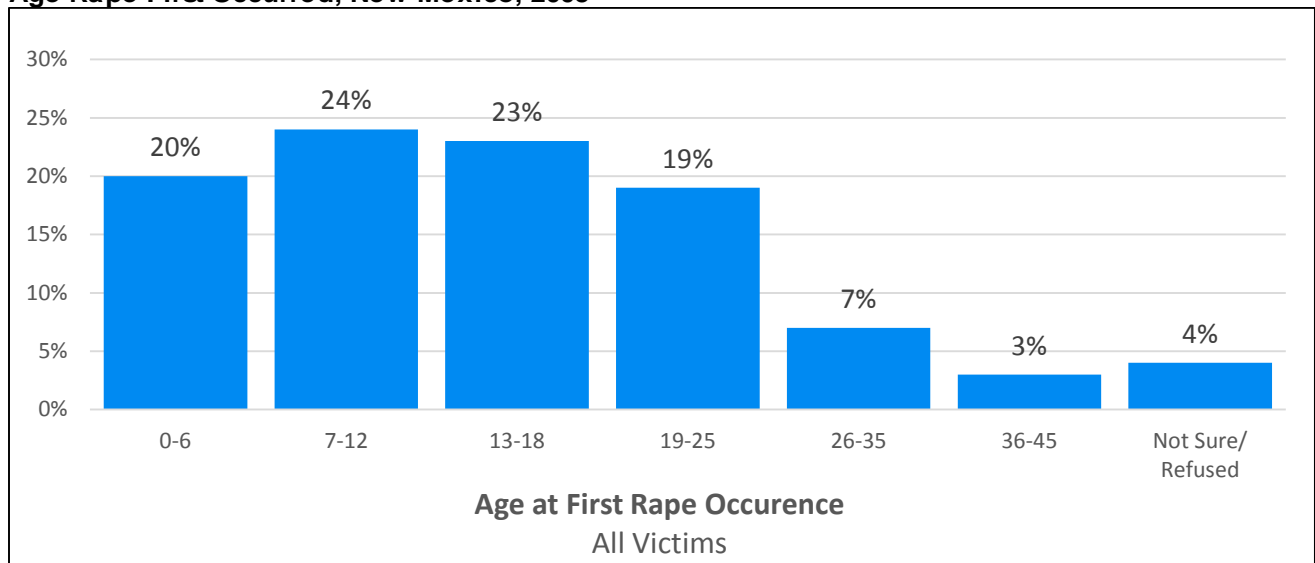
Among high school students who dated, 9.4% of students were physically hurt and 10% were forced to do sexual things (kissing, touching, or being forced to have sexual intercourse) by someone they dated or went out with. These rates are very similar to the US rates and to the rates of other states that participated in the YRBS survey. The results of the 2005 *Statewide Survey of Victimization in New Mexico* (SSV), a telephone survey of 4,000 adults, provided more information about domestic violence (which can include IPV but was defined more broadly as a physical attack on any household member) and intimate partner violence in the state. The survey revealed that 1 in 3 adult females and 1 in 7 adult males had been a victim of *domestic violence* in their lifetime. In addition, 1 in 4 adult females and 1 in 10 adult males had been the victim of *intimate partner violence* in their lifetime. The greatest proportion of victims of domestic violence (27%) and victims of intimate partner violence (32%) were 26-35 years of age, slightly over half of both domestic violence and intimate partner victims were White (non-Hispanic), and at least one-third of both types of victims were Hispanic. The SSV reported that 44% of victims of domestic violence and 47% of intimate partner violence were injured in their assaults.²⁰

According to the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of new mothers which asks about physical abuse by a husband or partner during the 12 months before pregnancy and during pregnancy, New Mexican mothers reported more physical abuse than mothers reporting from other states. Only three other states ranked below New Mexico among those states reporting. Abuse before and during pregnancy was more likely among American Indian women (10% of the total responding during pregnancy; 14.2% before) than among Hispanic women (5.9% during pregnancy; 6.8% before) or White women (3.5% during pregnancy; 4.6% before pregnancy).²¹

Sexual Violence In New Mexico, as reported in the *2005 Survey of Violence Victimization* (SVV), 1 in 4 adult females and 1 in 20 adult males were the victims of

rape or attempted rape in their lifetime. Fifty-three percent (53%) of all rape victims were White and 33% were Hispanic. Most rape victims were raped by someone they knew who was not a relative or intimate partner. Twenty-five percent (25%) of rape victims were injured during their rape incidents and one-third sought medical care for their injuries.²² Children and adolescents account for a large percentage of those sexually assaulted. According to the 2005 SVV, 20% of rape victims were children ages 0-6, 24% were children ages 7-12, 23% were 13-18 years old, and 19% were young adults 19-25 years old.²³

Age Rape First Occurred, New Mexico, 2005



Among high school students, 7.7% were physically forced to have sexual intercourse at some point in their lifetimes. This rate among girls (10.2%) was almost two times the rate among boys (5.4%). These rates were very similar to the US rates.²⁴

A report by Amnesty International documented the widespread but often unrecognized and unreported sexual violence experienced by Indigenous women in the United States. As noted in the report, data gathered from 1992 to 2002 by the U.S. Department of Justice (DOJ) indicate that Native American and Alaska Native Women are more than 2.5 times more likely to be raped and sexually assaulted than women in the U.S. in general. The report cited another DOJ study which concluded that more than 1 in 3 American Indian and Alaska Native women will be raped during their lifetime, compared to U.S. women as a whole at less than 1 in 5. The Amnesty International report also

stated that 50% of American Indian and Alaska Native women reported that they suffered physical injuries in addition to the rape; the figure for women in general in the U.S. is 30%. Additionally, in at least 86% of reported cases the perpetrators of sexual violence against American Indian and Alaska Native women were non-Indian.²⁵

Alcohol-Related Injury

New Mexico's rate of alcohol-related injury death has consistently been among the highest in the United States, approximately 1.5 times the national rate. For the years 2010-2014, the rate averaged 27.5 per 100,000 in New Mexico.²⁶ With an alcohol-related injury death rate of 53.8 per 100,000, double the state rate, Native Americans are most at risk. Alcohol-related injury death rates among males were 2 to 3 times higher than the rates among females across all races and ethnicities.²⁷

Deadly traffic crashes in New Mexico often involve alcohol. New Mexico had the ninth highest alcohol-related motor vehicle crash death rate in the nation in 2013.²⁸ In 2013, 30% of fatal crashes in New Mexico involved alcohol. The highest alcohol-related crash injury rates were among 25-64 year olds and many more males than females in this age group were killed or injured in alcohol-related crashes.

