

Core State Violence and Injury Prevention Program (Core SVIPP)



Violence and Injuries – A Significant Public Health Problem

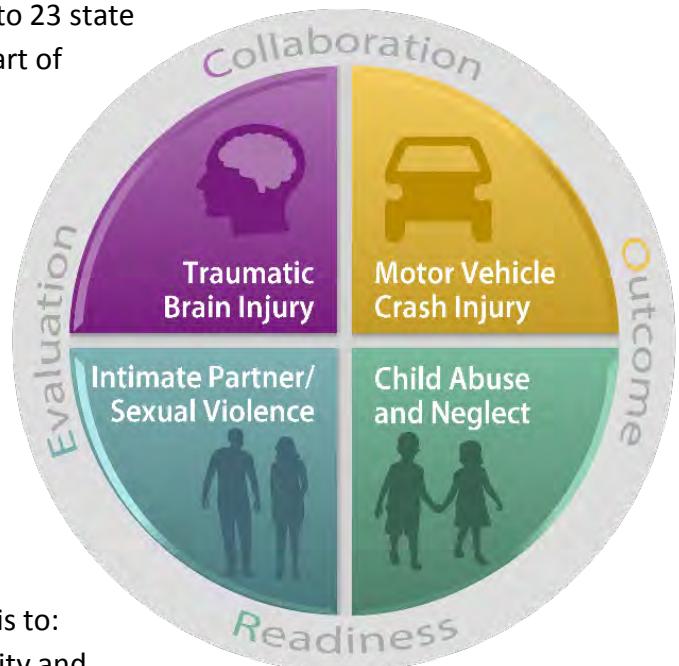
Violence and injuries are the leading cause of death for the first four decades of life. In fact, in the first half of life, more Americans die from violence and injuries than from any other cause, including cancer, HIV, or the flu. And deaths are only part of the problem. Each year, millions of people are injured and survive. Injuries can cause life-long mental, physical, and financial problems.

Deaths and injuries from motor vehicle crashes, prescription drug overdoses, traumatic brain injuries, falls, child maltreatment, and other injuries are preventable. One of the best ways to prevent violence and injuries is to empower states to take action to protect their residents by implementing, and evaluating evidence-based injury and violence prevention (IVP) programs and policies.

Core SVIPP – Empowering States to Save Lives

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (Injury Center) committed \$30 million to 23 state health departments over the next 5 years as part of the *Core State Violence and Injury Prevention Program (Core SVIPP- CE16-1602.)*

The program helps states implement, evaluate and disseminate strategies that address the most pressing injury and violence issues including: Child Abuse and Neglect, Traumatic Brain Injury, Motor Vehicle Crash Injury and Death, and Intimate Partner/Sexual Violence. The program builds on the infrastructure established through previous iterations of the Core VIPP (CE11-1101). The overall purpose of the Core SVIPP is to: 1) decrease injury and violence related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices.

