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.

**Significance** The obtained data will be included in the implementation of comprehensive measures in road trauma prevention and to develop information- education campaigns on road safety.

## Transportation safety

0073  **GLOBAL ROAD SAFETY: ANALYSIS OF GLOBAL STATUS REPORTS ON ROAD SAFETY**

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**Statement of purpose** The purpose of this presentation is to evaluate progress towards achieving the Decade of Action for Road Safety by analyzing the results of three Global Status Reports on Road Safety.

**Methods/Approach** The analysis was based on the data from the three Global Status Reports on Road Safety with global level data from 2010, 2013, and 2016. Descriptive analyses and t-tests were conducted to evaluate the past and current trends in road traffic deaths and countries' progress in achieving key road safety indicators. Data from 160 countries that consistently reported their statistics for all three global status reports were included in the analysis.

**Results** A slight decline in road traffic deaths during the past decade was observed, however, current global deaths were found to be unacceptably high standing at a rate of 16.4/100,000. This decline considerably varied between countries and was highly dependent on the income level of the country, with deaths significantly high in low- and middle-income countries (LMICs) when compared to high- income countries (HICs). In terms of progress on countries' progress in achieving key road safety indicators, the same pattern was observed where HICs having emplaced most of the recommended rules, while low rates of achievement were observed in LMICs.

**Conclusion** Despite the global efforts, RTIs remain disproportionately high in LMICs and progress in achieving global road safety indicators is slow.

**Significance** This analysis highlights the need for continued efforts towards promoting road safety especially in LMICs and identifies areas for improvement that must be addressed for the new Decade of Action for Road Safety from 2021–2030.

## Pediatric injuries

0074  **EPIDEMIOLOGY OF FALLS IN YOUNG CHILDREN**

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**Statement of purpose** Falls are the leading cause of emergency department visits among children less than five years old. Parents are encouraged to supervise their children and provide a safe environment to prevent injuries, but there are few evidence-based interventions to prevent child falls. This analysis aimed to identify factors related to unintentional nonfatal fall injuries in children under five.

**Methods/Approach** Data about children under five years who experienced a fall in 2015 were extracted from the National Electronic Injury Surveillance System All Injury Program. The case narratives were reviewed and coded for what the child fell from, fell onto, the fall action (i.e. tripped, dropped, rolled), and the precipitating event leading up to the fall.

**Results** In 2015, an estimated 121,531 infants (<12 months), 443,867 toddlers (1–2 years) and 326,382 preschoolers (3–4 years) were treated in an emergency room for an unintentional non-fatal fall. Among infants the leading source of falls was from beds (36%) primarily due to rolling from a laying position onto the floor (90%). Toddlers most often fell from a standing position (23%), from the stairs (17%) or from the bed (17%). Falls from the stairs were primarily due to the child slipping or tripping (84%), but 5% were dropped, such as by an adult carrying them. Before falling from the bed, toddlers were jumping more than any other activity (52%). Among preschoolers, most falls occurred from a standing position (27%) or play equipment (16%). Falls from standing position usually occurred while the child was running (62%) or bathing (18%). Falls from the bed were usually preceded by jumping (62%).

**Conclusion** Infants primarily fall from beds; toddlers and preschoolers fall most often from standing by slipping or tripping.

**Significance** Understanding the circumstances of fall injuries can help identify new opportunities for prevention and intervention.

## Suicide prevention

0075  **RISING RATES: UNDERSTANDING TRENDS IN SUICIDE DEATHS IN NORTH CAROLINA BY RACE/ETHNICITY AND AGE GROUP, 2009–2018**

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**Statement of purpose** Suicide rates have increased between 2009–2018 in NC from 13.9 to 16.0 per 100,000 (n=1,085 and 1,463). Rates remain highest among males, non-Hispanic (NH) whites, and those 45 and older. This project sought to understand differences in trends among additional populations.

**Methods/Approach** NC Violent Death Reporting System data were used to identify suicide deaths among residents ages 10 and older between 2009–2018. Three-year rolling rates were calculated by race and age group. Data were combined across the study period to assess differences mechanisms.

**Results** There were 13,101 suicides between 2009–2018 (86.5% NH white, 8.3% NH black, 2.8% Hispanic, and 2.5% NH American Indian, Asian, or other/unknown race). The 2016–2018 suicide rate was highest among NH whites ages 45–54, 55–64, and 35–44, followed by NH American Indians ages 15–24 (26.7, 25.3, 24.3, 21.9, and 20.3 per 100,000 respectively). Rate increases were highest among youth and young adults across all racial/ethnic groups. Although rates were low among NH white and black youth ages 10–14 (3.1 and 2.7 per 100,000 for 2016–2018), they experienced the greatest percent increase (148.0% and