Poisson regression models were used to determine factors associated with recovery.

Results Overall, 5,887 LE injuries were reported. Expected TL after LE injury differed across gender ($p<0.0001$), division ($p<0.0001$), season ($p=0.001$), and injury site ($p<0.0001$), conditional on the random effect (i.e. latent severity). Expected TL after LE injury in women's basketball was 50% higher than men's basketball for injuries of similar severity. Expected TL in Division I athletes was 56% lower than Division III athletes. Expected TL for hip/groin, lower leg/Achilles, and thigh injuries was lower than ankle injuries; knee injuries had 95% higher TL than ankle injuries. No TL differential was observed between injuries of different mechanisms or surfaces.

Conclusions There were several factors that had an impact on the recovery process following LE injury. Female athletes had a longer recovery time on average compared to their male counterparts. Recovery was shorter for DI athletes compared to DIII. Knee injuries had the longest expected recovery time of LE injuries.

Significance and contributions to injury and violence prevention and science Modeling TL as a count of days lost is a novel and clinically meaningful method of examining injury recovery. This approach can lead to context-specific injury recovery and rehabilitation strategies to aid in safely returning athletes to participation.

Social determinants of health and injury

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ASSOCIATION OF INSURANCE STATUS WITH THE TREATMENT AND OUTCOMES OF ADULT PATIENTS WITH SEVERE TRAUMATIC BRAIN INJURY: A PROPENSITY MATCHED ANALYSIS

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Statement of Purpose To determine if there is a disparity in treatment and outcomes among adult patients with a severe traumatic brain injury (TBI) based on health insurance status.

Methods Adult patients (18+ years old) with a severe isolated TBI were identified in the National Trauma Data Bank (2007–2014). Isolated TBI was defined as a head Abbreviated Injury Scale (AIS) score of 3+, excluding patients with another regional AIS of 3+. Procedure codes were used to identify two classifications of treatment: cranial procedures (craniotomy or craniectomy) and monitoring (external ventricular draining or intracranial pressure monitoring). Patient outcomes were determined using discharge disposition. Patients were propensity score matched using demographics and condition on admission to determine treatment and outcome disparities between patients with private insurance and patients without insurance (self-pay).

Results There were 45,928 patients identified. Among those, 25.1% ($n=11,556$) were self-pay. Patients without insurance had shorter hospital and ICU lengths of stay compared to patients with insurance. Among patients who survived their

injuries, patients with insurance were more likely to be discharged to a rehabilitation facility compared to those without insurance (40.7% vs 21.5%). After matching, patients lack of insurance was associated with 19% and 27% lower odds of receiving a cranial procedure and monitoring, respectively, compared to having private insurance ($p<0.001$). Uninsured status was associated with a 51% higher odds of in-hospital mortality ($p<0.001$).

Conclusions Uninsured patients with a significant TBI received fewer interventional procedures and were had greater odds of in-hospital mortality.

Significance and Contributions to Injury and Violence Prevention Science Even after creating a relatively homogeneous population by analyzing those with severe isolated brain injuries and using propensity score matching techniques, the disparity in treatment and outcomes persisted among those with and without insurance. These findings require a greater exploration regarding why these disparities exist and the potential role of health policy for ensuring equitable treatment.

School violence

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THE IMPACT OF ANTI-BULLYING POLICIES AT THE SCHOOL LEVEL: A MIXED-METHOD ANALYSIS OF IMPLEMENTATION PRACTICES

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Statement of Purpose All 50 states have adopted anti-bullying legislation in an effort to reduce bullying in schools. However, little research has been conducted to understand how schools implement their anti-bullying policies. This study illustrates how Maine schools implemented their district's anti-bullying policies and presents facilitators and challenges to implementing these policies.

Methods/Approach Semi-structured interviews and surveys were administered to twenty-two school personnel involved in the implementing anti-bullying policies (administrators, counselors, teachers, and support staff) across six schools in the state of Maine. Respondents were asked to recount how bullying allegations are reported, their experience investigating bullying allegations, how safety measures and responses plans are implemented, and discuss the content of the anti-bullying training provided.

Results Respondents identified many challenges to implementing the policy that included limited time and resources to investigate bullying allegations. Contextual challenges to reporting bullying allegations also emerged (e.g., fear of retaliation). One major challenge that emerged across all interviews was related to investigating cyberbullying allegations. Rural schools overall indicated it was easier to implement the anti-bullying policy when compared to urban schools.

Conclusions Interview findings have shown that implementation of anti-bullying policies is a complex process that involves substantial effort and time for schools to carry out Maine's required policy guidelines. School staff acknowledged

that the ability and time to complete the investigation procedure determined how the school responded to bullying allegations.

