THE FIRST EIGHT YEARS

2011-2019
This report documents the development of the Program for Injury Prevention, Education and Research Program (PIPER) from 2011-2019 and plans for the future. Though overlooked for decades as a major public health problem, injuries, including both unintentional injury, suicide and violence, are gradually being recognized as public health priorities by both researchers and practitioners. Although funding for research and intervention have increased in recent years, injury prevention remains underfunded considering the magnitude of the problem. Motor vehicle related injuries remain an important issue, and in the last decade the large increases in opioid-related poisoning deaths, suicide, and school violence, have appropriately gained national attention. Our faculty are focused on these issues as well as other important sources of injury. For example, the long-term implications of traumatic brain injury, whether from sports or combat, has gained new attention for its importance. With an aging population, the role of dementia and its relationship to driving or gun ownership have surfaced as issues while falls remain a critical issue in both home and occupational settings. Family violence has received increased attention within the public health community, though preventive solutions remain elusive. Finally, new questions about the safety of cannabis legalization have stimulated the need for research to inform policy.

Our efforts have been directed at training and engaging scholars and practitioners in understanding the epidemiology of injury and violence and addressing solutions to prevent and manage injury and violence problems. It has been our intent that by stimulating interest and understanding of the principles associated with the injury and violence prevention, we can add to the knowledge base and create a cadre of well-trained professionals to tackle the problems through policy and programmatic innovation, while continuing to advance the science.

With this report, we aim to highlight selected examples of injury and violence issues that PIPHER faculty have been tackling and share selected accomplishments associated with that work as well as directions for the future.
Creation of the Pediatric Injury Prevention, Education and Research Program (PIPER) began in 2011 with the arrival of Carol Runyan, MPH, PhD (photo at right) recruited to the University of Colorado-Denver after 22 years leading the University of North Carolina Injury Prevention Research Center. With funding from the University of Colorado School of Medicine and the Children’s Hospital Colorado, plus a faculty appointment for Runyan in the Colorado School of Public Health (ColoradoSPH), her vision was to build a program for researchers and practitioners interested in understanding injury and violence problems and translating research into prevention. In 2015, as the agenda broadened beyond the pediatric population, the name was changed to Program for Injury Prevention, Education and Research, retaining the acronym, PIPER.
This report summarizes some of the key activities and accomplishments, serving as groundwork for advancing the agenda in the coming years. The activities are presented by topic and include examples of research, capacity building, and translation to practice. As the team developed ideas about building the program (and eventually a full-fledged center) we determined we would address nationally relevant injury problems with a particular focus on the Mountain West Region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming).

To facilitate development of an academically based initiative, the program recruited Sara Brandspigel, MPH (pictured bottom left), an experienced public health practitioner with interests in injury control, followed by three faculty (pictured from left to right): Dawn Comstock, MPH, PhD (Epidemiology), Gregory Tung, MPH, PhD (Health Systems, Management and Policy) and Ashley Brooks-Russell, MPH, PhD (Community and Behavioral Health).

**OUR MISSION:**
To drive evidence-based practice through discovery, translation and workforce development.
For decades, injury, including both unintentional injury and violence has been the leading cause of death for Americans ages 1-44 both nationally and in every state. Over the past eight years, deaths from injuries in the United States have ranged from 187,464 in 2011 to 240,583 in 2018, with age-adjusted rates ranging from 58-72 per 100,000. Medical and work-loss costs associated with the injuries in any given year exceed $671 billion. [1] It is often hard to visualize the impact. In the U.S., the number of people requiring medical care or resulting in death each year would fill the Mile-High Stadium more than 372 times.

