



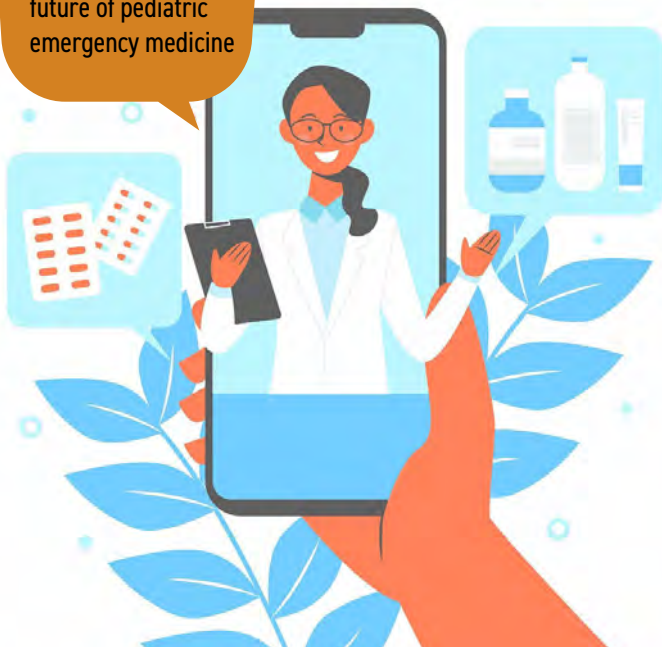
PECARN

**Pediatric Emergency Care
Applied Research Network**

Winter 2026

From Data to Impact: The Essential Role of Clinical Research Coordinators in PECARN

Helping to shape the
future of pediatric
emergency medicine



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From Data to Impact: The Essential Role of Clinical Research Coordinators in PECARN

Authored by: Roxana Dines and Bryce Ramirez of PRIME

Since its start, the Pediatric Emergency Care Applied Research Network (PECARN) has played a pivotal role in advancing pediatric emergency care, contributing to key research findings like the Head Injury and C-Spine Rules. The network's success is attributed to the collective efforts of professionals from diverse fields, working together toward shared goals. Among these professionals, Clinical Research Coordinators (CRCs) are critical to the smooth execution of studies.

In the early days, PECARN had only a small team of CRCs; today, more than a hundred CRCs across the nation support the network's expansive efforts, reflecting the significant growth and demand for clinical research within pediatric emergency care. CRCs manage multiple aspects of research—from interpreting protocols to enrolling patients, collecting data, and ensuring regulatory compliance. Their efforts keep research moving forward, one participant at a time. People are drawn to this role for various reasons, some stay in the field long-term, while others pursue graduate studies or medical careers.

For those who choose this path as a long-term career, the field offers both professional and personal benefits. Professionally, it provides opportunities for growth and skill development in areas such as patient recruitment and regulatory compliance. Institutions often support professional development by funding certifications, continuing education, and conference attendance. Long-term CRCs also enjoy the security and stability that come with working in a growing field, along with the work-life balance the role provides. On a personal level, CRCs find fulfillment in knowing their work directly contributes to improving pediatric care and advancing medical knowledge. Each study presents an opportunity to make a tangible difference, and long-term career satisfaction often comes from helping to shape the future of pediatric emergency medicine.

Experienced CRCs bring valuable expertise essential to the efficient operation of a clinical trial. A crucial aspect of clinical research is building strong relationships with study participants and their families. Seasoned CRCs excel at fostering trust and mutual understanding, which makes the research process more seamless and accessible. They also have extensive knowledge of regulatory and ethical standards making them a reliable resource for families, healthcare providers and budding CRCs. Kyle Pimenta, a Senior CRC at UC Davis with more than two decades of experience, is one such professional who has seen the evolution of the field firsthand. Reflecting on his own journey into clinical research, he shares: "Drawn by the promise of science and the hope of helping children heal, I spent the better part of a decade pursuing a career in pediatric medicine. Along the way, I somewhat serendipitously found myself a quieter calling in clinical research in a role more perfectly aligned with my disposition and skill set. I have thoroughly enjoyed exploring the discovery, development, and strategic aspects of clinical research while navigating a complex landscape continually transformed by new technologies, methodologies, and ethical considerations. I am grateful that PECARN has offered me the work-life balance I crave and most importantly the opportunity to contribute to real-world advances in pediatric care, specifically."

