



SAFE STATES

BLUEPRINT

for a National Injury and Violence
Prevention Program



A SAFE STATES ALLIANCE REPORT PREPARED BY HEALTH MANAGEMENT ASSOCIATES

AUGUST 2021

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INTRODUCTION



Richard Hamburg, MPA
Executive Director



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The Safe States Alliance is pleased to present the **Blueprint for a National Injury and Violence Prevention Program**. Despite significant burden from injuries and violence, per capita expenditures in this field consistently represent a small fraction of total public health investments. Now more than ever, the value of a strong public health infrastructure is clear, and we must be unwavering in our commitment to strengthen it.

The report provides a Vision for a Nation Free of Injury and Violence for all people – no matter what their zip code may be. This can be achieved by ensuring the nation has a robust, effective public health and prevention infrastructure built upon a series of essential components for injury and violence prevention.

For injury and violence prevention, the Centers for Disease Control and Prevention’s (CDC) Core State Injury Prevention Program (Core Program) provides a natural foundation on which to build this infrastructure. In its sixth iteration, the Core Program emphasizes essential public health competencies and provides states with the capacity to swiftly respond to existing and emerging issues.

This report provides:

- A comprehensive review of the strengths and opportunities of the Core Program
- An overview of the core competencies required of a strong injury and violence prevention (IVP) program
- A series of eight priority actions to establish a national IVP program using the Core Program as its foundation

We sincerely thank our state and national partners for providing invaluable insight into this report, as well as their vital efforts to strengthen injury and violence prevention across the nation. We also express our gratitude to our partners at Health Management Associates who were instrumental in this effort.

This report is a critical step towards establishing a national IVP program. We must elevate the priority actions, collectively advancing the field of injury and violence prevention, to create the foundation for IVP programs of the future. We welcome your thoughts and appreciate your partnership and support.

Sincerely,

A handwritten signature in black ink that reads "Richard Hamburg".

Richard Hamburg, MPA
Executive Director

A handwritten signature in black ink that reads "Sharon Gilmartin".

Sharon Gilmartin, MPH
Deputy Director



BACKGROUND

Injury and violence create significant challenges to wellbeing and quality of life in the United States. The Centers for Disease Control and Prevention (CDC) estimates 27 million emergency department visits each year are attributable to injuries and violence.¹ These numbers demonstrate the magnitude of the ongoing public health threat faced by individuals, communities and states. In addition to acute physical harm, injuries can often lead to long-term disability, trauma, and mental health issues for both victims and those close to them. The cost of these incidents and associated consequences topped \$1.8 trillion in 2013, including \$168 billion in direct medical costs.² In response to the burden presented by injuries and violence, the Safe States Alliance (Safe States) undertook development of this blueprint for a national injury and violence prevention program (IVP) built upon the framework and infrastructure of the Core State Violence and Injury Prevention Program (Core Program).

As the first step in the development of this blueprint, Safe States engaged Health Management Associates (HMA), a national research and consulting firm, to conduct an environmental scan.³ To develop a broad picture of the current context of the Core Program, HMA conducted a thorough document review and key informant interviews with over 50 leading public health and injury and violence prevention practitioners from across the country.

These experts brought decades of public health experience to the discussions, and included: current and former staff from multiple federal agencies across the U.S. Department of Health and Human Services, including CDC, the Health Resources and Services Administration (HRSA), and the Office of the Surgeon General; experts with direct experience working with Congress; and experts from national nonprofit and public health associations, advocacy programs, foundations, and community-based organizations. Additionally, HMA held focus groups with staff from 25 state IVP programs responsible for leading injury and violence prevention efforts in their states.

A Leading Cause of Death:

A CALL FOR ACTION

In the United States, a person dies every two minutes because of injuries and violence.⁴ Yet, **injuries and violence are not “accidents” or inevitable events. They are predictable and preventable.** Effective prevention strategies are known and available, including strategies that have been shared by the CDC.⁵ To prevent injuries and violence, states need well-funded and coordinated efforts across federal agencies that are collaborating and providing consistent direction.

Injuries and violence represent a leading cause of death and cost the United States \$840 billion annually – the equivalent of 85 percent of the yearly U.S. federal deficit.⁶ Nearly a quarter million people died as a result of injury and violence in 2018 in the United States⁷ and more than 27 million were treated for non-fatal injury and violence-related incidents.⁸ Injuries and violence take a serious mental, physical, and financial toll on those impacted and their families. The full financial cost is immense when all the medical care, loss of work and productivity, lost life years and criminal legal response are considered.⁹

Everyone should be safe from injuries and violence, and have the opportunity to be as healthy as possible, based on our country’s founding principles and shared understanding that opportunity should exist for everyone. In our country when there is unequal access to preventive programs and services, there is a greater burden from injuries and violence, impacting the health of the whole nation.^{16,17}

This disparity impacts our economy,¹⁸ costing the country trillions of dollars; our ingenuity and academic achievements, as we are unable to draw from the full range of the best and brightest minds; and our social-emotional health as we are hampered in building relationships across diverse cultures.

Beyond the immediate and direct impacts, research supports a strong link between injuries and violence, and later development of chronic diseases.^{25,26} This is largely due to the toll of toxic stress resulting from injuries and violence on the brain and body.




DISPARITY IN ACCESS TO PREVENTION RESULTS IN NEGATIVE OUTCOMES FOR MANY COMMUNITIES

- Rates of suicide in rural communities were found to be 25 percent higher than in major metropolitan areas.¹⁹
- Reports suggest that transgender individuals experienced increases in homicide victimization.²⁰
- People of color lost more years of life to police shootings than White people.²¹ Black males were more than twice as likely than White males to die by firearms in 2019.²²
- Nearly one in two Black women (45%) and Native women (47.5 %) and more than one in three Hispanic women (34%) reported experiencing contact sexual violence, physical violence or stalking by an intimate partner in their lifetime.²³
- Motor vehicle related deaths for American Indian/Alaskan Native adults (aged 20 years and older) were more than double the rate of non-Hispanic White adults.²⁴

VISION

for a Nation Free of Injury and Violence



A VISION OF A NATION FREE FROM INJURY AND VIOLENCE MEANS ALL PEOPLE – NO MATTER WHO THEY ARE OR WHERE THEY RESIDE – ARE SAFE WHERE THEY LIVE, WORK, TRAVEL, AND PLAY. IT MEANS A NATION THAT FULLY EMBODIES THE VALUE OF HEALTH EQUITY WHERE ALL PEOPLE HAVE SAFE AND NURTURING RELATIONSHIPS, ARE RESILIENT, CONNECTED, AND HAVE ACCESS TO THE RESOURCES NECESSARY FOR THEM TO THRIVE. A NATION FREE FROM INJURIES AND VIOLENCE MEANS THAT WE CREATE A WIN-WIN SITUATION, WHERE WE CAN SAVE MILLIONS OF LIVES AND BILLIONS OF DOLLARS.

