

STATEWIDE STRATEGIC PLAN FOR PREVENTING FIREARM INJURIES AND DEATHS IN NEW MEXICO, 2021-2026



TABLE OF CONTENTS

Acknowledgments	3
Executive Summary	4-6
Background	7-12
Purpose	13
Methods	
Data Collection	14-15
Data Analysis	15
Results	
Literature Review	16-23
Prevention Strategies from the Discussion Sessions	24-28
Goals and Objectives	29-32
Conclusion	33
References	34-35
Appendices	36-37



ACKNOWLEDGMENTS

This strategic plan was developed on behalf of the New Mexico Department of Health (NMDOH) Epidemiology and Response Division. The University of New Mexico Prevention Research Center would like to thank the following for their invaluable assistance in the development of this plan:

New Mexico Department of Health Office of Injury Prevention

- Rachel Wexler, Section Manager
- Garry Kelley, Senior Injury Epidemiologist

New Mexicans to Prevent Gun Violence

- Miranda Viscoli, Co-President

University of New Mexico Hospital Department of Surgery

- Dr. Richard Miskimins, Assistant Professor

The authors are also grateful to all of the community stakeholders from across New Mexico who participated in the virtual discussion sessions. This report was prepared by Dr. Theresa Cruz, Dr. Ivy Vitanzos Cervantes, and Ms. Yvonne Vitanzos of the University of New Mexico Prevention Research Center.

This plan was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award # 6 NU17CE010023-01-01 totaling \$225,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

EXECUTIVE SUMMARY

Firearm injuries and deaths are a serious public health problem in the United States and in New Mexico. In order to better understand and address the issue in the state, the New Mexico Department of Health (NMDOH) applied for and received a Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant, awarded by the Centers for Disease Control and Prevention (CDC). The three main areas of focus for the FASTER grant are to improve use of firearm surveillance definitions provided by the CDC, to increase the timeliness of aggregate reporting of emergency department visits for nonfatal firearm injuries, and to better disseminate surveillance findings to prevent or respond to firearm injuries. These systems level improvements are expected to result in a better understanding of firearm injuries in the state and to provide insights into prevention opportunities. Additionally, the NMDOH supported development of this five-year strategic plan to address firearm injury in New Mexico in a comprehensive manner.

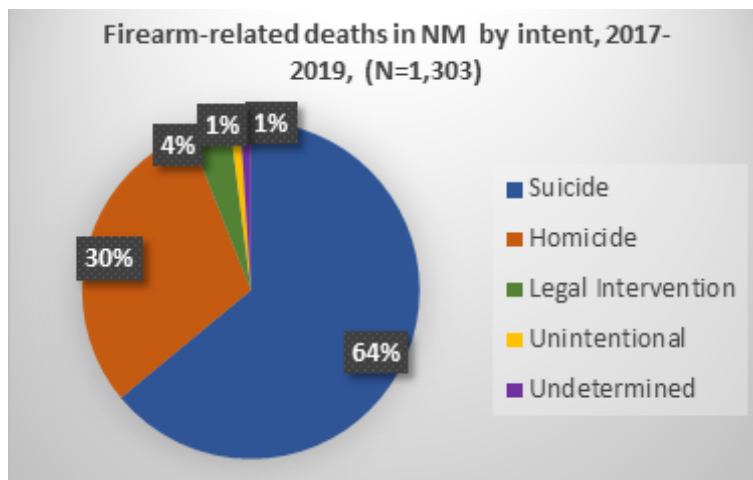
Purpose

The purpose of this strategic plan is to identify strategies for reducing firearm injuries and deaths in New Mexico through a public health approach to prevention.

Understanding the Scope of Firearm Injuries and Deaths in New Mexico

Firearm injury and death data show that:

- New Mexico had the 4th highest age-adjusted firearm fatality rate in the nation in 2019.
- On average, one New Mexico resident died from a firearm injury every day.
- Among firearm deaths in New Mexico, 64% were suicides, 30% were homicides, 4% were legal intervention (by law enforcement agents in the line of duty), 1% were unintentional, and 1% were of undetermined intent.
- In 2019, firearm injuries accounted for 354 emergency department visits, 223 hospitalizations, and 472 deaths.
- The annual cost of firearm injuries and deaths in New Mexico is estimated at \$1.8 billion (U.S. Congress Joint Economic Committee, Democratic Staff, 2019).



EXECUTIVE SUMMARY

Working Toward a Solution

Firearm injuries and deaths are predictable and preventable. In order to determine priority strategies for prevention in New Mexico, a review of the evidence was conducted and listening sessions with stakeholders were held. This strategic plan presents the evidence-base for firearm injury prevention strategies and summarizes the results of the discussion sessions. It culminates in three overarching goals, with more specific objectives to be achieved by 2026.

Firearm Injury Prevention Goals and Objectives

An overview of the goals and objectives are provided here, in the Executive Summary. These are expanded upon, to include associated activities, on pages 29 to 32 of this document.

Goal 1: Increase use of the public health approach in statewide firearm injury prevention efforts in New Mexico

- Objective 1:1: Identify at least two venues where stakeholders can regularly share information and resources regarding prevention of firearm injuries and deaths
- Objective 1:2: Increase access to and use of firearm injury data in New Mexico by developing and implementing a firearm injury reporting system that uses standardized data elements and definitions
- Objective 1:3: Increase the evidence base for firearm injury prevention by conducting at least two public health practice studies or evaluations of firearm injury prevention strategies
- Objective 1:4: Identify at least two mechanisms for dissemination of firearm injury data and prevention information to stakeholders and the general population
- Objective 1:5: Participate in at least two activities to increase access to mental health and behavioral health services in New Mexico

Goal 2: Foster safer environments in homes, schools, workplaces, and public spaces in New Mexico

- Objective 2:1: Identify and collaborate on at least one multi-sector policy or systems-level intervention that addresses root causes of firearm injuries
- Objective 2:2: Increase participation in at least two community-level interventions that improve family, school, and community connectedness
- Objective 2:3: Identify and implement at least one initiative that addresses racism and discrimination in the criminal justice and healthcare systems as a primary firearm injury prevention strategy



EXECUTIVE SUMMARY

Goal 3: Encourage norms and attitudes about firearm use that promote a culture of safety for all New Mexicans across the lifespan

- Objective 3:1: Identify and collaborate on at least two activities that promote a culture of gun safety
- Objective 3:2: Develop and/or adapt at least two organizational-level firearm injury prevention interventions to be culturally responsive to the needs of New Mexicans

Conclusion

A literature review and stakeholder discussion sessions provided the framework for development of this five-year strategic plan for the prevention of firearm injuries in New Mexico. The goals and objectives outlined in this plan provide a roadmap for communities, agencies, and organizations to use as they move forward on prevention efforts. More details regarding recommended activities for advancing the plan can be found in the following pages. The plan is meant to draw on the strengths of existing efforts and to collaboratively build a safer and healthier community. Families, schools, neighborhoods, healthcare facilities, policy-making bodies, and communities are invited to use this plan as the foundation on which the prevention of firearm injuries can be based for the next 5 years.

BACKGROUND

Firearm injuries and deaths are a serious public health problem in the United States. The Centers for Disease Control and Prevention (CDC) defines a firearm injury as “a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile” (CDC, 2020). These can include injuries from handguns, rifles, and shotguns. Injuries from air- and gas-powered guns, BB, and pellet guns are not classified as firearm injuries because these guns do not use a powder charge.