Others use their CRC experience as a springboard to future studies. For those aspiring to become healthcare professionals, a role as a CRC provides a unique lens into the field of medicine. CRCs gain valuable skills working with clinical teams, investigators, patients, and sponsors that are integral to practicing medicine and nursing.

"Along the way, I somewhat serendipitously found myself a quieter calling in clinical research..."



From Data to Impact cont...

Clear communication and strong organizational skills are essential for clinicians, and they are central to what CRCs do. Explaining complex scientific concepts to patients and clinical teams in an understandable way helps CRCs develop excellent communication skills, which are invaluable for future clinicians providing treatment to patients. Meticulousness and strong organizational skills across various roles, such as patient enrollment, data collection, and adherence to regulatory requirements, contribute to a solid professional background that is essential for medical providers handling the intricate details of patient care.

CRCs' experience working in a clinical setting with direct patient contact also develops a strong foundation for navigating compassionate interactions and ethical responsibility. Often eligible patients for research studies are experiencing difficult medical emergencies or complex conditions. CRCs are responsible for fully informing patients and families in the consent process and advocating for patient comfort and decision-making. They must protect patients' rights as study participants and ensure clinical trials are aligned with ethical guidelines. Working with patients in this capacity can help build invaluable experiences that develop a strong sense of empathy and responsibility. Those who do choose to move on from research to a career in medicine are equipped with excellent tools to help them thrive as compassionate and competent clinicians.

CRCs are a cornerstone of PECARN's success and a driving force in clinical research. Their work in managing logistics, ensuring data integrity, and fostering patient relationships directly contributes to advancing pediatric emergency care. Whether as a long-term career or a stepping stone to further education, CRCs play a vital role in shaping the future of healthcare.



PRIME
Pediatric Research in Injuries
and Medical Emergencies



Study Updates

The **SCIENCE** trial has now completed enrollment. We have enrolled approximately 7,000 eligible visits across 7 sites, and all sites have completed at least 12 months of implementation. In August we had our DSMB meeting and both the DSMB and central IRB approved the continuation of the study. We continue to tackle the many barriers to guideline adherent emergency department care for children with sickle cell disease presenting with painful events and hope to disseminate important findings over the next year.

Sickle cell

The **STARt** study investigated the benefits and safety of arginine for the treatment of patients with Sickle Cell Disease and pain. With 10 enrolling sites, over 2,600 patients were screened and a total of 271 participants enrolled, making it one of the largest pediatric studies of acute pain in SCD performed! Site closeout and data lock has been completed. Manuscript development is taking center stage, with a number of new discoveries.

PEDSCREEN addresses the critical need to improve pediatric sepsis outcomes by developing methods to accurately identify at-risk children presenting for emergency care. The project captures electronic health record (EHR) data to create a multi-center registry with the goal of improving the detection and treatment of pediatric sepsis in the emergency department (ED) setting. To accomplish this, we have automated the determination of organ dysfunction in children with sepsis directly from structured and narrative data in an expanded multicenter EHR patient registry. We have derived and validated machine learning prediction models of pediatric sepsis that predict subsequent organ dysfunction within 48 hours using ED EHR data from the first 4 hours of care. Innovative deliverables from this project include the existence of a broad and rich EHR registry, an automated process of outcome determination, and prediction models of risk of sepsis. The primary grant deliverable of a machine learning predictive model for pediatric sepsis has been recently published in *JAMA Pediatrics*. Other manuscripts are ongoing.

