

Colorado Violence and Injury Prevention- Mental Health Promotion Strategic Plan 2016-2020

*Creating connected & thriving
communities free from violence
and injury*

Presented by:

Violence and Injury Prevention – Mental Health Promotion Branch
Prevention Services Division
Colorado Department of Public Health and Environment



COLORADO
Department of Public
Health & Environment

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FOREWARD

Dear Collaborators,

Injuries are common, costly and preventable. In Colorado, injury is the leading cause of death for Coloradans ages 1 to 44 years old. Each year, 3,700 Coloradans die from injuries, a loss that affects our communities in lasting ways. The Colorado Department of Public Health and Environment (CDPHE) worked with partners of the Violence and Injury Prevention (VIP) Network to prioritize critical target areas for prevention in Colorado: motor vehicle crashes, interpersonal violence, child maltreatment, traumatic brain injury, suicide, prescription drug overdose, and older adult falls. Colorado’s approaches center around increasing protective factors and reducing risk factors that most impact violence and injury-related outcomes at the individual, relationship, community and societal levels. Colorado will implement strategies that increase connectedness (family, school and community), promote positive social norms, support good behavioral health, promote economic stability, and build resilience (individual, familial and community).

This plan outlines the innovative, evidence informed strategies that CDPHE and the VIP Network partners are implementing to create connected and thriving communities, free from violence and injury. The CDPHE’s Violence and Injury Prevention-Mental Health Promotion Branch will provide leadership to this work in partnership with stakeholders across multiple sectors, state and local agencies and nonprofits working on violence and injury prevention. Thank you for your collaborative work. Colorado will benefit greatly from your help in implementing this plan.


Larry Wolk, MD, MSPH
Chief Medical Officer, Executive Director, Colorado Department of Public Health and Environment

INTRODUCTION

The goal of Colorado’s plan is to prevent violence and injury across the state using innovative approaches that are based on the best available evidence. Partners in Colorado work to increase protective factors and reduce risk factors that most impact violence and injury related outcomes at all levels of the social ecology. The socio-ecological model is a framework for prevention that considers prevention strategies across multiple levels: individual, interpersonal/relationship, organizational, community and society. Prevention strategies should include a continuum of activities that address multiple levels of the social ecology, as the potential to impact a broader population is greater when implementing prevention strategies at the community and societal levels.

This model also considers the complex interplay between individual, interpersonal, organizational, community, and societal factors and stresses the examination of risk and protective factors within each level.

The Violence and Injury Prevention - Mental Health Promotion Branch at CDPHE has been a leader in the field of injury and violence surveillance and prevention since 1989. The branch serves as a model in the development, implementation, and evaluation of innovative, evidence-driven, cross-cutting approaches to preventing injury and violence, including integrating community grants and technical assistance with a focus on impacting shared risk and protective factors.

THE BURDEN OF INJURY & VIOLENCE IN COLORADO

Injuries are common, costly, and preventable. In Colorado, injury (including unintentional injuries and violence) is the third leading cause of death, ranking below cancer and heart disease.¹ Injury is the leading cause of death for Coloradans ages 1 to 44 years old. Each year, 3,700 Coloradans die from injuries, a loss that affects the individuals, their families and friends, their community and society. In addition to the human toll, injury deaths create a substantial economic burden. In Colorado, injury deaths in 2013 led to over \$3.2 billion in combined medical costs and work-loss costs.² Additionally, for every injury death among Coloradans, there are almost 10 injury hospitalizations and 100 emergency department visits. Each year, there are 30,000 hospitalizations and 302,000 emergency department visits for non-fatal injuries among Colorado residents.¹ These non-fatal injuries temporarily or permanently disrupt the lives of these individuals.

The outcome of a non-fatal injury can vary from temporary discomfort and inconvenience to chronic pain, disability, and major lifestyle changes. The non-fatal injury hospitalizations in 2013 resulted in an estimated total medical cost of \$806,745 and \$1.4 billion in work-loss costs for a combined total of \$2.2 billion in costs. The combined cost of work loss and medical costs totaled \$1.7 billion for non-fatal injury emergency department visits.²

Evidence-informed prevention of injuries works. For example, as the graduated drivers license law in Colorado expanded to encompass effective strategies, the rate of deaths among teen drivers in Colorado declined. This is but one example of the power of societal-level strategies and the usefulness of identifying the causes of injury to inform prevention efforts.

Table1. Leading Causes of Injury among Colorado Residents, 2012-2014

SELECT CAUSES OF INJURY	EMERGENCY DEPARTMENT VISITS			HOSPITALIZATIONS			DEATHS		
	N	Rate‡	% TBI	N	Rate‡	% TBI	N	Rate‡	% TBI
VIOLENCE									
Suicide	16,310	107.1	1.9%	7,669	48.9	2.1%	3,115	19.2	43.3%
Homicide/Assult	42,370	273.5	28.4%	2,883	18.3	32.1%	563	3.6	31.6%
UNINTENTIONAL									
Falls	281,510	1,843.5	19.7%	38,075	246.0	18.3%	2,243	14.9	38.9%
Drug Overdose†	24,096	156.8	0.5%	6,982	42.7	0.9%	1,993	12.3	0.2%
Motor Vehicle	103,356	664.2	16.2%	10,069	62.6	35.6%	1,450	9.1	35.6%
Struck by/ against	114,119	756.9	19.7%	2,132	13.6	22.9%	44	0.3	0.0%
Natural/ Environmental	41,096	267.2	0.9%	1,852	11.6	5.0%	122	0.8	0.0%
Total Injuries	906,195	5908.5	13.0%	91,969	584.5	17.2%	11,210	70.5	28.9%

†Includes undetermined intent
‡Age-adjusted rate per 100,000 population calculated using the direct method and the 2000 U.S. population as the standard
Data Sources: Deaths from Colorado Department of Public Health and Environment, Emergency Department Visits and Hospitalizations from the Colorado Hospital Association

1. Injury in Colorado, 2012-2014. Denver, CO: Colorado Department of Public Health and Environment, 2015,[D41]
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS): Cost of Injury Reports [online] (2013) [accessed 2016 Feb 12]. Available from URL: www.cdc.gov/injury/wisqars/

