Results In 2016, three latent classes were identified for pre-school 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

J Michael. Johns Hopkins Center for Injury Research and Policy, Baltimore, USA

10.1136/injuryprev-2021-SAVIR.12

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

^{1,2}K Conrick, ¹A Davis, ²L Rooney, ²MA Bellenger, ^{2,3}FP Riva, ^{1,2}A Rowhani-Rahbar, ^{1,2}M Moore. ¹University of Washington, Seattle, USA; ²Harborview Injury Prevention and Research Center, Seattle, USA; ³Seattle Children's Hospital, Seattle, USA

10.1136/injuryprev-2021-SAVIR.13

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.