Outcomes & Evaluation: The outlines and content of all modules have been finalized, and online media and material is currently being constructed. In order to prepare for online release, the modules will initially be piloted by global health experts. Once modules have been released online and are available to all residencies, data can be collected tracking completion, performance, and corresponding ACGME milestone levels for residents and medical students.
Going Forward: The modules will be piloted in early 2015; the final product will be available soon thereafter. Input from participants and program directors will be gathered to track use, efficacy, and impact on training and to inform future improvements.
Funding: Partially funded by a grant from the American College of Emergency Physicians.
Abstract #: *02ETC041*

Creating a pandemic of health: Big ideas for a new initiative on global health equity and innovation

A. Jadad[1], R. Kotha[2], A. Daar[3], R. Upshur[3], O. Bhattacharyya[4], Z. Bhutta[3], L. Forman[3], J.L. Gibson[5], D. Henry[4], P. Jha[3], J. Kohler[6], S. Nixon[7], P. O'Campo[3], H. Hu[3]; [1]University of Toronto, Toronto, ON/CA, [2]Munk School of Global Affairs, University of Toronto, Toronto, ON/CA, [3]Dalla Lana School of Public Health, University of Toronto, Toronto, ON/CA, [4]Institute for Health Policy Management & Evaluation, University of Toronto, Toronto, ON/CA, [5]Joint Centre for Bioethics, University of Toronto, Toronto, ON/CA, [6]Leslie Dan School of Pharmacy, University of Toronto, Toronto, ON/CA, [7]Department of Rehabilitation Sciences, Faculty of Medicine, University of Toronto, Toronto, ON/CA

Background: In 2012, a new University-wide Institute for Global Health Equity & Innovation (IGHEI) was established based in the University of Toronto's Dalla Lana School of Public Health with the mission of focusing on "complex global health equity problem-solving that could not otherwise be successfully addressed by a single discipline or research group." In this panel, we will describe the results of the Institute's 18 month process of strategic planning culminating in its November 2014 Global Health Summit, "Creating a Pandemic of Health", an event involving local and global representatives from academia, government, non-governmental organizations, and the private sector. The foundational theme of the Summit is the critical importance of appreciating health as a concept far broader than simply being free of disease. Two aspects are emphasized: (1) health is also the ability of individuals or communities to (a) adapt, self-manage and thrive in the face of physical, mental and social challenges, including ageing and the presence of incurable chronic disease(s) and multimorbidity; (b) heal when damaged; and (c) to expect death peacefully. New scholarship has developed on methods for measuring health from this perspective that include dimensions such as functioning and the experienced quality of life; and (2) the notion that some aspects of health are amenable to social contagion. Studies have shown that obesity, smoking, alcohol consumption, depression and happiness can "spread". Health and/or determinants of health may be amenable to this phenomenon, an attribute that has created new opportunities for scholarship and progress in promoting health. Subthemes for the Summit were developed that address the idea that "…humans worldwide are becoming an urban species plagued by non-communicable diseases (incurable by definition), financial crises, social disparities, global warming and ineffectual polarized political structures that are threatening the sustainability of the species". The subthemes that emerged include "Preventing the preventable, treating the treatable, transcending the inevitable", "Urbanism, health, and the growth of megacities", "Politics, privilege and power", "Achieving convergence", and "Global big data". The aim of the Institute for Global Health Equity & Innovation is to work with global partners across multiple sectors to utilize these ideas and themes to drive new multi-disciplinary, multi-sectoral, local and global approaches to research, training and knowledge translation that are solution-focused and policy relevant, fuelled by initiatives that promote equity at all levels, from the individual through the community to the planetary. The process, results and associated successes and failures of this nascent Institute may afford lessons for others involved in similar University initiatives and partnerships.
Abstract #: *02ETC042*

Decreasing health disparities for vaccine preventable diseases among adults in Viet Nam and Thailand

