

- Public health outreach to construct efficient cook stoves and latrines to prevent common diseases;
- School stipends for orphans and particularly vulnerable youth; and
- Loans, materials, access to markets and other support for micro-enterprise.

Outcome & Evaluation: Among other outcomes, the under-five mortality rate has been reduced from 225/1000 in 1993 to 31/1000 in 2013—well below the national average—and there were 300 children in school in 2012.

Going Forward: Following a magnitude 7.8 earthquake in 2015, HHC is continuing its core programs while rebuilding health clinics, schools and other structures to world class standards. As part of school reconstruction, we plan to create a teacher training institution to serve as a model for education reform in rural Nepal. Ultimately we hope the HHC approach to community development can be replicated in other marginalized developing communities.

Source of Funding: Traditionally, HHC has received funding from medical treks, our handicraft business, individual donors and partner organizations including Rotary Foundation and GlobeMed. Since the earthquake, we have also received grants from AmeriCares, World Food Programme, Brother's Brother Foundation, GlobalGiving and dozens of family and community foundations.

Abstract #: 2.007_NCD

It's kind of a shameful thing': Stigmatization and Diabetes in Majuro, Republic of the Marshall Islands (RMI)

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Background: Diabetes in the Republic of the Marshall Islands (RMI) is ranked among nations with the highest diabetes rates in the world. Poor adherence to preventive advice and medical and social complications are common. While various factors and mechanisms are responsible for diabetes prevalence on Majuro, the capital of RMI, diabetes stigma may serve as a barrier to prevention of diabetes and complications in Majuro. This analysis examines the role of diabetes stigma with diabetic experiences in Majuro.

Methods: We conducted a Rapid Qualitative Inquiry (RQI) that included qualitative discussions with 37 people. The interviews focused on non-communicable diseases (NC) in Majuro, circumstances and causes, and prevention of NCDs. Iterative data analysis was conducted through field debriefings with three field team researchers, and content analysis thematic coding using DEDOOSE was conducted with two coders.

Findings: Participants note that community members with diabetes often feel “ashamed” and “embarrassed,” such that some avoid taking medication so not to appear “weak.” Some attribute this stigma to local norms (“it's like a habit we're born with, so we're always ignoring and deny things”). As a result, this stigmatized view of diabetes may result in care delays; (“they will wait and

wait to go to a doctor”). In particular, younger people seem particularly sensitive to diabetes stigma (“If you're young and you get it you don't want people to know”).

Interpretation: Diabetes is a major concern in RMI. Stigma associated with diabetes acts as a barrier preventing people from seeking necessary medical treatment until severe treatments for the disease, such as amputations, become necessary. Social stigma should be included in messaging and interventions to prevent and control diabetes in Majuro.

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Barriers in Seeking De-Addiction Treatment in Patients with Hazardous Use of Alcohol in a Tertiary Care Centre in lower middle income country

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Background: Alcohol is one of the leading causes of death and disability globally. Almost 4 per cent of all deaths worldwide are attributed to alcohol. It is suggested that only one in fourteen of the in-need alcohol dependent population are accessing treatment each year. This suggests that problem drinkers experience varied barriers in seeking deaddiction services. This study attempts to evaluate various barriers in seeking deaddiction services in a lower middle income country.

Methods: This was a descriptive and cross sectional study design. The setting was in departments of medical, surgical and gastroenterology wards a tertiary care hospital .45 consecutive patients with hazardous alcohol use as screened by AUDIT score of > 6 were selected . A semi structured profoma and the Barrier questionnaire was used to collect the baseline variables and the barriers in seeking de-addiction treatment.

Findings: The main barriers in seeking de-addiction treatment was the patient's denial (mean % = 77.11) and the desire to continue drinking (mean% = 71.61). The other important barriers were stigmatization from the society followed by to avoid personal disclosure, lack of awareness and misconceptions, bad experience in the past, poor social support and financial problem .There was statistically significant association between age, marital status, age of starting alcohol use and age of onset of problem drinking with barriers and a negative correlation between age, age of onset of problem drinking and age of onset of dependence with barriers.

Interpretation: We found significantly important barriers in hazardous alcohol users seeking deaddiction services. We can focus on these barriers during counseling the patient for motivating them to seek deaddiction services. These factors can be used in allaying fears about seeking deaddiction services through public awareness and other means of communication. Thus, motivating people to completely abstain from using alcohol in hazardous pattern.