Alcohol was also a factor in approximately 35% of fall deaths, 28% of suicides, and 46% of homicides in New Mexico.²⁹ Alcohol problems in New Mexico were most likely due to excessive drinking by binge drinkers (having 5 or more drinks on at least one occasion during the past 30 days) who are not alcohol dependent. According to data from the 2002 New Mexico Behavioral Risk Factor Surveillance System (BRFSS), 87.9% of excessive drinkers reported binge drinking as their most prevalent type of excessive drinking. Of the adult survey respondents, only 1.8% met the criteria for alcohol dependence.³⁰

Traumatic Brain Injury

Traumatic brain injury (TBI) can result from both unintentional and intentional injury and serious cases can cause death or life-long impairment. Traumatic brain injury includes fractures, concussion, cerebral laceration and contusion, (subarachnoid, subdural and extradural) hemorrhage following injury, intracranial injury of other unspecified nature and head injury that is unspecified. Traumatic brain injuries involve an external force. Strokes, aneurysms and congenital anomalies, as examples, are not included among traumatic brain injuries. The consequences of a brain injury can include short and long-term memory loss, difficulty learning, impaired mobility and balance, and changes with

behavior, emotions, and cognitive functioning that can last a life-time.

In New Mexico, the death rate from traumatic brain injury average for the years 2007-2011 was 18.2/100,000 population and the hospitalization rate in 2003-2005 was 55/100,000 population. The 2003-2005 TBI death rate was 3.8 times higher for males than for females and the TBI hospital discharge rate was 2.2 times higher for males than for females.³¹

New Mexico's elderly population sustained the major burden of traumatic brain injury from 2003-2005, when NM residents 85 and older had the highest annual TBI death rate (228/100,000) for 2003-2005, followed by 75-84 year olds (102/100,000) and the highest rate of hospitalization for TBI (290/100,000 population) followed by the 75-84 year age group (136/100,000).³² Both patterns continued from 2007-2011. Traumatic Brain Injury Deaths, Hospitalizations, and Emergency Department Visits in New Mexico 2007-2011, Office of Injury Prevention NM Department of Health, 2012.

Preventing Injuries in New Mexico

New Mexico leads the nation with many of its high injury rates but the state's injury prevention community has responded by taking the lead in advocating for and implementing innovative and proactive programs and policies aimed at reducing New Mexico's burden of injury.

Motor Vehicle Injury New Mexico recently led the nation in enacting legislation requiring the use of ignition interlock devices for all convicted DWI offenders and by passing the most comprehensive recreational vehicle helmet law in the nation requiring children and youth under 18 to wear helmets when riding tricycles and bicycles and using skates, scooters, or skateboards. Another state law requires children and youth under 18 to wear helmets and goggles while riding ATVs. In addition to dedicated policymakers, convinced of the value of injury prevention legislation, these efforts required the commitment of skilled, tireless injury prevention advocates.

New Mexico's primary seat belt law, with support from law enforcement, increased the seat belt usage rate to over 92% in 2015, making the state's seatbelt use well above the national rate of 87%, and lower than that of only twelve states and the District of Columbia (NHTSA Traffic Safety Facts June 2015). The state's car seat and booster seat laws protect our youngest residents and visitors.

New Mexico has adopted a graduated driver's licensing (GDL) law for teenage drivers aimed at lowering the crash risk of new drivers. The law has three stages that allow a young driver to incrementally gain experience and acquire skills in low-risk driving situations. Several emergency medical services regional offices in New Mexico have also taken the lead in developing and implementing interactive safe teen driving programs. Additional work to strengthen the GDL law to include earlier "curfew" hours may be effective in reducing the number of teen driver-related deaths.

New Mexico has been aggressive in its approach to reducing alcohol-related traffic injury and death. In addition to mandatory ignition interlock devices for offenders, the state uses administrative license revocation, automobile impoundment, zero tolerance laws, a .08 BAC (Blood Alcohol Concentration) law, a minimum legal drinking age law, a DWI hotline, a sobriety checkpoint program, server training requirements, and a public education campaign to reduce impaired driving. In 2005, New Mexico had an 11% reduction in alcohol-related deaths and a 20% reduction in alcohol-related crashes resulting in injury from the year before. In 2005, New Mexico also had its lowest rate ever of alcohol-related motor vehicle crash death per 100,000.⁵³

Young driver crashes and impaired driving are just two of many safety issues targeted in the 2006 New Mexico Comprehensive Transportation Safety Plan. The Plan, the work of multiple state agencies involved in transportation safety, provides a comprehensive program of actions and strategies intended to reduce injuries and fatalities among motorists, bicyclists, pedestrians, and riders of public transportation throughout New Mexico. Other emphasis areas addressed in the Plan include: aggressive driving and speeding, crashes involving fatigue, distracted drivers, lane departures, and intersection crashes.

