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ADAPTING A PAEDIATRIC INJURY PREVENTION PROGRAM TO REACH OLDER ADULTS: RESULTS OF A FEASIBILITY TRIAL

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Background Older adults will comprise one-quarter of the US population by 2030 and are known to suffer high rates of injuries in and around the home. Safety education and products prevent injuries but few models exist for reaching older adults. We adapted a mobile safety centre used to reach families with young children to serve older adults.

Methods We partnered with a community-based senior centre that serves low-income, urban community-dwelling older adults. We developed new curriculum modules on older adult injury prevention topics, adapted existing educational exhibits, and expanded our safety product inventory to include products relevant to the safety needs of older adults. In January 2015, we enrolled participants from the senior centre and assessed their safety knowledge, beliefs and practices. Four safety sessions were offered between February to May and in June everyone toured the mobile safety centre and completed a post-test of comparable knowledge and belief items. General feedback was also solicited from participants.

Results Teaching modules were developed on five separate topics: overview of injuries and older adults; fires, burns and scald burn injuries; poison prevention; pedestrian safety; and fall prevention. Thirty older adults enrolled in the program. Most (60%) attended all sessions; 6% attended only 2. Baseline knowledge was high ($\geq 90\%$ correct) for smoke alarm resources, carbon monoxide (CO) sources and CO symptoms. Baseline to follow up knowledge gains occurred for proper response to a fire in the home (39% vs 73% correct) and most common cause of house fires in our area (53% to 84% correct). Beliefs and participant reactions to the sessions will also be shared.

Conclusions Because the number of older adults is increasing in the US and they are over-represented in the injury burden, we need to find effective ways to reach them. Our experience demonstrates the feasibility of adapting an existing paediatric program to also serve older adults.

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IMPROVE THE CALL TO ACTION; INCREASING THE IMPACT OF FALLS PREVENTION MESSAGES WHILE MAINTAINING THE EVIDENCE

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Background Falls amongst adults aged over 60 remains a significant public health issue, requiring effective community-based prevention strategies. In an effort to reduce falls, the Injury Control Council of WA (ICWA) with the support of the WA Department of Health has promoted the Nine Steps to Stay On Your Feet[®] (Nine Steps) message since 2004. The Nine Steps raised awareness of falls prevention strategies through nine messages, three of the messages include: Be Active, Mange Your Medicines and Improve Your Balance.

Problem Research with community members identified the Nine Steps message may be more useful as a falls prevention tool for health professionals rather than for awareness-raising in community members. The results of formative research undertaken to evaluate the effectiveness of the revised messaging and confirm preferred formats are presented.

Results ICWA sought to reposition the Stay On Your Feet[®] message. The objective was to offer positive choices and simplified calls to action that were easy to understand, recall and implement via new messages, writing style, imagery and resources.

Research included a rapid literature review; focus groups with community dwelling older adults; consultations with falls prevention clinicians, policy makers and academics; and a review of draft resources against best practice in behaviour change communication.

Results emphasised the importance of delivering consistent messages across different settings. Resources should function as reminders and should be accessible, appealing and short with minimal text. Imagery should feature diverse talent who are real and similar to the target audience.

Conclusion Five Improve Move Remove social marketing campaigns are being implemented to promote the revised calls to action: improve your health, move your body and remove hazards. Evaluation of these campaigns is ongoing and will establish the impact of the revised messaging.

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DETERMINANTS OF RECOVERY OF PHYSICAL FUNCTIONING AFTER HIP FRACTURE IN OLDER PEOPLE

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Background Hip fractures may reduce older people's chances of remaining independent. The study objective was to describe determinants of recovery of physical functioning after hip fracture in older people.

Methods A prospective study was conducted on patients who sustained hip fracture, operated on at the tertiary hospital in Gorzow, Poland. Physical function was assessed by a questionnaire at baseline, 3 and 6 months thereafter. Sum scores were computed for basic (ADLs) and instrumental activities of daily living (IADLs). A higher score indicated more difficulty.

Results Among 120 patents who were qualified to participate (81.7% females, mean age 82 years), 80.0% reported walking independently 6 months after the operation compared to 100.0% pre-fracture, 2 (1.7%) had died. The mean ADL and IADL scores before discharge were higher compared to measured 6 months after the operation (5.7 vs 4.8; $p < 0.001$ and 18.5 vs 16.0; $p < 0.001$). Pre-injury (mean) levels of basic physical functioning were not regained in 46.2% of the patients and instrumental activities of daily living – in 81.1%. The multilevel regression analysis revealed that older age (OR 1.16; $p = 0.01$), co-morbidities (OR 1.64; $p = 0.04$) assessed by *Charlson Co-morbidity Index*, and poor cognitive status (OR 1.83; $p < 0.0001$) assessed by *short portable mental status questionnaire* were each associated with lack of recovery in basic physical functions. Gender, residency, the type of hip fracture, time between the injury and admission, the type and duration of surgery, amount of blood loss, and the type of rehabilitation program did not influence ADLs and IADLs.

