



EMORY  
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MEDICINE

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Injury Prevention Research  
Center at Emory

# STRATEGIC PLAN REPORT

Injury Prevention Research Center at Emory (IPRCE)

2020 - 2025

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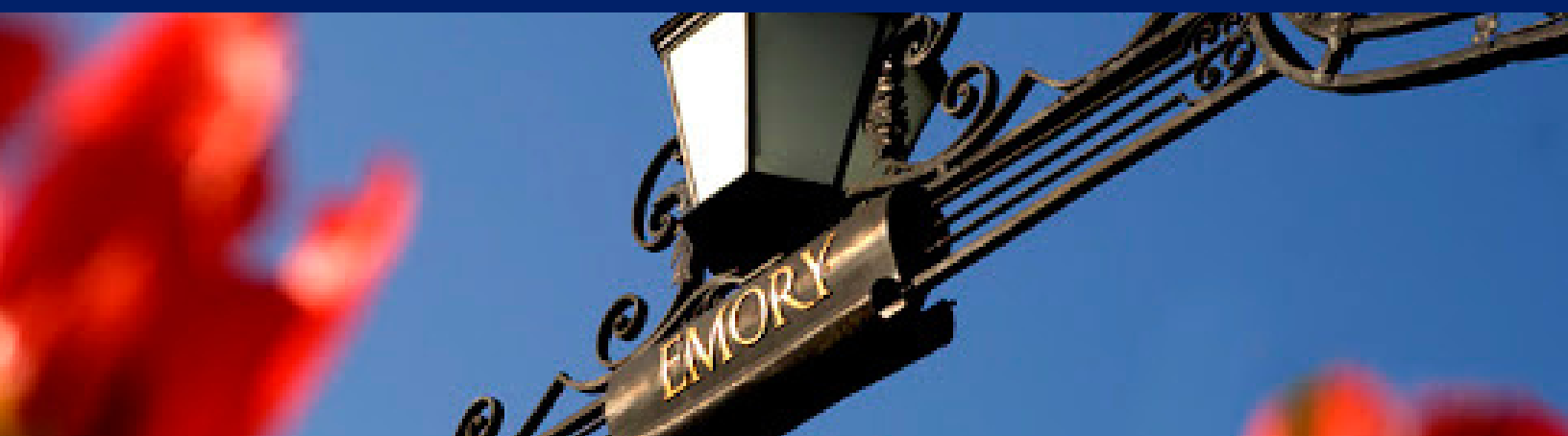
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# EXECUTIVE SUMMARY



The Injury Prevention Research Center at Emory (IPRCE) has completed a year-long strategic planning process and compiled this report of the process and the outcomes, including themes, goals, and short, mid, and long-term initiatives. The following summarizes the history of the Center, our strategic planning process, strategic planning results, and a set of proposed initiatives for the next five years that arose from the strategic planning process.

In 2019, IPRCE was awarded \$4.2M over five years by the Centers for Disease Control and Prevention's Injury Control Research Center (ICRC) program. Leveraging this funding, IPRCE is expanding its reach to include Georgia and the Southeast and has revised its mission to the following:

*IPRCE brings together multidisciplinary stakeholders from diverse backgrounds to advance injury, violence, and overdose prevention in Georgia and the Southeast region. We support and conduct research that translates to effective injury prevention strategies and improvements in health outcomes. We provide educational opportunities for researchers, practitioners, and students to improve their access to the latest evidence-based practices and cutting-edge research. We perform outreach that amplifies the injury communications of our members and partners and ensures that the results of our research are accessible to those that benefit from it.*

The following outlines the process that IPRCE followed to develop our strategic plan for 2020-2025.



### Strategic Planning Activities

IPRCE leadership engaged the Emory School of Medicine Strategic Initiatives Team to provide advice and guidance on all parts of our strategic planning process. As a first step, leadership performed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis to identify focus areas for the strategic planning process.

## SWOT Analysis Results

### STRENGTHS

- Multi-institutional leadership team
- High visibility and recognition within Georgia
- Strong external advisory committee
- Unique Task Force approach
- CDC ICRC funding award

### WEAKNESSES

- Prior lack of funding
- Need for a sustainability plan
- Difficulty gaining visibility within Emory
- Lack of long-term strategy for education
- Weak social media presence
- Task Forces need more research expertise
- Lack of value proposition for researchers

### OPPORTUNITIES

- Increase presence at Emory by recruiting Emory core faculty and engaging with Emory Communications
- Create an educational strategy by collaborating with new and existing stakeholders
- Enhance value proposition for researchers

### THREATS

- Single source of funding
- No sustainable plan for funding
- Low visibility at Emory
- CDC restrictions on pilot grant funding

IPRCE leadership, and our steering committee which includes leaders of key stakeholder groups, used the results of the SWOT to identify six focus areas for the strategic planning process. The six focus areas were used to develop six questions, one for each focus area. Six small groups consisting of a diverse set of key stakeholders were formed to address the question assigned to their group. The questions and the associated small group recommendations were:

#### 1. How do we increase our internal visibility, connectivity, and presence at Emory?

Recommendations included collaborating with Emory Office of Respect in outreach and education targeted at students, and engaging faculty and staff through human resources including partnering with human resources on communications focused on injury prevention. It was also recommended to advertise IPRCE's availability to guest lecture in courses as a way to engage students and faculty partners and increase awareness among faculty regarding IPRCE's expertise and capability.

**2. How do we establish a more impactful social media presence?**

Recommendations included establishing a social media yearly calendar that defines communications topics and associated communication modes, and identifying dissemination pathways to reach relevant parts of our target audiences. Content disseminated through social media should prioritize IPRCE generated information (e.g., research results), partner-generated content, novel relevant information from outside sources.

**3. How do we increase the number of external (non-Emory) researchers engaged with IPRCE?**

Recommendations were to provide clarity on what is required from external faculty members who formally engage with IPRCE and what benefits are available to external faculty. It was also recommended that IPRCE provide meaningful involvement and visibility to external faculty through activities such as hosting meetings and networking events, inviting external researchers to present their work at IPRCE events, and publicizing a list of researchers who are currently engaged with IPRCE.

**4. How do we increase the number of Emory-affiliated researchers engaged with IPRCE?**

Recommendations were to increase connectivity to faculty with interests in areas aligned with injury prevention and demonstrate how IPRCE membership supports the career development of junior faculty. It was also recommended that IPRCE should clearly articulate the benefits to faculty that arise from affiliating with the Center. Examples of desired benefits include: opportunities to apply for pilot grants, facilitating faculty collaborations, facilitating opportunities to contribute to publications, providing learning and funding opportunities for graduate students, supporting injury prevention fellowships, and facilitating senior/junior mentoring relationships.

**5. What innovative strategies can we use to develop the next generation of injury prevention professionals?**

Recommendations focused on students and early career professionals, especially engaging students by providing education and training relevant to current events and supporting activities focused on changing norms or legislation through advocacy. Other recommendations included developing educational programming that spans topics and modes of communication that exist on a scale from lower to higher cognition and time investment, and accomplishing this by leveraging partner organizations. Also, health equity and social justice were recognized as important topics, as was diversity, and inclusion IPRCE activities, including the delivery of educational programming.

## 6. **How can IPRCE better engage its task forces in its research, education/training, and outreach missions?**

Recommendations included clarifying the roles and responsibilities of task force members and leaders, updating task force members on research studies and current IPRCE events, identifying additional task force members who are engaged in research, and a conducting a yearly review of task force goals and objectives.

Four themes were identified in the feedback obtained from the six small group discussions. The themes are 1) Connectivity, Communication, and Enhanced Visibility; 2) Professional Development; 3) Engagement and Value Proposition; and 4) Diversity, Equity, and Inclusion (DEI). A set of four draft strategic goals were developed that were reflective of these themes, as were potential initiatives and associated actions that IPRCE could undertake to meet these goals. A report out meeting was then held at which draft goals, initiatives, and potential actions on initiatives were discussed. Attendees at this meeting were supportive of the proposed goals and initiatives but did suggest some additional proposed actions.

