

message recipients into users of a smoke alarm installation program occurred infrequently.

### 335 DEVELOPMENT OF THE MAKE SAFE HAPPEN APP, A HOME SAFETY MOBILE APPLICATION

<sup>1,2,3</sup>Lara B McKenzie, <sup>1</sup>Kristin J Roberts. <sup>1</sup>Center for Injury Research and Policy, the Research Institute at Nationwide Children's Hospital; <sup>2</sup>Department of Paediatrics, the Ohio State University College of Medicine; <sup>3</sup>Division of Epidemiology, the Ohio State University College of Public Health

10.1136/injuryprev-2016-042156.335

**Background** Injuries are the leading cause of death for children ages ≤19. Known effective countermeasures and safety devices are readily available, but not routinely utilised. Existing child safety efforts are not centralised or easily accessible and the current process for “child proofing” a home is difficult, confusing, and time-consuming. The objective was to development a home safety mobile application, to help parents and caregivers learn how to make their homes safer by identifying and remedying injury hazards in their home.

**Methods** The *Make Safe Happen* app allows users to identify injury hazards with room-by-room checklists and provides direct links to purchase safety products from an online, global retailer. In addition, app users can set reminders to help encourage correct and consistent use of these products. App users also had the option to complete a feedback survey embedded in the application. The app launched in February 2015 and is currently available for free from iTunes or Google Play.

**Results** As of October 2015, there were over 18,000 app downloads (iOS and Android). Over 20,000 safety actions (safety tasks completed by active app users) have been completed. In addition, 575 calendar reminders to check or change batteries and 502 poison control contacts (national poison control telephone number) have been created by app users. A total of 89 app users completed the survey. Of those, 86.5% reported that the app helped them to make their home safer, 75.6% learned something new, and 95.3% would recommend the app to a friend or family member. Additional analytic and survey data on the number of rooms completed and products purchased and installed will be presented.

**Conclusions** Parents and care givers want to protect and keep their children safe from injuries in and around the home. Preventing injuries helps ensure that all children and adolescents live to their full potential. The *Make Safe Happen* app was developed to bridge the information gap in a direct and efficient manner enabling the wider use of prevention measures that will protect children from injury.

### 336 HARNESSING SOCIAL MEDIA FOR SAFETY

Laura Hokkanen. Emergency Services College, Finland

10.1136/injuryprev-2016-042156.336

**Background** Social media (SM) services are widely adapted by citizens, who at the same time are more and more equipped with mobile communication devices. As social networks have become common means for communication, also public authorities face the demand for being present online. How could the wide use of mobile SM be best harnessed for creating safety? This presentation addresses the use of SM and mobile technology in safety

communication and communication during emergencies and crises.

**Methods** Presentation considers the issue through a literature review on research projects related to the utilisation of SM and mobile technology by public safety authorities. Reports of three EUFP7 funded projects and two Finnish Ministry of the Interior funded research projects are addressed.

**Results** SM is by nature multi-directional and interactive media. One-way, centralised communication has turned into communication of anyone and everyone. Easy access interaction between public authorities and citizens offers a new kind of forum for participating and sharing issues. Inviting citizens to take part in communication and involving them creates shared awareness and commits citizens in new ways – also in creating safety. Public safety authorities can also utilise mobile social media in fast distribution of information and gathering information useful for creating situational awareness. Questions such as the reliability of information, matters of privacy and data protection and the nature of the content published in SM need to be considered. Even a trusted institution needs to re-earn this trust when in SM.

**Conclusions** Communication is a key factor in building resilience and promoting safety. New media provides a new kind of a forum – and a form – for interactive communication between public authorities and citizens that can provide benefits for both. The change in communications processes pose a challenge to safety organisations and utilising the new media requires skills and resources.

