## Key to Abstracts (chronological by session)

**ABSTRACTS FROM THE INTERNATIONAL CONFERENCE ON OVERCOMING HEALTH DISPARITIES: GLOBAL EXPERIENCES OF PARTNERSHIPS BETWEEN COMMUNITIES, HEALTH SERVICES AND HEALTH PROFESSIONAL SCHOOLS**  
October 6 – 10, 2004 in Atlanta, GA USA

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Improving Capacities of Grassroots Lay Barangay Health Workers in Managing a Childhood Injury Prevention and Control Project in Philippine Urban Poor Communities: The Pasay Safe Kids Coalition Building Project

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Context: Pasay City is the urban site of the University of the Philippines College of Medicine community-based health program (UP-CBHP). The UP-CBHP has been working amongst community or Barangay lay health workers, strengthening organizational capacities since the year 2001 through service-learning activities of medical students and faculty and a community development specialist. The Pasay Safe Kids Coalition-Building project, built within the context of the UP-CBHP, is the first injury prevention and control project of its kind in the Philippines.

Objectives: Describe the experience of the University of the Philippines in engaging grassroots lay Barangay health workers in unintentional injury control.

Design: This is a process documentation of an injury control project.

Main outcomes: Socioeconomic conditions of target communities limit outright environmental interventions; what is useful among urban poor communities are not safety gadgets, but maximization of resources already available in the community: enforcing parking policies, clearing sidewalks of human vendors and other obstructions, assigning community volunteer police, mobilize budgets for worthy causes. Unlike other country-members of Safe Kids Worldwide where there is a large middle class, the Pasay Safe Kids Coalition-Building project builds on the strengths of organized urban poor grassroots lay Barangay health workers (BHWs). Service-learning efforts of the University has resulted in the mobilization of parents, schoolchildren and teens, school, village officials and others concerned town mates in participatory: 1) Study and presentation of child pedestrian injury risk done through walkability checks; and 2) Planning and mobilizing community resources to address these risks.

Conclusions: Community – University partnership investments in building grassroots lay health workers is enhanced though participation of the community in the planning, implementation and evaluation of a relevant concern, i.e. Children's safety; Measurement aids in professionalizing the lay health sector, in improving their performance and commitment to their community.

Inequity in Out-of Pocket Payment for Health Care in India: Its Catastrophic and Poverty Impact

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Context: Information on health financing in India is scanty. As per the estimate of the World Heath Organization, the household sector alone contributes (through out of pocket money or OOP) for approximately 80 per cent of the total health finance in India. However, the inequity in OOP across regions and states and its catastrophic and poverty impact is least explored in the Indian context.

Objectives: To measure the magnitude of, and inequality in out-of-pocket payment for health care and its catastrophic and poverty impact across regions and states within India.

Main outcomes: There is a high level of inequality in OOP payments for health care in India. The inequality exists not only across different regions and different states but also across income quintiles of households. In general, OOP share to total consumption expenditure is lower for poor households as well as poor regions. However, even this low OOP share has a catastrophic poverty impact on the poor...
households. A very high proportion (up to 90 per cent) of OOP payments for the poorer population groups go only for purchase of drugs as outpatient and not for purchase of services as inpatient. It is estimated that as many as 3.5 million people are pushed below the official poverty line every year only because of OOP payments. The magnitude is much larger in poorer states than in richer states.

Conclusions: There is a need to thoroughly revise the health policy in India and enhance public expenditure on health, as well as to devise a suitable drug subsidy policy in favour of the poor. A well-designed national insurance policy is also urgently required so that also poorer communities may take the benefits of in-patient care.

A Canadian Partnership of Patient and Citizen Groups Engaged in National Health Initiatives and Policy Discussions

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Context: Patient and citizen groups from across Canada expect to be consulted and involved in discussions and decisions regarding Canada’s health care reform. Many chronic disease and non-government organizations, Health Canada, pharmaceutical companies, and other stakeholders, came together at a National Health Summit 2004 to discuss the development and implementation of a partnership and framework for patient and citizen engagement in national health care and drug reform initiatives.

Objectives: To describe a conceptual framework for a partnership consisting of patient, stakeholder, and citizen groups.

Design: Summary reports coming out of meetings with Health Canada’s Office of Consumer and Public Involvement and the National Health Summit 2004 have resulted in the establishment of a working group of partnership members to discuss and devise the framework for patient and citizen engagement. This group will work on several initiatives including the national common drug review process, and other health care initiatives requiring reform. They will engage in discussions and decisions concerning national drug review and health care programs and policies which impact all Canadians.

Main outcomes: 1) Development and implementation of a patient and citizen partnership and engagement framework; 2) formation of a partnership among patient and stakeholder groups, Health Canada and other organizations; 3) patient and citizen representation on Health Canada advisory committees, strategic planning discussions; 4) addressing the 29 outstanding recommendations from National Health Summit 2002, primarily concerning the drug review process; and 5) improved communications from government to all stakeholder groups.

Conclusions: A partnership among patient and citizen groups, government, and other stakeholders is a good beginning to implement a framework for meaningful engagement and discussion of health and health care policies. More needs to happen for effective partnership outcomes.

Developing Policies to Guide Community-based Research: A Case Study

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Context: Historically, some relationships between researchers and communities have been strained by trust violations. To foster improved partnership, the Institute for Community Health (ICH) was created as a collaboration between three Harvard teaching hospitals and the communities they serve, Cambridge and
Somerville, MA. Key to the Institute’s mission is engagement in community-based participatory research. Before embarking on specific projects, ICH and its community partners developed formal policies to guide research.

Objectives: To describe the process by which ICH and community partners developed research policies, the policies themselves, and to demonstrate how the policies have been implemented.

Design: We reviewed existing policies in established community-academic partnerships nationwide. We identified the following areas in which policy was needed: ownership/access to data, authorship, conflict of interest, data confidentiality/IRB policy (including guidelines for data suppression), memorandums of agreement (MOA) for collaborators, and dissemination of findings.

Results: The policies identified emphasize the need for an explicit MOA and establishment of a working group (including all stakeholders) for each project, early in the process, with recognition that community needs may differ (i.e. a school, department of health, and coalition may require different agreements). Publication is viewed as an important by-product of the work, and not necessarily the primary goal.

Main outcomes: We presented draft policies to our Community Board, comprised of representatives from community agencies, health departments, hospitals as well as concerned citizens. Following approval by the Board, we have used the policies to guide community-based research. For example, in collaboration with the Cambridge Health Department and the Cambridge Public Schools to study the provision of height, weight, and fitness report cards to children and their families, we have used the policies to guide the creation of MOAs and determination of authorship.

Conclusions: Having a priori policies may help ensure that community members feel ownership over all phases of the participatory research process.

A Community-based Program by Older People

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Coalition of Services of the Elderly, Inc., Quezon City, the Philippines

Context: The Coalition of Services of the Elderly, Inc. (COSE) which is established in 1989 as a result of a consultation among government, non government and peoples’ organization on the issues of older people. Older people are the fastest growing subgroup of the population.

