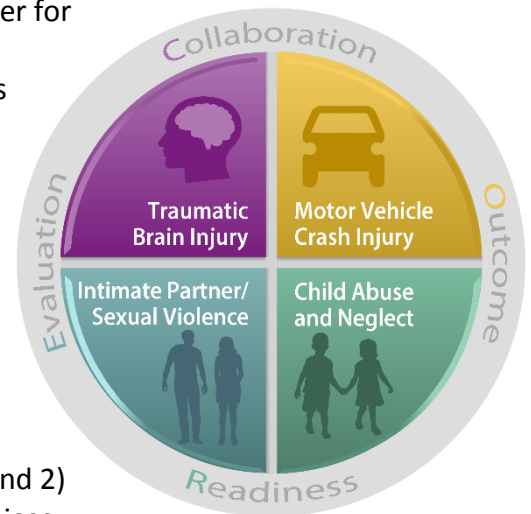


Core State Violence and Injury Prevention Program Tool Kit



Program Overview

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.



Tool Kit Contents

This toolkit is designed to help you get started with promoting the Core SVIPP program and your efforts to address violence and injuries in your state. The tool kit includes the following tools:

- Press Release Template
- Social Media Messages
- Slides
- One Page Fact Sheet
- Core SVIPP Team and Project Officer Bios
- Resource List

For More Information

For more information or assistance using this tool kit please contact your Project Officer.

For more information about the Core SVIPP, visit: www.cdc.gov/injury/stateprograms.

Sample Press Release

A press release provides members of the media useful, accurate, and interesting information about a newsworthy activity. Typically, press releases are emailed to individuals in a media contact list. The press release below can be customized with your information to raise awareness of your funding award and your activities to address violence and injuries in your state.

[Place on your letterhead]

EMBARGOED UNTIL [insert date]

Date
Contact:
Telephone:
E-mail:

[Insert state] Receives CDC Funding to Prevent Injury and Violence

[Insert City, State] — [Insert Organization Name] received \$ [Insert rounded amount of funding for five years] from the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (Injury Center) to address injury and violence in [Insert state].

The award to [Insert state] is part of \$30 million going to 23 states over the next 5 years as part of the [Core State Violence and Injury Prevention Program \(Core SVIPP\)](#). The funds support states in the implementation, evaluation and dissemination of strategies to address critical injury and violence issues such as child abuse and neglect; traumatic brain injury; motor vehicle crash-related injuries; and intimate partner/sexual violence. The program builds on the CDC's Core Violence and Injury Prevention Program (CE11-1101).

[Insert quote from head of health department or project lead about the importance of the funding]

The Core SVIPP includes a Base Component and two optional enhanced components: the Surveillance Quality Improvement (SQI) and the Regional Network Coordinating Organization (RNCO) Components. Through a competitive application process, CDC selected 23 states to receive Base funds through the program. These 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.

In addition, four of the 23 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. The SQI funded states are Colorado, Kentucky, Maryland and Massachusetts.

Five of the 23 states received RNCO funding to coordinate across and between states (regardless of funding status) and collaborate with injury and violence prevention (IVP) organizations to share scientific evidence and programmatic best practices. RNCO funded states are Colorado, Maryland, Massachusetts, North Carolina and Washington.

The work [insert state] will be doing to address this important public health problem includes [Insert description of projects]. This work will help [Insert state] expand efforts to implement evidence-based programs and policies to prevent injuries and violence to reduce injuries and deaths as well as the considerable cost burden to society.

To learn more about [Insert state] injury and violence prevention activities, visit [Insert URL].

To learn more about Core SVIPP, visit www.cdc.gov/injury/stateprograms.

Social Media Messages

Encourage conversation about violence and injuries in your state by disseminating social media messages on your organization’s social media platforms and sharing violence and injury prevention resources. Below are some sample messages you can customize.

Join us in using the hashtag **#CoreSVIPP** to help promote the program!

