Program/Project Purpose: Selection of an ideal EMR is an important but a complicated process, especially because there are few established guidelines available. EMR may be cost-prohibitive, and challenging to implement in low income countries because of limited access to internet at many places. We describe a case study on the process of selection of hospice EMR from our experience at the Binaytara home hospice program, Patan Nepal.

Structure/Method/Design: A multidisciplinary team was developed, including a physician and a hospice nurse practitioner to develop workflow diagrams capturing tasks completed for patient care. This allowed the team to identify requirements and functionality important to have within an EMR. Requirements were rated as high, medium or low. The team developed a list of the five most important needs within a system to focus on while reviewing EMRs. The top 5 requirements focused on cost of the EMR, ease of use, sever versus web-based platform, customization requirements and training requirements.

Outcome & Evaluation: Out of 5 EMRs in consideration, the evaluation included both server and web-based EMRs. Complete evaluation of the systems and the scorings were based on webinars and multidisciplinary input. This methodical approach allowed the team to gain a broad, balanced approach in narrowing the search down to the top two finalists. After selection, the EMR was successfully implemented.

Going Forward: A systematic approach that includes an objective scoring system is useful in selection of a hospice EMR. Local factors should be considered whiled selecting an EMR.

Source of Funding: None.

Abstract #: *2.027_NCD*

Perceptions of Risk and Safety in a Day Laborer Community in Los Angeles, California

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Background: By definition, day laborers receive a piece-meal income from temporary work. Sometimes they find themselves in potentially dangerous situations, but due to fear of reprisal, may not protest. One study in Los Angeles found that 38% of male day laborers had been solicited for sex by another man while looking for work. Similarly, 26% had had sexual contact with a female prostitute over the preceding year. Alcohol and/or drugs were frequently involved in both types of encounters and safer sex practices were not always followed.

Methods: In this pilot study, 12 semi-structured interviews were conducted with adult day laborers to explore their attitudes towards and perceptions of health risks in the community of Westlake/MacArthur Park. Interviews were performed in immediate proximity to a parking lot in which day-laborers were known to look for work. Subjects were recruited via convenience sampling and received a nominal monetary incentive for participation. Inclusion criteria included being over age 18, self-identifying as a day laborer, and speaking English or Spanish. Transcripts were analyzed using a grounded theory approach.

Findings: Two-thirds of respondents had previously agreed to potentially unsafe work, mainly in construction. Slightly more than half of respondents stated they did not have a clinic or medical provider that they considered to be their own. Many had delayed seeking care at some point due to cost, insurance, or legal status. Half were aware of prostitution in the community, and a small proportion had been involved in it, either as a purveyor or client. Most endorsed engaging in safer sex practices. When faced, hypothetically, with a friend involved in higher-risk sexual activity, one-third of respondents would not intervene; between one-sixth and one-third would counsel on the risk of sexually-transmitted infections and encourage use of condoms. Nearly two-thirds of respondents cited health and access to care as their primary daily concern.

Interpretation: For most day laborers, their body is their source of income. As such, maintaining their health is important. Nonetheless, they may not feel able to demand safer work environments. Medical providers and other advocates for day laborers' rights must be cognizant of the risks day laborers face in order to better serve their needs.

Source of Funding: Song-Brown grant.

Abstract #: *2.028_NCD*

Socioeconomic, Psychosocial, and Healthcare-Access Contributors to Poisoning and Suicide in Sri Lanka: An Ecological Survey

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Background: Sri Lanka has recently undergone a series of turbulent changes, including a prolonged civil war, tsunami, and considerable government instability, which have contributed to a substantial degree of poverty and resultant health disparities across the country. Despite recent political stability and economic growth, Sri Lanka reports the fourth highest suicide rate in the world, with rates of deliberate self-harm estimated to be many times higher. Most suicides in Sri Lanka occur among young adults, and suicide is the leading cause of death in the 16-24 age group. Though pesticide ingestion remains the most common method of suicide, the use of pharmaceuticals has recently increased in prevalence. Given the urgency of this situation, the aim of this study is to evaluate contributing factors for suicide and self-poisoning in Sri Lanka.

Methods: Demographic and socioeconomic factors, psychiatric comorbidity, and healthcare access data were collected from national census reports (2012), including the Household Income and Expenditure Survey, Annual Health Bulletin, and the Census of Population and Housing. Suicide and poisoning rates were collected from police records and published hospital data, respectively, for each of the 25 governmental districts. Descriptive statistics and linear regression analyses were performed to evaluate the predictive power of contributing factors on suicide and poisoning risk.

