

Methods: This scoping review follows the standard methodology outlined by Arksey and O'Malley (2005). Database literature searches of MEDLINE and Global Health were conducted and variations of two main search terms were utilized: 1) congenital heart disease and 2) low- and middle-income countries. The date range used for the present search was from January 1, 2000 to June 15, 2015 and only articles published in English were chosen. A search of Cochrane library confirmed that no systematic review was previously conducted on the topic.

Findings: 55 studies were chosen for inclusion after screening and review. Review of relevant studies suggested that a number of factors lead to inadequate care for individuals with CHD in LMICs, including poor healthcare infrastructure, lack of public education and lack of healthcare worker education on CHD, financial challenges of countries and individuals, and poor governmental and non-governmental organization coordination. Ventricular Septal Defects (VSDs), Atrial Septal Defects (ASDs) and Tetralogy of Fallot (TOF) were described as common forms of CHD in LMICs.

Interpretation: Based on this scoping review, it is recommended that a country- or region-specific triage model for non-critical CHD should be developed to prioritize sending patients for surgical repair at Centres of Excellence. The basis of the non-critical CHD cases that could form the basis of the triage models include VSDs, ASDs and TOFs since they are easier to treat in a low-resource setting. Models would require pre- and post-operative medical management, likely in the patient's home country, with capacity building and infrastructure supports, in order to maximize the number of patients treated. Critical CHD cases would unfortunately require a complicated, expensive and resource-draining care model involving surgery and potential complications.

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Factors associated with HIV testing among female entertainment workers in Cambodia: a cross-sectional study

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Background: In Cambodia, women account for over half of all HIV infections and female entertainment workers, of which there are an estimated 35,000, are now considered a high-risk group for HIV. Entertainment venues such as karaoke bars and beer gardens, have been identified as an important location for prevention activities including HIV education and community-based testing. This study aims to identify factors associated with recent HIV testing among female entertainment workers in Cambodia.

Methods: For this cross-sectional study, data was collected during April and May 2014 as part of the evaluation of the Sustainable Action against HIV and AIDS in Communities (SAHACOM) Project implemented. Two-stage cluster sampling was used to select participants from the two provinces. A structured questionnaire was developed using standardized tools. A multivariable logistic regression model was constructed to control for the effects of potential confounding factors.

Results: Data were collected from 667 female entertainment workers of which 81.7% reported ever having had an HIV test and 52.8% report having had an HIV test in the past 6 months. In our model that controls for confounding factors, respondents who were tested for HIV in the past 6 months were more likely to live in Phnom Penh (aOR=2.17 95%CI 1.43-3.28, $p<0.001$), to have received any form of HIV education in the past 6 months (aOR 3.48 95%CI 2.35-5.15, $p<0.001$), to report condom use at last sex with a non-commercial partner (aOR 0.48 95%CI 0.26-0.88, $p=0.02$), to agree that "Getting tested for HIV helps people feel better" (aOR 0.31 95%CI 0.13-0.81, $p=0.02$) and to disagree that "I would rather not know if I have HIV" (aOR=2.15 95%CI 1.41-3.30, $p<0.001$).

Interpretation: Health behavior messages regarding condom use with non-commercial partner and HIV testing attitudes may be important areas for future interventions involving female entertainment workers in Phnom Penh.

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Assessment and management of arterial hypertension, diabetes, and obesity in the medically underserved town of Chimbo, Ecuador

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Project Purpose: Initially approved in June 2014 as a prevalence study within the Fundación Natividad de Los Andes (FNDLA), the project has grown to include participation from Loyola SSOM's International Service Immersion (ISI) program and the local health clinic. The project is in place to address the need for health screenings and proper management of chronic diseases in Chimbo, Ecuador. It aims to provide a sustainable system to identify and monitor patients unknowingly suffering from hypertension, diabetes, and obesity while also promoting lifestyle changes through community outreach. A longitudinal study was initiated in June 2015; groups of medical students will travel to Chimbo each January and June for follow-up and recruitment of additional participants.

Structure/Method/Design: The following are established priorities: identify through screening and monitor individuals unknowingly suffering from diabetes, hypertension, and obesity; educate about lifestyle modifications to address the high prevalence of chronic diseases; and encourage sustainability through local support. Participants are recruited by door-to-door canvassing. Student volunteers are selected through Loyola's Center for Community and Global Health via application. To promote sustainability, subsequent student cohorts will identify willing residents of Chimbo to serve as local health advocates. These advocates will be educated and allotted necessary materials to provide enrolled participants with monthly monitoring of blood glucose, blood pressure, and weight.