

**INJURY PREVENTION AND CONTROL**

	<b>FY 2010 Enacted</b>	<b>FY 2011 Continuing Resolution</b>	<b>FY 2012 President s Budget</b>	<b>FY 2012 +/- FY 2010</b>
<b>Budget Authority</b>	\$148,790	\$148,812	147,501	-\$1,289
<i>PHS Evaluation Transfers</i>	\$0	\$0	\$0	\$0
<b>ACA/PPHF</b>	\$0	\$0	\$20,000	+\$20,000
<b>Total</b>	<b>\$148,790</b>	<b>\$148,812</b>	<b>\$167,501</b>	<b>+\$18,711</b>
<b>FTEs</b>	184	185	185	+1

**SUMMARY OF THE REQUEST**

CDC's FY 2012 request of \$167,501,000 for injury prevention and control, including \$20,000,000 from the Affordable Care Act Prevention and Public Health Fund, is an overall increase of \$18,711,000 above the FY 2010 level for unintentional injury prevention activities. Injuries can occur throughout the lifespan and their consequences may prevent individuals from living their life to the fullest potential. In the area of unintentional injury prevention, CDC works to ensure that all people have safe and healthy homes, places to play, and transportation options to address injuries, including those resulting from motor vehicle crashes, older adult falls, prescription drug overdoses, childhood drowning and traumatic brain injuries, and responding to blast injuries and other traumatic events. CDC also works to promote safe homes, communities, and relationships by addressing the prevention of intentional injuries from intimate partner violence, child maltreatment, youth violence, suicide, and sexual violence.

CDC documents the burden, identifies ways to prevent injuries from occurring, and disseminates interventions grounded in a rigorous science base. CDC also builds state-based injury prevention capacity; tracks and monitors injury trends at the national, state, and local levels; identifies and addresses emerging issues; and collaborates with partners to develop programmatic interventions and publicize key research findings. These prevention efforts aim to reduce the \$406 billion that injuries cost the United States in medical costs and lost productivity each year.

**AUTHORIZING LEGISLATION**

**General Authorities**\*: PHS A §§ 214, 215, 301, 304, 307, 308D, 310, 311, 317, 319, 319D, 327, 352, 399G, 1102, Bayh-Dole Act of 1980 (P.L. 96-517)

**Specific Authorities**: PHS A §§ 391, 392, 393, 393A, 393B, 393C, 393D, 394, 394A, 399P, Traumatic Brain Injury Act of 2008 (P.L. 110-206), Safety of Seniors Act of 2007 (P.L. 110-202), Family Violence Prevention and Services Act § 413 (42 USC Sec. 10418)

\* See Exhibits tab for a complete list of CDC/ATSDR General Authorities

**FY 2012 Authorization**.....Expired/Indefinite

**Allocation Method**: Direct Federal Intramural; Competitive Cooperative Agreements/Grants, including Formula Grants; and Competitive Contracts

**FUNDING HISTORY**

Fiscal Year	Amount
FY 2007	\$136,118,000
FY 2008	\$134,837,000
FY 2009	\$145,242,000
FY 2010*	\$148,790,000
FY 2011CR	\$148,812,000

\*Funding levels prior to FY 2010 have not been made comparable to the FY 2012 budget realignment.

**BUDGET REQUEST**

**Intentional Injury Prevention**

CDC's FY 2012 request of \$105,796,000 for intentional injury prevention is \$380,000 below the FY 2010 level for administrative savings. The request includes \$41,850,000 for Rape Prevention Education (RPE) activities. CDC works to advance the science base and prevent injuries by better understanding risk factors for violent acts, building capacity at the state and local level to address prevention, and identifying effective interventions to prevent instances of violence before they occur. Funding for intentional injury prevention, also known as violence prevention, supports multiple areas of prevention including the prevention of intimate partner violence (IPV), sexual violence (SV), teen dating violence (TDV), youth violence and child maltreatment.

