Book of abstracts and Posters

International Health Conference
St Hugh's College Oxford

28 – 30 June 2018
Oral Presentations

Sessions starting on Friday 29th at 09.00 am

Research Utilization

108. Exploring the link between public funding and extremely highly-cited health research in the UK

Charitini Stavropoulou¹, Melek Somai², Ioanna Tzoulaki², John Ioannidis³

¹City, University of London, London, United Kingdom. ²Imperial College London, London, United Kingdom. ³Stanford University, Stanford, USA

We explore the link between extremely highly cited papers and public and charitable health research funding in the UK. We search Scopus for UK authors of papers with more than 1000 citations. We explore whether these authors currently hold a grant as principal investigators from the NIHR, the MRC and the Wellcome Trust. Our results show that of these individuals less than a third currently hold a grant as PIs from a major funder. This is in contrast with a sample of individuals who act as members of board of these bodies.

26. A Bibliometric Analysis of Published Literature in Global Reconstructive Surgery

Urška Cebron¹, Kevin Zuo²

¹Stanford University, Palo Alto, USA. ²University of Toronto, Toronto, Canada

The aim of the paper was to analyse the top cited articles in Global Plastic Surgery to understand the main trends in this field. A literature review was done using the ‘Web of Science’ search engine. 25 papers were included in the study. Of the 25 papers, 16 were specifically about CLP, 7 were about general plastic surgery and 2 papers dealt with both. The US produced 19 articles while only 1 was produced in a LMIC country. The study sheds light on the most cited articles in the field, providing a useful base for those interested in the field.

Social Determinants

109. Adaptation of the NHS Cancer Patient Experience Survey – a pilot study investigating patient satisfaction and patient centred care within the Oncology Clinic of the University of Debrecen – Clinical Centre

Viktor Dombrádi (first author), Krisztina Pénzes, Gábor Bányai-Márton, Klára Boruzs, Klára Bíró (first co-author)

University of Debrecen, Debrecen, Hungary

In Hungary there is no standardized method for assessing patient satisfaction within oncology care. To tackle this shortcoming the NHS Cancer Patient Experience Survey was translated into Hungarian and was pilot tested within the Oncology Clinic of the Debrecen University. At the end of 2017 sixty-six patients have completed the questionnaire. Using the 2016 database of the National Cancer Patient Experience Survey for comparison, we found that the Debrecen University is lagging behind in areas such as waiting time for examinations and patient involvement in decision making. In conclusion, the pilot survey has revealed many benefits of adapting this questionnaire.
9. **Deconstructing the treatment-seeking behaviour of the rural people in India: a post-modernistic approach**

**Sonal Mobar Roy**

National Institute of Rural Development and PR, Hyderabad, India

The Indian population comprises of 69% rural people (Census 2011) who are illiterate, uninformed and harness misconceptions about available healthcare services that affect their treatment seeking behaviour. Choosing between a public/private/modern/traditional healthcare systems is colossal. It is critical to understand the treatment seeking behaviour to provide need-based healthcare services. The author identifies deterrent factors and suggests interventions to mitigate the same, using both qualitative/quantitative approaches of data collection, via descriptive research design. Drawing from Foucault, the study explores the ‘panoptic gaze’ of the medical personnel and the complex interaction between healthcare provider, treatment seeker and illness.

**Human Resources**

31. **Mentorship: A realist evaluation across two provincial hospitals in Lao PDR**

**Helen Catton**

Save the Children, Luang Prabang, Lao, People’s Democratic Republic

Mentorship is a new approach to in-service professional development for maternal newborn health care providers in Lao.

Theory: Mentors embed the approach in their facility through peer-learning in practice.

Hypothesis: Hospital based mentoring is an effective and feasible approach to ensure sustainable in-service professional development.

Methods: Realist evaluation of context mechanism and outcomes using quantitative data on skills improvements and qualitative interviews with mentors, mentees and hospital leadership.

Results: Available prior to conference.

Conclusion: Realist evaluation highlights what works in what settings. Results will be used to inform policy on feasible models of in-service professional development.

94. **How to maintain ethical standards of medical volunteer work in low and middle income countries? Qualitative research exploring the perceptions and experience of UK doctors.**

**Holly Eadsforth**

University of Manchester, Manchester, United Kingdom

Context: Medical volunteer work in low- and middle-income countries is supported by UK policy but lacks infrastructure and carries risk of harm. Limited external governance requires self-evaluation by volunteer organisations.

Methods: Qualitative semi-structured interviews of seven doctors from NHS Scotland with volunteer experience. Thematic analysis triangulated with secondary research.
Findings: Upholding ethical standards relates to volunteer professional development and their relationship with voluntary organisations. Current evaluation processes have limited potential for learning and accountability.

Conclusions: Developing government policy must professionalise medical volunteering to ensure ethical standards are maintained. Initiatives could include mentorship and improved selection processes.

Paediatrics

127. The vulnerable journey of child with CKD - Exploring the parental experiences of paediatric chronic kidney disease
Andrea Bruno de Sousa
Linköping University, Linköping, Sweden. Escola Nacional de Saúde Pública, Lisbon, Lisbon, Portugal

Grounded on six months conducting interviews and participant observations, it addresses the perspective of the primary caregivers handling child chronic kidney disease (CKD) in Portugal. Based on qualitative approach, supported on thematic analysis from 21 in-depth semi-structured interviews, this article engages with and contributes theoretically to phenomenological approach around the lived experience and ethnographic methodology. It demonstrated the families struggle to manage their everyday life to maintain a "normal life" despite the fact of constant apprehensions related to the child’s condition and the extensive care it demands. In examining the challenges encountered during fieldwork, I discuss how they generated knowledge.

163. Communicating information from MRI images of brain tumours: Patient and parent views
Natalie Tyldesley-Marshall, Andrew Peet, Sheila Greenfield, Sue Neilson
University of Birmingham, Birmingham, United Kingdom

Theory / framework: Grounded theory study exploring how patient families feel about, understand and value viewing Magnetic Resonance Images (MRIs) of their / their child's brain tumour.

Methods and hypotheses: Semi-structured interviews with eight 8 – 15 year old patients and fifteen parent/s, were analysed thematically.

Results: Participants identified a range of benefits, including better understanding, visualising an ‘invisible’ condition with no symptoms, reassurance of their / child’s safety, and hope. Wanting to see the images often varied throughout each patient’s / parent’s journey.

Conclusions: Healthcare professionals should identify, adopt, and record, each patient family’s preferences regarding seeing MRIs.

Medicine and Health Systems, Dobbs Room 2
161. Causes and consequences of sleep deprivation among doctors
Caroline Kamau
Birkbeck, University of London, London, United Kingdom

Framework: Up to half of medical doctors are sleep deprived therefore an up-to-date review of causes and consequences is needed.

Methods: This was a review of published studies in the past 10 years.

Results: Causes include job stressors such as long hours, a heavy workload and psychological job demands. Outcomes include riskier or impaired clinical decision-making, medical errors and a higher risk of driving accidents (e.g. 41% of doctors have fallen asleep driving from night shifts). Other outcomes are detrimental effects on doctors' cardiovascular health, immunity and mental health.

Conclusions: Sleep deprivation has serious outcomes for both doctors and patients.

128. Integrated care models for older persons in Hong Kong
Elsie Hui
Shatin Hospital, NT, Hong Kong. Community Outreach Service Team, New Territories East Cluster, NT, Hong Kong

There is growing evidence that an integrated approach with cross-specialty, inter-disciplinary or medico-social collaboration, is more effective when handling complex and frail older people. Since 2011, several integrated care models have been developed in Hong Kong. These include support for medical and orthopaedic patients leaving hospital, care homes residents reaching the end of life and dementia patients living in the community. Positive outcomes in clinical and functional status, healthcare utilisation and institutionalisation rate were achieved. The integration of service providers from the healthcare and social service sector will be a strategic direction in elder care.

Sessions starting on Friday 29th at 11.00 am

Health Economics

77. Should we use Palivizumab immunoprphylaxis for infants against Respiratory Syncytial Virus? – a Cost-Utility Analysis.
Gary Ginsberg1,2, Eli Somekh3,4, Yechiel Schlesinger5
1Hebrew University Braun School of Public Health, Jerusalem, Israel. 2Ministry of Health, Jerusalem, Israel. 3Department of Pediatrics, Wolfson Hospital, Holon, Israel. 4European Paediatric Association, Berlin, Germany. 5Dept. of Pediatrics, Shorai Zedek Hospital, Jerusalem, Israel

The Israeli Paediatric society questioned the use of expensive immuno-prophylaxis (averaging $6500 USD per infant) against Respiratory Syncytial Virus (RSV), a relatively mild ailment with possible long-term sequelae of wheezing and asthma. We therefore evaluated, using cost-utility...
analysis, whether it is justified to expand, continue or restrict nationwide immune-prophylaxis of high risk infants against RSV.

For all risk groups (CHD, CLD and prematures), RSV immune-prophylaxis was not cost effective. Vaccine price would have to fall by 37%, 55% and 83% to justify vaccinating babies of <29, 29-32 and 33-36 weeks gestation respectively.

