

Federal Policy and Priority Setting: Using Data to Drive Action

CDC National Center for

 **Injury** Prevention and Control



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 cdc.gov/injury

Overview

- CDC and NCIPC Updates
- CDC's and NCIPC's Priorities
- NCIPC's Focus on Policy
- Policy Challenges

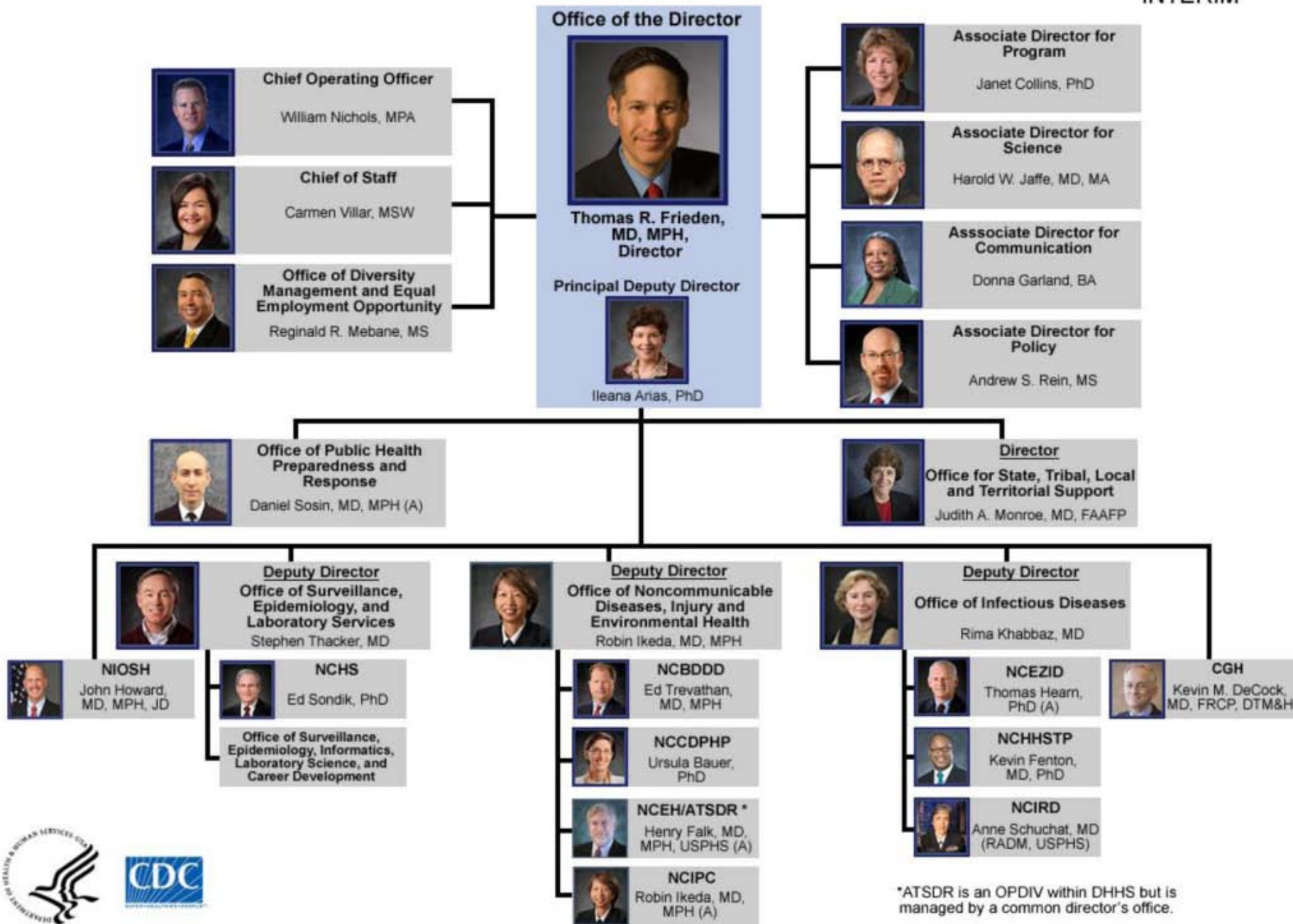


CDC and NCIPC Updates



Centers for Disease Control and Prevention

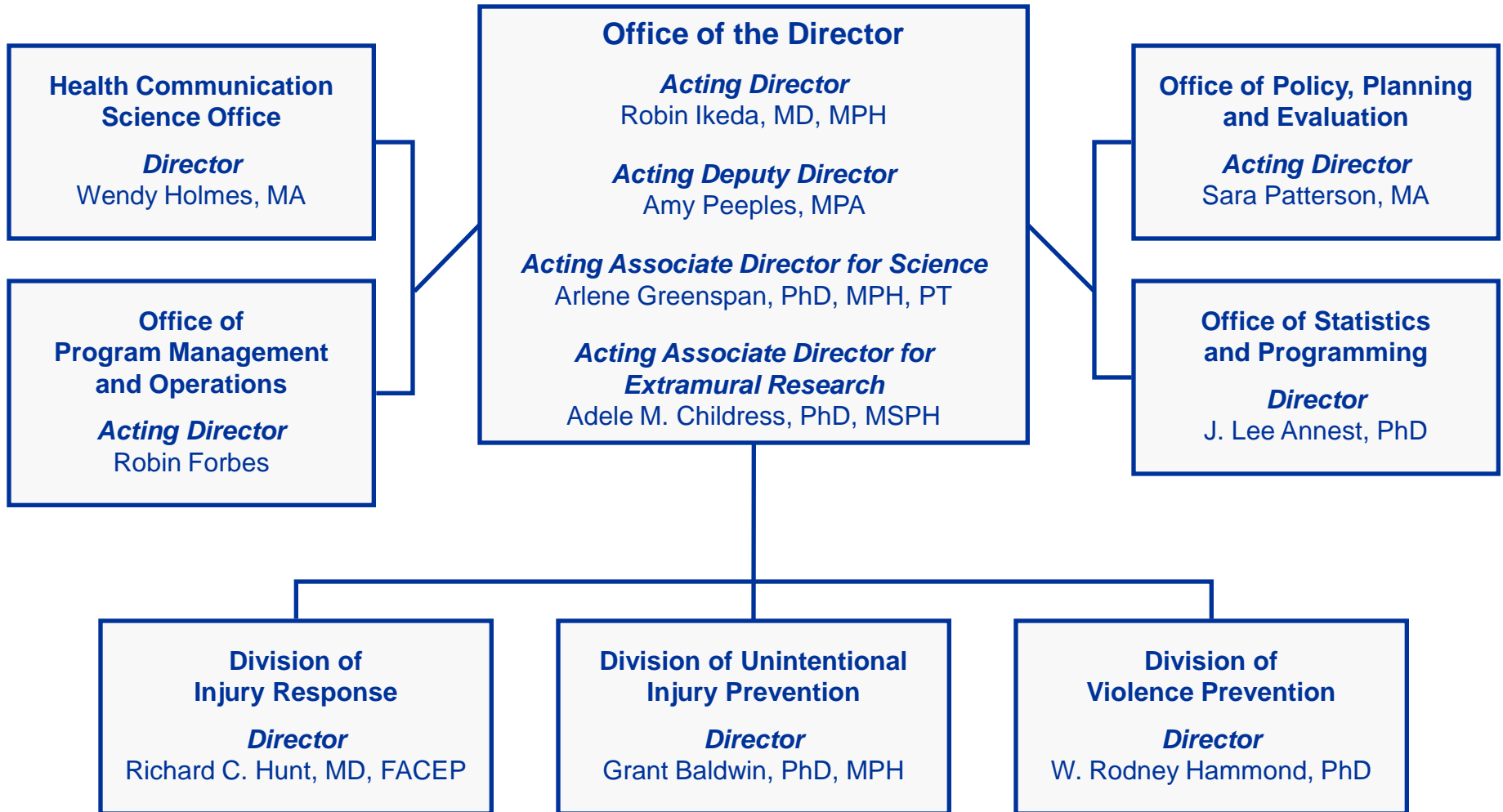
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*ATSDR is an OPDIV within DHHS but is managed by a common director's office.



