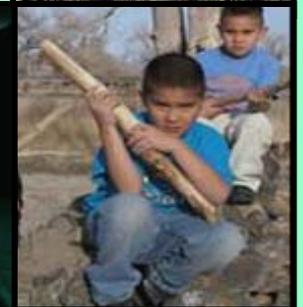
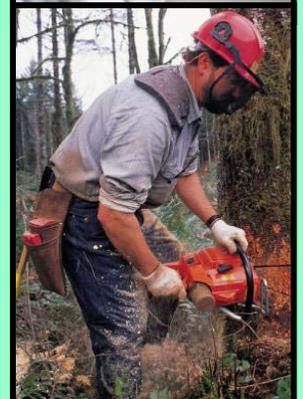


New Mexico Injury Prevention Strategic Plan 2008-2012



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

2008-2012

Funded by:

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Injury and Behavioral Epidemiology Bureau
Epidemiology and Response Division
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This publication was supported by Cooperative Agreement #U17-CCU624823-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Executive Summary

The New Mexico Injury Prevention Strategic Plan: 2008-2012 addresses the tremendous toll that injuries exact on our State – the pain and suffering, the cost, often the young lives 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 are 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 Mexicans suffer the highest unintentional injury death rates in the country – largely due to motor vehicle crashes, poisonings, and falls. New Mexico also ranks second in the country among the states for intentional injury death rates – suicide and homicide, with youth suicide rates being particularly high. We are especially challenged by high rates of alcohol-related injury.

At present, we recognize the need for greater capacity-building and more funding to tackle the enormity of the burden of injury in New Mexico. This Plan proves, however, that there is no lack of creativity, dedication, collaboration, and perseverance among the people working in injury prevention to undertake the challenge.

The New Mexico Injury Prevention Coalition has been created out of the process of formulating this Plan. Its mission is to prevent injury in New Mexico through community collaboration, capacity building, and action. We invite 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 Leona

Woelk, Injury Prevention Coordinator at the New Mexico Department of Health, Office of Injury Prevention, leona.woelk@state.nm.us, 505-222-8621.

Acknowledgements

The New Mexico Injury Prevention Strategic Plan: 2008-2012 is 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 have dedicated our time and expertise to the planning process. We represent diverse sectors including governmental agencies, non-profit organizations, private service organizations, research institutions, and tribal entities. We work on various injury issues and represent different geographic regions within the state.

We would like to take this opportunity to acknowledge the work of those who have come before us -- the many determined and skilled people in the state that have dedicated endless hours of work to injury prevention and have contributed to the formulation and implementation of previous statewide injury prevention strategic plans. Our efforts to continue to plan and hope are inspired by their hard work and fortitude. We applaud the ongoing efforts of the many individuals who continue to work throughout the state to protect the citizens of New Mexico from injury.

We extend special recognition to Corinne Shefner-Rogers who designed and facilitated the strategic planning sessions. Her artful direction and leadership are deeply appreciated. We are also grateful for the technical assistance of Dr. Linda Peñaloza and Ms. Susan DeFrancesco of the University of New Mexico Prevention Research Center (PRC). They guided the strategic planning process from start to finish and facilitated the final implementation session. Ms. DeFrancesco wrote the Introduction to this Plan, incorporating many of the suggestions and comments of the members of the New Mexico Injury Prevention Coalition. We are appreciative of her injury prevention expertise, her attention to detail, and her perseverance. Thanks too to Ms. Judith Rinehart of the PRC who handled all the meeting and travel logistics with proficiency.

Please see the list of those who participated in the planning sessions for The New Mexico Injury Prevention Strategic Plan: 2008-2012 beginning on page 31.

Introduction

Each day in New Mexico, an average of nearly 5 people die from an injury, approximately 40 other New Mexicans are hospitalized, 705 are seen in emergency departments, and another 2,035 visit other health care facilities for treatment of their injuries.¹ Injuries exact a tremendous toll on our state's families and our state's resources. The only greater tragedy of the pain and suffering caused by injuries is that most are preventable.

The New Mexico Injury Prevention Strategic Plan: 2008-2012 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 lead to a more skilled, informed, and effective injury prevention workforce, change that will generate more funding and resources for injury prevention initiatives, and change 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 this most recent Injury Prevention Strategic Plan (which updates the 2003 New Mexico Department of Health Strategic 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 group chose to focus the plan on its mission of preventing injuries through community collaboration, capacity building, and action.

¹New Mexico Department of Health. Injury Hurts New Mexico. July 2007. Available at <http://health.state.nm.us/epi/injury.html>.