89. Effects of daily steps on health care expenditure

Shohei Okamoto1, Kazuki Kamimura2, Kenichi Shiraishi3, Kazuto Sumita4, Kohei Komamura1, Kai Tanabe5, Shoko Chijiki6, Noriko Yokoyama6, Akiko Tsukao7, Shinya Kuno6

1Keio University, Tokyo, Japan. 2Kyoto Sangyo University, Kyoto, Japan. 3Gunma University of Health and Welfare, Gunma, Japan. 4Toyo University, Tokyo, Japan. 5Komazawa Women’s University, Tokyo, Japan. 6University of Tsukuba, Ibaraki, Japan. 7Tsukuba Wellness Research, Inc., Ibaraki, Japan

This research aims to investigate the causal impacts of physical activity on health care expenditure using data collected through a project for health promotion (the e-Wellness Project) held in three municipalities in Japan. We evaluated effects of daily steps which had been measured by pedometers on health care expenditures by instrumental variable approaches among the participants aged 40 to 75 (about 4,000 person-year between 2009 and 2013). This research suggests that having more daily steps reduces health care expenditure, even after taking the potential endogeneity of physical activity into consideration.

141. Cost-effectiveness analysis of the CALM psychosocial intervention for patients with advanced cancer

Upasana Saha1,2, Arlinda Ruco2, Gary Rodin2,3, Sarah Hales2,3, Chris Lo3

1Princess Margaret Cancer Centre, Toronto, Canada. 2University of Toronto, Toronto, Canada. 3University Health Network, Toronto, Canada

Managing Cancer and Living Meaningfully (CALM) is a brief supportive-expressive psychotherapy aimed to relieve depression in individuals with advanced cancer, which has shown to be effective, but the cost-effectiveness has not been established. Decision-tree model was used to calculate the incremental cost-effectiveness ratio using change in depression tiers, PHQ-9, as the primary outcome. Base case scenario calculated as $1,439.15/tier, one-way and probabilistic sensitivity analyses were conducted to assess the robustness of the findings ($798/tier to $4,949/tier). This study indicates CALM may be a cost-effective approach to reducing depression in patients with advanced cancer.

80. Decomposing Immigrant Differences in Health Status using Quasi-Objective Health Measures: A “Beyond the Mean” Analysis for Italy

Francesca Paolini1,2, Gabriella Berloffia

1University of Trento, Trento, Italy. 2University of Florence, Florence, Italy

Knowledge about immigrant health is key to policy makers. Using a repeated cross-section and an Oaxaca-Blinder decomposition, we investigate the “healthy immigrant effect” in Italy, considering the length of stay of immigrants. Applying the recentered influence function, we provide a beyond
the mean analysis. We detect a “healthy immigrant effect” for both physical and mental health, especially at the lower part of the health’s distributions. However, due to the elasticity effect, immigrant health seems to deteriorate over time. Our results imply to stipulate health/social policy interventions which are tailored for groups of immigrants with certain health conditions.

Public Health, Hamlin Room 1


Rebekah Burrow1,2,3, Julian Treadwell1,4

1Department for Continuing Education, University of Oxford, Oxford, United Kingdom. 2Centre for Tropical Medicine & Global Health, Oxford, United Kingdom. 3Infectious Diseases Data Observatory (IDDO), Oxford, United Kingdom. 4Nuffield Department of Primary Care Health Sciences, Oxford, United Kingdom

Monitoring antimalarial resistance is required to inform health policy and preserve effective antimalarials. There is no consensus on the most accurate methods; large variation exists in practice.

This review identifies the sensitivity and specificity of molecular methods for detecting antimalarial resistance markers.

Bibliographic databases were searched, methodological quality was evaluated, sensitivity and specificity were calculated, and results synthesised and compared narratively.

The evidence base is poor; there was little replication, studies were poorly reported, estimates of accuracy were imprecise, and risk of bias and applicability concerns were unclear. Most methods require equipment unlikely to be available in low resource settings.

29. Using Geonarratives to Reveal Variations in Overdose Settings Across Multiple Community Types in a Single U.S. County: Implications for Public Health Intervention

Andrew Curtis1, Eric Jefferis1, Joseph Diorio2, Jaqueline Curtis1

1Kent State University, Kent, USA. 2Portage County Health District, Ravenna, USA

The United States overdose epidemic poses multiple challenges with regards effective intervention. Case studies in the literature focus mainly on large urban areas. The reality for many counties is a complex interaction of different settlement types, responding agencies, and the lack of a single “overdose” dataset. Here we use spatial video geonarratives collect from professionals across a typical small urban to rural county in Ohio. These narratives reveal similarities in overdose situations across communities, as well as location specific differences. Coroner’s data reveals residence-to-overdose patterns and toxicology. Insights from this work leading to local public health interventions will be discussed.
99. Intervention of NGOs in Public Health Sector of Bihar, India

Papia Raj
Indian Institute of Technology Patna, Patna, India

Non Governmental Organizations (NGOs) have assumed an overwhelming presence in public health sector of developing countries like India. This situation is best contextualized in Bihar, India. A review of functioning of 93 NGOs in the region and data collected using mixed method approach, illustrate that they have a myopic approach in addressing public health issues. Often the interventions adopted by these NGOs lack comprehension of local cultures and problems. Thereby, they remain unsuccessful in improving health conditions of different communities in Bihar. The paper emphasizes the critical assessment of the role of NGOs in public health to promote sustainable development.

38. Spatiotemporal Heterogeneity of Malaria: Mapping the incidence and hotspots of malaria in Bangladesh from 2013 to 2016

Andres Noe1,2, Richard Maude1,2,3
1Mahidol Oxford Tropical Medicine Research Unit, Bangkok, Thailand. 2University of Oxford, Oxford, United Kingdom. 3National Malaria Elimination Program Bangladesh, Dhaka, Bangladesh

Background: Malaria is a significant public health problem in Bangladesh. While there have been recent gains in control, the disease burden has become more concentrated.

Results: Malaria in Bangladesh exhibited highly seasonal, hypoendemic transmission in geographic hotspots. These remained conserved over time and were in the southeast of the country. Highly stable hotspots from one year reasonably predicted future hotspots.

Conclusions: Further studies are required to understand vector, sociodemographic and disease dynamics within these hotspots. Given the conserved nature of malaria hotspots, directing resources towards the identified areas may be an efficient way to eliminate malaria in Bangladesh.

Older Age, Hamlin Room 2


Bayu Anggileo Pramesona1,2, Surasak Taneepanichskul1
1College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand. 2Mayjend. HM. Ryacudu Government Hospital, Kotabumi, Lampung, Indonesia

To test the validity and reliability of the GDS-15 Indonesian version. We recruited thirty elderly nursing home residents. Computation of Content Validity Index for Items (I-CVI) with three expert raters and Pearson’s correlation analysis were used to determine validity instrument. Multiple-item construct measurement was assessed by using Cronbach’s alpha to test the internal consistency for reliability. Pearson’s correlation items-total score was significant at the 0.05 level with I-CVI computation was 1.00. Internal consistency was good with Cronbach’s alpha=0.80. The GDS-15 Indonesian version was valid and reliable to assess the depressive symptoms among Indonesian elderly in nursing home setting.
24. Self-reported health status among elderly in Bogota- Colombia

Monica Pinilla Roncancio, Catalina Gonzalez Uribe, Diego Lucumi

Universidad de los Andes, Bogota, Colombia

This research analyses differences between the levels of self-reported health for individuals 60 years or older living with disabilities and chronic health diseases in Bogota-Colombia. Using the Demographic Health Survey 2011 for Bogota, a probit regression model was calculated and the probability of reporting a good health status for each of the groups was analysed. The results revealed that people with disabilities(PWD) report worse health status, compared with people living with chronic diseases or without any health issue, and PWD live in worse conditions negatively affecting their self-reported health status.

83. Medication Adherence and its associated factors among Uncontrol Blood Pressure Elderly Hypertension Patients in Rural Area, Northeast of Thailand

Nanthakan Woodham

College of Public Health Science, Bangkok, Thailand

Background: Thailand is ranked third in most rapidly ageing populations worldwide. Hypertension is common disease in elderly. Many elderly have poor adherence to antihypertension. This study is to examine adherence and its associated factors.

Method: A cross-sectional study was conducted in 2017. Adherence were identified by pill count. Percentage ≥ 70 defined as good adherence.

Result: 408 elderly with hypertension participated. 86.8% were diagnosed with poor adherence. Gender, care taker, number of medications, smoking and alcohol drinking were statistically significant associated to adherence.

Conclusion: Strategies to improve adherence should be designed to address factors associated antihypertension adherence.

136. Blood transfusion in older adults - appropriate practice and impacts on sustainability of the blood supply

Geoff Simon¹, Alison Craswell¹, Lin Fung¹,²,³,⁴,⁵,⁶

¹USC Australia, Sippy Downs, Australia. ²International Society of Blood Transfusion, Amsterdam, Netherlands. ³Griffith University, Nathan, Australia. ⁴The Prince Charles Hospital, Chermside, Australia. ⁵Sunshine Coast Hospital & Health Service, Birtinya, Australia. ⁶American Red Cross, Minneapolis, USA

Theory/framework: Mixed methods

Methods: Systematic review, meta-analysis, retrospective data analysis

Hypothesis: Transfusion requirements and their impact on older (≥65 years) adults are different to younger (<65 years) adults

Results: Older adults received 60% of transfused blood. More liberal transfusion treatments in
older adults were associated with better mortality and cardiac outcomes. As populations age, the proportion of people of donating age is decreasing.

Conclusions: Meta-analysis findings for older adults challenge current adult transfusion guidelines which recommend lower haemoglobin triggers for transfusion. The disproportionally higher blood use by older adults predicts future blood supply-demand challenges.