Following the report out meeting, IPRCE leadership reviewed the feedback from attendees and the proposed goals, initiatives, and associated actions. Based on this feedback, a fifth goal related to health equity and social justice was added. Proposed goals and associated initiatives are summarized below. Proposed actions on proposed initiatives can be found in the body of the report. The following also identifies target completion dates for initiatives short-term (next year), mid-term (next 2-3 years), or long-term (within 4-5 years).



## Goal 1: Improve visibility and foster connectivity through targeted communications and events

Initiatives	Short	Mid	Long
Develop a social media plan to increase engagement with IPRCE starting at Emory, expanding externally – local, state government, and community organizations, future students and researchers, and the general public.	✓		
Strengthen collaboration with external organizations by increasing visibility of researchers' work through social media.	✓		
Identify ambassadors / champions who will help amplify the Center's mission and connect with the community to identify potential partners and intersections.	✓	✓	
Build awareness with faculty from different schools/departments at Emory and other institutions on how their research interest relates to injury prevention, and a potential relationship with IPRCE, by redefining the disciplines that impact injury science.		✓	
Encourage interdisciplinary collaboration among students and foster continued collaboration between researchers through task force meetings, special issue journals, and research opportunities.		✓	
Strengthen collaboration with external organizations by increasing researcher visibility.			✓



## Goal 2: Enhance the skills, knowledge, and resources for students, practitioners, and researchers.

Initiatives	Short	Mid	Long
Increase student involvement in injury prevention by improving education and training experiences.		✓	
Create mentorship opportunities with research faculty and practitioners to encourage junior faculty and students to pursue careers in injury prevention.		✓	
Attract researchers by providing training, offering research and educational opportunities.		✓	
Engage students (public health, sociology, psychology, medicine, etc.) earlier in their educational process.			✓
Develop educational tools that are across the continuum of modalities, utilizing the results of the IPRCE needs assessment in the prioritization of content.			✓

### Goal 3: Create better engagement with IPRCE by developing and articulating our clearly defined value proposition for our existing injury prevention partners as well as those within the broader community.

Initiatives	Short	Mid	Long
Support task forces in developing yearly goals that align with the IPRCE strategic plan.	✓		
Clearly outline roles and responsibilities of task force members; encourage engagement in research (microgrants, grants) and education/training.	✓		
Provide clear and defined value propositions for researchers and partners within the community that will enhance sustained engagement.		✓	
Develop messaging to raise awareness of the scope of activities that fall under the umbrella of injury prevention.			✓

### Goal 4: Build a culture that ensures a sustained, engaged and supportive work environment where everyone thrives.

Initiatives	Short	Mid	Long
Develop a plan that includes criteria for defining and measuring diversity, and inclusion and how it will be implemented within our structure and our program operations.	✓		
Encourage early/mid-career professionals from groups that are groups underrepresented in injury prevention to participate in IPRCE.		✓	
Create a diversity and inclusion “lens” that is used for all goals, initiatives, and tasks.		✓	

## Goal 5: Develop and enhance research, outreach, education on the role of health equity and social justice in injury prevention.

Initiatives	Short	Mid	Long
Develop a campaign about eliminating stigmatizing language in our messaging.	✓		
Implement a social media focus on health equity and social justice.		✓	
Engage our core faculty in social justice and health equity research, education, and outreach as it relates to injury prevention.		✓	
Create trainings on the relationship between health equity and injury prevention; including the influence of social determinants of health on ACEs.			✓
Advocate and address challenges with data collection and utilization.			✓

## NEXT STEPS

Moving forward, IPRCE will develop evaluation metrics for each initiative and associated action. The strategic plan and evaluation metrics will be reviewed on an annual basis and will be formally revisited with our stakeholders in the third year of the plan.

# ABOUT IPRCE

The Injury Prevention Research Center at Emory (IPRCE, formally known as the Emory Center for Injury Control [ECIC]) was established in 1993 by Dr. Arthur L. Kellermann, with a mission to reduce injury-related morbidity and mortality. Dr. Kellerman served as the initial Director of IPRCE for 13 years and was also named as the founding Chair of the Emory University School of Medicine's Department of Emergency Medicine. Additionally, Dr. Kellerman served as a professor in the Rollins School of Public Health.

Under the auspices of Emory School of Medicine and the Emory Rollins School of Public Health, the Center began to address the most pressing issues of violence-related injury by bringing together the leading professionals in specialized areas of violence prevention. As a result, the professional diversity of joining together the Emory School of Medicine and the Rollins School of Public Health allowed the Center to take on and sustain a multidisciplinary and collaborative approach to reducing the impact of injury and violence. IPRCE has a longstanding history of facilitating collaboration, supporting innovative research, training practitioners and researchers, and helping bridge the gap between science and practice. The Center continues to build on its legacy of excellence and has made an impact on the history of injury prevention in Georgia.



# MILESTONES

The Injury Control Fellowship was developed, and the current Associate Director of Education and Training, Dr. Sheryl Heron, became the inaugural fellow. The fellowship was created to foster and advance Emergency Medicine physicians' knowledge of injury and violence.

1996

Dr. Debra Houry became the Associate Director for IPRCE. As Associate Director, she developed and began offering the Violence as a Public Health Problem course in the Rollins School of Public Health. The course focused on epidemiology, surveillance, and prevention of interpersonal and self-directed violence.

2002

Dr. Houry assumes the role of Director of IPRCE, and continued the efforts to build violence prevention programming focused on research, education, outreach and advocacy.

2006

The Center experienced a crucial milestone when it was awarded a 5-year, Injury Control Research Center grant from the CDC, and became recognized as one of the 11 ICRCs in the country. This grant allowed IPRCE to make great strides in expanding its administrative infrastructure and managing an increased portfolio of programs and services available to its growing community of researchers, practitioners, and students.

2009

The IPRCE Injury & Violence Prevention Certificate Program was launched at Emory University and was designed to give MPH and PhD students a foundation in theoretical and epidemiologic concepts of injury prevention and control.

2013

2014

As a result of an unsuccessful application for a second five years of ICRC funding, IPRCE was forced to cut many of its programs, including pilot grant research opportunities, summer scholarships, and education and training opportunities. In October of 2014, Dr. Debra Houry, the current director of IPRCE accepted the position of the Director of the National Center for Injury Prevention and Control, as well-deserved recognition for her many years of dedicated work in the injury prevention field. As a result, Dr. David Wright, Vice Chair for Research in the Department of Emergency Medicine at Emory became the interim director of IPRCE.

2015

Under the leadership of Dr. David Wright IPRCE initiated its focus on the five top causes of injury and injury death in Georgia, by forming five task forces, each one specific to a mechanism of injury (Violence, Drugs, Transportation, Traumatic Brain Injury and Falls). The strategy was to address the research gaps and support meaningful reductions in injury problems. Injury problems existed in motor vehicle crash; the looming opioid crisis; violence that plagued our cities and suicide, which tends to be higher in our rural counties; traumatic brain injuries; and falls that often occur in our oldest and youngest populations. The change in focus was supported by IPRCE's stakeholders, including the Georgia Department of Public Health's Injury Prevention Program, Grady Health System, and Children's Healthcare of Atlanta. To address the research, education and outreach gaps, IPRCE formed five task forces each one specific to a mechanism of injury (Violence, Drugs, Transportation, Traumatic Brain Injury and Falls).