Poisoning Unintentional poisoning was the leading cause of injury death in New Mexico in 2014 (IBIS), due primarily to unintentional illicit drug overdoses. For the years 2012-2014, the median age of those who died from unintentional drug overdose was 43 years old and about one-quarter of those deaths involved drug *and* alcohol co-intoxication. About two thirds of the victims were male (64.3%), 41.5% were Hispanic, and 51.9% were White.

As in other states, overdose deaths *due to prescription drugs* have been increasing in New Mexico. For the years 1994 to 2014, the overdose death rate due to prescription drugs increased by 177%. In 2012-2014 more than half of all overdose deaths involved prescription drugs (56.8%). Nearly half percent (49.2%) of New Mexicans who died during 2012-2014 due to prescription drug only overdose were female and 63.7% were White. They had a median age of 47.0years and 25.2% had co-intoxication with alcohol.¹²

Unintentional Poisoning Deaths, New Mexico 2012-2014
(By Type of Drug Causing Death)¹²

	Illicit Drugs Only (n=495)	Prescription Drugs Only (n=545)	Mixed Illicit and Prescription Drugs (N=202)	Total Overdoses (n=1244)
Sex				
Male	77.4%	50.8%	68.8%	64.3%
Female	22.6%	49.2%	31.2%	35.7%
Age				
Median	41.1 years	47.0 years	39.7 years	43.4 years
Race/Ethnicity				
Hispanic	47.3%	26.9%	57.9%	41.5%
White/Non-Hispanic	45.3%	63.7%	37.1%	51.9%
American Indian	4.7%	4.6%	3.0%	4.3%
Black/Asian	2.6%	1.8%	2.0%	2.2%
Alcohol Co-Intoxication	27.10%	25.2%	23.1%	25.6%

Poisoning The State is taking an aggressive and innovative approach to its serious unintentional poisoning problem. In addition to providing 24-hour assistance to the people of New Mexico during possible poisoning emergencies, the New Mexico Poison and Drug Information Center also provides information for preventing poisonings among children and seniors.

To address unintentional poisonings from illicit drug overdoses, New Mexico is aggressively enforcing laws that halt the sale and distribution of illegal drugs. It is the first state in the nation to pass the 911 Good Samaritan Law that allows friends and family members to call 911 when someone they know has overdosed without fear of prosecution for possession of illegal substances. The New Mexico Department of Health's Harm Reduction Program provides overdose prevention trainings, prescriptions for Narcan, which can be administered in the event of an overdose, syringe exchange, community health and social service referrals, health education and disease prevention information, acu-detox, and in some locations primary medical care. The New Mexico Department of Health is working to increase the number of buprenorphine-certified physicians (an alternative to methadone therapy) and urging primary care physicians to maintain training in addiction medicine so they will be better equipped to recognize and address their patients' possible addictions to prescription medications.

Violence Communities and organizations throughout New Mexico are working to reduce the violence that affects so many of our citizens. The New Mexico Violence Free Youth Partnership (VFYP), established by the New Mexico Department of Health's Office of Injury Prevention, serves to coordinate statewide planning and prevention efforts concerning youth violence. The work of the VFYP is informed by the New Mexico Youth Violence Report Card (a detailed assessment of risk and resiliency factors, data sources, statewide policies, and currently available programs and services as they relate to youth violence in New Mexico) and guided by a strategic plan formulated by a broad range of stakeholders, including youth. The VFYP builds momentum for effective youth violence prevention by working to influence policy and legislation, change organizational practices, foster networks and coalitions, and promote community education.

New Mexico Voices for Children, a statewide children's advocacy organization, works on youth violence prevention through Youth Link – its youth leadership and policy development program. Youth Link provides New Mexican youth and young adults (ages 12 to 24 years) with the opportunity to develop leadership and advocacy skills, build strategic relationships with other youth and adults, and impact public policy. New Mexico Voices for Children also provides an annual report on the health, economic, and educational status of the state's children which is useful in explaining the social and economic conditions that put children at risk for violent as well as other types of injury.

School districts in New Mexico develop and implement comprehensive Safe School Plans that include violence prevention activities such as mentoring, mediation, and anti-bullying programs and policies as well as fire drills, evacuation and shelter-in-place drills.

New Mexico is one of the few states that systematically collects state and county data on domestic and sexual violence. It can also boast about an extensive mix of individuals and organizations working throughout the state to prevent and reduce the incidence of violence against women and care for survivors. These include domestic violence shelters, rape crisis centers and service providers, sexual assault nurse examiners, sex offender treatment programs, prevention and intervention programs, advocacy organizations, courts, and law enforcement. Two comprehensive, non-profit organizations coordinate services and trainings: the New Mexico Coalition of Sexual Assault Programs and the New Mexico Coalition Against Domestic Violence. The New Mexico Coalition of Sexual Assault Programs maintains the New Mexico Interpersonal Violence Data Central Repository, which is the main statewide repository of domestic violence and sexual assault data. The NETWORK, an inclusive collaborative of multidisciplinary, multicultural domestic violence and sexual assault program providers and organizations, meets regularly to share information and resources, provide training, identify gaps, needs and duplication of services, foster new partnerships and collaborate on legislative efforts.

Organizations such as the Coalition to Stop Violence Against Native Women address the often hidden but devastating and disproportionate impact of violence against Native American women in the state.

State funding has also been appropriated for child sexual abuse prevention programs and parent advocates work on the prevention of traumatic brain injury, which may result in death and often results in conditions such as Shaken Baby Syndrome. State agencies such as the New Mexico Department of Health's Office of Injury Prevention and Family Health Bureau, the New Mexico Children, Youth, and Families Department, the New Mexico Crime Victims Reparations Commission, and the Governor's Office of Victim Advocacy provide various forms of guidance and assistance in the effort to reduce violence against women and children as well as older adults.