Health Policy and Community Care, Dobbs Room 1

157. Revisiting Global Hunger Index through the lens of MANUSH – a more comprehensive indexing approach

Ayushi Jain¹, Srijit Mishra², Satish Agnihotri³

¹Indian Institute of Technology, Bombay, India. ²Nabakrushna Choudhury Center for Development Studies (NCDS), Bhubaneswar, India

Composite index for characterising any aspect of human development has posed methodological challenges and Global Hunger Index is no exception. We revisit the index through an improved indexing method MANUSH which satisfies certain important conditions viz. Monotonicity, Anonymity, Normalisation, Uniformity, Shortfall sensitivity and Hiatus sensitivity to level. The last two conditions brings out the difference in scoring methods, in cases where emphases on worse-off and better-off dimensions have not been proportionate to their shortfall and where gap across dimensions remain same despite higher attainment. MANUSH approach is more sensitive and comprehensive compared to the linear averaging or a geometric mean.

159. Universal Health Coverage: Policy versus Practice

David Ranney, Adolphe Edward

El Centro Regional Medical Center, El Centro, USA

Within SDG 3, lies target 3.8, achievement of universal health coverage for all. The authors have conducted personal interviews with citizens and officials of South Africa and will present their findings on the gap that exists between what is being said and done by the international community (UN, WHO, etc.) and national and local South African government, and what is happening at the local level. We continue to press for increased cooperation and communication among parties as the solution for realizing all SDGs.

166. Mapping Health-Related SDGs and Intersectionalities-Youth Civic Engagement and SDG Agenda 2030 in Global South

Maheswar Satpathy

UGC Centre of Advanced Study in Psychology, Utkal University, Bhubaneswar, India

Health-related SDGs (HRSDGs) are an important concern for developing economies, especially ones with rapid population growth and rising and persisting inequalities, inequities, and disparities. A judicious interrogation of role of intersecting components such as Gender and Sexualities, Poverty, and Power Structures as embedded in the Health and Socio-Political systems is essential. Health systems in India are affected greatly by lags in other cross-cutting areas. Youth Civic Engagement towards building bridges, and complementarities is visualized to achieve HRSDGs (e.g. WASH, Poverty & Hunger Reduction, Promote Health and Wellbeing). Findings from a Pilot on Youth engagement-challenges and opportunities for HRSDG are discussed.
142. **Prevalence of pain and mood symptoms in female adolescents with early signs of scoliosis**

*Mie-chun Cheung*¹, Joanne Yip², Garcia Kwok², Lai-hing Fok²

¹The Chinese University of Hong Kong, New Territories, Hong Kong. ²The Hong Kong Polytechnic University, Kowloon, Hong Kong

A total of 800 female adolescents were recruited in Hong Kong to examine the symptoms of early signs of scoliosis. Their pain and mood symptoms were evaluated by the validated Scoliosis Research Society – 22 (SRS-22) Questionnaire. Higher percentage of female adolescents with early signs of scoliosis (around 30-35%) reported mild to severe level of pain during past 1 and 6 months. In addition, around 20% of them would feel unhappy during the rest of their lives with their current back shape. Therefore, the psychosocial care in the community should be emphasized to improve their physical and psychological health.

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**Research Utilization and Health Systems, Dobbs Room 2**

75. **The Academic Surgical Collaborative: A three-year review of a Trainee Research Collaborative**

Thomas Pidgeon¹, Charmilie Chandrakumar², Yasser Al Omran³, Christopher Limb⁴, Rachel Thavaogan⁵, Buket Gundogan⁶, Kiron Koshy⁷, **Amelia White**⁸, Alexander Fowler⁹

¹Birmingham Children’s Hospital, birmingham, United Kingdom. ²Barts and The London School of Medicine and Dentistry, London, United Kingdom. ³Oxford University Hospitals, Oxford, United Kingdom. ⁴Western Sussex Hospitals NHS Trust, Worthing, United Kingdom. ⁵School of Medicine, University of Nottingham, Nottingham, United Kingdom. ⁶East and North Hertfordshire NHS Trust, Hertfordshire, United Kingdom. ⁷Brighton and Sussex University Hospitals, Brighton, United Kingdom. ⁸University College London Hospital, London, United Kingdom. ⁹Guy’s and St. Thomas’ NHS Foundation Trust, London, United Kingdom

The Academic Surgical Collaborative is a trainee research collaborative formed in the UK in October 2014. The following paper highlights the progress of the ASC three years on. It describes its achievements to date and its future aims and goals. What has been learnt may inform other research collaboratives.

As of September 2017, of 62 members, 36 were medical students (58%), 11 were Foundation Doctors (18%), 4 junior trainees (6%), 4 Specialist Registrars (6%), 6 Clinical Research Fellows (10%) and an Associate Professor (2%).

The ASC has grown exponentially, having achieved 33 publications, 56 national presentations and 8 National Prizes.

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84. **Practical Statistics For Health Research**

*Kayéromi Gomez*

University of Illinois College of Medicine, Rockford, USA

Biostatistics has shaped the health research industry and the way medicine is taught and practiced in many parts of the world. Critical attention must therefore be given to research design and interpretation of findings that are useful and impactful to the patient. This presentation will
discuss common research design issues in the literature and will enhance research for both experts and young researchers in bridging the gap between statistical and clinical (practical) significance in research. Results from a Monte Carlo study illustrate a pertinent biostatistical concept in practical statistical methods indispensable to adequately link research and real-life applications of outcomes.

86. Soft tissue fillers in wound healing: in vitro experiments

**Tomaz Velnar¹, Lidija Gradisnik²,³**

¹AMEU, Alma Mater Europaea Maribor and Department of neurosurgery, University medical centre Ljubljana, Maribor, Slovenia. ²AMEU, Alma Mater Europaea Maribor, Maribor, Slovenia. ³Institute of biomedical sciences, Medical faculty Maribor, Maribor, Slovenia

Theory: Non-healing wound defects may be successfully treated using a novel technique of tissue augmentation with angiogenesis forming the basis of tissue filler survival.

Methods and hypotheses: The invasion of endothelial cells (HUVEC) into soft tissue fillers from agarose and collagen was studied. Standard and low molecular weight heparins were used as chemotactic agents.

Results: Agarose and collagen soft tissue fillers are useful for further invasion studies.

Conclusions: These observations confirm the potential for tissue augmentation with soft tissue fillers and may be transposed to the clinical trials with the aim of tissue defect reconstructions.

101. Spatial inequality in access to health care service in India

**Tekchand Saini**

Jawaharlal Nehru University, New Delhi, India

Utilization of health services in India varies differently due to various socio-economic conditions. Aim of study is to analyse the impact of socioeconomic and health factors responsible for spatial inequalities in access to health services in India. Univariate and bivariate analysis is done from data of Annual health survey 2013, National Family Health Survey 2015-16. Asthma, Hearth and tuberculosis were found higher among women. Cases of diabetes increased two times from 2005-06 to 2015-16. Poor quality of service, distance from health facility and long waiting time was reported as the main reason for poor treatment in public health facilities.

Sessions starting on Friday 29th at 14.20 pm

**General Practice, Mordan Hall**


**Sebastien MOINE¹,²,³, Aline Desesquelles², Scott Murray³**
1Health Education and Practices Laboratory, EA3412, University of Paris 13, Bobigny, France.  
2National Institute of Demographic Studies (Research Unit 5: Mortality, Health, Epidemiology), Paris, France.  
3Primary Palliative Care Research Group, Usher Institute of Population Health Sciences and Informatics (University of Edinburgh), Edinburgh, United Kingdom

Theory/framework: Multimorbidity is increasingly frequent in primary care within ageing populations. A better understanding of this phenomenon is pivotal to develop accountable health policies.

Methods: We use cause-of-death data for all deaths at ages 20-64, 65-79 and 80+. We allocate underlying causes of death to the three main illness trajectories. We examine what contributing causes (CC) are reported in each trajectory.

Results: CC related to “Frailty–Dementia” are more frequently associated with each trajectory after 80 years.

Conclusion: Data on multimorbidity at the end of life is crucial to tailor service provision to the needs of the persons.

54. Medicine in Martinique: lessons learnt from a General Practice placement
Bethany Moos
Oxford University Hospitals Trust, Oxford, United Kingdom

Theory: Overseas placements have strongly influenced my personal growth and development to date

Methods: two weeks spent observing in a General Practice and in the ‘Service de Maladies Infectieuses et Tropicales’

Results:
- An understanding of the French Healthcare system and its adaptation to a tropical island setting
- An insight into Martinique’s culture and how it influences health attitudes and behaviours
- Learning about snakebite and attitudes towards HIV

Conclusion: overseas placements are invaluable for personal and professional development. They broaden understanding of global issues, cultures and attitudes towards health and facilitate strengthening systems through innovative new ideas.

180. Can point-of-care HbA1c testing be used to improve patient care in a low resource primary care diabetes clinic in South Africa?
Jennifer Hirst1, Naomi Levitt2, Kirsten Bobrow2, Jennie Morgan3, Andrew Farmer1

1University of Oxford, Oxford, United Kingdom. 2University of Cape Town, Cape Town, South Africa. 3Gugulethu Community Health Centre, Cape Town, South Africa

Random blood glucose (RBG) measurements are used to monitor diabetes control in South Africa, but are unreliable. We evaluated point-of-care HbA1c testing alongside RBG in a Cape Town primary care clinic. Qualitative interviews with doctors and nurses were conducted to explore treatment decisions.
Point-of-care HbA₁c tests for 185 diabetes patients aged 56.2±12.6 years were carried out. Medication change occurred in 76 patients. Doctors recognised the advantage of HbA₁c over RBG but continued to use RBG to make treatment decisions.