With funding from the Office of Injury Prevention and technical assistance from the University of New Mexico Prevention Research Center, the ICPG organized three strategic planning sessions in May and June of 2007. In addition to recruiting ICPG members to the sessions, invitations were extended to a broad spectrum of organizations and individuals to make the process as inclusive as possible. At the first and second sessions participants formulated statewide injury prevention goals and objectives and at a third meeting, participants developed strategies and activities for accomplishing the plan's goals and objectives. Following each session, the products developed were sent by e-mail to ICPG members and session participants for feedback. Each time a document was distributed for review, it was sent to all ICPG members and session participants, regardless of whether they had actually participated in any particular planning session.

A fourth and final meeting was held in September of 2007 to develop an implementation plan to carry out the objectives of the Strategic Plan. (See the list of individuals who participated in the planning sessions beginning on page 31.) At this meeting, the ICPG changed its name to the New Mexico Injury Prevention Coalition. Implementation of the Plan will be evaluated by a team consisting of the New Mexico Department of Health's Office of Injury Prevention, the Coalition, and the University of New Mexico Prevention Research Center. The evaluation will serve to monitor and assess the Plan's effectiveness.

Background

Traditionally, injuries or “accidents” 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 taught us how injuries occur and who in the population is most at risk. It has helped us understand the multiple forces that cause injury. To effectively reduce death and disability due to injury, we no longer focus solely on the behavior of the injured person. We take a broader prevention approach. We examine 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.

We 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 or ethnicities. As revealed by the injury data presented below, Native Americans and Hispanics suffer the greatest burden with respect to many of the major injury problems in New Mexico. While it is important for us to highlight this unequal effect so that appropriate attention and resources can be devoted to address it, it is also essential for us to understand that race and ethnicity are not the 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.² For example, poverty puts individuals at high risk of injury (e.g., affects access to safe housing, safe products, safe neighborhoods, and preventive social resources) and Hispanic and Native American populations experience high levels

² Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking. Executive Summary. May 2006. Available at: http://www.borderhealth.org/files/res_798.pdf. Accessed November 1, 2007.

of poverty in New Mexico. About 32% of Native Americans statewide live below the federal poverty level as does nearly 24% of the Hispanic population.³

New Mexico is predominantly rural, with low population density (all but five of New Mexico's thirty-three counties have less than 33 people per square mile), 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.⁴ Rural poverty, which affects many Native American 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.⁵ Hispanic and Native American populations in New Mexico also have a high percentage of young people and many injuries disproportionately affect youth. In New Mexico, the Hispanic population is younger than the rest of the nation and children under 18 represent 41% of the Native American population.⁶ Our prevention strategies need to include a focus on these conditions that encourage injury in New Mexico.

It is with this breadth of understanding that we approach injury prevention and have developed the New Mexico Injury Prevention Strategic Plan: 2008-2012. We invite all those who read this Plan to embrace its goals and become part of the effort to create

³ Southwest Hispanic Research Institute. The University of New Mexico. The New Mexico Report. 2003-2004. Available at: <http://www.unm.edu/~shri/images/NMReport200304.pdf>. Accessed November 1, 2007; Cacari Stone, L. and Boldt, D. Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking. Executive Summary. May 2006. Available at: http://www.borderhealth.org/files/res_798.pdf. Accessed November 1, 2007

⁴ U.S. Census Bureau. TM-M2. Persons Per Square Mile, 2006. Available at: http://factfinder.census.gov/servlet/ThematicMapFramesetServlet?_bm=y&-PANEL_ID=tm_result&-_MapEvent=displayBy&-tm_name=PEP_2006_EST_M00090&-ds_name=PEP_2006_EST&-tm_config=|b=50||=en|t=806|zf=0.0|ms=thm_def|dw=1.9557697048764706E7|dh=1.4455689123E7|dt=gov.census.aff.domain.map.LSRMapExtent|if=gif|cx=-1159354.4733499996|cy=7122022.5|zl=10|pz=10|bo=|bl=|ft=350:349:335:389:388:332:331|fl=403:381:204:380:369:379:368|g=01000US|ds=PEP_2006_EST|sb=86|tud=false|db=040|mn=1|mx=9519|cc=1|cm=1|cn=5|cb=|um=Persons/Sq%20Mile|pr=0|th=PEP_2006_EST_M00090|sf=N|sg=&-tree_id=806&-redoLog=false&-errMsg=&-geo_id=04000US35&-_dBy=050. Accessed November 1, 2007.

