Dear Chairman Murray and Ranking Member Blunt:

As you begin work on the fiscal year (FY) 2022 Centers for Disease Control and Prevention (CDC) budget, we request $29.5 million for the National Violent Death Reporting System (NVDRS) and $11.6 million for the Core State Violence and Injury Prevention Program (SVIPP).

Each year 192,000 people die as a result of violence and unintentional injuries. The NVDRS and Core SVIPP are state-based programs administered through CDC’s National Center for Injury Prevention and Control (NCIPC) that fund state efforts to prevent deaths from violence and injuries. Not only are injuries the leading cause of death for children and adults between the ages of 1 and 45, the estimated lifetime medical and work loss costs associated with fatal and non-fatal injuries in the United States is $671 billion.

The NVDRS is a state-based surveillance system that links information from multiple data sources—death certificates, state/local medical examiner, coroner, and law enforcement records—to create a more complete picture of the circumstances surrounding violent deaths. One of the hallmarks of the system is that it does not require the collection of any new data; it simply supports centralization of data already collected when a violent death occurs. The system tracks deaths caused by child abuse, domestic abuse, suicide, and homicide, which enables states to develop effective strategies to address root causes and implement strategies for prevention. Furthermore, the NVDRS allows the public health research community to access a rich data set that can be analyzed to study the circumstances that lead to violent deaths in our communities.

State NVDRS findings include:

- In Massachusetts, 2018 NVDRS data showed that the highest homicide rates by age group was among 25-34 year olds, and 15-24 year olds. The data illustrated that the homicide rate of each of these groups in Massachusetts was twice the statewide rate for

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2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, About CDC's Injury Center (Jan. 20, 2021), https://www.cdc.gov/injury/about/.
all ages resulting in targeted homicide prevention programs aimed at kids and young adults.³

- Between 2015 and 2017, NVDRS data in Connecticut showed an average of 392 suicides per year. People often think most of the deaths by suicide in Connecticut are among people less than 25 years old. To the contrary, Connecticut residents younger than 25 years old accounted for only 10% of the state’s suicides.⁴

- To help stem the suicide rate in Utah, NVDRS data was used to develop a suicide awareness toolkit to equip local media to more adequately report on suicide trends in the state.⁵

- From 2005 to 2012, Oklahoma NVDRS data showed that there were 1,018 veteran suicide deaths, an average of 127 deaths per year. The data indicated that Oklahoma’s veteran suicide rate increased 34% over that same time period and was 2 times higher than the rate among non-veterans.⁶

While these findings allow states to target violent death prevention programs, enhanced funding is needed to support greater analysis and dissemination of NVDRS data, expand NVDRS data linkage opportunities, and improve state outreach to data partners at the local level. Several of the more populous states including California, Texas, New York, and Florida are expanding implementation of the program in a stepwise fashion. Additional funding will be needed to allow these states to fully implement NVDRS within their borders.

The Core SVIPP is the sole federal program that supports states as they build the ‘core’ infrastructure required to design and implement injury and violence prevention programs. States use this funding stream to build, strengthen, and maintain their injury and violence prevention programs with a focus on making the best use of the data, designing, implementing and evaluating prevention programs, and affecting public behavior and knowledge on these issues.

Unfortunately, only 23 states currently receive Core SVIPP support due to multiple years of level funding. Additionally, grants have been capped at $250,000 per state for the past decade, which results in limited dollars to support growing state violence and injury prevention needs. The issues of injury and violence are a national problem and additional funding in FY 2022 will allow more states to participate, bolster the program's impact, and deliver additional resources to help states save lives and prevent injuries.

Examples of programs implemented with Core SVIPP funds include:

- In Hawaii, Core SVIPP is working with the Hawaii Concussion Awareness Management Program (HCAMP) to provide an expanded curriculum on concussion training,

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education, support, and resources to all public high school coaches, student athletes, and parents. HCAMP is working with the Department of Education to provide concussion training and conduct baseline cognitive testing of Hawaii’s student athletes.7

- Nebraska is using Core SVIPP funds to reduce teen driver fatalities by leading a parent education media campaign around the state’s Graduated Driver Licensing law. In addition, Nebraska is increasing the number of schools participating in CDC’s Teens in the Driver Seat program, a teen-driven, peer-to-peer educational program that focuses solely on traffic safety and addresses all major driving risks for this age group.8

- Core SVIPP funds in Arizona are used to provide epidemiology support and surveillance data to the Sexual Violence Prevention and Education Program (SVPEP), which addresses sexual violence. SVPEP uses the data to identify trends, monitor changes, and guide program decision making.9

We believe that the NVDRS and Core SVIPP programs are a cost-effective and integral component to the long-term success of state efforts to successfully address their injury and violent death prevention needs. Please support an FY 2022 allocation of $29.5 million for the NVDRS and $11.6 million for the Core SVIPP.

We thank you for your consideration of these requests.

Sincerely,

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