In FY 2012, CDC will:

- Continue to fund 14 Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) grantees. DELTA grantees provide technical assistance, training, and resources to communities to build IPV prevention capacity and increase local access to prevention programs.
- Provide support to Rape Prevention Education (RPE) grantees to implement interventions that target risk factors for SV and provide technical assistance to grantees. RPE awards formula grants to all states and territories for sexual violence prevention programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities.
- Fund an initiative to prevent teen dating violence and promote respectful, nonviolent dating relationships among adolescents living in high-risk, inner-city communities. The initiative, Dating Matters: Strategies to Promote Healthy Relationships, will develop, implement, and evaluate a comprehensive approach to promoting respectful, nonviolent teen dating relationships by utilizing evidence-based practices and experiences.
- Implement Striving To Reduce Youth Violence Everywhere (STRYVE), a national public health strategy to prevent youth violence. STRYVE systematically addresses youth violence by coordinating and implementing comprehensive, evidenced-informed youth violence prevention strategies, programs, and policies within communities.

**Performance:** CDC's leadership in violence prevention programming has increased the recognition that violence is a preventable public health problem. Preventing violence before it starts not only reduces physical and emotional injuries, but may also reduce the risk of involvement in other high-risk behaviors such as smoking, alcohol abuse, drug use, and risky sexual activity. Multiple interventions have demonstrated a reduction in rates of intimate partner violence and sexual violence. For example, an evaluation of the Safe Dates Program reported 56 to 92 percent less dating violence in the time period following participation than individuals in the control group.

Additionally, models like Triple P (Positive Parenting Program) have been documented to reduce rates of substantiated abuse cases, child out-of-home placements, and child injuries. An evaluation of Triple P, in nine counties in South Carolina, estimated that Triple P could translate annually into nearly 700 fewer cases of child maltreatment, 240 fewer out-of-home placements, and 60 fewer children with injuries requiring hospitalization or emergency room treatment for every 100,000 children under age eight. If implemented statewide in South Carolina alone, Triple P could prevent nearly 1,000 cases of sustained child maltreatment. (Measures 7.B and 7.1.2a)

Program Description and Recent Accomplishments: CDC focuses on preventing violence before it occurs by: gathering population data and identifying risk and protective factors; evaluating prevention strategies to identify effective approaches; and encouraging adoption of prevention strategies based upon the best available science. CDC supports the development of comprehensive approaches that address violence at the individual, relationship, community and societal levels.

Recent accomplishments include:

- Developed an intimate partner violence prevention plan for each DELTA state. Each grantee drafted their prevention plan, identifying the state's unique needs, resources, and progress moving forward. Through CDC's support, DELTA program grantees are currently implementing these plans to establish data systems, implement evidence-based programs, and build key partners' primary prevention capacity.
- Implemented a statewide roll out and began evaluation of Green Dot. Green Dot is a model for identifying approaches in the SV prevention field that are ready for evaluation and broader implementation. The RPE program in Kentucky led the adaptation and implementation of Green Dot for high schools, a promising approach to sexual violence prevention that capitalizes on peer and cultural influence. High school students from a wide variety of peer groups participate in a program that equips them to integrate bystander prevention approaches into existing relationships and daily activities. Based on promising results, the Kentucky RPE program is now implementing a statewide roll out of the Green Dot approach for all high schools in the state. A more rigorous evaluation is also underway.
- Developed Uniform Definitions of Child Maltreatment and Recommended Data Elements to inform data collection and analysis efforts. Consistent definitions were needed to monitor the incidence of child maltreatment, examine trends over time and compare jurisdictional differences. Uniform definitions ensure the ability to compare data across states and enable an effective response to the problem of child maltreatment.

### ***National Violent Death Reporting System***

The FY 2012 request of \$5,008,000 for the National Violent Death Reporting System (NVDRS) reflects an increase of \$1,465,000 above the FY 2010 level. NVDRS gathers and links state-level data from state and local agencies, medical examiners, coroners, police, crime labs, and death certificates to answer questions about trends and patterns of violence.

In FY 2012, CDC will:

- Provide increased funding and technical assistance for up to 24 states participating in NVDRS to ensure the collection of high-quality and timely data on violent deaths.

