Global Partnerships to Advance NCD Research within the Sustainable Development Goals Agenda

8-9 August 2016
Emory Conference Center
Atlanta, USA
Global Partnerships to Advance NCD Research within the Sustainable Development Goals Agenda
8-9 August 2016 • Emory Conference Center • Atlanta

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Acknowledgements
Funding for this event was provided by the Emory Global Diabetes Research Center, the Emory Conference Center Subvention Fund and the Vanderbilt Institute for Global Health. The Emory Global Diabetes Research Center (EDGRC) would like to recognize and thank our consortium members and collaborators for their generous support and contributions to the production of this event. Institutions provided sponsorship for their junior and senior investigators to attend this event and participated in the planning. In particular, we would like to thank our partners at Vanderbilt Institute for Global Health and Duke University.

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GENERAL INFORMATION

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For updates, following along with conference sessions and additional commentary:
Facebook: GlobalNCDs
Twitter: @Global_NCD
Retweet: #globalhealth
#globalncd
#ncds

Conference Hotel
The Emory Conference Center and Hotel
1615 Clifton Road NE  •  Atlanta, GA 30329
(404) 712-6000

Conference Registration
Conference Registration Symposium registration will open at 6:30 am on August 8 in the Emory Conference Center South Wing Lobby. The registration table will be staffed at all times during conference hours.

Event Site and Conference Session Locations
- Conference sessions: South Wing, Emory Conference Center (ECC)
- Plenary Sessions: Starvine Ballroom
- Monday Afternoon Breakout Sessions: Starvine 1 & 2, Trillium Boardroom and Peachtree Creek, ECC
- Monday Lunch and Poster Sessions: Silverbell Pavilion, ECC
- Monday Session 2 Poster Presentations, Forum and dinner: Rollins Auditorium, Claudia Nance Rollins Building (CNR) Plaza, Emory University Rollins School of Public Health
- Monday Poster Sessions: CNR 1st Floor/Lobby & Bridge
- Monday Reception: The Lawrence P. and Ann Estes Klamon Room, CNR 8th Floor

Guest Attendance
Symposium sessions at the ECC and Monday night reception are open only to registered attendees. The Monday forum and poster session at the Rollins School of Public Health are open to the general public.
Meals
Buffet breakfast and Sunday evening dinner are included in the ECC hotel room rate. Lunch will be served in the Silverbell Pavilion. Unlimited break stations are located in the Starvine Foyer of the South Wing and will be served in a reserved area of the ECC Dining Room.

Special Events
Monday Reception Dinner: 6:00 pm - 8:00 pm, The Lawrence P. and Ann Estes Klamon Room, 8th floor of the Claudia Nance Rollins Building, 1518 Clifton Road NE, Atlanta GA 30322

Name Badges
Please wear your name badge at all times during the conference. Badges are issued to the individual registered and may not be worn by others. If you lose your badge, please visit the conference registration table in the South Wing lobby.

Poster Sessions
Poster presenters will be responsible for mounting their posters. Poster Session 1 posters must be mounted before 8:00 am on August 8; Poster Session 1 posters must be mounted before 1:30 pm on August 8.

Ground Transportation
For local ground travel, there are taxis available in front of the hotel main entrance. It is recommended to schedule taxis with the hotel concierge in advance for transportation to the airport to ensure a timely departure.

Parking
Guests registered at the Emory Conference Center Hotel have free parking. Day attendees may request a parking pass at the registration table. For those driving up the street to Rollins School of Public Health from the Emory Conference Center, there is free parking after 4:00 pm in the Michael Street parking garage on Rollins Way. The Visitor parking garage on Rollins Way charges 24 hours. See map for locations of parking garages.

About the organizers
We are a coalition of global health researchers and professionals representing institutions across the world, including:
Emory University*Duke University*Vanderbilt University*Cornell University*Georgia State University*Harvard University*Yale University*Northwestern University*Johns Hopkins University*UC – Berkeley*UC - San Francisco*U of Michigan*U of North Carolina - Chapel Hill*Fred Hutchinson Cancer Research Center*University of Washington*Instituto Nacional de Salud Pública*PH-LEADER Program*Public Health Foundation of India*Center For Control of Chronic Conditions*Alliance for Health Policy and Systems Research*University of Melbourne*Young Professionals Chronic Disease Network
The following events will take place at the Emory Conference Center:

**August 8**
Plenary Session
Poster Session 1
Lunch

**August 9**
Research Symposium
Funding and Training Opportunities for Global NCD Research Panel
Lunch
Workshops
Meeting Close

*Emory Conference Center*
*South Wing*
Emory Conference Center to Claudia Nance Rollins Building

The following events will take place at the Claudia Nance Rollins Building (1518 Clifton Rd NE):

**August 8**
Global Research Centers Panel
Poster session 2
“Meet your Match”: Networking Hour
Reception hosted by the Centre for Control Chronic Conditions

Parking Information

The visitor lot is a 24 hour paid parking garage.

Pricing is free after 4:00 p.m. in the Michael Street Garage off of Rollins Way.

Use the pedestrian access to enter the building.
MONDAY, AUGUST 8

8:00 – 8:30 am  Registration  
Emory Conference Center, Starvine Ballrooms 1 & 2

8:30 – 11:00 am  Plenary Session  
Location: Emory Conference Center, Starvine Ballrooms 1 & 2
Moderator: Douglas Heimburger, Vanderbilt University

Welcome  
Shivani Patel, Emory University

Development of SDGs and relevance for NCD research and intervention  
D. Prabhakaran, Public Health Foundation of India

The Rise of Non-Communicable Diseases in Developing Countries: Challenges for Public Health Policies  
Sebastian Galiani, University of Maryland & Abdul Latif Jameel Poverty Action Lab (J-PAL)

Massive Urbanization and Public Health: Peeking Outside of the Infectious Diseases Box  
Robert Breiman, Emory Global Health Institute

Global Tobacco Regulation as an Exemplar of NCD Risk Factor Prevention  
Terry Pechacek, Georgia State University

Integration of NCD Treatment into Primary Health Care Settings  
Mohammed K. Ali, Emory University

Capacity Building for Integration of NCD Control in Primary Health Systems: Lessons from Mexico  
Laura Magaña-Valladares, Instituto Nacional de Salud Pública

Economics of Cancer Registries and Implications for Other NCDs  
Florence K. Tangka, CDC/ONDIEH/NCCDPHP

Global Mental Health Interventions  
Pamela Y. Collins, National Institute of Mental Health

Discussant: Melissa Burroughs-Peña

Moderated Discussion

11:00 am – 12:00 pm  Poster Session 1  
Location: Emory Conference Center, Peachtree Creek and Lobby

12:00 pm – 1:00 pm  Lunch  
Location: Emory Conference Center, Silverbell Pavilion
1:00 pm – 1:30 pm  
**Walk to Emory University, Rollins School of Public Health** (1518 Clifton Rd NE)

1:30 pm - 4:00 pm  
**Global Research Centers Panel**  
Location: Emory University, Claudia Nance Rollins Building Auditorium  
Short presentations describing activities of research centers engaged in global collaborative NCD research; the presentations will emphasize the strengths of and opportunities within each center.  
Moderator: Venkat Narayan  
Fred Hutchinson Cancer Research Center: Manoj Menon  
Vanderbilt Institute for Global Health: Douglas Heimburger  
Emory Global Diabetes Research Center: Mary Beth Weber  
Duke Global Health Institute: Gerald Bloomfield  
Emory Global Health Institute: Theresa Gillespie  
RTI International: Suneeta Krishnan  
All India Institute of Medical Sciences: Nikhil Tandon  

15 Minute Break

Abdul Latif Jameel Poverty Action Lab (J-PAL), MIT: Thomas Chupein  
Harvard University: Donna Spiegelman  
Public Health Foundation of India: D Prabhakaran  
Georgia State University: Frederic Grant  
Westat: Nancy Dianis  
Instituto Nacional de Salud Pública: Gabriela Torres  
Carter Center: Mesrak Belatchew

4:30 pm – 5:30 pm  
**Poster Session 2**  
Location: Emory University, Claudia Nance Rollins Building, 1st Floor Lobby and Bridge

5:00 pm – 6:00 pm  
**“Meet your Match” Networking Hour**  
Location: Emory University, Claudia Nance Rollins Building, 1st Floor Lobby and Bridge  
This will begin concurrent to Poster Session 2. All groups will be requested to meet at the 1st Floor lobby and bridge near assigned posters. Once groups have assembled, please move to the 8th floor lobby for refreshments from 5:00pm-6:00 pm immediately before dinner.

6:00 pm – 8:00 pm  
**Reception Hosted by the Centre for Control Chronic Conditions**  
Location: Emory University, Claudia Nance Rollins Building, 8th floor, The Lawrence P. and Ann Estes Klamon Room  
Venkat Narayan, Emory University and Centre for Control of Chronic Conditions  
Nikhil Tandon, All India Institute of Medical Sciences and Centre for Control of Chronic Conditions  
D. Prabhakaran, Public Health Foundation of India and Centre for Control of Chronic Conditions  
James Curran, Dean, Rollins School of Public Health, Emory University
TUESDAY, AUGUST 9

8:30 - 11:10 am

**Research Symposium**

Starvine Ballroom, ECC South Wing
Location: Emory Conference Center, Starvine Ballrooms 1 & 2
Moderator: Karla Galaviz, Emory University

01. Development Of A Sustainable Development Goal Indicator Framework: Where Does India Stand With Respect To NCDs?
   *Swati Srivastava, Manu Mathur*

02. Integrating Mental Healthcare Into Existing Care Programs: Case Studies From Nepal, Nigeria, And Haiti
   *Bonnie Kaiser, Brandon Kohrt*

03. Integrated Care In Low And Middle Income Countries: A Review Of Impact Against The Triple Aim
   *Arian Hatefi, Neelam Sekhri Feachem, Felix Holl, Sanjana Marpadga*

04. Development And Pilot Study Road Traffic Injury Surveillance System, Kaduna Metropolis, Kaduna Nigeria; A Preliminary Report
   *Obafemi J. Babalola, C. Ukpaka, S. Gidado, P. Nguku*

05. Comparing The Usefulness Of Two Mortality Databases For Population Health Research In Mexico
   *Oscar E. Zazueta, Antonio García-Anaya, Juan Eugenio Hernández-Avila, Rafael Lozano, Eduardo Ortiz-Panozo, Ruy López-Ridaura, Martin Lajous*

06. What We Can Learn From Georgia About Measuring CVD Prevention
   *Chitashvili Tamar, Rashad M. Massoud, Cherkezishvili Ekaterine*

Discussant: Gerald Bloomfield, Duke University

**Break**

07. Questions About Cervical And Breast Cancer Screening Knowledge, Practice And Outcomes: A Review Of Demographic And Health Surveys
   *Laura Viens, Tony Neri, Doug Perin, Virginia Senkomago, Mona Saraiya*

08. Prevalence And Correlates Of Opportunistic Prostate Cancer Screening In Mexico
   *Mario Flores, Jennifer Rider, Eduardo Ortiz-Panozo, Andrés Catzin-Khulmann, Ruy López-Ridaura, Martin Lajous*

09. Prevalence Of Diabetes And Pre-Diabetes In Urban And Rural India – The ICMR–INDIAB Study (Phases 1 And 2)
   *Anjana Ranjit Mohan, Pradeepa Rajendra, Das Ashok Kumar, Joshi R Shashank R, Deepa Mohan, Madhu Sri Venkata, Bhansali Anil, Kumar Ajay, Saboo Banshi, Pandey Arvind, Kaur Tanvir, Mohan Viswanathan for the ICMR–INDIAB Study Group*

10. Household And Family Dyad Clustering Of Risk Factors For Type 2 Diabetes And Hypertension In Rural Uganda
    *Jannie Nielsen, Silver K. Bahendeka, Dan Meyrowitsch, Ib C. Bygbjerg, Daniel Witte*

11. Ensuring Their Future, Visual Impairment In The Children Of Swaziland
    *Jacquelyn Jetton O’Banion*

12. Factors Associated With Abandonment Of Care Among Pediatric Oncology Patients In Tanzania
    *Kristin Schroeder, Jessica McDade, Colin Chao, Hillary Sued, Beda Likonda, Nelson Chao, Nestory Masalu*

Discussant: Lindsay Jaacks, Harvard University
11:15 am – 12:30 pm Funding and Training Opportunities for Global NCD Research
Location: Emory Conference Center, Starvine Ballrooms 1 & 2
Moderator: John Bartlett, Duke University

Panel Discussion
John Flanigan (NCI)
Shannon Silkensen (NCI)
Pamela Collins (NIMH)
Michael Engelgau (NHLBI)
David Sugarman (CDC)

12:30 pm – 1:45 pm Lunch
Location: Emory Conference Center, Silverbell Pavilion

Lunch hour talk: “Health, death, and what is medicine for?”
Richard Smith

1:45 pm – 3:30 pm Small group workshops (concurrent sessions)
Location: Emory Conference Center, Rooms TBD

(1) Implementation Science: The what, why, and how
Donna Spiegelman and Archana Shrestha, Harvard University

(2) Issues in Cancer in Global Health
Manoj Menon, Fred Hutchinson Cancer Research Institute; Preet Dhilon, Public Health Foundation of India; Suneeta Krishnan, RTI

(3) Breaking the Silos: Collaborating and innovating across specialties
Melissa Burroughs-Peña, University of California San Francisco; Neha Pagidipati & Gerald Bloomfield, Duke University

(4) The ABCs of Scientific Writing
Shivani Patel & Solveig Cunningham, Emory University

3:30 pm – 4:30 pm Meeting Close
Location: Emory Conference Center, Starvine Ballrooms 1

Conference reporting

Moderated Brainstorming: Publication of Conference Proceedings

Concluding remarks
Shivani Patel, Emory University
WORKSHOP 1: ISSUES IN CANCER IN GLOBAL HEALTH

Workshop Facilitators:

Preet Dhillon, MD, PhD, Public Health Foundation of India

Suneeta Krishnan, PhD, MS, RTI International

Manoj Menon, MD, MPH, Fred Hutchinson Cancer Research Center

Introduction: Cancer is increasingly recognized as a health threat to individuals in both resource-rich countries and low- and middle-income countries (LMICs). More people die from cancer than from HIV, tuberculosis, and malaria combined. It is estimated that the global cancer burden will increase by nearly 70 percent by 2030, with more than two-thirds of cancer deaths occurring in LMICs. However until recently cancer research and care has not been a priority in the field of global health. At this workshop we will hear from representatives of groups on the forefront of global oncology and discuss key issues facing everyone involved in the fight against cancer worldwide.

Structure: The workshop will be conducted in two parts. The first part will be brief presentations from individuals currently engaged in global health oncology, reflecting on their experiences, successes and challenges in the field. The second part will be guided small group discussions where participants will be asked to answer a series of Provocative Questions facing researchers, clinicians, and educators in global health oncology. At the end, each group will give 10-min presentation on their approach to the Provocative Questions, leading to a final wrap-up discussion.

Schedule:

<table>
<thead>
<tr>
<th>Title</th>
<th>Discussant</th>
<th>Time</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Preet Dhillon (PHFI)</td>
<td>5 min</td>
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<td>Suneeta Krishnan (RTI)</td>
<td>5 min</td>
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<td>Manoj Menon (FHCRC)</td>
<td>5 min</td>
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<td>Shannon Silkensen (NIH/NCI)</td>
<td>5 min</td>
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<tr>
<td>Theresa Gillespie (Emory WCI)</td>
<td>5 min</td>
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<tr>
<td>Small Group Discussion</td>
<td>Discussion facilitators: Shannon Silkensen (NIH/NCI) Laura Lewandowski (Duke) Mona Saraiya (CDC)</td>
<td>45 min</td>
<td>3 groups</td>
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<tr>
<td>Group Presentations and Full Group Discussion</td>
<td></td>
<td>30 min</td>
<td>10 min each group</td>
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<tr>
<td>Q/A and wrap up</td>
<td></td>
<td>15 min</td>
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WORKSHOP 2: WORKSHOP ON IMPLEMENTATION SCIENCE

Instructors:
Donna Spiegelman, ScD, Professor of Epidemiologic Methods, Departments of Epidemiology, Biostatistics, Nutrition and Global Health, Harvard TH Chan School of Public Health. Email: stdls@hsph.harvard.edu

Archana Shrestha, PhD. Postdoctoral Fellow, Department of Epidemiology, Harvard TH Chan School of Public Health. Email: shrestha@hsph.harvard.edu

Introduction: The past several decades have witnessed remarkable advances in health science that has capacity to largely improve health. However, the translation of the new knowledge has been challenging resulting in unapplied but established health solution. Implementation science aims to reduce the gap between the ‘known’ and ‘applied’ by using systematic research and evaluation approach to replication and scale up in local settings. This workshop provides an introduction to the implementation science and outlines innovative methods and statistical tools to implementation and facilitates scale up.

Pre-requisite (Optional): The participants of the workshop are requested to submit an implementation science research specific aim page in NIH format with respect to their related field (1 page)

Structure: The workshop will be conducted in two parts. The first part will be a lecture and the second part will be a group exercise. The lecture will cover the basic introduction to implementation science concepts, theoretical frameworks, methods and statistical tools, all illustrated by case studies. For the group exercise, the participants will be divided into three different groups. Each group will be assigned an implementation science research aim. The group will discuss within and refine the aim and outline the methods to achieve the specific aim. At the end, each group will give 5-min presentation on their specific aim and approach.

Schedule:

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<thead>
<tr>
<th>Title</th>
<th>Instructor</th>
<th>Time</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Introduction to Implementation Science</td>
<td>Donna</td>
<td>15 min</td>
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<tr>
<td>Statistical approaches</td>
<td>Donna</td>
<td>20 min</td>
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<tr>
<td>Implementation Science Theories</td>
<td>Archana</td>
<td>15 min</td>
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<tr>
<td>Case study</td>
<td>Archana</td>
<td>10 min</td>
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<tr>
<td>Group exercise</td>
<td>Archana</td>
<td>10 min</td>
<td>3 groups</td>
</tr>
<tr>
<td>Refine specific aim</td>
<td></td>
<td>10 min</td>
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<tr>
<td>Outline Approach</td>
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<td>20 min</td>
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<tr>
<td>Presentation</td>
<td></td>
<td>15 min</td>
<td>5 min each group</td>
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<tr>
<td>Q/A and wrap up</td>
<td></td>
<td>15 min</td>
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WORKSHOP 3: BREAKING THE SILOS OF MEDICAL SPECIALTIES IN NCD RESEARCH

Facilitators:

Melissa Burroughs Peña, UCSF
Neha Pagidipati, Duke University
Jerry Bloomfield, Duke University

Goals

1. Encourage the development of creative and innovative interdisciplinary research in global health
2. Identify and discuss the challenges of working in interdisciplinary collaborative teams
3. Propose strategies and skills that can be utilized to mitigate the challenges faced by teams undertaking interdisciplinary projects

**This workshop is designed to be interactive and to draw upon the experiences of the participants to achieve the proposed goals.**

Part 1: Creating a vision

- The participants will be divided into 4 groups and will be asked as a team to write 1-2 aims in response to the interdisciplinary NCD NIH/Fogarty R21
- Participants will be given a prompt for what type of novel multispecialty collaboration is to be formed. Initial ideas for assignments are: maternal and child health and cardiovascular disease; HIV and geriatrics; mental health and renal; injury and cancer (subject to revision)
- Participants will be given a list of potential research approaches, including: health systems, prevention, diagnostics, therapeutics, population health, mechanisms of disease, technology, implementation science. (subject to revision) (20 minutes)

Part 2: The operational side of collaboration

A. The groups will then review the Harvard Business Review article “8 ways to Build Collaborative Teams” article https://hbr.org/2007/11/eight-ways-to-build-collaborative-teams# (to be provided before the workshop). We will suggest the specific themes of this article that relate directly to research teams, including: leadership, diversity of skills, defined roles, communication, processes and resources. (subject to revision) The small groups will then be asked to devise a plan/strategy specific to the proposed R21 aims proposed in Part 1. These strategies should improve the research operations/implementation of the research plan. Participants will be asked to specifically incorporate at least 2 themes described in the HBR article. Additional resources or cases will be added to complement this section, specifically in relation to leadership, communication and conflict resolution. (20-30 minutes)

B. Each group will be asked to informally present the aims and the strategies to be implemented to foster optimal collaboration. (5 minutes per presentation x 4 groups= 20 minutes)

C. The entire group will engage in a discussion/debriefing in order to reflect on the activity and prior experiences in forming collaborative teams. We will discuss both the creative and operational aspects of collaboration and discuss ways in which we can seek out or create opportunities to improve the leadership and communications skills for global health researchers. (30 minutes)
WORKSHOP 4: ABC’S OF SCIENTIFIC WRITING

Facilitators:
Shivani Patel, Emory Global Diabetes Research Center, Emory University
Solveig Cunningham, Emory Global Diabetes Research Center, Emory University

Objectives:
Clear and persuasive writing is essential to communicating the findings of our research and securing funding to maintain our research programs. This workshop will (1) provide an overview of standard structure and expectations for effective manuscript and grant writing; and (2) provide experience with critiquing scientific writing in small groups. This workshop is appropriate for early-career investigators and trainees who are seeking additional guidance on scientific writing.

Format: The workshop will utilize both short lectures, group exercises, and presentations by participants.

Schedule:

<table>
<thead>
<tr>
<th>Activity description</th>
<th>Presenter</th>
<th>Time</th>
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<tbody>
<tr>
<td>Introductions</td>
<td>All participants</td>
<td>10 mins</td>
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<tr>
<td>Overview of Scientific Writing: The Art and the Formula</td>
<td>Shivani Patel</td>
<td>15 min</td>
</tr>
<tr>
<td>From the Reviewer’s mouth: Common pitfalls in professional writing</td>
<td>Solveig Cunningham</td>
<td>15 min</td>
</tr>
<tr>
<td>Using checklists to guide the structure of your writing</td>
<td>Shivani Patel</td>
<td>10 min</td>
</tr>
<tr>
<td>Read and critique abstracts based on tools presented in the workshop</td>
<td>Small group activity</td>
<td>30 mins</td>
</tr>
<tr>
<td>Presentations of critiques and lessons learned</td>
<td>Participant presentations to the audience</td>
<td>30 mins</td>
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</tbody>
</table>
Biographies

**Anuradha Aggarwal Monga**, Monitoring and Evaluation Coordinator, Training, Centre for Chronic Conditions and Injuries, Public Health Foundation of India. Dr. Aggarwal Monga worked as a clinician, academician and administrator, for 4 years in a private Dental college. In the development sector, Dr. Aggarwal Monga has led project management activities, research activities, financial management, monitoring and evaluation, capacity building and administration of project’s implementation with various states, districts in the areas of Rural Community Health (RCH) for almost 3 years in the RCH unit at NIHFW. Apart from this, Ms. Aggarwal Monga has been associated with multifaceted dimensions of clinical and public health administration and training throughout work life. In the corporate sector, Ms. Aggarwal Monga has worked with the Ernst and Young in the Performance improvement vertical on various diverse healthcare projects. Presently, in the social (NGO) sector, Ms. Aggarwal Monga is leading the Monitoring and Evaluation front of a national level diabetes training program. [Poster Session 1]. E-mail: anuradha.monga@phfi.org.

**Mohammed Ali**, Associate Professor, Global Health, Emory University. Dr. Ali has master’s training in cardiovascular medicine, global health, and business and management with expertise in diabetes, cardiovascular diseases, and implementation/translation sciences, and has extensive experience in study design, implementation and management of large population-based studies, as well as quality assurance and control. Dr. Ali helped design and is on the Steering Committee for the National Heart, Lung, Blood Institute (NHLBI) funded Center of Excellence for Cardio-metabolic Diseases in South Asia (CoE-CARRS), playing a significant role in the design and set up, development of treatment algorithms, trial logistics and coordination processes, and quality assurance plans for the ten clinic multi-center NHLBI-funded CARRS Translation Trial, and the three-city CARRS cohort study of 13,000 people in South Asia. Dr. Ali co-led the Expert Group on diabetes complications for the Global Burden of Diseases Study and is an investigator on a number of other studies in India. Dr. Ali has specific expertise in implementation / translational sciences and metrics based on his work as a consultant for the US Centers for Disease Control and Prevention (CDC) where he helps manage a program that uses natural experiment designs to evaluate diabetes prevention and control policies in the US. Dr. Ali also serves as scientific advisor for the National Diabetes Prevention Program of the CDC’s Division of Diabetes Translation, co-managing a network of U.S. policy and health services researchers (NEXT-D Study). Dr. Ali has received departmental and national recognition for his teaching, and has mentored over 50 pre-doctoral, medical, and post-doctoral trainees. [Organizer; Plenary Session]. E-mail: mkali@emory.edu.

**Lynnette Ametewee**, PhD Student & Graduate Research Assistant, School of Public Health/Dept. of Epidemiology & Biostatistics, Georgia State University. Ms. Ametewee has BA Law/French, MA Criminology, LLM Corporate Finance and MBA (Strategic Management). Ms. Ametewee is pursing PhD (Epidemiology) and Certificate in Geographical Information Systems at Georgia State University. With 20 years’ experience as a Lecturer, Researcher and Policy Consultant for national/international organizations including the United Nations Development Fund for Women, UK National Health Services and Ghana Institute of Local Government to promote sustainable development by improving health, education and human rights for vulnerable populations including women, children and people with ill mental health in UK, Africa and the Caribbean. Previous research projects include Triple Negative Breast Cancer African American and Caribbean Women Komen Project of Grady Health System (Emory), ORISE fellowship (CDC) and thesis ‘Corporate Social Responsibility in the Oil and Gas Sector to achieve MDGs in Ghana’. Ms. Ametewee is currently Graduate Research Assistant for alcohol abuse, HIV/AIDS and gender-
Based violence among youth in Uganda projects and student researcher for ‘MPowering Maternal Health in Ghana’ (GSU/Emory) and NCDs in the Caribbean with Pan American Health Organization/WHO. Ms. Ametewee’s research interests include health disparities, SDGs, non-communicable diseases/risk factors, health emergencies, social network analysis/GIS. She has presented at conferences including Epidemiology Congress for the Americas, Africa Studies Association and the Kettil Bruun Society. [Poster Session 2]. E-mail: lametewee@gmail.com.

**Ernest Konadu Asiedu**, Resident, School of Public Health, University of Ghana, Ghana Field Epidemiology and Laboratory Training Program. Dr. Asiedu is a trained Improvement Advisor (IA) of the Institute of Healthcare Improvement, Boston, USA and Coordinator, Community and Institutional Care at the Health Directorate of the National Catholic Health Service (NCHS). In this capacity, Dr. Asiedu supports the provision of comprehensive and quality healthcare that is safe in the most effective and efficient way to meet patient and population expectations in the 35 hospitals and 70 clinics of the National Catholic Health Service and their communities. Dr. Asiedu has a Medical degree, a Post Graduate Certificate in Health Administration and Management, and Postgraduate Diploma in Occupational Safety and Environmental Management. As a member of the Field Epidemiologist laboratory Alumni Network of Ghana, African Field Epidemiologist Network from the Ghana FELTP, Dr. Asiedu attended the CDC EIS conference in Atlanta May, 2016 and made a poster presentation during the international night. Dr. Asiedu is also a member of the Mental Health Innovative Network, and made a poster presentation in June 2014 at National Institute of Mental Health Maryland, USA. Additionally, Dr. Asiedu made an oral presentation at the First Regional Conference in Accra, Ghana in February, 2013 and poster presentation in Edinburgh, Scotland in October, 2013. Dr. Asiedu enjoys community work, environmental management and addressing NCD challenges. [Poster Session 1]. E-mail: ernestkasiedu@yahoo.com.

**Achenef Asmamaw Muche**, Lecturer, Epidemiology and Biostatistics, University of Gondar. Mr. Asmamaw Muche completed his BSc in Nursing from Jimma University, MPH in Epidemiology and Biostatistics from University of Gondar and MHS in Reproductive Health from University of Ibadan. Mr. Asmamaw Muche has diverse experience in doing independent operational research with a team-based approach, especially with the community based training program held in Jimma University, University of Gondar and Debre Tabor Health Science College. Mr. Asmamaw Muche has played an active role in data analysis and competent manuscript writing, and has published different articles in peer-reviewed journals. Mr. Asmamaw Muche is a recipient of the 2015-2016 Non-Communicable Disease research Mini-Grants of TEPHINET. Additionally Mr. Asmamaw Muche has participated in several research conferences at national and international level. [Poster Session 1]. E-mail: ashua2014@gmail.com.

**Obafemi Babalola**, Senior Registrar Psychiatry, Field Epidemiology and Laboratory Training Programme (FELTP), Federal Neuropsychiatric hospital. Mr. Babalola is specializing in community and public health psychiatry and residence at Field Epidemiology and Laboratory Training Programme (FELTP) equivalence of Epidemic Intelligence Service (EIS). Mr. Babalola has a broad background in surveillance, with specific training and expertise in key research areas for its application in injury. Mr. Babalola has carried out evaluation of Integrated Disease Surveillance System, analyzed secondary data on Acute Flaccid Paralysis (AFP) surveillance, Malaria Elimination Surveillance programme and surveillance and contact tracing during Ebola outbreak response in Nigeria. Mr. Babalola has been involved in various surveillance activities from development through implementation to the strengthening and evaluation of the existing surveillance system. Mr. Babalola fully participated in surveillance activities during Lagos Ebola
outbreak, evaluated Integrated Disease Surveillance and Response and the outcomes have been used to strengthening cholera and measles outbreak planning and response in Kaduna State. As a Principal Investigator or co-investigator Mr. Babalola has been involved in a study to evaluate polio, routine immunization, malaria and current non-communicable disease i.e., road traffic injury and mental health. As a young researcher Mr. Babalola has been a co-author to some publications while his work as principal investigator is currently undergoing review for publication. [Oral Symposium]. E-mail: drfemibabs@yahoo.com.

**John Bartlett**, Professor, Medicine, Duke Global Health Institute. Dr. Bartlett is Professor of Medicine in Global Health and Nursing at Duke University. Dr. Bartlett serves as the Associate Director for Research at the Duke Global Health Institute, the Co-Director of the Duke University Center for AIDS Research, and the Co-Chair of the Duke University Africa Initiative. Much of Dr. Bartlett’s global health experience has been in Moshi, Tanzania at the Kilimanjaro Christian Medical Centre, where he continues to spend 5 months/year. [Participant]. E-mail: jab5@duke.edu.

**Fazia Bashir**, Medical Officer, Pakistan Health Research Council, FELTP Program Pakistan. Dr. Bashir is currently enrolled in her second year of FELTP training. Dr. Bashir earned her MBBS in 2009 from Khyber Medical University, Peshawar, and continued her studies of bioethics at the Sindh Institute of Medical Sciences where she graduated in 2014. Dr. Bashir is currently deputed at the Federal Disease Surveillance and Response Unit. Dr. Bashir has won travel grants to attend a training workshop for NCDs in Atlanta in August 2015 and the Global Forum for Research in Bioethics in Annecy France in November 2015. Dr. Bashir’s research projects include the Evaluation of Cancer Registries in Pakistan, developing a framework for effective collaboration between mental health services and faith –based healers, the economic burden of thalassemia- a multicenter study, WHO's Global Youth Tobacco Survey, Non Communicable Disease Survey for Rawalpindi Division, exploring the determinants of drug abuse among youth in urban slums of Islamabad, and the “Slum Youth Tobacco Survey 2016”. Dr. Bashir recently received the TEPHINET Minigrant 2015-2016 grant for the project titled: “Monitoring the trends of smoking and effects of second hand smoke on respiratory health of children in slums and nomadic settlements of Islamabad, Pakistan”. [Poster Session 2]. E-mail: drfaizabashir@yahoo.com.

**Mesrak Belatchew Nadew**, Reproductive Health, Special Health Projects, The Carter Center. Dr. Nadew leads the Center’s efforts to plan, implement, monitor, and evaluate the Public Health Training Initiatives (PHTI) in Sudan and Nigeria. Dr. Nadew holds a Master of Public Health from Addis Ababa University-Ethiopia (2007), Master of Science in health management from The University of Heidelberg-Germany (2005), and earned her Degree of Doctor of Medicine at Jimma University in Ethiopia (2002). Dr. Nadew’s broad international health experience ranges from Primary health care to research and policy interventions. Her research interests include NCD’s as indirect causes of maternal mortality and also as direct causes of maternal morbidity. Dr. Nadew’s vision is to make pregnancy and child birth safe to all women in reproductive age group. Dr. Nadew hopes to learn and apply the sound principles of public health leadership to the growing burden of NCDs in developing countries. [Research Centers]. E-mail: Mesrak.Nadew@cartercenter.org.
Katie Benzinger, Cardiology Fellow, University of Washington. Dr. Benzinger is involved in various research projects in Peru, including the prevalence of the American Heart Association’s ideal cardiovascular health metrics, the awareness, treatment and control of blood pressure, and the association between socioeconomic status and cardiovascular disease risk factors. Dr. Benzinger also works with the Institute for Health Metrics and Evaluation and recently presented her research on a systematic review of atrioventricular block and sick sinus syndrome, common causes of syncope and need for pacemakers worldwide, at the World Congress of Cardiology in Mexico City, Mexico. Dr. Benzinger was a guest editor for a special themed issue of the journal, Global Heart, on Chagas Disease- a tropical parasitic disease in Latin America that can causes cardiomyopathy and heart failure. [Abstract Committee; In absentia]. E-mail: cpast@cardiology.washington.edu.

