

race correctly identified in the EMR. More than 90% of Native Hawaiian/Pacific Islanders were misidentified. Patients brought in by EMS and walk-in patients were more likely to be correctly identified than patients transferred from another facility, but this was not statistically significant (OR 1.61, 95% CI 0.59–3.29 and OR 1.39, 95%CI 0.76–3.39, respectively). Although the majority of patients were correctly identified as either non-Hispanic (194/199) or Hispanic or Latino (53/71), the EMR sensitivity for identifying Hispanic/Latino ethnicity was only 74.6%. Multiracial identity was not included in standard EMR racial categories, systematically miscategorizing 18.9% (n=18) of the first and 15.2% (n=33) of the second cohort. More than 30% of multiracial individuals self-reported an American Indian/Alaska Native identity that was not captured by EMR.

Conclusions Large proportions of injured patients are misidentified by race/ethnicity in EMR. Misidentification is most common among indigenous people of color.

Significance Misrepresentation of race/ethnicity in EMR suggests injury disparities among Hispanic and indigenous groups may actually have been underestimated.

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THE AVAILABILITY OF INJURY CURRICULA ACROSS ACCREDITED SCHOOLS AND PROGRAMS OF PUBLIC HEALTH: A NEEDS ASSESSMENT

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Purpose Although injury is the third leading cause of death in the United States (US), and the leading cause of death for ages 1–44, injury-related curricula are often unavailable to students of public health. The purpose of this project was to assess the availability of injury- and violence-related curricula in public health education.

Methods We surveyed websites of all Council on Education for Public Health (CEPH)-accredited schools and programs of public health (both graduate and undergraduate) in the US. Degree program catalogs and class syllabi were searched to identify the presence and types of injury- and violence-related curricula offered at each school/program. School/program characteristics were also recorded, including type (schools versus programs), size and region, public health degrees offered, and presence of Injury Control Research Centers (ICRCs). Using descriptive statistics and mapping approaches, we examined the availability and types of injury- and violence-related curricula by school/program characteristics.

Results Out of 178 CEPH-accredited schools/programs of public health, only 43 (24%) offered injury- or violence-related curricula. Of these, most (72%) were schools of public health. Some curricula covered both injury and violence topics (35%), while others focused exclusively on violence (30%). Regionally, the northeast had the most schools/programs with injury- and violence-related curricula (6.1 schools per 100,000 miles) and the western region had the least (0.5 schools per 100,000

miles). Schools/programs with ICRCs were more likely to offer injury or violence curriculum.

Conclusion Results of this project suggest that access to injury- and violence-related curricula continues to be limited across schools and programs of public health.

Significance/Contribution Training efforts led by the Society for Advancement of Violence and Injury Prevention (SAVIR) or other professional organizations might fill this gap by providing distance-learning opportunities that are accessible across regions. Future research should survey school/program leaders to identify additional facilitators to increasing curricula availability.

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PENN COMMUNITY SCHOLARS PROGRAM: ASSESSING CAPACITY BUILDING AND COMMUNITY-ACADEMIC PARTNERSHIPS THROUGH AN INNOVATIVE, COMMUNITY-BASED TRAINING PROGRAM

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Statement of Purpose The Penn Community Scholars Program (Penn CSP), an initiative of the Penn Injury Science Center's Outreach Core, was developed in 2015 to build community capacity to perform and sustain research in Philadelphia. The program trains community organization leaders in research skills and seeks to match them with academic partners to facilitate community-based participatory research (CBPR) work.

Methods/Approach The Penn CSP selects a cohort of 15–20 participants from 10–12 organizations to participate in a 12-session training program each year. The goals of the Penn CSP are to build capacity of community organizations to perform CBPR with academics; and expand mutually beneficial community-academic partnerships to improve health outcomes. Scholars are trained in navigating the research process, forming CBPR partnerships, and presenting a professional pitch. To assess impact, we employed a pre- and post-survey based approach to evaluate change in knowledge, attitudes, beliefs, and intentions to conduct research and apply skills.

Results Facilitators, barriers, and short-term outcomes associated with the primary goals of the Penn CSP were identified among four cohorts of scholars. Participants reported high levels of satisfaction, and an increase in knowledge, self-efficacy, and skills related to conducting CBPR. Participants reported an increase in confidence to identify problems in their communities (78%), in their trust of academic partnerships (61%), in knowledge on developing program goals and objectives (49%), and in knowledge on formulating research questions (45%).

Conclusion Through an innovative, community-based approach, the Penn CSP builds community capacity and increases the adaptability of organizations to participate in academic research, and connects these leaders with faculty partners across academic institutions to continue CBPR work.

Significance/Contribution to Injury and Violence Prevention Field In a current cohort of 16 individuals representing 10 organizations, over half fulfill missions that center on injury prevention, including suicide, intimate partner violence, gun violence, and opioid overdoses.