VISION

for a Nation Free of Injury and Violence

There is strong evidence to support the efficacy of injury and violence prevention strategies,²⁷ which are cost-effective and show positive returns on investment (ROI). Motor vehicle safety and community falls prevention programs, for instance, have shown positive ROI and evidence of ROI for violence prevention strategies is growing.²⁸ Given how significant the economic and human toll of injuries and violence are, properly resourcing injury and violence prevention infrastructure just makes common sense. Moving forward, an increased focus on expanding programs shown to decrease injury and violence in over-burdened communities would contribute significantly to a national program capable of achieving population level impacts.²⁹ A more consistent and truly national Core Program could help to create a nation that truly lives up to the value of health equity.

What Will it Will Take to Reach this Vision?

Reaching this goal will require a widespread, intentional effort at the federal, state and local levels. It means ensuring the nation has a robust, effective public health and injury prevention infrastructure.

Supporting staffing, data, partners, evidence-based strategies, and evaluation capacity can help states to respond to both ongoing and emerging new injury and violence threats. Without these requisite elements, even basic injury and violence prevention activities are hampered.

According to interviews with leading injury and violence prevention experts, the country should prioritize injury and violence prevention with sustained and coordinated programming in all states and territories.³⁰

Significant opportunities for achieving an injury-free future include:

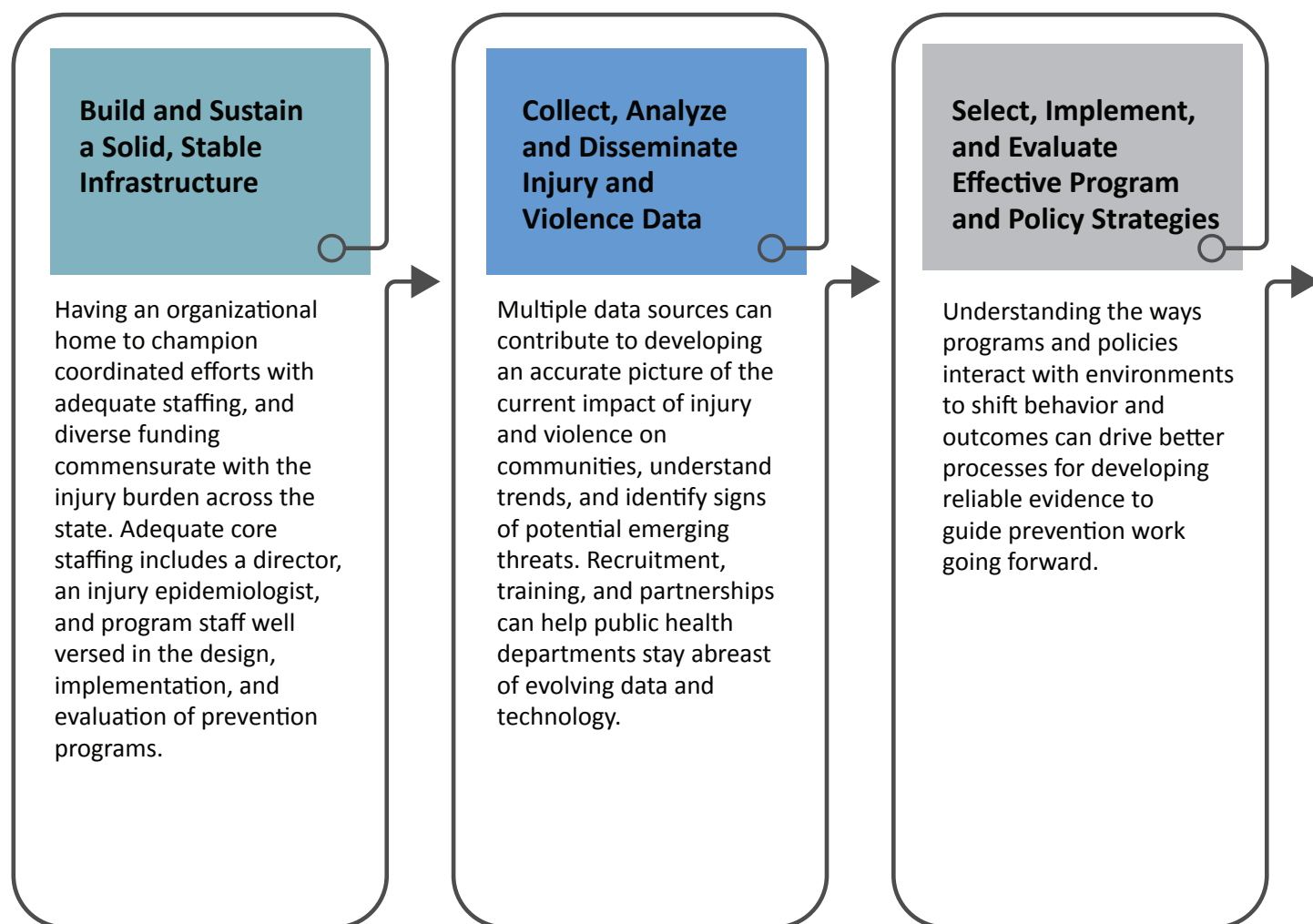
Creating a national framework with a comprehensive and coordinated approach. Many injury and violence prevention programs can be inconsistently implemented, small in scale and funded by a patchwork of sources. While the CDC's National Center for Injury Prevention and Control (NCIPC) – also referred to as the CDC Injury Center – provides critical funding and technical assistance to states through several distinct programs, there is currently no national program that supports all states and territories through coordinated administration of resources and measuring the impact of injury and violence prevention efforts.

