

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.

**Abstract #:** 1.083\_NEP

### 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.

**Funding:** None.

**Abstract #:** 1.084\_NEP

### 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.

**Funding:** None.

**Abstract #:** 1.085\_NEP

**Barriers to care: an analysis of patient decision-making in elective surgery in Rural Cameroon**

Abstract Opted Out of Publication

**Abstract #:** 1.086\_NEP

**Leveraging pediatric HIV programs for pediatric hematology-oncology care in Sub-Saharan Africa: the Baylor model**

*Jeremy S. Slone<sup>1,2</sup>, Amanda Slone<sup>1,2</sup>, Elise Isbigami<sup>1</sup>, Kristi Wilson-Lewis<sup>1</sup>, Parth S. Mehta<sup>1,2</sup>; <sup>1</sup>Texas Children's Cancer and Hematology Centers, Houston, TX, USA, <sup>2</sup>Baylor College of Medicine, Houston, TX, USA*

**Program/Project Purpose:** At the peak of the HIV epidemic in sub-Saharan Africa (SSA), Baylor College of Medicine (BCM) and the Texas Children's Hospital (TCH), through the establishment of the Baylor International Pediatric AIDS Initiative (BIPAI), responded to the challenge. Comprehensive pediatric HIV centers were established throughout SSA with an estimated 216,000 patients currently under treatment and 74,000 health care workers trained.

Annually, 160,000 children develop cancer, 80% live in resource-limited settings like SSA. We have established pediatric hematology-oncology (PHO) programs at several BIPAI sites starting with Botswana in 2007. The aim of these programs is to provide excellence in care, education and research in PHO in SSA.

**Structure/Method/Design:** The programs include comprehensive PHO programs at the main government referral hospital in Botswana offering the only services for children with cancer and blood disorders nationwide; a similar program in central Malawi serving a catchment population of 5-7 million people; a PHO fellowship training program in Uganda; and a Kaposi sarcoma program in two locations in Tanzania. Additionally, following the BIPAI model, a national sickle cell disease screening and treatment program has been developed in Angola where there had not been previous HIV programs. Local stakeholders include the Ministry of Health and the major referral hospitals in these countries as well as the local BIPAI non-governmental organization (NGO). The programs are embedded within the national health-care system ensuring sustainability without parallel systems creation.

**Outcome & Evaluation:** Over 2,000 healthcare workers have been trained, over 130,000 children screened for sickle cell disease, and over 400 children treated for cancer. Our oldest program has been operational over 8 years.

**Going Forward:** Ongoing challenges include educating the general public regarding childhood cancer and blood disorders, investment at all levels of the local healthcare system, and development of dedicated systems for childhood blood disorders and cancer care within the local healthcare system. Training of healthcare leadership, administrative leaders, and the building of cancer centers of excellence are strategies being pursued currently to address these challenges.

**Funding:** The funding sources for these programs include Abbvie, Chevron, Tapeats Foundation, BCM, and TCH.

**Abstract #:** 1.087\_NEP

**Restoring birthing capacity in Post Quake Nepal: partnership to address emergent rural needs**

*E.W. Moffet<sup>1,2</sup>, L. Tamang<sup>3</sup>; <sup>1</sup>University of Wisconsin School of Medicine and Public Health, Madison, WI, USA, <sup>2</sup>Global Orphan Prevention, Clarksville, TN, USA, <sup>3</sup>Midwifery Society of Nepal, Kathmandu, Nepal*

**Program/Project Purpose:** On April 25th, 2015 a magnitude-7.8 earthquake rocked Nepal, leaving a multitude of healthcare facilities flattened across vast Himalayan ranges. Herein we describe a collaborative effort to reestablish birthing services in the wake of the disaster, conducted between May and August of 2015. We focused on remote regions that experienced substantial facilities damage. Whereas large-scale organizations assisted higher need locations, rural populations often remained without adequate relief; this as the annual monsoon season bore down, bringing with it the risk of further geographic isolation. Thus, the project aimed to prevent maternal and newborn loss of life until the reconstruction phase of disaster response could commence.

**Structure/Method/Design:** The project emphasized support of skilled birthing attendants (SBAs), mothers and newborns during the immediate post earthquake recovery phase, extending through the end of rainy season in August. To achieve this, a multi organizational partnership was established between a Nepali professional organization, Midwifery Society of Nepal (MIDSON), and two U.S. nonprofits, Global Orphan Prevention (GOP) and Helping Assist Nepal's Disabled (HAND). In coordination with onsite health workers and District Health Offices, the collaboration applied a three part approach - building temporary and semipermanent structures for birthing, training communities and SBAs via local and foreign health professionals, plus providing supplies for SBAs and mothers.

**Outcome & Evaluation:** Partnership proved vital in creating social impact. Through resource pooling the collaboration utilized dynamic, direct and rapid functionality, demonstrating the unique capabilities of micro humanitarian organizations. In sum, the method enabled unrestricted response (sanctioned by local authorities) to community-identified needs in spite of contextual challenges. The group completed 9 field missions, delivering 600kgs of maternal nutrition options, 5 solar power systems, 3 fetal Dopplers, medical supplies, education and infrastructure. One site has reported 12 safe births using provided accommodations, thus reducing the local burden of home-delivery.

**Going Forward:** The project period has ended, yet challenges persist for the people of Nepal. Rehabilitation has been hampered due to complex social and political environments. Rebuilding efforts are likely to continue for the foreseeable future.

**Funding:** We would like to thank the generous donors of GOP, HAND and MIDSON.

**Abstract #:** 1.088\_NEP