NCIPC Organization Chart



Emphasis of CDC's Injury Prevention and Control Program

1970s – 1992



Building the Case

1992 – 2000



Conducting/Synthesizing the Science

2000 – future



Implementing Program and Policy Interventions

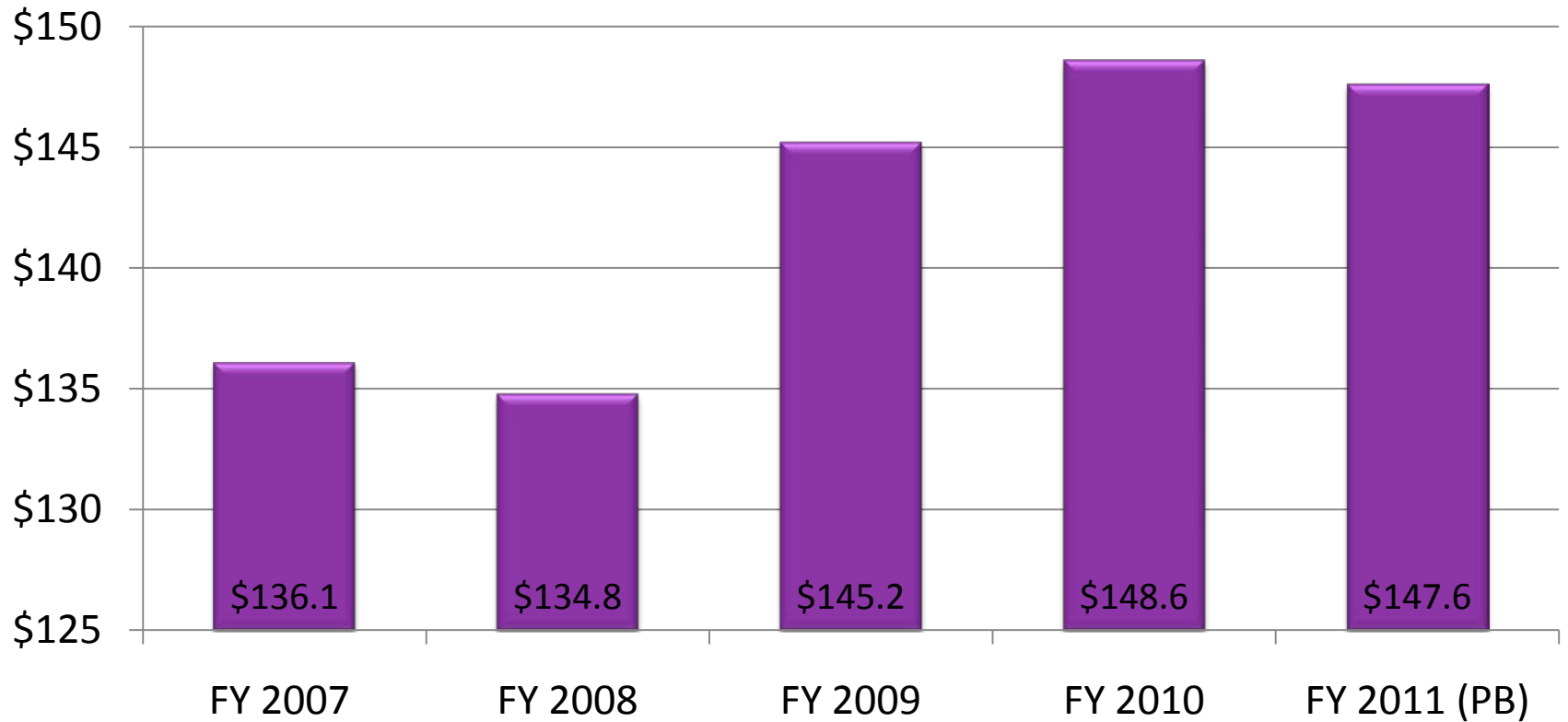


Our Mission

To prevent injuries and violence and reduce their consequences so that people can live to their full potential.