Objectives: 1) To continue meeting with groups already working with or interested in working with older persons; and 2) To support the formation of a community-based program among marginalized older people.

Design: To form a community-based program (CBPE) means that older people themselves take care of themselves, each other and the community.

Subjects: 22 groups that continue to meet regularly from government, non-government and peoples’ organization.

Results: Recently the groups lobbied and ensured the passage of an “Expanded Seniors citizens Act” which among other benefits provides for a commission between government, and non-government concerned with older people affairs. CBPE members are included in the group.

Conclusions: Older people are perfectly capable of taking care of themselves, each other and the community.
University Community-based Projects Use of Community Health Workers for Chronic Disease Prevention and Health Promotion

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Context: Community health workers (CHW) have been used for many decades to educate and navigate racial and ethnic populations including American Indians, African Americans, Asian Americans, Alaskan Natives, Pacific Islanders, and Hispanic Americans through local health care delivery systems. This is accomplished either by one-on-one sessions or small group educational classes.

Objectives: To describe Universities’ use of community health workers to improve the health status of community members by obtaining chronic disease screenings and follow-up care.

Methods: Examine reports completed by university community-based projects. Findings were tabulated and analyzed for variations and similarities.

Main Outcomes: Seven REACH 2010 university community-based projects analyzed showed that utilization of community health workers has lead to an increased use health care services by community members. CHW are often females, with less than high school education, are either paid staff or volunteers, and members of the community. CHW are required to attend and complete a training program and refresher courses on chronic disease prevention and health promotion. The knowledge, attitudes, and practices of project participants towards chronic disease prevention and health promotion has lead to an increase of participants’ use of community health care delivery services, i.e.: cholesterol screenings, blood pressure monitoring, pap exam, mammography, immunizations, hemoglobin A1C3, etc. The CHW often serve as a social support system and resource by linking project participants to other community services, i.e.: housing, jobs, transportation, Medicaid, Medicare, food, etc.

Conclusions: Research has shown that Universities’ use of CHW has lead to increased utilization of health services and improved health status by informing, educating, and empowering community members.

The Practice of Female Genital Mutilation and its Health Implications in West Pokot District, Kenya

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Context: In West Pokot, the prevalence of Female Genital Mutilation (FGM) was 97% in 1998 and 92% in 2003. To curb this practice 2 NGOs were educating the public about the dangers of FGM and offered curative services to those affected. Nurses advised on hospital delivery and the care of episiotomy and tear wounds.

Objectives: 1) Find out why the practise of FGM was persistent in West Pokot; 2) Describe the therapies for and health implications of FGM; and 3) Assess the effectiveness of current measures.

Design: Descriptive cross section of population. Random sampling of patients. Purposive sampling for other participants (informants on FGM). Data collection: observations, informal questioning, questionnaire, and records.

Subjects: 30 patients from two district hospitals, 5 nurses in labour ward, Setat Women Organization members (chief stakeholders), and government health workers.

Findings: Type 4 was practised (i.e., all external genitalia were removed and opposite ends sewn together). 70% of females who were circumcised were less than 14 years old. Therapies for wound healing: spirit, tetanus toxoid, dry heat, herbs (90%) or nothing. Health implications: prolonged labour,
vaginal fistulas, infections, dysfunctional wound healing, and haemorrhage. Slow progress appears to be due to: poor involvement of men, low literacy level (35.5%), cultural rigidity, lack of funds for community sensitization, the societal preference of circumcised ladies for marriage, peer rejection, and the poor infrastructure.

Future Measures: Government will enforce a law prohibiting FGM. District health sector will mobilize staff to help stop the practise. Setat Organization will collaborate with the government. Men and religious groups will be involved. Efforts will be made to boost literacy and sensitization levels.

Conclusions: Because FGM is primarily a cultural issue, there are many obstacles to stopping this practice. However, educating the public on its health implications plus active advocacy could reduce the incidence.

Ethno-cultural Differences in Preventive Medicine for Jewish Ethiopian Women in Israel

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Context: Many countries have found ethno-cultural disparities in their health care. Racial or ethnic minority populations may receive lower standards of care leading to differences in health status and mortality patterns between migrant groups and the local population.

Setting: Community Clinics.
Objectives: To test a hypothesis that Jewish Ethiopian women may be receiving less preventive recommendations than other women in Israel.

Design: Telephone survey. A questionnaire was designed specifically for this study in Hebrew, Russian, and Amharic. The questionnaire dealt with osteoporosis and breast cancer screening and prevention.

Subjects: The study group included 148 post-menopausal women of Ethiopian origin, aged 50-75. The control group included 296 non-Ethiopians matched by age, including a large group of immigrants from the former USSR.

Main outcomes: All the parameters measured showed a bias that favored the general population as compared to Jewish Ethiopians women.

Results: Physicians discussed osteoporosis’ prevention with 50% of the patients in the general population, and only with 14% of patients of Ethiopian origin (p<0.001). Bone density scans: 48% vs. 8% (p<0.001). Recommendation of a diet rich in Calcium: 35% vs. 18% (p<0.05). Calcium supplementation: 40% vs. 2% (p<0.001). Recommendations for the use of HRT: 29% vs. 2% (p<0.001). Treatment of osteoporosis with biphosphonates: 10% vs. none and Raloxifen: 8% vs. none (p<0.05). Manual breast examination: 54% vs. 16% (p<0.001). Mammography was recommended to 88% of the general population and only in 45% of the Jewish Ethiopian women included in our study group (p<0.001).

Conclusions: Although we can’t arrive to a definitive diagnosis of the causes that lead to the described differences, and we don’t hint any intentionality in part of the medical system, we do hope that our findings will help Israeli physicians identify this previously unrecognized bias in order to prevent it from happening in the future.
The Nursing Profession and the Right to Strike: An Ethical Perspective

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Context: Strike action by nurses remains a controversial issue, which is unacceptable to the broader community in South Africa and other parts of the world. The general opinion holds that strikes endanger patients’ life, health and safety. However nurses do go on strikes, and reports indicate that, in various countries of the world, this type of action is deemed to be an appropriate method (under certain circumstances) of solving problems in the profession: problems of low salaries and poor working conditions.

Objective: Analyse and evaluate the legal, professional and moral arguments for and against strike action and then focus on the chief moral dilemma: how to satisfy the legitimate demand for the right to pursue whatever action nurses deem necessary in order to effect changes, while at the same time protecting patients, rights.

Methods: The following were documents were ethically analysed and evaluated: 1) Arguments from parliamentary debates (in South Africa) which preceded the promulgation of the Labour Relations Act of 1994, specifically clauses that prohibit strike action by those employees who provide essential services; 2) Professional code of conduct and nursing ethics; 3) Research findings on nurses’ attitudes towards strikes; and 4) Comparative studies of the situation (viz-a-ziz strike action) that prevails in other professions and other countries.

