



## From SAVIR

Michael J Mello and Corinne Peek-Asa

*Inj. Prev.* 2009;15;358  
doi:10.1136/ip.2009.024232

---

Updated information and services can be found at:  
<http://injuryprevention.bmj.com/cgi/content/full/15/5/358>

*These include:*

### **Rapid responses**

You can respond to this article at:  
<http://injuryprevention.bmj.com/cgi/eletter-submit/15/5/358>

### **Email alerting service**

Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

---

### **Notes**

---

To order reprints of this article go to:  
<http://journals.bmj.com/cgi/reprintform>

To subscribe to *Injury Prevention* go to:  
<http://journals.bmj.com/subscriptions/>

## From SAVIR

At the SAVIR annual meeting in 2009, the Centers for Disease Control and Prevention's (CDC's) National Center for Injury Prevention and Control (NCIPC) released the CDC Injury Research Agenda 2009–2018 (<http://www.cdc.gov/injury/ResearchAgenda/index.html>). This provides an update to the first CDC Injury Research Agenda, which was released in 2002. The original agenda sought broad input from many external constituents and the public. Led by a Research Agenda Steering Committee, it identified the highest priorities for the field—research that would have relatively rapid impact. For the current research agenda, NCIPC reviewed progress in accomplishing the aims set in that original agenda and then drafted materials for review and comment by the Advisory Committee for Injury Prevention and Control. Selected federal agencies and injury researchers, practitioners, and organisations were also asked to comment. Although very important progress has been made since the release of the 2002 Injury Research Agenda, much work remains to be done to reduce the burden of injuries. The agenda recognises that several cross-cutting priorities that would have broad impact across the field include preventing injury and violence globally, evaluating interventions that address risky alcohol use, and reducing health disparities. The agenda also names several emerging priorities, including elder maltreatment, consumer product-related injuries, and poisoning injuries.

The remainder of the agenda is organised to mirror NCIPC organisational structure and aligns research priorities within sections of “injury response”, “prevention of unintentional injury” and “violence prevention”. A research priority in the agenda is defined as a “critical injury problem that can be meaningfully addressed with a modest number of research studies (approximately 10–20)”. Priorities were selected on the basis of their alignment with CDC's and NCIPC's mission, potential impact to reduce the public health burden, and availability of opportunities for research on the topic. Within sections, the priorities are parcelled into two tiers based on current progress from foundational to intervention to dissemination research.

The injury response section addresses priorities in research to improve acute injury care and traumatic brain injury. It also expands the 2002 agenda to specifically address the area of terrorism preparedness and response for the injured. Tier 1

priorities include evaluation of guidelines for care of acutely injured persons, evaluating trauma systems, impact of disasters on care, post-injury care and late sequelae. The unintentional injury section identifies priorities for home and community, sports recreation and exercise, and transportation. Tier 1 priorities focus on the development and evaluation of strategies to reduce residential-fire injuries, falls among older adults, sports and recreation injuries, alcohol-impaired driving, and adolescent driving improvement, as well as efforts to improve measures for assessing unintentional injury burden and exposure. The violence prevention section identifies priorities in child maltreatment, sexual and intimate partner violence, suicidal behaviour, and youth violence. Tier 1 priorities include: identifying best practices in reducing child maltreatment, sexual and intimate partner violence, suicidal behaviour, and youth violence; quantifying the social burden of child maltreatment violence; evaluating the effectiveness of interventions and prevention programmes; improving surveillance methods for violence victimisation and perpetration; and research to identify the causal pathways, contexts and disparities in violence. The new research agenda also recognises a critical need to build the research infrastructure in order to successfully meet the agenda's objectives.

Although this document was developed to guide research priorities of the NCIPC, it provides a timely roadmap for all injury researchers regarding the current research needs in the field. Coordinated efforts within the broad field of injury and violence prevention and care are needed to reduce the staggering burden of injuries and violence. Attention to this agenda in guiding future research will not only build the science of injury control, but also help coordinate our opportunities for growth and contribute to reducing the burden of injury.

### Michael J Mello,<sup>1</sup> Corinne Peek-Asa<sup>2</sup>

<sup>1</sup> Injury Prevention Center, Rhode Island Hospital, Providence, Rhode Island, USA;

<sup>2</sup> Department of Occupational and Environmental Health, University of Iowa, Iowa City, Iowa, USA

**Correspondence to:** Dr M J Mello, Injury Prevention Center, Rhode Island Hospital, Claverick 2, 592 Eddy Street, Providence, RI 02903, USA; [mjmello@lifespan.org](mailto:mjmello@lifespan.org)

**Competing interests:** None.

**Provenance and peer review:** Commissioned; not externally peer reviewed.

*Injury Prevention* 2009;**15**:358. doi:10.1136/ip.2009.024232