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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.

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Nexus between global and local health

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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.

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A nurse fellowship in global health

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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.