

# The Emory Center for Injury Control: Vision and Priorities for Reducing Violence and Injuries through Interdisciplinary Collaborations

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Submission history: Submitted May 13, 2010; Accepted May 13, 2010

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[West J Emerg Med. 2010; 11(3): 229-230.]

Injury is the leading cause of death in the United States for persons between the ages of 1 and 44<sup>1</sup>. We see evidence of the scope and burden of injuries in the emergency department (ED), where annually an estimated 41.4 million patients are seen with injury-related visits, accounting for over one-third of ED presentations<sup>2</sup>. While many disciplines are involved in injury-related research, prevention, and practice, emergency physicians are on the frontlines of this epidemic, and they treat patients with preventable injuries as well as those with the sequelae of violence. Emergency physicians are also in a unique position to prevent future injuries and to reduce the consequences of existing injuries especially through screening and brief interventions, and the use of a teachable moment for the benefit and future safety of their patients<sup>2</sup>. It is because emergency medicine is so integrated and important for injury prevention and research<sup>3</sup> that we wanted to showcase current findings and projects by researchers affiliated with the Emory Center for Injury Control (ECIC) in this special issue of the *Western Journal of Emergency Medicine*.

The ECIC was founded in 1993 by Dr. Arthur Kellermann who conducted ground breaking research on firearm injuries, emergency medical services, trauma care and health policy. In 2006, Dr. Debra Houry was named the director of the ECIC and the ECIC was transitioned into an expansive, multi-institutional consortium. Last year, the ECIC was funded by the Centers for Disease Control and Prevention as one of their newest Injury Control Research Centers (ICRCs) enabling additional growth and support of new and exciting research projects and collaborations, training and outreach activities to support injury and violence prevention efforts in the region. In particular, a new emphasis of the center is to intersect academic boundaries and disciplines as well as institutions and to bridge the gap between science and community practice in order to make a difference in injury prevention.

This special issue highlights new findings by authors who are affiliated with Emory University as well as Georgia State University, Morehouse University and the University of Georgia representing multiple academic departments and schools

within each institution, as well as the Georgia Poison Center and governmental institutions including the Department of Community Health. The interdisciplinary nature of these projects is highlighted by the extent of collaboration within the individual projects. Among the twelve articles published in this issue, five represent work by authors based at two or more institutions.

Beyond the academic diversity, this issue highlights the extraordinary theoretical diversity and breadth of approaches within the field of injury and violence prevention research. Articles in this issue include topics ranging from teenage drivers<sup>4</sup>, to reciprocal dating violence<sup>5</sup>, to the relationship between violent crime and the location of alcohol outlets<sup>6</sup>. Equally diverse are the research methodologies applied in the studies, which include focus group interviews<sup>7</sup>, secondary analyses of a youth survey<sup>5</sup>, and the use of geographic information systems<sup>8</sup>, among others.

The products of this collaborative and diverse research extend beyond the covers of this issue. Perhaps the most important products of the research presented herein are the conclusions and lessons that can now be replicated or applied on a larger scale with the goal of reducing rates of injury and violence. In particular some findings may lead the way to future interventions including those that demonstrate that a multifaceted teen safety belt awareness project can lead to significant improvements in seat belt wearing<sup>4</sup>, as well as the finding that teenage boys and girls differ with respect to modifiable risk factors for suicidal behavior<sup>9</sup>. Other notable findings include the conclusion that parental perceptions of the risks and benefits of a child maltreatment program may differ by ethnicity<sup>10</sup>, and the finding that a sizable proportion of trauma patients, particularly female victims of assault, are receptive to enrollment in a brief intervention to reduce symptoms of Post Traumatic Stress Disorder<sup>11</sup>.

This special journal issue also brings to the forefront several recurring themes, including the importance of research focused on the associations between minority and underserved populations and violence and injuries, the unique opportunities and vulnerabilities among children and young adults, and the

critical importance of understanding the many categorizations or classifications of violence and injury research and associated definitions and their implications. In addition, several studies show us the potential of research-driven and evidence-based interventions to reduce the societal impact of violence and unintentional injury.