L.M. Kaljee[1], C. Sirivichayakul[2], D. Anh[3], P. Kilgore[4], J. Zervos[5], T. Prentiss[5], M. Zervos[6]; [1]Carmen and Ann Adams Department of Pediatrics, Pediatric Prevention Research Center, Wayne State University, Detroit, MI/US, [2]Mahidol Univeristy, Bangkok, CH, [3]National Institute for Hygiene and Epidemiology, Ha Noi, VN, [4]Department of Pharmacy Practice, Eugene Applebaum College of Pharmacy and Health Sciences, Wayne State University, Detroit, MI/US, [5]The Global Health Initiative, Henry Ford Health System, Detroit, MI/US, [6]Division of Infectious Diseases, Henry Ford Health System, Detroit, MI/US

Program/Project Purpose: In low- and middle-income countries (LMIC), health disparities increase barriers for adult immunization uptake. These barriers include lack of information or access to resources about immunization as well as a lack of mechanisms to track coverage among high-risk groups. In LMIC, there is need for adult vaccine programs and policies to increase coherent and integrated approaches to reduce vaccine-preventable diseases. The Global Health Initiative (GHI) at Henry Ford Health System (HFHS) has formed a partnership with the Mahidol University Faculty of Tropical Medicine (Thailand) and the National Institute of Hygiene and Epidemiology (Vietnam) as well as community health worker (CHW) programs in each country, to implement a mobile- and electronic-health program to identify and address barriers to adult immunization uptake. Over the next three years, the objectives of the program are to: 1) enhance local health providers' and CHWs' outreach efforts to mitigate health disparities; 2) increase equitable access to healthcare and adult immunization services across targeted high risk populations within Vietnam and Thailand; 3) develop a mobile- and electronic-health education and outreach platform; and, 4) establish a research and program model that can be adapted for use in other LMIC.
Structure/Method/Design: The project takes an interdisciplinary approach including public health, medicine, anthropology, international law, policy research, and technology. Through a mixed methods approach, we will identify both policy and programmatic barriers for adult immunization. The project targets both underserved populations (e.g., migrant workers, ethnic minorities) and high risk groups (e.g., elderly, PLWHA). Community health workers and local health providers will be an integral part of the project both in terms of education, data collection, and engagement in outreach to targeted populations and groups.
Outcomes & Evaluation: The primary outcome is increased knowledge, positive perceptions, and engagement with existing adult immunization programs among multiple stakeholders including providers, CHWs, and members of targeted populations and groups. We will conduct a randomized control trial (RCT) of the electronic- and mobile-health intervention in both Vietnam and Thailand. Outcome evaluation data will be collected at baseline and one-year

post intervention. Process evaluation data will be collected throughout the RCT. Final products will include educational tools for CHWs, health providers and policy makers, outreach programs for underserved populations, and policy recommendations.

Going Forward: After completion of the evaluation, community and policy workshops will be convened to exchange program experiences, engage multiple stakeholder in data interpretation, and determine next steps within Thailand and Vietnam and elsewhere in the region. As part of the project, we are organizing a regional scientific and policy advisory board inclusive of representatives from Myanmar, Nepal, India, Cambodia, and the Philippines to facilitate broader dissemination of the project.

Funding: Funding applications are under review.

Abstract #: *02ETC043*

Estimating caregivers' malaria-related treatment-seeking behaviors in Ugandan children under 5: A rural field study

R. Kassam; University of British Columbia, Vancouver, BC/CA

Background: With 95% of the population living in high malaria transmission areas, malaria remains an important health challenge in Uganda. To-date, government programs and policy changes have by enlarge focused on medication delivery systems and communication strategies to increase knowledge about malaria and its first line treatments, but little has been done to improve communities' and families' capacities to access effective antimalarials. As part of a larger study, the objective of this study was to quatify caregivers' treatment-seeking behaviors for management of malaria in children under 5 in the rural and remote District of Butaleja, where caregivers' treatment-seeking behaviors were largely unknown.

Methods: During June/July 2011, an in-depth cross-sectional household survey recorded information from 424 households across 35 different villages sampled from 27 of Butaleja's 66 parishes. Target population included caregivers with a child 5 years or younger reporting fever during the past two weeks. Sample size calculation had shown that 380 households from an estimated population of 20,620 assured an error rate less than 5%. Guided by elements of the Health Belief Model, by the literature on caregiver treatment-seeking behavior, and by measurement experts, malaria content experts and key informants from the target population, seven educational and environmental factors were identified a priori for developing an inventory of questions to be included in the survey. These factors included: malaria-related knowledge (disease and treatment), episode management, assistance with critical decision, access to information sources, problems with accessing advice, problems with obtaining the best antimalarial, and perceived ability to initiate/redirect actions. Reliability analysis then assisted in developing quantitative profiles to assess Assets and Challenges facing caregivers when managing malaria in children under 5 years.

