

Outcomes & Evaluation: The outlines and content of all modules have been finalized, and online media and material is currently being constructed. In order to prepare for online release, the modules will initially be piloted by global health experts. Once modules have been released online and are available to all residencies, data can be collected tracking completion, performance, and corresponding ACGME milestone levels for residents and medical students.

Going Forward: The modules will be piloted in early 2015; the final product will be available soon thereafter. Input from participants and program directors will be gathered to track use, efficacy, and impact on training and to inform future improvements.

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Creating a pandemic of health: Big ideas for a new initiative on global health equity and innovation

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Background: In 2012, a new University-wide Institute for Global Health Equity & Innovation (IGHEI) was established based in the University of Toronto's Dalla Lana School of Public Health with the mission of focusing on "complex global health equity problem-solving that could not otherwise be successfully addressed by a single discipline or research group." In this panel, we will describe the results of the Institute's 18 month process of strategic planning culminating in its November 2014 Global Health Summit, "Creating a Pandemic of Health", an event involving local and global representatives from academia, government, non-governmental organizations, and the private sector. The foundational theme of the Summit is the critical importance of appreciating health as a concept far broader than simply being free of disease. Two aspects are emphasized: (1) health is also the ability of individuals or communities to (a) adapt, self-manage and thrive in the face of physical, mental and social challenges, including ageing and the presence of incurable chronic disease(s) and multi-morbidity; (b) heal when damaged; and (c) to expect death peacefully. New scholarship has developed on methods for measuring health from this perspective that include dimensions such as functioning and the experienced quality of life; and (2) the notion that some aspects of health are amenable to social contagion. Studies have shown that obesity, smoking, alcohol consumption, depression and happiness can "spread". Health and/or determinants of health may be amenable to this phenomenon, an attribute that has created new opportunities for scholarship and progress in promoting health. Subthemes for the Summit were developed that address the idea that "...humans worldwide are becoming an urban species plagued by non-communicable diseases (incurable by definition), financial crises, social disparities, global warming and ineffectual polarized political structures that are threatening the sustainability of the species". The subthemes that emerged include "Preventing the preventable, treating the treatable, transcending the inevitable", "Urbanism, health, and the growth of

megacities", "Politics, privilege and power", "Achieving convergence", and "Global big data". The aim of the Institute for Global Health Equity & Innovation is to work with global partners across multiple sectors to utilize these ideas and themes to drive new multi-disciplinary, multi-sectoral, local and global approaches to research, training and knowledge translation that are solution-focused and policy relevant, fuelled by initiatives that promote equity at all levels, from the individual through the community to the planetary. The process, results and associated successes and failures of this nascent Institute may afford lessons for others involved in similar University initiatives and partnerships.

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Decreasing health disparities for vaccine preventable diseases among adults in Viet Nam and Thailand

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Program/Project Purpose: In low- and middle-income countries (LMIC), health disparities increase barriers for adult immunization uptake. These barriers include lack of information or access to resources about immunization as well as a lack of mechanisms to track coverage among high-risk groups. In LMIC, there is need for adult vaccine programs and policies to increase coherent and integrated approaches to reduce vaccine-preventable diseases. The Global Health Initiative (GHI) at Henry Ford Health System (HFHS) has formed a partnership with the Mahidol University Faculty of Tropical Medicine (Thailand) and the National Institute of Hygiene and Epidemiology (Vietnam) as well as community health worker (CHW) programs in each country, to implement a mobile- and electronic-health program to identify and address barriers to adult immunization uptake. Over the next three years, the objectives of the program are to: 1) enhance local health providers' and CHWs' outreach efforts to mitigate health disparities; 2) increase equitable access to healthcare and adult immunization services across targeted high risk populations within Vietnam and Thailand; 3) develop a mobile- and electronic-health education and outreach platform; and, 4) establish a research and program model that can be adapted for use in other LMIC.

Structure/Method/Design: The project takes an interdisciplinary approach including public health, medicine, anthropology, international law, policy research, and technology. Through a mixed methods approach, we will identify both policy and programmatic barriers for adult immunization. The project targets both underserved populations (e.g., migrant workers, ethnic minorities) and high risk groups (e.g., elderly, PLWHA). Community health workers and local health providers will be an integral part of the project both in terms of education, data collection, and engagement in outreach to targeted populations and groups.

Outcomes & Evaluation: The primary outcome is increased knowledge, positive perceptions, and engagement with existing adult immunization programs among multiple stakeholders including providers, CHWs, and members of targeted populations and groups. We will conduct a randomized control trial (RCT) of the electronic- and mobile-health intervention in both Vietnam and Thailand. Outcome evaluation data will be collected at baseline and one-year