

Research Report Platform Rapid 5 Presentation**Number: RR-PLR5-2204****Saturday 2 May 2015 16:00****Room 324–326****PHYSICAL ACTIVITY AND HISTORY OF FALLS AMONG COMMUNITY-DWELLING OLDER ADULTS IN MANILA: A MIXED PSYCHOMETRIC AND CORRELATIONAL STUDY**

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Background: Increased incidence of falls among older adults may be due to decreasing physical activity. However, there is currently no assessment tool available in the Philippines that will assess specifically the physical activity of older Filipino adults.

Purpose: This study aims to

- (1) translate the Physical Activity Scale for the Elderly (PASE) in Filipino (PASE-F);
- (2) establish content, face validity and equivalency of PASE-F version; and
- (3) establish the correlation between physical activity and history of falls among older adults.

Methods: Phase 1 (psychometric study): Translation of the original PASE into Filipino was done following standardized translation procedures. Three (3) health professionals practicing in geriatric care were recruited to evaluate the content and face validity of PASE. Qualitative analysis and appropriate revisions were done based from the responses. Equivalency of PASE-F and the original PASE was analyzed using two-sample t test with equal variances, and Spearman Rho.

Phase 2 (correlational study): 310 (males: 117; females: 193) community-dwelling older adults from Manila District 1 with a mean age of 68 ± 6.5 participated. The level of physical activity using PASE-F was correlated with their history of falls using odd's ratio and simple logistic regression.

Results: The panel of experts recommended addition and/or replacement of activities that are common in the Filipino setting and that have common METS equivalence. There was no difficulty in terms of reading, instructions, assumptions, knowledge, clarity, bias, and response categories. The validated PASE-F and the original PASE were found to be equivalent with a *p*-value of .8391 and Spearman's Rho of $>.05$ which signified that no difference exist between the two versions.

However, no significant correlation was found (*p* value $>.05$, 95% CI. 1, 1.005) between total PASE-F scores and fall history. The per item analysis of the questionnaire

revealed that frequency of home repairs, engagement to outdoor gardening, and hours of volunteer work are risk factors for falls incidence.

Conclusion(s): PASE-F was found to be a valid and equivalent translation of the English original version in measuring the physical activity of Filipino older adults. However, obtained PASE-F scores do not show correlation between history of falls and physical activity. Further studies could focus on construct validation of PASE-F to directly measure the physical activities of the older adults through accelerometer, pedometer instead of just using surveys and questionnaires. In addition, prospective incidence study that would determine if PASE-F scores can actually predict who among the participants will experience fall in the future could be done.

Implications: The translation of PASE to Filipino may provide a more culturally adapted and sensitive questionnaire to determine the physical activity level of older Filipino adults compared to administering PASE in its original English version.

Keywords: Physical activity; Older adults; Falls history

Funding acknowledgements: Personal funding.

Ethics approval: Ethics approval was obtained from the University of Santo Tomas–College of Rehabilitation Sciences Ethics Committee.

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Special Interest Report Poster Presentation**Number: SI-PO-05-18-Sat****Saturday 2 May 2015 13:00****Exhibit halls 401–403****ANALYSING THE SUSTAINABILITY OF THE PHYSICAL REHABILITATION SECTOR IN SEVEN FRAGILE COUNTRIES THROUGH MULTI-STAKEHOLDER INVOLVEMENT USING A PARTICIPATORY CONSENSUS TOOL**D. Boggs¹, I. Urseau², P. Gallien²,
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Background: Sustainability is identified by nearly all organisations working in global health as one of the key indicators for project evaluation. Though typically recognised as an essential component for good project management to ensure positive impact, it is rarely applied effectively in practical terms and there are very few practical methods or tools to support implementation and monitoring of sustainable interventions. Further, despite efforts of stakeholders at all levels, the rehabilitation sector is not usually at the top of

policy-makers' agendas, which often results in limited to no funding and makes the task of building sustainability even more challenging at field level.

