consistently recorded. The total number of adult and pediatric traumas, road traffic accidents (RTAs) and injuries due to violence were tabulated from each logbook. A time-limited observational trauma registry was created and all trauma patients presenting to three tertiary referral centers during one 8 − 12 hour period were recorded.
Findings: Logbooks were obtained from ten healthcare facilities with a median of 100 beds (range 40-300) All logbooks recorded patient name, age, date and hometown. A high degree of variability was observed in the amount of detail recorded for mechanism of injury, presenting symptoms, diagnosis, ER course and disposition. There was a median of 39 (range 20-114) trauma cases in one week. Pediatric trauma represented 4.4 − 42.4% of cases. Of the 8 facilities reporting mechanism, RTAs and violence represented a median of 22.6% (10.0 − 31.6%) and 9.4% (5.0 − 33.3%) of cases, respectively. Thirty-nine trauma patients were recorded in the abbreviated trauma registry. Modes of transportation to the ER included motorcycle (51.3%), car (17.9%), and foot (12.8%) with a median time from injury to presentation of 60 minutes (range 15-1170).
Interpretation: ER logbooks in Haiti began the injury surveillance process and could be useful tools with enhanced standardization. Although limited by sample size, an attempt to collect additional information in our registry such as vital signs and injury severity was unsuccessful due to a lack of protocolized trauma care and diagnostic modalities in Haitian ERs. Implementing a trauma registry, or augmenting existing ER logbooks to capture more data, can aid in further characterization of the trauma burden, identification of gaps in care and promotion of prevention strategies.
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Treatment-seeking behavior and obstacles to compliance in diabetic patients of Southern India

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Background: Diabetes mellitus type II is major public health challenge in India. Anticipatory improvements in diabetes diagnosis and management must be made to accommodate the 65.1 million current diabetics and 31.9 million undiagnosed diabetics. We hypothesized that diabetes management may be influenced by subtle socio-ecological factors that can be targets for intervention. We evaluated the local treatment-seeking behaviors of diabetics focusing on the root causes of culture-specific barriers to treatment compliance.
Methods: A cross-sectional survey was administered in the local language (Kannada) to 204 self-identified type II diabetic adults aged 18 to 79 years at rural and urban clinical care settings in Mangalore, India. Fasting blood glucose level was measured in all participants prior to the survey. Participants that met the ADA goal (70-130 mg/dl) were considered "at target" for their management. Survey questionnaire included sociodemographic characteristics, treatment-seeking behavior (diagnosis of diabetes, healthcare provider contact, self care behaviors, access to information), and perceptions of obstacles (cost, access to care, quality of care, diet, emotional support). Statistical analysis was done using the statistical software IBM SPSS (version 22). Written informed consent was obtained from all participants. This study was approved by IRB at both Nitte University and Wake Forest School of Medicine.
Findings: Out of 204 participants surveyed (mean age 55.0 years): 120 (59%) and 84 (41%) were male and female, respectively. In this study, only 77 participants were considered at target (37.7%). Predictors of at target status included age (OR 1.06, 95% CI 1.02-1.11) and rural living area (OR 1.92, 92% CI 1.02-3.60). Participants were commonly diagnosed with symptoms of diabetes (44.6%). Participants demonstrated frequent health care provider contact (51% in last one month, 74.5% in last three months). Accidental or purposeful deviation from the recommended medications or treatment plan was reported by 18.7% and 12.8%, respectively. From the whole sample, 111 participants (54.4%) were capable of receiving SMS messages by phone and 79 of them (71.1%) were willing to receive messages about diabetes. The most frequently self-reported obstacles to diabetes management were: medication costs (49.3%), treatment costs (46.6%), diabetic diet (33.8%), lack of relief on current treatment (17.4%), and transportation to appointments (16.7%).
Interpretation: Though most diabetics have frequent encounters with healthcare providers and report compliant behaviors, the majority do not meet recommended diabetes management guidelines. Screening of at-risk populations, targeted SMS campaigns, or diabetes-specific training for healthcare providers may improve clinical outcomes. Addressing cost and diet barriers will improve patient quality of life, but a larger study may indicate other impactful areas for intervention and their effects on diabetes control.
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Effects of intimate partner violence on child maltreatment among women in Colombia

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Program/Project Purpose: 37% of Colombian women report being victims of physical abuse and 42% report physically punishing their children. We need to gather more informations about the clustering of Intimate Partner Violence (IPV) and Child Maltreatment (CM) so as to establish a cause-and-effect relationship, especially in developing countries where the specific cultural and socioeconomic context might play an important role. Determining if IPV has a mediating effect on CM would help us identify at-risk populations so as to implement more appropriate interventions.
Structure/Method/Design: Our data was gathered from the Colombian Demographic Health Survey (DHS) 2010, which sampled over 41,000 women and over 37,000 households across 6 regions and 16 sub-regions in the country, distributed proportionately between urban and rural zones. To be included in our study, the respondent had to be a woman of reproductive age (15-49yo), currently living with her child (1-17yo) and partner, must be responsible for disciplining her child. The number of women who met the above listed criteria was 17,879. The analysis of the variables provided us with an odds ratio which allows us to determine any existing mediating effects that IPV may have between the mother's background (independent variables such as education level, age and wealth index) and our outcome (child maltreatment as physical punishment of child).