

received any HBV vaccination. Therefore there is need to fully vaccinate all first year medical and nursing students in Uganda.

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A community health worker program for hypertension control in tribal India

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Background: Cardiovascular disease is the leading cause of death worldwide, including low- and middle-income countries. India bears a significant burden of this disease, with skyrocketing rates of hypertension, diabetes, and myocardial infarction. Most of India's population lives in rural areas, and there exists an excellent opportunity for effecting systems-wide change in this burden of disease by training community health workers in under-resourced regions in India to diagnose and manage cardiovascular disease risk factors. Chart reviews in the remote tribal region of Sittilingi Valley in Southern India have shown hypertension prevalence rate of forty-one percent in the above-60 population. The purpose of this intervention was to train community health workers in an under-resourced region of India with a high burden of hypertension to diagnose, manage, and refer hypertensive patients appropriately.

Methods: In partnership with local non-governmental organization, the Tribal Health Initiative, we have trained 24 community health workers in the Sittilingi Valley to diagnose hypertension through six three-hour training sessions over a seven-month period. We worked with the head nurse to train the community health workers to check blood pressure, document blood pressure values in a log, refer patients with uncontrolled hypertension to the central clinic, and provide patients with well-controlled hypertension with continuing medications and lifestyle advice.

Findings: After a year of this program, community health workers have screened 598 patients over age 60 and 245 patients have been identified as hypertensive, defined as blood pressures greater than 140/90. We found a baseline hypertension prevalence rate of 44% in the over-60 population. All patients who were initially screened as hypertensive received initial evaluation and medication initiation by a physician and were then followed in the field by community health workers. The community health workers only referred patients with uncontrolled hypertension back for physician management. After one year, 51.8% of hypertensive patients had blood pressures less than 140/90. An average of 82 days were needed to first achieve blood pressure control in hypertensive patients, an average of 2.8 visits were needed to first achieve blood pressure control, and twelve percent of patients never achieved blood pressure control up to eleven visits later.

Interpretation: A teaching program educating community health workers about hypertension followed by screening, diagnosis, and management of hypertension by community health workers in the field is a feasible mechanism for achieving hypertension control in a remote tribal community in India. These promising results show that community health worker training is a potentially good avenue for decreasing hypertension rates in remote global settings with physician shortages.

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Developing a global health research workforce: Basic competencies for health professional trainees, their mentors and host collaborators

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Program/Project Purpose: The escalating interest in global health among medical students, residents, and other health professionals includes a desire to pursue research while engaged in global health electives. If trainees were adequately prepared, they could augment the existing research workforce and positively contribute to health education, research, and clinical service worldwide. However, to date, formal training in research is rarely included in current medical curricula. Lacking experience in both global health and research methods, trainees' research efforts are unlikely to be successful and may be disruptive for their hosts. The aim of this presentation is to communicate proposed core competencies in global health research for trainees, challenges of trainee research in resource-limited settings, identify the types of global health research experiences that are most appropriate for trainees, and articulate specific steps necessary for trainees and their host partners to engage in productive research in diverse resource settings.

Structure/Method/Design: In an effort to close the gap between training and research implementation by trainees, we have developed a set of competencies for aspiring global health researchers. These competencies aim to identify the essential knowledge, attitudes, and skills required for global health research at a level commensurate with the experience of most medical and other health professional trainees.

Outcome and Evaluation: The competencies outlined in this presentation are under review by members of the CUGH education subcommittee and others with global health education and research expertise. Feedback gathered through the review process will be used to further refine the proposed global health research competencies.

Going Forward: Establishing global health research competencies will help guide novice researchers and their mentors, clarify partnership expectations for host preceptors, and serve as an outline for formal curricula in global health research.

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Development of an effective mentorship program for preclinical medical student global health research training

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Program/Project Purpose: The University of Texas Medical Branch (UTMB) sends approximately 50 preclinical medical