There is discordance between understanding and actions. Impact of substituting HbA₁c for RBG should be explored in future studies.

**Health Policy and Systems, Hamlin Room 1**

**118. An Evidence-Based Approach to the Evaluation and Planning of Breast Cancer Services in Vietnam**

*Chris Jenkins¹, Tran Thu Ngan², Nguyen Bao Ngoc², Tran Bich Phuong², Lynne Lohfeld¹, Michael Donnelly¹, Hoang Van Minh²*

¹Queen’s University Belfast, Belfast, United Kingdom. ²Hanoi University of Public Health, Hanoi, Vietnam

The project profiles and appraises the structure and organisation of breast cancer services in Vietnam. A mixed-methods approach was used to collect data from health professionals working in provinces in the northern, central, and southern regions.

Our study indicates that aspects of the primary and secondary levels of the health system are under utilised; that the delivery of screening is not integrated or systematic; and that training for health professionals on breast cancer has been inadequate. There is a need to strengthen the health system by focusing efforts on these areas.

**93. Achieving health sustainable development goals (SDGs) in China by 2030: issues and challenges**

*Shenglan Tang*

Duke Global Health Institute, Durham, USA

Background: China has now faced formidable difficulties in meeting health related SDG targets by 2030. This study aimed to examine the current situation of MCH/Reproductive Health, NCDs, communicable diseases and universal health coverage, and analyse gaps of 14 health related SDG targets, and project possible results for 2030.

Methods: Using the data from Institute of Health Metrics and Evaluation, China CDC, and the routine information systems, health related SDG targets/indicators have been projected.

Results: China has already achieved health SDG targets in MCH,NTDs and UHC. It may fail to achieve the one-third reduction of premature death due to NCDs for men. It may also fail to achieve targets in TB/MDR-TB and hepatitis.

**150. The stumper: political commitment and nutrition governance**

*Harini Swaminathan*

IITB-Monash Research Academy, Mumbai, India. Indian Institute of Technology Bombay, Mumbai, India. Monash University, Melbourne, Australia
Framework: Eradicating malnutrition is a quintessential sustainable development goal. Building nutrition sensitive ecosystems, political commitment, and parliamentary action determine success rates of programming initiatives, especially in transitioning and developing economies.

Methods and Results: Retrospective analysis of questions and answers in the lower house of the Indian parliament during previous two decades followed by an estimation of nutrition delivery systems (NDS) coverage rate showed 0.06% attention on malnutrition, 127 non-priority and 27 priority discussions, and 56.11% coverage of NDS as per latest Demographic health survey (2015-16).

Conclusion: This demonstrates the necessity for wider political participation and accountability related to nutrition governance.

**Medical Decision Making, Hamlin Room 2**

**197. Monocriterial guidelines threaten person-centred care and informed and preference-based consent**

**Mette Kjer Kaltoft**¹,², Mette J Rothmann¹,², Anne Dichmann Sorknaes¹,², Pernille Hermann², Jesper Bo Nielsen³, Jack Dowie⁴,²

¹Odense University Hospital Svendborg Sygehus, Svendborg, Denmark. ²University of Southern Denmark, Odense, Denmark. ³Odense University Hospital, Odense, Denmark. ⁴London School of Hygiene and Tropical Medicine, London, United Kingdom

Theory/framework: Informed and preference-based consent is legally required for tests and treatments. Preference-sensitive evaluation of the harms and benefits of relevant options can be achieved via Multi-Criteria Decision Analysis.

Method: An 18 option, 3 criteria online tool developed in bone health was delivered to 32 patients attending a bone-scan clinic.

Results: Given their fracture risk, guidelines would refer most for scanning. However, 30 would not have come if following the tool’s preliminary opinion. Average weight for Avoiding Fracture was 43%, Avoiding Side-effects 37%, Avoiding Treatment Burden 20%.

Conclusion: Monocriterial guidelines threaten the person-centred care mandated by informed consent requirements.

**218. HIFA: Towards universal access to essential healthcare information**

**Geoff Royston¹, Neil Pakenham-Walsh²**

¹Independent, Ripon, United Kingdom. ²HIFA/Global Healthcare Information Network, Oxford, United Kingdom

HIFA (Healthcare Information For All) is a global health community with more than 18,000 members in 177 countries, working with WHO and others to improve the availability and use of reliable, practical healthcare information, particularly in LMICs.

Universal access to essential healthcare information - for citizens, health workers and policymakers - is a prerequisite for UHC and associated SDGs, and is increasingly feasible. The presenters will describe what HIFA is doing to accelerate progress, with reference to HIFA’s 13 projects

Jorge Lazareff¹, Freddy Meynard Mejia², Alejandro Bermúdez³, Marcos Quintana⁴, Luis Bonilla⁵, Christian Blanco⁶

¹University of California Los Angeles, Los Angeles, USA. ²Universidad Nacional Autonoma, Managua, Nicaragua. ³Universidad Cientifica del Sur, Lima, Peru. ⁴Universidad Autonoma de Santa Ana, Santa Ana, El Salvador. ⁵Universidad Autonoma de Centro America, San Jose, Costa Rica. ⁶Universidad de Ibero America, San Jose, Costa Rica

The fundamentals of logic and epistemology are a valuable tool for strengthening human healthcare capital in lower-middle-income countries. In 2014 UCLA and UNAN-Managua initiated a yearly in vivo Webinar series of five consecutive,1 hour long lectures, on Critical Thinking in Medicine. It introduces the healthcare undergraduates to informal and dialectic logic and its applications to clinical practice and empirical research design. Medical Schools from Peru, Costa Rica, El Salvador have joined. We use clinical cases relevant to each region to illustrate the concepts. Up to now, 352 students attended 58 live lectures. Nicaraguan medical students created a research society.

Public Health and Policy, Dobbs Room 1

69. Sociodemographic characteristics and health risks in Informal Waste Workers in the Kathmandu Valley, Nepal

Michelle Black¹, Andrew Lee¹², Jiban Karki³¹

¹University of Sheffield, Sheffield, United Kingdom. ²Public Health England, Leeds, United Kingdom. ³Phase Nepal, Kathmandu, Nepal

We present findings of a cross-sectional survey of Informal Waste Workers (IWW) in the Kathmandu Valley Nepal.

Aim: To characterise the health and wellbeing of IWWs to understand their health needs and provide a baseline to measure the effectiveness of future interventions to improve their health.

Method: A cross-sectional survey was undertaken on 1280 IWWs using a health assessment questionnaire. Descriptive statistics was used to describe the aggregate results. Logistic regression was performed to investigate associations.

Results: The demographic profile, general health, awareness of risk and use of Personal Protective Equipment (PPE) was identified and associations tested for statistical significance.
131. Introducing a neuroimmunological paradigm to public health: The vagus nerve can predict and possibly prevent chronic diseases

Yori Gidron¹, Marijke De Couck², Julian Thayer³, Brigitte Velkeniers², Reginald Deschepper²

¹University of Lille, Lille, France. ²Free University of Brussels (VUB), Brussels, Belgium. ³Ohio State Univ., Columbus, USA

Global burden of diseases (GBD) includes non-communicable conditions (e.g., CVD, cancer). These share behavioral risk factors (e.g., smoking) and pathophysiological contributors (e.g., oxidative stress, inflammation). I will introduce a new paradigm to predict, prevent and possibly treat GBD based on neuroimmunology. Vagal nerve activity (HRV) is related to frontal brain activity, which regulates unhealthy behaviors. High vagal activity predicts reduced risk of and better prognosis in GBDs. Biologically, the vagus nerve inhibits oxidative stress and inflammation. Finally, non-invasive devices activate this nerve. Thus, HRV can predict GBD and studies should test effects of vagal nerve neuromodulation on prevention of GBD.

187. Is registration the panacea for the professionalisation of Australian paramedics?

Louise Reynolds

Anglia Ruskin University, Chelmsford, United Kingdom

Greenwood (1957) identified five professional attributes, one of which is community sanctioning relating to registration and regulation of practitioners.

Despite public recognition as one of the most trusted professions, Australian paramedics are not registered with the Australian Health Practitioner Regulatory Authority (AHPRA). Peak body representation has been advocating the public registration of paramedics is needed for greater professionalism.

In the UK, paramedics are regulated with the Health & Care Professions Council (HCPC) and frequently receive complaints to the authority.

This case study discusses the implications for impending Australian paramedic registration with consideration to the UK experience with their regulatory authority.

70. Excess influenza hospital admissions and costs due to the 2009 H1N1 pandemic in England

Krystal Lau¹, Katharina Hauck², Marisa Mraldo¹

¹Imperial College Business School, London, United Kingdom. ²Imperial College School of Public Health, London, United Kingdom

Unexpected influenza pandemic inpatient admissions and costs surges can burden hospitals. We robustly estimate H1N1 admissions and costs across England between June 2009 and March 2011 using time series methods. We find two H1N1 admissions and costs surges: the pandemic - 10,348 admissions costing £20.5 million - and the post-pandemic influenza season - 11,775 admissions costing £24.8 million. The highest admission rate belongs to 0-4 year olds and highest costs to 25-44 and 65+ year olds. Our findings are up to 4.3 times higher than previous studies. This helps policymakers and hospitals plan secondary care responses for future influenza pandemics.
41. NHS Delayed Discharges: Does Staff Well – Being Matter?

