



Leveraging Funding Sources and Partnerships in Child and Adolescent Injury Prevention



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Executive Summary

Introduction

Injuries are the leading causes of morbidity and mortality among U.S. children and adolescents. State injury and violence prevention programs address a broad range of injury topics across varying populations, with initiatives funded by multiple sources, including federal agencies, hospitals, corporations, and foundations. Although researchers and practitioners have identified many proven strategies for preventing injuries among children and adolescents, these strategies need to be implemented more broadly. Partnerships that combine traditional partners (e.g., hospitals and health care systems) and non-traditional partners (e.g., philanthropies, and businesses) can play an important role in expanding the implementation of evidence-based strategies for child and adolescent injury prevention. In addition, multiple funding streams provide more opportunity for states to address injury and violence, but health leaders and practitioners are not always informed of all the potential funding streams and how they may form partnerships to more effectively integrate the funding and varying funder objectives to strengthen their injury and violence prevention systems.

This paper provides a compilation of multiple funding sources and strategic guidance on collaborating through traditional and non-traditional partnerships in order to achieve greater impact in reducing child and adolescent injury and violence.

Child and Adolescent Injuries

Fatal Injuries. In 2017, about 60% of all deaths among children and adolescents ages 1-19 occurred as the result of unintentional injuries or violence (Centers for Disease Control and Prevention, 2019a). Deaths from these causes accounted for more than three-quarters (76.0%) of all deaths among teens ages 15-19, almost half (48.3%) of deaths among youth ages 10-14, and more than one-third of deaths among children ages 5 to 9 years (37.0%) and 1 to 4 years (40.5%). The largest proportion of these deaths were related to motor vehicle traffic (MVT) injuries, suicide, and homicide.

Non-Fatal Injuries. In 2014, approximately 8.2 million young people ages 19 or younger were treated in an emergency department (ED) for an injury (Agency for Healthcare Research and Quality, 2014). The vast majority of these injuries—more than 7.2 million—were unintentional. Nearly 212,000 injuries were severe enough to require hospitalization. Common causes of non-fatal injuries leading to hospitalization or ED visits included falls, MVT injuries, being struck by or against an object, and self-harm.

Costs of Child and Adolescent Injuries. Cost estimates indicate that, in 2014, injuries among children and adolescents contributed to approximately \$106.5 billion in costs related to deaths, \$124.5 billion in hospitalizations, and \$319.3 billion in ED visits. Cost estimates included medical costs, work costs, and quality of life loss (Children's Safety Network, 2014; Lawrence, 2011).

Prevention of Injuries and Violence

Effective prevention efforts often combine strategies in three areas: education, enforcement, and engineering. Sources of information on evidence-based strategies include systematic reviews, meta-

analysis, federal registries of effective prevention programs, and guidelines and recommendations issued by professional organizations and other experts. The Children's Safety Network (CSN) resource *Evidence-Based and Evidence-Informed Strategies for Child and Adolescent Injury Prevention* (Education Development Center, 2019), presents findings from recent systematic reviews on overall injury prevention, unintentional injuries, substance abuse, and violence and self-harm.

Cost Effectiveness of Child and Adolescent Injury Prevention. Many proven child and adolescent safety interventions have been shown to yield substantial savings in medical costs, work costs, and quality of life loss. The Children's Safety Network (CSN) resource *Injury Prevention: What Works? A Summary of Cost-outcome Analysis for Injury Prevention Programs* (2014), presents the estimated cost savings associated with various injury prevention interventions. Government, managed care organizations, and third-party payers could all save money by encouraging the routine use of child and adolescent safety measures.

Funding of Child and Adolescent Injury Prevention

Funding for child and adolescent injury prevention frequently comes from the federal government, in the form of grants and cooperative agreements awarded to state health departments, and other health organizations. Sources of non-federal funding include state revenues and dedicated funding streams, hospitals and health systems, corporations, and foundations. It can be challenging to stay informed of the multiple funding streams available. An aim of this paper is to provide a compilation of funding sources for injury and violence prevention programs.

Partnerships for Child and Adolescent Injury Prevention

Partnerships that bring together traditional partners (e.g., hospitals and health care systems) and non-traditional partners (e.g., philanthropies, and businesses) can play an important role in extending the reach and impact of prevention efforts. Child and adolescent injury prevention programs have much to benefit from assessing opportunities for collaboration and working together to expand the implementation of effective child and adolescent injury prevention strategies. An aim of this paper is to encourage and support these collaborations.

Introduction

Injuries are the leading causes of death among U.S. children and adolescents ages 0-19 years, causing over 14,000 deaths in 2017 alone (Centers for Disease Control and Prevention, 2019a). In addition to the thousands of young people who die each year as a result of these injuries, millions more are treated in emergency rooms and hospitals. In 2014, children and adolescents accounted for over 200,000 injury-related hospitalizations and almost 8.2 million emergency department (ED) visits (Agency for Healthcare Research and Quality, 2014). The medical, work loss, and quality of life loss cost associated with childhood and adolescent injuries is approximately \$550 billion (Lawrence & Miller, 2011).

Suffering a serious injury can have a significant and lasting impact on a child's ability to live life to its full potential. In some cases, serious injuries can lead to a lifetime of special health care needs, altering the life course of both child and family. These injuries are extremely costly to individuals and society in terms of medical treatment, effect on work productivity, and quality of life.

In the past three decades, researchers and practitioners have identified many proven strategies for preventing injuries among children and adolescents; however, these strategies need to be implemented more broadly. With funding from federal and state sources, these strategies are increasingly being integrated into injury prevention programs conducted by state and local health departments and other partners. However, state practitioners continue to express a need to have an overview of the multiple funding sources that are available and approaches to effectively bring this funding together to achieve greater impact in reducing child and adolescent injuries in this country.

Partnerships that combine traditional partners (e.g., hospitals and health care systems) and non-traditional partners (e.g., philanthropies, and businesses) can play an important role in expanding the implementation of evidence-based strategies for child and adolescent injury prevention. These collaborations can bring together different organizations, networks, and funding sources to plan, implement, and evaluate a wide range of child and adolescent injury prevention programs.

This paper presents potential partners and funding sources from the public and private sectors. Included throughout the document are sidebars highlighting examples of child and adolescent injury prevention efforts implemented by diverse partnerships.

Funding of Child and Adolescent Injury Prevention

Much of the funding for child and adolescent injury prevention currently comes from the federal government, in the form of grants and cooperative agreements awarded to state health departments and other health organizations. Some of these funds are passed on to local health departments and other community-based organizations. Being aware of a full range of funding sources for child and adolescent injury prevention can help state injury prevention programs and other partners leverage funding more effectively to support their initiatives.

Findings from a state survey conducted by the Safe States Alliance indicate that five funding sources accounted for 61% of the nearly \$90 million invested in injury and violence prevention in the 39 participating states: the Maternal and Child Health Block Grant administered by HRSA, the Preventive Health and Health Services Block Grant and the Rape Prevention and Education Program administered by the Centers for Disease Control and Prevention (CDC), dedicated state funding streams, and state general revenues (Safe States Alliance, 2016). Other sources of funding for injury and violence prevention include hospitals and health systems, corporations, and foundations.

