



July 11, 2025

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

Re: Docket No. Doc. 2025-10511, Program Evaluation of CDC's Core State Injury Prevention Program

Dear Mr. Zirger,

The Council of State and Territorial Epidemiologists (CSTE) supports the Centers for Disease Control and Prevention (CDC) proposed Revision request to allow for the continued collection of information from awardees funded under the Core State Injury Prevention Program cooperative agreement (Core SIPP).

CSTE is a national organization representing all states and territories and over 3,500 applied public health epidemiologists. CSTE's vision is to achieve thriving and healthy people and communities everywhere and our mission is to advance the field of applied epidemiology to maximize health. CSTE champions expansion of applied epidemiology capacity and effective use of epidemiologic data to guide public health practice, implement science-based policy, and improve health. CSTE has a vested interest in promoting rules, regulations, and policies that advance health for all Americans, using robust public health surveillance and epidemiology practice. Public health action by CSTE member states has led to improvements in clinical practice, medical procedures, surveillance, detection and control of public health threats, and the ongoing development of evidence-based disease control policies and prevention successes, including multiple position statements to standardize national surveillance efforts.

Program Evaluation for Core SIPP is necessary for the proper performance of CDC functions and is of practical utility to CDC's mission to protect Americans from health and security threats as well as the National Center for Injury Prevention and Control's (NCIPC) mission to prevent injury, overdose, suicide, and violence across the lifespan through science and action.

CSTE fully supports CDC's continued collection of information from Core SIPP recipients. The evaluation information collected through Core SIPP creates more efficiency in state health department processes and is of benefit to all 50 states and US territories, as well as local jurisdictions throughout the country. CSTE, the hub for information on best practices in applied epidemiology, convenes injury epidemiologists from across jurisdictions through the CSTE Injury Surveillance Workgroup, including those funded by Core SIPP. The components covered in the evaluation are discussed among recipients on CSTE workgroup calls and allow recipients to share resources and surveillance methods and provide each other with technical assistance. The CSTE Injury Surveillance Workgroup supported the validation and development of the injury indicators and Special Emphasis Report templates currently used by Core SIPP recipients, standardizing how these data are collected across the nation's agencies. Ultimately, the information collected from Core SIPP evaluations makes its way back to state health department injury programs and results in improved injury prevention efforts in communities across the United States.

Data collection for overdose/injury prevention and response activities involve a close partnership between CDC, State Territorial, Local Tribal (STLT) health departments, healthcare, and other key organizations. CSTE appreciates the time estimates included in their request; these estimates likely include time to submit data but may not fully represent the necessary efforts for STLT public health professionals to collect, clean, and organize the data. Further continued federal resources and support for modernizing public health data systems is essential to ensure the systems can deliver optimal timely data for decision-making at each level of the public health system. The STLT Health departments rely on CDC for subject matter expertise and essential funding to support these activities through cooperative agreements to STLTs, which must be maintained at least at current levels to ensure the health and safety of all

Americans. It is critical for the data to flow first through the STLT health departments where they are collected and acted upon, and then for a subset of relevant information to be securely provided at the national level for aggregation and reporting that will support STLT public health agencies and national partners in planning, implementing, and evaluating life-saving public health interventions within and across STLT borders. National reporting and aggregation of data also provides CDC with data critical to coordinate response and prevention activities, ultimately reducing negative health and economic impacts.

Thank you for considering these comments on behalf of our members working in STLT health agencies. Should you like to discuss these comments further, please contact me at letters@cste.org or (770) 458-3811.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Hamilton". The signature is fluid and cursive, with the first name "Janet" and last name "Hamilton" clearly distinguishable.

Janet Hamilton, MPH
Executive Director
Council of State and Territorial Epidemiologists