were trained and these, through training 15 trainers, have trained over 200 frontline facilitators to implement the educational program.

Going Forward: Although process and outcome evaluation of the educational program will be conducted to share the impact on utilization of SERC services, active participation of community members and other stakeholders appeared to enhance ownership of, and willingness to utilize, materials.

Abstract #: *2.022_TEC*

MundoComm: Information communication technology for maternal health in Costa Rica and Latin America

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Project Purpose: Funded by the United States National Institutes of Health Fogarty International Center in 2015, the overall goal of the MundoComm project is to develop an innovative training program to enhance the ability of community-based teams in Latin America to use Information Communication Technology (ICT) to improve maternal health. Though improvements have been made in child health in Latin America, progress in reducing maternal mortality has stalled or worsened. Evidence indicates that technological innovation, including ICT, can impact maternal mortality. Based in Costa Rica as a regional technology hub, MundoComm builds upon our group's 16-year partnership among researchers in the US, Costa Rica, and the Dominican Republic.

Design: MundoComm faculty from the United States, Costa Rica, and the Dominican Republic will train a total of 8 community-based public health teams over 3 years, with each team participating in a 1-year mentored course of training and follow-up. Training includes monthly interactive on-line modules, and 2 in-person week-long short courses in Costa Rica. The goal for each team is to develop and test an innovative ICT project to address a local maternal health problem. A "collaboratory" environment will provide ongoing mentoring and support. A mixed methods qualitative/quantitative research component will provide data on the cultural context of the maternal health problem and ICT readiness. Summative and formative evaluations will evaluate the training model and ICT innovations resulting from trainees' projects. A conference in year 03 will facilitate sustainability of the MundoComm network.

Outcome: Four year 01 teams, from Costa Rica (2), Dominican Republic (1), and Honduras (1) completed the first short course in October 2015 that included training in bioethics, use of ICT for maternal health improvement, ICT options (e.g., PhoneGap, OpenMEAP, Epi-Info, Cloud Computing, social networking), and project planning. Baseline evaluation of the 12 participants indicated gaps in knowledge of ICTs, with the highest familiarity reported for social networking (Mean: 3.3/5). Post training evaluation indicated increases in knowledge across course content areas. To date, MundoComm has demonstrated the ability to recruit and train public health teams across Latin American countries to generate ICT-based projects to address local maternal health problems.

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Abstract #: *2.023_TEC*

Engaging students in global health interprofessional education

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Program/Project Purpose: As academic global health departments create curricula in global health education, a key challenge is making instruction engaging, relevant and participatory for learners. At the University of Texas Medical Branch at Galveston, Texas, we have a longitudinal year long Global Health Interprofessional Core Course (GHICC) for students interested in global health from the schools of medicine, health professions, graduate school and nursing.

The course initially consisted of large group foundational lecture sessions with small group problem based learning; however, poor attendance among large group sessions resulted in small group time being spent recapitulating important global health concepts from large group sessions. Greater interprofessional engagement with global health content did not reliably emerge. We redesigned the GHICC course structure and content to improve student participation and engagement with each other and global health content.

Structure/Method/Design: We conducted key stakeholder interviews with GHICC faculty and student co-facilitators to identify areas for course improvement. Based on these discussions, GHICC was re-designed to include once monthly experiential sessions where previous large and small group content would be combined, mandatory attendance, integration of different teaching methodologies with group activities and active reflection.

Anonymous paper based surveys were administered to students to evaluate session content, relevance, objectives, level of interaction and willingness to recommend the course to others. GHICC faculty were also surveyed on the level of interaction, engagement and student participation in the new format.

Outcome and Evaluation: Overall, both faculty and students were highly satisfied with the redesigned GHICC curriculum. Students reported high rates of satisfaction with each individual session, level of interaction and relevance. GHICC faculty reported high rates of student engagement, participation and involvement with the reformatted curriculum.

Our educational innovation encourages active interprofessional learning by employing experiential sessions that utilize a variety of teaching methodologies, placing students at the center of active decision-making and encouraging them to draw upon shared experiences. Improved student participation and engagement has greatly enhanced the interprofessional environment.

