

variables and one-way ANOVA was used to compare the mean continuous variables between groups.

**Findings:** The chart review of 12,449 patients seen at the LFHC yielded a total of 31 burn patients. Compared to the Lao, Hmong, and other ethnicities, the Khmuic ethnicity is related to a significantly higher occurrence of burn injuries in Northern Laos. ( $p=0.006$ ). Compared to all other age groups, the adolescent age group experienced longer mean duration of hospital stay ( $p=0.02$ ). Average duration of hospital stay was 16 days ( $SD\pm 34$ days).

**Interpretation:** Scalding was found to be the most common mechanism of pediatric burn injuries in Northern Laos. Our preliminary findings from the Lao Friends Hospital for Children indicate a need for further research on the burn risk amongst the various ethnic groups in Northern Laos. Pediatric burn injuries are an important yet under-researched topic in this country. Only with more data on hand will we be able to craft meaningful prevention programs targeted to behavior change in Laos.

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### Barriers to Cardiovascular Disease Secondary Prevention Care in the West Bank, Palestine - A Health Professional Perspective

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**Background:** Non-communicable diseases (NCDs) are fast-becoming a global burden on health due to the rise in the rates of conditions such as cardiovascular disease (CVD), increasingly noticeable in developing countries. There is a dearth of earlier studies relating specifically to patients and their capacity for risk factor behaviour change within secondary care settings.

**Aims:** (1) to ascertain whether health professionals consider there are specific barriers for patients in the Occupied Palestinian Territories (OPT) to participate in lifestyle changes; (2) to determine which risk factors for cardiovascular disease hinder patients to change their health behaviour; (3) to determine what the barriers and their causes may be; (4) to investigate whether health professionals consider there is any action that can be taken and by whom, to overcome any identified barriers to care at a system-level or at an individual patient-level approach.

**Methods:** A study was carried out in the West Bank of Palestine using semi-structured qualitative interviews of 12 participants (2 female), recruited through 3 initial 'cold' recruitment emails to medical establishments. The number of participants recruited was dictated by the length of time available in the field. Low-risk ethics approval was granted by the academic institution of the author. Written consent was obtained prior to each interview.

**Findings:** The current Israeli occupation affects the Palestinian people at both an individual and a system-level approach. Stress is considered both a risk factor for CVD, and a barrier to health behaviour change. Poor communication exists between primary and secondary care services, and primary care facilities are not providing adequate intervention to support the detection and management of risk factors for CVD.

**Interpretation:** This study has provided some insight into how social determinants of health can affect health behaviours and the consequent struggle for behaviour change, particularly within a conflict setting. Similar studies within primary care services, with patients themselves, and with other health professionals working in this field of NCDs, may help to inform future health options for collaborative working aimed at addressing CVD in the region. To be effective, however, attention also needs to be given towards a solution for political change.

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### Preventative Healthcare in Post-Soviet Armenia: Providing Education and Screenings to Expand Awareness of Noncommunicable Diseases

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**Program/Project Purpose:** Non-communicable diseases (NCDs) account for more than 75% of deaths globally on an annual basis. Cardiovascular disease (CVD), cancer, diabetes, and respiratory disease (CDC) are the most prominent NCDs which, while typically unique to the developed world, are growing in prominence in post-soviet nations. In Armenia, mortality from chronic preventable NCDs is over 90%, with a 30% yearly risk for individuals between 30-70 years of age (WHO). Education, prevention, health screenings and cost-effective treatment options would be a boon to Armenia and all developing nations' efforts to combat barriers to NCD reduction. Global Health Armenia (GHA) conducted a collaborative multidisciplinary outreach project providing education in NCD prevention and free health screenings, along with encouraging participants to follow up with their community physicians when indicated by their screening results.

**Structure/Method/Design:** In an effort to provide mutually beneficial service, GHA collaborated with local organizations, Yerevan State Medical University (YSMU) and the Armenian Ministry of Health (MOH). Medical and Global Health students from YSMU worked with GHA students serving as interpreters to provide health educational services to the Armenian community. Outreach events were conducted in Gyumri, Yerevan, Ararat, Talin and Martuni, and achieved both urban and rural contact.

**Outcome & Evaluation:** Health screenings (BMI, blood pressure, glucose, and cholesterol) were performed to assess risk factors for chronic disease. Screening sessions included results-based NCD risk-reduction counseling using approved educational materials. Additional counseling in nutrition and breast cancer awareness was also provided. Over 600 participants attended outreach events and received health counseling on prevention of chronic disease. Most of the participants (> 600) had their BMI, blood pressure, heart rate and glucose measured. Over 160 cholesterol measurements (LDL, HDL and total) were performed. Around 800 educational handouts were provided to participants and local providers to share with the community.