

Approaching Injury and Violence Prevention through Public Health Policy: A Window of Opportunity to Renew Our Focus

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As the new leader of the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, I am thrilled by the opportunity to comment on the future direction of the Injury Center, as well as the intersection of policy and injury prevention. As the cost of healthcare continues to rise and greater demands are placed on the healthcare system, the use of public health policy becomes increasingly critical to protect the public's health and prevent injury and its related morbidities and disabilities. I am committed to advancing the Injury Center's focus on policy strategies to ensure that each person has the opportunity to live life to its fullest potential through the creation of an environment that decreases injury risks and promotes safety.

I recently came to the CDC from Yale University, where I served as research director for the Department of Emergency Medicine at Yale School of Medicine and director of the Yale Center for Public Health Preparedness (YCPHP) at the Yale School of Public Health. During 1996-97, I served in Senator Paul Wellstone's office as a Robert Wood Johnson Health Policy Fellow, and several years later, as the president of the American Public Health Association. These experiences, along with many others at the local, state and national levels throughout my career, have contributed to my understanding of the importance and success of policy initiatives in addressing the problem of injury and protecting the health of our nation.

In the United States—regardless of sex, race, or economic status—injuries remain a leading cause of death for people of all ages. In fact, injuries are the leading cause of death for people ages 1-44. In addition to deaths, approximately 50 million injuries serious enough to require medical treatment occur each year. Injuries are extremely costly, responsible for \$406 billion in lifetime costs in 2000 alone. All of this is particularly unacceptable because injuries are preventable, and in many cases we know what to do to prevent their occurrence, or mitigate their impact.

While the problem is widespread and the need is great, public health entities at the national, state and local level have

been forced to take a deeper look at where our resources are being expended and how we can be the best fiscal stewards possible as we continue to fulfill our mission of preventing injuries and violence and minimizing their consequences. We have a window of opportunity for the field of injury and violence prevention to make a case for the role of policy as a cost-effective strategy to prevent injuries and violence. We can accomplish this by using science to create the evidence base for informing policy design and implementation. We can identify the problem, determine what works, promote effective policy strategies, and evaluate the impact and effectiveness of policy, examining both intended and unintended consequences.

Policy strategies or interventions go beyond the traditional approach of individual behavior change and focus on the community and societal level. This is in line with the Injury Center's use of the social-ecological model to frame discussion and organization of practices and research. The model sets the stage to examine and address factors that increase or decrease the risk for violence, injury, or promote recovery from trauma by dividing those factors into four levels: individual, relationship, community, and societal. Policy interventions address the overlapping elements of these levels by influencing systems development, organizational change, social norms, and individual behavior.

CDC's Injury Center is the federal agency responsible for addressing all phases of the injury research framework, from descriptive research to intervention development and testing to implementation research, for all causes of injury among all age groups. As we cannot focus on all types of injury all of the time, we set priority areas for our work. We are also aware of the need to continue efforts in injury surveillance in order to identify emerging issues so that we can address them as expeditiously as possible, and identify opportunities to intervene. By providing support for injury research and program implementation and evaluation, the Injury Center addresses its mission of supporting state health departments and other organizations to ensure that we are building

infrastructure to implement evidence-based interventions in the community. We are committed to ensuring that the evidence created through the research is being used to inform policies and that practice is informing research in a way that is reflective of the real experiences people encounter in their everyday lives.

Working in the policy arena, the injury and violence prevention community can help to ensure that policy solutions to prevent injuries and violence are based on the best science available, reflect and respond to audience needs and realities, and are updated as new learning emerges. Members of the community can play a critical role in educating policymakers about what is needed to decrease death and disability due to injury and violence.

The Injury Center is actively working with our largest external research grantees, the Injury Control Research Centers (ICRCs) and our Core State Injury (CSI) program (state health departments) to encourage research on policy interventions and to translate that research into action. Many of the ICRCs have been instrumental in advancing policy in their states or nationally, and their role is critical in ensuring that policy is grounded in evidence. They provide data, evaluations, analyses, testimony, and other resources to support policy change.

The Core State Injury program and state health department grantees are actively engaged in many levels of the policy process, including assessing and analyzing policies

to determine their impact or potential impact on injury and violence prevention; convening interested groups to develop a plan for establishing policy strategies; using data and science to educate decision makers about the components and potential effects of the policies; increasing public awareness of existing policies or laws that prevent injuries and violence; and evaluating the impact of policies. Researchers and state health departments have not done this alone; countless advocacy groups, professional associations, businesses, and nonprofit organizations have been engaged in coalitions to advance injury and violence prevention policy. These efforts have led to some of the most critical policy successes in public health.

It is only through continuing to ensure that we have a strong science base, that is related to practice, can we work together to ensure that injury and violence prevention will become the premier public health achievement of the twenty-first century.

While CDC advocates for and supports the policy priorities of the executive branch, CDC does not use appropriated funds, directly or indirectly, to lobby any federal or state legislative body.

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