Results Almost half of the sample (44.5%) reported involvement in at least one MVC as a driver. The majority also reported engaging in cell phone calls while driving (73.2%, n=281) and texting while driving (61.7%, n=237). A 2-factor structure was confirmed, revealing that cell phone use loaded highly on a latent factor largely consisting of intentional driving violations. A binary logistic regression revealed a significant association between the probability of reporting a crash and this reckless driving factor (Wald=4.058, p=0.044) as well as impulsivity (Wald=8.602, p=0.003).

Conclusions These findings suggest that cell phone use does not represent a unique source of reckless driving behavior associated with crashes.

Significance and Contributions Interventions for improving driver safety should adopt a holistic approach addressing patterns of risk-taking in young drivers.

Equity and methods

Statement of Purpose Identifying injury-related disparities requires accurate patient representation. Understanding data patterns of risk-taking in young drivers. driver safety should adopt a holistic approach for improving driver safety. Understanding data patterns of risk-taking in young drivers.

Methods We conducted a Delphi process with 17 national experts in trauma care systems (included based on recommendations from local and national trauma care leaders) and focus groups with 14 ED patient registration and 9 hospital trauma registry staff. Topics included process of data collection/entry into EMR and data abstraction into trauma registries and barriers/facilitators to accurate equity data, we assessed perspectives of national stakeholders in each U.S. region and Emergency Department (ED) registration and trauma registry staff locally.

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Method/Approach Our randomized trial uses behavioral economics to identify a remuneration strategy that enhances retention. Staff at one pediatric and one adult ED enroll concussion patients using the ReCoUPS platform, that assigns participants to one of four treatment arms that dictate the remuneration scheme. Participants receive a Fitbit, download the ReCoUPS app onto their smartphone, receive 3 prompts daily, and respond over 3 weeks. The EMA data collected include concussion symptoms and cognitive rest/activity (self-reported time reading, time at work/school) reported at each prompt, screen time, and step count (Fitbit). The maximum possible remuneration for three arms is $300 for adults (age 18–64 years) and $50 for children and adolescents (13–17 years), whereas in one arm only a Fitbit is given to keep.

Results Fifteen participants were enrolled in the EDs. The proportion of responses completed was 87% in the loss-based arm and 86% in the streak accrual arm, compared to 47% where the FitBit was given as remuneration, and 46% in the control arm where the maximum given regardless of number of responses completed. Enrollment will continue to 20 in each arm to determine whether these differences remain.

Conclusions Loss-based and streak remuneration were equally effective to prevent study attrition in this longitudinal follow-up study, whereas the Fitbit remuneration and flat-fee control were not effective.

Significance and Contributions to Injury and Violence Prevention Science Remuneration plays a key role in retention and can help accomplish the long-term follow-up required to obtain data on concussion recovery.