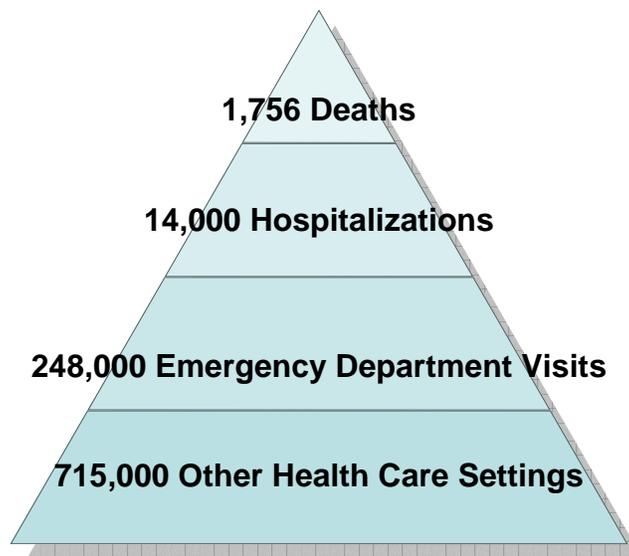
⁵ Reed, TE. Ethnic differences in alcohol use, abuse, and sensitivity: a review with genetic interpretation. *Social Biology*. 1985. 32(3-4): 162-209.

⁶ Cacari Stone, L. and Boldt, D. Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking. Executive Summary. May 2006. Available at: http://www.borderhealth.org/files/res_798.pdf. Accessed November 1, 2007.

the change necessary to make each day in New Mexico safer for its citizens. If you would like more information or would like to offer your ideas or suggestions, contact Leona Woelk, Injury Prevention Coordinator at the Office of Injury Prevention, leona.woelk@state.nm.us, 505-222-8621.

The Burden of Injury in New Mexico

Injuries are 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.⁷ 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 2004, 1,756 New Mexicans died from an injury.⁸ In that same year, an estimated 14,000 people were hospitalized for an injury, nearly 248,000 injury victims were seen in emergency departments, and about 715,000 others were treated in other health care settings.⁹



New Mexico fares poorly compared to the U.S. and other states. In 2004, the injury death rate per 100,000 people in the U.S. was 56.2. The injury death rate for New Mexico residents that year was much higher at 92.6 per 100,000.¹⁰ In 2004, New Mexico had the highest death rate from unintentional or “accidental” injury in the U.S. and had the second highest intentional (violence-related) injury death rate among the states.¹¹

⁷ New Mexico Department of Health. Injury Hurts New Mexico. July 2007. Available at <http://health.state.nm.us/epi/injury.html>.

⁸ These deaths do not include legal interventions or operations of war.

⁹ Injury Hurts New Mexico. July 2007.

¹⁰ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2004) Available at: www.cdc.gov/ncipc/wisqars. Accessed October 30, 2007; NM Bureau of Vital Records and Health Statistics.

¹¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2004) Available at: www.cdc.gov/ncipc/wisqars. Accessed May 23, 2007.

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 over \$4 billion annually.¹² The emotional and social costs are immeasurable.

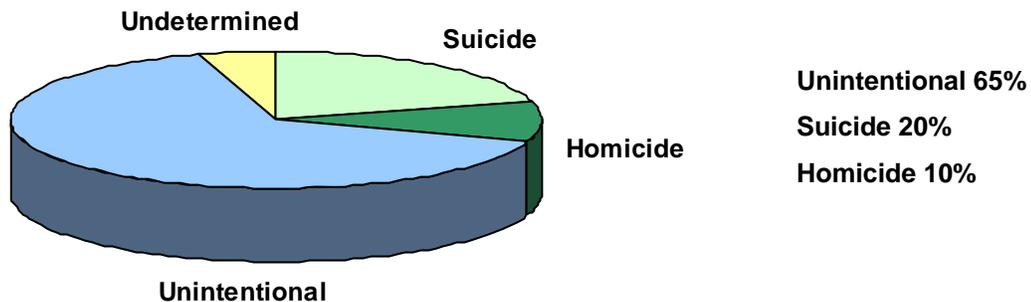
**Cost of Fatal Injuries in New Mexico in 2004 Dollars
(Based on 1999-2002 Average Incidence)**

<i>Medical Cost</i>	<i>Work Loss Cost</i>	<i>Quality of Life Loss Cost</i>	<i>Total</i>
\$14,559,300	1,375,181,200	\$2,628,335,600	\$4,018,076,100

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.

Injury Deaths by Intent, New Mexico, 2004

Source: New Mexico Bureau of Vital Records and Health Statistics



¹² Children’s Safety Network Economics & Data Analysis Resource Center, at Pacific Institute for Research and Evaluation, Calverton, MD, 2005. Incidence based on the National Center for Health Statistics Multiple Cause-of-Death File, 1999-2002. The costs were adapted using state-specific price adjusters.