2016

Dr. Jonathan Rupp, was hired to become the IPRCE Center Director. Dr. Rupp is a well-known transportation researcher who has collected and analyzed data on crashes and crash injury to identify risk and protective factors, Dr. Rupp has been instrumental in the growth of IPRCE's research agenda, mentoring of faculty, and in the passage of HB673 Georgia's Hands-free Law in 2018.

2019

In July Emory University was awarded \$4.2 million over the next five years to fund IPRCE. IPRCE became one of nine centers in the U.S. being funded by the National Center for Injury Prevention and Control at the CDC, under the Injury Control Research Center program.

# IPRCE TODAY

## CORES

IPRCE is organized into four cores: Administrative Core, Outreach Core, Education and Training Core, and Research Core. The Administrative Core provides the scientific and organizational leadership needed to achieve adequate planning, managing, and evaluation of the Center's aims. The core also functions as the central body for coordinating the Center's many goals and initiatives. The Outreach Core utilizes a network of stakeholders to disseminate information on new research findings, innovative programs, and injury-related events - forming a bridge from science to practice in communities across the state. The Education and Training Core embraces the philosophy of translating science into practice by providing opportunities to expand knowledge and identify educational and training needs in injury prevention. The Research Core develops, conducts, and supports multidisciplinary research on a wide range of violence and unintentional injury topic areas with the focus of reducing the burden of injury in highly vulnerable populations.

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## TASK FORCES

In addition to the Cores, IPRCE consists of five task forces which represent the leading causes of morbidity and mortality in Georgia: Transportation Safety, Drug Safety, Traumatic Brain Injury (TBI), Falls Prevention, and Violence Prevention. Membership across all five task forces exceeds 270 individuals, and each task force has been well attended since their inception in early 2016. Task force membership consists of faculty members from 8 universities, and multiple schools within Emory University, state and local public health leaders, and community stakeholders. Task force members participate in IPRCE quarterly meetings, educational and outreach events, and offer their expertise in leading educational and outreach activities. IPRCE Task Force leaders are considered to be members of the IPRCE leadership team and are invited to participate in leadership development events. Our task forces also act as advisory committees for our research projects, educational and outreach initiatives.

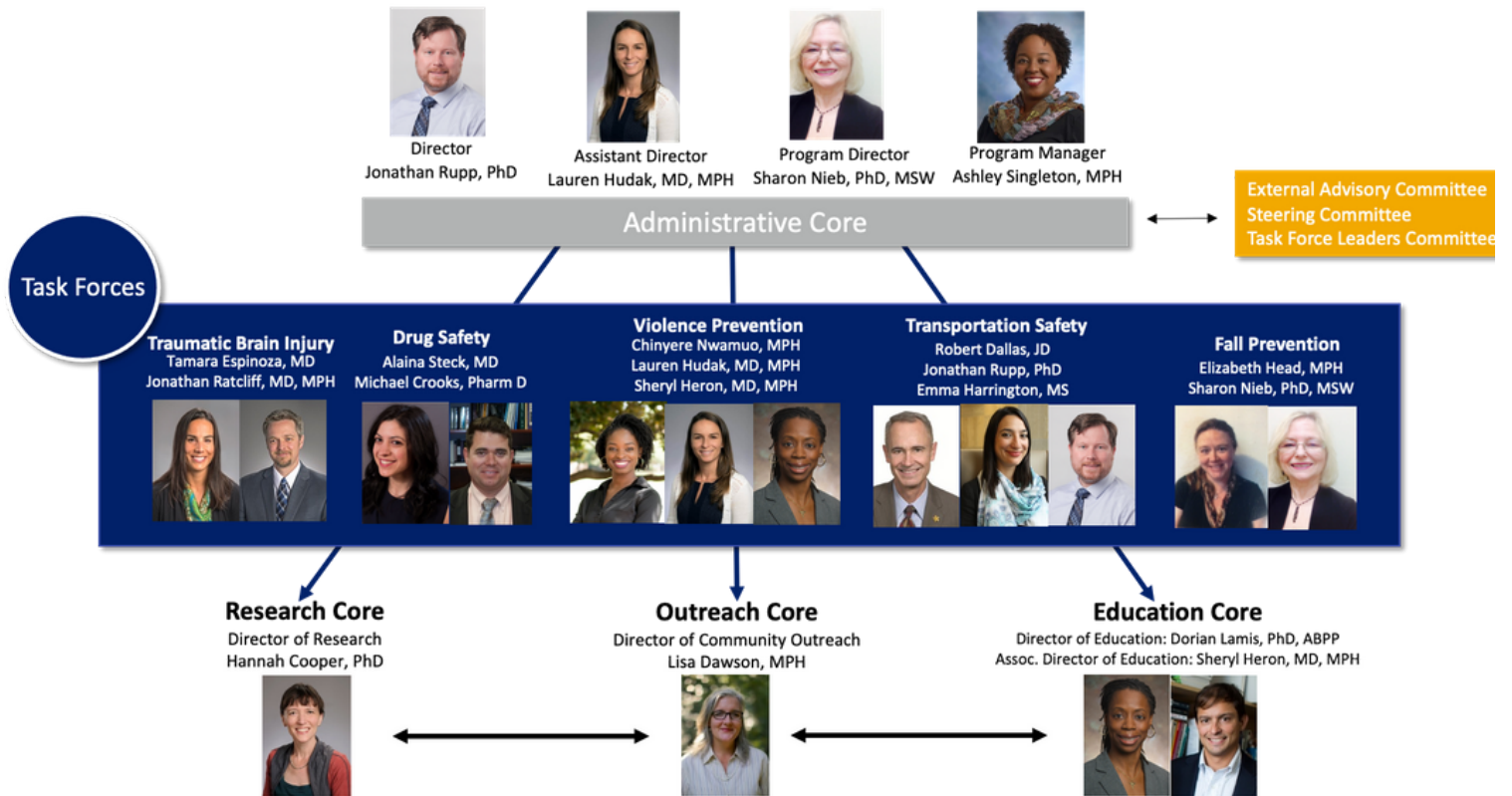
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## COMMITTEES

IPRCE is also guided by its External Advisory Committee and Steering Committee. The External Advisory Committee provides guidance on the Center's vision, long-term goals, research, and programmatic agendas. Members of the committee provide input on the Center's strategic plan and provides guidance on all functions of the Center. The Steering Committee makes decisions on the Center's functions, programs, and activities to ensure the Center is carrying out its strategic plan including all grant related deliverables.



# ORGANIZATIONAL CHART





# OUR BELIEFS

Over the past decade, IPRCE's mission has expanded as the Center broadens its focus to address additional forms of injury. IPRCE's vision, core principles, and value statement have also been refined to reflect the expanded opportunity provided by the CDC's Injury Control Research Center (ICRC) funding and our increased engagement with faculty, practitioners, students, and the community. Leveraging the outcomes of the strategic planning activities described in this document, IPRCE aims to establish a strategic foundation that will focus on shared risks and protective factors for multiple forms of injury and will address the impact of social determinants of health on injury.

## MISSION

IPRCE brings together multidisciplinary stakeholders from diverse backgrounds to advance injury, violence, and overdose prevention in Georgia and the Southeast region. We support and conduct research that translates to effective injury prevention strategies and improvements in health outcomes.

We provide educational opportunities for researchers, practitioners, and students to improve their access to the latest evidence-based practices and cutting-edge research.

We perform outreach that amplifies the injury communications of our members and partners and ensures that the results of our research are accessible to those that benefit from it.

## VISION

IPRCE-supported research, education, outreach, along with the practitioner communities that we build and support will generate transformative changes that reduce burden of injury in Georgia and the Southeast United States.

## VALUES

We value innovation in our core activities.

We value collaboration with partners and key stakeholders.

We value evidence-based policy, communications, and applied injury prevention activities.

We emphasize injury prevention research, education, and outreach that focuses on vulnerable populations and addresses the underlying causes of health disparities.

