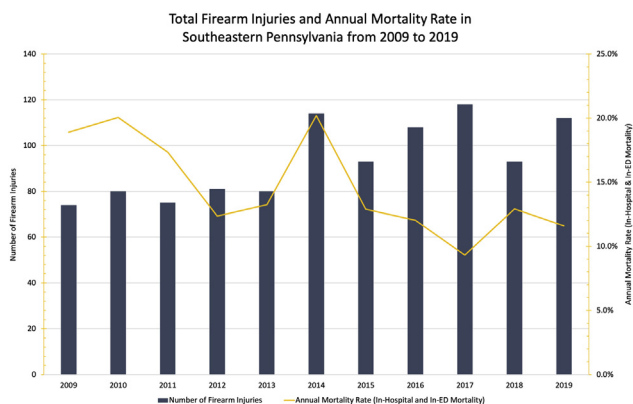




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increased in the last 11 years. Efforts to include hospital-based violence intervention programs should be pursued to decrease firearm-related injuries.



Hospital-Based Violence Intervention Programs: An Essential Relief System in the COVID-19 Pandemic

Meredith M Njus, BS, Christopher S Vil, PhD, MSW, Mildred Sheppard, MSW, LICSW, Erin C Hall, MD, MPH, FACS
Georgetown University School of Medicine, Washington, DC
University at Buffalo (SUNY) School of Social Work, Buffalo, NY
MedStar Washington Hospital Center, Washington, DC

INTRODUCTION: Hospital-based violence intervention programs (HVIPs) address social risk factors for community violence to reduce trauma recidivism. COVID-19 stay-at-home orders were associated with increased violent injury, yet HVIP staff were unable to respond in person. This study evaluates HVIP service provision adaptations during the COVID-19 pandemic.

METHODS: Data were collected in a single urban location (10/1/2019 to 11/30/2020). Men older than 18 years presenting after gunshot wounds, stabbings, or assault were enrolled. Type of service provisions and category of contact (eg bedside or phone) were recorded per encounter. Histograms of service frequency per month were generated and analyzed.

RESULTS: One hundred and three men with a mean age of 33.3 years (range 19 to 71 years) enrolled, 94% were Black, 67% presented with gunshot wounds. Treatment discussion and care coordination increased from 37.6% and 52.5% via telecommunications to 100% and 96.9%, respectively, during remote work, and sustained predominance after return to in-person staffing. Emergency financial assistance and advocacy services were 4.6 times and 2.1 times greater, respectively, in the first month of the COVID-19 pandemic. Mental health services increased to a cumulative average of 1.9 times greater utilization than before April 2020. Rideshare provision decreased to 40% of rates before stay-at-home orders.

CONCLUSIONS: HVIPs involved found creative solutions to continue servicing patients including the adoption of telehealth, enhancing emergency relief, and increased counseling. Despite challenges of remote working, the HVIP model serves as an important social safety net resource that can capture an otherwise missed vulnerable population during emergent situations, such as the COVID-19 pandemic.

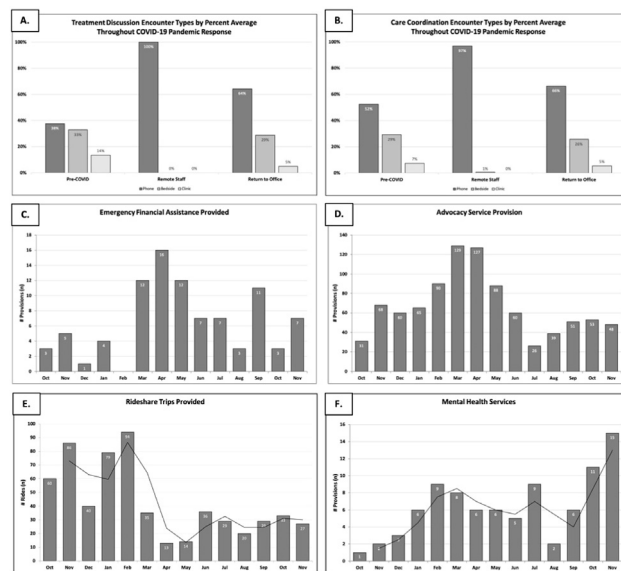


Figure 1. HVIP Adaptations of Social Service Provision during COVID-19 Pandemic Demonstrates the changes in service provision prior to the COVID-19 pandemic, during remote staffing periods, and after staff return to office. Clustered bar graphs in (A) and (B) graphically reflect the near complete adaptation to service provision via telephone during the remote staffing period (3/16/20-6/21/20). (A) Treatment discussion previously occurring 37.6% via telephone increased to 100% telecommunications during remote staffing. (B) Care coordination increased from 52.5% to 96.9% telehealth provision. Histograms in (C-F) illustrate service provision trends over time during the COVID-19 pandemic. (C) Emergency financial assistance spiked in early months to 4.6 times greater provision in the first month of pandemic response compared to prior. (D) Advocacy services increased to 1.9 times greater in the first month than prior to the pandemic. (E) Rideshare provision dropped a cumulative 40% after the onset of stay-at-home orders. (F) Mental health services increased to 1.9 times greater utilization than compared to before the pandemic.

In Automobile and Recreation Vehicle Crashes Safety Equipment Saves Your Head

Bradley W Fossum, BS, Erica Lake, MLS, Melissa L Harry, PhD, MSW, Kristin P Colling, MD, FACS
University of Minnesota-Duluth Medical School, Duluth, MN
Essentia Institute of Rural Health, Duluth, MN
Saint Mary's Medical Center-Essentia Health, Duluth, MN

INTRODUCTION: Recreational vehicle use is increasing; however, laws and safety features are lax compared with automobiles. This