

“Injury Control Research Centers are one of the major advances in the field of injury prevention.” *(Institute of Medicine)*



Injury Control Research Centers (ICRCs) help people live injury-free and reach their full potential by finding out what works to prevent injury and violence. ICRCs were first established with CDC funding in 1987. The Centers were created in response to a national “call to action” developed by the Institute of Medicine to address injury – “a problem that affects all Americans and one on which an investment in research could yield an unprecedented public health return.” *(Institute of Medicine. Injury in America: A Continuing Public Health Problem. Washington, D.C.: National Academy Press, 1985).*



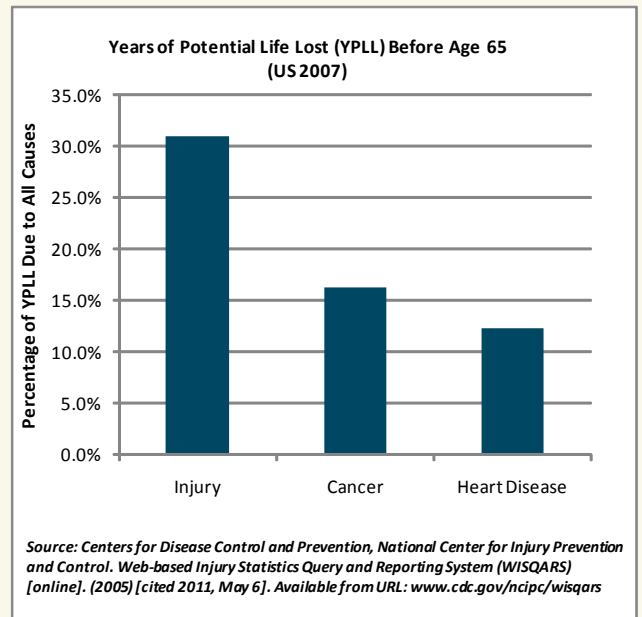
Injury Control Research Centers

- Provide the science for sound public health policies that can save lives.
- Reach out to experts across disciplines to conduct cutting edge research.
- Train new scholars.
- Assist practitioners with putting research findings into practice and evaluating results.
- Collaborate with practitioners to identify needed research and solve injury problems in the community.

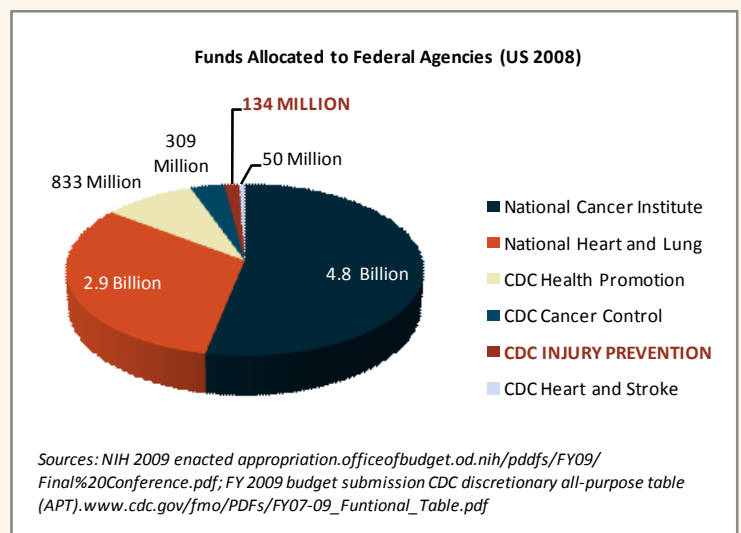
Research Funding for Injury Prevention

- Federal investment in ICRCs supports close collaboration with the practitioner community to ensure implementation of proven, effective interventions.
- Funding allotted to the CDC’s National Center for Injury Prevention and Control, the lead federal agency for this field, does not match the magnitude of the problem and pales when compared to other federal agencies studying disease prevention.
- Funding for ICRCs has been stagnant for the past decade, and the number of ICRCs was recently cut from 13 to 11. This means fewer opportunities to generate new evidence in support of programs and policies for communities.

Injuries are responsible for more years of potential life lost than cancer and heart disease combined.



Federal research support for injury falls far behind funding allocated for either cancer or heart disease.



