

**Background:** Mongolia is a low middle income country with enormous burden of viral hepatitis and consequently liver cancer. Antiviral hepatitis therapies are newly available or becoming available in Mongolia, and a nationwide training workshop was held to educate physicians on managing liver disease and these new therapies.

**Methods:** We administered anonymous surveys to 121 physicians using the automated response system over a 2-day national training workshop for physicians in 9/2015. Physicians were surveyed on: baseline knowledge, case study questions, perceived familiarity with liver disease management, and rating for future educational efforts. Multivariate logistic regression was used to estimate odds ratio (OR) relating physician factors with higher provider disease knowledge (>50% correct answers) and with self-perceived comfort with managing antiviral treatment.

**Findings:** Of the 121 attendees, most physicians were female (87%), young (79% age <50), sub-specialists (76%), practiced in urban vs. rural areas (61% vs. 39%), and represented all major provinces. The questionnaire response rate was 36–79%. The mean score on the baseline knowledge questionnaire was 58% (SD 20%). Odds of higher test scores (>50%) were seen in those who indicated higher self-perceived comfort with HCV treatment (OR=3.63; 95% CI=1.14–11.53); no other predictors such demography, experience, and practice setting were significant. Of the case study questions, 41.4% and 33.2% correctly answered HBV and HCV questions more focused on therapy management, respectively. Despite these answers, most indicated they were comfortable with initiating and monitoring HBV and HCV treatment (80.7% and 63.1%, respectively). Those who practiced in urban settings were more likely to feel comfortable with initiating HCV treatment (OR=3.49; 95% CI=1.15–10.57); no significant predictors for comfort with HBV treatment were identified. Physicians rated many educational efforts as helpful, including in-person conferences and live video conferences (Figure 1).

**Interpretation:** Physicians were eager to learn more as indicated by the high ratings for future education ideas. The absence of predictors for knowledge of and comfort level with treating hepatitis indicate that educational efforts need to be broadly applied to all physicians and are especially needed when new therapies are introduced to developing countries.

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### Factors related to preparedness of participants engaging in global health experiences

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**Background:** Most US medical schools now offer global health experiences (GHE). Such experiences privy participants to many benefits including building a foundation for careers in global health

and working with underserved populations. However, very little is known about how to best prepare participants for these GHE. We sought to identify factors that increase preparedness.

**Methods:** We designed an anonymous web-based questionnaire with 5-point Likert item/scale and multiple-choice responses. Participants were asked about prior global health experiences including details about the type of pre-departure training (PDT) and post-experience debriefing (PED) they received. The survey targeted Johns Hopkins School of Medicine and Nursing students. Results obtained were pooled and analyzed using bivariate and multivariate regression models.

**Findings:** Of 519 respondents, 55% reported prior GHE. Of those with GHE, 52% had received PDT, which 80% found to be helpful. Moreover, 77% of those who received PDT felt prepared for their global health experiences. PDT topics covered included: safety 94%, culture 89%, health precautions 82%, ethics 46%, language skills 46%, leadership 34%, clinical skills 25%, and research skills 25%. On bivariate analysis, participation in a prior GHE alone was not associated with preparedness; however, participation in PED, perceived helpfulness of PDT, and inclusion of safety, health precautions, clinical skills, culture or leadership topics in the PDT curriculum were associated with preparedness for GHE. On multivariate analysis, participation in PED (OR:3.6, 95% CI:1.3–9.8), perceived helpfulness of PDT (OR:12.4, 95% CI:4.4–34.7) and inclusion of more than one topic in the PDT (OR:8.5, 95% CI:2.2–32.5), were independently associated with increased preparedness.

**Interpretation:** Our survey of nursing and medical students showed that participation in PED and with PDT that includes safety, clinical skills, leadership, and/or health precautions were associated with participants feeling more prepared during their GHE. Our findings are limited by a response rate of less than 50%. With the lack of a standardized global health curriculum and PDT, findings from this study can inform educators with curricular content they can use to enhance GHE for students.

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### Bridging the gap between sports/physical activity and prevention of non-communicable diseases through a human rights based approach

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**Background:** The prevalence of non-communicable diseases (NCDs) is considered to be a threat towards achieving the newly formed post-2015 Sustainable Development Goals as well as to be a global public health priority (WHO, 2015).

One of the leading causes and behavioral risk factors for death worldwide through NCD's is the pandemic of physical inactivity (Kohl et al., 2012). As a response in this connection, numerous scientific-evidenced guidelines and calls for action have been issued by a variety of health organizations and academic institutions, mainly from the global north, documenting the impact of physical activity on disease prevention and management (Vuori et al.,