Suicide The New Mexico Suicide Prevention Coalition provides education, support, and advocacy to reduce the suicide rate in New Mexico. State agencies and non-profit organizations work to implement the recommendations of the Governor's Youth Suicide Prevention Task Force including initiatives that emphasize school-based and community-based prevention strategies. The New Mexico Crisis and Access Line is a toll-free line operated 24/7 to respond to callers in crisis statewide to help any NM resident with any situation involving a behavioral health crisis. This includes not only suicidal but also homicidal thoughts, assistance with non-life-threatening services, mental/emotional trauma response, assistance with finding treatment services, and assistance for those who have family members or loved ones who are experiencing a mental health crisis. Other crisis lines in the state supplement that service. The New Mexico Department of Health's Office of School and Adolescent Health and the New Mexico Suicide Prevention Coalition work with local coalitions in several communities throughout the state to focus on understanding the signs of suicide, promote anti-stigma campaigns, and engage in advocacy and community crisis response planning. Evidence-based programming in the state includes Natural Helpers, a peer-to-peer program, and Gatekeeper, a program which increases awareness of the warning signs of suicide. School-based health centers throughout the state are also implementing an

evidence-based risk assessment tool for early detection of depression, substance abuse, eating disorders, and other risk factors often associated with suicide. When a school experiences a traumatic loss, Regional School Mental Health Advocates provide assistance to schools and communities including incident stress management, coordination of grief counseling as well as technical assistance to schools on ways to strengthen Safe School Plans.

Childhood Injury Organizations such as Safer New Mexico Now and the state's 10 local SAFE KIDS organizations work steadfastly to educate parents about the requirements of car seat and booster seat laws, provide training in the proper use of car seats and booster seats, and make seats available to caregivers. They also promote helmet use and bike safety among children through educational programs, skill-building and helmet give-aways that promote helmet use. The New Mexico Department of Transportation's Safe Routes to School program works with local schools and communities to make safety improvements to the walking and biking environment to and from schools.

The youngest New Mexicans also receive the benefit of safety education provided to child care providers through trainings and other educational outreach by the New Mexico Children, Youth, and Families Department.

New Mexico Child Fatality Review teams review child fatalities occurring statewide from newborns through 17 years old, including those resulting from child abuse and neglect, suicide, motor vehicle crashes, and other accidents, and also those that are determined to be sudden unexpected infant death. They use the data collected in their in-depth reports to make annual recommendations regarding application of injury prevention strategies, focusing on community systems improvements and policy change.

Adult Falls Injury prevention programs and activities are also protecting New Mexico's senior residents. The Adult Falls Prevention Coalition, an initiative of the Department of Health Office of Injury Prevention, which includes representation from the Indian Health Service, several Pueblos, senior centers, and various non-profit

organizations around the state, works to implement strategies that prevent falls in the elderly. The work of this coalition resulted in an appropriation of \$100K to the Department of Health to create an Adult Falls Prevention program coordinator and to establish several contracts for work ranging from community-based exercise and balance programming to training for medical providers on the use of the STEADI tool.

Brain Injury To address the specific devastation caused by brain injury, the New Mexico Brain Injury Alliance provides information, referral, education, and outreach services focusing on brain injury prevention and advocacy. It attends to the needs of individuals with brain injury as well as their family members and the professionals who work with them. Also, the Brain Injury Advisory Council is appointed by and advises the Governor, state agencies and the legislature on issues related to brain injury and advocates for the development of a statewide system of comprehensive, community based resources that will maximize personal choices and functional independence of persons with brain injuries and increase public awareness and promote prevention.

Occupational Injury The injury prevention activities described above address injuries that generally occur at home and in neighborhoods and communities. Prevention strategies are also in place to reduce the risk of injury in the workplace. Of the 881,000 New Mexicans in the workforce in 2012, 39 New Mexicans died as a result of a work-related injury, 40 workers suffered amputations, 1,050 sustained musculoskeletal disorders, and 31 acute pesticide poisoning episodes were reported to the New Mexico Poison and Drug Information Center. The Occupational Health and Safety Bureau (OHSB), part of the New Mexico Environment Department, works to enforce the federal Occupational Safety and Health Administration regulations as well as state specific regulations that keep the New Mexican workforce safe. The State of New Mexico Workers' Compensation Administration as well as private organizations such as industry trade groups and labor unions also promote workplace safety. The New Mexico Occupational Health Surveillance Program (NMOHSP) tracks trends for occupational injury and fatalities. Occupational deaths are a significant health problems in New Mexico with a death rate substantially greater than that of the United States. Specifically, fatalities by industry indicated that oil and gas-related and transportation were the top

two high risk industries for workplace fatality. Oil and gas fatalities occurred most frequently as a result of motor vehicle accidents, followed by crushing/pinning accidents, falls, struck-by-object accidents, and electrocutions. The 2013 death rate was substantially higher than that for 2012. The increase in occupational related fatalities in NM from 2012 to 2013 was largely a result of an increase in transportation –related deaths for the year.

Injuries in Native American Communities Injuries among Native Americans in New Mexico are being addressed through the participation of their representatives, as well as Indian Health Services staff in many of the coalitions described above but also through programs and services implemented in their own communities. The Indian Health Service (IHS) has a widely-recognized injury prevention program that facilitates the capacity building of tribes and communities by increasing understanding about the injury problem, supporting tribal land injury data collection, sharing effective injury prevention strategies, and assisting communities in implementing prevention programs. IHS specialists receive exceptional training in injury prevention and share their skills and knowledge with tribal communities throughout New Mexico. Pueblos also have injury prevention specialists focusing on injury issues in their communities. Injury is a priority area of the new Albuquerque Area Southwest Tribal Epidemiology Center, the mission of which is to provide health-related research, surveillance, and training to improve the quality of life of American Indians.

County and Tribal Health Councils Community-based health councils that exist in each of the state’s 33 counties and five Native American communities are the focal point of NM’s local public health system. They work to improve community health through community building, assessment and prioritization, and community action. They are key partners in many community-based injury prevention efforts.