## CORE PRINCIPLES

We ensure that our membership is diverse in both its thought and work, our activities and research are inclusive of communities affected by injury problems that we work to prevent, and that we provide equitable opportunity to engage and be supported by IPRCE for those committed to injury prevention.

We support applied research and public health interventions that address the top causes of injury and injury death and work with our task forces and injury prevention networks to connect practitioners to our efforts.

We provide mentorship and support to trainees, researchers, and practitioners engaged in applications of injury, violence, and overdose prevention.

# STRATEGIC PLANNING PROCESS

IPRCE leadership and the IPRCE External Advisory Committee strongly believe IPRCE's existence is dependent upon looking beyond its current funding sources and funded goals. The purpose of our strategic plan is to provide a framework to guide and prioritize our effort in the coming years with the goal of ensuring sustainability and supporting activities that result in actionable reductions in injury.

While strategic planning typically uses the mechanism of in-person sessions or meetings, COVID-19 paused our planning process due to remote work requirements. Our leadership made the decision to move forward with the planning despite the challenge of creating engagement with our stakeholders through a remote format.

The following flow chart summarizes the strategic planning process. In brief, this process involved a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Results of the SWOT analysis were used to identify six questions that addressed IPRCE strategic priorities. Small groups with a diverse set of stakeholders were engaged to provide recommendations on how IPRCE should address these questions. A set of themes and potential strategic goals and initiatives emerged from analysis of recommendations from the small groups. Draft goals and recommendations were refined by IPRCE leadership and then discussed in a report out meeting involving small group participants and other stakeholders who were unable to participate in small groups. Results of the report out meeting included additional recommended initiatives and actions, which were then used by IPRCE leadership to develop a final set of proposed strategic goals, initiatives, and actions.



# SWOT ANALYSIS

## Assessing Our Strategic Position

Prior to COVID-19 a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was performed in order to identify focus areas for the strategic planning process. The Center Director and the Program Director carefully identified the strengths and weaknesses of each core. They also engaged the task forces in the review of the Center's SWOT analysis and incorporated all feedback into the final analysis. The results of this initial review were then sent to the Steering Committee for members to review and edit. After this review process was completed, the Steering Committee prioritized our most important strengths and opportunities, and our most pressing weaknesses, and threats.

### STRENGTHS

- Multi-institutional leadership team
- Visibility and recognition within Georgia
- Strong external advisory committee
- Unique Task Force approach
- CDC ICRC funding award

### WEAKNESSES

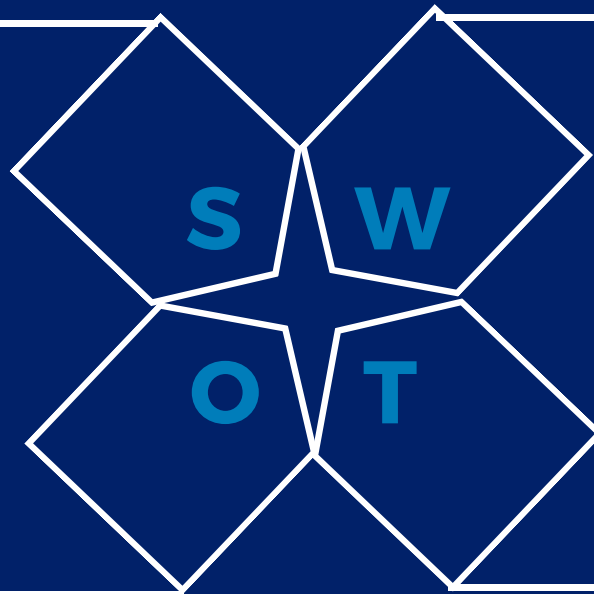
- Prior lack of funding
- Lack of a sustainability plan
- Difficulty gaining visibility within Emory
- Lack of long-term strategy for education
- Weak social media presence
- Task Forces need more research expertise
- Lack of value proposition for researchers

### OPPORTUNITIES

- Increase presence at Emory by recruiting Emory core faculty and engaging with Emory Communications
- Create an educational strategy by collaborating with new and existing stakeholders
- Enhance value proposition for researchers

### THREATS

- Single source of funding
- No sustainable plan for funding
- Low visibility at Emory
- CDC restrictions on pilot grant funding



## STRENGTHS

We identified that our greatest strengths were our multi-institutional leadership team, our visibility and recognition within our state, our recent CDC ICRC award, our strong external advisory committee, and our task forces, which represent a unique approach to engaging partners that is not used by other Injury Research Control Centers.

## WEAKNESSES

Three of our most pressing weaknesses were being unfunded for the past five years, our lack of a sustainability plan, and our difficulty gaining visibility within Emory and engagement of Emory faculty. Although the Center has well-attended educational events, a weakness was the lack of a long-term strategy for education. A weak social media presence was also apparent. Finally, our task forces needed more members with research expertise, and we lacked a well-articulated value proposition to attract researchers from Emory and other institutions to IPRCE. Leadership made a decision to address our funding vulnerability in a separate process after our strategic plan is complete. Having the strategic plan in place will provide us the additional information we need to develop a funding strategy and identify stakeholders who can help us with this process.

## OPPORTUNITIES

Opportunities to improve and enhance the Center included increasing our presence in the Woodruff Health Sciences Center through the recruitment of Emory core faculty and increasing our engagement with Emory Communications. Creating an educational strategy through new and existing collaborations with our stakeholders and enhancing the value proposition for the engagement of new researchers were also identified as opportunities.

## THREATS

Threats that were identified through our SWOT analysis and prioritized by our Steering Committee included one source of funding, loss of matching funds, getting lost in the noise at Emory, and out-of-date guidance from CDC on topics that pilot grants could address.

## Strategic Planning Consultants

In Fall of 2019, IPRCE engaged Rachel Sedlack-Prittie, Director of Strategic Initiatives for the Emory School of Medicine, and her staff to guide our strategic planning process. After reviewing the results of our SWOT analysis, the Director and her staff provided us with recommendations on our small group questions, assisted with identifying themes from small group feedback, and helped us craft the goals and proposed initiatives that were discussed at our report out meeting in July. Her team also facilitated this meeting and developed a summary report on themes, goals, and initiatives.

After careful review of our SWOT analysis our Steering Committee approved our decision to move forward in a virtual format with stakeholder input on the following six questions:

1

How do we increase our internal visibility, connectivity, and presence at Emory?

2

How do we establish a more impactful social media presence?

3

How do we increase the number of external researchers (non-Emory) engaged with IPRCE?

4

How do we increase the number of internal researchers (Emory) engaged with IPRCE?

5

What innovative strategies can we use to develop the next generation of injury prevention professionals?

6

How can IPRCE better engage its task forces in its research, education/training, and outreach missions?

This process would normally be done in a 1-2 day, in-person strategic planning workshop; however, due to our current circumstances regarding the COVID-19 pandemic we held six small virtual groups (one for each question) over a period of 3-4 weeks. Group attendance ranged from 6-15 participants. Group membership was determined on a question-by-question basis and participants were selected due to their knowledge and experience with the topic. The selection process involved recruiting participants from a diverse range of backgrounds, including those who had varying levels of involvement with the Center. For some, the small group sessions were their first group encounter with Center. Group facilitators were selected from the IPRCE leadership team. Each group facilitator followed a script which included questions to generate discussion and feedback related to the question. Attendee name, title, and organization for each group and the report out meeting are provided in the Appendix.

# SMALL GROUP MEETINGS

## GROUP 1

### **How can IPRCE increase its internal visibility, connectivity, and presence at Emory?**

Participants in the small group discussion on how IPRCE can increase its visibility within Emory confirmed that other departments/centers at Emory also struggle with this question. The initial discussion focused on the main goal of IPRCE for this group – to engage a diverse group of stakeholders within Emory who are involved in communication and can provide IPRCE with guidance on methods and mechanisms of engagement that will increase the touch points for faculty, staff and students.

