

conducted to examine the most effective way to deliver these health communication messages.

Methods: A twelve week intervention occurred in Bhurbhuria, Bhararura, and Satgaon (similar communities within the Sylhet Division). Two approaches were created. The “me” approach framed messages and activities as personal, such that engaging in hygiene and sanitation behaviors would result in stronger and healthier individuals (delivered in Bhurbhuria). The “we” approach addressed hygiene and sanitation behaviors as community and social endeavors (Bhararura). Participants from Satgaon served as a control. Immediately before and after the intervention, 240 children (ages 3 to 8 years) and one of their parents completed one-on-one interviews. Active consent was used and the University of Maryland’s IRB evaluated and approved the study protocols and instruments.

Findings: The interventions resulted in improvements in terms of hygiene and sanitation. Those receiving the “me” approach had stronger and statistically significant gains compared to those receiving the “we” approach for: Reported latrine use (based on child reports); “all of the time” hand-washing after defecation (parent reports); better understanding of tippy taps (parent reports); awareness of Sisimpur characters (child reports); and identifying behaviors depicted in the intervention materials (child reports). In contrast, members of the “we” approach did better than “me” approach for: Favorable attitudes of sanitation and hygiene behaviors (child reports); using an improved ventilated pit latrine at home (child reports); wearing shoes “all the time” (child reports); and using a tippy tap (child reports).

Interpretation: The Sisimpur interventions led to positive changes in hygiene and sanitation knowledge, attitudes and behaviors; multi-media approaches improved latrine use, shoe-wearing and hand-washing among young children from Sylhet. Because gains occurred with both approaches, the “we” approach was better as most participants felt the interventions’ goals were to improve health and behaviors of all children in the community. While there were challenges and it is unknown how long the interventions’ impact will last, this work suggests that a hygiene and sanitation intervention can lead to improved outcomes with an extremely vulnerable population.

Funding: This research was supported by the Bill & Melinda Gates Foundation.

Abstract #: 01SEDH005

The importance of academic-NGO partnerships in short term medical trips: Results from a health resource needs assessment

J. Clark¹, A. Vrazo², C. O’Dea³; ¹University of Cincinnati, Cincinnati, OH/US, ²Cincinnati Children’s Hospital Medical Center, Cincinnati, OH/US, ³The Christ Hospital/University of Cincinnati, Cincinnati, OH/US

Program/Project Purpose: An isolated rural community in the Blue Mountains of Jamaica, Hagley Gap receives minimal support from government, has limited access to health care services, low literacy and poor water quality. For ten years, the Blue Mountain Project (BMP) has partnered with the community to address these challenges, and, through short-term medical trips, has been able to provide primary health care services to persons who may otherwise go untreated. Utilizing a newly developed academic-NGO partnership, this health resource and needs assessment (HRNA) identified health needs in the community and suggests programs and resources to improve health service delivery.

Structure/Method/Design: The HRNA was guided by the principles of the Community Oriented Primary Care model, first described

and performed by Sidney and Emily Kark. The goals were to characterize the community and identify community health problems. Survey and interview questions were developed using health census data and an existing retrospective health study of Hagley Gap. A combined total of 96 surveys and interviews were conducted over two weeks. Two questionnaire types were administered: patient/individual surveys and key stakeholder interviews. Patient/individual surveys were given to patients ≥ 18 years during clinic hours and home visits. Surveys included five general sections: family structure, housing structure, work status, health status, and social capital. Key stakeholder interviews were conducted with NGO staff and community leaders. Questions were tailored toward the interviewees’ perception of the organization and its role in improving the health of the community. Questionnaires received IRB exemption from the University of Cincinnati.

Outcomes & Evaluation: Results provided information on the health status of the community and strengths and weaknesses of current health services. While providing basic health care services is an advantage, results indicate that the limited scope of practice of BMP clinic staff limits its ability to reach the target population. Results also suggest that respondents have inconsistent expectations that do not align with the NGO’s mission and goals. Finally, results indicate that health-care services rely heavily on volunteer groups, as the clinic is most used during short-term medical visits. During gaps in medical visits, residents remain vulnerable to social and environmental circumstance, specifically, limited or no access to health services.

Going Forward: This HRNA is an example of the benefits of an academic-NGO partnership. Partnering with academic institutions could provide regular short-term medical visits to maintain and increase health services, and reduce the impact of gaps in care. Additional benefits include capacity building by providing clinic staff with training and skills, and the resources needed to expand health services. While these findings may be generalizable to other small NGOs operating in rural middle-income countries, further study is needed to implement these changes and evaluate their effectiveness in Hagley Gap.

Funding: None.

Abstract #: 01SEDH006

Behavioral health policies: Do they influence behavioral practices and health outcomes among adolescent girls in low and middle income countries?

S.A. Darfour-Oduro¹, D. Grigsby-Toussaint²; ¹University of Illinois at Urbana-Champaign, Champaign, IL/US, ²University of Illinois at Urbana Champaign, Champaign, IL/US

Background: Physical inactivity and low consumption of fruits and vegetables during adolescence may persist through adulthood, putting adolescents at risk of developing chronic diseases. Although several studies have examined health behaviors during adolescence, few have examined the role that behavioral health policies play on consumption of fruits and vegetables and physical activity, particularly among girls in low and middle income countries (LMICs).

Methods: In this study, we examined the consumption of fruits and vegetables and physical activity behavior among adolescent girls in LMICs with and without fruit and vegetable and physical activity policies. Country selection (n=45) was based on availability of Global School-Based Student Health Survey (GSHS) data. Information on health policies was obtained from the World Health Organization (WHO) and from a systematic review of literature on health policies. The total analytic sample was 67,583 adolescent girls aged 11-16 from 45 countries.