The Safe States Alliance uses the public health approach to prevent injuries and violence before they occur. This approach involves:

- **Using data and research** to fully understand injuries and violence.
- **Identifying factors** that increase or decrease the risk of injuries and violence.
- **Implementing and evaluating program and policy strategies** designed to prevent injuries and violence.
- **Ensuring the implementation of effective strategies** in states and communities.

To be impactful, state and local injury and violence prevention programs must be funded and staffed proportionately to the burden of injuries and violence. Federal funding is key to the continued existence, survival, and success of these programs. Safe States calls on Congress to support:

**CORE STATE VIOLENCE AND INJURY PREVENTION PROGRAM (CORE SVIPP)**

As the only program of its kind in the nation, states rely on Core SVIPP to implement, evaluate, and expand strategies to reduce their most pressing injury and violence problems, including child abuse and neglect, traumatic brain injury, motor vehicle crash injury, and intimate partner and sexual violence. We urge Congress to expand the Centers for Disease Control and Prevention's (CDC) Core SVIPP from 23 states to all 50 states, U.S. territories, and DC.

**FIREARM VIOLENCE RESEARCH**

Science-driven approaches are essential to prevent firearm violence. NVDRS data shows us that firearms increase the lethality of suicide attempts and shootings that lead to homicides. However, preventing just one firearm-related death would save over $1 million dollars in medical and lost productivity costs. Research can provide important insights into how to prevent firearm injuries and deaths, particularly among our nation's most vulnerable populations. We ask that federal funds be allocated to CDC and other agencies to support firearm violence research.

**INJURY CONTROL RESEARCH CENTERS (ICRCs)**

ICRCs advance injury and violence prevention science by conducting cutting-edge, multidisciplinary research on the causes, outcomes and prevention of injuries and violence. Of the nine ICRCs currently funded, only one exists west of the Mississippi River, leaving a significant void in efforts to advance violence and injury prevention in half the country. We call on Congress to support the expansion of ICRCs to every region of the country.

**MOTOR VEHICLE-RELATED INJURY PREVENTION**

Each year, over 30,000 people die in motor vehicle crashes, including drivers, pedestrians, and cyclists. Thousands more are seriously injured. We ask Congress to increase funding to federal agencies that help states prevent motor vehicle injuries before they occur. These agencies include the CDC and the National Highway Traffic Safety Administration (NHTSA), which funds programs that address vehicle safety, highway safety enforcement, and autonomous vehicle development.

**NATIONAL VIOLENT DEATH REPORTING SYSTEM**

We appreciate the support Congress has given to CDC to expand the National Violent Death Reporting System (NVDRS) nationwide. All 50 states will now be able to use state-level data from multiple sources to understand violent deaths in greater detail. To support their efforts, we request additional NVDRS funding to help states recruit data providers, analyze data, and implement scientific research to inform state and federal violent death prevention programs.

**EACH YEAR IN THE U.S., INJURIES AND VIOLENCE CAUSE**

- 243,000 deaths
- 25 million emergency department visits
- 3 million hospitalizations
- $840 billion in medical & work loss costs

OLDER ADULT FALLS PREVENTION
Falls are the leading cause of injury deaths among older adults. The CDC estimates that $34 billion is spent annually on direct medical costs related to falls. However, Congress allocates just $2 million to the CDC Injury Center and $5 million to the Administration for Community Living (ACL) to prevent older adult falls before they occur. We urge Congress to increase support for older adult falls prevention efforts.

OPIOID OVERDOSE PRIMARY PREVENTION
We appreciate the strides Congress has made to address the opioid overdose epidemic. While public health surveillance and education are necessary, they are not enough. Federal support is needed to fund primary prevention efforts that can address the root causes of substance abuse and prevent overdoses in the first place. We call on Congress to fund state-based prevention programs that will prevent opioid overdoses before they occur.

SUICIDE PREVENTION
Suicides – particularly those caused by firearms – are a significant public health burden. We urge Congress to fund existing suicide prevention grants which help state, territorial, and tribal agencies to prevent suicides. These grant programs include the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Garrett Lee Smith Suicide Prevention Program, CDC’s National Violent Death Reporting System (NVDRS), and Zero Suicide for Health Systems, a program supported by SAMHSA, Universal Health Services (UHS), and the Education Development Center (EDC).

ENSURE HEALTH & PROSPERITY FOR ALL PEOPLE
Congress has a responsibility to ensure the health and well-being of all people in our nation, including women, children, and those who have been historically marginalized. Unfortunately, systemic and structural barriers in our society have created immense inequities and made these populations more likely to live in poverty, have poor access to education, live in substandard housing, and experience traumatizing events throughout their lives. These circumstances can lead to or exacerbate many adverse issues, including child abuse and neglect, domestic violence, and community violence. However, when we work to prevent violence before it ever occurs, we ensure that all people have an opportunity to achieve economic, educational, and personal prosperity throughout their lifetimes. We call on Congress to enact policies and fund programs that promote equity and help people live to their fullest potential (i.e., early childhood education, paid maternal and paternal leave policies, living wage policies, paid sick leave, elimination of the gender wage gap, poverty alleviation, comprehensive mental health services, and universal health care). Further, Congress should refrain from advancing or supporting any policies that contribute to Adverse Childhood Experiences (ACEs) and work to ensure that all children - regardless of their nationality or country of origin - have access to long-term, trauma-informed health and social support services.

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