

Program/Project Purpose: Exposure to community-wide trauma during childhood, such as the Ebola epidemic, is linked to long-term physical and mental health consequences. Psychosocial and mental health services are known to reduce the impact of trauma, yet access is inadequate in resource limited communities. Child-centered, expressive art therapy techniques are proven to improve health outcomes after a traumatic event. In June 2015, Playing to Live (PTL) launched an innovative psychosocial support program utilizing expressive arts techniques to meet this service gap in Liberia. The program targeted 40 former hot-zone communities, providing programming to over 850 children and 140 adults affected by Ebola. Research demonstrated a statistically significant impact in reducing symptoms of psychosocial stress (PSS) experienced over time.

Structure/Method/Design: This innovative program trained non-clinicians in foundational techniques of expressive play and art therapy and built transferrable skills within the community that could be utilized both during and after the program implementation. Desired outcomes included a reduction in the number of PSS symptoms in children participants and an increase in techniques for combating the effects of trauma. PTL partnered with Renewed Energy Serving Humanity (RESH) to implement programming; RESH is a Liberian NGO selected for their community based focus and shared goals to serve the holistic needs of children and community members.

Outcome & Evaluation: Study participants included children 3–13 years old affected by Ebola in Liberia during 2015. Participants were randomly selected and divided into two treatment groups; monitoring and evaluation was completed using qualitative and quantitative methods. A statistically significant difference in the average reduction of PSS symptoms was identified between the 5-month and 3-month treatment groups'. The 3-month program exhibited a 15% reduction in symptoms whereas the 5-month program exhibited a 38% reduction. A difference of 23% was identified; these results suggest that longer exposure to the intervention results in a greater reduction in PSS.

Going Forward: Challenges include funding and sustainability. Despite program success funding was not available after the program conclusion. Due to community commitment, services and trainings continue to be provided by volunteers. PTL seeks to ensure trainings provides community members with long-lasting skills and tools to meet the long-term psychosocial needs. Additional funding for service increase is needed.

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Money or Knowledge? Behavioral Aspects of Malnutrition

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Background: Malnutrition accounts for nearly half of child deaths worldwide. Children who are well-nourished are better able to learn in school, grow into more physically capable adults, and require less health care during childhood and adulthood. Moreover, it is difficult to make up for poor childhood nutrition later in life. Prior surveys from the study region, Oromia, Ethiopia, suggest that many

mothers know how to correctly respond to a hypothetical situation where a young child exhibits poor growth. However, mothers frequently appear unaware about their own children's growth deficiencies. Together, these facts suggest that false beliefs about the appropriateness of a child's physical size are a more likely contributor to malnutrition, rather than a weak understanding of how to help a malnourished child.

Methods: The study uses a two-by-two randomized trial; the first treatment is a cash transfer labeled for child food consumption, and the second is the provision of personalized information about the quality of the child's height compared to other children like those of the same age and gender in East Africa. Ordinary least squares regression analyses are used; when panel data are available, difference-in-difference analyses are conducted.

Findings: Young children in households that received either intervention were 2 to 5 times more likely to consume eggs and milk, two key protein sources that are available in the community but not typically consumed in large quantities by young children. Ninety five percent of caregivers who received the cash transfer reported spending the money themselves, and 86% report using at least some of the money for items only for young children. Over two thirds of caregivers receiving the personalized information remember their child's height quality after 6 weeks, and 60% reported some behavior change after learning about their child's height quality.

Interpretation: The intervention provides evidence on the relationship between caregiver beliefs about child nutritional status and the caregiver's behavior, ultimately analyzing how this relationship influences important nutritional choices for young children in a setting with limited resources. Better understanding of the interaction between these key factors is essential in addressing one of the foremost health issues facing developing countries today.

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I think we can be controlled: A Mixed-Method Comparative Study of Multidimensional Health Locus of Control and (un) Healthy Days in India and the United States

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Background: Global health education and health intervention strategies rely upon health behavior change models that assume individuals perceive they control their own health. Particularly in the context of economic and social inequality, this assumption may be false. Thus, achieving individual health improvement through behavior change can be challenging. This analysis aimed to evaluate if and how health locus of control - perception that one's health was controlled by internal or external factors - related to healthy/unhealthy days.

Methods: We conducted a global online study including samples from the United States (US) and India (N=505 each). Participants