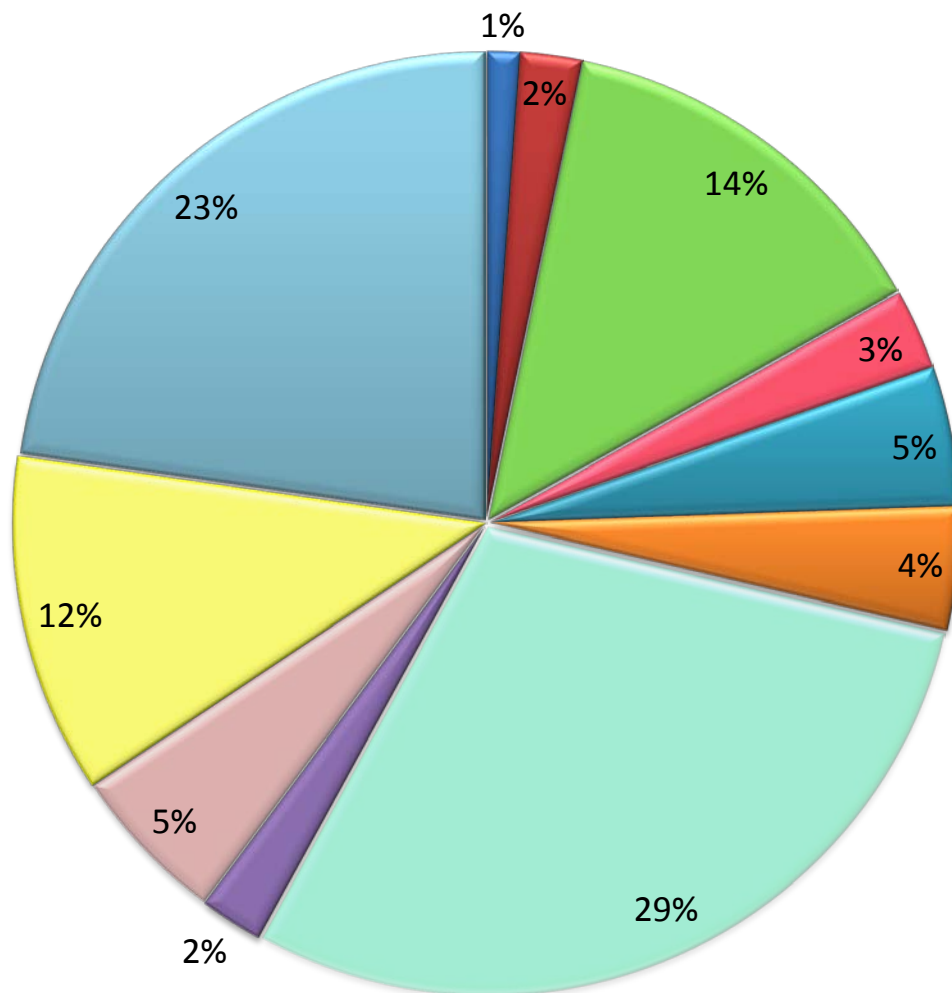


NCIPC Funding FY 2007 - FY 2011 (in Millions)



CDC FY 2010 Funding by Disease Category

- Agency for Toxic Substances and Disease Registry
- Birth Defects and Developmental Disabilities
- Chronic Disease Prevention and Health Promotion
- Environmental Health
- Global Health
- Health Information and Service ***
- Infectious Disease/Pandemic Flu*
- Injury Prevention and Control
- Occupational Health and Safety (NIOSH)
- Other **
- Terroism



*Infectious Disease/Pandemic Flu includes programs funded from NCPDCID, NCZVED, and NCHHSTP

** Other includes Public Health Research (PHR), Public health Improvement and Leadership (PHIL), Preventative Health and Health Services Block Grant, Buildings and Facilities (B&F), and Business Services Support (BSS)

*** Health Information and Service includes Health Statistics, Public Health Informatics, and Health Marketing

CDC's and NCIPC's Priorities



CDC Focus Areas

- Strengthen surveillance and epidemiology
- Improve ability to support state and local public health
- Increase impact promoting global health
- Increase prevention effectiveness of health policies including health reform
- Better address leading causes of illness, disability, and death

CDC Winnable Battles

- Tobacco Use
- Nutrition/Obesity (including food safety)
- HIV
- Healthcare associated infections
- **Motor Vehicle Crashes**
- Teen Pregnancy

Injury Center Priorities



Child Maltreatment Prevention



Older Adult Falls Prevention



Motor Vehicle Injury Prevention

Preventing Child Maltreatment

Burden

- Every year, 1 out of every 8 children experiences a form of child maltreatment.
- Every year over 5 million children are at high risk for child maltreatment.
- Homicide is the 4th leading cause of death for children ages 1-9.

What we know

- Effective home visitation with high risk families can prevent child maltreatment.
- Effective parenting and support can prevent child maltreatment.

Potential public health impact

- Widespread, effective nurse home visitation could reduce child maltreatment by 40% and show a \$3-\$6 return on investment for every \$1 spent.
- Effective parenting programs have demonstrated outcomes.

Program/policy actions needed

- Public health needs to be engaged in the solution.
- Effective approaches need to be widely implemented.



Preventing Older Adult Falls

Burden

- One-third of older adults, age 65 and older, fall annually.
- Falls are the leading cause of fatal and non-fatal injuries among older adults.
- From 2000-2005, fall-related death rates increased 38%.
- In 2000, direct medical costs totaled \$179 million for fatal falls and \$19 billion for nonfatal fall injuries.

What we know

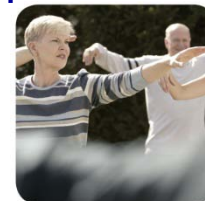
- Exercise, medication review, vision checks, and home modification work.
- Comprehensive programs reduce falls 35%-55%.

Potential public health impact

- Proven prevention programs return up to \$2.50 for every dollar invested.