Federal Sources

Child and adolescent injury and violence prevention is a broad area that overlaps with the mission of a number of federal agencies, particularly those within the U.S. Department of Health and Human Services (HHS), such as HRSA, CDC, National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA), and Administration for Children and Families (ACF). Most of the funding that supports the delivery of child and adolescent injury prevention efforts comes from large block grant programs administered by these HHS agencies. However, other federal departments, such as the U.S. Department of Justice (DOJ), U.S. Department of Transportation (DOT), and U.S. Department of Education (ED), are also important funding sources for particular areas within child and adolescent injury prevention. Examples include:

- Maternal and child health: HHS (HRSA, CDC, ACF, NIH)
- Motor vehicle safety: DOT
- Injury prevention: HHS (HRSA, CDC, NIH)
- Violence prevention: HHS (HRSA, CDC, NIH), DOJ, ED
- Substance abuse and mental illness (including suicide): HHS (CDC, NIH, SAMHSA), ED
- Health disparities: HHS (Office of Minority Health, NIH)

This section provides examples of current or potential sources of federal funding for child and adolescent injury prevention. The amount of funding allocated for each program was obtained from

Common Causes of Child and Adolescent Injury

Fatal injuries

- Motor vehicle traffic (MVT)
- Suicide
- Homicide

Non-fatal ED injuries

- Falls
- Being struck
- MVT

Non-fatal hospitalization injuries

- Falls
- Self-harm
- MVT

annual budget justifications available from federal government websites.¹ See Appendix 1 for a summary table.

U.S. Department of Health and Human Services (HHS)

Most of the funding for child and adolescent injury prevention currently comes from agencies within HHS, the federal department dedicated to enhancing the health and well-being of all Americans.

Health Resources and Services Administration (HRSA)

HRSA's Maternal and Child Health Bureau (MCHB) administers several grant programs addressing maternal and child health that help fund state-level injury prevention. The largest of these programs is the **Maternal and Child Health Block Grant Program**, authorized by Title V of the Social Security Act, which supports services to more than half of the pregnant women and nearly one-third of all infants and children in the United States (U.S. Department of Health and Human Services, 2018b). Activities authorized as part of the Maternal and Child Health (MCH) Block Grant Program include the following three programs:²

- **State MCH Block Grant Program.** HRSA's State MCH Block Grant Program awards formula grants to 59 states and jurisdictions to address the health needs of mothers, infants, and children, as well as children with special health care needs in their state or jurisdiction. A federal-state partnership, the program gives states control and flexibility in meeting the unique health needs of their children and families. FY 2018: \$556.4 million; FYs 2019 and 2020: \$557.8 million per year.
- **Special Projects of Regional and National Significance (SPRANS).** The SPRANS Program awards grants to: 1) respond to legislative set-asides and directives, 2) address critical and emerging issues of regional and national significance in maternal and child health, and 3) support collaborative and innovative learning across states. Of the \$109.6 million allocated to SPRANS in FY 2019, Congress set aside approximately 11% to address oral health, epilepsy, sickle cell disease, and fetal alcohol syndrome. In addition, approximately 42% of the total SPRANS budget supports specific directives addressing genetics, hemophilia, training, and research. The remaining 47% addresses critical and emerging issues, such as maternal mortality and opioid abuse prevention, and supports collaborative learning across states. This includes the Collaborative Improvement & Innovation Networks (ColINs) Program, which encourages the formation of teams of federal, state, and local leaders who work together to address a range of maternal and child health issues, including child safety. FY 2018: 83.5 million; FY 2019: \$109.6 million; FY 2020: 92.6 million per year.
- **Community Integrated Service Systems (CISS).** The CISS Program awards grants that help

¹ Budget information was taken from Congressional budget justifications—particularly the FY 2020 requests, which often included final data for previous years. FY 2020 budget numbers represent the amounts being requested; the final amounts that the agencies receive may differ.

² Information obtained from HRSA FY 2020 budget justification, retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2020.pdf>

states and communities build comprehensive, integrated systems of care that improve care and outcomes for all children. For example, through 5-year grants awarded in 2016, CISS is supporting Early Childhood Comprehensive Systems (ECCS) that are working with 12 states and 27 communities to improve care coordination and systems integration. FYs 2018-2020: 10.3 million per year.

HRSA also administers **Healthy Start**, which provides grants to organizations across the country to help reduce disparities in maternal and infant health in high-risk communities. Healthy Start focuses on communities with infant mortality rates at least 1.5 times the U.S. national average and/or with high indicators of poor perinatal outcomes, particularly among disproportionately affected populations. Each enrolled family receives a standardized, comprehensive assessment. Case managers link women and families to appropriate services and a medical home. The program is currently funding 100 competitive grants started in FY 2019. FY 2018: \$110.3 million; FYs 2019 and 2020: \$122.5 million per year.

Another relevant HRSA program is the **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)**. In partnership with the HHS Administration for Children and Families (ACF), MCHB funds states, territories, and tribal entities to develop and implement evidence-based, voluntary home visiting programs for at-risk communities. The Program provides voluntary, evidence-based home visiting services during pregnancy to parents with young children up to kindergarten age. State, territories, and non-profit organizations are funded via formula grants and tribal entities are funded via cooperative agreements. Competitive Innovation Awards are also awarded to states, territories, and nonprofit organizations to strengthen the delivery of home visiting services to eligible families. Three percent of the funding is set aside for providing research, evaluation, and technical assistance to grantees. FYs 2018-2020 \$400.0 million per year.

Centers for Disease Control and Prevention (CDC)

Within the CDC, the National Center for Injury Prevention and Control (NCIPC) is the entity dedicated to the prevention of injuries and violence.

NCIPC-administered programs include:

- **Rape Prevention and Education (RPE) Program.** Started in 1994, RPE provides funding to state health departments to support state and community efforts to prevent sexual violence. FYs 2018-2020: \$39.0 million per year.³
- **Domestic Violence Prevention Enhancements and Leadership through Alliances (DELTA).** In 2018, CDC began a new five-year DELTA cooperative agreement that is funding 10 state domestic violence coalitions to implement the proven domestic violence strategies identified in its technical package, *Preventing Intimate Partner Violence Across the Lifespan* (Niolan, 2017). The participating programs will evaluate the impact of these approaches in their communities.

³ Information comes from CDC FY 2020 budget justification, retrieved from <https://www.cdc.gov/budget/documents/fy2020/fy-2020-cdc-congressional-justification.pdf>.

- **Essentials for Childhood (EfC) State Initiative.** The Initiative was started in FY 2013, when CDC began five-year cooperative agreements with state health departments in five states (California, Colorado, Massachusetts, North Carolina, and Washington) to implement its comprehensive framework to promote safe, stable, nurturing relationships and environments and prevent child abuse and neglect. In addition, more than 30 unfunded states also elected to participate in the Initiative. In FY 2020, the Initiative is funding seven state health departments to implement EfC: California, Colorado, Kansas, Massachusetts, North Carolina, Utah, and Washington. Recipients will focus on the strategies identified in CDC's technical package, *Preventing Child Abuse and Neglect* (Fortson, 2016).
- **Core State Violence and Injury Prevention Program (Core SVIPP).** This five-year (2016-2021) program is providing funding and technical assistance to 23 state health departments to help them implement, evaluate, and disseminate strategies that address child abuse and neglect, traumatic brain injury, motor vehicle crash injury, and intimate partner/sexual violence. SVIPP builds on the infrastructure established via CDC's previous Core Violence and Injury Prevention Program (Core VIPP), which ran from 2011 to 2016. All currently funded states receive base program funding to focus on four priority areas: motor vehicle injury prevention, youth sports concussion/traumatic brain injury, child abuse and neglect, and sexual violence/intimate partner violence. FYs 2018-2020: \$6.7 million per year.
- **Regional Network Coordinating Organization (RNCO).** Five Core SVIPP-funded states have received additional funds to conduct the RNCO, the purpose of which is to provide coordination across all states and with injury and violence prevention (IVP) organizations to share scientific evidence and programmatic best practices. RNCOs conduct regional activities, such as peer to peer networking, mentoring, and training. Each RNCO also coordinates a National Peer Learning Team (NPLT) to connect partners across the country to focus on a specific topic area related to injury and violence prevention: child abuse and neglect, sexual and intimate partner violence, motor vehicle crash injury prevention, traumatic brain injury and systems thinking. The RNCO builds upon the Regional Network Lead (RNL) which ran from 2001 to 2016. Each RNCO receives \$75,000 per year.
- **Surveillance Quality Improvement (SQI).** – Four of the 23 Core SVIPP-funded states receive SQI funding to conduct injury data investigations supportive of promoting and advancing uniform injury case definitions, improving data quality, and advancing methodology and exploring emerging sources of injury data. Each of the states receive \$150,000.
- **Overdose Prevention in States (OPIS).** Launched in FY 2015, OPIS equips state health departments with resources needed to combat prescription and illicit opioid abuse and overdose. OPIS combines a number of prevention and surveillance programs that were previously separate. FY 2018: \$244.2 million; FY 2019 and FY 2020: \$280.0 million per year.

