Going Forward: Feedback from faculty and students will continue to drive the direction of the course. Moving forward, global health competencies for interprofessional teams will be integrated.

Funding: None.

Abstract #: *2.024_TEC*

Innovative multi-pronged library resource model to enhance academic global health education among residency programs

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Program/Project Purpose: Finding innovative methods to enhance global health (GH) education is important. Academic medical faculty and trainees, from multidisciplinary residencies who have established GH pathways, sought a library-based platform to better educate trainees. The purpose was to enhance pre-departure project design, which involves knowledge of country-specific data sources, topic literature searches, and study tool development.

Structure/Method/Design: A medical librarian at Washington University in St. Louis collaborated with GH residency faculty to conduct 15 needs assessment surveys and 2 informal group discussions among pediatrics, internal medicine, radiology, emergency medicine, and obstetrics/gynecology faculty and trainees. Survey/discussion components included:

1) current knowledge of data sources and 2) desired topics for a digital resource based at the library. Surveys/discussions were conducted from June 2014 to September 2015.

Outcome & Evaluation: The needs assessment revealed trainees and some faculty were somewhat comfortable with finding country-level statistics. Survey respondents and discussants desired services by the library such as locating sources for public data, learning how to more efficiently navigate UN and WHO sites, and finding validated survey tools. Trainees also wanted to know about GH career fellowships, didactic courses, and scholarships or research funding sources. Subsequently, a 3-pronged library program was created. First, a dedicated GH librarian, who offered individual project services for faculty and trainees, was established. Secondly, this librarian created a comprehensive digital guide that includes information about finding GH statistics, accessing GH databases, learning about emerging trends like mobile health, and other topics based on the needs assessment results. This website has been reiteratively improved based on ongoing feedback from different GH pathway trainees cohorts and is also organized by residency specific information (i.e. emergency medicine, pediatrics, etc.). Thirdly, didactic sessions were created on "GH data sources/literature searches" and delivered during residency GH didactic blocks. Evaluations are currently being developed to assess the 3 components of this library GH education program.

Going Forward: This library GH resource development process and its output, which includes digital tool creation, available GH specific librarian staff, didactic formulation, and strong faculty-library staff collaborations, serve as a model to enhance GH education curricula at other medical universities.

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Abstract #: *2.025_TEC*

Llamada Saludable: Evaluation of patient engagement with a mobile health program for improving self-management of diabetes in Medellin, Colombia

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Program/Project Purpose: Llamada Saludable is a mobile health program using interactive voice response (IVR) calls to improve self-management of diabetes. The University of Michigan, the Universidad de Antioquia, and a large public payer for low-income patients (Savia Salud EPS) collaborated to conduct a pilot in Medellin, Colombia from July-September 2015.

Methods: 150 diabetes patients were identified through local outpatient centers. After attending a baseline educational session, participants received weekly IVR calls for 12 weeks. In each call, patients responded to questions about their health and received relevant health educational messages in response. Patients also had the option to elect a "care partner" to receive updates about the patient's health and suggestions for supporting self-management. If a patient reported a concerning health problem (e.g. "patient reports blood glucose of >300 mg/dl"), clinicians received an automatic email notification and contacted the patient.

Outcomes & Evaluation: Participants completed 70% (1260/1800) of the IVR assessments. 47% (71/150) of patients enrolled with "care partners." 87% (131/150) of patients generated 701 email notifications regarding health concerns (56% of all completed IVR assessments). Only 6 participants elected to discontinue the study before 12 weeks. There was no correlation between patient age, baseline HbA1c, or insulin dependence and number of completed IVR assessments. Patients' satisfaction with the program varied, including some who felt supported in their self-management, and others who felt overwhelmed by technological challenges of the system.

Going Forward: As Llamada Saludable develops into a scalable program, customizing the IVR assessment to suit Colombian patients and the Savia Salud resources will determine program success. This will include improving patient training at enrollment, adapting IVR messages to evolve with patient knowledge, and customizing the service to enable a variety of health workers to follow-up on patient alerts. The notification system is being tailored to the needs of health teams throughout Savia Salud-affiliated health centers. Long-term evaluation of program impacts and cost-effectiveness will be conducted by all collaborators of the program.

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