at a local urgent care center has contributed to the variance in prescribing habits among providers for these diagnoses. Aims: This project aims to decrease use of antibiotics in the treatment of URIs by 10% and to attain an 80% utilization rate of developed company practice guidelines for URIs for this urgent care practice.

Structure/Method/Design: Based on a comprehensive systematic review of the literature, multimodal strategies combining provider education, clinical pathway algorithms, and patient education have demonstrated success in increasing provider compliance with evidence based practice guidelines for URIs in outpatient settings. The goals of this project are to design, implement and evaluate evidence based guidelines, and to promote the judicious use of antibiotics when managing URIs in the urgent care setting. Participants and Stakeholders: As a result of weekly chart reviews conducted by the Clinical and Medical Directors demonstrating variance in treatment practices, the Medical Director agreed an intervention was necessary. With her support, the project was proposed to the full time providers who voluntarily agreed to participant. Capacity/ Sustainability: Using a consensus model, the providers have been recruited to collectively review, develop and evaluate treatment guidelines for URIs in our setting. These guidelines will be incorporated into company policy for use along with confidential prescriber feedback and audit, and ongoing patient education.

Outcomes & Evaluation: To date evidence based guidelines for URIs including sinusitis and bronchitis have been reviewed and adopted. Patient education encompassing the Get Smart, Know When Antibiotics Work campaign by the CDC within the centers and community has commenced. An eIRB application has been filed with the Johns Hopkins University School of Medicine which is under review. Upon approval, data collection will begin.

Going Forward: Ongoing challenges include provider prescribing habits and patient requests/expectations for antibiotics for URI diagnosis. Until data collection begins, evaluation of data cannot occur. If this project is successful, the project team can use this method to develop evidence based treatment protocols for additional diagnoses common to the urgent care environment.

Abstract #: 01NCD014

Type I diabetes management in a resource poor setting

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Program/Project Purpose: Understanding of perceived supports and barriers faced by patients with Type 1 Diabetes (T1DM) in developing and post-disaster countries remains inconclusive. The purposes of this study were to characterize and collect information from a cohort of T1DM patients in a resource poor setting, who visited a clinic that focuses on group visit, promotes education, and enhances social support. Information collected includes disease management, demographics, nutritional knowledge, quality of life, perceived barriers to care, and recommended improvements.

Structure/Method/Design: Patients were recruited from a diabetic clinic in Milot, Haiti during the fall of 2013. Demographic information, glucose control, nutritional awareness and diabetes camp participation was collected. A modified version of the Pediatric Quality of Life Inventory Diabetes Module 3.0 was administered and correlated to diabetes management. Qualitative interviews were conducted with hospital staff to evaluate barriers to medical management.

Outcomes & Evaluation: Fourteen of the 23 patients in the diabetes clinic were surveyed (65% female, mean age=16.4). Only one

(7%) had an HbA1C level below 7.5%, the level that the American Diabetes Association defines as "controlled". Improved quality of life measures were found for those patients who attended camp (n=4, mean=65.3) compared to those who did not attend camp (n=10, mean=57.6). There was no association between diabetes management practices and glucose control. In addition, qualitative interviews revealed inadequate insulin supplies and inconsistent nutritional knowledge about diabetes.

Going Forward: Much of the diagnosed T1DM at this study site is uncontrolled. Poor diabetes control is multifactorial but diabetes practices and nutritional knowledge did not show an association to HbA1C levels. Overall, the inconsistent supply of insulin is a pressing and contributing factor. While the majority of patients understood the importance of appropriate nutrition with T1DM, their inability to articulate what type of diet change is necessary revealed a lack of nutritional knowledge. Improved nutrition education and the addition of a nutritionist to the clinic may help patients create individualized diets and identify other ways to stay healthy with limited resources. Additionally, despite the low number of camp participations, the improvement in quality of life in the patients who attended camp highlights the necessity of a larger scale investigation of the efficacy of social and education camps as they relate to quality of life and disease control in children. As diabetes camps become more commonplace in developed countries, we see an opportunity to expand this intervention to diabetic patients in developing countries, where resources are scarce. Future work should be centered on recruiting other diabetic management programs in the region to further explore T1DM in this population, and to identify areas for intervention.

Abstract #: 01NCD015

Perception and attitudes towards mental illness among volunteer health advisors in Nigeria

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Background: Depression, anxiety and other mental health disorders are prevalent in low, middle and high income countries. In Nigeria, an estimated 10-20% of women experience depression during pregnancy and the postnatal period. However, only 10% of adults with mental health disorder in Nigeria receive any care irrespective of severity. With an estimated 150 psychiatrists for a population of more than 160 million people, Nigeria exemplifies the severe lack of capacity for mental healthcare seen in low and middle-income countries. Stigma and negative attitudes toward people with mental illness are common among the general population. We developed the Healthy Beginning Initiative (HBI), a community-based approach that integrates screening for perinatal depression with an existing program for prevention of mother-to-child transmission of HIV. HBI is implemented by lay, church-based volunteer health advisors (VHA). The aim of this study was to assess the beliefs and attitudes towards mental illness among the VHA.

Methods: A cross-sectional survey of 60 VHA aged 18 years and above who attended a 2 day training prior to implementing HBI in 40 churches in southeast Nigeria. We used a 43-item, investigator-assisted, self-administered questionnaire to assess perceptions and attitudes towards mental health disorders and individuals with mental illness.