



RESOLUTION

OCTOBER 1998

TITLE: PLANNING PROCESS FOR INJURY SURVEILLANCE

WHEREAS, the Council for State and Territorial Epidemiologists (CSTE) recently adopted a position statement that the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (NCIPC) in collaboration with CSTE and Safe States Alliance should engage in a planning process for injury surveillance; and

WHEREAS, this process should include input from multiple stakeholders involved in injury prevention and control; and

WHEREAS, the goal of this process should be to generate a blueprint for injury surveillance that will promote efficient and coordinated use of injury surveillance resources at the federal, state and local levels, articulate the special needs of injury surveillance systems, and enhance the visibility of injury surveillance data; therefore

BE IT RESOLVED, Safe States Alliance concurs with the CSTE Position Statement and shall engage in a planning process for injury surveillance.

BACKGROUND INFORMATION: Currently there is insufficient injury surveillance infrastructure in health departments, little standardization of case definitions, data collection methods and reporting methods, and a substantial lack of resources for injury surveillance. These issues make it difficult to link, compare, or aggregate data from different states and within states from different data systems. Consensus exists on surveillance case definitions for only a few types of injury. Pooling of some surveillance resources may be appropriate, because data collection systems covering multiple types of injuries and multiple public health areas already exist for some types of injuries and injury risk factors. A roadmap is needed to help states and federal agencies allocate surveillance resources and develop comprehensive injury surveillance systems that meet needs at the community level. Public health action should be based at least in part on surveillance data. For that reason it is critical that this roadmap be developed collaboratively with input from both epidemiologists and staff involved in creating and running injury prevention and control programs. Injury prevention is still struggling for recognition as a critical piece of the public health canon. Improving the quality and visibility of injury surveillance data should help enhance the visibility and effectiveness of injury prevention and control in the public health community.

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