Key ethical concepts include: Rights, justice, beneficence and non maleficence.

Main outcomes: Legislation prohibiting strike action by nurses is ambiguous, so is the professional code of ethics for nurses. To address the moral dilemma that arises when nurses go on strike, strike action to be embarked on only as a last resort, under the leadership of a nurses’ union. Nurses to ensure patient cover during strikes. Any strike action however minimal will in some way affect patients, this needs to be minimised.

Conclusion: Nurses may be granted the right to strike, as long as they can do that in an organised way following guidelines from their professional association.

A Model for Decreasing Diabetes Disparities Among African Americans: The Macon County Parish Nurse/Health Ministry Coalition

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Context: Because the prevalence of diabetes is high in Alabama, a parish nursing program was organized to train registered nurses on the principles of parish nursing in order to educate and provide intensive referral and follow-up of diabetics within their congregations. A total of twenty-three nurses have been trained to work in 18 African American congregations.

Setting: The project is set in a rural Alabama community of 24,000 members, predominantly African American. Because of the proximity to Tuskegee University, a historically black university which has a nursing school, many retired nurses reside in the area, providing volunteers for the program. The Tuskegee University EXPORT project provides funding and technical support to the program.

Objectives: To describe Phase I of the program of training and commissioning process for parish nursing program in Macon county, Alabama.
Design: The philosophy of the parish nursing concept will be described. Additionally, training materials, curriculum (44 hours), and training procedures will be reviewed. Lastly, a commissioning service will be described which gives accountability to parish nurses as well as the pastors of congregations where the nurses will be serving.

Main outcomes: The training of twenty-three registered nurses to work in eighteen African American congregations in Macon county has been completed. Pastors of these nurses have signed agreements to work closely with the nurses to ensure the best health outcomes for their members.

Conclusions: This collaborative effort between the University and a faith-based organization offers a novel way to deliver health promotion/disease prevention as well as provide education and intensive referral and follow-up to decrease disparities associated with diabetes care in African Americans.

Minnesota Community Health Worker Program

A. Willaert, K. Hang, and G. Lewis

1Healthcare Education Industry Partnership, Minnesota State Colleges and Universities, Mankato, MN, United States of America; 2Blue Cross Blue Shield Foundation of Minnesota, Eagan, MN, United States of America; and 3Minnesota Department of Health, St. Paul, MN, United States of America

Context: A state-wide coalition of health organizations and higher education is creating a Minnesota Community Health Worker system, including standardized curriculum with articulated pathways into health professions; creation of employment opportunities; and recruitment from the communities to be served. Goals are to increase access, decrease health disparities, and improve quality of care.

Objectives: With a partnership of about 30 organizations including Blue Cross Blue Shield Foundation of Minnesota, Robert Wood Johnson Local Initiative Funding Partners Program, Otto Bremer Foundation, Minnesota State Colleges and Universities (MnSCU), MN Department of Health, UCare Minnesota, Health Partners, Minnesota Hospital Association and many other organizations we are creating and implementing a standardized, accredited Community Health Worker training program within the MnSCU system and an employment market for CHWs. A Policy Council has also been developed to advise the state's health plans and providers on strategies for incorporating CHW's into a cost-effective care delivery system. The Policy Council through the CHW project has also been delivering ten state forums throughout MN for healthcare providers and communities to promote the CHW model in MN.

Main outcomes: 1) Train and graduate 200 culturally-competent CHWs by June 2008; 2) Work with partners to ensure CHWs are recognized as reimbursable providers for state HMOs and other payers by 2008; 3) Develop a set of "Best Practices" to recruit and retain students from hard to reach populations; 4) Provide scholarships for at least 60 low income/first generation students; 5) An employment market for CHWs will be developed and 150 program graduates will be employed; 6) About 10,000 patients will receive help navigating the health care system; and 7) Cross-cultural and culturally specific education will be provided to 400 providers.
Assessment of Perinatal Care and Child Rearing Practices in a Rural Setting in Tamil Nadu, India: A Student Perspective

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Context: First year medical students were posted for the “Community Orientation Programme” (COP), for 2 weeks, with Occupational Therapy, Physiotherapy and Dietary students to provide a multi-disciplinary approach, at Adukamparai Kattupadi, a village in Tamil Nadu. COP gives students a unique live-in experience at a village; insight into cultural beliefs, socio-economic status, and prevalent health practices; and experience in undertaking community-based research.

Objectives: 1) Evaluate a) medical care of mother during pregnancy, and prevalent practices; b) care of newborn, especially cord care and breastfeeding; and c) use of contraception; 2) Evaluate extent of antenatal health care by various health services; and 3) Learn potential of health education in improving rural health.

Design: Data were obtained through a relevant questionnaire. Sixty-three women having at least one child below age of five were included.

Results: 1) All women had Ante-Natal Checkups (ANC), mainly at government centers or the “Community Health and Development” Hospital at our college. Tetanus toxoid had been given to 98.4% of women during ANC’s; 2) 63.5% of the women had hospital deliveries. Of home deliveries, 56.6% were conducted by trained personnel; 3) Sterile instruments were used to cut the cord in all hospital and 82.6% of home deliveries; 4) 96.8% of women gave the baby colostrum after birth. Most women exclusively breastfed up to 4-6 months, then started supplementary feeds; and 5) 57.1% did not use contraception. Amongst those who did, tubeectomy (30%) was most popular.

Findings: 1) Most women knew the advantages of ANC, institutional delivery and practiced good child rearing, even in a rural setting; and 2) The need to increase the proportion of supervised home deliveries was apparent.

Conclusions: COP 1) gave a broader outlook of rural life, health issues, and the need to encompass these as an integral part of medical practice and as a medical student; 2) provided the opportunity to conduct health education programmes, using inexpensive media such as skits/posters/pamphlets/songs; and 3) demonstrated the need to blend rural beliefs with modern medicine to maximize healthcare delivery.

Are Medical Schools Producing Better Doctors Through the Years? Sharing a Malaysian Experience

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School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Malaysia

Context: Medical schools need to keep track of the performance of their graduates to ensure that they remain relevant and in line with changing expectations of the local population and health care delivery system.

Setting: The School of Medical Sciences, Universiti Sains Malaysia undertook two major evaluation of its graduates’ performance in the field, the first in 1986 and 1987 while the second ten years later in 1996 through to 2000.
Objectives: The main objective of this study was to compare the consultant's evaluation of the former with the later batches of graduates' performance in the field. Specifically, this study aims to seek similarities as well as differences in strengths and weaknesses of our two batches of graduates in specific areas such as academic performance, interpersonal and communication skills and leadership.

Subjects: Questionnaires were sent to a total of 172 consultants who supervised 479 graduates in the two batches.

Interventions: For both studies, self-administered questionnaires were posted to the individual consultants who had supervised our graduates during their internship and first year posting as medical officers.

Main outcomes: 132 consultants returned the questionnaires, giving a response rate of 77%.

