

surgical services to avoid escalation of this critical public health issue.

497 IMPLEMENTATION OF EVIDENCE-BASED EXERCISE IN PROMOTION OF MOBILITY IN STRENGTH IN OLD AGE PROGRAMME

Elina Karvinen, Pirjo Kalmari, Päivi Topo. *The Age Institute, Finland*

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Background In the ageing societies one of the main aims of social and health policies is to find the best ways in promoting the independent living of old people. The Strength in Old Age Programme aims to promote the mobility of older adults (75+) with decreased functional capacity by physical exercise. The programme is coordinated by the Age Institute and financed by Finland's Slot Machine Association, Ministry of Education and Culture, and Ministry of Social Affairs and Health.

Methods 38 municipalities (2010–2015) were chosen for the three-year development in order to implement the best practices in exercise counselling, strength and balance exercise and outdoor exercise. The municipalities committed to implementation through multisectoral collaboration without extra funding. The sectors included municipal social, health care and sports services, and NGOs. Each sector appointed one of their regular staff to coordinate and cooperate with the Age Institute. Local cross-sectoral work was supported by the mentoring of the Age Institute including counselling, training and development tools.

Results The number of exercise groups (1500) and participating old people (22 044) in the target group doubled. In total, 70 per cent of the target population living in the 38 municipalities have been reached. Based on the assessment of 2,000 participants, strength and balance were improved in 53% and maintained in 38% during the exercise period. A cross-sectoral cooperation group and the implementation of best practices was established in 30 municipalities, and in 36 municipalities the health enhancing physical activity of old people was included in the welfare strategies.

Conclusions With the help of the three-year mentoring including training and support for cross-sectoral collaboration it is possible to implement research-based good practices within older people's physical exercise and improve the mobility of older adults.

498 INVESTIGATING FALL-RELATED INJURY HOSPITALISATIONS FOR OLDER INDIGENOUS PEOPLE IN AUSTRALIA

^{1,2}C. Lukaszuk, ³L. Harvey, ³J. Close, ¹R. Ivers. ¹The George Institute for Global Health, Australia; ²The University of Sydney, Australia; ³Neuroscience Research Australia

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Background It is estimated that one in three people aged 65 years and above fall each year in Australia. Despite high injury rates across Australia's Indigenous population and worse general health outcomes for older age groups, little is known about the incidence, nature and outcomes of fall-related hospitalisations specifically in older Indigenous people.

Methods Linked hospitalisation and death records for individuals aged 50 years and over admitted to a hospital in New South Wales, Australia for a fall-related injury were analysed. Indigenous status was identified if reported on at least 50% of an

individual's hospitalisation records. Descriptive statistics, age-standardised hospitalisation rates and rate-ratios (ARR) were calculated. Trends over time were analysed using negative binomial regression.

Results Of the 312,785 fall-related injury hospitalisations, 0.7% reported to be Indigenous. Compared to non-Indigenous people, a higher proportion of Indigenous people were aged 50–55 years (23.7% vs 5.2%, $p < 0.0001$), admitted for a head injury (23.8% vs 19.0%, $p < 0.0001$) whilst a lower proportion were admitted for hip fracture (9.2% vs 18.4%, $p < 0.0001$). Age-adjusted 30 day mortality was lower for Indigenous people (1.9% vs 4.2%, $p = 0.0002$). Indigenous people had consistently lower hospitalisation rates for fall-related injury than non-Indigenous people (ARR 0.83; 95% CI: 0.78–0.87, $p < 0.0001$). However, fall injury rates for Indigenous people increased at a greater rate of 5.6% (95% CI: 3.6–7.6, $p < 0.0001$) per annum compared to 2.6% (95% CI: 2.1–3.1, $p < 0.0001$) per annum for non-Indigenous people.

Conclusions Although fall-related injury rates appeared to be relatively low in Indigenous patients, this study demonstrates that fall injury is rapidly becoming a growing issue for Australia's older Indigenous population.

499 KAATUMISSEULA® – IMPLEMENTATION OF EVIDENCE-BASED FALL PREVENTION FOR COMMUNITIES

Saija Karinkanta, Elina Ahlstedt-Kivelä, Pekka Kannus, Tommi Vasankari, Harri Sievänen. *The UKK Institute for Health Promotion Research, Finland*

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Background Fall injuries are a growing global health problem in older adults. Compelling scientific evidence shows that every third fall can be prevented. Effective measures need to be based on knowledge of individual fall risk. This underscores importance of fall risk screening. In Finland, risk screening and preventive measures are not used systematically. Thus, implementation of evidence-based methods for communities is necessary. In the present economic situation, resources of the third (voluntary and non-profit) sector (NGOs) should also be utilised.

Objective The main objective of KaatumisSeula® project is to create local models for fall risk screening and implementing evidence-based preventive measures. The models are based on co-operation between local public sector and NGOs. Primary risk screening is offered for older people by public sector and NGOs. People with high fall risk are referred to comprehensive assessment of individual fall risk and tailored implementation of fall prevention measures by educated health care professional(s). This approach is based on the *multifactorial* Chaos Falls Clinic Study. NGOs play a central role in not only screening but also informing about fall prevention measures and offering accessible balance and strength training - the most effective *single intervention* in fall prevention.

Results The project models are now in operation in 2 municipalities, and the third is starting. NGOs are active and keen in their role. Two Falls Clinics have started and high risk older adults have found their ways to the multifactorial assessment. Public sector and NGOs have received education. New exercise groups have been established and fall prevention materials have been given. So far, the most challenging task has been implementation of systematic fall screening for public sector.

Conclusions KaatumisSeula® is a feasible approach to screen the fall risk of older adults and implement preventive measures in community.