Conclusions For many older people, long-term functional limitations persist after a hip fracture despite surgery. These findings also demonstrate the importance of personal factors as determinants of recovery from hip fracture and support the need to maintain the good health status of patients before hip surgery through the tailored interventions tackling seniors.

961 AN ECOSYSTEM PERSPECTIVE ON ELDERLY SAFETY

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Background Demographic trends, technological advancements, and fiscal constraints make elderly care a major issue. Innovations in devices, process and care models have been introduced. It however appears that innovations are adapted slowly or haphazardly. This study apply an ecosystem perspective - an area of activity needs to be seen as the totality of players that affect the elderly and their safety, regardless of if they have administrative or trading relationships, or employ voluntary resources. An ecosystem includes one or several ecosystem leaders that aim at structuring the system through rules, platforms and resource flows.

Methods We study the city of Hyvinkää. The problems within the field can be defined as spanning between quality – adjusted productivity. The objective is to achieve more and/or better with fewer resources by adding different stakeholders related to the elderly safety. A qualitative method with a value process mapping technique is applied.

Results The city is managing a multi-actor environment aiming to increase the safety of the elderly as part of the elderly care. The city is thus developing a contemporary governance model, i.e. the rules according to which explicit or implicit contracts between ecosystem players are made, monitored and enforced, including regulators, public professional organisations, for-profit corporations, third-sector players, volunteers, local communities, and relatives.

Conclusions Cities need to develop a “healthpathway” thus taking on a role as a public ecosystem leader coordinating the efforts among elderly care and safety. This means that the city creates market segmentation and matches this segmentation with private and public actors. Such segmentation allows for the creation of a public service platform through which actors can be governed and coordinated in increasing elderly safety.

962 MENTAL HEALTH OF ELDERLY PEOPLE AND ITS ASSOCIATION WITH FEELING OF NEGLECT: AN EMPIRICAL STUDY IN KOLKATA (INDIA)

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Background Mental and physical health problems are the main challenges during old age especially those who suffer from chronic problems and become bedridden.

Objective The broad objective of the study was to examine the perceived psychological well-being of elderly people.

Methods A group of 200 elderly people, 100 male and 100 female, participated in the present study voluntarily. In addition

to a specially designed Semi-structured Questionnaire, four psychological study tools Psychological General Well-being, The Satisfaction with Life, Subjective Happiness Scale, and Maslow's Security and Insecurity Feeling Inventory were used for data collection after local adaptation. The study was carried out in 2014 in Kolkata, India.

Results Data pertaining to psychological variables i.e., Psychological General Well-being, Subjective Happiness and Feeling of Security are concerned, male elderly people were found to be with higher mean scores compared to their counterparts i.e., psychologically male elderly people were in better state of mind compared to female elderly people. However, statistically significant difference was found between male and female with respect to Subjective Happiness and Feeling of Security only ($p < 0.01$). Data with regard to psychological variables further segregated in terms of marital status in order to ascertain whether married people were psychologically with better mental state compared to their unmarried counterparts. Mean score of married elderly people in Psychological General Well-being was found to be 88.98 compared to unmarried elderly people's mean score i.e., 86.54 although statistically insignificant. Interestingly unmarried elderly people were found to be more satisfied in life and statistically it is significant at 0.05 levels. At the same time, unmarried people had better feeling of happiness compared to married people, although statistically insignificant. On the other hand, married elderly people had better feeling of security compared to unmarried elderly people. Although neglect had negative effect on all domains of mental health considered in the present study, statistically significant difference was found in case of subjective happiness only i.e., feeling of subjective happiness was low among elderly people who experienced neglect in the family.

Conclusions In general, male elderly people were found to be psychologically in better situation in terms of Subjective Happiness and Feeling of Security. However, when the mental health issue of married and unmarried elderly people was compared, it was found that Psychological General Well-being and feeling of happiness of unmarried people was better than that of married elderly people. Findings of the present study speak in favour of arrangement of recreational and group activities in the Old Age Homes for better mental health of the elderly people.

963 USE OF ICT TECHNOLOGY & CAMPAIGNING TO ACCELERATE THE DISSEMINATION OF FALLS PREVENTION EVIDENCE ACROSS EUROPE

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Background ProFouND is an EC funded initiative dedicated to the dissemination and implementation of best practice in falls prevention across Europe (12 countries). ProFouND has led annual falls prevention campaigns; collated a free access resources library; an online app to distribute tailored, best practice guidance, available in various languages; a cascade model training programme for exercise trainers across 10 countries and an “ICT for Falls Network” has been implemented to promote the development and adoption of novel ICT.

Description of the problem Ensuring that robust research evidence is widely implemented is a key outcome for all healthcare