Performance: In FY 2010, CDC supported 18 states to ensure collection of accurate and comprehensive data on violent deaths. NVDRS built upon other investments by linking existing data systems to create a more robust understanding of the circumstances surrounding violent deaths and how they can be prevented. Participating states used NVDRS data to prioritize program and policy interventions and

leverage additional funding to implement programs. For example, the Wisconsin Burden of Suicide report outlining the Wisconsin NVDRS findings served as a call to action for the Safe Communities of Madison/Dane County. The suicide data encouraged stronger support of suicide prevention and led to a public education campaign during Suicide Prevention Week. (Measure 7.A)

**Program Description and Recent Accomplishments:** NVDRS is a state-based surveillance system that pools information about the “who, when, where and how” of data on violent deaths, unintentional firearm injury deaths, and deaths of undetermined intent to better understand the “why.” Capturing data is critical to: link records on violent deaths that occurred in the same incident, to help identify risk factors for multiple homicides or homicides-suicides; provide timely preliminary information on violent deaths; describe in detail the circumstances that may contribute to a violent death; and better characterize perpetrators, including their relationships to victim(s). This provides an opportunity to link detailed information – from death certificates, police reports and coroner or medical examiner reports – into a usable, anonymous database. NVDRS pulls together data on child maltreatment fatalities, intimate partner homicides, homicides, and suicides that are critical to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so that appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies.

NVDRS data is publicly available through CDC's WISQARS NVDRS module, which provides customizable searches based on factors including demographics, victim/suspect relationship, and method of injury.

Recent accomplishments include:

- Released a report on poison-related suicides in Virginia using NVDRS data. This report was designed to raise awareness about poison-related suicidal behavior in Virginia and to provide information to prevent future deaths. For example, the report found that groups at-risk for non-fatal poisoning suicide attempts may not be the same groups at risk to die by poison-related suicide.
- Brought together a group of public health professionals in South Carolina to form the Suicide Prevention Task Force. Using data provided by South Carolina's National Violent Death Reporting System and the framework from CDC's National Strategy to Prevent Suicide, the task force crafted a plan to provide a unified strategy for suicide prevention efforts at all levels. Fueled by data from NVDRS, the plan gained momentum and was ultimately signed by the governor.
- Utilized NVDRS data in New Jersey to create maps of crime and violent death statistics. Building on the state GIS program already in use, New Jersey currently uses the comprehensive data provided by NVDRS to create a number of different informative maps, which geographically illustrate violent death prevalence and type. The system creates a map for a variety of different factors — intimate partner deaths where there was prior knowledge of abuse by county, or suicides by school district — which improves our understanding of violence and improves prevention efforts.

### **Unintentional Injury Prevention**

CDC's FY 2012 request of \$50,986,000 for Unintentional Injury Prevention activities, including \$20,000,000 from the Affordable Care Act Prevention and Public Health Fund, is an increase of \$19,089,000 above the FY 2010 level. Using existing mechanisms including the Core program, \$20,000,000 from the Affordable Care Act Prevention and Public Health Fund will further enhance current unintentional injury prevention activities, and include the implementation and evaluation of evidence-based interventions in areas such as motor vehicle safety, older adult falls, unintentional drug overdoses and drowning among states and tribes.

In FY 2012, CDC will:

- Fund and provide technical assistance for up to 30 states through the Core program to augment existing injury and violence prevention activities and data collection, in addition to building state level capacity for injury and violence prevention.
- Fund a subset of Core states to implement evidence-based programs and strategies and conduct policy activities in the areas of motor vehicle safety, older adult falls and injury surveillance. One program to be funded will work to integrate evidence-based older adult fall prevention practices and interventions with the community and clinical care practice. Through these programs, CDC plans to identify the most cost-effective interventions to replicate widely. (Funding may also be provided from the intentional injury prevention line to support the implementation of violence prevention activities through this program).
- Continue piloting a graduated driver licensing (GDL) planning guide in eight states. CDC developed the GDL Planning Guide to assist states in implementing, improving, and enforcing their state's GDL policy. Based on the outcome of the pilot, planning guides for other topics will be developed and used to strengthen state motor vehicle policies.
- Fund eight American Indian/Alaska Native tribal organizations to tailor, implement, and evaluate evidence-based interventions to reduce motor vehicle related injuries in their communities.
- Coordinate with partner organizations to develop and distribute tools to practitioners, decision-makers, and the public on program and policy strategies to improve motor vehicle safety and support older adult falls and TBI prevention efforts.

