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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 (ICCWA) 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 ICCWA 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.