

**Background:** Thousands of global health research projects are conducted every year, with the best of intentions: to improve the quality of healthcare in the poorest countries. However, findings are often not disseminated to those closest to the issues—nationals of the low and middle income countries under study. Rather, they are presented at global health conferences in the higher income countries from which the researchers hail. The aim of the proposed study is to determine the frequency with which global health researchers—particularly students—present their findings in the studied countries. We hypothesize that most global health researchers do not formally present their findings in the very countries in which research was conducted.

**Methods:** For this survey, we will collect information about the extent to which the principal author of each poster accepted to the 2015 CUGH conference has disseminated his findings. Specifically, authors will be asked whether or not the research presented at CUGH has been or will be formally presented in the country in which it was conducted. Additional questions seek to identify barriers to dissemination. Surveys will be conducted and responses stored using REDCap. Eligible participants consist of principal authors who are presenting research conducted outside of the US and Canada. We estimate that 400 participants will meet our eligibility criteria. A link to the questionnaire will be emailed to each participant at the email address provided at time of submission to CUGH. The methods are pending approval from the Institutional Review Board at Vanderbilt University. The email sent to each author that contains the link to the questionnaire will summarize the purpose of the study, as well as the potential risks and the voluntary nature of participation. A decision to click on the link and complete the questionnaire will be viewed as implied consent. We will report the percentage of authors presenting research in the country under their study, as well as a summary of the subjective responses to the questionnaire.

**Findings:** We anticipate a survey completion rate of 90%, which will yield a final study sample of 360. Based on previous experience with global health research, particularly that conducted by students, we believe that the majority of researchers will not have distributed their findings in the country in which they conducted research.

**Interpretation:** If our hypothesis is correct, we as researchers are missing a crucial opportunity to share information with the very people who are in a position to implement the researched changes and programs that can improve health outcomes. The goal of this investigation is to make researchers aware of the need to disseminate their research in the countries they study.

**Funding:** No funding was obtained for this study.

**Abstract #:** 02ETC092

### Maama ne Maama - using community-based digital storytelling to improve maternal health in rural Uganda

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**Program/Project Purpose:** Maama ne Maama (MnM)—meaning “mother with mother”—is a storytelling platform dedicated to improving maternal health outcomes in Uganda, where lifetime risk of death for pregnant women is 1 in 49. The project is taking place over the course of 18 months, from October 2014 to April 2015. Conventional health campaigns target brains with facts; MnM targets hearts through peer stories to combat mistrust, stigma and access challenges expecting mothers face in rural Uganda. Drawing on the power of storytelling and social communication technologies, MnM

aims to increase the number of mothers seeking skilled care and address access challenges.

**Structure/Method/Design:** MnM has three main goals, to collect stories from pregnant women and mothers in the rural Mpigi District; to disseminate the stories as videos, writing and photographs to raise awareness of challenges preventing mothers from seeking skilled care during delivery and provide solutions; and to facilitate education and discussion to better inform birth preparations and decisions. The project is led by the USC Institute for Global Health (IGH) and its longtime partner, the community-based Twezimbe Development Foundation (TDF) in Mpigi, Uganda. Through stakeholders meetings and outreach, the partnership recruited women to share their pregnancy and birth stories. Additionally, doctors, midwives, traditional birth attendants and husbands were interviewed. MnM embedded itself in the community by using existing resources and channels. TDF, respected by Mpigi residents, was swift in reaching out to stakeholders, giving the community ownership of the project. The project functions within existing government health centers and for mothers who don't visit the health centers, MnM delivers the stories through film screenings and personal visits using TDF's village health teams.

**Outcomes & Evaluation:** The project accomplished its first phase—identifying and capturing mothers' and stakeholders' stories while building an online presence. The second phase, currently in progress, involves producing web and media content using collected film and photos. The third phase will disseminate stories in Mpigi and online and evaluate impact. A pre-assessment evaluation to understand mothers' attitudes towards antenatal and delivery care is underway. A post-assessment evaluation will determine if attitudes changed after the mothers see the stories.

**Going Forward:** This project is innovative and technology-heavy, which led to more training and capacity-building than anticipated. Digital media storage and security are ongoing concerns, as is the slow Internet connection when sharing content with Uganda. Additionally,

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### Expanding the access conversation: An edX course on global health quality

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**Program/Project Purpose:** There is growing recognition that improving population health through universal access to care requires a complementary focus on improving the quality of care delivered. The online Harvard University edX course entitled Improving Global Health: Focusing on Quality and Safety provides a centralized curriculum for the emerging field of global health quality. The course launched in September 2014 and will close in December 2014 with the aim of engaging individuals around the world on issues pertinent to healthcare quality. The course seeks to provide a framework for students to meaningfully question “Access to what?”

**Structure/Method/Design:** The course is freely accessible through edX and organized into eight modules on the following themes: Burden of Unsafe Medical Care, Measurement, Standards, Quality Improvement, Health Information Technology and Data, Management, Role of

Patients and Public Systems. Each module consists of a set of 3-7 minute core videos featuring a guided conversation between course faculty and guest experts. Videos are augmented by readings, assessment and survey questions, discussion forums and additional interactive activities, such as live question and answer sessions, with the aim of eliciting student-generated information and feedback. Registration for the course is open and there are no prerequisites to participate.