Another relevant CDC initiative is the **America's Health Block Grant**, a program meant to replace the Preventive Health and Health Services (PHHS) Block Grant, which, from 1986 to 2018, provided states and territories with funding to address their unique public health needs (\$160 million in FY 2017; 144.5 million in FY 2018). The FY 2018 budget justification requested that PHHS be replaced by the 5-year America's Health Program, which would provide \$500.0 million per year in grant

funding to state, local, and tribal recipients to use in addressing the leading causes of death and disabilities. Administered by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCDPHP), the Program is meant to integrate and replace a number of existing programs addressing chronic disease prevention and health promotion into one block grant to provide greater flexibility to states and jurisdictions. The Program has not yet been started, but is included in the FY 2020 budget request.

Substance Abuse and Mental Health Services Administration (SAMHSA)

As the agency responsible for leading public health efforts to advance the behavioral health of the nation, SAMHSA administers several programs relevant to child and adolescent injury prevention. The largest of these is the **Substance Abuse Prevention and Treatment Block Grant (SABG)**, a formula grant program that distributes funds to states, territories, tribes, and DC, to plan, carry out, and evaluate substance abuse prevention, treatment, and recovery services that address the needs of individuals, families, and communities. This formula grant represents almost one-third of public funds expended for the prevention and treatment of substance abuse. The statute requires that 20% of the SABG state allocation be spent on primary prevention services. FYs 2018-2020: \$1.86 billion per year.⁴

Other programs related to substance abuse prevention and treatment include:

- **State Targeted Response (STR) to the Opioid Crisis.** Started in FY 2017, this Program is intended to combat the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid abuse (including prescription opioids as well as illicit drugs such as heroin). In FY 2017, grants were awarded via formula to all 50 states, D.C., Puerto Rico, the Virgin Islands, Northern Marianas, Micronesia, Palau, and American Samoa. Funds are also being used to support a cross-site evaluation. FYs 2017 and 2018: \$500.0 million per year. In FY 2019, the Program was replaced with **State Opioid Response Grants**, funded by part of a \$10 billion allocation for HHS to address the opioid epidemic. FY 2018: \$1.0 billion; FYs 2019 and 2020: \$1.5 billion per year.
- **Drug Free Communities Support Program (DFC).** The DFC Program, which SAMHSA administered for several years on behalf of the Office of National Drug Control Policy (ONDCP), supports the efforts of community coalitions working to prevent and reduce substance abuse among youth. The FY 2019 budget requested these funds be directly given to SAMHSA for continuing the DFC and DFC-Mentoring Programs. FY 2020: \$100.0 million per year.
- **Sober Truth on Preventing Underage Drinking Act (STOP Act) grants.** The STOP Act of 2006, reauthorized in the 21st Century Cures Act of 2016, was the nation's first comprehensive legislation on underage drinking. One of its primary components is the Community-Based Coalition Enhancement Grant Program, which provides up to \$50,000 per year over four

⁴ Information obtained the SAMHSA FY 2020 budget justification, retrieved from <https://www.samhsa.gov/sites/default/files/samhsa-fy-2020-congressional-justification.pdf>.

years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. In FY 2017, SAMHSA provided funding for 81 STOP Act grant continuations and 17 new grants. In FY 2019, SAMHSA requested funding to support 95 grant continuations. FY 2018: \$7.0 million; FYs 2019 and 2020: \$8.0 million per year.

Mental health-related programs include:

- **Community Mental Health Services Block Grant (MHBG).** This formula grant program provides funding to states to be used exclusively in addressing the needs of adults living with serious mental illness and children experiencing serious emotional disturbances. FYs 2018-2020: \$722.6 million per year.
- **Children’s Mental Health Services** grants and cooperative agreements. This funding program is aimed at helping states and communities design comprehensive systems of care to develop strategies that address the needs of children and youth with serious emotional disturbances and their families. Recipients use the funds to create networks that provide comprehensive care and support collaboration among child- and youth-serving systems (e.g., juvenile justice, child welfare, education). FYs 2018-2020: \$125.0 million per year.
- **Garrett Lee Smith (GLS) Memorial Act youth suicide prevention programs.** The Act authorizes SAMHSA to administer grant programs for college students and tribal youth. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program awards grants to states, territories, and tribes or tribal organizations to implement youth suicide prevention and early intervention strategies involving public-private collaboration among youth-serving institutions. The GLS Campus Suicide Prevention Program awards grants to institutions of higher education to prevent suicide and suicide attempts. FYs 2018-2020: \$41.9 million per year.
- **Tribal Behavioral Health Grant (TBHG) Program.** The Program supports tribal entities by providing effective and promising strategies for addressing substance abuse, trauma, and suicide and by promoting the mental health of tribal youth. In FY 2014, SAMHSA’s Center for Mental Health Services awarded five-year TBHG grants of up to \$0.2 million annually to 20 tribes or tribal organizations with high rates of suicide. In FY 2016, SAMHSA expanded the program to include a Native youth initiative. In FY 2017, SAMHSA provided funding to support 61 grant continuations and 15 new grant awards. The FY 2019 budget continued support for 93 grants. FY 2018: \$15.0 million; FYs 2019 and 2020: \$20.0 million per year.

Administration for Children and Families (ACF)

Dedicated to fostering the health and well-being of children and families, ACF administers programs carried out by state, territorial, county, city, and tribal governments, as well as by private, non-profit, and community- and faith-based organizations. Relevant programs include:⁵

- **Family Violence Prevention and Services.** Authorized by the 1984 Family Violence Prevention and Services Act, most recently amended by the Child Abuse Prevention and Treatment and Reauthorization Act of 2010, the Program provides formula and competitive grants to support the prevention of family violence, domestic violence, and dating violence, and to provide shelter and support to adult and youth victims (and their dependents). FY 2018: \$137.8 million; FY 2019 and FY 2020: \$141.9 million per year.
- **Community-Based Child Abuse Prevention (CBCAP) Program.** Authorized by the 1974 Child Abuse Prevention and Treatment Act (reauthorized in 2010), the Program provides grants to state lead agencies to disburse funds for community child abuse and neglect prevention activities. Funds are used to support community-based efforts to strengthen families and prevent child abuse and neglect, develop a continuum of preventive services, and publicize activities focusing on health and positive child and family development. Voluntary home visiting programs are a core local service. Seventy percent of a state's grant amount is calculated based on the number of children under 18 in the state, with a minimum of \$200,000 per state. FYs 2018-2020: \$37.7 million per year.
- **Child Abuse Discretionary Activities.** Started in 1974, the Program funds research on the causes, prevention, identification, and treatment of child abuse and neglect, as well as related investigative and judicial procedures. It includes research and demonstration grants awarded competitively to public and private agencies, including state and local government agencies, universities, and voluntary and faith-based organizations. Examples include grants addressing trafficking within the child welfare population, interventions for youth/young adults at risk for homelessness, and community collaborations to strengthen and preserve families. FYs 2018-2020: \$33.0 million per year for the overall program (not only the grants).

Office of Minority Health (OMH)

Grants for improving the health of minority youth are also available from the HHS Office of Minority Health (OMH), which is dedicated to improving the health of racial and ethnic minority populations. Currently funded multi-year programs include the following (U.S. Department of Health and Human Services, 2018a):

- **Empowered Communities for a Healthier Nation Initiative (2018-2021).** This three-year grant program seeks to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations via the implementation of evidence-based strategies with

⁵ Budget information comes from ACF FY 2020 budget request, retrieved from <https://www.acf.hhs.gov/olab/budget>.

the greatest potential for impact. The program is intended to serve residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness. Six programs were awarded \$2.1 million in FY 2018, with each receiving about \$350,000 (Office of Minority Health, 2018).

