

Injury and Violence Prevention Network's CALL TO ACTION FOR THE TRUMP ADMINISTRATION

**A Comprehensive
Injury and Violence
Prevention Agenda
for the Trump
Administration in
2017**



EXECUTIVE SUMMARY

Injury and violence – spanning from car crashes, drug overdoses, workplace injuries, domestic violence and many other events – affect people in all stages and from all walks of life and are a critical public health threat to all Americans. Victims of injury and violence suffer physical, mental, and/or emotional health consequences, and society bears its share of the burden through medical expenses and work loss costs.

Both unintentional injuries and those caused by acts of violence are among the top killers for Americans. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and can be prevented.

We know that injuries and violence share many underlying causes. To better understand and address these relationships, several federal agencies play unique roles in supporting research, as well as developing and disseminating evidence-based programs to prevent injury and violence including:

- **Centers for Disease Control and Prevention (CDC)**
- **Health Resources and Services Administration (HRSA)**
- **Department of Transportation (DoT)**
- **Department of Defense (DoD)**
- **National Institutes of Health (NIH)**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

There is a major opportunity for these departments and agencies to work collaboratively with coordinated strategies to prevent injuries and violence from occurring in the first place.

The recommendations contained in this document address the various needs of existing programs and propose new efforts across the federal government that work to prevent injury and violence. The investments noted have been vetted by members of the [Injury and Violence Prevention Network](#) and are intended to meet the demand that exists to address injury and violence.



INTRODUCTION

Injuries and violence are the leading cause of death for Americans between the ages of one to forty-four, regardless of gender, race, or socioeconomic status. Nevertheless, our health system remains largely focused on the treatment and prevention of disease and largely ignores the massive burden of injuries and violence. As a country, we are paying an enormous price for our failure to prioritize programs that advance injury and violence prevention.

**Each year
in the U.S.,
injury and
violence
account for:**



192,900
deaths



3 million
hospitalizations



27 million
emergency
department visits



\$671 billion
in medical
& work loss costs

Over the years, the prevention community has had enormous success in reducing and preventing certain types of injuries by engaging in research that helps us better understand the circumstances that lead to injuries and violence, by identifying patterns within and across types of injuries and violence, and by shedding light on the risk factors that make it more likely one will experience injury or violence. A prime example of this work is automobile safety, which has been declared one of the ten greatest public health achievements of the twentieth century despite there being more cars, drivers, and vehicle miles traveled today than ever before.

What we know is that safety strategies save lives. Moreover, these strategies provide some of the fastest and largest returns on our investment. For example, requiring that infants ride in car seats, starting in the 1970s, saved money immediately, and these benefits have continued to accrue every year since. Every \$46 car seat saves \$140 in medical costs. In addition, that same car seat saves another \$470 in future earnings, because parents do not miss work due to a tragic crash involving their child. Together, that's \$610 in savings for each \$46 seat— a staggering 13 to 1 return on investment.

Given the potential savings that accrue from investments in injury and violence prevention, it is essential that we strengthen and deploy effective injury and violence prevention strategies in all communities across the country. Today, policymakers are searching for ways to address the rise in injury and violence that has gripped many of the communities they represent with increasing frequency. This is a guide for action by the federal government that dictates the investments needed to truly prioritize injury and violence prevention.



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PRESCRIPTION DRUG OVERDOSE PREVENTION

Recommendation

\$80 million to improve monitoring and strengthen prevention efforts

Background

America's prescription drug overdose epidemic continues to grow. From 2000 to 2014, **nearly half a million people died from drug overdoses**. Opioid overdose deaths, including both opioid pain relievers and heroin, hit record levels in 2014, with an alarming **14 percent increase** over 2013.

Changes in how providers prescribe these drugs created, and continue to fuel, the epidemic. Since 1999, the number of opioids prescribed and sold in the U.S. quadrupled, yet there has not been an overall change in the amount of pain that Americans report. There is wide variation in opioid prescribing between states, which is not attributable to state-by-state differences in health issues that cause people pain.

While prescription opioids can play a role in the management of certain types of pain, records indicate that many healthcare providers overprescribe these drugs, particularly for chronic pain. The evidence for the use of long-term opioid treatment for improving chronic pain, function, and quality of life is limited. Further, use of long-term and high-dose opioids for chronic pain is associated with serious harms, including risk of abuse and overdose.