Additional discussion focused on how to maintain engagement. Suggestions for initiating and maintaining engagement included collaborating with the Emory Office of Respect and engaging faculty and staff through Human Resources (HR). For the latter, using various communication approaches were recommended such as establishing relationships with HR representatives within all schools by partnering with them on appropriate webinars, and acting as a source of injury prevention content for Emory HR communication modes, such as newsletters, and email. HR engagement would be dependent upon joint areas of interest such as intimate partner violence, suicide prevention, and substance use disorders. Finally, it was suggested that IPRCE faculty could offer to guest lecture in undergraduate and graduate courses at Emory as a way to engage students and faculty partners, and increase awareness among faculty regarding IPRCE's expertise and capability.

## GROUP 2

### **How do we establish a more impactful social media presence?**

Participants in the small group discussion on how to establish a more impactful social media presence suggested establishing a social media calendar, defining the social media content mix, selecting appropriate social media modes, and determining content drivers. It was recommended that the social media calendar be yearly and include identifying topics and the social media communication modes to be used for each topic. Selection of social media communication modes should be based on target audiences (e.g., students, faculty, practitioners, or the public) and where possible should identify communications contacts within target organizations who can be engaged in dissemination. The content should contain a mix of sharing others' work and IPRCE's work, with the selection of a few social media platforms, and the identification of "champions" for each target audience and topic. It was noted that unforeseen circumstances often occur and calendar content may need to be revised to adjust to emerging issues. Flexibility is key in developing a social media plan.

## GROUP 3

### **How do we increase the number of researchers external to Emory engaged with IPRCE?**

Participants in the small group discussion on how IPRCE can increase engagement of faculty external to Emory were selected from the 20+ external researchers who had engaged with IPRCE in the past year by either participating in an IPRCE task force or providing education and training as part of an IPRCE hosted event. Recommendations from this group focused on ways to increase “meaningful” involvement with IPRCE and IPRCE visibility by providing clarity on the responsibilities of what being an external faculty member entails, defining what resources are available to external faculty members, hosting meeting and networking events, inviting researchers to present their work at IPRCE events, and publicizing a list of researchers who are currently engaged with IPRCE.

## GROUP 4

### **How do we increase the number of Emory researchers engaged with IPRCE?**

Participants in the small group discussion on how IPRCE can increase engagement with researchers at Emory were selected from the group of Emory faculty members who had participated in at least one IPRCE activity. Invitations to participate in the small group were weighted toward faculty who only occasionally participated in IPRCE activities, as this group more closely represented those that we want to further engage. Participants suggested that IPRCE should focus on increasing connectivity between faculty with injury prevention interests. A junior faculty member felt articulating the value of IPRCE toward career advancement was critical to recruiting junior faculty. Like non-Emory faculty, Emory faculty would like to see a clear benefit of participation such as generating opportunities to collaborate and jointly contributing to publications, providing graduate student experiences and support, facilitating senior/junior faculty mentorship, and Center-funded injury prevention fellowships.

## GROUP 5

### **What innovative strategies can we use to develop the next generation of injury prevention professionals?**

Several impactful ideas on how to develop the next generation of injury prevention professionals were recommended by the small group. A substantial portion of the discussion focused on student education, including how to engage students by providing content relevant to current events and supporting activities focused on changing norms or legislation through advocacy. Focusing on diversity and inclusion in training activities, ensuring that those providing training come from diverse backgrounds and represent populations affected by injury problems was emphasized. Incorporating health equity concepts and the role of social determinants of health on injury into educational offerings also emerged as a key recommendation. It was also recommended that IPRCE develop a strategy for the delivery of educational content that incorporates modalities ranging from those requiring less cognition (e.g., tweets) to more cognition (e.g., webinars, workshops, professional certificates). It was suggested that IPRCE continue to partner with the Region IV Public Health Training Center in the development of joint educational events.

## GROUP 6

### **How can IPRCE better engage its task forces in its research, education/training, and outreach missions?**

IPRCE leadership was concerned about insufficient connectivity between task forces and that task forces lacked connectivity within the Education, Outreach and Research Cores. The small group discussion confirmed that IPRCE task force leaders were somewhat unclear about their roles and responsibilities, especially as it related to developing annual goals and objectives. Additionally, there was a lack of awareness among some participants regarding the role and responsibility of task forces in identifying and addressing research gaps. However other participants were aware of the gaps in research but their task force lacked consistent attendance of researchers who could be engaged to address these gaps. Participant recommendations included a clarifying of the roles and responsibilities of task force members and task force leaders; providing informal updates about IPRCE research studies, outreach and education events at each task force meeting; recruiting additional researchers to participate in task force meetings; and holding a yearly meeting between task force and IPRCE program leadership to develop goals and objectives for each task force.



# THEMATIC AREAS OF FOCUS

Four themes were identified as a result of the six small group discussions. The themes are Connectivity, Communication, and Enhanced Visibility; Professional Development; Engagement and Value Proposition; and Diversity, Equity, and Inclusion.

Theme	Definition
<b>Increased Connectivity, Communication, and Enhanced Visibility</b>	<ul style="list-style-type: none"><li>• Develop internal visibility at Emory</li><li>• Create a social media presence</li><li>• Engage Emory and non-Emory faculty</li><li>• Develop injury prevention students and professionals</li><li>• Increase engagement of our task forces with our administrative core</li></ul>
<b>Professional Development</b>	<ul style="list-style-type: none"><li>• Training opportunities in writing and research (faculty groups)</li><li>• Junior faculty and post-doc mentoring, and community building activities (researchers)</li><li>• Education and training related to public health social media messaging</li><li>• Encouraging students to pursue careers in injury prevention</li><li>• Increase connectivity via presentations or professional development (task force)</li></ul>
<b>Engagement and Value Proposition</b>	<ul style="list-style-type: none"><li>• Sustain engagement</li><li>• Develop separate value propositions for faculty, public health professionals, and students</li></ul>
<b>Diversity, Equity, and Inclusion (DEI)</b>	<ul style="list-style-type: none"><li>• Incorporate the lens of DEI in all decisions</li></ul>

**Increased Connectivity, Communication, and Enhanced Visibility** was a theme that emerged in all of our small group discussions. This included developing internal visibility at Emory, creating a social media presence, developing our injury prevention students and professionals, and increasing the engagement of our task forces with our administrative, outreach, and research cores.

**Professional Development** was also identified as an important theme in five of our six small groups for different reasons. Training opportunities in writing and research methods was important to our faculty groups and, in particular, the clinical faculty who engage with IPRCE. Junior faculty and post-doc mentoring were cited as important, as was community building activities among researchers. The social media group had interest in all forms of education and research related to public health social media messaging. Task force small group members would like to increase their connectivity for the purpose of offering their expertise in presenting or creating professional development content.

**Engagement and Value Proposition** was an important thread throughout all of our small group discussions. Engagement with IPRCE may be fairly easy to initiate, however difficult to maintain without a well-articulated and relevant value proposition. Further, the IPRCE value proposition is likely different for Emory faculty, non-Emory faculty, public health professionals, and students. For Emory faculty, having the opportunity to apply for pilot grants could provide value. For both Emory and non-Emory faculty, IPRCE micro-grants (through our task forces), facilitating awareness and recognition of faculty members' research, and opportunities to develop collaborations could provide value and support for staying engaged with IPRCE. Junior faculty may find these activities and opportunities especially appealing as they begin to build their professional connections and research portfolio. For public health professionals, IPRCE task forces are a natural way to connect their professional needs with faculty research interests. Public health professionals, injury prevention practitioners, students, and faculty also find value in gaining new knowledge and skills and having the opportunity to connect to statewide injury prevention efforts. Students report finding value in the exposure to injury prevention principles, research, and careers through their work experience at IPRCE, the IPRCE certificate program, our taskforces, and other education and training opportunities. They also see value in the opportunity to have in-depth learning experiences by working on research projects, and taking advantage of IPRCE practicum opportunities. Institutions benefit from the injury prevention community that IPRCE builds and sustains as this attracts faculty, translates the results of our research so that it provides a community benefit, and generates new research that would not have been possible without the Center.