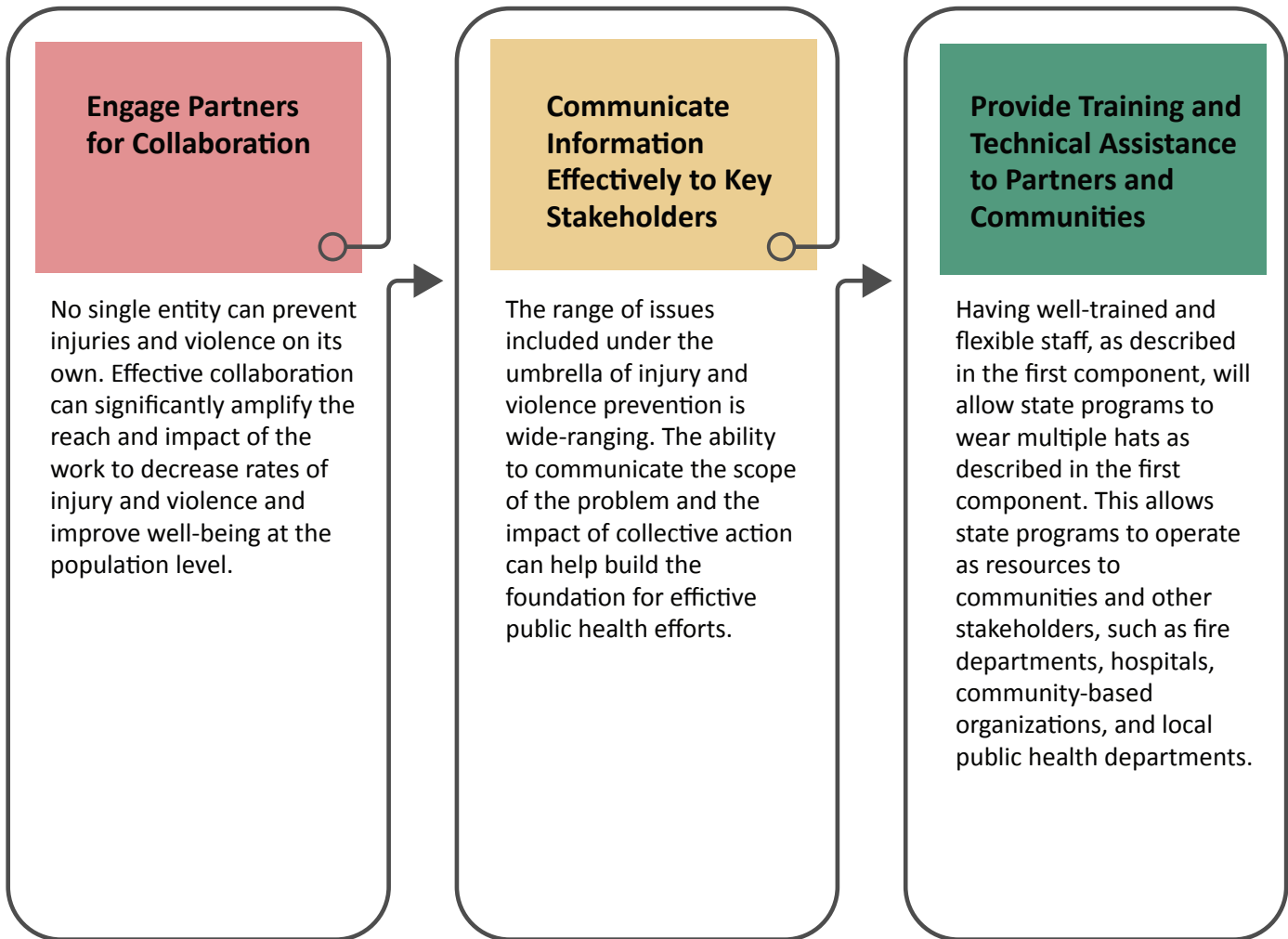
Building strong public health infrastructure.³¹ Many states and all territories lack the basic public health infrastructure necessary to prevent injuries and violence.³² While the CDC Injury Center provides some funding and technical assistance to states and communities, state health department participants in the environmental scan reported these supports are often not sustainable, not coordinated across divisions within the CDC or across other federal agencies, and are unable to provide the level of resources necessary to achieve measurable and lasting changes in injury-related morbidity and mortality. States and territories are constantly challenged to find new ways to meet the need for effective prevention efforts while chasing dollars, responding to varied and duplicative administrative requirements, and shifting prevention efforts to meet funders' ever-changing priorities. Additionally, because most states and territories do not receive support for injury and violence prevention capacity, many struggle with a lack of infrastructure and limited ability to respond to emerging or ongoing injury and violence prevention priorities in communities. (See Figure 1 for a history of Core program funding for injury and violence prevention).

CORE COMPONENTS

of a Public Health Injury and Violence Prevention Program

For nearly two decades, we have had a solid understanding of the components necessary to effectively prevent injuries and violence. Defined by Safe States, states and territories can be buoyed in their ability to impact prevention by aligning with the key components outlined below.³³





The Importance of a Sustainable

PUBLIC HEALTH WORKFORCE

Fundamental to the other core components is a robust public health infrastructure. Adequate infrastructure cannot be achieved, however, without highly effective people. ³⁴ CDC has long acknowledged the importance of a strong and sustainable public health workforce,³⁵ and having optimal staffing within all state and territorial health departments is paramount. Safe States has defined a robust public health infrastructure as including the following skills and/or roles.



- Administration and Leadership:** Effective leadership creates the possibility for the successful daily operation of state and territorial IVP programs. Being able to understand and address complex challenges can help public health leaders be effective in their work.³⁶ Skills that can be important for these leaders include advancing health equity, managing resources, conducting strategic planning, engaging a broad range of partners including communities, stakeholders, and senior officials, engaging in policy and programmatic efforts, effectively managing staff, and communicating a vision for population-level health and well-being.³⁷
- Epidemiology:** Effective surveillance systems are fundamental to public health preparedness. A high level of skill in surveillance, data analytics, and ongoing monitoring of population health will be essential as public health moves into the future.³⁸ Having robust data systems and people with the research skills to manage and use them are necessary for states and territories to track trends in injury and violence-related incidence and prevalence, detect public health emergencies and monitor population-level changes in health status.
- Evaluation:** The systematic determination of an intervention or strategy's merit, worth, or significance is crucial to determine the value and effectiveness of any program or policy strategy and understand the way outcomes are influenced by an environment.³⁹ Evaluation efforts ensure that resources are well-invested and are actively contributing to the public good. Staff with evaluation experience and expertise are critical for states and territories to continually understand what programs and policies work, to what extent and in what contexts.
- Policy Analysis:** The Institute of Medicine (IOM) has affirmed that the role of government in public health is inextricably linked to policy.⁴⁰ State and territorial IVP programs are uniquely positioned to inform and evaluate policy efforts, given that policies are most likely to have population-level impacts on injury and violence-related morbidity and mortality. As such, states and territories will benefit from having core staff with the skills to regularly analyze and evaluate public and organizational policies.⁴¹
- Program Implementation:** Programmatic interventions are a cornerstone of IVP programs, contributing to positive changes in the knowledge and behaviors of individuals and groups.⁴² Programs are most effective when designed from a robust understanding of implementation science and the unique community contexts in which implementation occurs. Knowledgeable staff, with these skill sets, lived experience and strong relationships with diverse communities, can provide the strongest foundation for state and territorial IVP programs.
- Communication:** Effective communication can drive better development and dissemination of injury and violence prevention resources and information for the public, policymakers, partners and agency leaders.⁴³ State and territorial IVP programs must have staff that can continually develop and convey accurate messages and persuasive narratives through multiple communications platforms, about the need for, and nature of, injury and violence prevention efforts. Additionally, health educators and experts in behavioral science can help ensure the most relevant and effective messages are included in program implementation efforts.
- Partnership Development:** State and territorial IVP programs should operate as a hub for prevention activities being implemented by local partners and stakeholders. As such, a broad and deep network of partners and coalitions is fundamental for nearly all functions of a state or territorial IVP program, including strategic planning, stakeholder communication, policy analysis, public engagement, and the implementation and evaluation of prevention strategies. Staff that can continually engage key partners and leverage the collective influence of their reach and resources are vitally important to the core infrastructure of state and territorial IVP programs.⁴⁴

A Focus on Public Health

INFRASTRUCTURE IS CRITICAL

The COVID-19 pandemic and its catastrophic impact across the United States are correlated with a lack of long-term investment in public health. The global impact of COVID-19 highlighted what experts have long known: for decades, public health has been chronically underfunded,⁴⁵ resulting in an inadequate infrastructure that is understaffed and ill-equipped to identify emerging health issues, track trends and mount effective responses to public health crises.

THE IMPACT OF COVID-19 ACROSS THE UNITED STATES DEMONSTRATES THE RESULTS OF A VULNERABLE AND UNDER-RESOURCED PUBLIC HEALTH INFRASTRUCTURE.