Diane Berry, Professor, School of Nursing, The University of North Carolina at Chapel Hill. Dr. Berry, PhD, ANP-BC, FAANP, FAAN, is a prominent researcher who focuses on management and prevention of obesity, type 2 diabetes, and gestational diabetes mellitus. Throughout her career, Dr. Berry has either been a principal investigator or co-investigator on nine studies funded by the National Institutes of Health and several studies funded through private sources. Dr. Berry holds appointments in the UNC Interdisciplinary Obesity Center and the UNC Center for Diabetes research. Dr. Berry has authored four book chapters and has been an author on over 50 articles published in refereed journals. In much of her published work, she examines obesity across cultures and explores the effectiveness of community-based interventions for managing weight and conditions related to obesity.

In one of her more recent studies, published in Nutrition & Diabetes, Dr. Berry and her colleagues conducted a randomized controlled trial to determine if nutrition and exercise education combined with coping skills and an exercise program could improve the health of overweight children and their parents. The study had mixed results in terms of reducing the participants' body mass index and increasing their healthy behaviors, yet the outcomes suggested that treating overweight and obese parents alongside their children may be a powerful approach for managing weight. Dr. Berry is currently lead principal investigator on an NIH-funded study to test an intervention for women diagnosed with gestational diabetes. The American Association of Nurse practitioners inducted Dr. Berry as a Fellow in 2012. She maintains her practice as an adult nurse practitioner in the Emergency Department of UNC Health Care and for many years, served as a volunteer for the Alliance Medical Ministry Grace Clinic in Raleigh, NC. She also serves her community through many leadership roles, including service in The Obesity Society, the Council for Advancement of Nursing Science, the North Carolina Alliance for Health, and the North Carolina Nurses Association. [Participant]. E-mail: dberry@email.unc.edu.

Sandeep Bhalla, Program Director, The Centre for Chronic Conditions and Injuries, Public Health Foundation of India. Dr. Bhalla, an Armed Forces Medical College, (AFMC) Pune alumni did his MD, DNB in Public Health and awarded Fellowship in Leadership and Implementation Sciences to address NCDs in India (PH-Leader) jointly delivered by PHFI, Emory University and INSP Mexico. He has worked with NACO, DFID & IIHMR and has vast experience in program implementation and management. Currently he is Program Director, Training at Centre for Chronic Conditions & Injuries in PHFI. He is leading the capacity building initiatives for physicians in chronic disease management and injuries along with his dedicated team of 45 colleagues under leadership of Professor Prabhakaran. More than 15000 physicians have been trained since 2010 under these initiatives all across country. Two training programs in evidence based diabetes management (CCCEBDM) and gestational diabetes Mellitus (CCGDM) got recognition by International Diabetes Federation (IDF) and also been adopted by various State governments. CCGDM
Miteshkumar Bhanderi, District Health Officer, Department of Health, Government of Gujarat, India. Mr. Bhanderi is Program Director, Training at Centre for Chronic Conditions & Injuries in PHFI. He is leading the capacity building initiatives for physicians in chronic disease management and injuries along with his dedicated team of 45 colleagues under leadership of Professor Prabhakaran. More than 15,000 physicians have been trained since 2010 under these initiatives all across country. Two training programs in evidence based diabetes management (CCEBDM) and gestational diabetes Mellitus (CCGDM) got recognition by International Diabetes Federation (IDF) and also been adopted by various State governments. CCGDM and Thyroid program have also got SAFES (South Asian Federation Of Endocrine Societies) accreditation. Thyroid program has also got endorsement from Asia Oceania Thyroid Association (AOTA). BMJ recognises CCEBDM as a finalist for the BMJ Awards India, 2014 in category of Excellence in Medical Education for CCEBDM program. These Programs won PHD chambers award for Excellence in Skill Development in 2015. He is also assessor for National Accreditation Board of Hospitals, Quality Council of India. [Abstracts; In absentia]. E-mail: mnbhanderi@gmail.com.

Gerald Bloomfield, Cardiologist, Assistant Professor of Medicine & Global Health, Duke Global Health Institute. Dr. Bloomfield received a Bachelor of Arts degree cum laude in psychology from Princeton University. He attended the Johns Hopkins University for his public health and medical education. He completed internal medicine residency at Johns Hopkins Hospital and was subsequently Assistant Chief of Service. He completed training in cardiology, cardiovascular research and advanced cardiovascular imaging Duke University Medical Center and the Duke Clinical Research Institute. He was Fogarty International Clinical Research Fellow and Global Health Fellow with the Duke University Hubert-Yeargan Center for Global Health. Dr. Bloomfield is Assistant Professor in the Department of Medicine (Cardiology) and Assistant Research Professor of Global Health. His research interests are in the epidemiology of heart failure and cardiovascular risk factors in sub-Saharan Africa. He has led studies of heart failure epidemiology, cardiovascular effects of indoor air pollution, genetic associations with cardiovascular disease and cardiovascular risk factors among HIV+ patients at the National Heart, Lung and Blood Institute's Cardiovascular and Pulmonary Disease Center of Excellence at Moi University in Eldoret, Kenya. [Organizer; Research Centers; Oral symposium; Abstract Committee]. E-mail: Gerald.bloomfield@duke.edu.

Robert Breiman, Director, Emory Global Health Institute, Emory University. Dr. Breiman holds faculty appointments in the Hubert Department of Global Health at the Rollins School of Public Health and in the Infectious Disease Department of the Emory University School of Medicine. Before joining Emory, Dr. Robert Breiman was the Director of the Kenya office of the US Centers for Disease Control and Prevention (CDC), CDC’s largest overseas field operation. From 2004-2012, he also served as the Head of the CDC Global Disease Detection Division, based in Nairobi. An infectious diseases epidemiologist, Dr. Breiman has worked with a variety of urban and rural surveillance systems, and has conducted applied research on infectious diseases with a focus on disease burden studies, vaccine
Dr. Breiman worked at CDC for 26 years, and was previously the Director of the National Vaccine Program Office, reporting to the DHHS Assistant Secretary for Health from 1995-2000 and was the Chief of the Epidemiology Section of the Respiratory Diseases Branch from 1989-1995. He completed his Infectious Diseases Fellowship at UCLA (1984-1987), and his internal medicine residency and chief residency at the UCLA San Fernando Valley Program (1979-1983). He received his MD from the University of Arizona in 1979. He is Board Certified in the US in Internal Medicine and in Infectious Diseases, a Fellow of the Infectious Diseases Society of America, and a member of the American Society of Epidemiology, the American Society of Tropical Medicine and Hygiene, and the American Society of Microbiology. Dr. Breiman is author or co-author of >275 peer reviewed original scientific articles, perspectives, and chapters. [Plenary]. E-mail: rfbreiman@emory.edu.

Andrew Bremer, Program Officer, NIDDK, NIH. Dr. Bremer is Program Director of the Division of Diabetes, Endocrinology, and Metabolic Diseases in the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). His work encompasses the management of basic science and clinical intervention projects focused on the prevention and treatment of type 2 diabetes. Current research programs that he oversees include: Clinical Research in Type 2 Diabetes, which supports studies in humans aimed at the prevention, treatment, and diagnosis of type 2 diabetes across the lifespan; the Diabetes and Metabolism HIV/AIDS program, supporting studies on the metabolic complications of HIV infection and treatment, including endocrine and body composition abnormalities; Diabetes: Treatment, Prevention, and Complications program, which supports both basic and clinical studies aimed at addressing the prevention, treatment, and pathophysiology of hypoglycemia and diabetes; and the Pathophysiology of Diabetes and Metabolic Disease program, which supports basic and clinical research that addresses the pathophysiology of metabolic diseases, including the etiology of type 1 diabetes and other autoimmune endocrine diseases. Dr. Bremer is also the Project Scientist and/or Program Official on large NIDDK-supported multi-center type 2 diabetes-related clinical trials. [In absentia]. E-mail: andrew.bremer@nih.gov.

Melissa Burroughs Peña, Assistant Professor of Medicine, Division of Cardiology, Department of Medicine, University of California San Francisco. Dr. Burroughs Peña’s current research interests include the effect of urban development policy and environmental exposures on cardiovascular disease outcomes. Melissa focuses much of her work in low- and middle-income countries, including a year doing research in Peru on the effect of air pollution on cardiac structure and function as a NIH Fogarty Global Health Fellow in 2014. Melissa received her MD from Harvard Medical School. She completed her residency in internal medicine at the University of California, San Francisco where she was a Global Health Scholar. She has previously interned at the Pan American Health Organization working on hypertension surveillance in Latin America and the Caribbean. As a cardiology fellow at Duke University Medical Center, Melissa also was fellow at the Duke Clinical Research Institute and the Duke Hubert-Yeargan Global Health Fellowship Program. [Organizer; Plenary; Workshops]. E-mail: melissa.pena@ucsf.edu.

Eduardo Bustos Vázquez, Junior Researcher, Health Systems and Services Innovation Division, National Institute of Public Health, Mexico. Dr. Bustos earned his General Physician degree at Autonomous University of Hidalgo State in Mexico and his Master of Science in Health Systems at NIPH. He is a participant of the Public Health Leadership and Implementation Academy (PH-LEADER) program at Emory University. He has participated in the International Congress of Epidemiology and Public Health.
and he will present a work in the Fourth Global Symposium on Health Systems Research in Vancouver, Canada. His research interests include social determinants of health, health policy and management, health economics, global health, social protection in health and non-communicable diseases. [Poster Session 2]. E-mail: edward0586@hotmail.com.

Hortensia Castañeda-Hidalgo, Associate Dean of Academic Affairs, Facultad De Enfermería De Tampico, Universidad Autónoma De Tamaulipas. Professor Castañeda-Hidalgo is a professional nurse and she has trained to perform highly in different countries. Her dedication is what sets her apart from anybody else. She finished her doctoral degree at the University of Alicante, Spain. Hortensia is also passionate about teaching and her favorite reading is about History and she is as well as an avid traveler. Embracing the core value of integrity, Hortensia consistently ranks among the top 5% professors of Facultad de Enfermería de Tampico. She is deeply committed to undergraduate teaching and her desire is to enrich the lives of her students. Her primary focus of research and other scholarly activities is Nursing Management in clinical and public health settings. She is a well rounded individual who lives with passion and dedication. [Participant]. E-mail: hcastane@docentes.uat.edu.mx.

Jose Castell, INSP. Dr. José Castell Martínez is a Medical Epidemiologist in the Mexican Institute of Social Security. He has Masters Degrees in Public Health and Health Services Management, both from the National Institute of Public Health in México. He specializes in public health and preventive medicine and researches diabetes and breast cancer. His vision for public health in México is to decrease the number of new cases of diabetes mellitus and breast cancer through timely and appropriate preventive strategies. Dr. Martínez hopes gain insight from expert experiences and learn the best preventive health strategies. [Poster Session 1]. E-mail: jose_castell@hotmail.com.

Ramesh Chand Chauhan, Assistant Professor, Community Medicine & Family Medicine, All India Institute of Medical Sciences, Bhubaneswar. Dr. Chauhan graduated from Institute of Medical Sciences, Banaras Hindu University, Varanasi and earned his doctoral degree from All India Institute of Medical Sciences (AIIMS), New Delhi, India. His research interests includes the understanding of global NCD epidemiology and CVD risk reduction through holistic interventions and primary prevention approaches. Currently, he is actively supporting the DISHA project (a large community based randomized controlled trial) in Puducherry and a multicenter Tribal TB study among the aboriginal populations of Maharashtra state of India. [Poster Session 2]. E-mail: rcchauhan21@gmail.com.

Charles (Chuck) Chesson, Group Vice President, Clinical Research and Bioscience, Social & Scientific Systems. Dr. Chesson is the group vice president of SSS’ Clinical Research and Bioscience Group. He has more than 20 years of experience in health care research in operational settings, public health research, and industry pharmaceutical trials. Dr. Chesson oversees the operations of several complex biomedical research support contracts, including the AIDS Clinical Research Group (ACTG) Operations Center, funded by the National Institute of Allergy and Infectious Diseases (NIAID), Division of AIDS (DAIDS). Before joining SSS, Dr. Chesson was with Immunity Care & Research, where he developed an international network of clinical research sites for the conduct of phases I-IV infectious disease clinical trials and oversaw operations of all research staff for compliance with standard operating procedures, Good Clinical Practice, and federal regulations. As a lieutenant in the U.S. Navy Reserve, Dr. Chesson served at the Naval Health Research Center—developing, implementing, and evaluating personnel health
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promotion programs in the U.S. Navy. Dr. Chesson holds an MA and a PhD in Industrial and Organizational Psychology from Texas Tech University. [Participant]. E-mail: cchesson@s-3.com.

Tamar Chitashvili, Senior Improvement Advisor, Quality and Performance Institute, University Research Co. LLC. Dr. Chitashvili is a medical doctor and public health professional with 13 years of experience in developing, implementing and evaluating the programs/policies targeting high quality integrated health care, structural, functional and institutional development of sustainable health systems and population health. As a head of health policy department of the Georgia MoH, she has made important contributions to the development of the Georgia health sector reform over the last decade. As Chief of Party of University Research Co. LLC (URC), Dr. Chitashvili has been leading the USAID funded Applying Science to Strengthen and Improve Systems (ASSIST) project in Georgia aiming to improve quality of integrated prevention and treatment services for high burden NCDs and respiratory tract infections (RTIs) in the country during 2011-2014. Currently she is based at the URC headquarters, the US and is leading MNCH/FP and NCD technical portfolio within Global USAID ASSIST project. Dr. Chitashvili holds MD and MsHP&M degrees and is an associate member of American Congress of Obstetricians and Gynecologists. [Oral Symposium]. E-mail: tchitashvili@urc-chs.com.

Nzwisisai Chokuda, FETP Trainee part 2, Department of Community Medicine, University of Zimbabwe. In this capacity Ms. Chokuda is responsible for supervising administrative and clinical activities. Nzwisisai received her Bachelor of Veterinary Science in June 2002 and a Bachelor of Medicine and surgery in February 2008 at the University of Zimbabwe. She is currently a final year postgraduate student at the same university pursuing a Masters of Public Health degree. Her thesis project is titled "Factors Associated with Defaulting Paediatric Antiretroviral Therapy in Hwange District, Zimbabwe, 2016. [Poster Session 1]. E-mail: nchokuda@gmail.com.

Thomas Chupein, Senior Policy Manager, Health Sector Manager, Abdul Latif Jameel Poverty Action Lab (J-PAL), Abdul Latif Jameel Poverty Action Lab (J-PAL). In these roles, Mr. Chupein helps forge new research partnerships and conducts outreach with policymakers to catalyze the use of evidence from J-PAL evaluations. Prior to joining J-PAL, Thomas was Head of Research Initiatives for the Center for Effective Global Action (CEGA) at UC Berkeley, where he helped launch a program on behavioral economics in reproductive health. Previously, he worked as a data analyst for UNICEF in Bhutan, Nepal, and Thailand. Thomas holds a Masters in Public Administration in International Development (MPA/ID) from the Harvard Kennedy School and a BA in Development Studies from UC Berkeley. [Research Centers]. E-mail: tchupein@mit.edu.

Caroline Coburn, Assistant Professor, School of Nursing, Emory University. Ms. Coburn is a Clinical Assistant Professor in the School of Nursing at Emory University. She is an Adult Nurse Practitioner and received her Doctor of Nursing Practice from the University of Alabama at Birmingham. Her background is in cardiology, and she currently teaches undergraduate classes in ambulatory care nursing and in global health. She also is part of a Veterans Administration grant to create a Nurse Practitioner gerontology residency program at the Atlanta VA Medical Center, and in conjunction with the grant, participates in clinical practice and research in heart failure. In connection with the Lillian Carter Center at Emory School of Nursing, she has led research and student experiences as part of an ongoing
collaboration with governmental and non-governmental agencies for research and education on the island of Eleuthera, Bahamas. [Participant]. E-mail: ccoburn@emory.edu.

**Pamela Collins**, Director, Office for Research on Disparities & Global Mental Health, National Institutes of Mental Health. Dr. Collins is associate director for Special Populations at the National Institute of Mental Health (NIMH) and director of the Office for Research on Disparities & Global Mental Health and the Office of Rural Mental Health Research. Prior to her position at NIMH, Collins’s research focused on the intersections of HIV prevention, care, and treatment and the mental health needs of people in the US, Latin America, and Sub-Saharan Africa. She was an editor of the 2011 Lancet series on Global Mental Health, the lead author of Grand Challenges in Global Mental Health, published in Nature in 2011, and she led the 2013 PLoS Medicine series on integrating global mental health. Collins received an NIH Director’s Award in 2011 for accomplishments in global mental health and mental health disparities research. [Plenary; Funding panel]. E-mail: pamela.collins@nih.gov.

**Lidia Compean Ortiz**, Professor, School of Nursing, Universidad Autónoma de Tamaulipas. Dr. Compeán received her Doctoral Degree in Nursing Sciences focusing on chronic disease, and her Master’s Degree in Sciences of Nursing focusing in Community Health at the Autonomous University of Nuevo León in Monterrey, Mexico. She is Research Professor at the Autonomous University of Tamaulipas, School of Nursing in Tampico, Mexico. She teaches in the Master’s and Bachelor’s Programs in subjects as Community Nursing, Research Methodology and Epidemiology. Her research interests are related to self-care behaviors to prevent and manage chronic diseases such as diabetes and obesity. Dr. Compeán participated in the PH-LEADER Program (2015-16) through Emory University, the National Institute of Public Health (INSP) in México and the Public Health Foundation of India. She recognizes the need for collaborative and multidisciplinary work in order to address risk factors for NCDs that involve lifestyle interventions and public policies. [Poster Session 1]. E-mail: lidiacomp@hotmail.com.

**Rachel Culbreth**, PhD student/Doctoral fellow, School of Public Health, Georgia State University. Ms. Culbreth worked for 5 years as a Respiratory Therapist at Piedmont Hospital. She also worked on several clinical research projects while at Piedmont. In 2015, she completed her Master’s in Public Health in Epidemiology degree including thesis research “Associations of Major Depression and Selected Behaviors among HIV-positive Adults Receiving Medical Care in Georgia.” Rachel has completed an epidemiology internship at the Georgia Department of Public Health in the HIV/AIDS Epidemiology department. Her research focuses on alcohol abuse, HIV, and gender-based violence among young people in the slums of Uganda. Her research has been presented at national and international conferences including the American College of Epidemiology Conference, the CDC National HIV Prevention Conference, and the International AIDS Conference. [Participant]. E-mail: Rachelculbreth@gmail.com.

**Solveig Cunningham**, Associate Professor, Global Health, Emory University. After studying International Affairs, Dr. Cunningham worked in the non-profit sector promoting the development of electoral systems and civil society, especially in the former Eastern Block. She became increasingly aware of the relevance of economic development, and pursued a Master’s degree in International Development at the London School of Economics and Political Science. While there, she was inspired by the momentous importance of population for development and pursued a PhD in Demography and
Sociology at the University of Pennsylvania. There, Dr. Cunningham increasingly focused on matters pertaining to health, with a focus on how it is affected by family and the social environment. Her current research continues on these themes, especially pertaining to obesity. [Workshops]. E-mail: sargese@emory.edu.

Preet Dhillon, Epidemiologist, Sr. Scientific Officer, Centre for Chronic Conditions & Injuries, Public Health Foundation of India. Dr. Dhillon is leading several studies related to breast cancer etiology, awareness, reviews and quality of life. Her work includes other cancer sites (eg, oral) and NCD's involving air pollution, diet, metabolic outcomes, and inflammatory markers. She co-chairs PHFI's Cancer Interest Group and is the PHFI co-lead for the Global Burden of Disease Cancer Expert Group. Her interest in cancer spans nutrition, screening, environmental factors, molecular/epigenetic epidemiology, cancer-related stigma and awareness. She is involved in multi-disciplinary research and teaching in Epidemiology and cancer, facilitates capacity building, and mentors staff and students from PHFI and other public health institutes in India and the US. [Poster Session 2]. E-mail: preet.dhillon@phfi.org.

Nancy Dianis, Vice President, Health Studies, Westat. Ms. Dianis is a vice president and associate director of the Westat study area, Clinical Trials that conducts clinical trials, epidemiologic research, global health projects, and international surveys in developing countries, evaluation studies and patient outcome studies. She has served as principal investigator, project director or project manager for many clinical trials, and clinical studies of HIV and TB infection, other emerging infectious diseases, cancer, blood-transmitted diseases, cardiovascular and pulmonary diseases, and trauma. Ms. Dianis also serves as the corporate officer and technical advisor for government and commercial client awards. She has held several adjunct faculty positions at University of Maryland School of Nursing, the Johns Hopkins School of Nursing, the George Mason University School of Nursing, and the University of Rochester School of Nursing. Ms. Dianis holds a master’s of science degree from the University of Rochester Adult Primary Nurse Practitioner Program. [Poster Session 1]. E-mail: NancyDianis@westat.com.

Michael Engelgau, Deputy Director, Center for Translation Research & Implementation Science, National Heart, Lung, and Blood Institute, National Institutes of Health. As deputy director of CTRIS, Dr. Engelgau helps to lead an integrative, trans-Institute effort to advance the translation of scientific discoveries in heart, lung, and blood diseases research to clinical and public health practice nationally and globally. CTRIS will address its mission by investing in research that shows how fundamental scientific discoveries and interventions of proven effectiveness can best be applied in hospitals, homes, worksites, and the community at large to maximize population health impact. Dr. Engelgau’s professional experience includes 4 years with the National Health Service Corps, 24 years at the Centers for Disease Control and Prevention (CDC) and four years of service at the World Bank. He is trained in both internal and preventive medicine and has completed the CDC’s Epidemic Intelligence Service program. His career has focused on developing research programs and policies that translate science into practice for prevention and control of non-communicable diseases. Before joining the NHLBI, Dr. Engelgau was the director of U.S. CDC’s China Country Office and director of Non-Communicable Disease (NCD) activities in Beijing, China. In this role he was responsible for the entire CDC portfolio of communicable diseases and NCDs and led management of the portfolio for NCD disease research and capacity building collaborations between CDC and China’s Centers for Disease Control. In addition to his public service at CDC, Dr. Engelgau has been a member of the United States Public Health Service Commission Corp since 1990. In 1999 he was nominated for the CDC Shepard Award, the highest scientific award at the CDC. During the course of his
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Dr. Engelgau has authored more than 200 manuscripts, reports, and book chapters. In 2011 he wrote the book “Capitalizing on the Demographic Transition: Tackling Non-communicable Diseases in South Asia.” [Funding Panel]. E-mail: Michael.Engelgau@nih.gov.

**Henry Falk**, Consultant, ONDIEH/CDC, Consultant, CDC. Dr. Falk is currently a consultant at the Centers for Disease Control and Prevention. Additionally, he is an adjunct professor at the Rollins School of Public Health where he specializes in environmental health topics. He obtained his MD from Albert Einstein College of Medicine of Yeshiva University and later went on to earn his MPH at the Harvard School of Public Health. [Participant]. E-mail: hxf1@cdc.gov.

**Ghada Farhat**, Res Associate Professor, Hubert Department of Global Health, Emory University. Born and raised in Lebanon, Dr. Farhat obtained her PhD from the University of Pittsburgh, Graduate School of Public Health, and completed postdoctoral training at the University of Pittsburgh Cancer Institute and at the San Francisco Coordinating Center, California Pacific Medical Center Research Institute. Specializing in non-communicable diseases (NCDs), she is an epidemiologist with extensive experience in research design, the conduct of epidemiologic studies, data analysis, statistical modeling, grant writing, and scientific writing. Her current research interests include: breast cancer etiology and risk assessment, as well as risk factors, biological markers, and hormonal mediators of NCDs. [Participant]. E-mail: ghada.n.farhat@emory.edu.

**John Flanigan**, Senior Adviser, Center for Global Health, National Cancer Institute. Dr. Flanigan is Senior Advisor for Non Communicable Diseases at the Center for Global Health, National Cancer Institute, National institutes of Health, Department of Health and Human Services, USA. He joined the Center for Global Health in 2012. Reflecting long experience in clinical care delivery, he supports practical interventions to improve cancer diagnosis in resource limited settings and strengthening acute care delivery. He participated on advisories on the Global NCD Action Plan and now concentrates on focusing research to deliver evidence for the NCD Action Plan implementation. He is committed to the Center’s vision to promote cooperative research internationally to support integrated, evidence based, efficient response to the growing burden of noncommunicable diseases worldwide. Dr. Flanigan received a M.D. from the University of Maryland and trained in Internal Medicine at Cleveland Metrohealth/ Case Western Reserve. After a decade of clinical practice in a rural hospital, he was able to spend four years traveling internationally developing an interest in resource appropriate healthcare delivery. His experience includes fourteen years practicing emergency medicine at the University of Maryland, School of Medicine promoting the integration of emergency care, inpatient acute care and outpatient chronic disease management for an urban population. [Funding Panel]. E-mail: John.flanigan@nih.gov.

**Nancy Fleischer**, Assistant Professor of Epidemiology, School of Public Health, University of Michigan. Nancy Fleischer is an Assistant Professor of Epidemiology at the University of Michigan, School of Public Health. Previously, she was an Assistant Professor in the Arnold School of Public Health at the University of South Carolina and served as an Epidemic Intelligence Service Officer with the National Center for Environmental Health at the US Centers for Disease Control and Prevention. She graduated from the University of Michigan with a PhD in Epidemiologic Science in 2010, and from the University of California, Berkeley, with a MPH in Epidemiology and Biostatistics in 2006. Prior to her graduate studies, she served as a Peace Corps Volunteer in the Solomon Islands and Kazakhstan, and
worked at the California Department of Health Services in the Occupational Health Branch. Dr. Fleischer’s research interests include social and environmental determinants of health, the growing burden of non-communicable disease risk in low- and middle-income countries, the health of vulnerable populations around the world, and epidemiologic methods. Much of her research focuses on the growing tobacco burden, and NCD risk in Latin America. She has conducted studies in Mexico, Argentina and Colombia, in addition to cross-national studies. [Abstract Committee; In absentia]. E-mail: nancyfl@umich.edu.

**Erica Bass Flimmons**, 3rd year doctoral student, Learning Technologies Division, Georgia State University. Ms. Flimmons' research interest includes studying mobile devices in developing countries with a focus on public health education. While receiving her Master’s degree, Erica studied at the Durban University of Technology located in South Africa to research Indigenous Technologies (2011). During the first year of her doctoral studies, Erica visited Ghana while researching the Mobile Maternal Health Project with a local NGO (2014) and has remained focused on mobile learning in developing countries as her research topic. Currently, she is a graduate research assistant to the Dean of International Partnerships in the College of Education at Georgia State University. Her research interest includes studying mobile devices within developing countries with a focus on public health. She is interested in analyzing the mobile cellular device in culturally sensitive settings, which will result in the development of culturally specific content and training tools to aid local natives necessary to impact various cultures. [Poster Session 1]. E-mail: ebass3@student.gsu.edu.

**Mario Flores**, Instituto Nacional de Salud Pública. During the last couple of years Dr. Flores has been working at the National Institute of Public Health (INSP) as a research assistant and project coordinator at the Mexican Teachers’ Cohort (MTC), a prospective study focused on non-communicable diseases. At MTC, he has coordinated efforts with national and international investigators in a set of studies focused on violence and psychosocial stress and its relation with cardiovascular risk factors and other chronic non-communicable diseases. Since 2016, he has worked in partnership with investigators at Boston University School of Public Health in a pilot project for the study of cancer in Mexican male teachers. He was raised in Chiapas, a marginalized state in southern Mexico, and has lived in Mexico City since 2009. [Abstracts; In absentia]. E-mail: hernan.flores@insp.mx.

**Paul Therattil Francis**, Associate Professor, Community Medicine, Amrita Institute of Medical Sciences, Kochi, India. Dr. Therattil Francis’s interest is in prevention of Non Communicable Diseases in a non-intrusive manner. Since most of NCDs are attributed to harmful lifestyle, preventive measures should be a healthy lifestyle and not mere alteration of the present lifestyle just to prevent NCDs. Such a lifestyle should be holistic and not specific to preventing NCDs alone. Dr. Francis is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER)He is looking forward to teaming up with public health specialists working in the field of NCD prevention and control. [Participant]. E-mail: paultfrancis@gmail.com.

**Karla Galaviz**, Post-doctoral Fellow, Global Health, Emory University. Dr. Galaviz received her BA from the University of Guadalajara, Mexico, her MSc and PhD from Queen’s University, Canada and is currently completing a post-doctoral fellowship at Emory University, United States. Her research focuses on translating effective, evidence-based diabetes prevention interventions into public health and clinical practice. Her clinic-based work has focused on the systematic implementation and evaluation of
physical activity counseling strategies in Mexican and Canadian primary care clinics. Her community-based work has focused on designing strategies for promoting healthy lifestyles among immigrants in the United States and on identifying translatable physical activity interventions in Latin America. Currently, she is a member of the Exercise is Medicine Evaluation working group, where she helps develop a framework to inform evaluations of the initiative across the world. She also serves as a co-principal investigator for the Mexican Physical Activity Report Card, a knowledge translation tool summarizing current evidence around physical activity of children and youth. As a post-doctoral fellow, she is working on developing metrics to estimate the real-world impact of health interventions globally and on identifying factors that predict intervention effectiveness. [Poster Session 2]. E-mail: kgalavi@emory.edu.


Cristina García-Ulloa, Responsible of Medical Care, Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán. Dr. García-Ulloa holds a medical degree from the National Autonomous University of Mexico (UNAM), and trained as Internist, Endocrinologist and Obesity specialist at the National Institute of Medical Sciences and Nutrition Salvador Zubirán (INCMNSZ). She obtained her Masters Degree in Medical Sciences related to lipids and is Candidate of the National System of Investigators (SNI-CONACYT). She has more than 20 articles published in different journals (national and international) and 15 chapters in medical books. She is also certified by the Mexican Council of Internal Medicine and Mexican Council of Endocrinology. [Poster Session 2]. E-mail: dra_ulloa@yahoo.com.mx.

Adriana Garduño-Alanís. Maternal-Perinatal Hospital “Mónica Pretelini Sáenz”, Health Institute of the State of Mexico (ISEM). Dr. Garduño-Alanís participated in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) at Emory University, Atlanta (2013-14) and is working on completing her project. She is a member of The Women’S Health Research Patient and Public Advisory Group from the Women’s Health Research Unit at Queen Mary University of London. She received her training in nutrition, and completed her masters and doctoral degrees in health sciences from the School of Medicine of the Autonomous University of the State of Mexico. Her doctoral thesis addressed diet quality and related complications in overweight or obese pregnant women. Her research and publications primarily are related to the nutritional treatment of chronic and degenerative diseases in pregnant women, and have led to changes in practices that have contributed to the improvement of health outcomes for both mothers and infants. Dr. Garduño Alanís has worked in research hospitals and is
interested in how public health research can influence public policy to improve health outcomes and quality of life in Mexico. She sees how quality study design and execution can contribute to the generation and dissemination of knowledge that can be implemented in health programs and policies and utilized in health promotion activities, and to this end is committed to working in public health research. [Abstracts; In absentia]. E-mail: adrisgamx@hotmail.com.

Theresa Gillespie, Professor, Department of Surgery, School of Medicine, Emory University. Dr. Gillespie has extensive experience in clinical oncology, clinical trials, and cancer research. Her research has focused on disparities experienced by urban underserved, rural, minority, and under-represented populations across the continuum of care. Currently, she is Professor, Department of Surgery and Department of Hematology and Medical Oncology, Emory University School of Medicine; Clinical Associate Professor, School of Nursing; and Senior Fellow in the Emory Global Health Institute. She has held senior leadership roles in the Winship Cancer Institute for the past two decades, including Deputy Director, Director of Clinical Research, and as Co-Director of the Winship Cancer Institute’s Health Disparities Initiative. She previously was Director of Health Services Research at the Atlanta Veterans Affairs Medical Center. As Principal Investigator and Co-Investigator on numerous grants, Dr. Gillespie has been funded by the NCI/NIH; CDC; DOD; Veterans Affairs; American Cancer Society, and Movember Foundation. Her funded studies have focused on decision-making by patients, the public and clinicians; risk communication; quality and outcomes in healthcare; and educational interventions to improve risk comprehension, guideline concordant care, and outcomes. Dr. Gillespie teaches in the Schools of Medicine, Public Health, and Nursing at Emory and has published and presented extensively for more than 25 years. [Workshops]. E-mail: tgilles@emory.edu.

Bruna Gonçalves Cordeiro da Silva, PhD Student, Postgraduate Program in Epidemiology, Universidade Federal de Pelotas. Ms. Gonçalves Cordeiro da Silva is currently a Visiting Research Scholar at the Hubert Department of Global Health, Rollins School of Public Health, Emory University, United States. Bruna received her BSc in Physical Education and her MSc in Human Movement Science from Federal University of Rio Grande do Sul, Brazil. Her research interest is in epidemiology and public health, with an emphasis on physical activity and sedentary behaviors. [Poster Session 1]. E-mail: brugcs@hotmail.com.

Ruth Gonzalez, Second year FETP trainee in Mexico City. Ms. Gonzalez is in her third year of FETP in Mexico. She participated in the general sessions with “The role of paper money in the transmission of diseases” and “The role of women and the world” in DGE. She presented “Breast cancer mortality and Social Security” at the LXVIII Public Health annual meeting in Yucatan. She participated at the 8th TEPHINET Global Scientific Conference with “Women Brest Cancer Mortality and Its relationship with Social Security, Mexico, 2003-2013”. She participated at meeting LXIX Public Health in Nuevo Leon “Correlation between natural extreme temperatures and cases in hot season, 2015”. She posted in the Epidemiological Bulletin of DGE, “Panorama Rickettsiosis”, “Studying Outbreak” and “Panorama of Zika virus infection”. She trained personnel in Guerrero about ”How to use the PPE for Ebola” also she taught “Principles of Epidemiology, Epidemiological Surveillance and Field”. She participated in preventive operations of natural disasters like “Hurricane Odile”, also monitoring “Dengue and Chikungunya”. She participated in “MOPECE”. She received a Mini-Grant through TEPHINET. Currently, she is serving as a consultant in public health at the Olympic Games in Rio de Janeiro in Brazil. [Poster Session 1]. E-mail: ruthsita85@gmail.com.


