

health seeking behavior with those in the highest wealth index being 4.11 times (95% CI: 1.86-9.11; $p < 0.000$) more likely to achieve the recommended level of care and 3.13 times (95% CI: 1.57-6.25; $p < 0.001$) more likely to achieve the middle level than the lowest level.

Interpretation: By determining differences between mothers achieving the full recommended maternal health visits versus those achieving less optimal levels, we recommend that maternal health interventions target multigravida and low-income mothers to achieve the greatest impact in increasing achievement of all recommended maternal health visits along the continuum of care in rural Tanzania.

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Abstract #: 01SEDH019

Adolescent suicide among the Guarani-Kaiowá in Dourados, Mato Grosso do Sul, Brazil

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Background: Suicide is a major global public health problem, and the burden of suicide is unevenly distributed across societies and ethnic groups; high rates of suicide among indigenous populations and especially among indigenous young adults have been documented in many different societies. Previous studies have demonstrated a very high burden of adolescent suicide among the Guarani-Kaiowá in Mato Grosso do Sul Brazil. The purpose of this study was to establish the current suicide epidemiology, perform in-depth stratified analysis, and to conduct focus group interviews with different segments of the Guarani-Kaiowá community to learn more about possible risk and protective factors.

Methods: The study was conducted in indigenous reservations in Dourados and Itaporã, Mato Grosso do Sul. Two different approaches were taken to further investigate this phenomenon: (1) an epidemiological study of suicide rates in the local indigenous healthcare office catchment area that consisted of village and household-level risk stratification in this population for the first time and (2) a community-based qualitative study consisting of 15 focus group interviews with community health workers, community leaders, and young adults (aged 16-22) designed to develop an understanding of community perceptions of suicide as well as to identify possible risk and protective factors. Community participants were volunteers who fit the following criteria: (1) were identified as a community leader by the village chief; (2) work as a community health agent or health worker; or (3) is a Guarani-Kaiowá adolescent aged 16-22 years. The primary outcome for the epidemiological study was suicide mortality, and stratified analysis was performed based on important demographic variables including age, sex and village of residence. This study was approved by the Yale University IRB, the ethical review board at Universidade Federal da Grande Dourados, and the village chiefs. All participants signed a written consent form and for participants under 18, guardian consent as well as participant assent was required.

Findings: This study confirmed a high rate of overall and adolescent suicide among the Guarani-Kaiowá, and also provided new insight into differential suicide mortality rates among

different neighboring villages, differential age of peak risk between men and women, and a dramatically heightened risk among those living in households with a previous suicide case. Additionally, in the qualitative component, familial dysfunction, marginalization, lack of access to educational and employment opportunities, and alcohol use were identified as possible risk factors, whereas attending school and an intact family structure were identified as possible protective factors.

Interpretation: The results of the study have important public health implications and will be utilized by the local indigenous health care office (DSEI - Polo Base Dourados) to develop and improve targeted suicide intervention and prevention strategies.

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Abstract #: 01SEDH020

Sexual communication self-efficacy (SCSE) mediates relationship power and consistent condom use among heterosexual couples in Soweto, South Africa

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Background: Heterosexual couples in primary relationships are one of the most at-risk groups for HIV in South Africa. Evidence suggests that women with greater power in their sexual relationships are more likely to engage in HIV prevention behaviors such as consistent condom use. However, few studies examine the mechanisms through which this occurs. Drawing from the Social Cognitive Theory, we aimed to test the hypothesis that sexual communication self-efficacy (SCSE) mediates the association between relationship power and consistent condom use among couples in Soweto, South Africa.

Methods: Heterosexual couples (N=208) from Soweto, South Africa participated in a cross-sectional study on HIV risk behavior and relationship dynamics. Couples were recruited from community and clinic settings using non-probability, venue-based sampling. Couples were eligible if both partners were 18 years or older, and had been in the relationship for at least three months. Each partner was individually consented, and completed an interviewer-administered survey that assessed condom use, relationship power, and SCSE. The proportion of protected sex acts in the last 30 days was calculated for each partner, scores were averaged to obtain the outcome measure of couple-level consistent condom use. The SCSE scale assessed participants' confidence in their ability to communicate about sex. Partners' scores were averaged to obtain the couple-level SCSE score. The Sexual Relationship Power Scale (SRPS) assessed relationship power among female participants. SRPS scores were trichotomized (0=Low power, 1=Moderate power, 2=High power). Bivariate logistic regressions assessed whether SCSE and relationship power were each associated with consistent condom use (0= < 100% condom use; 1=100% condom use). Binary mediation analysis was conducted to assess whether SCSE mediated the association between relationship power and consistent condom use.

Findings: The average age was 34 years (men) and 31 years (women), and average relationship length was 5.5 years. The majority of couples were unmarried but in a committed relationship (86%). Overall, 37% of the couples reported consistent condom use in the

past 30 days. Bivariate analyses yielded positive associations between high female relationship power and couples' consistent condom use (OR=3.92, $p=0.02$, 95% CI: 1.31-5.73), couples' SCSE and couples' consistent condom use (OR=1.33, $p < 0.001$, 95% CI: 1.21-1.46) as well as high female relationship power and couple's SCSE (OR=3.39, $p=0.001$, 95% CI: 1.77-5.01). The mediation analysis revealed that couples' SCSE explained 86% (95% CI: 0.06-0.28) of the association between high female relationship power and couples' consistent condom use.

