

### An impact evaluation of the conquer cancer foundation's international education award benefiting early-career oncologists

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**Program/Project Purpose:** The International Development and Education Award (IDEA) is an annual mentorship program supported by the Conquer Cancer Foundation for early-career oncologists in low- and middle-income countries (LMICs). These award recipients are matched with leading members of the American Society of Clinical Oncology (ASCO) who serve as scientific mentors to each recipient, receive the opportunity to attend ASCO's Annual Meeting in Chicago, and visit their mentor's cancer center in either the United States or Canada. Recipients of this international award also receive three years of complimentary ASCO membership, including a subscription to the Journal of Clinical Oncology.

**Structure/Method/Design:** Over the past eleven years, the IDEA program has produced 231 alumni from over 40 LMICs. Applicants are selected based on criteria such as their personal statement, research interests, and stated future plans to implement what they learn through the IDEA program. After receiving the IDEA award, recipients complete a program evaluation one month after participating, one year after participating, and five years after participating. These surveys are designed to collect information about the following programmatic outcomes: 1.) Promote professional development of young oncologists in LMICs 2.) Disseminate knowledge learned at Annual Meeting with colleagues 3.) Create lasting mentee/mentor relationships 4.) Inform ASCO and its members about cancer care in developing countries 5.) Extend awareness of ASCO, its mission and services to developing countries. This program is sustained by the strength of the IDEA alumni community, as many new applicants are referred by previous award recipients.

**Outcomes & Evaluation:** The IDEA alumni surveys have been conducted since 2009. The majority of one-month survey respondents report meeting program outcomes; however, less than half of respondents report meeting the same outcomes five years later. For example, 100% of 2014 recipients reported making a plan for continued communication with their mentor. But only 53% of 2009 alumni reported remaining in contact with their mentor five years later.

**Going Forward:** One of the greatest challenges for the IDEA program is the limited long-term impact of a weeklong visit with program mentors. The majority of award recipients commented in the one-month evaluations they would appreciate more time at their mentor's cancer.

**Funding:** The 2014 IDEA award recipients were supported by the following sponsors: Amgen, Avon Foundation for Women, Bayer HealthCare Pharmaceuticals, Inc., Millennium, The Takeda Oncology Company, National Cancer Institute, Open Society Foundations, Roche.

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### Inter-sectoral partnerships to ensure comprehensive tobacco-control legislation in Suriname

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**Program/Project Purpose:** As a middle-income Caribbean country, Suriname faces the worldwide trend of increasing mortality and morbidity due to chronic, non-communicable diseases related largely to a formidable tobacco presence. Local tobacco use and air quality was tested in 2011 in 30 hospitality establishments in the capital of Paramaribo. Results revealed that smoking was observed in over half

the establishments examined and air quality exceeded the World Health Organization's (WHO) standards by 26 times. Suriname committed to ratifying and implementing the WHO Framework Convention on Tobacco Control (FCTC) in 2008 and aimed to implement national, comprehensive tobacco-control legislation based on the FCTC.

**Structure/Method/Design:** The goals of passing comprehensive, smoke-free legislation were to prevent the detrimental effects of second-hand smoke on vulnerable populations, to avert smoking initiation, and to promote smoking cessation. An inter-sectoral Tobacco Commission developed the Framework Convention. The Ministry of Health (MOH) and the Pan American Health Organization (PAHO) were responsible for leading the policy initiative and drafting the bill. The MOH then mobilized all of society to support passage of the legislation. The bill included the establishment of a Tobacco Bureau that promotes research and tobacco cessation programs.

**Outcomes & Evaluation:** Health authorities played a key role in advocating for the submitted bill when tobacco and hospitality lobbyists attempted to weaken tobacco-control through pointed bill amendments. The original, comprehensive smoke-free bill passed unanimously in the National Assembly and was signed into law by President Bouterse on March 6, 2013. Legislation went into effect on June 7, 2013. On June 7, 2014 all cigarette packages sold nationally were required to carry graphic warning labels. The law, which includes a ban on the import and sale of electronic cigarettes, was hailed by PAHO as the most comprehensive tobacco-control legislation in the Caribbean region. In addition, PAHO/WHO recognized the all-of-society approach by awarding the Tobacco Prize on World No Tobacco Day to the National Assembly and the MOH. Baseline evaluation data collected in 2013 shows that 33.8% of males and 6.6% of females, age 15-65, reported they currently smoked. Anecdotal evidence suggests a growing desire for stricter public smoking regulations and personal positive adjustments to current smoking habits.

**Going Forward:** Oversight of legislation implementation and enforcement continues to be a challenge. Future goals include legislation amendments to increase tobacco taxes and to restrict smoking in open, public spaces.

**Funding:** The Government of Suriname.

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### Promoting oral and general health behaviors in rural Kenyan schoolchildren – challenges in private versus public school settings

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**Program/Project Purpose:** Oral health is an important component of general health. Although oral health can be regarded as a fundamental human right, inequalities in oral health continue to exist globally. Wealthy countries have witnessed a marked reduction in the experience of dental caries in children and young adults during the 1970's and 2000's. However, in the developing nations, including Kenya, oral disease is a significant health concern. Low levels of public awareness, in combination with a lack of resources including providers of oral health care services, are major contributors to the problem. This presentation will describe a health promotion program designed to improve oral and general health behaviors in school-aged children in Kenya.

