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ASSESSING THE FEASIBILITY OF AN ONLINE SURVEY OF TRANSPORT BEHAVIOUR AND WELL-BEING AMONG TEENAGERS IN RURAL NEW ZEALAND

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Statement of purpose Motor vehicle accidents (MVAs) are a significant cause of injury among youth aged 15–19. The crude rates of hospitalisation due to MVA were 101 and 153/100,000 persons (U.S. and NZ, respectively, 2000–2012). During the same period, Southland, NZ reported a rate of 167/100,000. Differences in licencing age and overall fleet/road quality may contribute to some variances between countries. But knowledge gaps remain. Youth licensure and vehicle miles travelled (VMT) have declined worldwide, and, although injuries affect well-being, mental health with regard to transport isn't researched. This presentation will discuss these gaps via preliminary findings from, and the testing of, a pilot study of youth in Southland.

Methods/Approach Preliminary qualitative research informed the writing of an on-line pilot survey to assess transport behaviour and well-being among a sample of NZ teenagers, allowing for assessment of feasibility with regard to content and process prior to dissemination to a larger study population. In-class and home-based delivery methods were evaluated through a pilot study.

Results The pilot study indicates that a larger survey is feasible. Overall response rate was 82%. Response rate was higher in those completing the survey in-class compared to those completing it at home (97% and 55%, respectively). Thirty-one percent had no level of licensure. During the previous month, 55% of those with some level of licensure drove, 84% were car passengers and 78% used active transport (AT). Reasons for low licensure and VMT included economic and geographical barriers, safety concerns, and ambivalence. Happiness levels corresponded with AT, access and proximity to town. These results seem reasonable, demonstrating the pilot survey questions are valid and satisfactory for the main study.

Conclusions In-class survey dissemination is preferable due to increased response. Results of the pilot corresponded with the literature, indicating a larger study will provide a stronger evidence base for current hypotheses. Geography and access appeared to relate to well-being; this is an interesting association not previously observed, and will be further examined in the main study.

Significance and contribution to the field This pilot study assessed questions and methods that addressed all modes of transport through the lens of public health, and uniquely considered measures of associations between transport behaviour and well-being among those with the highest injury risk. The main study in 2015, among youth in both NZ and the U.S., will provide new knowledge in these areas.

0080

IT'S NOT MR. ROGERS' NEIGHBOURHOOD: HEALTH LITERACY AND INJURY OUTCOMES – USE OF COMMUNITY-LEVEL, COMMERCIAL MARKETING DATA

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Statement of purpose Research has consistently shown that community-level socioeconomic (SES) indicators are associated with injury incidence and outcomes. Health literacy, perhaps the newest SES indicator, is the capacity to understand basic health information and make appropriate health decisions (Koh *et al.*, *Health Affairs*, 2012). Health literate populations may be better equipped for good health outcomes due to their understanding of current health and prevention messages. The purpose of the analysis is to observe whether community characteristics are associated with inequalities in crash characteristics and outcomes.

Methods/Approach Using commercial marketing demographic data (Nielsen/Claritas) from the community level (including county, ZIP code, and Census tract), characteristics of the geographical area in which injury victims reside were obtained. Injury outcome and patient characteristics derived from hospital data were compared to community-level measures such as community demographics, socioeconomic factors and a health literacy score developed by the Centre for Health Promotion at the Minnesota Department of Health. ArcGIS was used for map overlays.

Results Analyses indicated an association ($p = 0.05$) between health literacy scores and rates of hospital-treated MV crashes at the county level. The r-square was relatively low (0.04) indicating additional multivariate analyses could better explain the variance of the outcome. Further analyses were performed with various community-level indicators, indicating similar associations with other types of injury, such as falls.

Conclusions Community-specific inequalities in crash characteristics and outcomes point to the need for more health literate or readily understandable signage as part of our transportation systems' prevention efforts. Further, an emphasis on health literacy and other social determinants of health can be used in providing better, patient-centred hospital intervention and treatment to injury victims. Commercial marketing demographic data can be used to guide these prevention and intervention efforts.

Significance and contribution to the field The use of health literacy as an SES indicator in injury prevention and control analyses is a relatively new translation of research into public health practice. Similarly the use of commercial marketing demographic data, especially when used in the creation of health literacy indices, is also a relatively new practice.

REFERENCE

Koh HK, Berwick DM, Clancy CM, *et al.* New federal policy initiatives to boost health literacy can help the nation move beyond the cycle of costly 'crisis care'. *Health Affairs* 2012;**31**(2):434–43

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PAEDIATRIC INJURY PREVENTION: ADDRESSING INJURY PREVENTION THROUGH A COORDINATED APPROACH

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Statement of purpose Over 60,000 children are seen at Children's Hospital Los Angeles (CHLA) annually with most presenting with preventable injuries. Extending the efforts to address injury prevention through utilisation of undergraduate, graduate and medical school students is the approach of CHLA's Injury Prevention Program (IPP). In an effort to increase the number of paediatric injury prevention specialists, CHLA launched the inaugural class of Paediatric Injury Prevention Scholars (PIPS) in 2011.

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