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

occurrence to hospital arrival, impact the accident fatality rates.

Aim/Purpose To assess the relationship between fatal road accidents per county and accident response time.

Methods/Approach Data were pooled across eight years (2010 - 2017) from the Fatality Analysis Reporting System dataset. A total of 3,193 counties and county-equivalents were included in the study. The outcome variable was the fatality rate per county, defined as the yearly fatal counts per yearly county population. The predictor variables were the average duration of accident-to-notification, accident-to-EMS, accident-to-hospital, notification-to-EMS, notification-to-hospital, and EMS-to-hospital arrival times. The covariates were rurality, county-level racial, gender, age, unemployment, gross domestic product, and hospital utilization proportions. Measures of association were determined with Mann-Whitney U and Kruskal-Wallis tests. A negative binomial time series regression model was used to estimate the relative risks with significance set at a 95% confidence interval.

Results The median fatality rate per county was 6.90 per 100,000. There was a statistically significant difference in the median accident response times across the eight years ($p < 0.05$). The average accident response times were significantly higher in rural counties compared to non-rural counties. In the unadjusted model, fatality rate increases by 1.9% (RR: 1.019; 95% CI: 1.016–1.022) and 3.0% (RR: 1.03; 95% CI: 1.028 – 1.032) for every minute increase in accident-to-notification and notification-to-EMS arrival times, respectively. In the adjusted model, a minute increase in accident-to-EMS and notification-to-EMS arrival times increases the fatal risk by 1.6% (RR: 1.016; 95%CI: 1.014–1.017) and 2.9% (RR: 1.027–1.031) respectively.

Conclusion Response time varies widely between rural and non-rural counties. Accident response events from accident occurrence to EMS arrival impact the greatest on fatality rate. **Significance/Contribution** There is a need for more rapid response, especially in rural counties.

Poster Presentations

13 THE EPIDEMIOLOGY OF POLICE-REPORTED PEDESTRIAN INJURIES TREATED IN NORTH CAROLINA EMERGENCY DEPARTMENTS: A FOCUS ON HEALTH DISPARITIES AND SERIOUS INJURIES

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Statement of Purpose Older adults, people of color, and residents of lower-income communities are disproportionately represented in pedestrian fatalities. Fatalities, however, represent a small proportion of all pedestrian traffic-related injuries. We linked crash, emergency department (ED) visit, and American Community Survey (ACS) data to examine the socio-demographic and crash characteristics of pedestrian injuries and their association with serious injuries in North Carolina (NC). **Methods/Approach** We linked information for pedestrians from 2017 NC police-reported crashes to population-based ED visit and ACS data using hierarchical deterministic linkage methods.

We used descriptive epidemiologic methods to calculate injury incidence rates and to examine the relationships among patient, socio-demographic, and crash characteristics and serious injuries, defined using an adapted definition of 'serious injury' developed by the National Transportation Safety Board. **Results** We linked 45% percent of police-reported pedestrian injuries to NC ED visit data (N=1,398). The 2017 rate of police-reported pedestrian injuries treated in NC EDs was 13.6 visits per 100,000 person-years. Rates per 100,000 person-years (in parentheses) were highest among adults 20–29 years of age (19.2), higher among men (15.5) than women (10.6), and higher among blacks (22.7) than whites (8.2). Patient and socio-demographic characteristics associated with serious injuries included age, sex, race/Hispanic ethnicity, expected source of payment, and county poverty level. Crash characteristics associated with serious injuries included posted speed limit, ambient light, number of lanes, and striking vehicle type.

Conclusion Pedestrian injuries are not distributed evenly across the NC population. Communities of color and counties with high levels of poverty are disproportionately impacted. Key crash characteristics are associated with rates of serious injury. **Significance/Contribution to Injury and Violence Prevention Science** Policies, interventions, and other countermeasures designed to prevent pedestrian injuries should recognize and address social disparities and promote health equity.

17 IMPACT OF SOCIOECONOMIC STATUS/RACE ON PREVENTABLE FALLS INJURIES IN PEDIATRIC PATIENTS

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Statement of Purpose Falls are the leading cause of ER visits for nonfatal injuries, with approximately 40% of injuries sustained in toddlers. The aim of this study is to better understand the impact socioeconomic status and race/ethnicity have on preventable falls in children so as to better target injury prevention program initiatives.

Methods/Approach Interviews were conducted using a modified fall-related safety questionnaire to parents of children under the age of 3 (n=40) on the medical/surgical in-patient floor of a Level 1 Trauma Center.

Results Overall, 50% of children sustained a fall-related injury (most commonly falling from a bed or walking), with 65% of those children on Medicaid. In addition, 38% of parents (47% Hispanic and 20% Black) reported leaving their child alone on a bed without a railing. Nearly 33% of parents (46% of which have a high school diploma or less) reported not using safety guards on all windows. Parents reported not using stair gates 48% of the time, with 55% of those parents having completed less than a Bachelor's Degree. Also, 67% of parents (all on Medicaid) reported their child wore a helmet 'sometimes' or 'never' while riding a bicycle. Even though 79% of parents 'strongly agreed' to having the knowledge to protect their child from being injured by a fall, 63% of parents reported 'sometimes' or 'rarely' watching their child when on playground equipment.

Conclusion Certain populations may be less likely to understand the importance of injury prevention. The relationship of socioeconomic status, race/ethnicity, parental safety measures, and preventable injuries should be further studied in order to