THE BURDEN OF INJURY & VIOLENCE IN COLORADO

Leading Causes of Injuries

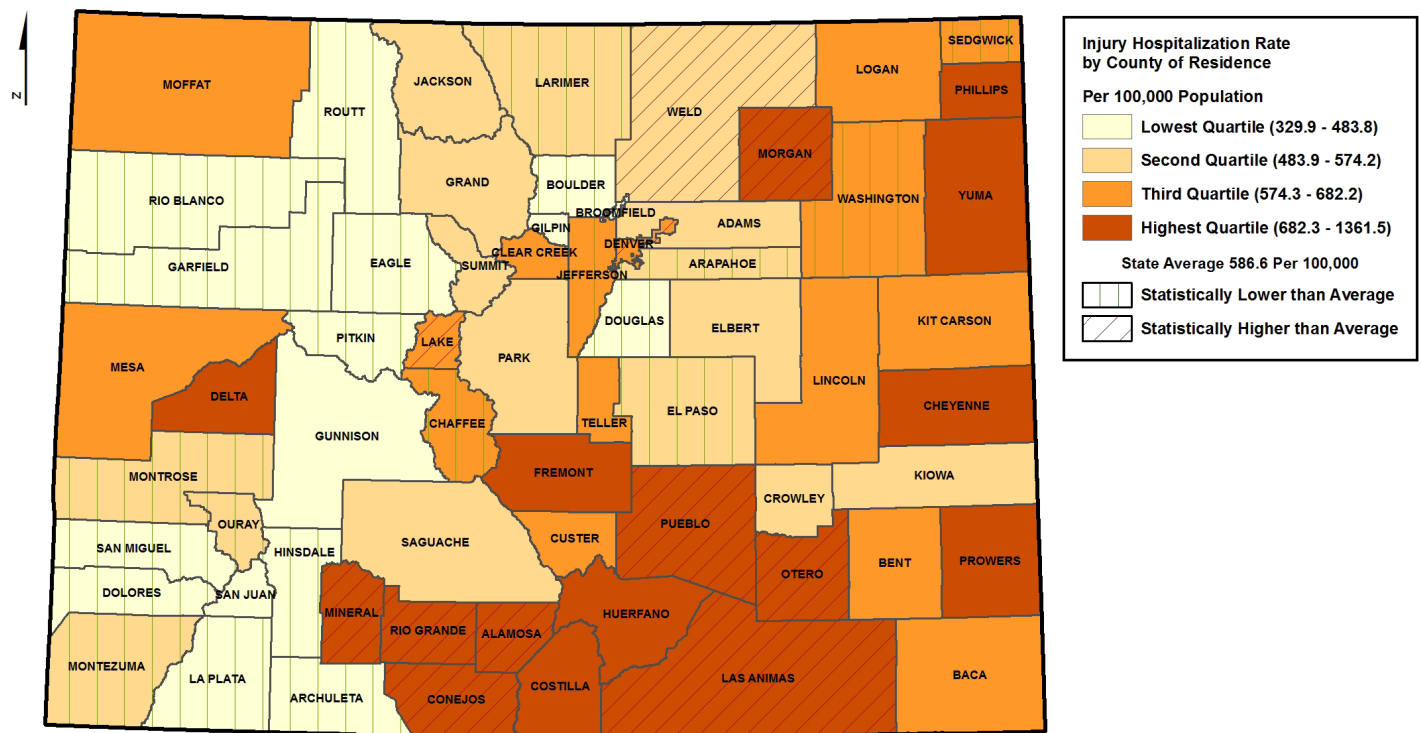
As shown in Table 1, the four leading causes of injury deaths are suicide, falls, unintentional drug overdose (including drug overdoses where intent could not be determined), and motor vehicle events. These four types of injury comprise 79 percent of the injury deaths in Colorado, based on data from 2012 to 2014. Falls, motor vehicle events, unintentional drug overdose (including overdoses with undetermined intent), and being unintentionally struck by or against an object or person (such as can occur in sports or in the home) represent 62 percent of the hospitalizations for non-fatal injuries. The leading causes of emergency department visits for non-fatal injuries are falls, unintentionally struck by or against

Violence and Injury Data

Injury data used to determine critical target areas can be found under the data tab on www.VIPreventionNetworkCO.com.

an object or person, motor vehicle events, and natural/environmental causes (such as excessive heat or causes involving animals and insects). These four causes contribute to 60 percent of the emergency department visits for non-fatal injury. Unintentional drug overdose is the fifth leading cause of injury-related emergency department visits, accounting for three percent of the injury visits.

