

primary and district hospitals. To date, 4 workshops with over 80 attendees have been conducted with a 3:2 nurse:physician ratio for attendees. We are continuing efforts at communication with nursing leadership at PMH to improve retention of nurses who have received advanced training in pediatric oncology.

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Grassroots global health: An Ethiopian experience

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Program/Project Purpose: Our aim was to form an American/Ethiopian research collaborative using the principals of contextual fit (Damschroder et al., 2009; English, 2013). Contextual fit matches strategies and procedures of research to values, needs, and skills of individuals experiencing the project. The program occurred in June-August 2014 and focused on epidemiological research questions.

Structure/Method/Design: The goals of the program were to (1) initiate international collaboration at a student level (2) perform public health research and (3) improve the capacity of students and faculty to perform future studies. American students traveled to Addis Ababa and established research collaboration with Ethiopian students and faculty. Ethiopian students and faculty were selected based on their interest in international collaboration and research expertise. Through this partnership, we established joint ownership of a monetary-independent initiative. Ethiopian faculty assisted in research planning, gaining ethical approval, connecting students to prominent figures within the medical system, and supervising research. Using Ethiopian mentors, we promoted project sustainability and set the stage for future student-led research.

Outcomes & Evaluation: Outcome of Goal (1): We signed a MOU between an American student-founded NGO and Addis Ababa University School of Public Health. We designed research studies and gained ethical approval from U.S. and Ethiopian academic institutions and the Ethiopian government. Close involvement of Ethiopian faculty was essential during the review process. Outcome of Goal (2): Students completed data collection that assessed methods of pre-hospital transport to Black Lion Hospital, the temporal association between hospital admission and pediatric mortality and the prevalence of pediatric illnesses. Data analysis is ongoing. Outcome of Goal (3): Students gained hands-on experience in research conduct, writing proposals, study methods, analysis and ethical considerations. Students learned about IRB review, acquired governmental approval in Ethiopia, and coordinated/collected data at multiple sites, including Black Lion and Zewditu Hospital and Teklehminot, Bole, Kasanech, and Kirkos Medical Centers. Ethiopian students completed most of the data collection after the American cohort left Ethiopia. Evaluation of results is ongoing.

Going Forward: Challenges included communication between American and Ethiopian cohorts. Ethiopian faculty mentors helped navigate the Ethiopian medical system and alleviated many barriers. Unmet goals included using four of seven approved study sites and the impact of Goal (3) has yet to be evaluated. Going forward, we aim to work with Ethiopian faculty and students to design community

outreach programs based on research results, assess student capacity and analyze patient outcomes after educational interventions in Addis Ababa. Our unique, student-initiated program builds leadership and research capacity for both American and Ethiopian cohorts. By initiating mentorship with Ethiopian faculty, we contextually fit our project so students may experience and flourish in global health.

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Clinical preventive services: Operationalizing tribal consultation priorities and supporting the IHS directors' initiative

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Program/Project Purpose: The Great Plains Tribal Chairmen's Health Board (GPTCHB) serves 17 American Indian reservations and one IHS service unit in North Dakota, South Dakota, Nebraska and Iowa; and Indian Health Services (IHS) is the primary healthcare provider for Tribes in the Aberdeen Area IHS region. American Indians in this region have the highest mortality rates compared to other racial and ethnic groups and even other American Indians in the country. As a result, GPTCHB and Tribal leadership deemed clinical preventive services as the second leading health priority in their Budget Formulation for 2015 to focus on upstream causes of morbidity and mortality.

Structure/Method/Design: To operationalize this objective, GPTCHB sought to determine how often high-impact preventive health services were being offered in IHS service units. The focus was on relatively low-cost and high-yield clinical preventive services, and we ultimately decided to use data published by Maciosek et al in 2006 that ranked clinical preventive services based on cost-effectiveness (CE) and clinically preventable burden (CPB). The IHS routinely uses Government Performance and Results Act (GPRA) indicators to demonstrate that IHS is using funds effectively. Therefore, through an assessment of GPRA indicators and a query of the Resource and Patient Management System (RPMS), we evaluated how often the top nine clinical preventive service priorities were offered in one service unit during the 2012 GPRA year.

Outcomes & Evaluation: Overall, we found that preventive services were inconsistently and infrequently documented and/or offered to patients in this region. We used these results to then educate healthcare providers about priorities among preventive services and about how often the facility was offering these services. Information regarding Medicare and Medicaid coverage of these high value preventive services was additionally discussed for each preventive service with healthcare providers and personnel to increase awareness about how to expand and standardize possible billing opportunities.

Going Forward: Several barriers prevent Tribal members from benefitting from these preventive services, and some barriers include silos of care between different branches within a service unit, limited specialist providers to perform invasive screenings, lack of transportation for patients residing in areas further from healthcare facilities, and greater emphasis on acute care services rather than routine preventive services. There are many clinical preventive services that have not been included in the study because research was based on national data and risk profiles, but future studies may also include services related to sexually transmitted disease education and obesity screenings. Although this study was merely an initial step in