



# CDC's National Center for Injury Prevention and Control Supports **All 50 States**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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## All 50 States, Washington D.C., & U.S. Territories

These programs represent the Injury Center's most significant external or community-based investments, though not all funding is included.

### Overdose Data to Action in States: **\$192.1 million**

49 State Health Departments and Washington D.C. funded to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action: LOCAL: **\$87.5 million**

40 local health departments funded nationwide prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Rape Prevention and Education: **\$48.3 million**

All 50 State Health Departments, state-based, and territory-based sexual violence coalitions work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Comprehensive Suicide Prevention: **\$21.4 million**

24 programs nationwide implement and evaluate a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### National Violent Death Reporting System: **\$16.8 million**

All 50 states, Washington DC, and Puerto Rico submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Injury Control Research Centers: **\$9.3 million**

11 injury prevention research centers nationwide conduct research, outreach, and training to develop and evaluate new injury control interventions.

### Core State Injury Prevention Program: **\$7.4 million**

26 recipients nationwide identify and respond to existing and emerging injury threats, such as adverse childhood experiences, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Youth Violence Prevention Centers: **\$6.0 million**

5 universities nationwide develop, implement, and evaluate innovative youth violence prevention strategies.

### DELTA: AHEAD: **\$5.8 million**

13 domestic violence coalitions nationwide decrease risk factors and increase protective factors related to intimate partner violence.

### Essentials for Childhood: Preventing ACEs through Data to Action: **\$5.7 million**

12 recipients nationwide (including one tribe) prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### Preventing Violence Affecting Young Lives: **\$2.0 million**

8 recipients nationwide address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### FASTER: AVERT: **\$1.8 million**

12 State Health Departments nationwide collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### Veteran Suicide Prevention Evaluation: **\$159 thousand**

6 veteran-serving organizations nationwide grow their capacity to implement suicide prevention programs.

### Other Research Funding: **\$32.4 million**

Non-profits, research institutes, and institutions of higher education in 22 states are supported to conduct innovative and rigorous research to inform prevention programs and policies.

### Overdose Response Strategy (ORS): **61 public health experts each funded at ~\$93,277**

All 50 states, Washington DC, Puerto Rico, and the US Virgin Islands take part in the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose. This is an unprecedented partnership with the High Intensity Drug Trafficking Areas (HIDTA) program.

### Drug-Free Communities (DFC): **More than 750 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Alabama** FY 2024

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**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Alabama

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$3,619,072**

Funds the Alabama State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action (OD2A): LOCAL:

**\$1,557,500**

Funds the Jefferson County Department of Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Rape Prevention and Education (RPE): \$793,979

Funds the Alabama State Health Department and an Alabama-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$330,224**

Funds Alabama to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Veteran Suicide Prevention Evaluation (VSPE):

**\$19,746**

With funding from the Injury Center, the CDC Foundation provides grants to an Alabama-based veteran-serving organization to grow their capacity to implement suicide prevention programs.

### Overdose Response Strategy (ORS): \$93,277

**(average)**

Alabama funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): 5 coalitions each receive up to \$125,000/year

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# Injury Center 2024 Funding Highlights

## Alaska

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### **Overdose Data to Action (OD2A) in States:**

**\$2,692,878**

Funds the Alaska State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **DELTA: AHEAD: \$500,000**

Funds an Alaska-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Rape Prevention and Education (RPE): \$359,295**

Funds the Alaska State Health Department and an Alaska-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$204,513**

Funds Alaska to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds the Alaska State Health Department to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put their communities at greater risk for violence.

### **Core State Injury Prevention Program (Core SIPP): \$249,998**

Supports the Alaska State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Alaska funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 3 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Arizona** FY 2024

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# Injury Center 2024 Funding Highlights

## Arizona

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### **Overdose Data to Action (OD2A): LOCAL:**

**\$5,436,875**

Funds the Maricopa County Public Health Department and Pima County Health and Community Services to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$4,703,386**

Funds the Arizona State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$1,009,476**

Funds the Arizona State Health Department and an Arizona-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS): \$370,210**

Funds Arizona to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities..

### **DELTA: AHEAD: \$287,653**

Funds an Arizona-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Firearm Injury Surveillance Through Emergency**

### **Rooms (FASTER): Advancing Violence**

### **Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Arizona State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Alabama funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 21 coalitions each receive up to \$125,000/year**

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# CDC's National Center for Injury Prevention and Control Supports **Arkansas**

## FY 2024

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# Injury Center 2024 Funding Highlights

## Arkansas

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### **Overdose Data to Action (OD2A) in States:**

**\$2,155,910**

Funds the Arkansas State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Comprehensive Suicide Prevention (CSP):**

**\$873,298**

Supports the Arkansas State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$590,079**

Funds the Arkansas State Health Department and an Arkansas-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$273,123**

