

NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (CTC)

(1) Provides leadership in developing and executing a national program for nonoccupational injury prevention and control with Federal, State and local agencies, voluntary and private sector organizations; (2) proposes goals and objectives for national injury prevention and control programs, monitors progress toward these goals and objectives, and recommends priority prevention and control activities and develops guidelines for these activities; facilitates similar activities by other Federal, state, and local agencies, academic institutions, and private and other public organizations; (3) plans, directs, conducts, and supports research focused on development and evaluation of strategies to prevent and control injuries, including research in biomechanics, epidemiology and prevention, and the treatment and rehabilitation of the injured; (4) plans, establishes, and evaluates surveillance systems to monitor national trends in morbidity, mortality, disabilities, and costs of injuries and facilitates the development of surveillance systems by State and local agencies; (5) develops, implements, directs, and evaluates demonstration programs to prevent and control injuries; (6) serves as the primary Federal health resource for technical assistance and management expertise in the epidemiology, statistics, prevention, and control of nonoccupational injuries; (7) assists in increasing the capacity of States and localities to prevent and control injuries by providing financial assistance and technical and management consultation and assistance in assessing the problem of injuries, conducting surveillance, planning injury prevention and control programs, and evaluating injury prevention and control activities; (8) serves as the principal focus for training programs to increase the number and competence of personnel engaged in injury prevention and control research or practice; (9) supports the dissemination of research findings and the transfer of injury prevention and control technologies to Federal, State, and local agencies, private organizations, and other national and international groups; (10) in carrying out the above functions, collaborates with other CDC Centers/Institute/Offices, PHS agencies, and National Highway Traffic Safety Administration, Consumer Product Safety Commission and other Federal Departments and Agencies, and private organizations, as appropriate.

Office of the Director (CTC1)

(1) Manages, directs, coordinates and evaluates the activities of the National Center for Injury Prevention and Control (NCIPC); (2) develops goals and objectives and provides leadership, policy formation, scientific oversight, and guidance in program planning and development; (3) coordinates NCIPC program activities with other CDC components, other PHS agencies, PHS regional offices, other Federal agencies, State and local health departments, community-based organizations, business and industry; (4) consults and coordinates activities with medical, engineering, and other scientific and professional organizations interested in injury prevention and control; (5) provides administrative support, program management and fiscal services to the Center; (6) supports the activities of the Secretary's Advisory Committee for Injury Prevention and Control; (7) coordinates technical assistance to other nations and international organizations in establishing and implementing injury prevention and control programs; (8) directs and coordinates information resources management activities, the production and distribution of technical and nontechnical injury prevention and control publications and information, and the

conduct of health education and health promotion activities; (9) provides overall guidance and support for center-wide grant activities; and (10) serves as primary liaison between NCIPC and the National Center for Health Marketing on communications and marketing science, and its associated research and practice. (Approved 4/2/2008)

Office of Policy, Planning and Evaluation (CTC12)

(1) Within the policies and guidelines of HHS, PHS, and CDC, conducts NCIPC planning and evaluation activities including tracking program objectives and performing evaluation studies; (2) provides information for the development of NCIPC's annual budget submission and supporting documents; (3) reviews, prepares, and coordinates policy and briefing documents; analyzes and implements policies related to the center; and (4) provides liaison with staff offices and other officials of CDC. (Approved 2/2/2003)

Office of Program Management and Operations (CTC13)

(1) Plans, coordinates, and provides administrative and management support, advice, and guidance to NCIPC; (2) coordinates NCIPC-wide administrative management and support services in the areas of fiscal management, personnel, travel, and other administrative services; (3) prepares annual budget formulation and budget justifications; (4) coordinates NCIPC requirements relating to contracts, grants, cooperative agreements, and reimbursable agreements; (5) develops and implements administrative policies, procedures, and operations, as appropriate, for NCIPC, and prepares special reports and studies, as required, in the administrative management areas; (6) maintains liaison with related staff offices and other officials of CDC. (Approved 9/29/2004)

Extramural Research Program Office (CTC16)