TYPES OF FIREARM INJURIES

Fatal and nonfatal firearm injuries are commonly categorized based on intent: intentional self-inflicted, interpersonal violence, unintentional, legal intervention, and undetermined (CDC, 2020). Intentional self-inflicted injuries include firearm suicides and nonfatal self-harm injuries from a firearm. Interpersonal violence injuries include firearm homicides and nonfatal firearm assault injuries. Fatal or nonfatal injuries that occur due to an accidental firing without evidence of intent to harm are categorized as unintentional injuries. Firearm injuries inflicted by law enforcement agents in the line of duty (e.g. when making an arrest) are categorized as legal intervention injuries. And lastly, when circumstances surrounding the firearm injuries are not known, injuries are classified as undetermined.

EPIDEMIOLOGY OF FIREARM INJURIES

United States

Nationally, a total of 39,707 firearm deaths occurred in 2019 (CDC, 2020), an average of 108 deaths each day. Six out of 10 deaths were firearm suicides and more than 3 out of 10 were classified as firearm homicides. Firearm injuries are among the five leading causes of deaths for people ages 1-64, though some groups have higher rates of firearm injuries and deaths than others (CDC, 2020). Males are the most common victims of firearm deaths (86%) and of nonfatal firearm injuries (87%) (CDC, 2020). Firearm homicide rates are disproportionately higher among Black individuals and firearm suicide rates are disproportionately higher among white individuals (CDC, National Center for Injury Prevention and Control [NCIPC], 2021).

BACKGROUND

EPIDEMIOLOGY OF FIREARM INJURIES

The National Violent Death Reporting System (NVDRS) is a state-based system for linking information on violent deaths. It uses this information to better understand firearm deaths and to provide insights that can be used for prevention. For example, in 2018, analysis of NVDRS data showed that nearly 16% of firearm deaths happened to current or former military members (CDC, NCIPC, 2021). The NVDRS also showed that the most common circumstance for unintentional firearm injury was playing with a gun (42%). Among the 9,849 deaths that occurred as homicides or legal interventions in 2018, 32% were precipitated by another crime and 31% occurred during an argument (CDC, NCIPC, 2021). Among the 16,450 deaths that were suicides or of undetermined intent in 2018, 35% were reported to have involved people with depressed mood, 29% were experiencing relationship problems with an intimate partner, and 27% had a physical health problem.

New Mexico

New Mexico is challenged by even higher rates of firearm deaths than the national average. In 2019, New Mexico had the 4th highest age-adjusted fatality rate in the nation, and the age-adjusted rate of firearm deaths increased from 14.5 per 100,000 residents in 2009 to 22.3 per 100,000 residents in 2019 (CDC, WONDER, 2021). An average of one New Mexico resident dies from firearm injury every day.

In 2019, there were 354 firearm emergency department visits, 223 hospitalizations associated with firearms, and 472 deaths related to firearms (CDC, NCIPC, 2021). Among the firearm deaths that occurred in New Mexico from 2017 to 2019, 64% were suicides and 30% were homicides. By comparison, the national proportions are 61% for firearm suicides and 36% for firearm homicides. When looking at differences by age, firearm deaths between 2015 and 2019 most frequently occurred among people aged 20-29, followed by people aged 30-39. This distribution was true whether the injuries were unintentional, self-inflicted or a result of interpersonal violence.

The economic impact of firearm injuries is also substantial. The annual estimated cost of firearm injuries and deaths in New Mexico is \$1.8 billion or an estimated \$852 per resident per year (NMDOH, n.d.). Firearm injuries cost nearly 2% of the state's gross domestic product (GDP). In 2018, firearm deaths also accounted for 12,283 Years of Potential Life Lost in the state. This is a way of measuring early death, or death occurring before the age of 65. Overall, firearm injuries contribute substantially to premature death, disability, injuries, and costs.

BACKGROUND

PREVENTION OF FIREARM INJURIES

Firearm injury is preventable, but it is a complex issue that requires a comprehensive, multisectoral approach. Several decades of research have demonstrated that child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and self-harming behaviors are deeply interconnected. While not all firearm injuries are directly related to violence, many factors that increase risk for firearm injuries have been shown to be significantly linked to these different forms of violence. These different forms of violence also share common consequences that can lead to severe and lasting impacts on mental, emotional, and physical health.

Two frameworks are presented to demonstrate how a public health approach can be utilized to achieve a comprehensive plan for reducing firearm injuries and deaths in New Mexico.

Social-ecological Model of Violence Prevention

The CDC's National Center for Injury Prevention and Control (NCIPC) is the nation's public health authority on injury and violence prevention. The NCIPC's approach has been to focus on three elements of injury prevention: "providing data to inform action; conducting research and applying science to identify effective solutions; and promoting collaboration across multiple sectors to address the problem" (CDC, 2021). The main goal is "to stop violence before it begins" through a better understanding of the factors that can influence violence and then preventing those factors from occurring. This model can also be used for understanding and preventing firearm injuries that are self-inflicted, unintentional, and due to legal intervention.

Thus, the CDC uses the social-ecological model (SEM). The SEM (Figure 1) demonstrates the complex interplay between four levels of factors: individual, relationship, community and societal. The model itself is a series of overlapping rings showing how factors at one level influence factors at another level.

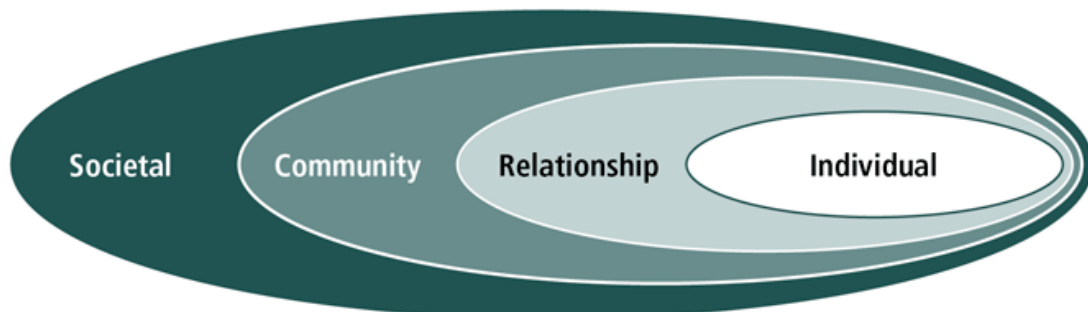


Figure 1. Social-ecological model to better understand and prevent violence. CDC, 2021.

BACKGROUND

PREVENTION OF FIREARM INJURIES

Individual-level factors are biological factors and personal history. This can be a person's age, sex, education, income, and health behaviors. For instance, presence of substance misuse in personal history increases the likelihood of a person becoming a victim or a perpetrator of firearm injuries.

Relationship-level factors can affect risk of experiencing violence as a victim or risk of perpetrating violence. Relationships and interactions with family members, friends, or peers can contribute to their risk of firearm injuries. For example, association with antisocial and aggressive peers is a risk factor for perpetrating intimate partner violence.