Prescription opioid abuse is a major risk factor for heroin use and has played a role in driving the national increase in heroin overdoses. **Heroin overdoses have nearly tripled since 2010**, with more than 10,500 people dying in 2014. Heroin acts on the same receptors in the brain as prescription opioids and produces similar effects, and can often be acquired more readily and at a lower cost than prescription opioids. Heroin use can follow or occurs concurrently with prescription opioid misuse. Among new heroin users, approximately three out of four report having abused prescription opioids prior to using heroin.

Full Recommendation

\$80 million for the **CDC's National Center for Injury Prevention and Control** to support the *Prevention for States program* and improve quality and tracking to monitor the epidemic, strengthen state efforts by scaling up promising and effective public health interventions, and supply healthcare providers with data, tools and guidance for evidenced-based decision making.



TRAUMATIC BRAIN INJURY PREVENTION

Recommendation

\$12.9 million to improve data collection and widespread adoption of effective prevention strategies and clinical best practices

Background

A traumatic brain injury (TBI) is caused by a bump, blow, or jolt to the head or a penetrating injury that disrupts the normal function of the brain. TBIs can occur as a result of falls, motor vehicle crashes, violence, and sports and recreation activities, among many other causes.

- In 2010, at least **2.5 million TBIs occurred in the U.S.** either as isolated injuries or in combination with other injuries. This includes 2.2 million Emergency Department (ED) visits, 280,000 hospitalizations, and 50,000 deaths. This is equal to more than 30 TBI-related hospitalizations per hour, which is the same as the entire state of New Mexico being treated and discharged from the ED in one year alone.
- The estimated lifetime economic cost of TBI (in 2010 dollars), including **direct and indirect medical and work loss costs, is approximately \$141 billion.**
- In 2012, more than 450,000 people were treated in emergency departments specifically for sports and recreation-related TBIs, including concussions. **Over 325,000 of those were children and teens.**

The effects of TBIs can be serious and long lasting.

- A concussion is a type of TBI. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Health care professionals may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects can be serious and long lasting.
- Effects of TBI can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). These issues not only affect individuals but can have lasting effects on families and communities.

Better data is needed to more accurately describe TBI, both in the general population and among subgroups, improve data collection to allow us to identify the leading causes of TBI, so we can focus research, programs, and collaborations to prevent a TBI from happening in the first place. Much is known about the primary prevention of the leading causes of TBI (i.e., falls, motor vehicle injuries, and violence), but much remains to be done to promote widespread adoption of effective prevention strategies, including primary prevention for sports-related concussion.

Full Recommendation

\$12.9 million for the **CDC’s National Center for Injury Prevention and Control** to improve data collection aimed at identifying the leading causes of traumatic brain injury (TBI) and promote the widespread adoption of effective prevention strategies. Funding will be used to support the *High School Sports Concussion Surveillance System*, *Heads Up Initiative*, and development of evidence-based guidelines to better inform the diagnosis and management of mild TBI among children and adolescents.



INJURY CONTROL RESEARCH CENTERS

Recommendation

\$18 million to enhance injury and violence prevention research

Background

ICRCs are on the front line advancing violence and injury prevention science through **cutting-edge, multidisciplinary research on the causes, outcomes, and prevention of violence and injuries**. Research focuses on issues of local and national importance including motor vehicle-related injuries, violence among children and youth, prescription drug overdoses, traumatic brain injuries, and other high burden violence and injury problems. ICRCs work closely with state health departments and other partners to ensure research findings are put into action to prevent violence and injuries in communities across the country.

ICRCs' contributions to the violence and injury prevention field go beyond their research. ICRCs play a critical role training practitioners and developing the next generation of researchers and public health professionals. This helps ensure there is an adequate supply of qualified practitioners and researchers and ensures violence and injury prevention research continues to grow, address new problems, and reach new populations across the nation.

Full Recommendation

\$18 million for the **CDC's National Center for Injury Prevention and Control** to enhance funding to current **Injury Control Research Centers (ICRCs)**, while allowing an additional 4 centers to join the ICRC network.



