

Journal of Safety Research – rok 2012, ročník 43

Číslo 4 (September 2012)



Arlene I. Greenspan, Rita K. Noonan. *Twenty years of scientific progress in injury and violence research and the next public health frontier. Pages 249–255.*

The establishment of the National Center for Injury Prevention and Control (NCIPC or Injury Center) in 1992 as part of the Centers for Disease Control and Prevention (CDC) firmly established the Injury Center as the lead federal agency for non-occupational injury prevention and control (Sleet et al., 2012). Since then, it has provided leadership and a strong scientific base for intramural and extramural-investigator funded injury research. The Injury Center's scientific mission encompasses efforts from primary prevention to treatment and rehabilitation. Early CDC efforts were primarily focused on describing the extent of the problem, identifying risk and protective factors that affect the extent of violence and injury in our society, and gaining visibility for violence and injury as a major public health problem. Efforts such as the development of injury-based surveillance systems provided population-based surveillance data regarding the extent and distribution of fatal and non-fatal injuries, helped to identify demographic characteristics for those who were most at risk, and identified risk and protective factors that influence that risk. Celebrating the Injury Center's 20th anniversary presents an opportunity not only to reflect on past accomplishments but also to look ahead at what still needs to be done.

- **Keywords:** Injury; Violence; Translation; Surveillance; Prevention

Howard C. Kress, Rita Noonan, Kimberley Freire, Angela Marr, Acasia Olson. *Top 20 violence and injury practice innovations since 1992. Pages 257–263.*

This article presents what the authors consider to be among the top 20 practice innovations since the inception of the National Center for Injury Prevention and Control in 1992. The innovations embody various characteristics of successful public health programs and have contributed to declines in violence, motor vehicle, residential fire, and other injury rates over the past 20 years. Taken together, these innovations have reduced the burden of violence and injury and have influenced current practice and practitioners in the United States and worldwide.

- **Keywords:** Injury prevention; Innovation; Implementation; Violence prevention; Prevention spectrum

Rebecca Greco Koné, Elizabeth Zurick, Sara Patterson, Amy Peeples. *Injury and violence prevention policy: Celebrating our successes, protecting our future.* Pages 265–270.

Policy strategies for injury and violence prevention influence systems development, organizational change, social norms, and individual behavior to improve the health and safety of a population. Injury and violence prevention professionals should consider how their issues resonate with various audiences, including policy makers, the public, and other decision makers. 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 violence and its related morbidities and disabilities (Degutis, 2011). This article highlights some impactful policy successes from the field, allows us to reflect on the Injury Center's 20th anniversary, and describes steps to address injuries and violence into the future. The purpose of this paper is to discuss policy as a public health strategy and the critical role it plays in injury and violence prevention.

Highlights: ▶ Discusses policy as a public health strategy and the critical role it plays in injury and violence prevention. ▶ Highlights some impactful policy successes from the field. ▶ Discusses next steps and opportunities to implement policies at the local, state, and national levels that will have a tremendous impact on our nation's health.

- **Keywords:** Policy; Injury; Violence; Prevention; Public health

Reshma R. Mahendra, Douglas R. Roehler, Linda C. Degutis. *NCIPC's contribution to global injury and violence prevention: Past, present, and future.* Pages 271-277.

Injuries and violence impact millions across the globe each year. For the past 20 years, the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) has assembled the largest cadre of injury and violence prevention experts in the world to reduce the burden of injuries and violence domestically and to inform global injury and violence prevention efforts. This article focuses on NCIPC's global injury and violence prevention work that involves: increasing awareness of the preventability of injury and violence, partnerships to promote injury research and best practices; establishing standards and guidance for data collection; building capacity through training and mentoring; and supporting evidence-based strategies. To decrease the global burden, the authors propose priority setting to maximize the development and sustainability of financial and human resources for injury and violence prevention. Impact on Industry: The authors call for increased capacity and resources for global injury and violence prevention.

Highlights: ▶ NCIPC works through partnerships to promote injury research and best practices. ▶ NCIPC works through establishing standards and guidance for data collection. ▶ NCIPC builds capacity through training and mentoring. ▶ NCIPC works to support evidence-based strategies. ▶ Authors want unified efforts among many sectors for injury and violence prevention.

- **Keywords:** Global; Injury; Violence; CDC; NCIPC

Ann M. Dellinger, David A. Sleet. *From modest beginnings to a winnable battle: Road safety efforts at CDC's Injury Center.* Pages 279–282.

