



RESOLUTION

JULY 2009

TITLE: CORE INJURY PROGRAM FUNDING

WHEREAS, injuries are the leading cause of death among persons 1 - 44 years of age, and a major cause of death, disability, and hospitalization for all age groups; and

WHEREAS, there are more than 170,000 injury-related deaths each year in the United States¹; and

WHEREAS, approximately 30 million people seek emergency treatment as a result of injuries and violence annually²; and

WHEREAS, injury-attributable medical expenditures cost as much as \$117 billion in 2000, approximately 10% of total U.S. medical expenditures³; and

WHEREAS, state and local health departments are ultimately responsible for defense of the public's health; and

WHEREAS, other agencies and organizations participate in injury prevention efforts across the nation, none have the same capacity as state health departments to comprehensively affect issues related to decreasing injury morbidity and mortality; and

WHEREAS, public health and safety efforts to prevent injuries have been highly successful, such as the 240,000 lives saved between 1966 and 1990 due to increased use of safety belts and motorcycle helmets, improved motor vehicle and highway design, and enforcement of laws regarding drinking and driving and speeding⁴; and

WHEREAS, Safe States has defined five core components in its Safe States model which are crucial to the development, growth and sustainability of state health

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) cited August 31, 2008. Available from URL: www.cdc.gov/ncipc/wisqars.

² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) cited August 31, 2008. Available from URL: www.cdc.gov/ncipc/wisqars.

³ Medical Expenditures Attributable to Injuries --- United States, 2000. MMWR 2004;53(RR01):1-4.

⁴ Centers for Disease Control and Prevention. Accessed online August 31, 2008, from www.cdc.gov/ncipc/about/about.htm.

department injury and violence prevention programs, including: 1) building a solid infrastructure for injury and violence prevention; 2) designing, implementing and evaluating interventions; 3) collecting and analyzing injury data; 4) providing technical support and training; and 5) affecting public policy⁵.

WHEREAS, the National Council of State Legislators recognizes that: “Legislators can improve injury prevention efforts by ... enacting laws that reduce injuries and funding comprehensive injury and violence prevention programs.”

WHEREAS, Safe States Alliance recommends that all state and territorial health departments in the United States have comprehensive injury surveillance and prevention programs, based on the Safe States model, which are: adequately staffed and funded commensurate with the magnitude of the burdens of injury and violence in each state; have programs and expertise to address the leading causes of unintentional and violent injuries; and have disaster and terrorism epidemiology and injury mitigation programs; and

WHEREAS, in 1995 the Centers for Disease Control and Prevention's (CDC) Advisory Committee for Injury Prevention and Control recommended funding at least \$80 million for U.S. state and territorial health departments to implement comprehensive injury prevention programs⁶, but it was never fully implemented; and

WHEREAS, based on inflation since 1995, approximately \$160 million is now needed to implement nationwide state public health injury prevention programs; and

WHEREAS, this amount is less than 1%⁷ of the estimated annual medical care costs for injury, which could be greatly reduced by preventing injuries; therefore

BE IT RESOLVED, Safe States concurs with and supports the National Council of State Legislators' and the CDC Advisory Committee's recommendation for comprehensive state injury prevention programs in each state and territorial health department; and

BE IT FURTHER RESOLVED, Safe States recommends that Congress appropriate \$160 million to CDC for comprehensive injury prevention programs in each state and territorial health department to help reduce the morbidity, mortality, and costs of injury.

Revised June 22, 2010

⁵ State and Territorial Injury Prevention Directors Association. Safe States, 2003 Edition. Atlanta (GA): State and Territorial Injury Prevention Directors Association; 2003.

⁶ "Resources Needed to Develop CDC's Injury Control Program: Report of the Special Working Group to Examine Resources Needed to Develop CDC's Injury Control Program Over the Next Decade," Science and Program Review Work Group, Advisory Committee for Injury Prevention and Control, Department of Health and Human Services, PHS, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia, November 1995.

⁷ According to the National Health Expenditure Data, medical costs have risen an average of 6.5% per year since 2000.