

health workers. This was perhaps related to an identified program benefit of increased respect and trust from colleagues. A number of challenges were identified as targets for improvement, along with recommendations from participants and key stakeholders.

Going Forward: This program is a successful pilot that may serve as a model for retraining of rural physicians in low-resourced developing nations.

Funding: Supported by China Medical Board.

Abstract #: 01ETC036

Improving refugee women's health: building self-efficacy through monthly health workshops

L. Gren, C.J. Frost, S. Benson, R. Jaggi; University of Utah, Salt Lake City, UT/US

Program/Project Purpose: The Refugee Reproductive Health (RRH) Committee is composed of individuals from state government, refugee communities, and University of Utah researchers. The purpose of the RRH is to build capacity among women in refugee communities to manage their own health and the health of their families through increasing their knowledge of, and ability to access, appropriate services. One aspect of this program is to provide workshops on health-related topics identified by refugee women.

Structure/Method/Design: Our goal is to increase women's self-efficacy to seek and obtain appropriate services to improve their health and the health of their families. The Utah Refugee Services Office (RSO) initially convened stakeholders from government agencies, leaders from 2 refugee communities (Somali and Congolese), and researchers from the University of Utah. From this group, the RRH Committee emerged and meets monthly, taking on the task of developing and implementing the workshops. In 2014, leaders from the Somali and Congolese refugee communities were employed as Community Specialists by RSO to facilitate having an ongoing relationship.

Outcomes & Evaluation: To elicit refugee women's views on health topics of interest, we conducted an initial workshop using the 7 Domains of Health (physical, social, emotional, intellectual, environmental, financial, and spiritual). We asked women to express their thoughts about each domain, and whether it was relevant to them. We held two community-specific initial workshops in April 2014, with 40 Somali women and 21 Congolese women in attendance. In both groups, women identified aspects of health related to each of the 7 Domains, and also identified topics for future workshops. They expressed a desire to have monthly workshops, which started in August 2014. At these workshops, additional topics are identified and incorporated into our schedule. To date, we have been able to identify topic area experts who have participated in 2-hour workshops.

Going Forward: Two challenges are transportation to and from workshops, and assuring interpretive services. The Congolese group has been proactive in addressing these problems by organizing geographic pick-up locations for transportation, and has identified community members to translate into Swahili, French, and 2 dialects. These efforts have resulted in participation of over 30 women at each of the August and September workshops. Critical to these efforts has been strong leadership and coordination by the RSO Community Specialist for the Congolese community. Similar support is not yet organized for the Somali community. We have plans to expand the RRH Committee to include Community Specialists from other refugee communities.

Funding: The Congolese Community Specialist (5% FTE) devotes part of her effort to this project; involvement in this project is within the scope of employment of our governmental partners.

Abstract #: 01ETC037

Information seeking needs and behaviors for global health: Mapping Welch Medical Library's global health information services

M. Gross, J. Blanck, D. Hesson, C. Minter, C. Twose, A. Seymour; Johns Hopkins University School of Medicine, Baltimore, MD/US

Program/Project Purpose: One primary component of the mission of Johns Hopkins Medical Institutions (JHMI) is to improve the health of individuals and diverse communities locally and globally through leadership and excellence in education, research, practice, and service. Activities are currently occurring in 120 countries and involve students, faculty and staff across the university. To align with the mission of the university, Welch Medical Library explored capacity building for a Global Health Information Services Program. The aim of this project was four-fold: 1) establish a base-line measurement for informationist and resource use; 2) develop a conceptual map for capacity building in the context of Welch Library's Global Health Information Services Program; 3) design a research phase to assess needs for future program implementation; and, 4) use preliminary research results to establish a logic model to identify resources, informationist activities, and measurable outcomes of a Global Health Information Services Program.

Structure/Method/Design: A Global Health Task Force was created by the Welch Medical Library Director to conduct a campus wide needs assessment to identify opportunities to improve awareness of and training in the use of information resources and services. Until now there had not been a unified program dedicated to the faculty, staff and students working in the global health arena. Using the conceptual map and needs assessment, the Task Force defined program objectives and clarified the vision and strategy for a dedicated Global Health Information Services program. Depth and breadth of program opportunities and implementation were guided by the following primary research questions: 1) What are the current information-seeking needs and behaviors of faculty, staff, and students engaging in globally focused clinical, nursing, and public health work? 2) In what ways are those global health information needs and behaviors being met? 3) What other opportunities exist for additional library services? Stakeholders were selected from the Schools of Medicine, Nursing, Public Health, hospitals and research centers with a global health focus to insure comprehensive data collection. Semi-structured interviews were conducted with each stakeholder to elicit feedback about the services and resources needed to improve capacity to use and access information.

Outcomes & Evaluation: The task force used preliminary research results to establish a service model identifying resources, informationist activities, and measurable outcomes for the Global Health Information Services Program. Library staff time was allocated as needed to accomplish the aims outlined in the conceptual model. On the basis of the data collected, modifications were made to the service model and steps undertaken for program implementation.

Going Forward: Based on the outcomes of this process, the Task Force will expand its scope to include a quantitative survey to be administered to students and staff involved in global health activities.

Funding: None.