The Extramural Research Program Office (ERPO) plans, develops, coordinates, and evaluates extramural research activities in cooperation with centers, divisions, and offices within the Coordinating Center for Environmental Health and Injury Prevention. In carrying out its mission, the ERPO: (1) Directs the extramural research program by planning, coordinating, developing, implementing, monitoring, and evaluating extramural research that is designed to address center priorities; (2) participates with divisions and offices within the center to establish research priorities for the center; (3) provides scientific leadership in the areas of extramural research supported by the center; (4) promotes and prepares initiatives to stimulate extramural research in relevant priority areas; (5) coordinates and conducts in-depth external peer review and secondary program relevance review of extramural research applications by use of consultant expert panels; (6) makes recommendations to the center director on award selections and staff members serve as the program officials in conjunction with CDC grants management and policy officials to implement and monitor the scientific, technical, and administrative aspects of awards; (7) facilitates scientific collaborations between external and internal investigators; (8) disseminates and evaluates extramural research progress, findings, and impact; and (9) assists the Office of Chief Science Officer, CDC, in developing extramural research policies and oversees the implementation of those policies within the center. (Approved 1/9/2007)

Office of Statistics and Programming (CTCB)

(1) Develops, evaluates, and implements innovative statistical, computer programming, and data management methods for application to injury surveillance, epidemiologic studies, and programmatic activities; (2) provides expert consultation in statistics, programming, and data management to all NCIPC staff; (3) collaborates with NCIPC scientists on epidemiologic studies and provides associated technical advice in the areas of study design, sampling, and the collection, management, analysis, and interpretation of injury data; (4) coordinates, manages, maintains and provides tabulations from national surveillance systems and other data sources that contain national, State and local data on injury morbidity and mortality; (5) prepares and produces high quality statistical reports and publications material for information presentation and dissemination by NCIPC staff; (6) advises the Office of the Director, NCIPC, in the area of data and systems management and on surveillance and statistical analysis issues relevant to injury program planning and evaluation; (7) in carrying out the above functions, collaborates with other Divisions/Offices in NCIPC, CDC Centers/Institute/Offices, PHS agencies, and other Federal departments and agencies, and private organizations as appropriate. (Approved 8/15/1995)

Office of the Director (CTCB1)

(1) Plans, directs, and manages the activities of the Office of Statistics and Programming and provides administrative and management support; (2) reviews reports, publications, and other materials for statistical integrity and validity; (3) makes recommendations and provides technical advice to the Office of the Director, NCIPC, on statistical and surveillance issues relevant to injury prevention and control; (4) coordinates Office activities with other Offices and Divisions within NCIPC, other CDC components, PHS agencies, other Federal agencies, State and local health departments, and other public and private organizations, as appropriate. (Approved 8/15/1995)

Division of Violence Prevention (CTCC)

(1) Provides leadership in developing and executing a national program for the prevention and control of non-occupational violence-related injuries and death which addresses, but is not limited to, youth violence, intimate partner violence, sexual violence, suicide, elder abuse, and child abuse; (2) develops and disseminates policies, recommendations, and guidelines for the prevention of violence and its consequences; (3) proposes goals and objectives for national violence prevention and control programs, monitors progress toward these goals and objectives, and recommends and develops guidelines for priority prevention and control activities; (4) facilitates similar strategic planning activities by other Federal, State, and local agencies, academic institutions, and private and other public organizations; (5) plans, directs, conducts, and supports research focused on the causes of violence and the development and evaluation of strategies to prevent and control violence-related injuries and deaths; (6) plans, establishes, and evaluates surveillance systems to monitor national trends in morbidity, mortality, disabilities, and cost of violence-related injuries and deaths, and facilitates the development of surveillance systems by State and local agencies; (7) plans, conducts, supports, and evaluates demonstration projects and programs to prevent and control violence; (8) provides technical assistance,

consultation, training, and epidemiological, statistical, educational, and other technical services to assist State and local health departments and community-based organizations in the planning, development, implementation, evaluation, and overall improvement of violence prevention programs; (9) supports the dissemination of research findings and transfer of violence prevention and control technologies to Federal, State, and local agencies, private organizations, and other national and international groups; (10) in carrying out the above functions, collaborates with other Divisions of NCIPC, CDC Centers/Institute/Offices, HHS, other Federal, State, and local departments and agencies, academic institutions, and voluntary, private sector, and international organizations, as appropriate. (Approved 3/5/2001)

Office of the Director (CTCC1)