Unintentional (Accidental) Injury

Traffic crashes Traffic crashes¹³ were the leading cause of injury death in New Mexico. In 2005, a New Mexican died in a traffic crash every 18 hours, and every 22 minutes a person was injured – that’s 488 fatalities and 24,489 injuries. New Mexicans ages 15-19 years old had the highest traffic crash rate. The highest percentages of traffic *deaths* occurred among 20-24 year olds (14%) and the highest percentage of traffic *injuries* occurred among 15-19 year olds (17%).¹⁴

Total *pedestrian-related traffic injuries* in 2005 were 445 (61 of the injuries were fatal). Total *bicycle-related traffic injuries* were 312 (4 were fatal).¹⁵



In 2005, a New Mexican died in a traffic crash every 18 hours and every 22 minutes a person was injured.

Native Americans were at greatest risk for motor vehicle injury death. For the years 2004-2006 the motor vehicle injury death rate averaged 40 per 100,000 for Native Americans, more than double the rate for Whites and nearly double that for Hispanics.¹⁶

**Motor Vehicle Death Rates in New Mexico
2004-2006¹⁷**

Race/Ethnicity	2004-2006 Rate (per 100,000)
American Indian	40.0
Hispanic	22.6
White	16.9
African American	7.1*
Asian/Pacific Islanders	5.4*

*Rates denoted by an asterisk are based on less than 20 cases and may fluctuate greatly from year to year.

¹³ A traffic crash is defined as an incident on a public roadway involving one or more motor vehicles that resulted in death, personal injury, or at least \$500 in property damage. They include crashes involving bicycles and pedestrians which each accounted for 1% of total traffic crashes in 2005.

¹⁴ New Mexico Department of Transportation, Programs Division, Traffic Safety Bureau. New Mexico Traffic Crash Information 2005. Available at: <http://www.unm.edu/~dgrint/annual/annrept05.pdf>. Accessed June 22, 2007.

¹⁵ New Mexico Traffic Crash Information 2005.

¹⁶ New Mexico Department of Health, Office of Policy and Multicultural Health. Racial and Ethnic Health Disparities Report Card. August 31, 2007. Available at: <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>. Accessed: December 17, 2007.

¹⁷ Adapted from Racial and Ethnic Health Disparities Report Card.

Poisoning Unintentional poisoning was the second leading cause of injury death in New Mexico, due primarily to accidental illicit drug overdoses. For the years 1994 to 2003, the median age of those who died from unintentional drug overdose was 40 years old and about one-third of those deaths involved drug *and* alcohol co-intoxication. More than three-quarters of the victims were male (76.5%), 54.8% were Hispanic, and 40.4% were white non-Hispanic.

As in other states, overdose deaths *due to prescription drugs* have been increasing in New Mexico. For the years 1994 to 2003, overdose deaths due to prescription drugs increased by 179%. Nearly forty-four percent (43.9%) of New Mexicans who died during that time period due to prescription drug overdose were female and 63.2% were white non-Hispanics. They had a median age of 44.2 years and 21.4% had co-intoxication with alcohol.¹⁸

**Unintentional Poisoning Deaths, New Mexico 1994-2003
(By Type of Drug Causing Death)¹⁹**

	Illicit Drugs (n=1116)	Prescription Drugs (n=467)	Total Overdoses (n=1906)
Sex			
Male	85.9%	56.1%	76.5%
Female	14.1%	43.9%	23.5%
Age			
Median	38.6 years	44.2 years	40 years
Race/Ethnicity			
Hispanic	63.4%	33.6%	54.8%
White/Non-Hispanic	31.1%	63.2%	40.4%
American Indian	2.0%	2.4%	2.2%
Black/Asian	3.5%	0.8%	2.6%
Alcohol Co-Intoxication	37.7%	21.4%	32.6%

¹⁸ Mueller, MR, Shah, NG. Landen, MG. Unintentional Prescription Drug Overdose Deaths in New Mexico, 1994-2003. Am J Prev Med 2006;30(5):423-429.

¹⁹ Mueller, MR, Shah, NG. Landen, MG. Unintentional Prescription Drug Overdose Deaths in New Mexico, 1994-2003. Am J Prev Med 2006;30(5):423-429.