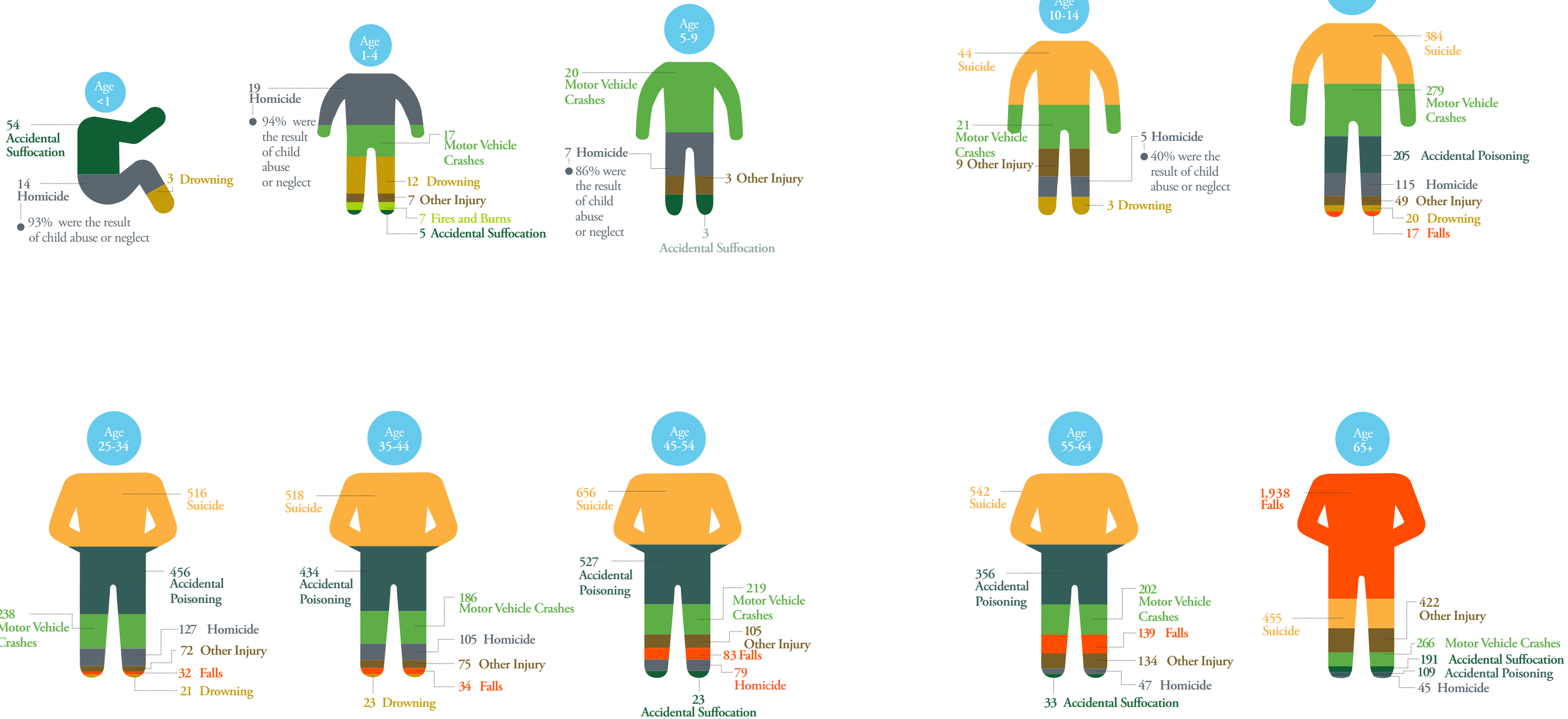
Injury Hospitalization Rates by County of Residence, 2012-2014



Leading Causes of Injury or Violence-Related Death

Colorado Residents, 2012-2014

- Numbers of Deaths By:
- Suicide
 - Motor Vehicle Crashes
 - Homicide
 - Accidental Suffocation
 - Drowning
 - Falls
 - Accidental Poisoning



CRITICAL TARGET AREAS

In addition to analyzing the burden of violence and injury as determined by death, hospitalization and emergency department data, the Colorado Department of Public Health and Environment and its partners use the following factors to prioritize critical target areas for prevention and intervention efforts across the state:

- 1) existing and potential momentum;
- 2) political will to prevent violence and injury;
- 3) the availability of funding and ability to leverage various funding sources to address multiple forms of violence and injury;
- 4) the priorities and critical target areas set by our state and local partners; and

5) the existence of and feasibility of implementing evidence-based strategies to decrease the burden of violence and injury across the state.

Based on these criteria, the following topics are critical target areas for Colorado:

- Suicide
- Prescription drug overdose
- Older adult falls
- Motor vehicle crashes
- Interpersonal violence
- Child maltreatment
- Traumatic brain injury

Table 2. Critical Target Areas

	SUICIDE	FALLS	PRESCRIPTION DRUG OVERDOSE	MOTOR VEHICLE	CHILD MALTREAT- MENT	INTER- PERSONAL VIOLENCE	TRAUMAT- IC BRAIN INJURY
Momentum	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Political Will	Governor Priority Winnable Battle	Winnable Battle	Gov. Priority Winnable Battle	Winnable Battle (state and national)	Yes	Yes, CDPHE Executive Director Support	Brain Injury Alliance advocacy work
Existing Funding Source	Federal: SAMHSA & CDC	Federal: CDC & ACL	Federal: SAMHSA, CDC & BJA	Federal: NHTSA & CDC	Federal: SAMHSA, CDC & HRSA	Federal: CDC, RPE, block grant	Federal: SAMHSA, CDC, NHTSA
	State: CDHS & CDPHE		State: AG, CDHS, MCH & CDPHE	State: CDOT & CDPHE	State: CDHS, MCH & CDPHE	State: CDHS & CDPHE	State: CDHS & CDPHE
Partner Priority	CDHS Suicide Coalition of CO CFPS	State Unit on Aging CO OA Falls Coalition	CDHS Peer Asst. Services Gov's Office CFPS	CDOT CSP DOR Others CFPS	CDHS Kemp Center Others CFPS	MCH CDHS CCASA CCADV	EfC CFPS CDOT OBH TBI Trust Fund
Evidence-Based /Informed Strategies Available	Yes	Yes	Yes	Yes	Yes	Yes	Yes

CRITICAL TARGET AREAS

Five-Year Health Outcomes

For each of the critical target areas, coalitions were formed to generate outcomes, goals, strategies, and process measures to assess implementation of the related work plans. Below is a list of the health outcome measures that Colorado's Violence and Injury Prevention Network partners are impacting over the next five years:

Suicide: Decrease the overall suicide death, hospitalization and self-reported suicide attempt rate in Colorado.

Prescription Drug Overdose: Reduce adult poisoning death and hospitalization rates in Colorado.

Falls: Decrease the rate of deaths from older adult falls and hip fractures among adults over age 65 in Colorado.

Motor Vehicle Crashes: Reduce the motor vehicle crash hospitalization rate and occupant fatality rate in Colorado.

Interpersonal Violence: Decrease the percentage of youth experiencing forced sexual intercourse, the rate of teen dating or sexual violence victimization within the past 12 months, and decrease the number of emergency department visits due to intimate partner violence.

Child Maltreatment: Decrease the rates of children reported to child protective services, emergency department visits coded as child abuse and neglect, inpatient hospitalizations due to child abuse and neglect, deaths of children age 5 and under due to injury or violence, and a decrease in the rate of first time victims of child abuse and neglect.

10 PERCENT REDUCTION

Violence and Injury Prevention Network partners established outcome goals of approximately a 10 percent reduction in each of the listed indicators.

Traumatic Brain Injury: By addressing traumatic brain injury (TBI) through educational activities related to falls, motor vehicle crashes, and suicide prevention, the state will see a decrease in TBI-associated injuries.

Colorado Department of Public Health and Environment staff and Violence and Injury Prevention Network partners established the outcome goal of approximately a 10 percent reduction in each of the indicators listed on this page. For a detailed outline of the specific objectives and to request information on the updated work plans to address each of these critical target areas, please visit the VIPreventionNetworkCO.com.