Community-level factors consist of the environments and settings in which individuals and relationships exist, including homes, schools, workplaces, places of worship, businesses, and outdoor spaces. For instance, residing in a neighborhood with higher incidence of community violence could increase the risk of incurring firearm injury.

At the *level of society*, presence of certain health, economic, educational, and social policies can impact firearm injury risk. For example, the availability of economic opportunities and state and federal firearm policies influence risk of firearm violence.



BACKGROUND

PREVENTION OF FIREARM INJURIES

The Spectrum of Prevention Framework

Public health practitioners also use the Spectrum of Prevention (Figure 2) as a tool to develop a comprehensive plan while building on existing programs and policies (Cohen & Swift, 1999). It examines strategies at multiple levels that can collectively be used to reduce injuries.

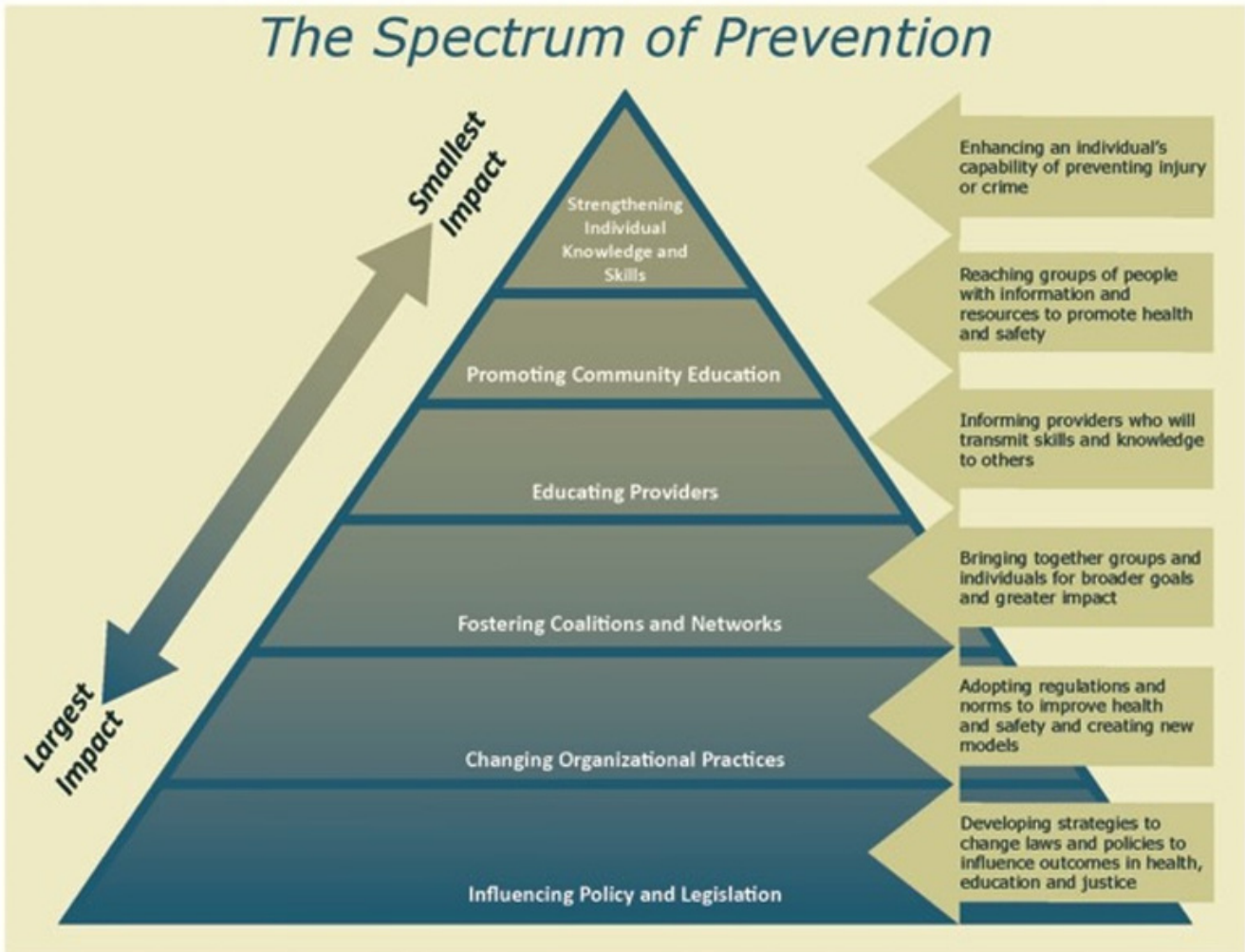


Figure 2. The Spectrum of Prevention framework developed by the Prevention Institute.

BACKGROUND

PREVENTION OF FIREARM INJURIES

The Spectrum of Prevention provides opportunities for people to move beyond individual education and address problems at a community and systems level. If the programs, practices, and policies implemented together address all levels of the Spectrum, a more effective response or change can be seen. Examples of firearm injury prevention strategies at each level of the spectrum are provided in Table 1.

Table 1. Firearm injury prevention strategies using the Spectrum of Prevention framework.

Level of Spectrum	Firearm Injury Prevention Strategy Examples
1. Strengthening individual knowledge and skills	Educate parents to store firearms unloaded and locked so that children cannot access them.
2. Promoting community education	Conducting a community-wide firearm buyback campaign.
3. Educating providers	Training healthcare providers to ask patients with suicidal ideation about access to firearms and encourage them to have firearms removed from the home during crisis periods.
4. Fostering coalitions and networks	Establish a coalition of stakeholders interested in preventing firearm injury that can share knowledge and resources, and collectively work on prevention efforts.
5. Changing organizational practices	Work with insurance carriers to strengthen implementation of the Mental Health Parity and Addiction Equity Act.
6. Influencing policy and legislation	Advocate for funding for research on gun violence prevention.

PURPOSE

The purpose of this strategic plan is to identify strategies for reducing firearm injuries and deaths in New Mexico through a public health approach to prevention.

METHODS

DATA COLLECTION

LITERATURE REVIEW

In spring 2021, the UNM PRC conducted a focused literature review to gather evidence surrounding practices, programs, and policies for preventing firearm injuries and deaths in the US. The review was further refined to highlight current practices, programs, and policies in New Mexico.

DISCUSSION SESSIONS

The UNM PRC also facilitated two online discussion sessions using Zoom web-conferencing. The sessions included community stakeholders interested in the prevention of firearm injuries and deaths. The sessions were conducted in May and June 2021. A total of 31 participants from a variety of disciplines attended the discussion sessions (Table 2).

Table 2. Distribution of participants in discussion sessions by sectors.

Sectors	Number of participants (Percentage)
Non-profit organizations, including local prevention agencies and tribal organizations	8 (25.8%)
Law enforcement agency, District Attorney's office, and court staff	7 (22.6%)
Federal, state, and local government agencies	7 (22.6%)
Health councils	5 (16.1%)
Healthcare providers	4 (12.9%)





METHODS

DATA COLLECTION

Most of the participants were from the Albuquerque Metro Region of the state, although individuals from each of the regions participated (Table 3).

Table 3. Distribution of participants in discussion sessions by region.