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<th>Age-adjusted injury mortality rates per 100,000 population for major types of injury, US, 2018 (Source: CDC WISQARS)</th>
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The Mountain West has fatality rates that exceed other parts of the country for many forms of injury. This region, comprised of Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming, has especially high rates of deaths from poisonings, suicides, motor vehicle crashes, falls, and firearms. This is, in part, a function of the rural nature of the region and the impact both on the severity of injuries and also access to immediate care. There are also challenges of health disparities, especially among the large Native American and Latino populations in the Region. As in other parts of the country, patterns vary based on demographics with younger populations experiencing different types of fatal injuries than older ones. Injuries are predictable and preventable using evidence-based approaches to crafting sound policies and programs.
Dr. Comstock (Epidemiology) had developed High School RIO™, an internet-based data collection tool used in the National High School Sports-Related Injury Surveillance System while at Nationwide Children’s Hospital Center for Injury Research and Policy and brought the system with her to Colorado. This national surveillance system has tracked all time-loss injuries in a national sample of US high school athletes annually since 2005.[2] Her work has engaged multiple graduate students in managing the data, producing reports, and conducting mentored research projects – for example, analyses of the differences in rates and patterns of in multiple sports, examining mechanisms of head injuries among youth soccer players, and evaluating the effectiveness of state-level concussion laws. Dr. Comstock’s work has been used to promote protective eyewear use in girls’ high school field hockey,[3] to demonstrate that banning heading would not be as effective at reducing concussion in high school soccer than simply enforcing the current rules prohibiting most athlete-athlete contact, to identify the most effective language in state-level concussion legislation, and to demonstrate the attributable risk for concussion associated with the gendered rules prohibiting girls’ high school lacrosse players from wearing the same helmet required in boys’ high school lacrosse.[4]
Driving Safety

Several PIPER-affiliated faculty have been doing research on driving safety, including addressing a particularly vulnerable population of drivers – older drivers. Dr. Betz (Emergency Medicine), with funding from a Paul Beeson Career Development Award (K-award) from the National Institute on Aging, explored issues surrounding “driving retirement” and the role of healthcare providers in helping older adults and their families navigate these difficult decisions. [5] That work led to an R01 from the National Institute on Aging, through which Drs. Betz and DiGuiseppi (Epidemiology), with others on campus and around the country, are testing a tool to support decision-making about driving retirement. Together, Drs. Betz and DiGuiseppi have also served as site PIs on a project supported by the AAA Foundation for Traffic Safety. The LongROAD Study is a multi-site, cohort study designed to help us understand the dynamics, mechanisms, determinants, and consequences of driving in older drivers. [6] Issues of particular interest to this project are those related to medications, medical conditions, physical impairments, visual and cognitive functions, driving patterns, and driving exposure as well as the circumstances surrounding driving cessation including self-regulation, family intervention, crash involvement, and mobility decisions and transportation options for older Americans who no longer drive.

Dr. Brooks-Russell (Community and Behavioral Health) has been conducting groundbreaking work since 2017 on the impact of cannabis use on driving. Her studies have used innovative driving simulation technology to directly test the driving performance after using cannabis. Her findings suggest that people who use cannabis may not perceive driving after cannabis use as risky, or even that they are driving better after using. This is despite people reporting that they change how they drive after using such as driving slower. Her research is focused on tolerance to cannabis use and the implications for roadside testing.[7]
Other faculty associated with PIPER have been involved in addressing the epidemic of prescription drug overdose. For example, several members of our group participated in the Colorado Consortium for Prescription Drug Abuse Prevention (http://www.corxconsortium.org). PIPER faculty have worked with colleagues in the Colorado Department of Public Health and the Environment (CDPHE) to develop evaluation strategies for several of the prevention efforts underway within Colorado. PIPER faculty (Brooks-Russell and Runyan) have collaborated with CDPHE in evaluating state-wide prescription overdose activities as well as conducting a needs assessment of syringe service providers and their role in preventing opioid overdose deaths. These projects have demonstrated PIPER's responsiveness to emerging health priorities and strong collaborations with public health practitioners.

Drs. Tung and Brooks-Russell have both conducted work to examine the impacts of cannabis legalization on injury patterns. For example, Dr. Tung used a health impact assessment approach to examine the need for safer cannabis packaging to prevent childhood poisoning.[8] This resulted in legislative change, requiring cannabis to be packaged in childproof containers. Brooks-Russell has worked with colleagues at several other institutions to document the role of cannabis legalization on other types of injury.[9],[10]
Suicide Prevention

PIPER faculty, with Runyan, Brandspigel and Betz at the core, developed a line of research focused on suicide prevention, particularly the safe storage of firearms and medication. Dr. Betz served as Site-PI for the University of Colorado Hospital in two large, multi-site studies of emergency department care of adult suicidal patients, with a particular focus on counseling around safe storage. Simultaneously, a pilot study at Children's Hospital Colorado involving PIPER faculty (Novins, Runyan, Brandspigel) was funded by the I.A. O'Shaughnessy Foundation to examine adolescent suicide prevention through the safe storage of firearms and medications.[11]

