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# The Role of the Injury Prevention Research Centers in Promoting the National Center for Injury Prevention and Control Research Agenda

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Unintentional and violence-related injuries represent one of the leading causes of morbidity and mortality in the United States and have a profound impact on the physical, emotional, and economic lives of our society. Among persons aged 1-34 years, unintentional injuries alone claim more lives than any other cause; homicide is the second leading cause of death for persons aged 15-24 years. In 1992, The National Center for Injury Prevention and Control (NCIPC) was organized as the lead center within the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, to address the need and coordinate efforts to prevent injuries for all major causes of non occupational injury among all age groups in the United States by addressing all phases of the injury research framework - from foundational research through dissemination research. To achieve its goal of translating science into effective programs and policies, NCIPC collaborates with other federal agencies and partners to document the incidence and impact of injuries, understand the causes, identify effective interventions, and promote their widespread adoption through support of intramural and extramural research.

To support this mission and beginning in the late 1980's, the NCIPC/CDC has recognized the importance in supporting the Injury Control Research Centers (ICRCs); a network of national centers of excellence committed to the prevention and reduction in non-occupational injuries and violence. Located in United States academic and medical institutions, these centers of excellence continue to be instrumental in developing and building the scientific base for injury prevention and control. An extramurally funded multidisciplinary/interdisciplinary program, the ICRCs function is to strengthen the injury and violence prevention infrastructure of the NCIPC/CDC by integrating resources at the state, local and national level. The ICRCs accomplish these significant activities and outcomes by integrating professionals from across diverse injury disciplines, through research, surveillance, consulting and advocacy, training

professionals and students, providing technical assistance, translating effective interventions, and informing policy.

With the development of the DHHS Healthy People (<http://www.healthypeople.gov>) and the NCIPC Research Agenda (<http://www.cdc.gov/injury/researchagenda/index.html>), resources can be better utilized through identified research needs and priorities. The past and the currently funded 11 ICRCs have furthered the NCIPC/CDC research agenda and priorities in intentional and unintentional injuries including but not limited to transportation-related injuries, violence related injuries, acute care, traumatic brain injuries, falls, unintentional prescription drug overdose, older adult falls, and disaster preparedness. Collaborative research with the ICRCs and other research entities has been the extramural corner stone of building the scientific base for injury prevention research. For example, the University of Iowa ICRC (IPRC) in collaboration with the College of Engineering developed the Iowa Driving Simulator that can be used to determine visual impairment, response time, and other measures to determine factors related to impaired driving, thereby reducing motor vehicle-related injuries. To further promote this research, The IPRC sponsored a symposium in 1994 with the CDC and other federal agencies resulting in increased funding. Findings from continued research address injury prevention issues not only related to the average driver, but also address critical studies needed for driving performance related to the elderly, young drivers, distracted, medical and previous trauma-related impairments. Interventions developed from these research findings can not only save thousands of lives in Iowa but can also be translated, implemented, and evaluated in other states and internationally. This is only one example of how the ICRCs move injury prevention forward.

Over the last 20 years, areas of progress in policy changes at the state and national level, resulting in reductions in injury morbidity and mortality, have included child safety restraints, smoke alarms, seat belt use, alcohol screening

and brief interventions, sports injuries, falls, motorcycle and bicycle helmet use. The NCIPC ICRCs inform and influence injury prevention and control guidelines and policies at the national and international level, resulting in changes in morbidity and mortality at the population level, through collaborations with local, state, tribal, and federal legislators, policy makers, and elected officials. One example is the passage of a North Carolina law requiring the sale of only fire-safe cigarettes in the state. The North Carolina ICRC provided technical support and research data on the relationship of tobacco products and fires. They also worked with the NC Coalition for Fire-Safe Cigarettes to develop a website to inform state organizations. This activity resulted in the production of fire-safe cigarettes and the potential reduction in risk to fires from cigarettes in approximately 81% of the US population due to impending state legislation. The NCIPC research agenda and website as well as the individually funded ICRC websites, provide a wealth of information on current research, partnerships, and resources.

As we move through the third decade of the existence of this NCIPC/CDC program, the ICRCs are uniquely poised to address national and international emerging issues and priorities as well as continue to be a partner and resource for state and local organizations to reach affected populations and reduce the burden of injury. In planning together for long-term strategies, the NCIPC and the ICRCs must focus and continue to leverage resources on surveillance, targeted research, build capacity for prevention, communicate, disseminate, and implement appropriate and tested interventions, and strengthen training and technical assistance to reduce the risk to injury and improve the quality of life.

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