Falls Falls were the third leading cause of injury death in New Mexico and the leading cause of injury hospitalization.²⁰ But for our senior citizens, age 65 and older, falls were the *leading cause* of injury death. Falls accounted for 40% of all injury deaths in that age group.²¹ 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.²² Data from the 2003 New Mexico Behavioral Risk Factor Surveillance System (BRFSS), revealed that 14% of adults 45 years and older had fallen down during a 3 month period and 37% reported being injured in the fall to the extent that their regular activities were limited by their injury.²³ In 2005, in New Mexico, the hip fracture hospitalization rate for people 65 and older was 649.9 per 100,000, 36.5 times higher than that of 15 to 64 year olds.²⁴

Other leading *unintentional* or “accidental” injuries that claim the lives of our citizens and leave others disabled are suffocation, drowning, and fire/burns. Thirty-eight New Mexicans died in 2004 from unintentional suffocation, 30 died from unintentional drowning, and 23 from fire/burn injuries.²⁵

Intentional Injury

Suicide Intentional or violent injury (injury that is an assault to oneself or another) was a leading cause of death and injury for New Mexicans. In 2004, suicide accounted for 20.4% of all injury deaths.²⁶ For the years 2002-2004 the suicide rate for all races in

²⁰ New Mexico Selected Health Statistics Annual Report for 2004.

²¹ Injury Hurts New Mexico. July 2007.

²² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Falls Among Older Adults: An Overview. Fact Sheet available at: <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm>. Accessed July 3, 2007.

²³ New Mexico Department of Health. Epidemiology and Response Division. Health Behaviors and Conditions of New Mexicans, 2003: Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS). Available at: http://www.health.state.nm.us/pdf/HealthBehaviors-and-Conditions_2003.pdf. Accessed August 21, 2007.

²⁴ Prepared by the New Mexico Department of Health, Office of Injury Prevention from 2005 Hospital Inpatient Discharge Data (HIDD) collected by the New Mexico Health Policy Commission.

²⁵ Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2004). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: www.cdc.gov/ncipc/wisqars. Accessed July 3, 2007.

²⁶ SenGupta, S. Suicide in New Mexico. The New Mexico Epidemiology Report. Vol. 2006, No. 1. March 10, 2006. Available at: <http://www.health.state.nm.us/PDF/ERSuicide031006.pdf>. Accessed on: June 18, 2007.

New Mexico averaged 18.7 per 100,000 -- 80% higher than the suicide rate of 10.8 per 100,000 for the U.S. in 2003.²⁷

New Mexico also ranked among the states with the highest suicide rates for young adults ages 15-24. In 2004, the suicide rate for ages 15-24 was 10.1 per 100,000 in the U.S. but for New Mexicans the rate was more than double at 25.5 per 100,000. For this age group in New Mexico, suicide is the second leading cause of death.²⁸ For the years 2004-2006 the suicide rate averaged the highest among Native American youth at 28.4 per 100,000, followed closely by Hispanics with a rate of 23.7 per 100,000.²⁹

Attempted suicides among youth were also high in New Mexico. Results from the 2005 *New Mexico Youth Risk and Resiliency Survey* (YRRS), a survey of New Mexico high school students, revealed that the prevalence of attempted suicide was the

Youth Suicide Rates in New Mexico³⁰

Race/Ethnicity	2004-2006 Rate (per 100,000)
American Indian	28.4
Hispanic	23.7
White	18.2
African American	10.1*
Asian/Pacific Islander	17.8*

*Rates denoted by an asterisk are based on less than 20 cases and may fluctuate greatly from year to year

third highest among the states that conduct a similar Youth Risk Behavior Survey. Also, reports of suicide attempts treated by a health professional were higher in New Mexico than in any other participating state.³¹

²⁷ New Mexico Selected Health Statistics Annual Report for 2004.

²⁸ New Mexico Health Policy Commission. 2007 Quick Facts. January 2007.

²⁹ New Mexico Department of Health, Office of Policy and Multicultural Health. Racial and Ethnic Health Disparities Report Card. August 31, 2007. Available at: <http://www.health.state.nm.us/opmh/2007ReportCard.pdf>. Accessed: December 17, 2007.

³⁰ Adapted from Racial and Ethnic Health Disparities Report Card.

Males committed suicide at a much higher rate than females in New Mexico. In 2004, the suicide rate of 32.1 per 100,000 among males was more than 4 times that of women. Women, however, had a hospitalization rate for attempted suicide one and half times that of men.³² Suicide rates in New Mexico were highest among White males 75 years and older and among Native American men ages 25 to 34.³³

In 2004, firearms accounted for 54% of all suicides in New Mexico. Suffocation accounted for 28%, poisoning accounted for 16%, and falls and fire or burns accounted for less than 1% each.³⁴

Homicide In 2004, homicide was the third leading cause of death for 15 to 34 year olds in New Mexico and the second leading cause of death for 1-4 year olds.³⁵ For the years 2002-2004 the average homicide rate in New Mexico was 8.6 per 100,000 -- 43% higher than the U.S. homicide rate. Males were three times more likely than females to be victims of homicide in New Mexico.³⁶ As is the case with suicides, firearms were a primary weapon of choice in homicides in New Mexico. Forty-two percent (42%) of all homicides were committed with firearms in 2004.³⁷

For the years 2003-2005 the average homicide rate was highest for Native Americans at 13.1 per 100,000, followed by 10.7 for African Americans, 10.5 for Hispanics, 4.7 for Whites and 3.3 for Asian/Pacific Islanders.