Findings: District-wide, 31.8% of children received an appropriate antimalarial — far below the government's target of 85%. Overall, results showed that the average caregiver accumulated less than half the total possible number of Asset points and about half the possible number of Challenge points. As expected, caregivers with higher Asset scores obtained overall lower Challenge results ($p < 0.000$). Of the six Asset scales, caregivers averaged highest on Caregiver Knowledge (65%) but only 21% of possible encounters with health professionals to assist in treatment decisions. The average caregiver reported problems with 74% of the 7 issues they might encounter in Accessing Advice about treatment for their child, and 55% of the 9 Problems in Obtaining the Best Antimalarial.

Interpretation: The ever-present threat of malaria does not automatically translate into informed treatment-seeking by family caregivers. Our study suggests two sets of interventions are required: one to minimize barriers to obtaining advice and treatment, and the other to improve caregivers' perceived benefits about ACT and their ability to navigate current health system to obtain ACT in prompt and efficient fashion.

Funding: With 95% of the population living in high malaria transmission areas, malaria remains an important health challenge in Uganda. To-date, government programs and policy changes have by enlarge focused on medication delivery systems and communication strategies to increase knowledge about malaria and its first line treatments, but little has been done to improve communities' and families' capacities to access effective antimalarials. As part of a larger study, the objective of this study was to quatify caregivers' treatment-seeking behaviors for management of malaria in children under 5 in the rural and remote District of Butaleja, where caregivers' treatment-seeking behaviors were largely unknown.

Abstract #: *02ETC044*

Palliative care education in Belarus: Development and delivery of a cost-efficient, streamlined and targeted palliative care curriculum

A. Kazberouk[1], O. Mychko[2], S.E. Slater[3], K. Doyle[4], D. Skoniecki[5], M.M. Kamdar[6], T. Soldak[7], A. Bhatt[8], F. Huang[9]; [1]Harvard Medical School, Boston, MA/US, [2]Hospital of Palliative Care "Hospice", Minsk, Belarus, [3]Mount Auburn Hospital, Boston, MA/US, [4]Massachusetts General Hospital, Roslindale, MA/US, [5]Brigham and Women's Hospital/Dana-Farber Cancer Institute, Boston, MA/US, [6]Massachusetts General Hospital, Boston, MA/US, [7]Resource & Policy Exchange, Delhi, NY/US, [8]Stanford University, Stanford, CA/US, [9]Dana-Farber Cancer Institute / Harvard Medical School / Global Oncology, Inc., Boston, MA/US

Program/Project Purpose: Worldwide, only 10% of the 20.4 million people who need palliative care currently receive it. A major barrier in lower and middle-income countries (LMIC) is insufficient knowledge of and experience in palliative care for healthcare workers. We report the development and implementation of a first-in-country palliative care curriculum in Belarus. The field of palliative care is relatively new to Belarus, with the first adult hospice founded in 2005. Palliative care was formally introduced into the National Healthcare Law in 2014. While government support is increasing, the country faces a shortage of trained palliative care providers and significant barriers to opioid availability. The goal of our initiative was to introduce palliative care to a broad group of providers and administrators and then train a smaller group of physicians, intended to be future country-leaders in palliative care, in advanced palliative care techniques.

Structure/Method/Design: We first conducted a needs assessment that examined physician knowledge and attitudes towards end of life care, previous palliative care training, current practices and drug availability. With this input, we developed, modified, and translated a 25-lecture palliative care curriculum. We conducted a one-day "Introduction to palliative care" workshop for a group of 80 administrators and physicians to introduce basic palliative care topics and gain support and publicity for palliative care. Subsequently, we conducted a four-day advanced palliative care seminar for a cohort of 25 physicians — including oncologists, internists, pediatricians and palliative care specialists. In our continued mentorship role, we plan to support this cohort as they advocate for palliative care and train additional healthcare providers in the country of Belarus.