The Johns Hopkins Center for Injury Research and Policy is launching a fundraising initiative to continue its almost three decades of achievement, working to prevent injuries—such as those caused by motor vehicles, violence, prescription drug overdose, fires, drowning, and falls.

**Why We Do What We Do**

Injuries are the leading cause of death for people ages 1 to 44 in the United States, and cost society $405 billion every year. **Yet, through better product design, more effective legislation, changes to high-risk environments, and better education, most injuries can be prevented.** The burden of injury to our society can be reduced through research, its translation into practice and policy, and training of future leaders, all of which are carried out by the Center’s award-winning team of multi-disciplinary scientists, teachers, and practitioners.

**Who We Are**

The Johns Hopkins Center for Injury Research & Policy was established in 1987 with core funding from the Centers for Disease Control (CDC). For more than two-and-a-half decades the Center, based at the Johns Hopkins Bloomberg School of Public Health, has been at the forefront of the effort to redefine injury as a pressing public health problem, promote injury prevention as a scientific discipline, save lives, and reduce disability.

With experts in such diverse fields as epidemiology, biostatistics, social and behavioral sciences, law and criminal justice, engineering and design, health services research, health and public policy, health education and communication, economics, nursing, and medicine, our team provides unique, complementary perspectives to assess real-world problems and develop life-saving interventions.

**What We Do**

The Center’s efforts have kept people safe where they live, work, learn, play, and travel. Key areas of research include consumer product and home safety; workplace injury; domestic violence; older adult injuries; alcohol-related injury; teen driving; pedestrian safety; disparities in the risk of injury; and post trauma recovery.

Our research has led to safety improvements like the almost universal use of child car seats, mandatory labeling of toys that are choking hazards, new ways to protect women from abuse, work on smoke alarms and residential sprinklers to better protect homes, innovative uses of the law as a tool to prevent injury, and improved trauma outcomes, to name just a few. We collaborate with government, nonprofit, and corporate partners worldwide to measure the incidence and impact of injury, determine its causes, disseminate information, and translate evidence-based research into effective policies and programs.

The Center has the largest offering of injury and violence prevention training programs for students and practitioners anywhere in the world. Our graduates have gone on to run major government and academic programs, and they are some of the most highly respected thought leaders in the field.

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Our Vision

We all would like to live in a society that is safe, where preventable injuries are rare. This goal is within our grasp – if we invest now, applying what we know works to prevent injury, finding effective solutions to new problems, and training the next generation of injury prevention leaders.

To achieve this vision, we must expand our ability to conduct innovative research, disseminate best practices, impact policy, and develop effective new programs, to reduce injury and improve the quality of life for all people, especially vulnerable and underserved populations.

Philanthropic Opportunities

The Center relies on a variety of sources to support its work, including government, philanthropic, and corporate funding. Currently, the CDC provides a basic level of core support. But future funding, especially from the federal government, is uncertain. To identify and respond to emerging and escalating concerns – like prescription drug overdose, distracted driving, and injuries among the elderly – additional funding is needed.

Endowment funding for the Center, its Director, and projects ensures uninterrupted support for our critical mission and provides long-term sustainability. It also provides a donor the opportunity to lend his or her name and support to the Center’s legacy of success improving safety in our communities, workplaces, schools, and our nation.

- The Center: $10 million
- Center Director Position: $5 million
- Student Scholarship(s): $1 million dollars each

Dedicated funding for priority projects will enable the Center to speed up the discovery-to-dissemination process for solving injury problems that face our country today, and that are expected to grow even larger unless there is renewed investment in finding solutions. Gifts of varying amounts ($100,000 - $1 Million) would enable faculty to make substantial progress on the following priorities:

- Pedestrian Safety – Building on a successful campaign to promote pedestrian safety by targeting walkers and drivers near the Johns Hopkins campuses, the next step is to revise the campaign for use by other colleges and urban neighborhoods in Baltimore, Maryland, and throughout the region. Critical next steps include adding a component for safe bicycling and advocating for changes to the street environment to make pedestrians safe.