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,

³¹ Green D, Peñaloza LJ, Chrisp E, Dillon M, Cassell, CM, Tsinajinnie, E, Rinehart, J, Ortega, W. (2006). New Mexico Youth Risk and Resiliency Survey (YRRS): 2005 Report of State Results. New Mexico Departments of Health & Public Education: Santa Fe, NM.

³² *Suicide in New Mexico*.

³³ 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-SIG_State_Epi_Report_v3.2.pdf. Accessed May 25, 2007.

³⁴ *Suicide in New Mexico*.

³⁵ Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2004). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: www.cdc.gov/ncipc/wisqars. Accessed July 3, 2007.

³⁶ *New Mexico Selected Health Statistics Annual Report for 2004*.

³⁷ *Injury Hurts New Mexico*. July 2007.

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.³⁸

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.³⁹

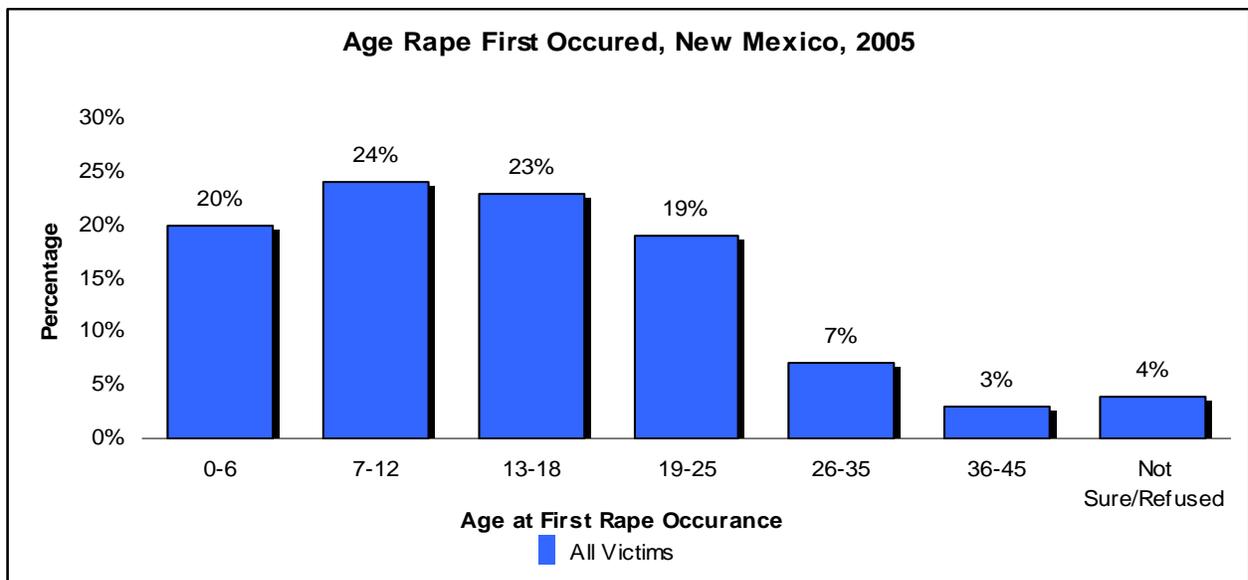
According to the Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of new mothers which asks about physical abuse by a husband or partner during the 12 months before pregnancy and during pregnancy, New Mexican mothers reported more physical abuse than mothers reporting from other states.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

³⁸ 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.

³⁹ 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.

pregnancy; 6.8% before) or White women (3.5% during pregnancy; 4.6% before pregnancy).⁴⁰

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.⁴¹ 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.⁴²



Adapted from: *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*.

⁴⁰ 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>. Accessed July 6, 2007. 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.

⁴¹ 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, 2002-2005*. January 2007. 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 from 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.

⁴² *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*.

A recent 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.⁴³

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 1999-2003, the rate averaged 23.4 per 100,000 in New Mexico.⁴⁴ With an alcohol-related injury death rate of 42.4 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.⁴⁵

Deadly traffic crashes in New Mexico often involve alcohol. New Mexico had the sixth highest alcohol-related motor vehicle crash death rate in the nation.⁴⁶ In 2005, 40% of fatal crashes in New Mexico involved alcohol. The highest alcohol-related crash injury rates were among 15-24 year olds and many more males than females in this age

⁴³ Amnesty International. *Maze of Injustice: The Failure to Protect Indigenous Women From Sexual Violence in the USA*. 2007.