Abstract #: 01ETC038

Evaluation of Ghana health and education initiative's neonatal resuscitation training program at delivery facilities in the Bibiani-Anhwiaso-Bekwai District, Ghana

C. Gross¹, E. Avis¹, S. Gustafson², R. Dudovitz¹, D. Rickard³; ¹David Geffen School of Medicine at UCLA, Los Angeles, CA/US, ²UCLA, Los

Angeles, CA/US, ³David Geffen School of Medicine at UCLA, Newton, MA/US

Program/Project Purpose: Worldwide, one in ten neonates suffers from birth asphyxia, a condition characterized by the inability to breathe due to a shortage of oxygen before, during or just after birth. Nearly all of deaths related to birth asphyxia occur in resource-poor settings, where neonatal resuscitation (NR) training may be inadequate. Since 2010, pediatric residents from UCLA working with Ghana Health and Education Initiative have provided annual NR training to midwives, nurses and other medical providers in the Bibiani-Anhwiaso-Bekwai (BAB) District in Ghana. The program aims to provide regular NR training to at least 85% of medical providers who assist in vaginal and/or cesarean section births in the BAB district.

Structure/Method/Design: In order to evaluate this program, during June 2014, we administered a private, in-person, anonymous oral survey to 64 medical providers at 14 sites in the Western Region of Ghana. All available providers from every site in the BAB District that offers delivery services participated, as well as providers from two sites in the neighboring Sefwi-Wiawso District, which also serve the BAB population. Staff reported the length of time since last NR training and NR knowledge. Results were compared to parallel survey data collected in June 2011. Chi-squared and logistic regression were performed to determine statistical significance.

Outcomes & Evaluation: A total of 31 midwives, 20 nurses and 13 other medical providers were surveyed, and these provider types had assisted in an average of 20, 1.8 and 4.9 deliveries in the past month, respectively. 65% of interviewed providers had received training within the past 6 months. From 2011 to 2014, the status of having received NR training since leaving school had increased by 40% percent for nurses ($p=0.032$) but there was no significant change for midwives and other providers. The percentage of providers who had received any NR training in the prior six months increased by 29% ($p=0.016$) and the proportion of trainings conducted by UCLA pediatric residents increased by 46% ($p < 0.01$). Providers trained by UCLA residents demonstrated increased knowledge of NR relative to those who had not been trained since school ($OR=4.8$, $p=0.032$).

Going Forward: This program has successfully increased the proportion of medical providers who have received recent NR training. Ghanaian providers who received NR training by UCLA residents displayed higher levels of NR knowledge. However, the program falls short of ensuring that 85% of medical providers who assist in deliveries have been trained in the last year. Furthermore, trainings have only taken place at 7 of the 12 sites that provide delivery services in the BAB district, and therefore more health facilities in the BAB district should be visited on an annual basis in order to achieve the program's goals.

Funding: None.

Abstract #: 01ETC039

Nexus between global and local health

M. Haider¹, C. Holt²; ¹Scholl of Public Health (Global Health) University of Maryland, College Park, MD/US, ²School of Public Health University of Maryland, College Park, MD/US

Program/Project Purpose: Economic globalization has brought about a 'globalization' of health and diseases and the boundaries between health and disease are rapidly shrinking. Thus, health advocates need to broaden their health and research models to include community and cross cultural variables. The US is an established leader in the field of evidence based testing for intervention efficacy as well as implementing various health interventions in underserved and

minority US communities. Currently, evidence based research and interventions are a key issue in global health. US based health research and interventions can contribute greatly to establishing norms for evidence-based practices globally. In addition, increasingly, the benefits of a community-based approach in increasing awareness have become apparent and interventions across the US are using this approach to increase preventing health behaviors while empowering underserved communities. However, many times, such interventions are tested in randomized trials, become evidence-based, and then fail to reach further use in the broader communities. Project HEAL (Health through Early Awareness and Learning) is an implementation trial that aims to compare two strategies of implementing evidence-based cancer communication interventions in African American faith-based organizations.

Structure/Method/Design: HEAL uses a community-engaged process of transforming three evidence-based cancer communication interventions into a coherent, branded strategy for training community health advisors with two delivery mechanisms. Peer community health advisors receive training through either a traditional classroom approach (with high technical assistance/support) or a web-based training portal (with low technical assistance/support).

Outcomes & Evaluation: Though the pilot phase showed feasibility, it resulted in modifications to data collection protocols and team and community member roles and expectations. Project HEAL offers a promising strategy to implement evidence-based interventions in community settings through the use of technology, and there may wider implications for chronic disease prevention and control.

Going Forward: In more recent years, the global dialogue around policies for health has placed much importance on the need for cross cultural understanding and translational research to reduce the burden of chronic and acute diseases worldwide. The exchange program, such as Project HEAL, based on research findings, sharing lessons learned and making sure that local programs and Global Health approach issues jointly and find out ideas/research to enhance their outcomes. Also, developing forums and institutional support services of research finding and implementation could be another approach which is seldom happening.

Funding: National Cancer Institute R01 CA147313

Abstract #: 01ETC040

A nurse fellowship in global health

E. Hall, E. Scarr, S. Rose; University of California San Francisco, San Francisco, CA/US

Program/Project Purpose: Nurses provide the vast majority of patient care globally. In high-income countries, post-graduate training for new nurse practitioners (NPs) is becoming increasingly popular as an effective model for transitioning to the advanced practice role. In most low- and middle-income countries (LMICs), where nurses often take on advanced roles due to physician scarcity, nurse practitioner programs do not exist, nor does the infrastructure for comprehensive clinical education and leadership training. Despite the great potential to improve healthcare delivery in LMICs by strengthening the nursing role, to date there have been no international fellowship programs that offer mentorship in global health to US-trained advanced practice nurses (APNs), while establishing local partnerships to build nursing capacity. To this end, nursing faculty at the University of California, San Francisco have developed an NP Fellowship in Global Health, conjointly with Partners In Health, offering focused global health training to APNs that prepares them to provide nursing mentorship to their colleagues abroad and become leaders in global health nursing.