Program/policy actions needed

- Expand proven programs to community settings; develop tools for health care professionals; explore Medicare and other health policy options.



Preventing Motor Vehicle Crash-Related Injuries

Burden

- Leading cause of death for people ages 1–34 and 8th leading cause of death overall.
- Nearly 5 million people sustain injuries that require an emergency department visit.
- Motor vehicle crashes cost around \$99 billion annually.

What we know

- We have interventions that work: graduated drivers licensing (GDL), restraint use for children and adults, alcohol-impaired driving strategies.

Potential public health impact

- Strong GDL laws – 30% reduction in fatalities compared to poor laws.
- Restraint laws – safety belts for adults are 45 to 60% effective in preventing deaths.
- Alcohol-impaired driving laws – lowering BAC from 0.08 to 0.05 would lead to a 6-18% reduction in alcohol-related fatalities.

Program/policy actions needed

- Strategic selection & implementation of health policy interventions.



NCIPC's Focus on Policy



National Policy Activities

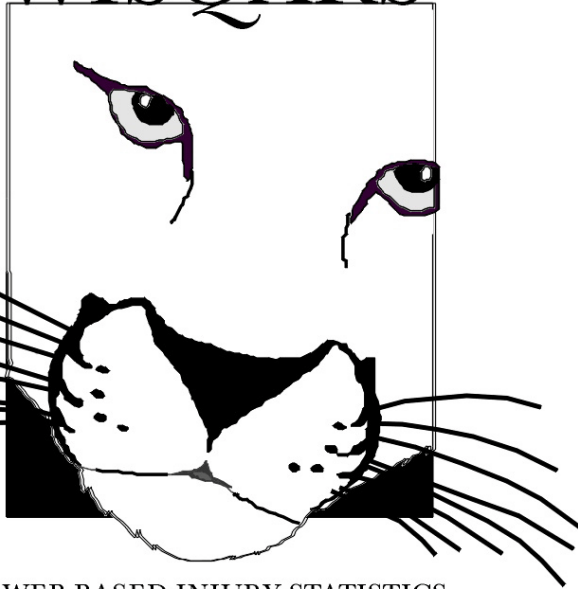
- ASTHO President's Challenge
- National Injury Policy Framework
- Injury Prevention Strategic Planning
- Transportation Policy
- Falls Prevention Policy

State Policy Activities

- National Conference of State Legislatures
- Child Injury Prevention
- Teen Dating Violence Prevention
- GDL Toolkit Pilot
- Policy Education Training
- State Health Department Policy Guide

Data Informed Policy

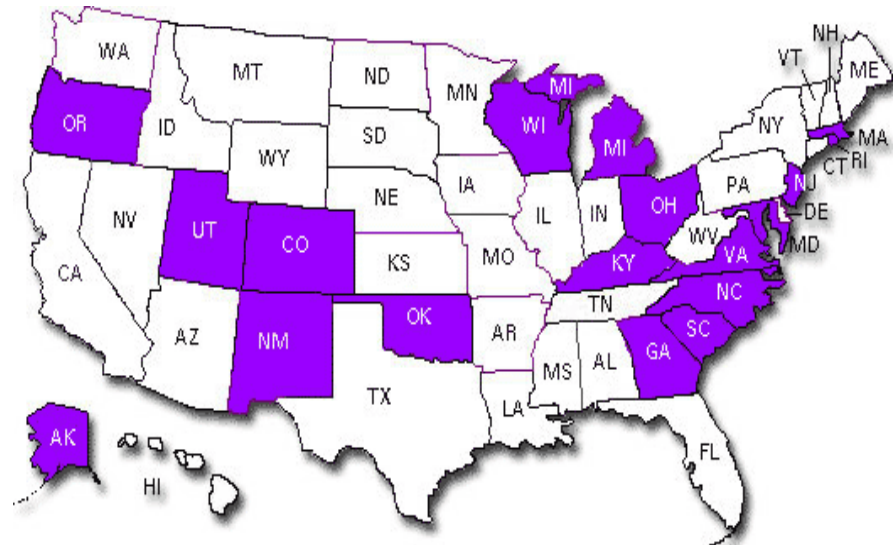
WISQARS™



WEB-BASED INJURY STATISTICS
QUERY & REPORTING SYSTEM

<http://www.cdc.gov/ncipc/wisqars>

NVDRS



Current 18 States Funded

Policy Challenges



Policy Challenges

- Maximizing limited resources
- Making injury and violence a public health issue
- Integrating injury and violence prevention
- Strengthening program and policy implementation

Thank you!