

Transportation safety

0035 RIDE SAFE REBOOT

¹K Pink, ²I Ampadu, ³A Tsatoke, ⁴M Stephens, ⁵R Morones. ¹Indian Health Service Whiteriver Service Unit, Whiteriver, USA; ²Indian Health Service Western Arizona District, Tempe, USA; ³Indian Health Service Eastern Arizona District, Lakeside, USA; ⁴Indian Health Service Reno District, Reno, USA; ⁵Indian Health Service Phoenix Area Office, Phoenix, USA

10.1136/injuryprev-2021-SAVIR.19

Statement of purpose The goal of the Ride Safe Pilot Program is to reduce motor vehicle crash (MVC) injuries among American Indian/Alaskan Native (AI/AN) children by promoting child safety seat use. Initially developed in 2003, the Ride Safe Pilot Program was revised and implemented in collaboration with tribal partners and the Phoenix Area Indian Health Service Division of Environmental Health.

Methods/Approach The Ride Safe Program utilizes a community-based approach coupled with the following to achieve its goal: 1.) Distribution of a child passenger safety (CPS) curriculum tailored for AI/AN communities; 2.) Provision of child safety seats; and 3.) Completion of evaluation activities.

Results The program was implemented in six tribal communities in Arizona, California, and Nevada. A total of 657 car seats were acquired and 75% were distributed.

Conclusions The pilot project is a promising community-based complement to evidence-based CPS activities aimed at addressing MVC. At the start of the initiative, a majority of the participating programs had below 50% CPS usage rates; unfortunately due to COVID-19, the sites were not able to collect post observational data. A positive outcome is the development of the COVID-19 CPS protocol to assist in the next cycle of the pilot program.

Significance In 2017, MVCs were the leading cause of death for AI/AN ages 5–24, with the youngest family members disproportionately affected. These losses are even more tragic because the majority of MVC injuries and deaths are preventable through the proper use of a child safety seat or seatbelt. Ride Safe can be easily replicated in any community to reduce MVC-related injuries among children. This serves as a testimony to the power of simple, well-informed, community-based models intended to reduce MVC injuries among children.

Pediatric injury

0037 PREVENTING UNINTENTIONAL CHILDHOOD INJURIES IN UGANDA – DEVELOPMENT OF AN INTERVENTION TOOLKIT

¹P Attwood, ²C Ssemugabo, ²B Balugaba, ²A Mugeere, ³A Bachani, ⁴K Hunter, ⁴R Ivers, ⁵A Hyder, ²O Kobusingye, ¹M Peden. ¹The George Institute for Global Health, Imperial College, London, UK; ²Makerere University School of Public Health, Kampala, Uganda; ³Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; ⁴University of New South Wales, Sydney, Australia; ⁵The George Washington University, Washington DC, USA

10.1136/injuryprev-2021-SAVIR.20

Statement of purpose Globally, thousands of children lose their lives to unintentional injuries every year. Injuries occurring at home to under 5s (burns, falls, poisoning) can be prevented

through providing safety equipment e.g. barriers and child-proof containers. Although a number of studies have shown significant reductions in child injuries most have been conducted in high-income countries. This research aims to reduce unintentional home injuries among under 5s in Jinja, Uganda through the provision of a toolkit.

Methods/Approach This study is guided by a community-based participatory research approach utilizing mixed methods. A quantitative retrospective review of hospital data was combined with a community-based household survey and risk assessment tool to provide incidence and risk factor data. An exploration of perceptions of injuries, risky behaviours and practices in the home was provided through focus-group discussions and Photovoice.

Results Preliminary analysis of ongoing data collection has been done. Hospital record review of 225 cases revealed that 34% of injuries were due to burns, 45% were seen in outpatients and 39% admitted to the wards. The survey of 615 households indicated that there had been 879 injury events amongst under 5s in the preceding 12 months. The majority occurred within the compound of the home (57% fall-related; 23% burn injuries). From the qualitative exploration, falling in pits, open fireplaces and off beds were the major causes of injuries.

Conclusion This formative research contextualises the problem and looks to propose an intervention toolkit including educational material, parent training workshops, awareness campaigns, home visits and environmental modifications. The findings will inform the development of a culturally appropriate/affordable set of interventions and provide accurate incidence rates for a future intervention trial.

Significance The results will have significant implications for low-income countries in terms of research methodology and effective information in mitigating injuries among under 5s.

Firearms

0038 PATTERNS OF NONFATAL GUN USE IN INTIMATE PARTNER VIOLENCE: EVIDENCE FROM PROTECTIVE ORDER CASEFILES

J Kafka, B Morocco, D Williams, C Hoffman. *University of North Carolina – Gillings, Chapel Hill, USA*

10.1136/injuryprev-2021-SAVIR.21

Statement of purpose In the context of intimate partner violence (IPV), perpetrators may use guns to injure, scare, and/or manipulate their partner. Gun threats are associated with increased PTSD symptom severity, sleep loss, and heightened fear among IPV survivors. Gun threats are also an indicator for homicide risk. Despite the negative consequences associated with gun related IPV, little research documents the prevalence and nature of these nonfatal behaviors. Fortunately, state and federal law restrict gun access for IPV perpetrators in qualifying domestic violence protective order (DVPO) cases. Using data from DVPO cases, we sought to document the extent to which perpetrators (DVPO defendants) engage in gun related IPV.

Methods/Approach We used observational data from DVPO casefiles and hearings that were collected for the CASE IPV study, a North Carolina-based project that used a