While the COVID-19 pandemic offers valuable lessons about the critical need for public health infrastructure, it also shines a light on the impact that an emergency of this nature has on injuries and violence. In addition to the devastating impact of the SARS-CoV-2 virus, preliminary data and local reports suggests a rise in some injury rates (e.g., drug overdose⁴⁶) and forms of violence (e.g., domestic violence⁴⁷). Stay-at-home orders forced victims of domestic violence to shelter in place

with their abusers. Economic stress and social isolation have contributed to increased calls for domestic violence services and increased risk factors for violence against children.⁴⁸

While emergency department visits for injuries related to child abuse have decreased, the severity of the injuries has increased.⁴⁹ Anecdotal reports portrayed gun violence surges in some cities across the country,⁵⁰ and there is some evidence that suicide text lines around the nation are seeing an increase.⁷⁶

Basic public health capacity in all state and territorial health departments can ensure an effective response to the significant burden of injuries and violence in our country beyond the pandemic. When you factor in public health emergencies like the COVID-19 pandemic and its many rippling impacts, this infrastructure is even more critical. Effective infrastructure support in our country is an achievable goal with proven success.

IN THE WAKE OF THE COVID-19 PANDEMIC AND THE INCREASES IN DRUG OVERDOSES, DOMESTIC VIOLENCE, AND GUN VIOLENCE THAT HAVE FOLLOWED, THE NEED FOR ACTION IS MORE URGENT THAN EVER BEFORE. THE TIME FOR ADEQUATELY SUPPORTING INJURY AND VIOLENCE PREVENTION INFRASTRUCTURE IS NOW.



Public Health Infrastructure Successes

We have seen how public health infrastructure can benefit communities and improve injury and violence prevention through the evolution of the National Violent Death Reporting System (NVDRS). NVDRS is the only state level surveillance system designed to collect details surrounding violent deaths. It uses 600 unique data elements combined into a usable database. The ability to understand the contexts and circumstances of violent deaths is critical to identify trends and develop effective intervention and prevention programming. NVDRS was established in 2002 with \$1.5 million and operated in six states.

Today, NVDRS operates with a budget of over \$24.5 million that supports public health organizations and staff in all 50 states. This expansion has been driven by the program's contribution to increasing awareness of injury and violence prevention efforts, expanding

partnerships and data use in states, and improving standardization of reporting and information. These measurable successes resulted in continued support from policy makers and public health practitioners. The expansion of the program infrastructure resulted in the increased ability of states to leverage funding to expand prevention efforts and to expand partnerships with academic centers and state health departments. Further, it led to improvements in the use of data to drive public health efforts.⁵¹

While challenges still exist around the program, NVDRS provides a solid example of how supporting and expanding infrastructure within a state public health system can drive improvements in other core components of injury and violence prevention and ultimately in the quality of prevention programming.

THE CORE PROGRAM:

A Foundation for National Injury and Violence Prevention

Established in 1997 and administered by the CDC Injury Center, the Core Program is the only grant program of its kind that “helps states implement, evaluate and disseminate strategies that address the most pressing injury and violence issues.”⁵² The Core Program is a unique effort that braids together resources from multiple IVP programs to bolster states’ “core” or baseline infrastructure and capacity to ultimately “decrease injury and violence-related morbidity and mortality” and “increase sustainability of injury prevention programs and practices.”⁵³

States that have received Core Program funds benefitted in important ways from the funding. Focus group participants from states with a history of receiving Core Program funding talked about the ability to use the funds to build out infrastructure for addressing opioid use early in the growth of the problem, while representatives from states who never had Core funding, or had Core funding and lost it talked of the lack of coordinated injury and violence prevention efforts that could be sustained without the support for infrastructure.

One assessment found that states with Core funding had an average of 2.5 data professionals compared to less than one full time data professional in states without funding.⁵⁴ As the underpinning that informs any public health intervention, the access to data professionals is a critical component of a program’s infrastructure. Clearly, Core Program matters. Building core capacity in every state and territory is an important and necessary goal – a true foundation for injury and violence prevention. However, this goal of the Core Program has never been adequately realized.

During interviews, state IVP program staff described ways in which the Core Program has been challenged by expectations beyond the scope of available infrastructure, a lack of acknowledgement about the value of infrastructure, and uneven coordination across states.

Opportunities to address the issues identified by states included:

- regional coordination efforts that would be enhanced by the inclusion of all states in a region,
- consistency in program priorities over time so states don’t start over with each new cycle, and
- resources to fully support needed staffing levels.

As of August 2021, the Core Program funds less than half of states (23 states) and no U.S. territories. While Core Program states have achieved important accomplishments, they have faced a number of challenges in their efforts to impact injury and violence at the population level.

The Core Program currently provides \$250,000 in base funding to 23 states. Starting in Fiscal Year 2022, six states will receive additional funding for an enhanced component to implement and evaluate evidence-based interventions or promising practices.

BASE FUNDING LEVELS HAVE BEEN CAPPED AT THE SAME LEVEL – \$250,000 PER STATE – FOR MORE THAN A DECADE. STATES AND ADVOCATES REPORT THAT THESE FUNDING LEVELS ARE NOT SUFFICIENT TO SUPPORT NEEDED STAFF AND REGIONAL EFFORTS TO AFFECT INJURY PREVENTION AT A STATE LEVEL.^{55, 56}

The Core Program grant cycles are funded in 5-year increments and for the 2021-26 cycle will focus on the burden of injuries associated with Adverse Childhood Experiences (ACEs), traumatic brain injury (TBI), and transportation-related injury. The program experiences regular shifts in long-term goals and objectives across cycles. As a result, states and CDC are challenged to work toward achieving longer-term public health outcomes. When Core Program grant priorities change, states find themselves needing to let go of existing work to start new efforts and are challenged to meet short- or long-term progress across multiple areas of injury and violence prevention.

FIGURE 1. ITERATIONS OF CORE STATE INJURY AND VIOLENCE PREVENTION FUNDING ⁶⁰

While there are a myriad of factors driving rates of injury and violence, support for building infrastructure and expanding partnerships could make a difference in the ability of public health to lower rates of injury and violence as it has in efforts to eradicate polio, and improve the public health laboratory system.

The Core Program has the potential to make a difference; however, many states with the highest levels of need still struggle to coordinate a public health response under the 2016-2021 cycle::

- Three of the 10 states with the highest rates of injury and violence death in 2019 are not currently funded by the Core Program.⁵⁷
- Six of the 10 states with the highest violent crime rates⁵⁸ are not funded under the current iteration of the Core Program.
- States that received Core Program support, and then lost it due to program cuts, or competitive awards for which they were not selected, have seen significant negative impacts on infrastructure and their ability to prevent or respond to injury and violence, including loss of key positions and programming. With these losses comes the loss of collaborative relationships, years of experience, skills and expertise.⁵⁹

Core Program History

The Core Program has gone through several iterations and names during its history, with durations ranging from three to five years (Figure 1).

