

**Background:** The availability of healthcare services is limited in Paraiso, Dominican Republic with the nearest full-service hospital located 34.1 km away. A local, underutilized clinic was unaware of the needs of this disadvantaged community.

**Method:** Researchers adapted a World Health Organization assessment survey with the goals of determining residents' priority needs and an appraisal of the current clinic capabilities and gaps in services in order to provide the community with relevant healthcare. 106 families were randomly selected in seven separate geographic areas of Paraiso to participate in the self-report assessment. Researchers, along with a community volunteer, conducted interviews utilizing the 63 question instrument. 105 families agreed to participate representing 504 individuals.

**Findings:** The findings highlighted community concerns; depressed economy (54%), health concerns and lack of access to adequate healthcare (63%). Other findings include the presence of communicable disease, disease comorbidity, parasitic infections and the discovery that chikungunya is present (10.5%). Participants indicated a desire for hospital services in the community: full hospital services (48%); women's health (23%); access to medications (38%), all lacking within the present clinic.

**Interpretation:** Results from the assessment will serve as a foundation for the development of strategies to best meet community needs and create a financial and operational sustainability model. The collected data is being utilized in the development of a collaborative plan with a local Dominican, non-governmental organization (Instituto Dominicano de Desarrollo Integral), a hospital network in the U.S. (Western Connecticut Health Network/Danbury Hospital in partnership with University of Vermont College of Medicine) and a College of Nursing in the U.S. (Sacred Heart University in Fairfield, CT) to transform the current clinic into a 35 bed hospital. Other plans include the education and training of a healthcare team, including a lead physician, to provide sustainable healthcare that will match the needs of the community.

**Funding:** Western Connecticut Health Network; Sacred Heart University, College of Nursing; University of Vermont, College of Medicine.

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### **Innovative, but what about sustainability? Lessons learned in nursing and midwifery workforce development**

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**Program/Project Purpose:** Sustainability is a word used in global health to discuss successful projects or interventions, as it is essential for the work to be continued after the initial pilot and development stages. Often this is a challenge in resource-limited settings, especially when funding cycles are finished, donor organizations shift their priorities, or even when there is not sufficient buy-in from stakeholders. Buy-in was never a problem in the development of a continuing and professional development library for nurses and midwives in east, central and southern Africa as the need and interest in having online, mobile-friendly trainings accessible was expressed by leaders in the region. Human resources and infrastructure, however, are the challenges in the sustainability this project. Continued investment by nursing leaders has been underway to make this a lasting resource for the region, as often providers cannot attend in-person trainings in

order to stay updated for relicensure purposes. Sustainability of the continuing and professional development library hosted on the East, Central and Southern Africa College of Nursing (ECSACON) website has been the focus of this project since the beginning; however, after the launch of the website in 2014 information technology challenges persisted and as resources dwindled a partially functioning website was the result. This was the leading barrier in seeking donor support to sustain this nearly completed project.

**Structure/Method/Design:** Creation of a sustainability plan is the priority. Meetings and interviews were held with nursing leaders when funding was completed in July 2015. A stakeholder analysis was conducted and another meeting was held with nursing leaders in Harare, Zimbabwe in November 2015 to develop a sustainability plan.

**Outcome & Evaluation:** To date nursing and midwifery support is still high for this project, and continued buy-in will be generated with global health leaders after the November 2015 African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC) Summative Congress Meeting in Harare, Zimbabwe, resulting in an updated sustainability plan for the library.

**Going Forward:** Sustainability for this program is key in order for this library to be a lasting resource for nurses and midwives in the region.

**Funding:** This project was supported by the Afya Bora Consortium Fellowship funded by the National Institute of Health, Office of AIDS Research, and Health Resources and Services Administration grant number U91HA06801 and a 2014 Afya Bora Career Development award supplement to Kristen Hosey from the University of Washington Center for AIDS Research (CFAR), an NIH funded program under award number P30AI027757 which is supported by the following NIH Institutes and Centers (NIAID, NCI, NIMH, NIDA, NICHD, NHLBI, NIA, NIGMS, NIDDK). Funding for the development of ECSACON's on-line CPD library was provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through a cooperative agreement from the U.S. Centers for Disease Control and Prevention (CDC) to the Emory University on behalf of The African Health Profession Regulatory Collaborative for Nurses and Midwives (ARC).

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### **Asili: Evaluating a novel multi-disciplinary social enterprise intervention on population health in the Democratic Republic of Congo**

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**Program/Project Purpose:** Child mortality in the Democratic Republic of Congo (DRC) occurs at a rate of 108 deaths per 1,000 live births, the 5th highest in the world, with more than 1 in 10 children dying before reaching age 5. The eastern region of DRC, is still recovering from decades of conflict that destroyed infrastructure, ruined livelihoods, and caused massive displacement. Innovative strategies are needed to improve child health. The American Refugee Committee and [Ideo.org](http://Ideo.org) co-created Asili (foundation

in Swahili) in 2014, an innovative, scalable solution to reduce poverty and improve child survival in South Kivu Province, DRC.

