

CONGRESSIONAL PRIORITIES

116th Congress



SAFE STATES
Strengthening the practice of injury and violence prevention

The Safe States Alliance's Congressional priorities reflect the interests and expertise of professionals on the front-lines of injury and violence prevention in states and communities.

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.**

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.**

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.**

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 each year. **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.

Invest in What Works - Prevent Injury & Violence

Each year in the US, injury & violence account for*



231,991
deaths



32.1 million
emergency
department visits



3 million
hospitalizations



\$671 billion
in medical
& work loss costs

*Figures based on 2016 Web-based Injury Statistics Query and Reporting System (WISQARS) data

We Know What Works: Sample Strategies that Prevent Injuries & Violence

	Primary seat belt laws - laws that require drivers and passengers to wear seat belts - are the single most effective means of reducing fatal and non-fatal injuries in motor vehicle crashes.
	Programs that enhance parenting skills and promote healthy child development have been shown to prevent child abuse and neglect, as well as reduce adverse outcomes of poor home environments, such as substance abuse and criminal behavior.
	Equal pay and paid sick leave policies can help decrease violence against women and children by increasing the economic stability of families, given that economic inequality is a known risk factor for both intimate partner violence and child abuse and neglect.
	Housing stabilization policies - policies that prevent foreclosures and evictions by keeping people in their homes and providing affordable housing options for those in need - can strengthen household financial security and reduce the risk of suicide.
	Complete Streets policies - policies that direct transportation agencies to design and operate roads to ensure safe access for all users - can prevent pedestrian and bicycle injuries, as well as enhance physical activity. Improving surrounding physical environments - such as increasing street lighting, remediating abandoned buildings and lots, and creating green spaces - can strengthen neighborhood connectedness and prevent community violence.
	Universal helmet laws - laws that require all riders to wear a helmet - have been consistently shown to decrease motorcycle-related injuries and deaths.

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).

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.**

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 ten 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.**

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.**

PROTECT THE HEALTH OF VULNERABLE AMERICANS

Congress has a responsibility to protect the health and well-being of vulnerable populations, including women, children, and minority groups. These populations are 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, scholastic, and personal success 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, paid sick leave, reduction of the wage gap, poverty alleviation, and universal health care).**

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