

many friends especially health workers from hospice, my room was always having classes, I mean my hospital room was always full". **Spiritual life:** Generally, participants reported frequent praying and increased interaction with religious leaders. **Care and treatment before palliative care:** subthemes; unknowledgeable of condition, suffering and financial constraints. **Care at hospice:** subthemes; pain controlled, knowledgeable, hospitality and affordability.

Interpretation: Although family and social support networks play a prominent role in provision of support, patients continue to experience gaps in psychological wellbeing, As a result solace is sought from spiritual support. Interventions to improve the quality of life of patients with prostate cancer should take into consideration the prominent complimentary roles of family, social and spiritual support.

Funding: None.

Abstract #: 2.043_NEP

Global health in action: Chronic disease outreach in Armenia

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Program Purpose: The purpose of the Armenian Global Health program is to create collaborations between health organizations to allow better access to medicine for Armenians. The program had the opportunity to host the first Armenian Global Health Conference at Yerevan State Medical School. Prior to this conference, the program conducted meetings with Armenian dignitaries to determine which medical concerns are the top priority to Armenians. Armenians chose to focus on how to prevent and treat chronic diseases.

Design and Methodology: The World Health Organization estimated that 55.5% of Armenian adults were overweight and 24% were obese in 2008 (1). Obesity is the largest contributor to preventable chronic diseases such as diabetes and hypertension. The Global Health Armenia program at the University of Utah collaborated with the Ministry of Health of Armenia and Yerevan State Medical University to reach over 517 men and women between the ages of 18 and 89. Outreach events were open to the public and held at medical centers in Gyumri, Dilijan, Ararat, Yerevan, and Sevan during the summer of 2015.

Outcome and Evaluation: Six booths provided one-on-one education about nutrition, body mass index, cholesterol, hypertension, type 2 diabetes and breast cancer. Blood pressure, blood glucose, and BMI screenings were provided as a tool to increase each individual's awareness regarding their health status. In addition, workshops were organized to provide in-depth information and practical tools about disease prevention and management for cardiovascular disease, cholesterol, and type 2 diabetes. The Global Health Armenia team were well-received by attendees who gave the presentations an average of 4.8 and 4.7 out of 5 for the helpfulness of the information and likelihood of sharing what was learned with their friends and family.

Going Forward: The prevalence of non-communicable chronic disease states within Armenia continues to rise and remains the leading cause of death among adults (WHO, 2014). Health

education and outreach programs are essential for addressing the rising epidemic of obesity in CIS countries such as Armenia. The Global Health Armenia program continues to focus its efforts in education to raise awareness and empower individuals to make healthier life choices.

Funding: None.

References:

1. World Health Organization (2014). Noncommunicable Diseases (NCD) Country Profiles. Retrieved from http://www.who.int/nmh/countries/arm_en.pdf?ua=1.

Abstract #: 2.044_NEP

Traumatic head injury in a low resource country: Profile and predictors of mortality in a tertiary care center in South-Eastern Nigeria

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Background: Head injury is of significant concern to resource poor countries due to the paucity of neurosurgical services and subpar healthcare system, which can lead to poor outcomes. Yet few studies have been conducted that systematically examine head injuries in these countries. The Glasgow Coma scale (GCS) is used as a tool to determine the severity of head injury and response to treatment. Despite its usefulness, GCS has inadequacies and attempts have been made to enhance its functionality and simplicity. Our objective is to assess the strength of admitting GCS in predicting mortality among head injury patients in South-Eastern Nigeria.

Methods: This is a retrospective review of clinical head injuries admitted from January 2007 till December 2012 into the wards of Federal Medical Center Owerri, Nigeria: a regional referral center in the South-Eastern Nigeria. Charts were reviewed to obtain data on demographics, admitting GCS, mechanism of injury, hemoglobin, hospital stay and treatment. Binary logistic regression was performed to examine factors predicting mortality in SPSS V 21.

Findings: Of 194 cases analyzed, 86.6% were male while 13.4 were female. Average age was 30.2 years \pm 18.5 and the most affected age group was 21-30 years (30.4%). The most common mechanism of injury was the road traffic accident (84.5%) followed by assault (7.3%), and then falls (6.7%). Overall mortality was low, 2.6 % (n=5). Sixty-percent of fatal cases had severe head injury and 40% had moderate injury. Mean admitting GCS was 11.78 \pm 3.80 for the survival group and 7.20 \pm 3.11 for the mortality. Mannitol use in treatment was the strongest predictor of mortality. Older age and higher admitting GCS were additional independent predictors of mortality.