Regions	Number of participants (Percentage)
Albuquerque Metro	21 (67.7%)
Northeast	5 (16.1%)
Southwest, Southeast, and Northwest	5 (16.1%)

Participants were recruited by the UNM PRC based on recommendations from the NMDOH and from other participants. Individuals were eligible to participate if they had previously worked on firearm injury prevention, if they were from groups or agencies whose work was directly related to firearm injury or death, or if they were community members interested in preventing firearm injuries in their communities. No individuals who expressed interest were excluded from participating.

The discussion sessions lasted 2 hours each. The agenda is included in this report as Appendix A. The same discussion questions were asked with each group of participants. Discussion session participants were asked to participate in a community mapping exercise utilizing Jamboard technology whereby they provided input on the relative feasibility and efficacy of prevention strategies. The resulting boards are available for viewing as Appendix B.

DATA ANALYSIS

The literature review was summarized and is presented below. Discussion session themes and strategies were analyzed and summarized. Few suggested prevention strategies were considered by participants to have low effectiveness and low feasibility. We worked to incorporate recommendations into the goals, objectives and activities in summary form.

RESULTS

LITERATURE REVIEW

This literature review focused on research that studied the impact of the most common practices, programs, and policies on preventing firearm injuries and deaths in the U.S. The review is limited by a dearth of firearm injury prevention research. This review also contains a summary of existing practices, programs, and policies in New Mexico that can potentially prevent firearm injury. This summary aims to identify opportunities for change or improvement.

MOST COMMON PRACTICES, PROGRAMS, AND POLICIES FOR THE PREVENTION OF FIREARM INJURIES

Education on Firearm Safety Practices

One of the most common strategies to prevent firearm injuries and death is education on firearm safety practices. For adults, this often occurs as firearm safety training, in the few states that require it, of firearm purchasers and people requesting concealed-carry permits. Hemenway, Rausher, Violano, et al. (2019) found that in 20 basic handgun safety classes they audited in 3 states, most covered key safety issues (e.g. safely loading and unloading a gun, storing guns unloaded and locked when not in use, etc.), but less than 20% talked about the importance of safe storage strategies in preventing suicides. The effectiveness of a training course on firearm practices is likely to be impacted by method of training delivery and reasons why a person may own a firearm (Crifasi, et. al., 2018a).

There are very few studies on the effectiveness of individual-level education on improving children's firearm safety practices. Those that do exist do not show evidence of effectiveness at preventing firearm injury. For example, the Eddie Eagle GunSafe Program, focused on firearm accident prevention among children preschool age through 6th grade, was found **not effective** at reducing children's gun-play behavior (Himle et al., 2004). More research is needed to understand to what extent educational strategies can reduce firearm injuries and deaths.



RESULTS

LITERATURE REVIEW

Firearm Safety and Safe Storage Practices

A literature review by Violano et al. (2018) found that the presence of a firearm in the home was associated with increased risk of suicide and homicide. The risk was reduced if the firearm was stored locked, unloaded, and separate from the ammunition. Based on the review, Violano et al. recommended that safe storage practices be adopted to prevent firearm injuries, and conditionally recommended that firearm safety devices, such as gun locks, be used to prevent unintentional firearm injury. However, the authors also highlighted the need for additional research studies.

Child Access Prevention Laws

Child access prevention (CAP) laws are another strategy to keep children away from unsecured firearms. CAP laws differ by state, but in general, these allow for legal charges to be brought against adults who intentionally or unintentionally provide children with unsupervised access to firearms (RAND Corporation, 2020). Nonfatal firearm injuries are more common among children under the age of 18. In 2015, it was estimated that 4.6 million US children lived in homes where at least one firearm was stored loaded and unlocked (Azrael et al., 2018). CAP laws are associated with a decrease in suicide attempts and self-harming injuries among youth (RAND Corporation, 2020). There is also supportive evidence that CAP laws can decrease unintentional firearm injuries and deaths among children. CAP laws show limited evidence in reducing the total number of suicides among youth and lowering the number of firearm assault injuries. The methods for determining the strength of the evidence can be found here: <https://www.rand.org/research/gun-policy/methodology.html>



RESULTS

LITERATURE REVIEW

Comprehensive Background Checks and Permit-to-Purchase Laws

Comprehensive background checks (CBCs) are one of the most widely recommended strategies for reducing unlawful gun access and preventing firearm injuries. The Brady Handgun Violence Prevention Act requires a comprehensive background check for any firearm purchased from a licensed seller in the United States, but not from private sellers. Permit-to-purchase (PTP) laws require those that are attempting to purchase a handgun to submit an application to state or local law enforcement for review. PTP laws usually require an in-person background check. PTP laws are especially protective among those who are considered persons at high-risk for injuring themselves or others using firearms. Although some researchers have found insufficient evidence to show that CBCs have been independently associated with reduced rates of firearm suicides, several studies do show that the combined implementation of CBC and PTP laws have the potential to significantly reduce firearm death rates (Sabbath, Hawkins, & Baum., 2020; McCourt et. al, 2020; Goyal et al., 2019; Crifasi et al., 2018b; Lee et al., 2017).

Waiting Periods

Some states and the District of Columbia mandate a waiting period prior to purchasing firearms. The length of the waiting period varies by state, ranging from 1 to 14 days. Waiting periods are intended to delay the ability to carry out interpersonal violence and to reduce firearm suicides and self-harm (RAND Corporation, 2020). There is moderate evidence that shows waiting periods decrease firearm suicides and the total number of homicides. There is promising evidence that waiting periods also reduce the total number of suicides and firearm homicides.

Temporary Restricted Access to Firearms

Temporary restricted access to firearms is a strategy that aims to limit the ability of individuals to engage in impulsive acts of interpersonal violence and self-harm. Extreme risk protection order (ERPO) laws allow for law enforcement or, in some states, family members, to apply for a court order that may be served to an individual who is a potential threat to themselves or others. The court order allows for the temporary removal of firearms from the individual at risk. Kivisto and Phalen (2018) found that the implementation of an ERPO law in Indiana was associated with reduced firearm suicide rates, while increased enforcement of the ERPO law in Connecticut showed smaller effects. More rigorous research is needed to assess the impact of ERPO laws on reducing firearm injuries.

RESULTS

LITERATURE REVIEW

Access to Mental Health Services

Most people who use firearms for violent crime do not have a diagnosed mental illness (Swanson, et al., 2015). However, people who are in need of social, emotional, and mental supports can be at higher risk for firearm injury and death, especially in times of crisis (Ramchand & Ayer, 2021; Swanson, et al., 2015). People may also be experiencing trauma from other forms of violence, such as abuse or sexual violence (Wilkins et al., 2014). Mental health services and support can address mental health issues like depression. Strategies that increase access to mental health services include facilitating coordinated care among healthcare and behavioral health care providers, and training members of other sectors, such as law enforcement, in how to recognize trauma and implement trauma-informed protocols (Franklin et al., 2020).

Prevention of firearm injury for persons at risk for self-harm can start with primary care physicians being able to ask about firearms in the patient's home. A few states have enacted statutes banning healthcare workers from inquiring about the presence of firearms at home and including this information in medical records, serving as a barrier to identifying individual needs to prevent violence and self-harm (McCourt & Vernick, 2018). In Florida, a law that specifically stopped physicians from asking their patients about firearm access was struck down as being in violation of the First Amendment.



