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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Abstract #: *2.056_NEP*

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.

Funding Source: USAID Global Health Fellows Program II and University of Maryland Baltimore Center for Global Education Initiatives.

Abstract #: *2.057_NEP*

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

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Vietnam (n=42), were conducted to assess their willingness to conduct rapid HIV testing (RHT). The surveys and focus groups measured knowledge of HIV, attitudes towards HIV and HIV testing, and willingness to conduct RHT in dental settings.

Findings: Preference for oral (vs. rapid fingerprick and venipuncture) RHT varied (Australia: 51.1%, China: 39.8%, India: 10.9%, and Vietnam FG theme). Willingness to conduct RHT was: Australia: 65.2%, China: 91.2%, India: 79.9%, and Vietnam: 90%. The biggest barriers to RHT implementation included: lack of knowledge of how to administer the RHT (India: 58.1%, Vietnam FG theme), lack of education on RHTs (Australia: 44.8%, 42.6%: China), possibility of false positive tests (India: 45.9%), lack of medical referral information for those who test positive (India: 57.1%), and counseling patients on reactive/positive results (Australia: 35%, Vietnam FG theme).

Interpretation: The majority of respondents across the studies were willing to provide RHT. However, most would need additional training in HIV medicine, including administering tests, giving positive results, organizing linkage to care services, and other important logistical and patient-centered approaches.

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Abstract #: *2.058_NEP*

Opportunities to use and improve data measurement systems in Rwanda

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Context/Purpose: Complications from preterm birth are now the leading cause of death among children under five. Of the 15 million babies born prematurely each year, nearly 1 million die within their first 28 days of life. However, limitations in robust data and measurement suggest that these estimates may be imperfect.

Methods: To explore how Rwanda is positioned to explore prematurity from a data standpoint, we undertook a landscaping analysis of existing systems and opportunities for enhanced measurement and data use. We conducted stakeholder workshops with representatives from the Ministry of Health and other development partners. These workshops were conducted from February to September 2015.

Outcomes: Rwanda has several data sources that can be leveraged to improve measurement of preterm birth-related indicators. First, Rwanda's Health Management Information System (HMIS) migrated to a new web-based platform in January 2012. The new system is built on the District Health Information System open source software. Over 1000 data managers and M&E staff have been trained to use this system which is accessible through an internet connection. Second, the community health worker (CHW) infrastructure in Rwanda has enabled the use of RapidSMS, an innovative tool that tracks pregnant women, their newborns and children under two years of age. CHWs can send SMS information to a centralized computer which can monitor incoming information about risky cases in real time, and provide a reminder when follow-up care is required. Third, while RapidSMS provides individual-patient level data, SISCOM provides monthly composite reports of community level contacts. By triangulating HMIS, RapidSMS and SISCOM data, we can assess the performance of maternal and preterm birth-related indicators on antenatal services, labor and delivery, obstetrical complications and postnatal care on a monthly basis including built-in alerts throughout the continuum of care.

Going Forward: A Maternal Child Health Multi-stakeholders Monitoring Framework has been implemented to improve interoperability of these data systems. This monitoring tool will help track and accelerate achievements of results through routine analysis, and allow us to act on bottlenecks and barriers to program implementation and ensure quality improvement.

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An ethnographic study on the dynamic role of family within diabetic communities in Beijing, China

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Background: Diabetes is emerging as a global health problem in China. Management of diabetes extends beyond the individual. This project reveals the narratives of how one person's disease inevitably affects caretakers and family members of the patient. This study followed members of the Beijing Diabetics Association (BDA) to discover how individuals' knowledge about their diabetes distributed to and influenced family members. The aim of the project was to address the following: how do patients take charge of their health and inform their families of their conditions? How do family members in turn interpret and use this knowledge to support the patient?

Methods: The study was conducted in Beijing, China. Participant observation of BDA events was conducted in public spaces such as conference centers and auditoriums. Interviews and focus groups were conducted at participant homes or locations of the family's choosing. Participants were male and female adults with type II diabetes and were recruited from the member pool of the BDA. Six families participated in the study. All participants provided informed verbal consent prior to being included in the study. The study received IRB approval (IRB #STU00200635).

Findings: Patients took initiative to manage their diabetes for the purpose of being healthy to take care of generations above and below (children and parents). Patients who lived with the disease for many years were likely to influence family members to participate in healthier lifestyle choices. Often, couples or whole families all had diabetes, and participants were eager to share their experiences and information acquired from the BDA to their family members to encourage and educate knowledge about diabetes-management.

Interpretation: Multigenerational care is a crucial factor of support for reasons why patients want to take initiative to manage their own disease, as well as prevent disease from occurring to their family members. Traditionally, patients are only seen as those who receive care. However, patients with many years of experience with the disease acquire knowledge that is unique and valuable.