Funds Arkansas to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Arkansas funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 13 coalitions each receive up to \$125,000/year**

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# CDC's National Center for Injury Prevention and Control Supports **California** FY 2024

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# Injury Center 2024 Funding Highlights

## California

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### **Overdose Data to Action (OD2A): LOCAL:**

**\$13,109,000**

Funds Alameda County Health Care Services Agency, Santa Clara County Public Health, Riverside University Health System—Public Health, Los Angeles County Department of Public Health, and the San Francisco Department of Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$5,094,718**

Funds the California State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$4,290,379**

Funds the California State Health Department and a California-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Prevention (CSP):**

**\$1,033,000**

Supports the California State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

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

**(NVDRS): \$962,085**

Funds California to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### **DELTA: AHEAD: \$488,931**

Funds a California-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Essentials for Childhood: Preventing ACEs through Data to Action: \$485,000**

Supports the California State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the California State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds Monterey County to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **Other Research Funding: \$4,368,895**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$373,108 (average)**

California funds 4 public health experts as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 23 coalitions each receive up to \$125,000/year**

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# CDC's National Center for Injury Prevention and Control Supports Colorado

FY 2024

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# Injury Center 2024 Funding Highlights

## Colorado

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### Overdose Data to Action (OD2A) in States:

**\$4,307,759**

Funds the Colorado State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action (OD2A): LOCAL:

**\$1,807,494**

Funds the Denver Department of Public Health and Environment to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Youth Violence Prevention Center (YVPC):

**\$1,199,787**

Supports University of Colorado in partnering with its local community to identify, develop, and test innovative youth violence prevention strategies

### Comprehensive Suicide Prevention (CSP):

**\$901,139**

Supports the Colorado State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Rape Prevention and Education (RPE): **\$869,900**

Funds the Colorado State Health Department and a Colorado-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Injury Control Research Center (ICRC): **\$849,523**

Funds the University of Colorado at Denver to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### Core State Injury Prevention Program (Core SIPP): **\$400,000**

Supports the Colorado State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### National Violent Death Reporting System (NVDRS): **\$333,405**

Funds Colorado to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Other Research Funding: **\$849,523**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Colorado funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): **9 coalitions each receive up to \$125,000/year**

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# CDC's National Center for Injury Prevention and Control Supports **Connecticut**

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# Injury Center 2024 Funding Highlights

## Connecticut

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### **Overdose Data to Action (OD2A) in States:**

**\$4,452,788**

Funds the Connecticut State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A) LOCAL:**

**\$3,194,447**

Funds City of New Haven Health and Human Services and City of Hartford Health and Human Services to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Comprehensive Suicide Prevention (CSP):**

**\$700,000**

Supports the Connecticut State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$650,296**

Funds the Connecticut State Health Department and a Connecticut-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **DELTA: AHEAD: \$285,000**

Funds a Connecticut-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

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

**(NVDRS): \$234,676**

Funds Connecticut to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Connecticut funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 24 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Delaware** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Delaware

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$3,327,587**

Funds the Delaware State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### DELTA: AHEAD: **\$497,916**

Funds a Delaware-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### Rape Prevention and Education (RPE): **\$385,286**

Funds the Delaware State Health Department and a Delaware-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$183,314**

Funds Delaware to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Delaware funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): **4 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Florida**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Florida

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### **Overdose Data to Action (OD2A) LOCAL:**

**\$9,367,500**

Funds Florida Department of Health - Broward, Palm Beach, and Duval Counties to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$5,823,539**

Funds the Florida Department of Health to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$2,466,904**

Funds the Florida State Health Department and a Florida-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Prevention (CSP):**

**\$974,000**

Supports the Florida State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

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

**(NVDRS): \$709,467**

Funds Florida to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Other Research Funding: \$399,986**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$186,554**

**(average)**

Florida funds 3 public health experts as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 21 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Georgia** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Georgia

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,245,286**

Funds the Georgia State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$1,370,159**

Funds the Georgia State Health Department and a Georgia-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Prevention (CSP): \$871,730**

Supports the Georgia State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Injury Control Research Center (ICRC): \$850,000**

Funds Emory University to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **Essentials for Childhood: Preventing ACEs through Data to Action: \$485,000**

Supports the Georgia State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### **National Violent Death Reporting System (NVDRS):**

**\$432,712**

Funds Georgia to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core SIPP):**

**\$250,000**

Supports the Georgia State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds the Georgia State Health Department to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Georgia State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Veteran Suicide Prevention Evaluation (VSPE):**

**\$20,000**

With funding from The Injury Center, the CDC Foundation provides grants to a Georgia-based veteran-serving organization to grow their capacity to implement suicide prevention programs.

### **Other Research Funding: \$2,264,302**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Georgia funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 30 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports Hawaii

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Hawaii

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,748,281**

Funds the Hawaii State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$297,425**

Funds the Hawaii State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS):**

**\$195,908**

Funds Hawaii to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Hawaii funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 2 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.



