

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.

Results In 2016, three latent classes were identified for preschool children, with 85.02% in low AFEs, 13.24% in moderate household dysfunction (MHD, characterized with high economic hardship and parental separation), 1.73% in high AFEs; Four latent classes were identified for both school-aged children, with 77.36% in low AFEs, 15.35% in MHD, 3.37% in severe household dysfunction (SHD, characterized with high economic hardship and parental separation, household mental illness and substance use), and 3.92% high AFEs; Four latent classes were also identified for adolescents, with 72.21% in low AFEs, 15.05% in MHD, 8.28% in SHD, and 4.46% high AFEs. Similar patterns were found in preschool, school-age children, and adolescents in both 2017 and 2018.

Conclusion The class ‘low AFEs’ is the smallest proportion in the adolescent population which indicates the experiences of AFEs are growing with age. The findings indicate distinct classes of adversity experienced among children are somewhat stable across developmental periods and across years.

Significance The findings call for comprehensive screening as well as tailored intervention for these patterns in order to improve health outcomes.

Transportation safety

0026

SAVING LIVES BEYOND 2020 – THE NEXT STEPS; RECOMMENDATIONS OF THE ACADEMIC EXPERT GROUP FOR THE 3RD GLOBAL MINISTERIAL CONFERENCE ON ROAD SAFETY

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Statement of purpose An Academic Expert Group (AEG) was established by the Swedish Transport Administration to develop recommendations for progress in global road safety between 2021 and 2030. The output of the AEG was intended to shape the agenda for the United Nations 3rd Ministerial Conference on Road Safety held in Stockholm, Sweden in February 2020. A Declaration from that conference subsequently shaped a United Nations General Assembly Resolution on Global Road Safety (A/74/L.86).

Methods/Approach An expert opinion method was used to capture the scope of knowledge and experience of fifteen international road safety authorities. The recommendations were developed iteratively over a period of ten months, including three multi-day meetings and extensive review and comment.

Results Nine recommendations were developed along with supporting rationale. Recommendations focus on priority populations such as children and youth, effective intervention strategies including reducing speed and utilizing advanced technology, and promising techniques such as the Safe System approach and engagement of the private sector.

Conclusions The AEG describes an evolution of road safety strategies beginning with the basic components of Engineering, Education, Enforcement, Emergency Services, and leading to incorporation of the Safe System approach. A higher level of development is proposed consisting of integration of road safety practices in other social movements, such as climate change, gender equity and active lifestyles.

Significance The recommendations and rationale in the report will shape additional guidance documents coming from the United Nations system, including an implementation agenda now being developed by the World Health Organization in consultation with the United Nations Economic Commission for Europe Global Forum for Road Traffic Safety. Governments, philanthropic organizations and safety activists around the world use these guidance documents to inform decisions about road safety priorities, strategies, investments and targets.

Firearms

0027

EXTREME RISK PROTECTION ORDERS: UNDERSTANDING THE ROLE OF HEALTH PROFESSIONALS

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Statement of purpose Extreme Risk Protection Orders (ERPO) allow a petitioner to file for a civil order to temporarily reduce access to firearms among individuals (‘respondents’) at extreme risk of harming themselves, others, or both. Although unable to file ERPOs themselves in most states, social workers, and mental health and healthcare providers may play a pivotal role in the ERPO process by recommending a petitioner (e.g. family member or law enforcement) initiate the process. We describe the process of filing an ERPO when a healthcare, mental health, or social service professional contacts an ERPO petitioner in a state where they cannot file themselves.

Methods/Approach Court documents of 24 ERPO respondents in Washington State between December 8th, 2016 and May 10th, 2019 were qualitatively analyzed. We constructed pen portraits from the documents and analyzed them using an inductive qualitative thematic approach informed by grounded theory and constant comparative method. Member checking with mental health professionals and law enforcement officers complemented findings.

Results Respondents were deemed extreme risk of harm to themselves (n=10), others (n=5), or both (n=9). Professionals included respondents’ established mental health providers (n=11), crisis line workers (n=7), and medical staff in emergency settings (n=6). Themes included factors influencing the process by which each professional evaluated dangerous behaviors, factors considered during assessment, and factors influencing interpretation of behaviors of the respondent during a crisis. These in turn influenced the outcome of the crisis event that led to an ERPO being filed.

Conclusions Each professional group differed in their approach to risk assessment of potentially dangerous behaviors. Strategies to better coordinate and align approaches may increase the effectiveness and reach of ERPO.

Significance Understanding the process by which a threatening behavior reported to a health professional leads to an ERPO filing may identify process improvements crucial to ensuring reducing access to firearms.