

will require that medical providers are knowledgeable and willing to prescribe PrEP. We sought to explore current PrEP awareness and prescribing attitudes among Guatemalan physicians.

Methods: We conducted a cross-sectional survey of adult medicine physicians at Roosevelt Hospital in Guatemala City in April 2015. The survey included demographics, specialty, years of HIV patient care, PrEP awareness, willingness to prescribe PrEP, previous experiences with post-exposure prophylaxis (PEP), concerns about PrEP, and general knowledge and practice of other HIV prevention methods. The primary outcome, willingness to prescribe PrEP, was assessed using a 5-point Likert scale for different patient scenarios. Willingness to prescribe was defined as “likely” or “very likely” to prescribe PrEP.

Findings: A total of 87 physicians were surveyed. Participant characteristics included 65% were male, 64% were Internal Medicine residents, and 10% were Infectious Diseases specialists. 69% of providers reported having heard of PrEP. When assessing the level of detail of PrEP awareness, 23% of providers reported having read major PrEP studies while 13.3% reported having previously prescribed PrEP. 86.6% of respondents were willing to prescribe PrEP in the case of a man who has sex with other men, a sex worker, or an HIV-negative person with a known HIV-positive partner. Concerns regarding PrEP included development of resistance (92.1%), risk compensation (89.5%), and high medication costs (63.9%). Univariate analysis showed no significant association between willingness to prescribe PrEP and PrEP awareness.

Interpretations: Guatemalan providers at a large public hospital were aware of PrEP and willingness to prescribe PrEP was high. Provider education should address concerns including potential for drug resistance, risk compensation and access to medications. Our findings suggest willingness and potential implementation opportunities for PrEP rollout in Guatemala.

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Global/Local: reporting on the first meeting of global health educators on the theme of “global/local” education and a preliminary list of global/local program elements

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Program/Project Purpose: At a March 2015 working meeting held in conjunction with the 2015 CUGH conference, faculty from the University of Maryland Baltimore Center for Global Education Initiatives (in conjunction with USAID’s Global Health Fellows Program II) organized a meeting during which 120 global health faculty and administrators discussed the increasing number of “global/local” initiatives in global health programs across the country. These global/local initiatives reflect an effort to link global health programs with campus community engagement/community public health programs in order to acknowledge the value to global health of working with vulnerable populations in the United States.

There has been growth in innovative university programming that focuses on social justice and teaches community-based strategies that are applicable both domestically and internationally. However, the concepts underlying global/local education are undertheorized and universities struggle to make the global/local link without a conceptual framework to guide them in this pursuit.

Structure/Method/Design: The purpose of the 2015 meeting, “Global/Local: What does it mean for global health educators and how do we do it?” was to discuss the background and themes of the global/local movement and develop a proposed list of global/local program elements. The meeting consisted of plenary lectures, lightening presentations, and structured small group discussions with note takers. The comments were distilled and categorized by the meeting organizers to reach a preliminary set of elements that are critical for a successful global/local program.

Outcome & Evaluation: Based on the comments of the meeting participants, the organizers developed seven preliminary components of an effective global/local program and recommendations for future study. The conclusions and how they were reached will be set forth in a published article that can be used by global health educators to understand the conceptual link between learning on the global level and on the community level. The proposed article will assist global health and community engagement educators to develop programs that expose students to global themes of social justice and health equity and the importance of developing appropriate local solutions wherever they are needed. Sound global/local program will break down the artificial divide between global health and domestic community engagement efforts and the university institutions, funding options, and career pathways that flow from the divide.

Going Forward: Future research should focus on implementation of global/local programing and evaluation of student learning and community health outcomes.

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Are dentists the key to increasing uptake of oral rapid HIV testing in Asia/Pacific?

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Background: Recent evidence suggests there is a role for the dental team, particularly dentists in offering chairside HIV screening to patients during the dental appointment. HIV is no longer a death sentence with early diagnosis and effective treatment contributing a good prognosis. This abstract highlights the international evidence that supports dentists’ willingness to conduct HIV screening.

Methods: Cross-sectional surveys of practicing dentists were conducted in Australia (n=532), China (n=477), and India (n=503), in addition to a mixed methods survey and focus groups (FG) in