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# CDC's National Center for Injury Prevention and Control Supports Idaho

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Idaho

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$2,041,935**

Funds the Idaho State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$336,309**

Funds the Idaho State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System (NVDRS):

**\$212,021**

Funds Idaho to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

Idaho funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): **4 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Illinois** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights **Illinois**

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

## **Overdose Data to Action (OD2A) in States:**

**\$4,586,082**

Funds the Illinois State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

## **Overdose Data to Action (OD2A) LOCAL:**

**\$3,417,500**

Funds the Chicago Department of Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

## **Rape Prevention and Education (RPE):**

**\$1,582,958**

Funds the Illinois State Health Department and an Illinois-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

## **Comprehensive Suicide Prevention (CSP):**

**\$950,000**

Supports the Illinois State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

## **National Violent Death Reporting System**

**(NVDRS): \$469,526**

Funds Northwestern University to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

## **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Illinois State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

## **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Illinois State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

## **Other Research Funding: \$2,881,762**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

## **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Illinois funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

## **Drug-Free Communities (DFC): 24 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

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# CDC's National Center for Injury Prevention and Control Supports **Indiana** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Indiana

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### **Overdose Data to Action (OD2A) in States:**

**\$5,129,814**

Funds the Indiana State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A) LOCAL:**

**\$2,750,000**

Funds the Health & Hospital Corporation of Marion County to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$972,301**

Funds the Indiana State Health Department and an Indiana-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **DELTA: AHEAD: \$496,067**

Funds an Indiana-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **National Violent Death Reporting System (NVDRS): \$352,671**

Funds Indiana to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Indiana funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 24 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Iowa** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Iowa

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,507,303**

Funds the Iowa State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Injury Control Research Center (ICRC): \$850,000**

Funds the University of Iowa to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **Rape Prevention and Education (RPE): \$608,197**

Funds the Iowa State Health Department and an Iowa-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Iowa State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds Linn County to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **National Violent Death Reporting System (NVDRS): \$240,432**

Funds Iowa to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Other Research Funding: \$349,352**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Iowa funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 8 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Kansas** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights Kansas

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

## **Overdose Data to Action (OD2A) in States:**

**\$2,685,279**

Funds the Kansas State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

## **Youth Violence Prevention Center (YVPC):**

**\$1,199,995**

Supports University of Kansas in partnering with its local community to identify, develop, and test innovative youth violence prevention strategies

## **Overdose Data to Action (OD2A): LOCAL:**

**\$1,140,000**

Funds Sedgwick County Health Department to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

## **Rape Prevention and Education (RPE): \$582,619**

Funds the Kansas State Health Department and a Kansas-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

## **Essentials for Childhood: Preventing ACEs through Data to Action: \$485,000**

Supports the Kansas State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect..

## **National Violent Death Reporting System (NVDRS): \$254,240**

Funds Kansas to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

## **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Kansas State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

## **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$149,704**

Funds the Kansas State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

## **Overdose Response Strategy (ORS): \$93,277 (average)**

Kansas funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

## **Drug-Free Communities (DFC): 10 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Kentucky** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Kentucky

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$5,407,419**

Funds the University of Kentucky Research Foundation to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$741,459**

Funds the Kentucky State Health Department and a Kentucky-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$288,180**

Funds the University of Kentucky Research Foundation to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core**

**SIPP): \$250,000**

Supports the University of Kentucky in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Firearm Injury Surveillance Through Emergency**

**Rooms (FASTER): Advancing Violence**

### **Epidemiology in Real-Time (AVERT): \$150,000**

Funds the University of Kentucky Research Foundation to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Other Research Funding: \$1,149,996**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Kentucky funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 23 coalitions each**

**receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Louisiana**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Louisiana

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,688,805**

Funds the Louisiana State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Youth Violence Prevention Center (YVPC):**

**\$1,183,255**

Supports Tulane University in partnering with its local community to identify, develop, and test innovative youth violence prevention strategies

### **Comprehensive Suicide Prevention (CSP):**

**\$784,000**

Supports the Louisiana State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$756,849**

Funds the Louisiana State Health Department and a Louisiana-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS): \$330,086**

Funds Louisiana to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Louisiana funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 12 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Maine** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Maine

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,920,497**

Funds the Maine State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Comprehensive Suicide Prevention (CSP):**

**\$982,000**

Supports the Maine State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Overdose Data to Action (OD2A): LOCAL:**

**\$823,799**

Funds City of Portland, Maine Public Health Division to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$423,012**

Funds the Maine State Health Department and a Maine-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS): \$195,056**

Funds Maine to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Maine funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 12 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Maryland** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Maryland

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,528,982**

Funds the Maryland State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A): LOCAL:**

