willingness to accept preventative interventions: (1) perception of falls etiology, internal vs external locus of control; (2) significance of fall in their lives; and (3) perceived need for and benefit/risks of action. Interviews with the falls clinic team identified salient information in patient perspectives (1) missed by clinical history taking or (2) noted but excluded from the clinical report. Clinicians confirmed that inclusion of missed or undocumented information may have resulted in more holistic understanding of patient context, engagement of additional supports, and more collaborative management that promises to be more effective. Conclusions: A storied approach which gives patients more space to explain perceptions, fears and expectations revealed important insights into older adults’ experiences with having fallen that could complement clinical history taking, especially with patients who do not readily accept interventions based on traditional falls risk assessments. References: On request. Approximately 10 (1991 to 2016) related to meaning of falls, social supports for patients who have fallen, life impact of falls.

Are we hitting the mark? Seniors’ perceptions of a public awareness campaign
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Purpose: Finding Balance is a program that supports older adults to prevent falls and live active and independent lives. Information tailored for older adults on four key prevention strategies, keep active, watch your step, speak up about dizziness, and check your medications are available via a website, contact with practitioners, and a public awareness campaign. While continuous monitoring and evaluation of the campaign occurs, it is also critical to assess if the messages continue to have impact on our target audience of older adults. The goal of this study was to evaluate the relevance of the four key messages used within the Finding Balance program.

Implementation: A convenience sample of men and women over 55 years of age living in urban and rural settings were invited to participate in focus group sessions to examine the four key messages. Questions were asked to ascertain how each of the specific messages are understood, if these messages are perceived as relevant, the appeal of the graphic images, and general responses to the creative materials. In addition, participants provided information about how the messages influenced their motivation to change their behaviour. A common discussion guide was used in all focus groups.

Evaluation/Findings: Six focus groups with a total of sixty participants were held in early 2016. The focus groups were audio recorded and transcribed verbatim. Thematic analysis was used to identify, analyze and report patterns within the data. This work is on-going, but results will be available in April 2016.

Recommendations: The findings from this research will be used to guide and inform the future direction and plans of the Finding Balance Campaign. More importantly, the prevention strategies adopted by Finding Balance will continue to make older adults aware of the steps they can take to prevent falls and continue to lead active and independent lives.

The association between fall incidence and circumstances of falls
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Purpose: Falls are common in older people and are responsible for the majority of hip fractures and head injuries in this population. Nevertheless, only 10-15% of falls in older adults result in serious injury. There is evidence that frequent fallers are less likely to experience injury during a fall than incidental fallers (Barazini et al., 2009). We studied whether fall incidence rate is associated with the circumstances of falls, in a way that may explain differences in injury risk.

Methods: We analyzed 794 falls in 220 older people (mean age 82±9; 54%♀) that were captured falling on video in common areas of two long-term care facilities. We used GEE regression analysis to examine the associations between fall incidence rate (grouped as <1.15, 1.15-2.5, 2.5-5.6, 5.6> falls/year; all 55 individuals) and
circumstances of the fall.
Findings: We observed significant associations between fall rate group and activity at the time of the fall. Highest incidence fallers were 2.7 (95% CI 1.4-5.0) times less likely to fall during walking (28% vs. 33% of falls) and 2.4 (95% CI 1.1-5.3) times more likely to fall during stand-sit transfers (24% vs. 11% of falls), compared to the lowest incidence fallers. We found no significant associations between fall rate group and the nature of the imbalance. Fall rate groups did not differ in age, cognitive status or ADL dependence.
Conclusions: Frequent fallers fell more often when sitting down, where the energy transfer and impact force may be lower. This may in part explain previous findings that frequent fallers experience less injurious falls. Our observation of more falls during stand-sit and fewer falls during walking in high incidence fallers may stem from differences in habitual daily activities. Nevertheless, these differences in circumstances of falls suggest the need for different prevention strategies for frequent and incidental fallers.