Performance: Unintentional injury prevention is cost effective. The average \$52 child safety seat saves \$2,200 in injury costs. GDL systems have been shown to save \$500 per young driver. Adherence to treatment guidelines for severely-injured TBI patients costs \$2,618 per person but saves \$11,280 in medical costs. Furthermore, three falls prevention programs have demonstrated positive returns on investments: \$1.80 per dollar invested for Tai Chi: Moving for Better Balance; \$1.10 for Stepping On; and \$0.80 for the Otago Exercise Program when delivered to individuals 80 years and older. (Measure 7.D)

Strategies and tools developed and implemented as part of the unintentional injury program decrease the risk of being involved in a motor vehicle crash, suffering an unintentional injury and can reduce severity of the impact of injuries. For example, raising seat belt use to 100 percent nationally would save 4,000 lives and increasing the proper use of child safety seats would reduce the risk of death in passenger cars by 71 percent for infants and by 54 percent for toddlers aged one to four years. These interventions are also recommended by the Guide to Community Preventive Services.

CDC's unintentional injury prevention efforts have contributed to increased availability of accurate and timely surveillance data to help identify injury priorities, strong partnerships, and the availability of evidence-based interventions and policies. CDC's Core-funded states are more likely to have an established state injury prevention program with these elements and have access to essential injury-focused data sets than non-Core funded states. CDC's Core-funded states have used the increased focus on injury prevention that they have garnered at the state level to leverage substantial additional resources for injury prevention. Additionally, the comprehensive injury data reporting supported by the Core program provides states with critical information needed to quantify the burden of injury, prioritize activities and allocate resources to the leading causes of injury in their state, and understand the impact of interventions on the burden of injuries and deaths. (Measure 7.C)

**Program Description and Recent Accomplishments:** Since 2005, CDC's Core program has assisted states in building capacity for injury prevention; in collecting, analyzing, and using injury data to inform planning and policy; and implementing and evaluating injury and violence prevention interventions. Strong, comprehensive injury and violence prevention programs ensure that states have the capacity to implement and evaluate interventions, that state data are available to guide programmatic and policy interventions, that efforts are coordinated among partner organizations focused on injury and violence prevention, and that state and local policy changes are identified to support injury prevention. Funded Core states also form advisory committees to develop and prioritize injury plans and collaborate with partner groups to advance injury prevention. As a result, several funded states have been able to increase statewide support for injury prevention policies and have data systems that are able to monitor the impact of injury prevention policies. In 2009, the Core program expanded to provide additional funding to several Core program states to implement select evidence-based injury and violence prevention activities. For example, in FY 2009 and FY 2010 a subset of Core states received additional funding to develop child injury plans and others to address older adult falls prevention by increasing access to effective falls prevention programs, which are often limited due to scarce resources at the state and local level.

In addition to Core, CDC's unintentional injury prevention funding supports the development and dissemination of effective evidence-based interventions to prevent unintentional injuries before they occur, thus promoting safe and healthy homes, places to play and transportation options. Unintentional injuries, such as drowning, falls, unintentional drug overdoses, and motor-vehicle crash-related injuries, account for more than 120,000 deaths, over 27 million non-fatal injuries and over one-third of all emergency department (ED) visits each year. Motor vehicle crash-related injuries alone are the leading cause of death for people ages one to 34, four million people sustain injuries that require an emergency department visit each year. CDC uses a science-based, public health approach to promote safe recreation and travel and develop recommendations for effective programs and policies in such areas as booster seat and seatbelt use, older adult falls prevention, GDL, preventing bicyclist and pedestrian injuries, traumatic brain injuries and reducing risk levels for American Indian/Alaska Native and other high risk populations.

