648 EDUCATING QATAR'S COMMUNITIES ABOUT CHILD PASSENGER SAFETY (CPS)

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Background Qatar is a rapidly developing country with the majority of its multi-cultural population living in the State's capital, Doha. Car use is high and accidents common. Families are large, on average, and the use of child passenger restraint systems is almost non-existent across all cultures and nationalities. Hamad International Training Centre created a public awareness campaign (Kulluna), with funding from ConcocoPhillips, Qatar and support from Safe Kids Worldwide, to train members of the community to become Child Passenger Safety Technicians to educate parents and caregivers about the need for, and correct use of, child passenger restraints (aka "car seats").

Methods The first CPST (Child Passenger Safety Technician) course took place in December 2012 with the aid of expert instructors from Safe Kids Worldwide (SKW). Candidate numbers were small but so enthusiastic that word of mouth soon spread about the high quality and importance of the training.

Results Since 2012 Hamad International Training Centre (HITC) has now run 10 CPST courses and trained over 85 people to become technicians. Due to the mobile nature of our populations, several technicians have left Doha but are spreading the good work around so that recently another State in the Region has introduced the same course with the help of our trained technician. HITC itself now has 5 locally trained Instructors which will allow us to continue the training independently of our SKW instructors. The activities of the technicians have started to have an effect with more people becoming aware that we run these courses. In addition, we have just run the first Special Needs CPS course for children with special needs who cannot use standard restraint systems. The technicians are regularly involved in various activities to raise awareness, as well as community check-up events where they meet families face to face for direct help and advice in the use and selection of child car seats.

Conclusions Our actions have not been politically based but have been noticed by government agencies responsible for legislation, health and safety. As a result, HITC has been appointed as the lead agency in a National Awareness campaign to roll out the CPST course across the whole country. This will involve creating hundreds of new CPS technicians and the setting up of strategic "checking stations" where parents and caregivers can come to get advice on fitting and choosing car seats for their children. We present this project as a model for introducing life-saving training in a challenging and difficult environment.

649 INJURY INFORMATION SEEKING FOR A NATIONAL SAMPLE OF MOTHERS WITH YOUNG CHILDREN

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Background News coverage of injury research appears to be a useful way to disseminate critical paediatric injury information and recommendations. Yet, little is known about how and whether or not parents access news articles and understand them. **Methods** Data were collected from a nationally representative sample of $n = 1,081$ mothers of children <6 years using an online survey. Respondents answered questions about media and Internet use, health and injury information sources, and socio-demographic characteristics. Participants viewed two injury news stimuli and were asked a series of questions.

Results The majority of participants preferred to use the Internet as the first choice for injury information although this varied by topic; 64% bicycle helmets, 63% car safety seats, and 48% poison prevention. When compared to mothers with more than a high school education, those with high school or less were less likely to list Internet and more likely to list health care providers, or friends/family as their first choice for information about bicycle helmets ($p = 0.007$), car seats ($p = 0.012$), and poison prevention ($p < 0.0001$). When compared to mothers who identify as Black/African American, mothers who identify as White or Asian were more likely to list the Internet as their first choice for information about car seats. Mothers who identified as Black/African American were more likely to list the news media as their first choice for information about car seats ($p = 0.001$). Despite frequent Internet use, 65% reported hearing little or nothing about injury research in the media in the past month, and 60% reported ever looking for information on injury prevention for themselves or their family.

Conclusions Findings suggest that the Internet may be an effective way to disseminate messages, including news stories, about injury prevention. While it is clear that many mothers have the potential to access injury prevention messages that are covered by the news media or are available through various internet sources, we need to learn more about attention to messages, as well as the ability to understand messages they may read, view, or hear. Future research should focus on media effects to study the link between exposure to news media and injury outcomes, and to expand the work to all caregivers (not just mothers).

650 ACCIEVEMENT OF THE AUSTRIAN SCHOOL ROUTE MAPS AND OPPORTUNITIES FOR FURTHER ENHANCEMENT

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Background Since 2002 each Austrian primary school can develop a school route map with the help of traffic experts. The purpose is to inform parents and students of traffic conditions around the school and the safest walking routes. Today about 300 maps are existing. An evaluation should show, if they are successfully in use.

Methods Altogether four opinion surveys took place. Next to oral interviews with experts ($n = 11$) parents of children going to a school with a school route map ($n = 2,560$) as well as headmasters of such schools ($n = 31$) were questioned in writing. Further an online survey among headmasters of schools without a map ($n = 480$) was conducted. An additional accident analysis should show, if the maps have an impact on commuting accidents.