NATIONAL VIOLENT DEATH REPORTING SYSTEM

Recommendation

\$25 million to expand violent death surveillance to all 50 states and U.S. territories

Background

NVDRS is a state-based surveillance system that links information from multiple data sources – death certificates and state and local medical examiner, coroner and law enforcement records – to create a more complete picture of the circumstances surrounding violent deaths. One of the hallmarks of the system is that it does not require the collection of any new data, it simply supports centralization of data already collected when a violent death occurs. NVDRS can help characterize the impact of violence and identify factors that precipitate violent death so that future violent deaths can be prevention.

The system collects data on all types of violent deaths: homicides, suicides, child abuse and neglect fatalities, intimate partner homicides, and fatalities involving law enforcement in the line of duty.

NVDRS data allow states to tailor violent death prevention efforts to the needs of their communities and evaluate their effectiveness. Data collected about each violent death include:

- circumstances related to the event (e.g., depression or major life stresses);
- the relationship between the perpetrator and the homicide victim; and
- concurrent crimes committed along with homicide (e.g., robbery, arson), multiple homicides, or homicide followed by suicide.

NVDRS is the **most comprehensive database** on circumstances surrounding violent deaths in the U.S. A new optional unintentional drug poisoning module was added in some states to allow in-depth study of these deaths. The program has been so successful that it has **grown from six states** at its inception in 2002 **to 42 states** funded to participate in 2017.

Full Recommendation

\$25 million for the **CDC's National Center for Injury Prevention and Control** to expand the *National Violent Death Reporting System (NVDRS)* to all 50 states and U.S. territories.



CHILD MALTREATMENT PREVENTION

Recommendation

Adequate funding to support effective prevention programs and services

Background

Child abuse and neglect includes physical abuse, sexual abuse, psychological abuse, and neglect of children under the age of 18 by a parent, caregiver or another person in a permanent or temporary custodial role (i.e., clergy, coach, babysitter).

- Based on child protective services data, an estimated **1,530 children and youth died** as a result of abuse and neglect in 2013.
- An estimated **679,000 children** were identified as victims of child maltreatment by child protective services, based on substantiated cases in 2013.
- These numbers underestimate the true scope of this issue; many victims are not reported to child protective services. Self-reported data consistently show that more than **1 in 10 children and youth** experienced at least one form of child maltreatment in the past year.
- The total **lifetime economic costs** resulting from the new child abuse and neglect cases (both nonfatal and fatal) that occurred in the U.S. in 2008 is about **\$124 billion**. This cost estimate includes childhood health care costs, adult medical costs, productivity losses, child welfare costs, criminal justice costs, and special education costs.

While the data indicate that child abuse and neglect is a pervasive public health problem, it is widely acknowledged that the true burden of child abuse and neglect exceeds current estimates, because many cases are not reported to police or social services.

Full Recommendation

\$47 million to support the *National Child Traumatic Stress Initiative* at the **Substance Abuse and Mental Health Services Administration**. **\$500 million** to support the *Maternal, Infant and Early Childhood Home Visiting Program* and **\$639 million** to maintain the *Title V Maternal and Child Health Services Block Grant* and **\$4.5 million** to continue the *Emergency Medical Services for Children (EMS-C) grants* administered by the **Health Resources and Services Administration**. **\$17.1 billion** to expand support for the *Child Maltreatment Prevention program* administered by the **CDC's National Center on Injury Prevention and Control**.



OLDER ADULT FALLS PREVENTION

Recommendation

\$5 million to support effective clinical prevention programs and strategies

Background

Falls are the leading cause of injury deaths among older adults. Equally troubling, even falls that are non-fatal affect many older adults and result in significant medical costs.

- **Every 20 minutes, an older adult dies** from a fall-related injury.
- Every 13 seconds, an older adult is treated in an emergency department for a fall.
- Fall-related injuries are among **the 20 costliest medical conditions** for older adults.
- The average cost of a fall-related hospitalization for older adults is \$35,000. Annually, **\$34 billion** is spent on **direct medical costs related to falls**.
- Among people who fall, less than half talk to their healthcare provider about falls.

