

student health care providers and interprofessional collaboration. Our goal is to provide our students with an experience that integrates interprofessional education and cultural awareness amidst a short-term global health experience.

Structure/Method/Design: We designed a Global Health elective for nursing and medical students at Vanderbilt University that would allow students to: Develop cultural humility and informed engagement. Describe and demonstrate appropriate roles of visiting health care providers through participation in sustainable, ethical, and mutually beneficial relationships with the host institutions. Acquire knowledge and skills in the management and education of chronic diseases in resource-limited settings. Learn from and demonstrate interprofessional collaboration. Students were selected through a competitive application process.

Outcomes & Evaluation: The elective included a twelve-week didactic component including medical Spanish, global health ethics, Nicaraguan geopolitical history, health systems, chronic disease education, interprofessional collaboration, and cultural awareness. Each student was assigned to two different interprofessional teams for a patient education and service project. Education teams developed interactive patient education materials in diabetes, obesity, or hypertension- topics chosen by our Nicaraguan colleagues. Service teams coordinated medical supplies, eyeglasses, or the preparation of a journal club event in Nicaragua. The course included an experiential component consisting of a trip to Nicaragua with many opportunities that allowed students to engage in a meaningful global health experience with local providers and patients. Students participated in patient education, health screenings, and supervised patient interaction while learning about the local health care system. The Journal Club facilitated a time for local providers and students to discuss the approach to management of diabetes in resource-limited settings. The experience concluded with a student led poster presentation and discussion with other Vanderbilt students, faculty, and staff.

Going Forward: Initial evaluation has included surveys of students and local providers. We can improve the course by incorporating interprofessional competencies and milestone-based evaluations for students. We also aim to broaden this experience to a longitudinal program incorporating former students to aid in design, implementation, and evaluation of the course.

Funding: The Vanderbilt School of Medicine, Vanderbilt School of Nursing, Vanderbilt Diabetes Center, and student fundraising have funded this program.

Abstract #: 01ETC028

The Afya Bora Fellowship in Global Health Leadership: dual mentorship to strengthen the next generation of African health leaders

C. Farquhar¹, L.P. Newman¹, Y. Mashalla², G. O'Malley¹, E. Seloilwe², O. Gachuno³, T. Odera³, D. Urassa⁴, E. Tarimo⁴, D. Nakanjako⁵, N. Sewankambo⁶, Y. Manabe⁷, K.B. Ousman⁸, S.A. Chapman⁹, M. Muecke¹⁰, D.J. Wiebe¹⁰, J. Voss¹, J.N. Wasserheit¹; ¹University of Washington, Seattle, WA/US, ²University of Botswana, Gaborone, Botswana, ³University of Nairobi, Nairobi, KE, ⁴Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania, ⁵Makerere University College of Health Sciences, Kampala, UG, ⁶Makerere University, Kampala, UG, ⁷Johns Hopkins University, Baltimore, MD/US, ⁸Johns Hopkins University, Baltimore, MD/US, ⁹University of California, San Francisco, San Francisco, CA/US, ¹⁰University of Pennsylvania, Philadelphia, PA/US

Program/Project Purpose: Mentorship is critical to develop effective leaders. The Afya Bora Fellowship in Global Health Leadership

program, a consortium of four African and four U.S. universities formed in 2008, has incorporated a robust dual mentorship component into its training of over 70 fellows. Each Fellow was assigned two mentors to guide professional growth over the fellowship period. Here, we evaluate 39 Fellows' experiences with their mentors between 2012 and 2014, and identify how these relationships prepare Fellows to lead major health programs in Botswana, Kenya, Tanzania, and Uganda.

Structure/Method/Design: As part of their 12-month training, Afya Bora Fellows participate in two 4.5 month experiential learning attachments in the African countries. The attachments take place at pre-accredited "attachment sites", which include governmental (Ministries of Health) and non-governmental organizations (NGOs). Fellows were assigned a Primary Mentor, who is an academic member of the Fellowship Working Group, and a Site Mentor, who is a senior supervisor at the Fellow's attachment site. Mentors assist in providing support to each Fellow to achieve Fellowship objectives and personal goals, and to gain insight into the realities of building a successful career. Evaluations from the Fellows on both mentors were collected once after the first attachment site rotation (January) and again after the second rotation (June).

Outcomes & Evaluation: Content analysis of Fellow interview and journal data showed Fellows were positively impacted by their relationships with mentors. Key domains of mentor influence included relationship attributes ("friendship and support"), scientific knowledge and skills ("teaching/guiding me on how to conduct official research"), provision of feedback ("he gives constructive feedback to my work every time we meet"), career or other guidance ("she advised me to apply for a job...luckily I was taken for that position"), and professionalism ("keeps his word and time despite busy schedule"). Fellows reported some differences between Site and Primary Mentors. Primary Mentors were better able to provide emotional support for professional issues ("discussed culture shock/adjustment") and encouragement for Fellows to go outside their comfort zone ("urged me to work tall and take up distinctive tasks...without fear/hesitation"). Site Mentors were better able to serve as an advocate for attachment site assignments ("prepared the ground for orientation, information, and technical assistance from her and other staff").

Going Forward: Dual mentorship can provide a rich range of complementary skills and expertise that is valuable to Fellows, including modeling professional behaviors and teaching specific skills. This aspect of the Afya Bora Fellowship is of great value to participants and will continue for future cohorts.

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Abstract #: 01ETC029

Let's talk: Intercultural dialogue on sexual orientation in global health

A.C. Finnegan¹, M.J. Westerhaus²; ¹University of St. Thomas, St Paul, MN/US, ²Center for International Health/University of Minnesota/SocMed, St Paul, MN/US

Program/Project Purpose: The ability to dialogue with individuals with whom one disagrees is integral to working across difference and building partnerships in global health. In Uganda, the subject of sexual orientation offers a controversial subject for such skill building. In Uganda and abroad, this issue raises raw emotion, religious rhetoric, childhood stories, human rights-based talk, activism, and animated debate. SocMed - a non-profit committed to transformative

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

K. Fox¹, C. Borth², J. Fife², A.L. Golbeck², C. Molgaard²; ¹School of Public and Community Health Sciences, University of Montana, Alexandria, VA/US, ²School of Public and Community Health Sciences, University of Montana, Missoula, MT/US

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.

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Abstract #: 01ETC031

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

T. Fuchs¹, Y. Nibbe², E. Mahmoud²; ¹Touro University College of Osteopathic Medicine - California, Vallejo, CA/US, ²Touro University - CA, Vallejo, CA/US

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,