Significant, Timely, and Relevant Findings

2015 STATE OF THE STATES SURVEY

INFRASTRUCTURE

- Lifetime medical and work loss costs due to injury and violence in the United States are $671 billion, or $2116 per person. However, responding states spent an average of only $0.68 per person on critical prevention initiatives with funding levels ranging from as low as $0.02 per person up to $4.11 per person.
- In 2015, nearly $90 million from 28 funding sources was invested in state injury and violence prevention (IVP) programs among the 39 responding states - an average of $2.3 million per state (median of $1.6 million, ranging from $18,000 to $9.7 million).
- Five funding sources – CDC/NCIPC RPE, CDC PHHS Block Grant, HRSA/MCHB Title V Block, Dedicated State Funding Streams, and State General Revenue – accounted for 61 percent ($54.9 million) of the total funding received by responding state IVP programs and supported over half (56%) of the 328.9 FTE working across these programs in 2015.

DATA

- Since 2009, state IVP program access to data professionals (e.g., epidemiologist, statistician, etc.) has decreased. Twenty-one percent of states report no access to data professionals in 2015, compared to only four percent in 2009. States with Core VIPP funding had an average of 2.5 FTEs of data professionals compared to 0.86 FTEs among non-Core VIPP funded state IVP programs.

POLICY AND PROGRAMS

- States most commonly reported using programs to address fall injuries, unintentional poisoning/prescription drug overdose (PDO), sexual violence, child passenger safety, and suicide. Policy strategies were most commonly used for a different set of injury priorities: child passenger safety, teen driver safety, unintentional poisoning/PDO, and seat belts.
- Previously, state IVP programs reported informing policy through collaboration with partners more frequently than independently. However, in 2015, informing policy through collaboration with partners decreased as much as 32% from 2013 for all activities except inviting congressional delegates to meetings/events (5% increase).

COLLABORATION

- State IVP programs continue to partner with other state agencies, federal agencies, non-governmental organizations, and private entities for access to the latest research evidence, assistance with evaluation, topic-specific expertise, and more. Most notably, the proportion of state IVP programs that have a strong relationship with ICRCs has increased from 26% in 2009 to 50% in 2015.

COMMUNICATION

- State health departments are increasing communication efforts, with an emphasis on leveraging digital platforms to share their states' critical injury and violence-related information. Both website and social media usage have increased substantially over recent years, while more traditional digital sharing, such as newsletters or group listservs, have either stagnated or decreased in usage.

TRAINING

- While nearly every responding state provided some form of training or technical assistance (TA) to others engaged in prevention efforts in 2015, they were more frequently the recipient of TA and training than they were the provider. States most often ***provided*** TA around program strategies and interventions, and most often ***received*** TA on data analysis and evaluation.