materials. Despite efforts to fund the cost of teaching the seminars, the project has been unsuccessful in meeting its goal of self-sustainability. Next year's team will explore ways for the seminar to be maintained and updated within the community. We are currently investigating opening a computer and Internet station in the village as a source of income to sustain the project year round. In the future, GHI in partnership with ACCESS, intends to develop a sustainable seminar program that will improve the health outcomes for people in this community.

Funding: Private donors & Fundraisers.

Abstract #: *01ETC045*

Women's considerations in disaster risk reduction trainings

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Program/Project Purpose: Since 2011, UIC and Haitian community leaders have conducted disaster risk reduction (DRR) trainings to identify and address community-level vulnerabilities and risks with the aim to build community resilience. Understanding the impact of disasters with respect to gender helps to identify factors that increase vulnerability (Enarson 1998). Historically and culturally rooted unequal power relations create challenging social conditions for women, placing them at increased vulnerability especially in disasters (Jahangiri et al., 2014). In February 2014, UIC and Haitian community leaders collaborated to conduct focus groups to better understand the roles and realities women face in the community areas where these trainings are conducted. A gendered perspective that is incorporated into trainings allows for consideration of needs specific to women. Focusing on issues impacting women is an important means to bridge gender equity and to better tailor existing DRR trainings to effectively minimize vulnerability and develop strategies for resilience.

Structure/Method/Design: This project aims to understand women's health challenges and specific vulnerabilities they face and to develop strategies to best engage them to minimize the effects of disasters. A focus group was conducted with women who live in Bel-Air, Port-au-Prince and are at least 18-years old. Grounded theory was used to analyze a direct transcription of the session. Specific objectives of the session were to identify perceived gaps in the health information needs of women and to determine the key content areas in order to create a women's health module that is relevant and sensitive.

Outcomes & Evaluation: Qualitative data analysis identified three emerging themes that can be integrated into trainings. Each of these thematic categories: 'Community Concerns', 'Women's Health', and 'The Female Role and Identity' represent characteristics that contribute to the vulnerability of women in Bel-Air. The categories can serve as primary content areas to address in a proposed women's health module within the DRR training program. Additionally, several positive attributes emerged which were indicative of optimistic attitudes expressed by women. These strengths are important assets, which can be leveraged to help foster overall development of community resilience.

Going Forward: This analysis provides a foundation for women's health education within DRR trainings. The findings reflect the thoughts, needs, and concerns of women in the Bel-Air community. It is imperative to incorporate women's perspectives of access to resources, legal protection, reproductive needs, and decision-making and power in creating a women's health module. Study limitations include small sample size, a narrow and younger age range of participants that make it challenging to generalize findings to the entire female population. Future study should include evaluation of the implementation of the proposed module to ensure relevance, ultimately minimizing vulnerability for women in an everyday and potential disaster context.

Funding: No funding was provided for this project.

Abstract #: *01ETC046*

Equipping and engaging for global health: Evaluation of a multi-disciplinary course for residents and fellows

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Program/Project Purpose: Global health (GH) training is increasing as its important role in improving clinical skills and cultural sensitivity of trainees is increasingly acknowledged. However, many GH courses are strictly didactic and lack exposure to non-medical aspects of GH. Opportunities to demonstrate the interdisciplinary nature of global health work are often missed. We developed and implemented a two-week intensive GH course for residents and fellows at Stanford University School of Medicine in August 2012 and September 2013. The course incorporated non-medical disciplines including economics, engineering, and public health policy and emphasized interdisciplinary problem-solving to provide a comprehensive understanding of GH.

Structure/Method/Design: Our 10-day course applied multiple modes of instruction, including didactic lectures, case-based learning, hands-on laboratory sessions, and small-group projects. Trainees were selected from across adult and pediatric sub-specialties based on the quality of their applications. 24 trainees enrolled in the 2012 course and 22 trainees enrolled in the 2013 course. Of the 35 trainees completing pre- and post-test surveys, 16 (46%) were in internal medicine and 12 (34%) in pediatric. The remaining 6 (17%) trainees were drawn from Infectious Disease, Urology, Anesthesia, Neurology, and Pathology. Length of prior experience working outside the United States ranged from 0 to 60 months. We measured the effects of the course on learners' knowledge, self-assessed confidence in GH skills, and decision-making using a pre- and post-course survey. Student's t-tests and Mann-Whitney u-tests were conducted on the pre-/post data. The Wilcoxon Signed-Rank test was used to assess differences in self-assessed confidence. We collected data on the usefulness and quality of the content and delivery of each session through anonymous online surveys.

Outcomes & Evaluation: The course was successful in improving both knowledge and skills related to GH practice for both cohorts of trainees, as demonstrated in the gains in test scores. Mean scores (n=35) on the pretest was 58% (SD 2.3) and 73% (SD 2.1) on the post-test, (p-value < 0.000). This improvement in knowledge was both statistically significant and relatively large (Cohen's d=−1.08544 and effect size r =0.47700). We actively applied evaluation data to improve the usefulness of the course to trainees. The 2013 course incorporated more lab and small group case discussions and 80% (39/50) of sessions were rated of either very good or excellent quality on a five-point scale (poor, fair, good, very good, excellent), up from 64% (25/39) of sessions in 2012.

Going Forward: This intensive course is one part of a larger competency-based GH curriculum that also includes mentorship, international electives, and scholarly research. Further study is needed to measure longer-term effects of the course on trainees' work and decision-making.

Funding: The course is supported by the Stanford University School of Medicine.

Abstract #: *01ETC047*