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Factors Associated with Child Passenger Motorcycle Helmet Use in Cambodia

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Background: Cambodia has the highest motorcycle death rate in South East Asia. Helmets are effective at decreasing injuries and mortality, but their use in children has been found to be very low in Cambodia. To gain insight into how we might increase child-passenger helmet use and protect children from head injury and death, we sought to analyze several risk factors associated with child-passenger helmet use in five provinces in Cambodia.

Methods: Roadside observations in five Cambodian provinces were conducted periodically between July, 2010 and May, 2014. We used a multiple logistic regression model to calculate adjusted odds ratios for the association between child passenger helmet use and driver helmet use, number of passengers on a motorcycle, number of children on a motorcycle, province, day of the week, and time of day.

Findings: During the 4-year study period, 55,747 motorcycles were observed to have at least one child passenger. There were 65,819 child passengers in total. Due to missing data, 3780 children were excluded (5.7%) and the final analysis included 62,039 children. Overall, 1,369 (2.1%) of child passengers were observed to be wearing a helmet. Children were 6 times more likely to wear a helmet if the driver was wearing a helmet (OR 6.2; 95% CI 5.1–7.5). Compared to Phnom Penh, children observed in Kampong Speu (OR 0.51; 95% CI 0.39–0.68), Siem Reap (OR 0.70; 95% CI 0.59–0.83), and Kampong Cham (OR 0.33; 95% CI 0.26–0.44) all had lower odds of child passenger helmet use. Compared to Sunday, child passengers were also found to have significantly lower helmet use on Tuesday (OR 0.82; 95% CI 0.67–0.99), Friday (OR 0.79; 95% CI 0.64–0.98) and Saturday (OR 0.63; 95% CI 0.49–0.81).

Interpretation: Child passenger helmet use is extremely low in these five provinces of Cambodia. Increasing both driver and passenger helmet use should be a priority for Cambodia through newly implemented passenger helmet laws. Data from this study may be useful for targeted enforcement and public education campaigns, to increase helmet use and decrease injuries and death.

Source of Funding: Bloomberg Philanthropies.

Abstract #: 2.010_NCD

Understanding How Home Health Services Can Be a Resource for Somali Older Adults and Their Families

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Background: Home health care (HHC) refers to the delivery of health and personal care services in the home by paid health professionals and/or paraprofessionals. Somali older adults face a number

of challenges that impede their access to HHC services, but there is promising evidence indicating that HHC services can improve their health outcomes. Further exploration of Somali families' perceptions of these services can demonstrate what is needed to improve their access and experience with HHC. The purpose of the study was to explore and describe Somali older adults' and their families' perceptions of and experiences with the services offered by adult HHC.

This study used a community-engaged, qualitative descriptive approach with the participation of Refugees Helping Refugees (RHR), a non-for-profit organization in a northeastern US city. A total of 14 Somali families who had received HHC services for an older adult participated. Data collection included 15 home visits, 17 semi-structured interviews and 16 debriefing sessions. Data analysis began early and continued throughout the project using qualitative content analysis.

Findings: Somali families recognized HHC services were needed and believed having services in the home eliminated barriers and facilitated learning. Families' experiences and perceptions of HHC depended on whether they trusted the person coming to their home. Somali families value HHC but wanted it to be supportive of their traditional beliefs and family structure, and were particularly interested in better access to consumer-directed programs. Families believed better understanding of HHC services was needed, and HHC agencies should work with the Somali community to improve cultural understanding of HHC professionals and HHC experiences for Somali families.

Interpretation: Somali older adults and their families' descriptions of HHC suggest it can play a role in improving their health and their health literacy. Future research and health policy initiatives should explore how models of HHC can be used to impact the health literacy and health outcomes of these culturally and linguistically diverse populations, keep them safe and in the community, and how best to support HHC agencies to be able to provide this care.

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Improving Indoor Air Quality in Rural Honduras, One Stove at a Time

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Background: Indoor air pollution (IAP) increases the risk for acute and chronic respiratory disease and is a major issue in developing countries where biomass fuels are commonly used. A 2012 survey by Le et al. in a region of rural Honduras served by VCU's Global Health & Health Disparities Program (GH2DP) revealed a high prevalence of respiratory illness linked to improperly installed cook stoves. Subsequently, improved cook stoves were installed throughout the region.