Platform	Content
Facebook	New CDC program will fund 23 states to address injury and violence. Learn more: www.cdc.gov/injury/stateprograms
	CDC Commits \$30M to Core State Violence and Injury Prevention Program. 23 states to receive funding for five years to address injury and violence in their states. www.cdc.gov/injury/stateprograms
	Injuries are a leading cause of death. New CDC program funds 23 states to address injury and violence. Learn more: www.cdc.gov/injury/stateprograms
	Each year, injuries kill more than 199,800 people and cost the U.S. \$671B. The magnitude of deaths and costs associated with injury underscores the need for effective prevention. CDC is funding 23 state health departments to help states prevent injuries and violence. www.cdc.gov/injury/stateprograms
	Preventing injuries helps save lives and money. CDC is funding 23 state health departments to help states prevent injuries and violence. Learn more: www.cdc.gov/injury/stateprograms
Twitter	23 state health depts receive funding to prevent injuries & violence. #CoreSVIPP www.cdc.gov/injury/stateprograms
	New CDC funding to help states prevent injuries and violence. #CoreSVIPP www.cdc.gov/injury/stateprograms
	CDC commits \$30 Million for the Core State Violence and Injury Prevention Program (Core SVIPP). www.cdc.gov/injury/stateprograms
	CDC announces new funding to help states prevent injuries & violence. #CoreSVIPP www.cdc.gov/injury/stateprograms
	CDC announces funding to advance state efforts to prevent injuries & violence .#Core SVIPP www.cdc.gov/injury/stateprograms

One Pager

Use the one pager pictured below and available here: www.cdc.gov/injury/stateprograms to educate people about the Core SVIPP program.

Core State Violence and Injury Prevention Program (Core SVIPP)

Violence and Injury – A Significant Public Health Problem

Violence and injury are the leading causes of death for the first four decades of life. In fact, in the first half of life, more Americans die from violence and injury 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 sustain injuries that cause long-term, physical, and mental problems.

Deaths and injuries from motor vehicle crashes, prescription drug overdoses, firearms, firearm 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 exploring, and evaluating evidence-based injury and violence prevention programs and policies.

Core SVIPP – Empowering States to Save Lives

The Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control (Injury Center) awarded \$66 million to 24 state health departments over the next 5 years as part of the Core State Violence and Injury Prevention Program (Core SVIPP) (2016-2021).

The program includes implementation, evaluation and surveillance strategies that address the most pressing injury and violence issues including child abuse and neglect, intimate partner violence, child care injuries and deaths, and intimate partner sexual violence. The program builds on the measures submitted through previous iterations of the Core SVIPP (2010). 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 \$350,000)** – 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.

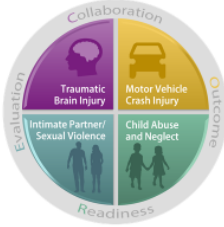
For more information about the Core SVIPP, visit: www.cdc.gov/injury/stateprograms

Slides

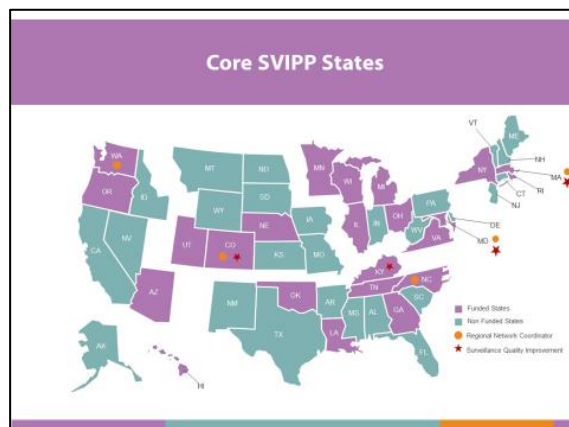

Use this set of slides pictured below and included in your email to drop into injury and violence presentations to educate people about the Core SVIPP.

Core State Violence and Injury Prevention Program (Core SVIPP) Overview

- Cooperative Agreement funding period: 2016-2022
- 23 BASE Awardees
- 5 Regional Network Coordinating Organization (RNCO) Component Awardees
- 4 Surveillance Quality Improvement (SQI) Component Awardees
- Focus Areas: motor vehicle crash injury and death, child abuse and neglect, intimate partner and sexual violence and traumatic brain injury



Core State Violence and Injury Prevention Program (Core SVIPP) Overview



CDC Core SVIPP Team & Project Officer Bios

Bios of the CDC Staff that support the Core SVIPP are provided below. The list includes Program Officers for each region as well as data and surveillance, evaluation, communication, and policy staff.