### 337 SOCIAL MARKETING TO REDUCE PREVENTABLE INJURIES IN BC, CANADA

<sup>1,2</sup>Ian Pike, <sup>1,2</sup>Shannon Piedt, <sup>2</sup>Kevin Lafreniere. <sup>1</sup>University of British Columbia, Canada and the BC Injury Research and Prevention Unit, Child and Family Research Institute, Canada; <sup>2</sup>The Community Against Preventable Injuries, Canada

10.1136/injuryprev-2016-042156.337

**Background** Well-developed social marketing campaigns can shift health-related societal attitudes and behaviours. The purpose of this study was to determine the efficacy of a social marketing campaign to raise awareness, change attitudes and behaviours to reduce the number and severity of injuries among citizens aged 25–54 in BC, Canada.

**Methods** A 2-year, 2-phase formative evaluation comprised focus groups and on-line survey. Phase I consisted 8 focus groups of 6–8 participants aged 25–54 throughout BC. The goal was to understand perceptions, attitudes, knowledge and behaviours, and to understand potentially effective injury prevention messages and channels. Phase II comprised on-line survey of 300 citizens 25–54 in May 2009. Demographic, knowledge, attitudes and behaviour variables around injuries served as pre-campaign baseline metrics. A multi-year, multi-faceted campaign, using TV, radio, print, signage, guerrilla events and social media launched in June 2009. Data from random samples (n = 700) were gathered at 4-month intervals and used to monitor changes in awareness, attitudes, behaviours, together with changes in injury deaths.

**Results** Some 50% of BC population (2M) were reached weekly, and over 100 M media impressions were generated during the 6-month launch period. 50,000 visited <http://www.preventable.ca>. Campaign recall increased 45%; TV ads were considered informative, relevant, credible and generated self-reflection with no advertising fatigue. Positive shifts (5–10%) in attitudes and behaviours were observed, and significant differences persist over 7-

years between those who have seen the campaign vs those who have not. Reduction in injury deaths among the target population was associated with the campaign period.

**Conclusions** A well-developed injury prevention social marketing campaign based upon input from the target audience can result in significant changes in awareness, attitudes and behaviours, which was associated with decreased injury mortality.

338

#### DEVELOPMENT AND PILOT TEST OF AN MHEALTH TRAUMA REGISTRY IN OMAN

<sup>1</sup>Amber Mehmood, <sup>1</sup>Edward Chan, <sup>1</sup>Katharine Allen, <sup>2</sup>Ammar Al Kashmiri, <sup>2</sup>Ali Al Busaidi, <sup>1</sup>Kent Stevens, <sup>3</sup>Abdullah Al Maniri, <sup>1</sup>Adnan A Hyder. <sup>1</sup>Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA; <sup>2</sup>Ministry of Health, Sultanate of Oman; <sup>3</sup>The Research Council of Oman

10.1136/injuryprev-2016-042156.338

**Background** Trauma registries (TRs) play a vital role in the assessment of trauma care, but are often underutilised in countries with a high burden of injuries. We postulated that emerging technologies in trauma and injury surveillance could enable the design of a tablet-based application for health care professionals. This would be used to inform trauma care and acquire surveillance data for injury control and prevention in the Sultanate of Oman.

**Methods** The study comprised of three steps. a) Consensus on variables to record the quality of trauma care and injury surveillance. b) Design of an electronic tablet-based application and pre-testing at the Johns Hopkins International Injury Research Unit c) Pilot study of electronic registry at two large hospitals in the Sultanate of Oman.

**Results** The application was designed to provide comprehensive information on each trauma case from the location of injury until discharge, so the variables were organised to cover eleven domains of information, with standardised format of data collection. Internet connexion was required only at the time of data transfer to the electronic database. Pilot study included training and induction of nurse data collectors, data collection over six months, data quality control, and data analysis. A nurse-based pilot study demonstrated that the application was user friendly, reliable, and feasible in the current setting. With approximately 2600 completed cases, the data was found to be accurate and reliable in >93% of cases.

