

**Background** Coimbra is certainly among the Portuguese university cities with more nightlife-oriented towards students. The CPTTP and IREFREA–Portugal, are investing, in partnership with other organisations of our city (Health, Education, Security Forces, Municipality, Others sectors) in primary, secondary, and tertiary prevention in nightlife settings. This initiative aims to contribute: to identify and eliminate the risk factors associated with (potentially) traumatic situations (intentional and unintentional); to identify and enhance protective factors; to strengthen community resilience.

**Description of the problem** Recreation nightlife plays an important role in students' lives but also has an intrinsic association to a multitude of risk factors in areas such as sexuality, violence, alcohol and other substances and road driving. According to a survey conducted by IREFREA in Coimbra, in 2014 (sample: 253 men and 184 women, aged between 16 and 43 years old) many of the night goers report that “today” there is more violence and aggression in the night life (60%), more alcohol intoxication (70%) and higher consumption of illegal drugs (43%). 17.6% reported having had road accidents, 21.4% have been hurt by these and 16.9% have had problems with the police. It is also too high a% of individuals who reported having had sex under the influence of alcohol (64.8%).

**Results** More participation, interaction and cooperation between network members; more investment on prevention and investigation; more production and exchange of content; more accession of new “actors” and more interactivity and connectivity.

**Conclusions** Adopting the ecological model, approaching nightlife in a public health perspective, organising care in a multidisciplinary, multisectoral network has contributed to the promotion of more involvement of the “city” aiming the safety and well-being of their citizens.

#### 447 BALANCING DATA AND PUBLIC OPINION TO ACHIEVE BEST PRACTISE IN PRIORITY SETTING

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**Background** Best practise suggests community consensus is necessary for implementing action and change. Many health practitioners struggle to implement injury prevention initiatives that meet the needs of conflicting audiences. Decision makers are often influenced by cost-saving analysis, community members can be influenced by media propaganda and practitioners themselves are often influenced by limited resources, time and expertise.

**Description of the problem** In 2014, Western Australian local government authority, the City of Melville, decided to identify their injury prevention priorities, as part of their submission for Pan Pacific Safe Community Accreditation. Partnering with the Injury Control Council of WA, the City of Melville held a one-day Priority Setting workshop to gain audience consensus of the city's strategic planning as well as buy-in for the Safe Community Accreditation process.

**Results (effects/changes)** The strength of the workshop was the balanced presentation of data and public opinion. Data presented included statistics of injury related hospitalisation, death and crime rates. Opinion was sought from representatives of state agencies, injury experts, community groups and local residents. A fair ranking (scoring) system was applied to both the data and

public opinion. These rankings were combined to finalise the injury prevention priorities for the City of Melville.

**Conclusions** Feedback from participants stated appreciation for the opportunity to be involved, encouraged and heard. The success of the workshop is now evident with the establishment of volunteer working groups and activities, aiming to address each of the priorities in the City of Melville. The balance of data and opinion, as created by the World Health Organisation for International Safe Communities Accreditation, is an accessible, practical and adaptable framework for public health practitioners around the world.

#### 448 USING HEALTH BELIEF MODEL TO EXPLAIN SPEEDING BEHAVIOUR AMONG OMANI MALE DRIVERS

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**Background** Speeding behaviour has been recognised as one of the most important risk factor of fatal Road Traffic Crashes (RTC) and has been consistently reported as the main cause of RTCs in Oman. The aim of this study was to identify factors associated with speeding behaviour using Health Belief Model (HBM)

**Methods** A total of 1286 Omani male drivers visiting Directorate of Vehicle Registration at Royal Oman Police (ROP) were randomly selected and surveyed using a validated questionnaire. The questionnaire items included questions on socio-demographic characteristics, driving behaviour, driving history and the subscales of the HBM. Multivariate logistic regression was used to examine the association between speeding behaviour and the constructs of the HBM.

**Results** Around 60% of the drivers reported not respecting the speeding limit on the highways of which 70% of them were always crossing the speeding limit. Around 50% of the drivers reported an involvement in a road traffic crashes in the last three years of which 10% relate the cause of the crash to speeding. A significant association between speeding behaviour and the psychosocial characteristic of the participants (Age, driving license age, having children, monthly income, motoring and speeding offences) was observed. In Multivariate logistic regression analysis, speeding behaviour was significantly predicted by perceived benefits of respecting the speed limits and barriers of respecting the speed limits.

**Conclusions** HBM serves as a good explanatory model for speeding behaviour among Omani male drivers in Oman. The perceived benefits of speeding may be used in awareness campaigns that target change of speeding behaviour.

#### 449 SAFETY AND HEALTH: BUILDING INJURY PREVENTION INTO THE HEALTHCARE SYSTEM

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**Background (issue/problem)** Beyond the direct deleterious toll on individuals, injury incurs high costs to the healthcare sector and increases the risk of other poor health outcomes, such as chronic illness and poor mental wellbeing. The healthcare sector can play