and urban settings. The data shown here will help guide public health experts and pediatricians in targeting firearm injury prevention based on location.

Methods: A retrospective chart review of firearm related wounds was conducted in children ages 0-19 who presented over a twenty-year period (2000-2019) to our institution (pediatric quaternary care center and the sole pediatric level one trauma center in the state of Alabama), as well as the local county medical examiner's office. More than twenty variables, including zip code, associated ADI score, associated Rural-Urban Commuting Area (RUCA) code, intentionality, and outcomes, were collected using pre-determined criteria and analyzed. After accounting for the demographic characteristics of the patients, a multivariable logistic regression was used to assess for associations between socioenvironmental measures (socioeconomic and rurality) and the intentionality of the shooting.

Results: Those who experienced an intentional shooting had a higher mortality rate compared to those who experienced an unintentional shooting (52.65% vs 12.34%). Those who resided in urban areas have three times the odds of experiencing an intentional shooting (OR: 3.04, 95%CI: 1.55-5.96). Additionally, older children, females, and non-Hispanic Black children were more likely to experience an intentional shooting. Although individuals who lived in urban areas were overall more likely to experience an intentional shooting, it depended on the ADI. In areas with lower ADI, intentionality of the shooting did not vary by urban status. However, in areas with higher ADI, those who resided in urban areas were more likely to experience an intentional shooting.

Conclusions: There is a statistically significant increase in odds of an intentional shooting in an urban area as compared to a rural area, but only in low resource (high ADI) areas. More research is needed in this area of pediatric healthcare disparities, as well as ways that this knowledge can be used for more focused and targeted firearm injury prevention tactics.

Objectives: 1. Understand the basic trends in pediatric firearm injuries in the state of Alabama. 2. Learn which areas (based on SES and rurality) are more at risk for intentional vs. unintentional firearm injuries. 3. Identify how specific firearm injury prevention tactics can be applied to areas that are more at risk for intentional vs unintentional injuries.

KEYNOTE

Pioneer Award Keynote / Getting There Without a Map: Adventures in Child Injury Prevention

Saturday, December 2, 2023, 11:15 AM to 12:15 PM

Kyran Quinlan, MD, MPH
Pediatric Medical Advisor to the Director
Illinois Department of Public Health
kyran.p.quinlan@illinois.gov

For more than 25 years, Dr. Quinlan has worked to improve the health and safety of children through his education of everyone from medical students to engineers, his advocacy on microwave safety, car passenger safety, and gun safety and his determination to make the world safer for children. Dr. Quinlan, MD, MPH is an academic general pediatrician, researcher and advocate who has recently become the Pediatric Medical Advisor to the Director of the Illinois Department of Public Health. Prior to this role, he was Professor of Pediatrics and Director of the Division of General Pediatrics at Rush University Medical Center. He served as the Principal Investigator for the CDC-funded Sudden Unexpected Infant Death-Case Registry for Cook County, IL and was the prior Chair of the AAP Council on Injury, Violence, and Poison Prevention.

Dr. Quinlan graduated from Lake Forest University with a BS in Chemistry, and received his MD from Loyola's Stritch School of Medicine, and then completed his pediatric residency at Wyler Children's Hospital at the University of Chicago. He then received his Master of Public Health in Epidemiology and Biostatistics from the School of Public Health at the University of Illinois at Chicago with his MPH Essay being "Motor Vehicle-Related Injuries Among American Indian and Alaska Natives" in 1996—already involved in injury research! Between 1997 and 1999 Kyran served as the Epidemic Intelligence Service Officer in the Division of Unintentional Injury Prevention at the National Center for Injury Prevention and Control at the CDC in Atlanta. Clearly, early in his career, Kyran was focused on injury and injury prevention topics.

Dr. Quinlan is a leader in all topics pediatric injury prevention. He has examined pediatric injury epidemiology, built playgrounds and worked with communities to prevent pediatric pedestrian injury in Chicago, worked on programs to prevent sudden unexpected infant death, and strives to prevent pediatric burns through safer microwaves. Dr. Quinlan has been awarded multiple honors from the CDC for his work in the epidemiology of pedestrian injuries in various settings including the CDC's National Center for Injury Prevention and Control Directors Award "For working effectively with the U.S.