- **American Indian/Alaska Native (AI/AN) Health Equity Initiative (2017-2022).** The initiative supports the tailoring or development, and implementation, of evidence-based models and/or promising practices to help address trauma (historical and generational) existing in AI/AN communities. In FY 2017, a total of \$1.3 million was awarded to four tribal grantees or consortia, with each receiving, on average, \$325,000 per year.
- **Minority Youth Violence Prevention II: (MYVP II, 2017-2021).** The Program supports project interventions tailored to at-risk racial and ethnic minority and/or disadvantaged at-risk youth (ages 12-18). MYVP II builds upon lessons learned from MYVP grants originally funded in FY 2014 and aims to identify innovative approaches to reduce the prevalence and impact of youth violence among racial and ethnic minority and/or disadvantaged at-risk youth. In FY 2017, OMH awarded ten 4-year grants to academic institutions, community-based organizations, and a state health department that average \$410,000 each annually, totaling \$4.1 million per year.

The FY 2019 HHS budget included a total of \$54 million for OMH (\$2 million less than in the FY 2018 CR) and indicated that the Office would continue to support the HHS Disparities Action Plan and the National Partnership for Action to End Health Disparities (U.S. Department of Health and Human Services, 2018b). FY 2020 HHS budget request: \$52 million.

National Institutes of Health (NIH)

The nation's medical research agency, NIH, is another potential source of funding for child and adolescent injury prevention, primarily via collaborations with academic institutes and other organizations that carry out NIH-funded research. States may also apply directly for funding, if they are undertaking research initiatives.

Relevant NIH institutes include:

- Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- National Institute of Mental Health (NIMH)
- National Institute on Minority Health and Health Disparities (NIMHD)

Estimates of the annual level of NIH support for various research/disease areas based on grants, contracts, and other funding mechanisms are available on the NIH website, as part of the agency's [Research Portfolio Online Tools](#) (RePORT). Relevant research areas and FY 2019 estimates include:

- Child abuse and neglect research (\$28 million)
- Child injuries (\$59 million)
- Unintentional childhood injuries (\$30 million)
- Drug abuse (\$1,137 million)

- Infant mortality (\$93 million)
- Maternal health (\$2,765 million)
- Minority health (\$2,885 million)
- Prescription drug abuse (\$72 million)
- Substance abuse prevention (\$55 million)
- Sudden infant death syndrome (\$12 million)
- Suicide prevention (\$35 million)
- Underage drinking: prevention and treatment (\$49 million)
- Youth violence prevention (\$21 million)

Amount and duration of funding, eligibility criteria, and other requirements vary by grant.

U.S. Department of Education (ED)

Overall, ED's FY 2020 budget request proposes to reduce discretionary funding to \$64.0 million, a 10% decrease from the FY 2019 appropriation.⁶ Most of the funding relevant to child and adolescent injury and violence prevention currently falls under ED's **School Safety National Activities (SSNA)** program area. FY 2018: \$90.0 million; FY 2019: \$95.0 million; FY 2020: \$200.0 million per year. These funds will be used to:

- Continue the longstanding **School Emergency Response to Violence Project (Project SERV)**, which provides education-related services to local educational agencies (LEAs) and institutions of higher education affected by a violent or traumatic event.
- Continue other grant programs for state education agencies (SEAs) and/or local education agencies (LEAs), such as School Climate Transformation Grants, Project Prevent Grants, and Grants to States for Emergency Management.
- Start a new **School Safety Formula Grant Program** that will help build state and local capacity to conduct interventions for enhancing school safety that draw upon the recommendations of the Federal Commission on School Safety (FCSS). Presented in *Final Report of the Federal Commission on School Safety*, these recommendations focus on prevention, protection, mitigation, response, and recovery activities (Federal Commission on School Safety, 2018).

Another relevant program is the **Grants for Infants and Families Formula Program** administered by ED's Office of Special Education Programs (OSEP), in the Office of Special Education and Rehabilitative Services (OSERS). Authorized under Part C of the Individuals with Disabilities Education Act (IDEA), the Program (also known as the Early Intervention Program for Infants and Toddlers with Disabilities) provides formula grants to state agencies (designated by the governor) to support the implementation of statewide systems of early intervention services for infants and toddlers with disabilities and their families. States have the flexibility to use Part C funds to address

⁶ Budget information comes from the ED FY 2020 budget summary, retrieved from <https://www2.ed.gov/about/overview/budget/budget20/index.html>; and ED Safe Schools and Citizenship Education FY 2020 budget request, retrieved from <https://www2.ed.gov/about/overview/budget/budget20/justifications/index.html>.

the needs of the growing population of infants and toddlers that are likely to require early intervention services due to the rise in opiate addiction. FYs 2018-2020: \$470.0 million per year.

U.S. Department of Justice (DOJ)

DOJ's FY 2020 budget request includes \$29.2 billion in discretionary funding—the same amount as in FY 2019, with about 6% going towards grants (U.S. Department of Justice, 2019). Areas of focus include the opioid epidemic and public safety initiatives in Indian Country.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), located in DOJ's Office of Justice Programs (OJP), administers grants addressing the prevention of youth violence. Potentially relevant programs include:⁷

- **OJJDP Title II B Formula Grants Program.** Authorized under the Juvenile Justice and Delinquency Prevention Act of 1974, the Program supports state and local programs designed to prevent and address juvenile crime and delinquency, as well as improve the juvenile justice system. OJJDP awards three-year formula grants to states and territories, which then issue awards and subawards to agencies and organizations at the local and tribal levels. The grants can be used to support several areas, including: after-school programs for at-risk youth, child abuse and neglect programs, community-based programs and services to strengthen families, youth-gang programs, mentoring and counseling, substance use prevention, and positive youth development. FYs 2018 and 2019: \$60.0 million; FY 2020: \$58.0 million per year.
- **STOP School Violence Program.** Started in late 2018, the Program seeks to prevent or mitigate incidents of school violence by promoting the adoption of evidence-based approaches for recognizing, responding quickly to, and preventing acts of violence. Authorized by the STOP School Violence Act of 2018 (H.R.4909), the Program offers grants to states, units of local government, and Indian tribes to implement evidence-based strategies identified by the National Institute of Justice's Comprehensive School Safety Initiative. FYs 2018 and 2019: \$75.0 million; FY 2020: \$100.0 million per year.

U.S. Department of Transportation (DOT)

The National Highway Traffic Safety Administration (NHTSA) is the federal agency responsible for keeping people safe on America's highways. By enforcing vehicle performance standards and through partnerships with state and local governments, NHTSA seeks to reduce deaths, injuries, and economic losses resulting with motor vehicle crashes.

⁷ Budget information comes from DOJ FY 2020 Performance Budget, retrieved from <https://www.justice.gov/file/1144566/download>; and OJP FY 2020 Budget Request at a Glance, retrieved from <https://www.justice.gov/jmd/page/file/1142441/download>.

The DOT's FY 2020 budget includes \$623 million for **Highway Traffic Safety Grants**, an increase from the FY 2019 amount of \$610.2 million.⁸ Authorized under the Fixing America's Surface Transportation (FAST) Act, these grant programs include:

- **State and Community Highway Safety Grants (Section 402).** These formula grants provide flexibility to states to address pervasive and emerging safety problems. It also provides funding for comprehensive state traffic safety enforcement programs. FY 2018: \$250.6 million; FY 2019: 270.4 million; FY 2020: 279.8 million per year.
- **National Priority Safety Programs (Section 405).** The Program provides grants addressing several areas, including occupant protection, impaired driving countermeasures, distracted driving, motorcyclist safety, state GDL laws, and non-motorized safety. FY 2018: \$275.6 million; FY 2019: \$283.0 million; FY 2020: 285.9 million per year.
- **High Visibility Enforcement:** These funds support the annual Click It or Ticket campaigns aimed at increasing seatbelt use, and the Labor Day and December Drive Sober or Get Pulled Over anti-impaired driving initiative. FY 2018: \$29.3 million; FY 2019: \$30.2 million; FY 2020: \$30.5 million per year.