Ines Gonzalez-Casanova, Postdoctoral Fellow, Global Health, Emory University. Dr. Gonzalez-Casanova completed her PhD in Nutrition and Health Sciences from Emory University in 2013, where she is currently a postdoctoral fellow in Global Health. She has over 10 years of experience in the field of public health nutrition and obesity prevention. Dr. Gonzalez-Casanova dissertation focused on the determinants of childhood and adolescence obesity in Colombia. Currently, her research focuses on the influence of maternal nutritional status on child growth and development in low- and middle-income countries. She currently coordinates three studies: one assessing the effect of prenatal supplementation with omega-3 fatty acids in a cohort of Mexican children, the second evaluating the effect of preconception supplementation with multiple micronutrients on birth outcomes and child health in Vietnam, and the third assessing the impact of early childhood nutrition on adult metabolomic and cardio-metabolic profiles in Guatemala. [Participant]. E-mail: igonza2@emory.edu.

Michael Goodman, Associate Professor at the Department of Epidemiology, Rollins School of Public Health, Emory University. Dr. Goodman is an epidemiologist and a licensed physician with board-certification in Pediatrics and Preventive Medicine. Originally from Lithuania, Dr. Goodman received his MD degree from the Kaunas Medical Academy in 1984. He received his Masters in Public Health from the Johns Hopkins University School of Public Health in 1995. In addition to his work as an epidemiologist, Dr. Goodman has nearly 20 years of experience as a practicing physician both in his native Lithuania and in the United States. Dr. Goodman’s current research interests include cancer epidemiology with specific focus on the roles of diet, inflammation and oxidative stress as determinants of colorectal and prostate cancer risk and prognosis. Dr. Goodman has experience in all aspects of epidemiologic research including design, implementation, and data analysis of both observational and experimental studies. He is conducting several ongoing studies that evaluate quality of life among prostate cancer patients, examine comparative effectiveness of colorectal cancer screening options, and assess morbidity and mortality in a cohort of transgender persons. In addition to his research activities, Dr. Goodman teaches an introductory course in epidemiology for Master’s and PhD level students. [Participant]. E-mail: mgoodm2@emory.edu.

Fred Grant, Assistant Dean of Finance & Administration, School of Public Health, Georgia State University. Prior to coming to GSU, Dr. Grant served as the Chief Scientist for Northrop Grumman’s Public Health Division where he supported the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Department of Homeland Security (DHS). He is widely considered an expert on surveillance systems and has more than 35 years of executive experience. He is an elected member of the Delta Omega Public Health Honor Society. He is a certified data processor. He holds an appointment as an Associate Professor (Adjunct) at the Rollins School of Public Health and supports the informatics track of the EMPH program. He served in the United States Marine Corps during the Vietnam War. [Research Centers]. E-mail: fgrant@gsu.edu.

Edward W. Gregg, Chief, Epidemiology and Statistics Branch in the Division of Diabetes Translation, Centers for Disease Control and Prevention. Dr. Gregg serves as Chief of the Epidemiology and Statistics Branch in the Division of Diabetes Translation at Centers for Disease Control and Prevention, where his current efforts involve oversight of the National Diabetes Surveillance system and the integration of surveillance, epidemiology, health services, and economic studies at CDC to better guide health policy for diabetes. His research interests include surveillance of national and international
trends in diabetes and related risk factors as well as the impact of lifestyle interventions on the risk of diabetes and related complications. Dr. Gregg has published over 180 articles and chapters in chronic disease epidemiology and prevention and is a lead or co-investigator in several national multi-center studies, including Natural Experiments in Translation for Diabetes (NEXT-D) and the Look AHEAD Study. [In absentia]. E-mail: edg7@cdc.gov.

Nathan Grills, Senior Researcher and Public Health physician, Nossal Institute for Global Health, University of Melbourne. Dr. Grills’ research field is Global Public Health with a particular regard for non-communicable diseases and researching complex public health partnerships with civil society groups. Such partnerships were the focus of his DPhil under a Rhodes scholarship, his work with the WHO and, more recently, as part of his DPH on the importance of Public Health Partnerships. The other area of research and practice is disability inclusive development and health programs in low and middle income countries. Although Dr Grills’s recent research focus has been South Asia, including work in Burma, Nepal, Bangladesh and India, he also has had extensive international experience in Africa, Fiji, East Timor and PNG with a focus on translating research to policy and action. He has initiated a number of international and local collaborations with organisations such as PHFI and CMC Vellore. [Organizer; In absentia]. E-mail: ngrills@unimelb.edu.au.

Unjali Gujral, Postdoctoral Fellow, Hubert Department of Global Health, Emory University. Dr. Gujral received her BA in Economics from the University of California, Irvine in 2003, her MPH concentrating in Chronic Disease Epidemiology from the Yale School of Public Health in 2010, and her PhD in Nutrition and Health Sciences from Emory University in 2015. In 2012, Unjali received a Fullbright Nehru Scholarship allowing her to spend 9 months in Chennai, India working closely with collaborators at the Madras Diabetes Research Foundation. Dr. Gujral’s research area of interest lies primarily in comparing the pathophysiological mechanisms of cardio-metabolic disease development between Asians Indians and other ethnic groups, as well as examining factors of cardio-metabolic risk associated with migration. [Poster Session 2]. E-mail: ugujral@emory.edu.

Listy Handayani, Gadjah Mada University. Ms. Handayani is a second year student in the Master of Public in Gadjah Mada University, Indonesia. She has done research about Maternal Determinant of Low Birth Weight in Temanggung District, Central Java Province, Indonesia, 2015. [Poster Session 1]. E-mail: listy.handayani@mail.ugm.ac.id.

Sara Hanson, Ph.D. Student, Nutrition and Health Sciences, Emory University. Ms. Hanson has completed a B.S. in Human Nutrition from Virginia Tech, an M.S. in Nutritional Sciences from San Diego State University, and is a current PhD student in Nutrition and Health Sciences at Emory. Ms. Hanson has previously completed research at the University of the Witwatersrand Developmental Pathways for Health Research Unit. While there, she worked on longitudinal birth and pregnancy cohort studies. She also has extensive data management experience and has worked at the World Health Organization. [Abstracts; In absentia]. E-mail: sara.hanson@emory.edu.
Arian Hatefi, Assistant Professor, UCSF - Global Health Sciences. Dr. Hatefi is a hospital-based physician who is interested in both clinical medicine and global health policy. He works on a project to align global actors in addressing the key and emerging challenges of global primary health care, with specific attention to integration of the private sector. He co-led an initiative to integrate platforms of care delivery and strengthen acute and hospital care globally. He is interested in health policy, health systems strengthening, priority setting and resource allocation, health in all policies, health diplomacy and security, and communicating the returns on investing in health globally. [Oral Symposium]. E-mail: Arian.Hatefi@ucsf.edu.

Douglas Heimburger, Professor and Associate Director, Institute for Global Health, Vanderbilt Institute for Global Health. Dr. Heimburger directs VIGH’s education and training programs for Vanderbilt students and trainees, as well as research training opportunities for doctoral and postdoctoral trainees from other institutions and other countries. These include direction of the Global Health Track in Vanderbilt’s Master of Public Health Program (https://medschool.vanderbilt.edu/mph/) and the University of Zambia-Vanderbilt Training Partnership for HIV-Nutrition-Metabolic Research (UVP), and co-direction of the Vanderbilt-Zambia Network for Innovation in Global Health Technologies (http://www.vanderbilt.edu/VZNIGHT/), the Vanderbilt-Emory-Cornell-Duke Consortium for Global Health Fellows (www.vecd.org), and the Vanderbilt Training Program in Molecular and Genetic Epidemiology of Cancer (MAGEC, https://medschool.vanderbilt.edu/magec/). His principal research and publication interests are nutritional influences on responses to treatment for HIV/AIDS in developing countries and global health education. He conducts clinical nutrition research in a population of undernourished Zambians starting antiretroviral therapy for HIV/AIDS, initiated during a Fulbright Scholar Award-supported sabbatical in Zambia in 2006. Dr. Heimburger received his M.D. degree from Vanderbilt University in 1978, internal medicine residency at St. Louis University, and clinical nutrition fellowship and M.S. degree in nutrition sciences at the University of Alabama at Birmingham (UAB). He is board-certified in internal medicine and clinical nutrition. He is the principal editor of three editions of the Handbook of Clinical Nutrition and has contributed chapters to the Cecil Textbook of Medicine, Harrison’s Principles of Internal Medicine, Medicine for the Practicing Physician, and Modern Nutrition in Health and Disease. He has served on the Advisory Board of the Fogarty International Center (NIH), the governing Council of the American Society for Clinical Nutrition, Initial Review Group Subcommittee G for the National Cancer Institute, the U.S. FDA’s Food Advisory Committee, and a Test Materials Development Committee for the United States Medical Licensing Examination. [Organizer; Plenary; Research Centers]. E-mail: david.heller@mssm.edu.

David Heller, Assistant Professor, Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai. Dr. Heller is a practicing internist and clinician-investigator who studies how to adapt primary care health systems in developing countries for the prevention and control of non-communicable diseases. As an assistant professor in the Department of Health System Design and Global Health and the Division of General Internal Medicine, Dr. Heller focuses his work on cardiovascular disease control in Uganda and Ghana. As a Fogarty fellow in Mbale, Uganda, Dr. Heller conducted an evaluation of hypertension control programs associated with the SEARCH study, a randomized controlled trial of universal test-and-treat programs for HIV prevention and control. As a primary care research fellow at the University of California, San Francisco, Dr. Heller studied the impact of university-policymaker partnerships on implementation of the Affordable Care Act, and the comparative effectiveness of statin use guidelines for primary prevention of cardiovascular disease. In addition to peer-reviewed publications, Dr. Heller’s
writings have appeared in the Washington Post, the San Francisco Chronicle, and the Lancet editorial series. [Participant]. E-mail: david.heller@mssm.edu.

Alan Hinman, Director for Programs, Center for Vaccine Equity, Task Force for Global Health. Dr. Hinman is a Senior Public Health Scientist at The Task Force for Global Health. He established and coordinates the Task Force project Voices for Vaccines. Dr. Hinman also directs the Uganda Immunization Training Program, Accelerated Measles Mortality Reduction Improving Routine Immunization in Africa (AMMRIRIA), a project funded by the Bill & Melinda Gates Foundation. He is on the staff of the Public Health Informatics Institute. Dr. Hinman received a BA from Cornell University (1957), MD from Western Reserve University (1961), and MPH from Harvard University (1969). Since 1965 he has been involved in public health programs at state, national, and international levels, primarily working with CDC. At CDC he held positions including EIS Officer (1965-1967), Director of the Immunization Division (1977-1988), Director of the National Center for Prevention Services (1988-1995), and Senior Advisor to the Director (1995-1996). In addition, he has worked for the State Health Departments of New York (1970-1975) and Tennessee (1975-1977). He retired from the U.S. Public Health Service in July 1996, having attained the rank of Assistant Surgeon General. Dr. Hinman is the author or co-author of more than 350 scientific publications. He is an Adjunct Professor at the Rollins School of Public Health of Emory University (Departments of Epidemiology and Global Health), where he teaches courses in Immunization Programs and Policies and Health and Human Rights. He is also Chair of the World Health Organization’s Advisory Committee on Quantitative Immunization and Vaccines Related Research (QUIVER) and serves as the alternate Civil Society representative to the GAVI Alliance Board. [Participant]. E-mail: ahinman@taskforce.org.

Ashley Horne, Student, Global Epidemiology, Rollins School of Public Health, Emory University. Ms. Horne matriculated to the Rollins School of Public Health in the fall of 2015. Her topics of special interest include infectious disease surveillance, strengthening health systems, and maternal and child health particularly in West and sub-Saharan Africa. [Participant]. E-mail: Ashley.horne@emory.edu.

Mark Huffman, Assistant Professor, Northwestern University. Dr. Huffman is an assistant professor of preventive medicine and medicine-cardiology at Northwestern University’s Feinberg School of Medicine. He is a practicing cardiologist and researcher with an interest in global cardiovascular epidemiology, prevention, and outcomes research. He leads an acute coronary syndrome quality improvement clinical trial in Kerala, India; am the coordinating editor of the Cochrane Heart Group US satellite; and serve as the senior program advisor to the World Heart Federation for its Emerging Leaders presidential initiative, which aims to develop a cadre of researchers from around the world to help achieve the WHO’s goal of reducing premature mortality from chronic diseases by 25% by 2025. [Abstract Committee; In absentia]. E-mail: Mark.Huffman@nm.org.

Evelyn Hsieh, Assistant Professor of Medicine (Rheumatology) and Epidemiology (Chronic Diseases), Yale. Ms. Hsieh attends and teaches on the medical wards at Yale-New Haven Hospital and the Cornell Scott - Hill Health Center, a community health center in New Haven, Connecticut. Her areas of academic interest include global health and women’s health, with a specific focus on bridging biomedical and behavioral research to improve outcomes for rheumatic and musculoskeletal disease in resource-limited settings. Current projects focus on musculoskeletal health in countries in economic transition including osteoporosis among individuals with HIV in China and vertebral fractures among Chinese breast
cancer survivors. Her research is supported by an International Research Scientist Development Award from the NIH/Fogarty International Center. She has also received support from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the Rheumatology Research Foundation. [Organizer; Abstract Committee; in Absentia]. E-mail: evelyn.hsieh@yale.edu.

**Donna Ingles**, Program Manager, Vanderbilt Institute for Global Health, Vanderbilt University School of Medicine. Ms. Ingles is the Project Manager at the Vanderbilt School of Public Health. Her role as a project manager gives her the ability to connect people and resources to achieve research goals, improving the health and lives of populations around the world. Additionally she is a freelance editor at Wiley-VCH where she edits peer-reviewed manuscripts for the journals ChemMedChem and ChemBioChem [Organizer]. E-mail: donna.j.ingles@vanderbilt.edu.

**Lindsay Jaacks**, Postdoctoral Fellow, Hubert Department of Global Health, Emory University. Dr. Jaacks is formally trained in nutrition and epidemiology. She received her PhD in Nutrition with a formal minor in Epidemiology from The University of North Carolina, Chapel Hill, in 2014. She is currently completing a Postdoctoral Fellowship in the Hubert Department of Global Health at Emory University and will start as an Assistant Professor in the Department of Global Health and Population at Harvard University in September. Dr. Jaacks’s research focuses on improving our understanding of the complex interactions between nutritional and environmental exposures within the food system and the role that these interactions play in the etiology of obesity and diabetes, both here in the U.S. and internationally. [Oral Symposium]. E-mail: ljaacks@emory.edu.

**Dilip Jha**, Senior Research Project Manager, Center for Chronic Conditions & Injury, Public Health Foundation of India. Mr. Dilip Kumar Jha is a Senior Research Project Manager at the Public Health Foundation of India. Mr. Jha earned his MPhil at the Birla Institute of Technology & Science, Pilani and his MSc at the University of Delhi. His research interests include health systems and mHealth technology. His vision for public health in India includes strengthening health systems using cost effective technological innovations. Mr. Jha is a participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) (2016-17) and hopes to learn and improve his skills in designing and evaluating interventions for low resource settings. [Participant]. E-mail: dilip.kumar@phfi.org.

**Leslie Johnson**, Doctoral Student, Behavioral Sciences & Health Education, Emory University. Ms. Johnson completed a master’s degree in theology from the University of St. Andrews and a master’s degree in public health from Emory University. Her primary areas of interest are global mental health, chronic diseases, social determinants of health, and refugee and migrant health. As a 2016-17 Vanderbilt-Emory-Cornell-Duke Fogarty Global Health Pre-doctoral Fellow, Leslie will conduct a process evaluation of the INDEPENDENT study, an on-going randomized controlled trial of an integrated care model for depression and diabetes, in New Delhi and Chennai, India. [Poster Session 2]. E-mail: lmunoz@emory.edu.

**Maria Jolly**, ORISE Fellow, NCEH/ATSDR, CDC. Ms. Jolly is an early-career professional hoping to jump-start her global environmental health career. She is an incoming Masters student at Emory but has been working at the CDC’s National Center for Environmental Health for the last 2 years. Located in the Office of Policy, Programming, and Evaluation she works heavily with workforce development, but has also taken on a
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Arun Pulikkottil Jose, Program Manager, Centre for Chronic Conditions and Injuries, Public Health Foundation of India. Dr. Jose is currently working at the Public Health Foundation of India (PHFI) as Program Manager for the Certificate Course in Management of Hypertension (CCMH), a joint certification program by Public Health Foundation of India, International Society of Hypertension, British Hypertension Society and the Centre for Chronic Disease Control, New Delhi under the Centre for Chronic Conditions and Injuries (CCCI). He completed his M.B.B.S. from Father Muller Medical College, Mangalore and his M.D. in Community Medicine from Shri B. M. Patil Medical College, Bijapur in 2014. He then completed his Postgraduate diploma in Management of Reproductive and Child Health programs (PGDMRCH) from Indian Institute of Public Health -Delhi. Prior to his current appointment, he worked as Assistant Professor in the Department of Community Medicine, Father Muller Medical College, Mangalore. Dr. Jose is a current participant (2016-17) in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) through the Emory University, Public Health Foundation of India and the National Institute of Public Health in Mexico. [Poster Session 2]. E-mail: arunp.jose@phfi.org.

Manoj Joshi, Senior Program Coordinator, Centre for Chronic Conditions and Injuries, Public Health Foundation of India. Mr. Joshi graduated from Delhi University with a degree in Life Sciences and possess a Postgraduate Diploma in Health and Hospital Management from the International Institute of Health Management and Research (IIHMR), New Delhi. Mr. Joshi has significant expertise in developing and implementing evidence based programs and Monitoring and Evaluation frameworks for large-scale public health programs. He has worked with a USAID funded project led by EngenderHealth and the John Hopkins University Centre for Communication Programs, and with ICRA Management Consulting Services, National Health System Resource Center, and UNICEF. Mr. Joshi’s areas of interests lie in public health planning and management, health impact assessment and implementation, NCDs, quality assurance, and monitoring and evaluation. Having a background of health management, Mr. Joshi’s goal is to support and enhance the usage of management within health care and to find the optimal solutions to reduce gaps in the public health domain. He is a current participant (2016-17) in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) through the Emory University, Public Health Foundation of India and the National Institute of Public Health in Mexico [Poster Session 2]. E-mail: manoj.joshi@phfi.org.

Bonnie Kaiser, Postdoctoral Associate, Duke Global Health Institute. Dr. Kaiser completed her PhD in anthropology and MPH in epidemiology at Emory University. Her dissertation explored perceptions and experiences of mental distress in Haiti’s Central Plateau and forms of coping and resilience. Her research also explores how experiences of mental distress are communicated and understood in local context and how mental
distress can best be measured in culturally-sensitive ways. Her work draws on a combination of ethnographic and epidemiologic methods to develop assessment tools that are both locally valid and facilitate cross-cultural comparison. Her previous publications from her work in Haiti have focused on idioms of distress and mental health communication, development and testing of transcultural screening tools, development of training programs, and treatment resources and decision-making. During her fieldwork in Haiti, she collaborated with Zanmi Lasante/Partners in Health to explore possibilities for translation of research findings into practice. Her current work incorporates anthropological research into the design, adaptation, and evaluation of interventions, including in Nepal, Kenya, and Nigeria. [Oral Symposium]. E-mail: bonnienicolekaiser@gmail.com.

Jawwad Afzal Kayani, Islamabad FELTP Program. Dr. Kayani received his primary and secondary education from Karachi. He received his F.Sc from D.J Sindh Science College Karachi. Afterwards he was admitted to Quaid E Azam Medical College Bahawalpur Punjab. He received a Distinction and Gold Medal in Pediatric Medicine and did his Post Graduation in Public Health in 2014. Currently he is working as a public health specialist in the health department azad Jammu Kashmir. [Abstracts; In absentia]. E-mail: drjawwadkayani@hsa.edu.pk.

Dimple Kondal, Biostatistician, Center for Control of Chronic Conditions, Public Health Foundation of India, Gurgaon-NCR. Dr. Dimple Kondal is a Biostatistician at the Public Health Foundation of India, Gurgaon. Dr. Kondal received her Post Doctoral Fellowship from McGill University, Montreal and a PhD in Biostatistics from the All India Institute of Medical Sciences, New Delhi. Her research interests include longitudinal data analysis, survival analysis, and multiple imputation. Dr. Kondal is a current participant (2016-17) in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) through the Emory University, Public Health Foundation of India and the National Institute of Public Health in Mexico [Participant]. E-mail: dimple.kondal@phfi.org.

Suneeta Krishnan, RTI India. Suneeta Krishnan, PhD, studies how gender inequities lead to adverse health outcomes among women over the life course and examines interventions to prevent and respond to violence against women, promote reproductive and sexual health, and prevent noncommunicable diseases. Dr. Krishnan’s recent work includes investigating factors that delay diagnosis and treatment of breast cancer in India. When complete, this project will help inform future interventions that promote timely diagnosis and treatment. She also is conducting implementation science research to promote the adoption and effective scale-up of cervical cancer prevention in India. Dr. Krishnan has advanced understanding of gender-based violence and gender equity through research on promoting women’s sexual and reproductive health and rights in primary health care settings, the impact of combined economic and psychosocial interventions, and the association between gender-based power and susceptibility to HIV / sexually transmitted infections. Dr. Krishnan was awarded the 2004 Presidential Early Career Award for Scientists and Engineers and was featured in a 2006 article in Time Magazine. [Research centers; Poster Session 2; Workshops]. E-mail: skrishnan@rti.org.

Ambar Kulshreshtha, Assistant Professor, Family and Preventive Medicine, Emory University. Dr. Kulshreshtha is an Assistant Professor at Emory University in the Department of Family and Preventive Medicine. Dr. Kulshreshtha did his residency training and PhD in Epidemiology at Emory University. Prior to Emory, he completed his MPH at Harvard University and did his medical school training at University College of Medical Sciences in India. Dr. Kulshreshtha is interested in cardiovascular disease
Tendai Kwaramba, Medical Student - 2nd Year, School of Medicine, University of North Carolina School of Medicine. Upon receiving a top graduate scholarship, she moved to the United States to pursue higher education beginning with a Bachelor’s in rural Kansas. After this she moved to North Carolina to pursue a Master of Science degree in Global Health at Duke University Global Health Institute with a focus on the burden of global injury and intimate partner violence in Brazil. In the fall of 2015 Tendai matriculated into medical school at the University of North Carolina at Chapel Hill. After being awarded the 2015-2016 Medical Alumni Loyalty Global Enrichment Fellowship, Tendai joined the Duke Global Cancer Initiative in a study aimed at improving the early detection and treatment of cervical cancer at Hospital de Câncer de Barretos in Barretos, São Paulo, Brazil. Her focus is exploring racial disparities in infection patterns by carcinogenic Human Papillomavirus genotypes in women at high risk for developing cervical cancer in a large, prospective cohort study in order to inform risk reduction and vaccination strategies in Brazil. [Poster Session 2]. E-mail: tendai_kwaramba@med.unc.edu.

Martin Lajous, Assistant Professor, Center for Research on Population Health, National Institute of Public Health. Dr. Lajous is a medical doctor and epidemiologist with research interests in nutrition, cardiovascular health, cancer and epidemiologic methods. He received his MD from the National Autonomous University of Mexico and his masters and doctoral degrees in epidemiology from the Harvard T.H. Chan School of Public Health. He became a Researcher-Faculty in epidemiology at the National Institute of Public Health of Mexico (INSP) in 2004 and an Adjunct Assistant Professor of Global Health and Population at the Harvard Chan School in 2015. Dr. Lajous is PI of the Mexican Teachers’ Cohort (MTC), a 115 315 strong cancer cohort of female teachers living in Mexico. He co-directs an International Associated Laboratory between the MTC and the E3N cohort, the French component of European Prospective Investigation on Nutrition and Cancer (EPIC). [Oral Symposium]. E-mail: mlajous@insp.mx.

Felipe Lobelo, Associate Professor, Hubert Department of Global Health, Emory University Rollins School of Public Health. Dr. Lobelo’s interests are in chronic disease prevention, physical activity, obesity and cardio-metabolic diseases in high and low-to-middle income countries. He has authored more than 50 peer-reviewed scientific publications and is a member of ACSM's Exercise is Medicine Initiative advisory board, Directing their Global Research and Collaboration Center. Dr. Lobelo has a special interest in global health and health disparities in both non-communicable and infectious diseases. From 2008 to 2010 he served as an Epidemic Intelligence Service (EIS) officer at CDC and was involved in US and international epidemiological field investigations, having an active role in CDC’s H1N1 response; investigating the outbreak abroad and serving as an official CDC media spokesperson for Hispanic/Latino populations. His work with H1N1 took him to the White House, where he served as the CDC representative in the first-ever Spanish Town Hall Meeting alongside President Obama and the U.S. Secretary of Labor and around the nation for vaccine campaign outreach events for at-risk populations/minorities. From 2010 to 2014, Dr Lobelo served in various roles as a Medical Epidemiologist at CDC’s National Center for Chronic Disease Prevention and Health Promotion in their Office of the
Director and their Diabetes Translation and Physical Activity groups. In 2006, he was the recipient of the prestigious ACSM Paffenbarger-Blair award for Research on Physical Activity Epidemiology and in 2012 elected as Fellow of the AHA’s Nutrition, Physical Activity and Metabolism Council. Dr. Lobelo believes in “practicing what you preach” and strongly advocates for doctors to become healthy role models for their patients and communities. He is an avid Soccer player, a member of the US Medical Soccer Team, the US representative in the Annual “World Cup for Doctors” and locally in the Virginia-Highland Football Club. He also enjoys spending time in the outdoors with his wife, their son and their two dogs. [Participant]. E-mail: Rlobelo@emory.edu.

Chris Longenecker, Assistant Professor, Cardiology, Case Western Reserve University. Dr. Longenecker graduated medical school from The Ohio State University and then completed internal medicine training at the University of California, San Francisco. He was a cardiology fellow at University Hospitals/Case Western Reserve University (Cleveland, OH) where he joined the faculty of the Harrington Heart & Vascular Institute in 2013. In parallel programs of research in Cleveland and Uganda, Dr. Longenecker studies the effect of chronic inflammation on vascular and structural heart disease in treated HIV infection. In partnership with the Joint Clinical Research Center and the Uganda Heart Institute, his work also aims to build cardiovascular infrastructure in Uganda and to leverage HIV/AIDS infrastructure for non-communicable disease care, with a specific focus on rheumatic heart disease. He is supported by a K23 career development award from the NHLBI and multiple private foundation grants. [Abstract Committee]. E-mail: longenc2@gmail.com.

Lydia Magaji, Nigeria Field Epidemiology Training Programme. Dr Lydia Abidemi Taiwo is a proactive, motivated field epidemiologist and public health physician with a relentless drive to have a broad impact rather than just deliver results. She is a team player with good inter-personal and communication skills. She is flexible with ability to adapt positively to any challenges, and also comfortable at making sometimes difficult decisions and taking ownership of key issue. She was born on the 16th of January, 1978 at Maiduguri, Borno State, Nigeria. She obtained Bachelors of Medicine and Bachelor of Surgery (MBBS) degrees in 2006 from the University of Maiduguri. She also obtained a Master of Public Health in Field Epidemiology in 2015 from the Ahmadu Bello University, Zaria. Her unpublished works include: “Substance Abuse Among the adolescent age in Gwoza, Borno State Nigeria, 2015”, “Knowledge, Perception and Practices on Routine Immunization in Kaduna State, Nigeria, 2015.’ She possesses immense clinical, public health and field epidemiology experiences in the various institutions where she worked including University of Abuja Teaching Hospital and Diff Hospita, Maitama, Abuja. She currently works with the Federal Ministry of Health, Abuja. She is happily married with two (2) children and enjoys watching movies, reading books and striving hard to positively impact on lives. [Poster Session 1]. E-mail: shallisbabe@yahoo.com.

Laura Magaña-Valladares, Academic Dean, Instituto Nacional de Salud Pública. Dr. Magaña-Valladares brings over 30 years’ experience and expertise in higher education in public and private universities in Mexico, educational organizations in USA, United Nations and non-governmental organization programs in Central America and Europe. She has been a teacher, trainer and lecturer in diverse forums in national and foreign universities. Her line of research is learning environments and the use of technology in education. As the Academic Dean of the National Institute of Public Health (INSP) of Mexico for the past nine years, she has led a major innovation in education and technology at the institute, and have developed first-hand knowledge of the human resource and policy needs of Mexico’s national health systems. Dr. Magaña works closely with the institute director, center directors and research and
instructional faculty to ensure that the academic program at INSP is meeting the programmatic needs of the state and regional health authorities, and that the institute’s masters and doctoral students have the opportunity to gain practical expertise working on field projects and studies. In her role of Program Director, she collaborates on the curriculum, is involved in teaching and mentoring of trainees, and ensuring that quality and relevant mentors for the in-country research project are selected. [Plenary]. E-mail: Imagana@insp.mx.

Matthew Magee, Assistant Professor, School of Public Health, Georgia State University. Dr. Magee received a BA in sociology and Spanish from Grinnell College, graduating in 2001. After Grinnell, he received a Thomas J. Watson Fellowship to study hepatitis C epidemiology in Italy, India, and Australia. In 2006 Matthew earned his MPH in epidemiology from the University of Illinois at Chicago and then worked for the Asian Health Coalition of Illinois for three years as Senior Program Manager. He received his PhD in 2013 from the Department of Epidemiology at Emory University, Rollins School of Public Health. Matthew also conducted a Post-Doctoral Fellowship in the Departments of Epidemiology and Global Health at Emory University. Matthew’s research interests focus on the intersection of metabolic disorders and infectious diseases, principally the relation between diabetes mellitus and tuberculosis. [Participant]. E-mail: mjmagee@gsu.edu.

Gautam Majumdar, Medical Superintendent, Health & Family Welfare, Regional Cancer Centre. Dr. Gautam Majumdar serves as an Assistant Professor at Agartala Government Medical College, Medical Superintendent at the Regional Cancer Center, Head Doctor at the BRAM Nursing School, and the State Nodal Officer in the NCD Program in Tripura. His main areas of interest are health policy, health-seeking behavior, and care giver attitudes. Dr. Majumdar is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER), and hopes to work with policy makers to focus more attention on the health sector in India. [Poster Session 1]. E-mail: drgmajumdar@yahoo.in.

Sumit Malhotra, Assistant Professor, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi. Dr. Sumit Malhotra is an Assistant Professor of Community Medicine at the All India Institute of Medical Sciences (AIIMS), New Delhi. He completed his initial medical graduation training from Bangalore Medical College and post-graduation studies in Community Medicine from AIIMS, New Delhi. Dr. Malhotra has served in teaching capacities for ten years and is passionate about training multiple personnel in public health relevant issues. He is currently managing a training grant to build competencies of Indian public health scientists in research methodology skills pertinent to public health programmes and monitoring/evaluation assessments. He is engaged in epidemiological and operational research and is guiding under-graduate and post-graduate students in multiple research projects. Dr. Malhotra’s research interests include adolescent health, school health, and prevention of risk factors for non-communicable diseases, including mental health issues in young people. Dr. Malhotra is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER), and aims to enhance his skills in leadership and advocacy to translate evidence based strategies and interventions within the framework of schools, colleges, and community settings to build a healthy youth population. This will be imperative for transition to healthy adulthood in Indians free from risk factors and chronic diseases. [Participant]. E-mail: drsumitaiims@gmail.com.
Olivia Manders, Training Programs Manager, Emory Global Diabetes Research Center (EGDRC), Rollins School of Public Health. Ms. Manders obtained master’s degrees in both Portuguese and Spanish from Vanderbilt University, and is currently pursuing a Master’s in Public Health at Emory University. She joined the Hubert Department of Global Health in 2012 to manage the EGDRC’s training programs. [Organizer]. E-mail: omander@emory.edu.

M. Rashad Massoud, Senior Vice President, Director of ASSIST Project, Quality & Performance Institute, USAID ASSIST Project, University Research Co., LLC. Dr. Massoud is a physician and public health specialist internationally recognized for his leadership in global health care improvement. He is the Director of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project and its predecessor, the USAID Health Care Improvement (HCI) Project. He is Senior Vice President of the Quality & Performance Institute at University Research Co., LLC (URC), leading URC’s quality improvement efforts in over 30 countries. He has a proven record of strong leadership and management. [Participant]. E-mail: rmassoud@urc-chs.com.

Mikiyas Mekonnen, Field Epidemiologist, Public Health Emergency Management Unit (PHEM), Federal Ministry of Health. Mr. Mekonnen graduated from Jimma University, Ethiopia in 2010, with a BSc as a public health officer. After graduation, he joined the Ethiopian Ministry of Health, Medical Services Directorate as an officer for health facilities support team. His major duty at the ministry was to plan and coordinate resources and technical support for health facilities (Hospitals and Health Centers) in the nation. In 2015, he joined the Ethiopian Field Epidemiology Training Program (EFETP) at Addis Ababa University and pursued the two years training. As a Field Epidemiology resident, he has participated and conducted different studies including national surveys, surveillance data analysis, system evaluations and outbreak investigations. [Abstracts; In absentia]. E-mail: mmikiyas2@yahoo.com.

Manoj Menon, Fred Hutchinson Cancer Research Institute. Manoj is Assistant Member at the Fred Hutchinson Cancer Research Center (Vaccine and Infectious Disease / Clinical Research Divisions) and an Assistant Professor at the University of Washington School of Medicine. In this capacity, he works with colleagues in Uganda as part of decade long collaboration with the Uganda Cancer Institute aimed at improving training, clinical care, and research opportunities. He previously served as a medical officer with the Centers for Disease Control and Prevention (Center for Global Health) where he worked on malaria and waterborne disease prevention efforts. [Organizer; Research Centers; Workshops]. E-mail: mmenon@fredhutch.org.

