Replication of the Cardiff Violence Prevention Model: A Cross-Sectoral Partnership between Hospitals, Law Enforcement, Public Health and the Community

Learning Objectives
In this session, participants will:
1. Describe and explain the Cardiff Model and its benefits as a cross-sectoral violence prevention public health approach.
2. Identify and understand the benefits and challenges of adapting and implementing the Cardiff Model.
3. Identify and explain best practices and lessons learned related to adapting and implementing the Cardiff Model.

Statement of Purpose
The Cardiff Violence Prevention Model (CM) is an evidence-based, cross-sectoral violence prevention strategy that brings together the community, hospitals, and law enforcement and public health agencies to prevent violence. The resulting community safety partnership uses a public health approach to first review current police and emergency department (ED) generated injury data, develop tailored interventions based on this real-time data, and implement those interventions in the community. This presentation will provide lessons learned from concurrent efforts to translate this model, best practices, and other information for starting the CM in local communities. Two sites will be featured from Wisconsin and Georgia.

Methods
This is a data to action public health practice project. A process evaluation with descriptive results of how the CM augments existing data sources and how the community safety partnership is formed will be discussed. The CM will be reviewed and two case studies presented on implementation, adaptations, and best practices. Resources such as the Cardiff Model Toolkit and training materials will be provided and explained. The process evaluation and resources will outline the beginning steps for assessing readiness for implementation and guidance in implementing the CM.

Results
Key findings and lessons learned relate to recruiting hospital stakeholders, setting up an electronic medical record data collection system, navigating data sharing especially with regard to the applicable federal (i.e., Health Insurance Portability and Accountability Act of 1996) and state policies, establishing and building relationships between different sectors, CM’s impact on collaboration and trust between participating partners, and importance of the CM in providing additional, real-time injury data.

Conclusions
The CM is adaptable to different US settings and is effective in detecting previously unknown geospatial patterns of injury, now captured in the ED. The CM brings together different sectors and fosters proactive involvement in community safety planning to prevent violence that is guided by real-time injury data.
Dr. Wu joined the Emory University School of Medicine faculty in 2002. He received his MD at Columbia University College of Physicians and Surgeons and completed his emergency medicine residency at Cook County Hospital. Dr. Wu is the recipient of the 2009 National Emergency Medicine Faculty Teaching Award, and is the American College of Emergency Physicians 2014 Franz Edelman Award Finalist. Dr. Wu is a member of the American College of Emergency Physicians, and the Society of Academic Emergency Medicine. Dr. Wu has served as principal investigator on the greater Atlanta Metropolitan Cardiff Model Replication Project since 2015.