- Distracted Driving – Highway safety data show clearly that distraction is now a major cause of motor vehicle crashes, owing in large part to the widespread use of cell phones and in-car information/entertainment systems. Innovative policy and programmatic interventions need to be identified, implemented and evaluated, and effective solutions must be widely disseminated.

- Prescription Drug Use, Abuse, and Overdose – Use and misuse of opioid pain relievers has become one of the most pressing contemporary public health problems. The rapid increase in prescribing these drugs has been associated with the shocking finding that poisoning has now surpassed motor vehicles as the leading cause of injury death for young adults in many parts of the country. Existing policy efforts need to be rigorously evaluated and new policy and programmatic solutions discovered.

- Intimate Partner Violence – The disturbing news about domestic violence among professional athletes has elevated the urgency with which we must find effective ways to both prevent domestic violence, and better protect victims from their abusers. Groundbreaking work by the Center on risk
and protective factors, and our faculty’s expertise in intervention development, implementation, and evaluation make us ideally suited to move the needle on this problem.

- **Injury in the Elderly** – As the share of the population who are older increases in the US, reducing injury risks among this population becomes more and more important. Reducing falls (which now cause 24,000 deaths annually), suicide, and motor vehicle crash risks are particular priorities. The Center has ongoing research projects to improve driving among older persons and to reduce fall risks in the home. The results of this work will have far-reaching implications for other communities, and resources to facilitate that dissemination are needed.

- **Home and Fire Safety** – Our work has contributed new knowledge about how to reduce home injuries to children and older adults and, importantly, deaths due to fires. New community interventions to promote smoke alarms were created and tested by Center faculty, and advocacy efforts to promote widespread dissemination of residential sprinkler systems have been undertaken. Many home safety issues remain unaddressed, such as the ways that housing policies, building codes, and home visiting programs can be better used to enhance safety of families.

- **Consumer Product Safety** – We interact with consumer products – ranging from household appliances to toys, furniture, and many other products – in our daily lives. These products can make our lives better and easier, but must also be designed and marketed to reduce injury risks. The Center has strong relationships with the U.S. Consumer Product Safety Commission as well as numerous non-governmental product safety organizations. New consumer product hazards emerge almost daily, and the injury prevention expertise of our faculty can be brought to bear to find engineering, policy, and program solutions.

**Current use funds** also make it possible for the Center to meet specific, urgent, and time-sensitive needs. Gifts of any amount are always welcome, and can be put towards such important purposes as the following.

- **Safety Resource Centers** - We operate three full service safety centers – a hospital-based center, a clinic-based center, and a mobile van - that all provide access to interactive and tailored home safety education along with access to low-cost safety products to families with young children and to older adults. These safety centers can also provide car seats, booster seats, and installation services to families in need. Each center needs to raise $100,000 - $150,000 per year for annual operating costs.

- **Student Support** - Scholarships are essential to attracting and supporting our high caliber students. We are grateful to be able to offer selected students support from the Nancy A. Robertson Scholarship, the William Haddon Jr. Fellowship, and our newly established Susan P. Baker Scholarship.

- **Engineering Project Support** – Every year the Johns Hopkins mechanical engineering students are given an injury prevention design challenge to solve. For example, one year’s challenge resulted in the design of a safer helmet for white water rafting, which has been patented; the new helmet is now sold around the world. Costs to support the projects range from $4,500-$10,000 per year.

- **Faculty Fund** – Our faculty support themselves largely on research grants, and building a program of research takes many years. Exploring especially innovative ideas, collecting preliminary data, and conducting pilot studies are examples of work that is frequently difficult to fund through traditional government funding mechanisms, such as NIH. This fund enables Center faculty to pursue exciting new initiatives to reduce the burden of injury.