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FIREARM ACCESS DOCUMENTATION IN HIGH RISK CLINICAL SITUATIONS: MISSED OPPORTUNITIES

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Purpose: The American Academy of Pediatrics, among other groups, strongly encourages screening for firearm access in pediatric patients, as there is significant morbidity and mortality related to having access to firearms, particularly among youth at risk for suicide. The current study was designed to determine whether health care providers (HCPs) miss opportunities to detect youth access to firearms in particularly high risk situations such as the presence of depression or violence risk.

Methods: Adolescents ages 12-17 scheduled for a routine physical exam in an urban, adolescent medicine clinic between Oct 2010–December 2011 were eligible. Assent from adolescents and consent from parents (both by phone) was obtained to participate in a study assessing violence risk. As part of usual care, youth had the opportunity to answer a standardized health assessment, including whether there were guns in their home. Chart review was completed one month after the appointment. Data collected included youth self-report of violence risk, depression (PHQ-9) and access to firearms in the home and provider documentation of violence risk, mental health diagnosis and the presence of firearms in the home. Rates of each were calculated. Bivariate analysis determined whether there were associations between provider documentation of mental health issues or violence risk and documentation of firearms in the home.

Results: 549/784 (70%) of eligible youth consented), and 85% of those (n= 466) actually completed their appointment. Mean age was 14.5 (sd 1.6); 65% female, 45 % Hispanic, 38% Black, 17% White. 300/466 (64%) completed the health screening questionnaire. Providers documented a mental health diagnosis in 22% of all patients, including 14% with Depression, 4% with ADHD, and 4% all others. Providers only documented either the presence or absence of a firearm in just 15.9% of these patients, with 2% documentation of the presence of a firearm. Youth who were diagnosed with a mental health issue reported having firearm access 13.8% of the time- only 20% of the time did providers recognize this. For the 14.6% of youth who were positive for moderate-severe depression on the PHQ-9 -in only 8.1% was there documentation of access to firearms. Similarly, 14.6% were positive for future violence risk, and in only 17% was there documentation by providers of firearm access. No demographic characteristics, including age, race/ethnicity, gender or SES were associated with whether a provider documented the presence of a firearm in the home for these high risk youth.

Conclusions: Despite the prevalence of mental health diagnosis and violence risk in this adolescent population, providers are largely not documenting youth access to firearms. Missed opportunities to counsel parents and youth about the risk of firearms in high risk situations can lead to potentially devastating consequences. Ways to document access to firearms needs to be improved.

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2011 NORTH CAROLINA YRBS: ATHLETIC PARTICIPATION, VIOLENCE, AND BULLYINGRobert W. Turner, PhD¹, Asheley Cockrell Skinner, PhD²,Eliana Perrin, MD, MPH², Jake Lohr, MD²,Tamera Coyne-Beasley, MD, MPH, FSAHM².¹University of Maryland; ²University of North Carolina School of Medicine.

Purpose: Athletic participation may prevent youth from engaging in risky behavior including violence. We sought to determine the association of athletic participation with participation in violence-related activities.

Methods: We used data from the 2011 North Carolina Youth Risk Behavior Survey. This survey is administered to high school students and provides state-representative data on a variety of behaviors. We used two questions related to sports, which asked if the student played a school-sponsored sport that was team-based (e.g., football) or individual-based (e.g., track). We then examined reports of fighting, carrying weapons, and bullying. We used adjusted Wald tests to examine differences in violence by the type of sport played, which adjust for the complex survey design of the NC YRBS.

Results: Half of the 1820 surveyed students ages 14-18 years reported participation in a school-sponsored sport: 25% team sports, 9% individual sports, and 17% both types. Girls who played sports were less likely to have been in a physical fight in the last year (14% vs. 22%, $p < 0.05$); there were no differences for boys or by type of sport. Girls playing sports were also less likely to have carried a weapon to school in the past 30 days (6% vs. 11%, $p < 0.05$); however, there were no differences for boys or type of sport. There was a non-significant trend towards boys playing sports being less likely to report having been bullied (20% vs. 25%, $p = 0.17$). Yet, boys playing only individual sports were more likely to report having been bullied than those playing team sports (29% vs. 18%, $p < 0.01$) with a similar trend for girls (41% vs. 32%, $p = 0.14$).

Conclusions: Our results suggest that childhood sport participation may have important relationships with violence-related activity. While girls were less likely to fight or carry a weapon when involved in sports, the same protective effect was not seen for boys. Boys who played team sports were less likely to report being bullied than boys who played individual sports. It is not known if boys who play team sports are less likely to be the perpetrators of bullying. Future research should examine why sports may be protective for girls' but not boys and if interventions involving pediatricians or schools can influence these relationships.

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A RANDOMIZED CONTROLLED EVALUATION OF THE EFFECTS OF THE FAMILIAS EN ACCIÓN SCHOLARSHIP PROGRAM ON ADOLESCENT VIOLENCE, SUBSTANCE USE, AND UNSAFE DRIVING

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