

# INJURY CONTROL RESEARCH CENTERS

Putting research into action to prevent injuries and violence

CDC's National Center for Injury Prevention and Control funds Injury Control Research Centers (ICRCs) to study ways to prevent injuries and violence and to work with community partners to put research findings into action. The ICRC Program forms a national network of nine comprehensive academic research centers that focus on three core functions—research, outreach, and training.

## Research: Studying Ways to Prevent Injuries and Violence

ICRCs are on the scientific front line conducting cutting-edge, multidisciplinary research on the causes, outcomes, and prevention of injuries and violence. ICRC research focuses on issues of local and national importance including motor vehicle injuries; interpersonal violence and suicide; opioid overdoses; older adult falls; and traumatic brain injuries.

## Outreach: Putting Research into Action

ICRCs work with states and communities to ensure research is put into action to prevent injuries and violence. They provide technical assistance to disseminate and translate research findings which leads to increased awareness and influences action.

## Training: Building the Field

ICRCs play a critical role training and developing the current and next generation of researchers and public health professionals. This helps ensure there is an adequate supply of qualified practitioners and researchers to advance prevention research, address new problems, and reach new populations across the nation.

## More than the Sum of their Parts

ICRCs are more than just the sum of their parts. Underlying all other ICRCs core functions is their ability to bring together multiple stakeholders from disparate disciplines, perspectives, and agencies to join forces and tackle critical public health problems. With a strong administrative core of staff and resources, they serve as a hub for coordinating networks and facilitating strong partnerships. Through leadership that combines their injury topic and core areas of expertise—research, outreach, and training—they continue to advance the field of injury and violence prevention.

ICRCs ARE **MORE** THAN JUST THE SUM OF THEIR PARTS

Conduct **OUTREACH** technical assistance, and networking to disseminate and translate research findings which leads to increased awareness and influences action.



Conduct **RESEARCH** which leads to the identification of solutions.

Conduct **TRAINING** which leads to skilled practitioners and researchers who can take action to prevent violence and injuries.

## Currently Funded ICRCs

Columbia University  
Johns Hopkins University  
Emory University  
Nationwide Children's Hospital  
University of Iowa  
University of Michigan  
University of North Carolina at Chapel Hill  
University of Pennsylvania  
University of Washington

LEARN MORE

[www.cdc.gov/injury/erpo/icrc](http://www.cdc.gov/injury/erpo/icrc)



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

## ICRCs in Action

**Since their establishment in 1987, ICRCs have advanced the injury and violence prevention field. Examples of ICRC activities and achievements include the following:**

### Studying the Impact of Remediating Abandoned, Inner City Buildings on Crime

The University of Pennsylvania Injury Science Center studies the impact of low-cost abandoned building repairs and vacant lot greening on residents' health, safety, and quality of life. These blight remediation programs include the removal of graffiti and trash, installation of new windows and doors, planting of grass and trees, and installation of wooden fences. Research found that areas around re-mediated abandoned buildings had a 39% drop in gun violence, a 19% drop in assaults, and a 16% drop in nuisance crimes. Vacant lot greening also led to significant, long-term reductions in gun violence (8% drop) and vandalism, as well as residents' reporting less stress and more exercise.

### Preventing Motor Vehicle Injuries

Ensuring the safety of children as they walk to and from school was formally recognized as a national priority in 2005, with federal funding of the Safe Routes to School (SRTS) program. Eight years earlier, New York City (NYC) implemented the first program in the United States, followed shortly by many other cities. Until recently, however, little was known about SRTS's impact on pedestrian injuries. The Center for Injury Epidemiology and Prevention at Columbia University (CIEPAC) developed a well-designed evaluation that documented a 44 percent reduction in injuries among children walking to school. CIEPAC used these findings to generate media attention and to spark support among NYC officials for a citywide campaign on pedestrian and traffic safety. This research, training, and outreach has supported policy changes, including the enactment of a city-wide 25 mile-per-hour speed limit and adoption of NYC regulations for better pedestrian safety. Word of CIEPAC's success has spread rapidly to cities throughout the nation, stimulating numerous efforts to make our roadways safe for pedestrians of all ages.

### Educating Stakeholders about the Opioid Overdose Epidemic and Naloxone Programs

The West Virginia University Injury Control Research Center (WVU ICRC) is supporting the implementation of take-home naloxone programs in day treatment centers, among law enforcement agencies, and substance abuse treatment programs around the state. The WVU ICRC first conducted research that demonstrated the effectiveness of naloxone programs in rural areas. They used the findings to educate key stakeholders about the opioid overdose epidemic in WV and the effectiveness of take-home naloxone programs. The Center was instrumental in informing stakeholders who then use the information to address liability concerns that were central to the successful implementation of these programs. In collaboration with key partners, the WVU ICRC is training and equipping law enforcement agencies around the state to carry and administer take-home naloxone. There were at least 25 overdose reversals in the first 9-month period the program was implemented in 16 counties.

### Changing Athlete Behavior to Prevent Concussions

The University of North Carolina Injury Prevention Research Center (UNC IPRC) is testing an innovative behavior modification approach to improve player safety in contact sports. Football players from four area high schools wore special helmets equipped with sensors that captured data on the number and strength of hits to the players' heads. Analyses of these data revealed the players at greatest risk of concussion. These players were then taught safer methods of tackling and blocking through the "BeMod" program. BeMod is a clinician-coach-player partnership that employs personal mentoring and video footage to change player behavior. In preliminary surveys, coaches and players reported that the program improved players' use of safe playing behaviors. Once the viability of BeMod is documented, UNC IPRC plans to extend the program to other schools and other high-impact sports such as soccer, hockey, and lacrosse.