

Structure/Method/Design: The development of the textbook began with the editor recruiting an editorial board of diverse experts, who then assisted in determining textbook content and identifying pertinent clinicians as chapter authors. Leadership from the Consortium of Universities for Global Health and the former GHEC provided critical input on selecting editorial board members, chapter contributors, and textbook content. Chapter content was developed through an intense and iterative process between chapter authors and the editorial board, including several stages of drafting, reviewing, editing, and revising. We also partnered closely with illustrators from Wiley-Blackwell to produce a text rich in illustrations and photographs.

Outcomes & Evaluation: Essential Clinical Global Health includes contributions from nearly 100 global health experts, with content organized into 37 chapters and 6 sections: Introduction; Newborn and Child Health; Adolescent, Reproductive, and Maternal Health; Infectious Diseases; Non-Communicable Diseases; and Other Global Health Topics. Chapters cover the clinical diagnosis, management, and prevention of the leading causes of morbidity and mortality in low- and middle-income countries, along with special chapters on resource-limited health systems and other contextual topics, for example, “Working clinically in resource-limited settings,” “Preparing for travel and staying safe abroad,” “Neglected tropical diseases,” “Laboratory skills,” “Nursing care,” “Pharmacy,” “Global health technologies,” “Illness in returning travelers,” and “Developing a career in global health.” Each chapter features key learning objectives, evidence-based clinical guidelines, practical clinical skills, real-world experiences from trainees and clinicians in the field, and core readings. The textbook’s accompanying electronic supplement contains additional resources, videos, and self-assessment questions and answers as well as an electronic version of the complete textbook – valuable for reference abroad on a laptop, tablet, or mobile device.

Going Forward: As this collaborative textbook is published the beginning of 2015, our goal is to make it widely accessible to individual global health students, trainees, and clinicians, as well as to all institutions with global health programs. We welcome feedback from the global health community on how to improve future editions of Essential Clinical Global Health. We are also working with Wiley-Blackwell to develop online CME offerings based upon the textbook.

Funding: None

Abstract #: 01ETC068

Strengthening the health system capacity to monitor demographic and population health metrics through surveillance nested on existing government community health structures: A pilot from a rural area of Kenya

A. Ngugi¹, D. Mang’ong’o², A. Omar², A. Lakhani¹, M. Mahoney³, F. Agoi¹, S. Macfarlane⁴; ¹Aga Khan University - East Africa, Nairobi, KE, ²Ministry of Health, Nairobi, KE, ³Stanford University, San Francisco, CA/US, ⁴UCSF, San Francisco, CA/US

Background: The community health strategy (CHS) is a response of the Kenyan government to reversal in gains for population health indicators in the 1990s. CHS’s main aim is to improve health outcomes by bridging the gap between households and the health system. The key innovation of CHS is the development of capacity to monitor the population and deliver primary health services at the community level by well-trained community health workers (CHWs). We aimed to evaluate the feasibility of generating reliable demographic and household level health information using CHWs in a rural area in Kenya.

Methods: We trained and supported 100 CHWs to conduct a registration, enumeration and household health information data

collection. They used the standard CHS household registration tool with items covering demographic, maternal and child health, and social determinants of disease aspects of the household. The data were entered into a relational database and analyzed in Stata v13 (Statacorp, College Station, Houston TX, USA). We used Whipple’s index to assess for age heaping and compared the distribution of demographic parameter with those of other surveys in the area (e.g. DHS) and an adjacent HDSS. Overall and category specific denominators were used to evaluate the collected household health information.

Findings: The population of the area was 16,005 individuals living in 2,722 households. The median (IQR) number of individuals per household was 6 (4-7). Females comprised of 51% of the population and 99% provided a date of birth. The median (IQR) age was 17 (8-32) years. There was no age heaping (Whipple’s index was 97), reflecting reasonably accurate age reporting. Children Parents/guardians of 93% of children aged

Interpretation: This project demonstrated that it is feasible to identify and register populations under the existing government CHS structures as well as generate relatively accurate demographic data which can be used as denominators in monitoring and evaluation of population health programmes. Reporting of maternal health information was poor and more training is needed to enable CHWs to collect this information.

Funding: No funding listed.

Abstract #: 01ETC069

Cultural relevancy in capacity building: Community education to address the malnutrition spectrum

C. Nixon¹, G. Flynn¹, M. Murphy², L. Fenlason³, S. Shields¹; ¹Peabody College of Vanderbilt University, Nashville, TN/US, ²Children’s Hospital of Philadelphia, Philadelphia, PA/US, ³Vanderbilt University Medical Center, Nashville, TN/US

Program/Project Purpose: Addressing under-five mortality, morbidity, and associated influence of nutrition is a public health priority world-wide. The Children’s Hospital of Philadelphia (CHOP) has a long-standing partnership with a local clinic in Consuelo, Dominican Republic. Their Niños Primeros en Salud (NPS) programming, engages local medical staff, residents, and health promoters (HPs) as a medical home for the community’s children. In 2009, they initiated a nutrition supplementation program, for undernourished children; however, children did not significantly or consistently improve. Through efforts of CHOP and local NPS staff, a needs/assets assessment was conducted and a nutrition curriculum designed. Globally and locally a “Nutrition Transition” is occurring where all forms of malnutrition exist, including traditional “undernutrition”, micronutrient deficiencies, and the risk for obesity and noncommunicable diseases. Contributors to these forms include food insecurity, access to nutrient-poor processed foods, and misunderstandings around nutrition’s importance to health. Subsequently, the curriculum focused on how to make healthy choices in nutrition, physical activity, and hygiene with available resources. The training and curriculum implemented resulted in improved clinical data. In 2014, Vanderbilt Peabody College performed an external evaluation of the curriculum.

Structure/Method/Design: To evaluate the effectiveness and use of the nutrition curriculum, an assessment was conducted via individual interviews of the clinic staff and HPs, and a collective HP focus group. These were conducted in Spanish and the audiotape then transcribed into English for analysis. This existing sustainable structure of staff and HPs will now be used in the program revision based on findings.