

linkage evaluation results, which demonstrate that our linkage was of high quality; (3) several unique features of the warehouse—including determination of race and ethnicity, geocoding of residential addresses, coding of injury severity, and identification of multiple events for an individual (e.g., crashes, hospitalizations); and (4) an ongoing effort to link the NJ-SHO to NJ Medicaid/Medicare data.

**Significance of Contributions** The resulting NJ-SHO warehouse is one of the most comprehensive and rich injury data warehouses to date. It is fully primed to support collaborative studies on a host of high-priority injury topics.

## Domestic and sexual violence

### 157 VIOLENCE VICTIMIZATION AND NEGATIVE HEALTH CONDITIONS AMONG SEXUAL MINORITIES, U.S. ADULTS, 2010–2012

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**Statement of Purpose** The National Intimate Partner and Sexual Violence Survey (NISVS) showed that U.S. adult victims of violence were more likely to report negative health conditions. In addition, sexual minorities—who identify as gay, lesbian, or bisexual—were more likely to experience violence than their heterosexual peers. We examine whether sexual identity (SI) influenced the association between violence victimization and health conditions.

**Methods** NISVS is a cross-sectional telephone survey on health and violence victimization. The survey sample was designed to represent the non-institutionalized English- and Spanish-speaking U.S. adult population. Analyses were based on data (n=41,174) collected from 50 states and the District of Columbia from 2010 to 2012. Measurement of sexual identity was based on individuals' self-identification. Multivariable models, adjusted for age and educational attainment level, were evaluated to ascertain the effect of SI.

**Results** Sexual identity did not moderate the association between various forms of violence victimization and health conditions. However, sexual minorities had significantly higher victimization prevalence and odds of experiencing several health conditions. Sexual minority women had higher odds of reporting diagnosis of asthma and irritable bowel syndrome (IBS), experiencing frequent headaches, chronic pain, difficulty sleeping, activity limitations, and poor mental health, whereas sexual minority men were more likely to report diagnosis of IBS, experiencing frequent headaches, difficulty sleeping, and activity limitations, compared with heterosexual women and men, respectively.

**Conclusions** While SI did not influence the relationship between victimization and health, it was associated with several negative health conditions and victimization.

**Significance and Contributions to Injury and Violence Prevention Science** Using nationally representative data, this study reveals a disparate share of negative health conditions and victimization among U.S. sexual minorities. These findings can help further raise awareness of the injury burden, strengthen culturally sensitive violence prevention programs, and promote health equity across SI groups.

## Epidemiology of TBI

### 158 PHYSICAL AND COGNITIVE ACTIVITY IN YOUTH POST-CONCUSSION: RELATIONSHIP BETWEEN OBJECTIVE AND SELF-REPORTED MEASURES

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**Statement of Purpose** Current clinical guidelines call for a brief period of rest post-concussion, followed by a gradual return to activities. However, studies to date have relied primarily on self-reported measures to identify levels of rest needed to promote concussion recovery. This study assessed the relationship between objectively measured and self-reported physical and cognitive activities (the inverse of rest) in concussed youth for a period of 7 days post-injury.

**Methods** Youth ages 11 to 17 were enrolled within 72 hours following a physician-diagnosed concussion. We monitored participants' physical and cognitive activities, including activity duration and intensity, for a 7-day period using an Actigraph (to measure physical activity) and a Narrative Clip (to measure cognitive activity). Participants also completed a daily survey that captured data on their physical and cognitive activities as well as their post-concussive symptoms from enrollment until symptom resolution.

**Results** A total of 83 concussed youth (Mean age=14.2 years  $\pm$  1.9 years) were included, with most being males (65.1%), white (72.3%), and injured in a sporting activity (84.3%). The average symptom score at injury was 39.5. Over half (54.2%) of youth experienced symptoms for >2 weeks. We found no significant correlations between objectively measured and self-reported level of physical activity (duration X intensity). There were only weak correlations between objectively measured and self-reported cognitive activities by level of activity (low:  $r=0.16$ ,  $p=0.0022$ ; medium:  $r=0.16$ ,  $p=0.0111$ ; high:  $r=0.31$ ,  $<0.0001$ ), although correlation coefficients were statistically significant.

**Conclusions** Our findings suggest that Actigraphy is a better tool for measuring physical activity post-concussion than self-reported measures. Additional research is needed to validate tools that measure physical and cognitive activity post-concussion.

**Significance and Contributions** This study furthers our knowledge of objective tools for monitoring physical and cognitive activity post-concussion. Findings of this study provide insight on how best to measure physical and cognitive activity post-concussion.

## Motor vehicle injuries and policy

### 159 ELEMENTS OF STATE GRADUATED DRIVER LICENSING LAWS ACROSS 50 STATES: A POLICY CONTENT ANALYSIS

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**Statement of Purpose** All 50 US States enacted Graduated Driver Licensing (GDL) laws to protect and prevent teens from injuries and death while learning to drive. However,