

Program/Project Purpose: The Global Health program at Ben Gurion University (BGU) provides students with a comprehensive learning experience that combines theory and practical work that actually demonstrate aspects of global health and social justice. An intense, one-month, summer program was first launched last summer based on a platform of a previous full semester course. The program aims to introduce students with key concepts and theories of public health ethics, globalization and their interactions.

Structure/Method/Design: Located in the Negev desert, BGU is involved in the development of Israel's southern periphery, and its health faculty is engaged in researching the impact of geopolitics on access to health services and social determinants of health. Israel holds a unique position on the perspective of global health: It stands at the forefront of both bioscience and social medicine, maintaining a developed medical infrastructure that provides relatively generous healthcare coverage to its citizens. Nevertheless, Israel's unique demographic and social composition introduces challenges of health disparities and social justice. These characteristics present a "living" laboratory opportunity for the study of health challenges in globalized societies. The way we found most efficient to fulfil the course aims, was the integration of a practicum into the more traditional theoretical part, where students can work with NGOs that have strong relation to questions of social justice.

Outcomes & Evaluation: Following this principle teaching methods integrate frontal teaching, field trips and a practicum: In the first part student delve into the study of global health from the perspectives of public health as well as from the viewpoint of globalization theories; in the second part of the program specific topics and case studies of global health are tackled. Different ways in which global processes impact the distribution of health resources, pose new bioethical quandaries and alters our understanding of health are discussed. Integrated into those discussions are considerations of ethical, social, political and historical concerns related to global health. Field trips to diverse sites are also conducted for direct exposure to those topics, among them are immigration, Eco-health and health diplomacy. In the final part of the program, students are placed in a one-week practicum to have on-the-ground experience in issues facing the global health workforce. Evaluation by an external reviewer from BGU sociology of health department has been carried to capture changes in knowledge and strength and weaknesses of the program.

Going Forward: This year graduate students from Israel, U.S., India and China participated with a variety of backgrounds: MDs, public health graduates-students, social workers and psychologists went through the program. In the coming years we aim to broaden the scope in terms of having more disciplines and countries involved.

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Knowledge, attitudes and barriers of infection control among healthcare workers in rural Uganda

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Background: Infection control (IC) practices in resource-limited hospital settings are often inconsistent and non-compliant with international standards set out by the World Health Organization (WHO). The prevalence of hospital acquired infections (HAI) is therefore disproportionately higher in resource-limited nations

compared to resource-rich nations. Healthcare workers' (HCW) IC practices have already been studied at larger, urban hospitals (with 400-1500 beds) in Asia and Africa; however, it was found that a good knowledge of IC doesn't correlate with improved IC behavior, and other factors contribute to those HCWs' poor hand hygiene (HH) rates. This study addresses the gaps in understanding about infection control in rural, under-resourced African hospitals. The aims of this study are to identify factors that predict appropriate use of IC measures amongst HCWs in rural hospital settings (specifically knowledge and attitudes toward IC), as well as barriers to IC that could be targeted for future HH interventions.

Methods: Structured interviews with 117 healthcare workers (88 employees and 29 clinical students) were conducted at a 160-bed governmental hospital and a 210-bed private hospital in Kisoro, Uganda using a verbally-administered, IRB-approved survey instrument. The primary outcome of IC behavior was calculated with a composite score, where Likert-scale answers were summed together to produce a behavior score for "HH practice" and "glove use." Composite scores for HH knowledge were calculated, breaking down into "Knowledge of WHO's Five Moments for HH," "General Knowledge of HH" and "Knowledge of glove use." Knowledge scores, attitudes, and barriers to IC were compared to self-reported HH behavior.

Findings: When self-reporting behavior, 80.2% of HCWs reported that they "always" or "frequently" washed their hands between patients, yet running water availability was hospital-dependent. 75% of HCWs reported hand sanitizer (HS) was occasionally, rarely or never available. Only 44% of HCWs interviewed have ever had personal access to HS in the past, and, among those HCWs, 78.5% reported always or frequently using it between every patient. Knowledge about the WHO's "5 Moments for HH" and glove use were correlated with higher composite behavior scores in HH and glove use ($p < 0.05$). Greater perceived importance about HH exhibited by administrators and coworkers was correlated with higher HH behavior scores ($p < 0.01$). Perceived lack of time to adequately perform HH was inversely associated with HH behavior ($p < 0.05$).

Interpretation: In this evaluation, HH behavior and the factors influencing HCW behavior differ significantly from larger, urban hospitals in developing nations. Greater HCW knowledge about HH correlated with better IC practices in these two rural hospitals; however, lack of access to HS/water and time constraints contributed to overall lower rates of HH. These specific factors and unique working environments should be considered when developing hand washing intervention programs in rural, under-resourced African hospitals.

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Development of an interprofessional international experience course for healthprofession students

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Program/Project Purpose: This program is an annual fall/winter college-level course that includes service learning in Nicaragua for the Schools of Occupational Therapy, Physical Therapy, Dental Health Sciences, Pharmacy, Physician Assistant Studies, Audiology, Professional Psychology, and Healthcare Administration. The program begins with a 2-credit course focused on preparation for the in-country experience and ends with a 2-credit course that includes 10 days in