⁴⁴ 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-SIG_State_Epi_Report_v3.2.pdf. Accessed May 25, 2007

⁴⁵ *New Mexico State Epidemiology Profile*, Spring 2005.

⁴⁶ *New Mexico State Epidemiology Profile*, Spring 2005.

group were killed or injured in alcohol-related crashes. Alcohol-related crashes were estimated to cost the state more than \$920 million annually – or \$477 per capita.⁴⁷

Alcohol was also a factor in approximately 35% of fall deaths, 28% of suicides, and 46% of homicides in New Mexico.⁴⁸ 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.⁴⁹

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 averaged for the years 2003-2005 was 23/100,000 population and the hospitalization rate was 55/100,000 population. The 2003-2005 TBI death rate was 3.8 times higher for males than for

⁴⁷ New Mexico Department of Transportation, Programs Division, Traffic Safety Bureau. *Driving While Impaired, New Mexico, 2005*. Available at: <http://www.unm.edu/~dgrint/dwirep/dwi05.web.pdf>. Accessed June 22, 2007.

⁴⁸ *Injury Hurts New Mexico*. July 2007.

⁴⁹ 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.

females and the TBI hospital discharge rate was 2.2 times higher for males than for females.⁵⁰

Our elderly population sustains the major burden of traumatic brain injury. New Mexicans aged 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).⁵¹

This description of the injury burden in New Mexico is intended as an overview. The reader is directed to *Injury Hurts New Mexico* at <http://www.health.state.nm.us/epi/injury.html> as well as many of the resources noted in the footnotes to obtain more information.

⁵⁰ NM Bureau of Vital Records and Health Statistics.

⁵¹ NM Bureau of Vital Records and Health Statistics.

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, has increased the seat belt usage rate to nearly 90% in 2006, making the state's seatbelt use well above the national rate of 81%.⁵² The state's car seat and booster seat laws protect our youngest citizens.

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.

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,

⁵² New Mexico Department of Transportation. *New Mexico Safety Belt Report Survey 2006 Report*. September, 2006; National Center for Statistics and Analysis, National Highway Traffic Safety Administration. *Seat Belt Use in 2006 – Overall Results*. Traffic Safety Facts: Research Note, November 2006.

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 The State is taking an aggressive and innovative approach to its serious unintentional poisoning problem. In addition to providing 24-hour assistance to the citizens 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,

⁵³New Mexico Department of Transportation, Programs Division, Traffic Safety Bureau. *Driving While Impaired, New Mexico, 2005*. Available at: <http://www.unm.edu/~dgrint/dwirep/dwi05.web.pdf>. Accessed June 22, 2007.

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 bupenorphine 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 Sacred Circle and 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, 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 Line is a toll-free line operated 24/7 to respond to callers in crisis statewide. 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 New Mexico 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. 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.

Our 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 working throughout the state report on child deaths in New Mexico from newborns through 24 year olds - including homicide, suicide, unintentional injury, abuse and/or neglect, motor vehicle crashes and sudden infant death. Applying the data collected in their in-depth reports, the fatality review teams advocate for needed injury prevention strategies, focusing on community systems improvements and policy change.

Adult Falls Injury prevention programs and activities are also protecting our senior citizens. 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 Coalition has conducted a statewide needs assessment of organizations providing services to older adults and promotes a falls prevention exercise program that has been proven to reduce falls among the elderly. It has recently initiated an effort to adapt the National Council on Aging's *Falls Free™ National Action Plan* to New Mexico to foster a coordinated and collaborative approach to preventing injuries and fatal falls among older adults.

Brain Injury To address the specific devastation caused by brain injury, The Brain Injury Association of New Mexico 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, appointed by the Governor to advise him, state agencies and the legislature on issues related to brain injury, 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 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 860,000 New Mexicans in the workforce in 2004, 57 New Mexicans died as a result of a work-related injury, 40 workers suffered amputations, 2,310 sustained musculoskeletal disorders, and 38 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.

Injuries in Native American Communities Injuries among Native Americans in New Mexico are being addressed through their participation 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 our 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 all of those injured 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.

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New Mexico Injury Prevention Strategic Plan 2008-2012

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 underserved communities, in New Mexico.
- Goal 4:** Establish permanent 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 2012.
- **Objective 1.2:** Increase the number of programs/activities that address the public’s understanding that injuries are preventable, by 2012.
- **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 2012.

