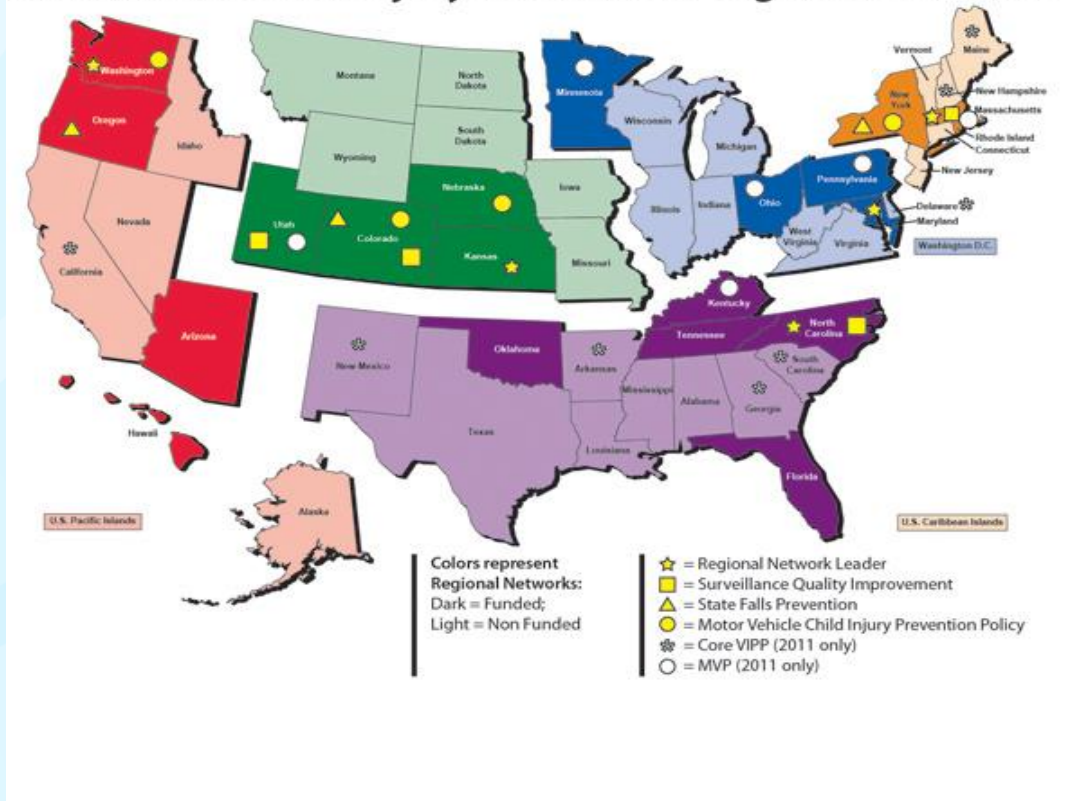


CORE State Injury and Violence Prevention Program (SVIPP) CDC-RFA-CE16-1602 2016-2021

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Core Violence and Injury Prevention Program 2011-2016



Timeline

- 2/01/2016: Webinar Q&A session for applicants
- 3/01/2016: Letters of intent due
- 4/08/2016: Applications due to CDC
- 8/01/2016: Estimated award date

CORE State Injury and Violence Prevention Program (SVIPP)

Purpose: To decrease injury and violence related to morbidity and mortality in four NCIPC priority focus areas: child abuse and neglect, TBI, motor vehicle crash injury and death, and intimate partner/sexual violence by decreasing shared risk factors and increasing shared protective factors. The FOA is intended to support ***the dissemination, implementation, and evaluation of programs, practices, and policies in accordance with best available evidence strategies.***