Interpretation: Head injuries affect mostly young male in productive age groups and road traffic accident (RTA) is the most common cause. Higher death rates were seen in the elderly, patients with low GCS at admission and those who receive mannitol as treatment. Policies aimed at making roads safer and a review of protocols for

management of head injury patients will reduce the incidence of head injuries and improve mortality in South East Nigeria.

Funding: None.

Abstract #: 2.045_NEP

Needs assessment in a rural haitian community: Assessing the socioeconomic and cultural determinants of health

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Background: International healthcare initiatives must evolve from individual programs that target single diseases to systems of care that address the needs of the whole person. Since 2001, the World Health Student Organization (WHSO) at Wayne State University School of Medicine has sent medical students and physicians to Central and South America on medical relief trips. WHSO annually sends three teams to Morne, L'Hopital, Haiti to provide sustainable healthcare and facilitate continuity of care. A needs assessment was developed to evaluate the community's healthcare needs.

Methods: Needs assessments may be structured as focus groups, traditional surveys, or both. Questions generally diverge into three categories: demographics, healthcare access, and healthcare delivery. Considering the short-term nature of our relief trips, a 15 minute assessment was developed that focused on the above three themes. Participants were chosen randomly from a triage waiting area, consented, and then completed the survey via Creole interpreters. 34 surveys were completed by men and women age 18 and older. This study was approved by the Haitian Ethics Committee and the Wayne State University Institutional Review Board.

Findings: Results include age, marital status, years of education, household size, number of children, availability of running water and electricity, occupation, income, perceived health problems, methods of accessing their healthcare systems, and barriers to obtaining needed care. The most common perceived problems were gastrointestinal disease, headache, fever, abdominal pain, and anemia. Respondents thought a nearby clinic, clean water, more medications, more money, and electricity would be most beneficial for their health. Barriers to healthcare access included lack of monetary funds and long travel times.

Interpretation: International relief work struggles to provide efficacious care to lower-and-middle income countries, which may be due to a lack of understanding of cultural and socioeconomic factors that affect healthcare delivery. The needs assessment is the first step to identifying these key factors, in an effort to ultimately deliver community requested healthcare in a culturally competent manner. WHSO aims to avoid "creating a problem then prescribing a solution", and instead partner with the community and Haitian organizations to provide healthcare the community values.

Funding: None.

Abstract #: 2.046_NEP

Barriers to contraceptive use among adolescents in Nicaragua

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Background: Nicaragua has the highest rate of adolescent pregnancies in the Western Hemisphere and contraceptive use among adolescents is low. Low contraceptive use tends to relate to attitudes towards contraception rather than lack of access.

Methods: We conducted a convenience sample of adolescents (15–19 year olds) who were living in or attending school in two neighboring semirural communities in Nicaragua. The main areas of focus of the written survey were sexual activity, contraceptive use, and attitudes toward contraception.

Findings: The response rate to the survey was 52.2% (N = 291). 43.3% of survey respondents reported previous sexual intercourse. Of respondents reporting sexual intercourse, only 23.2% reported always using contraceptives. Females were more likely to report never or rarely using contraceptives (46.5% vs. 21.4% of males, $p < .01$). Only 6.7% of non-users reported lacking money to buy contraception, and only 7.8% reported infrequent contraception availability at clinics. In contrast to the low rates of contraceptive use, 84% of males and 74% of females responded they are "not interested in having a child at this moment" and 90% of respondents reported that using contraception is "very important." Reasons for non-use varied considerably by gender. Male non-users frequently reported that female partners did not want to use contraception (40.0%). Female non-users reported fear that their parents would know they were sexually active (47.1%) or that pregnancy was "God's decision" (41.2%). Another frequently reported reason was fear that contraceptives would cause permanent infertility (32.4% of females vs. 23.6% of males). 89.3% of non-users cited at least one social or educational barrier to contraceptive use, whereas only 30.7% reported a physical access barrier ($p < .001$).

Interpretation: Low rates of contraceptive use in semi-rural Nicaragua are primarily related to social and educational barriers and not a lack of physical access.

Male and female respondents report substantially different reasons for non-use, suggesting large gaps in partner communication. High levels of interest in avoiding pregnancy suggest that a targeted intervention could overcome the identified social and educational barriers and increase contraceptive use among adolescents.

Funding: None.

Abstract #: 2.047_NEP

Examining depression and quality of life in patients with Thalassaemia in Sri Lanka

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Background: With the decline in mortality rates in thalassaemia due to improved treatment strategies, research has begun to focus on psychological morbidities and quality of life among patients. Similar to other childhood chronic diseases, psychosocial health and daily functioning are affected by the comorbidities of the disease and its treatment. While there is published research in this area from other countries, there is little information specific to the patient