

Priority: Injuries and Violence

Goal: Prevent intentional and unintentional injuries.

What are Injuries and Violence and Why are they Important?

Injuries, unintentional and intentional, occur where people live, learn, work, and play. Injuries are a leading cause of death and disability among all age groups in NYS and are the leading cause of death for individuals 1-44 years of age. Each year, more than 13,000 individuals die due to an injury, 94,000 are hospitalized, and another 1.2 million are treated at an emergency department in NYS.³³⁰ Many unintentional injuries are caused by motor vehicle crashes, falls, and drug overdoses, with intentional injuries being a result of assaults and self-harm.

Structural racism and health disparities contribute to an increase in injuries and poorer health outcomes among racial and ethnic minorities. Black, Non-Hispanic, Hispanic, American Indian/Alaskan Native, and Asian Pacific Islander individuals are all more likely to be hospitalized or treated at an emergency department for an injury sustained as a pedestrian than White, Non-Hispanic individuals.³³¹ Older adults are much more likely to be injured due to a fall than younger adults, with falls being the leading cause of unintentional injury deaths for those 65 years and older.¹⁴⁸ Women of color, especially multiracial, Black, and Indigenous individuals, are at highest risk for all forms of sexual violence.³³² The neighborhoods with the highest rates of gun violence today reflect the redlining maps dating back to the 1930s, and the systemic disinvestment in Black communities. Black people are 10 times more likely to be killed and 12 times more likely to be injured by a gun than their White counterparts.³³³ Nearly 25% of fatal occupational injuries in New York during 2018-2022 occurred to Hispanic or Latino workers even though they account for only about 17% of the workforce during the same period.³³⁴

Injuries occur in predictable patterns, with recognizable risk and protective factors, and among identifiable populations. Injuries are preventable. By promoting available evidence-based strategies such as exercise programs, streetscape improvements, and community and environmental design guidelines for individuals and communities at high risk for injuries that can lower risk factors and strengthen protective factors, NYS can prevent injuries and create safer places to live, work, and play.

SMART(IE) Objective:

23.0 Decrease the rate of emergency department visits of motor vehicle-related pedestrian injuries per 10,000 people from 3.4 to 3.2.

23.1 Decrease the ratio of motor vehicle-related pedestrian injury emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.0 to 3.8.



| Desired Outcome | Indicator | Data Source | Population | Baseline | Target |
|--|---|---|-------------------------------|--|---------------|
| Decrease Motor Vehicle-Related Pedestrian Injuries | Rate of emergency department (ED) visits of motor vehicle-related pedestrian injuries per 10,000 New York Residents | SPARCS (Statewide Planning and Research Cooperative System) | Everyone | 3.4 (2022) | 3.2 (2030) |
| | | | Subpopulation of Focus | Baseline | Target |
| | | | Black, non-Hispanic persons | 4.0 (ratio of rates, Black, non-Hispanic compared to White, non-Hispanic) (2022) | 3.8 (2030) |










SMART(IE) Objective:




24.0 Decrease the rate of emergency department visits of assault-related injuries per 10,000 people from 32.1 to 30.5.









24.1 Decrease the ratio of assault-related emergency department visits of Black, non-Hispanic persons compared to White, non-Hispanic persons from 4.2 to 4.0.

| Desired Outcome | Indicator | Data Source | Population | Baseline | Target |
|-----------------------------------|--|-------------|-------------------------------|--|---------------|
| Decrease Assault-Related Injuries | Rate of emergency department (ED) visits of assault-related injuries per 10,000 New York residents | SPARCS | Everyone | 32.1 (2022) | 30.5 (2030) |
| | | | Subpopulation of Focus | Baseline | Target |
| | | | Black, non-Hispanic persons | 4.2 (ratio of rates, Black, non-Hispanic compared to White, non-Hispanic) (2022) | 4.0 (2030) |

