

Domestic & intimate partner violence

0023 MULTIDISCIPLINARY DATA-SHARING FOR COMMUNITY VIOLENCE PREVENTION: SHIFTING POWER TO THE COMMUNITY

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Statement of purpose In order to inform community-based violence prevention strategies, community organizations and public health agencies are often forced to rely on data that are significantly lagged or incomplete. Near real-time data is critical for timely public health responses to violence prevention. This project brings together multiple organizations currently gathering data on community violence to collaborate sharing community-facing data in near real-time to strengthen violence prevention programs and policies. The overall goal of this project is to reduce assaultive violence and enhance neighborhood/community safety.

Methods/Approach The Comprehensive Injury Center at the Medical College of Wisconsin (CIC-MCW) serves as the convening body for this interagency collaborative. At present, the data collected include emergency department data on assaults, hospital-partnered, community-based violence interruption program data, the city's Homicide Review Commission's homicide and non-fatal shooting data, data from a community-based organization that serves survivors of domestic violence, and Milwaukee County Medical Examiner data.

Results This interagency collaborative has completed short-term projects, including developing a summary of assaults, non-fatal shootings, and homicides for review by the community. Additionally, this collaborative is submitting a proposal for funding to develop a real-time, community-facing data dashboard that will combine the various data sources and put data directly into the hands of the public. These data sources and their utility to the community will be presented.

Conclusion Community organizations implementing violence prevention strategies often do not have access to real-time comprehensive information necessary to develop, implement, and evaluate programs and policies. This project shifts the power of data access from traditional entities to community groups that have expertise in necessary community interventions.

Significance This project demonstrates how multiple stakeholders can come together to better understand the burden of violence while facilitating access to real-time data for community-based violence prevention response and planning.

Prescription drug overdose/Opioids

0024 FEASIBILITY AND ACCEPTABILITY OF TELEMEDICINE AND PATIENT PORTAL INTERVENTIONS TO PREVENT OPIOID MISUSE IN ADOLESCENTS AND YOUNG ADULTS

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Statement of purpose Preventing opioid misuse and opioid use disorder (OUD) is necessary given the opioid epidemic. Prevention programs for adolescents/young adults are needed to alter risk trajectories. We developed interventions using telemedicine (synchronous video conference) and a patient portal-like messaging system to address risk factors for opioid misuse/OUD among young Emergency Department (ED) patients. Our presentation describes these promising interventions and their feasibility and acceptability.

Methods/Approach In Spring 2020, N = 40 ED patients ages 16–30 who were at risk for opioid misuse/OUD enrolled in a pilot trial involving screening/baseline assessments, motivational interviewing-based remote interventions (baseline telemedicine brief intervention [BI], 1-month of portal messaging), and a 1-month follow-up. Before COVID-19, N = 10 enrolled in the ED (in-person cohort: IPC); during COVID-19, N = 30 recent ED patients enrolled via phone recruitment (remote cohort: RC). Feasibility data are presented by cohort; acceptability data are combined.

Results Among the N=40, the sample had a mean age of 22.9 years. Gender was: 70% female, 5% non-conforming, 25% male. Race was: 75% White, 15% Black/African American, and 10% other racial identities; 17.5% were Hispanic/Latinx. Regarding feasibility, eligibility rates were similar (IPC: 17%, RC: 15%); consenting rates differed (IPC: 100%, RC: 56%), likely due to the RC's telephone approach. Portal engagement increased from the IPC (60%) to the RC (93%), possibly due to addressing technical difficulties and IPC user feedback. BI and portal satisfaction were high (M = 9.3 on a 1–10 scale and M = 8.5, respectively). Interventions exceeded motivational interviewing fidelity thresholds (adapted for portal messaging). Follow-up rates were high (IPC: 80%, RC: 93%).

Significance Preventing opioid misuse is critical to avoiding escalation of opioid use and overdoses, and emergency department patients are at increased risk. This study demonstrates the feasibility and acceptability of these intervention approaches via telemedicine for preventing future injuries.

Child maltreatment

0025 PATTERN OF ADVERSE FAMILY EXPERIENCES FROM EARLY CHILDHOOD TO ADOLESCENCE: A LATENT CLASS ANALYSIS

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Statement of purpose Adverse family experiences (AFE) are common throughout early childhood to adolescence, which are detrimental to the long-term trajectories of individuals' mental health. AFEs are likely to co-occur, while few studies have examined distinct patterns of co-occurring AFEs in the different age groups of children.

Methods/Approach Participants were from the National Survey of Children Health in 2016, 2017, and 2018, the current study conducted the latent class analysis to identify subgroups of children who had experienced multiple forms of AFEs among three developmental stages: 1–5 (preschool), 6–11 (school-age), and 12–17 years-old (adolescents) in each year and also comparing if these subgroups are stable across the three years.