Manhal Ali, Reza Salehnejad

University of Manchester, Manchester, United Kingdom

Using theories on well-being from economics, the paper studies what explains the problem of significant variations in NHS delayed transfers of care. Lot of emphasis is placed on external factors such as social care expenditure. Using a wide dataset and machine learning tools, the paper finds robust evidence that the role of internal factors such as staff incentives or well-being are more important than external factors in alleviating delays hence raising productivity. There is, therefore, a *prima facie* case to invest in hospital practices and incentive systems that aim to raise well-being on the basis of likely organisational benefits.

144. ACCESS to Better Health and Clear Skies

Justin Whetten, Julianna Montoya, Howard Yonas

University of New Mexico, Albuquerque, USA

Objective: This study estimates the reduction in greenhouse gas (GHG) emissions resulting from 2,020 Neuro-Emergent telemedicine consultations and estimated nationwide expansion.

Methods: Travel distances in miles were calculated using ArcGIS. GHG reductions from program expansion were calculated from state stroke DRG’s, and average flight distance from hospital to level one trauma center.

Results: The 88% (1414) reduction in patient transfers reduced GHG by 618.77 MT. Expanding the program national resulted in potential reductions of 263,570 MT CO2.

Conclusion: GHG reduction was not the main intention of the ACCESS program but it has shown to be a significant by-product.

Sessions starting on Saturday 30th at 08.40am

Health Economics, Mordan Hall

162. In-home care insurance: the availability of informal care, bequests, and health expectations

Raun Van Ooijen, Jochem De Bresser, Marike Knoef

University of Groningen, Groningen, Netherlands. Tilburg University, Tilburg, Netherlands, Leiden University, Leiden, Netherlands

The paper examines the degree to which individuals are able and willing to pay for different attributes of long-term in-home care insurance and how this relates to individuals’ saving motives, health expectations and substitutes for insurance, such as informal care. To measure the willingness to pay for in-home care insurance, we fielded a discrete choice experiment among individuals in the Dutch LISS panel. The results suggest that in-home care services represent a different value for different people depending on individual characteristics and expectations. This contributes to the design of long-term care insurance policies to improve the wellbeing of the elderly.
56. Determinants of patients' capability sets: comparison between hospitalised and home-care patients

Hideyuki Kobayashi

Keio University, Fujisawa, Japan

Background: The capability approach is a preeminent method to focus on well-being freedom of individuals who have diverse objective function.

Aim: To explore determinants of patients’ well-being freedom based on empirical estimate of the capability set.

Methods: Questionnaire survey was carried out for hospitalised and home-care patients in Japan. The capability set of the representative individual is estimated by accumulating those achievement points of patients with the similar utilisation ability.

Results: The frontier of the capability set is statistically significantly different by the degree of usual activity for the home-care patients, and by gender for the hospitalised patients.

59. Impact Evaluation of Nutrition on Anemia Level of Preschoolers in Egypt

Rania Megally, Christian Richter, Hebatallah Ghoneim

German University in Cairo, Cairo, Egypt

The strong relationship between the nutrition status and the cognitive development of the children is reflected on their school performance was motivating to evaluate the impact of nutrients on health outcomes of preschoolers. RCT experiment ran on 405 children where the treatment was fortified juice. The results showed an improvement in the anemia level, stunting and obesity but not in the malnutrition. The results are expected to have important insights for policy implications to be a vital step in the process of improving the children’s health and schooling performance.

71. The Impact of Heatwaves on Emergency Inpatient Admissions to the National Health System in England between 2001 and 2012

Dheeya Rizmie, Marisa Miraldo, Laure de Preux

Imperial College Business School, London, United Kingdom

With immediate changes in health status, heatwaves potentially pressurise hospital utilisation. Existing evidence-base is weak, largely focused on mortality for isolated heatwave events using before-and-after-methodology without effective comparators. We are the first to test effects of a heatwave on emergency admissions to the NHS using a difference-in-differences approach. Using a comprehensive, long-panel dataset, we analysed emergency inpatient admissions(N=17,269,237) into the NHS reported in Hospital Episodes Statistics, linked to meteorological data using inverse distance weighting. Fixed-effects OLS regression was performed. We find that heatwaves induced a statistically and economically significant increase in emergency inpatient admissions in respiratory and circulatory diagnoses.
110. Why abortions declined in Russia since 1991?

Anastasia Klimova, Olena Stavrunova

UTS, SYDNEY, Australia

After the collapse of the USSR, the level of abortion rapidly declined in Russia while remaining high compared to the international standards, and the birth rate was falling. We focus on answering ‘why abortions declined since 1991?’ by studying the role of changes in contraception, socio-demographic characteristics, health status, income, prices of contraception and abortion. After decomposing changes in abortion into contributions of changes in socio-demographic characteristics and contraceptive use, we find that about 15% of decline can be explained by socio-demographic characteristics, while changes in contraceptive use cannot explain its decline. Next, we considered the role of men.

Public Health, Hamlin Room 1

43. Multiple Sclerosis in Denmark: Epidemiology, Treatment and cost of illness

Anders Green,1 Martha Emneus,1 Anastasija Komkova,1 Niels S Zeeberg2

1Institute of Applied Economics and Health Research, Copenhagen N, Denmark. 
2Scleroseforeningen, Copenhagen, Denmark

Multiple sclerosis (MS) is a progressive neurological disorder with severe impact for the patients and their relatives. No cure of MS exists but new Disease Modifying Treatment (DMT) may slow progression.

We have linked data from health registers and civil service to investigate the epidemiology, treatment patterns and Cost-of-Illness of MS in Denmark since 1997. Using a ‘stock-and-flow’ model we have projected the future incidence, mortality and resulting prevalence through the year 2030 and quantified the determinants of the future prevalence.

The impact of the changing epidemiology of MS will be discussed from a public health and health economics perspective.

103. Evaluating implementation strategies for essential newborn care interventions in low- and low middle-income countries: systematic review

Kimberly Peven,1 Torill Rotevatn,2 Jane Nielsen,2,3 Debra Bick,1 Cath Taylor,4 Edward Purssell1

1King’s College London, London, United Kingdom. 2Aalborg University, Aalborg, Denmark. 3University College of Northern Denmark, Aalborg, Denmark. 4University of Surrey, Surrey, United Kingdom

Background: Low-cost essential newborn care interventions (ENC) with proven efficacy exist but have not reached high coverage.

Methods: A systematic review of implementation strategies for ENC interventions for newborns in lower-income-countries (LIC) was conducted.
Results: Interventions included home-based care, health promotion, facility-based support, and healthcare provider training. Interventions employed 3-25 implementation strategies. No association was found between coverage and total strategy importance ratings though a small relationship was found with mean importance ratings.

Conclusions: An Expert Recommendation for Implementation Change process with a focus on LICs could prove useful for improving understanding of the importance/feasibility of implementation strategies for interventions in this context.


Minh Pham1, Berhan Haile1,2, Nishaan Raman1, Ali Saeidi1, Maria Kahar Bador1, Margaret Tan1, Jeng Zhu4, Yi Feng4, Julian Elliot2, Mary Garcia1, Fan Li, Stanley Luchters1, David Anderson1

1Burnet Institute, Melbourne, Australia. 2Monash University, Melbourne, Australia. 3University of Malaya, Kuala Lumpur, Malaysia. 4Nanjing BioPoint Diagnostics, Nanjing, China

Dried blood spot (DBS) is a recommended sampling method for HIV viral load (VL) testing in poor-resource setting. However, DBS suffers significant decrease in VL test accuracy due to cell-associated HIV RNA and DNA.

We developed “VL-Plasma”, a simple, equipment-free device producing filter dried plasma plot (FDPS). We compare performance of FDPS and DBS in identifying treatment failure at 1,000 copies/ml threshold, using fresh plasma as reference.

Sensitivity and specificity of FDPS was 100% (95%CI=83.2%-100%), 100% (95%CI=96.8%-100%), superior compared to that of the DBS.

FDPS significantly improve identification of treatment failure, minimize unnecessary switching regimen.

4. Caught between a rock and a hard place: The challenge of role ambiguity and role conflict facing medicine retailers for malaria in western Kenya

Andria Rusk,1 Benjamin Amick,2 Melissa Harrell,2 Thomas Cavanagh,3 Veronica Fruhrt,1 J. Michael Wilkerson1

1Dominican University, San Rafael, USA. 2Florida International University, Miami, USA. 3University of Texas, Houston, USA

Appropriate medicine retailer behavior is crucial to swift and accurate diagnosis and treatment of malaria. To better understand retailer behavior, a qualitative inquiry was undertaken to explore their perceptions. Focus group discussions were conducted with retailers working in western Kenya. Modified grounded theory was used to analyze the data. Results revealed perceptions of multiple roles, and contradiction between these roles, presenting an opportunity for role ambiguity and role conflict. As the formal health sector continues to negotiate the scope of practice for medicine retailers, particularly attention should be paid to the definition of retailer roles in diagnosis and treatment practices.
205. The Presence of Cough and Tuberculosis Active-Case Finding Outcomes in the Philippines

Siwon Lee1, Lincoln Lau1,2, Krisha Lim1, Jansel Ferma1, Warren Dodd3, Donald C. Cole2

1International Care Ministries, Manila, Philippines. 2University of Toronto, Toronto, Canada. 3University of Waterloo, Waterloo, Canada

Theory: Based on the health belief model, an individual’s perceived importance of cough as a symptom of tuberculosis (TB) affects their health-seeking behaviour.