Significance and Contributions to Injury and Violence Prevention Science Bullying behavior now includes social/relational interactions, gender identity, sexual expression, race/ethnicity, and body image, ongoing education of the various forms of bullying is a necessary step to address bullying. Therefore, future research should explore how training educates school personnel on the different forms of bullying and how training can improve their competencies to identify and address bullying incidences when and after it occurs.

Community and youth violence

218 EVALUATING THE IMPACT OF BALTIMORE COMMUNITY MEDIATION CENTER'S YOUTH-POLICE DIALOGUE CIRCLE PROGRAM

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Statement of Purpose The U.S. Department of Justice identified Baltimore Police Department officers as having applied unnecessary and excessive force in their interactions with youth, failing to uphold legal and professional obligations to be sensitive to their vulnerable age and developmental status. The Youth-Police Dialogue Circle (YPDC) Program of Baltimore Community Mediation Center (BCMC) offers unique insight into police-youth interactions and plays an important role in city efforts to reduce violence, increase police legitimacy, and build community trust. This study evaluated the effect of the YPDC program on youth and police attitudes and perceptions of one another.

Methods/Approach A mixed methods approach was used to evaluate YPDC program effect on attitudes, perceptions, and concerns among police and youth participants. Surveys collected pre-, post-, and one month following program participation were evaluated. Likert scale questions were evaluated quantitatively to assess whether the program significantly impacted participants' views and open-ended responses were analyzed qualitatively to identify key themes and glean important context.

Results Surveys demonstrate significant improvement in youth and police perceptions and suggest YPDC program participation contributed to mutual understanding. Program impact appears to further develop over time. Police and youth participants' open-ended responses indicate positive support for additional and expanded YPDC programming.

Conclusions The results indicate the YPDC program is effective at improving youth and police attitudes, perceptions, and concerns of one another. Expansion and sustained funding of the YPDC program is suggested and encouraged.

Significance and Contributions to Injury Research The YPDC program offers opportunities for police and youth to engage in positive interactions and the chance to address and challenge misperceptions. This intervention has the potential to contribute to meaningful violence reduction efforts, promote behavior change, and restore community-police relations.

Epidemiology of substance abuse and overdose

219 TRENDS IN THE PREVALENCE OF CONCURRENT NON-VA OPIOID AND BENZODIAZEPINE PRESCRIPTIONS AMONG VETERANS RECEIVING LONG-TERM OPIOID THERAPY FROM THE VA

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Purpose Since 2014, the Veterans Health Administration (VA) has reduced high-risk opioid prescribing, and opioid-benzodiazepine co-prescribing, at every VA healthcare system in the United States. However, Veterans who use VA healthcare services may receive opioids or benzodiazepines from non-VA healthcare providers. We examined the prevalence of concurrent non-VA opioid and benzodiazepine prescriptions among a sample of Veterans receiving long-term opioid therapy (LTOT) from the VA between 2014 and July, 2019.

Methods VA healthcare data were probabilistically linked to Oregon prescription drug monitoring program (PDMP) data for a total of 30,820 post-9/11 VA users in Oregon. Veterans who received outpatient services and LTOT (defined as ≥ 90 days of prescribed opioids in any 104-day period) from the VA were included in analyses for each respective year. We examined patterns in Veterans' receipt of concurrent (defined as ≥ 1 days of overlap) non-VA opioid and benzodiazepine prescriptions by year.

Results The proportion of VA users receiving opioid prescriptions from the VA decreased between 2014 and 2019. Among Veterans receiving LTOT, the proportions receiving concurrent non-VA opioids also decreased between 2014 and 2019 (24.1% in 2014; 26.1% in 2015; 19.3% in 2016; 19.0% in 2017; 15.6% in 2018; 6.3% in 2019). Smaller proportions of Veterans received concurrent non-VA benzodiazepines (3.8% in 2014; 4.9% in 2015; 2.8% in 2016; 3.4% in 2017; 3.8% in 2018; 1.2% in 2019).

Conclusion Among Veterans receiving VA LTOT, the proportions receiving concurrent non-VA opioids have been reduced during the 6-year analytical period. However, a substantial number of Veterans still receive concurrent VA and non-VA opioid and benzodiazepine prescriptions.

Significance Although improvements in safe opioid prescribing have been realized within the VA, there is still a need to account for non-VA prescriptions when considering Veterans' overall opioid safety.

Rurality and injury

223 AN ASSESSMENT OF THE IMPACT OF THE RURAL-URBAN DIFFERENCES IN THE ACCIDENT RESPONSE TIME TO ROAD ACCIDENT FATALITY RATE IN THE UNITED STATES

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Background Rapid response to accident events can reduce fatal road events. It is unknown how stages of response, from