### **Diversity, Equity, and Inclusion (DEI)**

Although not directly mentioned in the five of the six small group discussions, this theme is a high priority for our steering committee and for the institutions that our stakeholders represent. As we move forward in our mission to prevent injury it is imperative that we use the lens of DEI in all of our decisions regarding injury prevention and IPRCE.

# REPORT OUT MEETING

## REPORT OUT MEETING WITH IPRCE LEADERS

Our Report Out Meeting was held on July 28, 2020. Since our strategic planning process was completed virtually due to COVID-19, our small group discussions and final report out meeting were completed over a four-week timeframe. Although there were several obstacles, such as a loss of in-person networking and technology challenges, there were also some advantages. IPRCE leadership was able to attend all of the small groups, and some participants were invited to more than one small group – due to their expertise in various areas. Also, we were able to identify themes and potential goals prior to the final meeting so the majority of the two-hour time frame could be spent on gathering feedback on our goals and suggested initiatives from the participants. The purpose of the Report Out Meeting was to review preceding activities and the draft goals being proposed to the participants. Initiatives and suggested actions based on small group feedback that were aligned with goals were also presented for discussion.

## REPORT OUT MEETING RESULTS

During the meeting, attendees were asked to reflect on whether proposed goals were reflective of what IPRCE should do over the next 5 years, and if we were missing any major goals. In response to this, one participant commented that translation of research into practice and policy development should be included as 5th goal. This was discussed among IPRCE leadership and since this is already being done successfully the suggestion was tabled.

The following summarizes goals and initiatives discussed during the Report Out Meeting and provides participant comments for each goal.

# CONNECTIVITY, COMMUNICATION, AND ENHANCED VISIBILITY

Goal 1: Improve visibility and foster connectivity through targeted communications and events.

## Potential Initiatives

Develop a concise message to easily communicate the mission, importance, and impact of injury prevention; demonstrate how the term “injury prevention” is relatable to many research and public health topics.

Develop a social media plan to increase engagement within IPRCE both internally and externally – among potential partners and collaborators, future students and researchers, and the general public.

Build awareness within different areas of academia on how their area of study relates to injury prevention. Identify key stakeholders at other Emory schools and departments such as Human Resources for the purpose of awareness and joint programming.

Encourage interdisciplinary collaboration among students and facilitate internal collaboration between researchers through task force meetings, special issue journals, and research opportunities.

Strengthen collaboration with external academic institutions by increasing researcher visibility (hosting symposiums, conferences, posting on social media, and encouraging researchers to present & host discussions).

Identify ambassadors / champions who will help amplify the Center’s mission and connect with the community to identify potential partners.

# GOAL 1

## Questions that were asked of the participants were:

- What is the most important message for our stakeholders to learn about IPRCE through our targeted marketing strategies (ex – in a social media campaigns)?
- How do we foster connectivity for our students, practitioners, and researchers?
- In 5 years, what will the world know about IPRCE that they don’t already know today?

## Participant Comments

- Important to communicate to others in a way that helps them see themselves in IPRCE, to see the value.
- When discussing what IPRCE is with others, it gets hard. Is it injury center? Is it research?
- Injury is not a footnote, all of us have been impacted by injury at work or home.
- IPRCE is a group that amplifies and unifies the message of partner organizations.
- Injury is the leading cause of death for ages 1–44; this is a message that we really need to get out to the world—articulating that will be critical because that is why IPRCE is important.
- IPRCE is not just for Emory.
- Need to highlight opportunities for collaboration within IPRCE as well as with external stakeholders.

## PROFESSIONAL DEVELOPEMENT

Goal 2: Enhance the skills, knowledge, and resources for students, practitioners, and researchers.

### Potential Initiatives

Improve the practicum experience by pre-defining available practicum sites for paid or unpaid practicums, and providing guidance to students and practicum field supervisors on the selection process.

Create mentorship opportunities with research faculty and practitioners to encourage junior faculty and students to pursue careers in injury prevention.

Engage students (public health, sociology, psychology, medicine, etc.) earlier in their educational process.

Develop educational tools that are across the continuum of modalities, utilizing the results of the IPRCE needs assessment in the prioritization of content.

Attract researchers by providing training, offering research, educational, and mentoring opportunities.

### Questions that were asked of the participants were:

- How do we get students excited about injury prevention?
- How do we build awareness that injury prevention involves many fields of study?
- What strategies should we prioritize to provide skills and knowledge to our target audiences?

### Participant Comments

- Need to provide tools for obtaining careers in the field after graduation, some students just focus on the requirements for graduation.
- Undergrads can really benefit from research and practicum exposures.
- Relate injury with real world problems – find out what students are passionate about.
- Embed injury prevention in the curriculum.
- Injury prevention doesn't require an MPH many degrees can get involved.

## ENGAGEMENT AND VALUE PROPOSITION

Goal 3: Create better engagement with IPRCE by developing and articulating our clearly defined value proposition for our existing injury prevention partners as well as those within the broader community.

### Potential Initiatives

Solicit task force leaders to develop specific goals and measurable outcomes that aligns with the IPRCE strategic plan. Restructure meetings to provide time for progress reports, and IPRCE updates on research, education and outreach.

Clearly outline roles and responsibilities of task force members; encourage engagement in research (microgrants, grants) and education/training.

Provide clear and defined value propositions for researchers and partners within the community.

### Questions that were asked of the participants were:

- We have heard feedback that it is often difficult for researchers, students, and practitioners in other areas to relate to the term 'injury prevention'. What words would you use to re-define the term 'injury prevention' so that it is more relatable to a broader audience?
- What strategies can we use to create a clearly defined value proposition plan?

### Participant Comments

- Many participants suggested positive words such as safety, save lives, protection, social engineering, harm reduction, injury free, protection.
- Participants suggested biostatistician support as a value proposition.

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## DIVERSITY, EQUITY, AND INCLUSION

Goal 4: Build a culture that ensures a sustained, engaged and supportive work environment where everyone thrives.

### Potential Initiatives

Foster diversity, equity, and inclusion in all education and training initiatives.

Develop early/mid – career professionals through activities such as networking events and trainings related to the interconnections between racism and injury.

### Questions that were asked of the participants were:

- What words or phrases would you use to define our current culture climate?
- What are our specific goals around culture, equity, and inclusion?
- How will a commitment to equity and inclusion impact our mission?

### Participant Comments

- How do we engage the LGBTQ community?
- Connect with Morehouse and the Georgia Clinical and Translational Science Alliance (CTSA).
- What are the factors contributing to injuries – social determinants of health and identify risk factors.
- Reliable data collection – what data to we collect that can help us address equity and inclusion?
- Could we give grants with more robust DEI data a higher score?
- How do we define and look at culture and diversity in the spirit of the goals we are hoping to accomplish over the next 3-5 years?
- Diversity, Equity, Inclusion – thread the topic throughout everything we do, make sure that everyone is represented.
- Provide a campaign about eliminating “stigmas” in our messaging.

# FINAL STRATEGIC GOALS, INITIATIVES, AND TASKS/ACTIONS

Following the report out meeting, IPRCE leadership reviewed the proposed goals, initiatives, and actions that were suggested to move forward with initiatives. As a result of this review, an initiative was added that focused on increasing student involvement in injury prevention and a previous initiative focused on improving the MPH practicum experience was moved to an action under this new task. During review of the proposed goal related to building a culture that ensures a sustained, engaged and supportive work environment it was noted that the goal was focused on the composition of IPRCE and its organizational structures (i.e., who we are) while several of the proposed actions were related to health equity and social justice, which are externally focused. A fifth goal and associated initiatives and actions was, therefore, added to develop and enhance research, outreach, and education on the role of health equity and social justice in injury prevention.

