Home and Leisure Injury Prevention
Part 2: An Infrastructure for Injury Control
Executive Summary

Injury is the leading cause of death and disability among this country's children and young adults, killing more Americans between the ages of 1 and 34 years than all diseases combined. Injuries rob Americans of more years of working life than all forms of cancer and heart disease and cost this Nation between $150 and $200 billion annually (1). Yet injury research receives only 2 cents out of every federal dollar devoted to research on health problems. And despite the fact that millions of Americans experience firsthand the loss of a loved one or witness the irrevocable changes that disabilities cause in the health and livelihood of those who are injured, people too often continue to perceive injuries as random encounters with fate. The tragic consequences of injuries are compounded by the fact that they are, in many cases, preventable.

During the next decade, implementation of the recommendations in this position paper will reduce the unacceptable and largely preventable toll that injuries take on our society. To achieve significant and lasting progress, however, we need an **infrastructure for injury control** that will coordinate efforts, avoid unnecessary duplication, ensure and sustain the continuity of resources, train a cadre of injury control researchers and practitioners, and develop and maintain standardized surveillance systems to identify problems, target interventions, and evaluate progress in preventing injuries and reducing their severity.

Organizational Structure and Coordination

A variety of public and private organizations are involved in injury control. These include federal agencies, state and local health departments, advocacy groups, employers, and universities. The need for a national lead agency for injury control that will provide leadership, guidance, and funding to these organizations is clear and has been defined in several reports to Congress, including *Injury in America* (2). Moreover, the agency's funding must be adequate to meet the magnitude of the injury problem.

Priority Recommendations

Our priority recommendations are as follows:

- The federal government should establish a federal Center for Injury Control to serve as the national lead agency for injury control.
- The federal government should appropriate adequate funding for the Center to carry out a national injury control initiative, totaling $100-200 million per year.

- The CDC should establish a national strategic plan to direct the activities of the new center so that national injury control priorities can be set consistent with the Year 2000 Objectives. The plan should include the establishment of state and local capacity to carry out injury control programs as well as injury control research.

- State legislatures should revise public health laws to include state and local health departments' surveillance and program implementation directed towards preventing injuries as a major cause of years of potential life lost and morbidity.

Training and Research

Injury control encompasses many disciplines, including health care, epidemiology, engineering, ergonomics, architecture, public policy, law, and health communications. In these fields, however, graduate curricula rarely incorporate injury control principles. Lack of faculty expertise, funding, and training materials has thwarted scientific training in injury control and its incorporation into the many academic areas to which it is relevant. These barriers must be addressed, and training in injury control must be incorporated into allied health fields.

Once a cadre of injury control researchers and professionals is created through training, it must be sustained through consistent funding for research and for the development and evaluation of intervention and prevention strategies. Without sustained funding, the needed scientific base for injury control will erode.

Our priority recommendations for advancing injury control training and research are as follows:

- To increase the pool of injury control professionals, CDC should develop and implement a strategic plan for national training based on the national injury control strategy and on sound education technology. The plan should call for identifying target audiences and learning objectives, developing model curricula, integrating injury control training into ongoing professional education, and evaluating the success of these efforts.

- The federal government should expand funding of the CDC extramural research program to support approved but unfunded injury prevention research centers and research projects.

Surveillance

Surveillance has been defined as "the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event." In the case of injury control, surveillance data are potentially useful to a wider audience, including product manufacturers, builders, farmers, industries, small businesses, insurance companies, regulatory agencies, state and local governments, hospitals, advocacy groups, and researchers.

Various injury control surveillance systems have been developed in response to the differing needs of those using the information. One approach is to gather data on severe injuries — to whom, how, and where they occur — and to match appropriate prevention strategies to the circumstances leading to particular types of injuries. Another approach is to gather minimal data, such as data on external causes of injury (E-codes), in mortality and hospital data sets and then to use these data to identify high-frequency causes that need to be studied further.

To achieve surveillance objectives and understand the relative effectiveness of various approaches, we offer the following priority recommendations:

- External-cause-of-injury codes should be routinely obtained for hospitalized patients whenever an injury is the principal diagnosis or is directly related to the principal diagnosis. E-codes should be required for reimbursement by federal and private health insurance systems, and they should include two separate fields — one for cause of injury and another for place of occurrence, when appropriate.

- Congress should fund CDC (perhaps through its National Center for Health Statistics) to contract with states to collect data on fatal nonmotor-vehicle injuries. This effort would be equivalent to the Fatal Accident Reporting System used for on-road motor vehicles.

- The CDC should assess the cost-effectiveness of alternative surveillance systems. This could be done by comparing different approaches used by health departments and other agencies.

References

1. Rice DP, MacKenzie EJ, and Associates. Cost of injury in the United States: a report to Congress. San Francisco, CA: Institute for Health & Aging, Univ. of California, and Injury Prevention Center, The Johns Hopkins Univ., 1989.

2. Committee on Trauma Research, Commission on Life Sciences, National Research Council, and the Institute of Medicine. Injury in America: a continuing public health problem. Washington DC: National Academy Press, 1985.