Recent accomplishments include:

- Provided additional funding to five states to increase their capacity and ability to contribute to policy change, dissemination, adoption and implementation. For example, the New York State Injury Program developed a series of topic specific policy materials for local health departments to strengthen prevention efforts across the state, the first of which focused on falls prevention.
- Funded a tribal motor vehicle safety program in Arizona with the San Carlos Apache Tribe. The program led to a 46 percent increase in seat belt use, a 52 percent increase in total DUI arrests and a 29 percent overall decrease in motor vehicle crashes.
- Supported the Massachusetts injury prevention planning group (PINN), in partnership with the Sports Legacy Institute, to raise awareness of the dangers of sports-related concussions and other head injuries among youth. Using existing CDC "Heads Up" concussion kits, grantee enlisted the resources of their PINN members from hospitals to distribute kits to ER and trauma staff, host in-service trainings for medical personnel, and to sponsor coaches' clinics for youth and high school coaches and parent volunteers in their host communities.

### **Injury Control Research Centers**

CDC's FY 2012 request of \$10,719,000 for the Injury Control Research Centers (ICRCs) is \$2,000 above the FY 2010 level. The ICRCs conduct research and identify critical gaps in knowledge of injury risk and protective factors to inform the development of effective programs and interventions.

In FY 2012, CDC will:

- Fund 11 ICRCs across the U.S. to conduct injury and violence prevention research.
- Coordinate with ICRCs to identify gaps in injury and violence prevention research, advance injury prevention research projects and translate findings into policy and programmatic interventions that can be implemented at the state and community level.

Performance: ICRCs play important roles in the area of injury and violence prevention by conducting research to build the science base and by supporting the implementation of injury and violence prevention programmatic, communication, and policy work. For example, researchers from the Johns Hopkins Bloomberg School of Public Health, Center for Injury Research and Policy conducted a nationwide review of Graduated Driver Licensing (GDL). The results of their study demonstrated that the most restrictive GDL programs were associated with a 38 percent reduction for fatal crashes and a 40 percent reduction for injury crashes among 16 year olds. These results have been successfully used by scientists and advocates in several states to educate lawmakers about the importance of strengthening state GDL systems.

Program Description and Accomplishments: CDC-funded ICRCs are located in universities and medical centers across the United States and conduct research in all three core phases of injury control (prevention, acute care, and rehabilitation). ICRCs also serve as training and technical assistance centers as well as information centers for the public. Many ICRCs have strong relationships with state and local health departments, and their work has informed program and policy interventions at the state and local level.

Recent Accomplishments include:

- Demonstrated, through a grant with the University of North Carolina Injury Prevention Research Center, that rental units and non-working smoke alarms were the two leading factors in residential fire fatalities. Partnering with the State Fire Service and other organizations to increase smoke alarm distribution and use resulted in a 25 percent decrease in fire fatalities in North Carolina over a five year period.
- Developed a database for case data for domestic abuse homicide and suicides in Iowa gathered by the Iowa Domestic Abuse Death Review Team. Data had previously been gathered and analyzed by hand, which was very time-consuming. This project also forged the beginning of a public health preceptorship for students from the College of Public Health who are interested in violence prevention. The data collected as part of this project will also help to inform future programmatic and policy efforts.

### **IT INVESTMENTS**

CDC invests in information technology to improve its tracking and monitoring of both injury trends and funding expenditures. NEXT, a budget tracking tool, tracks and monitors the planning and execution of injury center projects. WISQARS, a web-based data query system, provides customizable information on injury burden to the public via data tables and maps. This system was expanded to include cost modules in FY 2010. (See Exhibit 53)

**AFFORDABLE CARE ACT PREVENTION AND PUBLIC HEALTH FUND**

The following activity is included:

- Unintentional Injury Prevention – \$20,000,000

Using existing mechanisms including the Core program, \$20,000,000 from the Affordable Care Act Prevention and Public Health Fund will further enhance current unintentional injury prevention activities, and include the implementation and evaluation of evidence-based interventions in areas such as motor vehicle safety, older adult falls, unintentional drug overdoses and drowning among states and tribes.

