

Background: An injury is defined as “when you miss at least one full day of usual activities such as school, sports or when that event requires treatment by doctor or nurse. Injuries account for about 8% of death in Nepal, the common one being road traffic accidents, drowning, burns, falls, and poisoning. Children’s are more vulnerable to have injury in hilly region due to its geographical location and they do not get enough care as they are not under the direct supervision of their parents and most of the times are away from home. Aim of this study was to access the common causes and distribution pattern of childhood injuries and to identify the role of socio-economic factors in prevalence and prevention of childhood injuries.

Methods: A cross - sectional study was conducted between March and April 2013, among 351 children between 0 to 14 years age groups in Dhankutta District of Eastern, Nepal. Selected samples from each household were drawn by using simple random sampling technique. Face to face interview and pre tested questionnaire was used to collect the data regarding socio-demographic profile of the house and information related to injuries among children from their parents. Ethical clearance was obtained from the Institutional Review Committee of B.P.Koirala Institute of Health Sciences. Inform and written consent was taken from the parent. Collected data were entered in MS-EXCEL and analyzed by using SPSS Version 17 and Chi square test was used for testing of hypothesis.

Finding: The prevalence of the injury in the past one year was found to be 20.3%. Male (58.3%) suffered more and 59.7% of the injuries occurred among the children aged 5 – 11 years. Among the injuries, fall injury (56.9%) was the common one and 44.4% of the injury occurred at home. Whereas 58.3% of the injuries occurred in children of families below the poverty line.

Interpretation: Prevalence of childhood injury was found to be 20.3% and fall injury was observed to be common among the child. It was also reported that injuries were more among the poor families due to lack of attention and care.

Funding: No.

Abstract #: 1.050_NEP

Preparing trainees to practice global health equity: the experience from the first year of the Health Equity Action and Leadership (HEAL) initiative

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Program/Project Purpose: There has been an increase in post-graduate Global Health training programs in response to the demand for training in the field of Global Health. However, there is not yet consensus regarding what should be included in a curriculum to prepare trainees to practice global health. We have developed a bidirectional, interdisciplinary Global Health fellowship, the HEAL initiative, which places fellows in domestic and international underserved communities for two years. Fellows are from 6 countries and a variety of disciplines, including medicine, dentistry,

public health and social work. At the beginning of the fellowship, participants underwent an intensive three week orientation program.

Structure: Participants were surveyed prior to orientation regarding their background, learning objectives, and level of experience. Following the completion of orientation, participants were surveyed to elicit their views on quality and usefulness of the training.

Outcomes & Evaluation: Prior to beginning fellowship, 39% identified a primary interest in health systems strengthening, with other interests split among direct patient care, medical education, community engagement, and research. Participants expressed concerns related to lack of support, language barriers, lack of experience, and ability to create lasting change. Following the training, fellows reported an improved understanding of health systems and their financing, healthcare delivery, and advocacy skills. They expressed increased confidence regarding the practice of global health. The sessions identified as the most valuable addressed teaching skills, advocating through narrative, disaster response, health care financing, and personal well-being. These are subjects that are often not covered in traditional training programs. Fellows felt creating a community of people who had similar passions and interests was a valuable part of the orientation.

Going Forward: We will continue to evaluate how well this initial component of our curriculum prepared fellows for their field experiences and assess what changes will need to be made. In addition, in the longitudinal curriculum fellows wanted ongoing training on site specific topics, writing skills, ethics, and innovations in low resource settings. Finally, we also hope to collaborate with others offering post-graduate global health programs to standardize core curricular elements.

Funding: Funding comes from partner sites and philanthropy.

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Moving beyond mission work: a way forward for academic global surgery

Abstract Opted Out of Publication

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Improving knowledge through An educational program on an integrated care pathway for self-injurious behavior (SIB) and intellectual and developmental disability (IDD)

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Project Purpose: To date, there is a lack of standardized treatment for individuals with self-injurious behavior (SIB) and intellectual and developmental disability (IDD). This paper is aimed at addressing the lack of knowledge and standardization in treating individuals who engage in frequent and significant SIB to the head. Specifically, this paper will address how an evidence-based integrated care pathway can increase the level of knowledge for treatment team members working with individuals with IDD that engage in frequent and/or significant SIB.