(1) Plans, directs, and evaluates the activities of the Division; (2) provides national leadership and guidance in policy formation and program planning, development, and evaluation; (3) provides administrative, fiscal, and technical support for Division programs and units; (4) assures multi-disciplinary collaboration in violence prevention and control activities; (5) provides leadership for developing research in etiologic, epidemiologic, and behavioral aspects of violence prevention and control, and for coordinating activities within the Division and others involved in violence prevention; (6) prepares and monitors clearance of manuscripts for publication in scientific and technical journals and publications, including articles and guidelines published in the “MMWR,” and other publications for the public; (7) prepares, tracks and coordinates controlled and general correspondence; (8) prepares responses and coordinates provision of materials requested by Congress and the Department of Health and Human Services; (9) coordinates international violence prevention and control activities of the Division; (10) collaborates, as appropriate, with other divisions and offices in NCIPC, and with other CIOs throughout CDC; (11) collaborates, as appropriate, with non-governmental organizations to achieve the mission of the Division; (12) establishes linkages with other CIOs and national level prevention partners that impact on violence prevention programs. (Approved 7/21/2006)

Etiology and Surveillance Branch (CTCCB)

(1) Plans, directs, conducts, and supports research focused on identifying high-risk population groups, causal factors, and other risk and protective factors, including psychosocial, cultural, and contextual determinants, for violence and its consequences; (2) conducts national surveillance and surveys of violence and its consequences, analyzes incidence and prevalence data, and monitors trends in violence and its trajectory across the lifespan; (3) identifies research findings and technologies that have potential to prevent or control violence and its consequences; (4) assists State and local health agencies to establish violence surveillance systems and to utilize surveillance data to describe the state or local burden of violence; (5) designs and conducts other etiologic and epidemiologic research that contributes to scientific knowledge regarding violence; (6) monitors activities of contracts, cooperative agreements, and grants to ensure operational objectives are being met; (7) provides information on violence surveillance and epidemiology to the scientific community and the general public through publications and presentations that include, but are not limited to, quantitative syntheses; (8) works with other branches to stimulate the development, evaluation, and dissemination of intervention and prevention strategies; (9) provides leadership and expands collaborations with other Federal, State, local, voluntary,

professional and international organizations in all aspects of surveillance and etiologic research activities of violence and its consequences. (Approved 3/5/2001)

Prevention Development and Evaluation Branch (CTCCC)

(1) Plans, directs, conducts, and supports applied research focused on the development and evaluation of strategies and interventions to prevent violence-related injuries and deaths; (2) develops and evaluates methodologies for conducting program evaluation; (3) evaluates the effectiveness, costs, and impact of violence prevention interventions, strategies, policies, and programs as practiced or implemented by public health agencies and organizations at the national/regional and state/local levels; (4) uses research findings to develop and improve the impact of interventions to reduce risk factors for violent behavior and its consequences; (5) assesses socioeconomic, educational, and other factors for use in targeting and evaluating prevention programs; (6) collaborates in the application of evaluation findings and techniques to the ongoing assessment and improvement of violence prevention and control programs; (7) conducts research activities that include economic evaluations of violence prevention, including assessments of alternative prevention strategies to encourage the best use of prevention resources; (8) applies evaluation methods to improving violence prevention activities, including serving as a resource to other branches, grantees, and prevention partners in the development of methods to support systematic assessment and continuous improvement of violence prevention programs; (9) monitors activities of contracts, cooperative agreements, and grants to ensure operational objectives are being met; (10) works with other branches to stimulate etiologic research, surveillance, and programmatic activities; (11) contributes to the intervention research literature by publishing regularly in peer-reviewed journals and CDC-sponsored publications that include, but are not limited to, the synthesis of the implementation and evaluation of violence prevention and intervention strategies; (12) collaborates with other components within CDC and HHS and other Federal agencies, national professional, voluntary and philanthropic organizations and international agencies. (Approved 3/5/2001)

Program Implementation and Dissemination Branch (CTCCD)

(1) Provides programmatic leadership and support for violence prevention and control programs at the state, local, and community levels through the development and dissemination of policies, recommendations, and guidelines for the prevention of violence and its consequences; (2) conducts research to examine the processes and factors that influence effective and efficient translation, diffusion, and sustainability of intervention research findings to violence prevention programs; (3) works with other Division branches to synthesize, translate, and disseminate research findings applicable to violence prevention program managers, practitioners, and policy-makers through training, conferences, newsletters, and other means; (4) provides technical consultation, support, and services to national, State, and local health agencies, and non-governmental organizations to plan, develop, and implement violence prevention programs and to evaluate the overall quality and effectiveness of prevention activities; (5) assesses training and technical assistance needs and develops strategies to address the training of grantee organizations, other external partners involved in violence prevention programs and activities, and Division staff; (6) monitors, tracks, and assesses program activities in state-based violence prevention programs; (7) develops and maintains liaison and collaborative relationships with

