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.