The opportunity for positive impact in the field of injury prevention is profound. The field has seen a surge of interest and progress and has made great strides over the past few decades<sup>12</sup>. However, much more work and resources are needed to significantly reduce the burden and scope of injuries in the United States and elsewhere<sup>13</sup>, and there are many important research priorities remaining<sup>3,14</sup>. Unfortunately, the breadth of this field can lead to a risk of fragmentation, with researchers focusing exclusively on either unintentional or violence-related injuries or within more narrowly defined topics. While these specialized research areas enable us to learn more about specific injuries or experiences with violence and their contexts, we also have to think more broadly about how we can benefit and learn from findings across injury topics and disciplines. Given the scarce resources provided specifically for injury prevention research and interventions, we will need to think strategically and creatively for how to best combine our resources, to determine if it is feasible and appropriate to evaluate the impact of our interventions across outcomes, and to identify the best ways to translate and disseminate our findings to the most important audiences<sup>15,16</sup>. We will also need to continue to emphasize and communicate the significant scope and burden of injuries to a larger audience to garner more support for injury prevention research. Based on the significant scope and burden of injuries, it is clear that we will need additional resources allocated to this important and underfunded field.

It is with these priorities in mind, that the ECIC has created a consortium of injury prevention researchers: to raise the visibility of injuries and violence, to strengthen the infrastructure for injury prevention research, to reduce the occurrence of injuries and violence and their consequences, and to encourage the development of evidenced based programs and practices. We would like to thank Dr. Mark Langdorf and Dr. Shahram Lotfipour for their vision, support, and collaboration of this special issue and their recognition of the importance of disseminating these findings broadly and to deliberately connect injury prevention and emergency medicine through this partnership. We are very excited to showcase the new research findings in this issue of the *Western Journal of Emergency Medicine* and to continue to support important research that will enable us to more effectively reduce injuries, particularly among vulnerable populations, in our region and elsewhere.

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## REFERENCES:

1. CDC, National Center for Injury Prevention and Control, Office of Statistics and Programming. WISQUARS, 2006 Data.
2. McCaig LF, Nawar EN. National Hospital Ambulatory Medical Care Survey: 2004 emergency department summary. Advance data from vital and health statistics; no 372. Hyattsville, MD: National Center for Health Statistics.
3. Houry D, Cunningham RM, Hankin A, et al. Violence prevention in the emergency department: future research priorities. *Acad Emerg Med*. 2009; 16(11):1089-95.
4. Burkett KM, Davidson S, Cotton C, et al. Drive Alive: Teen seat belt survey program. *West J Emerg Med*. 2010; 11(3):280-3.
5. Swahn MH, Alemdar M, Whitaker DJ. Nonreciprocal and reciprocal dating violence and injury occurrences among urban youth. *West J Emerg Med*. 2010; 11(3):265-9.
6. Franklin FA II, LaVeist TA, Webster DW, et al. Alcohol outlets and violent crime in Washington D.C. *West J Emerg Med*. 2010; 11(3):284-91.
7. Vargas K, Talley J, Meyers J, et al. High school students' perception of motivations for cyberbullying: an exploratory study. *West J Emerg Med*. 2010; 11(3):270-4.
8. Dai D, Taquichel E, Steward J, et al. The impact of built environment on pedestrian crashes and the identification of crash clusters on an urban university campus. *West J Emerg Med*. 2010; 11(3):295-302.
9. West BA, Swahn MH, McCarty F. Children at risk for suicide attempt and attempt-related injuries: findings from the 2007 youth risk behavior survey. *West J Emerg Med*. 2010; 11(3):258-64.
10. Corso PS, Fang X, Begle AM, et al. Predictors of engagement in a parenting intervention designed to prevent child maltreatment. *West J Emerg Med*. 2010; 11(3):236-42.
11. Malcoun E, Houry D, Arndt-Jordan C, et al. Feasibility of identifying eligible trauma patients for posttraumatic stress disorder intervention. *West J Emerg Med*. 2010; 11(3):275-9.
12. National Center for Injury Prevention and Control. CDC Injury Factbook. Atlanta, GA, Centers for Disease Control and Prevention. Accessed May 11, 2010.
13. Dahlberg LL, Krug EG. Violence—a global public health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva: World Health Organization; 2002: 1–21. Available at: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/). Accessed May 11, 2010.
14. National Center for Injury Prevention and Control. CDC Injury Research Agenda, 2009–2018. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2009. Available at: <http://www.cdc.gov/ncipc>. Accessed May 11, 2010.
15. Lubell KM, Vetter JB. Suicide and youth violence prevention: the promise of an integrated approach. *Aggres and Viol Behav* 2006; 11:167–75.
16. Swahn MH, Simon TR, Hertz MF, et al. Linking dating violence, peer violence, and suicidal behaviors among high-risk youth. *Am J Prev Med*. 2008; 34(1):30-8.