Sepsis

PRoMPT BOLUS is a large pragmatic clinical trial for resuscitation in pediatric sepsis to test the hypothesis that resuscitation with balanced fluids improves hospital mortality, reduces kidney injury and lowers length of stay compared to resuscitation with normal saline. PRoMPT is the largest pediatric acute care trial in history and is enrolling 8800 children at 47 sites across 4 international networks. This effort is led by PECARN and includes our sister networks PERC in Canada, PREDICT in Australia/New Zealand, and one site in Costa Rica. This study will definitively answer which crystalloid fluid is best for resuscitation of children with septic shock and could save hundreds of children's lives every year in the US and thousands more worldwide. We are rapidly approaching the finish line for enrollment, which will be complete on October 31! PROMPT also continues work on two NIH funded ancillary studies: one investigating blood biomarkers of endothelial dysfunction and the other studying long term kidney outcomes by linking with PEDS NET data at several sites. We published our first biomarker analysis for a third ancillary study supported by the state of Pennsylvania in PCCM in 2024. The DSMB evaluated our final interim analysis in August 2024 and determined that both arms are safe and that the study should continue without modification. We look forward to sharing results in 2026!

Adolescent Health / STI

The scientific premise of the ScreenSmart study stems from the PECARN STI study foundational work. This study seeks to adapt our previous intervention for STI screening to broad-scale opt-out HIV screening, specifically addressing diagnosis and prevention goals from the national End the HIV Epidemic (EHE). This includes increasing HIV screening rates in pediatric EDs using computer-facilitated collection of patient-reported outcomes and confidentially and efficiently assessing PrEP eligibility. Using mHealth, we aim to improve linkage to care for HIV prevention and treatment. All study sites are actively offering HIV screening via surveys. We are currently working with sites on testing data extraction and submissions. The STI study has concluded, and the main manuscript was published in *JAMA Peds.*

The **PEACH** study examines the link between different back grounds, insurance type, and post-emergency department follow-up for children with headaches. It also explores caregivers' experiences with follow-up. Enrollment concluded in February 2024, and qualitative interviews across four sites ended in August 2024. Data analysis is ongoing, with manuscript preparation underway. The study enrolled 347 participants, 289 of whom were eligible. PEACH will inform caregiver-driven interventions to improve follow-up care. The PEACH-2 study, launched in October 2024, investigates the association between caregiver health navigation literacy and rate of follow-up for headache care connection for children with headache after discharge from the emergency department.

HEADACHE

The **HEADACHE** Assessment in Children for Emergent Intracranial Abnormalities (HEADACHE) study aims to create the first decision-making algorithm that will allow physicians to determine the precise risk of emergent intracranial abnormalities in children with headaches and accurately identify those who require emergent neuroimaging and those who do not. We have finished patient enrollment, follow-up procedures, data cleaning and are currently completing data analyses. We enrolled 13,204 children and completed 882 interrater assessments. Emergent intracranial abnormalities have been identified in approximately 1.4% of children. Approximately 37% of children received ED neuroimaging, with over 60% of them undergoing CT scans.

Simulation

Efficacy of Teleconsultation to Improve Prehospital Patient Safety for Critically Ill Infants and Children - A Multicenter, Simulation-based Randomized Control Trial (**Tele-EMS**) aims to test the efficacy of teleconsultation with physicians using video (intervention) to support providers versus usual care, physicians using audio (control) to reduce serious safety events in simulated critical EMS pediatric transports. We plan to begin enrollment March of 2025 and have a population of 420 physicians and EMS personnel across 9 study sites. This study will provide the evidence base for how telehealth tools could be applied to improve prehospital patient safety outcomes for critically ill children.

The **CSPINE** Study aimed to develop and validate a clinical decision rule to determine who warrants screening for CSIs to mitigate unnecessary use of CT scans. Conducted across 18 PECARN emergency departments, the study involved over 22,000 children with blunt trauma. To date, two manuscripts, including the main analysis, have been published and over 15 abstracts have been presented. Two C-Spine abstracts were selected for oral presentations at the 2025 NAEMSP meeting: Lorin Browne et al., Prehospital performance of the PECARN cervical spine injury prediction rule in injured children and Kathleen Adalgais et al., Outcomes Related to Emergency Medical Services Use of Spinal Motion Restriction in Children, for which she received best oral presentation - congratulations, Dr. Adalgais!

Trauma / Injury

FAST: In the evaluation of hemodynamically stable children who have experienced blunt torso trauma, the benefits of using the Focused Assessment with Sonography in Trauma (FAST) examination are unclear and therefore are variably used. This NICHD-funded RCT of the FAST examination in 6 PECARN centers aims to definitively determine its utility in hemodynamically stable pediatric trauma patients. The study aims to make sure injured children are given the right diagnosis and avoid unnecessary CT scans. Across all 6 PECARN sites, 2,173 patients have been enrolled to date and are on target to enroll 4,346 patients by April 2027.

