

systems and policy change will require continued stakeholder commitment, improvements in data collection and interpretation, and intervention testing, all of which require collaborative/participatory methods to be effective.

Source of Funding: Columbia University (PGIF) and Unilever.

Abstract #: 1.050_HHR

Expanding Pediatric and Maternal Clinical Care and Education Utilizing a Successful Pediatric HIV Infrastructure for Global Health Programs in Resource-Limited Settings

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Program/Project Purpose: This College of Medicine (COM) and Academic Medical Center (AMC), through their joint non-profit focused on pediatric HIV care and education in resource limited settings (Pedi-HIV), have established 8 comprehensive, family-based clinical centers of excellence (COEs) in 7 countries. Through public-private partnerships with governments and donors, Pedi-HIV has created one of the largest pediatric HIV treatment network of affiliated non-governmental organizations (NGOs) training over 74,000 healthcare workers and treating over 300,000 patients.

The success of this model has encouraged other key services integrate into the COE platforms which allows them to address the evolving healthcare needs amongst these populations. Expanded services include women's and maternal health services, pediatric hematology/oncology, pediatric emergency medicine and tuberculosis treatment.

Structure/Method/Design: Pedi-HIV operates COEs by embracing a public-private partnership model with government and donors, operating under memoranda of agreement with government and integrated into each Ministry of Health systems of care. Building on the reputation of excellence in providing pediatric HIV care, barriers to entry for other services to establish treatment and capacity-building programs have been greatly reduced.

Outcome & Evaluation: As a result, treatment and capacity building programs have begun in obstetrics/gynecology, pediatric hematology/oncology, tuberculosis, surgery and anesthesiology, and emergency medicine at 6 of the 8 COEs. The COM/AMC now focuses on developing operational infrastructure, a strategic plan, managing strategic investment projects, defining success metrics, providing operation advice/expertise and providing a forum for discussion, coordination and collaboration to include these expanded services and capacity building initiatives.

Going Forward: The COM/AMC provides a team of qualified individuals across project management areas to support the expansion of the services offered and work with COE leadership in each country to achieve excellence in program development and management and ensure effective utilization of resources.

The COM/AMC will continue to identify resources and partners to build sustainable capacity enhancement, including development of formal training programs, global health rotations,

infrastructure development and improvement. Qualitative and quantitative monitoring and evaluation frameworks have been developed to document improvements and enhanced efficacies in care and treatment.

Source of Funding: Funding provided by the local and U.S. governments, international NGOs, foundations and the AMC.

Abstract #: 1.051_HHR

Healthcare in Nunavik, Canada: Basis for a Mixed Method Study

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Background: For low populated remote areas, like Northern Quebec, it is highly problematic to recruit healthcare professionals. Consequently, workers in such settings practice in a stressful work environment. The source of the stress is both the lack of human resources and the lack of an acquired collaborative mechanism within the context of expanded scope of practice (Strasser 2010, Lessard 2005).

Our study will investigate how the law and healthcare actors' perceptions of the normative instruments impact their capacity to practice collaboratively. Our hypothesis is that there is a relation between collaboration and perception about the normative structure of interprofessional practice. To prove this, we will use an explanatory mixed method (Creswell 2007), allowing us to ensure a comprehensive approach to the research question.

Methods: This study focuses on the two larger professional groups working in Healthcare in Quebec: medicine and nursing.

First, a description of the current normative environment is mandatory. After this stage, our team will conduct a survey research exploring capacities to collaborate, conflict resolution, knowledge of regulation and demographics. These results will then be explored by three focus groups representing remote and urban healthcare workers. Our aim at that stage is to identify themes related to the results from the quantitative phase. Finally, we will analyze the results of all stages by allowing discussion in a group of stakeholders.

Findings: This study is in its earlier stage. Our literature review shows that each profession has its own education process and regulatory body. Nonetheless, the major regulatory bodies related to healthcare in Quebec issued last year a common statement encouraging a collaborative practice.

Regarding regulation knowledge, we found that all but one of the nineteen (19) interprofessional education program across Canada are lacking legal education linked to collaboration.

Interpretation: Silos in education and professional regulation are known to encourage competitive behavior. Although regulatory bodies have a clear political agenda that in theory encourages collaborative practice (OIIQ, CMQ, OPQ 2015), flexible and accessible mechanisms to support such practice are in fact lacking. Possible contributing factors to that absence are lack of knowledge about regulation or perceptions about regulation. We plan to explore these elements in the next stages of our study.

Source of Funding: None.

Abstract #: 1.052_HHR