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Going Forward: Feedback from faculty and students will continue to drive the direction of the course. Moving forward, global health competencies for interprofessional teams will be integrated.

Funding: None.

Abstract #: *2.024_TEC*

Innovative multi-pronged library resource model to enhance academic global health education among residency programs

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Program/Project Purpose: Finding innovative methods to enhance global health (GH) education is important. Academic medical faculty and trainees, from multidisciplinary residencies who have established GH pathways, sought a library-based platform to better educate trainees. The purpose was to enhance pre-departure project design, which involves knowledge of country-specific data sources, topic literature searches, and study tool development.

Structure/Method/Design: A medical librarian at Washington University in St. Louis collaborated with GH residency faculty to conduct 15 needs assessment surveys and 2 informal group discussions among pediatrics, internal medicine, radiology, emergency medicine, and obstetrics/gynecology faculty and trainees. Survey/discussion components included:

1) current knowledge of data sources and 2) desired topics for a digital resource based at the library. Surveys/discussions were conducted from June 2014 to September 2015.

Outcome & Evaluation: The needs assessment revealed trainees and some faculty were somewhat comfortable with finding country-level statistics. Survey respondents and discussants desired services by the library such as locating sources for public data, learning how to more efficiently navigate UN and WHO sites, and finding validated survey tools. Trainees also wanted to know about GH career fellowships, didactic courses, and scholarships or research funding sources. Subsequently, a 3-pronged library program was created. First, a dedicated GH librarian, who offered individual project services for faculty and trainees, was established. Secondly, this librarian created a comprehensive digital guide that includes information about finding GH statistics, accessing GH databases, learning about emerging trends like mobile health, and other topics based on the needs assessment results. This website has been reiteratively improved based on ongoing feedback from different GH pathway trainees cohorts and is also organized by residency specific information (i.e. emergency medicine, pediatrics, etc.). Thirdly, didactic sessions were created on "GH data sources/literature searches" and delivered during residency GH didactic blocks. Evaluations are currently being developed to assess the 3 components of this library GH education program.

Going Forward: This library GH resource development process and its output, which includes digital tool creation, available GH specific librarian staff, didactic formulation, and strong faculty-library staff collaborations, serve as a model to enhance GH education curricula at other medical universities.

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Abstract #: *2.025_TEC*

Llamada Saludable: Evaluation of patient engagement with a mobile health program for improving self-management of diabetes in Medellin, Colombia

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Program/Project Purpose: Llamada Saludable is a mobile health program using interactive voice response (IVR) calls to improve self-management of diabetes. The University of Michigan, the Universidad de Antioquia, and a large public payer for low-income patients (Savia Salud EPS) collaborated to conduct a pilot in Medellin, Colombia from July-September 2015.

Methods: 150 diabetes patients were identified through local outpatient centers. After attending a baseline educational session, participants received weekly IVR calls for 12 weeks. In each call, patients responded to questions about their health and received relevant health educational messages in response. Patients also had the option to elect a "care partner" to receive updates about the patient's health and suggestions for supporting self-management. If a patient reported a concerning health problem (e.g. "patient reports blood glucose of >300 mg/dl"), clinicians received an automatic email notification and contacted the patient.

Outcomes & Evaluation: Participants completed 70% (1260/1800) of the IVR assessments. 47% (71/150) of patients enrolled with "care partners." 87% (131/150) of patients generated 701 email notifications regarding health concerns (56% of all completed IVR assessments). Only 6 participants elected to discontinue the study before 12 weeks. There was no correlation between patient age, baseline HbA1c, or insulin dependence and number of completed IVR assessments. Patients' satisfaction with the program varied, including some who felt supported in their self-management, and others who felt overwhelmed by technological challenges of the system.

Going Forward: As Llamada Saludable develops into a scalable program, customizing the IVR assessment to suit Colombian patients and the Savia Salud resources will determine program success. This will include improving patient training at enrollment, adapting IVR messages to evolve with patient knowledge, and customizing the service to enable a variety of health workers to follow-up on patient alerts. The notification system is being tailored to the needs of health teams throughout Savia Salud-affiliated health centers. Long-term evaluation of program impacts and cost-effectiveness will be conducted by all collaborators of the program.

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