feasibility of facilitator implementation, and to determine practicality of a PRE/POST questionnaire as a future method to evaluate efficacy of this newly adapted program. Parents provided ratings of the program (e.g., helpfulness, utility, increase in knowledge, would they recommend the program), and facilitators provided ratings and written responses (e.g., preparation, clarity, improvements that could be made). Results suggest that overall both parents and facilitators rated the program positively. Major themes identified by facilitators suggest that the questionnaire should be significantly shortened and simplified to account for low literacy in this population specifically. Additionally, the limits of existing session length for this community programming is a barrier to implementing a thorough questionnaire evaluation. Moving forward, literacy level will be reduced overall, and alternatives to a questionnaire format will be explored. Conducting research within community setting constraints is discussed. This research has identified what remains to be addressed for the purposes of a large scale evaluation of a well-received program. This program has the potential to provide large scale publicly funded parenting programs with evidence based intervention to reduce the rates of unintentional injury in children among vulnerable parenting populations.

114 ADVERSE CHILDHOOD EXPERIENCES AND ADULT ADVERSITIES CLUSTERS BY GENDER

Jeanie Santaularia, Majel Baker, Susan Masons, Darin Erickson, Patricia Frazier, Jason Goldstick, Katherine Lust. *University of Minnesota*

10.1136/injuryprev-2020-savir.113

The overarching goal of this study is to better understand how adverse childhood experiences and adult adversities cluster together by gender.

Methods/Approach We used latent class analysis (LCA) in the College Student Health Survey (CSHS), a large state surveillance system of 2- and 4-year Minnesota college students to identify clusters of childhood adversities plus highly correlated adult adversities among emerging adults aged 18–24. Exploratory LCA was conducted in 2015 data and replicated with 2018 data. Given observed differences between men and women with regard to experiences of adversities, the analyses were stratified by gender.

Results In the 2015 sample, the seven-class and five-class models were selected for females and males, respectively, based on fit statistics and class interpretability. Both females and males had a low adversity and childhood household dysfunction with childhood emotional abuse clusters. The low adversity clusters made up the highest prevalence in each sample, 48% for females and 66% for males. In females, the remaining clusters included childhood household mental illness, high adversities, adult sexual abuse, childhood emotional abuse, and high adult adversities with low child adversities. In contrast, in males, the remaining clusters were childhood household alcohol abuse, child physical and emotional abuse, and intimate partner emotional abuse. The classes identified in the 2015 sample replicated well in the 2018 sample.

Conclusions The assessment of adversity clusters revealed distinct patterns of lifetime adversity by gender. These different patterns may have different impacts throughout life that are not captured by a simple summed score of the number of adversities.

Significance and Contributions to Injury and Violence Prevention Science The unique pattern of adversity from those with different backgrounds is important to prevent adversity and to advance understanding of its impacts across different populations.

115 USING NATIONAL VITAL STATISTICS SYSTEM (NVSS) MORTALITY DATA TO ESTIMATE COUNTY-LEVEL TRENDS IN DRUG-SPECIFIC OVERDOSE MORTALITY: CONSIDERATIONS AND LIMITATIONS

Holly Hedegaard, Margaret Warner. *National Center for Health Statistics*

10.1136/injuryprev-2020-savir.114

Statement of Purpose Researchers often use National Vital Statistics System (NVSS) mortality data to examine county-level opioid-involved overdose mortality rates. Limitations such as small counts and county-level variation in reporting the specific drugs involved are not always considered. This study describes county-level death counts and variation in drug reporting, and possible implications when making county-level comparisons.

Methods/Approach NVSS mortality data from 2015–2017 were analyzed. Drug overdose deaths were identified using the International Classification of Diseases, 10th Revision underlying cause-of-death codes X40–X44, X60–X64, X85 and Y10–Y18. Drug specificity was calculated by determining the percent of drug overdose deaths with a multiple cause code of T36–T50.8.

Results Of 3,149 counties, only 1,574 (50%) had 10 or more drug overdose deaths in 3 years, 1,261 (40%) had fewer than 10, and 314 (10%) had zero. Drug specificity was 86% overall. For counties with at least one death, drug specificity was 0–50% for 469 counties (17%), 51–85% for 644 (23%), 86–99% for 730 (26%) and 100% for 992 (35%). Compared to counties with high specificity (>85%), counties with lower specificity were more likely to be rural, located in Public Health Regions 5–9, have county coroners as the state system for medicolegal death investigation, and less likely to have a state medical examiner.

Conclusions Even with 3-year aggregate data, half of the counties had fewer than 10 overdose deaths, and therefore possibly unstable rate estimates. Counties with lower specificity in drug reporting differed from counties with high specificity. These differences might lead to biases when reporting county-level drug-specific overdose rates.

Significance and Contributions to Injury and Violence Prevention Science Low counts and differences in specificity of drug reporting should be considered when comparing county-level drug-specific overdose rates. Aggregation, imputation, modeling and other statistical techniques to account for these limitations may be warranted.

119 DOES EXPOSURE TO GENERAL WARNINGS IN FRAMED MESSAGES REDUCE RISK BEHAVIOURS IN SCHOOL-AGED CHILDREN?

Emily Weinberger, Mackenzie Seasons, Barbara Morrongiello. *University of Guelph, Ontario Canada*

10.1136/injuryprev-2020-savir.115

Statement of Purpose Framed safety messages (gain- or loss-framed) can counteract the increase in risk taking that occurs