Results: There were strikingly similar consultant's ranking profiles for both batches in the areas of academic performance, discipline as well personality and attitudes. There was however significant increase in the ratings of the later batches in relation to interpersonal, communication as well as leadership skills.

Conclusions: Feedback from our graduates and their supervising consultants does offer opportunities for review and renewal of our medical curriculum.

Developing OSCEs to Teach and Assess Cultural Competence

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Context: Teaching and assessing cultural competence is a complex undertaking, though vital for creating an effective health workforce that can respond effectively to community needs. While information on culture-specific health practices may be provided even on an “as needed” basis, skills (e.g., cross-cultural rapport building, working with interpreters) and attitudes (e.g., sensitivity to cultural differences) are more difficult to teach and learn. Objective Structured Clinical Exams (OSCEs) expose trainees to a series of clinical challenges (typically with the help of standardized patients) that require the performance of specific clinical tasks. OSCEs can be efficient and effective for practicing and assessing skills across the continuum of medical education. Exposure to a variety of cultures in rapid succession, demonstrates and likely enhances the flexibility that is necessary for optimal patient care.

Setting: The Pediatrics residency programs at Maimonides Medical Center in Brooklyn, NY (USA) and Ben Gurion University, Beer Sheva (Israel).

Objectives: 1) To describe Culture OSCEs for different training levels; and 2) To compare evaluation data and insights gained from multiple years of experience with developing and implementing Culture OSCEs.

Design: Surveys and a performance-based test were used to evaluate the efficacy and acceptability of Culture OSCEs. Post-event reflections by the organizers are compared across the two sites to learn about key characteristics and considerations when organizing Culture OSCEs.

Subjects: Undergraduate and graduate medical trainees.

Findings: Separate evaluations at both sides conclude that: 1) Trainees feel positive about such learning experiences; 2) Sometimes it can be difficult to isolate cultural competence from other competencies (e.g., communication skills); 3) The rapid succession of cultural challenges and ethnic groups help
develop a flexibility needed to work in multi-cultural settings; and 4) Preparatory and debriefing sessions as well as ample feedback will optimize training benefits.

Conclusions: OSCEs are useful tools to teach and assess cultural competence.

**Measuring the Impact of a Service Learning Course on Cross-cultural Competence of Medical Students**

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Context: Harvard Medical School's Division of Service Learning assists first year students with the theory and skills to engage in local and international service projects through a yearlong course. While preparing community based projects, students develop skills in cross-cultural care, specifically communication, awareness of social context and community orientation.

Objectives: To describe the methods of student assessment of cross-cultural skills in this course: a learning contract, 360 degree assessment tool, a cultural competence 'Objective Structured Clinical Examination' (OSCE), a grant proposal and an analytic paper.

Design: “Physician in Community” is a yearlong course starting in the spring of the first year in which students learn theoretical concepts and methods in community health relevant to domestic and international service projects. Students engaged in the course are compared to those students who have not engaged in community service in their first two years through a content analysis of their writings, faculty evaluations, and performance on the OSCE.

Subjects: This course commenced in Spring 2004. Twenty-three students enrolled, with 2/3 preparing for international summer projects, 1/3 engaged in local projects. A quarter engaged in both kinds of projects.

Findings: To date, students completed learning contracts and mid- and end of semester course evaluations that reflected appreciation for assessing community needs and involving community in program planning. Students prepared grant proposals in the first semester, submitted to faculty committees for funding. Content analysis of these proposals compared to those submitted by students not in the course demonstrated clearer goals and objectives, sensitivity to community needs, community involvement in program planning, and understanding of evaluation strategies.

Conclusions: In the context of this structured course, students develop skills in self-reflection, understanding of social context and community orientation, and improved communication and grantwriting skills necessary for cross-cultural care in diverse settings.

**Community Exposure: A Reality Check for First Clinical Year Medical Students**

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Context: Exposure to various community settings allows students to cover the range of different elements in community services to make primary care training more effective. At the University of the West Indies (UWI), Jamaica, the First Clinical Year clerkship represents the first opportunity for students to be given a practical experience in family health, by being exposed first hand to life in the community. The curriculum includes one week of activities within a low-income community during which students visit families, the family court and a general practitioner’s office.

Objectives: To ascertain the community issues that surfaced during a Family Health Clerkship.
Design: As part of the end-of-clerkship assessment students were asked to list two lessons learnt. These were then extracted from student’s papers and categorized into broad themes.

Results: 64 students participated in the clerkship. 94% listed 45 different lessons. They were related to “impact of social factors on health” (16%), “patient health determined by personal choices” (9%), “treatment of the patient as a whole” (9%), “the importance of knowledge on resources available for low-income patients” (4.5%), “the importance of the doctor-patient relationship” (4.5%) and “the issues of prescription availability and affordability” (4.5%).

Conclusions: The theme “social factors influence health” was related to community and individual health status and was most frequently listed. This may reveal that this clerkship created a greater awareness of socio-economic issues plaguing low-income communities. This also highlights areas within the community that require improvement. After experiencing the clerkship students seem to be more cognizant of the situation faced by persons within these low-income brackets, as well as the need to be more than “technically competent” doctors. The responses may reveal that previous theoretical exposure was inadequate hence the need for exposure to various community settings within medical curriculum.

Community Involvement: Priorities and Barriers Among Health Professional Students in the State of Georgia

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Context: Health professionalism includes a commitment to community service and advocacy. Yet, health professional students are an underutilized link between campuses and communities. For this reason, Health Students Taking Action Together, Inc (Health STAT), a non-profit coalition of Georgia’s health professional students, surveyed 427 students to explore barriers to student service and volunteerism.

Design: HealthSTAT conducted a cross-sectional survey by electronically inviting 427 current listserv members from five Georgia universities to take an online survey. Respondents included in analysis are currently enrolled students in health-related disciplines who completed the survey within seven days. Students rated nine extracurricular activities on a 4-point scale from “very important” = 1 to “not important” = 4. Scores were averaged to create a summary for each activity. Students were also asked, “What single reason most commonly affects your decision not to be active outside of school?”

Findings: Of 108 respondents, 80 met study criteria. Students for the following degrees were represented: MD (71.2%), MPH (21.2%), BSN (3.8%), and MD/MPH (2.5%). When asked to prioritize extracurricular activities, medical students ranked community service (1.78), athletics and hobbies (1.87), and social functions (2.04) highest and attending conferences (2.44), employment (2.83), and rallies (3.00) lowest. Public health students ranked employment (1.53), community service (1.74), and internships (1.74) highest and political advocacy (2.16), conferences (2.17), and rallies (3.00) lowest. Time constraints (48.8%) and required school work (26.3%) were the most commonly cited barriers to activity outside of school.

