

CAREERS IN INJURY AND VIOLENCE INTERVIEW



SAVIR student member, Becky Naumann, recently interviewed Dr. Andrea Gielen for a new installment of the “Careers in Injury and Violence” project. Dr. Gielen serves as the Director of Johns Hopkins’ Center for Injury Research and Policy and is a Professor in the Department of Health, Behavior and Society at the Bloomberg School of Public Health. Dr. Gielen has devoted her career to understanding and preventing injuries, and in recognition of her numerous accomplishments and leadership to the field, she was recently awarded the 2015 Distinguished Career Award by the Injury Control and Emergency Health Services Section of the American Public Health Association. Becky spoke with Dr. Gielen to gain an understanding of her responsibilities in her current position at Johns Hopkins, her career path in injury prevention, and her advice for young professionals in the field.

Q: What do you currently do on a day-to-day basis as the Director of the Center for Injury Research and Policy and as a Professor at Johns Hopkins University?

GIELEN: Being an academic researcher is how I would describe my job. The Injury Center really runs itself because you have amazing faculty and staff who all are on the same page. So I think about my work more in terms of the Center’s research and the translation of that research into actual practice, not so much in terms of the administration or actually running something. It’s more about trying to help the people who are part of the Center have what they need to be successful in what they are doing. For example, some of the people in our Center are doing outreach, technical assistance, and direct service, so what they need to be successful is different from what other academic researchers, who are also part of the Center, need. Really, most of it right now is about trying to get resources to support the Center’s mission, which is broader than just research projects, and that’s kind of hard to do.

As an academic researcher, we have areas that we are required to be proficient, or excel, in. One is scholarship, which can include research and practice. Second is education and teaching. And third is service to the university and to your profession. So each of those three “buckets” has a different sort of distribution of effort and that changes over time – that changes as you go from assistant, to associate, to full professor. It also depends on what your institution expects, so if you are at a state teaching institution you have a much higher teaching load than at Hopkins, for example, where we’re supposed to teach one or two courses a year. It’s a very light teaching load because we are expected to bring in 75-90% of our salary from soft money (such as, from grants and contracts) for research. So, one of the things that I particularly like doing is to try to integrate students into the research because that, to me, is a good learning experience for students, and hugely helpful for faculty. I find working with individual students in this way rewarding and less stressful than trying to manage a course of 100+ students who you never get to know. Some people absolutely love teaching those types of courses, and it can be a really good thing in that you get to communicate what you think is important to a large number of public health students, which is great, but if you are more of a researcher, then working individually with doctoral and masters students to bring them onto your projects, to help them with their projects, and to help them write grants and so forth (and the same goes for junior faculty) can be really, really rewarding. There are many different ways to teach and to accomplish your educational mission. It really depends on what your institutional requirements are, and what your personal strengths and interests are in terms of how you do that.

Q: How did you choose the field of injury and violence prevention?

GIELEN: I got my Master's degree in health education at Johns Hopkins and then my very first job was at a state health department in their health promotion office. They had a small contract from the Maryland Department of Transportation to create the first child passenger safety program in the state. Car seats had just come into being. It involved taking everything I had just learned in school and it was like "Ok, Andrea, now go DO it!" I needed to apply so much of what I had just learned to this problem that I knew nothing about—I knew nothing about injury prevention or car seats or anything. Well, I had a baby so I knew I needed a car seat, but anyway, it was absolutely great! We were in Baltimore, so we were right near Hopkins, where Sue Baker and Steve Teret were introducing injury prevention as a public health problem, and my supervisor was a Hopkins trained PhD, so these academic resources were incredibly important. Through the state health department, we had access to many great physicians and law enforcement officers who also cared about children and motor vehicle crashes. And so we put together a comprehensive injury prevention program for child passenger safety. For a young new professional, it was like 'wow, you really get to DO what you learned in the classroom!' And then I just fell in love with the topic. When you look around the world and you see how dangerous it is for kids, and then you learn that for many injuries there are proven prevention strategies not being used, how can you not get passionate about it! It was just a life-changing experience.

