

food insecurity 63% (N=19), vulnerable populations 80% (N=24), chronic conditions 53% (N=16), hygiene 33% (N=10), regional destabilization 30% (N=9), dust 10% (N=3), injury 17% (N=5), and a failure of stakeholders/government to address community needs 67 (N=20).

Interpretation: The findings of this study have highlighted the importance of better understanding the community health concerns and to further investigate the major health sub-domains, specifically regarding pathogens and water.

Source of Funding: College of Public Health and Health Professions, University of Florida.

Abstract #: 2.085_HHR

We Call Them Miracle Babies': How Health Care Providers Understand Neonatal Near-Misses at Three Teaching Hospitals in Ghana

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Background: Despite global efforts to reduce neonatal mortality, sub-Saharan Africa continues to bear a disproportionate burden. In addition, newborn morbidity is a significant challenge and may provide an increasingly important metric by which to measure improvements in the health care system. One potential metric is the concept of a “near-miss,” or when a baby experiences a life-threatening condition but survives. This term is relatively new, and it is not clear how providers conceptualize or value this categorization. This study sought to address such questions through qualitative interviews of doctors and nurses working in the neonatal intensive care units (NICU) at three teaching hospitals in southern Ghana.

Methods: Three physicians and three nurses were selected from each of the NICUs at the Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, and Cape Coast Teaching Hospital in Ghana (N=18) to participate in qualitative interviews about their experiences and perspectives on neonatal near-misses. Interviews were conducted one-on-one using a semi structured interview guide with additional probes. Interviews were recorded and transcribed verbatim. Transcripts were entered into NVivo 10.0, a qualitative software analysis package and main codes were identified.

Findings: Preliminary results suggest that doctors and nurses working in the NICU do not have a universal understanding of near-miss. However, 15 out of 18 interviewed suggested that a “near-miss” classification might dictate different ongoing management of critically ill babies, allowing more attention and prompt interventions to be directed to babies identified as a “near-miss”. A few providers did not want the label of “near-miss” to divert their attention from ill babies whose condition may rapidly deteriorate despite not initially qualifying as a “near-miss”.

Interpretation: The issue of neonatal morbidity and mortality is extremely complex, especially in under-resourced settings. Although

the health care providers had different understandings regarding a near-miss, a majority were favorably inclined toward a near-miss classification, but some feared that such classification may create a false distinction, in that most newborns ill enough to be in a NICU in a low-resource country are extremely sick. While a near-miss distinction may be useful for researchers, further research is needed to determine the value of adding a near-miss distinction to clinical care routines.

Source of Funding: University of Michigan.

Abstract #: 2.086_HHR

Strengthening the Free Healthcare Initiative and Hospital-Based Service Delivery in Sierra Leone through a hospital-based Social Worker program

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Program/Project Purpose: In 2010, the Sierra Leonean Ministry of Health and Sanitation implemented the Free Healthcare Initiative to improve health service delivery, providing free care for pregnant and lactating women, children under 5, and people with HIV and TB. The goal was to increase service utilization and decrease mortality; however, the 2013-2015 Ebola epidemic undermined service delivery at all levels of the health system, particularly in hospital-based care.

Partners In Health (PIH) has supported Koidu Government Hospital (KGH) since 2015. To improve quality of care, we implemented a comprehensive social work (SW) program in the pediatrics and maternity wards, and for patients living with HIV and TB.

Structure/Method/Design: At the 160-bed hospital, our team employed 1 SW supervisor and 6 social workers. None had formal training in SW previously, but all demonstrated commitment to social justice and patient rights, and were provided orientation and on-the-job training.

All admitted FHCI inpatients are screened by the SW team daily. Social workers ensure that medications are provided for free, as well as blood bank, laboratory, radiology and dietary services. They identify socio-economic vulnerabilities and work with the clinical team to address gaps that impact care. They serve as patient advocates and accompany patients to other facilities for clinical care and diagnostic testing. Supervision is provided daily by the program supervisor and weekly by the clinical team.

Outcome & Evaluation: An average of 208 patients are screened weekly, and 26 referrals to other facilities are supported. In qualitative review, patients report increased ability to access hospital-based services and decreased stigma and need to pay out-of-pocket. In 2016, amongst all district hospitals, KGH was identified as the most successful and transparent implementer of the FHCI. The SW program has stewarded this program to its success.

Going Forward: Our SW program has now expanded to include patients outside the FHCI, as our experience has shown that all