Methods: Study participants were screened then referred to rural health units (RHU) for testing and diagnosis. Cross-sectional surveys were used to collect pre-/post-program data from all participants.

Results: Of 4635 participants screened, 1290 were referred for testing, of which 954 (74%) refused. Individuals with “cough for 2 weeks or more” were 1.08 times more likely to be TB tested.

Conclusions: Coughing could promote TB testing among those with symptom but deter testing among suspects without cough.

Inequalities and Mental Health, Hamlin Room 2

22. Mixed Methods Assessment of Birth and Perinatal Mortality on Malawi’s Likoma Island

Katherine Vaillancourt1, Frank Bia1,2, Arieanna Eaton3

1Frank H. Netter, MD School of Medicine at Quinnipiac University, North Haven, USA. 2Yale School of Medicine, New Haven, USA. 3Alma College, Alma, USA

Malawi achieved Millennium Development Goal 4 (MDG4), a two-thirds reduction in under-five mortality (U5M), two years pre-deadline using strategies including improved hospital-birthing care. Research shows parts of Malawi struggle. Our mixed-methods research analyzed Malawi’s Likoma Island’s MDG4 progress by estimating perinatal mortality rate (ePMR), a proxy for U5M, contextualized by community hospital-birthing perspectives. Likoma hospital’s 2013-2017 maternity records show an aggregate ePMR of 45/1000, not significantly different from Malawi’s, suggesting MDG4 achievement. Community and provider interviews indicate hospital-birthing is favored, indicating continued birthing-care improvements could maintain MDG3 and accelerate progress to Sustainable Development Goal 3, U5M of 25/1000.

160. Researching a neglected public health issue: Sickle cell and gendered research advocacy for practice in Sierra Leone

Maria Berghs1, Simon Dyson1, George Tregson2, Amelia Gabba3, Sia Nyandemo4

1De Montfort University, Leicester, United Kingdom. 2King Faisal Specialist Hospital, Riyadh, Saudi Arabia. 3Sickle Cell Society, Freetown, Sierra Leone. 4Sickle Cell Carers Awareness Network, Kono, Sierra Leone
Sierra Leone is one of the West African countries most affected by sickle cell and approximately 1.3% of all newborns have the genetic disorder. One in four people carry the sickle cell gene but do not always understand what this means and that it has reproductive consequences. Sickle cell has also become an area of public health concern and is now part of the development agenda in the country post Ebola. This qualitative project about the gendered consequences of sickle cell sought to translate that social science research into guidelines for science and reproductive education, professional practice and public health.

116. US Source Plasma Donors: Bearing Many Burdens

Heather Olsen1,2, David Margolius1,2, Anupuma Cemballi1,3, Kristen Berg1, Sarah Shick1, Adam Perzynski1,2

1Case Western Reserve University, Cleveland, USA. 2MetroHealth, Cleveland, USA. 3University of California San Francisco, San Francisco, USA

US remunerated donors provide 80% of the world’s source plasma. We (1) compared Plasma Donation Center (PDC) location and prevalence with state economic factors and poverty, and (2) conducted interviews with convenience sample donors. Findings include strong correlations between PDC prevalence (N=664) and state minimum wage (R=-.53, p<.001), as well as persons employed at or below minimum wage (R=.82, p<.001). Site interviews (N=64) suggest that a majority receive at least 33% of their income from donating and 80% spend remuneration on food. Findings suggest a narrative disparate from both historical and industry-perpetuated views of donors.

138. Understanding Inequity in Maternal Health in Aotearoa New Zealand

Pauline Dawson, Chrys Jaye, Robin Gauld, Jean Hay-Smith

University of Otago, Dunedin, New Zealand

Aotearoa New Zealand has a socialised health care system with a uniquely structured, free maternity care scheme, yet large inequities exist in maternal health. There is over-representation of Maori, and Pacific women in maternal mortality and morbidity statistics and patient experience is also rated poorly by these groups. This presentation provides the context for this inequity in what should be a more commensurate system. Drawn from contextual analysis and preliminary findings from the presenter’s PhD research, it addresses the effects of colonialism, a large wealth gap and how conventional interpretation of data from linked administrative datasets can reinforce structural inequalities.

82. A comparative study of depression and its determinants among older adults and elderly in urban, rural and tribal area of the southern region of Rajasthan, India

Shree Mohan Joshi, Rupa Sharma

RNT Medical College, Udaipur, India

Depression is the leading cause of ill health and disability worldwide. Over two third of Global suicides were in low and middle income countries like India in 2015. Objectives includes to determine the prevalence of depression and its determinants in urban, rural, tribal area of southern region of Rajasthan. Community based study of 150 sample size on older adults & elderly was conducted. The data was collected by using a pre-designed and pre-tested performa.
Multiple logistic regression was used to check association between Hamilton depression scale and significant factors using IBM SPSS Statistics V20, p-value of <0.05 was considered statistically significant.

**Social Science and Patient Reported Outcomes, Dobbs Room 1**

**57. Adolescents, School Adjustments, and Health Behaviours: How Does Social Capital Impact Them? Preliminary Findings from Northern Spain**

Iria Dopazo Ruibal

Universidade da Coruña, Coruña, Spain. The Mauricio Gaston Institute for Latino Community Development and Public Policy - University of Massachusetts Boston, Boston, USA

Social capital, defined in terms of positive social networks that increase the sense of belonging, reciprocity, and trust, has been associated with a positive impact at different levels, including health. Through a mixed methods approach, and a framework that recognizes the adolescents’ specific characteristics, this study investigates how social capital impacts school adjustment and health behaviours among adolescents. The preliminary findings suggest that social capital has a positive impact on them, and contribute to reveal the mechanisms through which social capital works.

**112. The Patient – Health System Interface: A Case Study of Antibiotic-Related Health Behaviour in Rural Thailand and Lao PDR**

Marco J Haenssgen

University of Oxford, Oxford, United Kingdom. Green Templeton College, Oxford, United Kingdom. Mahidol Oxford Tropical Medicine Research Unit, Bangkok, Thailand

I present preliminary findings from a large-scale social survey of antibiotic-related health behaviour in rural Chiang Rai (Thailand) and Salavan (Lao PDR). Motivated by the persistent yet problematic focus on education and awareness in behavioural policies for antimicrobial resistance (AMR), this study intends to improve the understanding of patients’ antibiotic-related health behaviour to inspire more targeted and unconventional interventions. Drawing on social networks and district-level representative survey data from nearly 5,000 villagers, this presentation will offer new insights into the diversity of rural healthcare-seeking behaviours, the varied notions and uses of antibiotics, and their socio-economic determinants.

**165. Communication-satisfaction relationship in hospital patients**

Daniel Pelletier¹, Isabelle Green-Demers¹, Pierre Collerette¹, Michael Heberer²

¹UQO, Gatineau, Canada. ²Basel University Hospital, Basel, Switzerland

The research had two objectives: confirm the factor structure of the Patient Satisfaction Questionnaire and validate a descriptive model of patient satisfaction. Communication between medical professionals and patients was hypothesized to be positively associated with the extent to which patients’ fears or concerns were alleviated, with information imparted to family members, as well as with preparation for discharge. The sample included 54,686 patients who filled out a patient satisfaction questionnaire after discharge from a University Hospital. A full structural equations model showed that patient satisfaction was directly linked to communication with the patient and to addressing the patient’s fears.
113. Translating AMR: A Case Study of Three Thai Villages

Nutcha Charoenboon¹, Marco J Haenssgen²,³, Penporn Warapikuptanun¹, Thipphaphone Xayavong⁴, Yuzana Khine Zaw⁵

¹Mahidol Oxford Tropical Medicine Research Unit, Bangkok, Thailand. ²University of Oxford, Oxford, United Kingdom. ³Green Templeton College, Oxford, United Kingdom. ⁴Lao Oxford Mahosot Wellcome Trust Research Unit, Vientiane, Lao, People’s Democratic Republic. ⁵London School of Hygiene & Tropical Medicine, London, United Kingdom

The translation of medical knowledge into popular language can create misunderstandings and adverse behavioural responses in antimicrobial resistance (AMR) behaviour change campaigns. We explore mechanisms and distributional implications of such campaigns, using a case study of an educational activity and social network census panel data from three Thai villages. We hypothesise that ambiguous effects of direct communication are compensated by positive social stimuli on health behaviour. Our findings relate to AMR communication, public engagement, and the social mechanisms of behaviour change, and we conclude that awareness-raising campaigns should involve two-directional knowledge exchange components to understand local popular concepts of AMR.