Conclusion: Students working with HealthSTAT prioritize community service, yet are limited by time constraints and required school work in fulfilling this professional commitment. Therefore, academic institutions may use students to strengthen campus and community partnerships by creating elective time designated in student schedules for community engagement. In addition, professional societies may better align with student priorities by favoring student-initiated service projects over conferences and workshops.
Building Community Health Through Collaborative Leadership: Lessons Learned from Evaluation of the Health Partners Fellowship Program

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Context: The Health Partners Fellowship (HPF), begun in 1998, has been a two-year leadership development program focused on developing skills in collaboration for the purpose of improving community health. Participants were professionals from a variety of disciplines and backgrounds, based in community as well as university settings. The 12 fellows (10 U.S. based, 2 from outside the U.S.) recruited for each of three classes met for ten week-long sessions over two years, taking acquired knowledge and skills back to their ongoing work.

Objectives: The primary questions addressed in the evaluation of the HPF program included, in addition to participant satisfaction: Are we identifying and teaching competencies relevant to collaborative leadership? Are fellowship activities linked to outcomes in fellows - changes in attitudes, knowledge, skills - and in their communities? What aspects of the fellowship were most effective in producing outcomes?

Design: Evaluation data included 1) Fellows' session questionnaires; 2) Observation of sessions; 3) Interim, final, and alumni questionnaires; and 4) Follow-up interviews with alumni; and site visits with a sample of fellows.

Main outcomes: The formative evaluation prompted changes in program format, resulting in higher satisfaction ratings. Graduating fellows self-identified improvements in competency areas relating to collaborative leadership. Furthermore, over 90% of the 23 fellows who completed the program in 2000 and 2002 reported in 2003 improved process and/or outcomes in their collaborations or home organizations' participation in collaborations, linked to program participation through concrete examples of how learning was applied. For 30% of the fellows completing the program the evaluator found evidence of "systems change": new collaborative initiatives formed with tangible outcomes linked to fellowship-acquired knowledge, skills, or networks.

Conclusions: Fellows' successes connected to key aspects of the fellowship: diverse classes, fostering interchange among fellows, and use of those networks after graduation.

Traditional Healing Practices: A Case Study of Pokhara Sub Metropolis

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Context: Pokhara Sub Metropolitan city has approximately four hundred thousand people. Although there are a few hospitals, nursing homes and many medical clinics, a large number of people still obtain services of traditional healers. It is estimated that within the city there are about 200 traditional healers (Tantrik) and astrologers. These traditional healers undertake treatment for minor headache to major medical cases such as depression and epilepsy. On April 2004, NDRC a local research institute has carried out a sampling survey on these traditional healers to know their social impacts by their way of dealing with different health problems.

Objectives: To get more information on what type of people usually go to these traditional healers and how those traditional healers treat for different health problems.

Design: The Traditional healers were personally visited interviewed, filled up structured questionnaire. Finally the responses were analysed, tabulated and concluded.
Main outcomes: Twenty-two traditional healers were visited, out of which 30% of them were healers with astrologers. 50% of them undertake disease related to women and children. 35% of the traditional healers were illiterate. 55% of them had just educated up to class ten. The rest 10% were educated up to intermediate level to bachelor level. Most of the highly educated traditional healers were astrologers. 10% of these traditional healers were females. They all were illiterate however they had strong influence on society in the name of Devi (Goddess). Each traditional healer had their own faith in different gods. About 75% of them believed that due to inverse planetary system people caught different health problems. 60% of them treated psychological problems like depression, madness and lunacy.

Conclusions: Networking with these traditional healers by medical institutions can be a fruitful to find out hidden psychological, gynaecological and paediatrics diseases.

Health Sciences and Technology Academy: An Appalachian Pipeline Success Story

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Context: For the past ten years, the Health Sciences and Technology Academy (HSTA) has recruited, enriched the academic and social preparation and financially supported African American and financially disadvantaged Appalachian 9th-12th grade students for college and careers in health.

Setting: HSTA is a successful community-campus partnership where the community is the major partner.

Objectives: To illustrate and report on the success of a community-campus partnership with a family concept style nurturing that matriculates under-represented students to college and health careers.

Interventions: HSTA relies heavily on community ownership and leadership, high school teacher facilitation and family style nurturing of the students both in the communities and on campuses.

Main outcomes: HSTA has grown from 44 9th grade students and 9 high school teachers to over 750 9th-12th grade students and 75 high school teachers. HSTA has grown from no community representation to a community owned partnership with 3 campuses and 140 volunteer community board members donating over 10,000 hours of time yearly. HSTA has successfully graduated over 470 students from high schools. Almost all (97%) of these student pursue college where 56% of the West Virginia (WV) population pursues college. The majority of HSTA college students (59%) choose health science or technology majors where 17% of the West Virginia University population tends to choose these majors. HSTA students get better grades in college, stay in college more and pursue post baccalaureate degrees more than the general population. To date, WV legislation has been enacted to provide tuition and fee waivers for successful HSTA graduates to any WV state college or university. In addition, WV supports this program with over $1 million in funding yearly.

Conclusions: Community ownership in a community-campus partnership has provided a venue for under-represented students to pursue health careers with great success.
Overcoming Health Disparities in Inner-City Communities through Partnerships on Service Learning Projects

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Objectives: 1) to identify health problems and disparities in inner city populations; 2) to describe a model of community partnership which has demonstrated positive outcomes; and 3) to present creative interventions that reduce health problems and disparities in inner city populations.

Measures: Formal surveys, focus groups and interviews.

Design: A descriptive design was used. The partnership model focuses on students selecting a topic from a project list developed by partners and faculty and receiving mentoring. Topics included: asthma, homelessness, nutrition, obesity, prenatal mothers, immunizations, alcohol, smoking, lead poisoning, safety, healthy relationships in teens, chronic and communicable diseases, polypharmacy, bioterrorism. Students and partners completed evaluation forms measuring project outcomes.

Subjects: Traditional (n=61) and accelerated (second degree, n=55) community health nursing students and 23 agency partners participated.

Interventions: Disparities existed in knowledge about health problems and access to resources. Disparities existed in rates of asthma, obesity, STD/AIDS, teen pregnancy, violence, mental illness, lead poisoning, and immunizations. Interventions included a computer program on asthma, educational program to prevent violence in teenagers, brochure on effects on alcohol and smoking on pregnancy, resource manual for social workers caring for mentally ill, STD brochure which increased clinic attendance, watch alarm to increase medication compliance in HIV-clients, bioterrorism plan for a town.

Main outcomes: 100% of traditional and accelerated students agreed that the experiences promoted cultural awareness; 96.9% of both groups worked with diverse professionals; 100% of the traditional and 96.9% of the accelerated nursing students reported increased competence in assessing and planning community interventions; leadership skills; improved Internet abilities; and interest in community work. Partner evaluations: 100% agreed assessments and interventions met community needs, findings were useful in program planning. Partners gained knowledge about health problems, disparities, and resources.