**\$2,550,000**

Funds Baltimore County Department of Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$910,777**

Funds the Maryland State Health Department and a Maryland-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Injury Control Research Center (ICRC): \$850,000**

Funds Johns Hopkins University to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **National Violent Death Reporting System (NVDRS): \$459,044**

Funds Maryland to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Maryland State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Other Research Funding: \$2,553,795**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Maryland funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 15 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Massachusetts**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Massachusetts

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$4,210,480**

Funds the Massachusetts State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action (OD2A): LOCAL:

**\$1,355,037**

Funds Boston Public Health Commission to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Rape Prevention and Education (RPE): **\$997,158**

Funds the Massachusetts State Health Department and a Massachusetts-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Comprehensive Suicide Prevention (CSP):

**\$650,000**

Supports the Massachusetts State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Essentials for Childhood: Preventing ACEs

#### through Data to Action: **\$485,000**

Supports the Massachusetts State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### National Violent Death Reporting System

#### (NVDRS): **\$266,816**

Funds Massachusetts to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$250,000**

Supports the Massachusetts State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Preventing Violence Affecting Young Lives

#### (PREVAYL): **\$250,000**

Funds Boston Public Health Commission to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### Other Research Funding: **\$2,176,934**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### Overdose Response Strategy (ORS): **\$93,277**

#### (average)

Massachusetts funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): **37 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

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# CDC's National Center for Injury Prevention and Control Supports **Michigan** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Michigan

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States: \$4,261,805**

Funds the Michigan State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$1,305,874**

Funds the Michigan State Health Department and a Michigan-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Youth Violence Prevention Center (YVPC):**

**\$1,200,000**

Supports University of Michigan at Ann Arbor in partnering with its local community to identify, develop, and test innovative youth violence prevention strategies.

### **Comprehensive Suicide Prevention (CSP): \$1,002,187**

Supports the Michigan State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Injury Control Research Center (ICRC): \$850,000**

Funds the University of Michigan to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **Overdose Data to Action (OD2A): LOCAL: \$838,273**

Funds the Barry-Eaton District Health Department to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **DELTA: AHEAD: \$500,000**

Funds a Michigan-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Essentials for Childhood (EfC): Preventing ACEs (PACE) through Data to Action (D2A): \$485,000**

Supports the Michigan Public Health Institute to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### **National Violent Death Reporting System (NVDRS): \$434,523**

Funds Michigan to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Michigan State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Other Research Funding: \$3,994,461**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Michigan funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 30 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Minnesota**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Minnesota

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,199,924**

Funds the Minnesota State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$863,090**

Funds the Minnesota State Health Department and a Minnesota-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Essentials for Childhood (EfC): Preventing ACEs (PACE) through Data to Action (D2A): \$485,000**

Supports the Minnesota State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### **Core State Injury Prevention Program (Core SIPP): \$400,000**

Supports the Minnesota State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **National Violent Death Reporting System (NVDRS): \$279,049**

Funds Minnesota to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds Minneapolis to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **Other Research Funding: \$349,992**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Minnesota funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### **Drug-Free Communities (DFC): 25 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Mississippi** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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## Mississippi

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$2,540,192**

Funds the Mississippi State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$579,986**

Funds the Mississippi State Health Department and a Mississippi-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System (NVDRS): **\$265,229**

Funds Mississippi to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$250,000**

Supports the Mississippi State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence

**Epidemiology in Real-Time (AVERT): \$149,671**

Funds the Mississippi State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Mississippi funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Drug-Free Communities (DFC): **5 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.





# CDC's National Center for Injury Prevention and Control Supports **Missouri** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Missouri

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$4,394,497**

Funds the Missouri State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action (OD2A): LOCAL:

**\$2,682,189**

Funds St. Louis County Department of Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Rape Prevention and Education (RPE): **\$908,517**

Funds the Missouri State Health Department and a Missouri-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System (NVDRS): **\$369,064**

Funds Missouri to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **22 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Missouri funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Montana**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Montana

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$2,169,512**

Funds the Montana State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$394,836**

Funds the Montana State Health Department and a Montana-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Core State Injury Prevention Program (Core SIPP): **\$250,000**

Supports the Montana State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### National Violent Death Reporting System (NVDRS): **\$203,175**

Funds Montana to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **6 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Montana funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Nebraska**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Nebraska

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$2,481,533**

Funds the Nebraska State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Overdose Data to Action (OD2A): LOCAL:

**\$890,000**

Funds Douglas County Health Department to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### Comprehensive Suicide Program (CSP):

**\$755,000**

Supports the University of Nebraska in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Rape Prevention and Education (RPE): **\$483,708**

Funds the Nebraska State Health Department and a Nebraska-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Core State Injury Prevention Program (Core SIPP): **\$400,000**

Supports the Nebraska State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### National Violent Death Reporting System (NVDRS): **\$202,245**

