system is paramount to increasing the quality of follow-up. Implementing an EHR in such venues enhances continuum of care. It allows providers to easily establish a history of care and improve decision making in their medical management. Furthermore, it allows providers to evaluate the long term effects on morbidity and mortality in the communities they serve.

Methods: The study examines records from VCU's Humanitarian Outreach Medical Brigada Relief Effort and the nonprofit Dominican Aid Society of Virginia's STMT providing care to the community of Paraiso, Santo Domingo Norte, Dominican Republic, between 2014 and 2017. Paper records from 2014-15 provide data prior to implementation of an EHR and 2016-17 records provide data directly from an EHR. Records included patients aged 30-89 with calculable CVD risk and hypertension. Retrospective record review included recalculation of CVD risk according to a validated lipid-free classification chart and analysis of prescribing practices.

Findings: Preliminary review pre- and post-EHR data sets demonstrated increase in rates of statin prescription for patients with high CVD risk (19-30% pre-EHR and 79% for post-EHR). The appropriate treatment of hypertension was improved with EHR implementation (77% and 70% pre-EHR and 87% post-EHR). Additionally, failure to assign a CVD risk improved with use of an EHR (63% and 65% of patients in 2014 and 2015 were unassigned CVD risk, and only 0.88% of patients in 2016 were unassigned prior to data analysis). Aspirin therapy in high CVD risk patients was not significantly affected with implementation of EHR technology (31% and 54% pre-EHR and 57% post-EHR).

Interpretation: Improved systems have long been shown to improve performance, and the systematic implementation of an electronic health record for STMT has proved no exception. The standardized entry of CVD risk into an EHR enabling healthcare providers easy review of information prior to prescribing was demonstrated to improve the rates of CVD risk calculation, increase appropriate statin prescription to high CVD risk patients, and increase the percentage of hypertensive patients receiving appropriate anti-hypertensive therapy.

Source of Funding: None.

Abstract #: *2.078_HHR*

Central Role of Relationships in Promoting Careers in Global Health

B. Williams[1], J. Bell, M.D., M.P.H.[2], K.E. Hughey, MD[3], P. Mullan, PhD[3]; [1]University of Michigan, Ann Arbor, Michigan, USA, [2]University of Michigan, Ann Arbor, MI, USA, [3]University of Michigan, Ann Arbor, USA

Background: Medical school curricula in global health most often center around providing coursework and field experiences. Few studies have examined the role of non-curricular aspects of students' experience in facilitating careers in global health. To guide and refine the Global Health and Disparities (GHD) Path of Excellence at the University of Michigan Medical School, we examined the relative value to students of curricular and non-curricular aspects of the GHD Path.

Methods: The GHD Path includes: a) four-year relationship with an assigned Advisor; b) completion of a scholarly field project; c) small group activities in the second year; and d) a Mini Field Project in second year focusing on leadership skills. In the spring of 2016 we administered a survey to the 41 graduating UM Medical students who participated in GHD for all four years of medical school and are reported here. Similar surveys had been administered to GHD students during their first- through third years of school.

For each component of the GHD Path, students were asked to rate the extent to which {component of GHD} "provided VALUE to you" and "provided a positive IMPACT on your professional development." Response categories were "Strongly Disagree", "Disagree", "Neutral", "Agree" and "Strongly Agree".

Findings: Twenty-seven (67%) of the 41 students completed surveys. Other than the capstone project, *all components rated as high value or impact by >80% of students concerned relationship-building*:

Specifically, the percent of students who Agreed or Strongly Agreed that each component provided personal **VALUE** and **IMPACT** on their professional development were:

GHD Advisor **89, 78**
Other GHD faculty **78, 81**
Interactions with other students **89, 89**
Capstone project **82, 81**
Mini Field Project **67, 67**
Small group seminars **63, 52**
Noon seminars **67, 48**
Meet the professor dinners **74, 52**

Similar results were found for students prior to their year of graduation.

Interpretation: Building personal and professional relationships is as important as field experience, and more important than coursework, to developing a career in global health among medical students. Providing these results are confirmed in future studies, programs designed to promote careers in global health should create, nurture, and measure opportunities for students to develop life-long relationships related to their career paths.

Source of Funding: None.

Abstract #: *2.082_HHR*

Ten Keys to Developing a 'Culture of Better Information Use': Challenges and Successes of a Global Nutrition Project

T. Williams; John Snow, Inc, Arlington, Virginia, USA

Background: Why do health projects working in development settings collect data, and how is information used? Often in the past, health programs and donor-funded projects have allowed reporting needs to drive monitoring and evaluation (M&E) systems, placing emphasis on indicators for reporting, but not contributing to decision making and program improvements. There was often little meaningful data collected beyond reporting, to help managers know how well activities were working and whether changes were needed.