Conclusions: The partnership model of service learning helped to meet health needs of high risk populations, reduced disparities, and increased the knowledge of students on community needs.
The Effects of Nursing Training on the Control of Nosocomial Infections: Studies from the Limbe Provincial Hospital, Limbe, Cameroon

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Context: Training syllabuses for the various levels of nursing staff in Cameroon emphasize a variety of problem solving tasks. The duration of any nursing training program greatly affects the content of its training. For reasons of necessities of service, nursing staff is often recruited from all levels (Nurse Aids, State registered nurses-SRN, and Nurses with bachelors-BNS, B.Sc).

Setting: Limbe Provincial Hospital. To provide supervision, the higher level nurses(SRN, BNS) must be present, effective and emphasized.

Objectives: 1) To acquire a demographic overview of the presence of nurses; 2) To identify knowledge, attitude and practice of nurses, regularly on nosocomial infections; and 3) To identify preventive practices carried out.

Design: Cross sectional survey of nurses from May to June 2003.

Subjects: Nurses of all levels (cadre) engaged in Nursing care at the Limbe Provincial Hospital.

Interventions: Clinical survey and teaching at job site.

Main outcomes: Clinical teaching was difficult due to lack of SRNs. At the time of the survey, there was no nurse with a bachelors degree in nursing.

Results: 1) Only SRN was found in a ward, and some wards had none; 2) The supervisory role over the lower cadre was insufficient and thus exposure of clients to nosocomial infections could be common; and 3) The lower cadre was not very equipped with notions of hospital acquired infections, both in knowledge and in practice.

Findings: Need for better trained nurses identified by the subjects.

Measures: Hospital policies should be put in place encouraging continuing education at the work place, in the form of supervision, seminars and workshops.

Conclusions: We recommend that policies be laid down on the contents and context of nursing training programs, such that guidelines are given for common daily practices no matter the duration of the training.

An Innovative Community Partnership for Prevention of High School Sports Injuries

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Context: A three-year allied health project grant, Community Connections: Partners for Learning and Service (1D37HP00876) provided the infrastructure and enabling mechanisms for the Medical University of South Carolina Physical Therapy Educational Program to develop and sustain an innovative community partnership. This partnership was designed to promote health and prevent sports injuries in high school athletes and to increase the number of clinical training sites for physical therapy students.

Setting: Community high schools.
Objectives: To describe a model and process for the establishment of an innovative community partnership for health promotion and prevention of high school sports injuries.

Design: In partial fulfillment of course requirements, first year students are supervised by community physical therapists while participating in a component of mandatory pre-performance comprehensive physical examinations of high school athletes. The musculoskeletal screen includes examination of the upper/lower quarter and trunk for range of motion, flexibility, and strength testing, as well as posture evaluation and stability testing for the knee and shoulder.

Subjects: 120 Junior Varsity and 125 Varsity athletes.

Interventions: Pre-season musculoskeletal screens help identify athletes who may be at risk for potential injury and athletes whose performance may improve through referral to appropriate services.

Main outcomes: Exposure to a large volume of healthy, young adults provided the students with practice of newly learned musculoskeletal tests and measurements.

Findings: 5 (2.4%) Junior Varsity athletes and 12 (10%) Varsity athletes were identified to be at risk for injury and were referred to appropriate professionals.

Conclusions: The exposure to a large population of high school athletes enhanced the students' awareness of the vast range of normal values in this population and provided them with the opportunity to improve their professional communication skills. The athletes benefited by receiving physicals at a reduced cost. The community physical therapists were able to promote their profession to the public while mentoring the next generation of therapists.

Partnering for Prevention: A Collaborative Effort to Reduce Brain Injury Among Children in South Carolina

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Context: As part of Community Connections: Partners for Learning and Service (1D37HP00876), a federally-funded allied health project grant, brain injury prevention served as the overarching theme for designing and delivering a series of innovative community-based learning experiences for graduate occupational therapy students. Through a community-campus partnership between the Head and Spinal Cord Injury (HASCI) Division of the Disabilities Board of Charleston County and the Occupational Therapy Educational Program at the Medical University of South Carolina, the national Think First for Kids curriculum was modified and delivered to pre-school toddlers and elementary school children.

Objectives: Describe the community-campus partnership, the nature of the students' community-based learning experiences, and students' perceptions of their experiences with community-based learning.

Main outcomes: 43 occupational therapy students provided brain injury prevention education to 814 children at 35 elementary and pre-school settings. Each child received a brain injury prevention information packet to take home and review with parents. Selected children (n = 115) received helmets at no cost, to wear when using non-motorized forms of transportation. Students' perceptions of this experience were positive as the majority expressed satisfaction with the opportunity to interact with the children, apply concepts learned in the classroom to the community, and to make a difference in rural communities with limited access to much needed prevention services. Direct benefits to the communities served included a rare opportunity for exposure to brain injury prevention education at age-appropriate levels, access to educational information to share with parents, and distribution of helmets at each site.
Conclusions: This community-based learning experience served as a mechanism to enhance student learning and to increase students’ awareness of and participation in responsibly addressing health and prevention needs in society.

Education for Health: A Clinical Prevention and Population Health Core Curriculum for All Health

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Context: Healthy People 2010, a US document that specifies health goals for the nation, includes an objective related to the health promotion and prevention content of clinical health professions education. A Task Force representing leaders from five different health professions has articulated a curriculum framework specifying educational components in clinical prevention and population health.

Objectives: 1) To introduce the four components that comprise the curriculum; and 2) To present specific elements of these components and discuss approaches to interpreting, applying, and measuring them.

Design: Leaders from medical, nursing, pharmacy, dentistry, and physician assistant educational and professional organizations convened over a period of two years to draft and approve the Framework.

Results: A curriculum Framework has been designed to provide a set of components and elements that constitute a foundation for education in clinical prevention and population health. The four components are: evidence base for practice, clinical prevention services-health promotion, health systems and health policy, and community aspects of practice. The Framework encourages flexibility for each clinical health profession to determine the depth, timing, and method for teaching each component. The Framework offers opportunities for a shared language as well as interprofessional education and collaboration.

Findings: A Curriculum Framework that provides a structure for organizing and monitoring curriculum as well as for communicating within, between, and among clinical health professions can be specified.

Conclusions: Educational and professional association leaders from clinical health professions that have not worked closely together in the past can come together around a common educational goal (as articulated through a national document) to develop a comprehensive clinical prevention and population health curriculum framework upon which they all can agree.

Program of Health Promotion in Change Behavior & Health Life Style of Community

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Objectives: The objective of this research is the evaluation of a program in health promotion. Its aim was to promote changes in behavior and health life style of a sample community in Tehran.

Methods: This survey is descriptive, analytical and the data gathering is based on KAP MODEL of research and development.

Results: Health education must deal with beliefs, motives, behavior, and habits within the social environment to which people belong. The emphasis of health education is on self-care and self-help as essential steps toward health promotion. It was found that often beliefs have to be changed first, which requires providing a rationale for motivation to change health related behavior.

