

Findings: Ten studies were included, primarily from the United States. Twelve themes were generated for community and academic outcomes. Service users gained greater access to health information, became more engaged in their health, and expressed satisfaction with students' services. CAPs improved community health outcomes and provided greater access to care. They expanded local health outreach and enhanced quality of care. Students developed an awareness of population needs, and an appreciation for interprofessional collaboration. Students felt they made a difference, they learned experientially, and expressed satisfaction with their community placement.

Interpretation: Few studies have formally examined the impact of CAPs on community and academic stakeholders. Evaluation methods are varied and the quality of existing studies is low. CAPs may have numerous positive outcomes; however, an evaluation tool needs to be developed, and further research done to formally evaluate CAPs and validate the themes identified in the study.

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Abstract #: 2.024_NCD

An Analysis of the Perceptions and Behaviors Related to Water, Sanitation, and Hygiene as a Result of Community-Led Total Sanitation in Southern Senegal

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Background: Lack of proper sanitation, hygiene, and access to safe drinking water affects the health of a community and subsequently impacts its potential for development. In Senegal, diarrheal diseases caused 11% of deaths in children under five years of age in 2013. Basic interventions to better drinking water, sanitation, and hygiene could significantly reduce this mortality and lead to overall improvements in children's health, school attendance, and community development. Community-Led Total Sanitation (CLTS) is a behavior change approach that aims to end open defecation by improving knowledge of contamination and its consequences.

Methods: This study analyzed the efficacy of the program in the Mampatim Area Development Program (ADP) in southern Senegal through 53 questionnaires administered as part of home visits and inspections of existing wells and latrines in six villages. Two of these villages had successfully completed CLTS, two were in the process of implementation, and two had not yet started CLTS.

Findings: As a result of CLTS, a significant positive difference was seen between the groups of villages in latrine-usage and hand-washing and in the understanding of contamination and the importance of proper sanitation and hygiene.

Interpretation: Despite the successes, gaps were identified in the current method of implementation. Areas for which recommendations have been made include communication between village leaders, consistent follow-up after successful implementation, and the involvement of school children.

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Abstract #: 2.025_NCD

Exploring Knowledge and Attitudes toward Non-Communicable Diseases among Village Health Teams in Eastern Uganda: A Cross-sectional Mixed Methods Study

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Background: Community health workers are essential personnel in resource-limited settings. In Uganda, they are organized into Village Health Teams (VHTs) and are focused on infectious diseases and maternal-child health; however, their skills could potentially be utilized in national efforts to reduce the growing burden of non-communicable diseases (NCDs). We sought to assess the knowledge of, and attitudes toward NCDs and NCD care among VHTs in Uganda as a step toward identifying their potential role in community NCD prevention and management.

Methods: We administered a knowledge, attitudes and practices questionnaire to 68 VHT members from Iganga and Mayuge districts in Eastern Uganda. In addition, we conducted four focus group discussions with 33 VHT members. Discussions focused on NCD knowledge and facilitators of and barriers to incorporating NCD prevention and care into their role. A thematic qualitative analysis was conducted to identify salient themes in the data.

Findings: VHT members possessed some knowledge and awareness of NCDs but identified a lack of knowledge about NCDs in the communities they served. They were enthusiastic about incorporating NCD care into their role and thought that they could serve as effective conduits of knowledge about NCDs to their communities if empowered through NCD education, the availability of proper reporting and referral tools, and visible collaborations with medical personnel. The lack of financial remuneration for their role did not emerge as a major barrier to providing NCD services.

Interpretation: Ugandan VHTs saw themselves as having the potential to play an important role in improving community awareness of NCDs as well as monitoring and referral of community members for NCD-related health issues. In order to accomplish this, they anticipated requiring context-specific and culturally adapted training as well as strong partnerships with facility-based medical personnel. A lack of financial incentivization was not identified to be a major barrier to such role expansion. Developing a role for VHTs in NCD prevention and management should be a key consideration as local and national NCD initiatives are developed.

Source of Funding: Thomas Rubin and Nina Russell Global Health Fund Fellowship from Yale School of Public Health [TO] and Yale Equity Research and Innovation Center [JIS].

Abstract #: 2.026_NCD

Selection of Hospice Electronic Medical Record (EMR) for Low Income Country: A Case Study

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Program/Project Purpose: Selection of an ideal EMR is an important but a complicated process, especially because there are few established guidelines available. EMR may be cost-prohibitive, and challenging to implement in low income countries because of limited access to internet at many places. We describe a case study on the process of selection of hospice EMR from our experience at the Binaytara home hospice program, Patan Nepal.

