

The median (IQR) journal impact factor was 3 (1.94-7), and publications were cited 8 (3-19) times, even though many were published so recently that there have been few citation opportunities to date. Alumni who were postdoctoral Fellows ( $p < 0.001$ ), from LMICs ( $p < 0.001$ ), and were supported in earlier Program years ( $p=0.003$ ) had higher publication outputs, compared to doctoral Scholars, Americans, and later Program trainees. Other demographic factors (e.g., sex), duration of support (1 vs. 2 years), and research topics (e.g., infectious vs. non-communicable diseases) had little association with publication output except for trainees with research topics involving children, who had on average fewer publications ( $p=0.003$ ).

**Going Forward:** The concentrated, mentored clinical research training in global health settings provided by the FICRS-F Program produced significant research productivity from its alumni. Program output grows each year, as alumni develop mature research careers and continue to publish. Publications of doctoral Scholars are likely to increase as they complete additional training and enter career positions. In 2012, FICRS-F was decentralized among 20 institutions in five consortia (Fogarty Global Health Program for Fellows and Scholars), emphasizing postdoctoral trainees from the US. Our results, particularly the finding that LMIC citizens had higher publication numbers than did US trainees, may inform the future evolution of the Program.

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### Providing pharmacy services in developing countries

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**Program/Project Purpose:** Current medical information is a crucial need of all hospitals, including those located in developing countries. Mayo Clinic has been delivering highly sought-after medical education including specific objectives and endpoint measurements to our colleagues at St Luke Hospital in Port Au Prince, Haiti since the earthquake four years ago. A full medical team isn't always available to travel down as often as needed to provide medical education therefore our pharmacists travel down independent of a medical team to provide nursing, pharmacist, and physician lectures centered on new guidelines, appropriate medication usage and administration, and review of journal articles. Mayo Clinic currently provides the only pharmacy-driven underserved global health initiative in the world.

**Structure/Method/Design:** A needs assessment of several Haitian medical facilities determined core lecture topics were of highest priority. Verification of educational and interpersonal skills desired was evaluated for each interested pharmacist. Preparation encompassed briefing each team on the objectives and goals of the mission along with editing and translating educational presentations. Specific core lecture topics were agreed upon with our Haitian health care colleagues at which point we began to present to Haitian pharmacists, physicians, and nurses on the health care topics of greatest priority.

**Outcomes & Evaluation:** In the past four years 10 pharmacists have traveled on 17 trips to educate in Haiti. A total of 81 lectures have been given thus far. Over 300 health care members have been influenced including: physicians, nurses, pharmacists, and ancillary hospital staff who have participated in the lectures. The lectures raised awareness on new therapies, guidelines, and medication usage; subsequently allowing them to better care for their patients.

**Going Forward:** Pharmacists have the means to provide highly effective core topic lectures to a broad range of health care staff. We

serve a unique role in providing education in developing countries by collaborating with a full medical team or as a separate entity; providing a vital part of the medical education necessary for growth and sustainability. Core topic lectures are still to be given but there have been barriers to providing the remaining 37 lectures such as: reliable technology to provide distance-based lectures and safety concerns for traveling to Port-Au-Prince, Haiti in the recent months. Future goals include expanding services to additional developing countries as well as engaging more pharmacists in participating in underserved global health.

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### The global health initiative and ACCESS Uganda partnership program: Developing health seminars for community health workers and evaluating nutritional knowledge and education practices in rural Uganda

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**Program/Project Purpose:** The Global Health Initiative (GHI) is a University of British Columbia (UBC) student-led group that seeks to enhance global health education and provide a multicultural perspective on health and healthcare to medical students. GHI began collaborating in 2010 with the African Community Center for Social Sustainability (ACCESS), a community-based organization dedicated to supporting the local community through medical care, community-based education, and economic empowerment. Each year, UBC sends a team to Nakaseke, Uganda with the aim of creating an opportunity for students and individuals working in the community to exchange knowledge, skills, and cultural values.

**Structure/Method/Design:** The UBC GHI team, in collaboration with ACCESS, developed a series of health seminars. The project's main goal is building and delivering a curriculum that is relevant, culturally sensitive, and sustainable. As part of the GHI ACCESS project, UBC students train Community Health Workers (CHWs) to teach seminars in the local community. GHI ACCESS elected to work directly with CHWs as these individuals often act as the primary resource for healthcare in rural communities. In light of the large number of malnourished children in the Nakaseke District, ACCESS members identified a need to investigate the issue. In 2013, UBC GHI explored early childhood nutritional practices by conducting focus groups and piloting a nutritional seminar for the CHWs to teach in the community. Our team returned in 2014 to conduct further training, evaluate the CHW's progress, assess their current teaching practices, and determine how these could be adapted for a sustainable education program.

**Outcomes & Evaluation:** In 2014, each CHW participated in a survey and focus group to assess nutritional knowledge, quantify the CHWs ability to disseminate the knowledge, and discuss successes and barriers to teaching childhood nutrition in the community. 82% of the 22 participants who attended the seminar in 2013 shared this knowledge in the Nakaseke community. CHWs estimate that the knowledge has reached hundreds of community members. Furthermore, 100% of the CHWs believe sharing information through seminars was effective and that people attending nutritional seminars are changing their nutritional practices.

**Going Forward:** The CHWs identified a number of barriers to teaching nutrition including the cost of food needed for demonstration