Non-Federal Sources of Funding

State Revenues and Dedicated Funding Streams

Funding from state government is another significant source of program support. All 39 state injury and violence prevention programs that responded to the Safe States Alliance's 2015 survey reported receiving some funding from the state (Safe States Alliance, 2016). Dedicated state funding streams and state general revenues were among the top five sources of funding for injury and violence prevention activities.

Sources of state-level funding for child and adolescent injury prevention vary across states. For example, while revenues from fines for motor vehicle offenses such as not wearing a seat belt, speeding, or drunk driving typically go into a state's general fund, some states dedicate this money to injury prevention activities. Vanity license plate fees have also been used to fund childhood injury and violence prevention programs in some states (see sidebar for an example).

Hospitals and Health Systems

After the federal government and states, hospitals and health systems may be the next most important sources of funding for child and adolescent injury prevention. Collaborations with injury

⁸ Budget information comes from NHTSA Budget Estimates: Fiscal Year 2020, retrieved from <https://www.transportation.gov/mission/budget/fiscal-year-2020-budget-estimates>.

prevention programs may take many forms, from direct donations (see example in sidebar) to the development of partnerships to assess needs and implement programs.

Hospitals and health systems have many reasons to support child and adolescent injury prevention. Working with communities to improve health outcomes is often a fundamental component of these institutions' strategic visions and missions. Moreover, to maintain tax-exempt status, non-profit hospitals and health systems (more than three-quarters of all such institutions) are required by the IRS to report in detail how they contributed funds towards "community benefit activities." These activities include not only expenses related to patient care (e.g., unreimbursed Medicaid costs), but also community health improvement services.

A recent study estimated that, in 2012, hospitals spent about 8% of their total operating expenses—about \$60 billion—on community benefit activities. Although most of these funds went towards patient care, about 6% were applied towards community health improvement and the education of health professionals (Leider et al., 2017). In another study, these hospitals were found to spend a median of \$130 per capita on community benefit activities in 2009, with almost \$11 going toward community health improvement and community-building activities—compared with \$82 per capita spent by state health departments, \$48 per capita by local health departments (Singh, Bakken, Kindig, & Young, 2016). The authors estimated that this hospital funding contributed an additional 9% to population health than what was available from these two sources. However, spending on community benefit activities varied tremendously across states.

Under the Affordable Care Act (ACA), non-profit hospitals and health systems are required to

Cincinnati Children's Hospital Medical Center Child Safety Initiatives

In Ohio, hospital leaders from the Cincinnati Children's Hospital have engaged with local partners and national corporations to establish programs to prevent child and adolescent injuries in surrounding communities in Ohio and Kentucky, and 15 American cities.

Every Child Succeeds. Established in 1999 with funding from the Cincinnati Children's Hospital Medical Center, Cincinnati-Hamilton Community Action Agency, and United Way of Greater Cincinnati, the Program supports positive parenting and healthy child development prenatally and during a child's first 1,000 days of life. Expectant mothers register for home visits that build health literacy and prepare them to care for their children. These visits continue after the birth and include guidance on injury prevention and safety.

Comprehensive Children's Injury Center (CCIC). With support from Kohl's, State Farm Insurance, and Messer Construction, CCIC provides safety resources to Cincinnati Children's patients, families, and other community members, including an e-newsletter and safety "how-to" videos and guides.

Buckle Up for Life. Started in 2004 as a collaboration between Cincinnati Children's Hospital Medical Center and Toyota, the Program offers free car seats and car safety information through local hospitals and community organizations. The Program has expanded to include children's hospitals across the country and a national initiative to promote child passenger safety.

Source: Cincinnati Children's Hospital Medical Center. (2018). Preparing New Mothers for the Work of a Lifetime. Retrieved from <https://www.cincinnatichildrens.org/service/e/ecs>

conduct a Community Health Needs Assessment (CHNA), which includes creating and implementing an action plan for community health improvement. Developed with input from the community, the CHNA presents an important opportunity for improving coordination between health care systems and community-based public health efforts. Best practices for incorporating injury and violence prevention into the CHNA process were recently examined by the University of Chicago. Funded by CDC, the project culminated with the development of an infographic aimed at promoting hospital action on injury prevention through the CHNA process (see Appendix 3).

Child and adolescent injury prevention can fit particularly well with the mission and services provided by birthing hospitals and children's hospitals. Several children's hospitals already offer multi-component injury prevention programs addressing activities such as SUID prevention, home visitation, proper use of car seats, and the prevention of infant and child injuries in the home. An example is the Cincinnati's Children Hospital Medical Center, which has engaged with local partners and national corporations to establish several child and adolescent injury prevention programs that provide visitation services, safety education, and safety resources to parents in 15 cities (see sidebar on page 17). Other examples of children's hospitals that offer child and adolescent injury prevention programs include the Arkansas Children's Hospital, Children's Hospital of Illinois, Phoenix Children's Hospital, Rady Children's Hospital of San Diego, and the Texas Children's Hospital.

Other Sources of Funding

Corporations can also be important sources of funding for child and adolescent injury prevention—both through direct donations and contributions made by corporate-sponsored charitable foundations. **Safe Kids Worldwide**, a nonprofit organization that helps families and communities keep kids safe from injuries, was jointly founded by Johnson & Johnson and two staff members from the Children's National Health System in Washington DC. In addition to Johnson & Johnson, the organization's corporate sponsors also include General Motors, FedEx, Nationwide insurance, State Farm, and Tide (Safe Kids Worldwide, 2016).

Another example is the **Kohl's Cares** program, conducted by the Kohl's corporation in partnership with a number of community partners, including children's hospitals. The Kohl's Child Safety and Outreach Program at Lucille Packard Children's Hospital, which has multiple locations in Stanford and the San Francisco Bay Area, provides local children and their families with education on various safety topics, including car, bike, and pedestrian safety education. In addition, Kohl's also supports campaigns in children's hospitals, such as the Kohl's Road Safety campaign at Connecticut Children's Medical Center Injury Prevention Center, which raises awareness of pedestrian safety.

Several other non-profit and charitable organizations and associations also provide funding for child and adolescent injury prevention—particularly in areas such as the prevention of child abuse and neglect, violence prevention, overall community improvement, and reduction of health disparities. For example, the **BUILD Health Challenge** (see sidebar), is an initiative funded by a combination of sources—both public and private—that supports community-based health promotion efforts for reducing health disparities.

While some funders may restrict their funding to particular states or regions, others fund projects nationwide and even internationally. Type of funding (e.g., grants, cooperative agreements), amounts awarded, and requirements may vary. Not all foundations and endowments accept unsolicited proposals, but some are open to discussing proposal ideas. See Appendix 2 for information on several foundations that have areas of interest related to child and adolescent injury prevention.

The BUILD Health Challenge: A Multisector Collaboration

Started in 2014, the BUILD Health Challenge is an initiative that provides grants to community-based health promotion efforts that use a multi-sector approach focused on addressing the social determinants of health and reducing health disparities. The initiative is funded by the Advisory Board Company, Blue Cross and Blue Shield of North Carolina Foundation, Colorado Health Foundation, de Beaumont Foundation, Episcopal Health Foundation, Interact for Health, Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, Robert Wood Johnson Foundation, Telligen Community Initiative, and W.K. Kellogg Foundation.

Since the first cohort of grantees was announced in 2015, BUILD has supported 37 projects in 21 states and Washington, DC. Upstream issues addressed by these grants include violence, early childhood development, affordable housing, and public safety.

