

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.

Abstract #: 2.038_HHR

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

M. Rahman¹, S. Mistry²; ¹BRAC, Dhaka, Bangladesh, ²Research 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.

Source of Funding: UKAID and AusAID.

Abstract #: 2.039_HHR

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

S. Rajamoorthi¹, R. Mishori², L. Buchanan⁴, E. Morris³; ¹Georgetown University-Providence Hospital, Washington, DC, USA, ²Georgetown University, Washington, DC, USA, ³Georgetown University-Providence Hospital, Washington, DC, USA, ⁴Howard 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

address their unique health issues. This survey will provide us with preliminary data from which to draw on to create curricula addressing these issues.

Source of Funding: None.

Abstract #: 2.040_HHR

The F-T-E Approach for Global Care Delivery in Remote Settings

A.S. Rajan¹, S. Michel², R. Christner², C. Popper², S. Anandasabapathy²; ¹Baylor College of Medicine, Houston, Texas, USA, ²Baylor College of Medicine, Houston, USA

Background: The delivery of healthcare services in remote settings in low and middle income nations remains a significant challenge on a global scale. Telemedicine offers a means to provide point of care services via global E-visits in capacity-constrained situations. We posit that key elements of a telemedicine comprise an F-T-E approach that include: 1) Facility for care delivery in remote settings; 2) Technology for connectivity and managing the clinical encounter, and 3) Expertise in clinical medicine.

Methods: To develop an integrated model for remote care delivery we have addressed each of these elements by developing a mobile health care facility, integrating applications for utilization, and considering a model for care capacity.

Findings: First, we have designed and developed a mobile, modular healthcare unit (“Smart Pod”) based on a shipping container frame that can be easily deployed and rapidly set-up (within minutes) in remote settings. Unique features of the Smart Pod designed by physicians, include a lightweight structure, 400 sq. ft. floor space, infection control design, HVAC, off-grid power capability and other clinically-relevant utilities. Secondly, technological needs for connectivity, clinical encounter and operations management including hardware and software applications have been uniquely designed and integrated into the Smart Pod. Such features include tele-connectivity, GPS tracking, electronic record documentation of encounter, drug and supply tracking and other logistics management. Finally, expertise provided through the affiliation with a leading academic healthcare institution enables program oversight, direct care, training and capacity development of local health providers in the remote setting.

Interpretation: The unique combination of a Facility-Technology-Expertise based solution may benefit telemedicine-driven care delivery in remote settings globally.

Source of Funding: USAID.

Abstract #: 2.041_HHR

Designing a Global Health Curriculum in a Military Family Medicine Residency

M.E. Ray; National Capital Consortium Family Medicine Residency, Washington, District of Columbia, USA

Program/Project Purpose: Global Health is a quickly expanding area of study throughout medicine, education and public health. As family physicians, we are well suited for the diverse spectrum of

disease and full scope of practice that global health care requires, and military physicians specifically are primed to participate in Global Health engagements based on their world wide presence. Many civilian residencies internationally have created educational experiences and training opportunities for young family medicine physicians in this realm, but military family medicine residencies have yet to offer a structured curriculum. Fort Belvoir Community Hospital, a triservice military ACGME accredited residency program south of Washington D.C. is formulating a program for residents to gain Global Health training. This year we have created a global health interest group with monthly lectures and journal article discussions, assisted residents in participating in courses through CDHAM and USUHS in planning health engagement and tropical medical care, and facilitated physician trips to several international locations. This poster presentation will discuss the goals, development and future scope of this educational program as we seek to create a unique opportunity to develop seasoned, prepared physicians to participate in the arena of Global Health and Global Health Engagement within the DoD.

Structure/Method/Design: Residents and staff were surveyed on their global health experiences and educational goals. Local universities and organizations were searched for educational opportunities for residents here in the DC area. All these combined have been the backbone of our new curriculum, unique to the military family medicine GME system.

Outcome & Evaluation: Resident Surveys and participation in future educational exercises will dictate how our curriculum continues to evolve, as well as staff evaluation and likely future comparisons to other programs.

Going Forward: - Realize the importance of Global Health and Global Health Engagement in the future of military medicine

- Understand the vast range of educational topics and experiences for shaping a physician versed in global health
- Recognize the guiding principles of Global Health education and how they can impact resident training

Source of Funding: None.

Abstract #: 2.042_HHR

Transforming Medical Student International Engagement to a Focus on Educational Programs

M. Rivera-Ramos¹, E. Plasencia², E. DeVos³, J. Grigg⁴; ¹University of Florida, Gainesville, USA, ²University of Florida College of Medicine, Gainesville, USA, ³University of Florida College of Medicine, Ponte Vedra Beach, Florida, USA, ⁴University of Florida, Gainesville, FL, USA

Program/Project Purpose: Short-term medical mission (STMM) trips have become more popular in recent years. These trips offer medical students exposure to practice in a low-resource setting, the complexities of patient-provider communication, and the importance of cultural competency. However the long-term impact of these mission trips is difficult to assess and the ethical considerations of these trips have recently come under scrutiny. A few ethical dilemmas include: cultural differences and power imbalances that may make it challenging to ensure equitable partnerships,