Funds Nebraska to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Other Research Funding: **\$400,000**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### Drug-Free Communities (DFC): **3 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Nebraska funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Nevada**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Nevada

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A): LOCAL:**

**\$2,550,000**

Funds the Southern Nevada Health District to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$2,509,687**

Funds the Nevada State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$599,000**

Funds the Nevada State Health Department and a Nevada-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Essentials for Childhood (EfC): Preventing ACEs**

### **(PACE) through Data to Action (D2A): \$484,997**

Supports the University of Nevada to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

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

**(NVDRS): \$277,984**

Funds Nevada to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Drug-Free Communities (DFC): 3 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Nevada funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **New Hampshire** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## New Hampshire

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,697,194**

Funds the New Hampshire State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$424,549**

Funds the New Hampshire State Health Department and a New Hampshire-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS): \$196,896**

Funds New Hampshire to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### **Other Research Funding: \$398,585**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 8 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

New Hampshire funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **New Jersey**

## FY 2024

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For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## New Jersey

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### **Overdose Data to Action (OD2A) in States:**

**\$4,653,462**

Funds the New Jersey State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$1,226,012**

Funds the New Jersey State Health Department and a New Jersey-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Essentials for Childhood (EfC): Preventing ACEs (PACE) through Data to Action (D2A): \$484,977**

Supports the Center for Health Care Strategies, Inc. to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

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

**(NVDRS): \$288,454**

Funds New Jersey to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **DELTA: AHEAD: \$277,802**

Funds a New Jersey-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Drug-Free Communities (DFC): 27 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

New Jersey funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **New Mexico**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## New Mexico

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### Overdose Data to Action (OD2A) in States:

**\$4,322,929**

Funds the New Mexico State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$499,513**

Funds the New Mexico State Health Department and a New Mexico-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$255,091**

Funds New Mexico to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$249,525**

Supports the New Mexico State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Drug-Free Communities (DFC): **7 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

New Mexico funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **New York** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## New York

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$5,017,294**

Funds the New York State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A): LOCAL:**

**\$4,291,911**

Funds the Broome County Health Department and the Fund for Public Health in New York City to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE):**

**\$2,331,467**

Funds the New York State Health Department and a New York-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Prevention (CSP):**

**\$973,053**

Supports the Research Foundation for Mental Hygiene, Inc. in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Injury Control Research Center (ICRC): \$849,985**

Funds Columbia University to conduct research, outreach, and training to develop and evaluate new injury control interventions.

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

**(NVDRS): \$469,614**

Funds the NY Department of Health Research, Inc. to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core SIPP):**

**\$250,000**

Supports the NY Department of Health Research, Inc. in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Veteran Suicide Prevention Evaluation (VSPE):**

**\$20,000**

With funding from the Injury Center, the CDC Foundation provides grants to a New York-based veteran-serving organization to grow their capacity to implement suicide prevention programs.

### **Other Research Funding: \$1,299,643**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 54 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

New York funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **North Carolina**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## North Carolina

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$4,950,273**

Funds the North Carolina State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE):

**\$1,342,551**

Funds the North Carolina State Health Department and a North Carolina-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Comprehensive Suicide Prevention (CSP):

**\$1,003,000**

Supports the North Carolina State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Injury Control Research Center (ICRC): **\$850,000**

Funds the University of North Carolina at Chapel Hill to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### Overdose Data to Action (OD2A): LOCAL:

**\$837,708**

Funds the Mecklenburg County Health Department to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### DELTA: AHEAD: **\$500,000**

Funds a North Carolina-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### National Violent Death Reporting System (NVDRS): **\$423,840**

Funds North Carolina to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$400,000**

Supports the North Carolina State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Essentials for Childhood: Preventing ACEs through Data to Action: **\$400,000**

Supports the North Carolina State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect..

### Other Research Funding: **\$2,177,069**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### Drug-Free Communities (DFC): **17 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

North Carolina funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **North Dakota**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## North Dakota

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Comprehensive Suicide Prevention (CSP):

**\$955,014**

Supports the University of North Dakota in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Rape Prevention and Education (RPE): **\$363,925**

Funds the North Dakota State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$182,151**

Funds North Dakota to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **2 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

North Dakota funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Ohio** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights **Ohio**

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

## **Overdose Data to Action (OD2A): LOCAL:**

**\$9,668,907**

Funds Franklin County Public Health, Cuyahoga County Board of Health, and Hamilton County Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

## **Overdose Data to Action (OD2A) in States:**

**\$5,256,430**

Funds the Ohio State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

## **Rape Prevention and Education (RPE):**

**\$1,480,331**

Funds the Ohio State Health Department and an Ohio-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

## **Comprehensive Suicide Prevention (CSP):**

**\$950,000**

Supports the Ohio State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

## **DELTA: AHEAD: \$500,000**

Funds an Ohio-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

## **Essentials for Childhood: Preventing ACEs**

### **through Data to Action: \$484,890**

Supports the Research Institute at Nationwide Children's Hospital to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