Source: The Build Health Challenge. (2018). Retrieved from <http://buildhealthchallenge.org/>

Partnerships for Child and Adolescent Injury Prevention

Effective partnerships bring together different organizations, networks, and funding sources—working in a coordinated way—to extend the reach and impact of prevention strategies and programs.

While some partnerships may be short-term in nature and/or limited to a specific issue within child and adolescent injury prevention (e.g., safe sleep), others may be longstanding and broader in focus. Formalizing these relationships through the establishment of a planning group or coalition can be useful to ensure continuity and sustainability of efforts (see sidebar for example). These types of ongoing collaborations can support the development of a unified vision for child and adolescent injury prevention, and provide guidance and support for program planning, implementation, and evaluation.

Considering Non-Traditional Partners

In identifying potential partners, it is useful to consider organizations not traditionally focused on child and adolescent injury prevention, such as representatives from law enforcement, emergency response, juvenile justice, and behavioral health. Other non-traditional partners may include state and local departments, organizations, or coalitions that focus on other health-related issues (e.g., chronic disease prevention, aging services) or overall community improvement.

These types of partnerships may provide opportunities for integrating child and adolescent injury prevention into non-traditional areas or projects and/or accessing different funding streams. For example, a program that uses community health workers to educate low-income women regarding diabetes self-management could potentially disseminate information on safe sleep to new mothers. Similarly, a home visitation program aimed at promoting safe sleep could integrate information on nutrition and physical activity. Better coordination across different entities can help all partners identify the major health issues affecting a population and select the combination of evidence-based strategies that may be most appropriate and useful for improving overall health.

Georgia Injury Prevention Planning Group

Housed in the Georgia Department of Public Health/Division of Emergency Preparedness and Response, Georgia's Injury Prevention Program works closely with multiple partners represented in the Georgia Injury Prevention Planning Group. Members include:

- Community partners (e.g., Georgia Coalition Against Domestic Violence, Georgia Network of Children's Advocacy Centers, SAFE KIDS of Georgia, Georgia Governor's Office of Highway Safety)
- Other divisions within the Georgia Department of Public Health (e.g., aging services, behavioral health, maternal and child health)
- Academic partners (e.g., Emory University Rollins School of Public Health, Injury Prevention Research Center at Emory, Georgia Health Policy Center)
- National partners (e.g., CDC, CSN, NHTSA, Safe States)

Source: Injury prevention program. (2017). Georgia Department of Public Health. Retrieved from <https://dph.georgia.gov/injury-prevention-program>

Identifying Opportunities for Collaboration

The federal budget information presented previously suggests several potential areas for collaboration. An example is the America's Health Block Grant, which is replacing the PHHS block grant—historically an important source of funding for injury prevention. Although the Program's focus appears to be primarily on chronic disease prevention, there may be ways in which injury and violence prevention can be incorporated into funded projects.

Opioid abuse prevention is another possible collaboration area. The FY 2019 and FY 2020 budgets both emphasized this area, allocating new substantial funding to various departments and agencies. Coordination among different organizations—e.g., state and local educational agencies and health departments, community-based organizations—may help prevent duplication, increase alignment of efforts, and help extend the reach and impact of these efforts—not only in addressing opioid misuse but also related problems.

Health problems often share a number of risk and protective factors. A program designed to address risk and protective factors for opioid misuse may also help prevent other problem behaviors among youth. For example, a study funded by the National Institute on Drug Abuse found that school-based substance abuse prevention programs were effective in preventing misuse of prescription drugs later in life even though they did not provide information on the specific types of drugs (Spoth et al., 2013). Instead, the programs sought to increase understanding of norms and behaviors regarding substance misuse, along with skills in peer resistance and self-management—thereby addressing risk factors for substance misuse in general.

Preventing substance use in adolescence may be particularly impactful as an upstream prevention strategy, because the early use of these substances has been found to cause brain changes that may lead to future addiction and a range of related problems. As discussed previously, school-based programs are a type of intervention that has been shown to be effective in preventing violence. This is an area where collaborative efforts—in the form of school-based and/or after-school programs—may be particularly helpful.

Preventing and addressing opioid abuse during pregnancy is another potential area for collaboration among diverse partners with an interest in substance abuse prevention and/or child and adolescent health, and healthy pregnancy. For example, home visitation programs, an evidence-based strategy for preventing SUIDs and child abuse and neglect, could potentially integrate information regarding opioid abuse and treatment.

Not every program can or should incorporate information on every issue or health problem. As noted, strategy selection and intervention planning should be guided by a needs assessment that is grounded on data collection and consultation with affected groups. But these types of collaborations can support the development of programs that are tailored to the needs of particular populations and make the best use of limited resources.

Like other public health problems, child and adolescent injuries are complex and multi-causal. Risk and protective factors, as well as upstream causes, often overlap and interact. By working with diverse organizations addressing various areas within public health, child and adolescent injury prevention programs will be well positioned to identify and address the most pressing needs of the

populations they serve, thereby supporting the achievement of the larger, shared goal: safer and healthier communities.

Implementing Evidence-Based Strategies

Given the limited funding available for public health, it is critical to select and implement strategies that have been shown to be effective and discontinue the use of unproven approaches. Within the child and adolescent injury prevention field, most of the existing research—and the resulting evidence base—has focused on injuries associated with the greatest morbidity and mortality, such as sleep-related deaths among infants, and injuries resulting from motor vehicle crashes, falls, and interpersonal violence. As a result, researchers have identified effective strategies for addressing many of these injury-related topics. Additional sources of information on evidence-based strategies, including technical packages and registries, are provided in Appendix 3.

Effective programs often combine several strategies aimed at addressing risk and protective factors at various levels of influence. As standards for assessing the effectiveness of strategies may vary, funding sources (particularly federal agencies) may require grantees to select prevention strategies from an agency-vetted list or registry. Identifying the combination of strategies that may be most appropriate and effective for addressing a particular problem also requires an analysis of local data and consultation with stakeholders and affected groups.

Obtaining Training and Technical Assistance

The implementation of effective prevention strategies often requires strong leadership support, access to pertinent resources, and technical assistance from experts. A national resource center for the prevention of child and adolescent injuries and violence, the Children’s Safety Network (CSN) provides training and technical assistance, including expert webinars,

Child Safety Learning Collaborative

Started in 2018 by CSN, the Child Safety Learning Collaborative (CSLC) gives states and jurisdictions the opportunity to work together to increase the spread of evidence-based and evidence-informed policies, programs, and practices at state and local levels. CSLC participants use a variety of approaches and tools to achieve this aim, including driver diagrams, small tests of change (e.g., Plan-Do-Study-Act), and implementation and spread guides. CSLC states and jurisdictions collaborate through learning sessions, injury topic calls, and technical assistance webinars. Through data collection, reporting, and analysis, coupled with expert feedback, they assess their progress and plan for continued improvement on a monthly basis.

CSLC states and jurisdictions focus on five priority topics:

- Bullying prevention
- Motor vehicle traffic safety
- Poisoning prevention
- Sudden unexpected infant death prevention
- Suicide and self-harm prevention

Currently, 18 states and jurisdictions are participating in CSLC Cohort 1. CSLC Cohort 2 begins in 2020.

Source: Children’s Safety Network (2019). Learning Collaborative. Retrieved from <https://www.childrencyasetynetwork.org/>

publications, injury data support, and other resources to guide state/jurisdiction maternal and child health and injury and violence prevention programs.

CSN efforts are driven by collaboration with federal, state, and local partners. Funded by HRSA's MCHB and guided by a Steering Committee and an alliance of national, state, and local leaders and experts, CSN works with states/jurisdictions and uses a collaborative quality improvement approach to translate science into practice and reduce injury-related deaths, hospitalizations, and ED visits among children and adolescents (Leonardo, Spicer, Katradis, Allison, & Thomas, 2018). The CSN Child Safety Learning Collaborative is allowing states and jurisdictions to advance evidence-based strategies for injury and violence prevention (see sidebar on page 22). For more information and resources, see the CSN website (www.childsafetynetwork.org).

