

Methods: We prospectively enrolled consecutive adults visiting the outpatient department between July 1st 2011 and March 31st 2012 who had a known diagnosis of hypertension, were on treatment, and had a recorded blood pressure above 140/90 in the past 3 months. We assessed awareness of hypertension with the question “Has a doctor ever told you that you have high blood pressure and it has to be controlled with medications?”

Findings: 150 patients with hypertension were enrolled, including 56% women and 44% men, mean age of 52.75 ± 6.08 years. 42 patients (28%) were diabetic, 23 (15.3%) had elevated total cholesterol, and 36 (24%) were current or former smokers. Obesity was recorded in 34 patients (22.7%), and the mean BMI was 26.24 ± 1.8 . 51 subjects (34%) had hypertension for more than 5 years, and the mean duration since diagnosis was 8.5 ± 0.7 . The mean number of antihypertensive drugs used was 1.84 ± 0.7 . 32 subjects (21.3%) had well-controlled blood pressure. LVH was present in 36% of subjects. Chronic renal failure was documented in 18%, albuminuria in 33.3%, half of whom were diabetic. Clinical diagnosis of stroke was made in 23 patients (15.3%). Almost half of the subjects (48%) had proper information about arterial hypertension. 35.3% stated that they tried to comply with both pharmacological treatment and lifestyle modifications. Independent predictors of poor control were diabetes (OR=3.367; 95% CI 1.103-10.287), smoking (OR=6.145; 1.390-27.154), and poor adherence to treatment (OR=0.066; 0.025-0.177).

Interpretation: A majority of our patients are not aware that they have hypertension, despite taking medication to control it. Poor adherence to treatment is likely a result of this lack of knowledge. Independent predictors of poor BP control were diabetes, smoking and poor compliance with treatment. We found significant end-organ damage from uncontrolled hypertension, suggesting that increased patient education could have a major impact on morbidity and mortality.

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Abstract #: 1.074_NEP

Wound care knowledge assessment and infection rates for surgical patients in the Central Plateau of Haiti

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Background: Increasing access to surgery globally has become a public health priority. However, concerns for high surgical site infection (SSI) rates exist given the limitations in protecting sterility in low-resource settings. The purpose of this study was to evaluate attitudes towards a postoperative wound care instructional video and its effect on rates of wound dehiscence and SSI during surgical volunteerism trips to the Central Plateau in Haiti.

Methods: This prospective survey-based study took place at Hospital Sainte Therese in Hinche, Haiti. Participants included patients who received surgery and watched an instructional video on how to clean and care for their surgical site. A 10-minute survey was administered at two time points: once prior to discharge after viewing the video and another in post-operative follow-up clinic. Questions prior to discharge assessed comprehension of the video

and anticipated ability to practice appropriate wound care. Questions in follow-up clinic assessed ability to follow the instructions and barriers encountered. Quantitative data was analyzed with SAS and described as means, ranges, and percentages.

Findings: 47 participants (88.4% male, average age 46.8, SD = ± 24.3) completed the survey prior to discharge. 94% of patients identified the correct time they needed to boil water and wash their hands prior to wound care, and 91% understood the importance of having clean hands when changing bandages. Only 17% could identify the correct procedure for drying the wound. 30 patients completed the survey in post-operative clinic. 90% said they followed directions everyday, and 100% found the instructions to be “very helpful.” After introducing the video in 2013, wound dehiscence rates decreased from 5.4% in 2012 to 2.7%, and SSI rates decreased from 2.7% to 1.3%. This year, rates were 0% and 3.8%, respectively.

Interpretation: Trending our wound care data has demonstrated that SSI’s have been a smaller problem than originally anticipated, especially when compared to infection rates of 2-5% in the United States. By adding the knowledge assessment, we learned that the majority of patients understood the instructions and found the video to be helpful, and there may be an association with a reduction in wound complications.

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The political prioritization of preterm birth: a policy analysis using a prioritization framework

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Background: Preterm birth is the leading cause of death in newborns and children under five years. Despite its high mortality rate, prematurity has received less attention and resources than other diseases of less or comparable burden. In the period of transition from the United Nations Millennium Development Goals to the Sustainable Development Goals, it is critical to assess how global health leadership prioritizes prematurity alongside other causes of childhood mortality.