194. Whole Exome sequencing in clinical settings: preferences and experiences of parents of children with rare diseases (Sequapre Study)

ALINE CHASSAGNE¹,²,³, AURORE PELISSIER⁴,⁵, FRANCOISE HOUDAYER⁶, ELODIE CRETIN²,³, ELODIE GAUTHIER⁷, DOMINIQUE SALVI¹, SARAH KIDRI¹, AURELIE GODARD¹,², CHRISTEL THAUVIN-ROBINET³,⁷, GEATAN LESCA⁶, AUDREY PUTOUX⁶, SOPHIE DUPUIS-GIROD⁶, YANNIS DUFFOURD⁵, LORRAINE JOLY⁷, ANNE-SOPHIE LAPOINTE⁸, PAULETTE MORIN⁹, PATRICK EDERY⁶, MASSIMILIANO ROSSI⁶, DAMIEN SANLAVILLE⁶, SOPHIE BEJEAN⁴,⁹, CHRISTINE PEYRON⁴,⁹, LAURENCE FAIVRE³,⁷

¹Laboratoire de Sociologie et d’Anthropologie (LaSA, EA3189), University of Burgundy Franche-Comté, BESANCON, France. ²Clinical Investigation Center – Inserm 1431 – CHRU Besançon, BESANCON, France. ³FHU TRANSLAD et équipe GAD INSERM UMR 1231 – University of Burgundy Franche-Comté, DIJON, France. ⁴Laboratoire d’Économie de Dijon (LEDI) - EA7467 – University of Burgundy Franche Comté, DIJON, France. ⁵FHU TRANSLAD – University of Burgundy Franche-Comté, DIJON, France. ⁶Service de génétique clinique, Centre de Référence Anomalies du Développement et Syndromes Malformatifs Centre Est – HCL, BRON, France. ⁷Centre de Référence Anomalies of the Développement et Syndromes Malformatifs – Dijon University Hospital, DIJON, France. ⁸Alliance Maladies Rares, PARIS, France. ⁹FHU TRANSLAD – University of Burgundy Franche-Comté, DIJON, France

Whole exome sequencing (WES) has revolutionized diagnostic in medical genetics. The disclosure of its results raises ethical and societal issues to support informed consent. We investigated preferences and experiences of parents of children with rare diseases in France for the disclosure of WES results based on a mixed approach: i) quantitative: 528 parents eligible to WES surveyed, ii) qualitative: 57 parents interviewed after the announcement of WES results. Results showed that parents valued genetic information, before WES as a mean to reduce uncertainty and after as a transition from a diagnostic odyssey to a step forward in the care trajectory.
104. Utilisation of personal care services in Scotland: the influence of unpaid carers
Elizabeth Lemmon
University of Stirling, Stirling, United Kingdom

Unpaid carers may have an influence on the formal care utilisation of the cared for. This influence will have important implications for the costs of formal care provision. This paper is the first to investigate how the presence of an unpaid carer influences personal care use by those aged 65+ in Scotland. Specifically, it uses administrative social care data to estimate a Two-Part Model of personal care utilisation. The results suggest that unpaid carers lead to an increase in weekly personal care hours by one hour on average, ceteris paribus. Thus, incentivising unpaid care could increase formal care costs.

119. The closer the better: does better access to outpatient care prevent hospitalization?
Péter Elek1, Tamás Molnár2, Balázs Váradi2,1
1Eötvös Loránd University (ELTE), Budapest, Hungary. 2Budapest Institute for Policy Analysis, Budapest, Hungary

In 2010-2012 new outpatient service locations were established in poor Hungarian micro-regions. We exploit this quasi-experiment to estimate the extent of substitution between outpatient and inpatient care. Fixed-effects Poisson models on individual-level panel data show that the number of outpatient visits increased by 19% and the number of inpatient stays decreased by 1.6%, driven by a marked reduction of potentially avoidable hospitalization (PAH) (5%). PAH effects occur in the year after the treatment, whereas non-PAH only decreases with a multi-year lag. Our results strengthen the claim that bringing outpatient care closer to a previously underserved population yields considerable health benefits.

107. Physicians’ attitude towards the use of the electronic health records in Poland
Ewa Kawiak-Jawor, Teresa Kulik
Medical University of Lublin, Lublin, Poland

Framework: The process of implementing electronic documentation in Poland faces many barriers such as physicians resistance.

Methods and hypotheses: The objective of this study was to determine the factors contributing to physician acceptance of an electronic health records (EHR). Diffusion of Innovations theory and the Technology Acceptance Model were used. More than 350 physicians from national hospitals in Poland participated in the study.

Results: Attitudes towards EHR are determined by: management support, involvement in process of implementation, impact on physician autonomy, doctor-patient relationship, easiness of use and usefulness.

Conclusions: Conditions of the implementation of EHR contribute to efficient process monitoring.
156. The Effect Of Occupational Health And Safety Practices On Job Performance Of Health Workers

Gülhan Kalmuk¹, Meric Gülen,² Yasemin Torun¹

¹Istinye University, Istanbul, Turkey; ²Medicine Hospital, Istanbul, Turkey

This research aims to investigate the effects of occupational health and safety on job performance of health workers. The research was conducted on individuals working in private hospitals operating in Turkey. The data were analysed using inferential and regression analyses. It was determined that there is a significant positive correlation between occupational health and safety and job performance of health workers. In order to increase corporate performance and to provide institutional excellence, occupational health and safety practices should be carried out in harmony with the aims of the organization and should be seen as part of the business strategy.

Mental Health, Hamlin Room 1

7. Global Prevalence of Anxiety and Depressive Symptoms Among Caregivers of Stroke Survivors: A Call for Action

Alvona Zi Hui Loh¹, Julia Shi Yu Tan², Melvyn Weibin Zhang³, Roger Chun Man Ho⁴

¹Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore. ²Yong Loo Lin School of Medicine, National University of Singapore, Yong Loo Lin School of Medicine, National University of Singapore, Singapore. ³Biomedical Global Institute of Healthcare Research and Technology, National University of Singapore, Singapore, Singapore, Singapore. ⁴Department of Psychological Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore

Framework: Global prevalence of mental health issues e.g. depressive and anxiety symptoms among caregivers of stroke survivors is unknown.

Methods: Relevant articles were retrieved from inception to June 2016. The search generated 1259 records. Thirty-four full-text articles were reviewed. Twelve studies met the inclusion criteria and comprised 1756 caregivers.

Results: Pooled prevalence of depressive symptoms was 40.2%(95%CI30.1%-51.1%) and anxiety symptoms 21.4%(95%CI11.6%-35.9%). Meta-regression showed female sex of caregivers and stroke survivors, and Caucasian ethnicity of caregivers were associated with high prevalence of depression.

Conclusions: We identified high global prevalence of depressive and anxiety symptoms among caregivers of stroke survivors.

184. When supported people suffer and unsupported people are healed: Long-term impacts of mental health and psychosocial support (MHPSS) in Rwanda

Yuko Otake

University of Oxford, Oxford, United Kingdom

Resilience-centred, cultural approaches to MHPSS in emergencies advocate the significance of taking local resilience into account. However, how MHPSS could collaborate with local resilience is unclear. To explore it, ethnographic research investigated community resilience and long-term impacts of MHPSS in Rwanda. Employing thematic analyses, findings revealed the gap between...
MHPSS participants who learned verbal coping and other community members who healed themselves through non-verbal, social practices. Due to the gap, MHPSS participants were isolated in the community and suffered. The research highlighted that MHPSS should respect and learn from non-verbal and social aspects of healing process for sustainable mental health.

81. Reducing Mental Illness Stigma among Health Care Providers: Results from a Canadian Study

Rob Whitley¹, Victoria Carmichael²

¹McGill University, Montreal, Canada. ²Douglas Hospital Research Centre, Montreal, Canada

Theory: Evidence suggests that some health care providers hold stigmatizing attitudes towards people with severe mental illness (SMI). As such, workgroups of people with SMI created short anti-stigma videos with expert input, which were shown to health care providers (N=300) in organized screenings (N=14) with panel discussions.

Methods: Viewers completed questionnaires at the screenings to measure change in attitudes and beliefs. A sub-sample attended focus group discussions to further explore subjective impact.

Results: Mixed-method analysis indicated that the videos improved viewer attitudes towards people with SMI.

Conclusions: This may be an effective model for reducing stigma in health care providers.

123. Posttraumatic stress disorder and psychiatric co-morbidity among Syrian refugees: The role of trauma exposure, trauma centrality, self-efficacy and emotional suppression

Man Cheung Chung¹, Nowf AlQarni², Mariam AlMazrouei³, Shamsa Al Muhairi², Mudar Shakra³, Britt Mitchell², Sara Al Mazrouei², Shurooq Al Hashimi²

¹Chinese University of Hong Kong, Shatin, Hong Kong. ²Zayed University, Abu Dhabi, UAE. ³University of Helsinki, Helsinki, Finland

Framework: Syrian refugees can develop trauma centrality affecting posttraumatic stress (PTSD) and psychiatric co-morbidity through self-efficacy and emotional suppression.

Methods and hypotheses: 1,197 refugees were recruited from Turkey and Sweden. Trauma centrality would be negatively associated with self-efficacy; self-efficacy negatively associated with emotional suppression; suppression positively associated with distress outcomes.

Results: controlling for demographic and trauma characteristics, trauma centrality was negatively correlated with self-efficacy; self-efficacy positively correlated with emotional suppression; suppression positively correlated with psychiatric co-morbidity only.

Conclusions: War can lead to PTSD and affect general psychological symptoms by altering refugees' self-perception, personal mastery and emotional expression.