Conclusions: This study justified health promotion strategies as an important component of national health policies. Also, habits and customs influenced socialization. Examples include diet, exercise,
games, hobbies, other uses of leisure time, health related substance use such as tea, coffee, alcohol, self meditation, seat belt usage, immunizations, and pap smears etc. In the end, this survey showed that programs of health education in our community were effective and useful.

A Harlem Partnership to Reduce Obesity Through Research, Engagement and Grass Roots Education

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Context: Obesity and diabetes are increasingly prevalent, especially in African Americans and Latinos.

Setting: East Harlem is a predominantly minority, low-income neighborhood in northeast Manhattan. Its residents have the highest prevalence of obesity and diabetes in New York City.

Objectives: A coalition of community leaders, clinicians and researchers formed to study barriers to healthy eating in East Harlem, and to develop interventions to reduce obesity and control diabetes through better nutrition.

Design: The coalition conducted surveys and focus groups with East Harlem adults with diabetes, and ascertained the availability of healthy food items in all the grocery stores in East Harlem and an adjacent wealthy, predominantly white neighborhood, the Upper East Side. The coalition disseminated the results of these studies locally, and used the data and feedback to develop interventions.

Main outcomes: Of the 950 adults with diabetes surveyed, 40% could not afford to maintain a healthy diet due to financial constraints. Focus groups revealed that residents thought racist food practices kept healthy foods out of their neighborhoods, and that nutritionists were unavailable, or unable to teach them how to eat healthy foods consistent with their cultural and financial realities. Surveys of 324 stores found that East Harlem has significantly fewer stores that carry healthy foods compared with the Upper East Side (18% versus 58%, p<0.0001). Based on these findings and recommendations of community leaders attending a local nutrition summit, the coalition organized a healthy food festival to help restaurants to prepare, and consumers to try healthy versions of local dishes. We have also begun to develop a peer-nutrition education program.

Conclusions: Our coalition elucidated local barriers to healthy eating. We are now piloting interventions that address the inadequacies in the food and nutrition environments uncovered through this research.

Health Education for School Drop-outs about HIV/AIDS Carried Out in Tamil Nadu, India

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Context: A group of students from the Christian Medical College, Vellore as part of a learning experience carried out a health education programme among school drop-outs on HIV/AIDS. This community oriented exercise was done in an area classified as a generalised epidemic state, with a functioning government programme about HIV/AIDS in schools.

Objective: To educate 89 school drop-outs between the ages of 13-25 about HIV/AIDS.

Design: A quasi-experimental study design was used. A pre and post survey with the same questions was used to evaluate the teaching effectiveness.
Interventions: A module was designed in keeping with the social and cultural norms. The teaching matter consisted of the social and clinical aspects of HIV/AIDS with special emphasis on transmission and prevention. Skits, charts and stories were used to get the message across. Abstinence was advocated for the females and condom use was demonstrated for the males.

Main outcomes: The pre-test survey showed that 90% of males had heard of HIV/AIDS in contrast to only 69% females. 87% males were willing to visit a doctor but only 68% females. After the education programme a 18% rise was seen in males who thought sex education was required in schools and a 15% rise for females.

Results: A significant improvement in knowledge about HIV/AIDS, its transmission and prevention was seen after the education programme especially among women.

Conclusions: 30% of the 40 million people living with HIV/AIDS are in the 15-24 age group. Adolescents stand at the centre of this pandemic in terms of transmission, impact and potential for changing the present scenario. Most young people like school drop-outs in developing countries do not have the right information about HIV/AIDS. The only way to combat this problem is through health education that reaches out to every individual within the framework of their own social, economic and cultural background.

Mutual Benefit – Partnership Between a Medical School and an Urban Slum

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Context: Community-based learning is part of the curriculum of Christian Medical College. The objective is to provide medical students with an opportunity to interact and work alongside with members of a community. This also enables students to collaborate with some of the poorest of the poor towards trying to elevate their standard of living and remove social stigmatization of disease and neglect.

Setting: An urban slum in Vellore, a town located in South India, of 161 families mainly engaged in rag picking for their livelihood.

Objectives: 1) To determine the prevalence of malnutrition and associated risk factors in all children under 5 years of age; 2) To identify areas of cooperation between the slum dwellers and medical students; and 3) To carry out programmes of intervention.

Design: A cross sectional study was conducted using a questionnaire prepared by the students and Focus Group discussions were held.

Subjects: 161 families mainly engaged in rag picking for their livelihood.

Interventions: All malnourished children under five years of age are being evaluated and treated. Sputum samples of two children were tested, found to be positive for Acid Fast Bacilli and started on anti-tuberculosis therapy. Health education regarding home based management of diarrhoeal diseases. Encouraged mothers to continue dialogue with local government regarding security concerns.

Main outcomes: The prevalence of malnutrition was 14.6%[12/82]. Girl children are three times more malnourished than boys. Children of mothers who had no schooling are three times more likely to be malnourished than children of mothers who had some amount of schooling. The availability of water supply, the degree of sanitation and the level of pollution were assessed. The community’s perception of diarrhoeal diseases, weaning practices and health seeking behavior were studied.
Conclusions: Medical students gained valuable experience in matters of public health through this constructive platform of partnership.

Using African Cultural Systems for AIDS Prevention: Case Study of the Maasai of Kenya

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Context: Maasai AIDS Prevention Network (MAPNet) is a charity by-youth for-youth program working among the rural Maasai youth and community of Kajiado, Kenya on AIDS prevention.

Setting: MAPNet implemented a three-year project (1999 – 2003) using the cultural Maasai systems of education and information sharing as a strategy for AIDS prevention education. The community is structured into age groups and age-sets and clans. Each age group, set and clan has its own cultural leaders. These are the leaders that MAPNet trained as peer educators.

Objectives: 1) To raise rural Maasai youth and community knowledge on HIV and AIDS including sexually transmitted infections; and 2) To encourage the rural Maasai youth and community to adopt safer sexual practices in the wake of HIV/AIDS.

Interventions: 1) 30 cultural youth leaders were trained as peer educators on AIDS prevention (one-week workshops with 3 trainers each); 2) Youth-adult partnership was instituted as relationship model to bring youth and adult in collaborative efforts in AIDS prevention and control; 3) Intergenerational dialogues, debates and forums were organized and conducted as a way of encouraging discussion on sex and reproduction; 4) School-based prevention education activities were carried out; and 5) Condom distribution by the peer educators in the most rural and remote areas.

Main outcomes: Increase in community knowledge and understanding on HIV/AIDS. 96% of the youth and community could now describe the three (3) primary modes of HIV transmission, the various prevention and control methods from previous 35%. The youth adopted safer sexual practices including use of condoms 60% from 20% while others reduced the number of their sexual partners from between 7-8 to 2-4. Condom accessibility and availability in the most rural and remote areas.

Findings: The Maasai cultural systems offer a great channel of communicating AIDS prevention messages. Parent-child communication on sexuality is possible in this community with youth-adult partnerships as the most promising effective strategy for AIDS prevention.

