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.

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 in time-to-events between subgroups.

Results A total of 446,565 (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.

Statement of Purpose Mass-shootings involving ≥ 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