were treated more frequently than intentional injuries. In Oregon, rates of unintentional injury were higher among rural than among urban Veterans (23.7 and 15.6); nationally, rates were similar (16.4 and 15.5). Preliminary review of twenty-eight Oregon Veterans' (n=15 rural; n=13 non-rural) charts revealed that most of these injuries were caused by the patient unintentionally pulling the trigger or dropping their own handgun during cleaning/routine firearm maintenance.

Conclusion Patterns of firearm injury treated in the VA health-care system vary by region and rurality. Understanding these differences can aid prevention efforts.

Significance Analyses of rates, patterns, risk factors for, and circumstances surrounding firearm injuries among VA health-care-using Veterans by region and rurality can help reduce knowledge gaps and inform risk reduction efforts by the VA and other healthcare and public health systems.

Domestic & intimate partner violence

0067

TEEN DATING VIOLENCE POLICIES WITHIN STATES, SUMMARY OF POLICY ELEMENT VARIATION

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Statement of purpose We provide thorough description of Teen Dating Violence (TDV) policies' variation to position future research efforts to understand what is driving policy variation and how policy components impact outcomes.

Methods/Approach We developed and applied an abstraction form to measure 7 TDV policy components: (1) definitions, (2) requirements for district policy, (3) guidelines for review, (4) district policy content, (5) student dating violence curricula, (6) staff dating violence training, and (7) protections for victims. Descriptive figures and statistics were generated on all policy scores, and on individual policy score changes.

Results Krippendorff's alpha for inter-rater reliability was 0.88. Sixty-one related policies of 30 states were identified and abstracted. Thirty of these were original policies, 31 were revisions of previous policies enacted by 17 states. Out of a possible 63, the mean score of original policies was 15.4 (0.86 SE), median 16.1, range 4.0- 23.0. Of the 31 policy updates/revisions, 13 improved the state policy score, 3 reduced it, 15 were score neutral. The mean score of the currently active policies was 16.9 (0.71 standard error), median of 17.0. All section scores improved slightly relative to original policies except for section (5).

Conclusions While there has been slight collective improvement since the origin of TDV policies in 1992, there remains tremendous opportunity for improvement policy presence and component caliber amongst all TDV policies of US states.

Significance Despite TDV's status as a public health co, it is not understood why only select states have implemented supportive policy, why existing policies vary in terms of composition, nor what relationship exists between TDV policy presence/quality and outcomes. The findings of this work are necessary to position future research efforts to elucidate what is driving policy variation and what policy levers exist for promoting successful prevention of and response to instances of TDV.

Drowning

0068

DROWNING KNOWLEDGE AND PERCEPTIONS ARE KEY FACTORS ASSOCIATED WITH REPORTED SWIMMING POOL SUPERVISION BEHAVIOR FOR CAREGIVERS OF TODDLERS IN THE U.S

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Statement of purpose Drowning is the leading cause of unintentional injury-related death for toddlers within the U.S. Caregiver supervision is an important layer of protection against drowning, yet supervision is often inadequate. The aim of this study is to understand factors associated with self-reported caregiver supervision behavior at the pool when confronted with distractions.

Methods/Approach A survey was conducted using the online Amazon MTurk platform. Participants were over 18 years old and were the caregiver for a 1-4 year old. The survey asked about demographics and background, assessed drowning knowledge, and rated agreement with statements about arm's reach supervision and distraction-related supervision behavior. Data were analyzed for 650 U.S. residents using a multivariate linear regression to identify predictors of distraction-related pool supervision behavior scores.

Results Caregivers with more drowning knowledge ($p<0.001$) and who showed the highest agreement with arm's reach supervision ($p<0.001$) were more likely to report attentive supervision behavior. Caregivers who reported always using a flotation device for their toddler reported more attentive supervision ($p=0.004$). Although toddler age was not a predictor, caregivers who reported fewer swim skills for their toddler reported more attentive supervision ($p<0.001$). Additional characteristics related to inattentive supervision were lower income ($p=0.032$), having received water safety advice from a pediatrician ($p=0.0001$), and having reported an impairment that could limit their ability to supervise a toddler ($p=0.006$). Caregivers with home pools were less likely to report attentive supervision ($p=0.019$).

Conclusions This study offers information about factors that impact caregiver supervision behavior. The results support the usefulness of drowning education initiatives.

Significance This study highlights how water safety knowledge and perceptions are drivers of supervision behavior and subsequent drowning risk.

Youth violence

0069

'IT'S JUST REALLY TRICKY BUSINESS': CHALLENGES AND POSSIBILITIES ENCOUNTERED IN A QUALITATIVE STUDY OF BIAS-BASED BULLYING EXPERIENCES

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Statement of purpose The purpose of this presentation is to describe the variety of qualitative approaches used to explore

experiences of bias-based bullying (BBB) - bullying based on personal characteristics (e.g., race, gender identity, body weight). We present the challenges and strategies of combining dyadic interviews with 13 youth (ages 11–18) and their parents, 4 youth focus groups, and 7 school-team interviews.