**Outcomes & Evaluation:** As of October 2014, 15,695 students had enrolled in the course from 141 countries. A plurality (44%) of students were between the ages of 21 and 30 and the majority were female (55%). One third of the students had a master's degree. Nearly eight in ten students reported working in the healthcare field and nearly four in ten were healthcare providers. While students provide feedback through discussion forums in real-time, structured feedback will be captured in a post-course survey and follow up interviews with a randomized sample of participants. Additional metrics of success include: weekly engagement (a composite indicator developed by edX), completion of survey questions (which provide data on perceptions of quality and local context) and total number of students receiving course certificates (which requires a grade of over 60%).

**Going Forward:** The course seeks to continuously improve both engagement and content. This is being done through four primary strategies: First, diversifying presentation of content to improve accessibility in low-bandwidth settings, such as through audio and printed mat

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### Identifying disparity to improve outcomes: Diabetes-related knowledge assessment among primary health care providers in Armenia

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**Background:** Context: No national guidelines exist for treatment of some disease states in Armenia. Officials in Armenia have established diabetes as a priority target. Due to projected increases in diabetes morbidity by the International Diabetes Federation (0.9% annually), it is estimated that by 2030 one out of ten Armenians will have diabetes and diabetes will become the 7th leading cause of death in Armenia. Why the study was done: Provider diabetes-related knowledge in Armenia is currently unknown. Baseline knowledge must be assessed in order to develop effective training protocols and improve education for providers. Aim: To determine diabetes-related knowledge in five categories based on IDF guidelines: diagnosis, pathophysiology, treatment, pharmacology, and complications. Assessment of these key indicators will determine target areas for development and improvement of diabetes outcomes.

**Methods:** Study design: A cross-sectional descriptive study of primary health care providers from two urban and three rural settings in Armenia. The study questionnaire was composed of 20 questions covering the five major areas suggested by the IDF. Participants: The study included 131 participants from urban (41%) and rural (59%) settings. Participants were family physicians (39.7%), nurses (26.7%), pediatricians (6.1%), endocrinologists (3.8%), and other specialists (23.7%). Participants were recruited using convenience sampling

from clinics recommended by the Ministry of Health of Armenia. Analysis: The primary outcome was correct answers. Chi-squared and Fisher's exact tests were used to identify any relationships between demographics and each question or aggregate score. P-values reported indicate a relationship between specific demographics and performance. Consent was obtained by return of completed questionnaire after verbal and written explanation of consent. The study was approved by the University of Utah IRB (IRB\_00072919) and Yerevan State Medical University Ethics Committee (N\_8/14-15). 3

**Findings:** The mean comprehensive knowledge score was 6.85 out of 20 (SD 3.18). 45.80% of subjects were unable to answer any diagnosis question correctly. Only 6.87% were able to correctly identify three out of four treatment approaches, while 37.40% knew at least three pharmacology answers. 35.88% were aware of at least three pathophysiology signs, yet only 2.29% identified all four complications listed. There were statistically significant differences between rural and urban providers regarding diagnosis ( $p = 0.003$ ) and pathophysiology ( $p = 0.003$ ), and also amongst specialties regarding pharmacology ( $p < 0.0005$ ), treatment ( $p = 0.044$ ), pathophysiology ( $p = 0.039$ ), complications ( $p < 0.0005$ ), and overall knowledge ( $p < 0.0005$ ).

**Interpretation:** Armenian primary health care providers lack diabetes knowledge. There are also differences based on location of practice and provider types. These results suggest the need for provider educational programs based on International Diabetes Federation guidelines to improve diabetes-related clinical outcomes in Armenia.

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### The partnership between Mount Kenya University and the University of Cincinnati: A case of interdependent academic innovation

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**Program/Project Purpose:** To increase the positive impact of higher education in a replicable paradigm of collaboration between Mount Kenya University [MKU] and the University of Cincinnati [UC]. Context UC is an Ohio public university, educating over 40,000 students per year. The US News and World Report ranked UC in Tier One of Best Colleges rankings and number 3 of "Up-and-Coming" National Universities. Its College of Medicine accounts for most of UC's \$500,000,000 external funding. MKU is the 2nd largest of Kenya's 52 public and private universities, with 12 campuses, 10 schools, including medicine, and over 40,000 students. Program/Project Period 2007 - present Why the program/project is in place, in one or two sentences To globalize UC in teaching, research, service, clinical care, community development, and corporate social responsibility. To ensure MKU meets internationally accepted academic standards. Aim To enhance education in their own institutions [MKU & UC] and the wider world.

**Structure/Method/Design:** Desired Outcomes Improved institutional Impact through Capacity Building, Research Collaboration, Corporate Social Responsibility, and Ensuring Sustainability. Participants and Stakeholders: How were they selected, recruited? Commitment to providing human, technical, material resources. Competence in teaching, research, clinical care, and community corporate responsibility. Capacity to handle the load and complexities of implementation. Positive relationship with community. Geographic convenience. \* Capacity Building / Sustainability: What is the plan, structure in place to encourage viability? \* A formal liaison (0.5 FTE) begins Nov 1st.