Methods Former players (n=1,784), recruited via National Football League (NFL) and Players' Association contact lists, completed an online/paper questionnaire. Variables included: demographics, playing history, retirement reasons (pre-specified options), and factors helping/hindering post-career transitions (open-ended). We calculated descriptives for study variables from players reporting retirement due to brain-health concerns. Using template analysis, we coded open-ended responses to identify factors helping/hindering post-career transitions.

Results Overall, 211 (11.8%) former players retired due to brain-health concerns (mean age=50.9±18.1, mean years played professionally=6.9±3.3). Alongside brain-health, other retirement reasons included: concerns about long-term physical health (n=155), mental health (n=121), and chronic pain (n=120). Factors helping post-career transitions were problem-focused (e.g., future planning, advice from older players, saving money) and emotionally-focused (e.g., faith/religion, spousal support, health provider/therapist care). Hindering factors were personal (e.g., ongoing musculoskeletal injury/pain issues, mental health concerns, poor health insurance, lacking transition plans, losing former schedule/routine), interpersonal (e.g. lacking support/empathy, being asked why they need to still work), and organizational (e.g., poor post-career transition support). These themes were also present among former players not reporting retirement due to brain-health concerns.

Conclusion Numerous post-career transition issues concern former players. Multidimensional interventions that mitigate cognitive challenges, chronic pain, and occupational stressors may help optimize post-career transition coping strategies.

Learning Outcomes Describe the post-career transition experiences of former players retiring from brain-health concerns.

4B – Trauma, March 24, 2021

4B.001 QUALITATIVE ASSESSMENT OF TRAUMA CARE IN HANOI, VIETNAM

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10.1136/injuryprev-2021-safety.100

Background Injury is a great contributor to the Vietnamese disease burden. Road traffic injuries were the leading cause of injury mortality from 2005 to 2013. Our objective was to understand the intricacies of the trauma care system in Hanoi, Vietnam.

Methods We aimed to elucidate the trauma care continuum (pre-hospital, hospital and post hospital care) and identify perceptions of system functioning. This was done via in-depth interviews and focus group discussions.

Results Ten interviews and two focus groups were conducted. Participants were: community stakeholders, hospital leadership, the Ministry of Health, National Traffic Safety Committee and Hanoi Emergency Response Centre. 59% of respondents were

male and there was variation in education level and employment status. Thematic analysis was conducted using the NVivo 12 software. The major theme identified was prehospital care with the relevant issues being communication, transportation and human resources deficits. The minor themes were around hospital care, community education and governance. A common barrier to effective care across multiple themes was the lack of coordination and integration between various institutions.

Conclusion The trauma care landscape is multifaceted but there are areas which could potentially benefit with the major one being prehospital care. Specific policies that can arise as a result of this work include improving the logistical coordination of prehospital transportation, a legal framework to protect bystanders providing first aid, and bolstering a non-physician prehospital care workforce.

Learning Outcomes The results provide a direction to guide governmental (both local and national) and organizational efforts toward prehospital trauma care.

4B.002 ASSESSMENT OF TRAUMA CARE SYSTEMS IN HEALTHCARE FACILITIES IN KOLAR DISTRICT

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Background Injuries are a public health problem worldwide accounting for significant mortality, morbidity and disability. The incidence of injury deaths was reported at 32.8 and 42.6 per lakh population in India and Karnataka respectively (NCRB-2015). Evidence indicates that well-organized trauma care systems reduce trauma deaths by 25–30% (WHO). With a vision to strengthen evidence-based trauma care programme in Kolar district, an assessment of trauma care systems was conducted.

Methodology The Study covered all Level 2,3 and 4 hospitals (n=39, Public=6, Private=33) and 8 ambulance service providers. Also, five key informant interviews were conducted. Information was collected regarding current trauma care systems (macro areas, manpower, ER infrastructure, emergency equipment and drugs) in Kolar district. Each hospital was scored based on the existing trauma care systems and these scores were compared with expected standards (WHO guidelines for trauma care).

Results We observed that there was no trauma care policy, SOPs or guidelines for trauma care in most of the HCFs. A severe shortage of CMOs was observed with none in the public sector. Among functioning doctors, only 40.65% were trained in trauma care with this proportion lesser among nursing staff. None of the HCFs from Level – 2 and Level – 3 had trauma care systems which were >75% of expected standards.

Conclusion Study revealed that there is a need for comprehensive strengthening of trauma care systems in the district especially in macro areas, human resources and capacity building. It is recommended to develop a district level trauma care programme.