Oral Presentations

Rurality and injury

16 THE BURDEN OF TRAFFIC CRASHES ON APPALACHIA: AN OVERLOOKED HEALTH DISPARITY IN THE REGION
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Statement of Purpose The Appalachian Region (AR) has a higher premature fatality rate than the rest of the United States (US). While disparities related to chronic disease and other health conditions in Appalachia are well-described, an overlooked contributor to premature mortality are traffic crashes. Therefore, there is a need to examine the epidemiology of traffic fatalities in Appalachia and compare to the non-Appalachian US.

Methods/Approach We obtained 2013–2017 data from the Fatality Analysis Reporting System for the Appalachian and non-Appalachian US by county. To characterize differences between Appalachian and non-Appalachian counties, we calculated population-based fatality rates and rate ratios using multivariate Poisson regression. We also compared differences in crash characteristics using logistic regression.

Results For the period 2013–2017, the traffic fatality rate was 22% higher in the AR than in the non-AR (aRR: 1.22, 95% CI: 1.21–1.24). Traffic fatality rates were higher across all age groups and genders. Compared to non-Appalachian counties, the AR had higher fatality rates among motor vehicle occupants (aRR: 1.36, 95% CI 1.33–1.38) and motorcyclists (aRR: 1.16, 95% CI: 1.11–1.21), but lower rates among non-motorists (aRR: 0.75, 95% CI: 0.72–0.79).

Appalachian fatalities were more likely to have been in a vehicle >20 years old (OR: 1.28, 95% CI: 1.20–1.36) and to not have been wearing a seatbelt at the time of crash (OR: 1.31, 95% CI: 1.26–1.36); however, fatalities were less likely to have been in an alcohol-involved crash compared to non-Appalachian fatalities (OR: 0.66, 95% CI: 0.63–0.69).

Conclusion Appalachian has a higher burden of traffic fatalities than the rest of the US. While more research is needed, potential explanatory factors include vehicle age and lack of seatbelt use.

Significance/Contribution to Injury and Violence Prevention

Oral Presentations

Violence research and prevention in healthcare settings

26 BASELINE CHARACTERISTICS OF A RANDOMIZED CONTROL TRIAL OF TRAUMA RECIDIVISTS OUT OF A LEVEL 1 TRAUMA UNIT
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Statement of Purpose Trauma recidivists are patients who present to an emergency room or trauma center on more than one occasion for different incidents of traumatic injury. One intervention that has shown promise in dealing with this issue has been the development of Hospital Based Violence Intervention Programs (HBVIP). The purpose of this presentation is to describe the implementation of a demonstration project to determine the impact of HBVIP services on victims of violent injury and to report baseline characteristics of the study sample.