Conclusions

As demonstrated in this white paper, state injury and violence prevention programs can leverage multiple funding sources to address a range of child and adolescent safety topics. Although multiple funding sources provide opportunity for greater impact in reducing child and adolescent injury and violence, state practitioners are not always informed of the different funding opportunities, how to access them, and how to integrate them. In addition, with multiple funding sources and working at the population health level, partnerships are often needed to achieve wide-ranging health impact. By exploring the range of funding sources for injury and violence prevention listed and described and following the strategic guidance on collaborating through traditional and non-traditional partnerships state programs can strengthen their efforts and impact.

Funding for child and adolescent injury prevention frequently comes from the federal government, in the form of grants and cooperative agreements awarded to state health departments, and other health organizations. Federal sources include agencies of the U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration, Administration for Children and Families, Office of Minority Health, and the National Institutes of Health. In addition, the U.S. Department of Education, U.S. Department of Justice, and U.S. Department of Transportation fund injury and violence prevention programs. Sources of non-federal funding include state revenues and dedicated funding streams, hospitals and health systems, corporations, and foundations.

Findings from a state survey conducted by the Safe States Alliance indicate that five funding sources accounted for 61% of the nearly \$90 million invested in injury and violence prevention in the 39 participating states: the Maternal and Child Health Block Grant administered by HRSA, the Preventive Health and Health Services Block Grant and the Rape Prevention and Education Program administered by the CDC, dedicated state funding streams, and state general revenues (Safe States Alliance, 2016). All 39 state injury and violence prevention programs that responded to the Safe States Alliance's 2015 survey reported receiving some funding from the state (Safe States Alliance, 2016); although sources of state-level funding for child and adolescent injury prevention vary across states.

Beyond federal and state government funding, hospitals and health systems are important sources of funding for child and adolescent injury prevention. Working with communities to improve health outcomes is often a fundamental component of these institutions' strategic visions and missions. Moreover, to maintain tax-exempt status, non-profit hospitals and health systems (more than three-quarters of all such institutions) are required by the IRS to report in detail how they contributed funds towards "community benefit activities." These activities include not only expenses related to patient care (e.g., unreimbursed Medicaid costs), but also community health improvement services. Corporations can also be important sources of funding for child and adolescent injury prevention—both through direct donations and contributions made by corporate-sponsored charitable foundations.

Partnerships that bring together traditional partners (e.g., hospitals and health care systems) and non-traditional partners (e.g., philanthropies, and businesses) can leverage multiple sources of

funding and play an important role in extending the reach and impact of injury and violence prevention efforts. While some partnerships may be short-term in nature or limited to a specific issue within child and adolescent injury prevention, others may be longstanding and broader in focus. Formalizing these relationships through the establishment of a planning group or coalition can be useful to ensure continuity and sustainability of efforts. In identifying potential partners, it is often useful to include organizations not traditionally focused on child and adolescent injury prevention, such as representatives from law enforcement, emergency response, juvenile justice, and behavioral health. These types of partnerships may provide opportunities for integrating child and adolescent injury prevention into non-traditional areas or projects and for accessing different funding streams.

By exploring more fully the range of available funding sources and building strong coalitions that combine both traditional and non-traditional partners, state child injury and violence prevention practitioners can better leverage potential resources to support their injury and violence prevention program efforts. Increased resources can help these programs accomplish more to address the leading causes of morbidity and mortality among U.S. children and adolescents, resulting in better lives for young people across our nation.

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Appendix 1: Federal Funding Sources

Potential federal funding sources for child injury prevention (compiled from FY 2019 budget requests).

Agency and Program		FY 2018	FY 2019	FY2020
Health Resources and Services Administration (HRSA), HHS				
Maternal and Child Health Bureau (MCH)	State Maternal and Child Health (MCH) Block Grant Awards	\$556.4	\$557.8	\$557.8
	Special Projects of Regional and National Significance (SPRANS)	\$83.5	\$109.6	\$92.6
	Community Integrated Service Systems (CISS)	\$10.3	\$10.3	\$10.3
	Healthy Start	\$110.3	\$122.5	\$122.5
	Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	\$400.0	\$400.0	\$400.0
Centers for Disease Control and Prevention (CDC), HHS				
National Center for Injury Prevention and Control (NCIPC)	Rape Prevention and Education (RPE)	\$39.0	\$39.0	\$39.0
	Core State Violence and Injury Prevention (Core SVIPP)	\$6.7	\$6.7	\$6.7
	Overdose Prevention in States (OPIS)	\$244.2	\$280.0	\$280.0
	National Violent Death Reporting System (NVDRS)	\$16.3	\$16.3	\$16.3
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	Preventive Health and Health Services (PHHS) Block Grant	\$0	\$0	\$0
	America's Health Block Grant	\$0	\$0	\$500.0
Substance Abuse and Mental Health Services Administration (SAMHSA), HHS				
Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT)	Substance Abuse Prevention and Treatment Block Grant (SABG)	\$1,858.1	\$1,858.1	\$1,858.1
	State Opioid Response Grants	\$1,000.0	\$1,500.0	\$1,500.0
CSAP	Drug Free Communities*	--	--	\$100.0
CSAP	Sober Truth on Preventing Underage Drinking Act (STOP Act) grants	\$7.0	\$8.0	\$8.0
Center for Mental Health Services (CMHS)	Community Mental Health Services Block Grant (MHBG)	\$722.6	\$722.6	\$722.6
	Children's Mental Health Services	\$125.0	\$125.0	\$125.0
	GLS State/Tribal Youth Suicide Prevention and Early Intervention Grants and Campus Suicide	\$41.9	\$41.9	\$41.9

Agency and Program		FY 2018	FY 2019	FY2020
	Prevention Program			
	Tribal Behavioral Health Grant (TBHG)	\$15.0	\$20.0	\$20.0
Administration for Children and Families (ACF), HHS				
Family and Youth Services Bureau (FSYB)	Family Violence Prevention and Services (FVPSA) formula grants to states and territories	\$137.8	\$141.9	\$141.9
Children's Bureau	Community-Based Child Abuse Prevention (CBCAP) formula grants	\$37.7	\$37.7	\$37.7
U.S. Department of Education (ED)				
Office of Elementary and Secondary Education (OESE)	School Safety National Activities (including School Safety formula grants and School Climate Transformation grant program)	\$90.0	\$95.0	\$200.0
Office of Special Education and Rehabilitative Services (OSERS)	Grants for Infants and Families formula program	\$470.0	\$470.0	\$470.0
U.S. Department of Justice (DOJ)				
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	Title II B Formula Grants Program	\$60.0	\$60.0	\$58.0
	STOP Violence Program	\$75.0	\$75.0	\$100.0
U.S. Department of Transportation (DOT)				
National Highway Traffic Safety Administration (NHTSA)	State and Community Highway Safety Grants (Section 402)	\$250.6	\$270.4	\$279.8
	National Priority Safety Programs (Section 405)	\$275.6	\$283.0	\$285.9
	High Visibility Enforcement	\$29.3	\$30.2	\$30.5

* Previously funded by Office of National Drug Control Policy

Dollar amounts are reported in millions

Appendix 2: Select Foundations and Endowments

Annie E. Casey Foundation

Baltimore, MD

Grant information

The foundation makes grants that help federal agencies, states, counties, cities and neighborhoods create more innovative, cost-effective responses to the issues that negatively affect children, such as poverty, unnecessary disconnection from family, and communities with limited access to opportunity. It supports initiatives in the United States that have significant potential to demonstrate innovative policy, service delivery, and community supports for disadvantaged children and families. It invites grantees to participate in these projects. Does not seek, accept, or fund unsolicited grant applications.