The Injury Burden

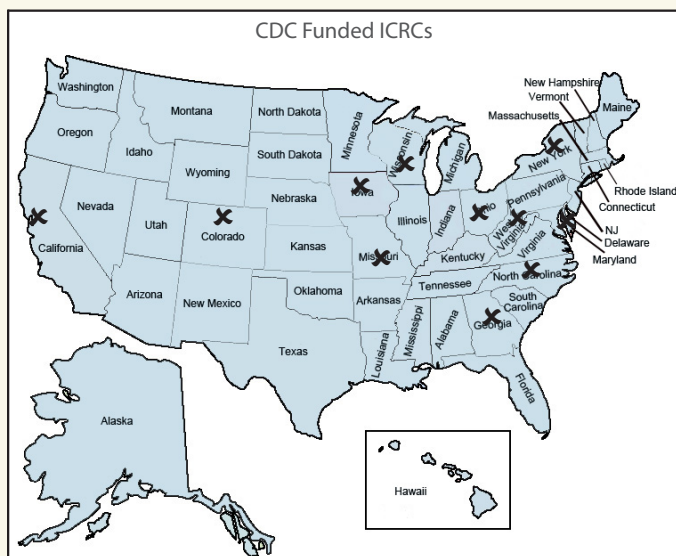
- Injury is the 3rd leading cause of death in the U.S., and disproportionately affects lower-income and minority populations. (Wong et al. *Contribution of major diseases to disparities in mortality*. *N Engl J Med* 2002; 347(20): 1585-92. Cubbin et al. *Socioeconomic status and the occurrence of fatal and nonfatal injury in the U.S.* *Am J Public Health* 2000; 90:70-7.)
- Lifetime costs for U.S. injuries total \$406 billion, with medical expenditures of \$68.1 billion exceeded only by heart disease expenditures at \$78 million.

(Finkelstein et al. *The incidence and economic burden of injuries in the U.S.* NY: Oxford University Press, 2006. Soni J. *The five most costly conditions, 1996 and 2006: Estimates for the U.S. civilian noninstitutionalized population.* *Medical Expenditure Panel Survey. Statistical Brief #248.* AHRQ. July 2009.)

ICRCs: Advances that Result from CDC Funding

- Demonstrated the value of trauma care systems
- Devised brief alcohol screening as a new standard of acute care
- Developed a surveillance system monitoring violent deaths in 18 states
- Advanced the understanding of the cause and prevention of traffic injury, residential, occupational, traumatic brain and sports and recreational injuries, falls among the elderly, and all types of violence
- Facilitated implementation of evidence-based practices in community and clinical settings regionally and globally
- Advanced knowledge about evidence-based programs and policies that can make a difference

Source: Adapted from **An Urgent Call to Action in Support of Injury Control Research Centers.** Runyan et al. *American Journal of Preventive Medicine* 2010; 39(1): 89-92.



Future Directions – A Call to Action

- Increase funding for the ICRC program and other injury research projects to be at a level equal to the magnitude of the problem.
- Support training in the science of injury control for both researchers and practitioners.
- Launch a national campaign reframing injury prevention so that the public comes to expect safety in the same way it expects clean water and clean air.
- Support a comprehensive review of private and public agencies to find the best way to fund basic, applied and translational research to advance the science of injury control and reduce the burden of injury.
- Support multi-center, large-scale randomized control trials, cohort studies and case-control studies among injury control research centers.

79% of Americans think that it is important for the U.S. to invest in new ways to prevent injury.
(National Injury Survey, 2005)

ICRCs currently funded by the CDC*

Johns Hopkins Center for Injury Research and Policy

Baltimore, Maryland

University of North Carolina Injury Prevention and Research Center

Chapel Hill, North Carolina

San Francisco Injury Center for Research and Prevention

San Francisco, California

University of Iowa Injury Prevention Research Center

Iowa City, Iowa

Colorado Injury Control Research Center

Fort Collins, Colorado

Medical College of Wisconsin Injury Research Center

Milwaukee, Wisconsin

West Virginia University Injury Control Research Center

Morgantown, West Virginia

Mount Sinai Injury Control Research Center

New York, New York

Center for Injury Research and Policy

Columbus, Ohio

Emory Center for Injury Control

Atlanta, Georgia

Brown Center for Violence and Injury Prevention

St. Louis, Missouri

*The number of CDC funded ICRCs has varied since the inception of the program in 1987. With recent cuts the number stands at 11 today.