professional, community, international, and voluntary agencies involved in violence prevention and control activities; (8) provides linkages between health department violence programs and other governmental and non-governmental agencies, and managed care community or private medical sector to enhance and evaluate violence prevention services in public and private health care delivery systems; (9) monitors activities of contracts, cooperative agreements, and grants to ensure operational objectives are being met; (10) produces and provides scientific, statistical, visual, and technical information and materials on violence prevention for dissemination to health care professionals, public health officials, prevention partners, the media, and the general public, through publications, newsletters, bibliographies, press releases, public service announcements, and other electronic and printed materials; (11) maintains a specialized collection of violence resources that includes subject files and reprints of CDC-authored publications and “MMWR” articles; (12) works closely with relevant offices or groups, including the NCIPC Office of Communication Resources and the CDC Office of Communication, to secure appropriate clearance of materials; (13) implements national violence prevention public information programs and assists in developing strategic communications activities and services at the national level to inform and educate the American public about violence, especially people who are at greatest risk. (Approved 3/5/2001)

Division of Unintentional Injury Prevention (CTCD)

(1) Provides leadership and coordination of a national program for the prevention and control of non-occupational unintentional injuries through collaborative efforts with Federal, State and local agencies, and public and private sector organizations; (2) proposes goals and objectives for the prevention and control of unintentional injuries, monitors and evaluates progress towards their achievement, determines priority recommendations, develops guidelines, and facilitates implementation strategies in cooperation with other Federal agencies, State and local health agencies, academic institutions, public and private sector organizations, and international agencies; (3) provides scientific consultation and technical advice to states and localities to increase their capacity to develop, implement, and evaluate unintentional injury programs and surveillance activities; (4) plans, establishes, and evaluates surveillance systems to monitor national trends in morbidity, mortality, disabilities, and costs of unintentional injuries; (5) plans, directs, conducts, and supports research to assess environmental, social, behavioral, and other risk factors and evaluate intervention activities to prevent and control unintentional injuries; (6) plans and directs strategies to collect, analyze, and interpret scientific findings from surveillance and epidemiologic research activities for use in evaluating trends, setting priorities, and developing intervention strategies for unintentional injuries; (7) plans, directs, supports, and evaluates demonstration programs to prevent and control unintentional injuries; (8) supports dissemination of injury prevention and control research findings and transfer technologies to Federal, State, and local health agencies, public and private sector organizations, and other national and international groups with responsibilities and interests related to unintentional injuries; (9) supports training to increase the number and competence of personnel engaged in injury prevention and control research and practices; (10) facilitates the development of scientific approaches to injury prevention and control through publication of research findings in professional journals and through participation in national and international meetings, seminars, and conferences; (11) carries out mission through collaborative efforts with NCIPC Divisions and Offices, CDC Centers/Institute/Offices, PHS agencies, other Federal departments and

agencies, State and local agencies, and professional and private organizations. (Approved 10/25/1993)

Division of Injury Response (CTCE)

(1) Plans, establishes, and evaluates national and state based surveillance systems to monitor the incidence, causes, risk factors, and treatments of outcomes of injuries; (2) coordinates a nationwide program to develop and enhance core injury capacity in public health agencies; (3) evaluates programs to prevent adverse outcomes of injuries or reduce the impact of such injuries on individuals and society; (4) conducts research on the medical aspects of injury, disability and health services for such conditions; (5) supports epidemiological and applied research and demonstration efforts to improve the effectiveness of health care and rehabilitation services and systems; (6) supports surveillance efforts directed at TBI and other national, state and local priorities; (7) collaborates with the Disabilities Prevention Program, National Center for Environmental Health, CDC, in providing technical assistance and consultation to states, communities, and research and academic institutions in the prevention of disabilities due to injuries; (8) ensures integration of research and findings into NCIPC intramural programmatic activities; (9) represents the scientific agendas of the NCIPC extramural research program; (10) serves as the focal point for traumatic head and spinal cord injury activities within CDC; and (11) supports training programs and disseminates research findings to strengthen the competence of practitioners and researchers in acute care and rehabilitation. (Approved 1/27/2006)