The California Endowment

Los Angeles, CA

Funding opportunities

A not-for-profit, statewide foundation that works to make California a healthier place for all. Started in 1996 when Blue Cross of California acquired the for-profit subsidiary WellPoint Health Networks, the Endowment is now the largest private health foundation in the state. Programs include Building Healthy Communities at the neighborhood level and statewide awareness and engagement campaigns that impact millions of Californians. The Endowment awards single and multi-year grants and Direct Charitable Activity (DCA) contracts. Funding opportunities are by invitation only—no unsolicited proposals or letters of intent.

Conrad N. Hilton Foundation

Agoura Hills, CA

For grantseekers

Started in 1944 by the man who started Hilton Hotels, the foundation provides funds to nonprofit organizations working to improve the lives of disadvantaged and vulnerable people throughout the world. One of the foundation's priority areas is the prevention of substance use among youth. The foundation does not accept unsolicited proposals.

David and Lucile Packard Foundation

Los Altos, CA

For grantseekers

This family foundation was established in 1964 by Lucile and David Packard, who built the technology company Hewlett-Packard. Its Children, Families, and Communities Program focuses on children's access to high-quality health care, children and youth development, the economic security of families, and the reduction of violence in homes. The program does not accept unsolicited proposals, but welcomes ideas for funding requests. Grants are made only for charitable, educational, or scientific purposes, primarily for tax-exempt charitable organizations in California and nationally.

Doris Duke Charitable Foundation

New York, NY

[Grant-making process](#)

The Doris Duke Charitable Foundation (DDCF) supports four national grant-making programs, including the Child Well-being Program, which promotes children’s healthy development and seeks to protect children from abuse and neglect. Criteria for support include: innovative approaches to preventing child abuse and neglect, youngest children (ages 0 to 6), and potentially replicable. The program awards grants to non-profit organizations in the United States by directly inviting them to submit proposals. Although the foundation does not consider unsolicited proposals, inquiries about future support for projects that fall within the program’s grant-making strategies can be submitted through a letter of inquiry.

[Edna McConnell Clark Foundation](#)

New York, NY

[For grantseekers](#)

The foundation, which champions economically disadvantaged youth, funds two relevant initiatives: Blue Meridian Partners and PropelNext. Blue Meridian Partners, a collaboration of 12 philanthropic institutions and individuals, invests up to \$100-\$200 million to scale individual high-performing nonprofits poised to have a national impact on children and young people, ages 0-30. PropelNext helps promising nonprofits improve their collection and use of data to produce better outcomes for youth. Although the initiatives do not accept unsolicited proposals, interested organizations can complete an “Interest Survey.”

[Hearst Foundations](#)

New York, NY

San Francisco, CA

[Funding priorities](#)

The foundations support well-established nonprofit organizations that address significant issues in four major areas—culture, education, health, and social service—and that primarily serve large demographic and/or geographic constituencies. Although the health area seems to focus primarily on treatment, the social service area could potentially be a good fit for child injury prevention efforts, as it includes youth development. The website also notes that, in limited cases, the foundations may fund organizations that focus on sexual abuse and substance abuse. Applications are accepted year-round from organizations operating in the United States with operating budgets under \$1 million.

[John Rex Endowment](#)

Raleigh, NC

[Apply for a grant](#)

The John Rex Endowment is a local, private, grant making foundation in Raleigh (Wake County), NC, that provides programmatic and research funding in four areas: injury prevention; mental health, social and emotional well-being; healthy weight; and nonprofit capacity building. The Endowment supports three overarching strategies: building organizational capacity, shaping community policies and environments, and supporting system-level improvements. Recently awarded grants include a \$78,180 grant to Youth Thrive to support the development of a community-wide action plan aimed at preventing suicide and self-harm.

National Alliance of Children's Trust and Prevention Funds

State Children's Trust and Prevention Funds

The Alliance is a membership organization that provides training, technical assistance and peer consulting opportunities to state Children's Trust and Prevention Funds and strengthens their efforts to prevent child abuse. Although practices differ from state to state, many trust funds use a grant application process to distribute funds. The website provides contact information for trust funds in every State as well as in D.C. and Puerto Rico.

Ounce of Prevention Fund of Florida

Tallahassee, FL

Funding criteria

This private, not-for-profit corporation was founded in 1989 as a research and demonstration laboratory for health and human service programs for Florida's at-risk children and their families. The organization identifies, funds, and tests innovative programs to improve the life outcomes of children, preserve and strengthen families and promote healthy behavior and functioning in society. It funds innovative, comprehensive, community-based, family-focused and culturally relevant programs that assure the physical, emotional, social, cognitive, cultural and spiritual development of children by strengthening and supporting the family. Programs focus on improving educational achievement, building strong families, and making communities drug-free.

Robert Wood Johnson Foundation

Princeton, NJ

Grants and grant programs

The Robert Wood Johnson Foundation (RWJF) is the nation's largest philanthropy dedicated solely to health. The foundation has four focus areas: healthy communities (includes health disparities); healthy children, healthy weight (includes early childhood development, family and social support, and mental and emotional well-being); health systems (includes health care quality and public and community health), and leadership for better health. Grants and grant programs have three major aims: discover and explore, spread model interventions, and conduct research and evaluation. Funded activities include planning and demonstration projects, research and evaluations, learning networks and communities, community engagement and coalition-building, and technical assistance. These activities are carried out in the United States primarily by public agencies, universities, and 501(c) non-profit organizations.

William T. Grant Foundation

New York, NY

Grants

The foundation is dedicated to facilitating a better understanding of how children and youth develop and thrive. Among the grants it funds are two programs relevant to child injury prevention. The Youth Service Improvement Grants provides funding to community-based organizations in New York City to support specific, standalone projects that enhance services for children and youth ages 5 to 25 years. The Institutional Challenge Grant encourages research institutions to build sustained research-practice partnerships with public agencies or nonprofit organizations in order to reduce inequality in youth outcomes. Applications are welcome from partnerships in youth-serving areas

such as education, justice, child welfare, mental health, immigration, and workforce development—not only in New York but from across the country.

W. K. Kellogg Foundation

Battle Creek, MI

For grantseekers

Founded in 1930, the foundation is one of the largest philanthropic foundations in the United States. WKKF offers grants in five areas: educated kids, healthy kids, secure families, racial equity, and civic engagement. Embedded in all of its work is a commitment to advancing racial equity, to developing leaders, and to engaging communities in solving their own problems. Two-thirds of the foundation’s grantmaking is concentrated in four states—Michigan, Mississippi, New Mexico, New Orleans—along with Mexico and Haiti. Funded grants in the “healthy kids” area include a public-private partnership aimed at transforming Chicago schoolyards into safe places for students, families, and the community; a project mobilizing “unexpected messengers” of Michigan law enforcement, military, business, and faith-based organizations to advocate for policy to promote the education, health, and well-being of vulnerable children; and an effort aimed at reducing black infant mortality by supporting the National Birth Equity Collaborative Campaign for Black Babies.

Appendix 3: Resources

Topic/Area	Author	Resource
PARTNERSHIPS AND FUNDING		
Communication	Centers for Disease Control and Prevention	Adding power to our voices: A framing guide for communicating about injury, 2010
Funding	Safe States	Making the case for injury and violence prevention: A conversation starter for state injury and violence prevention directors to use with state health officials and other leaders
Funding	Safe States	Safe States policy tools and materials
Grants	Foundation Center	GrantSpace: The Foundation Center's learning community for the social sector
Partnerships Across Fields	Prevention Institute	The Collaboration Multiplier (an interactive framework and tool for supporting collaborative efforts across fields)
Partnerships with Hospitals and Health Systems	de Beaumont Foundation and BUILD Health Challenge	Conversations with hospital and health system executives: How hospitals and health systems can move upstream to improve community health, 2018
Partnerships with Hospitals and Health Systems	Association of State and Territorial Health Officials	Community health needs assessments webpage
Partnerships with Hospitals and Health Systems	NORC at the University of Chicago	Injury and violence prevention links to clinical care and public health connectivity webpage