RESULTS

LITERATURE REVIEW

Community-level Interventions

Several community-level interventions have been shown to improve different aspects of communities and societies to create and maintain healthy and safe environments. These primary prevention strategies address social determinants of health and upstream factors in order to increase resiliency and support protective factors. These include early childhood home visiting, positive youth development programs, trauma-informed behavioral interventions, and violence interrupter programs. Early childhood home visiting programs focus on pregnant women and young children. They have been shown to be effective in improving parent-child relationships, reducing child abuse and neglect, increasing school readiness, and successfully connecting families to other services and resources (Avellar & Supplee, 2013; Administration for Children and Families, n.d.).

Programs focused on youth development and outreach, especially mentoring and after-school programs, engage youth in activities to reduce their risk for violence victimization and perpetration. These programs also allow for opportunities to connect with caring adults. One of the best-known evidence-based programs, Big Brothers Big Sisters of America, found that mentored youth were less likely to initiate substance misuse and less likely to engage in physical violence (Herrera, et al., 2011). Mentored youth also performed better in academics and had more positive perceptions of their skills and abilities.



RESULTS

LITERATURE REVIEW



There have also been benefits to intervene with youth who have histories of crime and firearm use. Trauma-focused behavioral interventions for children coupled with positive parenting practices have shown promise in addressing youth behavioral problems and symptoms (Cohen, Mannarino, & Iyengar, 2011). Violence interrupter programs are brief interventions that often begin in healthcare settings and are followed by mentoring, long-term case management, and linkages to community-based services (The Health Alliance for Violence Intervention, n.d.). Many programs have been rigorously studied and have been shown to reduce revictimization, substance use, and further involvement in violence and crime (Becker, et al., 2004; Strong, et al., 2016).

RESULTS

LITERATURE REVIEW

EXISTING PRACTICES, PROGRAMS, AND POLICIES FOR PREVENTING FIREARM INJURIES IN NEW MEXICO

Federal law and many states' laws prohibit firearm ownership by people convicted of domestic violence against their current or former spouses, current or former cohabitants, or the person with whom they share a child in common. Until recently, New Mexico could not prohibit firearm ownership by people who had assaulted their dating partners. However, this "loophole" has been closed.

The state also has an ERPO law, which went into effect on July 1, 2020. It provides for the temporary removal of firearms from a home "...if the court finds that there is probable cause to believe that the respondent poses an immediate danger of causing personal injury to self or others by having custody, control or possession of a firearm or ammunition." To date, the ERPO law in New Mexico has rarely been used. Training regarding the law and its implementation may improve appropriate use. Implementation research is needed to better understand its use and effectiveness in New Mexico.

Many community-level prevention programs that have been shown to promote healthier and safer environments are in place in New Mexico. These include maternal and early childhood home visiting programs and universal preschool. Additionally, programs that strengthen economic supports for families, such as housing programs and enactment of paid family leave policies, are also being implemented in the state.

RESULTS

LITERATURE REVIEW

Schools and non-profit organizations provide some youth development programs and bullying prevention programs to children and youth. Additionally, the City of Albuquerque Violence Intervention Program was launched in 2020 to address the increasing need for resources that divert people away from involvement in violence and crime. As of May 2021, the program has assisted nearly 140 people, with 97% of participants not having been arrested again for violent crime. Although NM has multiple programs in place, they currently reach a small proportion of the children and families that could benefit from them.

New Mexicans to Prevent Gun Violence is a non-profit organization whose mission is to prevent firearm injury and death. The organization works with community members and other stakeholders to reduce firearm violence through education, awareness and advocacy efforts. These include such activities as working with cities and school boards to support resolutions that increase public awareness of firearm violence; partnering with law enforcement to host gun buyback programs across the state; and, coordinating opportunities for youth to express their concerns about firearms through programs such as the Student Pledges Against Gun Violence program and the Murals to End Gun Violence program.

The state is also capitalizing on the Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant funds, awarded to NMDOH by the CDC. The three main areas of focus for the FASTER grant are to improve use of firearm surveillance definitions provided by the CDC, increase the timeliness of aggregate reporting of emergency department visits for nonfatal firearm injuries, and to better disseminate surveillance findings to prevent or respond to firearm injuries. These systems level improvements are expected to provide a better understanding of firearm injuries in the state and to provide insights into prevention opportunities.

RESULTS

PREVENTION STRATEGIES FROM DISCUSSION SESSIONS

The objective of the discussion sessions was to identify the programs, practices, and policy interventions that community stakeholders supported as part of a statewide strategic plan to prevent firearm injuries and deaths in New Mexico.



Improve Data Collection and Analysis of Firearm Injuries

Nationally, numerous gaps exist in the knowledge and understanding of the causes of firearm injuries and deaths. To improve New Mexico's capacity to prevent firearm injuries, many participants shared that improving the system of reporting firearm injuries and deaths should be a high priority. Analyzing these data will provide for a better understanding of the causes of firearm injuries in the state. This information will be analyzed to provide more evidence on the extent to which different policies work to prevent firearm injuries, and more specific guidance on how programs and practices can be made more effective. One participant thought the data could help demonstrate a stronger need for workforce development, especially professionals who can conduct suicide prevention trainings and provide mental health counseling. A few participants were concerned about having a data collection system that increases burden on minimally resourced and understaffed hospitals in rural and frontier areas. A few also questioned whether reporting of firearm injuries can be truly accurate and what can be done to increase its consistency.

RESULTS

PREVENTION STRATEGIES FROM DISCUSSION SESSIONS

Promote Safe Storage Practices

Many discussion session participants wanted to encourage legislation that mandated safe storage of firearms and/or use of gun locks. Some participants doubted whether the use of lock boxes and firearm safety devices can be truly effective in New Mexico. Others contributed that these practices could be part of a comprehensive approach to prevention.

A few participants specifically advocated for passing a child access prevention (CAP) law in New Mexico, which would allow prosecution of adults who negligently store firearms allowing children to gain access to those firearms. Adopting safe firearm storage practices has been shown to reduce the incidence of firearm suicides, homicides, and unintentional injuries, especially among children.



RESULTS

PREVENTION STRATEGIES FROM DISCUSSION SESSIONS

Increase Access to Mental Health and Behavioral Health Services

Participants in both discussion sessions discussed the importance of increasing availability and access to mental health and behavioral health services in the state. Suggestions ranged from removing stigma attached to seeking mental health services to restricting access to firearms for people at risk of harming themselves or others.

A few participants specifically mentioned changing the prevailing social norms around suicide and self-harm. People should be able to seek services without feeling stigmatized. They noted that behavioral health programs, especially for children, should also be easily available and affordable. Survivors of suicide loss are at higher risk for suicidality and should also receive mental health services. Some participants mentioned specific ways to improve the state's response to people at higher risk for self-harm. They stated that lethal means access counseling should be included in suicidality assessments, and LGBTQ-specific resources should also be more readily available. Developing and training the mental health and behavioral health workforce was also seen as necessary to adequately serve the needs of New Mexicans.

Create a Venue for Discussion and Sharing Information

Some participants suggested establishing a coalition focused on firearm injury prevention and/or setting up a mailing list where people can discuss and share firearm injury and prevention information. Three existing venues were suggested including the New Mexico Injury Prevention Coalition; the New Mexico Suicide Prevention Coalition, which has a working group focused on firearm injuries; and New Mexicans to Prevent Gun Violence, which operates an electronic mailing list to provide information and updates on gun violence prevention events, legislation, and news. Strengthening these linkages and promoting collaborative work will improve prevention in the state.