Results Experts recorded (con)structural upgrades in the course of the generation of a school route map and claimed the maps to be of help in road safety education. 65% of the questioned parents indicated that they got the map at start of school, although every year one pupil should get one, and only 10% really used it. To improve the usage they recommended handing out the plan already in Kindergarten. In contrast, about 70% of the headmasters of schools with school route maps stated that the map is used in road safety education. They saw the major problem in the annual reprint. Of the schools without a map 86% didn't know such maps are existing and about 50% declared that they would be interested. The accident analysis revealed no significant changes in the accident rate as well as in the casualties since the introduction of school route maps.

Conclusions Regarding the accident rate no success of Austrian school route maps could be proven. However, experts and headmasters stated positive experiences. Overall seemed to be room for improvement. One of the first steps would be to make school route maps more known, and to hand them out to parents of year one pupils earlier and yearly (e.g. on school registration day).

651 PERCEPTION OF UNINTENTIONAL CHILDHOOD INJURIES AMONG RURAL MOTHERS IN SOUTH INDIA

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Background Parental perception of safe and risk-free environment is critical in the prevention of unintentional childhood injury. An accurate perception of risky situations is essential to minimise the rate of childhood injuries. Knowledge on parental perception in rural India will be helpful in planning preventive strategies. This study was conducted to assess parental perception on risks and hazards leading to unintentional childhood injuries.

Methods A cross sectional study was conducted in 13 clusters of a rural block in South India. Double stage cluster sampling method was used to recruit 100 mothers and they were interviewed using a tool developed by Glik and Kronenfeld. Two FGDs were also conducted.

Results Mothers' perception of likelihood of injury from hazards such as household door and drawers, small toys, plastic bags and cribs was poor. These objects were also perceived as less dangerous hazards. Mothers had a poor perception of injury by entrapment in refrigerators, choking and strangulation by a rope or a cord. Choking bruises, puncture wounds were perceived as less serious events. Age, education and literacy were found to be significant predictors of perception of risk and hazard in univariate analysis, the logistic regression model did not show any significant associated factors for perception of risk and hazard. 9% of mothers believed injuries can be completely prevented and illiteracy ($p = 0.04$) was associated with poor perception on prevention in univariate analysis. Few mothers in FGD believed that injuries cannot be prevented as it is natural (*Vidhi*) for children to sustain injuries.

Conclusions It is a fact that the mother's literacy and schooling is closely related to child health and survival. Promotion of injury preventive engineering strategies and enforcement will only be effective when the literacy of the mother increases. Health education can improve maternal perception and have a positive impact on prevention of unintentional injuries.

652 STRENGTHENING A CULTURE OF SAFETY FOR CHILDREN: DEVELOPING HOSPITAL AND COMMUNITY COLLABORATIONS

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Background Unintentional injury is the leading cause of death and disability for America's children. The economic consequences of injury are staggering; with injury being the leading cause of medical spending for children ages 5–14 in Wisconsin. As a health care system, we see the consequences of preventable injuries. As a children's hospital we have an obligation to lead the way in modelling best practice, evidence-based injury prevention strategies for children in collaboration with our community partners.

Methods/approach Review of Wisconsin paediatric injury and death data formed the basis of prioritising program development or system-level strategies for injury prevention. Using a policy, systems, environmental approach, we identified best practice injury prevention strategies with our community partners. By implementing a collective impact model and community engagement, we formulated plans for improving the injury prevention strategies for children and families in our community.

Results Examples related to child passenger safety, home visitor program, a safe sleep campaign, Safety Town, and a "safety store" will be provided. Program barriers and challenges, as well as successful outcomes in strengthening the culture of injury prevention through community engagement will be shared.

Conclusions Health care providers and community partners are looking to embrace population health strategies to achieve a greater good for improving the health of children. Using a collective impact model enables communities to accelerate the progress they can have in reducing childhood injury related morbidity and mortality. Safety devices, when correctly used, are highly effective in preventing injuries and saving lives. Recognition of the need to reduce health disparities by removing potential social, economic and language barriers for families around injury prevention strategies is critical.

653 SAFETY FOR YOUTH INVOLVED IN COMMUNITY BASED AGRICULTURE

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Background As Community Based Agriculture (CBA) gains popularity in the U.S., more youth are becoming involved. One type of CBA is Community Supported Agriculture (CSA). In CSA, farms sell shares of their harvest, which may include customer labour: as part of the share, to reduce the price of the share, or to gain extra product. Another form of CBA is public gardens (e.g., community, urban, school). Adults work with youth to plant, weed and harvest. Often, those working in CBA are not familiar with the tasks, equipment, and hazards. There are no known safety resources for youth involved in CBA, thus adults depend on prevention strategies from various disciplines to address common problems such as bee stings or weather-related hazards.

Methods A pilot study was undertaken to assess youth safety in CBA. A survey was sent to a convenience sample of community/