

Purpose: The vast majority of biomedical research is carried out in high-income countries and the lack of high-quality evidence from low and middle-income countries (LMICs) has widespread negative implications at the individual, community, and national levels. Diaspora health professionals are uniquely poised to address this issue and contribute to decreasing this gap. A new program, consisting of a comprehensive research seminar and workshop, and utilizing diaspora networks to help build research capacity in LMICs, was created and pilot-tested.

Design: The program aims to recruit diaspora health professionals, with extensive academic and professional networks in their countries of origin and their adopted countries, to encourage research endeavors, introduce research methods and provide support/mentorship for biomedical students in LMICs. The two-day event consists of five components in-person biomedical research short course, video presentations, panel discussions, a workshop helping students develop a research proposal, and a pre- and post-seminar survey.

Outcome: The pilot program was tested in Chennai, India at Sri Ramachandra University (SRU) on August 18th-19th 2015 with participation from 65 medical/dental residents. Postdoctoral fellows, residents, and faculty at Johns Hopkins University (JHU) and Brigham and Women's Hospital (BWH) developed the curriculum. The course instructors were two diaspora physicians, both alumni of SRU and JHU, with panelists from leading institutions in India and the United States. The video presentations featured talks from 20 faculty members from JHU and BWH. Workshop participants worked in teams of 5-7 to create research proposals that were presented at the end of the seminar. The surveys provided baseline information about local attitudes about research, and the associated facilitators and barriers, as well as a needs assessment for further program development.

Going Forward: Given the success of the pilot, there are plans to continue introductory seminars for new cohorts, and extend the program for the initial SRU cohort to include higher-level courses. The program also will be implemented in Nepal in November 2015 and other institutions in India in 2016. Active engagement of diaspora health workers, academic institutions, and development agencies is being pursued to sustain this program and further strengthen the impact of biomedical research in LMICs.

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Development of a multi-disciplinary global health curriculum at an Academic Medical Center

Leyla Farshidpour, Ellen Douglass, Rais Vobra, Steve Stoltz;

Introduction: The UCSF Fresno Global Health Curriculum was established in 2007 to provide a unique, multi-disciplinary forum for practitioners to teach others about their international health care experiences. Since its inception, our group has been collecting data in the hopes of evaluating the needs, goals, and priorities of the Global Health Curriculum so that we are able to better serve the needs of healthcare staff and clinical providers across all disciplines and departments at Community Regional Medical

Center (CRMC) affiliated with UCSF Fresno Medical Education Program, serving the culturally diverse area of central California.

Methods: Two online surveys was administered to query the group's preferences regarding topic preferences and department/level of training. Attendance data from the initial 3 years of this group's meetings were also analyzed.

Results: There were 13 responses in our 2015 resident survey and 12 responses in our 2007 resident survey for a total of 25 responses. Attendance data demonstrated a total of 201 staff and clinical providers. The 2015 resident survey found that 6/12 (50%) of all survey respondents have not yet gone abroad in a medical capacity while in our data from 2007, almost 92% of our respondents had already planned an international or domestic underserved elective.

Conclusions: The UCSF Fresno Global Health Curriculum interest surveys have demonstrated that there is ample interest in our program since there continues to be an interested group of participants that have been attending out events. Additionally, with more than half of our survey population not having gone abroad in a medical capacity, we at UCSF Fresno have a profound opportunity to share the field of global health with medical professionals who have little first hand knowledge of global health. Moving forward, by learning more about our survey population and their interests there could be a greater interest in engaging in international health care experiences. It is our hope to expand international health care experiences through these monthly multi-disciplinary forums.

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Important aspects for sustainability through community partnership

T.C. Warmack¹, M. Carlough²; ¹The University of North Carolina School of Medicine, The University of North Carolina Gillings School of Public Health, ²The University of North Carolina School of Medicine, Department of Family Medicine and Office of International Affairs

Program/Project Purpose: US medical schools send physicians and students abroad to experience global health and to serve vulnerable populations, but frequently neglect to deliver sustainable care. Quality, sustainable care requires partnership with local and national organizations. This is one of the main goals of the Honduran Health Alliance (HHA). HHA aims to deliver "sustainable continuity" in women's health and health education to underserved women in Choluteca, Honduras. Simultaneously, HHA provides valuable, responsible, and supervised global health education opportunities to medical students and physicians, which help them also better serve diverse patient populations at home.

Structure/Method/Design: HHA partners with local *promotores* (trained community health advocates), a community advocacy organization (Comunidades Unidas), and a national healthcare organization — *Ashonplafa* (Planned Parenthood affiliate) to ensure women are provided with sustainable, quality care, with a focus on prevention of cervical cancer, family planning, and STI treatment. Students travel to remote communities and provide *charlas* (educational workshops) also working directly with *promotores* to recruit women to clinic. In clinic students perform pap smears and many