**PROGRAM ACTIVITIES TABLE**

(dollars in thousands)	FY 2010 Enacted	FY 2011 Continuing Resolution	FY 2012 President s Budget	FY 2012 +/- FY 2010
<b>Injury Prevention and Control</b>	<b>\$148,790</b>	<b>\$148,812</b>	<b>\$167,501</b>	<b>+\$18,711</b>
- Intentional Injury	\$106,176	\$106,192	\$105,796	-\$380
- Unintentional Injury	\$31,897	\$31,901	\$30,986	+\$19,089
- ACA/PPHF (non-add)	\$0	\$0	\$20,000	+\$20,000
- Injury Control Research Centers	\$10,717	\$10,719	\$10,719	+\$2

**MEASURES TABLE<sup>1</sup>**

Measure	Most Recent Result	FY 2010 Target	FY 2012 Target	FY 2012 +/- FY 2010
<b>Long Term Objective 7.1: Achieve reductions in the burden of injuries, disability, or death from intentional injuries for people at all life stages.</b>				
<u>7.1.1</u> : Reduce youth homicide rate by 0.1 per 100,000 annually (Outcome)	FY 2008: 7.4 / 100,000 (Target Exceeded)	8.7 / 100,000	8.6 / 100,000	-0.1 / 100,000
<u>7.1.2a</u> : Reduce victimization of youth enrolled in grades 9-12 as measured by: a reduction in the lifetime prevalence of unwanted sexual intercourse (Outcome) <sup>2</sup>	FY 2009: 7.4% (Target Not Met but Improved)	N/A	N/A	N/A
<u>7.1.2b</u> : Reduce victimization of youth enrolled in grades 9-12 as measured by: the 12-month incidence of dating violence (Outcome) <sup>2</sup>	FY 2009: 9.8% (Target Not Met but Improved)	N/A	N/A	N/A
<u>7.1.2c</u> : Reduce victimization of youth enrolled in grades 9-12 as measured by: the 12-month incidence of physical fighting (Outcome) <sup>2</sup>	FY 2009: 31.5% (Target Not Met but Improved)	N/A	N/A	N/A
<b>Long Term Objective 7.2: Achieve reductions in the burden of injuries, disability or death from unintentional injuries for people at all life stages.</b>				
<u>7.2.2</u> : Achieve an age-adjusted fall fatality rate among persons age 65+ of no more than 69.6 per 100,000 (Outcome)	FY 2007: 47.1 (Target Not Met)	52.1	56.5	+4.4
<u>7.2.3</u> : Decrease the estimated percent increase of age-adjusted fall fatality rates among persons age 65+ years (Outcome)	FY 2007: -1.05% reduction (Target Not Met)	9.56% reduction	9.73% reduction	+0.17

<sup>1</sup>Targets do not reflect impact of funding from ACA/PPHF.

<sup>2</sup> YRBS is data source for 7.1.2 measures and reports biennially. The next target due for reporting will be 2011.

**OTHER OUTPUTS**<sup>1</sup>

<b>Measure</b>	<b>Most Recent Result</b>	<b>FY 2010 Target</b>	<b>FY 2012 Target</b>	<b>FY 2012 +/- FY 2010</b>
<u>7.A</u> : National Violent Death Reporting System	18	18	≤ 24	≤ 6
<u>7.B</u> : Rape Prevention and Education Grants	57	57	57	Maintain
<u>7.C</u> : Core State Injury Program	30	30	≤30	Maintain
<u>7.D</u> : Graduated Drivers License Policy Pilot Project	4	4	8	+4

<sup>1</sup>Targets do not reflect impact of funding from ACA/PPHF.