Trauma System New Mexico is working on building a high quality trauma system that will provide state-of-the-art emergency care for residents and visitors who need trauma care in New Mexico. A state commitment of resources is supporting improvements to

the infrastructure of the state's trauma system, training for trauma care professionals, prevention activities, and the development of a data registry system.

Much can be done to lower the burden of injuries in New Mexico. This realization is made obvious by the high rates of injury in the state and also by the commitment of the many people who on a daily basis work to prevent injury and care for those who are injured. This Strategic Plan harnesses the dedication and passion of injury prevention practitioners and advocates in New Mexico and capitalizes on their knowledge and insight to guide future prevention activities. All who came together to develop the Plan agree that by increasing collaboration; sharing information with each other, the public, and policymakers; seeking additional resources, training, and data; and intensifying the commitment to implement proven strategies, much more will be done.

New Mexico Injury Prevention Strategic Plan 2008-2012 Updated through 2016

Goals, Objectives and Activities

Mission Statement

To prevent injury in New Mexico through community collaboration, capacity building, and action

Goals

- Goal 1:** Increase public awareness about injury prevention in New Mexico.
- Goal 2:** Build the capacity of communities, especially underserved communities, to develop and implement effective injury prevention programs.
- Goal 3:** Improve the quality, accessibility, and timely dissemination of injury data, especially for high-risk communities of New Mexico.
- Goal 4:** Increase funding for injury prevention initiatives in New Mexico.
- Goal 5:** Increase collaboration within the injury prevention community to implement injury prevention strategies for New Mexicans.
- Goal 6:** Develop an infrastructure for leading, coordinating, monitoring, and evaluating the implementation of the *New Mexico Injury Prevention Strategic Plan 2008-2012*.
- Goal 7:** Increase the use of evidence-based injury prevention interventions in New Mexico.
- Goal 8:** Increase the priority level for injury prevention issues among policymakers in New Mexico

Goal 1: Increase public awareness about injury prevention in New Mexico.

- **Objective 1.1:** Increase the number of programs/activities that address the public’s understanding that injuries are a major public health problem, by the end of December, 2016.
- **Objective 1.2:** Increase the number of programs/activities that address the public’s understanding that injuries are preventable, by the end of December, 2016.
- **Objective 1.3:** Increase the number of programs/activities that address public beliefs that injury prevention requires both a personal and shared/community responsibility, by the end of December, 2016.

	ACTIVITY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Conduct a baseline assessment of current programs/activities in New Mexico that address the public’s knowledge, attitudes, and beliefs regarding injury prevention	To be accomplished by the end of December, 2016	New Mexico Department of Health (NMDOH) - Office of Injury Prevention (OIP)	New Mexico Injury Prevention Coalition	Will not require additional funding.
B.	Develop and implement appropriate communication strategies and materials as well as activities and programs to promote the idea that injuries are a major public health problem and are preventable by changing the environment as well as individual behavior	To be accomplished by December 31, 2016	Communications Work Group	To be named by Communications Work Group	Development will not require additional funding. Additional funding will be required for implementation.
C	Identify spokespersons (policymakers, celebrities, injury survivors) for injury prevention as part of the communication strategy	To be accomplished by the end of December. 2016	Communications Work Group	To be named by Communications Work Group	Will not require additional funding.

Indicators of Success:

- Report on baseline assessment
- Development of communication materials to promote the evidence that injuries are a major public health problem and can be prevented by changing the environment as well as individual behavior
- Implementation of communication strategy
- Identification of spokespeople for injury prevention as part of the communication strategy
- Increase in the number of programs/activities addressing the public's knowledge, attitudes, and beliefs regarding injury prevention.

Goal 2: Build the capacity of communities, especially underserved high-risk communities, to develop and implement effective injury prevention programs.

- **Objective 2.1:** Increase the number of injury prevention practitioners in community organizations that have the skills needed to support programs and services in New Mexico communities, by the end of 2016.
- **Objective 2.2:** Increase the number of community organizations that have the infrastructure needed to support programs and services in New Mexico communities, by the end of 2016.
- **Objective 2.3:** Increase the capacity of injury prevention practitioners to obtain funding by developing a resource database for injury prevention funding opportunities that is current, user-friendly, and accessible, by the end of 2016.
- **Objective 2.4:** Increase the capacity of injury prevention practitioners to advocate for injury prevention issues, by the end of 2016.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Identify underserved communities in New Mexico as defined by their access to injury prevention services and their risk for injury	To be accomplished by the end of December, 2016	NMDOH – OIP	Community health councils; EMS Regions; Child Fatality Review Panels; New Mexico Public Schools;	Will not require additional funding.
B.	Assess and address specific needs and resources in underserved communities with regard to capacity building	To be accomplished by the end of December,	NMDOH – OIP, underserved communities	New Mexico Injury Prevention Coalition	May require additional funding.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
C.	Identify/inventory community organizations that support injury prevention programs and/or activities, particularly in underserved communities	To be accomplished by the end of December, 2016	NMDOH – OIP, underserved communities	New Mexico Injury Prevention Coalition	Will not require additional funding.
D.	Conduct a baseline needs assessment of the injury prevention personnel skills and infrastructure in the identified community organizations	To be accomplished by the end of December, 2016	NMDOH – OIP, underserved communities	New Mexico Injury Prevention Coalition	May require additional funding.
E.	Create opportunities to provide training to increase knowledge in injury prevention and build program support skills, advocacy skills and fundraising skills, particularly in underserved communities	To be accomplished by the end of December, 2016	Indian Health Service, NMDOH - OIP	University of New Mexico (UNM) Prevention Research Center, New Mexico Voices for Children, Brain Injury Alliance; DOH Office of School and Adolescent Health;	May require additional funding.
F.	Develop and maintain a user-friendly and accessible Web-based and hard copy resource database for injury prevention funding opportunities	To be accomplished by the end of December, 2016	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.
G.	Promote the funding resource database to injury prevention partners in New Mexico	To be accomplished by the end of Dec	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.