Methods/Approach This presentation will provide an overview of the study design, recruitment strategies, compare and contrast qualitative approaches, and outline a successful framework for future BBB qualitative studies.

Results Challenges included 1) lack of familiarity with the term bias-based bullying, 2) schools were reluctant to discuss bias-based bullying incidents, and 3) recruitment of dyadic interviews generated unbalanced data from parents and youth depending on who was targeted for recruitment. Strategies used to overcome these challenges included iterative adaptations of the interview guide to include specific types of bias-based violence (e.g., racism). Reassurance of confidentiality and providing hypothetical examples of BBB informed by youth focus groups facilitated sensitive discussions with school personnel. Adding in-person recruitment at youth-focused events accessed adolescents with a wide range of BBB experiences.

Conclusion Reducing BBB is critical to improving the health and wellbeing for all youth. Qualitative methods can foster new insights and yield rich data to enhance the understanding of BBB as well as other challenging life experiences among marginalized youth.

Significance With the lessons learned from this study, these methods can be used to investigate other unique experiences in marginalized populations. This research showcases how a combination of rigorous qualitative methods can foster a greater understanding of student, school, and parent perspectives on bias-based bullying, which is essential to the development of more effective prevention and intervention programs to protect vulnerable youth from bullying.

TBI/Concussion injuries

0070

ASSOCIATION BETWEEN CLINICAL INJURY CHARACTERISTICS AND HEALTH-RELATED QUALITY OF LIFE IN TRAUMATIC BRAIN INJURY PATIENTS IN EASTERN EUROPE AND CENTRAL ASIA

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Statement of purpose Traumatic brain injury (TBI) can affect later health-related quality of life (HRQoL), but there is little research to assess clinical characteristics that may improve or hinder HRQoL among TBI patients in low- and middle-income countries (LMICs) in Europe and Asia. This research aims to assess how clinical characteristics of TBI are associated with differences in HRQoL in patients from LMICs in Eastern Europe and Central Asia.

Methods/Approach This study uses data from the International Collaboration to Increase Traumatic Brain Injury Surveillance in Europe (INITIatE), an NIH-funded project focusing on improving TBI research in Armenia, Georgia, and Moldova. At the time of the injury, data were collected on patient demographics, characteristics of the injury event, symptoms and diagnoses post-injury, and inpatient interventions. At discharge, patients completed the five-level, five-dimension EuroQol (EQ-

5D-5L), a survey intended to measure HRQoL across five dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Clinical injury characteristics and HRQoL were compared using univariate analyses and will be further compared using multivariable logistic regression analysis.

Results Univariate analyses found that posttraumatic amnesia, skull fracture, traumatic cerebral edema, hematoma, use of antiseizure medications, daily therapy intensity level, country of residence, employment status, and alcohol use prior to injury were all significantly associated with differences across all dimensions of EQ-5D-5L. Preliminary multivariate models indicate that these characteristics remain significant for overall scores, with various permutations predicting the five component scores.

Significance While conclusions from multivariable analyses are pending, a few important clinical injury characteristics are univariately associated with differences in HRQoL among TBI patients in three LMICs in Eastern Europe and Central Asia. This research will help medical professionals in these three countries to more effectively care for potential injuries with an aim to preserve HRQoL for the injured patients.

TBI/Concussion injuries

0071

HEAD INJURIES AS RESULT OF ROAD ACCIDENTS AMONG POPULATION

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Statement of purpose The purpose of this study was to assess the burden of road accidents having as a consequence traumatic brain injury in relationship with demographic characteristics and provide appropriate suggestions for its prevention.

Methods/Approach A prospective study was performed from March, 1 to August 31, 2019. It used the data from the TBI Registry completed for 368 patients (201 adults, 167 children) with a diagnosis of traumatic brain injury reported at the Emergency Departments within 2 republican hospitals. The Redcap electronic tool was used to upload the data and Epi Info 7 for data analyzes. The ethics committee's approval has been obtained.

Results There have been 113 (30,7%) cases of TBI which reported traffic-related mechanisms; aged between 0–79 years old, of which 71,7% were male and 28,3% female. In 90,5% accidents occurred in the urban area and reached the hospital by ambulance in 97,3%. Most cases were among children (44,2%), followed by the age group of 30–49 years old (18,6%). All cases were unintentionally and 2,7% as a work-related injury. In 78,8% of cases, accidents take place in the transport area (public highway, street, or road), mostly among children (35,4%). Most cases were in June (20,4%), between 2pm-6pm (29,2%) and peak hours of addressed for medical help being 2pm-4pm (16,8%). There have been 43,4% pedestrian, 36,3% passenger car, 11,5% pedal cycling, 7,1% motorcycle, 1,8% public transport; as drivers only 23,9%.

Conclusion The result underlines the main affected age group, place, and role of the persons involved in road accidents, which will be useful resources for conducting information campaigns among the high-risk groups.