

Outcomes & Evaluation: In May 2014, GO and MEME created the materials, available in English, Chichewe (Malawi), and Kinyarwanda (Rwanda). Medical and public health graduate students assisted in quality improvement efforts at partner sites from July-September 2014. In order to test and refine the materials, focus groups were conducted among nurses at QECH and the distribution of booklets was evaluated at PIH's Butaro Hospital. Initial feedback has been positive — nurses and patients have commented that the booklets are useful and content and images are clear and understandable for low-literate patients. In Rwanda, the booklets are being used as a tool to teach patients about treatment and early evidence has suggested that they have facilitated conversations across the ward.

Going Forward: No previous models exist of educational materials targeting low-literate cancer patients in sub-Saharan Africa. As a result, a challenge has been balancing the level of detail necessary to adequately describe cancer, treatment, and self-care recommendations in an understandable way for a low-literate audience. Materials are being revised based on preliminary results from the pilots. Pending funding, a more robust impact evaluation will be conducted in order to further assess the effectiveness and ease of use of the materials in low-resource settings. Going forward, GO is committed to building on existing partnerships in Boston, Malawi, and Rwanda and hope to expand this initiative in 2015 to include other patient populations.

Funding: As of October 2014, this initiative has been volunteer-led and has received no external funding. THE MEME Design has contributed generously to the project through pro bono design services. Student travel and pilot costs have been self-funded.

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Cultural considerations for adaptation of an internet-based intervention for depression prevention in Mainland China

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Background: Internet-based interventions to prevent depression during adolescence have been implemented in Western countries, but there is a lack of information about their feasibility in other countries. Project CATCH-IT (Competent Adulthood Transition with Cognitive-Behavioral, Humanistic and Interpersonal Training) is an internet-based intervention targeting teens at risk for developing depression. The intervention involves working through a set of modules using Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT), Behavioral Activation (BA), and Resiliency Theory. Two previous studies of the intervention in the U.S. showed high levels of user engagement and favorable outcomes on lowering depressed mood and strengthening protective factors for depression. This study explores cultural adaptation of the intervention and what changes, if any, are suggested by a sample of the intended Chinese user for use in Mainland China.

Methods: A small pilot study using the English version of CATCH-IT was conducted in Wuhan, China with adolescents from the Wuhan School of Medicine in April 2013. Students with advanced English proficiency completed 2 modules per week over the course of

two months. At the end, participants completed a feedback survey, in which they evaluated the format (ease of use and discomfort) and socio-cultural relevance for adolescents and emerging adults (Internet program rationale, content and coping skills helpfulness) for each component of the intervention. Twenty students (14 female, 6 male) were surveyed with an age range of 19-23 and an average age of 21. In April 2014, 3 Chinese psychiatrists evaluated CATCH-IT and completed a questionnaire to provide feedback and recommendations. Data obtained were collected and analyzed for recurrent themes.

Findings: All students deemed the intervention helpful for dealing with stress and down moods. Both groups suggested module stories to include themes relevant to the average Chinese adolescent such as pressure for academic excellence, filial piety, and balancing school and social life. Psychiatrists agreed on the retention of CBT and BA modules for an adaptation, however were split on use of IPT in an adaptation. All participants recommended complete translation of the content into Mandarin and the majority suggested more interactive features and less text. All participants agreed that the internet serves well as a delivery model, however dissemination through schools was recommended in the Chinese setting rather than a primary care setting.

Interpretation: This study suggests that an internet-based intervention to prevent depression in adolescents would be useful in China. The results support cultural adaptation of superficial facets of the intervention like language and visuals, and also deeper aspects like IPT and delivery model. Development of a Chinese adaptation should build upon the findings from this study and work to maintain fidelity.

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Evaluation of a community health worker training program on hypertension and diabetes in Limpopo Province South Africa: Retention of knowledge and application within the community one year later

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Background: The loss of health care providers from due to AIDS-related deaths and out-migration is producing severe health care professional shortages in South Africa (SA). The South African Nursing Association (SAN) estimates that the patient-nurse ratio for all of SA is 417:1. Given this high ratio, health care leaders from the Department of Health (DOH) in SA have task-shifted activities traditionally in the domain of professional nurses to community health workers (CHWS). With the increased use of CHWS, there is an increased emphasis on their education and training, especially in the management of chronic health illnesses, hypertension and diabetes.

Methods: To evaluate the retention and application of knowledge by CHWS 12 months after participation in a training program. Subjects: Twenty-four CHWS who were employed by a DOH community-based clinic in Limpopo province. Methods: Self-administered questionnaires and a word-web created by the participants was used to collect the data. Data was analyzed using descriptive statistics (frequencies and percentages) Findings: Of the original twenty-four participants, 100% returned to participate in the study.