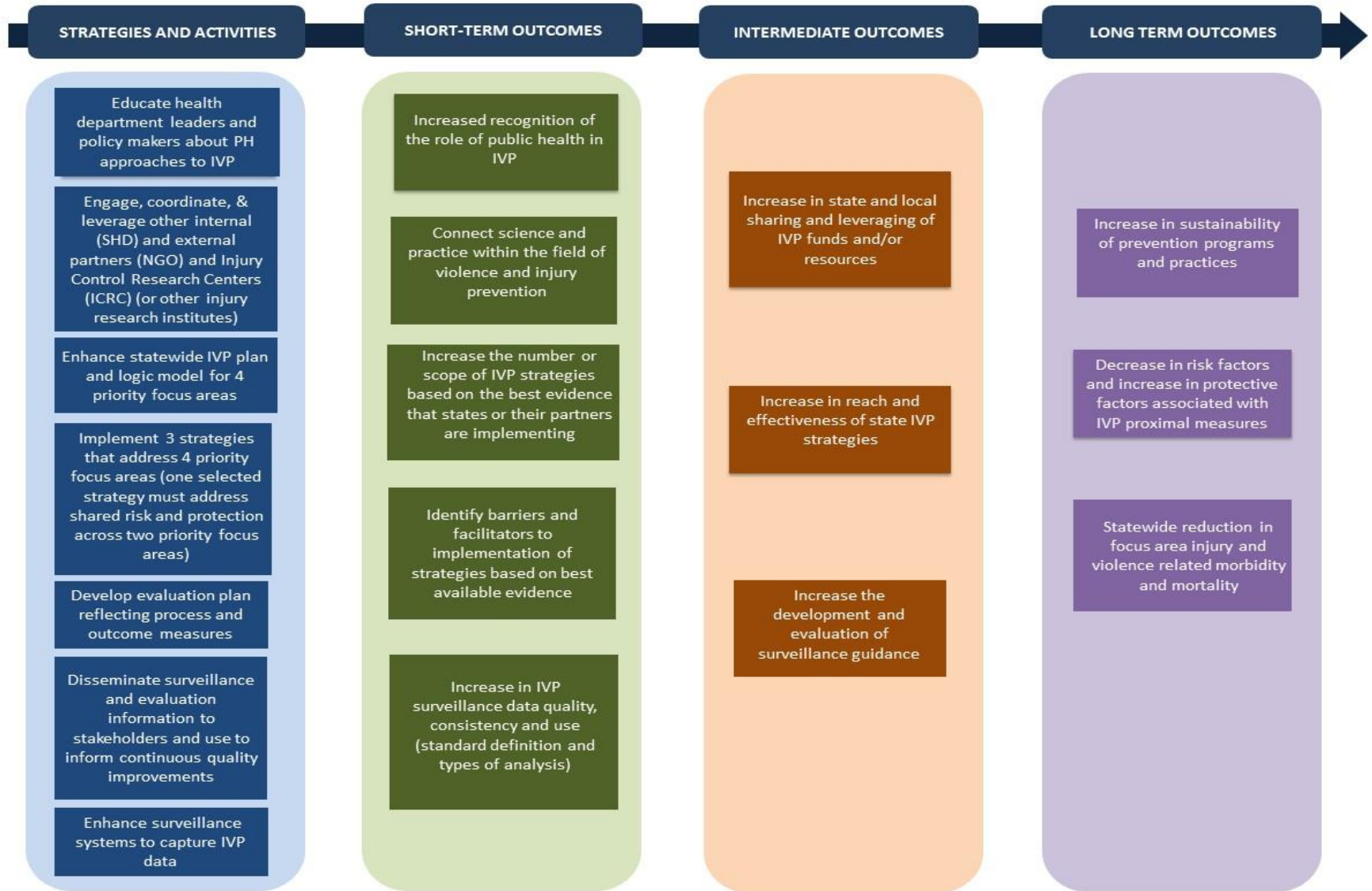
CORE State Injury and Violence Prevention Program (SVIPP)

- New non-research FOA
- Cooperative Agreements
- Eligibility - State Health Departments/Tribal Governments
- Funding:
 - BASE: \$200,000 - \$250,000 (approximately 20 awards)
 - Enhanced Components (only eligible if awarded BASE):
 - Surveillance Quality Improvement (SQI): \$150,000 (4 awards)
 - Regional Network Coordinating Organization (RNCO): \$75,000 (5 awards)
- Project Period: 5-years

Differences Between Core VIPP and Core SVIPP

Core Violence and Injury Prevention Program	Core State Violence and Injury Prevention Program
Base Integration Component and Enhanced	Base and Enhanced
Focus Areas Self-Selected	Focus Areas Prescribed
Performance Measures Self-selected	Performance Measures both Self-selected and Prescribed
Injury Community Planning Group	Injury Community Implementation Group
Regional Network Leader (Regional Focus)	Regional Network Coordinating Organization (Regional <i>and</i> National Focus)
Evaluation Plan Optional	Evaluation Plan Required

Core VIPP 2016 FOA



BASE Component

- To provide support to states to strengthen their Injury and Violence Prevention (IVP) programs and policies and demonstrate impact in the reduction of IVP related morbidity and mortality.
 - Funding will be used to support dissemination, implementation, and evaluation of programs, practices, and policies with the best available evidence.
 - Efforts will be concentrated in four focus areas of IVP: child abuse and neglect, traumatic brain injury, motor vehicle injury crashes, and intimate partner/sexual violence.
 - Up to 10% of base funding may be used for programmatic innovation in areas beyond the four focus areas.