**STATE TABLE**

<b>FY 2012 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION DISCRETIONARY STATE/FORMULA GRANTS</b>			
	<b>Core State Injury Program</b>	<b>National Violent Death Reporting System</b>	<b>Rape Prevention and Education</b>
<b>STATE/TERRITORY</b>	<b>FY 2010 Actual</b>	<b>FY 2010 Actual</b>	<b>FY 2010 Actual</b>
Alabama	\$0	\$0	\$598,939
Alaska	\$0	\$160,578	\$86,224
Arizona	\$125,185	\$0	\$690,682
Arkansas	\$0	\$0	\$360,876
California	\$125,185	\$0	\$4,548,094
Colorado	\$253,012	\$216,027	\$579,341
Connecticut	\$125,185	\$0	\$459,139
Delaware	\$0	\$0	\$107,241
District of Columbia	\$0	\$0	\$78,860
Florida	\$125,185	\$0	\$2,147,097
Georgia	\$125,185	\$257,561	\$1,100,801
Hawaii	\$125,185	\$0	\$164,696
Idaho	\$0	\$0	\$175,742
Illinois	\$0	\$0	\$1,668,900
Indiana	\$0	\$0	\$818,171
Iowa	\$0	\$0	\$394,820
Kansas	\$125,185	\$0	\$362,909
Kentucky	\$125,185	\$219,561	\$544,515
Louisiana	\$125,185	\$0	\$601,854
Maine	\$125,185	\$0	\$173,172
Maryland	\$125,185	\$251,999	\$712,927
Massachusetts	\$125,185	\$239,398	\$854,224
Michigan	\$0	\$264,182	\$1,335,949
Minnesota	\$360,670	\$0	\$662,339
Mississippi	\$0	\$0	\$383,850
Missouri	\$0	\$0	\$753,007
Montana	\$0	\$0	\$123,158
Nebraska	\$125,185	\$0	\$231,739
Nevada	\$125,185	\$0	\$270,284
New Hampshire	\$0	\$0	\$167,918
New Jersey	\$0	\$200,968	\$1,131,369
New Mexico	\$125,185	\$186,070	\$246,198

<b>FY 2012 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION DISCRETIONARY STATE/FORMULA GRANTS</b>			
	<b>Core State Injury Program</b>	<b>National Violent Death Reporting System</b>	<b>Rape Prevention and Education</b>
<b>STATE/TERRITORY</b>	<b>FY 2010 Actual</b>	<b>FY 2010 Actual</b>	<b>FY 2010 Actual</b>
New York	\$125,185	\$0	\$2,548,970
North Carolina	\$0	\$257,593	\$1,082,391
North Dakota	\$0	\$0	\$88,256
Ohio	\$125,185	\$273,727	\$1,525,802
Oklahoma	\$250,839	\$207,720	\$465,236
Oregon	\$125,185	\$199,322	\$461,287
Pennsylvania	\$125,185	\$0	\$1,650,337
Rhode Island	\$163,012	\$130,966	\$142,757
South Carolina	\$275,005	\$215,930	\$540,526
South Dakota	\$0	\$0	\$103,368
Tennessee	\$125,185	\$0	\$765,664
Texas	\$0	\$0	\$2,800,649
Utah	\$213,022	\$206,786	\$301,811
Vermont	\$125,185	\$0	\$83,769
Virginia	\$125,185	\$242,684	\$952,103
Washington	\$125,185	\$0	\$793,126
West Virginia	\$0	\$0	\$244,779
Wisconsin	\$125,185	\$218,686	\$721,941
Wyoming	\$0	\$0	\$68,356
<b>State Sub-Total</b>	<b>\$4,520,000</b>	<b>\$3,676,031</b>	<b>\$37,876,163</b>
America Samoa	\$0	\$0	\$0
Guam	\$0	\$0	\$22,827
Marshall Islands	\$0	\$0	\$11,238
Micronesia	\$0	\$0	\$18,682
Northern Marianas	\$0	\$0	\$11,740
Puerto Rico	\$0	\$0	\$513,291
Palau	\$0	\$0	\$0
Virgin Islands	\$0	\$0	\$18,299
<b>Territory Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$596,077</b>