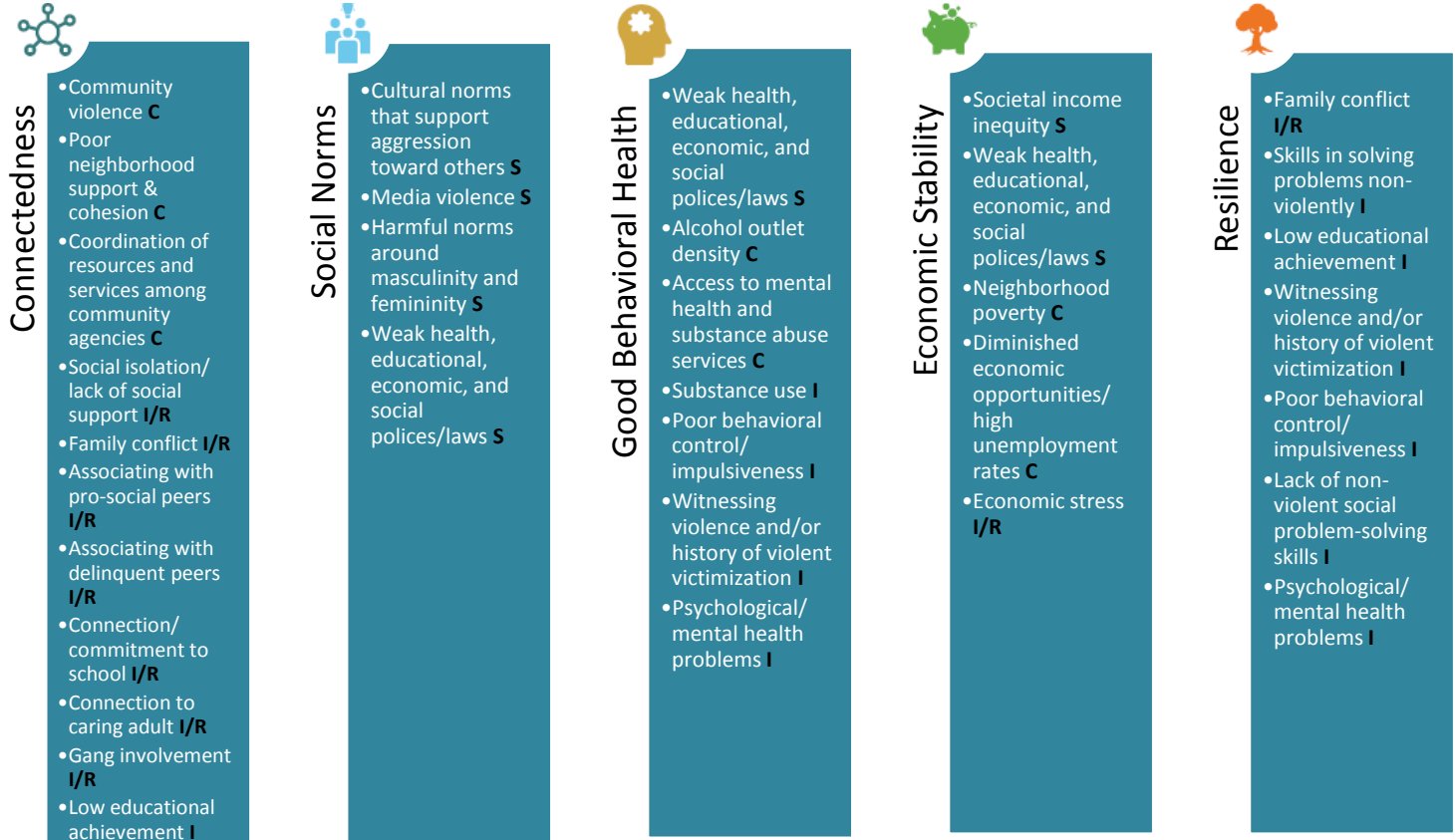
ADDRESSING PRIORITY SHARED RISK & PROTECTIVE FACTORS

As highlighted previously, injuries and violence are not unique to any specific population or age group. They affect everyone, regardless of age, gender, race or economic status. The outcome of violence and injury can vary from temporary discomfort and inconvenience to chronic pain, disability, major lifestyle changes and death. Violence and injuries not only impact those individuals directly involved, but also families, employers, communities and greater society.

Risk factors are those characteristics or situations that increase the probability of experiencing injury and/or violence (either as a perpetrator or as a victim). Protective factors are those characteristics or situations that mitigate the risk of experiencing violence and/or injury, and help to build resilience to thrive when faced with adversity. Risk and protective factors can be attributed

to each level of the social ecology: individuals, families, organizations, communities and societies. Prevention science research suggests that the most effective methods for preventing violence and injury involve addressing both risk and protective factors at each level of the social ecology. Different types of violence and injury share some of the same risk and protective factors. For example, substance abuse is a risk factor for motor vehicle crashes, sexual violence, interpersonal violence, suicide and child maltreatment. A *shared risk and protective factor* approach involves addressing these shared factors to best impact multiple types of violence and injury outcomes.

Implementing a shared risk and protective factor approach in Colorado not only has the potential to prevent multiple forms of violence and injury; it also has the potential to leverage resources



Levels of the social ecology: Societal (S), Community (C), Interpersonal/Relationship (I/R), Individual (I)

ADDRESSING PRIORITY SHARED RISK & PROTECTIVE FACTORS

and partnerships across state and community-based agencies to effectively break down issue-specific silos within agencies and enhance the sustainability of these initiatives.