And then I went back to get my doctoral degree because I wanted to do more program evaluation. At the state health department, we had to provide services, so we didn't have many resources in the way of doing any kind of evaluation, whether it was in terms of doing formative research or outcome research, so I went back to school. By then I knew I wanted to just work on injury prevention, but it was very hard to support yourself in that field, so I also did some work in a few other areas (for example, breastfeeding, smoking cessation in pregnancy, HIV/AIDS prevention). Those experiences allowed me to learn about my discipline, which is behavior change and intervention research, and it also led me to find linkages between other health issues and injury problems (for example, domestic violence issues intertwined with HIV/AIDS risks). So even though some of my initial work appears to be in diverse areas, the disciplinary expertise I was gaining was very relevant to my injury research. And I think that's something really important for people to think about as their career develops. Sometimes you have to work in an unfamiliar area, and you need to figure out how to do it in a way that helps you develop a skill set that is relevant to you. Mine was intervention research. For other people it may be new epi methods or qualitative research, or whatever it is that in addition to injury is your other expertise that you bring to the table. Luckily, I finally got to the point where I was able to support myself just doing injury work, and I don't know what I would have done if that hadn't happened because I was, and am totally hooked on injury prevention!

Q: Is there anything else you would like to tell us about your career path. What type of training did you receive?

GIELEN: When I went back to Hopkins to learn more about evaluation and intervention research methods, I got to take injury courses, so at that point, I was actually schooled in injury prevention as a field, which was a very important piece of my advanced training. And I got lucky, after finishing my degree, there was an opening on faculty to help rebuild health education training at the school, so I was able to stay and teach. My teaching really focuses on health promotion and health education and all of my research is in injury or violence.

Q: How did you get involved in SAVIR, and how did your involvement help you in your individual career path?

GIELEN: In addition to feeling passionate about the specific injury work I was doing, the other thing that always got me motivated is that there are SO many good people who are trying to get injury on the national agenda in a bigger way. When I was at the state health department, it was very rewarding and extremely important to hear pediatricians and the medical community start saying, “oh yes, injuries are a health problem that we need to deal with.” But I didn’t see that in the larger public health field. So it was really important to be able to come together as professionals to not only learn from others who were doing great work, but also to collect all of those people in one place to say ‘we can have a stronger voice on the bigger stage’ and maybe get more societal investment in this extremely important problem. It really was an outlet for me to try to contribute to that larger agenda, and to find colleagues who you can talk to about the substance of what you are doing and enrich each other professionally.

Q: Tell us about your experience with research funding. How is the funding climate? Any strategies to consider?

GIELEN: Diversify, diversify, diversify! In academic research, the NIH R01 is the coin of the realm, but the days of having that funded quickly and early in your career seem to be fading – it’s really tough! So I would say look for lots of different funding sources, partner with people who have grants that you can be a part of so you can get publications out, and have them help you develop preliminary data for your own research protocols or study ideas. Look for innovative ways to partner with people. We always joke that we are willing to be anybody’s control group! For example, we partnered with nutrition researchers who needed an attention-matched control group for their obesity prevention intervention trial. It’s an easy way to get some of the work that you want to do done.

Q: What do you think is the future of injury and violence research?

GIELEN: I think the future looks very bright. When I think back to what it was like when I first started, it’s just mind-boggling how much the field has expanded. However, if the field is going to continue to advance, more investment in training the next generation of researchers and practitioners needs to be given high priority.

We’ve gotten injury much more into the NIH agenda than in the past. NICHD has the first ever injury branch now in their Institute, and they are putting out more requests for proposals in injury, so it might be wise to look at some of the other Institutes and try to establish other branches with an injury focus; ultimately an injury study section would be important to establish as well. Trust for America’s Health and Research!America both have incorporated injury in their work promoting a healthier country through science and policy, and as a field we need to continue to encourage groups like these. There is also a lot more collaboration between research and practice – for example, the IVPN (the Injury and Violence Prevention Network), the SAVIR and Safe States joint conferences – which can only enhance the field.

There is a growing awareness of how the science of injury prevention has advanced and had demonstrable effects on protecting the public; we should leverage those successes to garner support for emerging injury problems. The opioid epidemic presents one such compelling opportunity to bring traditional injury prevention approaches to the multiple disciplines working on this problem. Partnering with chronic disease prevention professionals is another opportunity for future growth in our research and practice. The push to

increase physical activity and make spaces more inviting for walking and cycling has obvious implications for injury prevention and safety.

Q: What other tips can you share with the next generation of injury and violence prevention professionals?

GIELLEN: Don't give up! Stay persistent! Persevere! Something I often think about is a piece of advice that one of my first advisors told me, which is don't be afraid to put yourself out there. If you feel strongly about something or you feel that something needs to be done, don't wait to be asked to do it. I think that's an important thing for young people to think about when they are in any new work environment.

Q: Finally, can you tell us about some of your greatest accomplishments so far.

GIELLEN: I've been very lucky to have worked with amazing people, and I'm always inspired by seeing students I've worked with who have gone on to do great things (and there are a lot of them!). I don't think of that as a personal accomplishment, but rather as something that makes a career very satisfying.