

Wisconsin-Madison Internal Review Board. Written consent was obtained before all participants were surveyed. If the age of the participant was less than 18 years, a guardian was required to provide assent.

**Findings:** 88% of children received age-appropriate, on-time immunizations. 93.5% of the women were able to state that childhood immunizations protect children from diseases. The women not able to point this out were significantly more likely to have an under-vaccinated child (PR 1.354: 95% CI 1.018–1.802). When asked why vaccination rates may be low in their community, the two most common responses were “fearful of side effects” and “ignorance/disinterest/laziness” (44% each).

**Interpretation:** The factors influencing caregivers’ demand for childhood immunizations vary widely between, and also within, developing countries. Research that elucidates local knowledge and attitudes, like this study, allows for decisions and policy pertaining to vaccination programs to be more effective at improving child vaccination rates.

**Funding:** Support from the Global Health Institute, Department of Pediatrics, and the Shapiro Summer Research Program at the University of Wisconsin-Madison School of Medicine and Public Health made this research possible.

**Abstract #:** 2.086\_NEP

### Assessing refugee trauma in the primary care setting

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**Background:** Refugees entering the U.S. often come from countries where violent conflict permeates everyday life. Many have suffered, witnessed, or perpetrated violence themselves, which can lead to trauma, an emotional shock experienced as a result of a violent or otherwise distressing event and a risk factor for posttraumatic stress disorder (PTSD), depression, and anxiety. Unfortunately many refugees are never screened for trauma, and traditional trauma assessment tools are ill-suited for refugee populations, or are lengthy and impractical for primary care. Working in partnership with the International Institute of St. Louis, this project had two objectives:

1. To develop a trauma assessment tool for use by primary care physicians, and
2. To design an evaluation program assessing the tool’s effectiveness.

**Methods:** First, a systematic literature review was conducted concerning symptoms of trauma in refugee populations. Next, semi-structured interviews were conducted with the staff therapist, 1 social worker, and 2 caseworkers at the Institute; 2 primary care physicians working with refugees; and 2 mental health professionals at the Center for Survivors of Torture and War Trauma. The trauma assessment tool was developed through a qualitative assessment involving coding of themes from the literature review and interviews. Finally, I designed a validity study utilizing the Harvard Trauma Questionnaire as the gold standard to assess the effectiveness of the new tool.

**Findings:** The literature search produced 129 results, 17 of which met inclusion criteria for development of the tool. Interviewees had similar insight as to symptoms of past trauma in refugees. Most suggested that a tool for use in primary care should avoid asking sensitive questions. The final tool reflects the most important symptoms and issues from both sources, including sleep, pain, appetite, mood, anxiety, and general functioning, while also seeking to be succinct and establish rapport.

**Interpretation:** Limitations of this project include the small number of interviewees and the lack of time and funds to carry out the evaluation program. Primary care is an important setting where refugee trauma can and should be assessed. It is possible to assess trauma without asking sensitive questions and without taking up too much time.

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### Career trajectories of global health MPH alumni from the University of Washington

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**Program/Project Purpose:** We sought to better understand the nature of careers in the emerging field of global health by collecting qualitative and quantitative information on the types of employment held by graduates of a long standing global health graduate program. We solicited input from a diverse group of both domestic and foreign alumni on the course of their careers both before and after enrolling in The University of Washington’s Master in Public Health (MPH) in Global Health Program.

**Structure/Method/Design:** We used a combination of quantitative and qualitative methods to collect information on the careers of graduates of the University of Washington’s Department of Global Health. For the quantitative component, we developed a web-based survey that was e-mailed to graduates of The University of Washington MPH in Global Health program. The contacted group included graduates of the original International Health Program (1988 – 2007) and its continuation, The Department of Global Health, established in 2008. For the qualitative component, we randomly selected 40 MPH graduates from whom to solicit Curriculum Vitae (CVs). CVs were collected in order to gather information about graduates’ “career trajectories,” or the course of their careers in—and outside of—the field of global health. The graduates were selected using a systematic sampling method from the group of 274 people who graduated during a 25-year period (1989 – 2013). We then contacted the graduates via e-mail and requested copies of their CVs for review.

**Outcome & Evaluation:** At the time of the initial survey request, 415 people had graduated with a MPH from one of the aforementioned programs. We received 173 responses to the survey, or 52.8% of alumni whose updated contact information was available. We received a total of 30 CVs, or 75% of the sample. From the CV analysis of domestic students there were clear trends with our earliest graduates having settled into domestic public health after working in