Following from this, funding from the National Institute of Mental Health (Runyan, Betz, Brooks-Russell, Brandspigel and Tung) allowed examination of emergency department practices throughout the Mountain West to understand how to position emergency departments to address suicide prevention in the emergency care setting. They found that hospital personnel may not be convinced of the preventability of suicide and that having protocols to address suicide prevention strengthens the response to suicidal risk.[12] The team also determined that both law enforcement and firearm retailers are able and willing to provide options for safe out-of-home storage of firearms.[13],[14]
Both Betz and Runyan have worked extensively with colleagues at the Colorado Department of Public Health and the Environment to develop a statewide initiative as part of the Colorado National Collaborative, using Colorado as a model for other states in developing multiple complementary strategies to address suicide prevention. This has included week-long intensive workshops in Rochester, NY and Denver, CO to train suicide professionals in conducting and evaluating preventive interventions. Dr. Betz also served as an appointed Commissioner for the Colorado Suicide Prevention Commission.

This work expanded to a seven-hospital trial funded by the American Foundation for Suicide Prevention (Runyan, Betz, Brandspigel) to examine emergency department care of suicidal adolescents; that trial demonstrated that both clinicians and families respond well to counseling and adopt changes in safe storage of firearms and medications.[15],[16] With support from the National Institute of Mental Health, Dr. Betz developed an innovative online tool (www.lock2live.org) for suicidal adults to consider how to adjust home firearm and medication storage. This tool is now being implemented and studied in two large Kaiser healthcare systems. Betz then began working with the Department of Defense to consider how to adapt the tool for use in military populations, including at Buckley Air Force Base in Aurora, Colorado.
Firearm Injury Prevention

In 2015, Dr. Betz (photo at right) co-founded the Colorado Firearm Safety Coalition, which she continues to lead. The Coalition is designed to bring together gun shop owners and firearms trainers with health professionals to understand each other's perspectives and jointly devise solutions to preventing firearm suicide that draw on the expertise of each group. This group has collaborated to develop training and outreach materials and new programs focused on reducing firearm suicide. In addition, as an outgrowth of research with gun retailers and law enforcement, Sara Branspigel initiated a project with Dr. Betz and MD/MPH student, Timothy Kelly, to create an online map (see image below) that provides Colorado gun owners with information about where guns can be temporarily stored when family members are concerned about safety in the home (e.g., a loved one is experiencing a mental health crisis). Initial responses are very favorable within Colorado, more than 10 states have asked for consultation in replicating this project in their locales, and Maryland and Washington have launched statewide maps replicating the Colorado project.

With funding from the National Institute of Mental Health and National Institute on Aging, Dr. Betz has also been leading research related to firearm access in the context of dementia. She has developed and is testing online resources for caregivers on how to consider firearm safety, driving, and general home safety (www.safetyindementia.org) and is working nationally on efforts related to healthcare provider training for firearm safety counseling.
Child Maltreatment Prevention

PIPER-affiliated faculty (Runyan, Brooks-Russell, Brandspigel) have engaged with the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in the Department of Pediatrics as well as with the Colorado Department of Public Health and the Environment (CDPHE) to advance prevention of child maltreatment. A five-year grant from the National Institute of Child Health and Human Development through the Kempe Center funds implementation of three courses designed to advance research on child maltreatment and to assure that practitioners are using evidence-based strategies for their preventive efforts. The program has reached several hundred participants, many of whom are pursuing research and intervention evaluation on a range of topics addressing maltreatment.

Runyan and Brandspigel, with graduate student, Marissa Mora, worked with the CDPHE to evaluate over a five-year period, their National Center for Injury Prevention and Control funded program, Essentials for Childhood. This collective impact project was one of five state-wide projects funded nationally to develop new primary prevention approaches to child abuse prevention through public health collaboration with multiple other entities.