There are now more than 200 million licensed drivers, who drive an average of 13,000 miles per year on 4 million miles of roads. In 2010 crashes resulted in nearly 33,000 deaths and millions of nonfatal injuries. This article describes the Injury Center's response to this public health threat from our beginnings as a small Center in 1992, current motor vehicle injury prevention priorities, and emerging road safety issues that will need attention in the future.

- **Keywords:** road safety; injury prevention; safety; motor vehicle

Leonard J. Paulozzi. *Prescription drug overdoses: A review. Pages 283–289.*

Problem: Overdoses involving prescription drugs in the United States have reached epidemic proportions over the past 20 years. **Methods:** This review categorizes and summarizes literature on the topic dating from the first published reports through 2011 using a traditional epidemiologic model of host, agent, and environment. **Results:** Host factors include male sex, middle age, non-Hispanic white race, low income, and mental health problems. Agent risk factors include use of opioid analgesics and benzodiazepines, high prescribed dosage for opioid analgesics, multiple prescriptions, and multiple prescribers. Environmental factors include rural residence and high community prescribing rates. **Discussion:** The epidemiology of prescription drug overdoses differs from the epidemiology of illicit drug overdoses. Incomplete understanding of prescription overdoses impedes prevention efforts. **Summary:** This epidemic demands additional attention from injury professionals.

- **Keywords:** Opioid; Overdose; Prescription; Poisoning; Surveillance

Andra Teten Tharp, Thomas R. Simon, Janet Saul. *Preventing violence against children and youth. Pages 291–298.*

The National Center for Injury Prevention and Control (NCIPC) has a focus on preventing interpersonal violence against children and youth. Prevention of violence against children and youth involves fostering healthy relationships and building healthy environments in which young people can flourish. We review NCIPC's work over the past 20 years that has contributed to this goal by highlighting surveillance systems that identify the magnitude of violence, etiological research that identifies risk and protective factors that are associated with violence, evaluation research that has expanded the evidence base of what works to prevent violence, and comprehensive, broad-based programs that engage and empower communities to prevent violence. NCIPC's work demonstrates that violence is preventable and the Center is working to move the promise of effective prevention into practice. These efforts all work toward protecting the health and well-being of children and youth and set the stage for NCIPC's future work.

Highlights: ▶ NCIPC has a focus on preventing violence against children and youth. ▶ Violence is preventable. ▶ Prevention involves building healthy relationships and environments. ▶ NCIPC's past work has poised the center for cutting edge prevention in the future.

- **Keywords:** Interpersonal violence; Prevention; Children; Youth; Healthy relationships

Victor G. Coronado, Lisa C. McGuire, Kelly Sarmiento, Jeneita Bell, Michael R. Lionbarger, Christopher D. Jones, Andrew I. Geller, Nayla Khoury, Likang Xu. *Trends in Traumatic Brain Injury in the U.S. and the public health response: 1995–2009. Pages 299–307.*

Problem: Traumatic Brain Injury (TBI) is a public health problem in the United States. In 2009, approximately 3.5 million patients with a TBI listed as primary or secondary diagnosis were hospitalized and discharged alive (N = 300,667) or were treated and released from emergency departments (EDs; N = 2,077,350), outpatient departments (ODs; N = 83,857), and office-based physicians (OB-P; N = 1,079,338). In addition, 52,695 died with one or more TBI-related diagnoses. Methods: Federal TBI-related laws that have guided CDC since 1996 were reviewed. Trends in TBI were obtained by analyzing data from nationally representative surveys conducted by the National Center for Health Statistics (NCHS). Findings: CDC has developed and is implementing a strategy to reduce the burden of TBI in the United States. Currently, 20 states have TBI surveillance and prevention systems. From 1995–2009, the TBI rates per 100,000 population increased in EDs (434.1 vs. 686.0) and OB-Ps (234.6 vs. 352.3); and decreased in ODs (42.6 vs. 28.1) and in TBI-related deaths (19.9 vs. 16.6). TBI Hospitalizations decreased from 95.5 in 1995 to 77.9 in 2000 and increased to 95.7 in 2009. Conclusions: The rates of TBI have increased since 1995 for ED and PO visits. To reduce of the burden and mitigate the impact of TBI in the United States, an improved state- and territory-specific TBI surveillance system that accurately measures burden and includes information on the acute and long-term outcomes of TBI is needed.

- **Keywords:** Traumatic brain injury; Surveillance; Trends; Prevention; Congressional mandates