



INJURY PREVENTION & CONTROL

CDC applies the same real-world, science-based approach to reducing injuries and violence as it does to preventing infectious and chronic diseases. We provide timely, accurate information and useful tools to keep people safe, healthy, and productive—where they live, play, and learn. And our research helps develop the best ways to prevent violence and injuries.

KEY ACCOMPLISHMENTS

- Monitored the U.S. epidemic of prescription drug overdoses and worked with states to target prevention programs.
- Tracked violent deaths in 18 states with the National Violent Death Reporting System to help inform violence prevention strategies at state and local levels, ultimately saving lives.
- Reported on motor vehicle deaths among children and what can be done to prevent them by healthcare providers, parents, and states and local communities.



30% Fewer Crashes

Graduated driver licensing programs (GDL) reduced motor vehicle deaths and injuries by about 30% among 16-year-old drivers.



49

49 states have or are developing prescription drug monitoring programs to track abuse and misuse of prescription painkiller medicines.



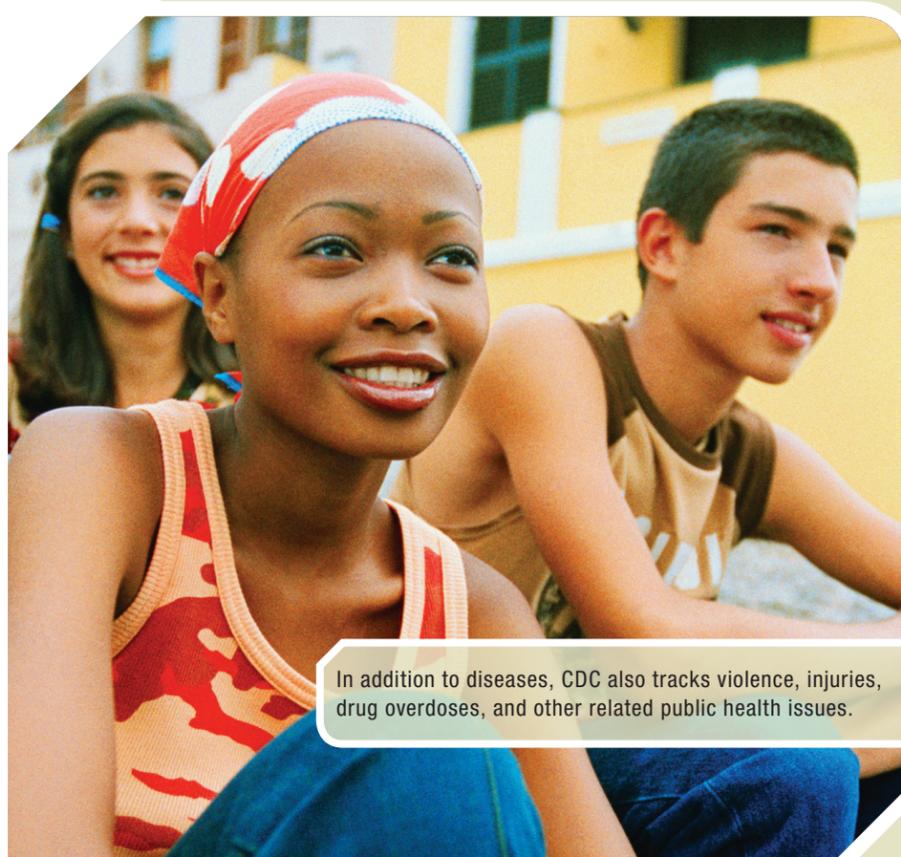
4 SECONDS

Every 4 seconds a child is treated in the U.S. for an injury in an emergency department.



\$406 BILLION

Injuries and violence cost the U.S. more than \$406 billion in medical costs and lost productivity each year.



In addition to diseases, CDC also tracks violence, injuries, drug overdoses, and other related public health issues.

WHAT YOU DON'T KNOW CAN HURT YOU HOW CDC USES DATA TO REDUCE YOUTH VIOLENCE

The concerned residents of Richmond, Virginia, were looking for real, practical answers to stop violence in their community. The National Center of Excellence in Youth Violence Prevention at Virginia Commonwealth University (VCU YVPC), with a grant from CDC, partnered with community leaders to investigate the link between alcohol and youth violence.

The VCU YVPC tracked rates of violent crime and injuries in relation to how close they occurred to alcohol outlets. These data showed more youth violence and violence-related ambulance pickups near retail outlets that sold inexpensive, single-serve alcoholic beverages (known as “40s” or “22s”). The VCU YVPC shared the findings with community leaders who used them to develop policies that reduced the sale of single-serve alcoholic beverages. Once the new policies were in place, VCU YVPC evaluated the impact on violence.

The results were startling: while the new policies were in effect, the average rate of violence-related ambulance pickups involving youth (ages 15 to 24) declined from 13 per 1,000 to zero. As soon as the policy was not in place, the rate increased to 5.3 per 1,000.

The VCU YVPC's data were crucial to inform community action based on science. CDC works locally to help others use the best science available to help more communities reduce violence and injuries.