(AUC = 0.716; specificity, 76.84%; sensitivity, 66.28%). Poor validity evidence was observed for pain (AUC = 0.608; sensitivity, 37.93%; specificity, 83.74%) and RTW domains (AUC = 0.534; sensitivity, 18.99%; specificity, 88.56%). The RTW domain presented with good reliability (Chronbach $\alpha = 0.847$). The Pain domain could not be described as reliable (Chronbach $\alpha = 0.039$).

Conclusions As a risk screening tool the CCT-R currently presents with discernible deficiencies relating to its measurement properties in two of the three domains. To facilitate early intervention decision management, CCT-R mental health scores could be useful, while pain and RTW domains require further revision.

1036 IMPROVING ESTIMATES OF THE COSTS OF INJURY IN WESTERN AUSTARLIA USING LINKED DATA

[1]Delia Hendrie,[1,2] Ted Miller, [1]Sean Randall, [1]Kate Brameld. *[1]Centre for Population Health Research, Curtin University Perth; [2]Pacific Institute for Research and Evaluation, Maryland US*

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Background Previous estimates of the costs of injury in Australia have relied heavily on secondary data, including from international sources. The availability of linked health data and other relevant datasets such as police reports of road crashes and personal injury motor vehicle insurance claims data has provided the opportunity to produce Australian-based estimates of the cost of injury using improved methods.

Methods A retrospective, population-based design was adopted in the study. Health data including emergency department presentations, hospital admissions and death data were linked with police crash report records and motor vehicle personal injury claims data by the Data Linkage Branch at the West Australian Health Department for 2002 through to 2014. Episodes of injury were determined using the linked health data, with clear zones established to account for return visits for the same injury. Corresponding injury costs were estimated based on generalised linear modelling of component costs of the injury claims data, with quality of life loss calculated from Global Burden of Disease disability weights.

Results Problems encountered in regards to the identification of episodes of injury will be discussed, in particular in regard to establishing clear zones. Similarly, issue in modelling from injury claims data for road injury casualties to all injury case will be highlighted. Previous estimates of the costs of injury will be compared with estimates based on the linked data approach and difference explored. Trends in injury costs in Western Australia over the past 10-years will be analysed by socio-demographic and injury characteristics.

Conclusions Injuries are known to impose a significant health and social burden on individuals, families and the community. Applying improved methods of estimating these costs will provide the basis for better policy, planning and targeting of injury prevention strategies.

1037 REGIONAL DIFFERENCES IN SAFETY BEHAVIOUR AND ENVIRONMENTAL SAFETY, FINLAND 2013–2015

Satu Helakorpi, Oona Pentala, Timo Koskela, Jukka Murto. *National Institute for Health and Welfare (THL), Finland*

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Background Local authorities need a health and well-being monitoring system, that gives information on current safety behaviour and environmental safety and changes in them.

Methods The study is based on a nationally and regionally representative cross-sectional questionnaire (postal or web) survey entitled "The Regional Health and Well-being Study" (ATH) carried out in 2013−2015 in Finland. Respondents aged 20 years or more (n = 89 779) were included. The indicators used were: 1) use of helmet always when cycling, and 2) slippery footpaths in winter near of respondents' home bother the respondents. Prevalence estimates with 95% confidence intervals were calculated. The results were presented by different population groups.

Results There were considerable differences in safety behaviour between educational groups, and they were most often unfavourable for the less-educated groups. These differences could generally be observed also at regional level. Use of helmet when cycling was most common in the highest educational group among both men and women. In the region of Uusimaa about 35% of cyclists reported always wearing a helmet when cycling whereas in Western Finland the corresponding prevalence was about 15%. Slippery footpaths in winter were most common in the region of Uusimaa where over half of respondents reported that slippery footbaths bothered them, compared to 40% in Central and South-Eastern Finland.

Conclusions There were regional differences in both safety behaviour and environmental safety. In safety behaviour there were also sociodemographic differences. The ATH -study provides local authorities with the necessary tools to monitor their residents' health and well-being together with the factors affecting them. It is also an important tool for the monitoring of safety behaviour and environmental safety and their long- and short-term changes in the adult population. The results are reported in an interactive online service (in Finnish): www.thl.fi/ath.

1038 FACTORS ASSOCIATED WITH MAXILLOFACIAL FRACTURES IN HASSAN DISTRICT, SOUTH INDIA: A RETROSPECTIVE STUDY

[1]Utkarsha Lokesh, [2]Shishir Kamath. *[1]Rajivgandhi Health University, Karnataka, India; [2]Rajivgandhi Health University, Karnataka, India*

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Background Injuries are the major public health problem in India. The present study was conducted to assess the aetiology, prevalence and pattern of facial fractures amongst the treated cases of maxillofacial fractures at the trauma centres in Hassan District, South India.

Methods Retrospective data of three years, 2011to 2014 was collected from records of five trauma-treating centres of a Hassan District in Southern India. Age, sex, aetiology, location of fractures and various other variables were collected.

Results Total 208 patients were treated in the hospitals for facial bone fractures. Men were more affected than women with a male to female ratio of 6:1. Nearly 50% of patients were aged between 21–30 years and road traffic injuries (62.85%) caused most of the fractures, mostly among non-helmet two wheeler users. Road traffic injuries causing facial fractures occurred predominantly on weekdays (Tuesday and Wednesday). Chi-square test was used to test for significance and a p-value < 0.05 is regarded as significant. 60.35% of patients had fractures of mandible followed by 24.85% of zygomatic bone and 5.31% of maxillary bone.