In addition to injuries, falls can also have major psychological and social consequences. Older adults may restrict their activities because of a fear of falling, contributing to a loss of self-confidence, which can lead to reduced mobility, fewer social interactions, decreased physical fitness, and reduced quality of life.

Full Recommendation

\$5 million to the **CDC's National Center for Injury Prevention and Control** to support the *Stopping Elderly Accidents, Deaths, and Injuries (STEADI)* program and community-level dissemination of the *Compendium of Effective Fall Intervention*.



WORKPLACE SAFETY

Recommendation

\$934 million for education, training, and research

Background

NIOSH is the leading workplace safety research organization and issue recommendations to improve safety in many sectors. The ERCs train tomorrow's workplace safety leaders and the AgFF conduct research in some of the most dangerous sectors. In 2014, **11 people died on the job each day** in the United States, and an additional nearly 5 million people experienced workplace injuries. These deaths and injuries cost society **\$140 billion** and nearly 100,000 days in lost time.

Contractors are an increasing segment of the workforce, and contractor fatalities represent 17% of the overall fatality numbers. As this employee category continues to grow, more must be done to improve safety for these workers.

Full Recommendation

\$595 million for the **Occupational Health and Safety Administration** to continue setting standards, and for training, outreach and education of employers. Also, **\$339 million** for the **National Institute for Occupational Safety and Health (NIOSH)** including *Agriculture Forestry and Fishing (AgFF) sector program* and *Education and Research Centers (ERC)* to address the magnitude of occupational injuries within this high-risk sector.



STATE VIOLENCE AND INJURY PREVENTION PROGRAMS (Core SVIPP)

Recommendation

\$20 million to expand state injury and violence prevention programs

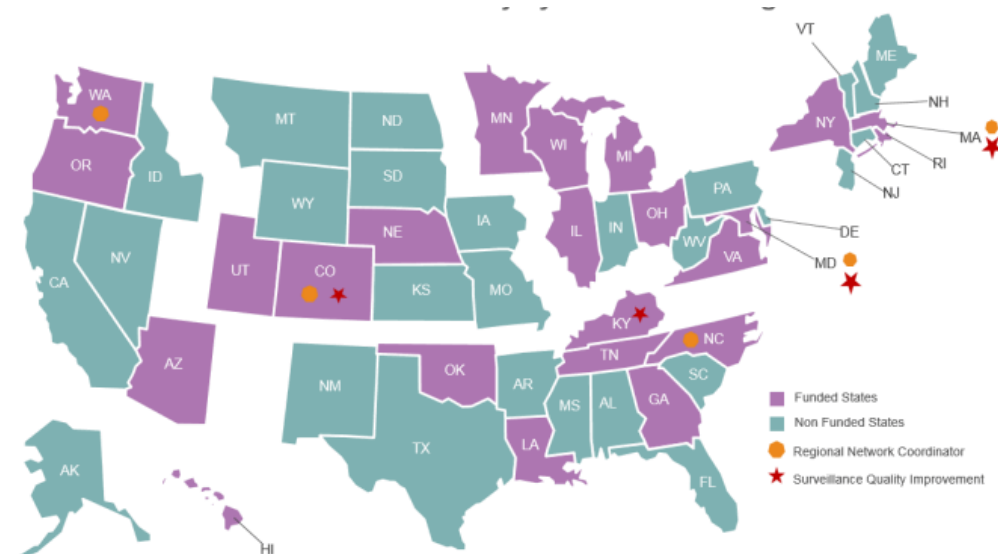
Background

The Core SVIPP program provides **funding to 23 state health departments** to implement, evaluate and disseminate strategies that address the most pressing injury and violence issues including: child abuse and neglect, traumatic brain injury, motor vehicle crashes, and intimate partner/sexual violence. The goal of the program is to provide the best data and resources to states so they can collaborate to target their most pressing injury and violence prevention needs.

By supporting state health departments to focus on preventing injuries before they occur, this funding not only assures the implementation of best practices in violence and injury prevention, but allows states to **save lives while reducing the cost of injuries and violence**. The Core SVIPP is the only program of its kind in the nation that provides dedicated funds to states to tailor efforts around their individual injury and violence needs, and uses the best available research to identify, promote, and adopt programs that work.

