

pleasure and empowerment with learning how to record slide narrations.

**Going Forward:** Lessons learned: let students choose videos; the lottery worked well for one course, but not for the other; keep before-and-after reporting and slide narrations.

**Abstract #:** 1.003\_HRW

### The impact of a health professions and public health educational intervention on native american students at a tribal college in North Dakota

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**Background:** The American Indian/Alaska Native (AIAN) population of the United States (US) experiences greater health disparities than nearly all other US ethnic groups, including a higher prevalence of obesity, mental illness and substance abuse. It has been theorized that racial concordance between patients and providers leads to better health outcomes. Therefore, one factor that may contribute to the disparity in disease prevalence among AIAN people is the disproportionately low number of AIAN health professionals. Leaders from a tribal college in North Dakota collaborated with medical professionals from Icahn School of Medicine at Mount Sinai and the North Dakota State University School of Nursing to develop a college course to encourage more AIAN students to pursue careers in healthcare. The aim of this study was to assess the impact of the course on former students.

**Methods:** Former students were invited to participate in focus groups to discuss how the course may or may not have affected them and their desire to pursue a career in health. Fifteen participants were hosted in four focus groups of 3–5 participants per group. The focus groups were recorded and participants received a light meal and a \$10 Walmart gift card for their time. Qualitative data were analyzed using grounded theory methodology.

**Findings:** Participants affirmed that the course is successful in increasing enthusiasm for and knowledge of health professions. Other major themes discussed included the perceived benefits of cultural intermingling between medical trainees from New York and Native community college students, and barriers to entering careers in healthcare (i.e., finances, family struggles). Participants also discussed personal growth during the class and the impact their learning had on friends and family.

**Interpretation:** The course has been successful in increasing interest in health professions, but the most significant benefit of the course may be the cultural exchange. Additionally, the information gathered, including that of the barriers to entering careers in healthcare, can be instrumental for the design of future iterations of the course and the potential development of additional interventions.

**Funding:** Icahn School of Medicine at Mount Sinai and The University Partnership Research Grant for Health Professional Opportunity Grant # 90PH0019, Office of Planning, Research, and Evaluation, Administration for Children and Families.

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### Hands-On educational model in Nigeria increases interest in STEM careers

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**Background:** The shortage of STEM professionals in low-income countries like Nigeria has been linked to an unending cycle of underperformance in multiple economic sectors (OECD, 2006). We studied the effectiveness of hands-on field experiences as a model in addressing the problem of a lack of adequate student participation in 21<sup>st</sup> century STEM careers. This field experience addresses this problem by providing focused hands-on activities and professional development seminars that expose students to a spectrum of STEM careers (including medicine, computer science, and public health).

**Methods:** 61 students in their penultimate year of precollege education were enrolled for the study from 4 high schools in Lagos, Nigeria: Queens College, Kings College, Federal Science and Technical College, Yaba Technical College. Participants were recruited in partnership with local teachers, and educators by letters sent to principals with a request to nominate a pre-determined number of students for participation in the program. Parent and student consent were obtained per IRB review. Recruited students attended a 3-day field experience where they participated in epidemiological case studies, suturing workshops, programming session and other activities. Participants completed an anonymous survey before and after the program to evaluate interests in STEM career fields.

**Findings:** There was an increase in interest in science related careers amongst participants as a direct result of the program. There was an increase understanding of the difference between different STEM career paths. Participants indicated an increased interest in being paired with STEM Field mentor.

**Interpretation:** Analysis of the data indicates a hands-on focused educational model might be effective at influencing interests in STEM careers amongst Nigerian student. Further analysis is needed to evaluate the long term impact of the educational model on future career decisions. Future directions is focused on long-term impact through mentorship.

**Funding:** Duke University School of Medicine, DukeMed Engage, Queens College, Andela.

**Abstract #:** 1.005\_HRW

### 1.006\_HRW The global health minor: is it time to establish a core curriculum?

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**Program Purpose:** Global health has catapulted in popularity as a focus for US college students. To respond to this demand, many

universities now offer a minor in global health. New programs are being continually being developed, with the most recent program initiated in September of this year. Yet the curricular plan for completion of the minor differs markedly from school to school. Importantly, potential employers want to know what expertise a graduate with a global health minor will bring to projects. So what exactly does it mean when a graduate says s/he has a “minor in global health?” It isn’t clear. This study aimed to compare requirements among US-based university programs offering a global health minor.