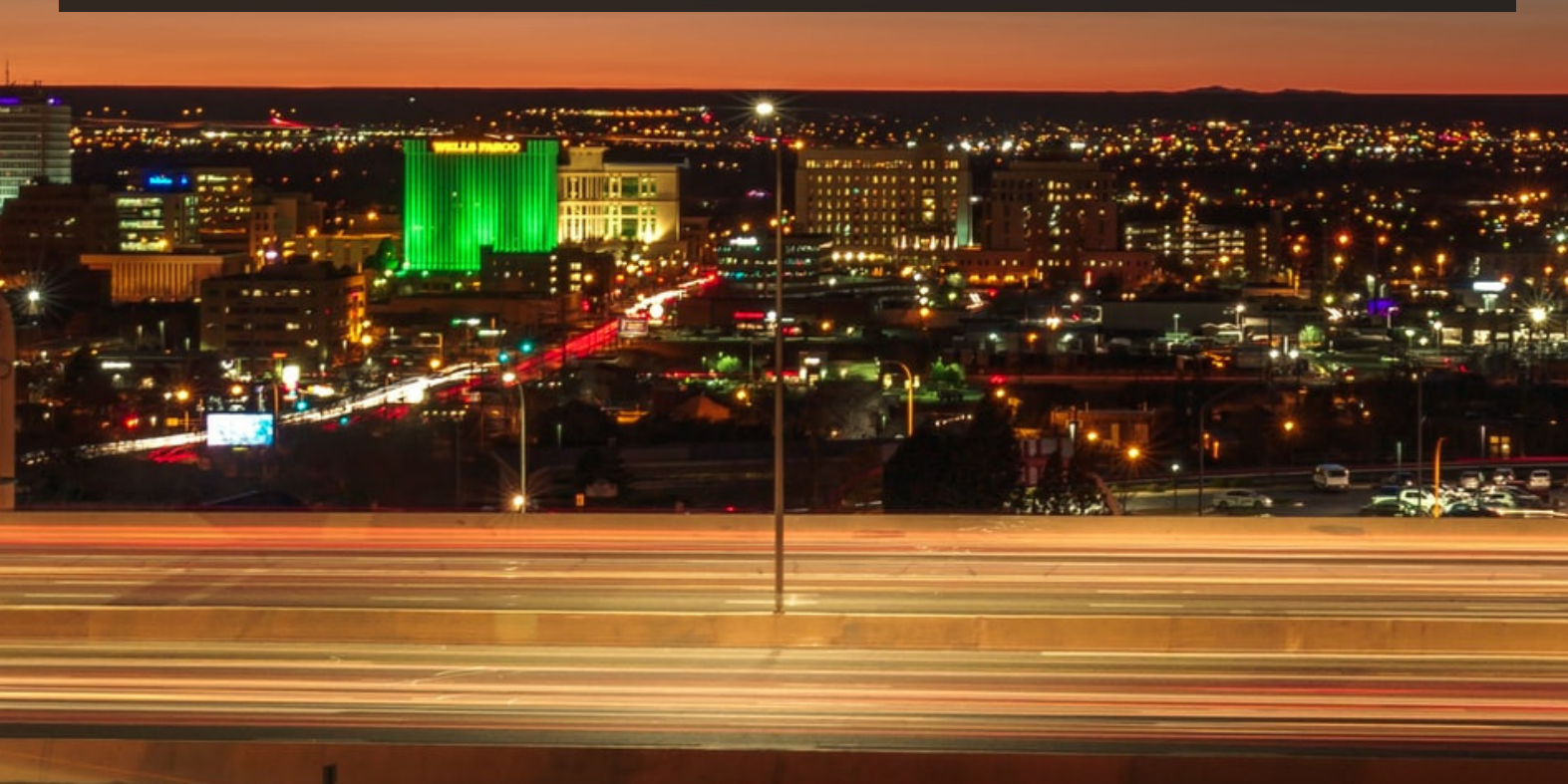


RESULTS

PREVENTION STRATEGIES FROM DISCUSSION SESSIONS

Increase Support for Community-level Interventions

Many participants were directly involved in community-level interventions working to prevent firearm injuries and deaths while reaching people in their communities, schools, and workplaces. Some of the recommended strategies were specific to firearms. For example, gun buyback programs were one of the community-based initiatives that some participants suggested expanding. Participants also discussed supporting evidence-based Violence Intervention Programs to reduce interpersonal violence. The use of a culturally appropriate social marketing campaign to change harmful social norms about firearm safety was suggested, as was the training of healthcare providers for best practices in discussing safe firearm storage with patients and their families. Participants also recommended supporting programs focused on early childhood education and health, such as early childhood home visiting programs, Head Start programs, and preschool enrichment. They also felt it was important to scale up youth development and bullying prevention programs. These are more universal strategies to reduce child maltreatment, suicide, and interpersonal violence.



RESULTS

PREVENTION STRATEGIES FROM DISCUSSION SESSIONS

Improve Organizational Policies and Infrastructure to Reduce Risk

Discussion participants talked about how a key strategy to preventing firearm injuries is to develop organizational policies that decrease risk for being a victim or perpetrator of violence. For example, youth who are identified as having mental illness and are being charged with low-level offenses could be given reduced jail time and be connected to appropriate mental health and community services. Law enforcement agencies can also receive lethality assessment training when dealing with cases of domestic violence and family violence. Furthermore, processes and systems within schools (e.g. zero tolerance policies) and the criminal justice system are thought to be fraught with racism, disproportionately harming persons of color. Some participants recommended that organizations assess their policies and practices for potentially harmful impacts on specific population groups.

Part of this strategy is identifying and developing policy interventions that reduce risk for different public health problems, not just firearm violence. Some participants suggested that the state focus on anti-poverty measures, such as the Child Care Credit, low-income tax credit, and paid family leave. A few participants also discussed how existing policies can be further improved. For example, the existing ERPO law can be expanded to allow not just law enforcement but also family and healthcare professionals to request an extreme risk protection order from the courts.

Y₄ O₁ U₁

A₁ R₁ E₁

S₁ A₁ F₄ E

H₄ E₁ R₁ E

GOALS

GOAL 1: INCREASE USE OF THE PUBLIC HEALTH APPROACH IN STATEWIDE FIREARM INJURY PREVENTION EFFORTS IN NEW MEXICO

Objective 1:1: Identify at least two venues where stakeholders can regularly share information and resources regarding prevention of firearm injuries and deaths

- Activities under this objective would result in increased numbers of injury prevention practitioners collaborating on programs and projects together; increased amount of work that addresses multiple levels of the social ecology; increased number of partners and stakeholders; and increased sharing of resources and information relevant to New Mexico. Recommended venues include the New Mexico Injury Prevention Coalition, the New Mexico Suicide Prevention Coalition, and New Mexicans to Prevent Gun Violence.

Objective 1:2: Increase access to and use of firearm injury data in New Mexico by developing and implementing a firearm injury reporting system that uses standardized definitions

- Activities under this objective would result in the development of a reporting system for firearm injuries and deaths that is used by a majority of the hospitals in the state and does not increase burden on minimally resourced and understaffed hospitals; increased use of data for evaluating and improving programs, practices, and policy interventions; and widespread use of surveillance definitions for firearm injuries and deaths. Recommended activities for meeting this objective include collaborating with the New Mexico Hospital Association, involving medical records coders, identifying champions at New Mexico hospitals, and convening a steering committee to advise on the implementation of such a reporting system.