Full Recommendation

\$20 million for the **CDC's National Center for Injury Prevention and Control** to expand the *Core State Violence and Injury Prevention Program (Core SVIPP)* to all 50 states.



UNINTENTIONAL CHILD INJURY PREVENTION

Recommendation

\$7.5 million for research and prevention

Background

In the United States, unintentional injuries are the leading cause of death among children ages 19 and younger

- Each day, about **24 children die** from an unintentional injury. That's one child's death every hour.
- About **1 in 5 child deaths is due to injury**.
- **Every 4 seconds, a child is treated for an injury** in an emergency department.

In addition to the physical and emotional toll of these injuries, there is a significant economic impact. Injury treatment is the leading cause of medical spending on children. The lifetime medical and work loss costs associated with a single year of child injuries accounts for **more than \$87 billion**.

Federal child injury prevention programs support the research needed to better understand childhood injury risk factors, which inform the development and implementation of effective prevention measures. These activities will ultimately save lives and reduce the number and severity of unintentional injuries among children. Focusing on changing behaviors of children and their caregivers and changing the environment and products to make them safer can be effective strategies to prevent child injuries. Specific strategies will vary by the cause of injury. For instance, interventions to prevent transportation-related injuries and fatalities include: child occupant protection (child safety and booster seats), separating children from traffic by installing sidewalks, and bike helmet use. Interventions to prevent traumatic brain injuries (TBIs), including concussions, include using gates at the top and bottom of stairs and soft material under playgrounds, to help keep kids safe from falls.

Full Recommendation

\$7.5 million to support research into childhood injury risk factors and effective prevention measures at the **CDC's National Center for Injury Prevention and Control**.



MOTOR VEHICLE-RELATED INJURY PREVENTION

Recommendation

Funding for data, evaluation and widespread dissemination of evidence-based prevention strategies

Background

Deaths and injuries from motor vehicle crashes impose a significant financial burden on society.

- **Crashes kill more people** in the first three decades of life than any other cause and reached an overall total of more than 38,000 people in 2015. That's an **average of over 100 people dying each day**.
- The **more than 6.1 million** police-reported motor vehicle crashes in 2014 had a societal **impact in excess of \$836 billion**. Nearly 30% of this (\$242 billion) is economic costs including property and productivity losses, medical and emergency bills and other related costs. Dividing this cost among the total population amounts to a **"crash tax" of \$784 for every person, every year**.

Many motor vehicle-related deaths and injuries can be prevented with evidence-based strategies including increasing restraint use, reducing alcohol-impaired driving and focusing efforts on populations at highest risk - such as tribal communities and older adults.

Full Recommendation

\$25 million for the **CDC's National Center for Injury Prevention and Control** to collect and analyze health- and crash-related data, employ evidence-based strategies to increase restraint use, and reduce alcohol-impaired driving and identifying and evaluating interventions by providing state-specific technical assistance. **\$1.181 billion** for the **National Highway Traffic Safety Administration (NHTSA)**, which includes funding for important programs like vehicle safety, behavioral safety, state grants for high visibility enforcement and autonomous vehicle development.



FIREARM VIOLENCE

Recommendation

\$10 million to support gun violence prevention research

Background

More Americans have died from firearm violence since the late 1980s than have died in all U.S. wars and other armed conflicts since World War I. Firearm violence **kills or injures more than 100,000 Americans each year**. These are staggering statistics that represent real people – children, family members, and friends. Each death is a tragic loss that is preventable.

- Firearm-related injuries are **among the five leading causes of death** for people ages 1-64 in the U.S.
- In 2012, there were 33,453 firearm deaths in the U.S. – just shy of the number of deaths from motor vehicle crashes that same year (34,935). Of those deaths, **62% were suicides, 35% were homicides, and 2% (548) were due to unintentional circumstances**. Legal intervention and firearms deaths of undetermined intent make up the remaining 1%.
- In the same year, there were 80,000 nonfatal firearm-related injuries treated in hospital emergency departments, including 59,000 cases of firearm-related assault, 4,000 cases of firearm-related self-harm, and 17,000 cases of unintentional firearm-related injuries.
- A firearm is used in **one out of every two suicides** and in **68% of homicides** in the U.S.
- The economic impact of firearm-related deaths and injuries is substantial, costing the U.S. **\$47 billion in medical and lost productivity costs** in one year alone.