Deepta Mohan, Sr. Scientist and Department Head, Epidemiology, Madras Diabetes Research Foundation. Dr. Mohan's scientific career began with her PhD in a very productive study, the Chennai Urban Rural Epidemiology Study (CURES) with the higher aim of finding the prevalence of metabolic syndrome and its components in a large, representative sample in Chennai (n=26,001). The timing of when she initiated her doctorate was perfect, and she was able to become quickly involved in some exciting, large-scale studies that have provided significant indigenous data on diabetes and other non-communicable diseases being launched at that time. During the course of her studies and while executing different multi-centric epidemiological projects, she acquired a wealth of experience in carrying out these large projects, including skills in leadership and team management as well as expertise in data...
management and analysis of large population studies. This experience has been crucial for her role in organizing the fieldwork for the prestigious nationwide sample survey for diabetes—the Indian Council of Medical Research–India Diabetes (ICMR–INDIAB) study and the Centre of Excellence (COE)–Center for cardiometabolic Risk Reduction in South Asia (CARRS) surveillance project. Dr. Mohan is a 2016–17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). She has published over 80 papers in peer reviewed national & international journals. [Oral Symposium]. E-mail: deepa.mohan1@gmail.com.

Sailesh Mohan, Senior Research Scientist and Associate Professor, Centre for Chronic Conditions and Injuries, Public Health Foundation of India. At PHFI, he is involved in chronic non-communicable disease (NCD) research, teaching and training. He leads various NCD research projects focused on knowledge translation including a large unique community based comprehensive diabetes/hypertension prevention and management project as well as a project to develop the evidence base for initiating a salt reduction program in India. He co-developed and directs an annual course on NCD prevention and control with a policy and programmatic focus relevant for developing countries, for international public health scholars. Dr. Mohan also guides PhD students, mentors visiting interns and early career research staff working on various projects at PHFI in the area of NCDs. Dr. Mohan was a 2015–16 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). [Poster Session 2]. E-mail: smohan@phfi.org.

Laura Musselwhite, physician and global cancer researcher and principal investigator, Gates Grand Challenges Explorations Grant to develop a urine-based cervical cancer screening tool and a fellow in hematology and oncology, Duke University. Dr. Musselwhite completed an NIH Fogarty Global Health Fellowship and Duke global health internal medicine residency in 2016. Over the last year, she has worked with Duke Global Cancer partner, Barretos Cancer Hospital in São Paulo, Brazil, to build a unique, multi-institutional research partnership centered upon developing a cervical cancer research portfolio focused on early detection. Dr. Musselwhite received her MD from Duke University and MPH from the Johns Hopkins Bloomberg School of Public Health as a Global Health Scholar. She has provided clinical care and conducted research in United States, Haiti, Tanzania, Mexico, South Africa and Brazil. As a former elected board member of the global NGO Universities Allied for Essential Medicines, she developed access-to-medicines policies presented to the National Institutes of Health, World Health Organization, and members of Congress. Her work has been featured in scientific journals as well as the popular press including Science, Blood, the New York Times, Forbes Magazine, Huffington Post, and the Toronto Star. [Poster Sessions 1 & 2]. E-mail: laura.musselwhite@duke.edu.

Irene Yameogo Ngendakumana, Hubert Humphrey Fellow, Department of Global Health, Emory University. Dr. Yameogo has been a pioneer in prevention of mother to child HIV transmission. She has over 15 years of experience in HIV control and development of strategic policies on prevention and training materials. She has served as an HIV program officer for a national NGO, working to extend HIV treatment and PMTCT at district levels, worked on maternal and child health programs with several in-country community based organizations, and served as HIV focal point consultant with the UNICEF Burkina Office. She has also worked as the principal technical advisor with the National Council Against AIDS in the Republic of Congo under the Global Fund Projects. Dr. Ngendakumana recently graduated from the Humphrey Fellow program at the Rollins School of Health and is a 2016–17 participant in the
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[Image 71x60 to 541x68] Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). She looks to create a health and education NGO in Burkina Faso. [Participant]. E-mail: iyameog@emory.edu.

**Jannie Nielsen**, Postdoctoral researcher, Department of Public Health, University of Copenhagen. Dr. Nielsen holds a PhD in Global Health from University of Copenhagen and has a strong interest in translation of the current evidence of type 2 diabetes prevention into effective and feasible population-wide interventions in especially low- and middle-income countries. Her doctoral work on families with type 2 diabetes in Uganda was aimed at prevention and management of the disease. As a postdoctoral fellow she has continues her research along this path of family matters in diabetes, but has also expanded into other social relations and included low-, middle and high-income countries. In September 2015 Dr. Nielsen was awarded with a prestigious two year research grant from The Danish Council for Independent Research, which has enabled her to continue her research in close collaboration with Emory Global Diabetes Research Center. [Oral Symposium]. E-mail: Jannien@sund.ku.dk.

[Image 72x449 to 144x521] Jacquelyn O’Banion, Assistant Director Global Ophthalmology, Assistant Professor of Ophthalmology, Department of Ophthalmology, Global Ophthalmology, Emory University Eye Center. Dr. O’Banion practices comprehensive ophthalmology at Emory as well as teaches residents at Grady Eye Center. She serves as the Assistant Director of Global Ophthalmology growing and expanding the clinical, research and educational activities of the Global Ophthalmology-Emory (GO-Emory) program. Dr. O’Banion received her MD from the University of Texas Health Science Center, San Antonio, in 2009. Her residency in Ophthalmology (2013) and a Global Eye Care fellowship (2014) were completed at the University of Oklahoma. She most recently completed a Masters in Public Health, MSc, at the world-renowned London School of Hygiene and Tropical Medicine (2015). Her research interests include pediatric vision screening and improving access to address health care disparity for underserved populations, both locally and abroad. She has participated in several studies in underserved populations such as in Peru and Swaziland. Dr. O’Banion is also involved in working with local hospitals, clinics and ministries of health to establish national eye care plans. [Oral Symposium]. E-mail: jacquelyn.obanion@emory.edu.

[Image 72x249 to 144x321] Neha Pagidipati, Cardiology Fellow, Cardiology, Duke University. Ms. Pagidipati is a research fellow at the Duke Clinical Research Institute where she serves as chief fellow. She is also a 4th year clinical cardiology fellow at Duke University. She holds an MD from Harvard Medical School and an MPH from Harvard School of Public Health. Dr. Pagidipati joined Duke after completing internal medicine residency and the Global Women’s Health Research Fellowship at Brigham & Women’s Hospital, during which she studied screening for cardiovascular disease in women in India. Her research is focused on the prevention of cardiovascular disease, especially through lifestyle interventions and lipid management. She has a particular interest in improving the heart health of women in India. [Organizer; Workshops]. E-mail: neha.pagidipati@duke.edu.

[Image 72x103 to 144x175] Rajmohan Panda, Indian Institute of Public Health Bhubaneswar. Dr. Panda received his medical degree from Berhampur University in India. He received his MPH from Emory University in Atlanta, Georgia. His primary expertise is in Health System Strengthening and has included evaluation as well as operation research in different projects throughout the country. He has worked on diverse public health issues like Nutrition, Maternal Child health, Tobacco Control and in the designing of health sector reforms for Universal Health Coverage. He has worked with various stakeholders including State Health
Departments, Ministry of Health and Family welfare- Govt. of India, Gates foundation, USAID, DFID and the Wellcome trust. He is passionate about translational research and has formulated policy recommendations for more meaningful health outcomes. A variety of work has ranged from academic case studies in maternal health innovations to hands on technical assistance in building capacity in tobacco cessation in primary care. He has presented his work at various national and international forums and symposiums. He also teaches as an adjunct faculty at IIPH-Delhi and leads the community nutrition module of a distance-learning course in Public Health Nutrition. Dr. Panda was a 2014-15 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). [Abstract booklet; In absentia]. E-mail: raj.panda@phfi.org.

Francisco Pasquel, Assistant Professor, Department of Medicine / Endocrinology, Emory University. Dr. Pasquel completed his training in Internal Medicine and Endocrinology at Emory University School of Medicine and serves as Medical Director of the Endocrinology Clinic at Grady Hospital. He provides clinical care in the inpatient and outpatient settings. His research focuses on translational studies on hyperglycemic crises and clinical trials evaluating the role of different glucose-lowering medications for the management of older adults and hospitalized patients with diabetes. Dr. Pasquel also participates as an affiliated investigator in the HCHS/SOL study. [Participant]. E-mail: fpasque@emory.edu.

Shivani A. Patel, Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health, Emory University. Dr. Patel is a social epidemiologist who received her MPH from the University of Michigan and her PhD from the Johns Hopkins Bloomberg School of Public Health. Her research is guided by an overarching interest in describing and understanding disparities in cardio-metabolic disease morbidity and mortality globally, with particular focus on South Asia. To that end, she investigates the role of ethnic background, contextual factors (such as historical undernutrition, urbanization, migration, regional location), and early life disadvantage in influencing cardio-metabolic disease profiles. Shivani splits her time between the Emory’s Atlanta campus and the 4C central office in New Delhi. [Organizer; Workshops]. E-mail: s.a.patel@emory.edu.

Binod Patro, Associate Professor, Community & Family Medicine, All India Institute of Medical Sciences. Dr. Binod Kumar Patro is an Associate Professor at the All India Institute of Medical Sciences, Bhubaneswar, India. Dr. Patro earned his MBBS degree at MKCG Medical College, Berhampur and MD in Community Medicine at the All India Institute of Medical Sciences, New Delhi, India. His research interests include NCD prevention and control using evidence based low-cost interventions and the integration of primary health care and NCD prevention and control. His vision for public health in India is providing quality health care for every citizen. Dr. Patro is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). [Participant]. E-mail: patrobinod@gmail.com.

Terry Pechacek, Interim Director of Division of Health Management & Policy, School of Public Health, Georgia State University. Dr. Pechacek provides leadership in teaching, research and service to the School of Public Health. He also is a Senior Investigator in the Georgia State University’s Tobacco Center of Regulatory Science. Before coming to Georgia State University, Dr. Pechacek served as Deputy Director for Research Translation at the CDC’s Office on Smoking and Health (OSH) since 2012. Dr. Pechacek came to CDC as a visiting scientist and senior biomedical research scientist in 1995. In 1999, he was appointed the Associate Director for Science for OSH. He is the senior author of the 1999 Best Practices
Robert Peck, Cornell University. Dr. Peck is boarded in medicine and pediatrics with additional training in tropical diseases. Since 2007 he has been working full-time in Mwanza, Tanzania as a faculty member of Weill Cornell and the Weill Bugando School of Medicine (WBSM). He coordinates the collaboration between WCMC and WBSM and also works at WBSM as an intensive care physician and medical educator. His research focuses on non-communicable diseases (NCDs), particularly hypertension, and the interactions between NCDs and infectious diseases such as HIV and renal disease and tuberculosis and diabetes mellitus. He also collaborates with the Tanzanian National Institute of Medical Research (NIMR) on community surveys for non-communicable diseases and is working on a cluster-randomized trial to evaluate a health systems intervention to improve health outcomes for adults living with chronic diseases. Current projects include studies of new-onset hypertension in young adults in Tanzania and the association between chronic inflammation, infections and hypertension. [Organizer; In absentia]. E-mail: rnp2002@med.cornell.edu.

Marcela Perez-Rodriguez, Program Coordinator, Mexican Institute of Social Security
Marcela Perez-Rodriguez earned her Bachelors in Nutrition at the Nutrition and Dietetics School and her Masters in Science at the National Autonomous University of Mexico. Her research interests include obesity, physical activity, metabolic syndrome and dietary patterns. Her vision for public health in Mexico is that it is time to implement evidence based strategies to improve health at the population level. Marcela hopes to acquire tools to make and implement successful public health programs that are based on the best evidence available. [Participant]. E-mail: marxelapr@gmail.com.
**Dorairaj Prabhakaran**, Vice President (Research & Policy), Public Health Foundation of India; Executive Director of Centre for Chronic Disease Control New Delhi, India; PHFI Director, Centre for Control of Chronic Conditions. Dr. Prabhakaran’s research has produced major insights into the epidemiology, developmental origin, and biomarkers of cardiovascular diseases and diabetes in India, practice patterns on Acute Coronary Syndrome; translation research in CVDs, and development of low-cost combination drugs for primary and secondary prevention of CVDs in South Asia. Currently he is working to establish a model surveillance system for CVD, evaluating the role of community health workers and m-health programs to prevent and manage chronic diseases, undertaking two CVD cohorts, and involved in several clinical trials evaluating low cost strategies. He has on-going engagement with the New Delhi Birth Cohort and is involved in major capacity building projects both in India and internationally. In addition to his research and teaching, Dr. Prabhakaran has published widely, and advises the Government of India, World Health Organization, World Bank and several other professional bodies on chronic disease care policies and practice. He is a Fellow of the Royal College of Physicians, UK, the National Academy of Sciences, India, holds an Honorary Professorship at the London School of Hygiene and Tropical Medicine, and is Adjunct Professor at the Rollins School of Public Health, Emory University. He is the India Program Director for the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). E-mail: dprabhakaran@ccdcindia.org.

**Pamela Redmon**, Director, School of Public Health, Georgia State University. Ms. Redmon is the Administrative Director for the Tobacco Centers for Regulatory Science. The Center research focuses on understanding the human and economic factors that contribute to decision-making regarding the use of tobacco products. Pamela is responsible for the management and oversight of the Center, including ensuring attainment of the objectives, providing general management and oversight, facilitating Leadership Team, Advisory Board, and consultant activities, providing financial and personnel management and oversight, directing delivery of effective internal and external communication strategies, and overseeing the evaluation of the Center. Pamela is also the Executive Director of the Global Health Institute – China Tobacco Control Program (GHI-CTP). The GHI-CTP was established in 2008 to reduce the health, social, environmental, and economic burden of tobacco use in China. The program funds subnational government organizations to establish tobacco control programs in their cities and universities to create research and tobacco control resource centers. The GHI-CTP also collaborates and partners with other international and in-country partners on various tobacco control initiatives in China, including smoke-free policy and mHealth projects. Pamela holds a Bachelor of Science degree in nursing from Clemson University. Her nursing experiences include staff nurse in critical and coronary care units and as a cardiac rehabilitation specialist. She also served as clinical nurse manager for NIH-funded cardiology and electrophysiology research prior to securing a Master in Public Health (MPH) degree from Emory University’s Rollins School of Public Health. E-mail: predmon@gsu.edu.

**Elizabeth Rhodes**, PhD Candidate, Nutrition and Health Sciences Program, Emory University. Ms. Rhodes is a PhD candidate in the Nutrition and Health Sciences Program at Emory University. Her goal is to develop, test, implement, and scale up nutrition interventions and bridge the gap between research and practice. As a member of the Emory Global Diabetes Research Center and a NIH Fogarty Global Health Fellow, she is involved in an implementation trial to evaluate a worksite-based lifestyle intervention in India. Previously, Elizabeth was an ORISE Fellow in CDC’s Division of Nutrition, Physical Activity, and Obesity where she managed a national initiative to support early care and education providers in adopting evidence-based practices to prevent early childhood obesity. She has also conducted
implementation research, written knowledge summaries, and developed case studies to facilitate the translation of evidence into global policy and practice through her work as a consultant for the Partnership for Maternal, Newborn & Child Health at WHO and the UN World Food Programme. Elizabeth has an A.B. in Sociology from Brown University and a S.M. in Social and Behavioral Sciences from the Harvard T.H. Chan School of Public Health. [Participant]. E-mail: elizabeth.christie.rhodes@emory.edu.

Jennifer Rider, Assistant Professor, Department of Epidemiology, Boston University School of Public Health. Dr. Rider's primary research interests involve using population-based studies of genetic, circulating, and tumor biomarkers to investigate the role of inflammation and infections in carcinogenesis. She also has a general interest in prostate cancer epidemiology and the identification of patient and tumor characteristics that could reduce overdiagnosis and overtreatment. Collaborating with research pathologists, urologists, medical oncologists, molecular biologists, immunologists, virologists, and bioinformaticists, she has utilized data from a large Swedish population-based studies (CaPS and PCBaSe) and a Swedish randomized trial (SPCG-4), Swedish clinical cohorts, the Physicians’ Health Study, and the Health Professionals Follow-up Study. Through collaborations with Swedish and US-based investigators, She is expanding her research focus to study the role of infections on various malignancies. She is involved in ongoing studies of HPV infection in penile carcinoma and tumors of the head and neck. Moreover, she is pursuing projects that investigate malignancies in HIV-infected populations, including a study to shed light on the lower incidence of prostate cancer in HIV-positive compared to HIV-negative men. [Participant]. E-mail: rider@bu.edu.

Rodolfo Rivas-Ruiz, Researcher, IMSS. Dr. Rodolfo Rivas is a specialist in pediatrics who graduated from the National Autonomous University of Mexico. Later he specialized in Neonatology at the same institution. He treats patients at the Hospital Angeles Mexico located in the Miguel Hidalgo City, Mexico City. He is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) at Emory University. [Poster Session 1]. E-mail: pediatrarivas@gmail.com.

Roger Rochat, Professor, Global Health, Rollins School of Public Health. While working at the Centers for Disease Control and Prevention Dr. Rochat collaborated with Mexican Ministry of Health on a United States-Mexico Border Health Survey relating to maternal and child health, including unintended pregnancy, cervical cancer screening, and tobacco. He has worked on a National Institute of Health survey focusing on fertility in Puerto Rico. Dr. Rochat has done a medical school fellowship at Children’s Hospital in San Jose, Costa Rica. In addition, Dr. Rochat has done an evaluation of the Measure Project in Nicaragua, Costa Rica and Honduras; while working on this project Dr. Rochat witnessed the influence of religion and law on human rights issues such as abortion and sexuality. Most recently, Dr. Rochat has been supporting students with thesis work focusing on Latino health. He has been collaborating with the Lifting Latina Voices Initiative and refugee populations, some of which are Latin American. In addition, Dr. Rochat has been active in working on the evaluation of the abortion rate among United State Latino populations in northern states, such as New York, in comparison to southern states. [Participant]. E-mail: rrochat@emory.edu.
Marcela Rodriguez Flores, Attending Physician, Obesity and Eating Disorders Clinic, National Institute of Medical and Nutrition Sciences Salvador Zubirán. Dr. Rodríguez has a joint appointment as Attending Physician in Internal Medicine in two institutes; the Obesity and Eating Disorders Clinic of the National Institute of Medical and Nutrition Sciences “Salvador Zubirán”, and the Department of Internal Medicine, National Medical Center of the Institute for Security and Services for State Workers (ISSSTE). She received her medical training and her masters in science degree at the National Autonomous University of Mexico (UNAM) and completed her residency training in internal medicine through the ISSSTE health system. During a period of social service in a rural area, she first became aware of the great impact of environmental and socioeconomic factors on risk for chronic and acute diseases and how healthcare and health education delivery varied according to local policies and available resources. Later, during her medical residency, she again noticed a large number of patients from rural areas outside of Mexico City, whose chronic outcomes were dependent on education and primary healthcare. This lead to her research interests which include the impact of environmental and socioeconomic factors and the impact of health care and health education delivery disparities on patient outcomes, and her involvement in training projects aimed at developing the skills of primary health care professionals in the areas of chronic, non-communicable diseases. She has participated in the development of a national obesity prevention and treatment program which is in the process of implementation throughout Mexico. Dr. Rodríguez has a special interest in cardiovascular diseases and obesity, and has a report of study on the prevalence and risk factors for atherosclerosis published in Cardiovascular Pathology. Dr. Rodriguez recognizes the strength of multidisciplinary approaches in addressing risk factors for NCDs that involve public policy and lifestyle interventions, and the need for the design of sustainable models in the prevention and management of NCDs. Dr. Rodriguez attended the 2013-2014 Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) at Emory University, Atlanta. [Poster Session 1]. E-mail: chelorf76@yahoo.com.

Rebecca Russ, Co-Investigator, Emory Eye Center, Emory University. Dr. Russ completed her undergraduate studies at Yale University, majoring in Molecular, Cellular, and Developmental Biology. She received her MD/MPH from Emory University in 2016. She is currently doing her internship at Brigham and Women’s Hospital in Boston before starting her ophthalmology residency at Wills Eye Hospital in 2017. Throughout medical school, Rebecca’s interests included ophthalmology, Latino health, and Latino access to care. Rebecca assisted in interpretation, data collection, analysis, and presentation of a study examining the cost utility of ROP screening and treatment in middle income countries. Rebecca also founded and directed the Farmworker Vision Project (FVP). FVP is program aimed at educating South Georgia migrant farmworkers about eye injury prevention, and screening and treating eye disease in farmworkers and their families. In the past two years, FVP has been able to provide 800 farmworkers with safety glasses and education. FVP was able to obtain a $38,000 grant for eye drops from Alcon to donate to the farmworkers. FVP has also screened about 300 farmworkers for eye disease, and has screened, examined, and provided glasses for 288 children for eye disease. [Poster Session 2]. E-mail: rruss@bwh.harvard.edu.

Kristin Schroeder, Assistant Professor of Pediatrics, Division of Hematology-Oncology and the Duke Global Health Institute. Dr. Schroeder began the Global Health Pathway after completing Pediatric Hematology-Oncology and Neuro-Oncology Fellowships at Duke, Pediatrics Residency at UNC Children’s Hospital, MPH at West Virginia University and MD from Georgetown. During fellowship she was awarded a Duke Global Health Travel Grant to explore partnerships in neuro-oncology research in Uganda and
examine the incidence of meningiomas. She currently lives in Tanzania 6 months per year creating capacity for pediatric cancer research and clinical care at Bugando Medical Centre. [Oral Symposium]. E-mail: kristin.schroeder@duke.edu.

**Ray Serrano**, PhD Candidate, Department of Health Policy and Management, Emory University. Mr. Serrano’s research interests include health system decentralization in low- and-middle-income countries. His dissertation is currently focused on Mexico, specifically comparing out-of-pocket expenditures, healthcare quality measures, and patient perceptions in decentralized and centralized healthcare settings. Prior to starting his PhD studies, Ray worked for the Thailand country office for the World Health Organization on programs targeting HIV and TB. He also worked for nearly three years in Zambia on programs targeting HIV and reproductive health among youth. Ray currently holds a Master’s in Public Health from Yale University and a Bachelor’s degree from Stanford University. He is expected to complete his PhD studies at Emory in May 2017. [Participant]. E-mail: ray.serrano@stanfordalumni.org.

**Jonathan Shaffer**, Research Assistant, Department of Global Health and Social Medicine, Harvard Medical School. Mr. Shaffer cares deeply about studying and building organizations and systems that can advance justice in health. He is currently entering into a PhD program in sociology at Boston University. Previously, he built a community organizing strategy at Partners In Health. During his five years at PIH, his team launched a movement building platform called PIH Engage (engage.pih.org), which has organized more than 100 teams of volunteer community organizers, thousands of new grassroots supporters, raised nearly one million dollars, and developed new capacity to advocate for policies that advance the human right to health. Previous to that, he worked to develop, launch, and lead GlobeMed (www.globemed.org) which has engaged thousands of university students in the global health equity movement. He believes strongly that health is a fundamental human right and hopes to contribute to scholarship and organizations that can advance a movement to protect that right. He is supporting research efforts for the Lancet Commission on Noncommunicable Diseases and Injuries (NCDIs) for the Poorest Billion. Specifically, he focuses on exploring the history of the social construction of NCDI category and the intersection between global health social movements and advocates living with NCDIs. [Participant]. E-mail: Jonathan_Shaffer@hms.harvard.edu.

**Gina Sharma**, Manager - External Communications and Digital Media Lead, External Communications, Public Health Foundation of India (PHFI). Mrs. Gina Sharma is communications professional with over 15 years of experience in healthcare and public health. At the Public Health Foundation of India (PHFI), she serves as a Manager in External Communications and Digital Media Lead. She is working towards building PHFI’s digital properties in addition to taking forward PHFI’s offline communication initiatives. Her interests also include health communication and she continues to build her skills in creative health communications across various platforms and audiences. Mrs. Sharma has also worked on implementing advocacy and capacity building initiatives and has worked with State Governments. She is working towards completing her Masters in Mass Communications from Manipal University. Ms. Sharma is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) [Participant]. E-mail: gina.sharma@phfi.org.

**Siddharudha Shivalli**, Assistant Professor, Community Medicine, Yenepoya University, Mangalore, India. Dr. Siddharudha Shivalli is an Assistant Professor at Yenepoya Medical College, Yenepoya University, Mangalore, India. Dr. Shivalli earned his MBBS
degree at Karnataka Institute of Medical Sciences, Hubli, Karnataka and MD in Community Medicine at Banaras Hindu University, Varanasi, India. Non-communicable disease prevention, maternal and child health, and nutrition are his core research interests. Dr. Shivalli is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) [Participant]. E-mail: shivalli.bhu@gmail.com.

**Archana Shrestha**, Postdoctoral Fellow, Epidemiology, Harvard T H Chan School of Public Health. Dr. Shrestha completed her PhD at the University of Washington. Her dissertation focused on assessing the relationship of Nepali diet with obesity and diabetes. She is currently working on developing and testing dietary interventions for the prevention of diabetes in low- and middle income countries. Her research interests include implementation science, dietary interventions, and cardiovascular health. [Poster Session 2]. E-mail: shrestha@hsph.harvard.edu.

**Sachita Shrestha**, Recent Graduate Student, University of Washington. Prior to her Master’s studies, she worked as a Public Health Officer in a community based organization in Nepal, where she managed a range of community based programs and researches. Her research interests include global non-communicable diseases, especially cardiovascular disease and mental health, health policy, social determinants, and human resource for health. Her Master’s thesis was focused on exploring barriers and facilitators to hypertension treatment among newly diagnosed hypertensive patients in Nepal. Sachita aspires to pursue her career in global health. And, she is passionate about innovative health interventions to improve healthcare locally and globally. [Poster Session 1]. E-mail: sachizshrestha@gmail.com.

**Shannon Silkensen**, CGH, NCI. Dr. Shannon L. Silkensen graduated from Carnegie Mellon University with a dual degree in Chemistry and the Biological Sciences. From there, she went on to Duke University and earned a PhD in Molecular Cancer Biology. She matriculated into the US Department of Health and Human Services-supported Emerging Leaders Program and focused on scientific grant administration. She has served as a Program Director in the National Cancer Institute's (NCI's) Division of Cancer Control and Population Sciences, the NCI’s Center for Cancer Training, and the NCI’s Office of Cancer Centers. Currently, she is a Senior Health Science Policy Advisory at the NCI’s Center for Global Health. There, she is engaged in global, non-communicable disease research and training efforts. Outside of the office, she enjoys spending time with her family and friends at the beach and in the mountains. [Funding Panel; Workshops]. E-mail: silkensens@od.nih.gov.

**Sourabh Kumar Sinha**, Project Manager, CCCI, Public Health Foundation of India. Mr. Sinha holds a Master of Philosophy (M. Phil) in Health & Hospital System Management from BITS, Pilani and holds a Post Graduate Diploma in Health & Hospital Management (PGDHHM) with a specialization in Hospital Management from International Institute of Health Management & Research (IIHMR), Delhi. He graduated from the National Institute of Homoeopathy (Govt. of India) under the University of Calcutta. He has worked with a reputed consultancy firm Feedback Infrastructure Services Pvt. Ltd. on various projects including transaction advisory on PPP, Due-diligence, Feasibility, Performance improvement and Business development. He has vast experience in working with government, private and corporate agencies. He joined PHFI in 2013 and is currently leading capacity building programs for Primary Care Physicians like Certificate Course in Gestational Diabetes Mellitus (CCGDM), Advanced Certificate Course in Prevention and Management of Diabetes and Cardio Vascular Disease (ACMDC) and Certificate Course in
Management of COPD and Asthma (CCCA) as Project Manager. He is also coordinating the international H.E.L.P. Course on behalf of PHFI in partnership with ICRC, WHO & PHFI, and is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER). [Poster Session 2]. E-mail: sourabh.sinha@phfi.org.

**Richard Smith**, Director, UnitedHealth Chronic Disease Initiative. Dr. Smith worked at the British Medical Journal for 25 years, serving as editor in chief of the BMJ and chief executive of the BMJ Publishing Group from 1991 to 2004. He has written for dozens of journals and has written widely for the lay press in addition to the BMJ, and has received three awards for journalism to date. He now blogs regularly for the BMJ, and his book, “The Trouble with Medical Journals,” summarises what he learned in his years as an editor. Dr. Smith is a member of the board of the Public Library of Science, which aims to make all research open access, the editor of Cases Journal (a journal that aimed to publish tens of thousands of case reports a year and gather them in a database), is chair of the Cochrane Library Oversight Committee, and a member of the UK Panel on Research Integrity. He was the director of the UnitedHealth Chronic Disease Initiative, which together with the National Heart, Lung, and Blood Institute created 11 centres in low and middle income countries that work on non-communicable disease. An honorary professor at Imperial College London and the University of Warwick, Smith chair of the board of Patients Know Best (a start up that uses information technology to improve doctor patient partnership) and a member of the board of ICDDR,B (formerly International Centre for Diarrhoeal Disease Research, Bangladesh). [Lunch time talk]. E-mail: richardswsmith@yahoo.co.uk.

**Donna Spiegelman**, Professor, Epidemiology/Biostatistics/Nutrition/Global Health & Population, Harvard T.H. Chan School of Public Health. Dr. Spiegelman is one of the few people in the world with a joint doctorate in Biostatistics and Epidemiology, and the first epidemiologist to receive a currently active NIH Director’s Pioneer Award. Dr. Spiegelman’s research is motivated by problems which arise in epidemiology, nutrition, environmental health and global health, and require biostatistical solutions. Her previous work focused on methods for study design and data analysis which reduce bias in estimation and inference due to measurement error or misclassification in the exposure variable. More recently, she has focused on developing and testing methods for implementation science, and applying them to preventive interventions to reduce the prevalence of HIV/AIDS and the global diabetes and cardiovascular disease epidemics. [Research Centers; Poster Session 2]. E-mail: stdls@hsph.harvard.edu.

**Swati Srivastava**, Research Associate, Health Economics and Financing, Public Health Foundation of India. Dr. Srivastava is a Research Associate at the Public Health Foundation of India. Dr. Srivastava earned her Bachelors of Dental Surgery at the RML Awadh University and Masters of Public Health in Orientation International Health at the Institute of Tropical Medicine, Antwerp. Her research interests include social protection for health, health equity, and the economics of aging and non-communicable diseases. Her vision for public health in India is one in which health needs are addressed through a more equitable, efficient and effective health system. Dr. Srivastava hopes to develop a systems perspective to better understand non-communicable diseases in the Indian and global context, and is a 2016-17 participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) [Oral Symposium]. E-mail: srivastava.swati@outlook.com.
Aryeh Stein, Professor, Hubert Department of Global Health, Emory University. Dr. Stein is a Professor in the Hubert Department of Global Health of the Rollins School of Public Health, Emory University, with a joint appointment in the Department of Epidemiology. Dr. Stein obtained his B.Sc. in nutrition from the University of London (England), and his MPH and Ph.D. degrees, both in epidemiology, from Columbia University in New York City, NY. He has published over 170 peer-reviewed papers. In his research he studies critical periods of susceptibility (e.g., gestation, childhood, adulthood) to nutritional deficits and surfeits in relation to the development of adult health and human capital. He has secondary interests in the methodologies of dietary assessment and program evaluation. He is currently working with investigators from INCAP and elsewhere to examine the long-term consequences for human capital and cardiometabolic disease of exposure to a nutrition supplementation program targeted at pregnant and lactating women and young children in Guatemala, with CARE and Save the Children in the design and implementation of integrated nutrition and early child care and development programs in India and El Salvador, with the COHORTS investigative team on the analysis of data from birth cohort studies in Brazil, Guatemala, India, Philippines and South Africa, and with investigators from South Africa on the extension of the Birth to Twenty cohort to the next generation. [Participant]. E-mail: aryeh.stein@emory.edu.

Claire Sterk, Provost and Executive VP for Academic Affairs/President, Emory University. Renowned administrator, teacher, and researcher Claire E. Sterk became the sixth provost at Emory and executive vice president for academic affairs in February 2013. With a long history of service to the university, she joined the faculty of Emory’s Rollins School of Public Health in 1995, going on to serve there as Charles Howard Candler Professor of Public Health, chair of the Department of Behavioral Sciences and Health Education, and associate dean for research. She also holds joint appointments in anthropology, sociology, and women’s, gender, and sexuality studies. Her primary research interests are addiction/mental health and HIV/AIDS, with a focus on gender, health disparities, and community-based interventions. The author of three books, Sterk has written more than 100 articles and book chapters. She serves on several editorial boards and is president of the Alcohol, Drug, and Tobacco section of the American Sociological Association and a board member of the Society for Applied Anthropology. Until recently, Sterk was a member of the National Advisory Council of the National Institute on Drug Abuse of the NIH. She is a fellow of the Society for Applied Anthropology, a recipient of the Thomas F. Sellers Jr. M.D. Award for Support of Faculty Colleagues in Public Health (1999), and a Rosalynn Carter Fellow in Public Policy (2003–2006). A native of the Netherlands, Sterk holds a PhD in sociology from Erasmus University in Rotterdam and a doctoral degree in medical anthropology from the University of Utrecht. [Reception]. E-mail: CSTERK@emory.edu.