## **National Violent Death Reporting System**

**(NVDRS): \$450,824**

Funds Ohio to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

## **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Ohio State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

## **Other Research Funding: \$547,570**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

## **Drug-Free Communities (DFC): 21 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

## **Overdose Response Strategy (ORS): \$93,277 (average)**

Ohio funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Oklahoma**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Oklahoma

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,453,381**

Funds the Oklahoma State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE): \$551,098**

Funds the Oklahoma State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$312,737**

Funds Oklahoma to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Oklahoma State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Drug-Free Communities (DFC): 13 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Oklahoma funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Oregon** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Oregon

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$3,854,849**

Funds the Oregon State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Comprehensive Suicide Prevention (CSP):**

**\$855,000**

Supports the Oregon State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$714,251**

Funds the Oregon State Health Department and an Oregon-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Core State Injury Prevention Program (Core SIPP): \$400,000**

Supports the Oregon State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **National Violent Death Reporting System (NVDRS): \$280,256**

Funds Oregon to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Preventing Violence Affecting Young Lives (PREVAYL): \$250,000**

Funds Multnomah County to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Oregon State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Drug-Free Communities (DFC): 8 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Oregon funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

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# CDC's National Center for Injury Prevention and Control Supports **Pennsylvania** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Pennsylvania

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) LOCAL:**

**\$7,629,999**

Funds Allegheny County Health Department, Philadelphia Department of Public Health, and Montgomery County Health and Human Services to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$5,310,740**

Funds the Pennsylvania State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$1,591,073**

Funds the Pennsylvania State Health Department and a Pennsylvania-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Injury Control Research Center (ICRC): \$850,000**

Funds the University of Pennsylvania to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **Comprehensive Suicide Prevention (CSP):**

**\$700,000**

Supports the University of Pittsburgh in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **DELTA: AHEAD: \$500,000**

Funds a Pennsylvania-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

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

**(NVDRS): \$477,710**

Funds Pennsylvania to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Other Research Funding: \$2,259,188**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 13 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Pennsylvania funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Puerto Rico**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Puerto Rico

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) LOCAL:**

**\$1,005,610**

Funds the Puerto Rico Department of Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Comprehensive Suicide Prevention (CSP):**

**\$931,049**

Supports the Puerto Rico Department of Health in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$617,872**

Funds the Puerto Rico Department of Health and a Puerto Rico-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$282,935**

Funds Puerto Rico to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Drug-Free Communities (DFC): 9 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Puerto Rico funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Rhode Island**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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## Rhode Island

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$3,453,142**

Funds the Rhode Island State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Comprehensive Suicide Prevention (CSP):**

**\$914,363**

Supports the Rhode Island State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **DELTA: AHEAD: \$500,000**

Funds a Rhode Island-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Rape Prevention and Education (RPE): \$396,169**

Funds the Rhode Island State Health Department and a Rhode Island-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Core State Injury Prevention Program (Core SIPP): \$250,000**

Supports the Rhode Island State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **National Violent Death Reporting System (NVDRS): \$180,387**

Funds Rhode Island to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Rhode Island State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Other Research Funding: \$150,000**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 12 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Rhode Island funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **South Carolina**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## South Carolina

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$4,587,985**

Funds the South Carolina State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$803,517**

Funds the South Carolina State Health Department and a South Carolina-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$319,523**

Funds South Carolina to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$250,000**

Supports the South Carolina State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Drug-Free Communities (DFC): **7 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

South Carolina funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **South Dakota**

FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## South Dakota

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$1,865,943**

Funds the South Dakota State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$369,823**

Funds the South Dakota State Health Department and a South Dakota-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$192,173**

Funds South Dakota to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **5 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

South Dakota funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports **Tennessee**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Tennessee

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$5,343,696**

Funds the Tennessee State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A) LOCAL:**

**\$1,320,505**

Funds Knox County Health Department to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$985,096**

Funds the Tennessee State Health Department and a Tennessee-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Prevention (CSP):**

**\$883,000**

Supports the Tennessee State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **DELTA: AHEAD: \$500,000**

Funds a Tennessee-based domestic violence coalition to decrease risk factors and increase protective factors related to intimate partner violence.

### **Core State Injury Prevention Program (Core SIPP): \$400,000**

Supports the Tennessee State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **National Violent Death Reporting System (NVDRS): \$363,381**

Funds Tennessee to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Veteran Suicide Prevention Evaluation (VSPE):**

**\$58,928**

With funding from the Injury Center, the CDC Foundation provides grants to 2 Tennessee-based veteran-serving organizations to grow their capacity to implement suicide prevention programs.

