

Methods: Three data collection tools were utilized: a modified Core Assessment Tool on Child Health (CATCH) – administered to women who had given birth to a child less than 2, the WHO survey on sanitation and the modified Reproductive Age Mortality Survey (RAMOS 4+2; *Bulletin of the World Health Organization* 2016;94:86–91.). Under 5 mortality was calculated through asking mothers how many children they had and how many died within the past five years.

Findings: Respondents from 122 households representing 56% of the 216 community households were interviewed. Of the 126 infants who were born within the past five years, 13 (10%) infants died. There were six deaths to women of reproductive age in the last 5 years, four of which were maternal deaths giving a maternal mortality ratio of 3,174. Of the 55 community infants, 74% of their births occurred at home with a traditional birth attendant, 19% took place in a health care facility and 7% were unassisted. Of the 15 living infants 0–6 months old, 9 (60%) were exclusively breastfeeding. Within the past two weeks of being interviewed, 75% of these children had a fever, 55% had diarrhea, and 67% had cough or difficulty breathing. Every family drank water from an unprotected spring / river.

Interpretation: These rural border communities demonstrate particularly poor health outcomes. The extraordinarily high maternal mortality ratio is particularly concerning. This program demonstrates that quick, reliable and rapid assessments of remote, rural communities can be performed integrating a community based method of maternal mortality surveillance. Health promoting advocacy and interventions can now be focused by local NGOs and governments to provide comprehensive programs to reduce both maternal and infant mortality and improve health.

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Addressing Gaps in Infectious Disease Training and Care in the Caribbean Region: The University of the West Indies - Jamaica / University of South Carolina Partnership to Develop a Postgraduate Infectious Diseases Fellowship

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Program/Project Purpose: There is need to create and support existing programs to increase the number of qualified Infectious Disease (ID) physicians and overall system of care for infectious diseases, including HIV, throughout the Caribbean.

The climactic characteristics of the Caribbean have lent themselves to ID outbreaks. Correlated examples are Dengue, Chikungunya and Zika. Additionally, a high rate of gastrointestinal and healthcare associated infections, multidrug resistant organisms and sexually transmitted diseases exists. Comparatively, the region's HIV prevalence is the second highest worldwide.

This background supports the need for more ID trained physicians throughout the Caribbean. Minimal local training is available

and Caribbean physicians who train overseas often do not return to serve the region. Additionally, overseas training is not always the most relevant to the Caribbean context.

Structure/Method/Design: Bridging the gap, University of West Indies (UWI) and University of South Carolina (USC) partnered to develop a two-year postgraduate clinical ID fellowship program at UWI, Mona Campus. The curriculum formatted from the American Academy of Graduate Medical Education, is modified to ensure Caribbean relevance. Trainees rotate through general ID and subspecialty areas such as microbiology, transplant ID, Tuberculosis, HIV clinics and public health. Via videoconferencing, UWI trainees participate in USC case conferences, didactic lectures and HIV/HCV management meetings. UWI trainees also rotate at USC for 2 months every year. This partnership is supported by the US President's Emergency Plan for AIDS Relief (PEPFAR).

Outcome & Evaluation: Resulting from the partnership, a consortium of Caribbean ID physicians is growing. To date, 4 physicians have entered the program. The first graduate in 2015 now serves as the HIV Country Director for the Bahamas and clinical educator at the Princess Margaret Hospital, Nassau — a training site for UWI. The second trainee graduates in 2017 and will practice in Jamaica. A graduate from the USC fellowship program will also return to his home country of Trinidad in July 2017 to establish a practice.

Going Forward: As the number of ID physicians increases in the Caribbean, the goal is to develop ID training sites at other UWI campuses and a consultative network to guide development and research initiatives.

Source of Funding: American International Health Alliance.

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Dementia and Memory Care: Strengthening Health Systems Capacity through Long-term Service Learning Projects and Study Abroad Programs

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Program/Project Purpose: Repeated exposure to memory care activities is recommended for optimal benefit to dementia patients, yet many senior centers, assisted-living facilities, and rehabilitation centers lack sufficient human resources to carry out comprehensive long-term memory care programs. For the past four years, health majors taking a Human Disease course at Texas A&M University have participated in a Service Learning project dedicated to dementia and memory care.

Structure/Method/Design: Approximately 170 students each semester are required to take part in a 2-hour session at a local assisted living facility, interacting with residents and engaging in memory care activities designed to slow the progression of varying levels of dementia. Activities include scent-painting with spices, bingo, and life story interviews. Each session includes a team of 10 to 12 students and two group leaders, all of whom have been well trained and prepared for the experience. Typically, 16 to 18 sessions are conducted across each semester, which provides the residents with ongoing, repeated exposure to the activities.