This shared risk and protective factor approach underpins Colorado’s work to reduce the burden of violence and injury across the critical target areas. There is evidence to support the connection between risk and protective factors across the social ecology. This evidence provides the basis for the prioritization of specific risk and protective factors in this plan. Colorado violence and injury prevention stakeholders prioritized common risk and protective factors associated with the state’s critical target areas (noted on page 4). Stakeholders then categorized these factors into five overarching prioritized concepts focused on protective factors:

- Connectedness (family, school and community)
- Positive Social Norms
- Good Behavioral Health
- Economic Stability
- Resilience (individual, familial and community)

Each of these larger concepts include specific risk and protective factors across the social ecology. For example, *Connectedness* encompasses both family connection and support, as well as community violence. *Positive Social Norms* includes harmful norms that support aggression towards others and supportive norms related to gender equity. Community alcohol outlet density and access to mental health and substance abuse services are categorized under *Good Behavioral Health*. *Economic Stability* considers high family socioeconomic status and societal income inequality. Lastly, *Resilience* includes both family and community conflict and individual skills in solving problems non-violently. These are examples of the risk and protective factors that have been grouped under the broader, strengths-focused concepts, but each of these concepts includes more factors than listed here.

Though violence and injury prevention partners across the state address shared risk and protective factors within programming, the Colorado Department of Public Health’s Violence and Injury Prevention-Mental Health Promotion Branch will lead work that leverages opportunities and momentum to increase connectedness, positive social norms, good behavioral health, economic stability and resilience. This will be done by coordinating efforts, trainings, technical assistance, and funding. Colorado’s collective state approach is to impact these five prioritized factors at multiple levels of the social ecology.



CONNECTEDNESS



POSITIVE SOCIAL NORMS



GOOD BEHAVIORAL HEALTH



ECONOMIC STABILITY







RESILIENCE




EVIDENCE-BASED STRATEGIES IMPLEMENTED
IN COLORADO





The following tables include a brief overview of some of the evidence-based strategies currently being implemented or funded for implementation in Colorado by statewide partners. This table demonstrates the broad spectrum and existing infrastructure of prevention across the state of Colorado. From primary prevention to intervention, a variety of state and local partners work to address violence and injury shared risk and protective factors across the critical target areas and the social ecology, allowing the state to leverage expertise, funding and resources.

Tables 3-9. Critical Target Areas





SUICIDE			
Level of the SEM (Social ecological model)	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Social norms changes around help-seeking behaviors and reducing stigmaMan TherapyHotlines for crisis mental health support	CDPHE, CDHS OBH, AG's Office, Governor's Office CDPHE, Anschutz	Child Maltreatment Substance Abuse Interpersonal Violence
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Integrating behavioral health into primary carePolicy changes to improve behavioral health care access and early interventionAdoption of Zero Suicide in health care systemsED-CALMUniversal screening to identify depression/suicide risk in health care (this is part of Zero Suicide)	CDPHE, CDHS OBH CDE, HCPE, Hospitals, behavioral health, primary care, Commission	Child Maltreatment Substance Abuse Interpersonal Violence
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Implementing evidence-based health education and social/emotional health curricula or programs, including Sources of Strength, Life Skills Training, QPR Trainings, SOS Signs of Suicide, Mental Health First Aid, Means Restriction (ED-CALM)	CDHS OBH, TGYS, DCJ, CDE School districts, CDPHE, CO Health Foundation, CDE	Substance Abuse Interpersonal Violence
 INDIVIDUAL	<ul style="list-style-type: none">Cognitive Behavioral TherapyMultisystemic TherapyNurse Family PartnershipMentoring and after-school social-emotional learning programsMinimum training requirements for mental health providers in suicide assessment and management.Implement suicide prevention strategies for first responders	DCJ, HCPE, CDHS OBH, CDPHE, CDE CDHS, TGYS, OBH Commission, CDPHE	Substance Abuse Child Maltreatment Interpersonal Violence

EVIDENCE-BASED STRATEGIES IMPLEMENTED
IN COLORADO





MOTOR VEHICLE CRASHES			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Policies to reduce/prevent impaired driving, including license restrictions, open container bans, high-BAC sanctions, interlocks, social marketing campaignsImprovement of Colorado's GDL system by educating decision makers and parents about best practice (esp. min age of permit and curfew)Social marketing to increase seat belt use among drivers (primary seat belt)	CDOT CDPHE	Substance Abuse TBI
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Policies & environments that prevent impaired driving, including SBIRT, responsible beverage service, designated drivers, and increased enforcement of policiesCrime Prevention Through Environmental Design (CPTED) to prevent pedestrian injuriesSafe Routes to School and other Community interventions to prevent pedestrian injuries	CDOT, CDPS NHTSA, CDPHE	Substance Abuse TBI
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Education for parents about how to teach their teen to drive and how to enforce graduated drivers licensing at home	CDPHE & CDOT	



CHILD MALTREATMENT			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Child maltreatment prevention social marketing campaign to advertise the reporting hotlinePolicies that increase minimum wage and universal access to free kindergarten	CDPHE, CDHS, Early Childhood Colorado Partnership	Interpersonal Violence TBI
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Communities that CarePolicies that improve family-friendly businesses, access to childcare and early childhood education, improve social/emotional health, and more	CDPHE, LPHAs CDHS, Early Childhood Colorado Partnership	Interpersonal Violence Substance Abuse TBI
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Home visitation (NFP, MIECHV, HIPPY, PAT, Healthy Steps, SafeCare)Positive parenting (Incredible Years Parents)	CDHS Invest In Kids	Interpersonal Violence Substance Abuse Suicide
 INDIVIDUAL	<ul style="list-style-type: none">Cognitive Behavioral TherapyMultisystemic Therapy	CDHS	Substance Abuse Suicide

EVIDENCE-BASED STRATEGIES IMPLEMENTED
IN COLORADO





PRESCRIPTION DRUG OVERDOSE			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Social marketing campaign to promote safe use, safe storage, and safe disposal of prescription drugs and to promote conversations with adolescents about preventing use	Governor's Office, CO Consortium CDHS OBH	Interpersonal Violence TBI
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Prescription Drug Monitoring Program (PDMP)Health Care Provider education about prescribing practicesEvidence-based health education curricula that prevents substance abuse	DORA, CDPHE, BJA, CO Consortium CDLE, CSPH, CDE, CO Health Foundation, DCJ, CDHS OBH, SAMHSA	Interpersonal Violence Child Maltreatment Suicide Motor Vehicle TBI
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Drug refusal and coping education for families	CDHS OBH, CDE	
 INDIVIDUAL	<ul style="list-style-type: none">SBIRTCognitive Behavioral TherapyMultisystemic Therapy	CDHS OBH, SAMHSA	