Core SVIPP Team Lead

Dave Sullivan – Core SVIPP Team Lead

Dave Sullivan is a Public Health Advisor for the Injury Center. Dave currently holds the position of Core VIPP Team Lead and is responsible for the supervision of the Core VIPP Team Program Consultants who manage the Core VIPP and the Prevention for States Prescription Drug Overdose Cooperative Agreements. Prior to being Team Lead, Dave was a Program Consultant on the Core VIPP Team and worked with states partners in violence and injury prevention activities. Before joining the Injury Center in 2010, Dave was assigned to the National Center for HIV, Hepatitis, STD and TB Prevention, Division of STD Prevention where he had several assignments in state and local Health Departments including Florida (Dade County), North Carolina, Los Angeles California and Harrisburg Pennsylvania. Dave also served as a Program Consultant with in the STD Prevention Division located in Atlanta. Dave has a BA in American History from Emory University. He has been employed by CDC for 27 years.

Evaluation and Integration Team Lead

Marci Hertz

Since 2003, Ms. Hertz has worked for the CDC as a Lead Health Scientist in the Division of Violence Prevention in the Injury Center and in the Division of Adolescent and School Health. She is currently the Evaluation and Integration team (EIT) lead in the Division of Analysis, Research, and Practice Integration in the Injury Center. EIT supports evaluation efforts across the Injury Center, including the evaluation of the Core VIPP and the Injury Control Research Centers. Prior to her work at CDC, Ms. Hertz was the Associate Director of Violence Prevention Programs at the Harvard School Public Health. Ms. Hertz received her B.A. in Psychology from Emory University and a Master's Degree in Psychology from the University of Pennsylvania.

Region 1 & 2

Ted Castellanos – Project Officer

Ted Castellanos is a Public Health Advisor in the Injury Center Division of Analysis, Research, and Program Integration (DARPI). As the project officer for state health departments in HHS Regions 1 & 2, he provides programmatic and administrative technical assistance and capacity building. Ted is a past recipient of the National Institute of Health's Minority Health International Research Training (MHIRT) Program stipend. Throughout his career, he has worked on many aspects of health and social services in community settings as well as within local, state, and federal government. Working with communities to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death is a passion that drives his motivation in public health. He received an M.P.H. degree in Epidemiology/International Health from the University of Alabama, Birmingham and a B.A. in Sociology from Emory University.

Sally Thigpen – Health Scientist (Region 1 & 2 and 4 & 6)

Sally Thigpen is a Health Scientist with the Injury Center, Division of Analysis, Research, and Practice Integration (DARPI). She provides support across the Injury Center for program evaluation and research, with specific expertise in actionable knowledge to promote behavioral and social change. Sally received her Bachelor of Arts in Sociology

and Anthropology from Agnes Scott College and a Master of Public Administration that incorporated behavioral theory and research from the Andrew Young School of Public Policy at Georgia State University. She is a member of and serves on Agnes Scott College's Public Health Advisory Committee.

Region 3 & 5

Eric Gross - Project Officer

Eric started CDC in 2005 in the Strategic National Stockpile. Project Officer for the Injury Center Core SVIPP and PDO FOAs PfS/DDPI. Eric has a BS in Aeronautics from Embry Riddle University and a Master's in Public Health from University of South Florida.

Brandon Nesbitt – Health Scientist

Brandon Nesbitt is a Health Scientist on the Evaluation and Integration Team in the Injury Center. His main projects include the evaluation of the Core VIPP, Injury Control Research Centers, Prescribing for States Program, and the utilization of data for decision making and programmatic improvement. Brandon has been with CDC for 5 years. Prior to CDC, he worked at the University of Georgia on the evaluation of the Hospital Preparedness Program for the State of Georgia following completion of an MPH degree.

Region 4 & 6

Tracey Hardy – Project Officer

Tracy Hardy started her career with CDC in 1990. She provides technical assistance, guidance and overall grants management to states in Regions 4 and 6. She has worked with several state and local health departments, community based organizations, awardees in the Pacific Islands, American Indian Tribes and other operating divisions within Health and Human Services. Tracey has a degree in Sociology from Hampton University.

Sally Thigpen – Health Scientist (Region 1 & 2 and 4 & 6)

Sally Thigpen is a Health Scientist with the Injury Center, Division of Analysis, Research, and Practice Integration (DARPI). She provides support across the Injury Center for program evaluation and research, with specific expertise in actionable knowledge to promote behavioral and social change. Sally received her Bachelor of Arts in Sociology and Anthropology from Agnes Scott College and a Master of Public Administration that incorporated behavioral theory and research from the Andrew Young School of Public Policy at Georgia State University. She is a member of and serves on Agnes Scott College's Public Health Advisory Committee.

