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 fat 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 fat rate 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.

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**Poster Presentations**

### 13 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...