characteristics and environmental features of mass-shooting locations in US cities.

Methods Using Gun Violence Archive data, we identified all mass-shootings in the 10 US cities with the highest homicide rates from 2014–2017 (n=214). We geocoded the event locations and used American Community Survey estimates to describe the sociodemographic characteristics of mass-shooting block groups with 6 indicators of structural disadvantage. We compared mass-shooting block group sociodemographic characteristics with each city’s characteristics overall using Students t-tests. We assessed the environmental features of mass-shooting locations using Google Street View to code 60 elements of the visible environment.

Results Compared to overall city demographics, mass-shooting block groups had significantly higher rates of poverty (28.0% vs. 35.1%; p=0.004), unemployment (8.2% vs. 10.1%; p=0.005), Black residents (47.5% vs. 70.0%; p=0.012) and renter occupied units (53.0% vs. 57.9%; p=0.027), while percentage of college attendees/graduates (55.8% vs. 30.2%; p<0.0001), and median household income ($37,302 vs. $31,313; p=0.009) were significantly lower in mass-shooting block groups. Sixty-four percent of mass-shootings occurred in residential locations, and most locations demonstrated indicators of physical disorder. Average building conditions were graded as moderate; 37.4% of locations had buildings with broken/boarded windows and 78.3% had moderate to extreme littering. 94.3% and 93.1% of locations had no parks or playgrounds respectively.

Conclusions Mass-shootings in urban environments tend to occur in residential locations with significant structural disadvantage. The built environment of mass-shooting locations is characterized by blighted buildings and limited green spaces.

Contributions to Injury and Violence Prevention Science Discourse about mass shootings often excludes urban spaces. Structural disadvantage and modifiable environmental features are key targets for mass-shooting prevention in US cities.

Results During the 3-year period, there were 939 older adult survey participants who reported a fall in the past 90 days (national estimate = 1,020,779). Of these, 534 were hospitalized or treated at an emergency department (ED) (national estimate = 589,251). Falls were significantly associated (p<0.05) with increasing age, being female, being white-non-Hispanic, and being widowed. After controlling for demographic factors, comorbid conditions that limited daily activities/functioning and were significantly associated with falls included: depression/anxiety, dementia, cancer, arthritis, diabetes, lung problems (asthma and other breathing conditions), and being obese. Similar findings were observed for severe falls that required hospitalization or ED treatment.

Conclusions The NHIS provides insight into the risk of falls among older adult populations. Disparities exist across demographic groups, and key co-morbidities may affect fall risk among older adults.

Significance/Contributions Studies examining falls among older adult populations are often limited to examining health outcomes or disease burden. This analysis adds contextual information on possible risk factors for falls using nationally representative survey data.

Purpose Golf cart-related injuries are a source of morbidity for people of all ages, especially children, and their use has increased in recent years. However, design modifications or legislation to reduce the overall burden of these injuries have been nonexistent. This study sought to characterize the epidemiology of golf cart-related injuries treated in United States (U.S.) hospital emergency departments (EDs).

Methods/Approach We performed a retrospective analysis by using the National Electronic Injury Surveillance System data for patients of all ages treated in EDs (2007–2017) for a golf cart-related injury. Bivariate comparisons were conducted by using design-adjusted chi-square tests, and the strength of association was assessed by relative risks (RR) with corresponding 95% confidence intervals (CIs). Injury rates over time were analyzed by using linear regression. We generated national estimates from 3567 cases.

Results From 2007–2017, an estimated 156 040 (95% CI=102 402–209 679) patients were treated in U.S. EDs for golf cart-related injuries. The average rate of traumatic brain injuries (TBIs) in children (1.62 per 100 000 children) was more than three times that of TBIs in adults (0.52 per 100 000 adults; rate ratio=3.12; 95% CI=3.05–3.20) 1.46 times that of TBIs in seniors (1.11 per 100 000 seniors; 95% CI=1.42–1.51). The injury rate in seniors increased significantly by 67.6% from 4.81 per 100 000 seniors in 2007 to 8.06 per 100 000 seniors in 2017 (slope=0.096; p=0.041).

Conclusions Golf cart use remains an important source of injury for people of all ages, especially children. As use continues to increase, it is unlikely that golf cart-related injuries
will decrease without substantial changes to product design, regulation, and/or legislation.

**Significance and Contribution to the Field** Understanding the patterns of golf cart-related injuries, especially to children and seniors, is critical as their use and injuries are increasing.

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**166 MALADAPTIVE MECHANISMS FOR COPING WITH THE DIRECT COSTS OF INJURIES: FOREGOING MEDICAL CARE IN VIETNAM AND KENYA**

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**Statement of Purpose** Uninsured patients may attempt to cope with the costs of an injury through various financial and non-financial coping mechanisms. Certain coping mechanisms, such as reducing health care utilization, may minimize direct medical costs while increasing indirect costs.

**Methods/Approach** The Health, Economic and Long-term Social Impact of Injuries (HEALS) project was a hospital-based longitudinal study of patients conducted in four countries, including Vietnam and Kenya, in 2015–2016. Using baseline survey data, we compared differences in length of hospital stay by health insurance status using a multivariable linear regression, and conducted a multivariable logistic regression to evaluate the relationship between insurance and foregoing additional health care.

**Results** The sample included 1022 patients in Vietnam and 994 in Kenya. Of these, 56.2% and 68.8% lacked insurance and 21.5% and 3.7% left against medical advice in Vietnam and Kenya, respectively. In Vietnam, uninsured patients left 2.4 days earlier than those with insurance, controlling for injury severity and mechanism; patient demographics; pre-injury household poverty status and the patient’s contribution to household income (β=-2.441, p <0.001). Compared to insured patients, uninsured patients in Vietnam had 2.3 times the odds of leaving against medical advice, controlling for the same set of variables. (OR= 2.327, p<0.001). In Kenya, those without insurance left on average 0.5 days earlier and had over 3 times the odds of leaving against medical advice, compared to insured patients, although neither estimate was statistically significant (β=-0.592, p=0.838 and OR=3.190, p=0.124).

**Conclusions** Patients without health insurance may be foregoing health care in order to avoid additional direct health care costs, and in the process increasing indirect costs if leaving against medical advice prolongs a period of disability.

**Significance and Contributions to Injury and Violence Prevention Science** Improving the breadth of health insurance can protect against both direct and indirect costs of injuries.

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**181 EXAMINING THE ASSOCIATION BETWEEN REJECTION SENSITIVITY AND AGGRESSION IN MIDDLE SCHOOL STUDENTS**

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**Statement of Purpose** As violence remains a persistent problem in schools, it is crucial to better understand factors that predict aggressive behavior in youth. Previous research has shown that rejection can elicit aggressive behavior, particularly in individuals who report high levels of rejection sensitivity. Rejection sensitivity refers to the tendency to expect and overreact to rejection.

**Methods/Approach** The study sample includes 697 students recruited from middle schools in Miami, FL and Los Angeles, CA. Students completed two surveys on school climate during the 2018–2019 school year as part of a school safety program evaluation. We used linear regression to determine the correlates of aggressive behavior at Time 2. Covariates in the model included rejection sensitivity, age, gender, race, and victimization at Time 2, aggressive behavior at Time 1, location, and school.

**Results** Findings reveal that higher levels of rejection sensitivity were associated with more engagement in aggressive behavior (β=0.18; 95% CI: 0.01, 0.35). We also found that Time 1 aggressive behavior (β=0.35; 95% CI: 0.16, 0.53), age