Public Health, Hamlin Room 2

33. Identifying Spatial Patterns of Child Injury in Extreme Weather: Implications for Prevention

Jacqueline Curtis¹, Scott Sheridan¹, Andrew Curtis¹, Heather Trnka², Eric Hutzell³, Mary Infantino¹, Beth Kuckuck², Sherry Blair², Jordan Jarc³
Extreme weather events are increasing in frequency and intensity. Though they may increase injury in children, little is known about this relationship. This study contributes such understanding at a scale that is actionable for local prevention efforts.

Spatial analysis was performed on a variety of variables indicative of child injury for extreme event and normal days for three-years in a mid-sized U.S. city.

Extreme weather events result in geographic patterns of child injury of which practitioners should be aware to target their prevention activities.

Spatial analysis of child injury data can inform geographically targeted prevention activities for extreme weather events.

126. Using Mobile Phones for Enhanced Healthcare Coverage in Rural India

Pooja Chatterjee

Kaplan Inc, New York, USA

Telemedicine has been observed to improve health care delivery in underserved areas. Initiatives have been taken to implement telemedicine by the Government of India. However, it is quite costly to cover all underserved areas of rural India, where almost 70% of the population resides. In the last few years, there has been a rise in the use of mobile phones in India. This study suggests a complimentary approach to the current implementation to effectively incorporate the benefits of telemedicine, through mHealth. The paper observes that using this method has many benefits and may encourage more people to seek healthcare.

129. Prehospital Professional Development: Linking education and practice in a developing country

Matthew Perry
d, Louise Reynolds3, Caroline Laurence2

Oxford Brookes University, Oxford, United Kingdom. 2The University of Adelaide, Adelaide, Australia. 3Anglia Ruskin University, Chelmsford, United Kingdom

Background: This study considers the impact of an ambulance training program on the development of professional prehospital care practice in Penang, Malaysia, a developing country.

Methods: Through a focussed ethnographic methodology, data were collected from interviews and observation of pre-hospital emergency care providers in Penang.

Results: The four themes identified describe how the participants’ values and beliefs contribute to the increasing professionalisation of their role in health care.

Conclusion: There was an observable change in participants’ values and beliefs about prehospital care and health outcomes. This has contributed to the development currently being experienced in prehospital care in Penang, Malaysia.
140. Dementia risk model validation in low- and middle-income countries: the 10/66 study

Carla van Aller1, Matthew Prina2, Louise Robinson1, Blossom Stephan1

1Newcastle University, Newcastle Upon Tyne, United Kingdom. 2Kings college London, London, United Kingdom

Dementia risk prediction models have been exclusively developed and validated in cohorts from high income countries (HICs).

Thirteen dementia risk prediction models were tested in the 10/66 cohort dataset. A cohort comprising 11,143 older residents, living in seven low and middle income countries (LMICs).

The model with the highest predictive accuracy (c-statistic: 0.71 [95%CI: 0.67–0.74] to 0.88 [95%CI: 0.85–0.92], across the different countries) included information on age, gender and neurocognitive test performance.

Dementia risk prediction models developed in HICs appear to translate well to LMICs, however, there was large variability in predictive accuracy between the LMICs.

Health Treatment, Dobbs Room 1

27. ED attendances: an overlooked performance metric? A statistician’s perspective

Kate Honeyford1, Alex Bottle2, Paul Aylin2

1Dr Foster Unit, Imperial College, London, United Kingdom. 2Dr Foster unit, Imperial College, London, United Kingdom

Unscheduled return-to-acute care is potentially avoidable and certainly undesirable. Readmissions are the current focus of international interventions, but they are not the only possible hospital return-to-care metric. We compared emergency department attendance and readmissions within different time periods, based on their statistical properties (variability between hospitals, the relative contribution of patient and non-patient factors to variation, and the statistical power to detect performance differences). We found that ED attendance has more desirable properties and may therefore be a more useful metric.

34. Waits in A&E departments of the English NHS

James Gaughan1, Panos Kasteridis, Anne Mason1, Andrew Street2

1Centre for Health Economics, University of York, York, United Kingdom, 2 London School of Economics and Political Science, London, United Kingdom

Theory/Framework: In recent years, the NHS 4-hour A&E wait target has been breached with increasing frequency. We investigate the potential drivers.

Methods and Hypotheses: We employ weekly data for all major A&E departments in 2011/12-2015/16. Negative binomial models adjust for supply (staffing, care home beds), demand (patient and local population characteristics) and hospital characteristics.

Results: Waits are associated with fewer staff, bottlenecks (inpatient bed occupancy and delayed transfers), higher need and absence of substitute care (care home beds or Minor Injury Units).

Conclusions: Our findings highlight the importance of a whole system approach to policy design.
**216. Dental treatments improve the brain function disorder -from some of the patients’ real cases as clinical evidences**

Yoshiro Fujii

Shin-Kobe Dental Clinic, Kobe, Japan

The trigeminal nerve is the largest nerve in 12 pairs of cranial nerves. Therefore, dental treatments which are performed mainly around the trigeminal nerve region have a great effect on brain function. Based on this mechanism, we have tried to cure the several sicknesses with dental approaches to my patients which relate to abnormal brain function such as dementia and Parkinson’s disease, etc... Then, we’ve seen some dramatic improvements of their symptoms. It seems that the dental treatment is effective on preventing deterioration of the brain function and even improving it. [YouTube](https://www.youtube.com/watch?v=WfTnjYe-EzE), [YouTube](https://www.youtube.com/watch?v=ftGQbm2g9s), [YouTube](https://www.youtube.com/watch?v=njCyLCwV0x0)

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**55. Traditional Governance of Potable Rural Water in Chile**

Francisca Valdebenito¹, Julio Hasbun¹, **Javier Garcia⁵**, Fabiola Fernandez²

¹Symbolon, Santiago, Chile. ²Seremi de Salud, Los Lagos, Castro, Chile

Rural Potable Water is the system that supplies potable water to a 99% of the concentrated rural areas in Chile. However, there is no state institution with exclusive purview to ensure the quality of supply, one that is managed by its own users.

We reviewed and contrasted press documentation and health alert technique referring to permanent outbreaks of enteric diseases by biological contamination of water in the commune of Quemchi (2012-2017).

The results indicate that the population values more that the water is free and home-delivered, than its quality, despite the exposure to enteric diseases.

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**168. The Helper-Helpee Dynamic: Toward an Effective Healthcare Structure**

Frank Eyetsemihan

Roger Williams University, Bristol, USA

Within the healthcare structure the Patient is the help recipient and not a help provider and there could be barriers to receiving help, tied to the patient’s self-concept and self-esteem. He might desire a healthcare structure different than another patient who sees himself as dependent (self-concept) and has low confidence in his abilities (low self-esteem). Physician-assisted suicide, for example, is desired by patients who reportedly have high self-determination needs (Allen et al, 2006; Kaplan & Caragianu (1999). It is important that an effective health care structure takes into consideration the helper-helpee dynamic.
114. Strategic Partnership and Team Building in an Interprofessional, Multicultural Medical Mission in Haiti

Carol Lang
George Washington University, Washington DC, USA

Health professionals from America, South Korea and Haiti partnered for a unique interprofessional, multicultural medical mission in Haiti. Challenges and trajectory of successful team building with different organizational goals and cultural perspectives, challenges encountered in organizing health services with limited resources and patient demographic characteristics and health promotion/disease prevention efforts are highlighted. Data was analyzed using content analysis on themes that emerged on interdisciplinary and intercultural understandings occurring during the trip. Findings indicate significant challenges for team members as well as host country. Lessons learned and improvements for partnering in complex medical missions are discussed.

148. Is WHO investment reflective of global burden of disease?

Vageesh Jain¹, Bharadwaj Chada², Matthew Neilson³

¹University of Leicester, Leicester, United Kingdom. ²King’s College London, London, United Kingdom, ³Department for International Development (DFID), London, United Kingdom

Theory: Has WHO investment has become more reflective of disease burden over the past decade?

Methods: A comparative analysis of budget (by disease area) and global burden of disease, using open access WHO financial reports (2008-2016).

Results: In 2016/17, NCDs received 12% of the budget yet exerted 77% of disease burden. Africa was the only WHO region where budget reflected disease burden. Flexible funding represented 17.6% of the infectious disease budget, but 45% for NCDs.

Conclusions: The WHO budget was not reflective of disease burden although this has improved from 2010. This problem may be partially due to earmarked donations.

199. Apomediative decision support tools are essential to ensure informed and preference-based consent in healthcare

Mette Kjer Kaltoft¹,², Michelle Cunich¹, Glenn Salkeld⁴, Jesper Bo Nielsen², Jack Dowie⁵,²

¹Odense University Hospital Svendborg Sygehus, Svendborg, Denmark. ²University of Southern Denmark, Odense, Denmark. ³University of Sydney, Sydney, Australia. ⁴University of Wollongong, Wollongong, Australia. ⁵London School of Hygiene and Tropical Medicine, London, United Kingdom

Theory/framework: Apomediative tools support decisions made independently of (‘away from’) health service engagement, with self-sourced inputs and preferences. Inter-mediative tools are used within service encounters, often involving censoring options included in the apomediative equivalent. Apomediative tools may subsequently be used inter-mediatively.

Method: We use Multi-Criterial Decision Analysis to develop decision support tools to be used (1) apomediatively, (2) inter-mediatively, (3) apomediatively, then inter-mediatively.

Results: Our tools have been piloted by all three routes.

Conclusion: Only apomediative tools provide the personalised evaluation of harms and benefits of all options needed for informed and preference-based consent to a test or treatment.
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