Region 7 & 8

Jamie Mells, Project Officer

Jamie Mells has a diverse background in nutritional biochemistry and biology, having completed a Master's Degree in biology from Austin Peay State University and recently a PhD in Nutrition and Health Sciences, from Emory University. Jamie Mells joined the U.S. Public Health Service in 2013, and began his work at the CDC in 2014 as a Quarantine Public Health Officer, in the Division of Global Migration and Quarantine. Stationed at Hartsfield Jackson Airport, he was an integral part of the Ebola response at the airport, providing technical assistance and training to federal partner and city stakeholders. Previously Jamie Mells, served as the Director of Minority Affairs, at Tennessee Technological University

Natalie Wilkins – Behavioral Scientist (Region 7 & 8 and Region 9 & 10)

Natalie Wilkins is a behavioral scientist in the Injury Center, Division of Analysis, Research, and Practice Integration (DARPI). She joined the Injury Center in 2008 and her work has focused primarily on dissemination and implementation research, program evaluation, technical assistance and capacity building at the state and local level, and knowledge translation for bridging research and practice within the context of injury and violence prevention. She has worked on numerous child maltreatment, youth violence, and suicide prevention projects, as well as efforts to identify links between multiple forms of violence, injury, and other public health outcomes. She

received a BA in Psychology and Sociology from the University of Richmond, and an MA and PhD in Community Psychology from Georgia State University.

Region 9 & 10

Angie Deokar – Project Officer

Angie Deokar is a Public Health Advisor in the Injury Center, Division of Analysis, Research and Practice Integration (DARPI), Program Integration and Evaluation Branch. Angie's favorite part of her job is working with state injury and violence prevention programs to promote the excellent work they do under the Core-VIPP and PDO Programs. She began at CDC as a Public Health Prevention Service fellow in 2006, an experience that included a 2-year field assignment in a state health department. Prior to coming to the Injury Center, Angie worked in CDC's Healthy Aging Program and as a field assignee at a state health department for CDC's Office of Public Health Preparedness and Response. Ms. Deokar has previous experience as a Community Health Educator at a local county agency and also worked in a large non-profit organization. She holds a Master's degree in Public Health and a G. Cert in Gerontology from Northern Illinois University, and an undergraduate degree in Kinesiology and Gerontology minor from the University of Wisconsin-Eau Claire.

Natalie Wilkins – Behavioral Scientist (Region 7 & 8 and Region 9 & 10)

Natalie Wilkins is a behavioral scientist in the Injury Center, Division of Analysis, Research, and Practice Integration (DARPI). She joined the Injury Center in 2008 and her work has focused primarily on dissemination and implementation research, program evaluation, technical assistance and capacity building at the state and local level, and knowledge translation for bridging research and practice within the context of injury and violence prevention. She has worked on numerous child maltreatment, youth violence, and suicide prevention projects, as well as efforts to identify links between multiple forms of violence, injury, and other public health outcomes. She received a BA in Psychology and Sociology from the University of Richmond, and an MA and PhD in Community Psychology from Georgia State University.

Core SVIPP Public Health Advisor

Joseph Russel – Public Health Advisor

Joe Russel is a Public Health Advisor in the Injury Center, Division of Analysis, Research, and Practice Integration (DARPI). He joined the Injury Center in 2001 and his work has focused primarily on cooperative agreements and contracts for state and local violence and injury prevention programs, academic institutions, and other public and private organizations. He has provided programmatic guidance and technical assistance in the development, implementation, evaluation and management of funded projects. Also, he has performed special duties such as planning, coordinating and conducting meetings and events; participated in external grant reviews and special work groups, as well as other assigned special duties. He received a BS in Urban Studies with a concentration in Government Administration from Georgia State University.

Communication and Policy

Michelle Brown – Core SVIPP Health Communication Specialist

Michelle Brown is a Health Communication Specialist in the Injury Center Division of Analysis, Research and Practice Integration (DARPI), Program Integration and Evaluation Branch. Michelle helps to develop and implement communication programs, projects, and strategies in support of injury and violence prevention. Michelle came to the Injury Center in 2007 as a Project Officer for Core VIPP. Michelle began CDC in 1990 in the Division of HIV/AIDS. Prior to coming to the Injury Center, she spent the majority of her CDC career as a Project Officer with the National Center for Chronic Disease and Health Promotion in the Office on Smoking and Health and Healthy Aging.