The nature and frequency of firearm violence, combined with its impact on the health and safety of Americans, suggest that a public health approach should be incorporated into the strategies used to prevent future harm and injuries. **This approach involves three core elements:**

1. Focus on prevention;
2. Science-driven approach to understand risk and protective factors and identify effective prevention strategies; and
3. Multidisciplinary collaborations to address the problem and keep people safe, healthy, and productive.

This approach has been successfully used to reduce a variety of public health problems including tobacco use and motor vehicle injuries.

Full Recommendation

\$10 million to support gun violence prevention research at the **CDC's National Center for Injury Prevention and Control**.



YOUTH VIOLENCE PREVENTION

Recommendation

Funding to support surveillance, research and the development and dissemination of effective prevention programs

Background

Youth violence is an urgent public health issue that has lasting harmful effects on victims, families, and communities. Young people can be victims, offenders, or witnesses of violence and those who experience violence in childhood are at greater risk for chronic diseases, mental illness, and poor academic achievement during adolescence and later in life. Violence or fear of violence can cause people to spend less time outdoors being physically active and reduce social interactions and community investments that support healthy communities, such as parks, green space, and sidewalks.

Youth violence research shows:

- **Homicide is the third leading cause of death** for young people between the ages of 10 to 24.
- On average, **13 young people aged 10 to 24 are murdered each day**.
- Among youth ages 10-24, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, the third leading cause of death for American Indians and Alaska Natives, and the fourth leading cause of death for Whites and Asian/Pacific Islanders.
- Fatal and non-fatal violence among youth **ages 10 to 24 years cost \$17.5 billion in combined medical and work loss** costs each year. Cost benefit analyses have shown a range of **cost savings from \$2.73 - \$84.63 for every dollar invested** in evidence-based, youth violence prevention programs.
- One out of four high school students was in at least one physical fight in the past year. One out of every five high school students was bullied at school in the past year; one out of every six was bullied electronically.

Full Recommendation

\$31.9 million for the **CDC's National Center for Injury Prevention and Control** to support the *School-Associated Violent Death Study*, *National Centers of Excellence in Youth Violence Prevention*, *Adverse Childhood Experiences (ACE) Study*, *Essentials for Childhood*, *Youth Risk Behavior Surveillance System* and the *Striving to Reduce Youth Violence Everywhere (STRYVE)* program. **\$125 million** to support the *Choice Neighborhoods* program at the **Department of Housing and Urban Development**. **\$37 million** to support the *Byrne Criminal Justice Innovation Program*, *National Forum on Youth Violence Prevention*, *Defending Childhood*, *Community Based Violence Prevention Program*, and *Gang and Youth Violence Education, Prevention and Intervention* administered by the **Department of Justice**. **\$81.5 million** to support the *Comprehensive School Safety Initiative* and the *Gun Crime and Gang Violence Reduction Program* at the **National Institute of Justice**. **\$75 million** for the **Department of Education's Safe Schools and Citizenship Education Program**. Funds are used to support *Project Prevent* and *School Climate Transformation Grants*.



SEXUAL VIOLENCE PREVENTION

Recommendation

\$88.9 million to study and prevent multiple forms of sexual violence

Background

Sexual Violence (SV), Intimate Partner Violence (IPV), and Teen Dating Violence (TDV) can be experienced by both men and women; however, women are disproportionately impacted. These multiple forms of violence against women are related and all have serious consequences for victims, families and communities.

Sexual Violence (SV) occurs when a perpetrator commits sexual acts without a victim's consent, or when a victim is unable to consent or refuse. Sexual violence can have a negative impact on health in many ways and can lead to a serious and chronic deterioration in physical and mental health. Additionally, sexual violence can have emotional impacts and lead to negative health behaviors like smoking and alcohol abuse. **Nearly two million women** report being a **victim of rape or attempted rape** in a year. A similar number of men reported that they were forced to penetrate someone else in the last year. **One in five women** (more than 23 million women) and **one in 59 men** (nearly 2 million men) have been **victims of rape** during their lifetime.