Infectious Disease

HIKO STEC or Hyperhydration to Improve Kidney Outcomes in Children with Shiga Toxin-producing E. coli Infection trial has entered its fourth year of recruitment. This multinational, 26-site, phase III cluster-randomized crossover study compares hyperhydration (early aggressive intravenous treatment) with conservative fluid management in pediatric patients infected with STEC.

The trial aims to identify the fluid strategy that best mitigates renal and extrarenal complications of hemolytic uremic syndrome (HUS) and improves health outcomes in children infected with STEC. To date, 711 participants have been enrolled toward the target of 1,040.

Pedi-PART The Pediatric Prehospital Airway Resuscitation Trial or Pedi-PART will help determine the best strategy for prehospital airway management in critically ill children. Pedi-PART began enrollment in May 2024 and is currently exceeding projected enrollment numbers. The trial is fast approaching the next interim analysis looking at the first 900 enrolled subjects.

PediDOSE, The Pediatric Dose Optimization for Seizures in Emergency Medical Services (PediDOSE) study aims to measure the effectiveness and safety of age-based midazolam dosing in EMS seizure protocols. Now in its last year of enrollment, the study has surpassed 5000 subjects across the 20 sites. Several manuscripts have been submitted or published, and planning is underway to publish many more by early 2027. The potential impact of PediDOSE is a paradigm shift in EMS seizure treatment that can be implemented across the country.

Prehospital Care

The **PediDOSE Supplement**, Dr. Victoria Hartwell's Diversity Supplement to the PediDOSE study, is underway. In children transported to an emergency department (ED) by emergency medical services (EMS), Dr. Hartwell is evaluating the association between both patient-level risk factors and social determinants of health with the frequency of seizure activity on ED arrival, aspects of prehospital and ED care, ongoing participation in research, and overall patient outcomes. If the investigators identify inequities in care, these data can be used to implement targeted interventions to ensure that children with prehospital status epilepticus receive equitable and efficient care regardless of patient-level or community-level demographics.

BEEPER, BEside Exclusion of Pulmonary Embolism in children without Radiation (BEEPER), is a large multi-center prospective, observational cohort study of children ages 4 to 17 years old who have symptoms that cause the physician to order a diagnostic test for pulmonary embolism (PE). The study team is delighted to announce that we have enrolled our final patient ahead of schedule! Data clean up and monitoring has begun with a goal for data lock in early 2025. Manuscript analysis plans are being finalized, with an anticipation of 15+ manuscripts. We couldn't have done this without the hard work and dedication of the BEEPER site team members.

Respiratory

PedCAPS is The Derivation arm of the Pediatric Community-Acquired Pneumonia Severity (PedCAPS) Score study was successfully completed on July 31, 2025, with 4,273 subjects enrolled and 363 paired biospecimens collected (NP swabs and plasma). The Validation arm launched on August 1, 2025, and will continue through summer 2027. To date, the seven new sites have enrolled 51 subjects and collected 11 biospecimens. Sincere thanks to the seven derivation sites for their outstanding contributions and to the validation sites for a strong and promising start. The protocol manuscript is under review, and we are actively working on 2 additional manuscripts.

IMPROVE The IMPROVE study was a multi-center, longitudinal comparative effectiveness study combining Registry and texted outcomes after discharge. IMPROVE aimed to inform optimal pain treatment for children with a long bone fracture. More than 7,400 were enrolled 7/2019 - 8/2023. Analyses are nearing completion. Aim 1 findings were presented at PAS 2025, Aim 2 results are planned for submission to PAS 2026. Six manuscripts are in progress at different stages.

