

**Findings:** Our comprehensive review yielded a bulk of literature with the majority of results produced consisting of calls to action, creation of new global health programs, global health competencies, cultural competency and anecdotal international clinical experiences. The search produced literature on the most current practices in these educational initiatives for the concepts of global health, nursing education, and assessment. Overall the findings offered little concrete, effective or tangible measurements of global health education in nursing.

**Interpretation:** Nurses globally make up the majority of the health care work force and increasingly are delivering care in complex multicultural environments. In order to enumerate the value of global health in nursing curriculum and clinical experiences, further research is needed to measure the impact of global health training on nursing practice and student outcomes over time. A holistic approach examining the long term benefits of incorporating global health curriculum will yield data that will guide and influence the next wave of nursing curricula development.

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#### International Community Access to Child Health Program – 10 Years of Supporting Global Child Health

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**Program/Project Purpose:** The International Community Access to Child Health (ICATCH) program was initiated in 2005 by the American Academy of Pediatrics Section on International Child Health. It provides modest funding and technical support for starting or expanding training or services to improve child health in resource-limited settings.

**Structure/Method/Design:** The ICATCH Program partners directly with child health providers through small grants and technical support to develop and implement a program or project that improves child health in their local communities. Projects must be created by a local child health provider in a resource-limited area, include collaboration from others within the community, improve existing child health services or provide services otherwise not available, and show potential for program sustainability and replication in other communities. Priority is given to applicants from low-income and low-middle-income countries. Grantees receive \$2000 per year for 3 years along with project mentorship, educational resources and peer support. An annual report from each grantee includes a self-evaluation of barriers, successes or failures and measures to ensure sustainability.

**Outcome & Evaluation:** To date, ICATCH has funded 57 innovative programs in 32 countries with the majority of the projects in Africa (43%), Asia (34%) and Central America (10%). Top countries with ICATCH grantees have been Uganda (19%), Kenya (9%), Ghana (9%), China (13%), and El Salvador (9%). As of

2015, 40 projects have been completed and 17 are still within the 3-year funding period. ICATCH financial and technical support has enabled creation or expansion of innovative health programs and a variety of health education projects including home visits for teen mothers, child abuse prevention, peer navigators, nutrition education, newborn care, passenger safety, poison control, immunization, oral health, autism screening, and adolescent health.

**Going Forward:** ICATCH is celebrating its 10<sup>th</sup> anniversary this year and seeking partnerships with other national health organizations to share and expand the ICATCH model. New partnerships will provide additional mentoring and peer support, increasing opportunities for local health providers to sustainably improve maternal and child health in their home communities. Through these partnerships we will continue to demonstrate the role of national organizations in global health.

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#### Supporting Institutional Access to Evidence-based Clinical Resources by Establishing Onsite Knowledge Management Centers

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**Program/Project Purpose:** Evidence-based medicine refers to the systematic application of best practices based on scientific research. It helps improve quality of care and patient outcomes, while at the same time making the most rational use of scarce resources. In many healthcare facilities in low-resource countries, however, medical and allied practitioners, students, and other interested individuals do not have access to the evidence-based clinical resources that could make significant improvements in patient care.

**Structure/Method/Design:** The American International Health Alliance's Knowledge Management Center (KMC) Project provides a flexible model that enables different types of partner organizations to develop capacity in target areas that best meet the needs of the people they serve. AIHA provides a core package of information resources - many specific to HIV prevention, care, and treatment - on CD-ROM, in print, and online, which may be supplemented by additional specialized material as determined by each organization.

**Outcome & Evaluation:** AIHA has established nearly 30 LRCs at partner institutions in sub-Saharan Africa to date, along with over 140 in Eastern Europe and Eurasia. AIHA supports active regional collaboration through various joint meetings and training activities - many conducted through distance learning modalities. These activities are designed to support expanded use of evidence-based medicine. KMCs are most successful when they are utilized in a manner that meets the needs and capabilities of their host organization.

**Going Forward:** KMCs can play an important role in helping institutions to improve clinical practice, patient outcomes, and education and outreach for practitioners, students, and patients alike. They improve access to evidence-based knowledge resources,