John Steward, Academic Professional, School of Public Health, Georgia State University. Mr. Steward manages the Partnership for Urban Health Research, a university-wide initiative to encourage research into the health of people in urban settings. He works with faculty to find opportunities for collaborative, interdisciplinary research in the conditions of urban areas and to better understand how to prevent injury and violence, chronic diseases, alcohol and drug abuse, and infectious diseases in multiple settings. He also conducts and facilitates research in many aspects of community-based environmental health and how to make cities healthier places. He serves as the Director of the Administrative Core of the Center of Excellence for Health Disparities Research at Georgia State University, a National Institutes of Health-funded center. Mr. Steward teaches graduate-level courses in public health, urban health, and environmental health. Mr. Steward is a retired Captain in the Commissioned Corps of
the United States Public Health Service, following 30 years of active service. Mr. Steward was assigned to the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry for 20 years as an environmental health scientist and program manager, with program assignments included injury prevention, chronic disease prevention, toxic substances exposures in communities, health disparities, and public health leadership and administration. Prior to joining CDC, Mr. Steward served in the Indian Health Service for 10 years on the Navajo Indian Reservation in Arizona and at the area office in California as an environmental health officer and consultant. Mr. Steward’s education includes environmental health (B.S., Indiana State University and M.P.H., University of Michigan) and a graduate certificate in non-profit management and social enterprise (Georgia State University). He has completed additional graduate education in epidemiology at the University of Minnesota and at Emory University. Mr. Steward has been a registered environmental health specialist (R.E.H.S.) for 30 years. He is a member of the International Society for Urban Health, American Public Health Association, the National Environmental Health Association, the Georgia Environmental Health Association and the Uniformed Services Environmental Health Association. [Participant]. E-mail: Jsteward@gsu.edu.

David Sugerman, Data Impact Lead for CDC and Commander in the U.S. Public Health Service. Dr. Sugerman oversees training for non-communicable diseases from Field Epidemiology Training Program headquarters in Atlanta. Dr. Sugerman brings expertise in injury epidemiology and field outbreak response to his role, where he is responsible for coordinating NCD capacity building across the agency. Prior to his current position, Dr. Sugerman has played a key role in CDC’s development of trauma triage guidelines, natural disaster and terrorism-related injury response, polio eradication, measles control, and prescription drug overdose. Dr. Sugerman is an alumnus of CDC’s Epidemic Intelligence Service (EIS) program, assigned to the San Diego County Health Department and CDC Quarantine Station. He graduated from Thomas Jefferson Medical College, completed a Masters of Public Health at the Johns Hopkins School of Public Health and his residency in emergency medicine at the Johns Hopkins Hospital. Dr. Sugerman serves as editor for several scientific journals and has published over 40 scientific papers. In addition, Dr. Sugerman is adjunct faculty in Emergency Medicine at the Emory University Hospital. [Funding Panel]. E-mail: dsugerman@cdc.gov.

Dean Surbey, Associate Dean, Rollins School of Public Health, Emory University. Mr. Surbey has worked in academic administration for more than 25 years. For the past 12 years, he has been Associate Dean at the Rollins School of Public Health, responsible for operations management, strategic planning, compliance, grants management, human resources, and space allocations and renovations. He has participated in University-wide strategic planning efforts as well as those associated with the Woodruff Health Sciences Center. He is a member of the Society for Research Administrators (SRA) and the National Council of University Research Administrators (NCURA). The RSPH has an annual enrollment of about 1000 masters and PhD students, and more than 140 faculty and 450 staff members, with an annual budget of $75 million. [Participant]. E-mail: psurbey@emory.edu.

Pamela Surkan, Associate Professor, Johns Hopkins Bloomberg School of Public Health. Dr. Surkan studies the role of maternal mental health and the effects of family life on early growth and childhood development. Originally basing this work on a study in northeastern Brazil, she is currently studying these issues using longitudinal data
from the US. Her other research focuses on the interactions between social conditions and other factors that impact health, such as dietary behaviors and environmental exposures.

Asst. Professor Surkan holds doctorate degrees from the Harvard School of Public Health in Society, Human Development and Health, and the Karolinska Institute in Clinical Cancer Epidemiology. Before joining the IH faculty in 2008, Surkan was a research fellow at Harvard School of Public Health where she bridged social epidemiology with other disciplines, as well as helped to oversee a psychosocial intervention with HIV-affected youth in rural Haiti. One of her current research projects examines the effect of iron and zinc supplementation on development in Nepalese children. While studies have shown links between deficiencies of these two nutrients and impaired behavioral and cognitive development, the data are inconclusive. The burden of iron and zinc deficiency among children in the Sarlahi district of Nepal is extremely high. Dr. Surkan, in collaboration with a team of Hopkins-based researchers working in Nepal, will estimate the effects of iron and zinc supplementation on (1) infant temperament, (2) quality of feeding interactions, and (3) language development. Moreover, results will lay the groundwork for future studies that can provide more in-depth information about infant social and cognitive development in Sarlahi. [Poster Session 2]. E-mail: psurkan@jhu.edu.

Lydia Abidemi Taiwo, Field Epidemiologist/Public Health Physician, Federal Ministry of Health. Dr. Taiwo is a proactive, motivated field epidemiologist and public health physician with a relentless drive to have a broad impact rather than just deliver results. She is a team player with good inter-personal and communication skills. She is flexible with ability to adapt positively to any challenges, and also comfortable at making sometimes difficult decisions and taking ownership of key issue. She was born on the 16th of January, 1978 at Maiduguri, Borno State, Nigeria. She obtained Bachelors of Medicine and Bachelor of Surgery (MBBS) degrees in 2006 from the University of Maiduguri. She also obtained a Master of Public Health in Field Epidemiology in 2015 from the Ahmadu Bello University, Zaria. Her unpublished works include: “Substance Abuse Among the adolescent age in Gwoza, Borno State Nigeria, 2015”, "Knowledge, Perception and Practices on Routine Immunization in Kaduna State, Nigeria, 2015". She possesses immense clinical, public health and field epidemiology experiences in the various institutions where she worked including University of Abuja Teaching Hospital and Diff Hospita, Maitama, Abuja. She currently works with the Federal Ministry of Health, Abuja. She is happily married with two (2) children and enjoys watching movies, reading books and striving hard to positively impact on lives. [Poster Session 1]. E-mail: shallisbabe@yahoo.com.

Nikhil Tandon, Head, Department of Endocrinology, All India Institute of Medical Sciences (AIIMS) and AIIMS Director, Centre for the Control of Chronic Conditions (CCCC). Dr. Tandon is a Professor in the Department of Endocrinology and Metabolism at the All India Institute of Medical Sciences, and Head of Capacity Building at the Centre for Chronic Disease Control in New Delhi, India. Dr. Tandon’s research interests include autoimmune thyroid disease which includes thyroid epidemiology, diabetes and metabolic bone disease, and the impact of early life events in adult chronic disease. In addition to his teaching, clinical and research activities, Dr. Tandon has extensive experience managing large clinical and implementation trials. He served as the South Asia coordinator for the ADVANCE Study and is a lead investigator and a member of the steering committee for the NHLBI-funded Center for Cardio-metabolic Risk Reduction in South Asia (CARRS) CARRS Trial. Dr. Tandon has received research funding from several national and international agencies including the Indian Centre for Medical Research, Defence Research and Development Organisation, Department of Biotechnology, Ministry of Science and Technology, US National Institutes of Health, Institute for International Health and the British Heart Foundation. He has more than 250 peer-reviewed publications in international and national journals, which have been cited
more than 3700 times. Dr. Tandon is an elected Fellow of the National Academy of Science, Indian Academy of Science and National Academy of Medical Sciences. He is President-Elect of the Endocrine Society of India. [Research Centers; Reception]. E-mail: ntando3@emory.edu.

**Nathan Thielman**, Professor, Medicine and Global Health, Duke Global Health Institute, Duke University. Dr. Thielman is an associate professor of medicine and pathology in the Division of Infectious Diseases and Program Director for the Global Health Residency/Fellowship Pathway. Dr. Thielman has a longstanding interest in international health and has either provided medical care or conducted clinically relevant medical research in Honduras, Brazil, Bangladesh, Kenya, and Tanzania. Dr. Thielman’s research interests seek to understand and address key barriers to scaling up HIV testing interventions and involve the novel application of discrete choice experiments to ascertain HIV testing preferences in Moshi, Tanzania. Other research activities have described cost-effective strategies for HIV voluntary counseling and testing in a community-based organization, the morbidity and mortality of AIDS-related complications at Kilimanjaro Christian Medical Centre, regionally relevant clinical staging criteria to guide treatment decisions, and early experiences implementing antiretroviral therapy. He was the principal investigator for the Tuberculosis and HIV Immune Reconstitution Syndrome Trial (THIRST), which assessed the interactions between HIV and tuberculosis among patients beginning therapy for both. He has mentored/co-mentored more than 30 trainees from Duke and African institutions. [Participant]. E-mail: n.thielman@duke.edu.

**Gabriela Torres-Mejia**, Director of Department of Chronic Diseases, Center for Population Health Research, Instituto Nacional de Salud Pública. Dr. Torres contributes to the mission of the Institute through her research activities on breast cancer which are focused on generating scientific knowledge, and working with decision makers to develop health policies. Dr. Torres has established several national and international collaborations in order to promote the improvement of knowledge among faculty and students. She is author and co-author of more than 30 scientific papers that have appeared in peer-reviewed journals and has been PI of several breast cancer research projects. Dr. Torres is also a member of the School of Public Health, where she teaches Epidemiology, and coordinates both the Master’s in Science degree program and the Epidemiology PhD program. Dr. Torres-Mejía is Mexico Program Director and Mentor to participants of the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) [Participant]. E-mail: gtorre3@emory.edu.

**KM Venkat Narayan**, Professor, Hubert Global Health, Emory University. Dr. Venkat Narayan is regarded as a national and international leader in chronic diseases and in translational research. Prior to August 2006, he was Chief of the Diabetes Epidemiology and Statistics Branch at the US Centers for Disease Control and Prevention (CDC) and led a number of large US national epidemiological, health service research, intervention, and economic studies. Dr. Venkat Narayan was an intra-mural scholar at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) for four years with the Pima Indian Study of diabetes, where he completed the first diet-exercise intervention study in that population. He designed and led the TRIAD Study, a multi-site cohort study of diabetes quality of care and outcomes, and is a collaborator with the SEARCH Study, another multi-site study of diabetes in children. He has served on the Executive and Investigators’ Committees of ACCORD, a multi-center RCT of cardiovascular disease prevention among people with diabetes, and is an investigator in the DPP (a multi-center RCT of lifestyle and metformin for diabetes prevention). He directs The Emory Global Diabetes Research Center. [Organizer; Reception]. E-mail: knaraya@emory.edu.
Laura Viens, Research Fellow, Division of Cancer Prevention and Control, CDC. Dr. Viens is a Preventive Medicine physician, with research interests in HPV-associated cancer prevention, health equity, women's health, global reproductive health, and the effects of environmental exposures on fetal development and child health. Dr. Viens completed her Preventive Medicine residency and OB/Gyn internship at Stony Brook University Hospital, her medical degree at the University of Maryland, and her Masters in Public Health at Johns Hopkins Bloomberg School of Public Health. She is a member of professional organizations including the American College of Preventive Medicine, the American Society for Colposcopy and Cervical Pathology, the International Papillomavirus Society, and the American Cancer Society-Cancer Action Network. [Oral Symposium]. E-mail: lviens@cdc.gov.

Vidhya Viswanthan, FETP Graduate, National Institute of Epidemiology, ICMR School of Public Health. [Abstract booklet]. E-mail: vidhyaviswanathan5210@gmail.com.

Dana Walker, Program Manager, Vanderbilt Institute for Global Health, Vanderbilt University Medical Center. Ms. Walker is Program Coordinator for the Fogarty International Clinical Research Scholars and Fellows (FICRSF) Support Center, the Vanderbilt-Emory-Cornell-Duke Global Health Fellows Consortium and the International Epidemiologic Databases to Evaluate AIDS (IeDEA) International Network Coordinating Center at the Vanderbilt Institute for Global Health. Dana’s responsibilities include financial management, administration and reporting, subcontract oversight and organization and event supervision. Dana has a Masters of Business Administration with an emphasis in Healthcare Administration. [Participant]. E-mail: dana.c.walker@vanderbilt.edu.

Liangyou Wang, China FETP, Head of the Department, Taizhou Municipal Center for Disease Control and Prevention. Mr. Wang graduated from Sichuan University, Sichuan, China as B.A. of preventive medicine on July, 2005. He graduated from Fudan University, Shanghai, China as MPH of Public Health on June, 2012. He took part in an “International Course In Applied Epidemiology” which was co-sponsored by the Rollins School of Public Health at Emory University and the Centers for Disease Control and Prevention at Atlanta, Georgia USA on Sep. 19 – Oct. 14, 2011 and Chinese Field Epidemiology Training Program (CFETP) sponsored by Chinese Center for Disease Control and Prevention from March 2015 till now. He has been engaging in Chronic non-communicable diseases (NCDs) control and prevention in Taizhou Municipal Center for Disease Control and Prevention, Taizhou city, Zhejiang, China as the head of department for NCDs control and prevention till now. As an expert of NCDs in Taizhou city, he successfully administered several projects (e.g. vital Statistics; surveillance of cancer, diabetes, stroke, and acute coronary heart disease; adult behavioral risk factors surveillance; hypertension and diabetes community comprehensive Intervention), collaborated with other researchers, and produced several peer-reviewed publications from each project. [Abstract booklet]. E-mail: 13566877151@163.com.

Mary Beth Weber, Assistant Professor, Global Health, Emory Global Diabetes Research Center. Dr. Weber conducts mixed methods studies, including techniques to gather and analyze both qualitative and quantitative data. Her recent research in these areas includes the South Asian Health and Prevention Education study (SHAPE) and the Diabetes Community Lifestyle Improvement Program (D-CLIP). SHAPE is a planning and pilot feasibility study (clinicaltrials.gov #NCT01084928). They conducted 17 focus group discussions with adult South Asians living in Atlanta to better understand views of diabetes and other chronic diseases, diet and physical activity behaviors, and preferences for diabetes prevention efforts in this community. They
then used this information to modify the U.S. Diabetes Prevention Program (DPP, a lifestyle intervention program which significantly reduced incidence of diabetes in high risk groups) to be culturally appropriate and acceptable to the U.S. South Asian community. They then tested the feasibility of identifying, recruiting, enrolling, and maintaining South Asians in the program in a small before and after pilot study. In addition, they performed a secondary analysis of the focus group discussion data to compare the quality of transcripts created by student transcribers using audiotapes of the discussions to transcripts created in real-time by professional court reporters. Qualitative and quantitative analysis of the SHAPE study, as well as planning for a larger trial based on the SHAPE study results, is on-going. The goals of the D-CLIP randomized controlled trial (clinicaltrials.gov #NCT01283308) are to assess the effectiveness (in terms of reducing diabetes incidence and increasing incidence of regression to normoglycemia), cost-effectiveness, and sustainability of a culturally tailored, step-wise, lifestyle intervention program for diabetes prevention in a randomized controlled trial in Chennai, India. The D-CLIP study included community-based screening on almost 20,000 people, clinic-based screening on 1,285, and randomization of 602 overweight or obese Asian Indians with pre-diabetes. The intervention included 6 months of group-based, culturally tailored diabetes education classes, with metformin (a glucose lowering drug) added at months four or later for participants not responding to lifestyle change alone. The D-CLIP trial closes out in September 2013, with reporting of primary results expected in early 2014. [Research Centers]. E-mail: mbweber@emory.edu.

Heather White, Technical Advisor, NCDs, Family Planning/Reproductive Health, Population Services International. As technical advisor, Ms. White oversees and coordinates the implementation of PSI's current NCD operational plan and works closely with other technical teams, including New Business Development, Research, Metrics and other health program teams to provide strategic and technical input on PSI's NCD programming. She supports PSI network members that are currently implementing NCD programs to document and share case studies, lessons learned, and best practices across the organization and among the wider community of NCD stakeholders. Prior to her current role, Heather was a member of PSI's New Business Development team and a program administrator and educator at the University of Alabama at Birmingham’s School of Public Health. Heather also served as a Peace Corps volunteer in Burkina Faso. Dr. White has a doctorate in public health. Her dissertation focused on uptake of VIA cervical cancer screening among Zambian women offered through PEPFAR-sponsored programs initiated by the Zambian Ministry of Health and The Centre for Infectious Diseases in Zambia. [Participant]. E-mail: hwhite@psi.org.

Tracy Wolbach, Senior Study Director, Clinical Trials, Westat. Ms. Wolbach is a Senior Study Manager at Westat. She currently manages three commercial studies designed to evaluate the safety and effectiveness of a study drug in treatment-experienced patients infected with multidrug-resistant HIV-1. Ms. Wolbach previously managed the administrative coordinating center for a global health initiative established to identify better approaches for preventing and treating chronic cardiovascular and pulmonary disease, under contract to NHLBI. She also supported Westat project directors, corporate officers, and other staff in conducting and managing epidemiologic and clinical studies focusing on cancer prevention and tuberculosis treatment. She has expertise in project and contract management, the management of domestic and international networks, team science, and regulatory affairs. [Poster Session 1]. E-mail: tracywolbach@westat.com.
Samrawit Yisahak, PhD candidate, Global Health, Emory University. Ms. Yisahak is a third year doctoral student in the Nutrition and Health Sciences program at Emory University. Samrawit received her BS in Nutritional Sciences and Global Health from Cornell University. Her research interest is in the intersection of clinical knowledge of diabetes (and related metabolic diseases) with public health, especially in understudied regions of the world. As a native of Ethiopia, She is more specifically interested in African populations. Her dissertation research explores differences in the burden of diabetes and non-alcoholic fatty liver disease (NAFLD) in foreign versus native Blacks in the United States, and the role of adiposity and dietary quality in explaining these differences. Samrawit has authored “Diabetes in North America and the Caribbean: 2013 Update for the IDF Diabetes Atlas” published in Diabetes Research and Clinical Practice. [Participant]. E-mail: syisaha@email.com.

Oscar Zazueta Fierro, Research Assistant, Mexican Teacher’s Cohort (MTC), National Institute of Public Health (Mexico). Dr. Oscar Efrén Zazueta received his Bachelor’s and Medical degrees from Monterrey Technologic University in Mexico, and completed a Research Fellowship at Harvard Medical School, Boston, USA. Dr. Zazueta is currently a Master’s candidate at Harvard School of Public Health. He has a special interest in NCDs given the epidemiological transition that is taking place in Mexico and around the world. From his perspective, academic institutions, ministries of health, Non-Governmental Organizations, and international organizations need to work in a multidisciplinary fashion in order to overcome this and other emerging health problems. He was a participant in the Public Health Leadership and Implementation Academy for NCDs (PH-LEADER) in 2015-16. [Oral Symposium]. E-mail: efren_zazueta89@hotmail.com.
ABSTRACTS

ORAL PRESENTATIONS | August 9th, 8:30am-11:00am

O1. Development Of A Sustainable Development Goal Indicator Framework: Where Does India Stand With Respect To NCDs?
   Swati Srivastava, Manu Mathur

O2. Integrating Mental Healthcare Into Existing Care Programs: Case Studies From Nepal, Nigeria, And Haiti
   Bonnie Kaiser, Brandon Kohrt

O3. Integrated Care In Low And Middle Income Countries: A Review Of Impact Against The Triple Aim
   Arian Hatefi, Neelam Sekhri Feachem, Felix Holl, Sanjana Marpadga

   Obafemi J. Babalola, C. Ukpaka, S. Gidado, P. Nguku

O5. Comparing The Usefulness Of Two Mortality Databases For Population Health Research In Mexico
   Oscar E. Zazueta, Antonio García-Anaya, Juan Eugenio Hernández-Avila, Rafael Lozano, Eduardo Ortiz-Panozo, Ruy López-Ridaura, Martin Lajous

O6. What We Can Learn From Georgia About Measuring CVD Prevention
   Chitashvili Tamar, Rashad M. Massoud, Cherkezishvili Ekaterine

O7. Questions About Cervical And Breast Cancer Screening Knowledge, Practice And Outcomes: A Review Of Demographic And Health Surveys
   Laura Viens, Tony Neri, Doug Perin, Virginia Senkomago, Mona Saraiya

O8. Prevalence And Correlates Of Opportunistic Prostate Cancer Screening In Mexico
   Mario Flores, Jennifer Rider, Eduardo Ortiz-Panozo, Andrés Catzin-Khulmann, Ruy López-Ridaura, Martin Lajous

O9. Prevalence Of Diabetes And Pre-Diabetes In Urban And Rural India – The ICMR-INDIAB Study (Phases 1 And 2)
   Anjana Ranjit Mohan, Pradeepa Rajendra, Das Ashok Kumar, Joshi R Shashank R, Deepa Mohan, Madhu Sri Venkata, Bhansla Anil, Kumar Ajay, Saboo Banshi, Pandey Arvind, Kaur Tanvir, Mohan Viswanathan for the ICMR-INDIAB Study Group

O10. Household And Family Dyad Clustering Of Risk Factors For Type 2 Diabetes And Hypertension In Rural Uganda
    Jannie Nielsen, Silver K. Bahendeka, Dan Meyrowitsch, Ib C. Bygbjerg, Daniel Witte

O11. Ensuring Their Future, Visual Impairment In The Children Of Swaziland
    Jacquelyn Jetton O’Banion

O12. Factors Associated With Abandonment Of Care Among Pediatric Oncology Patients In Tanzania
    Kristin Schroeder, Jessica McDade, Colin Chao, Hillary Sued, Beda Likonda, Nelson Chao, Nestory Masalu

POSTER SESSION 1 | August 8th, 11:00am-12:00pm

P1. Socioeconomic Factors And Nutrition Knowledge In Short- And Long-Term Outcome In A Public Obesity Program In Mexico City
P2. Knowledge And Attitude About Diabetes Mellitus And Its Associated Factors Among People In Debre Tabor Town, Northwest Ethiopia
Achenef Asmamaw, Getahun Asres

Ruth Purisima González Sánchez

P4. Determinants Of Preterm Delivery In Ridge Regional Hospital, Greater Accra Region, Ghana
Ernest Konadu Asiedu, Edwin A. Afari, Ernest Kenu, Donne Ameme

P6. Evaluation Of Intervention Training To Improve Knowledge And Perceptions Of Blood Donation In Health Workers, Puebla, México
Pepe Castell

Nzwisisai Chokuda Mhlanga, Nyasha Masuka, Notion Tafara Gombe, More Mungati, Mufuta Tshimanga, Michelle Dynes

P8. Learning To Live With Diabetes: The Pilot Study In Low Income Mexican People
Lidia G. Compeán, Diane Berry, Paulina Aguilera, Eunice Resendiz, Socorro Piñones, Jose Rivera

P9. Association Between Physical Activity During Adolescence And Lung Function Gain From 15 To 18 Years Of Age
Bruna Gonçalves C. da Silva, Fernando César Wehrmeister, Michael Pratt, Philip H. Quanjer, Rogelio Perez-Padilla, Helen Gonçalves, Bernardo L. Horta, Pedro Curi Hallal, Fernando C. Barros, Ana Maria B. Menezes

Erica Bass Flimmons, Wanjira Kinuthia, Elizabeth Armstrong Mensah, Susan Ogletree

P12. Determinants Of Treatment Adherence In Diabetes Mellitus; A Hospital Based Study In Pakistan Institute Of Medical Sciences Islamabad
Jawwad Afzal Kayani

P13. Structural Birth Defects: Knowledge, Perceptions, And Practices Among Health Care Workers In Reproductive And Child Health Clinics In Abuja, Nigeria
Lydia A. Taiwo, A. Abubakar, P. Nguku S.Ajisegiri

P14. Evaluation Of Maternal Death Surveillance And Response (MDSR) System In Tigray Region, North Ethiopia
Mikiyas Mekonnen, Adamu Addiesse, Haftom Tamme, Lucy Boulanger, Morof Diane

P15. Monitoring – An Effective Tool To Check, Ensure And Sustain Quality Of IDF Recognized CCEBDM Training Program Across India
Anuradha. A. Monga, Shivangi Vats, Shreyas Sharma Sandeep Bhalla, Ranjit Unnikrishnan, V. Mohan D. Prabhakaran

P16. Barretos Cancer Hospital: A Duke University Global Cancer Partner In Brazil
Laura W. Musselwhite, Fabiana de Lima Vazquez, Elizabeth R. Hauser, Denise Guimarrtes, Adhemar Longatto-Filho, Susan K. Murphy, Michael B. Kastan, Michael H. Merson, Nelson J. Chao, Rui Reis, José Humberto Tavares Guerreiro Fregnani, Edmundo Carvalho Mauad

P17. Barriers And Facilitators To Treatment Among Newly Diagnosed Hypertensive Patients In Nepal: A Qualitative Study
Sachita Shrestha, James P LoGerfo, Rajendra Prasad Koju, Archana Shrestha, Annette L. Fitzpatrick

P19. Effect Evaluation Of Tobacco Control In Restaurants In Beijing Six Months After The Implementation Of “Beijing Tobacco Control Regulation”
Liangyou Wang, T Shen, L Wang, S Xie, J Wen, L Wang, H Lin

P20. Assessment Of Impact Of Federal Funding Through A Social Network Analysis
Nancy L. Dianis, Tracy L. Wolbach, Maura Spiegelman

P21. Enhancement of Non-Communicable Disease (NCD) research under NCD clinic activities in Tripura, India to attain sustainable development goal
Gautam Majumdar

POSTER SESSION 2 | August 8th, 4:30pm-5:30pm

P25. Alcohol As A Risk Factor For Non-Communicable Diseases (Ncds) Among Youth Living In The Slums Of Kampala, Uganda
Lynette Ametewee, Monica Swahn, Rachel Culbreth, Rogers Kasirye

P26. Self-Rated Health, Multimorbidity And Depression In Older Adults: Proposal And Evaluation Of A Simple Framework
Eduardo Bustos-Vázquez, Julián Alfredo Fernández-Niño, Claudia Iveth Astudillo-García.

P27. Raised Blood Pressure Among Adult Population Of Puducherry – Findings From A Community Based Study In India
Ramesh Chand Chauhan, Anil Jacob Purty, Zile Singh

P28. Occupation, Household Pesticide Use And Breast Cancer Risk In North India


P30. Results Of The First Phase In The Center Of Comprehensive Care For Patients With Diabetes (CAIPaDi)
Sergio César Hernández Jiménez, Carlos Alberto Aguiler Salinas, Ana Cristina Garcia Ulloa, David Kershonobich Salnikowitz

P31. Glucose Patterns During The OGTT And Risk Of Future Diabetes In An Urban Indian Population: The CARRS Study
Unjali P. Gujral, Adam Hulman, Venkat Narayan, Rajendra Pradeepa, Ranjit Mohan Anjana, Viswanathan Mohan, Kristine Færch, Daniel R. Witte

P32. Certificate Course In Management Of Hypertension: An Innovative Capacity Building Model For Primary Care Physicians In India
Arun Jose, Sandeep Bhalla, Shivangi Vats, Anshika Sharma, Nikki Pandey, Neil Poulter, Sandosh Padmanabhan, D. Prabhakaran

P33. Capacity Building Of Doctors In India: Implementation Experience From IDF Recognized Certificate Course On Gestational Diabetes Mellitus
Sandeep Bhalla, Arun Pulikkottil Jose, Suganthi Jaganathan, Ranjit Unnikrishnan, Pallavi Wadhwan, Sourabh Sinha, Nikhil Tandon, V. Mohan, Dorairaj Prabhakaran

P34. Quality Improvement And Assurance Of A Cardio-Diabetes Education Programme: A Pan India Initiative For Primary Care Physicians
Manoj Joshi, D Prabhakaran, Sandeep Bhalla, A G Unnikrishnan

P35. HPV Vaccination For Cervical Cancer Prevention In India: Has The Tide Turned?
Suneeta Krishnan, Sandra M. Travasso, MS, Anna Schurmann, Kaveri Gurav, Sudha Ramalingam, Malliga Jayaraj, Ishwarya Sanathana Krishnan, Navami Naik, Marcie Fisher-Borne, Jacqui Drope

P36. Racial Disparities In Human Papillomavirus Types 16/18 In Women With Abnormal Cytology In A Prospective, Cross-Sectional Study In Brazil
Tendai Kwaramba, Laura W. Possati-Resende, José Humberto Tavares G. Fregnani

P37. Availability, Accessibility And Utilization Of Public Healthcare Facilities For Obtaining Diabetes And Hypertension Care In India
Sailesh Mohan, Priti Gupta, D. Prabhakaran

P38. HPV Vaccine Acceptability For Daughters Among At-Risk Women In Brazil
Laura W. Musselwhite, Tendai Kwaramba, Naiille de Paula Pantano, Suelen Cristina Tesoni, Thais Talarico Hosokawa, Adhemar Longatto-Filho, Júlio C. Possati-Resende, Fabiana de Lima Vazquez, Edmundo Carvalho Mauad, José Humberto Tavares Guerreiro Fregnani, Noel T. Brewer, Jennifer S. Smith

P39. Health System Preparedness For Non-Communicable Diseases: Findings From India
Rajmohan Panda, Sandeep Mahapatra, Divya Persai

P40. The Global Cost-Savings Of Preventing Childhood Blindness: The Economic Model Of Retinopathy Of Prematurity Screening And Treatment (EcROP)
Rebecca Russ, Michael I. Rothschild, Kathryn A. Brennan, Christopher J. Williams, David Berroques, Bhavesh Patel, Maria Ana Martinez-Castellanos, Alcides Fernandes, G. Baker Hubbard III, RV Paul Chan, Zhou Yang, Timothy W. Olsen

P41. Understanding Barriers And Facilitators Of Healthy Eating In Workplace Cafeterias For Diabetes Prevention In Nepal
Archana Shrestha, Dipesh Tamrakar, Biraj Man Karmacharyam, Prajwal Pyakurel, Rajeev Shrestha, Nabina Makaju Shrestha, Diksha Sapkota, Abha Shrestha, Rabin Gautam, Donna Spiegelman

P42. Education Programs For Primary Care Physicians: An Experience From Various Capacity Building Initiatives On Chronic Conditions In India

P43. Dietary Interventions To Prevent And Manage Diabetes In Worksite Settings – A Meta-Analysis
Archana Shrestha, Biraj Man Karmacharyam, Polyna Khudyakov, Donna Spiegelman

P44. Maternal Postpartum Illness And Subsequent Depressive Symptoms In Rural Bangladesh
P45. Evaluation Of Referral Mechanism In Cervical And Breast Cancer Intervention Program For Women, Tiruchirappalli District, Tamil Nadu State, India, 2012-15
Vidhya Viswanathan, Yogananth Nallathambi, Ganeshkumar Parasuraman

P46. Cohort Of Breastfeed Healthy Babies Growth Assessment In An Urban Setting: A Two Year Prospective Cohort (CENO Study)
Rivas-Ruiz Rodolfo, Wong-Ureña Kingston, González-López Arnett Raquel, Neri-Rosario Daniel, Ramirez Carlett

P47. Evaluation Of Cancer Registry Systems In Pakistan 2015
F Bashir, Z Hussain, MA Baig, RJ Asghar, T Ghafoor, M Salman.

P48. The Dissemination of Project UPLIFT: A Model For Training Mental Health Professionals In Developing Countries
Leslie Johnson

P49. Influence Of A Medical Nutrition Therapy And Eating Behavior On Gestational Weight Gain Of Women With Diabetes
O1. Development Of A Sustainable Development Goal Indicator Framework: Where Does India Stand With Respect To NCDs?

Swati Srivastava, Manu Mathur

**Background:** The Sustainable Development Goals (SDGs) recognize the growing importance of tackling non-communicable diseases (NCDs) to achieve health for all. India faces demographic and epidemiological transitions with an increasing burden of NCDs, from an ageing population, co- and multi-morbidity of NCDs, and NCD-associated poverty traps. Many developing countries, including India, are challenged by availability of data, metrics and surveillance systems to monitor progress for NCD control.

**Methods:** A mapping exercise was undertaken to plot SDG3 NCD-related targets and indicators to the World Health Organization Global Reference List of 100 Core Health Indicators. Nationally representative information from data repositories, surveys and other sources were used to assess Indian reporting on these reference indicators, based on: completeness regarding numerator and denominator; yearly periodicity; disaggregation over sub-population groups; and cross-country comparability.

**Results:** Targets 3.4-3.6 and 3.a-d have relevance for NCD control, and map to 11 Global Reference List indicators. Of these, 9 indicators are routinely collected in India. None of the collected indicators fulfil all criteria of completeness, periodicity, disaggregation and comparability. Indicators such as mortality from specific NCDs such as diabetes, and tobacco and alcohol use, are collected, but not annually. Indicators such as coverage of services for mental health disorders, access to affordable essential medicines, and health worker density and distribution do not cover information from the private sector. Indicators such as suicide mortality rate, per capita alcohol consumption, and mortality from road traffic injuries are grossly under-reported. There are no routinely collected national estimates of cervical cancer screening.

**Discussion:** Comprehensive metrics on SDGs targets are absent in India. Routinely collected indicators on NCDs in India need to be re-assessed and collected in a manner to report effective coverage, in order to be used as tools for measuring progress on SDGs and ensuring responsiveness and accountability in the health system.

O2. Integrating Mental Healthcare Into Existing Care Programs: Case Studies From Nepal, Nigeria, And Haiti

Bonnie Kaiser, Brandon Kohrt

Mental disorders have long been recognized as a significant contributor to the global burden of disease. Increasingly, research demonstrates that mental health interventions have positive effects that extend beyond mental health, to include improved outcomes for infectious and non-communicable diseases (NCDs), as well as for poverty reduction. For these reasons, mental health has recently gained significant attention among funders and policy-makers, including the World Bank and World Health Organization. The inclusion of wellbeing within SDG 3 points to this shift in attention to mental health concerns. Recognizing that there is “no physical health without mental health” yet facing severely limited resources, interventions have arisen across low- and middle-income countries that incorporate mental healthcare into existing care platforms. In this paper, I describe three such programs. Each takes a different approach to incorporating mental healthcare into broader systems of care, whether in the context of primary or specialty services. First, I describe a long-term partnership in Nepal involving Transcultural Psychosocial Organization. Their mental healthcare programing includes training primary care providers in the detection, treatment, and referral of patients with mental disorders, alongside ongoing physical healthcare. Second, I describe a collaboration with Gede Foundation in Nigeria, a long-standing program for vulnerable children. Gede has traditionally focused on HIV and other physical health services, but they have recently worked actively to incorporate mental health programing into their existing care structures.
Finally, in the context of Haiti, I describe my collaboration with the Zanmi Lasante/Partners in Health mental healthcare team. This program involves task-shifting of mental health care to primary care providers, in addition to provision of specialty services. Through these 3 case studies, I emphasize the myriad benefits to be achieved through integrated care that addresses mental health, including improved prevention and treatment of infectious and non-communicable diseases, as well as poverty alleviation.