Opioid Use

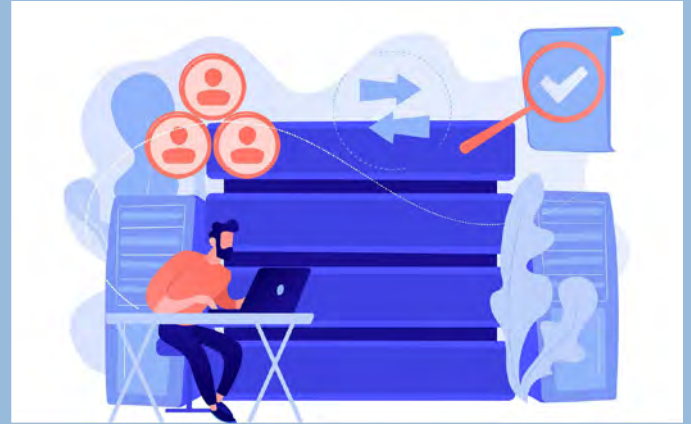
MoKA "The Morphine or Ketamine for Analgesia (MoKA) study is designed to evaluate ketamine versus morphine for pain management in pediatric participants with long bone fractures or abdominal pain. With funding concerns now resolved, the team is shifting its focus to study start-up activities and pharmacy/drug manufacturing.

The Treating Respiratory Emergencies in Children Study (**T-RECS**), was funded in the summer of 2023. T-RECS is a pilot trial designed to evaluate the feasibility of implementing a prehospital treatment bundle for children with life-threatening asthma that includes ipratropium and dexamethasone. The overall goal is to reduce the hospitalization rate and improve participants' quality of life. The primary aim of the pilot study is to evaluate the feasibility of collecting the study outcomes. As of January 2025, this study has enrolled almost 50 participants across both study arms. Data analysis and manuscript development will begin when enrollment ceases in February 2025.

AZSWED, The Azithromycin Therapy in Preschoolers with a Severe Wheezing Episode Diagnosed at the Emergency Department (AZ-SWED) trial tested the hypotheses that a 5-day course of azithromycin would decrease the severity of an acute wheezing episode in preschoolers harboring and/or not harboring pathogenic bacteria in their nasopharynx. The study was stopped due to futility by the DSMB after 840 randomizations. Although azithromycin was much more likely to eradicate the pathogenic bacteria from the nasopharynx, there was <15% probability of a significantly positive result in either bacterial group. We concluded that azithromycin does not improve outcomes in severe episodes of preschool wheezing.

The PECARN Registry

The PECARN Registry is an emergency care visit registry with automated transmission from the electronic health record data for pediatric patients at participating sites. The Registry currently contains data from all ED visits from twelve healthcare systems including nineteen EDs with data spanning calendar years 2012 through 2025. Each site transmits data to the DCC monthly. Comprehensive data quality assurance rules have been automated to assess data quality and validation of the transmitted data. The Registry has just upgraded its data collection system and is currently onboarding four sites. Data are also used for health services research, comparative effectiveness research, hypothesis generation and grant planning for the network and is utilized in many other funded PECARN grants.



Please plan to join us for the bi-monthly PECARN Registry Study Development Working Group meetings. The next two meetings are scheduled for Monday, November 10, 2025 and Monday, January 12, 2026. Email Cara Elsholz at the EDC if you'd like an invitation sent to you.

The PECARN Registry Subprojects

- Asthma Disparities: Identifying and Attributing Disparities in Pediatric Asthma Treatment in the Emergency Department: M Johnson / M Sills (Institutional funding)
- Disparities: M Goyal (NIMHD R03)
- Triage Disparities: Improving Pediatric Emergency Triage: An Assessment of the Emergency Severity Index Using the PECARN Registry (Peds-ESI): W Frankenberger (NICHD R03)
- Febrile Infant: Derivation of a clinical prediction rule to identify febrile infants 61 to 90 days at low risk of IBI: P Aronson (NICHD R03)
- Multicenter Evaluation of the Impact of Just-in-Time Viral Testing on Guideline Concordant Management of Febrile Infants 8 to 60 Days: W Pomerantz, P Wilson, T Vinet (Institutional funding)
- PHIS/FACTS linkage: E Alpern / L Cook (NICHD R24)
- Predicting high-acuity LWBS: B Kappy/K McKinley/J Chamberlain (Institutional funding)

