However, research has shown that refugee women often are unable to access necessary health care due to an inability to overcome the geographic barrier of traveling to a medical appointment. The Refugee Reproductive Health (RRH) Committee is a coalition of refugees, government officials, and university researchers who seek to address these barriers and improve refugee health in Salt Lake County, Utah.

Structure/Method/Design: In April 2014, women from the Congolese refugee community participated in a health workshop held at a local multicultural center not far from the women's homes. Volunteers picked up participants to ensure they were able to participate in the workshop. At the conclusion of the workshop, a second set of volunteers discovered that the women were not clear about the location of their neighborhoods nor could they adequately explain how to get to their homes. The researchers completed a basic geospatial analysis of the resources available for these women and connected the resources to the location of the women's homes. Based on this analysis, refugee communities are resettled in locations that are "resource deserts" and not close to resources such as hospitals, clinics, libraries, and grocery stores.

Outcomes & Evaluation: Workshop participants varied widely in their ability to direct facilitators to their homes. Many were unable to provide a street address or directions; those who were able to provide directions to the facilitator generally relied on recognizable landmarks to navigate. Overall, returning home presented significant challenges for most of these women. In October 2014, university researchers identified six Congolese women who were willing to be filmed talking about and navigating through their neighborhoods and communities. We filmed these neighborhood walkthroughs at two different seasons to determine how women viewed their communities and how they navigated them. The overall outcome for this project will be to develop tools that women could use to better understand navigating in the Salt Lake County area.

Going Forward: Because many of the workshop participants were unable to navigate to their own home, it is likely that this population also faces significant spatial barriers in accessing health care. This study suggests that interventions seeking to improve refugee women's health should carefully evaluate the geographic barriers and seek to establish tools to expand the spatial mobility of this vulnerable population. The tool templates developed from this project will be made available for other entities working with refugee and immigrant groups.

Funding: The Congolese Community Specialist (5% FTE) devotes part of her effort to this project; involvement in this project is within the scope of employment of our governmental partners.

Abstract #: *02SEDH010*

Evaluating the developing families center: A unique model of midwifery care, primary care and early childhood education

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Program/Project Purpose: The Developing Families Center (DFC) was founded in 2000 in response to poor maternal/child health outcomes for low-income African Americans in the nation's capital, especially in wards 5, 7 and 8. The range of services provided under the DFC over the past several years include group prenatal care, midwife-attended births at the family health and birth center (on-site) or at Washington Hospital, doulas, breastfeeding support, peer counselors, easy access to WIC and other services that are brought on-site, as well as parenting classes and other targeted social supports to address community needs. A third-party evaluation is currently being conducted to document the various aspects of the model that have made it successful in terms of improving outcomes, and will be the focus of this project.

Structure/Method/Design: Documents have been gathered and reviewed, as the first step in documenting the DFC's successes and challenges, including a precarious funding climate and frequent organizational changes under the DFC umbrella, with limited infrastructure for inter-organizational collaboration. Key informant interviews will be held with three sets of stakeholders from November – December 2014: 1) providers at the DFC, 2) former clients of the DFC and 3) Community Advisory Board members. In total, 26 individuals have been invited to participate in evaluation study interviews. IRB approval for the evaluation study qualitative research has been obtained by the Johns Hopkins University School of Public Health. Interpretation of the interview results will be applied in an expanded logic model, to document key aspects of the DFC's model of care, to inform replication of the comprehensive model, but with improved financial viability.

Outcomes & Evaluation: In part due to the DFC, infant/maternal mortality and C-section rates have been reduced while breastfeeding rates, employment, educational attainment, and community empowerment have been attained. By using a midwifery model of care, and with community advisory board involvement, these goals, and associated cost-savings, have been achieved and demonstrated in the literature. However, DFC has not been financially sustainable to date, since many of its services are not billable.

Going Forward: The evaluation results will help to elucidate the synergistic impact of social supports and services, community leadership and involvement at a local health care center, and the particularly compelling combination of perinatal care and early childhood education. The evaluation aims to document the DFC model as a whole, in order to facilitate its replication both domestically and abroad.

Funding: The DFC has been funded through federal and district-level programs such as Healthy Start Program, Early Head Start Program, Child Care Block Grant, as well as a through variety of private foundations and donors. The evaluation study is being conducted by Jhpiego, an affiliate of Johns Hopkins University, funded by the DFC.

Abstract #: *02SEDH011*

Home and community activity and participation status of clients with neurological disorders after rehabilitation center discharge in a less-resourced country

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Background: Literature on clients with neurological disorders post rehabilitation discharge in less-resourced countries identified many problems participating in their prior home and community environments. Access barriers were a major factor. This study fills a gap in the literature through an investigation into the community reintegration status of discharged clients from the Kachere Rehabilitation Centre, Malawi. The aims were to 1) determine client-perceived disability, 2) explore whether disability varied by diagnosis or gender, and 3) describe environmental barriers. The hypotheses were 1) patients would perceived moderate to severe levels of disability and 2)