| Interventions | Population of Focus | Age Range | Intermediate Measures |
|---|---------------------------------------|-----------|--|
|  <p>Featured Intervention: Conduct comprehensive education and awareness activities about pedestrian/bicycle laws that incorporate multimedia platforms in various settings, enforcement and engineering partners, and pedestrian/bicycle safety organizations.³³⁵</p> <p>LHD H O</p> | Everyone | All ages | Data regarding reach of chosen outreach methods (number of outreach events held and attendance, number of awareness materials distributed, number of website visits, etc.) |
|  <p>Featured Intervention: Implement multi-sector violence prevention programs such as the SNUG Street Outreach program, also known as Cure Violence, and hospital-based intervention programs, in high-risk communities, including those where gangs are prevalent. Example sectors include:</p> <ul style="list-style-type: none"> • LHDs • Criminal justice • Local enforcement agencies • Hospitals | Communities at high risk for violence | All ages | High-risk areas defined, community members engaged, funding secured |

| Interventions | Population of Focus | Age Range | Intermediate Measures |
|---|---------------------|------------|---|
| <ul style="list-style-type: none"> • Social services • Job training • Community-based organizations <p>These programs work best when they include wraparound services to support victims, families, and other community members impacted by crime.³³⁶⁻³⁴⁰</p> <p></p> | | | |
|  <p>Use a home fall prevention checklist to assess the homes of older adults for fall hazards and make modifications, as necessary.³⁴¹</p> <p></p> | Older adults | Ages 65+ | Participation among organizations that perform home safety assessments, multi-housing units for older adults, and other organizations of focus, number of homes inspected, number of homes modified, data on which most frequent/least frequent modifications |
|  <p>Connect older adults and people with disabilities with evidence-based falls prevention programs such as Tai Chi for Arthritis, Stepping On, and A Matter of Balance.^{341,342}</p> <p></p> | Older adults | Ages 65+ | Number of staff or community partners trained to provide evidence-based programs, number of older adults that have taken evidence-based classes |
|  <p>Improve roads, sidewalks, and crossings to encourage walking and bicycling to school.^{343,344}</p> <p></p> | Children and youth | School-age | Participation in safety improvement initiatives among municipalities and schools, safety rating of active transport infrastructure near schools (using safety audit checklists - Safe Routes to School, US DOT) |
|  <p>Conduct school-based programs that focus on skill building centered around emotional control and self-awareness, problem solving, and teamwork to reduce/prevent violent behavior among children.³⁴⁵</p> <p></p> | Children and youth | School-age | Participation among schools and youth organizations, number of children receiving intervention |

| Interventions | Population of Focus | Age Range | Intermediate Measures |
|--|---|-----------------|--|
|  <p>Provide focused outreach activities and promote safe work practices during extreme heat through engagement with local partners. Resources such as the NYS Department of Labor Extreme Weather Guidance and the Occupational Safety and Health Administration Heat Rule should be utilized to inform employers and workers on how to protect health during extreme heat.³⁴⁶</p> <p>LHD H O</p> | <p>People who work in outdoor settings</p> | <p>Ages 18+</p> | <p>Increase in trainings and educational materials developed</p> |
|  <p>Integrate the Building Resilience Against Climate Effects framework into existing Community Health Improvement Planning processes to enhance consideration of the impact of climate change on communities.³⁴⁷</p> <p>LHD H O</p> | <p>People vulnerable to climate change (older adults, children, low-income, etc.)</p> | <p>All ages</p> | <p>Increase in climate related activities and policies</p> |
|  <p>Support development and implementation of multiagency and locally coordinated regional and local heat emergency plans that result in efficient response to heat events. Incorporate tools such as National Weather Service Heat Risk.³⁴⁸⁻³⁵⁰</p> <p>LHD</p> | <p>People vulnerable to extreme heat</p> | <p>All ages</p> | <p>Development of a heat emergency plan</p> |
|  <p>Reduce access to firearms for children and individuals at high risk for harming themselves or others. Initiatives could include promoting safe storage of firearms and policies around purchasing of firearms.³⁵¹⁻³⁵²</p> <p>LHD H O</p> | <p>Children and individuals at high risk for harming themselves and others</p> | <p>All ages</p> | <p>Number of gun locks distributed, number of guns turned into law enforcement</p> |