In recent years, there is more emphasis on programmatically meaningful data collection, analysis, and use as a way of better understanding projects or programs, and using information to

improve performance and outcomes. Ideally, this leads to a "culture of information use", where all levels of a system are aware of and demand information, and use it for decision making. But many challenges can frustrate that goal, and it takes commitment at many levels to achieve

Methods: The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project has implemented programs in over ten countries worldwide to improve nutrition outcomes. In all countries, we work with local partners to set up M&E systems which meet both reporting and program improvement needs. This presentation is a descriptive discussion of SPRING's experience, documenting the main successes, challenges, and lessons learned.

Findings: SPRING identified 10 steps to a culture of information use:
  1. Start with good (SMART) objectives
  2. Build in M&E systems from beginning
  3. Integrate M&E into program planning/implementation
  4. Build local capacity in M&E and information use
  5. Invest in quality systems (accuracy/ completeness, timeliness, usefulness)
  6. Some of the main determinants of success are not "technical"; organizational and behavioral also key
  7. Don't let reporting needs drive system — vision and objectives should drive it
  8. Keep things simple, and smart
  9. Embrace new (appropriate) technologies
  10. Be willing to be self-critical, but celebrate success

Interpretation: The author will describe SPRING's experience with each of the 10 steps in countries where we work, discussing successes and challenges, and insights that could benefit other projects working in similar settings.

Source of Funding: SPRING is funded by USAID.

Abstract #: *2.083_HHR*

An Innovative Approach to Teaching Global Health Research Ethics

M. Withers[1], S. Kumar[2]; [1]USC Institute for Global Health, Los Angeles, CA, USA, [2]University of Southern California, Los Angeles, CA, USA

As a growing volume of public health and biomedical research is conducted around the world, the multitude of complex ethical issues involved in research with human beings necessitates in-depth, inter-disciplinary training on research ethics as part of the global health education and training curriculum.

Methods: In Fall 2016, we developed a new online graduate course on global health ethics through the Association of Pacific Rim Universities Global Health network. Every week for 11 weeks, an inter-disciplinary group of students from six universities around the world signed on simultaneously to a web-based learning platform simultaneously 2 ½ hours.

Findings: In this interactive learning environment, the students from five countries (Hong Kong, Japan, Mexico, the Philippines,

and the U.S.) and multiple disciplines (law, public health, medicine, anthropology, and biomedical engineering) explored ethical principles in the conduct of global health research and practice. The course aimed to help students gain an understanding of 1) the definitions of global health ethics and bioethics, 2) the international and local protocol and systems in place to ensure adherence to ethical principles; and 3) how different stakeholders and cultures may interpret ethics differently. Given global health work often necessitates working with teams from various backgrounds and cultural contexts, this course provided the opportunity to work with classmates across institutions and regions to develop and hone cultural competency skills and to examine cultural perspectives in research ethics in contentious topics such as end of life care, genomics, assisted reproductive technologies, organ transplantation, and the collection of biospecimens. Using the book "Casebook on Ethical Issues in International Health Research" developed by the WHO, each week students examined a series of case studies on ethical challenges from real-world situations in order to assess and discuss the complexities of public health practice and research ethics in a global context. Weekly guest lectures by international experts from a wide range of disciplines allowed students to interact with leaders in the field.

Interpretation: In this presentation, we will share our experiences on how we developed the course, the key challenges and how they were overcome. We will also highlight recommendations on how to best develop and implement similar courses.

Source of Funding: None.

Abstract #: *2.084_HHR*

Community-Based Health Needs Assessment in Léogâne and Gressier, Haiti: Six Years Post-Earthquake

E. Wood[1], K.S. Chapman[2], V.M. Beau de Rochars[1], S. McKune[1]; [1]University of Florida, Gainesville, USA, [2]University of Florida, Gainesville, Florida, USA

Background: This study is a community-based health needs assessment designed to identify resources and gaps within the community and to prioritize community-identified needs in targeted communities around Gressier and Léogâne, Haiti.

Methods: From January-February of 2016, a community-based health needs assessment was conducted by the University of Florida's College of Public Health and Health Professions in collaboration with local community members, medical care providers, and NGOs. Data were collected using mixed-methods and community-participatory research in the form of interviews with 20 key informants and 12 separate focus groups consisting of between 4-11 individuals each, for a total of approximately 60 participants across all focus groups combined.

Findings: A total of three key domains emerged from key informant and focus group interviews, including concerns, barriers, and solutions to health and healthcare. Key domains were further coded with N-Vivo to uncover sub-domains of particular relevance to participants. Analysis of key informant and focus group interviews identified 11 sub-domains. These domains across all participant interviews include: pathogens 73% (N=22), water 73% (N=22),