During leadership review of report out meeting results, each initiative was ranked as being feasible to be completed in the short-term (next year), mid-term (next 2-3 years), or long-term (within 4-5 years). IPRCE leadership also reviewed the feedback from the small groups and report out meeting and revised and expanded initiatives. Action item ideas were provided at the small group meetings and the report out meeting. The action items listed below are not intended to be a complete list. IPRCE met with the External Advisory Committee in late November and their revisions are included in the document below. Additional items may be added through further discussion with leadership and our stakeholders as we move forward during the next year.



# Goal 1: Improve visibility and foster connectivity through targeted communications and events

Initiatives and Actions	Short	Mid	Long
<p>Develop a social media plan to increase engagement with IPRCE, starting at Emory and then expanding externally – local, state government, and community organizations, future students and researchers, and the general public.</p> <p><i>Actions: (1) Social media campaigns that target Emory students, staff on naloxone distribution, IPV prevention and assistance, suicide prevention. This could be expanded to other partnering institutions.</i></p>	✓		
<p>Strengthen collaboration with external organizations by increasing researcher visibility by posting their work on social media.</p> <p><i>Actions: (1) Establish reciprocal relationship with other ICRCs of posting researchers' work on identified topics of interest; (2) Post the work of IPRCE core faculty on social media.</i></p>	✓		
<p>Identify ambassadors / champions who will help amplify the Center's mission and connect with the community to identify potential partners and intersections.</p> <p><i>Actions: (1) Further define "ambassadors/champions" role within social media and other targeted communications; (2) Engage students through the Emory Office of Respect and faculty and staff through Human Resources highlighting issues such as IPV and suicide prevention.</i></p>	✓	✓	
<p>Build awareness with faculty from different schools/departments at Emory and other institutions on how their research interest relates to injury prevention, and a potential relationship with IPRCE, by redefining disciplines that are included in injury science.</p> <p><i>Actions: (1) Reach out to Emory behavioral and sociological sciences departments for introductions to faculty.</i></p>		✓	
<p>Encourage interdisciplinary collaboration among students and foster continued collaboration between researchers through task force meetings, special issue journals, and research opportunities.</p>		✓	
<p>Strengthen collaboration with external organizations by increasing researcher visibility.</p> <p><i>Actions: (1) Host symposiums, conferences, and encourage researchers to present &amp; host discussions. Symposiums would be designed to focus on Emory and expand to other research institutions.</i></p>			✓

## Goal 2: Enhance the skills, knowledge, and resources for students, practitioners, and researchers.

Initiatives and Actions	Short	Mid	Long
<p>Increase student involvement in injury prevention by improving education and training experiences.</p> <p><i>Action: (1) Improve the certificate program practicum experience by pre-defining available practicum sites for paid or unpaid practicums, and providing guidance to students and practicum field supervisors on the selection process; (2) Develop a capstone course for the injury certificate program; (3) Engage the undergraduates in concentrations aligned with injury prevention (e.g., community health); (4) Engage undergraduates through activities such as journal club.</i></p>			
<p>Create mentorship opportunities with research faculty and practitioners to encourage junior faculty and students to pursue careers in injury prevention.</p> <p><i>Action: (1) Establish relationships with Emory faculty and Georgia DPH for the purpose of exposing students and junior faculty to potential areas of research or practice careers in injury prevention.</i></p>			
<p>Attract researchers by providing training, offering research and educational opportunities.</p> <p><i>Action: (1) Engage new researchers in task force opportunities to present their work and collaborate with other researchers and practitioners; (2) Offer leadership trainings which include interdisciplinary skills</i></p>			
<p>Engage students (public health, sociology, psychology, medicine, etc.) earlier in their educational process.</p> <p><i>Action: (1) Utilize fellows, junior researchers, and practitioners as engagement champions for undergrad and potential graduate students; (2) Include undergraduates in elective injury prevention courses .</i></p>			
<p>Develop educational tools that are across the continuum of modalities, utilizing the results of the IPRCE needs assessment in the prioritization of content.</p> <p><i>Action: (1) IPRCE collaboration with Region IV Public Health Center in development of a dashboard of educational opportunities</i></p>			

### Goal 3: Create better engagement with IPRCE by developing and articulating our clearly defined value proposition for our existing injury prevention partners as well as those within the broader community.

Initiatives and Actions	Short	Mid	Long
<p>Support task forces in developing yearly goals that align with the IPRCE strategic plan.</p> <p><i>Action: (1) Solicit task force leaders to develop specific goals and measurable outcomes that align with the IPRCE strategic plan; (2) Restructure meetings to provide time for progress reports, and IPRCE updates on research, education, and outreach.</i></p>	✓		
<p>Clearly outline roles and responsibilities of task force members; encourage engagement in research (microgrants, grants) and education/training.</p> <p><i>Action: (1) Develop a formal orientation process for task force members that includes website information and in-person engagement with IPRCE leadership team members.</i></p>	✓		
<p>Provide clear and defined value propositions for researchers and partners within the community that will enhance sustained engagement.</p> <p><i>Action: (1) Establish clearly defined benefits for Emory and non- Emory core faculty. Pilot grants must have Emory faculty as PI. Non-Emory faculty can join as investigators.</i></p>		✓	
<p>Develop messaging to raise awareness of the scope of activities that fall under the umbrella of injury prevention</p> <p><i>Action: (1) Facilitate interdisciplinary collaborations that result in open-access publications.</i></p>			✓
<p>Support the continued growth of early career professionals such as junior faculty and post-doctoral students</p> <p><i>Action: (1) Develop a named visiting scholar program focused on junior faculty and a second program focused on post doctoral scholars</i></p>			✓

## Goal 4: Build a culture that ensures a sustained, engaged and supportive work environment where everyone thrives.

Initiatives and Actions	Short	Mid	Long
Develop a plan that includes criteria for defining and measuring diversity and inclusion, and how it will be implemented within our structure and our program operations. <i>Action: (1) Develop Provost post-doc program for diversity.</i>	✓		
Encourage early/mid-career professionals from groups that are underrepresented in injury prevention to participate in IPRCE. <i>Action: (1) Hold networking events targeted toward early/mid-career professionals from underrepresented groups; target professionals from underrepresented groups for task force and core faculty membership.</i>		✓	
Create a Diversity and Inclusion “lens” that is used for all goals, initiatives, and tasks. <i>Action: (1) Implement organizational processes to review IPRCE membership's diversity and inclusion in all education and training initiatives; (2) Align Center initiatives with university-wide initiatives.</i>		✓	

## Goal 5: Develop and enhance research, outreach, education on the role of health equity and social justice in injury prevention

Initiatives and Actions	Short	Mid	Long
Develop a campaign about eliminating stigmatizing language in our messaging. <i>Action (1): Seek advice from our task forces about eliminating “stigmas” (older adults, mental health, substance use, brain injury, etc.).</i>	✓		
Implement social media focus on health equity and social justice. <i>Action (1): Calling out the use of violence to create marginalization and the structural implications of violence, planned communications on how improving health equity and applying social justice principles result in injury prevention</i>		✓	

## Initiatives and Actions

Short Mid Long

Engage our core faculty in research, education, and outreach related to social justice and health equity as it relates to injury prevention.



*Action: (1) Develop new initiative to support pilot grants in this area. (2) Engage student groups in education, outreach and research opportunities; (3) Engage health disparity researchers at Emory and other IPRCE partner institutions .*

Create trainings on the relationship between health equity and injury prevention; including the influence of social determinants of health on ACEs.



