The Division of Analysis, Research and Practice Integration
National Center for Injury Prevention and Control

The Division of Analysis, Research and Practice Integration (DARPI), located within the National Center for Injury Prevention and Control (NCIPC), works to bridge science and practice in an effort to move the field of violence and injury prevention forward. DARPI leads a diverse portfolio of work that cuts across violence and unintentional injury and includes surveillance, data and economic analysis, information technology, policy research, and evaluation. In addition, DARPI provides technical assistance to state health departments to support violence and injury prevention across the United States.

Mission
To bridge science and practice to prevent violence and injuries, and reduce their consequences.

Guiding Principles
Our work is scientific at its core. We use rigorous methods and systematic processes, with a focus on efficiency in all that we do. Our work is designed to generate evidence, credible findings, and high-quality products.

We focus on the violence and injury problems where we can have the greatest impact. We strive to understand and improve mortality, morbidity, disparities, costs, and overall health impact.

We are solution focused to improve practice in the violence and injury field. We know that we are more likely to find, and help others implement, useful, timely, targeted, innovative, scalable, and sustainable solutions when we use cross-cutting methods, address policy-level interventions, and promote evidence-based strategies.

We believe in the value of collaboration and partnership. We strive to link science and practice in all that we do, whether our work is to bring together colleagues from multiple disciplines, or to leverage the methods, systems, and findings from one area to improve others.

Core Functions
1. Produce high quality and innovative products that inform policies, practice, and programs.

DARPI develops and disseminates a variety of products related to data, surveillance, research, and evaluation. The division produces the Web-based Injury Statistics Query and Reporting System (WISQARS™). WISQARS™ is an interactive, online database that provides fatal and nonfatal injury data from a variety of sources. Researchers, practitioners, the media, and the general public can use WISQARS™ data to learn more about the public health and economic burden of injury in the United States. Users can search, sort, and view the injury data and create reports, charts, maps, and slides.

Injury Data Anytime, Anywhere
A mobile app is currently being developed for WISQARS™ that will expand access to injury data. An iPad app will be available in 2014. Following the initial release, the app will be adapted for other tablets and smart phones.
2. Connect science and practice within the field of violence and injury prevention.
   DARPI takes the latest scientific research and translates it into actionable tools in an effort to improve the prevention of violence and injury. In addition, the division monitors new ideas and practices that are happening in the field to make sure they are considered in the future direction of scientific research. In facilitating this important process, DARPI develops partnerships at the national, state, and local levels. DARPI works with organizations like the Safe States Alliance, National Association of City and County Health Officials, and the American Public Health Association to disseminate critical information that strengthens violence and injury prevention programs across the country.

3. Provide expertise in statistics, information technology, data management, economics, public health practice, surveillance, evaluation, and research.
   Staff within the division provide national leadership on a variety of topics including surveillance, information technology, data analysis, research, health economics, and evaluation. For example, the division uses health economics to measure the financial burden of injuries and compare the costs and benefits of different prevention strategies. In addition, economic evaluation analyzes how efficiently public health resources are being used and makes recommendations for improvement.

4. Sustain the public health infrastructure for violence and injury prevention.
   DARPI works with state and local health departments to build and sustain the infrastructure necessary to support violence and injury prevention efforts. The division helps health departments collect state-level surveillance data, implement science-based programs, and conduct evaluations. DARPI provides critical funding and support to states through its Core Violence and Injury Prevention Program (Core VIPP). The program supports all states and territories with technical assistance and participation in regional networks. Core VIPP funds 20 state health departments to establish a public health system to fully engage in violence and injury prevention with a focus on key components: building a solid infrastructure; collecting and analyzing data; designing, implementing and evaluating programs; providing technical support and training; and affecting behavior and knowledge. Subsets of those 20 are funded for the Expanded Components: Regional Network Leaders, Surveillance Quality Improvement, Motor Vehicle Child Injury Prevention Policy, and State Fall Prevention Program.

CDC Study Finds Suicide Rates Rise and Fall with the Economy
   The study, published in The American Journal of Public Health, was the first to examine the relationship between suicide and business cycles. Results show the overall suicide rate rises and falls in connection with the economy—suicides increased during economic recessions and fell during expansions. This is an important finding for public health workers and policy makers, as it underscores the need for additional suicide prevention measures when the economy falters.

Colorado Core VIPP
   Many healthcare providers report that they do not feel confident about assessing fall risk or do not have adequate prevention resources. To address this, the Colorado Department of Public Health and Environment (CDPHE) is working with partners to introduce the STEADI (Stopping Elderly Accidents, Deaths and Injuries) Tool Kit, developed by CDC, to primary care practices to support integration of falls risk screening, assessment, treatment and referral into their clinical practice. By 2016, CDPHE aims to decrease the rate of serious older adult fall related injuries by 10% in two counties by introducing the STEADI Tool Kit to primary care physicians.

Saving lives and protecting people from violence and injuries every day and everywhere.