The program start-up phase will conclude in 2017 and Stanford researchers are implementing the ongoing evaluation.

**Structure/Method/Design:** Asili is a membership-based social enterprise that provides access to health services, clean water and an agricultural co-operative in South Kivu. Through its innovative multi-sectoral intervention, Asili aims to improve child health and create a self-sustaining business model. The social enterprises are delivered through local partners: Clean water kiosks developed by Associations des Usagers de Réseaux d'Eau Potable; (2) Small-format health clinics initially based on the HealthStore franchise model used in Kenya and Rwanda; and (3) Agriculture co-operatives for improved crop production, use of improved seed varieties, and nutritious home gardens, building on an existing Congolese cooperative model run by Action Sociale d'Organisation Paysanne.

**Outcome & Evaluation:** From July 2nd, 2014 - September 29th, 2015:

- The small-format health clinic saw 1,209 patients.
- 900 farming families enrolled and were given potato seeds and training in improved agricultural techniques. To date, these farmers have produced 250 tons of food.
- Asili has sold over 1.5 million liters of clean, safe water from its 17 operational water points.

Baseline data from a household survey are scheduled to be collected in Zones 1 and 2 in December 2015 and will be applied to improve project implementation.

**Going Forward:** Asili will expand to four zones by the end of 2016 with all business lines expected to be profitable within three years of operation.

**Funding:** Asili is supported by funding from USAID under cooperative agreement #AID-OAA-A-15-00026 and a consortium of other private donors and social investors.

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### Building interprofessional teams for Belize

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**Program/Project Purpose:** The Rush University Belize Immersion Experience (RUBIE) program was created in 2004. The program objectives developed in collaboration with Belize partner, Hand in Hand Ministries (HHM), focuses on 3 major goals: public health education, student's international experience and house building. Over the past sixteen years, more than 200 students, faculty, and staff from specialties such as general medicine, pediatrics, nursing, allied health and administration, have participated in this program. Every year multidisciplinary teams spend a week in Belize during late fall/winter building a home and providing public health services. Expectations include: 1) developing cultural sensitivity competencies through on-line modules; 2) preparation of educational materials; 3) fundraising for the cost of the house to be built; and 4) development of scholarly product to be presented at Rush Global Health annual symposium.

**Structure/Method/Design:** The goal of HHM "to work with people and organizations to deliver life's essentials...food, water, shelter, clothing, education, and medicine...to the poor" and

sustainable model of this non-profit made it an ideal partner for Rush. Ten students and four advisors work in programs to assist disabled children, people with HIV/AIDS and the elderly in rural Belize. In collaboration with Building for Change, a program that provides housing for those living in poverty, the RUBIE team constructs a house for a Belizean family. RUBIE now enters its 16th year, making it the University's most sustainable international service effort and only HHM health professional team in Belize.

**Outcome & Evaluation:** RUBIE has impacted both, the local community and the learners. To date, eleven homes were built and more than forty educational sessions have been provided for Belizean residents. For the learners, it facilitated interprofessional experience and engaged them in the production of scholarly work.

**Going Forward:** Rush is in the process of expanding in Belize and replicating this model to serve other communities. This model presents a unique opportunity for multidisciplinary students to learn within the reality of global health service.

**Funding:** Provided by Office of Global Health, Office of Philanthropy and Team Fundraising.

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### Evaluating a university's need for international scholar housing in a stressed rental market

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**Background:** UCSF is in the most expensive rental market in the US; median rents rose ~55% between 2000 and 2014, reaching \$3,530 for a 1-bedroom apartment in September 2015. Last academic year, UCSF had 1494 international scholars registered including 743 postdocs (50% of all postdocs), but provided 32% of trainee housing demand. Yet UCSF is committed to partnerships in low and middle-income countries. We investigated whether and how the lack of affordable housing impacts UCSF's ability to attract international scholars, and what strategies other medical schools use to provide affordable international housing.

**Methods:** Between 8/2015 and 10/2015, we administered 2 anonymous online surveys: one (UC Survey) went to current UCSF faculty/staff involved with international scholars, and the other (IS Survey) went to all UCSF international scholars registered through the International Students and Scholars Office during the last 5 years. We also conducted interviews at four universities hosting comparable numbers of international scholars in highly stressed rental markets: 2 local; 2 distant, and 2 private; 2 public. We used descriptive statistics and proportions to analyze our data.

**Findings:** UC Survey: 93 respondents (44%) out of 209; IS Survey: 220 respondents (7%) out of 3041.

- 87% (UC) and 85% (IS) Survey respondents agreed/strongly agreed that lack of affordable housing made it difficult for international scholars to participate at UCSF.
- IS Survey: trainee level in first year (85% graduate students/postdocs); country of citizenship (47% W. Europe; 32% Asia; 2% Africa, and 6% Latin America); average income percent spent on rent (63%), if had known about high housing costs would have come to UCSF (37% no).
- UC Survey: host students/residents (73%); pre and postdocs (70%) and faculty/researchers (63%); scholars' countries