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Impact of On-Site Training of Neonatal Resuscitation Techniques in Shirati District Hospitals: Does On-Site Training Improve Knowledge, Attitude, and Practices?

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education centered on the social determinants of health for both Ugandan and international health professional students - engages the contentious topic through structured intercultural dialogue. The methodology utilized provides Ugandan and international students alike the opportunity to not only examine the neglected and controversial global health issue but to develop the critical ability to constructively dialogue.

Structure/Method/Design: SocMed's intercultural dialogue on sexual orientation aims to challenge students to engage in effective communication and develop an attitude and skill-set associated with inquiry rather than one that reinforces ideologies. SocMed utilizes Freirian pedagogy to create an innovative learning environment in which students participate as both learners and teachers to advance understanding of social determinants of health, social experience of illness, effective models for intervention, and applicable models for health advocacy. To discuss sexual orientation, SocMed utilizes a structured intercultural dialogue process, in which students develop skills of active-listening, inquiry, social analysis, and respectful articulation of personal beliefs. After defining terms and soliciting anonymous questions, students are broken into small groups with diverse representation. A series of questions are provided that prompt students to reflect on their own experiences of marginalization, their own socialization to sexual orientation, and health-related concerns of LGBTQ persons. Furthermore, in small groups, students are given the text of recent Ugandan legislation on the topic and are asked to read it, discuss it, and explore explanations for why the bill was introduced in Uganda.

Outcomes & Evaluation: To gauge the impact of the sexual orientation dialogue along with other sessions taught in the 4-week immersion course, a formal self-assessment evaluation tool is utilized at the end of the course. Seventy-nine percent of the students stated that they "agreed" or "strongly agreed" that they found the [sexual orientation] section of the course interesting and [they] learned a considerable amount. Given the polarizing indications of students prior to the session, this represents significant impact. Furthermore, ethnographic observation indicates that students continue to effectively dialogue on sexual orientation outside of class.

Going Forward: Creating safe spaces of trust and mutuality are central in SocMed's evolution; it is an essential dimension for sensitive dialogue to be fruitful. An ongoing challenge is SocMed's capacity to measure the impact of the dialogue on students and on their communities to which they return after the course.

Funding: None.

Abstract #: 01ETC030

Rural health in a global context: case study of human trafficking

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Program/Project Purpose: The modern university has, among its various responsibilities, the need to prepare students to plan for the effects of globalization on our local communities. Accordingly, the University of Montana prepares its public health students for the public health effects of globalization on rural communities. Rural Health in a Global Context, the final didactic course in the Master of Public Health program at the University of Montana, focuses on the intersection of rural and global health as key to mobilizing a new generation of public health practitioners. In 2014 we added a case study on human trafficking to the course. The 2014 Mansfield

Conference on human trafficking stressed the high prevalence and yet opacity of human trafficking in the global dynamic. Approximately 27 million people worldwide are involved in this modern slavery, and for the U.S. as many as 17,500 people are trafficked each year. Quantitative data for Montana are needed, but are not yet widely available.

Structure/Method/Design: The case study on human trafficking used mixed qualitative-quantitative resources compiled by the staff of Senator Max Baucus of Montana. Materials included a video, "Sex Trafficking in Exploitation in America: Child Welfare's Role in Prevention and Intervention;" a PowerPoint presentation entitled "Sex Trafficking in America: The Process of Developing Policy;" a U.S. Senate Committee on Finance Hearing report on "Sex Trafficking and Exploitation in America;" Senator Max Baucus' statement on "Preventing Sex Trafficking in Foster Care;" Senator Orrin Hatch's statement on "Examining Ways to Prevent Sex Trafficking;" and a statement from Asia Graves, Maryland Program Coordinator and Survivor Advocate FAIR girls.

Outcomes & Evaluation: The study determined that, as part of the global energy economy, the opening of the Bakken Oil Fields (shale oil) in eastern Montana and the Dakotas has created boom town conditions (increased population, increased cost of living, lack of housing, increased crime) and an increase in Domestic Minor Sex Trafficking (DMST). Global conditions have changed the local landscape. Student discussion and reaction to these materials was rich and varied.

Going Forward: This global public health problem bridges both developed and developing worlds. Local public health interventions focusing on awareness, education, legislation and enforcement are now being put in play by the state legislature and agencies in Montana. Ultimately, global change dynamics propel local change at increased velocity, and policymakers need to react to the need for faster response to local events driven by global interconnections. The expansion of the MPH program at the University of Montana to include this case study provides an example of the expanding and changing needs of educational institutions in terms of globalization.

Funding: Funding provided by the University of Montana.

Abstract #: 01ETC031

Impact of on-site training of neonatal resuscitation techniques in shirati district hospitals: Does on-site training improve knowledge, attitude, and practices?

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Program/Project Purpose: In Tanzania, early neonatal mortality remains high despite the country's efforts towards improving health indicators. It's estimated that birth asphyxia is involved in up to 30% of early neonatal deaths in developing countries, and is associated with high neurological morbidity for those who survive. Early interventions targeting birth asphyxia were not successful; likely due to low national priority, limited resources, and targeting limited types of providers. Helping Babies Breathe (HBB) is an evidence-based neonatal resuscitation program designed for resource-limited settings. The program follows a basic intervention approach which emphasizes the importance of skilled attendants at every birth. The HBB program has been successfully implemented at eight sites within Tanzania, and has been endorsed by the Tanzanian National Government. However studies in Tanzania have been carried at referral and teaching hospitals and not at a District hospital. The purpose of this study was to examine the effectiveness of teaching HBB at the level of a District Hospital. The project took place June 2014.

