

Findings: Ten studies were included, primarily from the United States. Twelve themes were generated for community and academic outcomes. Service users gained greater access to health information, became more engaged in their health, and expressed satisfaction with students' services. CAPs improved community health outcomes and provided greater access to care. They expanded local health outreach and enhanced quality of care. Students developed an awareness of population needs, and an appreciation for interprofessional collaboration. Students felt they made a difference, they learned experientially, and expressed satisfaction with their community placement.

Interpretation: Few studies have formally examined the impact of CAPs on community and academic stakeholders. Evaluation methods are varied and the quality of existing studies is low. CAPs may have numerous positive outcomes; however, an evaluation tool needs to be developed, and further research done to formally evaluate CAPs and validate the themes identified in the study.

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Abstract #: 2.024_NCD

An Analysis of the Perceptions and Behaviors Related to Water, Sanitation, and Hygiene as a Result of Community-Led Total Sanitation in Southern Senegal

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Background: Lack of proper sanitation, hygiene, and access to safe drinking water affects the health of a community and subsequently impacts its potential for development. In Senegal, diarrheal diseases caused 11% of deaths in children under five years of age in 2013. Basic interventions to better drinking water, sanitation, and hygiene could significantly reduce this mortality and lead to overall improvements in children's health, school attendance, and community development. Community-Led Total Sanitation (CLTS) is a behavior change approach that aims to end open defecation by improving knowledge of contamination and its consequences.

Methods: This study analyzed the efficacy of the program in the Mampatim Area Development Program (ADP) in southern Senegal through 53 questionnaires administered as part of home visits and inspections of existing wells and latrines in six villages. Two of these villages had successfully completed CLTS, two were in the process of implementation, and two had not yet started CLTS.

Findings: As a result of CLTS, a significant positive difference was seen between the groups of villages in latrine-usage and hand-washing and in the understanding of contamination and the importance of proper sanitation and hygiene.

Interpretation: Despite the successes, gaps were identified in the current method of implementation. Areas for which recommendations have been made include communication between village leaders, consistent follow-up after successful implementation, and the involvement of school children.

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Exploring Knowledge and Attitudes toward Non-Communicable Diseases among Village Health Teams in Eastern Uganda: A Cross-sectional Mixed Methods Study

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Background: Community health workers are essential personnel in resource-limited settings. In Uganda, they are organized into Village Health Teams (VHTs) and are focused on infectious diseases and maternal-child health; however, their skills could potentially be utilized in national efforts to reduce the growing burden of non-communicable diseases (NCDs). We sought to assess the knowledge of, and attitudes toward NCDs and NCD care among VHTs in Uganda as a step toward identifying their potential role in community NCD prevention and management.

Methods: We administered a knowledge, attitudes and practices questionnaire to 68 VHT members from Iganga and Mayuge districts in Eastern Uganda. In addition, we conducted four focus group discussions with 33 VHT members. Discussions focused on NCD knowledge and facilitators of and barriers to incorporating NCD prevention and care into their role. A thematic qualitative analysis was conducted to identify salient themes in the data.

Findings: VHT members possessed some knowledge and awareness of NCDs but identified a lack of knowledge about NCDs in the communities they served. They were enthusiastic about incorporating NCD care into their role and thought that they could serve as effective conduits of knowledge about NCDs to their communities if empowered through NCD education, the availability of proper reporting and referral tools, and visible collaborations with medical personnel. The lack of financial remuneration for their role did not emerge as a major barrier to providing NCD services.

Interpretation: Ugandan VHTs saw themselves as having the potential to play an important role in improving community awareness of NCDs as well as monitoring and referral of community members for NCD-related health issues. In order to accomplish this, they anticipated requiring context-specific and culturally adapted training as well as strong partnerships with facility-based medical personnel. A lack of financial incentivization was not identified to be a major barrier to such role expansion. Developing a role for VHTs in NCD prevention and management should be a key consideration as local and national NCD initiatives are developed.

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Selection of Hospice Electronic Medical Record (EMR) for Low Income Country: A Case Study

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