Intimate Partner Violence (IPV) occurs between two people in a close relationship (current and former spouses or dating partners). On average, **24 people per minute are victims** of rape, physical violence, or stalking by an intimate partner. Over the course of a year, that equals more than 12 million women and men. **Nearly one in four women and one in seven men** have been the **victim of severe physical violence** by an intimate partner in their lifetime.

Teen Dating Violence (TDV), a form of IPV, is defined as physical, sexual, or psychological/emotional violence within a dating relationship and can include stalking. It can occur through physical contact or electronically between a current or former dating partner in preadolescence and teenage years. About **one in five female and one in 10 male high school students** reported being **victims of physical and/or sexual teen dating violence** over the course of 12 months.

Full Recommendation

\$88.9 million for the **CDC's National Center for Injury Prevention and Control** to support the *National Intimate Partner and Sexual Violence Survey (NISVS)*, *Domestic Violence Prevention Enhancements and Leadership through Alliances, Focusing on Outcomes for Communities United with State (DELTA FOCUS)*, *Dating Matters initiative* and *Rape Prevention and Education (PRE) Program*.



SUICIDE PREVENTION

Recommendation

\$7.9 million to study and prevent suicide

Background

Suicide is an issue of tremendous public health concern that has lasting harmful effects on individuals, families and communities. Family and friends of people who die by suicide may feel shock, anger, guilt and depression. Suicide also affects the health of the community, and the medical costs and lost wages associated with suicide take an economic toll on workplaces and society, at large.

- On average, there are **117 suicides per day** - or about one every 12 minutes.
- For every fatal suicide, there are **25 attempts**.
- Suicide is one of the only leading causes of death that has increased over the past 15 years - by more than 20%, with **rates among middle-aged people increasing by more than 30%**.
- Estimates of the cost of suicide deaths and injuries treated in US hospitals are **\$63 billion a year in just medical and work loss costs**, combined.

Stigma surrounding suicide leads to underreporting, and data collection methods critical to suicide prevention need to be improved.

Full Recommendation

\$7.9 million for the **CDC's National Center for Injury Prevention and Control** to support collaborative efforts with the **Substance Abuse and Mental Health Administration** to study non-fatal suicidal behavior, and the **Department of Defense and Veterans Affairs Administration** to ensure system-wide consistency related to suicide risk-reduction policy initiatives and suicide surveillance metrics.



CROSS CUTTING VIOLENCE PREVENTION

Recommendation

\$7.5 billion annually to implement comprehensive violence prevention strategies to prevent all forms of violence

Background

Multiple forms of violence – including **child maltreatment, firearm violence, youth violence, sexual abuse, and suicide** – are interconnected and share common risk factors. As such, there are common strategies to address multiple forms of violence, by reducing underlying risk factors and increasing resilience. **Dedicated funding** for a comprehensive approach to preventing the enormous human and financial costs of all forms of violence is long overdue, and has enormous **potential to save money and lives**.

Proposed allocations of this fund include:

- **\$1.6 billion in grants** annually to 200 cities to build public health capacity and infrastructure for preventing violence, including support for strategy development, implementation, evaluation, communication, and staffing/coordination;
- **\$50 million** for **hospital-based violence prevention** programs, primarily in Level I trauma centers;
- **\$10 million** for **national capacity building** to support and advance multisectoral collaboration for preventing violence and addressing adverse community experiences;
- **\$20 million** for a **training program** on primary and secondary prevention of violence;
- **\$150 million** for **criminal justice violence prevention** grants that include support for hiring of intervention specialists; and,
- **\$50 million** for **school violence prevention and trauma mitigation** grants for collaborations between local public health departments and primary and secondary public school districts.



ABOUT THE INJURY AND VIOLENCE PREVENTION NETWORK

The [Injury and Violence Prevention Network](#) is a group of national organizations that support injury and violence prevention policies at the national level and advocate for federal funding for injury and violence prevention.

The [Safe States Alliance](#) convenes and leads the Network, including facilitating monthly calls for information sharing, coordinating, and collaborating on joint strategies for advancing shared goals. For more information on the Injury and Violence Prevention Network and its members, please visit www.safestates.org or contact Paul.Bonta@safestates.org.



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