Structure/Method/Design: This is a prospective two-phase program evaluation to assess whether on-site training can improve knowledge,

attitude, and practices at a District Hospital in Shirati, Tanzania. Medical students from Touro University—California were trained as instructors for HBB curriculum. During phase 1, students designed pre- and post-surveys to measure whether the training sessions could improve knowledge and attitudes about HBB interventions. Pre-surveys were administered just prior to the training sessions, and post surveys were administered at the end of the training sessions. Participants included hospital labor & delivery staff. A total of 112 sets of surveys were completed during 4 training sessions. In addition, baseline data of birth outcomes were collected from delivery log books. Phase 2 of data collection will take place June 2015, and the new data will determine whether trainings effectively improved practices. Additional trainings will also be conducted at this time.

Outcomes & Evaluation: Results indicate that the trainings were effective, and scores reflecting knowledge and attitudes were improved in the post-surveys. Practices will be evaluated during phase 2.

Going Forward: The goal of this study was to determine if the training of District Hospital's labor and delivery staff improves knowledge and attitudes. Results show that HBB can be implemented effectively in this setting. An ongoing challenge for this program includes language barriers. Although staff could speak English, comprehension levels varied, and some participants had difficulty understanding both the presentation and the survey questions. In future trainings, surveys should be re-written using basic sentence structure, and word choice should be considered.

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Abstract #: 01ETC032

The global alliance on health and pollution: An innovative approach to mitigating the impacts of toxic pollution on human health

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Program/Project Purpose: Data from the World Health Organization and Blacksmith Institute's Toxic Sites Identification Program indicate that pollution from contaminated air (indoor and outdoor), water and soil is the largest cause of death in the world, with nearly 9 million deaths in 2012. The overwhelming majority—94%—of the burden of disease from pollution falls on low- and middle-income countries, the countries least equipped to deal with the problem. Recently more than 30 country governments, donor agencies, and international organizations have joined the new Global Alliance for Health and Pollution (GAHP) to assist low- and middle-income countries clean up toxic sites, prevent re-contamination and guard against future pollution.

Structure/Method/Design: GAHP members are creating a unified front to tackle the various pollution challenges that countries face, starting with putting toxic pollution on the international agenda. Since its inception in 2012, GAHP has had significant impact. Data collection in 40 countries, research, and awareness raising efforts have resulted in the inclusion of toxic pollution in the draft post-2015 Sustainable Development Goals. Several countries have requested support from GAHP, and are embarking on strategic planning processes to tackle pollution nationally. Successful GAHP pilot projects, often using South-South cooperation, have improved local capacity to take action, and resulted in measurable improvements to the health of local communities. Several new technical tools, guidance documents and successful case studies on a variety of different pollution issues are freely accessible to government agencies. GAHP's developing

country members are sharing their experiences and shaping GAHP's strategy and activities.

Outcomes & Evaluation: However, bringing so many groups together has highlighted the enormous challenges to mitigating pollution on a global scale. There is a general lack of awareness of the health impacts of pollution. This is compounded by misconceptions about the main sources of pollution, cost of clean up, and the idea that pollution is an inevitable cost of economic development. The environmental agenda has become fragmented, with pollution challenges separated into issues such as outdoor air pollution, chemicals and food safety. This has kept pollution as a whole from being prioritized in the development agenda, and as a result there is insufficient technical, financial and human resources to address the issue.

Going Forward: The ultimate objective is to assist countries in identifying and managing all pollution streams with the goal of improving public health. A 5-year strategy will help bring attention and resources to this issue including research on the cost of inaction and elucidating the environmental burden of disease. The campaign will help spur countries to request assistance from the international community, as well as convince donors to invest in pollution mitigation.

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Assessing partnership linkages for health workforce and research capacity building in Kenya; Lessons learned

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Program/Project Purpose: Strategic partnerships across key stakeholders are critical to effectively roll out large scale health system interventions. Leveraging existing networks to develop stronger connections between partners can lead to more effective programs. The Medical Education Partnership Initiative (MEPI) focuses on supporting North-South collaborations to improve the quality and quantity of healthcare worker training, increase retention of health care worker, and support locally relevant research in Sub-Saharan Africa since 2010. The University of Nairobi (UoN) Partnerships for Innovative Medical Education Kenya (PRIME-K) program started with two international partners, the University of Maryland-Baltimore and the University of Washington. These two international partners supported program implementation by building institutional capacity through benchmarks for decentralized training, introducing e-learning platforms, improving research administration, support and mentorship, enhancing monitoring and evaluation, increasing innovative training and strengthening libraries. PRIME-K also had strong in-country partnerships with the Ministries of Health and Higher Education that were critical for the initial implementation of decentralized training and research in health facilities across Kenya.

Structure/Method/Design: In years four and five of PRIME-K, the Monitoring and Evaluation team developed a network map from these initial partnerships and, using snowball sampling method, conducted key informant interviews and qualitative analysis of strategic partnership documents. This approach allowed the M&E team to evaluate all of the significant linkages that have been formed since the beginning of PRIME-K and assess their impact.

Outcomes & Evaluation: Over 30 linkages have been developed between partnering stakeholders. With the infusion of resources, PRIME-K created 16 new direct partnerships to UoN. UoN's involvement in MEPI led to over 20 cross collaborations with 11 other universities in Sub-Saharan Africa, 3 Kenyan universities, 5 government entities in health and education, 6 independent