

503 IT'S THE THOUGHT THAT COUNTS: THE LINK BETWEEN INTENTION TO ADHERE AND SUCCESSFUL FALLS PREVENTION

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Background A quarter of older fallers requiring ambulance care are subsequently not transported to an emergency department (ED) and due to lack of follow-up care are at high risk for future falls and unplanned health care use. High uptake of and adherence to a falls prevention program are required for an intervention program to be effective at a population level.

Methods A randomised controlled trial investigated the effect of a multidisciplinary, individually tailored fall prevention program offered to older non-transported fallers. Participants comprised 221 people aged ≥ 65 years. The intervention targeted identified fall risk factors by linking participants with existing healthcare services as appropriate and providing proactive assistance. The control group received written fall prevention advice. Intention to adhere to the intervention was assessed with the AFRIS scale at baseline in the intervention group. Adherence to protocol was reassessed after six months and falls and health service use were monitored for 12 months.

Results Baseline intention to adhere scores (AFRIS) were predictive of adherence rates. Significantly more intervention group participants (proactive assistance) adhered to all recommendations, compared to control group participants (written advice). Adherence was independent of any confounding factors. Adherence with proactive assistance resulted in significantly fewer falls and subsequent health service use compared to non-adhering participants and those who received written advice only. No significant benefit or harm was observed by adhering to written advice.

Conclusions Assistance to implement fall prevention interventions, when targeted at individuals intending to adhere to the tailored recommendations, offers significant benefit for participants, regardless of their medical history and fall risk factors. Written advice alone was unable to significantly influence primary outcome measures.

Strategies and Policies

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504 INTEGRATION OF EVIDENCE INTO PRACTICE AND POLICY IN STATE HEALTH DEPARTMENTS IN THE UNITED STATES

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Background The Centres for Disease Control and Prevention's (CDC) National Centre for Injury Prevention and Control (NCIPC) empowers states to take action to protect residents and put an end to violence and injuries. NCIPC provides critical funding and technical assistance through its Core Violence and Injury Prevention Program (Core VIPP). The program helps strengthen state capacity to collect and use data to better understand local

injury environments and challenges, plan injury prevention and control efforts, and carry out and evaluate life-saving interventions. The Core VIPP modestly funds 20 state health departments at ~\$250,000 annually. In order to achieve health impact with limited resources, state health departments strategically utilise implementation partners and evidence based strategies.

Methods The Core VIPP promotes the use of the best available evidence through an annual evaluative review process. Proposed state strategies are compared against a collection of evidence-based registries and emerging evidence compiled by subject matter experts. The best available evidence review findings are shared interactively with state practitioners. Technical assistance is provided to support continuous quality improvement and alignment with evidence. The evaluative review was initiated in Year 1 of a 5-year program and repeated annually.

Results In Year 3 of the program, 72% of all state strategies were deemed to be based on the best available evidence in the field. This is up from 59% in Year 1 and moving towards a 5-year goal of 80% of all implemented strategies.

Conclusions These findings provide support for continuing the use of the annual state strategy evaluation. Through technical assistance, rapid feedback and continuous quality improvement, the program was able to increase the number of impactful strategies implemented at the state level.

505 WHY POLITICAL PRIORITY DID NOT EMERGE FOR ROAD SAFETY IN TURKEY: A POLICY ANALYSIS

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Background Political priority pertains to the agenda setting phase of the policy process whereby an issue emerges as one that draws the attention of and triggers action from high-level decision makers. Few studies have investigated why political priority fails to develop or reemerge for certain public health issues in middle-income countries. In Turkey, road traffic injuries are a major cause of mortality and morbidity. Although, the issue has gained attention in recent years, it has, unfortunately, not received political priority.

Methods Using the *Multiple Streams Theory*, the process and determinants of why road safety did not become a political priority in Turkey in recent years were explored. A mix-methods case study approach was used. Qualitative data were collected using key informant interviews (N = 27) and document review (N = 91) and analysed using deductive and inductive coding. Quantitative data were collected using an online survey (N = 95) and analysed using descriptive statistics and network nominations. All results were triangulated.

Results In recent years, road safety gained attention in Turkey due to the development of the global and problems streams as well as the presence of actors with personal ties to the Prime Minister. Findings, however, showed that the absence of major crises, an insufficiently favourable political environment, and the presence of a fragmented road safety community prevented the issue from reaching political priority in Turkey. Other barriers included the absence of key actors such as policy entrepreneurs who can champion the cause and strong advocacy-oriented NGOs that can place pressure on the government.