**Methods:** We conducted a literature review to identify global health minor programs offered by US-based universities. Search strategies included the use of PubMed and Google. We excluded programs outside of the US or stand-alone degree programs in global health. We present a general overview of these programs and their requirements.

**Outcomes and Evaluation:** We identified 25 US-based universities offering a global health minor. Differences included the amount of core coursework required (if any), the number of credits to be completed (as few as 6, as many as 25), and whether a global health field experience is an essential component of the minor. While there have been a number of articles detailing global health competencies for students pursuing stand-alone degrees in global health, there is wide variation among universities with respect to global health minor requirements.

**Going Forward:** As students from other degree programs, e.g. anthropology, business and technology, choose to see their field through a global health lens, more consistent guidelines and curriculum need to be considered.

**Funding:** This evaluation was funded by the UCSF School of Nursing Center for Global Health.

**Abstract #:** 1.006\_HRW

### Improving access to family planning in rural Liberia

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**Program/Project Purpose:** Liberia’s health system has been weakened by years of civil war and more recently by the worst Ebola epidemic in history. Last Mile Health (LMH) is an NGO committed to saving lives in Liberia’s most remote villages through community-based health systems. Rural Liberia has a high unmet need for family planning at 30% and high fertility rates at 6.1 children per woman, contributing to high maternal mortality. In the fall of 2015, LMH started a program to increase access to family planning for women in rural Liberia.

**Structure/Method/Design:** The goal of this program is to increase access to family planning through the expansion of community health worker (CHW), outreach, and health facility services in two counties. Program activities include: 1) training CHWs in family planning health promotion and counseling; 2) provision of family planning via outreach clinics; 3) refresher training in long-acting contraceptive placement and mentorship/supervision of midwives at government health facilities. Outcomes include percentage of women using family planning methods and unmet need for family planning. Participants

in this program include CHWs, their supervisors, and government facility-based midwives who serve the same catchment population as the CHWs. To ensure sustainability, program activities will be done in partnership with local government health representatives and will emphasize training with continued supervision. In addition, all program activities and training curriculum are being designed with a plan to incorporate them into a new national plan for community health in collaboration with the Ministry of Health.

**Outcome & Evaluation:** Design of program activities and curriculum is ongoing. Early successes have included engagement with local government health authorities in the design of interventions and the formation of a training team that will conduct family planning trainings for CHWs. Evaluation of outcomes will be via household surveys.

**Going Forward:** We anticipate several potential challenges. These include unreliable road networks and communication systems which can lead to stock outs of family planning commodities and delays in supervision visits. However, LMH has years of experience navigating the challenges of working in rural Liberia.

**Funding:** Several project activities are funded by a grant from the ELMA foundation.

**Abstract #:** 1.007\_HRW

### University of Washington Global and Rural Health Fellowship

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**Program/Project Purpose:** The University of Washington Global and Rural Health Fellowship (UWGRF) is an innovative Internal Medicine fellowship program that aims to train the next generation of physicians to advocate for underserved and vulnerable populations and become effective leaders in the field of global and rural health. Through mentorship, didactics, and hands-on experience, fellows will learn to deliver medical services and contribute sustainable improvements to healthcare systems in these settings.

**Structure/Method/Design:** The UWGRF is a two year fellowship. During the first year of fellowship, fellows provide direct clinical care and work on health systems strengthening projects at the Alaska Native Medical Center in Anchorage and with Indian Health Services on the Pine Ridge Indian Reservation in South Dakota. Fellows will also participate in didactics including courses in global health leadership, management, research, epidemiology, and tropical medicine. During the second year of fellowship, fellows choose between two tracks: international research or clinical educator track. The research track provides the opportunity to perform clinical, implementation, and health systems strengthening research projects. The clinical educator track is designed for fellows who are interested in pursuing a career in international clinical education. Established training sites for the second year include Kenya, Mozambique, Nepal and Peru.

**Outcome & Evaluation:** The first UWGRF fellows will begin in July 2016. Quarterly evaluations will be conducted of the fellowship