### **Drug-Free Communities (DFC): 15 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Tennessee funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Texas** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Texas

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) LOCAL:**

**\$4,456,063**

Funds Dallas County Health and Human Services and Harris County Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Overdose Data to Action (OD2A) in States:**

**\$3,947,634**

Funds the Texas Department of State Health Services to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Rape Prevention and Education (RPE):**

**\$3,237,555**

Funds the Texas State Health Department and a Texas-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Comprehensive Suicide Program (CSP):**

**\$949,818**

Supports the Bexar County Hospital District in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Injury Control Research Center (ICRC): \$849,999**

Funds the University of Texas Medical Branch at Galveston to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### **National Violent Death Reporting System (NVDRS): \$780,580**

Funds Texas to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Other Research Funding: \$1,506,624**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 14 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$373,108 (average)**

Texas funds 4 public health experts as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.



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# CDC's National Center for Injury Prevention and Control Supports Utah FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Utah

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$2,710,977**

Funds the Utah State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A) LOCAL:**

**\$890,000**

Funds Salt Lake County Public Health to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$481,428**

Funds the Utah State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

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

**(NVDRS): \$265,822**

Funds Utah to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence Epidemiology in Real-Time (AVERT): \$150,000**

Funds the Utah State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Drug-Free Communities (DFC): 13 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Utah funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Vermont**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Vermont

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### **Overdose Data to Action (OD2A) in States:**

**\$3,272,032**

Funds the Vermont State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Comprehensive Suicide Prevention (CSP):**

**\$893,000**

Supports the Vermont State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### **Rape Prevention and Education (RPE): \$350,146**

Funds the Vermont State Health Department and a Vermont-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **National Violent Death Reporting System (NVDRS): \$178,505**

Funds Vermont to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Drug-Free Communities (DFC): 7 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Vermont funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Virginia** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

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## The Injury Center offers public health services no other federal agency can



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**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,066,658**

Funds the Virginia State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Youth Violence Prevention Center (YVPC):**

**\$1,198,529**

Supports Virginia Commonwealth University in partnering with its local community to identify, develop, and test innovative youth violence prevention strategies.

### **Rape Prevention and Education (RPE):**

**\$1,159,000**

Funds the Virginia State Health Department and a Virginia-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Essentials for Childhood (EfC): Preventing ACEs (PACE) through Data to Action (D2A): \$485,000**

Supports the Virginia State Health Department to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences to help reduce leading causes of death and mental health challenges, health risk behaviors such as substance use, and confirmed reports of child abuse and neglect.

### **National Violent Death Reporting System (NVDRS): \$354,585**

Funds Virginia to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core SIPP): \$245,000**

Supports the Virginia State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Other Research Funding: \$649,818**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 7 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277 (average)**

Virginia funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Washington** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Washington

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### **Overdose Data to Action (OD2A) in States:**

**\$4,193,955**

Funds the Washington State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### **Overdose Data to Action (OD2A) LOCAL:**

**\$3,964,476**

Funds Snohomish County Health Department and Public Health – Seattle & King County to prevent overdoses through strong partnerships between public health, behavioral health, health systems, community organizations, and public safety.

### **Rape Prevention and Education (RPE): \$930,576**

Funds the Washington State Health Department to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### **Injury Control Research Center (ICRC): \$850,000**

Funds the University of Washington, Harborview to conduct research, outreach, and training to develop and evaluate new injury control interventions.

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

**(NVDRS): \$331,969**

Funds Washington to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### **Core State Injury Prevention Program (Core**

**SIPP): \$250,000**

Supports the Washington State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### **Preventing Violence Affecting Young Lives**

**(PREVAYL): \$250,000**

Funds the Spokane County Domestic Violence Coalition to address youth violence, teen dating violence, other adverse childhood experiences, and conditions that put communities at greater risk for violence.

### **Firearm Injury Surveillance Through Emergency Rooms (FASTER): Advancing Violence**

**Epidemiology in Real-Time (AVERT): \$149,211**

Funds the Washington State Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.

### **Other Research Funding: \$1,342,700**

Supports non-profits, research institutes, and institutions of higher education to conduct innovative and rigorous research to inform prevention programs and policies.

### **Drug-Free Communities (DFC): 23 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.

### **Overdose Response Strategy (ORS): \$93,277**

**(average)**

Washington funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Washington, D.C.**

## FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

### The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Washington, D.C.

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$3,945,761**

Funds the D.C. Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$354,854**

Funds the D.C. Health Department and a D.C.-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$184,398**

Funds Washington, D.C. to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

Washington, D.C. funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

### Firearm Injury Surveillance Through Emergency Rooms (FASTER): **Advancing Violence Epidemiology in Real-Time (AVERT): \$149,801**

Funds the D.C. Health Department to collect, analyze, and disseminate data on violence-related emergency department visits to respond to and prevent violence.



