Going Forward: The UTD International Subscription program hopes to collaborate with additional partners such as the University of Malawi, Partners in Health, and Doctors Without Borders for research on its potential impact. Greater awareness of the program could increas

Abstract #: 02ETC089

Evaluation of a structured pre-departure orientation in a medical student global health education program

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Program/Project Purpose: There is limited published information on optimal strategies for preparing medical students for global health electives. In 2010, faculty at the David Geffen School of Medicine at UCLA developed a day-long pre-departure orientation (PDO) designed to bring faculty and students together and using a combination of lectures and small group discussions on topics pertaining to health and safety, cultural sensitivity, ethics, and clinical topics relevant to students' global sites. All students completing the PDO provided an evaluation of the experience. We retrospectively reviewed these surveys to learn the strengths and weaknesses of the PDO. We hypothesized that regardless of prior global health experience, all students would find that our PDO contributed to their ability to be safer, more culturally sensitive, and better prepared for their global health experiences, and that students would also value the opportunity for mentorship in a small group setting.

Structure/Method/Design: In 2010-14, medical students who participated in UCLA's global health education programs were required to attend the PDO. Anonymous surveys were administered at the end of each orientation evaluating the duration and structure, content, and utility of topics covered. The surveys utilized the Likert scale and also included free response questions. Summary statistics were generated using excel. Qualitative data was coded using a grounded theory approach to identify core themes and subthemes. The research was exempted by the UCLA IRB.

Outcomes & Evaluation: One hundred five medical students attended the PDO during this four-year period and completed the evaluations. All students (100%, n=105) reported that small group discussions contributed to their learning and 99.0% (n=104) of students reported learning new information during the orientation. Students identified the following strengths of the PDO: small group and site-specific discussions (n=38, 19.7%), health and safety information (n=36, 18.7%), and the opportunity to learn from the UCLA global health community in an intimate setting, including faculty, staff, and other students (n=34, 17.6%). In the 2012-14 academic years, 54 students completed an evaluation upon return from their electives. Of the 41 students who had previous global health experience, 38 (92.7%) agreed that they were prepared. All students with no prior global health experience agreed that the PDO adequately prepared them.

Going Forward: The PDO was successful in preparing students for their global health experiences, regardless of previous experience. Students were especially enthusiastic about the opportunity to interact with faculty in small group settings. Our data are limited by lack

Abstract #: 02ETC090

Assessing access to maternal healthcare in rural Haiti

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Background: Haiti has the highest rate of maternal mortality in the western hemisphere. Fontaine, a small, isolated village in the Northern Plateau Province of Haiti represents one such location where medical services are desperately needed. We were asked by the community to assist in improving access to healthcare for all. To achieve this goal and after discussion with community leadership, we started with a maternal health access assessment to have a better understanding of existing strengths and needs. The purpose of this study was to establish a baseline understanding of the current maternal healthcare practices and to determine the attitudes and perceived barriers to maternal healthcare within this community.

Methods: We utilized both qualitative and quantitative research methods to ascertain the relevant maternal health needs. We conducted 7 focus groups, which were audio-taped and transcribed. The primary author summarized the major themes, which were accepted by the secondary authors. We also revised and locally adapted the 2002 WHO Maternal Health Survey to survey 306 mothers by convenience sampling in order to determine the proportion of women who received prenatal care, the type of care they received, where they received care and if they delivered in a hospital or at home.

Findings: 68% of mothers completed no more than primary school education and 66% identified as housewives or farmers. Of mothers who had delivered in the past 5 years, 95% had at least one prenatal visit from a trained provider. However, 73.8% of these women sought the majority of their prenatal care from TBAs and 75% delivered at home under the supervision of a traditional birth attendant. Themes from the focus groups revealed that although most community members believe that TBAs play a vital role in their community, there is a strong desire to deliver in a hospital under the care of a physician. Financial and geographical barriers were cited as the greatest obstacle in preventing mothers from seeking this care.

Interpretation: Maternal access to healthcare in this part of rural Haiti compares similarly to national rates published in the WHO world health statistics 2013 for Haiti: approximately 25% of women delivered in a hospital. As anticipated, financial and geographic barriers were cited as the major challenges to achieving better healthcare access. Although this demonstrates a significant lack of access to maternal health services, these data revealed that there is a community perception of this need and a collective desire to engage in the creation of solutions for healthcare access such as a local clinic and trained healthcare providers. We plan to utilize this data in the programmatic development process as well as baseline data for further programmatic evaluation.

Abstract #: 02ETC091

Examining ourselves: Who does global health research really serve?

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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