Purpose: To address this challenge, Handicap International (HI) and the International Centre for Evidence on Disability (ICED) at the London School of Hygiene and Tropical Medicine (LSHTM) initiated a joint four year Sustainability Study from 2009 to 2012. In particular, the study focused on analysing the physical rehabilitation sector in five fragile states [1] and developed a participatory tool, The Sustainability Analysis Process (SAP) [2], to be used by practitioners and decision-makers as a coordinated planning approach to develop a collective vision on what the rehabilitation sector should be working towards as a whole by analysing and measuring system sustainability.

Methods: Specifically, the SAP aims to combine a scientific approach with a participatory approach through engagement with key sector actors, and define and measure practical sustainability indicators that can be used to monitor progress according to six components of a Sustainability Framework [3,4].

To date, HI has supported ten rehabilitation SAP workshops in the following countries: Cambodia, Liberia, Nepal (x3), Sierra Leone, Somaliland (x2), Burundi and Haiti. National rehabilitation actors have included disabled people, disabled people's organisations (DPOs), service providers, professional associations, donors, authorities and international organisations.

Results: Through the joint Sustainability Study and subsequent workshops, the use of the SAP has enabled rehabilitation actors to reach a contextual consensus on sustainability priorities. Further, the actors have demonstrated a general shift from project level thinking to system level thinking which allows a deeper understanding of actors' contribution to overall sector and provides a more holistic perspective for national planning. Additionally, the SAP has generated sector-specific sustainability information to assist in planning and initiated data collection activities that are useful for strategic sector and broader health and social systems level planning. Specific country findings are available [5], and, as demonstrated in Nepal, it is key to have a 'sustainability champion' coordinate the next steps following the workshops.

Conclusion(s): HI will support ongoing continuity with this participatory workshop methodology given the SAP is and will be ongoing in these complex rehabilitation contexts. The country level indicators will continue to assist with sector planning.

Implications: both in country findings and cross-country analysis will continue to be shared widely with global rehabilitation sectors and UN cluster systems in emergencies.

Keywords: Sustainability; Physical rehabilitation sector; Health systems strengthening

Funding acknowledgements: Sustainability Study funders: AFD, Luxembourg Ministry of Foreign Affairs.

Subsequent individual workshops funders: Handicap International, USAID and DGD.

Ethics approval: Sustainability Study: LSHTM Ethics Committee. MOHs (Nepal, Somaliland, Liberia, Sierra Leone and Cambodia) Subsequent workshops have not required ethics approval.

References

- [1] Nepal, Somaliland, Cambodia, Sierra Leone and Liberia.
- [2] Blanchet K, Dorothy B. The sustainability analysis process: the case of physical rehabilitation. Lyon: Handicap International; 2012.
- [3] Sarriot E, et al., 2008.
- [4] Six Sustainability Framework components. <http://www.sustainingability.org/about-us/about-sustainability/sustainability-framework-sf/index.html>.
- [5] Sustaining Ability Website www.sustainingability.org.

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Research Report Platform Presentation

Number: RR-PL-2464

Sunday 3 May 2015 17:17

Room 334–335

RISK FACTORS FOR HIP FRACTURES IN VERY OLD PEOPLE: A POPULATION-BASED STUDY

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Background: The annual incidence of hip fractures worldwide is estimated to increase, mostly due to demographic changes. The hip fracture risk increases exponentially from 50 years of age and onward, and the risk for negative consequences due to hip fracture, such as dependency in activities of daily living, institutionalisation and mortality, also increases with advancing age. Despite this, there seems to be a lack of studies with representative samples of the very old investigating risk factors. The majority of previous studies have only included people that are community-dwelling, women and ambulatory, in addition the proportion of people with dementia is either unknown or very low.

Purpose: The aim of this study was to investigate the incidence and risk factors for hip fracture among the very old (85 years and over), including people with dementia and people living in residential care facilities.