

starting with germ theory and progressing to hand washing, water safety, human waste management, and vector control. Facilitators recruited 9 health clubs with over 650 members. Nearly 100% of club members completed the 22-week program, documented by membership cards recording attendance and WASH practices. The household survey will be repeated in December 2015. This evaluation was approved by the UT Health Science Center Institutional Review Board (HSC20140088e).

Outcomes: Survey respondents were mostly female (57%), had not attended school (70%), and had a median age of 51. Most (67%) obtained drinking water from protected communal hand-pumps. Although 81% did not treat water, 10% of those drinking river water used crude filters. 83% did not own a latrine. Asked to identify 5 key opportunities for hand washing, 45% could provide no answer, while 2% provided ≥ 3 correct answers. Only 7% reported hand-washing after defecation. Appropriate tests will analyze knowledge; drinking water, defecation and hand washing behaviors; and diarrhea incidence after the intervention. Regressions will describe WASH knowledge and behavior predictors.

Going Forward: We demonstrate feasibility of implementing a low-cost, participatory education program with high retention rates to prevent WASH-related illnesses in rural Burkina Faso. This approach could also defend against other health threats in West Africa, including Ebola. Next year 2 villages will join the program and outcomes will be measured using household inventories (behavioral observation tool) and household registers monitoring morbidity and mortality. Club and non-Club villages will eventually be compared.

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The Marshall Wolf Haiti Medical Education Fellowship: An innovative faculty development opportunity

Z. Sacks^{1,2,3}, C.S. Cortas^{1,2,4}, E. Felker-Kantor^{1,5}, C. Fox¹, O. Guiney¹, J. Hudspeth^{1,6}, M. Nadas^{1,7,8}, E. Trinh^{1,9,10}, M. Morse^{1,2,4}; ¹EqualHealth, Boston, MA, USA, ²Brigham and Women's Hospital, Boston, MA, USA, ³Ventura County Medical Center, Ventura, CA, USA, ⁴Harvard Medical School, Boston, MA, USA, ⁵Tulane University, New Orleans, LA, USA, ⁶Boston University School of Medicine, Boston, MA, USA, ⁷Albert Einstein College of Medicine, New York, NY, USA, ⁸Jacobi Medical Center, New York, NY, USA, ⁹Harvard University, Cambridge, MA, USA, ¹⁰Alpert Medical School, Brown University, Providence, RI, USA

Program/Project Purpose: The purpose of the one-year Marshall Wolf Medical Education Fellowship is to develop promising Haitian physicians as effective leaders in medical education. This program aligns with EqualHealth's (EQ) vision of a Haitian medical education system that is high-quality, Haitian-led, and filled with opportunity. It also draws upon the resources of the Brigham and Women's Hospital (BWH), with its long record of innovation and leadership in medical education and global health.

Structure/Method/Design: In August 2015, two Haitian physicians were selected as EQ's inaugural fellows via a competitive

process. Their employing hospitals in Haiti agreed to their participation in a yearlong fellowship that includes a three-month, Boston-based curriculum, and guaranteed them the support necessary to implement new education programs upon return. The Boston-based curriculum includes: a weekly series of didactic sessions on the principles of effective teaching; participation in regular BWH and Harvard Medical School educational activities, such as teaching conference presentations and rounds with master educators; and assorted professional development opportunities at other Harvard institutions. For the remaining nine months, the fellows return to their Haitian teaching hospitals to serve as clinician educators, during which they co-teach courses taught by visiting teachers at their site and receive ongoing mentorship and leadership training from EQ staff.

Outcome & Evaluation: The Fellowship is being evaluated using pre/post testing, scoring of videotaped teaching sessions by blinded reviewers, self-assessment questionnaires, regular feedback interviews, and other modalities. Initial feedback from the fellows has been strongly positive overall, with teaching conferences, Harvard Business School classes, and observed teaching experiences receiving special mention. Among the challenges faced thus far have been the language barrier; the logistics of moving the fellows between multiple teaching sites; and the creation of sufficient opportunities for the fellows to practice teaching within the Boston curriculum.

Going Forward: The Fellowship is an innovative professional development opportunity for Haitian clinician educators, an intensive learning experience drawing on five Harvard institutions and involving close partnership with Haiti-based teaching hospitals. The Fellowship represents a new model of partnership for development of global medical education systems.

Funding: The Fellowship is funded via private donations to EQ.

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Towards a transportable, validated and culturally sensitive metric of work capacity for use in subsistence agricultural workforce health assessment in Democratic Republic of Congo

C. Salmon¹, M. Salmon², L. St Jean¹, M. Sattari³; ¹Western New England University, Springfield, MA, USA, ²University of Toronto, Toronto, ON, Canada, ³Cooley Dickenson Hospital, Northampton, MA, USA

Background: This project is associated with Gates Foundation's Grand-Challenges-Explorations Program "Labor Saving Strategies and Innovations for Women Smallholder Farmers". One element of the study used exercise tolerance step-tests to measure participants' aerobic capacity as a proxy metric for "work capacity" (to perform subsistence labor). The study populations were located Democratic Republic of Congo.

Methods: The step-test is an attractive method for measuring work capacity because remoteness of study locations dictated minimal equipment requirements. Harvard and Queens College (QC) step tests were considered because each is calibrated to VO₂max, yielding a physiological metric of cardio-vascular fitness. Each is, however, oriented towards subjects of substantive athletic capability. When QC step-test was administered at site Idjwi, a non-trivial