Indicators of Success:

- Identification of underserved communities
- Assessment of needs and resources in underserved communities
- Implementation of strategies to address the capacity building needs of underserved communities
- An inventory of community organizations
- Report on baseline needs assessment
- Training opportunities to increase knowledge in injury prevention
- Training opportunities to build program support skills, advocacy skills, and fundraising skills
- Development and maintenance of a Web-based database for injury prevention funding opportunities
- Promotion of resource database
- Increase in the number of injury prevention partners who use funding resource database
- Increase in the number of injury prevention practitioners in community organizations that have the skills needed to support programs and services in New Mexico communities
- Increase in the number of community organizations that have the infrastructure needed to support programs and services in New Mexico communities
- Increase in the capacity of injury prevention practitioners to advocate for injury prevention issues

Goal 3: Improve the quality, accessibility, and timely dissemination of injury data, especially for underserved communities, in New Mexico.

- **Objective 3.1:** Enhance the reporting of data from selected injury databases (e.g., police data, Emergency Department data, Emergency Medical Services data), by 2012.
- **Objective 3.2:** Enhance the dissemination of current New Mexico injury data to improve timeliness and accessibility, by 2012.
- **Objective 3.3:** Enhance the opportunities for and capacity of injury prevention partners in New Mexico to access and use existing injury databases, by 2012.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Inventory injury databases available in New Mexico (including cost data from non-fatal injury care, rehabilitation, disability, workers' comp, and brain injury; external cause of injury coding (E-coding))	To be accomplished by the end of December, 2016	NMDOH – OIP		Will not require additional funding.
B.	Convene a Data Work Group of injury prevention data experts, users, and advocates as well as representatives from healthcare institutions to accomplish the following activities	To be accomplished by the end of December, 2016	Data Work Group	Tribal Epidemiology Centers and others with access to tribal injury data and other injury data	Will not require additional funding.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
C.	Develop multiple methods of dissemination to enhance timeliness and accessibility	To be accomplished by the end of Dec. 2016	NMDOH - OIP	To be identified by Data Work Group	May require additional funding
D.	Advocate for and help to implement multiple methods of dissemination to enhance timeliness and accessibility	To be accomplished by Dec. 2016	Data Work Group	To be identified by Data Work Group	May require additional funding
E.	Promote existing databases among injury prevention partners in New Mexico (e.g., via written communication materials or Web-based)	To be accomplished the end of December, 2016	Data Work Group	To be identified by Data Work Group	May require additional funding
F.	Provide opportunities to build capacity in the interpretation and use of injury data	To be accomplished by the end of Dec. 2016	Data Work Group	To be identified by Data Work Group	May require additional funding
G.	Identify and develop ways to promote access to web-based data resources to underserved communities	To be accomplished by the end of December, 2016	Data Work Group	To be identified by Data Work Group NMDOH – OIP, underserved communities	May require additional funding

Indicators of Success:

- Report on inventory of injury databases
- Establishment of a Data Work Group
- Development of methods of dissemination
- Advocacy for implementation of dissemination methods
- Implementation of dissemination methods
- Improvement in dissemination of injury data for timeliness and accessibility
- Promotion of existing databases for injury prevention partners in New Mexico
- Increase in the opportunities for injury prevention partners in New Mexico to access and use current, existing injury databases
- Increase in the number of opportunities for underserved communities to access and use web-based data resources

Goal 4: Increase funding for injury prevention initiatives in New Mexico.

- **Objective 4.1:** Promote the idea of earmarking funds for permanent injury prevention funding among New Mexico policymakers, health council members, and community groups, through and beyond 2016.
- **Objective 4.2:** Increase the amount of permanent funding for injury prevention made available to underserved communities, through and beyond 2016.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Identify potential funding sources that could be used by policymakers and other decision makers as permanent injury prevention funding	To be accomplished by Sept. 2016	Advocacy Work Group	To be identified by Advocacy Work Group	Will not require additional funding.
C.	Develop and implement specific strategies to ensure that underserved communities get access to injury prevention funds	To be accomplished by the end of December, 2016	NMDOH – OIP, underserved communities	New Mexico Injury Prevention Coalition	Will not require additional funding.

Indicators of Success:

- Identification of funding sources
- Development of specific strategies to ensure access of underserved communities to funding.
- Implementation of specific strategies to ensure access of underserved communities to funding.
- Increase in the amount of funding for injury prevention.
- Increase in the amount of funding for injury prevention made available to underserved communities.

Goal 5: Increase collaboration within the injury prevention community to implement injury prevention strategies for New Mexicans.

- **Objective 5.1:** Increase membership in the New Mexico Injury Prevention Coalition (formerly known as the Injury Community Planning Group), by 2012.
- **Objective 5.2:** Increase communication and collaboration among injury prevention partners within and between communities in New Mexico, by 2012.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Identify injury prevention practitioners and community representatives working on injury prevention projects and solicit their membership in the New Mexico Injury Prevention Coalition by offering incentives (e.g., workshops/trainings, access to databases, shared knowledge, support)	To be accomplished by the end of December, 2016	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.
B.	Create opportunities for sharing information and for networking within the injury prevention community, particularly among underserved communities	To be accomplished by December, 2016	New Mexico Injury Prevention Coalition	Underserved communities	Will require additional funding.
C.	Develop an annual Injury Prevention conference in New Mexico to showcase injury prevention, provide training and skill-building, and opportunity for networking	To be accomplished by the end of December, 2016	NMDOH – OIP, New Mexico Injury Prevention Coalition	To be determined by the lead groups	Will require additional funding.

