

almost 2 times more likely to experience occupational injury than the White comparison group (pooled RR: 1.79, 95% CI 1.65 to 1.93).

**Conclusions** Differences in race increase the risk of experiencing workplace injuries. The causes of these discrepancies could vary greatly by occupation type. Future studies should summarize injury rates by occupation to allow for understanding of risks minority employees face.

**Significance and Contributions to Injury and Violence Prevention Science** It is important to understand the risks associated with injuries within the workplace that are making occupational environments less safe for minority workers. Understanding these risks allow for the development of innovative preventative methods to ensure all workers safe working environments.

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#### EXAMINATION OF THE IMPACT OF RECURRENT OVERDOSE AND MEDICATION-ASSISTED TREATMENT ON AFFECTING MORTALITY AMONG WEST VIRGINIA MEDICAID BENEFICIARIES

Zheng Dai. *West Virginia University*

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**Statement of Purpose** The study aims to explore the trend of survival rates associated with recurrent overdose, and evaluate the effectiveness of MAT among the West Virginia (WV) Medicaid population.

**Methods** The primary outcome events include recurrent overdose and death. The occurrence of first nonfatal overdose was identified and an overdose cohort was then determined to allow 12 months of observation after the event. Kaplan–Meier method and log-rank test were used to assess the difference of time-to-events between subgroups.

**Results** A total of 446565 (87%) continuously enrolled WV Medicaid beneficiaries from 2014 to 2016 were analyzed in the study. The overdose cohort included 2081 subjects, and 261 (12.5%) subjects experienced recurrent overdose. Only 483 subjects received MAT other than methadone, and approximately 29% (N=139) of them initiated MAT after the index overdose. People who experienced a recurrent overdose in the 12 month follow the index overdose had a rapidly decreased survival rates, compared with those who did not ( $p=0.0123$ ). For subjects who received any MAT and those who had longer duration receiving MAT were both significantly associated with a higher survival rates ( $p=0.0398$  and  $0.0458$ ). Surprisingly, people who received any MAT were associate with a non-significantly higher incidence rates of recurrent overdose. This situation was further compounded by the observation that an early initiation of MAT after the index overdose was associated with a non-significantly lower survival rates.

**Conclusion** Recurrent nonfatal overdose increases mortality risk. Although MAT has been proven to be effective in preventing death, many subjects received MAT too late to be saved from another overdose event.

**Significance** Findings from this study will provide compelling evidence to inform MAT expansion and policy reform efforts in West Virginia to timely deliver MAT to fulfill patients' urgent needs.

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#### THE RELATIONSHIP OF SELF-REPORTED RESILIENCE AND TRAUMATIC CALL EXPOSURE AMONG PATROL OFFICERS AT THE DALLAS POLICE DEPARTMENT

Alaina Beauchamp. *University of Texas Health Science Center at Houston School of Public Health*

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To characterize law enforcement officer (LEO) resilience to physiological and psychological stress and describe the impact of cumulative traumatic exposure on resilience.

Patrol officers at five of the Dallas Police Department divisions volunteered to participate in 1.5 hour semi-structured focus groups. Focus groups (n=18 LEO) assessed experiences with traumatic calls and cumulative stress over the course of a shift. Transcripts were thematically analyzed in an iterative deductive/inductive coding scheme to identify anticipated and emergent findings.

The majority of participants were male and ages ranged from 23 to 61 years (mean=38 years). Participants were 67% non-Hispanic white and 56% had a four-year college degree. Officer resilience emerged in many forms, including officer-nominated local innovations and immediate and distal coping mechanisms. Resilience to traumatic calls over time was significantly influenced by tenure. For experienced LEOs (>10 years of service), a reduction in adrenaline reaction was recognized for high-stress calls similar to past encounters. Participants describe a peak of perceived adrenaline rush, which they subsequently become resilient to reaching during similar circumstances.

The frequency at which LEO respond to high-stress calls was described as a method of instinctively building resilience to situational stress reactions. This suggests that previous LEO experiences could have an integral part in influencing the physiology and psychology of LEO stress reactions on the job. The themes gathered serve to inform future areas of the study, as well as a predictive algorithm that can build in time between high stress calls to improve LEO occupational health and safety.

LEO experience stressful calls for service on a daily basis, which may cumulatively compound placing the LEO and civilians at risk of unintended consequences, like PTSD, injury, or mortality. To our knowledge, the degree of occupational stress resilience among LEO has not been considered for intervention in the cumulative stress pathway.

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#### SOCIODEMOGRAPHIC CHARACTERISTICS AND ENVIRONMENTAL FEATURES OF MASS-SHOOTING LOCATIONS IN TEN US CITIES

Sharmaine Ross, Steven Forman, Christopher Morrison, Sara F Jacoby, Beidi Dong, Zoë Maher, Jessica H Beard. *Lewis Katz School of Medicine at Temple University; Department of Epidemiology, Columbia University; School of Nursing, University of Pennsylvania; George Mason University*

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**Statement of Purpose** Mass-shootings involving  $\geq 4$  people injured or killed occur frequently in cities in the United States. However, little is known about the places affected by mass-shootings. We aimed to describe the sociodemographic