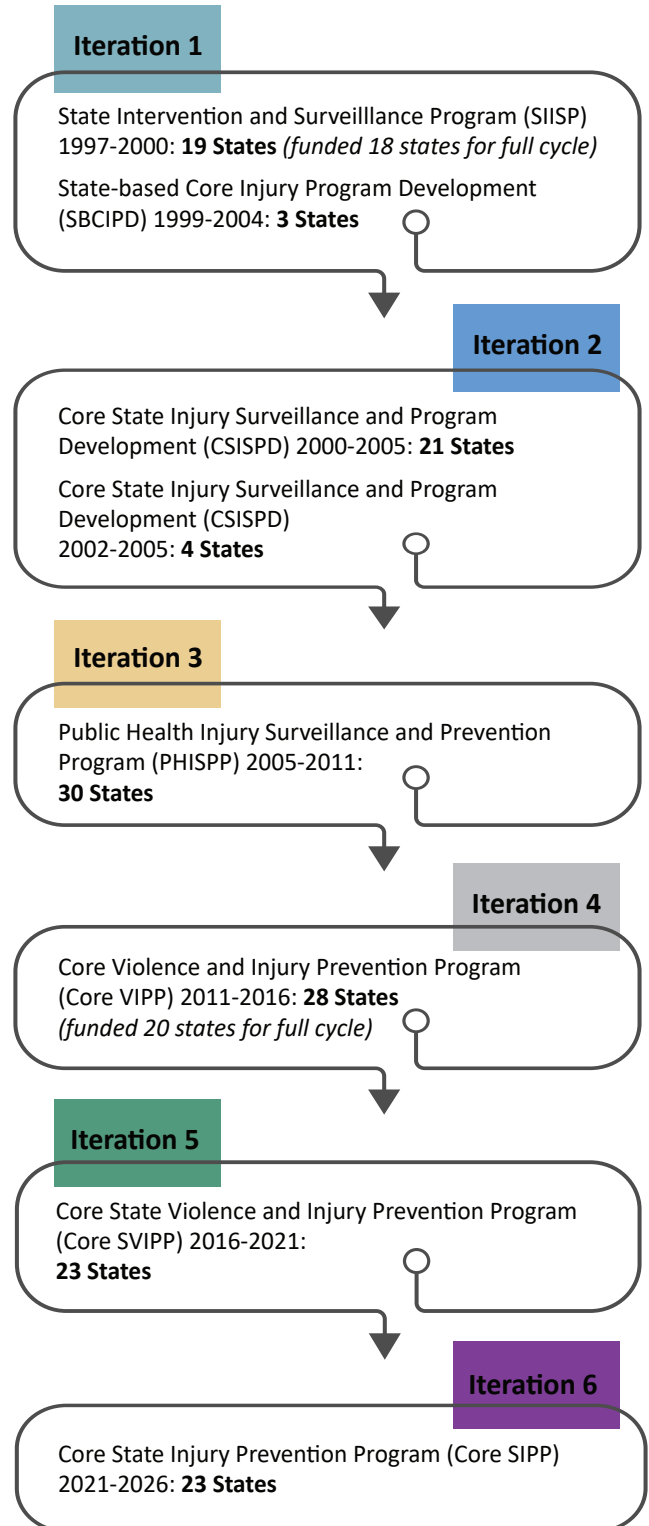
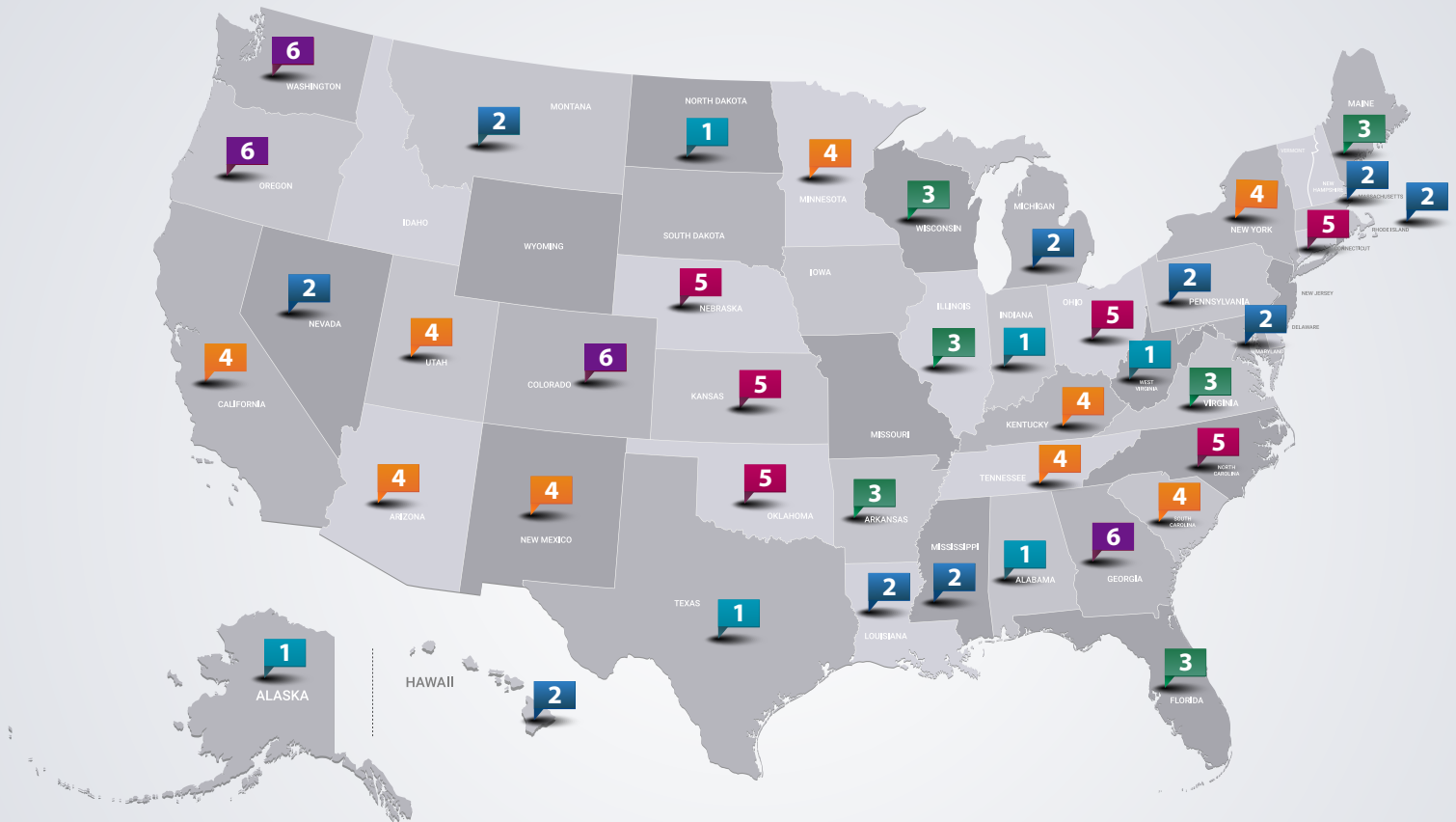


FIGURE 2. NUMBER OF CORE PROGRAM GRANTS AWARDED TO STATES, 1997-2026 (N=50)



Washington was only funded for one year under SIISP (1997-1998). Arizona, California, Delaware, Georgia, Maine, New Hampshire, New Mexico, and South Carolina were only funded one year under Core VIPP (2011-2012). Data provided by the National Center for Injury and Violence Prevention.

