

**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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**Abstract #:** 1.081\_NEP

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

A. Gatebe Kironji<sup>1</sup>, Jacob T. Cox<sup>1</sup>, Jill Edwardson<sup>2</sup>, James Aluri<sup>1</sup>, Bryn Carroll<sup>1</sup>, Dane Moran<sup>1</sup>, Nicole Warren<sup>3</sup>, Chi Chiung Grace Chen<sup>2</sup>; <sup>1</sup>Johns Hopkins School of Medicine, Baltimore, MD, USA, <sup>2</sup>Johns Hopkins Medicine Department of Obstetrics and Gynecology, Baltimore, MD, USA, <sup>3</sup>Johns Hopkins School of Nursing, Baltimore, MD, USA

**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

K. Koutsoumpas; School for Global Inclusion and Social Development, University of Massachusetts Boston

**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.,

2013; Heath et al., 2012; Mina et al., 2012; Gortmaker et al., 2011; WHO, 2010).

Although the interrelation between health and sport (including physical activity) seems to be direct, the contradictions within the current practices possibly indicate further implications for both current processes and outcomes. On the other hand, it also provides the potential for reoriented thinking about major global health issues, towards advancing human well-being beyond what could be achieved through an isolated health- or human rights-based approach, or the combination of the two.

Therefore, the principal aim of this synthesis is to contribute toward defining and advancing human well-being and human rights.

**Methods:** In order to shed light on an inextricable yet neglected connection between Sports, NCDs and human rights, the presenter draws insights by using a method of integrative literature review on the interdisciplinary connection between sports therapy and sport science, human rights law and public health.

**Findings:** The synthesis of this paper (1) manifests sport as a human right in itself and defines the meaning of sport through its recognition by numerous international human rights instruments (2) explores the linkage between the Right to sport and the right to the Highest Attainable Standard of health and (3) provides evidence of the inextricable connection between NCDs and the Right to Sport.

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### Primary care screening methods and outcomes among asylum seekers in New York City

*N.S. Bertelsen<sup>1,2</sup>, E. Selden<sup>1</sup>, P. Krass<sup>3</sup>, E.S. Keatley<sup>4</sup>, A. Keller<sup>1,2</sup>;*  
<sup>1</sup>Department of Medicine, New York University School of Medicine, New York, NY, USA, <sup>2</sup>Department of Population Health, New York University School of Medicine, New York, USA, <sup>3</sup>New York University School of Medicine, <sup>4</sup>University of Windsor, Windsor, Canada

**Background:** The number of asylum seekers in the US has risen dramatically over the past 10 years. This study aimed to measure the prevalence of selected infectious, non-communicable and psychiatric illnesses within this population and to evaluate the success of a program for asylum seekers in screening for these conditions.

**Methods:** Two hundred ten new clients from 51 countries, plus Tibet, who were accepted into an urban hospital-based program for asylum seekers from 2012–2014 were included. Screening rates and outcomes for infectious, non-communicable, and mental illnesses were evaluated based on intake data and review of the medical record. Informed written consent was obtained during the intake process.

**Findings:** 71% percent of patients screened positive for depression (n=144 positive/204 total screened) and 55% screened positive for PTSD (n=111/193), followed by latent tuberculosis (41%, n=65/159), hypertension (10%, n=21/210), hepatitis B (9.4%, n=19/202), and HIV (0.8%, n=1/124). Rates of completed screenings were highest for PTSD, depression, hepatitis B and latent tuberculosis.

**Interpretation:** This population is at very high risk of PTSD, depression, and latent tuberculosis, and at increased risk of hepatitis B. Screening rates for these diseases were high at this dedicated program for asylum seekers. Point of care testing was more effective than testing that required repeat visits. These findings call for special attention to the primary care needs for asylum seekers in the US.

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### Exploring perceptions of short-term international volunteers about best training practices to prevent unintentional harm of participants and recipients: a qualitative study

*K.E. Lenart, C. Spigner; University of Washington, Seattle, WA, USA*

**Background:** Global health short-term volunteerism is growing worldwide and has received both praise and criticism. If non-career international volunteers are improperly trained prior to departure, harm may ensue to both themselves and their recipients. The purpose of this research was to thoroughly investigate preparatory training processes of short-term nurse educator volunteers. The research goal and specific aims of the study were to identify successful global strategies as well as characterize processes which can be used by sending institutions and organizations to: (a) reduce unintentional harm among host communities and volunteers, (b) enhance job performance, and (c) reduce stress and anxiety among short-term volunteers.

**Methods:** This retrospective, qualitative study used two assessment tools: (a) a self-administered 15-item background questionnaire and (b) semi-structured, one-on-one interview. Both assessments gathered insight from six volunteers on training they received while participating in the Nursing Assessment Program. All interviews took place between December 2014 and January 2015, were audio-recorded, and transcribed to hard copy for analysis. The Human Subjects Division at the University of Washington approved this study under exempt status.

**Analysis:** A thematic analysis guided by grounded theory was conducted. Five major categories were created. Within those categories, 15 themes emerged and were subsequently validated through inter-rater reliability until saturation was reached.

**Results:** Social support emerged as a significant finding in the reduction of reported anxiety and stress while job performance improved.

**Conclusion:** This study demonstrates that due to a lack of experience, some volunteers will still feel unprepared or underprepared to perform their duties effectively despite having received comprehensive training and preparation. Social support experienced by volunteers emerged as an integral instrument that enabled volunteers to overcome their inexperience, decrease stress levels, and enhance job performance while minimizing the risk of harm on the host community. Further research is needed to fully understand the dynamics of effective training and support for all divergent short-term international volunteers.

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