- Use of Steroids in Pediatric Asthma Exacerbations: A Andoh, J Zorc, M Tanverdi (Institutional funding)
- Examining Contraceptive Prescribing in PedsEDs: K Stukus, R Thompson (Institutional funding)
- Prediction Model for Pediatric Return Visits for Sickle Cell Disease Post-Emergency Department Discharge for Acute Pain: K Coleman (Institutional funding)
- Bacteremia in Febrile Children w/ Sickle Cell: K McKinley (Institutional funding)
- Evaluate surveillance algorithm for pediatric sepsis: F Balamuth (CDC)
- Child Abuse: Emergency Department Child Abuse Evaluations During COVID-19: A Multicenter Study: B Chaiyachati (Internally funded)
- COVID Impacts on Mental Health and Firearm Injuries AND Evaluating equitable assignment of ESI scores in children with mental behavioral health chief complaint: J Hoffmann (Internally funded)

Registry-linked Studies:

PED Screen R01 (E Alpern), SCIENCE U01 (D Brousseau), IMPROVE R01 (A Drendel), Disparities R03 (M Goyal), TETRIS R56 (L Lois), PHIS/FACTS R24 (E Alpern, L Cook)

Good Clinical Practice Tip

Understanding Informed Consent

Informed consent is a cornerstone of Good Clinical Practice (GCP), ensuring participants' rights, safety, and well-being in clinical trials. According to ICH guidelines, the informed consent process is more than obtaining a signature; it involves a thorough, ongoing exchange of information that respects participants' autonomy and adheres to ethical principles originating from the Declaration of Helsinki.

According to the FDA, informed consent is considered one of the most fundamental concerns and is often cited as a major issue when it comes to human subject protections in clinical trials, meaning it is a key area of focus for the agency when reviewing research studies; essentially making it the biggest issue related to ethical research practices they monitor.

Similarly, the EDC has found that issues with informed consent is one of the most common findings during study monitoring. Below are a few things to keep in mind during the Informed Consent Process.

Key Requirements for Informed Consent

1. Regulatory Compliance and Ethical Approval

Before obtaining informed consent, investigators must have the written approval of the Informed Consent Form (ICF) and any other materials from the Institutional Review Board (IRB) or Ethics Committee (IEC). These documents must be updated with IRB/IEC approval before enrollment can begin and after every amendment and continuing review throughout the study. Site staff should confirm that they are using the most current IRB approved version of the ICF before approaching the patient.

2. Comprehensive Participant Understanding

The ICF and discussions must present all trial details in clear, non-technical language to ensure understanding by participants or their legally authorized representatives (LARs). Ensuring participant comprehension often involves including a witness or interpreter in the consent process.

3. Respecting Voluntary Participation

Neither participants nor their LARs should be coerced or unduly influenced to participate or continue in the trial. They must have ample time and opportunity to ask questions, with all inquiries answered satisfactorily before making a decision.

Essential Elements to Cover During Consent

All of these elements must be detailed in the ICF but should also be discussed during the informed consent discussion.

- Explanation of the study
- Voluntary participation and the right to withdraw
- Potential risks and benefits
- Alternative treatments
- The right to refuse or withdraw without penalty
- Confidentiality measures and who will access their data
- Compensation, costs, or payments for participation
- Understanding and questions
- Who to contact for questions or regarding a research-related injury
- Documentation of the process of informed consent

Participants also must be informed promptly if new information arises that could impact their willingness to continue in the trial.

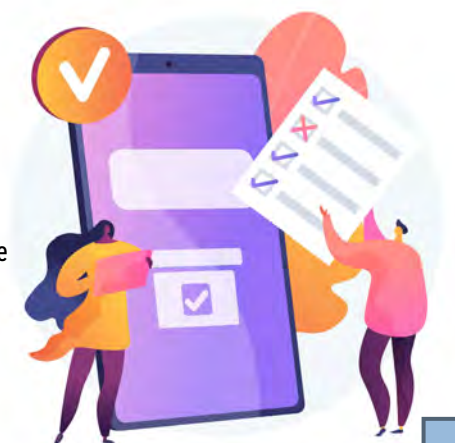
Documentation of Informed Consent

- Once a participant has understood the study and its implications, an ICF must be signed and dated by the participant/LAR and the person conducting the discussion before participation begins.
- Participants must receive a signed, full copy of the ICF and any updates to trial materials during the study.
- Original signed ICFs must be properly filed in the trial master file.

