

resuscitation is required. Knowledge of basic CPR concepts, although initially high, increased significantly. The observed increase in confidence

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### PEER: USAID & NCI jointly support LMIC researchers in Indonesia and the Philippines

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**Program/Project Purpose:** The Partnerships for Enhanced Engagement in Research (PEER) program is a competitive grants program which directly support developing country researchers working in partnership with researchers supported by federal research agencies including: NASA, NIH, NSF, Smithsonian, USDA, and USGS. The goals of this program are threefold: (1) advance critical evidence to address challenges facing LMICs; (2) support collaboration between local research institutions, host country governments, USG researchers, and USAID Missions and Embassy staff; and (3) build capacity in LMICs thereby enabling local solutions to context specific challenges. The program is implemented by the National Academies of Science (NAS).

**Structure/Method/Design:** The 2013/2014 PEER solicitation was jointly supported by two federal agencies: United States Agency for International Development (USAID) and the National Cancer Institute (NCI). This high level partnership was designed to directly support Indonesian scientists working at the intersections of tobacco and maternal & child health and Filipino scientists working on tobacco and tuberculosis. Following the release of a jointly drafted solicitation, over 30 pre-proposals were received from Indonesian and Filipino applicants. Sixteen pre-proposals were invited to continue to the full proposal stage. Full proposals were evaluated in an 'NIH style review' hosted by NAS. A survey sent out to PEER applicants indicated that only 25% of Indonesian and Filipino scientists had previously worked with their USG partner. To promote productive partnerships and high quality full proposal submissions, USG partners were sponsored to travel to Indonesia or the Philippines to meet with PEER applicants and draft a full proposal application. Ninety percent of USG partners took advantage of this opportunity. Following the partner visit, all USG partners reported that they planned to continue working with their Indonesian or Filipino colleagues whether or not they received PEER funding.

**Outcomes & Evaluation:** Six diverse grant partnerships were awarded in Indonesia and Philippines. Three of these awards are supported by the National Cancer Institute and three are supported by USAID. Health awards in Indonesia will generate critical evidence addressing prenatal exposure to household tobacco smoke and preterm/low birth weight outcomes. In the Philippines,

research will focus on the impacts of tobacco use on childhood TB outcomes.

**Going Forward:** Developing a research program which reflects priorities of both donor agencies poses unique challenges. One challenge was defining clear areas of overlapping research priorities. The National Academies provides a neutral platform for federal science agency

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### The ubuntu spirit of motivational interviewing: A pilot curriculum for community health workers in Limpopo, SA

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**Program/Project Purpose:** Motivational interviewing (MI) is a validated technique for behavioral change in patients with chronic disease. Given both the increasing burden of non-communicable disease and the increasing reliance on community health workers (CHWs) to provide care and education to patients in South Africa, we believe that motivational interviewing is an important tool to improve outcomes. Importantly, MI is a skill that is already within for the CHWs scope of practice and that builds on the peer and community relationships that the CHWs already have. The aim was to pilot a culturally competent motivational interviewing curriculum for CHWs in Limpopo, South Africa. The course was called "The Ubuntu Spirit of Motivational Interviewing" and linked the core MI values of partnership, evocation, compassion, and acceptance[1] to the concept of "Ubuntu," or universal humanity. The project is a tripartite collaboration between the University of Virginia (UVA), The University of Venda (UNIVEN), and the Vhembe Health District in Limpopo, South Africa and part of a larger ongoing CHW training program. The project was completed over a 5 week period July-August 2014. [1] Miller and Rollnick, 2013

**Structure/Method/Design:** Twenty-four CHWs who worked with the community based clinics participated. All 24 CHWs had previously participated in the 2013 training program and voluntarily returned for 2014 training sessions. The 4 hour course was designed and taught by both UVA and UNIVEN students, with lectures and roleplaying scenarios in both English and Xitsonga. CHWs also received a durable guide reviewing the steps of MI and including representative phrases in English and Xitsonga. Data was collected with a Likert-scale survey on attitudes and verbal responses.

**Outcomes & Evaluation:** Analysis of surveys showed the percentage of CHWs that "strongly agreed" with each statement: 96% learned something new, 92% felt better able to help their clients, and 100% could use what they learned in their daily work. Quotes from CHWs were overwhelmingly positive and focused on new feelings of equality, respect, and empowerment in the patient-provider relationship.

**Going Forward:** Real time translation of MI content and CHWs responses from English to Xitsonga required close collaboration with local student partners and modification of the curriculum. Our ultimate goal is to create MI lesson plans that can be delivered to other groups