In addition, Brandspigel and Runyan have collaborated with the CDPHE to lead a national peer learning network designed to engage practitioners in learning about prevention and sharing best practices with each other. Following a landscape assessment and national survey of practitioner’s views on child maltreatment prevention,[17] Brandspigel organized a series of webinars that has attracted hundreds of participants from throughout the country. The series highlights ongoing research and helps to bridge research and practice communities working on the prevention of child maltreatment and adverse childhood experiences.
Youth Violence

Dr. Tung has worked with local leaders to develop strategies to reduce gang violence in Aurora, Colorado. Dr. Tung worked with Aurora’s Gang Reduction Impact Program (A-GRIP) to launch “Kids, Cops, and Community,” a community-based project designed to improve community relations between Aurora police and community members by systematically assessing police, youth, and parent perspectives in the community. Dr. Tung also contributed to a Health Impact Assessment which provided recommendations to the Aurora Police Department and A-GRIP on how to expand gang violence prevention work in the community. This led to a $1 million grant from the Colorado Division of Criminal Justice to expand prevention programming in Aurora.

In April 2019, a PIPER team (Runyan and Brandspigel) collaborated with colleagues from the Center for Bioethics and Humanities (Matthew Wynia) and CU Boulder’s Center for the Study and Prevention of Violence (Beverly Kingston) to host a day long symposium about school violence, timed to coincide with the 20th anniversary of the Columbine school shootings. The event brought together about 200 people and featured nationally recognized speakers addressing the epidemiology and prevention of youth violence broadly and also featured leaders in education and policy discussing approaches to ensuring school safety.

Former Columbine principal, Frank DeAngelis speaking at the event on school violence prevention commemorating the 20th anniversary of the Columbine shootings
CAPACITY BUILDING

PIPER faculty have engaged in a number of activities directed at building capacity for injury and violence prevention research and practice. This has included a course on injury and violence every other year (DiGuiseppi) and multiple efforts to train practitioners (Runyan, Brandspigel, Brooks-Russell, Betz). For example, we offered training for Colorado child fatality teams to understand the broad scope of injury prevention that they could encourage in response to the kinds of cases they review. This resulted in the publication of a toolkit designed to assist local communities in developing strategies across multiple sectors (toolkit available upon request).

With colleagues at the Center for American Indian and Alaska Native Health, PIPER faculty member, Runyan, has worked with teams of injury prevention specialists working in tribal communities. In addition, in 2013 Tung contributed to a Health Impact Assessment to inform the Colorado State Licensing Authority's development of permanent regulations related to marijuana. The assessment took into account scientific evidence as well as industry stakeholder opinions and resulted in a list of recommendations aimed at preventing the unintentional ingestion of marijuana by children.

PIPER also hosts an ongoing seminar series during the school year, featuring speakers from a variety of disciplines and locales.

HIGHLIGHTED INJURY & VIOLENCE PREVENTION SEMINARS

"Advancing Health Equity & Community Health: A Strategic Prevention Approach"
Larry Cohen, MSW,
Executive Director,
The Prevention Institute

"Using the Public Health Approach to Address Suicidal Behavior"
Alex Crosby, MD, MPH,
National Center for Injury Prevention and Control, CDC

"Epidemiology and Prevention of Firearm Violence: From Research to Policy"
Garen Wintemute, MD, MPH
University of California - Davis
"Using e-Health Technology to Promote Child Injury Prevention"
Andrea Gielen, ScD, ScM
Johns Hopkins University

"Re-thinking Suicide Prevention: The Challenge of Increasing Rates of Self-Injury Mortality"
Eric Caine, MD
University of Rochester

"Marijuana Policy: Past, Present and Future"
Renee Johnson, PhD, MPH
Johns Hopkins University

"Prevention of Sexual Violence Against Women: Perspectives from a Panel of Experts" and "Addressing Parenting Behaviors With Customized Communications Strategies: Opportunities for Injury Control"
Nancy Weaver, PhD, MPH
St. Louis University

"Application of the National Collegiate Athletic Association (NCAA) Injury Surveillance Program (ISP) in Injury Prevention, Policy, and Research"
Zachary Kerr, MA, MPH, PhD Director
NCAA Injury Surveillance Program, Datalys Center for Sports Injury Research and Prevention
"Of Course They Are an Occupational Group! Preventing Injuries among Professional Baseball Players"
Keshia Pollack, PhD, MPH,
Johns Hopkins Bloomberg School of Public Health