Indicators of Success:

- Increase in the number of Coalition members
- Increase in communication and collaboration among injury prevention partners within and between communities in New Mexico, particularly underserved communities
- Development of an annual injury prevention conference

Goal 6: Develop an infrastructure for leading, coordinating, monitoring, and evaluating the implementation of the New Mexico Injury Prevention Strategic Plan 2008-2012.

- **Objective 6.1:** Designate the New Mexico Injury Prevention Coalition (formerly known as the Injury Community Planning Group) as the lead organization responsible for marketing, implementing, and evaluating the *Strategic Plan*, by 2008.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Establish a Steering Committee of the New Mexico Injury Prevention Coalition to oversee the implementation, marketing, and evaluation of the <i>Strategic Plan</i>	To be accomplished by December, 2016	Ad hoc infrastructure committee	New Mexico Injury Prevention Coalition	Will not require additional funding.
B.	Re-establish subcommittees and ad hoc groups of the New Mexico Injury Prevention Coalition, as needed, to implement the goals of the <i>Strategic Plan</i>	To be completed by December, 2016	New Mexico Injury Prevention Coalition		Accomplished with current funding.
C.	Distribute the <i>Strategic Plan</i> to all injury prevention partners in New Mexico	To be completed by December, 2016	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.
D.	Develop a “press kit” to promote the <i>Strategic Plan</i>	To be accomplished by December, 2016	Communications Work Group	NMDOH – OIP	Will not require additional funding.
E.	Develop and implement a plan to disseminate the <i>Strategic Plan</i> and press kit to the Governor, policymakers, media/press outlets, opinion leaders, etc.	To be accomplished by December, 2016	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
F.	Make the <i>Strategic Plan</i> available on the Internet	To be completed by April, 2016	NMDOH – OIP		Will not require additional funding.
G.	Provide updates to the Internet site on progress with achieving the goals and objectives	To be accomplished by December, 2016	NMDOH – OIP	New Mexico Injury Prevention Coalition	Will not require additional funding.
H.	Evaluate the <i>Strategic Plan</i> with emphasis on sharing lessons learned	To be accomplished by December, 2016	UNM Prevention Research Center/State Evaluator	NMDOH – OIP, New Mexico Injury Prevention Coalition	Will require additional funding.

Indicators of Success:

- Establishment of Steering Committee
- Establishment of sub-committees and ad-hoc groups
- Distribution of the *Strategic Plan* to injury prevention partners statewide
- Development of a press kit for the *Strategic Plan*
- Dissemination of the *Strategic Plan* and press kit to key individuals/institutions
- Availability of the *Strategic Plan* on the Internet with updates
- Evaluation of the *Strategic Plan* with sharing of lessons learned

Goal 7: Increase the use of evidence-based injury prevention interventions in New Mexico.

- **Objective 7.1:** Increase the number of injury prevention practitioners/health council members, and other community group members, who understand the importance of evidence-based injury prevention programs, by 2012.
- **Objective 7.2:** Increase the number of injury prevention practitioners/health council members, and other community group members, that have access to information about current, evidence-based injury prevention programs, by 2012.
- **Objective 7.3:** Increase the number of injury prevention practitioners/health council members, and other community group members, that implement evidence-based injury prevention programs, by 2012.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Identify ways to promote the use of evidence-based practices	To be accomplished by the end of December, 2016	NMDOH – OIP, UNM Prevention Research Center	To be identified by lead groups	Will not require additional funding.
B.	Make existing evidence-based practices information available to the injury prevention community through a web-based resource and hard copy	To be accomplished by the end of December, 2016	NMDOH – OIP, UNM Prevention Research Center	New Mexico Injury Prevention Coalition	Will not require additional funding.
C.	Provide opportunities for training in the implementation and evaluation of injury-specific evidence-based practices and integrate into existing training	To be accomplished by the end of December, 2016	Indian Health Service	New Mexico Injury Prevention Coalition	Will require additional funding.

Indicators of Success:

- Identification of ways to promote the use of evidence-based practices
- Promotion of the use of evidence-based practices
- Hard copy and web-based resource of evidence-based practices information
- Training in the implementation of injury-specific evidence-based practices
- Increase in the number of injury prevention practitioners/health council members, and other community group members, who understand the importance of evidence-based injury prevention programs
- Increase in the number of injury prevention practitioners/health council members, and other community group members, that have access to information about current, evidence-based injury prevention programs
- Increase in the number of injury prevention practitioners/health council members, and other community group members, that implement evidence-based injury prevention programs

Goal 8: Increase the priority level for injury prevention issues among policymakers in New Mexico.

- **Objective 8.1:** Increase the number of New Mexico policymakers who know about the *New Mexico Injury Prevention Strategic Plan 2008-2012 – 2016 Update*, by December, 2016.
- **Objective 8.2:** Increase the number of New Mexico policymakers that support the implementation of the *Strategic Plan*, by December, 2016.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Offer advocacy training to all New Mexico Injury Prevention Coalition members	To be continued as in the past	Advocacy Work Group	To be identified by Advocacy Work Group	May require additional funding.
B.	Identify the policymakers that the New Mexico Injury Prevention Community will target with a campaign to promote the importance of injury prevention issues in New Mexico	To be accomplished by December, 2016	Advocacy Work Group	To be identified by Advocacy Work Group	Will not require additional funding.
C.	Launch an advocacy campaign (develop and disseminate communication materials appropriate for the identified policymakers) to promote the intended outcomes of the <i>Strategic Plan</i> and to gain support (verbal and tangible) from policymakers	To be accomplished by December, 2016	Advocacy Work Group	To be identified by Advocacy Work Group	May require additional funding.