O3. Integrated Care In Low And Middle Income Countries: A Review Of Impact Against The Triple Aim

Arian Hatefi, Neelam Sekhri Feachem, Felix Holl, Sanjana Marpadga

Introduction: The rise of non-communicable diseases (NCD) create additional stress on health systems in low and middle income countries (LMIC). In wealthy countries integrated care (IC) models have been shown to reduce the cost of care, improve the patient experience, and improve population outcomes. We review the evidence on IC models in LMIC. Methods: We performed a selective literature review, guided by database searches, expert opinion, and selected grey literature, of published works that evaluated the impact of IC interventions for NCDs in LMIC. We categorized the evidence using the Triple Aim Framework (cost of care, patient experience, and population health). Results: We found that integrated care is described in many different ways in the literature, which makes comparisons difficult. Of the 109 studies reviewed, 40 focused on some aspect of integrated care in LMIC; of these, 20 described care for NCDs. Five studies identified primary care expansion as a central strategy for IC given its role as the first point of contact for patients; several studies used aspects of IC such as physician extenders for team based care and information technology to link different levels of care. In evaluating the literature against the triple aim, six studies showed IC having a positive impact on cost of care, four on patient experience and twelve on population health outcomes. Discussion: Three broad themes emerged. First, there is no accepted common language for describing integrated care, which limits the ability to make meaningful comparisons. Second, studies that show the impact of IC on the triple aim demonstrate a positive impact, particularly in improving population health outcomes. Last, certain levers that support integrated care are being used in LMIC. These findings suggest that there is an important opportunity for greater experimentation and evaluation of integrated care models in LMIC.


Obafemi J. Babalola, C. Ukpaka, S. Gidado, P. Nguku

Background: Low and middle income countries account for 90% of 1.3 million Road Traffic Injury (RTI) deaths globally and Nigeria accounts for 25% of RTI mortality in Africa. Nigeria has no comprehensive RTI surveillance system and data from Federal Road Safety Commissions (FRSC) was inadequate, leading to large disparity with estimated value from World Health Organization. We pilot a RTI surveillance system using data from FRSC, Police motor traffic division and Health facilities in Kaduna metropolis, Nigeria to ascertain its feasibility and generate data needed for action. Methods: WHO Injury surveillance guideline and Centers for Disease Control and Prevention surveillance training manual was adopted for this study. A case of RTI is any person injured or died within 30 days as a result of fatal and non-fatal injury incurred from a collision on a public road in Kaduna Metropolis. Data collected using a pretested questionnaire for RTI cases at health facilities, reported by the Police and FRSC. Data were linked by deterministic method, cleaned and analyzed. Frequency and proportion were calculated to characterize the RTI. The study was supported by a mini-grant from Center for Disease Control. Results: This preliminary report covered RTI cases from February to April 2016. Of the 324 crashes reported, 566 people injured and 66 deaths with case fatality rate of 11.7%. Male gender accounts for 81.8% and age 25 – 29 years were mostly affected. Crashes without collision with other vehicle (non-vehicular collision) was 21% and FRSC reported 21% of
the injured. RTI Incidence peaked between 6:00 PM to 8:59 PM with 26 persons per hour. Characteristics of the injured were passengers in a moving vehicle (39.9%), pedestrian (21%), drivers of motor cycle (15.5%) and moving vehicles (8.7%). Fuel crisis and road safety campaign reduce non-vehicular collision and fatally injured from 33% to 12% and 16% to 10% respectively. **Discussion:** Essential to sustainable development goal 3, a multisector RTI surveillance system that generate data for action in Kaduna metropolis, Nigeria is feasible and data generated used for action at different levels. This will mitigate against the burden of RTI.

**O5. Comparing The Usefulness Of Two Mortality Databases For Population Health Research In Mexico**

*Oscar E. Zazueta, Antonio García-Anaya, Juan Eugenio Hernández-Avila, Rafael Lozano, Eduardo Ortiz-Panozo, Ruy López-Ridaura, Martin Lajous*

**Background:** Mortality databases are used for disease surveillance and for cross-linkage with epidemiologic studies for mortality follow-up. In Mexico, the Ministry of Health (SEED) and the National Institute of Statistics and Geography (INEGI) generate two independent mortality databases from death certificates using different algorithms for coding and determining underlying cause of death. There is limited experience cross-linking these databases. **Objective:** To compare the accuracy for mortality follow-up and concordance of the underlying cause of death of two mortality databases. **Methods:** Based on employer/next-of-kin information, we identified 404 deaths and 400 women known to be alive in December 2014 who were participants in the Mexican Teacher's Cohort. Using CDC's Registry Plus™ Link Plus and standard matching probability settings (score ≥5); we linked records by last names, first name and date of birth and determined the sensitivity and specificity of each database. We also explored the concordance between databases for the underlying cause of death by comparing ICD-10 diagnoses. **Results:** The specificity of both databases was close to 100%; however, the sensitivity was 76% for SEED and 35% for INEGI. When both databases were used the sensitivity was 82% (n=330). Out of 305 deaths found in both databases, we identified a discrepancy for the underlying cause of death in 23% of records (n=70) and in 10% (n=31) this discrepancy occurred in the first digit of the ICD-10 code. The difference was attributable to coding errors in 45 of cases and to the underlying cause of death algorithm in 25 of cases. **Conclusion:** In the absence of a national identification number, name–based mortality-linkage in Mexico is feasible. However, important differences between databases in the attribution of underlying cause of death should be further explored because of their potentially impact on disease surveillance.

**O6. What We Can Learn From Georgia About Measuring CVD Prevention**

*Chitashvili Tamar, Rashad M. Massoud, Cherkezishvili Ekaterine*

**Background:** LMICs are not routinely tracking quality and coverage of NCD care to reach SDG target 3.4. The combination of multi-drug therapy and counselling of patients at CVD risk is a high-impact intervention to fight NCDs. With 80% coverage, it can avert 35% of global CVD burden by 2025. The WHO Global Monitoring Framework (GMF) encourages countries to track delivery of this intervention through population surveys. However, the current definition of the indicator (which measures treatment of individual CVD risk factors separately and not in combination) is inconsistent with evidence on the comparative effectiveness of multi-drug treatment (aspirin, statin, BP lowering drugs and glycemic control for diabetes mellitus). This paper presents work from Georgia demonstrating the feasibility of measuring the combined intervention. **Methods:** An intervention to improve quality of CVD prevention services was implemented in 17 ambulatory clinics in Georgia. A non-randomized controlled assessment used medical chart reviews and provider and patient surveys to assess change in practice as a result of the intervention.
Results: Using the current GMF indicator, medical chart reviews and interviews with eligible patients showed over 75% compliance at the baseline and endline, with little differences between intervention and control groups. Compliance with multi-drug prescription, however, was nil at the baseline and significantly improved after the intervention. Patient interviews, revealing problems with accuracy of reporting medications being taken and their purpose, raise concerns about assessing CVD prevention through population surveys. Discussion: Absence of globally agreed criteria hinders progress in meaningfully assessing national NCD efforts. We recommend routine measurement of compliance with multi-drug CVD prevention at the facility level and its integration in national HMIS and the GMF. While tracking the coverage of CVD prevention through population surveys is also important, further studies are needed to establish valid and reliable measures.

O7. Questions About Cervical And Breast Cancer Screening Knowledge, Practice And Outcomes: A Review Of Demographic And Health Surveys
Laura Viens, Tony Neri, Doug Perin, Virginia Senkomago, Mona Saraiya
The 3rd Sustainable Development Goal of the UN (SDG 3) and the WHO Global Monitoring framework support a strong global commitment to reducing the high burden of cervical and breast cancer in low and middle income countries. Strategies to reduce this burden—including vaccination, screening, and early diagnosis—vary with country priorities and resources. Population-based surveys, such as those conducted by the Demographic and Health Surveys program (DHS), can collect the information needed to inform cancer control efforts in a standardized, comparable manner. The primary objective of this study was to identify and evaluate the breadth of breast and cervical cancer screening information that has been collected by the DHS, to determine if these surveys currently provide the specific and measurable information about both the quantity and the quality of cancer screening needed to guide national efforts to reduce cancer burden. We searched the DHS website to identify surveys conducted between 1984 and 2015 that included questions on breast and cervical cancer screening. The relevant questions were extracted from the questionnaire, translated into English, and grouped by themes. Out of the 90 countries where DHS surveys have been implemented, cervical cancer screening questions were included in 22 countries (24.4%) and breast cancer screening questions in 18 countries (20.0%). The common themes identified were disease knowledge, screening knowledge, screening practice, and screening outcomes. The majority of countries with survey questionnaires available for review addressed screening practice (88.9% of cervical and 87.5% of breast); very few countries queried knowledge and outcomes. Questions that assess varied aspects of breast and cervical cancer screening have been incorporated into relatively few DHS surveys. The themes identified in this study could inform the design of a standard set of questions for use in future population based surveys, to enable evaluation beyond the existence of screening, to include assessment of the quality and impact of cervical and breast cancer screening.

O8. Prevalence And Correlates Of Opportunistic Prostate Cancer Screening In Mexico
Mario Flores, Jennifer Rider, Eduardo Ortiz-Panozo, Andrés Catzin-Khulmann, Ruy López-Ridaura, Martín Lajous
Introduction: Cancer mortality has doubled in Mexico in the last decade and prostate cancer (PCa) is now the leading cause of cancer mortality among Mexican men. National recommendations for PCa screening exist in Mexico, but no national screening programs are in place. Hypothesis: We hypothesized that PSA utilization among healthy Mexican men would be low and would be related to prostatic symptoms and risk factors for chronic disease. Methods: We conducted a cross-sectional study among 2,160 male teachers in northern Mexico. Teachers responded to questions on cancer screening (in the previous 2 years), prostatic symptoms (International Prostate Symptom Score, IPSS), family history of cancer, lifestyle, and comorbidities. IPSS scores were categorized in tertiles. We used logistic regression models to
estimate odds ratios and 95% confidence intervals (CIs) for PSA testing according to demographic characteristics, risk factors and prostatic symptoms. **Results:** Mean age of participants was 42.8 years (SD± 9.3) and approximately 85% of participants were overweight/obese. Nearly one-third of men 40-49 years and more than half of men 50-59 years reported a PSA test in the prior two years, with overall utilization at 26.8%. PSA utilization was associated with age, regular multi-vitamin use (OR\textsubscript{MULTIVARIABLE} = 1.88; 95% CI 1.47, 2.39), obesity (OR\textsubscript{MULTIVARIABLE} = 1.53; 95% CI 1.06, 2.23), history of hypertension (OR\textsubscript{MULTIVARIABLE} = 2.17; 95% CI 1.64, 2.86) and hypercholesterolemia (OR\textsubscript{MULTIVARIABLE} = 2.44; 95% CI 1.89, 3.14). Prostatic symptomatology was not significantly associated with PSA testing. **Conclusions:** Opportunistic PSA testing is common among middle-aged Mexican teachers. Health seeking behavior and chronic disease diagnoses were associated with opportunistic PCa screening. In the absence of a national PCa screening program in Mexico, increasing access to PSA testing through private clinical labs could lead to harms associated with overdiagnosis and overtreatment.

**O9. Prevalence Of Diabetes And Pre-Diabetes In Urban And Rural India – The ICMR-INDIAB Study (Phases 1 And 2)**

*Anjana Ranjit Mohan, Pradeepa Rajendra, Das Ashok Kumar, Joshi R Shashank R, Deepa Mohan, Madhu Sri Venkata, Bhansali Anil, Kumar Ajay, Saboo Banshi, Pandey Arvind, Kaur Tanvir, Mohan Viswanathan for the ICMR–INDIAB Study Group*

**Aim:** To determine the prevalence of diabetes and pre-diabetes in urban and rural India as part of the Indian Council of Medical Research-India Diabetes(ICMR–INDIAB) study. **Methods:** The ICMR–INDIAB study is a national study on diabetes in India. The study was conducted in two phases involving 9 regions namely Chandigarh and Punjab in the north, undivided Andhra Pradesh, Karnataka and Tamil Nadu in the south, Gujarat and Maharashtra in the west and Bihar and Jharkhand in the east, representing a total population of 555.7 million people from 2008–2013. Of the 36,679 individuals aged ≥20 years selected for the study, 33,578(91.5%) participated. Diabetes was defined as self-reported diabetes and/or drug treatment for diabetes and/or fasting capillary blood glucose (FBG) ≥126mg/dl (≥7.0mmol/l) and/or a 2 hour post glucose (2HrPG) capillary blood glucose ≥220mg/dl (≥12.2mmol/l). Pre-diabetes was defined as individuals with impaired fasting glucose (IFG) [FBG 110–125mg/dl (6.1–6.9mmol/l)] or impaired glucose tolerance (IGT) [FBG <126mg/dl (<7.0mmol/l) and 2HrPG 160–220mg/dl (8.9–12.2mmol/l)], or both IFG and IGT. **Results:** The weighted prevalence of diabetes was 8.3% (95%CI:7.9–8.7%) and that of pre-diabetes it was 10.3% (9.9–10.7%). In all regions, urban areas had higher prevalence of both diabetes, (urban vs. rural:12.2% vs. 5.7%, p<0.001) and pre-diabetes (urban vs. rural:11.6% vs. 9.3%, p<0.001) compared to rural areas. The prevalence of diabetes increased with increasing age, with the take-off point for diabetes being in the age group of 25–34 years. Males had a significantly higher rates of diabetes (male vs. female: 9.0% vs. 7.7%, p<0.001), but not of pre-diabetes (male vs. female: 10.4% vs. 10.1%, p=0.452). **Conclusions:** Based on this National diabetes survey, it is estimated that 67.3 million (64.1–70.5 million) people in India have diabetes and 83.5 million (80.3–86.7 million) have pre-diabetes in India. Thus, overall one in every six adults in India has either diabetes or pre-diabetes, with urban areas having higher prevalence than rural areas. The epidemic is also shifting to younger individuals in the Asian Indian population.

**O10. Household And Family Dyad Clustering Of Risk Factors For Type 2 Diabetes And Hypertension In Rural Uganda**

*Jannie Nielsen, Silver K. Bahendeka, Dan Meyrowitsch, Ib C. Bygbjerg, Daniel Witte*

**Background:** Early detection of type 2 diabetes (T2D) is key for the management of the disease, related complications and to reduce the risk of premature death. However, in Sub-Saharan Africa more than two thirds of the people with T2D are unaware of their condition. Evidence suggests that risk factors for T2D
cluster in households. Thus, the household may function as a largely untapped unit for targeted prevention and T2D case finding. We investigated the clustering of T2D risk factors at household level and by type of familial relationship in a Ugandan population to assess whether households could be a target for T2D prevention and screening. **Methods:** From a Ugandan household-based cohort we identified 90 clusters (households), 437 nodes (individuals ≥13 years) and 947 dyads (relations). Similarities in HbA1c, anthropometry, systolic blood pressure and estimated aerobic capacity (VO2-max) were analysed using a general mixed model with random effect (household or dyad member one) to calculate household intraclass-correlation coefficients (ICC) and dyadic resemblances. Logistic regression with household as a random effect was used to calculate the odd ratios (ORs) for individuals having a condition if another household member had the same condition. **Results:** The highest household clustering of T2D risk factors was seen in relation to VO2-max (ICC=0.24) followed by HbA1c (ICC=0.18) (see table 1). ORs in a household member were increased for undiagnosed hypertension (5.5); overweight/obesity (1.6); and smoking (5.3) if another household member had the same condition. Regarding familial relationships, siblings and parent-offspring dyads were the strongest associated dyads, followed by spouses whereas grandparents-grandchildren had no similarities. **Conclusions:** The pronounced household clustering of T2D and hypertension risk factors highlights the potential of the household setting for screening and prevention of T2D and hypertension. Thus, when one household member presents with pre- hypertension, elevated glucose or systolic blood pressure, or physical inactivity the entire household could benefit from screening and lifestyle interventions.

**O11. Ensuring Their Future, Visual Impairment In The Children Of Swaziland**

_Jacquelyn Jetton O’Banion_

**Background:** An estimated 19 million children worldwide are visually impaired and 1.4 million blind; of which 51% is avoidable, 27% treatable, and 19% preventable. Three quarters of these children live in developing countries such as Swaziland. Approximately 39.6% of the Swazi population is under the age of 15, 31% of which are orphans. Sixty percent of children who are blind in developing countries will die within 1year. In a country in need of repopulation and economic growth after the devastation of HIV, ensuring that this large population of children is able to survive and thrive is imperative. **Methods:** Community vision screenings were carried out in Swaziland from July 1-August 3, 2015. Presenting visual acuity was measured in children aged 8-15years. Screening failure was defined as visual acuity <6/9 (20/30) in any eye. Children who failed the screening underwent a comprehensive dilated eye exam by the study ophthalmologist and cause of decreased vision was recorded. **Results:** 6,760 children were screened. Eighty children (1.18%) were visually impaired in at least 1 eye, of which 34 (42.5%) failed in one eye only and 46 (57.5%) failed bilaterally. The most common cause of vision loss was uncorrected refractive error (32%), lens opacity (17%), corneal opacity (15%) and unknown (18%). 12.5% of the children failing screening were monocular, reportedly due to trauma. **Conclusions:** Based on this study, nearly 6,000 children in Swaziland are visually impaired and only 2 ophthalmologists exist to serve them. Of those with visual impairment 24.5% was preventable and 49% is treatable. Without the necessary screening and treatment services these children will be unable to reach their full potential and will be unable to become successful contributing members of their communities.

**O12. Factors Associated With Abandonment Of Care Among Pediatric Oncology Patients In Tanzania**

_Kristin Schroeder, Jessica McDade, Colin Chao, Hillary Sued, Beda Likonda, Nelson Chao, Nestory Masalu_

**Background:** The majority of new pediatric cancer diagnoses are made in resource poor countries where survival rates range from 5-25%, compared with 80% in high resource countries. At Bugando Medical
Centre (BMC), one of the two cancer treatment centers in Tanzania, the overall survival among pediatric cancer patients is 20%. However, over 40% of patients abandon treatment, significantly impacting outcomes. **Objective:** The current study evaluated the factors contributing to abandonment of care, with the objective to guide future interventions to improve pediatric oncology outcomes in the region. **Methods:** Study design is a retrospective review of recorded hospital admissions and clinic visits to the oncology ward at BMC from January 2010-December 2014. 185 files were available for review. Abandonment of care was defined as not presenting for scheduled treatment for at least four weeks from the scheduled date. **Results:** In total, 60% of the patients were male (n=111), and the average age was 7 years old. The most common recorded diagnoses were Burkitt lymphoma (n=31), followed by Wilms tumor (n=25), retinoblastoma (n=24), non-Hodgkin lymphoma (n=24) and acute lymphoblastic leukemia (n=23). Most patients (92%, n=171) received at least one chemotherapy treatment. However, 41.6% of patients abandoned care (n=77). Factors significantly correlated with abandonment included travel distance greater than 60 km to the treatment center ($\chi^2=4.2; p=0.04$), and age < 5 years ($\chi^2=5.18; p=0.02$). Patients receiving weekly or biweekly chemotherapy were less likely to abandon care when compared to monthly treatment ($\chi^2=3.82; p=0.05$). Patients with retinoblastoma had the highest abandonment rate (65%) and Hodgkin lymphoma the lowest (16.7%). **Conclusions:** Reasons for abandonment of cancer care are multifactorial. We demonstrate that prolonged distance to treatment center, frequency of therapy, and younger patient age correlate with increased treatment abandonment. Future interventions to reduce treatment abandonment will target methods to reduce the travel burden of our patients and their families.

**POSTER SESSION 1 | August 8th, 11:00am-12:00pm**

**P1. Socioeconomic Factors And Nutrition Knowledge In Short- And Long-Term Outcome In A Public Obesity Program In Mexico City**

*Marcela Rodríguez Flores, Eduardo García García, Martha Kaufer Horwitz, Wendy Salinas, Sheyla Hernández, Ana Gabriela Torres Mejía*

**Background:** Obesity is a significant public health burden. Some populations have greater vulnerability and specific needs of treatment. Understanding the role of health-related social needs in the context of public obesity management, could aid develop effective adjunct interventions to standard recommendations for nutrition and physical activity. **Objective:** To determine the association of socioeconomic factors (SF) and nutrition knowledge (NK) with treatment outcomes after a multidisciplinary obesity program at short- and long-term follow up. **Methods:** Cross-sectional analysis of SF (socioeconomic status [SES], education level, food insecurity, environment perception) and NK in patients who finished a six-month multidisciplinary obesity program in a tertiary hospital in Mexico City, consisting of monthly medical/nutritional visits and a psycho-educational group session. The Nutrition Knowledge Questionnaire (NKQ) includes the following areas: 1) general nutritional recommendations, 2) nutritional content, 3) food selection, and 4) nutrition-related diseases. We analyzed the association of SF and NK with treatment outcomes in patients with <1 and ≥1 year after completion of the program. **Results:** Two-hundred four patients participated: 66% women; mean age 41±12.6 years; mean BMI 41.5±8.4 kg/m²; mean weight lost 5±5%; 55 (27%) with ≥1 year follow-up; with 51% with low SES, and 25% with less than high school education. Education level, SES and depression were independently associated with NK (p<0.05). Walking during free time, depression, food selection according to taste and access, and higher scores in areas 2, 3 and 4 of the NKQ were associated with weight loss and maintenance, after correcting for age, sex, SES, and food insecurity (p<0.05). **Conclusion:** In an adult population with obesity and high prevalence of low SES, education level predicted NK and SES seemed to play an indirect role in outcomes. This study shows that educational aspects likely to be implemented in public health programs were associated with sustained improvement in obesity treatment.
P2. Knowledge And Attitude About Diabetes Mellitus And Its Associated Factors Among People In Debre Tabor Town, Northwest Ethiopia

Achenef Asmamaw, Getahun Asres

Background: Diabetes mellitus is recognized as one of the emerging public health problems in developing countries. However, people’s knowledge and attitude about diabetes mellitus have not been efficiently investigated in Ethiopia. Objective: This study was conducted to assess the knowledge and attitude about diabetes mellitus and its associated factors among people in Debre Tabor town, Northwest Ethiopia. Methods: A community based cross-sectional study design was conducted among people age 18 years and above in Debre Tabor town during June 10 to August 20, 2014. A total of 832 participants were selected by systematic random sampling technique. Data were collected using a pretested structured interviewer administered questionnaire and Epi info 6 for data entry and SPSS version 20 for analysis used. Bivariate and multivariate analyses were used. Results: Among 832 respondents, 408 (49%) participants had good knowledge and 329 (39.5%) participants had good attitude about diabetes mellitus. Educational status (Grade 1-8 AOR=2.6, 95% CI: 1.22-5.22, Grade 9-12 AOR=3.49, 95% CI: 1.68-7.22, and Certificate and above AOR=5.58, 95% CI: 2.73-11.44), family income per month (501-800Birr AOR=1.59, 95% CI:1.07-2.40, 801-1450Birr AOR=1.61, 95% CI: 1.05-2.48, and ≥1451 Birr AOR=2.14, 95% CI: 1.36-3.36) and family history of diabetes mellitus (AOR=3.89, 95% CI :1.27-11.88) were significantly associated with good knowledge about diabetes mellitus. Conclusions: This study revealed a limited status in good knowledge and low in good attitude about diabetes mellitus. Comprehensive community based health education program about diabetes mellitus is necessary to improve further this situation.


Ruth Purisima González Sánchez

Background: Mexico has established the NOM-041-SSA2-2011 for breast cancer. The knowledge and the correct application of this standard are essential to reduce mortality rate and the burden of disease in the population at risk. In our country there isn’t studies have evaluated the knowledge and application of it. Aim: Assess knowledge and application of the Mexican Official Standard NOM-041-SSA2-2011, for breast cancer, in primary health care centers, Mexico City 2016. Materials and Methods: Cross-sectional study. Two instruments were designed (assessment of “knowledge” and another for “application”) of the standard based on each of the sections, focusing on the first level of care. The instruments were piloted and supported by Delphi method. Two constructs were built (“knowledge” and “application”) from each question of the instruments and evaluated to give a percent of knowledge and application. Results: 22 medical units we assess in three delegations, the instruments were applied in 183 personal in health (PH) and 585 women over 20 years old. The mean of knowledge was 77.07, median 77.27. The 63.38% (138) of the PH, was over the mean. The knowledge over the mean in Medical base 80.49% (33), Nurse base 60.88% (14), Medical interns 61.37% (27), Nurse interns 62.5% 8 (5) and Other (social workers and trained staff) 56.73% (38). The mean of application was 50.12, median 52.38, the application of the standard was 51.12% (239) over the mean. Pearson correlation, coefficient 1.00 p <0.0001 Conclusions: Knowledge of the standard was average 63.38%, which means that more than half have sufficient knowledge, same behavior was observed through the strata. Application was performed only in 51.12%, which means that not all PH applies it. The correlation of knowledge and application is strong and significant, so the strengthening knowledge in PH will be reflected in the application of the standard.

P4. Determinants Of Preterm Delivery In Ridge Regional Hospital, Greater Accra Region, Ghana
Abstract booklet | 14

Ernest Konadu Asiedu, Edwin A. Afari, Ernest Kenu, Donne Ameme

Introduction: Globally, prematurity is a major determinant of neonatal morbidity and mortality contributing about 30-40% of neonatal mortality and 20 to 30% of infant and under-five mortality. The world’s preterm birth rate keeps rising since the last two decades with an increase of 20% since 1990 in high-income countries. Accurate data from low-income countries are not readily available, thus necessitating this study. Objectives assessed determinants (proportion, maternal and foetal factors) of preterm delivery. Findings will guide policy change in preterm prevention and provide the basis of future studies of preterm delivery. Methods: The study was conducted in a secondary referral facility in Accra, Ghana (October, 2015 - May, 2016). Firstly, the proportion of preterm delivery was determined by reviewing the summary data of preterm delivery and total delivery from the health information unit of the hospital. Secondly, a 1:2 unmatched case control study design was adopted. A case was a mother who delivered between 28 weeks and 36 weeks of gestation (preterm) and a control was a mother who delivered after 37 completed weeks (term). Data collection was done by interview technique using structured questionnaire and review of maternal and foetal records using a checklist. Uni-variable analysis of categorical variables expressed as frequencies, proportions, Chi square analysis - associations between selected individual independent variables and preterm delivery. Multiple logistic regression done between independent variables and preterm delivery to determine the strength of association with OR 95% CI and their respective p-values. Results: In all, 130 preterms and 260 terms were studied. Proportion of preterm delivery was 15.3% (11%-19%). OR {partner support 0.4 (95% CI 0.2-0.9), visited ANC > 4 times 0.2 (0.02-0.05), male baby 0.5 (0.3-0.9), cephalic presentation 0.5 (0.3-0.9), and Apgar score of >7 2.9 (1.9-4.5) were negatively associated with preterm delivery}. However, hypertensive complications, antepartum haemorrhage (APH) 2.1 (1.1-4.5), premature rupture of membrane (PROM) 1.7 (1.1-2.6), Caesarean section delivery 1.4 (1.2-4.6) and being sickling negative 2.0 (1.0-4.2) were positively associated with preterm delivery. Conclusion: Proportion of preterm delivery is high. Partner support was protective. However, PROM, hypertensive complications and APH are likely contributing determinants of preterm delivery. Birth weight >2.5 and Apgar score >7 were protective.

P6. Evaluation Of Intervention Training To Improve Knowledge And Perceptions Of Blood Donation In Health Workers, Puebla, México

Pepe Castell

Health services need to work in three different areas: a) in the community to educate, recruit, select and maintain a source of healthy donors, b) in central processing of blood which acts as a factory for essential drugs and c) clinical services where patients receive treatment. Adequate staff to educate people, to meet with donors and people who go to ask about specifications inherent in blood donation are the medical staff, nurses and chemists who work in the hospital. It developed into a job called capacitación intervention. It consisted of two stages, the first consisting of the identification of knowledge and myths that health workers have about blood donation and then designing a capacitación intervention, with the methodology of applying systems to strengthen health services to implement and then evaluate their results in order to achieve an increase in the number of units of blood collected. We performed a descriptive cross-sectional study, with assessment before and after without comparison group of capacitación intervention at the Hospital Regional ISSSTE, Puebla, México. It was a universe of 455 people, of which 430 were nurses from all services and 25 were chemists attached to the hospital blood bank with a sample size of 87 people, and with a convenience sample. The aim of this study was to evaluate an intervention to improve capacitación knowledge and perceptions of blood donation in health workers of the Institute of Security and Social Services for State Workers. By comparing the measurements before and after the intervention, it is stressed that there was a significant increase in knowledge and a demystifying of ideas that donating blood produces weight gain, generates anemia, that donating
material used in the bank is not sterile, that you can get an infection at the time of giving etc. The results achieved excellent support.


Nzwisisai Chokuda Mhlanga, Nyasha Masuka, Notion Tafara Gombe, More Mungati, Mufuta Tshimanga, Michelle Dynes

**Background:** Hwange District has the highest burden of perinatal deaths in Matabeleland North Province, Zimbabwe. A preliminary review of perinatal mortality surveillance system (PMSS) records from Matabeleland North Province in 2014 indicated problems with perinatal mortality notification form (PMNF) completion and timing. We evaluated the PMSS in Hwange District to identify factors contributing to failure in notifying perinatal deaths. **Methods:** A surveillance system evaluation was conducted in Hwange District using the Centers for Disease Control and Prevention’s *Updated Guidelines for Evaluating Public Health Surveillance Systems*. Simple random sampling was used to select 24 of 46 health facilities. St. Patrick’s Mission Hospital and Victoria Falls District Hospital were selected for automatic inclusion because of the high burden of perinatal deaths. A convenience sample of 46 health workers and four key informants were interviewed using structured interview guides. Data were analyzed using Epi-Info statistical package. **Results:** Forty-eight of 50 participants failed to give correct definitions of stillbirth and the perinatal period. While most participants reported deaths via phone within seven days (n=43; 86%), only 39% (n=18) reported deaths using PMNFs. All participants used PMSS data for perinatal death audits, and 96% (n=48) indicated a willingness to participate in death reporting. Thirteen of 24 health facilities experienced PMNF shortages for more than six months. Data fields from filled PMNF were only 70% complete. The most common reasons for failure to report perinatal deaths were staff shortages (n=47; 94%), lack of knowledge of case definitions (n=36; 72%), unavailability of PMNFs (n=34; 68%), and problems transporting PMNF (n=25; 50%). **Conclusions:** Timeliness via phone reporting, usefulness, and acceptability, were the strongest components of the PMSS, while stability and completeness were the weakest. Poor knowledge of case definitions and shortages of notification forms and staff were the key obstacles to implementation of PMSS. In response to these findings, notification forms were distributed across Hwange District. We recommend refresher training of health workers on case definitions and the PMSS and introduction of electronic PMNFs to strengthen the system and improve the quality of data for public health action.

P8. Learning To Live With Diabetes: The Pilot Study In Low Income Mexican People

Lidia G. Compeán, Diane Berry, Paulina Aguilera, Eunice Resendiz, Socorro Piñones, Jose Rivera

**Subject Population:** Poor glycemic control in Hispanics with type 2 diabetes leads to increased rates of macrovascular and microvascular complications. **Research Design:** The purpose of this study is to test the feasibility of the intervention, including its acceptability, and further refine intervention materials and study procedures. Using a randomized two-group design we will test the initial efficacy of the intervention on participants with type 2 diabetes on glycemic control (HbA1c), adiposity, weight, and diabetes self-management from Time 1 (Baseline-0 months), Time 2 (Post Intensive Intervention-2 months), and Time 3 (After 3 months on their own-5 months). **Instruments:** The primary outcome will include HbA1c from Time 1 to Time 3. The secondary outcomes will include adiposity, weight, and diabetes self-management behaviors from Time 1 to Time 2 and Time 1 to Time 3. **Procedure:** Participants will be randomized into either the intervention (n = 25) or the control (n = 25) group. Participants in the experimental group will receive the 8 weekly classes focused on diabetes self-management behaviors in Spanish and then have 3 months on their own. The control group will receive usual care. Data analysis will include repeated measures.
**P9. Association Between Physical Activity During Adolescence And Lung Function Gain From 15 To 18 Years Of Age**

Bruna Gonçalves C. da Silva, Fernando César Wehrmeister, Michael Pratt, Philip H. Quanjer, Rogelio Perez-Padilla, Helen Gonçalves, Bernardo L. Horta, Pedro Curi Hallal, Fernando C. Barros, Ana Maria B. Menezes

**Background:** A low prevalence of physical activity is found in all age groups worldwide. Although the negative association between physical activity and many non-communicable diseases has been widely researched, the association with lung function remains poorly elucidated in the literature. **Purpose:** To evaluate the association between physical activity from 11 to 15 years of age and lung function gain from 15 to 18 years of age among adolescents belonging to a birth cohort study in Brazil. **Methods:** 5,249 live births in Pelotas (Brazil) participated in the 1993 Pelotas Birth Cohort Study. At ages 11, 15, and 18 years, all participants were sought for follow-up (follow-up rates: 87.5%, 85.7% and 81.3%, respectively). Physical activity (leisure-time and total) was self-reported at 11 and 15 years, while spirometric tests were performed at 15 and 18 years. Outcome variables were gains in forced expiratory volume in one second, forced vital capacity, and peak expiratory flow expressed as z-scores. Crude and adjusted linear regressions, stratified by sex, were performed. **Results:** In adjusted analyses active boys at 11 and 15 years in leisure-time and total physical activity had higher gains in forced expiratory volume in one second ($\beta=0.177; 95\% CI:0.063;0.290$, $\beta=0.137; 95\% CI:0.017;0.258$), forced vital capacity ($\beta=0.146; 95\% CI:0.054;0.237$, $\beta=0.113; 95\% CI:0.016;0.210$), and peak expiratory flow ($\beta=0.202; 95\% CI:0.066;0.338$, $\beta=0.149; 95\% CI:0.005;0.293$) than inactive boys. Vigorous-intensity physical activity in boys was also associated with gains in forced expiratory volume in one second ($\beta=0.136; 95\% CI:0.016;0.257$) and forced vital capacity ($\beta=0.112; 95\% CI:0.015;0.209$). These analyses showed a significant linear trend for boys. It was also observed that boys who were only active at 11 years of age had greater lung function gains than the never-active boys. No significant associations were found for girls. **Conclusion:** Physical activity in early adolescence is associated with lung function gain by the end of adolescence among boys.