Objective 1:3: Increase the evidence-base for firearm injury prevention by conducting at least two public health practice studies or evaluations of firearm injury prevention strategies

- Activities under this objective would address gaps in the understanding of causes of firearm injuries and deaths, and would support firearms injury prevention research and evaluation. Recommended activities include assessing existing programs and policies to determine where gaps in the evidence exist, identifying researchers or evaluators interested in studying the issue, and pursuing potential funding sources.

GOALS

Objective 1:4: Identify at least two mechanisms for disseminating firearm injury data and prevention information to stakeholders and the general population

- Activities under this objective would result in the timely distribution of information about firearms injury prevention to stakeholders and the general population. Recommended mechanisms for consideration include fact sheets, infographics, policy briefs, press releases, social media graphics, and presentations. Channels for disseminating information include listservs operated by the New Mexico Suicide Prevention Coalition, the New Mexico Injury Prevention Coalition, and New Mexicans to Prevent Gun Violence; social media platforms managed by gun violence prevention partner organizations and stakeholders; individual educational meetings with policy-makers; and statewide coalition meetings, professional meetings, and conferences hosted by organizations like the New Mexico Injury Prevention Coalition, the New Mexico Public Health Association, New Mexico Chapter of the American College of Emergency Physicians, and the New Mexico Pediatric Society.

Objective 1:5: Participate in at least two activities to increase access to mental health and behavioral health services in New Mexico

- Activities under this objective would result in increased numbers of people served by mental health and behavioral health service providers; reduction of harmful social norms about suicide and seeking mental health services; increased number of practitioners trained in suicide prevention in New Mexico; and improved implementation of the Mental Health Parity and Addiction Equity Act. Recommended activities include supporting collaborations between state agencies and health insurance carriers to ensure mental and behavioral health coverage; promoting 988, the 3-digit suicide prevention number; training community health workers, early childhood home visitors, and peer navigators to provide some screening and basic services; and conducting a campaign to reduce the stigma of mental and behavioral health disorders.

GOALS

GOAL 2: FOSTER SAFER ENVIRONMENTS IN HOMES, SCHOOLS, WORKPLACES, AND PUBLIC SPACES IN NEW MEXICO

Objective 2:1: Identify and collaborate on at least one multi-sector policy or systems-level intervention that addresses root causes of firearm injuries

- Activities under this objective would result in increased opportunities for socio-economic mobility for New Mexico families; reduced numbers of children living in poverty; and implementation of trauma-based approaches and protocols when different sectors work with families. Potential activities under this objective include supporting universal early childhood home visiting; supporting mental health counselors for middle and high schools; supporting affordable, high-quality childcare; and supporting paid family leave.

Objective 2:2: Increase participation in at least two community-level interventions that improve family, school, and community connectedness

- Activities under this objective would result in more New Mexico children receiving early childhood home visiting services and similar programs, youth development services, and mentoring programs; reduced rates of students dropping out of school; and increased number of community-based activities focused on youth. Recommended activities include promoting evidence-based primary prevention programs like Big Brothers Big Sisters of America and evidence-based secondary prevention programs like the Albuquerque Violence Intervention Program.

Objective 2:3: Identify and implement at least one initiative that addresses racism and discrimination in the criminal justice and healthcare systems

- Activities under this objective would result in increased awareness of the impacts of racism and discrimination in New Mexico institutions; increased use of jail diversion strategies for youth involved in crime and violence; and increased adoption by law enforcement of lethality assessments for people at risk of harming themselves or others and for people involved in domestic violence cases. Recommended activities include providing training for law enforcement officers on the use of lethality assessments; clarifying Extreme Risk Protection Order language; exploring increased use of jail diversion programs with district attorney's offices and courts; and encouraging the use of tools to assess bias among healthcare providers.

GOALS



GOAL 3: ENCOURAGE NORMS AND ATTITUDES ABOUT FIREARM USE THAT PROMOTE A CULTURE OF SAFETY FOR ALL NEW MEXICANS ACROSS THE LIFESPAN

Objective 3.1: Identify and collaborate on at least two activities that promote a culture of gun safety

- Activities under this objective would result in increased knowledge and use of adoption of firearm storage practices and use of firearm safety devices; increased opportunities at different locations (e.g. workplaces, healthcare facilities) to learn more about firearm safety practices; expansion of gun buyback programs across the state; and increased support for legislation that reduces children's access to firearms. Recommended activities include increasing the number of gun locks and lockboxes distributed; expanding the number of gun buyback events; supporting a child access prevention law; partnering with firearms organizations like gun shops and shooting ranges around safe storage and suicide prevention; and conducting a community-wide safety campaign.

Objective 3.2: Develop and/or adapt at least two organizational-level firearm injury prevention interventions to be culturally responsive to the needs of New Mexicans

- Activities under this objective would result in better understanding of the needs of specific population groups in New Mexico; the implementation of culturally responsive prevention programming; and participation of more people in firearm injury prevention programs by reducing linguistic and cultural barriers. Recommended activities include collaborating with community members and firearm injury prevention stakeholders to assess existing firearm injury prevention programs; determining if an existing evidence-based program can be culturally adapted; incorporating adaptations or collaborating to develop a culturally appropriate intervention; use credible messengers; and pilot-testing the culturally appropriate intervention.

CONCLUSION

This plan is based on a literature review of firearms injury and firearms injury prevention as well as discussion sessions. The key to developing this strategic plan was the gathering of stakeholders from different sectors, ready to share their experiences and ideas.

The goals and objectives outlined in this plan were written in such a way that communities and organizations can draw on the strengths of existing efforts to collaboratively build a safer and healthier community. Families, schools, neighborhoods, healthcare facilities, policy-making bodies, and communities are invited to use this plan as the foundation on which the prevention of firearm injuries can be based for the next 5 years.