EVIDENCE-BASED STRATEGIES IMPLEMENTED
IN COLORADO

INTERPERSONAL VIOLENCE			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Comprehensive Sexual Health PolicyStatewide Bullying Prevention Policy - enumeration for special populations like LGBT youth	CDPHE, Colorado Youth Matter CDE	Interpersonal Violence Suicide Child Maltreatment
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Communities that CareSocial norms around healthy relationshipsYouth-led community organizing	CDPHE, LPHAs, CDHS OBH TGYS	Substance Abuse Child Maltreatment Interpersonal Violence Suicide
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Safe DatesMentors in Violence PreventionBoys CouncilGood Behavior GamePositive Behavioral Intervention and Support (PBIS)Sources of Strength	CDHS OBH, CDE	Interpersonal Violence Substance Abuse Suicide
 INDIVIDUAL	<ul style="list-style-type: none">Cognitive Behavioral Therapy (specifically for children with sexual behavior problems)Multisystemic Therapy	Community mental health partners CDHS OBH DCJ	Substance Abuse Child Maltreatment Suicide

TRAUMATIC BRAIN INJURY			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">Enhance implementation of Return to Learn/ Play policies	CDPHE, CDE	Child Maltreatment Interpersonal Violence
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Promoting policies and regulations that support Safe Sleep environments	CDPHE, CDHS	Child Maltreatment Interpersonal Violence






EVIDENCE-BASED STRATEGIES IMPLEMENTED IN COLORADO

OLDER ADULT FALLS			
Level of the SEM	Evidence Based/Informed Strategies in Colorado	Funding Agencies (See appendix for list of abbreviations)	Connections to other Work
 SOCIETAL	<ul style="list-style-type: none">ACA Wellness Visit billing code to incentivize providers to do falls screening	HCPF	TBI
 COMMUNITY/ ORGANIZATIONAL	<ul style="list-style-type: none">Promote health care system policy changes to support older adult falls screening and referrals to classes	CDPHE, LPHAs, COAW	TBI
 INTERPERSONAL/ RELATIONAL	<ul style="list-style-type: none">Screening for fall risk and referral to evidence based falls prevention programs	Hospitals and primary care physicians	TBI
 INDIVIDUAL	<ul style="list-style-type: none">Stepping OnTai Chi:Moving for Better BalanceTai Chi for ArthritisMatter of BalanceN'Balance	CDPHE, COAW SUA, Rec Centers, Senior Centers, Hospitals	TBI Suicide

PROTECTIVE FACTORS ADDRESSED BY VIOLENCE AND INJURY PREVENTION-MENTAL HEALTH PROMOTION PROGRAMS

The Violence and Injury Prevention-Mental Health Promotion Branch focuses on strategies that address the shared risk and protective factors that impact the critical target areas of violence and injury in the state: suicide, motor vehicle crashes, falls, prescription drug overdose, sexual violence, and child maltreatment. This work is achieved through data collection and surveillance, implementation of evidence-informed programs, policy development, and evaluation activities to measure outcomes. Key to the achievement of these objectives is the development of a violence and injury prevention system throughout Colorado connecting state and local public health and communities by fostering community engagement and building capacity at the local level.

Table 4.0. Shared Risk and Protective Factors Across the Critical Target Areas

	OFFICE OF SUICIDE PREVENTION*	FALLS PREVENTION*	PRESCRIPTION DRUG OVERDOSE	MOTOR VEHICLE*	CHILD FATALITY PREVENTION SYSTEM*	INTERPERSONAL VIOLENCE	ESSENTIALS FOR CHILDHOOD*	MJ/SUBSTANCE ABUSE PREVENTION	MENTAL HEALTH PROMOTION*
 CONNECTEDNESS	✓	✓	✓	✓	✓	✓	✓	✓	✓
 POSITIVE SOCIAL NORMS	✓	✓	✓	✓	✓	✓	✓	✓	✓
 GOOD BEHAVIORIAL HEALTH	✓		✓	✓	✓	✓	✓	✓	✓
 ECONOMIC STABILITY				✓	✓	✓	✓		
 RESILIENCE	✓	✓	✓	✓	✓	✓	✓	✓	✓

*Impacts TBI

Creating connected & thriving communities free from violence and injury

We are using these resources

- Research on effective strategies
- Data on health issues
- State & federal funding
- Existing program resources
- Experienced staff
- Strong state and local partnerships
- Violence and Injury Prevention Network (including associated state and local coalitions)



Presented by

The Colorado Violence and
Injury Prevention Network

to implement these strategies

- Strengthen policies, systems, environments
- Influence health care systems
- Engage communities
- Enhance surveillance and evaluation systems
- Communicate positive norms through various modalities
- Build capacity for injury and violence prevention at the local level

to ensure all Coloradans



Are connected to:

- caring support networks
- communities that support healthy and safe behaviors
- coordinated resources and services among community agencies



Have positive social norms about:

- help-seeking behaviors
- making safe and healthy decisions
- gender roles
- violence and injury prevention being a community responsibility
- a picture of health that includes mental health



Experience good behavioral health, with:

- decreased substance abuse
- social and emotional health resources and services
- access to mental health and substance abuse services



Experience economic stability through:

- employment policies that support health, safety and families
- increased economic opportunity
- improved childcare and school options



Are Resilient, with the skills to:

- advocate for personal health care needs/decisions
- solve problems non-violently
- rebound after challenging life situations

and ultimately reduce

- Suicide
- Older Adult Falls
- Prescription Drug Overdose
- Motor Vehicle Injuries and Fatalities
- Bullying
- Sexual Violence
- Teen Dating Violence
- Intimate Partner Violence
- Child Maltreatment
- Traumatic Brain Injury



across the lifespan of
all Coloradoans.

VIOLENCE AND INJURY PREVENTION - MENTAL HEALTH PROMOTION BRANCH STRATEGIES

As prevention science progresses toward an integrated approach, strategies that tackle shared risk and protective factors in order to decrease multiple types of violence and injuries are emerging.

Effective programs are based in research and are often applied at the local level, where a multi-faceted, evidenced-based program can be tailored and evaluated to meet local needs. However, the most effective prevention programs are not only based in research, but also reflect coordination and collaboration across many types of agencies and organizations. Injury prevention programs are beginning to use structured evaluations to determine which strategies and techniques work best. The concept of “best practices” or “evidence-based” means choosing programs and interventions that are known to be effective, based on empirical research and evaluation. Reviews of evidence-based strategies are now available from a number of sources.

