Administration, the single government payer, initiated My Health Bank program in 2014. The program is similar to Blue Button in US Medicare, in which each citizen can download personal medical claims data to personal computer.

Methods We developed ViMyHB smart phone app. Vi means visualisation and vitalization the content of My Health Bank. We will push customised personal relevant messages and reminds through ViMyHB app. If the users of ViMyHB app are satisfied with the information we provided, we will urge the user of to further provide other personal health related data to us, such as vital signs from wearable device or activities record in smart phone. We will value-added analyses these data and provide better information for better health promotion. In the third stage, we will develop some applications for injury prevention.

Rebecca Brightwell. *University of Georgia, USA*

Background Farmers are very resilient and resourceful. After experiencing an injury that limits their mobility, they will often fabricate an adaptation that will enable them to return to farming. A review of homemade and commercial assistive technology products will be shown. The discussion will include the pros and cons of the different solutions in relation to re-injury and secondary injury.

Methods Through a project that assists farmers with disabilities and chronic health conditions, we have aided over 150 individuals to date with worksite accommodations and modifications. Once a farmer enters the program, a worksite assessment is completed that analyses tasks necessary to perform their job. After reviewing how the tasks are currently being performed, recommendations are made for safer and more effective alternatives that often involve adaptive equipment.

Results Farmers, when faced with disabilities and chronic health conditions, are very resourceful and will find creative ways to complete their tasks. However, many of these solutions may not be the safest alternative and often commercial solutions are more effective. The majority of the farmers in the project were unaware of technologies available to them. Implementation of the recommended solutions indicated a reduction of re-injury and the occurrence of secondary injuries.

Conclusions Farmers with disabilities and service professionals need to be aware of the various assistive technologies available. By using proper adaptive equipment and implementing worksite modifications, farmers can safely do many of the tasks they did before their illness or injury.

Other Topics

Post Wed 3.13

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Background Low- and middle-income countries have a disproportionally high burden of injuries. However, the short and long-term consequences of injuries on individuals remain largely unknown. While studies have found injuries among the top three causes of death among the urban poor in Kenya, little is known about the aftermath of injury among survivors in this largely young population.

Methods The Health, Economic and Long-term Social Impact of Injuries (HEALS) Study is currently being conducted in Kenya. Adult patients at least 18 years old who are hospitalised due to injury for one day or more in Kenyatta National Hospital are recruited to the longitudinal study. Baseline interview is conducted in the hospital, and follow-up interviews, at 1, 2, 4, and 12 month after hospital discharge, are completed via phone. Baseline interview includes questions about the injury that resulted in hospitalisation, associated costs and support received. Disability is measured using WHO Disability Assessment Schedule-II (WHODAS-II) at baseline and each subsequent follow-up interview.

Results Preliminary findings of the 320 respondents who completed the baseline interview show that majority (92.8%) reported having no difficulty on all 6 domains of functioning prior to their injury (mean: 0.23, SD: 1.19). At 1 month after hospital discharge, only 4.9% respondents (n = 247) reported having no difficulty in all domains of functioning (mean: 14.39, SD: 15.97). Exploratory factor analysis will be conducted to determine if the disability measure correlate with latent general disability in this population. Distribution of the disability score will be examined by severity of injury and types of injury.

Conclusions Preliminary findings suggest high level of disability at one month after hospital discharge. Data on subsequent follow-ups will strengthen the findings on short- and long-term burden of injuries in Kenya.

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Background Transport accidents result in Mental Health, pain and return-to-work (RTW) difficulties. To screen for risk of future poor outcomes assists early identification and effective recovery management for compensation systems that provide compensation for health care services post-accident. The purpose of this study was to evaluate the measurement properties of a predictive risk screening tool known as the Client Conversational Tool-Revised (CCT-R) within the recovery branch of the Transport Accident Commission (TAC), Victoria, Australia.

Methods De-identified data from 630 TAC clients who claimed compensation between April 2012 and October 2014 was analysed. Claims and payments data of later health service use was linked with associated CCT-R 'risk scores' for mental health, pain and RTW. Chronbach's alpha and Guttman Split-Half reliability analysis was used to evaluate internal consistency. Validity was assessed with analysis of receiver operating characteristice curves to estimate the area under the curve (AUC) for each CCT-R domain.

Results The mental health domain performed adequately with good reliability (Chronbach α = 0.841) and reasonable validity