

disrepair in low resource settings. Here we describe preliminary evaluation data for videos created as part of Open Osmosis (<https://open.osmosis.org/>), an initiative targeting health professions learners.

Structure/Method/Design: From December 20, 2015 through August 1, 2016, 125 short (8–15 minute) disease-focused videos were created by medical illustrators with oversight from physicians and placed on YouTube. Videos are embedded into corresponding Wikipedia articles and their captions are translated into 8 languages. We analyzed data for the most recent month by video topic and World Bank economy classification for viewer country: High Income (HIC), Upper Middle Income (UMIC), Lower Middle Income (LMIC), and Low Income (LIC).

Outcome & Evaluation: From September 1 to 30, 2016, there were a total of 471,968 YouTube views of Open Osmosis videos and an aggregated 1,233 days of watch time, reaching 200/218 (92%) World Bank economies. There was a net gain of 10,638 subscribers; videos were “liked” 6,270 times (99.3%) and “disliked” 42 times (0.7%). Most viewers (78%) were age 18–34, and most comments reflected viewer status as health professions learners.

A large proportion of views and watch time occurred in low-resource settings:

- HIC: 274,321 views (58%), 768 days (63%)
- UMIC: 71,940 views (15%), 169 days (14%)
- LMIC: 116,268 views (25%), 274 days (22%)
- LIC: 7,821 views (2%), 18 days (1%)

Top 3 videos varied by income level:

- HIC: Clinical depression, Pneumonia, Bipolar disorder
- UMIC: Pneumonia, Clinical depression, Congestive heart failure
- LMIC: Pneumonia, Epilepsy, Tuberculosis
- LIC: Pneumonia, Tuberculosis, Congestive heart failure

Diabetes mellitus, HIV, and hypertension which have high global morbidity and mortality, were 12th, 29th, and 45th most-watched, respectively.

Going Forward: Media-sharing sites can reach a significant number of individuals around the world with relevant content in a short period of time. Future work will be needed to understand the significance of topic watching patterns in relation to health needs, which individuals access these videos, and how such content can be optimally integrated into health professions curricula.

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Abstract #: 2.062_HHR

Implementation of a Health Systems-Framed Health Emergency Preparedness Planning in Haiyan-Affected Localities: Lessons for Health Planners in Disaster-Prone Countries

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Program/Project Purpose: In 2014, UNICEF and several partners developed the Evidence-Based Planning for Resilient Health Systems Project (rEBaP) to assist local planners from Haiyan-affected localities in crafting their health emergency preparedness,

response, and recovery plans (HEPRRPs). The goal of the project was to build community resilience in areas that were devastated when supertyphoon Haiyan struck on November 8, 2013.

In 2015, the University of the Philippines Manila – School of Health Sciences (UPM-SHS) implemented the project in 19 municipalities in Leyte Province, the area worst-hit by the typhoon.

Structure/Method/Design: The project consisted of five interventions that all targeted local planners were required to attend. These interventions were: (1) psychosocial processing workshop, (2) health emergency management course, (3) planning workshop 1, (4) planning workshop 2, and (5) mentoring and coaching sessions in between planning workshops. The total number of days spent for the four workshops was only 10 days.

The planning workshops were designed according to the WHO’s health system building blocks framework, which consists of the following: leadership and governance, health financing, health system workforce, medicines and technologies, information and research, and health service delivery. A seventh building block – community resilience – was added. The building blocks were interwoven with WHO’s cluster approach to humanitarian response consisting of nutrition in emergencies, mental health, water, sanitation and hygiene (WASH), and basic health services. Considering that there are no global guidelines on HEPRR planning as of yet, rEBaP may be regarded as an innovative, trailblazing project owing to the following features:

(1) The application of the WHO health system building blocks framework in HEPRR planning.

(2) The addition of a seventh building block: community resilience.

Outcome & Evaluation: By the end of the project, all 19 local government units (LGUs) assisted by UPM-SHS had a complete HEPRR plan. Some LGUs went further by getting their HEPRR plans approved by their local chief executives and integrated into the larger disaster risk reduction and management (DRRM) plan.

Going Forward: The project hopes to build on the lessons from rEBaP and scale-up its implementation in the Eastern Visayas region, which was the area worst-hit by Haiyan. Lessons from the project may also benefit other countries that are disaster-prone like the Philippines.

Source of Funding: UNICEF.

Abstract #: 2.064_HHR

Rural Community Assessment and Surveillance in the Dominican Republic and Haiti

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Background: Rural border communities experience unique challenges to health care delivery. Anecdotal reports from four rural Haitian communities comprising 216 households located near the border with the Dominican Republic indicate these areas are experiencing poor maternal, neonatal and infant outcomes. A novel community based assessment model method for reliably and quickly identifying maternal mortalities in conjunction with routine community based child survival and sanitation surveillance was tested.

