“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).

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.**

### 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.

### Federal Research Funding for Injury Prevention

<table>
<thead>
<tr>
<th>Agency</th>
<th>Funds Allocated (US 2008)</th>
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<tbody>
<tr>
<td>National Cancer Institute</td>
<td>$3.09 million</td>
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<tr>
<td>National Heart and Lung</td>
<td>$833 million</td>
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<tr>
<td>CDC Health Promotion</td>
<td>$134 million</td>
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<tr>
<td>CDC Cancer Control</td>
<td>$50 million</td>
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<tr>
<td>CDC Injury Prevention</td>
<td>$134 million</td>
</tr>
<tr>
<td>CDC Heart and Stroke</td>
<td>$2.9 billion</td>
</tr>
<tr>
<td>CDC DISAPPLY</td>
<td>$4.8 billion</td>
</tr>
</tbody>
</table>

Sources: NIH 2009 enacted appropriation.officeofbudget.od.nih/pdfs/FY09/ Final%20Conference.pdf; FY 2009 budget submission CDC discretionary all-purpose table (APT).www.cdc.gov/fmo/PDFs/FY07-09_Funtional_Table.pdf
The Injury Burden


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


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.