Indicators of Success:

- Creation of the Injury Prevention Advocacy Outreach Task Force
- Advocacy training session(s) for the Task Force
- Development and implementation of an advocacy campaign for policymakers
- Increase in the number of New Mexico policymakers who know about the *New Mexico Injury Prevention Strategic Plan 2008-2012 – 2016 Update*
- Increase in the number of New Mexico policymakers who support the implementation of the *Strategic Plan*
- Realization of *Strategic Plan* goals and objectives through establishment of effective injury prevention policies

References:

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2002) [cited Year Month (abbreviated) Day]. Available from <URL:www.cdc.gov/injury/wisqars>
2. New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health Retrieved on 3-22-16 from New Mexico Department of Health, Indicator-based Information System for Public Health website: <http://ibis.health.state.nm.us/>
3. New Mexico Hospital Inpatient Discharge Data, New Mexico Department of Health Retrieved on 3-22-16 from New Mexico Department of Health, Indicator-based Information System for Public Health website: <http://ibis.health.state.nm.us/>
4. New Mexico Emergency Department Data, New Mexico Department of Health Retrieved on 3-22-16 from New Mexico Department of Health, Indicator-based Information System for Public Health website: <http://ibis.health.state.nm.us/>
5. Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking. Executive Summary May 2008. Available at http://www.borderhealth.org/files/res_798.pdf. Accessed March 23, 2016.
6. Henry J. Kaiser Foundation, State Health Facts, accessed 3-16-16
7. Indesmundi.com
8. New Mexico Office of the Medical Investigator
9. 2013 NM-YRRS Results: Synthetic Marijuana Use 2014 New Mexico Department of Health and New Mexico Public Education Department. Available at http://www.youthrisk.org/pdf/YRRS_Connections_3
10. Kann L., Kinchen S., Shanklin S., et.al. Youth Risk Behavior Surveillance – United States, 2013 MMWR 2014 – 63 (No,4): 106-107
11. National Highway Safety Administration
12. Kann L., Kinchen S., Shanklin S., et.al. Youth Risk Behavior Surveillance – United States, 2013 MMWR 2014 – 63 (No. 4): 52-53
13. CDC Prevention Status Reports
14. 2013 Risk Behavior Comparisons New Mexico and United States High Schools (Grades 9-12) NM Department of Health and NM Public Education Department Available at <http://www.youthrisk.org/table/#/1>

15. New Mexico Sexual Violence Free Strategic Plan
16. FitzGerald C, Reno J, Green D, and Peñaloza L. 2015. New Mexico Youth Risk & Resiliency 2013 Survey Results Report: Mental Health and Related Behaviors. Epidemiology and Response Division, New Mexico Department of Health, School and Family Support Bureau, New Mexico Public Education Department, and the University of New Mexico Prevention Research Center.
17. FitzGerald C, Reno J, Green D, and Peñaloza L. 2015. New Mexico Youth Risk & Resiliency 2013 Survey Results Report: Mental Health and Related Behaviors. Epidemiology and Response Division, New Mexico Department of Health, School and Family Support Bureau, New Mexico Public Education Department, and the University of New Mexico Prevention Research Center
18. 2013 NM-YRRS Results: Sexual Dating Violence. 2014. NM Department of Health and NM Public Education Department. Available at http://www.youghrisk.org/pdf/YRRS_Connections_5.pdf and Kann L., Kinchen S, Shanklin S, et.al, Youth Risk Behavior Surveillance — United States, 2013. MMWR 2014; 63 (no,4):50-71.
19. Bauer, M., Crandall, C., Sklar D. Getting Away with Murder, Volume V. Intimate Partner Violence Deaths 2003-2004 Findings and Recommendations from The New Mexico Intimate Partner Violence Death Review Team August 2007.
20. Caponera, B Incidence and Nature of Domestic Violence in New Mexico VI: An Analysis of 2005 Data from the New Mexico Interpersonal Violence Data Central Repository June 2006
21. Weng S, Coronado E, Sisneros D, Nalder S. NM PRAMS Surveillance Report: Year 2001-2002 births. Family Health Bureau New Mexico Department of Health, Santa Fe, NM, 2005. Available at <http://www.health.state.nm.us/phd/prams/home.html>. "There are assaults that do not result in a laceration, broken bone, internal injury etc. and the victim may report that he or she was not injured."
22. Caponera B. Sex Crimes in New Mexico V: An Analysis of Data from the Survey of Violence Victimization in New Mexico and the New Mexico Interpersonal Violence Data Central Repository 2002-2006 January 2005. Some Injuries are characteristic of the rape such as vaginal or rectal injuries: other injuries are those incurred during the rape such as head and neck injuries for strangulation attempts and injuries to the torso or extremities such as broken bones or lacerations from attempts to restrain or physical assault. E-mail communication with Dr. Betty Caponera, 11-7-07
23. Sex Crimes in New Mexico V: an Analysis of Data from The Survey of Violence Victimization in New Mexico and The New Mexico Interpersonal Violence Data Central Repository, 2002-2005

24. New Mexico Youth Risk and Resiliency Survey Grades 9-12 New Mexico Department of Health and New Mexico Public Education Department
 25. Amnesty International, Maze of Injustice: The Failure to Protect Indigenous Women from Sexual Violence in the USA. 2007
 26. New Mexico Department of Health, Substance Abuse Epidemiology Unit, Injury and Behavioral Epidemiology Bureau. New Mexico State Epidemiology Profile Spring 2005. Available at <http://www.health.state.nm.us/pdf/SPF>.
 27. New Mexico State Epidemiology Profile, 2016
 28. New Mexico State Epidemiology Profile, Spring 2005
 29. Injury Hurts New Mexico July 2007
 30. Woerle S, Roeber J, Landen M. Prevalence of Alcohol Dependence Among Excessive Drinkers in New Mexico Alcohol Clin Exp Res 31(2) 2007:293-298.
 31. New Mexico Bureau of Vital Records and Health Statistics
-