

Results A modest negative association between increased state EITC generosity and IPH rates was found. In the fully-adjusted models, a 10% increase in refundable state EITC (as percentage of federal) was associated with a reduction of 0.12 IPH events per 100,000 female-years (95% CI:-0.23,-0.01).

Conclusions Increased state EITC generosity was associated with a small but significant reduction in IPH rates. The modest effects may relate to current EITC eligibility rules which typically preclude people who are married but separated from receiving benefits.

Significance Cash assistance to low-income families may be an important policy to prevent IPH, but the mechanisms through which cash transfers are meted out may affect their impact. Creating state EITCs, increasing their generosity, and changing eligibility rules for married individuals filing separately (as Massachusetts is exploring) may protect against IPH.

State policy and violence prevention

73 EXTREME RISK PROTECTION ORDERS IN WASHINGTON: A STATEWIDE STUDY

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Statement of Purpose Extreme Risk Protection Orders (ERPOs) restrict an individual's access to firearms if they pose a danger to themselves or others. We conducted a statewide study to examine the current uptake of this law and describe characteristics of petitioners and respondents.

Approach We requested all ERPO records from Washington Administrative Office of the Courts since the law implementation on January 1, 2017 to May 15, 2019. We traveled to county courthouses throughout the state to extract further information from each case file.

Results 243 ERPOs for 239 respondents were filed. There was wide variation in the rate of filing ERPOs by county ranging from 0 (in 16 counties) to 22 cases per 100,000 population. County-level correlation between ERPO filing and firearm violent death rates was weak (correlation coefficient=0.18; $p=0.45$). 81% of respondents were male and 86% of petitioners were law enforcement agents. The ERPO filing reason was potential for harm to self (28%), others (36%), or both self and others (35%). 11% of petitions were denied or dismissed. 39% of respondents had unlawfully or recklessly used, displayed, or brandished a firearm (39%), 36% had expressed an intent to obtain a firearm, 12% had recently acquired a firearm, and 10% had access to someone else's firearm. Several respondents had a documented history of mental or behavioral health issues (40%), substance abuse (35%), and criminal behavior (30%). 614 firearms including 316 handguns and 298 long-guns were removed from 161 respondents.

Conclusions ERPOs are predominantly petitioned by law enforcement. We need to promote education and awareness on the purpose and process of filing ERPOs to increase their utilization.

Significance ERPOs can create safer circumstances for both petitioners and respondents by removing firearms from high-risk situations and engaging resources to provide treatment or address the underlying causes of the dangerous behaviors.

Epidemiology of TBI

76 TRAUMATIC BRAIN INJURY SURVEILLANCE IN THREE LOW-MIDDLE INCOME COUNTRIES

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Traumatic Brain Injury (TBI) disproportionately affects Low and Middle-Income Countries (LMICs), which have higher incidence and poorer outcomes than high-income countries. TBI disproportionately affects the young, who have potential life-long disability from neurological deficits. Gaps in TBI data were identified by the World Health Organization as a priority in global TBI research. We report findings from the NIH-funded project, INITIatE: International Collaboration to increase Traumatic Brain Injury Surveillance in Europe, which established prospective TBI registries in eight hospitals in Armenia, Georgia and Moldova. These countries are in transition with improving health infrastructure but with acute care systems that lag behind international standards. A census of hospitals treating TBI patients was established, and the two highest volume hospitals treating adult and pediatric TBI in each country were selected. Prospective TBI registries in these six hospitals collected data from January 1 through June 30, 2019 for patients admitted with a TBI. The average age was 22 years and 66% were male. Falls (46%) were the most frequent mechanism of TBI, followed by road traffic injury (23%), struck by object (19%) and assault (7%). Emergency Department Glasgow Coma Scale (GCS) indicated severe injury (GCS 1 – 8) in 5% of patients, moderate injury (GCS 9 – 12) in 11%, and mild injury (GCS 13 – 15) in 84%. Over 74% of patients arrived at the hospital more than one hour after injury and 19% arrived after more than four hours. Moderate and severe TBI was associated with an increased time to definitive care. Discharge status measured by the EQ-5D indicated problems with mobility (9%), self-care (13%), unable to engage in usual activities (25%) pain/discomfort (50%), and anxiety (37%). Future efforts to improve pre-hospital care with a focus on reducing time to definitive care and increased rehabilitation services are priorities for these three LMICs.

Innovation methods

77 IDENTIFYING VICTIMS OF FIREARM ASSAULT IN INDIANAPOLIS THROUGH POLICE AND CLINICAL DATA

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Statement of Purpose The largest obstacle to advancing the scientific understanding of firearm assault is the lack of integrated and reliable data. This study links police and clinical data to fill this gap.

Methods/Approach A descriptive study of firearm assault victims; Indianapolis, Indiana between 2014 – 2016 (N=1469). Clinical data were accessed from Indiana Network for Patient Care (INPC) that captures ER visit data from all hospital systems within Indianapolis. Police data were obtained from the