THIS GROUNDING IN CAPACITY AND INFRASTRUCTURE AND GROWTH TO DATE MAKE THE CORE PROGRAM A GOOD FOUNDATION FROM WHICH A NATIONAL INJURY AND VIOLENCE PREVENTION PROGRAM CAN FLOURISH AND GROW.

Overall, 25 states have been awarded Core Program funding three or more times, while nine states have never been awarded funding (Figure 2). No United States territories have ever been awarded Core Program funding. The Core Program provides a strong foundation upon which a national IVP program can be built, if current limitations can be addressed. The Core Program originally focused on building states' public health capacity and currently provides nearly half of states with some level of funding, technical assistance and infrastructure support.

A BLUEPRINT FOR SUCCESS

Building a National Injury and Violence Prevent Program in a Decade

The country is facing a public health crisis, and policymakers, the CDC Injury Center, and injury and violence prevention stakeholders have a unique and important opportunity to develop a national IVP program. Implementing this blueprint will reduce injuries and violence. If incidences of injury and violence were reduced by just one half, it would save the United States almost **half a trillion dollars a year**, not to mention countless hours of suffering and trauma.⁶¹

Creating a national program has the potential to magnify the impacts of current prevention efforts. This effort already has an important starting point in place – and can build upon the foundation of the Core Program.

BY 2030, THE CORE PROGRAM SHOULD FORM A NATIONAL IVP PROGRAM IN ALL STATES AND TERRITORIES TO PROVIDE ESSENTIAL INFRASTRUCTURE AND CAPACITY FOR CRITICAL PUBLIC HEALTH ACTIONS.

Expanding the Core Program to all states and territories decreases the cost of injuries and violence in the United States and increases the cost effectiveness of public health programming by not requiring redundant, specialized systems that address a single injury. It would also allow for unprecedented coordination and cooperation to address the shared root causes of injury and violence allowing for increased reach and impact in communities.

The process of building a house from the ground up is a useful analogy for building a national IVP program. Building more sophisticated and impactful IVP programs should be a goal of every state and territory but requires a solid foundation and sufficient resources. This must include well-trained staff, state and territory-specific data, diverse partners, evaluation capacity and ongoing communication.

These foundational elements are essential to achieving decreases in the burden of injury and violence that fall disproportionately on poor and underserved communities. Communities that lack access to resources and face greater social and economic stressors stand to benefit from better coordinated, more sophisticated public health programming built and delivered through the actions described in this blueprint.

Any house is built with a foundation, upon which the frame of the structure is created. Once the framing is in place, a builder adds walls and utilities-the basic components that make the structure function in the way in which it is intended. The Core Program has the potential to provide all states and territories with the foundation it currently provides some states. Once all states and territories have a foundation through a Core Program that is robust and national in scope, they can begin to collectively “build” the additional components of programming on this foundation that make for a solid infrastructure for injury and violence prevention - essentially building the house.

States and territories need diversified resources from federal, state and local sources to scale up their implementation and evaluation of public health strategies, and ultimately measure changes in injuries and violence across entire states and territories. Through a coordinated and intentional focus on injury and violence, states can expand prevention efforts into larger regions, increasing public health actions and influence. They can build more complex, diverse, beneficial and longer-lasting partnerships, much like when houses are built with the core components of a foundation, framing, walls and utilities, homeowners can add finishes that go beyond just basic structures.

BUILDING A HOUSE

Establishing a National Injury and Violence Prevention Program

Reaching the goal of a national IVP will benefit from the development of a robust network of stakeholders and partners beyond what currently exists. Partnerships with research and academic institutions must be developed and strengthened based on mutual goals and a desire for accountability. National partners and service organizations can be engaged in ways that allow them to bring their expertise and engage their constituencies.

The realities of the next few years are unclear, which adds to the responsibility to develop the resources and systems that can save and improve lives. With over 240,000 lives lost each year due to injuries and violence, we cannot afford to delay any efforts to bolster prevention efforts. Starting sooner and remaining singularly focused on achieving shared outcomes will be important to success in these efforts. Relationship-building and support efforts can focus on expanding resources to bring additional states and territories into the program over time to work toward achieving a national program.

Measuring the impact of public health infrastructure on health outcomes must be a priority for the CDC Injury Center. Ultimately, successful implementation of this blueprint means developing a national IVP program within the next decade based on multiple, coordinated strategies that focus on communicating the need, value and vision for effective injury and violence prevention infrastructure at the state and national levels. Included in this vision is the prioritization of equal access to prevention programs and services for communities of color, those who are economically disadvantaged, those who are geographically isolated and those who are LGBTQIAP+.

ROOF AND UTILITIES

States and territories have the resources to scale-up the implementation and evaluation of all injury and violence prevention strategies. They have full capacity to address existing and emerging public health threats and impact injury and violence morbidity and mortality.

FRAMING

Once a foundation is established, states and territories can leverage resources and build formal state and territory-wide partnerships across sectors, agencies, and organizations that can bolster capacity for injury and violence prevention and the reach of program and policy interventions. States and territories also have the ability to respond to emerging public health threats.

THE FOUNDATION

If expanded to operate in all states and territories, the program is a foundation that provides every state and territory with essential core elements of a basic IVP program:

- a stable infrastructure,
- the ability to collect, analyze and disseminate data,
- the ability to select implement, and evaluate the most relevant program and policy strategies,
- a high level of collaboration with highly engaged partners,
- effective communication efforts, and
- the ability to provide training and technical assistance to stakeholders and communities

EIGHT PRIORITY ACTIONS

to Build a National Injury and Violence Prevention Program

The following eight priority actions are based on the publication review and key informant interviews referenced earlier in this document, as well as a national convening of injury and violence prevention experts. **By implementing the following eight priority actions, a robust and coordinated national IVP program can be built on the foundation of the Core Program within the next 10 years.**

1. ESTABLISH A DEDICATED FOCUS ON INJURY AND VIOLENCE PREVENTION AND EXPAND THE CORE PROGRAM TO EVERY STATE AND TERRITORY IN THE COUNTRY TO BOLSTER THE ABILITY TO ADDRESS ONGOING AND EMERGING INJURY AND VIOLENCE-RELATED PRIORITIES.

Every state and territory should have the infrastructure to protect communities from the threats of injury and violence. For instance, having a strong IVP program with the essential core components helped states respond more effectively when the opioid epidemic grew dramatically.^{62, 63} This same infrastructure has the potential to help states respond more effectively to public health emergencies such as COVID-19 where mitigation strategies to address the acute crisis may increase negative outcomes related to other injuries such as intimate partner violence, child abuse, and suicides.

A dedicated, coordinated, and consistent focus on injury and violence prevention can provide critical stability for states and allow them to implement prevention strategies that address the highest areas of burden. Dedicated focus on expanding the Core Program to all states and territories would equip IVP programs with critical resources needed to establish and maintain essential infrastructure and capacity, and to invest in longer-term plans to address injury and violence-related issues.