| Interventions | Population of Focus | Age Range | Intermediate Measures |
|--|-----------------------------|-----------|--|
|  <p>Reduce neighborhood environmental risks. This can be done by reducing the number of abandoned buildings, increasing neighborhood lighting, and reducing the number of deserted streets.³⁵³</p>  | Disadvantaged neighborhoods | All ages | Number of neighborhoods revitalized |
|  <p>Establish bicycle safety programs inclusive of helmet distribution, education, and fitting for recipients.³⁵⁴⁻³⁵⁵</p>  | Children | Ages 0-19 | Number of helmets fitted and distributed |
|  <p>Promote health care provider screening for fall risk among older adults and people with disabilities and engage health care providers in identifying modifiable risk factors and developing a fall prevention plan of care. A fall prevention plan of care may include but is not limited to physical or occupational therapy, community-based programs, medication management, Vitamin D supplements, updated eyeglasses, and changes to footwear.³⁵⁶⁻³⁵⁸</p>  | Older adults | Ages 65+ | Number of older adults screened for fall risk, number of older adults at risk for falls given a falls plan of care |
|  <p>Improve safety measures, including better street lighting, traffic calming measures, and vigilant community policing, which contribute to a greater sense of security among older populations.³⁵⁶⁻³⁵⁸</p>  | Older adults | Ages 50+ | AARP survey and crime stats |

Lead Partners and Organizations

NYS Department of Health

Office of Occupational Health and Injury Prevention
Building Resilience Against Climate Effects (BRACE) Program

NYS Office of Emergency Management

NYS Department of Environmental Conservation

NYS Department of Labor

Gun Violence Prevention Initiative

NYS Office for the Aging

Elder Abuse Prevention and Interventions Initiative

NYS Office of Children and Family Services

NYS Department of Transportation

NYS Department of Motor Vehicles

NYS Division of Criminal Justice Services

NYC Department for the Aging

Local Departments of Social Services

Local departments of transportation, local transit authorities

Local departments of motor vehicles

Local criminal justice authorities

NYC Office of Gun Violence Prevention

Land management organizations

Economic development agencies, urban planning agencies

Neighborhood associations

Law enforcement

Policy makers

Cure Violence

SNUG Neighborhood Violence Prevention Program

Firearm retailers, Firearm owners

Legal services organizations

Assisted living facilities

AARP

American Automobile Association (AAA)

Managed care organizations, primary care providers, geriatric care providers, health plans

Mental health care providers, mental health advocacy organizations

Healthcare Association of NYS (HANYS)

Association of State and Territorial Health Officials (ASTHO)

Implementation Resources

[OSHA - Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings](#)

[CDC Climate and Health - About Building Resilience Against Climate Effects \(BRACE\) Framework](#)

[NYS DOL - Extreme Weather Guidance](#)

[Climate Smart NY Heat Emergency Plan Guidelines](#)

[NYS DEC - Brownfield Cleanup Program](#)

[NYS DOS - Opportunities Waiting to Happen: Redeveloping Abandoned Buildings and Sites to Revitalize Communities](#)

[National Highway Traffic Safety Administration - Road Safety](#)

[NYS Governor's Traffic Safety Committee](#)

[NYS DOT - NYS Strategic Highway Safety Plan](#)

[NYS Pedestrian Safety Programs](#)

[Pedestrian and Bicycle Information Center](#)

[NYS DOH - Injury Prevention - Bicycles](#)

[NYS DOH - Injury Prevention - Pedestrians](#)

[NYS DOH - Injury Prevention - Falls](#)

[CDC - STEADI - Older Adult Fall Prevention](#)

[National Council on Aging - Evidence-Based Falls Prevention Program](#)

[Cure Violence Global - Proven Strategies for Safer Communities](#)

[NYS Division of Criminal Justice Services - Gun Violence Reduction](#)

[ASTHO - How to Prevent Firearm Injury Using a Public Health Approach, with Examples and Resources](#)

[Everytown for Gun Safety - Hospital-Based Violence Intervention Programs: A Guide to Implementation and Costing](#)

[Everytown for Gun Safety - Secure Gun Storage](#)

[Youth Violence Prevention Center - Busy Streets](#)

[Prevention Institute - Gun Violence Must Stop. Here's What We Can Do to Prevent More Deaths](#)

[American Academy of Pediatrics - Safe Storage of Firearms](#)

[Harvard University - Means Matter: Suicide, Guns, and Public Health](#)

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