By prioritizing clear communication, voluntary participation, and robust documentation, we uphold the integrity of clinical research and protect the trust of participants who make such studies possible.

For additional information and to view the full ICH guideline, visit [E6_R2_Addendum section 4.8](#).

Compiled and written by Kady Kimball and Kerry Williams (EDC)



Nodal News & New Faces

STELAR

STELAR announces a new nodal podcast series, in collaboration with emDocs and the EIIC. The first three episodes were released in 2024 and include:

Dr. Julie Brown on [Anaphylaxis](#)
Dr. Danica Liberman on [Food Insecurity &](#)
Dr. Sing-Yi Feng on [Environmental Toxins](#)



STELAR introduces two new Research Coordinators from the UTSW Dallas site. Mia Hamilton (shown to the left), MSW and Jasmine Yang (not shown), BPH - Dec 2024.

SPARC



2024 Emory Emerging Investigator Lindsay Jaeger is the recipient of the 2024 EMS Medicine Early Career Medical Director Award from NAEMSO & Stryker. This two year, \$80,000 award will provide support for supervised career development experience in EMS to support the transition from EMS fellow to independent EMS physician.

CHaMP congratulates Drs. Matt Hansen and Henry Wang (co-PIs) for their awarded R01 grant from the National Heart, Lung, and Blood Institute (NHLBI) for the Prehospital Pediatric Ventilation Trial (Pedi-VENT), an ancillary study to the Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART).

Additional congratulations to Dr. Susie Burnett, who graduated in May 2025 from the University of Albany with her PhD in communication with a focus in health and organizational communication

New research coordinators

Holly Erpenbach - Oct 24,
Isaac Chavez - Dec 24
Rosmary Landaverde Deras - Oct 24

CHaMP



HOMERUN



Welcome Micah James Gamel, born 9/5 (9 lbs 2 oz, 22.5 in). His mom, Nicole Gamel, one of CCHMC's lead coordinators, was instrumental in the PedCAPS study.

Congrats to Lynn Babcock, MD, MS, our new Steering Committee Chair, and Tricia Cobb, MS, CCRC, our new Secretary. Thank you to Eileen and Bonnie for a smooth handoff and ongoing mentorship as we step into these roles.



Congrats to the TETRIS team on receiving a NOGA! WashU is proud to be the sole recruiting site.

Nodal News & New Faces

PRIME

New research coordinators

Jasmine Gonzalez
Research coordinator
UC Davis
October 21, 2024



Ana Hernandez
Research coordinator
UC Davis
September 8, 2025



Phon Wongkamchang
Research coordinator
UC Davis
September 1, 2025



Dr. Kathy Shaw Retires from CHOP
After Transformative Leadership in
Pediatric Emergency Medicine



Dr. Danielle Cullen Joins PRIME as
PRADS Representative, Advancing
Research on Childhood Health
Disparities



Dr. Pranave Shetty Joins PRIME as
EMS Scientific Advisor, Bringing
Expertise in Global Health and
Pediatric Emergency Care



PEM-NEWS

Leadership Change at PEM-NEWS



Starting January 1, 2026, Daniel Tsze will become the new Nodal PI for PEM-NEWS as Peter Dayan steps down after more than two decades of leadership in PECARN.

Nodal News & New Faces

GLACIER

New Staff Spotlight



Welcome Christopher Carpenter

We are excited to welcome Dr. Chris Carpenter to GLACIER as a Senior Scientific Advisor. Dr. Carpenter brings a wealth of knowledge and experience to the network, particularly in Implementation Science. He will be working with Dr. Jenn Fishe to launch the new PECARN Implementation Science Interest Group this Spring. Keep your eyes peeled for a sign-up survey coming soon!



EDC

New Staff Spotlight



Welcome Jieun Williams

Jieun joined the DCC team in October 2025 as a Project Manager. She enjoys hiking, camping, baking, and spending time with her two energetic boys. We're thrilled to have her on board!



New EDC Home 303 Chipeta Way

The EDC has a new address. We are happy to share this new space, fostering collaboration and innovation. The modern design offers updated facilities and a fresh environment to support our growing team and projects.