**P10. Perceptions Of Mobile Maternal Health Content In Rural Ghana**

Erica Bass Flimmons, Wanjira Kinuthia, Elizabeth Armstrong Mensah, Susan Ogletree

According to Ghana’s 2010 Millennium Goals Report, the high maternal mortality rate (MMR) is one of the country’s greatest concerns. In 2013, Ghana ranked 36th out of 164 countries in terms of MMR with 380 maternal deaths per 100,000 live births. One of the most effective ways to reduce maternal mortality is for expectant mothers to receive periodic ANC visits from health professionals. Among other things, periodic ANC visits can identify high risk births and refer such cases to medical professionals for assisted deliveries. In the rural areas of Northern Ghana, one of the major challenges is the difficulty of providing expectant mothers with information about proper antenatal care (ANC), dispelling myths, and making them aware of warning signs along with motivating them to be assisted by a professional birth attendant. It is difficult for expectant mothers, especially the hardest to reach and poor mothers, to access public healthcare facilities to receive information due to the long distances between the village and public health clinics. However, with the rapid rate of mobile phone adoption, delivering learning opportunities in conjunction with mobile devices may be promising for many individuals in Ghana. In 2013, Ghana ranked number one on the continent in mobile cell broadband penetration. Therefore, the integration of personal mobile devices and maternal health messaging for expectant mothers could benefit maternal health information access. This study analyzed a rural community in Northern Ghana. The study assessed various aspects of a local NGO’s mobile messaging initiative for maternal health. Data collection included surveys, focus groups, and one-on-one semi structured interviews with participants. Individuals’ perspectives regarding the delivery mode and acceptance of mobile maternal health will be presented.
P12. Determinants Of Treatment Adherence In Diabetes Mellitus; A Hospital Based Study In Pakistan Institute Of Medical Sciences Islamabad

Jawwad Afzal Kayani

Aim: To improve the management and control of type 2 diabetes mellitus in Pakistan institute of medical sciences hospital Islamabad. Objectives: (1) To determine the proportion of adherence among patients taking treatment for diabetes mellitus. (2) To identify factors associated with adherence and non-adherence. Methodology: Hospital based descriptive cross sectional study at Tertiary care hospital, Pakistan Institute of Medical Sciences (PIMS) Islamabad from 15th May to 30th July 2014 duration was 3 months Outpatient department of diabetic clinics of tertiary care hospitals in Islamabad. Study population selected was young patients having aged 18 years on anti-diabetics for about 6 months attending OPD of diabetic clinics in PIMS. Sample size for my study will be 96 and with the addition of refusal of 10% the sample will be 105. Non probability consecutive sampling and structured questionnaire was used as tool.

Results: The treatment adherence (compliance) was high among the male in the study group, middle income individual having income of (10,000 to 50,000) and among individuals of 41-60 years of age. Doctors communication skills practiced in our study were good enough to encourage the patient to remain adherent with the treatment but space for improvement or room for betterment is still present. By operational definition of treatment adherence the lower three values should be added to get the value of adherence so by adding them below; 5.7+3.8+50.5=60.0%. So the result for study population which are adherent to the treatment was 60%. Again by operational definition the non-adherent population was calculated by adding the upper three values of the table 15.2+15.2+9.5=39.9%. So our study population for non-adherent was 40%. Conclusion: A very interesting and heart touching finding in the results was that, the illiterate study group have highest level of treatment adherence (compliance). This finding has two folds meaning in it. One of the possibilities is that, the illiterate study group strict to the doctor’s advice and second possibility is that intermediate educated individuals are not interested to follow doctors’ advice.

P13. Structural Birth Defects: Knowledge, Perceptions, And Practices Among Health Care Workers In Reproductive And Child Health Clinics In Abuja, Nigeria

Lydia A. Taiwo, A. Abubakar, P. Nguku S.Ajisegiri

Background: Birth defects (BD) are a major cause of morbidity and mortality. Worldwide, 1 in every 33 newborns is affected by a major BD. More than 94% of all BD and 95% of BD deaths occur in lower income settings. The 2006 March of Dimes report estimated Nigeria’s BD prevalence to be 73.5/1000. This study aimed to determine the knowledge, perceptions and practices regarding structural BD among healthcare workers (HCW) in reproductive and child health clinics. Method: A cross-sectional descriptive study was conducted using a multistage sampling technique in hospitals with reproductive and child health clinics in Abuja, Nigeria. A total of 778 HCW were recruited. Data were collected using a pre-tested, semi-structured interviewer-administered questionnaire and analyzed using Epi info™. Descriptive statistics were computed and used to interpret data. Results: Mean age of respondents was 32(SD: ±4.7), 67.5% (525) worked in maternity wards, 44% (340) were nurses and 62% (481) have practiced for over 10 years. The majority, 90.6% (705) of respondents have heard about birth defects, 78% (605) said eating some certain foods in pregnancy is the most common cause of BD and 20.6% (160) said BD cannot be prevented. The majority, 55.5% (432), of respondents said BD only affects babies of unplanned pregnancies and 3% (24) said managing babies with BD will predispose their offspring to having BD. Only 164 (21.1%) HCW have preconception guidelines and only about half of them 56% (92) managed patients based on the guidelines. Four hundred and five (52%) respondents educated women on BD, only 1.3% (10) routinely screen women for BD while 31.2% (243) have been trained on BD. Conclusion: There is
knowledge gap with misconceptions and poor practices concerning BD among HCWs in Nigeria. The Federal Ministry of Health and relevant health agencies should provide continuous medical education platforms to train healthcare workers on BD and enforce pre-conception care based on the guidelines.

P14. Evaluation Of Maternal Death Surveillance And Response (MDSR) System In Tigray Region, North Ethiopia

Mikiyas Mekonnen, Adamu Addiesse, Haftom Tamme, Lucy Boulanger, Morof Diane

Background: In 2015 an estimated 303,000 women worldwide died from pregnancy and its complications, 99% in developing countries making the global maternal mortality ratio to be 216 maternal deaths per 100,000 live births. Ethiopia is one of the countries with a high burden of maternal mortality ratio, the 2015 WHO estimation being 353 maternal deaths per 100,000 live births. One of the challenges in eliminating preventable maternal death in the nation is absence of information that effectively shows the true magnitude of maternal mortality to guide intervention. As an intervention, Ministry of Health started to implement maternal death surveillance and response (MDSR) system as a weekly reportable event since October 2013. Since then, no study was conducted to assess the efficiency and effectiveness of the system. The objective of this study is to assess the efficiency and effectiveness of the current MDSR system in Tigray Region. Method: We used descriptive data analysis of the Tigray Region MDSR report from October 2013 to February 2016 followed by a cross-sectional survey on selected twenty health facilities and key informants. Result: Since the start of the system the region reported 200 deaths. Implementation of the surveillance system at facility level is not uniform in terms of reporting system and formats utilized. The simplicity (scored 3.6/5), acceptability (scored 3.2/5), timeliness (scored 3.64/5) and usefulness to identify cause of death (scored 3.3/5) are attributes of the system demanding improvement. In the region, there is a big disparity between locally and internationally estimated number of maternal deaths and deaths reported through the MDSR system, making the sensitivity of the system to be 16.8%. Conclusion and Recommendation: The Federal Ministry of Health and Tigray Health Bureau should give focus to attributes that identified as demanding improvement. Guidance, continuous supervision and further studies are recommended to improve the sensitivity of the system.

P15. Monitoring – An Effective Tool To Check, Ensure And Sustain Quality Of IDF Recognized CCEBDM Training Program Across India

Anuradha. A. Monga, Shivangi Vats, Shreyas Sharma Sandeep Bhalla, Ranjit Unnikrishnan, V. Mohan D. Prabhakaran

Background: India has 65 million people living with diabetes and this number is expected to double by 2030. The onus of treating the diabetic population lies with diabetologists and endocrinologists. Primary care physicians lack sufficient knowledge and skills on diabetes. To address this issue, PHFI joined hands with DMDEA to start a PCP training program in evidence based diabetes management. CCEBDM program bagged IDF recognition till 2016 and its model is adopted by various Indian states. Aim: To describe the monitoring system of CCEBDM program, running across 21 states, 2 Union Territories and 75 cities and present the monitoring results of the past cycles. Methods: Onsite monitoring was conducted in 13% of regional training centers with a self-administered tool for participants, trainers and observers. It consisted of a 7 item feedback form for participants and trainers (responses recorded on a 4 point Likert scale) and 24 items checklists for observers, who also responded on 15 items of a Linux based SMS system envisaged to capture responses in real time. Telephonic interviews of participants from 10% of remaining regional centers was taken as part of offsite monitoring and were evaluated. Results: Periodic monthly, six monthly and annual monitoring reports concluded that during the 3 cycles, 81 % of observers reported adherence to training duration, 99% reported discussion of case studies, conduction of pre/posttest and interaction with participants. 72% of the trainers found the educational material adequate, 80 % found the content
enough for the allotted time and 78% found the case studies effective. More than three quarters of the participants found the content was adequate and enough for the time allotted and 90% found the training environment conducive. **Conclusion and discussion:** Planning and executing of monitoring visits had challenges like non-adherence to program calendar, rescheduling of monitoring visits etc. but, the objective of diagnosing deviations from plan and taking corrective actions never lost sight. A watertight monitoring model was instrumental in assuring quality and was pivotal in standardizing such large scale capacity building initiative.

**P16. Barretos Cancer Hospital: A Duke University Global Cancer Partner In Brazil**  
Laura W. Musselwhite, Fabiana de Lima Vazquez, Elizabeth R. Hauser, Denise Guimarres, Adhemar Longatto-Filho, Susan K. Murphy, Michael B. Kastan, Michael H. Merson, Nelson J. Chao, Rui Reis, José Humberto Tavares Guerreiro Fregnani, Edmundo Carvalho Mauad  

**Background:** Barretos Cancer Hospital (BCH) is located in the State of São Paulo and provides free tertiary cancer care and prevention services to all patients in Brazil. It is a sister institution of St. Jude Children’s Hospital and MD Anderson Cancer Center, one of the leading cancer specialty hospitals in South America, and oversees the largest cancer screening program in the world. BCH is a Duke University Global Cancer partner, and was established in 2015 as a National Institutes of Health Fogarty International Center institutional site. The Duke Global Cancer Program emerged from the Duke Global Health Institute (DGHI) and Duke Cancer Institute (DCI) to improve cancer prevention, research, education and clinical care to low- and middle-income countries. The purpose of this abstract is to highlight opportunities for collaboration between Duke and BCH.  

**Methods:** The Partnership evolved with input from leadership in clinical medicine and research from both sites with an emphasis on the following: To 1) foster research between Barretos and Duke investigators by providing data via a remotely accessible database and biospecimens to study molecular, genetic, and clinical underpinnings of cancer, 2) build a prospective cohort of women with abnormal cervical cancer screening results to inform the early detection of cervical cancer and future collaborative research, 3) support collaborative studies of blood-based biomarkers from a colorectal cancer screening cohort 4) establish a researcher exchange program that supports transdisciplinary, multi-institutional research to solve problems of global importance using each institution’s substantial existing research infrastructure 5) build an effective partnership that can respond to international calls for research proposals.  

**Conclusions:** Barretos Cancer Hospital is a distinctive institution with a robust research infrastructure. BCH and Duke are open to interested students and principal investigators joining existing collaborations and proposing new avenues of research. Within two years, the collaboration has been awarded a Duke Global Cancer Pilot Grant and Gates Foundation Grand Challenges Explorations Award to support these objectives.

**P17. Barriers And Facilitators To Treatment Among Newly Diagnosed Hypertensive Patients In Nepal: A Qualitative Study**  
Sachita Shrestha, James P LoGerfo, Rajendra Prasad Koju, Archana Shrestha, Annette L. Fitzpatrick  

**Background:** Hypertension, a leading risk factor for cardiovascular disease, is a significant and rising burden in Nepal. The disease remains undetected and inadequately managed. However, no studies have been conducted to understand the inhibiting and facilitating factors to hypertension treatment among newly diagnosed cases. **Objective:** This qualitative study aimed to explore barriers and facilitators to treatment among newly diagnosed hypertensive patients aged ≥18 years from patients’ and providers’ perspectives. **Method:** We conducted seven focus group discussions with newly diagnosed hypertensive patients and eight in-depth interviews with health care providers. Audio-taped discussion and interviews were transcribed, inductively coded and analyzed by thematic framework method using Atlas ti.7. **Results:** Hypertension was viewed as a rising problem in the community. The barriers to treatment included:
absence of symptoms, reluctance to take medicine, low perceived seriousness of hypertension and its outcome, negligence (lack of self-care), lack of family support, uncontrolled diet during feast and festivals, social drinking, lack of communication and trust of provider, and lack of resources in health care institutions. Factors facilitating treatment included: fear of consequences, self-awareness and self-care, self-reminding strategies, family support, counseling by health care providers, and availability of adequate health care resources. The participants suggested solutions to include the need for greater awareness, screening and routine monitoring of blood pressure, making resources available in health institutions, and training of health workers. **Conclusion:** A number of factors emerged as barriers and facilitators to hypertension management from patients’ and the providers’ perspectives. This information is useful to design individual, social and health system levels of interventions to improve hypertension management.

**P19. Effect Evaluation Of Tobacco Control In Restaurants In Beijing Six Months After The Implementation Of “Beijing Tobacco Control Regulation”**

*Liangyou Wang, T Shen, L Wang, S Xie, J Wen, L Wang, H Lin*

**Background:** More than 350 million people smoke in China, and about 700 million people are victims of second hand smoke (SHS), public venue is one of main place where people exposed to SHS. “Beijing Tobacco Control Regulation” was applied on June 1st, 2015. We conducted a survey to evaluate effect of the “Regulation” which had been implemented for six months.

**Methods:** We define a smoking restaurant as someone smoking in restaurant, we randomly selected restaurants from two districts of Beijing, and observed tobacco control measures and conduct a face-to-face interview with a customer and a restaurant staff in each restaurant using structured questionnaire to explore their knowledge, attitudes and behaviour of tobacco control.

**Results:** We interviewed 101 restaurants, proportion of smoking restaurant was 14.9%, the proportion of dissuading smoking by any staff was 2.0%, 76.2% of restaurant with non-smoking logo and 46.5% with non-smoking hotlines were identified. 82.2% of restaurants customers and 87.1% of restaurant staffs were aware of the “Beijing tobacco control regulation”. For anyone smoking inside those restaurants, 48.5% of the customers were unwilling to take any measures to dissuade smoking, 72.3% of whom did not know how to do this. 14.9% of restaurant customers were aware of the smoking complaints telephone number correctly. 7.6% of restaurant staffs thought that prohibition of smoking completely indoor had a negative impact on their business.

**Conclusions:** The effect of tobacco control was not achieved expected 100% smoking free six months after the implementation of the “Beijing smoking control regulation”. We recommend to carry out normalization of monitoring and evaluation and strengthen government guidance to improve tobacco control measures in public venues such as restaurants.

**P20. Assessment Of Impact Of Federal Funding Through A Social Network Analysis**

*Nancy L. Dianis, Tracy L. Wolbach, Maura Spiegelman*

**Abstract:** Team science is gaining acceptance as a bona fide framework for effective collaborative research. It has evolved out of necessity, given the explosion of data and the specialization that makes it virtually impossible for one individual to be all knowing about a scientific endeavor, and there is more emphasis on global generalization of research findings. One of the original goals of the National Heart, Lung, and Blood Institute-UnitedHealth Group Global Health Center of Excellence (COE) Program was to fund individual COE research. There were three funding sources, NHLBI, UnitedHealth Group and a hybrid of the two. The value-added outcome was the conduct of team science across multiple disciplines and diverse geographical locations. We analyzed the unexpected relationships between the COE Program members, including Developed Country Partner PIs in the US and Canada, which resulted from team
science and established the social/professional networks that nurtured professional collaboration among these team members.

**P21. Enhancement of Non-Communicable Disease (NCD) research under NCD clinic activities in Tripura, India to attain sustainable development goal**

*Gautam Majumdar*

**Background and Objectives:** Tripura is a small state in North-East India with nearly 4 million population. Burden of Non-Communicable Diseases are increasing fast in both urban and rural areas. This study was planned to assess the feasibility of integrated management of NCDs with the existing health care delivery system of Tripura. **Methods:** We have identified 40 secondary health centres to have Non-Communicable Disease (NCD) Clinics to provide care and undertake research activities. Two Medical Colleges of the State will be designated as mentoring institutes for coordinating referrals and supportive supervision. Recruitment of human resources and proper training will be provided. Each NCD clinic will be equipped with drugs, consumables, equipment and reagents. **Challenges:** The major challenges expected are a) Orientation of health care providers, b) Health seeking behaviour of general public c) Sustainability of supply chain (drugs, consumables and equipment). **Proposed solutions:** Public health leadership in the form of a group of committed, responsive individuals with experience in programme management and health care delivery who will spearhead the programme. Community participation will be encouraged.

**POSTER SESSION 2 | August 8th, 4:30pm-5:30pm**

**P25. Alcohol As A Risk Factor For Non-Communicable Diseases (Ncds) Among Youth Living In The Slums Of Kampala, Uganda**

*Lynette Ametewee, Monica Swahn, Rachel Culbreth, Rogers Kasirye*

**Background:** Harmful use of alcohol is a known risk factor for the development of non-communicable diseases (NCDs). Premature mortality among the people aged 30 to 70 from NCDs is an increasing burden for Uganda. However, limited NCD policies and weak infrastructure do not take account of alcohol associated risks particularly among vulnerable groups. The objective of this study was to assess the prevalence of alcohol use as a risk factor for NCDs among youth living in the slums of Kampala, Uganda in order to inform strategies for prevention of NCDs. **Methods:** Analyses are based on a cross-sectional survey conducted in March 2014. Participants comprised a convenience sample (N=1,134) of urban service-seeking youth living on the streets or in the slums, 12-18 years of age, who were participating in a Uganda Youth Development Link drop-in center. Prevalence estimates and logistic regression were used in the analyses whilst controlling for potential confounders (sex, age and parental living status). **Results:** Among all respondents, alcohol use prevalence was 31.07% (n=338). Among sexually active youth (n=586), the prevalence of alcohol use, 49.8% (n=292), was much higher. Characteristics of youth reporting alcohol use were primarily ages 17-18 years (71.7%), female (55.2%), and had one parent living (42.8%). Problem drinking was also highly prevalent. Youth reported being seriously injured or hurt due to drinking (11.6%). Additionally, 15.2% of youth consume alcohol two or more times a week, and 10.4% of youth reported that a friend, relative, doctor, or other healthcare worker was concerned about their drinking or suggested that they reduced intake. **Conclusion:** This study demonstrates the need for targeted prevention strategies to address alcohol use among youth to ultimately decrease the burden of NCDs in Uganda. This could inform the development of evidence-based national strategies to achieve the Sustainable Development Goals.
P26. Self-Rated Health, Multimorbidity And Depression In Older Adults: Proposal And Evaluation Of A Simple Framework

Eduardo Bustos-Vázquez, Julián Alfredo Fernández-Niño, Claudia Iveth Astudillo-García.

Introduction: Self-rated health is an individual and subjective conceptualization involving the intersection of biological, social and psychological factors. It provides an invaluable and unique evaluation of a person’s general health status. Objective: To propose and evaluate a simple conceptual model to understand self-rated health and its relationship to multimorbidity, disability and depressive symptoms in Mexican older adults. Materials and Methods: Cross-sectional study based on a national representative sample of 8,874 adults 60 years of age and older. Self-perception of a positive health status was determined according to the Likert scale based on the question: What do you think is your current health status? Intermediate variables included multimorbidity, disability and depressive symptoms, as well as dichotomous exogenous variables (sex, having a partner, empowerment and poverty). The proposed conceptual model was validated using a general structural equation model with a logit link function for positive self-rated health (PSRH). Results: A direct association was found between PSRH and multimorbidity (OR=0.48; 95% CI: 0.42-0.55), PSRH-disability (OR=0.35; 95% CI: 0.30-0.40), PSRH-depressive symptoms (OR=0.38; 95% CI: 0.34-0.43). The model also validated indirect associations between disability and depressive symptoms (OR=2.25; 95% CI: 2.01-2.52), multimorbidity-depressive symptoms (OR=1.79; 95% CI: 1.61-2.00) and multimorbidity-disability (OR=1.98; 95% CI: 1.78-2.20). Conclusions: A parsimonious theoretical model was empirically evaluated, which enabled identifying direct and indirect associations with PSRH.

P27. Raised Blood Pressure Among Adult Population Of Puducherry – Findings From A Community Based Study In India

Ramesh Chand Chauhan, Anil Jacob Purty, Zile Singh

Background and Objective: Raised blood pressure is very prevalent and major risk factor for death due to non-communicable diseases. This study was conducted to determine the prevalence of hypertension and associated risk factors among adult population of Puducherry. Methods: During baseline survey of an ongoing community based randomized controlled trial, a total of 3,605 participants (aged >18 years) were interviewed. The participants were selected using multistage random cluster sampling technique. Using standard methodology, three blood pressure readings were taken and JNC-7 criteria was followed for diagnosis of hypertension. Study protocol was approved by the Institute Ethics Committee of Pondicherry Institute of Medical Sciences. Data was analysed using SPSS version 21. Proportions were calculated and Chi-square test was applied. Results: Among 3589 participants with blood pressure recordings, 807 (22.7%) were hypertensive. The prevalence of hypertension increases significantly with age; being 6.3% among adults of 18-29 years to 50.9% among participants of 60 years and above. Hypertension was common among males as compared to females (26.7% vs 19.3%), widows than married (40.8% vs 23.0%), illiterates than educated up to secondary school (32.3% vs 17.2%), unemployed than employed (27.2% vs 22.6%), higher personal income and those staying alone as compared to living in any type of family (46.2% vs 18.9%-24.1%) (p value < 0.005). Further, hypertension was significantly higher among tobacco users than tobacco non users (34.7% vs 21.2%) and alcohol consumers (34.8% vs 20.9%) (p value <0.001). Discussion/conclusions: Prevalence of raised blood pressure is high among adult population of Puducherry. Hypertension was found to be associated with increasing age, male sex, education status and unemployment. There is need of addressing the observed modifiable risk factors for hypertension at community level.

P28. Occupation, Household Pesticide Use And Breast Cancer Risk In North India
**Introduction:** The incidence of breast cancer has increased in India over the past decades and is now the most commonly occurring cancer in the country. Changes in women’s life style (e.g. reproductive behaviours, physical activity and diet) account for part of the increasing incidence; environmental and occupational factors, such as exposure to pesticides, may also play a role, especially in rural areas where many women present with fewer risk factors related to reproductive behaviours or body composition. There have been relatively few studies of these issues in low-and-middle-income countries such as India, where occupational and environmental exposures may be relatively high. The aim of our study was to investigate associations between occupation and domestic use of pesticides and breast cancer in women aged 30-64 years in an agricultural region of India.

**Methods:** Between 2013 and 2015, we enrolled 402 hospital-based breast cancer cases (International Classification of Diseases for Oncology code C50) and 359 hospital-based and population-based controls matched by age and hospital/district and area type (i.e. urban, semi-urban, rural). We collected information on participant lifetime occupation using an interviewer-administrated questionnaire and the national classification of occupations 2004, and information on use of pesticides at home. Detailed information on demographic characteristics, medical history, lifestyle and reproductive behaviours was also collected, and objective anthropometric measures were recorded. We used logistic regression adjusted for potential confounders (including age at diagnosis, education, age at first birth and number of children)

**Results:** The majority (87%) of study participants were housewives at the time of interview. Among those employed, no association was observed between occupation and breast cancer. Use of pesticides at home was associated with an increased risk of breast cancer [OR (95%CI)=1.68 (1.01-2.81)]; however, this association was weaker after adjusting for potential confounders (i.e. total number of children, age at diagnosis and education [adjusted OR (95%CI)=1.53 (0.89-2.62)].

**Conclusions:** These findings suggest that self-reported occupation or personal exposure to pesticides is unlikely to be a major factor in breast cancer in these populations; there is an association with domestic use of pesticides, but this reduced when adjusting for potential confounders.

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**P29. Long-Term Efficacy Of Diabetes Prevention: A Meta-Analysis Of Randomized Controlled Trials, 1990-2014**


**Background:** Diabetes prevention is essential to slow worldwide growth of diabetes morbidity and mortality. Yet, the most efficacious means of sustained diabetes prevention remains unknown. **Methods:** We systematically searched MEDLINE, EMBASE, Cochrane, and Web of Science databases for randomized controlled trials published up to December 2014 evaluating non-surgical interventions to reduce diabetes incidence among adults with prediabetes. We used random effects meta-analysis to obtain pooled relative risks (RR) and used incidence rates reported to compute average incidence rates for each intervention subtype and length of follow-up. **Findings:** Eligible studies (n=52: 57,257 participants, mean age 53yrs, 48% male) evaluated medications (n=18), lifestyle modification (LSM; n=21), both medication and LSM (n=5), or alternative therapies (n=8). Pooled relative risk reduction in diabetes incidence across intervention subtypes was 38% (RR 0.63 [95% CI 0.56, 0.69]). Diabetes incidence rates were 6.6 vs. 11.6 cases per 100 person-years in intervention and control participants, respectively (RD=5.0 [95% CI 3.3, 6.8]). Alternative therapies, LSM, and medications were associated with relative risk reductions of 47% (RR=0.53 [95% CI=0.44, 0.64]), 39% (RR=0.61 [95% CI=0.54, 0.69]), and 36% (RR=0.64 [95% CI=0.54, 0.76]; Figure 1), respectively. With longer follow-up, relative risk reduction declined from 41% (RR=0.59 [95%CI=0.52, 0.57]) at 1-3yrs, to 25% (RR=0.75 [95%CI=0.65, 0.86]) at 10+yrs. **Interpretation:** In adults with...
prediabetes, LSM, medications, and alternative therapies all reduced diabetes incidence by a third. Efficacy declined over time, suggesting maintenance strategies are essential.

**P30. Results Of The First Phase In The Center Of Comprehensive Care For Patients With Diabetes (CAIPaDi)**

*Sergio César Hernández Jiménez, Carlos Alberto Aguilar Salinas, Ana Cristina García Ulloa, David Kershenobich Salnikowitz*

**Introduction:** Radical changes are needed in the treatment of diabetes. The CAIPaDi program was designed to apply educational techniques, empowerment and self-efficacy in patients to achieve metabolic goals. **Objective:** Achieve international quality standards in the attention of patients with diabetes to reduce disabling complications. **Methods:** The CAIPaDi program addresses patients with newly diagnosed type 2 diabetes, non-smokers, and without incapacitating chronic complications. The intervention consists of four monthly visits followed by a distance program. At each visit, patients are treated in individual consultations and group sessions in the areas of nursing, endocrinology, nutrition, diabetes education, psychology, psychiatry, foot care, dentistry, ophthalmology and physical activity. The WHO model of chronic care and validated empowerment techniques are applied. Internationally validated indicators of efficiency and effectiveness (NCQA) are used to evaluate the model of attention.

**Results:** Results of 622 patients who completed the program from October 2013 to May 2016 were analyzed: 58.5% were women, the average age was 51 ± 9.1 years, with a time of diagnosis of 1 (0-5) years, and BMI of 29.6 ± 5.1 kg/m². Changes in key metabolic parameters from baseline to the end of the program were HbA1c 8 ± 2.3 to 6.3 ± 0.9% (Δ -1.7), non-HDL cholesterol 151 ± 43 mg/dl to 107 ± 21 mg/dl (Δ -44.4), triglycerides 221 (45-2923) to 129 (38-435) (Δ -92), systolic blood 130 ± 17 mmHg to 121 ± 13 mmHg (Δ -8.8). Waist circumference changed from 98.7 ± 12.7 cm to 94.7 ± 12.4 cm (Δ -4). All p values are <0.05.

**Conclusion:** A multidisciplinary program favors and helps obtain more metabolic goals in a short term in patients with type 2 diabetes. The next objective is to maintain control in a long term period.

**P31. Glucose Patterns During The OGTT And Risk Of Future Diabetes In An Urban Indian Population: The CARRS Study**

*Unjali P. Gujral, Adam Hulman, Venkat Narayan, Rajendra Pradeepa, Ranjit Mohan Anjana, Viswanathan Mohan, Kristine Færch, Daniel R. Witte*

**Objective:** Traditionally, fasting and 2-hour post challenge plasma glucose have been used to diagnose diabetes. However, evidence indicates that clinically relevant pathophysiological information can be obtained by adding intermediate time-points to a standard OGTT. **Research Design and Methods:** We studied a population-based sample of 3,666 nondiabetic Asian Indians from the CARRS-Chennai Study, India. Participants underwent a three-point (fasting, 30-minute, and 2-hour) oral glucose tolerance test (OGTT) at baseline. Patterns of glycemic response during OGTT were identified using latent class mixed-effects models. After a median follow-up of two years, participants had a second OGTT. Logistic regression with adjustment for diabetes risk factors was used to compare risk of incident diabetes among participants in different latent classes. **Results:** We identified four latent classes with different glucose patterns (Classes 1-4). Glucose levels for Classes 1, 2, and 4 ranked consistently at all three time-points. However, Class 3 represented a distinct pattern, characterized by high 30minPG, low FPG and 2hPG, moderately high insulin sensitivity, and low acute insulin response. Approximately 22% of participants were categorized as Class 3, and had a 10-fold risk of incident diabetes compared to the group with the most favorable glucose response (Class 1), despite 92.5% of Class 3 participants having normal glucose tolerance (NGT) at baseline. **Conclusions:** Elevated 30-minute glucose is associated with high risk of incident diabetes, even in individuals classified as NGT by a traditional 0-120 minute OGTT. Assessing 30-
minute glucose may identify a substantial proportion of high-risk individuals who may be overlooked by traditional measures.

**P32. Certificate Course In Management Of Hypertension: An Innovative Capacity Building Model For Primary Care Physicians In India**

*Arun Jose, Sandeep Bhalla, Shivangi Vats, Anshika Sharma, Nikki Pandey, Neil Poulter, Sandosh Padmanabhan, D. Prabhakaran*

**Background:** High blood pressure has emerged as the leading risk factor for mortality worldwide responsible for 13% of deaths globally. In India, it is estimated to account for 10.8% of all the deaths and 4.6% of DALYs in the country. Primary care physician (PCP) inability to provide appropriate management for hypertensive patients has been identified as an important contributor to poor blood pressure control amongst them. A capacity building model that reduces ambiguity by standardizing management protocol can help in reducing physician inertia in hypertension. **Objectives:** Develop and deploy a novel multiple stakeholder model for capacity building to enhance knowledge, skills and core competencies of PCPs in the management of hypertension. **Methods:** A partnership between the Public Health Foundation of India, International Society of Hypertension, British Hypertension Society and Centre for Chronic Disease Control was developed to design a countrywide course for PCPs. This partnership brought together public health experts in India to manage the logistics and delivery of the programme on a country wide basis and develop the curriculum with advice and oversight from international hypertension societies. **Results:** Twenty-five regional centers in 14 states of India have been identified for the implementation of the program. A cardiologist or general physician has been identified at each center to act as faculty and were apprised by the panel of national experts regarding course curriculum. The course will be delivered as monthly modules over 10 months with integrated monitoring and evaluation. A total of 595 participants have been enrolled in the first cycle and the program is expected to train 1500 PCPs over a period of two years. **Conclusion:** A partnership model for capacity building has been designed to train PCPs in the effective management of hypertension with enormous potential for reducing the burden and mortality associated with raised blood pressure.