"More Green, Less Crime: Can Urban Blight Reduction Improve Health and Safety?"
Charles C. Branas, PhD,
Professor of Epidemiology and Director of the Cartographic Modeling Laboratory, University of Pennsylvania

"Colorado’s Trauma System: Success or Failure?"
Gregory J. Jurkovich, MD,
Chief of Surgery, Denver Health Medical Center

"Injury and Violence Prevention in Colorado: Successes and Opportunities for the Public Health Field"
Lindsey Myers, MPH
Colorado Department of Public Health and the Environment
Student Engagement & Mentoring

PIPER has offered discussion groups for faculty interested in exchanging research ideas and expertise, in informal and formal forums. Starting in 2019, PIPER (Brooks-Russell) has facilitated a works-in-progress group for junior faculty to support professional development, grant writing, and networking among junior faculty researchers engaged in injury research.

PIPER has supported many graduate students over the last eight years through employment, practicum and capstone projects, fellowship projects, and independent research projects. We highlight a few recent students below.

Laura Schwab-Reese, PhD, a postdoc at the Kempe Center on international infrastructure for child abuse and neglect also worked with PIPER to conduct a survey for the Colorado Suicide Prevention Commission to help them consider strengthening requirements for mental health providers in the state. This work, published in the Journal of Public Health Policy, examined the views of professionals in Colorado and the differences in policies across states, revealing that Colorado requirements are more lenient than in many states. [18] At the conclusion of her postdoc, Dr. Schwab-Reese joined the faculty at Purdue University where she is continuing to conduct research on injury and violence prevention and train a new generation of scholars.

Ty Kelly, BA, an MD/MPH Candidate at the University of Colorado School of Medicine, partnered with PIPER to create a first-of-its-kind suicide prevention resource that helps facilitate out-of-home gun storage during periods of crisis. Through his capstone project published in the Annals of Internal Medicine, Ty helped to design and build an online map that lists gun storage locations across Colorado. Ty plans on practicing Emergency Medicine and looks forward to integrating his injury prevention experience into his clinical practice.

Erin Kelly, DrPH, while a doctoral student in Community and Behavioral Health, work with Dr. Brooks-Russell on a variety of projects including an independent study on mental health and conducting formative qualitative with working age men to inform an evaluation plan for a suicide prevention website designed for men. For her doctoral work, she developed an administered a survey to School Safety Resource Officers working in four states, to understand their approach to student wellness and discipline. She currently directs research and evaluation projects at the Center for the Study and Prevention Violence at the University of Colorado Boulder.
Lauren Pierpoint, PhD, while a doctoral student in Epidemiology, worked with Dawn Comstock on a variety of sports injury projects including winning student prizes for her work. Lauren designed original research to examine the epidemiology of injuries to skiers and snowboarders. Using data from mountainside health care providers and ski resort records, she was able to determine that environmental conditions, particularly snowfall and snowpack, have a significant impact on injury rates for skiers. She also conducted research on suicide prevention with Carol Runyan's team, examining perceived obstacles of gun shop owners to storing guns at their shops. After graduation, she assumed a position as Hip Research Manager at the Steadman Philippon Research Institute in Vail, CO where she focuses on clinical outcomes following hip arthroscopy.

Marrisa Mora, MPH (Community and Behavioral Health) conducted her MPH Capstone project with PIPER, conducting a qualitative evaluation based on her interviews with 26 individuals associated with the Essentials for Childhood project of the Colorado Department of Public Health and Environment (CDPHE). Her work was published in the International Journal of Child Maltreatment: Research, Policy and Practice and helped launch her into a position with the CDPHE, leading efforts to strengthen household economic security and improve community norms related to help-seeking and collective prosperity. While partnering with local public health agencies to prevent child abuse and neglect, Marrisa collaborated with state partners working to improve food security, childcare access and paid leave legislation in Colorado. In August 2020, Marrisa joined the Buell Foundation, where she will support early childhood development partners and programs across the state.

