Conclusions: One-half of study adolescents never used equestrian helmets when riding horses. However, those who had participated in an activity mandating that they wear helmets had higher helmet use and ratings of helmet importance. Requiring helmet use at training centers, competitions, club events and group rides may help increase general equestrian helmet use. Education and other interventions to help change the safety culture surrounding equestrian helmet use is needed in rural areas.

Objectives: 1. List at least two youth demographic factors associated with higher proportions having ridden a horse in the past year. 2. Describe rural youth equestrian helmet use and the importance youth ascribe to wearing helmets while riding horses. 3. State what effect required helmet use at training centers, competitions, club events and group rides may have on adolescent's use of and attitudes regarding equestrian helmets.

Abstract to Publication: A 7-year analysis of abstract presentations at Injury Free Coalition for Kids Annual Conference



Kristyn Jeffries, MD, MPH Assistant Professor of Pediatric Hospital Medicine University of Arkansas for Medical Sciences Arkansas Children's Hospital kmelchiors@uams.edu

Authors: Kristyn Jeffries, MD, MPH; Kathy Monroe, MD, MSQI

Background: The annual Injury Free Coalition for Kids (IFCK) conference is an important way for injury prevention researchers to disseminate their research. This study sought to identify the publication rate of abstracts accepted to the IFCK conference and assess factors that influence the likelihood of publication.

Methods: We identified abstracts accepted to the 2014-2021 annual IFCK conferences. Presentation formats included lightning round poster and oral presentations. Abstracts published in journals were identified by searching the author and abstract title or keyword in PubMed and Google Scholar. The doctorate status of the presenting author, impact factor at time of publication, and the publication in a journal supplement were catalogued. We used descriptive statistics and logistic regression to determine associations with publication.

Results: Of 258 accepted abstracts from 2014-2021 IFCK conferences, 72% were selected for platform presentations and 49% were subsequently published. Over 50% of published abstracts were published in a journal supplement supported by IFCK. The most common journals for the remainder of published abstracts were Pediatrics (n=6, 4.7%), Clinical Pediatrics (n=5, 3.9%) and Pediatric Emergency Care (n=5, 3.9%). Median journal impact factor for all published abstracts was 2.4 (interquartile range [IQR] 1.9-3.4). Platform presentations had almost twofold higher odds of publication compared to poster presentations (odds ratio [OR] 1.9, 95% CI: 1.1, 3.4). Lead authors with doctorate degrees had threefold greater odds of publication than lead authors without doctorate degrees (OR 3.2, 95% CI: 1.9, 5.2). The median time to publication was 10 months (IQR 5-18), excluding those abstracts presented at the 2021 conference.

Conclusions: A high percentage of abstracts accepted for presentation at the IFCK conference are subsequently published, with a large proportion being published in supported

journal supplements. This study emphasizes the need for continued support of the journal supplement by IFCK. Increased mentorship, especially for injury prevention researchers without doctorate degrees, should be encouraged to help overcome barriers to publication after presentation at the IFCK conference.

Objectives: 1. To describe the accepted IFCK conference abstracts that are subsequently published. 2. To identify factors associated with publication after presentation at IFCK conference. 3. To recognize the continued need for mentorship for presenting authors to reach publication

The Impact of UFOV4 and Visual Acuity on Adolescent Visual Response to Safety Critical Events in a Driving Simulator



Kaiden D. Kennedy, BS Post-Baccalaureate Research Assistant University of Alabama at Birmingham, TRIP Lab

Authors: Kaiden D. Kennedy, BS; Benjamin McManus, PhD; Despina Stavrinos, PhD

Background: Motor Vehicle Collisions (MVCs) are the leading cause of death and injury among adolescents in the US. To recognize safety critical events (SCEs), drivers must not only use their central vision, but also their peripheral vision. When using both central and peripheral vision, cognitive tasks can be successfully performed in a Useful Field of View (UFOV) paradigm. The UFOV task measures processing speed, divided attention, and selective attention. UFOV performance has been linked to crash involvement in older adults and those with various medical conditions, as well as simulated MVCs in young adults. This study examined whether UFOV was a predictive measure of visual recognition of SCEs when combined with Visual Acuity (VA), the current visual screening tool used for obtaining driving licensure in a sample of adolescents.

Methods: As part of a larger study examining driving attention, 190 adolescents (Mage=17.12 years, SD=1.98; 53% female) provided UFOV assessment (subtests 1-4), VA measurement, Trails tests A and B, and drove in a high-fidelity driving simulator. Licensed adolescents (n=81) were enrolled within 2 weeks of receiving their driver's license. Unlicensed adolescents (n=109) had no prior driving experience. During the simulated 7-mile drive, participants encountered five SCEs (e.g., vehicle/pedestrian suddenly nearing driver's pathway). Visual reaction time and glance length to the SCEs were assessed with eye tracking within the simulator vehicle.

Results: Regressing visual reaction time on licensure status (licensed, unlicensed), gender (male, female), SCE type (vehicle, pedestrian), VA (20/25 or better, 20/30 or poorer), Trails (B - A time difference), UFOV 4 (Selective Attention 2), UFOV 4 by licensure interaction, and UFOV 4 by VA interaction indicated poorer UFOV 4 scores were associated with slower visual reaction time (F = 2.04, p < .01). This effect was moderated by VA, such that only those with VA 20/30 or poorer displayed slower reaction time as a function of poorer UFOV 4 scores (t = 3.30, p < .01). Although licensed participants displayed significantly faster visual reaction times (F = 6.2, p = .01), UFOV 4's effect on visual reaction time was not dependent upon licensure status.