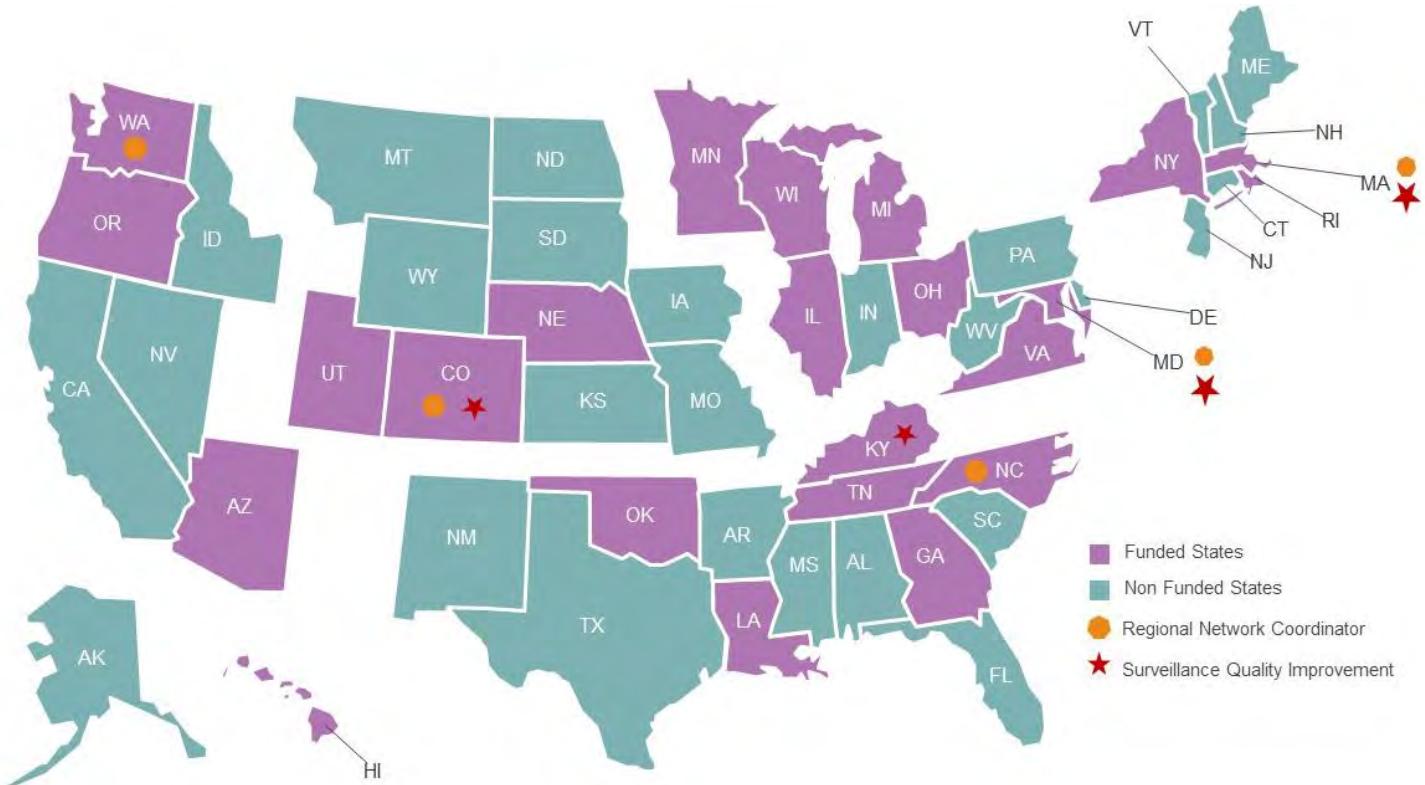


Core SVIPP – Structure and Awards

The Core SVIPP includes a BASE and two optional enhanced components: the Surveillance Quality Improvement (SQI) and the Regional Network Coordinating Organization (RNCO) components.

- **BASE (23 awards of \$250,000)** - 23 states received funding to strengthen their IVP programs and policies and demonstrate impact in the reduction of IVP related morbidity and mortality.

Base funded states include: *Arizona, Colorado, Georgia, Hawaii, Illinois, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Carolina, Oklahoma, Ohio, Oregon, Rhode Island, Tennessee, Utah, Virginia, Washington, and Wisconsin*



- **SQI (4 awards of \$150,000 each)** - Four of the 23 BASE funded states received SQI funding to conduct injury data investigations supportive of promoting and advancing uniform injury case definitions, improving data quality, and advancing methodology and exploring emerging sources of injury data.

SQI funded states include: *Colorado, Kentucky, Maryland, Massachusetts*

- **RNCO (5 awards of \$75,000 each)** - Five of the 23 BASE funded states received RNCO funding to coordinate across and between states (regardless of funding status) and collaborate with IVP organizations to share scientific evidence and programmatic best practices.

RNCO funded states include: *Colorado, Maryland, Massachusetts, North Carolina, Washington*

For more information about the Core SVIPP, visit:

www.cdc.gov/injury/stateprograms