Having the core components fully implemented in every state and territory, supported by the Core Program, is essential for effective and well-coordinated injury and violence prevention efforts throughout the country, and ensures a reliable system that safeguards ongoing needs and long-standing priorities while addressing new, emerging threats.

2. CREATE A PROGRAM STRUCTURE THAT ENSURES STATES AND TERRITORIES OF DIFFERENT CAPACITIES CAN START, BUILD UPON, AND ENHANCE PUBLIC HEALTH ACTIONS NECESSARY TO PREVENT INJURIES AND VIOLENCE.

States and territories differ in their public health infrastructure capabilities and injury and violence priorities. The Core Program should be expanded with the intention of supporting all states and territories to fully develop the six essential core elements and become the foundation for a national IVP program.

No state or territory currently has optimal capacity necessary to prevent injuries and violence. While some do have higher levels of resources and capacity, there is still a need to build up essential core elements that would allow states to implement critical injury and violence prevention activities on an ongoing basis and maintain a level of preparedness necessary to detect and respond to public health emergencies.

Over the next 10 years, the focus should be on access to the Core Program to move states through a process of scaling up activities that could ensure an adequate foundation exists across the nation to support robust, coordinated injury and violence prevention efforts. A national structure built on the Core Program would also provide a mechanism to support supplementary programs during emergencies, providing a quick and existing way to channel resources to states and territories.

The National program, built in this way, would also be strategically positioned to maximize the impact of other topic-specific injury and violence prevention resources and efforts. These programs could be

built with the existing infrastructure, readiness, agility, institutional knowledge and partnerships necessary to achieve population level outcomes. Topic-specific IVP programs to address specific issues and priorities are essential, but should be in addition to Core Program resources and can strengthen existing core program efforts.

Regional networks, already a part of CDC's existing Core Program, have been critical in offering some support to unfunded states. Feedback from the convening of injury and violence prevention experts supports expanding this effort to maximize sharing and collective action, provide additional expert guidance for states developing basic capacity, and increase the potential for population level impacts on injury and violence prevention.

3. INTEGRATE HEALTH EQUITY AS A FOUNDATION FOR THE CORE PROGRAM TO ADDRESS SOCIAL DETERMINANTS OF HEALTH, SHARED RISK AND PROTECTIVE FACTORS, AND INJURY CONDITIONS THAT DRIVE INEQUITIES.

Injuries and violence are inequitably distributed across communities, primarily and adversely impacting vulnerable communities that have been historically marginalized. These communities are more likely to be communities of color that endure high rates of poverty, poor access to education, substandard housing and frequent traumatizing events throughout their lives. These inequities are caused and perpetuated by societal structures, including policies and practices, that systemically maintain injustice and deny the communities access to the wealth, power and social resources necessary for health. These inequities and practices exist in every system in our society and function in reinforcing ways, resulting in high levels of preventable injury and violence.^{64, 65, 66}

By identifying and addressing risk and protective factors shared across multiple injury and violence outcomes, states and territories have the potential to significantly improve the alignment of prevention strategies with the experiences of individuals and

communities. Moving prevention work towards community engagement will assist IVP programs to develop a strong focus on community-generated solutions for addressing larger structural challenges to health and wellbeing. All future versions of the Core Program – and ultimately a national IVP program – should focus on explicitly addressing health equity, the social determinants of health, shared risk and protective factors and other systemic conditions that drive inequities. This effort must prioritize equal access to prevention programs and services for communities of color, the economically disadvantaged, the geographically isolated and the LGBTQIAP+ community.

By establishing reliable foundational elements, states and territories can focus on reducing the burden of injury and violence health disparities for at-risk populations. Communities lacking access to resources and facing greater social and economic stressors stand to benefit from better coordinated, more sophisticated public health programming built and delivered through actions described in this blueprint.

4. INCREASE FEDERAL AND STATE COORDINATION ACROSS INJURY AND VIOLENCE PREVENTION TO SUPPORT THE EFFICIENT AND EFFECTIVE IMPLEMENTATION OF CORE COMPONENTS.

Support for injury and violence prevention efforts is available from multiple branches and divisions within the CDC Injury Center, other federal agencies and within states. Currently, there is opportunity for the Injury Center to coordinate this support and create a better likelihood of maximizing outcomes.⁶⁷ By increasing coordination, sharing research and knowledge, and aligning strategic approaches and outcomes for injury and violence prevention across sources, stakeholders could more quickly build a national program with a much broader reach and positive impacts on public health infrastructure and preparedness.⁶⁸ A national IVP program should serve as a vehicle for a broad flow of resources that allow states and territories to implement injury and violence prevention-related public health efforts. A robust evidence base is fundamental to effective public health practice. Understanding where and

how to direct efforts, as well as what impacts those efforts have, creates opportunities for increasing the efficacy of the Core Program. The ability of practice to inform research and vice versa is critical to ensuring that injury and violence prevention strategies and the best available science work together to build viable strategies. Building stronger relationships between research institutions and state and territorial health departments is one important way to work toward this goal.⁶⁹ These partnerships can help states and territories utilize the best available evidence in the field, as well as implement and test novel efforts effectively.

5. ENSURE STATES AND TERRITORIES HAVE CRITICAL STAFF ROLES AND THE SKILLS NEEDED TO LEAD AND SUPPORT COMMUNITY-BASED INJURY AND VIOLENCE PREVENTION EFFORTS.

A well-trained, effective and sustained workforce that reflects the communities it serves – whether hired internally within the health department or contracted as external support – is the foundation for success in reaching IVP program objectives. To this end, the Core Program should support critical staff roles and skills within state and territorial IVP programs including: administration and leadership, epidemiology, evaluation, policy analysis, program implementation, communication, and partner development. Expertise, innovation, cultural relevance, and efficacy are all driven in large part by workforce design and quality. Identifying and supporting the people in these critical roles is fundamental to achieving the long-term benefit of prevention efforts. A national program to prevent injuries and violence will need to ensure the existence and sustainability of essential staff. These essential staff will include those with educational qualifications, but also those with lived experience and authentic connections to communities with the highest levels of burden.

6. GIVEN ITS PURPOSE AND GOAL, CORE PROGRAM EVALUATION MUST MEASURE INFRASTRUCTURE IMPROVEMENTS AND STATE AND TERRITORIAL READINESS.

A national IVP program grounded on the Core Program should be measured by its ability to ensure states and territories have the essential components necessary to strengthen and expand their work. To be recognized as an effective program, the Core Program must be able to facilitate collective progress in specific measures across states and territories and – upon becoming a national program – the entire country. This requires states to report the same measures “across the board” so that program-wide impacts can be tracked and shared with stakeholders. Consistent, cross-state and cross-territory measures will allow for enhanced government accountability, for states, territories and CDC.

The Core Program should employ a measurement framework that includes both qualitative and quantitative indicators appropriate for each essential component. The framework should be expanded beyond current efforts in order to allow states and territories to demonstrate stability, accountability, and progress in developing injury and violence prevention infrastructure, capacity and readiness.