Donovan Newton – Core SVIPP Public Health Analyst

Donovan Newton is a public health analyst in the Injury Center. He provides policy technical assistance and support to state injury programs and research centers as part of the Injury Center's Division of Analysis, Research, and Practice Integration. He joined the CDC Injury Center's Office of Policy and Partnerships in 2010 as Presidential

Management Fellow. In the Injury Center's policy office, he worked on policy and program evaluation, federal budget formulation, program performance review and strategic planning. While in OPP, he provided policy and program evaluation support to state and federal partners, including policy evaluation guides, case studies, webinars, and presentations. He earned his Bachelor of Public Policy from Georgia Tech, focusing on social policy and statistics, and his Master of Public Administration from the University of Georgia, focusing on public policy and organizational theory and design.

Data and Surveillance

Renee Johnson – Core SVIPP Senior Scientist

Renee Johnson serves as the Senior Scientist on the Core Violence and Injury Prevention Program Team at the National Center for Injury Prevention and Control (NCIPC). She obtained her Bachelors of Science in Physical Therapy in 1983 from Ithaca College and her Masters of Science in Public Health in 1995 from the University of Colorado Health Sciences Center. She joined the NCIPC in 1996 and is responsible for overseeing the implementation of the State Injury Indicators surveillance and related activities. She serves on numerous injury surveillance workgroups developing consensus recommendations for injury surveillance and has been influential in moving surveillance recommendations in to practice.

Karen Thomas – Core SVIPP Data Manager

Karen Thomas started her NCIPC career in 1999 as a summer intern in the Office of Statistics and Programming. She has been the data manager with the Core Injury and Violence Prevention Program since 2006. She is involved with the State Injury Indicators project and enjoys providing technical assistance around data issues. Karen has a BA in Sociology with a minor in Emergency Health Services from the University of Maryland Baltimore County and an MPH in epidemiology from the Rollins School of Public Health at Emory University.

Resource List

Use this resource list to link to key CDC resources.

General Information and Resources

- CDC Injury Center www.cdc.gov/injury
- About the CDC Injury Center www.cdc.gov/injury/about
- Data, Statistics and Surveillance Systems www.cdc.gov/injury/wisqars
- Funded Programs, Activities and Research www.cdc.gov/injury/FundedPrograms
- Reports, Recommendations and Guidelines www.cdc.gov/injury/publications
- Injury Center Press Room www.cdc.gov/injury/pressroom
- Injury Center Social Media www.cdc.gov/injury/SocialMedia

Data, Statistics and Surveillance Systems

- **WISQARS™** (Web-based Injury Statistics Query and Reporting System) - Customizable injury and violence-related data reports, charts and maps. www.cdc.gov/injury/wisqars
- **Ten Leading Causes of Death and Injury Charts** - Leading causes of death and non-fatal injury charts. www.cdc.gov/injury/wisqars/LeadingCauses.html
- **Cost of Injury Reports** - Cost estimates for deaths and nonfatal injuries. <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>
- **WISQARS Mobile App:** www.cdc.gov/injury/wisqars
- **National Intimate Partner and Sexual Violence Survey (NISVS)** - Nationwide survey on sexual violence, stalking, and intimate partner violence in the United States. www.cdc.gov/violenceprevention/nisvs/
- **National Violent Death Reporting System (NVDRS)** - State-level surveillance system on violent deaths. www.cdc.gov/ViolencePrevention/NVDRS

Communication, Media and Social Media Resources

- **CDC Injury Center Press Room:** www.cdc.gov/injury/pressroom
- **Injury Center Social Media:** www.cdc.gov/injury/SocialMedia
- **CDC Injury Center:** twitter.com/#!/cdcinjury
- **Dr. Deb Houry:** twitter.com/#!/DebHouryCDC
- **Heads Up Facebook Page:** www.facebook.com/cdcheadsup
- **Veto Violence Facebook Page:** www.facebook.com/VetoViolence/

Funded Programs, Activities and Research

- **CDC Injury Center Extramural Research Program** – Supports a variety of research activities that address Injury Center priorities. www.cdc.gov/injury/erpo
- **Injury Center Funding Opportunity Announcements (FOAs)** - www.cdc.gov/injury/fundedprograms/foa/index.html
- **CDC Injury Center Research Priorities** – Report outlining the Injury Center’s research needs and priorities for 2009–2018. www.cdc.gov/injury/pdfs/researchpriorities/cdc-injury-research-priorities.pdf
- **Injury Control Research Centers (ICRCs)** – Funds academic institutions to conduct injury and violence research and serve as training and information centers. www.cdc.gov/injury/erpo/icrc