Interpretation: SCSE mediates the association between high female relationship power and consistent condom use among heterosexual couples in South Africa. Future interventions that equip couples with the skills to communicate effectively about sex and HIV, and promote equitable power dynamics in sexual relationships could increase consistent condom use and prevent HIV transmission in couples.

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The refugee health passport: a portable medical history tool that facilitates communication for newly arrived refugees in interpretation-limited, acute care settings

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Program/Project Purpose: In 2014 the University of Ottawa's Refugee Health Initiative (RHI), a medical student-led interest group, launched the Refugee Health Passport (RHP) pilot project. The RHP aims to address potential inequities in acute care provision, arising from language barriers between care providers and refugees. It is a patient-held medical record that provides critical information to healthcare workers; for use in acute care encounters with newly arrived refugees when interpretation services are unavailable. The RHP is implemented through the RHI Community Service Learning (CSL) program, currently in its third year of operation. This program coordinates student volunteers to assist refugees in their first year of resettlement, in partnership with the Catholic Centre for Immigrants (CCI) and the Canadian Collaboration for Immigrant and Refugee Health (CCIRH). By providing refugees with a communication tool for acute medical situations, the RHP helps fulfill RHI's three objectives: 1) To support newly arrived refugees in their first year of resettlement and to help families navigate the barriers that prevent integration into the Ottawa community, 2) To provide relevant cultural competency training to medical students, and 3) To work collaboratively with community partners to fill needs that are not currently being addressed by other program mandates.

Structure/Method/Design: The Refugee Health Passport is a patient-held booklet designed by students, in consultation with physician advisors, that includes: 1) A streamlined medical history relevant to acute care situations 2) Space for medical professionals to add new information, and 3) A basic medical translation tool, for the language of the passport holder. During routine medical intake interviews, medical students fill out an RHP for each new refugee client, under the supervision of a physician. Passport holders present their RHP to health care providers during future acute care encounters to facilitate communication.

Outcomes & Evaluation: To date, the Refugee Health Initiative - Community Service Learning program has trained 46 students as 'health brokers' for the refugee population. These students have contributed over 1500 hours of community service and provided support to 21 refugee families in Ottawa. This year the program will be serving nine new families. A formal evaluation of the CSL program is

underway in 2014-2015 and will include evaluation of the RHP through feedback from physicians, students, refugees and community partners.

Going Forward: Priorities moving forward are to identify and address logistical problems with the use of the RHP as it is incorporated into the RHI's medical interview. Obtaining proper informed consent and appropriate use of the passport is dependent on reliable interpretation during this medical interview. Ethical and legal questions pertaining to the passport's content and use are being reviewed with the guidance of experienced physicians and lawyers.

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Hands-on approach to psychiatric research training in India and Egypt

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Background: Psychiatric research lags in low and middle income countries (LMIC), partly due to a dearth of trained researchers. Though research training is available in many LMICs like India and Egypt, it suffers from a lack of resources and is, consequently, unpopular. Meanwhile, research training is relatively expensive in high income countries, so we explored the feasibility of supplementing research training in India or Egypt with mentored, focused, training in the USA. The collaborative enterprise relied on consensus building and on equitable partnership.

Methods: The training program, based at the University of Pittsburgh (Pitt), was initiated in 1990 in India and extended to Egypt in 2001. To be eligible, trainees need to be registered for postgraduate training at selected sites in India and Egypt. They are selected competitively and are teamed with local and US training faculty who assist each trainee to design and implement a research project; financial support is provided for the research project, and additional didactic training is offered on a case-by-case basis. Needed didactic and practical training at Pitt complements local didactic course work and local research supervision. Ethics training is mandatory. Trainees are encouraged to publish their results, use their data to seek independent funding, and join a training faculty "without walls" on graduation. Trainee progress is tracked during and after the training process.

Findings: The initial collaboration with Dr. Ram Manohar, Lohia Hospital, Delhi (RML) now extends to five other sites in Delhi, Hyderabad and Manesar (India); Mansoura and Cairo (Egypt). We have mentored and trained 18 individuals successfully, of whom 13 have received local faculty appointments and 8 have joined our training faculty. All the trainees received didactic and practical training at Pitt. One trainee subsequently won independent NIH funds for her post-training research. We have helped establish and equip functioning psychiatric genetics laboratories in Delhi and Mansoura. Currently, 5 research projects are in progress, of which two were developed among Indian or Egyptian collaborators with minimal US faculty involvement. We have published over 50 peer reviewed manuscripts in international journals.

Interpretation: It is feasible to establish, nurture, grow, and sustain research training programs with cross-site LMIC-US collaboration. The overall effect is to enlarge the research cadre and expand research activities. Our collaboration has evolved successfully to encompass "South-South collaborations." Ensuring support and enabling funds