Musheng Alishahi, MPH, a 4th year doctoral student in Epidemiology, has worked with PIPER on several projects including taking a lead role in parts of the evaluation of the state's opioid overdose strategies, currently being pursued for publication. She also conducted her field practicum project with PIPER, in collaboration with CDPHE, where she examined the relationship between states having a medical examiner versus a corner in the rate of drug deaths with an unspecified type of drug. Her dissertation work is focused on assessing social determinants of health related to Hepatitis C virus (HCV) treatment initiation and adherence among persons identified as positive for HCV in emergency departments. She plans to study her career in research to understand the effects of social determinants on health outcomes including injury prevention.
PIPER Engagement with Larger Injury Field

PIPER affiliates have been strong contributors to state and national injury control efforts. Dr. Runyan has recently completed a three-year term leading the Society for the Advancement of Violence and Injury Research (SAVIR) and Brandspigel (photo at right) serves as co-chair of SAVIR's communication committee and has been elected to the SAVIR Board of Directors for a three-year term. Dr. Betz was an appointed Commissioner representing hospitals with emergency departments for the Colorado Suicide Prevention Commission, helping guide policy for suicide prevention activities throughout the state. She also serves as an invited member of the Department of Defense Means Safety Task Force (for suicide prevention) and the National Academy of Science, Engineering and Medicine Global Violence Forum.

Dr. Brooks-Russell has led the implementation of the Healthy Kids Survey in Colorado since 2015, providing a rich resource of data available for local investigators to understand adolescent injury and violence. The core of the survey is the Youth Risk Behavior Survey, which facilitates national comparisons. However, the survey also includes many state-added questions around bullying, perceived ease of access to a firearm, sexual violence perpetration, as well as related risk and protective factors. The data are essential for local public health agencies in planning and program evaluation. In the most recent administration, they included a question asking about perceived ease of access to a firearm and a study presented those findings are currently under review.
The problems of injury and violence present many challenges for the future, as well as opportunities to innovate for prevention. Our faculty are addressing multiple critical issues. For example, the struggles with prescription drug overdose and the ongoing opioid epidemic have galvanized federal and state leaders to renew focus on prevention, harm reduction and treatment. The changing legal landscape for cannabis presents an opportunity to conduct research and answer critical questions that can inform practice and policy. As climate change continues, there will be substantial risks as people are forced to adapt to alternate forms of transportation, energy production, and agriculture, as well as extreme weather events. The increase in firearm ownership poses continued risks for morbidity and mortality from interpersonal violence and suicide. In these areas and more, our faculty and students are leading the way on collaborative strategies to engage the research and broader community in prevention strategies.

New challenges arise all the time. For example, the recent pandemic and need to quarantine has raised questions about the effects on safety as work and family patterns are disrupted. What we know about the dynamics of injury and violence patterns will inform our responses in times of crisis and help us prepare for future situations that will undoubtedly arise. As information about the risks for different types of injury and violence becomes clearer, preventive efforts will need to address disparities as well as challenges in implementing solutions that often require complex value tradeoffs. By stimulating and engaging a strong cadre of investigators through PIPER, cross-disciplinary efforts to integrate research and practice have the potential to enable more innovative and successful approaches.
Dear reader,

As we look to the next decade, there are reasons to be optimistic about the future of injury prevention, but also many challenges to overcome. I am excited to assume the position of Director and have the opportunity to take on these challenges and continue development of our program. It is with gratitude that I take on this role – gratitude for Dr. Runyan’s mentorship and for the infrastructure she and other PIPER faculty built. We have a tremendous opportunity to build on our successes.

We have strengthened our foundational partnership between the Colorado School of Public Health the CU School of Medicine. We formed an Executive Board with equal leadership from both schools to provide the advisory and oversight we need to guide us into our next phase of growth. We have formalized our membership processes and are actively identifying our network of members, starting with faculty members, and the next phase will add practice and institutional members from across the Rocky Mountain region.

We are developing a strategic plan to outline the next 3 years of activities which will include more resources and opportunities for student engagement such as support for student research projects and professional development opportunities. We will expand resources to faculty to include pilot project funding or writing awards.

Beyond our campus presence and influence will we continue to serve in leadership roles in the state and nationally to influence the direction of the field of injury research. Through these activities we will keep focus on driving evidence-based practice through research, education, training, and outreach.

I look forward to the opportunity to share our achievements in the years to come.

Sincerely,

Ashley Brooks-Russell, MPH, PhD
Assistant Professor of Community and Behavioral Health
Director, Program for Injury Prevention, Education and Research (PIPER) (2020-present)
Footnotes