Methods: Three data collection tools were utilized: a modified Core Assessment Tool on Child Health (CATCH) – administered to women who had given birth to a child less than 2, the WHO survey on sanitation and the modified Reproductive Age Mortality Survey (RAMOS 4+2; *Bulletin of the World Health Organization* 2016;94:86–91.). Under 5 mortality was calculated through asking mothers how many children they had and how many died within the past five years.

Findings: Respondents from 122 households representing 56% of the 216 community households were interviewed. Of the 126 infants who were born within the past five years, 13 (10%) infants died. There were six deaths to women of reproductive age in the last 5 years, four of which were maternal deaths giving a maternal mortality ratio of 3,174. Of the 55 community infants, 74% of their births occurred at home with a traditional birth attendant, 19% took place in a health care facility and 7% were unassisted. Of the 15 living infants 0–6 months old, 9 (60%) were exclusively breastfeeding. Within the past two weeks of being interviewed, 75% of these children had a fever, 55% had diarrhea, and 67% had cough or difficulty breathing. Every family drank water from an unprotected spring / river.

Interpretation: These rural border communities demonstrate particularly poor health outcomes. The extraordinarily high maternal mortality ratio is particularly concerning. This program demonstrates that quick, reliable and rapid assessments of remote, rural communities can be performed integrating a community based method of maternal mortality surveillance. Health promoting advocacy and interventions can now be focused by local NGOs and governments to provide comprehensive programs to reduce both maternal and infant mortality and improve health.

Source of Funding: The Graham Sustainability Institute Dow Fellows Program.

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Addressing Gaps in Infectious Disease Training and Care in the Caribbean Region: The University of the West Indies - Jamaica / University of South Carolina Partnership to Develop a Postgraduate Infectious Diseases Fellowship

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Program/Project Purpose: There is need to create and support existing programs to increase the number of qualified Infectious Disease (ID) physicians and overall system of care for infectious diseases, including HIV, throughout the Caribbean.

The climactic characteristics of the Caribbean have lent themselves to ID outbreaks. Correlated examples are Dengue, Chikungunya and Zika. Additionally, a high rate of gastrointestinal and healthcare associated infections, multidrug resistant organisms and sexually transmitted diseases exists. Comparatively, the region's HIV prevalence is the second highest worldwide.

This background supports the need for more ID trained physicians throughout the Caribbean. Minimal local training is available

and Caribbean physicians who train overseas often do not return to serve the region. Additionally, overseas training is not always the most relevant to the Caribbean context.

Structure/Method/Design: Bridging the gap, University of West Indies (UWI) and University of South Carolina (USC) partnered to develop a two-year postgraduate clinical ID fellowship program at UWI, Mona Campus. The curriculum formatted from the American Academy of Graduate Medical Education, is modified to ensure Caribbean relevance. Trainees rotate through general ID and subspecialty areas such as microbiology, transplant ID, Tuberculosis, HIV clinics and public health. Via videoconferencing, UWI trainees participate in USC case conferences, didactic lectures and HIV/HCV management meetings. UWI trainees also rotate at USC for 2 months every year. This partnership is supported by the US President's Emergency Plan for AIDS Relief (PEPFAR).

Outcome & Evaluation: Resulting from the partnership, a consortium of Caribbean ID physicians is growing. To date, 4 physicians have entered the program. The first graduate in 2015 now serves as the HIV Country Director for the Bahamas and clinical educator at the Princess Margaret Hospital, Nassau — a training site for UWI. The second trainee graduates in 2017 and will practice in Jamaica. A graduate from the USC fellowship program will also return to his home country of Trinidad in July 2017 to establish a practice.

Going Forward: As the number of ID physicians increases in the Caribbean, the goal is to develop ID training sites at other UWI campuses and a consultative network to guide development and research initiatives.

Source of Funding: American International Health Alliance.

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Dementia and Memory Care: Strengthening Health Systems Capacity through Long-term Service Learning Projects and Study Abroad Programs

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Program/Project Purpose: Repeated exposure to memory care activities is recommended for optimal benefit to dementia patients, yet many senior centers, assisted-living facilities, and rehabilitation centers lack sufficient human resources to carry out comprehensive long-term memory care programs. For the past four years, health majors taking a Human Disease course at Texas A&M University have participated in a Service Learning project dedicated to dementia and memory care.

Structure/Method/Design: Approximately 170 students each semester are required to take part in a 2-hour session at a local assisted living facility, interacting with residents and engaging in memory care activities designed to slow the progression of varying levels of dementia. Activities include scent-painting with spices, bingo, and life story interviews. Each session includes a team of 10 to 12 students and two group leaders, all of whom have been well trained and prepared for the experience. Typically, 16 to 18 sessions are conducted across each semester, which provides the residents with ongoing, repeated exposure to the activities.