Evidence-Based Strategies Implemented by Violence and Injury Prevention-Mental Health Promotion Programs

In order to impact the outcomes identified as critical target areas, the Violence and Injury Prevention-Mental Health Promotion Branch within the Colorado Department of Public Health and Environment is focused on implementing six broad-based strategies. Additional information about the strategies the Violence and Injury Prevention-Mental Health Promotion Branch is implementing is located at VPreventionNetworkco.com. Sources for the following evidence-based strategies include: the Centers for Disease Control and Prevention’s violence and injury prevention resources and strategies, Safe States Alliance’s Injury Prevention Inventory, and the Substance Abuse

and Mental Health Services Administration (SAMHSA)’s registries and the National Highway Transportation and Safety Administration’s (NHTSA) resources, among others. The evidence base used to select these prevention strategies is based on the existing literature on violence and injury prevention and on shared risk and protective factors (such as Connecting the Dots).

The Violence and Injury Prevention Branch is implementing these evidence-based strategies at the community and societal levels of the social ecology in an effort to increase community protective factors and decrease community risk factors, in addition to reducing the burden of violence and injury across the state. Examples of how each strategy is applied to achieve violence and injury prevention objectives are included below:

Strategy 1 Examples: Improve social norms about healthy behaviors

- **Suicide Prevention:** Expand and evaluate a social marketing campaign targeting suicide prevention among working aged males - ManTherapy.org

Partners in Implementation: Cactus Marketing, Carson J Spencer Foundation, Colorado School of Public Health, University of Maryland at Baltimore, local suicide prevention and behavioral health organizations, state licensee partners, and other stakeholders

- **Retail Marijuana Education Program:** Educate all Colorado residents and visitors about safe, legal and responsible use of marijuana in a post-legalization world - GoodToKnowColorado.com

VIOLENCE AND INJURY PREVENTION - MENTAL HEALTH PROMOTION BRANCH STRATEGIES

Partners in Implementation: Colorado Departments of Revenue, Human Services, Transportation, Education, and Public Safety, the Colorado State Legislature, the Governor’s Office, federal partners, other states, local public health agencies, and other stakeholders.

Strategy 2 Examples: Strengthen policy, systems, & environmental changes

- **Motor Vehicle Safety:** Promote best practice policies known to increase seat belt use and reduce motor vehicle injuries and fatalities.

Partners in Implementation: Colorado Department of Transportation, Colorado Department of Human Services, Colorado State Patrol, Colorado Department of Revenue, Colorado AAA, Drive Smart Colorado, Mothers Against Drunk Drivers Colorado, Children’s Hospital Colorado, Colorado School of Public Health

- **Essentials for Childhood:** Promote policy changes that improve family-friendly business practices, increase access to quality and affordable childcare, and improve social and emotional health. Policy changes may be formal or organizational.

Partners in Implementation: Colorado Department of Human Services, Colorado School of Public Health, Children’s Hospital Colorado, Colorado Early Childhood Councils, Executives Partnering to Invest in Children, Colorado Children’s Campaign, Prevent Child Abuse America Colorado, Early Childhood Comprehensive Systems, Civic Canopy, Mile High United Way, Families First Colorado, Colorado Statewide Parent Coalition, Kempe Center

- **Child Fatality Prevention System:** Based on data collected on the circumstances of child fatalities, make recommendations to strengthen policies that will prevent future deaths. Examples include strengthening Graduated Driver’s Licensing requirements and passing Primary Seat Belt legislation.

Partners in Implementation: Colorado Departments of Human Services, Transportation, and Education, the Colorado State Legislature, federal partners, other states, local public health agencies, other local child fatality review team members, and other stakeholders

Strategy 3 Examples: Build resilience

- **Interpersonal Violence Prevention:** Provide funding for community based agencies across Colorado to implement strategies that impact life skills and resilience.

Partners in Implementation: Community-based agencies, local school districts, Colorado Department of Human Services, Local Public Health Agencies

- **Suicide Prevention and Interpersonal Violence Prevention:** Provide funding to community-based agencies and schools to implement Sources of Strength, an evidence-based resilience curriculum, in 10 schools across Colorado.

Partners in Implementation: Local school districts, local public health agencies, community-based agencies, the Colorado School Safety Resource Center

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Strategy 4 Examples: Influence health care systems

- **Suicide Prevention:** Pilot implementation of Emergency Department Counseling on Access to Lethal Means (ED-CALM), which trains ED providers to counsel parents or guardians of suicidal youth on the importance of restricting access to firearms and lethal medications in the home.

Partners in Implementation: Childrens Hospital Colorado, Colorado School of Public Health, Harvard School of Public Health

- **Prescription Drug Overdose Prevention:** Increase uptake of evidence-based opioid prescribing guidelines.

Partners in Implementation: Colorado Consortium for Prescription Drug Abuse Prevention members, Colorado School of Pharmacy, Colorado Department of Regulatory Agencies, Colorado Department of Human Services, Colorado Department of Health Care, Policy and Financing, Colorado School of Public Health, Colorado Board of Medicine, the Colorado Governor’s Office, the Colorado Attorney General’s Office, Colorado Regional Health Information Exchange, Quality Health Network

- **Mental Health Promotion:** Provide funding to local public health and behavioral health agencies to reduce the stigma of seeking help for behavioral health issues and to increase use of screening tools recommended by the U.S. Preventive Services Task Force for the early identification and intervention of behavioral health problems. Train primary care providers on the behavioral health needs, including screening and referral.

Partners in Implementation: Colorado Departments of Human Services, Health Care Policy and Financing and Regulatory Agencies, Colorado School of Public Health, Colorado Board of Medicine, the Governor’s Office, local public health agencies, federal partners, other states, and other stakeholders

- **Older Adult Falls Prevention:** Increase the number of health care providers who make successful referrals to evidence-based community fall prevention programs.

Partners in Implementation: Colorado Department of Health Care Policy and Financing, Lutheran Family Services, Centura Health System, Consortium for Older Adult Wellness, other clinical practices

Strategy 5 Examples: Engage communities

- **Child Fatality Prevention System:** Provide funding for and support local child fatality review teams to make and implement prevention recommendations within their communities based on data regarding local child fatalities.