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# CDC's National Center for Injury Prevention and Control Supports **West Virginia** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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## West Virginia

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$5,339,590**

Funds the West Virginia State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$466,711**

Funds the West Virginia State Health Department and a West Virginia-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$238,720**

Funds West Virginia to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the “who, when, where, and how” of violent deaths and suicides, and provides insights about “why” they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **11 coalitions each receive up to \$125,000/year**

DFC—funded by the White House’s Office of National Drug Control Policy and managed by CDC—is the nation’s leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

West Virginia funds a public health expert as part of the ORS’s unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.





# CDC's National Center for Injury Prevention and Control Supports **Wisconsin** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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# Injury Center 2024 Funding Highlights

## Wisconsin

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$4,483,777**

Funds the Wisconsin State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$882,057**

Funds the Wisconsin State Health Department and a Wisconsin-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### Comprehensive Suicide Prevention (CSP):

**\$868,730**

Supports the Wisconsin State Health Department in implementing and evaluating a comprehensive public health approach to suicide prevention, with a special focus on populations that are unequally affected by suicide.

### Injury Control Research Center (ICRC): **\$791,053**

Funds the Medical College of Wisconsin at Milwaukee to conduct research, outreach, and training to develop and evaluate new injury control interventions.

### National Violent Death Reporting System

**(NVDRS): \$311,848**

Funds Wisconsin to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Core State Injury Prevention Program (Core SIPP): **\$250,000**

Supports the Wisconsin State Health Department in identifying and responding to existing and emerging injury threats, such as ACEs, traumatic brain injury, and transportation-related injury, using the best available evidence.

### Veteran Suicide Prevention Evaluation (VSPE): **\$39,999**

With funding from The Injury Center, the CDC Foundation provides grants to a Wisconsin-based veteran-serving organization to grow their capacity to implement suicide prevention programs.

### Drug-Free Communities (DFC): **30 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277 (average)**

Wisconsin funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

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# CDC's National Center for Injury Prevention and Control Supports **Wyoming** FY 2024

Injury is the leading cause of death and hospitalization for Americans aged 1-44, with more fatalities resulting from injuries and violence—such as overdose, suicide, motor vehicle crashes, drowning, and homicide—than any other single cause. Annually, these issues cost the U.S. over \$4 trillion, impacting workforce and community stability.

For more than thirty years, the Injury Center has been the only federal agency dedicated to addressing non-occupational injuries, overdose, and violence, empowering states and cities with the resources and guidance necessary to make the best decisions for their communities.

## The Injury Center offers public health services no other federal agency can



**Resources:** Over 80% of the Injury Center's appropriations goes directly back to communities, including health departments across the nation that serve a unique and critical role collecting, analyzing, and using local data to support community-driven, evidence-based prevention.



**Data:** The Injury Center operates the nation's fastest, most comprehensive data systems for injuries and violence in the country, systems which serve as a guiding force for national and community prevention efforts. State, local, and federal decision-makers turn to CDC for the data needed to take action on prevention and response efforts.



**Expertise:** The Injury Center's world-class experts monitor changes in injury patterns, develop and evaluate prevention strategies, and provide practical guidance on topics ranging from safe opioid prescribing to best practices for preventing drowning. CDC's laboratory expertise is critical to ensuring patients nationwide can be tested for rapidly emerging threats in the drug supply.



**Emergency Response:** In addition to the no-cost technical assistance that the Injury Center scientists provide to states, communities, and tribal nations every day, the Injury Center provides emergency, on-the-ground expertise to any jurisdiction that requests help to combat local injury or violence emergencies, like overdose surges or suicide clusters.



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## Wyoming

*These programs represent the Injury Center's most significant state investments, though not all funding is included.*

### Overdose Data to Action (OD2A) in States:

**\$1,952,533**

Funds the Wyoming State Health Department to expand activities to track overdoses, emerging drug threats, and associated risk factors to guide evidence-based prevention efforts.

### Rape Prevention and Education (RPE): **\$343,437**

Funds the Wyoming State Health Department and a Wyoming-based sexual violence coalition to work collaboratively with educational institutions, rape crisis centers, community organizations, and others to help plan and assess state efforts to prevent sexual violence.

### National Violent Death Reporting System

**(NVDRS): \$181,687**

Funds Wyoming to submit data into NVDRS, the only state-based system that links up to 700 unique data elements about the "who, when, where, and how" of violent deaths and suicides, and provides insights about "why" they occurred to inform prevention activities.

### Drug-Free Communities (DFC): **5 coalitions each receive up to \$125,000/year**

DFC—funded by the White House's Office of National Drug Control Policy and managed by CDC—is the nation's leading effort to organize community organizations to prevent youth substance use.

### Overdose Response Strategy (ORS): **\$93,277**

**(average)**

Wyoming funds a public health expert as part of the ORS's unprecedented national network of public health and public safety officers working together to share information, disrupt the illicit drug supply, and protect people from overdose.

