0932 FALL SAFETY PROMOTION IN RURAL COMMUNITIES. INPUT FROM INJURY DATA AND COMMUNITY HEALTH WORKERS IN TWISERKAN, IRAN

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Falls are one of important cause of injury morbidity. Knowledge is limited about fall-related injuries in low- and middle-income countries in general and in Iran in particular. This study aims to document the epidemiology of injuries among rural community and to determine how fall injury control and prevention are conceived by community health workers (known as Behvarzes), given the role that they are expected to play for local health and safety promotion. The study was a 6-month prospective injury data collection (from July 15th 2007 to January 15th 2008) that took place in one Iranian district and focused on severe injuries (leading to hospitalisation over 6 hours or death). Those were investigated by community health workers (Behvarzes) as a special assignment for them all (about 100). They used a pre-determined form (a logbook) for data collection on injuries of various causes, including falls. At the end of data collection Behvarzes were gathered in a number of group sessions to reflect about injury prevention measures and barriers in the community. The questionnaire they have to fill in was self-administered. A total of 23 severe fall injuries (two fatal) were reported during the follow-up period with an annual estimated incidence rate of 8/10 000 (95% CI 6 to 11). The incidence rate of severe falls was significantly higher among males than females (12/10 000 vs 3/10 000 person-years. Fall incidence rates was also higher among people 65 years and over (24/10 000 person-years). Severe falls led commonly to fractures and lower limb was the most common single body region. Most falls were from height, mainly from roof and tree, and about half were work-related. The injury analyses revealed that the Behvarzes often considered that the adoption of safe behaviour/practice could help preventing fall injuries (17 out of 23). Their post follow-up reflection on fall prevention indicates that education, provided by themselves could help prevent fall injuries (71 out of 87) and so could environmental improvement, people training and instruction, and cooperation and consultation by other actors in this field. Also the barriers or risk factors for fall injury prevention identified related mostly to human factors (for all 23 cases) followed by physical environmental factors. At the end of follow-up however, they identified several physical environmental factors (44 out of 87), followed by social and legal environment, and then, individual factors. The case-by-case injury analysis leads to the identification of human errors to a far greater extent than the post-follow up questionnaire session. Community health workers can provide a variety of suggestion for fall injury

prevention and highlight potential barriers to their implementation among their catchment area.