- **National Centers of Excellence in Youth Prevention** - Supports partnerships between academic institutions and high-risk communities to implement youth violence prevention strategies. www.cdc.gov/ViolencePrevention/ACE
- **National Violent Death Reporting System (NVDRS)** - State-based surveillance system that links data from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories to assist each participating state in designing and implementing tailored prevention and intervention efforts. www.cdc.gov/ViolencePrevention/NVDRS
- **Youth Violence Prevention Centers** - Connect academic and community resources to study and create lasting ways to prevent youth violence. www.cdc.gov/ViolencePrevention/ACE/
- **Rape Prevention and Education (RPE) Program** - Supports states and territories to strengthen sexual violence prevention activities. www.cdc.gov/ViolencePrevention/RPE

Prescription Drug Overdose - www.cdc.gov/drugoverdose/

- **CDC Guideline for Prescribing Opioids for Chronic Pain, United States, 2016** will help primary care providers ensure the safest and most effective treatment for their patients. <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- **Prescription Drug Monitoring Programs** - www.cdc.gov/drugoverdose/pdmp/
- **State Information** - www.cdc.gov/drugoverdose/states/
- **Publications** - www.cdc.gov/drugoverdose/pubs/

Traumatic Brain Injury - www.cdc.gov/TraumaticBrainInjury/

- **CDC's Report to Congress on Traumatic Brain Injury Epidemiology and Rehabilitation** www.cdc.gov/traumaticbraininjury/pubs/congress_epi_rehab.html
- **Guide to Writing about Traumatic Brain Injury in News and Social Media** - To better inform coverage of traumatic brain injury (TBI) in news and social media, CDC developed the Guide to Writing about Traumatic Brain Injury in News and Social Media. www.cdc.gov/traumaticbraininjury/writing_guide.html
- **Heads Up** - Educational initiative focused on increasing awareness and improving prevention, recognition, and response to traumatic brain injuries, including concussions. www.cdc.gov/headsup/youthsports/index.html

Child Maltreatment - www.cdc.gov/violenceprevention/childmaltreatment/

- **Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities** - www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf
- **Essentials for Childhood Framework** - Proposes strategies communities can consider to promote relationships and environments that help children grow up to be healthy and productive citizens so that they, in turn, can build stronger and safer families and communities for their children. www.cdc.gov/violenceprevention/childmaltreatment/essentials.html
- **Child Abuse and Neglect: Risk and Protective Factors** - www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html
- **Adverse Childhood Experiences (ACEs)** - www.cdc.gov/violenceprevention/acestudy/index.html

Intimate Partner Violence - www.cdc.gov/violenceprevention/intimatepartnerviolence/

- **Connecting the Dots: An overview of the Links among Multiple Forms of Violence.** www.cdc.gov/violencePrevention
- **Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0** - Uniform definitions and recommended data elements. www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf
- **National Intimate Partner and Sexual Violence Survey:** www.cdc.gov/violenceprevention/nisvs/
- **Dating Matters®: Strategies to Promote Healthy Teen Relationships.** www.cdc.gov/violenceprevention/datingmatters/

- **VetoViolence: Violence Education Tools Online** - Online training and tools for the primary prevention of violence. www.vetoviolence.org/about_us.html www.facebook.com/vetoviolence

Motor Vehicle-Related Injury - www.cdc.gov/motorvehiclesafety/

- **Motor Vehicle Prioritizing Interventions and Cost Calculator for States (MV PICCS) 2.0** - Tool to help state decision makers prioritize and select from a suite of 14 effective motor vehicle injury prevention interventions. www.cdc.gov/motorvehiclesafety/calculator/
- **State-Specific Costs of Motor Vehicle Crash Deaths** – State fact sheets that highlight the cost of deaths from motor vehicle crashes and show which age groups and types of road users account for the largest portion of these costs in each state. www.cdc.gov/motorvehiclesafety/statecosts/
- **Roadway to Safer Tribal Communities Toolkit** – Toolkit containing fact sheets, posters, and videos that include important steps for road safety, including increasing child safety seat use, increasing seat belt use and decreasing alcohol-impaired driving. www.cdc.gov/motorvehiclesafety/native/toolkit.html
- **Drunk Driving State Data and Maps** - www.cdc.gov/motorvehiclesafety/impaired_driving/states-data-tables.html