	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 June 2008	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 Sept. 2008	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 Sept. 2008	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 idea 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 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 2012.
- **Objective 2.2:** Increase the number of community organizations that have the infrastructure needed to support programs and services in New Mexico communities, by 2012.
- **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 2009.
- **Objective 2.4:** Increase the capacity of injury prevention practitioners to advocate for injury prevention issues, by 2012.

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 June 2008	NMDOH – OIP	Community health councils; EMS Region 3; Child Fatality Review Board; New Mexico Public Schools; NMDOH Epidemiology and Response Division	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 June 2009	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/activities, particularly in underserved communities	To be accomplished by June 2008	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 Dec. 2009	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 June 2010	Indian Health Service	University of New Mexico (UNM) Prevention Research Center, New Mexico Voices for Children, Brain Injury Association; 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 June 2009	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 June 2009	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, workmen's comp, and brain injury; external cause of injury coding (E-coding))	To be accomplished by June 2008	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 June 2008	Data Work Group (Injury Surveillance Alliance)	Tribal Epidemiology Centers and others with access to tribal injury data and other injury data	Will not require additional funding.
C.	Identify/recommend methods for improving injury prevention reporting and advocate for, help implement, and monitor the implementation of recommendations	To be accomplished by Dec. 2009	Data Work Group	To be identified by Data Work Group	May require additional funding.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
D.	Pilot test revised/new systems for injury data reporting	To be accomplished by June 2010	Data Work Group	To be identified by Data Work Group	May require additional funding.
E.	Provide data, standards, and training to healthcare institutions for improving the recording of injury circumstance information in medical records	To be accomplished by Dec. 2010	Data Work Group	To be identified by Data Work Group	May require additional funding.
F.	Develop multiple methods of dissemination to enhance timeliness and accessibility	To be accomplished by June 2011	Data Work Group	To be identified by Data Work Group	May require additional funding
G.	Advocate for and help to implement multiple methods of dissemination to enhance timeliness and accessibility	To be accomplished by Dec. 2011	Data Work Group	To be identified by Data Work Group	May require additional funding
H.	Promote existing databases among injury prevention partners in New Mexico (e.g., via written communication materials or Web-based)	To be accomplished by June 2009	Data Work Group	To be identified by Data Work Group	May require additional funding
I.	Provide opportunities to build capacity in the interpretation and use of injury data	To be accomplished by June 2009	Data Work Group	To be identified by Data Work Group	May require additional funding
J.	Identify and develop ways to promote access to web-based data resources to underserved communities	To be accomplished by June 2009	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
- Identification and recommendations for improving injury prevention reporting
- Pilot testing and implementation of recommendations
- Development and implementation of training in injury reporting for healthcare institutions
- Improvements in reporting of data from selected injury databases
- 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: Establish permanent 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, by 2012.
- **Objective 4.2:** Increase the amount of permanent funding for injury prevention made available to underserved communities, by 2012.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Identify potential funding sources that can be earmarked by policymakers and other decision makers as permanent injury prevention funding	To be accomplished by Sept. 2008	Advocacy Work Group	To be identified by Advocacy Work Group	Will not require additional funding.
B.	Create an advocacy campaign to promote earmarking of funds	To be accomplished by Jan. 2009	Advocacy Work Group	Communications Work Group	May require additional funding.
C.	Develop and implement specific strategies to ensure that underserved communities get access to permanent injury prevention funds	To be accomplished by Dec. 2012	NMDOH – OIP, underserved communities	New Mexico Injury Prevention Coalition	Will not require additional funding.

Indicators of Success:

- Identification of funding sources
- Creation of advocacy campaign
- Development of specific strategies to ensure access of underserved communities to permanent funding.
- Implementation of specific strategies to ensure access of underserved communities to permanent funding.
- Increase in the amount of permanent funding for injury prevention.
- Increase in the amount of permanent 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 Dec. 2012	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 Dec. 2012	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 Dec. 2008	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 Jan. 2008	Ad hoc infrastructure committee	New Mexico Injury Prevention Coalition	Will not require additional funding.
B.	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>	Accomplished	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 accomplished by Jan. 2008	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 Sept. 2008	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 Jan. 2008	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 accomplished by June 2008	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 Dec. 2012	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 June 2012	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 Dec. 2009	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 June 2010	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 June 2010	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*, by 2008.
- **Objective 8.2:** Increase the number of New Mexico policymakers that support the implementation of the *Strategic Plan*, by 2010.

ACTIVITY		TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
A.	Offer advocacy training to all New Mexico Injury Prevention Coalition members	To be accomplished by Dec. 2008	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 Sept. 2008	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 Jan. 2009	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*
- Increase in the number of New Mexico policymakers that support the implementation of the *Strategic Plan*
- Realization of *Strategic Plan* goals and objectives through policymaking