**Structure/Method/Design:** This program has 5 different educational components: (1) health education, (2) oral disease prevention techniques, (3) advocacy training, (4) preventive dental care, and (5)

training of local caregivers to ensure the sustainability. The program will be evaluated in two different school populations in rural Kenya to determine the specific challenges and effectiveness in each community. While both schools serve students of extremely low socio-economic status with poor oral health and lack of access to dental care, students at one school are boarded while at other they live at home with their families.

**Outcomes & Evaluation:** Data collection will be done through the novel University Health Network (UHN) system. The UHN is a consortium of leading research institutions, designed to allow for highly scaled infrastructure for the secure collection, storage or sharing of clinical data in a cost-effective manner. A global information system (GIS) will be used to capture geographic trends of the oral diseases in the rural villagers. This research project, besides evaluating the impact of a comprehensive program on the level of oral diseases and of oral health perception and behaviors/practices, will also assess the role of utilization of school staff and family to deliver and reinforce health-promoting behaviors. We anticipate that the lessons learned from this study will be relevant in other communities and countries in East Africa and beyond.

**Going Forward:** As a result of our findings we will develop an educational outreach program for dental students, and their supervising faculty, from the School of Dental Medicine of the University of Nairobi. At present, the dental students and residents do not have the opportunity to work with rural impoverished communities. The goals of this project, beyond the experiential and care-provision, are also to expose dental students to the needs of these communities, and to become advocates for improving oral health services for those in Kenya in need. Thus, this program will also include leadership and advocating skills.

**Funding:** Do a Little Foundation, San Francisco, California.

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### A cardiovascular disease surveillance study in Santiago atitlán, Guatemala: A model of community-centered, participatory health research

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**Background:** Cardiovascular disease (CVD) is now a leading cause of death in many developing countries such as Guatemala. However, the epidemiological transition of this process is not well defined, particularly in indigenous, resource-limited communities. A major challenge in global health research is the implementation of standardized scientific methods within diverse cultural and socioeconomic backgrounds. An approach that incorporates community leadership and active local involvement, along with respect for regional culture and practice is more likely to yield valid information and conclusions. With these principles in mind, we carried out a participatory, community-based, cross-sectional study, aimed at describing the prevalence of cardiovascular risk factors within Santiago, Atitlan, an indigenous Tzutujil community of the Lake Atitlan Basin of Guatemala.

**Methods:** The study design followed the WHO's STEPS protocol allowing for international comparison, but was carefully modified to be linguistically and culturally appropriate. To promote community participation we partnered closely with multiple local governmental and non-governmental groups. Local community health workers were

recruited for the majority of the field work and custom-designed education was developed and adapted to local culture and language. All collaborators were certified in human subject research ethics and IRB approval was obtained from both United States and Guatemalan institutions. The study area was carefully assessed prior to the field-work and a geographically randomized representative sample of the community was obtained.

**Findings:** 350 people (70.0% of screened subjects) were enrolled with an average age of 39.6 years. 74% were women, and 55% without formal education. The prevalence of CVD risk-factors were as follows: overweight 39.2%, obesity 31.7%, central obesity 56.5%, obesity by percent body fat 69.6%, hypertension 18.6%, high total cholesterol 13.1%, low HDL cholesterol 63.8%, metabolic syndrome 49.8%, diabetes 3.7%, and smoking 3.1%.

**Interpretation:** This indigenous population already exhibits high prevalence of CV risk factors despite being in early transition to a more "developed" economy. Of particular interest was that the prevalence of obesity and hypertension was substantially higher than expected, while the rate of diabetes mellitus remains relatively low. This has profound implications for a community with minimal resources to deal CVD burden even at current levels. It is anticipated that the burden of risk factors and disease will increase. These conclusions have led to the creation of a community-based CVD and diabetes prevention group, which has begun a community health program aimed at decreasing the deterioration of CV and metabolic health of this community. This study is an example of how global health research can successfully integrate local community members to scientific research endeavors and generate concrete actions of direct benefit to the community.

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### To what extent does tobacco expenditure crowd-out household expenditure in Bangladesh?

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**Background:** 41.3 million people, or 43.4% of adults in Bangladesh are consuming tobacco in either the smoke or smoke-less form. This translates to a significant health burden and is particularly detrimental for the 32% of people living below the poverty line. This study aims to determine the extent to which tobacco use impacts household resource allocation and consumption patterns using recent data and econometric analysis. This is the first analysis of its kind in Bangladesh. Objective: To determine the extent to which tobacco consumption crowds out household expenditure in Bangladesh and to calculate the progressivity of tobacco taxation.

**Methods:** The nationally representative 2009-2010 Household Income and Expenditure Survey was used to determine consumption levels of various commodities in a wide variety of categories. A categorical variable was used to divide households into no-, low-, medium- and high- tobacco spending. Households were also categorised into asset quintiles generated through principal component analysis. Rural/urban distinctions were made. Student t-tests were performed at 10, 5 and 1% significance levels to determine significance of consumption differences between tobacco- and non-tobacco consuming households. Econometric analysis was needed to determine if tobacco consumption decisions are necessarily different between tobacco consuming and non-tobacco consuming households. A demand