Structure/Method/Design: A multidisciplinary team was developed, including a physician and a hospice nurse practitioner to develop workflow diagrams capturing tasks completed for patient care. This allowed the team to identify requirements and functionality important to have within an EMR. Requirements were rated as high, medium or low. The team developed a list of the five most important needs within a system to focus on while reviewing EMRs. The top 5 requirements focused on cost of the EMR, ease of use, server versus web-based platform, customization requirements and training requirements.

Outcome & Evaluation: Out of 5 EMRs in consideration, the evaluation included both server and web-based EMRs. Complete evaluation of the systems and the scorings were based on webinars and multidisciplinary input. This methodical approach allowed the team to gain a broad, balanced approach in narrowing the search down to the top two finalists. After selection, the EMR was successfully implemented.

Going Forward: A systematic approach that includes an objective scoring system is useful in selection of a hospice EMR. Local factors should be considered while selecting an EMR.

Source of Funding: None.

Abstract #: 2.027_NCD

Perceptions of Risk and Safety in a Day Laborer Community in Los Angeles, California

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Background: By definition, day laborers receive a piece-meal income from temporary work. Sometimes they find themselves in potentially dangerous situations, but due to fear of reprisal, may not protest. One study in Los Angeles found that 38% of male day laborers had been solicited for sex by another man while looking for work. Similarly, 26% had had sexual contact with a female prostitute over the preceding year. Alcohol and/or drugs were frequently involved in both types of encounters and safer sex practices were not always followed.

Methods: In this pilot study, 12 semi-structured interviews were conducted with adult day laborers to explore their attitudes towards and perceptions of health risks in the community of Westlake/MacArthur Park. Interviews were performed in immediate proximity to a parking lot in which day-laborers were known to look for work. Subjects were recruited via convenience sampling and received a nominal monetary incentive for participation. Inclusion criteria included being over age 18, self-identifying as a day laborer, and speaking English or Spanish. Transcripts were analyzed using a grounded theory approach.

Findings: Two-thirds of respondents had previously agreed to potentially unsafe work, mainly in construction. Slightly more than half of respondents stated they did not have a clinic or medical provider that they considered to be their own. Many had delayed seeking care at some point due to cost, insurance, or legal status. Half were aware of prostitution in the community, and a small proportion had been involved in it, either as a purveyor or client. Most endorsed engaging in safer sex practices. When faced, hypothetically, with a friend involved in higher-risk sexual activity, one-third of respondents would not intervene; between one-sixth and one-third would counsel on the risk of sexually-transmitted infections and encourage use of condoms. Nearly two-thirds of respondents cited health and access to care as their primary daily concern.

Interpretation: For most day laborers, their body is their source of income. As such, maintaining their health is important. Nonetheless, they may not feel able to demand safer work environments. Medical providers and other advocates for day laborers' rights must be cognizant of the risks day laborers face in order to better serve their needs.

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Abstract #: 2.028_NCD

Socioeconomic, Psychosocial, and Healthcare-Access Contributors to Poisoning and Suicide in Sri Lanka: An Ecological Survey

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Background: Sri Lanka has recently undergone a series of turbulent changes, including a prolonged civil war, tsunami, and considerable government instability, which have contributed to a substantial degree of poverty and resultant health disparities across the country. Despite recent political stability and economic growth, Sri Lanka reports the fourth highest suicide rate in the world, with rates of deliberate self-harm estimated to be many times higher. Most suicides in Sri Lanka occur among young adults, and suicide is the leading cause of death in the 16–24 age group. Though pesticide ingestion remains the most common method of suicide, the use of pharmaceuticals has recently increased in prevalence. Given the urgency of this situation, the aim of this study is to evaluate contributing factors for suicide and self-poisoning in Sri Lanka.

Methods: Demographic and socioeconomic factors, psychiatric comorbidity, and healthcare access data were collected from national census reports (2012), including the Household Income and Expenditure Survey, Annual Health Bulletin, and the Census of Population and Housing. Suicide and poisoning rates were collected from police records and published hospital data, respectively, for each of the 25 governmental districts. Descriptive statistics and linear regression analyses were performed to evaluate the predictive power of contributing factors on suicide and poisoning risk.

Findings: 78% of suicides completed between 2009 and 2015 occurred in men, and approximately 60% occurred in rural districts. Lower household income and educational levels were found to be