BASE Component - Overarching Strategies

1. Educate health department leaders & policymakers about public health approaches to IVP
2. Engage, coordinate & leverage other internal (SHD) and external partners (NGO) and Injury Control Research Centers (ICRC) or other injury research institutes
 - Awardees currently receiving funding from NCIPC, e.g.:
 - DELTA FOCUS
 - Rape Prevention and Education
 - Essentials for Childhood
 - Striving to Reduce Youth Violence Everywhere
 - Prescription Drug Overdose Prevention for States
 - National Violent Death Reporting System
 - Youth Violence Prevention Injury Center
 - Injury Control Research Centers
 - External might include federal partners such as HRSA's Maternal, Infant, and Early Childhood Home Visiting or Collaborative Improvement & Innovation Network as well as non-federal partners

BASE Component - Overarching Strategies

3. Enhance statewide IVP plan & logic model for four priority focus areas (child abuse and neglect, TBI, motor vehicle crash injury and death, and intimate partner/sexual violence)
4. Implement three strategies for four priority focus areas, one must address shared risk and protective factors across two focus areas
5. Develop evaluation plan reflecting process and outcome measures

BASE Component - Overarching Strategies

6. Disseminate surveillance & evaluation information to stakeholders and use to inform continuous quality improvements
7. Enhance surveillance systems to capture IVP data

Prescribed Long-Term Outcomes

Child Abuse and Neglect

1. Decrease in the rate of children reported to child protective services
2. Decrease in the rate of emergency department visits specifically coded as child abuse and neglect
3. Decrease in the rate of inpatient hospitalizations due to child abuse and neglect
4. Decrease in the fatality rate of children ages 5 and under due to any injury or violence
5. Decrease in rate of first time victims of child abuse and neglect

Prescribed Long-Term Outcomes

Sexual Violence

1. Decrease in the percentage of youth experiencing forced sexual intercourse
2. Decrease in the rate of any sexual violence victimization within the past 12 months

Sexual Intimate Partner Violence (Teen Dating Violence)

1. Decrease in of teen dating violence victimization

Intimate Partner Violence

1. Decrease in domestic violence 911 calls
2. Decrease in emergency department visits due to intimate partner violence
3. Decreases in suspected intimate partner violence cases in emergency departments

Prescribed Long-Term Outcomes

Motor Vehicle Crashes (MVC)

1. Decrease in rate of alcohol-related motor vehicle crashes
2. Decrease in rate of alcohol-related motor vehicle fatalities
3. Decrease in rate of motor vehicle occupant fatalities

Traumatic Brain Injury

1. Decrease in TBI-related injury for children 0-18
2. Decrease in TBI-related death rate in children 0-18
3. Decrease in the rate of MVC-related TBIs (ED visits, hospitalizations, death) in young adults 15-24 years of age

Surveillance Quality Improvement (SQI) Component

- Both high quality data resources and up to date analysis tools are required to ensure that state-based injury surveillance is conducted effectively and accurately. As such, the SQI component's purpose is to conduct injury data investigations supportive of promoting and advancing uniform injury case definitions, improving data quality, advancing methodology, and exploring emerging sources of injury data.

Surveillance Quality Improvement (SQI) Component

- Design, propose and conduct annual **state-specific** surveillance evaluations that address current and/or emerging data resources and etiologic issues within the state
- Design, propose and conduct annual **multi-state** surveillance evaluations that address current and/or emerging data resources and etiologic issues

Regional Network Coordinating Organization (RNCO) Component

- Resources and capacity for IVP are limited and vary by state. RNCOs coordinate across and between all states (regardless of funding status) and collaborate with IVP organizations for sharing of scientific evidence and programmatic best practices.
- Develop annual action plan for regional network activities

Regional Network Coordinating Organization (RNCO) Component

- Provide coordination of technical assistance to member states
- Recruit relevant agencies and organizations to participate including at least one ICRC or similar research entity
- Initiate regional network Peer Learning Teams

Regional Network Coordinating Organization (RNCO) Component

- Develop/coordinate/facilitate a National/Cross-Regional Collaborative Peer Learning Group
 - Topic area to be determined in conjunction with CDC (child abuse and neglect, TBI, motor vehicle injury crash and death, sexual/interpersonal violence or 5th topic yet to be determined by CDC)

Frequently Asked Questions

- 1) *What is the application page limit?*
 - BASE Component – Maximum 25 pages
 - RNCO & SQI Components – Maximum 10 pages each

- 2) *Is the applicant expected to have an existing plan already in place that addresses the four priority areas in the FOA?*
 - The requirement is that there is a plan in place. It is not required that all priorities listed under this cooperative agreement are in the current plan, however, there is an expectation that there will be an update to include all priorities in the future.

Frequently Asked Questions

3) *Is the applicant expected to address all strategies in the FOA?*

- The applicant needs to implement 3 strategies that address the 4 priority focus areas, one of which must address shared risk and protective factors across two of the priority focus areas.
- The FOA provides many examples of best available evidence strategies. Other strategies beyond those listed in the FOA are acceptable, however, applicants must include evidence in the form of peer-reviewed publication or evaluation report from a rigorous evaluation of the shared impact. In addition, strategies must show an impact on prescribed long-term outcomes.

Frequently Asked Questions

- 3) *Since this is an implementation focused FOA, does this mean that only previously funded states are eligible?*
- No, the FOA is open to all applicants.
- 4) *Does the applicant have to implement all four of the priority focus areas?*
- Yes, it is the expectation that applicants address all four of the priority focus areas in the FOA. How applicants distribute the funds for each of the focus areas is left to the applicants discretion.

Additional Questions?

For programmatic technical assistance:

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.