Structure/Method/Design: Treatment team members were trained on an educational program related to SIB with the IDD population and on an integrated care pathway for SIB to the

head. It was anticipated that this pathway would increase treatment team members' knowledge of best practices, decrease clinical variation, standardize care, and improve clinical outcomes with this vulnerable population.

Outcome: Brief description of your outcome data.

Going Forward: The results of this project have implications for more broadly utilizing integrated care pathways in healthcare assessment and delivery.

Funding: None.

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The University of Toledo Disaster Response Mission: Nepal

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Program/Project Purpose: Disaster medicine is at the crossroads of emergency medicine and global health. This is all too evident in the most recent earthquake disaster in Nepal in late April 2015. The Department of Emergency Medicine at The University of Toledo Medical Center with local community physicians responded with a self-sustained mission relief team within one week of the disaster.

Structure/Method/Design: Initial contact was made with a Non-Governmental Organization (NGO), Helping Hands, prior to arrival in Kathmandu. After meeting with officials from Kathmandu University, it was determined the greatest need was in an outlying village approximately 50 miles northwest of Kathmandu. While many groups arriving in Kathmandu to help were turned away, our team was embraced due to our self-sustained capacity with food, supplies, medical equipment and medications. We were graciously provided 10 students from Kathmandu University to serve as interpreters and setup a base camp for operations in a damaged elementary school.

Outcome & Evaluation: Over the ensuing 7 days our disaster relief team saw of roughly 1500 patients at our base camp and a mobile unit that would hike into the mountains to visit villages destroyed by the earthquake. Several patients were transferred from our base camp to Kathmandu for more definitive care. Most of the tents, supplies, remaining food, and medications were donated to the local village leaders upon our departure. Upon leaving Nepal we met with officials from Kathmandu University to discuss our mission activity. It was here that we experienced the second 7.4 earthquake that we survived without injury. Our ability to manage independently without local support, other than interpreters, was critical to the success of this mission effort. This allowed us to set up our operation at a distant area that would not have received any healthcare

Going Forward: Despite the massive devastation, the Nepalese remained incredibly resilient and continued to rebuild and prepare for the upcoming Monsoon season. Ongoing communication continues between our institution and Kathmandu University for a future global health partnership.

Funding: None.

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Dialysis impact on quality of life of patients with chronic kidney disease in Guatemala. A pilot study

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Background: Chronic kidney disease (CKD) was the 18th leading cause of death in 2010 and over 2 million people require dialysis worldwide. Complications affecting quality of life (QOL) include anemia, cardiovascular disease and bone disorders. In Guatemala, there is an emergence of CKD in young men with neither hypertension nor diabetes. Dialysis impact on QOL in this population is unknown. We sought to assess the QOL among patients at the capital's largest public dialysis center.

Methods: A cross-sectional pilot study was conducted February 2015 at the National Center for Chronic Kidney Disease Treatment (Unidad Nacional de Atención al Enfermo Renal Crónico, UNAERC) in Guatemala. The Kidney Disease Quality of Life Short Form 1.3v (KDQOL-SF) was used to evaluate patients receiving dialysis for at least three months. KDQOL-SF scores and demographics were compared to those from other countries. T-test was used to explore KDQOL-SF average difference and sub-scales by age and gender. Scores were compared to the reference mean of 50.

Results: Sixty-one patients were interviewed. Mean age was 37 years, most (63.2%) were males, and 47.5% and 4.9% had a history of hypertension and diabetes, respectively. KDQOL-SF average, physical (PCS) and mental (MCS) scores were 61.5, 39.0, 49.2, respectively. Compared with the mean age in Japan (58.4), USA (59.6), Europe (59.9), India (55.3), Brazil (36.10% under 40) and Chile (54.5), Guatemala's dialysis patients were younger, 59% under 40. KDQOL-SF, PCS, and MCS scores were similar among countries except India (lower). Fourteen (23%) had an average KDQOL-SF less than 50. Scores by age groups, <40 and ≥40, were not significantly different. Social function was the only subscale that significantly differed by gender, men 75.99 and women 60.33.

Interpretation: QOL assessments of Guatemalan CKD patients revealed comparable scores with other countries despite being younger and having fewer traditional CKD risk factors. Poor QOL is associated with increased hospitalizations and mortality. Thus, further research is necessary to assess not only the dialysis impact on this population, but also the economic burden it poses to the country.

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republic of Senegal disaster preparedness and response exercise

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