Findings: 78% of suicides completed between 2009 and 2015 occurred in men, and approximately 60% occurred in rural districts. Lower household income and educational levels were found to be

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significantly correlated with poisoning and suicide rates. Poisoning and suicide appeared minimally associated with rates of psychiatric co-morbidity; the exception being an increase in poisoning rates with increasing prevalence of mood disorders in rural districts ($p<0.05$).

Interpretation: Suicide and poisoning rates were higher in rural districts, suggesting that living in densely populated areas may be protective. In contrast to high-income countries, socioeconomic factors were found to predict poisoning and suicide to a greater extent than psychiatric morbidity. Factors relating to health care access showed mixed results, and should be investigated further. Given these results, increasing accessibility to health services, particularly in rural districts of lower socioeconomic standing, may be an important means of reducing suicide.

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Abstract #: *2.030_NCD*

The Experiences of Task Shifting to Reduce Mental Health Disparities in Underserved, Rural Communities

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Background: There are huge disparities worldwide in access to mental health care, with disparities not only existing in low income countries but also in developing countries like the United States. To begin to address the large disparities of mental health both locally and globally, unconventional models of mental health care need to be considered. Task shifting is an unconventional strategy to address the worldwide workforce crisis by expanding the workforce to include mid-level providers and non-professionals. In task-shifting, certain activities (tasks) that are normally performed by highly trained mental health care providers are redistributed to a non-professional workforce, or a workforce with limited training and scope of practice, often under the supervision of a highly trained professional. Despite evidence of the effectiveness of task shifting, little is known about the experiences of those who engage in task shifting.

Methods: The purpose of this phenomenological research project is to understand the experience of task shifting. We have applied our collaborative-care model in rural, underserved areas of Nebraska. Through task shifting, members of the community take on the responsibility to address mental health disparities in their community. They do this through education, identifying and coordinating existing resources, improving referral quality, and carrying out mental health programming. To understand their experience of task shifting, eight community members were interviewed using a semi-structured interview. The Colaizzi analysis approach will be used to analyze the interviews.

Findings: Data collection for this study has been completed and analysis is underway. We anticipate the analysis to be done by November. Preliminary themes include challenges, definitions of success, strengths, barriers, and impact on the community and individual level. Key themes will be described with excerpts to illustrate the experiences within each theme.

Interpretation: Understanding the experience of those who carry out tasks that have been shifted to them is important to increasing the effectiveness of task shifting. Implications include understanding motivations for those engaged in task shifting, identifying characteristics of individuals who are well suited for task shifting mental health responsibilities, understanding which tasks can be shifted, and providing a voice for those engaged in task shifting.

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Abstract #: *2.031_NCD*

An Epidmilogical Study of Health Outcome among Internal Migrants in Beijing, China

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Background: The relationship between internal migration and health outcome in China is important to investigate due to the large scale of mobilized population. Previous studies on internal migration and health in China were almost all conducted by using self-reported health status, rarely by using other health indicators. In this study, we aimed to examined the relationship by using Bejing's vital statistics 2007-2012 to provide better evidence.

Methods: Internal immigration status was identified through comparing household registered residency and permeant residency. Occupation categories was re-coded in line with Erikson and Goldthorpe and Portocarero Class Categories (EGP). All-cause mortality, age-stratified mortality, and gender mortality were calculated for residents with *Hukou* (native population) and residents without *Hukou* (internal migrant population). Education level, occupation category and marriage status were profiled for both groups.

Findings: The all-cause mortality rates were significantly higher among native population than migrant population (5.23% vs 0.74% in 2007, 5.49% vs. 0.70% in 2008, 5.77% vs. 0.69% in 2009, 6.08% vs. 0.69 in 2010, 5.70% vs. 0.64% in 2011, and 5.91% vs. 0.66% in 2012). Younger native population out performed its migrant counterpart on mortality across 2007-2012 (0.06% vs. 0.08%), while mortality of older native population is still higher than its counterpart (2.19% vs. 0.48% in aged 15-64, 4.68% vs. 2.70% in aged 65+). Female migrants have the lowest mortality comparing to male migrants and female and male natives (0.68%, 0.93%, 5.02%, and 6.37%) . More than half (57.89%) of deaths among natives are people with low education, comparing to 41.90% of migrants. Most of deaths of both groups are from people with less prestige occupation or unemployed. The percentage of deaths from unmarried migrants is 12.27%. The percentage is 3.26% for natives.

Interpretation: The results confirmed conclusions from previous studies that international and internal migrants generally enjoy better health outcomes than native population. Also, the results are in line with existing literature on adverse health outcomes of migrant's children.

Source of Funding: None.

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