Background The Safe Children Community Deutschlandsberg was expanded to the Safe Children Community of Southwest Styria which now comprises three districts. Initiation, development and implementation of successful projects and programs have furthered the reduction of child injury rates. Additionally, evaluation of programs, measures, and injury data was carried out to determine whether the efforts achieved the desired results.
Methods The steering committees of each district comprising all relevant representatives established working groups for categories such as safety in traffic, at home, in school and preschool, during sports, and during leisure time, as well as injury surveillance. A variety of child-safety activities in different settings were developed, involving as many organisations, institutions, schools and professional groups as possible, as well as local media.
Results Data surveillance demonstrated a reduction in child injuries. The relative injury rate of the Safe Children region decreased from 216/1000 in 2012 to 201/1000 in 2014. The pilot district Deutschlandsberg (designated in 2011 as the first Safe Children Community) was able to reduce the child injury rate from 195 in 2012 to 180 in 2014.
Conclusions Motivating a community to carry out injury-prevention initiatives is much easier when the focus is on children. It is also very useful to have champions from all public and private sectors and areas on the steering committees and in the working groups. In addition, it is helpful if a structure of participation is supported by the top-down-principle in the public sector. Despite all the internal motivation, a Safe Children Community has to be driven by external input and expertise. In order to develop and realise projects and receive the attention of Safe Kids Austria as a coordinating body, it is important to have the financial support of the Styrian Government and the districts themselves.

444 KENTUCKY SAFE COMMUNITIES: A MODEL FOR RECRUITMENT AND GROWTH, 2012–2017

[1]Genia McKee, [2]Carrie Nie. [1]*University of Kentucky, Kentucky, USA*; [2]*National Safety Council, Safe Communities America, USA*

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Background After several years of decreasing injury rates, in 2010, there began an upward injury fatality trend in Kentucky fueled largely by increases in accidental drug overdose and suicide. In 2012, Kentucky's age-adjusted injury fatality rate had increased from 76.1 in 2010 to 81.8 per 100,000 population.
Description of the problem The state has 120 counties and a total population of 4.4 million. Numerous agencies are charged with injury prevention, however there is a lack of coordination and local injury data, making prevention efforts fragmented and inefficient. We adopted the Safe Communities model as a way to address rising injury rates. The Safe Community model originated with the World Health Organisation's Collaborating Centre on Community Safety Promotion's Karolinska Institute.
Results In 2012, the Kentucky Injury Prevention and Resource Centre (KIPRC), Kentucky's lead injury prevention agency, became a Safe Community Affiliate Support Centre and entered into a partnership with the National Safety Council (NSC) and Safe Communities America with the following five year goals: (1) half the population of the state living within a Safe Community, (2) assist with local prevention planning and, (3) develop local data reports. As of July 2015, there are 8 communities certified or in process, holding nearly 40% of the state's population, and injury data reports are available for all counties.
Conclusions The Safe Communities approach has been shown to be effective in saving lives and reducing costs. A recent NSC study showed that after 10 years of rising injuries and injury rates in one community, the decision to seek Safe Community accreditation was followed by a 2-year decline in injury hospitalizations. In those two years, the study showed that nearly 300 hospitalizations may have been prevented, saving the community over $14 million in health care costs.

445 "STRENGTHENING HEALTH SAVING"

[1,2]Leonor Leinecker, [1]Nadia Rivera Leinecker, [1]Ricardo Slavusky, [2]Augusto Ittig, [2]Laura Flores. [1]*University Nacional De Jujuy, Jujuy, Argentina*; [2]*Secretaria Community Protection, Ministry of Government of Jujuy, Jujuy, Argentina*

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Background The province of Jujuy is located in a seismic zone with increasing activity. It is essential that your people know how to act in emergencies and know first-aid; key then is to teach and strengthen the community first responders.
Methods courses of theoretical and practical training in medical first aid are made: for university students and representatives of NGOs to increase the number of "Health Lifeguards: trained to train" that expand the coverage and call this training to all the population of the Province of Jujuy. Courses are taught from the race for Health Educator, Faculty of humanities and social sciences. They have zero cost to those who perform and is planned for 1200 graduation trainers, which will allow the creation of 240 training teams for training gives coverage to the whole province of Jujuy. The political-economic framework is guaranteed by agreements concluded between the National University of Jujuy and the Secretariat of the Community Protection of the Ministry of Government of the Province of Jujuy .
Results In 2014 certified 235 university students and NGO representatives as "Lifeguard Health trained to train" in 2015 training is extended to members of social and sporting institutions, neighbourhood and social organisations and members of non-formal education, with 456 students for certified "Lifeguard Health: trained to train" strengthening Courses are conducted in "First responder" to police, firefighters and civil protection and first responders, granting 95 certifications.
Conclusions The general population and in particular the first respondent properly trained how to act in an emergency, helps reduce fatal consequences and the consequences of the same, reducing YPLL injuries and disabilities.

446 HEALTHY NIGHTLIFE: ELIMINATE RISK, PROMOTE PROTECTIVE FACTORS & CITY RESILIENCE (COIMBRA, PORTUGAL)

[1]João Redondo, [2]Fernando Mendes, [3]Isabel Fonseca, [4]Jorge Alves, [5]Paulo Anjos, [6]Irma Brito, [7]Henrique Armindo, [8]António Monteiro, [9]Laura Diogo, [10]Cristina Baptista, [1]Paulo Simões, [1]Filipa Sola, [1]Alexandre Fernandes. [1]*Centre for Prevention and Treatment of Psychological Trauma (CPTTP), Department of Psychiatry, Coimbra University Hospital Centre, CHUC, Portugal*; [2]*European Institute of Studies on Prevention (IREFREA, Portugal)*; [3]*Emergency Department, CHUC, Portugal*; [4]*Municipality of Coimbra,Portugal*; [5]*Associação Existências, Portugal*; [6]*Higher School of Nursing, Coimbra, Portugal*; [7]*National Guard (GNR), Coimbra, Portugal*; [8]*Public Security Police (PSP) of Coimbra, Portugal*; [9]*Coimbra Group of Schools West, Portugal*; [10]*Coimbra Group of Schools Central, Portugal*

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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

[1]Venessa Wells, [1]Megan De Piazz, [1]Rachel Meade, [1]Marc Zen, [2]Tanya Van Sittert. *[1]Injury Control Council of Western Australia, Australia*; [2]City of Melville, Australia

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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

[1]Abdullah Al Maniri, [2]Ali Al Azri, [3]Ibrahim Al Harthi, [3]Mohammed Al Azri, [4]Marie Hasselberge, [4]Lucie laflamme. *[1]The Research Council, Oman*; *[2]Ministry of Health, Oman*; *[3]Sultan Qaboos University, Oman*; *[4]Karolinska Institute, Sweden*

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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 regrsession anlayis, 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

Larry Cohen, Rachel Davis. *Prevention Institute, CA, USA*

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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