Methods: This qualitative policy analysis used key informant interviews of individuals selected for their expertise in newborn health using a purposive sampling strategy, which gave way to snowball sampling. We conducted 15 semi-structured interviews with key informants in-person or by phone and Skype over a 10-week period from May 2015 to July 2015. Interviews were coded using the Shiffman-Smith framework for political priority to guide analysis. The data from the interviews were triangulated with relevant literature on preterm birth agenda setting to ground findings in existing evidence.

Findings: Our findings reveal preterm birth has been inadequately prioritized in relation to its burden. We identified four key barriers to the prioritization of prematurity: (1) lack of data on the economic impacts of prematurity, (2) internal dispute around implementation strategies and how to prioritize scaling-up existing interventions, (3)

a deficit of leadership at the global political level and in civil society, and (4) the newborn health community's decision to shift to a broader agenda, focusing on newborn survival more holistically as opposed to addressing a single condition, like prematurity.

Interpretation: The newborn community should increase advocacy efforts to frame preterm birth as the top priority for child survival. Preterm birth should be framed to global health stakeholders as a severe but preventable problem with existing solutions that need to be rapidly scaled-up. To accelerate global response, the newborn health community must improve data around economic impacts and existing interventions and resolve internal technical disputes. Political leadership at the global levels and in civil society should be mobilized, and upcoming policy windows leveraged to highlight the resounding global burden of prematurity.

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Burn injury epidemiology, treatment, and prevention approaches in US and Poland: a comparative study

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Background: WHO prioritized burn prevention as an area for global research and education. We designed a comparative study to evaluate the epidemiology, treatment, and knowledge about burn prevention in Poland and the USA.

Methods: We conducted a retrospective in-patient chart review of 100 burn patients admitted to the pediatric units in Poland (Rzeszów) and the USA (Milwaukee). Additionally, we administered 25 standardized questionnaires to parents in each country to evaluate the level of knowledge about burn prevention.

Findings: Of the charts reviewed, toddlers and infants (0–2y) are the most represented group. There was no difference in sex, percent body burn and length of hospital stay between Poland and the USA. The number of procedures performed was higher in the USA especially in female patients ($p < 0.001$). The questionnaire results revealed a lower level of education about smoke detectors in Poland ($p < 0.02$) and about hot water temperature settings in the US ($p < 0.01$). Both countries show poor compliance with the use of outlet covers.

Interpretation: Significantly different management approaches are being utilized in burn treatment. In the US, there seems to be an emphasis on procedures, while in Poland the emphasis is on medical management of burn injuries. As both countries have similar burn injury patterns, optimal approach to burn injury treatment needs further investigation. Education should be focused on burn prevention in the toddler and infant age group. Each country may need specific educational strategies to address gaps in knowledge about burn prevention.

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Cervical cancer screening in developing regions: observations from Paraiso, an underserved community in the Dominican Republic

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Background: 85% of cervical cancer cases occur in developing countries. Furthermore, cervical cancer is one of the leading causes of cancer mortality as well as all-cause mortality among women in developing countries despite it being an easily preventable disease. In the Dominican Republic specifically, the incidence rate is 29.7 compared to 15.2 per 100,000 globally. The objective of the study is to explore the causes of this discrepancy in one underserved community in the Dominican Republic.

Methods: A survey was conducted during a free health clinic held in the community of Paraiso. All non-pregnant women, 18 years and older, were eligible for participation. A 25 item voluntary, anonymous survey was administered collecting demographic data as well as data on cervical cancer knowledge, screening history and attitudes towards screening.

Findings: 57 women were surveyed during a 5 day period in January 2015. 78% of women had received at least one pap smear. Within that group, however, the frequency of obtaining pap smears was highly variable with some women only having received an exam once or twice in their lives, and some women obtaining exams every six months to one year. Additionally most women surveyed were unsure of the exact reasons for obtaining pap smears, often times citing vague reasons such as “to detect any possible abnormalities” without being able to give more specific reasons. After being educated about the purpose of the HPV vaccine, 85% of women surveyed said they would be open to receiving vaccination if this was made available in the Dominican Republic.

Interpretation: Women in Paraiso are able to access cervical cancer screening with pap smears. Knowledge about the etiology of cervical cancer, the frequency of screening as well as funds to treat it once identified are lacking. Women in this community are open to the concept of HPV vaccination. The results of this survey will inform health outreach efforts in this community.

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Maternal and newborn health situation of Rohingya migrants in Cox's Bazar, Bangladesh

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Background: The initial arrival of Rohingya migrants from Myanmar into Bangladesh especially Cox's Bazar took place in late seventies. Since then Bangladesh hosts approximately 500,000 Myanmar nationals. Only about 30,000 officially registered as