Partners in Implementation: local public health agencies, county human services, local law enforcement agencies, district attorney’s offices, school districts, county coroner’s offices, medical professionals, mental health professionals, trauma and EMS, child advocates, and other stakeholders

- **Retail Marijuana Education Program:** Leveraging funding from the Retail Marijuana Tax Cash Fund, CDPHE will fund more than 50 communities in Colorado to implement the Communities That Care (CTC) model, focusing on youth substance

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abuse prevention outcomes using a shared risk and protective factor approach. CDPHE will support authentic community engagement and involvement to select and implement community-level policy, systems or environmental change strategies that impact substance use among youth, specifically alcohol and marijuana use and prescription drug misuse.

Partners in Implementation: Colorado Departments of Human Services, Education and Public Safety, the Division of Criminal Justice, the Governor’s Office, CU Boulder, local public health agencies, and other stakeholders

Strategy 6 Examples: Enhance surveillance and evaluation systems

- **Prescription Drug Overdose Prevention:** Develop and disseminate guidance on use of Colorado Prescription Drug Monitoring Program (PDMP) data for public health surveillance. Improve PDMP infrastructure to support PDMP use as a public health surveillance system. Implement strategies that improve linkage of prescription records for each consumer. Link PDMP data to health outcomes data, including emergency department, hospitalization, medical record and death certificate data Use PDMP data to identify common characteristics of high-risk groups for opioid misuse by type of payer. Collect, disseminate and analyze county and community level PDMP data and facilitate the use of PDMP data by county and local public health agencies

Partners in Implementation: Colorado Consortium for Prescription Drug Abuse Prevention members, Colorado School

of Pharmacy, Colorado Department of Regulatory Agencies, Colorado Department of Human Services, Colorado Department of Health Care, Policy and Financing, Colorado School of Public Health, Colorado Board of Medicine, the Colorado Governor’s Office, the Colorado Attorney General’s Office

- **Motor Vehicle Safety:** Collaborate with state agencies to improve motor vehicle data collection systems and link data sets. Assist the data workgroup of the Colorado Task Force on Drunk and Impaired Driving to develop a systematic impaired driving reporting system that will better collect data on driving under the influence of drugs and driving under the influence of alcohol to better understand the issue of impaired driving among teens and adults who transport children.

Partners in Implementation: Colorado Department of Transportation, Colorado Department of Human Services, Colorado State Patrol, Colorado Department of Revenue

CONCLUSION

Violence and injury exact a large toll on Colorado. Violence and injuries not only affect the individual, but have lasting impacts on families and communities with related economic burdens and lasting trauma. The State of Colorado understands this burden and prioritizes innovative, effective strategies to prevent it. Colorado violence and injury prevention stakeholders are approaching prevention differently. They are breaking down traditional programmatic silos and looking at the factors that protect people, families, and communities from violence and injury. Research is revealing that risk and protective factors are shared across multiple forms of violence and injury. The time for states to approach their prevention strategies differently is now. Implementing a shared risk and protective factor approach not only has the potential to prevent multiple forms of violence and injury; it also has the potential to more effectively leverage limited resources and valuable partnerships. Ultimately, with this plan as a guide, Colorado will create connected and thriving communities, free from violence and injury.

APPENDIX - COMMON ACRONYMS

- **ACL** - Administration for Community Living
 - **AG’s Office** - Colorado Attorney General’s Office
 - **BJA** - Bureau of Justice Assistance
 - **CCASA** - Colorado Coalition Against Sexual Assault
 - **CDC** - The Centers for Disease Control and Prevention
 - **CDE** - Colorado Department of Education
 - **CDHS** - Colorado Department of Human Services
 - **OBH** - Office of Behavioral Health at CDHS
 - **TGYS** - Tony Grampas Youth Services at CDHS
 - **CDLE** - Colorado Department of Labor and Employment, Worker’s Compensation Division
 - **CDOR** - Colorado Department of Revenue
 - **CDOT** - Colorado Department of Transportation
 - **CDPHE** - Colorado Department of Public Health and Environment
 - **VIP-MHP** - Violence and Injury Prevention - Mental Health Promotion Branch
 - **CDPS** - Colorado Department of Public Safety
 - **DCJ** - Division of Criminal Justice
 - **CFPS** - Child Fatality Prevention System
 - **COAW** - Consortium for Older Adult Wellness
 - **CO Consortium** - Colorado Consortium for Prescription Drug Abuse Prevention
 - **Commission** - Suicide Prevention Commission
 - **Core SVIPP** - Core State Violence and Injury Prevention Programs funded by the CDC
 - **CSPH** - Colorado School of Public Health
 - **CTC** - Communities That Care
 - **CU Boulder** - University of Colorado at Boulder or Denver
 - **DORA** - Colorado Department of Regulatory Agencies
- **EfC** - Essentials for Childhood project funded by CDC
 - **GDL** - Graduated Driver’s Licensing
 - **HCPF** - Colorado Department of Health Care Policy and Financing
 - **HIPPY** - Home Instruction for Parents of Preschool Youngsters
 - **HRSA** - Health Resources and Services Administration
 - **IV** - Interpersonal violence, inclusive of Intimate Partner, Domestic Violence, Sexual Violence, Teen Dating Violence, and Bullying
 - **LPHA** - Local Public Health Agencies
 - **MCH** - Maternal Child Health Programs
 - **MIECHV** - Maternal, Infant, and Early Childhood Home Visiting
 - **MJ** - Marijuana, referring to the Retail Marijuana Education Program
 - **NFP** - Nurse Family Partnership
 - **NHTSA** - National Highway Transportation Safety Administration
 - **PAT** - Parents as Teachers
 - **PDMP** - Prescription Drug Monitoring Program
 - **PDO** - Prescription Drug Overdose Prevention
 - **SAMHSA** - Substance Abuse and Mental Health Services Administration
 - **SBIRT** - Screening, Brief Intervention and Referral to Treatment
 - **SIM** - The State Innovation Models (SIM) Initiative funded by the Centers for Medicare and Medicaid Services
 - **SPCC** - Suicide Prevention Coalition of Colorado
 - **SUA** - State Unit on Aging
 - **TBI** - Traumatic Brain Injury