REFERENCES



- Administration for Children and Families. (n.d.). Home Visiting Evidence of Effectiveness: Model effectiveness research reports. Retrieved August 9, 2021 from <https://homvee.acf.hhs.gov/effectiveness>.
- Avellar, S., & Supplee, L. (2013, November). Effectiveness of Home Visiting in Improving Child Health and Reducing Child Maltreatment. *Pediatrics*, 132, supplement 2.
- Azrael, D., Cohen, J., Salhi, C., & Miller, M. (2018). Firearm Storage in Gun-Ownning Households with Children: Results of a 2015 National Survey. *Journal of Urban Health*, 95(3), 295-304.
- Becker, M. G., Hall, J. S., Ursic, C. M., Jain, S., & Calhoun, D. (2004). Caught in the crossfire: The effects of a peer-based intervention program for violently injured youth. *Journal of Adolescent Health*, 34(3), 177-183.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2021). Web-based Injury Statistics Query and Reporting System (WISQARS): National Violent Death Reporting System (NVDRS) [online]. Retrieved August 9, 2021 from <https://www.cdc.gov/injury/wisqars/nvdrs.html>.
- Centers for Disease Control and Prevention. (2020). Firearm Violence Prevention. Retrieved July 29, 2021, from <https://www.cdc.gov/violenceprevention/firearms/fastfact.html>.
- Centers for Disease Control and Prevention, Wide-ranging ONline Data for Epidemiologic Research (WONDER), Underlying Cause of Death, 2009-2019. Retrieved April 13, 2021 from <https://wonder.cdc.gov/ucd-icd10.html>.
- Cohen, L. & Swift, S. (1999). The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*, 5, 203-207.
- Cohen, J. A., Mannarino, A. P., & Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence. *Archives of Pediatrics & Adolescent Medicine*, 165(1), 16-21.
- Crifasi, C.K., Doucette, M.L., McGinty, E.E., Webster, D.W., and Barry, C.L. (2018a). Storage Practices of US Gun Owners in 2016. *American Journal of Public Health*, 108(4), 532-537.
- Crifasi, C. K., Merrill-Francis, M., McCourt, A., Vernick, J. S., Wintemute, G. J., & Webster, D. W. (2018b). Association between Firearm Laws and Homicide in Urban Counties. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 95(3), 383-390. <https://doi.org/10.1007/s11524-018-0273-3>
- Franklin, C.A., Garza, A.D., Goodson, A., & Bouffard, L.A. (2020). Police Perceptions of Crime Victim Behaviors: A Trend Analysis Exploring Mandatory Training and Knowledge of Sexual and Domestic Violence Survivors' Trauma Responses. *Crime & Delinquency*, 66(8), 1055-1086.
- Goyal, M. K., Badolato, G. M., Patel, S. J., Iqbal, S. F., Parikh, K., & McCarter, R. (2019). State Gun Laws and Pediatric Firearm-Related Mortality. *Pediatrics*, 144(2), e20183283. <https://doi.org/10.1542/peds.2018-3283>
- Hemenway, D., Rausher, S., Violano, P., Raybould, T.A., & Barber, C.W. (2019). Firearms Training: What Is Actually Taught? *Injury Prevention*, 25(2), 123-128.
- Herrera, C., Grossman, J. B., Kauh, T. J., & McMaken, J. (2011). Mentoring in schools: An impact study of Big Brothers Big Sisters school-based mentoring. *Child Development*, 82(1), 346-361.
- Himle, M. B., Miltenberger, R. G., Gatheridge, B. J., & Flessner, C. A. (2004). An evaluation of two procedures for training skills to prevent gun play in children. *Pediatrics*, 113(1 Pt 1), 70-77. doi: 10.1542/peds.113.1.70
- Kivisto, A.J., & Phalen, P.L. (2018). Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981-2015. *Psychiatric Services*, 69(8), 855-862.

REFERENCES



- Lee, L. K., Fleegler, E. W., Farrell, C., Avakame, E., Srinivasan, S., Hemenway, D., & Monuteaux, M. C. (2017). Firearm Laws and Firearm Homicides: A Systematic Review. *JAMA Internal Medicine*, 177(1), 106-119. <https://doi.org/10.1001/jamainternmed.2016.7051>.
- McCourt, A. D., Crifasi, C. K., Stuart, E. A., Vernick, J. S., Kagawa, R., Wintemute, G. J., & Webster, D. W. (2020). Purchaser Licensing, Point-of-Sale Background Check Laws, and Firearm Homicide and Suicide in 4 US States, 1985-2017. *American Journal of Public Health*, 110(10), 1546-1552. doi:10.2105/AJPH.2020.305822
- McCourt, A.D., & Vernick, J.S. (2018). Law, ethics, and conversations between physicians and patients about firearms in the home. *AMA Journal of Ethics*, 20(1), 69-76.
- Prevention Institute. (n.d.). The Spectrum of Prevention [online]. Retrieved August 10, 2021 from <https://www.preventioninstitute.org/tools/spectrum-prevention-0>
- Ramchand, R., & Ayer, L. (2021 April 15). Is Mental Illness a Risk Factor for Gun Violence? [Online]. RAND Corporation. Retrieved August 10, 2021 from <https://www.rand.org/research/gun-policy/analysis/essays/mental-illness-risk-factor-for-gun-violence.html>
- RAND Corporation. (2020). The Effects of Child Access Prevention Laws. Accessed August 9, 2021. <https://www.rand.org/research/gun-policy/analysis/child-access-prevention.html>
- Sabbath, E. L., Hawkins, S. S., & Baum, C. F. (2020). State-Level Changes in Firearm Laws and Workplace Homicide Rates: United States, 2011 to 2017. *American Journal of Public Health*, 110(2), 230-236. <https://doi.org/10.2105/AJPH.2019.305405>
- Strong, B. L., Shipper, A. G., Downton, K. D., & Lane, W. G. (2016). The effects of health care-based violence intervention programs on injury recidivism and costs: A systematic review. *The Journal of Trauma and Acute Care Surgery*, 81(5), 961-970. <https://doi.org/10.1097/TA.0000000000001222>
- Swanson, J. W., McCinty, E. E., Fazel, S., & Mays, V. M. (2015). Mental illness and reduction of gun violence and suicide: bringing epidemiologic research to policy. *Annals of epidemiology*, 25(5), 366-376. <https://doi.org/10.1016/j.annepidem.2014.03.004>
- The Health Alliance for Violence Intervention. (n.d.). What is a hospital-based violence intervention program (HVIP)? Accessed August 10, 2021, from <https://www.thehavi.org/what-is-an-hvip>.
- U.S. Congress Joint Economic Committee, Democratic Staff. (2019) A State-by-State Examination of the Economic Costs of Gun Violence. Retrieved on April 14, 2021 from https://www.jec.senate.gov/public/_cache/files/b2ee3158-aff4-4563-8c3b-0183ba4a8135/economic-costs-of-gun-violence.pdf.
- Violano, P., Bonne, S., Duncan, T., Pappas, P., Christmas, A. B., Dennis, A., Goldberg, S., Greene, W., Hirsh, M., Shillinglaw, W., Robinson, B., & Crandall, M. (2018). Prevention of firearm injuries with gun safety devices and safe storage: An Eastern Association for the Surgery of Trauma Systematic Review. *The journal of trauma and acute care surgery*, 84(6), 1003-1011. <https://doi.org/10.1097/TA.0000000000001879>
- Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute. Accessed August 10, 2021 from https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf



APPENDIX A: AGENDA FOR DISCUSSION SESSIONS

Topic: Discussion about Firearm Injury Prevention in New Mexico

<i>Time</i>	<i>Agenda Item</i>	<i>Facilitators</i>
10 minutes	Welcome and Introductions	Theresa Cruz and Rachel Wexler
5 minutes	Purpose of Discussion Session	Theresa Cruz
20 minutes	Presentation #1: • “Firearm related injuries in New Mexico”	Garry Kelley
15 minutes	Interactive Discussion #1: Firearm-related injuries	Theresa Cruz
5 minutes	Stretch Break	
15 minutes	Presentation #2: • Strategies to prevent firearm injuries and firearm-related deaths: what works in NM and in other states	Theresa Cruz
35 minutes	Interactive Discussion #2: Strategies to prevent firearm related injuries and firearm-related deaths in NM	Theresa Cruz
15 minutes	Wrap-up	

APPENDICES



APPENDIX B: SCREENSHOTS FROM GOOGLE JAMBOARD