**Conclusion** Initial results show the promising potential of a user-friendly, comprehensive electronic TR to develop a multicenter trauma database. The pilot test in two hospitals indicates that the registry can be used in multiple hospitals. Stakeholders engagement, training of the staff and supervised induction is the key to success and help improve injury surveillance as well as quality of trauma care.

## Violence

Parallel Tue 3.4

339

#### WRAPAROUND CARE FOR YOUTH INJURED BY VIOLENCE: A PILOT RANDOMISED CONTROL TRIAL

<sup>1,2</sup>Carolyn Snider, <sup>1</sup>Wanda Chemomas, <sup>1</sup>Karen Cook, <sup>1</sup>Depeng Jiang, <sup>1</sup>Terry Klassen, <sup>1</sup>Sarvesh Logsetty, <sup>2</sup>Jamil Mahmood, <sup>1</sup>Elaine Mordoch, <sup>1</sup>Trevor Strome, <sup>2</sup>Floyd Wiebe. <sup>1</sup>University of Manitoba, Canada; <sup>2</sup>Winnipeg's Gang Action Interagency Network, Canada

10.1136/injuryprev-2016-042156.339

**Background** Youth injured by violence is a major public health concern in Canada. It is the fourth leading cause of death in youth and the foremost reason youth visit an emergency department (ED). In Winnipeg, 20% of youth who visit an ED with an injury due to violence will have an ED visit for a subsequent violent injury within one year. Youth injured by violence are in a reflective and receptive state of mind, rendering the ED setting appropriate for intervention.

**Methods** We completed a pilot randomised control trial in November 2015 comparing wraparound care for youth age 14 – 24 who were injured by violence to standard ED care. Youth were excluded if their injury was due to child maltreatment, sexual assault or self-harm. An adapted pre-consent randomization methodology was used. The intervention was developed using a community based participatory research approach. Wraparound care was delivered by a support worker with lived experience with violence. Support workers were on call 24/7 in order to start the intervention in the ED and take advantage of the “teachable moment.” Care continued in the community for approximately one year.

**Results** A total of 133 youth were randomised (68 intervention, 65 control) in one year. There was no difference in age, gender, or severity of injury between the two groups. Patients randomised to the intervention spent a median of 30 minutes less in the ED than those receiving standard care ( $p = 0.22$ ). Youth are safely housed, have enrolled in education opportunities, and are engaged in addictions care. Results of a chart review examining repeat visits to the ED for violent injury, substance use and mental health will be completed in late 2015 and will be presented.

**Conclusions** There were no differences between standard care and intervention groups on baseline characteristics reflecting effective randomization. The introduction of an intervention at bedside in the ED did not have a negative impact on patient length of stay.

340

#### SUSTAINABLE DEVELOPMENT GOAL 16.1: ARE NONKILLING SOCIETIES POSSIBLE?

Joám Evans Pim, Åbo Akademi University, Finland, and Centre for Global Nonkilling, Hawaii

10.1136/injuryprev-2016-042156.340

**Background** In September 2015 the United Nations adopted the newly drafted Sustainable Development Goals (SDGs), as the post-2015 development agenda. The SDGs replaced the Millennium Development Goals that expired at the end of 2015 and, for the first time, include an item explicitly addressing the need for “peaceful and inclusive societies”, setting the goal to “significantly reduce all forms of violence and related death rates everywhere” (16.1).

**Description of the Problem** The SDGs will significantly shape international development policies until 2030 and set targets to be met by major national and international agencies. Besides the overarching SDG 16.1, other goals specifically address different types and contexts of violence (4a, 4.7, 5.2, 5.3, 16.2) and a number of risk factors closely connected to violence. However, the possibility of significantly reducing death rates and building killing-free societies is still strongly questioned.

**Results** The field of violence prevention has grown significantly over the past decade, signalled in 2002 with the publication of the *World Report on Violence and Health* that clearly identified violence as “a preventable disease”. This paper explores some of the accumulative supportive evidence for violence prevention