

Core Violence & Injury Prevention Program Funding

Safe States Alliance recommends that all state and territorial health departments in the United States have comprehensive injury surveillance and prevention programs, based on the Safe States model.

These programs should be adequately staffed and funded commensurate with the magnitude of the burdens of both unintentional and violent injuries in each state and have programs and expertise to address the leading causes of unintentional and violent injuries.

Safe States recommends that Congress appropriate \$100 million to CDC for comprehensive injury prevention programs in each state and territorial health department to help reduce the morbidity, mortality, and costs of injury.

Background

Unintentional and violent injuries are major contributors to morbidity and mortality across every age and demographic group and in every state and territory. Unintentional injuries, such as those sustained in motor vehicle-related crashes or as a result of poisoning or falls, represent the leading cause of death for people ages 1-44 in the United States¹ and cost more than \$406 billion annually in medical care and lost productivity.² An estimated 180,000 people die from injuries each year—one person every three minutes.²

State and territorial health departments provide essential leadership in preventing unintentional and violent injuries, as well as in coordinating injury responses. They serve as integrating bodies that leverage the range of assets and expertise possessed by key partners, such as public health and healthcare, education, criminal justice, public safety, housing, labor, businesses, faith-based organizations, community leaders, decision- and policy-makers, and nonprofit organizations, to prevent injuries and violence *before* they occur.

Injury surveillance and prevention programs are situated to promote the nation's goals of healthy eating and physical activity. Violence influences where people live, work and shop, according to a 2010 report from the Prevention Institute.³ Disease prevention strategies are less effective when fear and violence pervade the environment. In other words, designing neighborhoods that encourage people to walk or bicycle to public transit, parks and healthy food retailers, and efforts to bring healthy food retailers into "food desert" communities are useless if residents are afraid to go outside. Every state and territorial health department needs an adequately staffed and funded injury surveillance and prevention program to achieve the overall goal of improving the public's health.

Injury surveillance and prevention programs that are well-funded and adequately staffed are in the best position to implement evidence-based prevention strategies. When evidence is used in programmatic decisions, the estimated return on investment is substantial. For instance, home visitation programs have been demonstrated to be particularly effective in reducing child abuse and injury, and provide a cost savings of nearly \$2.88 to \$5.70 per dollar spent.⁴ Other proven cost-effective injury prevention strategies include booster seats for children, bicycle and motorcycle helmets, smoke alarms, and the

enforcement of laws associated with preventing drunk driving, maintaining curfews for teen drivers, and wearing seat belts.

References

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Retrieved April 9, 2013 from <http://www.cdc.gov/injury/wisqars/index.html>.

² Finkelstein EA, Corso PS, Miller TR, Associates. Incidence and Economic Burden of Injuries in the United States. New York, NY: Oxford University Press; 2006.

³ Prevention Institute. (2010) Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living. Retrieved April 4, 2013 from <http://www.preventioninstitute.org/component/jlibrary/article/download/id-551/127.html>.

⁴ Nurse-Family Partnership. (2009). Benefits and Costs: A Program with Proven and Measurable Results. Retrieved April 13, 2009 from http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFP_Benefits&Cost.pdf.