Advocate and address challenges with data collection and utilization

*Action: (1) Engage partners to identify key state-level injury prevention datasets that have missing or incorrect data on race and ethnicity; (2) Work to advocate for improved data collection*



Enhance research on the effect of health disparities on injury at the community level to ensure impact is being made and community is being engaged



*Action: (1) Identify IPRCE core faculty working similar in communities/neighborhoods and facilitate expanded and sustained collaboration focused on community participatory injury prevention/health disparities interventions*

# MOVING FORWARD

## FINAL REVIEW AND NEXT STEPS

Moving forward, IPRCE will develop evaluation metrics for each initiative and associated action. Each of these metrics will be reviewed on an annual basis by our Steering Committee. Our strategic plan will be revisited in 2-3 years to determine if updates/revisions are needed.

# APPENDIX

## GROUP 1 ATTENDEES

NAME	POSITION	ORGANIZATION
Jena Black	Director of Academic Affairs and Enrollment Operations	Rollins School of Public Health, Emory University
Janet Christenbury	Director of Media Relations	Rollins School of Public Health, Emory University
Catherine Keifer	Associate Director of Academic Affairs and Enrollment Operations	Rollins School of Public Health, Emory University
Michele Passonno	Assistant Director of the Office of Respect	Campus Life, Emory University
Aisha Ricketts	Communications Manager	Rollins School of Public Health, Emory University
Rajee Suri	Senior Director of Health/Research Communications	Emory University
Jonathan Rupp (Facilitator)	Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Lisa Dawson	Director of Community Outreach	IPRCE
Sheryl Heron	Associate Director of Education	IPRCE
Ashley Singleton	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## GROUP 2 ATTENDEES

NAME	POSITION	ORGANIZATION
Vincente Cordero	MPH Candidate	Rollins School of Public Health, Emory University
Susam Dugan	Health Communications Specialist	Centers for Disease Control and Prevention
Emma Harrington	Director of Injury Prevention and Education Services	Shepherd Center
Jasmine Moore	Injury Prevention Coordinator	Grady Memorial Hospital
Barbara Voss	Communications Specialist	Emory School of Medicine, Emory University
Jonathan Rupp	Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Lisa Dawson	Director of Community Outreach	IPRCE
Ashley Singleton (Facilitator)	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## GROUP 3 ATTENDEES

NAME	POSITION	ORGANIZATION
Jayani Jayawardhana	Associate Professor of Clinical and Administrative Pharmacy	College of Pharmacy, University of Georgia
Michelle LaPlaca	Associate Professor of Biomedical Engineering	Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory University
Dorothy Marsil	Program Coordinator, Department of Psychological Science Professor of Psychology	Kennesaw State University
Dominic Parrott	Professor Director, Center for Research on Interpersonal Violence	College of Arts and Science, Georgia State University

NAME	POSITION	ORGANIZATION
Laslie Taylor	Associate Dean and Professor	Mercer University
Jonathan Rupp (Facilitator)	Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Ashley Singleton	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## GROUP 4 ATTENDEES

NAME	POSITION	ORGANIZATION
Joe Carpenter	Assistant Professor of Emergency Medicine	Emory School of Medicine, Emory University
Michael Clery	Assistant Professor of Emergency Medicine	Emory School of Medicine, Emory University
Dabney Evans	Assistant Professor of Global Health	Rollins School of Public Health, Emory University
Madeline Hackney	Associate Professor of Geriatrics	Emory School of Medicine, Emory University
Ted Johnson	Division Director of General Medicine Chair of Family and Preventative Medicine	Emory School of Medicine, Emory University
Lucas McKay	Assistant Professor of Biomedical Engineering Associate Director of Neuromechanics Laboratory	Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory University
Randi Smith	Assistant Professor of Surgery	Emory School of Medicine, Emory University
Brianna Woods-Jaeger	Assistant Professor of Behavioral, Social, Health Education Sciences	Rollins School of Public Health, Emory University



NAME	POSITION	ORGANIZATION
Kathryn Yount	Professor of Global Health and Behavioral, Social, Health Education Sciences	Rollins School of Public Health
Jonathan Rupp (Facilitator)	Director	IPRCE
Lauren Hudak	Assistant Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Ashley Singleton	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## GROUP 5 ATTENDEES

NAME	POSITION	ORGANIZATION
Melissa (Moose) Alperin	Assistant Professor of Behavioral, Social, Health Education Sciences	Rollins School of Public Health, Emory University
Emma Harrington	Director of Injury Prevention and Education Services	Shepherd Center
Elizabeth Head	Deputy Director of Injury Prevention Section	Georgia Department of Public Health
Chinyere Nwamuo	CORE Grant Manager of Injury Prevention Program	Georgia Department of Public Health
Kristal Smith	Trauma, Injury prevention, and Outreach Coordinator	Navicent Health
Jonathan Rupp	Director	IPRCE
Sharon Nieb (Facilitator)	Program Director	IPRCE
Lisa Dawson	Director of Community Outreach	IPRCE
Sheryl Heron	Associate Director of Education	IPRCE
Dorian Lamis	Director of Education	IPRCE
Ashley Singleton	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## GROUP 6 ATTENDEES

NAME	POSITION	ORGANIZATION
Michael Crooks	Consultant	N/A
Elizabeth Head	Deputy Director of Injury Prevention Section	Georgia Department of Public Health
Jonathan Rupp (Facilitator)	Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Sheryl Heron	Associate Director of Education	IPRCE
Ashley Singleton	Program Director	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE

## REPORT OUT MEETING ATTENDEES

NAME	POSITION	ORGANIZATION
Maneesha Agarwal	Assistant Professor of Emergency Medicine	Emory School of Medicine, Emory University
Rana Bayakly	Chief Epidemiologist of Chronic Disease	Georgia Department of Public Health
Joe Carpenter	Assistant Professor of Emergency Medicine	Emory School of Medicine, Emory University
Michael Crooks	Consultant	N/A
Emma Harrington	Director of Injury Prevention and Education Services	Shepherd Center
Elizabeth Head	Deputy Director of Injury Prevention Section	Georgia Department of Public Health
Michelle LaPlaca	Associate Professor of Biomedical Engineering	Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory University
Abigail Lott	Assistant Professor of Psychiatry	Emory School of Medicine, Emory University

NAME	POSITION	ORGANIZATION
Jasmine Moore	Injury Prevention Coordinator	Grady Memorial Hospital
Chinyere Nwamuo	CORE Grant Manager of Injury Prevention	Georgia Department of Public Health
Traci Reece	Program Manager	Georgia Department of Public Health
Kristal Smith	Trauma, Injury Prevention, and Outreach Coordinator	Navicent Health
Alaina Steck	Assistant Professor of Emergency Medicine	Emory School of Medicine, Emory University
Elizabeth Mays	Manager of Injury Prevention and Trauma Research Programs	Grady Health System
Daniel Wu	Associate Professor of Emergency Medicine Chief Medical Information Officer	Emory School of Medicine, Emory University Grady Health System
Rachel Sedlack-Prittie (Facilitator)	Director of Strategic Initiatives	Emory School of Medicine, Emory University
Amanda Cook (Facilitator)	Manager of Strategic Initiatives	Emory School of Medicine, Emory University
Jonathan Rupp (Facilitator)	Director	IPRCE
Sharon Nieb	Program Director	IPRCE
Lisa Dawson	Director of Community Outreach	IPRCE
Dorian Lamis	Director of Education	IPRCE
Sheryl Heron	Associate Director of Education	IPRCE
Ashley Singleton	Program Manager	IPRCE
Amanda Davidson	Graduate Research Assistant	IPRCE
Alicia Violette	Graduate Research Assistant	IPRCE
Carol Kinsey	Administrative Assistant	IPRCE