7. INCORPORATE REQUIREMENTS FOR POLICY EVALUATION WITHIN THE CORE PROGRAM TO ALLOW STATES TO INVESTIGATE AND CONVEY RELATIONSHIPS BETWEEN POLICY STRATEGIES AND POPULATION HEALTH OUTCOMES.

The role of federal, state and local government in public health is inextricably linked to policy. In its seminal 1988 report, *The Future of Public Health*, [70] the Institute of Medicine (IOM) confirmed the inexorable connections that exist between governmental public health and policy:

The government role in public health is made up of three functions: assessment, policy development,

and assurance...[Policy development] is the process by which society makes decisions about problems, chooses goals and the proper means to reach them, handles conflicting views about what should be done, and allocates resources... In contrast to private entities, [government] alone has the power to give binding answers... Government has a special obligation to ensure that the public interest is served by whatever measures are adopted. As with other governmental entities, the public health agency bears this responsibility.

Policies are most likely to have positive, population-level impacts on injury and violence related morbidity and mortality compared to other strategies. As the Core Program evolves into a national program, it should prioritize policy evaluation and build an evidence base for the most effective and efficient methods of improving population health. Technical packages published by the CDC Injury Center have long prioritized policy strategies and note the strong impacts they have on injury and violence-related outcomes. For instance, we know that policies that increase the minimum wage by as little as a dollar can result in an almost six percent decrease in suicides among some adults ages 18-64, and a minimum wage increase of two dollars could have saved more than 57,000 lives between 1990 and 2015.⁷¹

Health department staff can and should play an instrumental role in the success of health policy. Appropriate policy activities for health department injury and violence prevention experts can include (but are not limited to):

- promoting the importance of injury and violence prevention;
- sharing information and data with decision makers;
- reviewing and recommending health department positions on proposed policies;
- evaluating the impact of proposed and existing policies; and
- communicating the return on investment provided by IVP programs and policies.⁷²

To that end, the Core Program should support infrastructure in all state and territorial IVP programs for the implementation of policy evaluations and other essential policy activities. These efforts will allow them to work with key partners to better develop and understand relationships between policy adoption, policy implementation, and injury and violence-related outcomes.⁷³

8. DEVELOP A PLAN TO DRIVE STRATEGIC COMMUNICATION FOCUSED ON THE VALUE OF INJURY AND VIOLENCE PREVENTION INFRASTRUCTURE IN ADDRESSING ONGOING AND EMERGING PUBLIC HEALTH THREATS.

Coordinating communication efforts based on clear priorities, goals, and program outcomes are key to engaging a wide range of audiences and stakeholders.⁷⁴ Safe States Alliance, state health departments, and other stakeholders should partner to develop clear and consistent messages regarding the potential of a national program to prevent injuries and violence in every state and territory to decrease suffering, lower costs, and address health inequities in injury and violence prevention.

Communication about the benefits of a national IVP program should be developed in partnership with stakeholders, and should emphasize connections between the essential core components, capacity, and the ability of states and territories to implement critical public health programming. A well-designed national IVP program has the potential to create real and lasting change in communities across the country. Building and supporting a national program will require ongoing, impassioned promotion, including efforts focused on educating state and national decision makers, communities, and other stakeholders about the importance of injury and violence prevention for population health and well-being.

THE FUNDAMENTAL QUESTION AT THE CORE OF INJURY AND VIOLENCE PREVENTION EFFORTS SHOULD NO LONGER BE ABOUT HOW TO ADDRESS A SINGLE, SPECIFIC ISSUE.

INSTEAD, INJURY AND VIOLENCE PREVENTION PRACTITIONERS SHOULD BE ASKING HOW THEY CONTRIBUTE TO THE DEVELOPMENT OF A SYSTEM THAT SUPPORTS INDIVIDUAL AND COMMUNITY WELL-BEING EFFECTIVELY AND HOLISTICALLY.

THIS REQUIRES THEIR ENGAGEMENT IN BUILDING THE FOUNDATION FOR A WELL-RESOURCED, EVALUATED NATIONAL INJURY AND VIOLENCE PREVENTION PROGRAM.



THE REALITY

of a National Injury and Violence Prevention Program

A national IVP program is an urgent public health need. This blueprint lays out the steps by which the creation of a foundation for a national IVP program is achievable within a decade. Beginning to implement this plan now will allow measurable impact towards expanding the foundation of prevention efforts to unfold in the next ten years. It will require a commitment to understanding and valuing the role of infrastructure and core capacity, partnering across sectors and applying frameworks to address inequity. Leadership within the CDC Injury Center can provide the examples and direction necessary to expand beyond siloed efforts and realize the efficiencies in utilizing the Core Program as a foundation upon which to build a national IVP program.

The scope of injury and violence prevention is large, encompassing many seemingly unrelated issues. However these issues are far from unrelated; rather, they are highly interconnected. Unfortunately, stakeholders at every level have struggled to communicate the impact of prevention efforts in a way that resonates with decision makers determining the allocation of funds and the priorities on which to focus. This challenge is further compounded by the fact that public health funding has remained relatively static for the past 12 years.⁷⁵

A recent Trust for America's Health report on public health funding recommended "substantially increasing funding to strengthen the public health infrastructure and workforce." The COVID-19 pandemic has highlighted the need to bolster public health infrastructure. The Core Program is a critical source of support for infrastructure and capacity in states to address injury and violence as a leading cause of death for Americans 1-64 years of age. Ensuring the ability of state public health agencies to prevent the leading cause of death for people across the lifespan requires an investment in the future of our country's health and well-being.

Over the next decade, efforts should focus on developing a national IVP program by working toward a clear and compelling vision and should center on the experiences of communities shouldering the highest burden. With that vision in mind, we can develop the continuity and coordination of the resources necessary to serve that vision and form strong partnerships and compelling messages to ensure action on the part of decision makers.

CDC and state health departments have catalogued many successes in injury and violence prevention; however, these successes often cannot be adequately measured, expanded or sustained. The Core Program has an opportunity to support needed advances in infrastructure to lessen the burden of injury and violence and serve as the foundation for a national program. While the Core Program is not optimal in its current iteration, it provides a critical foundation for a national IVP program.

The imperative for all stakeholders to act now with a bold vision is high. It will not be easy, but it is possible. By implementing the priority actions outlined in this blueprint, we can start down a path toward eliminating health inequities, increasing resilience, and fulfilling a vision of a nation free from injuries and violence.

About the Safe States Alliance

The Safe States Alliance is a national non-profit organization and professional association whose mission is to strengthen the practice of injury and violence prevention.

To advance this mission, Safe States Alliance engages in activities that include:

- Increasing awareness of injury and violence throughout the lifespan as a public health problem;
- Enhancing the capacity of public health agencies and their partners to ensure effective injury and violence prevention programs by disseminating best practices, setting standards for surveillance, conducting program assessments, and facilitating peer-to-peer technical assistance;
- Providing educational opportunities, training, and professional development for those within the injury and violence prevention field;
- Collaborating with other national organizations and federal agencies to achieve shared goals;
- Advocating for public health policies designed to advance injury and violence prevention;
- Convening leaders and serving as the voice of injury and violence prevention programs within state health departments; and
- Representing the diverse professionals that make up the injury and violence prevention field.

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