**P33. Capacity Building Of Doctors In India: Implementation Experience From IDF Recognized Certificate Course On Gestational Diabetes Mellitus**

*Sandeep Bhalla, Arun Pulikkottil Jose, Suganthi Jaganathan, Ranjit Unnikrishnan, Pallavi Wadhwan, Sourabh Sinha, Nikhil Tandon, V. Mohan, Dorairaj Prabhakaran*

**Introduction:** In India alone an estimated 4 million women have Gestational Diabetes Mellitus. GDM accounts for 90% of all diabetes in Pregnancy. The objective of present study is to illustrate the model adopted for the capacity building of PCPs/Obstetricians and Gynaecologists in management of gestational diabetes in India. **Methods:** Public Health Foundation of India has collaborated with multiple stakeholders at organizational level (reputed academic institutions) and individual level (national experts, regional faculty and observers) to deliver training to PCPs and OBGY on management of Gestational Diabetes. The standardized course curriculum is designed and developed by academic partners with insights by national experts which is then delivered by regional faculty at various centers across India. These training sessions are contact based, offered once a month on designated weekends, on-the-job and is fostered on evidence based learning. To ensure course quality and for continual improvement of the program, a robust monitoring mechanism has been employed. **Results:** A total of 2819 doctors have been trained in three cycles conducted till 30th June 2016. We are currently rolling out Cycle IV all across the country. Course has been conducted in about 62 centers distributed in 41 cities across India. Amongst the trained doctors – 66% were females; 52% were post graduate; and 29% were government doctors. The average clinical experience is 15 years. The training program has seen 88%-95% of compliance rate and
passing percentage of 87%-92%. The model has been accepted by various state governments under National Health Mission (Gujarat, MP) and also received recognition from International Diabetes Federation (2015-17), South Asian Federation of Endocrine Societies (2014-19), and won various industrial awards (FICCI and PHD chamber). **Conclusions:** Establishing national level partnerships amongst the relevant stakeholders is an effective model to implement such capacity building initiatives for PCPs and OBGY across the country, in multiple disciplines. Such partnerships can be adopted to other developing country settings too to effectively manage the increasing burden of gestational diabetes.

**P34. Quality Improvement And Assurance Of A Cardio-Diabetes Education Programme: A Pan India Initiative For Primary Care Physicians**

*Manoj Joshi, D Prabhakaran, Sandeep Bhalla, A G Unnikrishnan*

**Introduction:** Cardiovascular diseases (CVD) in individual with diabetes increases the risk of mortality as well as the other adverse outcomes by two to four fold. Therefore, management of CVD in diabetes requires special attention. Given the limited availability of cardiologists and diabetologists, there is a need to shift prevention and management of CVD in diabetes in an integrated fashion to primary care physicians (PCPs). To address this gap Advanced Certificate Course in Prevention & Management of Diabetes and Cardiovascular Disease (ACMDC) was launched by Public Health Foundation of India (PHFI) in collaboration with Chellaram Diabetes Institute, Centre for Chronic Disease Control & World Heart Federation. **Objectives:** To study the quality assurance parameters of ACMDC programme. **Methods:** ACMDC was an interdisciplinary, on-job, six-month-modular program. It offers evidence based curriculum designed by academic partner in conjunction with 10 National Experts, delivered by 70 regional faculty (Diabetologist/Endocrinologist & Cardiologist) across 35 centres and monitored by 32 Observers. A detailed monitoring plan comprises of baseline, regular monthly and endline evaluations. A dual mechanism adopted for regular monthly evaluation where both onsite (monthly visits to centres and “SMS Real Time Monitoring”) and offsite (telephonic conversation with 10 participants) monitoring was carried out. Endline evaluation was done by using a self-administered questionnaire consisting of both open and close ended questions. **Results:** ACMDC has trained 846 participants successfully with a compliance rate of 90%. About 91% participants agreed strongly that session was very interactive and met its objective. The mean score, in terms of enhancement of knowledge and skills about CVD, was 3.7 (SD±0.4). The participants provided a course rating of 8.8 on a 10 point scale. **Conclusion:** ACMDC course model appeared to be an efficient intervention in strengthening the capacity of PCPs in effective management of cardio-diabetes. ACMDC is an exemplar for emulation across LMIC for building PCPs capacity in management of various NCDs.

**P35. HPV Vaccination For Cervical Cancer Prevention In India: Has The Tide Turned?**

*Suneeta Krishnan, Sandra M. Travasso, MS, Anna Schurmann, Kaveri Gurav, Sudha Ramalingam, Malliga Jayaraj, Ishwarya Sanathana Krishnan, Navami Naik, Marcie Fisher-Borne, Jacqui Drope*

Cervical cancer accounts for 17 percent of all cancer deaths among women aged 30 to 69 years in India. The World Health Organization estimates that in the absence of comprehensive cervical cancer prevention and control (CCPC) - vaccination, screening, early detection and linkages to treatment and palliation - the number of new cases per year will more than double by 2025. Although cervical cancer screening is increasingly prioritized by States and other stakeholders, HPV vaccination has been mired in controversies. To better understand how to promote CCPC in India, we conducted in-depth interviews and focus group discussions with 71 stakeholders in the southern states of Karnataka and Tamil Nadu to examine knowledge, perceptions, practices, and systems-level issues. Participants included state and district level health and education staff, civil society organizations, journalists, community leaders, tertiary healthcare providers, men and women from rural and urban low income communities. Data revealed that the major
barriers to HPV vaccination were cost, gaps in knowledge on vaccine safety and efficacy among healthcare providers, journalists and community members, and lack of a national policy or at a minimum, an endorsement from the national health authorities. Notably, when informed about vaccine safety and efficacy and the widespread use of the vaccine in public health programs around the world, including in the South/Southeast Asia region, nearly all stakeholders were in favor of introducing the vaccine in their community. Participants noted that the national school health program (Rashtriya Bal Swasthya Karyakram) offered a ready platform for vaccination. In conclusion, we found that the tide has indeed turned for CCPC in India. Actively educating stakeholders on HPV vaccination, lobbying for a national commitment to primary prevention, and leveraging existing platforms can enable India tackle its cervical cancer burden.

P36. Racial Disparities In Human Papillomavirus Types 16/18 In Women With Abnormal Cytology In A Prospective, Cross-Sectional Study In Brazil

Tendai Kwaramba, Laura W. Possati-Resende, José Humberto Tavares G. Fregnani

Purpose: Women of African descent have a disproportionately higher risk for invasive cervical cancer compared to other racial groups despite similar screening rates, and distinct differences in the distribution of high risk (hr) HPV types may relate to disparate outcomes. Knowledge of racial differences as risk factors for cervical cancer and non-16/18 HPV types may inform risk reduction and HPV vaccination strategies in Brazil. Methods: A prospective, cross-sectional study of 162 asymptomatic colposcopy patients with abnormal Pap smear results and no history of HPV vaccination was conducted between January and June 2016. High risk HPV types were detected using the Cobas HPV test. Skin color was self-reported. Logistic regression models were used to assess hrHPV across racial groups. Results: Among 162 participants the median age was 37.5, all participants self-reported a HIV negative status, and the prevalence of histologically confirmed high grade cervical neoplasia (CIN2+) was 34.2%. 71.2% of all participants were infected with a hrHPV type; the most prevalent HPV genotype was non-16/18 (56.4%) and HPV16 and HPV18 had a prevalence of 24.5% and 5.5% respectively. After adjusting for self-reported skin color, age, income, parity and current smoking, women who identified as black were five times more likely to harbor non-16/18 strains of hrHPV than women who identified as white (OR 5.28, 95% CI 1.03-27.04, p = 0.04). Non-16/18 hrHPV infection was most prevalent across all four racial groups. The prevalence of infection with multiple hrHPV types was 15.8% in black women and 16.4% in brown women. White women had the lowest prevalence of infection with multiple HPV types (9.1%). Conclusion: Among women with abnormal cervical cancer screening results, racial differences in HPV 16/18 infection exist and warrant further study with respect to HPV vaccination strategies in Brazil.

P37. Availability, Accessibility And Utilization Of Public Healthcare Facilities For Obtaining Diabetes And Hypertension Care In India

Sailesh Mohan, Priti Gupta, D. Prabhakaran

Introduction: Although hypertension and diabetes are the leading causes of premature death and disability in India, the health system is yet to reorient to address these conditions effectively and both are managed sub-optimally. We aimed to determine the prevalence of diabetes and hypertension as well as the availability, accessibility and utilization of public healthcare facilities for obtaining diabetes and hypertension care in India. Methods: We analyzed nationally representative cross-sectional data from the District Level Health Survey (DLHS-4), conducted in 2012-2013 across most states covering 428,500 households. Information about socio-demographics, disease and risk factors as well as availability of healthcare services at different levels of primary health care was collected. Results: Nearly 1 million individuals ≥18 years were included in the study [mean age 40.4 years (SD=16.1)], and over half were women. Health facility data was available from 7045 sub-centers, 4053 primary health centers (PHCs),
2031 community health centers (CHCs) and 993 district hospitals. Prevalence of measured diabetes and hypertension was 9.9% (95%CI: 9.8-9.9) and 22.9% (22.8-23.0) respectively. Prevalence of current tobacco was 23.6 (23.5-23.7), alcohol use was 15.5(15.4, 15.6) overweight was 15.9% (15.8-15.9), and obesity was 23.2% (23.1-23.3). Less than a quarter of those with hypertension and diabetes obtained care from public healthcare facilities. Nearly 90% of the PHCs were well connected and accessible. Availability of diagnostic equipment (sphygmomanometer) was 92% at all health facilities while glucose testing was available only at CHC and above levels. The availability of anti-hypertensive and anti-diabetic medications at PHCs was 82% and 70% respectively. Primary healthcare staff received very little formal training for non-communicable disease management. **Conclusion:** The public healthcare system is ill-equipped to address hypertension and diabetes effectively. Capacity building of primary healthcare staff is warranted along with improvements in laboratory services for glucose testing and monitoring.

**P38. HPV Vaccine Acceptability For Daughters Among At-Risk Women In Brazil**
Laura W. Musselwhite, Tendai Kwaramba, Naiyelle de Paula Pantano, Suelen Cristina Tesoni, Thaís Talarico Hosokawa, Adhemar Longatto-Filho, Júlio C. Possati-Resende, Fabiana de Lima Vazquez, Edmundo Carvalho Mauad, José Humberto Tavares Guerreiro Fregnani, Noel T. Brewer, Jennifer S. Smith

**Background:** The human papillomavirus (HPV) vaccine recently became available through the Brazil National Immunization Program for school-aged girls. We evaluated acceptability of HPV vaccination of daughters among a group of women at high risk for cervical cancer. **Methods:** Participants were 230 women with abnormal cervical cytology and a history of no prior HPV vaccination who had been referred for first colposcopy at Barretos Cancer Hospital, a large tertiary care hospital in the state of São Paulo, Brazil. Between January and June 2016, we conducted a cross-sectional survey to examine predictors of HPV vaccination acceptability. **Results:** Most women had heard of HPV vaccination (73%). However, only around one third (38%) knew about vaccination to prevent cervical cancer. Most respondents (87%) indicated they would definitely get the HPV vaccine for their adolescent daughters. Respondents were more likely to intend to vaccinate if a doctor recommended it as compared to a nurse (97% vs. 74%; \(p<0.001\)). A notable proportion of respondents preferred to have their daughters vaccinated at a public health clinic (41%) or gynecologist’s office (35%), and most (74%) indicated they would have their daughter vaccinated if it were available at school. **Conclusions:** HPV vaccination of adolescent daughters was highly acceptable to a group of higher-risk Brazilian women, including through school-located programs. National vaccination strategies in Brazil should focus on physician recommendations and emphasize HPV vaccination as an effective tool to prevent cervical cancer.

**P39. Health System Preparedness For Non-Communicable Diseases: Findings From India**
Rajmohan Panda, Sandeep Mahapatra, Divya Persai

**Background:** The global impact of Non-Communicable Diseases constitutes a major challenge for development. Three of the nine health targets listed in Sustainable Development Goals (2015) are focused on NCD-related issues. The organized response to NCDs is still in infancy in most LMICs such as India. There is limited published evidence on how the response to NCDs is structured within the context of health system. The present study aimed to assess the preparedness of health system for NCDs in two states of India. **Methods:** A total of 13 in-depth interviews were conducted with senior level policy makers and program implementers state and district level who were part of NCD program in the state of Odisha (10) and Kerala (3) in 2015. Health system response to NCDs was captured by applying WHO Framework on health system building blocks consisting of service delivery, health workforce, health information, medical technologies, health financing and leadership and governance. An inductive analysis based on grounded theory was performed to analyze the data in Atlas –Ti software. **Results:** Almost all the respondents mentioned that lack of adequate workforce, funds and regular training of health workforce
hinders smooth implementation of NCD program in the state. Respondents mentioned that there is no monitoring mechanism to ensure the quality of data and data is not used for evidence-based policy and decision making. Respondents also mentioned that there is lack of integration of NCDs program with mental health program. **Conclusions:** A multifaceted health system strengthening approach is needed to provide quality primary care for the NCDs. These efforts include strengthening of management systems for NCDs, regular training and ensuring adequate health workforce for the NCD program.

**P40. The Global Cost-Savings Of Preventing Childhood Blindness: The Economic Model Of Retinopathy Of Prematurity Screening And Treatment (EcROP)**

*Rebecca Russ, Michael I. Rothschild, Kathryn A. Brennan, Christopher J. Williams, David Berrones, Bhavesh Patel, Maria Ana Martinez-Castellanos, Alcides Fernandes, G. Baker Hubbard III, RV Paul Chan, Zhou Yang, Timothy W. Olsen*

**Purpose:** To examine the cost-utility and cost-benefit of a national screening and treatment program for retinopathy of prematurity (ROP) in an upper-income (United States) and middle-income country (Mexico). **Design:** EcROP is a cost-utility and cost-benefit model from a societal perspective with sensitivity analysis that assesses the incremental cost effectiveness and societal impact of ROP screening and treatment within a country or economic region. Estimates originate from evidence-based clinical data and region-specific economic data from direct field survey. **Methods:** We surveyed caregivers of 52 children at schools for the blind or pediatric eye clinics in Atlanta, Georgia and 43 in Mexico City. A decision analytic model with sensitivity analysis determined the incremental cost effectiveness (primary outcome) and incremental monetary benefit (secondary outcome) of an ideal (100% screening) national ROP program as compared to estimates of current practice. Direct costs include screening and treatment expenditures. Indirect costs estimated lost productivity of caretaker(s) and blind individuals as determined by face-to-face surveys. Utility and effectiveness were measured in QALYs; benefit in U.S. dollars. **Results:** In both Mexico and the U.S., an ideal national ROP screening and treatment program was highly cost-saving. The incremental net benefit of an ideal ROP program over current practice is $5,556 per child ($206,574,333 annually) and $3,628 per child ($205,906,959 annually) in Mexico and the U.S., respectively. **Conclusion:** EcROP demonstrates that ROP screening and treatment with 100% national penetrance is highly beneficial for quality of life and is cost-saving in the U.S. and Mexico. While this study suggests health and cost benefits for both an upper and middle income country, EcROP can be applied to any country or region to provide data for informed allocation of limited healthcare resources. Concerted research and advocacy efforts are needed to ensure universal access to ROP screening and treatment and to prevent childhood blindness.

**P41. Understanding Barriers And Facilitators Of Healthy Eating In Workplace Cafeterias For Diabetes Prevention In Nepal**

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**Background:** Despite the evidence supporting the effectiveness of lifestyle interventions for preventing diabetes and improving glucose tolerance, their translation to the real world has been challenging. As an important potential platform for the translation of existing knowledge on diabetes prevention, worksite interventions can help facilitate healthy food choices. Therefore, it is essential to understand the perceptions, facilitators and barriers to healthy eating at worksites. **Objective:** The study aimed to explore perceptions about healthy eating by employees, as well as the facilitators of and barriers to healthy eating behavior for diabetes prevention in the worksite cafeterias in Nepal. **Methods:** Sixty-three employees participated in 7 focus group discussions from two worksites (a hospital and a steel factory). Audiotaped discussions were transcribed, inductively coded using RQDA software and analyzed by the thematic
method. **Results:** The employees defined the healthy eating primarily in terms of hygienic and fresh foods, fruits and vegetables, low fat, and low sugar. The hospital employees had notably higher levels of knowledge about the relationship between diet and diabetes compared to the industrial workers. Major barriers to healthy eating included unavailability of healthy food; difficulties in changing habits; the Nepali culture of preference for oily and spicy food; and food prices. The price was a major concern, especially for the industrial workers who earn low wages. The most commonly reported facilitator of healthy eating was the availability of affordable healthy food options in the cafeteria, which would depend on the commitment of the cafeteria management, knowledge and attitude of the cafeteria operators, and adequate human resources. In addition, most participants cited that personal knowledge and attitudes contribute to making healthy food choices. **Conclusions:** Hospital employees had a reasonably good understanding of the features of healthy eating, but the industrial workers lacked knowledge. Availability of healthy food options at an affordable price combined with an increased level of awareness could lead to healthier food choices in the workplace.

P42. Education Programs For Primary Care Physicians: An Experience From Various Capacity Building Initiatives On Chronic Conditions In India


**Introduction:** According to Global status on NCDs 2014, chronic diseases have emerged as the leading cause of death & disability worldwide with 80% of the 38 million deaths occurring in low-and middle-income countries (LMIC). Given the severely limited capacity of trained specialists, the tasks of chronic disease care need to be shifted to primary care physicians (PCPs). Innovative training models are needed to rapidly build capacity of PCPs to prevent & manage chronic diseases. **Objectives:** To describe the model adopted for the capacity building of PCPs in management of chronic conditions across India. **Methods:** Public Health Foundation of India (PHFI) has collaborated with multiple stakeholders at organizational level (reputed academic institutions) & individual level (national experts, regional faculty & observers) to deliver training to PCPs. Seven such initiatives have been started on various chronic conditions - prevention & management of diabetes, GDM, thyroid disorders, diabetic retinopathy, hypertension, COPD & asthma. Standardized course curriculum is designed & developed by academic partners with detailed inputs by national experts which is then delivered by regional faculty (specialists in their respective fields) at various centers across India. Training sessions are contact based, offered once a month on designated weekends, on-the-job and is fostered on evidence based learning. **Results:** PHFI has trained more than 8,500 PCPs in chronic conditions since 2010 & more than 4,500 are currently under training process. Program has total of 332 regional faculty from 89 districts & registered participants from 490 districts across India with 63% graduates (MBBS) & 36.7% post graduates (MD & equivalents). Training program has seen 86%-95% of compliance rate with a pass percentage of 88%-92% in formal final test. The model has been accepted by various state governments for training their medical officers. Some of these programs have received recognition from International Diabetes Federation and South Asian Federation of Endocrine Society. **Conclusion:** Establishing national level partnerships amongst the relevant stakeholders is an effective model to implement such capacity building initiatives for PCPs across the country, in multiple disciplines. Such partnerships can be adopted to other developing country settings too to effectively manage the increasing burden of chronic conditions.

P43. Dietary Interventions To Prevent And Manage Diabetes In Worksite Settings – A Meta-Analysis
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Archana Shrestha, Biraj Man Karmacharya, Polyna Khudyakov, Donna Spiegelman

Background: The prevalence of type 2 diabetes is increasing worldwide. Despite the strong evidence supporting the use of lifestyle interventions to prevent diabetes and improve glucose tolerance, their translation and dissemination into worksites has been challenging. Objective: The objective of this meta-analysis is to summarize the evidence for the effectiveness of dietary interventions aimed at preventing or managing diabetes in worksite settings. Methods: We searched for studies in Pubmed, Embase, Ovid, Cochrane, Web of Science, and Cumulative index to Nursing and Allied Health Literature, and we manually searched review articles and reference lists of articles identified. Studies were included if they assessed the effect of a dietary intervention on lowering blood glucose level or glycated hemoglobin (HbA1c) in a worksite. Two reviewers independently extracted the data on estimated effect sizes and standard errors, and recorded potentially relevant characteristics of the studies, interventions and methodologic quality. We tested for between-studies heterogeneity and calculated the pooled effect sizes for changes in HbA1c (%) and fasting glucose (mg/dL) using random effect models for meta-analysis.

Results: A total of 17 articles out of 1673 initially selected articles were included in the meta-analysis. For HbA1c, 10 studies had sufficient data for inclusion. There was statistically significant heterogeneity in the effect sizes over these 10 studies ($I^2 = 79.5\%$, $p<0.001$). With the random-effects model, the pooled effect of worksite dietary interventions was $-0.202\%$ (95% CI: -0.324 to -0.080; $p=0.001$). Twelve studies in the review had sufficient data on fasting glucose for inclusion. There was statistically significant heterogeneity in their effect sizes ($I^2 = 96.7\%$; $p<0.001$). With the random effects model, the interventions resulted in lower fasting glucose with borderline significance (Coef: -2.62 mg/dL, 95% CI: –5.27 to 0.08, $p=0.06$).

Conclusion: Dietary interventions in worksites lowered Hba1c. Although the interventions also resulted in lower fasting glucose, the change was not significant. Worksites are a promising platform for large-scale diabetes prevention and control.

P44. Maternal Postpartum Illness And Subsequent Depressive Symptoms In Rural Bangladesh

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Background: The nature of maternal postpartum health conditions and their relation to later depressive symptoms has not been determined, especially in low resource settings such as rural Bangladesh.

Objective: We used data from a population-based, community trial of married rural Bangladeshi women aged 13-44 between 2001 and 2007. We examined types of maternal morbidity occurring between childbirth until three months postpartum as risk factors for maternal depressive symptoms at six months postpartum in approximately 39,000 women. We calculated crude and adjusted risk ratios for depressive symptoms by maternal morbidities (including reproductive, urinary, neurologic, nutritional and other conditions). Results: In models adjusted for sociodemographic factors and morbidities, virtually all maternal postpartum illnesses during the first three months postpartum were related to depressive symptoms at 6 months postpartum. Specifically, uterine prolapse (RR=1.20, 95% CI:1.04-1.39), urinary tract infection (RR=1.24, 95% CI:1.11-1.38), stress related incontinence (SRI) (RR=1.49, 95% CI:1.33-1.67), simultaneous SRI and continuously dripping urine (RR=1.60-2.96), headache (RR=1.20 (95% CI:1.12-1.28), convulsions (RR=1.67, 95%CI 1.36-2.06), night blindness (RR=1.33, 95% CI:1.19-1.49), anemia (RR=1.38, 95% CI:1.31-1.46), pneumonia (RR=1.24, 95% CI:1.12-1.37), gastroenteritis (RR=1.24, 95% CI 1.17-1.31) and hepatobiliary disease (RR=2.10, 95% CI:1.69-2.60) during the first three months after delivery were related to depressive symptoms at 6 months postpartum. Conclusions: Maternal morbidities during the first three months postpartum were risk factors for depressive symptoms, with the strongest associations were for convulsions and hepatobiliary disease. Symptoms of depression among these women may be of concern among women suffering from other illnesses.
P45. Evaluation Of Referral Mechanism In Cervical And Breast Cancer Intervention Program For Women, Tiruchirappalli District, Tamil Nadu State, India, 2012-15
Vidhya Viswanathan, Yogananth Nallathambi, Ganeshkumar Parasuraman

Introduction: Existing literature shows that there are very low rates of adherence of suspected cervical and breast cancer patients to stages of diagnosis and treatment. We are conducting a study to evaluate the referral mechanism of a cancer intervention programme in Tamil Nadu, a southern State of India to understand the strengths and weaknesses of referral mechanism in the programme. Methods: We are conducting a descriptive cross sectional study at Tiruchirappalli district in Tamil Nadu State, India from December 2015. We are collecting information on the structure of the referral mechanism adopted in the program, manpower, training, infrastructure and logistics related to the referral mechanism. Also we are collecting data of women of 30 years and above, screened for cervical and breast cancer and of those detected positive, proportion of them followed up at each stage of diagnosis and treatment during 2012-15. Indicators were identified and proportions will be estimated. Results: Women of 30 years and above were screened for cervical and breast cancer and referred for secondary evaluation and treatment at higher public health facilities. With our preliminary findings, the proportion of women screened positive for cervical cancer was 4.09%. Of those screened positive, only 46% underwent colposcopy and 16% underwent biopsy. Around 4.71% of those underwent biopsy were detected with invasive cervical cancer. Conclusions: Our preliminary findings show poor follow-up of screened positive patients. Our study will help to identify weak links in the referral mechanism of cancer intervention programme, eventually identify areas of scope of improvement and to make valid recommendations to the program managers of the health system for effective referral mechanism thus improving the output of the ongoing programme.

P46. Cohort Of Breastfeed Healthy Babies Growth Assessment In An Urban Setting: A Two Year Prospective Cohort (CENO Study)
Rivas-Ruiz Rodolfo, Wong-Ureña Kingston, González-López Arnett Raquel, Neri-Rosario Daniel, Ramirez Carlett
Aim: To estimate the incidence of exclusive breastfeeding (EBF) and its association with growth through 6 months. To identify determinants of discontinuation of EBF in the first six months of life in Mexico City. Methods: This is a cohort of patients who were followed since they were born up to two years of age. All patients followed WHO policy recommendations for breastfeeding, prenatal education, during delivery, and monthly follow up. During the six months follow-up, the patients were divided in three groups: EBF, formula or mixed feeding. Children’s growth comparisons between different groups were made using ANCOVA. Time of EBF discontinuation was assessed with COX models. Results: A total of 625 mother-child pairs were included. The median age of mothers were 32 years (IQR 28-35), 64.8% were working mothers. Median duration of EBF were of 3 months (CI95% 1.8, 4.10). Determinants of discontinuation of EBF were C-section HR 1.4 (CI 95% 1.1, 4.2), return to work HR 2.1 (1.5, 3.2). In Cox analysis, returning to work was the only independent value associated with the discontinuation of EBF. Head circumference was higher in the EBF group (p<0.01) adjusted by height, weight and sex. Conclusion: EBF does improve head circumference. Returning to work is the main determinant of discontinuation of EBF. Public policies must aim in this variable to improve EBF, and to improve the growth.

P47. Evaluation Of Cancer Registry Systems In Pakistan 2015
F Bashir, Z Hussain, MA Baig, RJ Asghar, T Ghafoor, M Salman.
Background: Cancer statistics are important to establish causes, devise prevention and control strategies and allocation of resources. This purpose is served globally by establishing national cancer registries. In Pakistan there are many institution-based cancer registries operating since last three decades but still national figures are not available. We evaluated these systems to identify strengths and weaknesses and
formulate recommendations. **Methodology:** We conducted a qualitative and quantitative study CDC’s updated guidelines for evaluating public health surveillance systems from April 1-20, 2015. Only those registries who report cancers of all types from all over the country were evaluated. **Results:** Two registries reporting all types of cancers were identified; Punjab Cancer Registry (PCR) and National Cancer Database (NCDBP). Both registries were using standardized data collection system based on ICD-0-3. Both were fairly simple, with NCDBP being more flexible owing to online operations and data is being transmitted timely to all levels. Both produced good quality data but were not integrated at any level with each other resulting in duplication of data. Sensitivity of PCR was 3.7% and NCDBP was 4.8% and had 100% PPV as only lab confirmed cases were being registered. Data from either system lacked representativeness due to limited number of hospitals involved and convenient sampling technique involving voluntary participation. PCR was stable with proper organizational support and sustained funding. NCDBP was not stable due to its dependency for funding on philanthropic donations. **Conclusions and Recommendations:** Well-established cancer surveillance systems with trained human resource are producing the data of limited value due to non-integrated approach, unsustainable funding and lack of ownership at government level. Utilization of data at central national repository involving all the stakeholders with sustained funding sources and state ownership is recommended for building effective cancer prevention strategies in Pakistan.

**P48. The Dissemination of Project UPLIFT: A Model For Training Mental Health Professionals In Developing Countries**

*Leslie Johnson*

Originally funded by the Centers for Disease Control and Prevention and developed for treatment of depression in people with epilepsy, Project UPLIFT (Using Practice and Learning to Increase Favorable Thoughts) has been shown to significantly reduce depressive symptoms among people with epilepsy and cystic fibrosis; with pilot programs currently taking place among other populations of people with different co-morbid conditions. Now in the dissemination phase, Project UPLIFT aims to recruit and train licensed mental health professionals across the US. This program’s distance-delivery training approach, modeled to simulate the actual intervention, reduces barriers to developing mental health professionals, including training costs (e.g. travel, time off work, program materials) and accessibility. Given the shortage of mental health professionals in developing countries, this model may lend itself to building a mental health workforce in developing countries by offering an accessible, low-electronic literacy training platform with built-in real-time quality standards monitoring. This presentation will outline Project UPLIFT’s approach to recruiting, training, and retaining mental health professionals to delivery Project UPLIFT within the trainee’s respective communities. Through a reflection on the lessons learned in disseminating Project UPLIFT, the goal of this presentation is to offer insights into how this health professional training model could be adapted and used to tackle NCDs, primarily mental health disorders, in developing countries.

**P49. Influence Of A Medical Nutrition Therapy And Eating Behavior On Gestational Weight Gain Of Women With Diabetes**

*Adriana Garduño-Alanís, Gabriela Torres Mejía, Pamela Montserrat Nava Díaz, Nutr. Javier Edmund Herrera Villalobos, Diana Elizabeth Díaz Arizmendi, Hugo Mendieta Zerón*

**Background:** Adequate food intake has been associated with recommended Gestational Weight Gain (GWG). We conducted this study to assess the association of the number of Medical Nutritional Therapy (MNT) consultations and eating behavior with GWG in women with Type 2 Diabetes Mellitus (T2DM) and gestational Diabetes Mellitus (GDM). **Methods:** A group of patients with T2DM or GDM were interviewed at the “Mónica Pretelini Sáenz” Maternal-Perinatal Hospital from November 2013 to November 2014.
GWG was measured as the difference between pregestational and end of pregnancy weight (kg). Sociodemographic characteristics, lifestyle, MNT consultations, eating behavior (cognitive restraint, uncontrolled eating, and emotional eating), and anthropometric measurements were collected among others, during an interview and from medical records. To assess the associations we used multiple linear regression models. Results: Out of 57 women, 25% had GDM and 75% T2DG. Their GWG was under recommended in 23%, recommended in 37% and upper recommended in 40%. Only 16% attended at least three MNT consultations. Per each additional MNT consultation there was a GWG reduction of 1.08 kg [β = -1.08; 95% CI -1.91,-0.25; p = 0.01]. Regarding eating behavior, an interaction between pregestational BMI and Emotional Eating behavior index was observed (p=0.08) (Figure 1). In women with normal weight, there was an increase in GWG of 2.8 kg per unit increase of Emotional Eating behavior index (β = 2.76; 95% CI 1.16, 4.36; p = 0.003), no statistically significant association was observed in overweight and obese women. No associations with GWG were observed for the other two eating behaviors. Conclusion: Higher than recommended GWG is a serious problem in T2DM and GDM pregnant women. MNT was associated with a reduced GWG, and emotional eating behavior was associated with an increased GWG. There is a need to promote MNT program adherence and strategies to predict GWG early in pregnancy.
Health Education Research is excited to announce a call for papers on non-communicable diseases (NCDs). The editors welcome NCD-focused health education and promotion research manuscripts which will strengthen the evidence base for addressing the global epidemic of NCDs.

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- Supporting the research and development of vaccines and medicines for NCDs that primarily affect developing countries
- Providing access to affordable essential medicines and vaccines for NCDs

We will begin accepting submissions Monday, July 18, 2016. Complete manuscripts are due Monday, January 16, 2017. Please submit electronically through our online submission and review site: http://mc.manuscriptcentral.com/her

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TIDIRH 2016 ANNOUNCEMENT
Applications being accepted now through August 26, 2016

One of the most critical issues impeding improvements in public health today is the enormous gap between what we know can optimize health and health care and what actually gets implemented in everyday practice. The science of dissemination and implementation (D&I) seeks to address this gap by understanding how best to ensure that evidence-based strategies to improve health and prevent disease are effectively delivered in clinical and public health practice.

Institute Goals
The National Cancer Institute, National Institute of Diabetes and Digestive and Kidney Diseases, National Heart, Lung, and Blood Institute, and Office of Behavioral and Social Sciences Research—all at the National Institutes of Health—and the U.S. Department of Veterans Affairs are hosting the annual training institute to provide participants with a thorough grounding in conducting D&I research in health across all areas of health and health care. In 2016, the Institute will incorporate a 3-month online course (September 16–December 7) and will conclude with a 2-day in-person training (December 12–13). Faculty and guest lecturers will consist of leading experts (practitioners and teachers) in theory, implementation, and evaluation approaches to D&I; creating partnerships and multilevel, transdisciplinary research teams; research design, methods, and analyses appropriate for D&I investigations; and conducting research at different and multiple levels of interventions (e.g., clinical, community, policy). The training is open to researchers with interests in studying D&I across health care, public health, and community settings.

Participant Eligibility Requirements
This training is designed for investigators at any career stage interested in conducting D&I research. To be eligible, participants must NOT have current R18, R01, or R01-equivalent funding as a principal investigator for D&I research and may not have received such funding in the past 5 years. Note: Investigators who have received an R01 or equivalent are eligible, as long as the funding was not specifically for D&I research. Preference will be given to applicants who demonstrate experience with—or potential for—working effectively in transdisciplinary teams and who have strong partnerships with—or are embedded within—health care delivery, public health, or community-based networks. We seek a balance of both junior and senior investigators, with the overall goal of bringing new people into the field of D&I research. While we anticipate most participants will be early- to mid-career individuals, we will enroll a limited number of senior researchers who are making the switch to D&I research.

In addition, to be eligible, participants must meet all of the following criteria:
- Hold a doctoral degree (Ph.D., Sc.D., M.D., Dr.P.H., D.O., D.V.M., D.N.Sc., etc.)
- Have demonstrated experience and expertise in health science (e.g., medicine, behavioral medicine, nursing, medical anthropology, health economics, public health, health policy).
- Have a feasible D&I research concept to work on throughout the course. This should be a project the applicant is seriously interested in conducting and/or submitting for funding.
• Be willing and able to pay their own travel expenses (round-trip airfare, ground transportation, hotel accommodations, and some meals) and attend the entire online and in-person training institute, if accepted.

• Federal employees are not eligible, with the exception of individuals whose positions allow them to receive grants and function as independent researchers (e.g., VA research investigators).

Applicants are NOT required to be citizens, permanent residents, or non-citizen nationals of the United States. There is no fee to apply to or attend the institute. However, all applicants are responsible for arranging and paying for all travel expenses (airfare, hotel, meals, and ground transportation) to attend the in-person training. For more information and instructions for how to apply, please visit our webpage: http://www.scgcorp.com/tidirh2016/application.html