

triage scenarios, pre- and post-training knowledge and preparedness were assessed in 5 IAPA staff members and 12 Bachelor's in Social Work students. Participants used a 3-tier triage system (emergent, urgent, non-urgent) to assign a triage level for each scenario.

**Findings:** Paired t-test analysis showed significant differences ( $P < 0.05$ ) in overall pre- and post-test scores. The protocol categories of Fever, Diarrhea, General Danger Signs, and Opportunistic Infections showed the most significant differences ( $P < 0.05$ ) while the protocol category of Cough showed no significant difference ( $P > .05$ ). 94.1% of trainees felt equally or more prepared post-training vs. pre-training.

**Interpretation:** Recommendations were made to provide continued yearly CLHIV trainings. Future research looks to recruit more coordinators and assess the protocol's impact on control and treatment groups. Future direction of The UTHAVI Project include expanding the healthcare network to physicians of different specialties. Following the completion of the online triage database, trainings on how to use the technology will be conducted and triaging patients will be studied through the website.

**Source of Funding:** Center for World Health at UCLA.

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### **Anemia and its Socio-demographic Correlates among Adolescent Girls in Bangladesh**

*M. Rahman<sup>1</sup>, S. Mistry<sup>2</sup>; <sup>1</sup>BRAC, Dhaka, Bangladesh, <sup>2</sup>Research and Evaluation, BRAC, Dhaka, Bangladesh*

**Background:** Anemia is a significant wide spread public health threat especially among the adolescent girls who are more vulnerable towards low level of hemoglobin particularly of low and middle income countries (LMICs). We investigated the prevalence of anemia among the adolescent girls (10-19 years) in Bangladesh and its socio-demographics distribution.

**Methods:** We collected data digitally in ODK platform from a sub-sample of a nationwide cross-sectional survey of 1314 adolescent girls in 2015. Venous blood hemoglobin level was estimated using HemoCue®; anthropometric measurements through standardized procedure and details socio-demographic information were captured and analyzed. Malnutrition was defined as BMI-for-age Z-score below -2SD (BAZ < -2SD), measured in WHO-AnthroPlus. Univariate analysis followed by multiple logistic regression were performed to examine the association between socio-demographic variables and anemia, while controlling the effect of potential confounding variables.

**Findings:** Overall, 52.8% girls were suffering from any form of anemia (non-pregnant-Hb < 12g/dl; pregnant-Hb < 11g/dl) while 47.3% were mildly (non-pregnant-Hb: 10-11.9g/dl; pregnant-Hb: 10-10.9g/dl) and 5.4% were moderately (Hb: 7-9.9g/dl) anemic while only 0.15% were severely anemic. After controlling for covariates such as wealth, residency, food insufficiency, pregnancy status and malnutrition in multiple logistic regression model, malnutrition (AOR: 1.5, 95% CI = 1.0-2.2, p-value = 0.046), pregnancy (AOR: 6.5, 95% CI = 2.7-15.7, p-value < 0.05) and poverty (AOR: 1.5, 95% CI = 1.0-2.3, p-value = 0.067) were identified as significant risk

demographic factors of anemia among adolescent girls of Bangladesh.

**Interpretation:** Huge number of adolescent girls are still suffering from anemia in Bangladesh and non-pregnant adolescent girls contributed the most. Immediate, long term and sustainable public health intervention would require to combat the situation.

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### **Global is Local: Assessing Family Medicine Residency Programs' Training on the Care of Immigrants, Migrants, Torture Survivors, Asylees and Refugees (IMTARs)**

*S. Rajamoorthi<sup>1</sup>, R. Mishori<sup>2</sup>, L. Buchanan<sup>4</sup>, E. Morris<sup>3</sup>; <sup>1</sup>Georgetown University-Providence Hospital, Washington, DC, USA, <sup>2</sup>Georgetown University, Washington, DC, USA, <sup>3</sup>Georgetown University-Providence Hospital, Washington, DC, USA, <sup>4</sup>Howard University School of Medicine, Washington, DC, USA*

**Program/Project Purpose:** We have three objectives for this project:

Objective 1: to determine the content and extent of required formal training in IMTARs health in Family Medicine Residency programs.

Objective 2: to explore which program characteristics (location, presence of Global Health track, underserved focus, faculty training, residency type) are correlated with an increased focus on this curricular content, and

Objective 3: to determine the general nature of this training, in terms of the prevalent methods of delivery.

**Structure/Method/Design:** Currently, there are 493 accredited Family Medicine Residency programs across the United States. The survey will be disseminated to all 493 Family Medicine Residency Program Directors. Expecting at least a 50% response rate, we predict to review a minimum of 250 surveys.

The survey will consist of eight questions addressing global health interests and training of faculty members in IMTARs' health, percentages of IMTARs in patient populations, and curriculum content pertaining to the care of IMTARs.

**Outcome & Evaluation:** We plan to use descriptive statistics to describe the responding population and estimate population parameters regarding the amount of time programs devoted to instruction care of IMTARs and the methods by which these instructional activities are delivered. We will report central tendencies (mean, median, mode) for each of the instructional topics identified, the overall time devoted to IMTARs content, and instructional method (didactic, community based or clinical).

We will use inferential statistics to identify characteristics of programs associated with higher levels of IMTARs instruction. Program characteristics from the demographics section of the survey and specific questions pertaining to global health curriculum will be analyzed as predictors of the amount of IMTARs instruction overall and in each topic area using a best-fit regression modeling.

**Going Forward:** Given the large and growing IMTARs population, residency programs may need to design focused curricula to