

Going Forward: The UTD International Subscription program hopes to collaborate with additional partners such as the University of Malawi, Partners in Health, and Doctors Without Borders for research on its potential impact. Greater awareness of the program could increase.

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Evaluation of a structured pre-departure orientation in a medical student global health education program

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Program/Project Purpose: There is limited published information on optimal strategies for preparing medical students for global health electives. In 2010, faculty at the David Geffen School of Medicine at UCLA developed a day-long pre-departure orientation (PDO) designed to bring faculty and students together and using a combination of lectures and small group discussions on topics pertaining to health and safety, cultural sensitivity, ethics, and clinical topics relevant to students' global sites. All students completing the PDO provided an evaluation of the experience. We retrospectively reviewed these surveys to learn the strengths and weaknesses of the PDO. We hypothesized that regardless of prior global health experience, all students would find that our PDO contributed to their ability to be safer, more culturally sensitive, and better prepared for their global health experiences, and that students would also value the opportunity for mentorship in a small group setting.

Structure/Method/Design: In 2010-14, medical students who participated in UCLA's global health education programs were required to attend the PDO. Anonymous surveys were administered at the end of each orientation evaluating the duration and structure, content, and utility of topics covered. The surveys utilized the Likert scale and also included free response questions. Summary statistics were generated using excel. Qualitative data was coded using a grounded theory approach to identify core themes and subthemes. The research was exempted by the UCLA IRB.

Outcomes & Evaluation: One hundred five medical students attended the PDO during this four-year period and completed the evaluations. All students (100%, n=105) reported that small group discussions contributed to their learning and 99.0% (n=104) of students reported learning new information during the orientation. Students identified the following strengths of the PDO: small group and site-specific discussions (n=38, 19.7%), health and safety information (n=36, 18.7%), and the opportunity to learn from the UCLA global health community in an intimate setting, including faculty, staff, and other students (n=34, 17.6%). In the 2012-14 academic years, 54 students completed an evaluation upon return from their electives. Of the 41 students who had previous global health experience, 38 (92.7%) agreed that they were prepared. All students with no prior global health experience agreed that the PDO adequately prepared them.

Going Forward: The PDO was successful in preparing students for their global health experiences, regardless of previous experience. Students were especially enthusiastic about the opportunity to interact with faculty in small group settings. Our data are limited by lack

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Assessing access to maternal healthcare in rural Haiti

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Background: Haiti has the highest rate of maternal mortality in the western hemisphere. Fontaine, a small, isolated village in the Northern Plateau Province of Haiti represents one such location where medical services are desperately needed. We were asked by the community to assist in improving access to healthcare for all. To achieve this goal and after discussion with community leadership, we started with a maternal health access assessment to have a better understanding of existing strengths and needs. The purpose of this study was to establish a baseline understanding of the current maternal healthcare practices and to determine the attitudes and perceived barriers to maternal healthcare within this community.

Methods: We utilized both qualitative and quantitative research methods to ascertain the relevant maternal health needs. We conducted 7 focus groups, which were audio-taped and transcribed. The primary author summarized the major themes, which were accepted by the secondary authors. We also revised and locally adapted the 2002 WHO Maternal Health Survey to survey 306 mothers by convenience sampling in order to determine the proportion of women who received prenatal care, the type of care they received, where they received care and if they delivered in a hospital or at home.

Findings: 68% of mothers completed no more than primary school education and 66% identified as housewives or farmers. Of mothers who had delivered in the past 5 years, 95% had at least one prenatal visit from a trained provider. However, 73.8% of these women sought the majority of their prenatal care from TBAs and 75% delivered at home under the supervision of a traditional birth attendant. Themes from the focus groups revealed that although most community members believe that TBAs play a vital role in their community, there is a strong desire to deliver in a hospital under the care of a physician. Financial and geographical barriers were cited as the greatest obstacle in preventing mothers from seeking this care.

Interpretation: Maternal access to healthcare in this part of rural Haiti compares similarly to national rates published in the WHO world health statistics 2013 for Haiti: approximately 25% of women delivered in a hospital. As anticipated, financial and geographic barriers were cited as the major challenges to achieving better healthcare access. Although this demonstrates a significant lack of access to maternal health services, these data revealed that there is a community perception of this need and a collective desire to engage in the creation of solutions for healthcare access such as a local clinic and trained healthcare providers. We plan to utilize this data in the programmatic development process as well as baseline data for further programmatic evaluation.

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Examining ourselves: Who does global health research really serve?

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