Conclusions: Further research is necessary.

Impact of an Educational Programme on the HIV/AIDS Knowledge and Attitudes Among Secondary School Students in Chennai, India

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Context: Secondary school students in India are becoming sexually active at an increasing earlier age. Sexually active students are at risk of contacting STDs, including HIV infection because of their sexual curiosity, exploration and lack of knowledge. At present, the only way to reduce this risk is through Health education.

Objectives: To assess the knowledge and attitudes on HIV/AIDS in students and to measure the effect of a health education on their knowledge about HIV/AIDS in general and behavioral intent towards AIDS prevention behaviours.
Design: Intervenational Study.

Subjects: 600 randomly selected secondary school students in 10 schools in Chennai.

Interventions: Comprehensive health education on HIV/AIDS using personal communication and visual media techniques by medical graduates.

Main outcomes: Significant (P< 0.05) increase in knowledge on HIV/AIDS by students after educational intervention.

Results: 85% of students had heard of AIDS; of these, 56% cited sex with an infected partner as a means of HIV transmission and 38% identified use of unsterilised drug-injecting equipment. Sexual monogamy (49%), condom use (44%), and use of sterilised needles (40%) were the main strategies identified for prevention of HIV transmission. Responses to 10 subjective post-test questions indicated that school students were interested in learning about AIDS and having medical graduates as their teachers.

Conclusions: Although single school-based HIV/AIDS education programs may increase knowledge, more extensive education may be needed to change the behavior and attitudes of secondary school students. This program also provides an example of how medical institutions can develop a collaborative community education project that contributes to the education of medical students.

Share the Burden, Clear the Air

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Context: Providing effective comprehensive tobacco control for communities and campuses requires six elements according to the US Centre for Disease Control. They are: advocacy, media, policy, enforcement, prevention, and cessation. In order to provide these it is necessary to develop partnerships with organizations and departments that have particular expertise in the various areas. It is also necessary to involve University students in the development of materials that are meant to target individuals in the 18-24 year age group on campus as these students are much more likely to develop messages that appeal to those within this age group.

Setting: Ball State University (BSU) and Muncie, Indiana.

Objectives: 1) To illustrate the messages and materials designed and used to target college students; 2) To highlight the methodologies used to recruit university students and unlikely partners in tobacco control efforts; and 3) To highlight learning that occurs when university students are given the opportunity to lead a health campaign.

Design: Display the messages created by students for individuals in the 18-24 year age group, show the commercials produced by students aired on local cable and BSU's closed circuit television, and illustrate the partners in our tobacco control initiative.

Subjects: All partners in our tobacco control initiative including non-obvious contributors including the Departments of Theater and Dance, Housing and Residence Life, Counseling Psychology, Career Services, Peer Educators, Telecommunications and Photojournalism.

Interventions: Focus groups conducted by Ball State University graduate students on the attitudes and behaviors of undergraduate college students toward tobacco use and the messages that they attend to regarding health, cessation sessions conducted by peer educators, media messages created by University students for people ages 18-24.
Main outcomes: People aged 18-24 overwhelmingly respond to use of irreverent humor over futuristic disease messages and are more likely to respond to peers messages than to “experts” spouting statistics or forecasting disease.
Teaching Community-oriented Primary Care in an Undergraduate Curriculum: Experiences in Belgium

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Context: The medical curriculum of Ghent University underwent a fundamental change, starting with a problem-oriented integrated training programme in 1999. In the first year of the new curriculum students participate in a module on "Health and society 1" including topics of sociology, psychology, environmental health, anthropology, health promotion. In the third year there is a module "Health and society 2", which deals with health care organisation, health economics, occupational health and international health. During this module, the third-year-medical students and fourth-year-students of social paedagogics are confronted with one-week experience in community-oriented primary care, looking at the health problems of a deprived community, with a multicultural population and problems of poverty, unemployment, loneliness, etc.

Setting: Starting from a home-visit to a patient with multiple problems, students are invited to look at the context of the health care organised around that patient. Moreover, they look at statistical demographical and socio-economic indicators of the area. The students have to make a community diagnosis and look for improvements, that have to be presented at the end of the week to the local stakeholders.

Objectives: To assess the extent to which students consider they have achieved the learning goals of this one week course. To evaluate the appreciation of this course by students. To get feedback about the practical organisation of the course. To investigate if there is any difference between medical students and students of social paedagogical sciences.

Design: Questionnaire consisting of open ended questions and Likert scales.

Subjects: 120 third year medical students, 30 students of the social paedagogical sciences.

Interventions: The 2-page questionnaire is administered on the final day of the 4-day course.

Main outcomes: Degree of achieving course learning goals, difference between different study types, factors to consider in future editions of the course.

Conclusions: Results, Findings, Measures, conclusions: as the intervention will take place on April 2004, results will only be available at the conference.

Overcoming Health Disparities Through Appropriate Heath Staff Training: Moi University, Faculty of Health Sciences (MUFHS) Experience in Medical Curriculum Review Through Stakeholder Participation

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Context: MUFHS MBChB curriculum of August 2002, comprises 14 program goals which each graduating MBChB student is expected to have attained. The goals were derived from eight major roles which MBChB graduates are to be adequately prepared to perform. The roles can be used as surrogate measure of program goals. Major goals as listed in the medical curriculum are: management of patients’ problems and participation as a member of health team, management of health services, participation in teaching and training of health personnel, carrying out research in priority health problems, engagement in continuing medical education, evaluation of own performance, planning and implementation of own education.
Objectives: The review was set out to establish if the graduates are appropriately performing their roles as defined in the curriculum with the aim of strengthening the weak areas.

Method: Stakeholder participation was elicited through interviews and questionnaires. Key Informant Interviews and Focus Group Discussions were carried out.

Findings: Questionnaire feedback was received from 55% of the undergraduate students, 35% of the graduates and 15% of the lecturers while forty seven (47) intern supervisors and 28 interns were interviewed. 35% of graduates had undertaken administrative tasks in the health sector, 47% had undertaken training as a trainer, 50% had participated in at least one research activity since graduating, a number had completed Masters Studies, and overall, 50% reported to be engaged in post graduate training at the time.

Conclusion: Acknowledging some low response rates, the data collected indicate that MUFHS graduates have good clinical and surgical skills as well as positive attitude towards the community, hence giving them an edge over the University of Nairobi graduates during internship. However, poor knowledge in therapeutics is a drawback. Specific areas within the curriculum needing strengthening were identified and new curriculum incorporating competencies that can be measured at the point of service delivery is expected very soon.

Enhancing Medical Education Through Youth Mentoring

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Context: The Lake Erie College of Osteopathic Medicine (LECOM) greatly values student community involvement. It is the school's belief that the college has a responsibility to be an active participant in the community. The school feels that by being active in the community students will gain a greater understanding and respect for the world around them.

Setting: The LECOM Mentoring Club is composed of first and second year medical students and is involved in many activities with Erie youth. Some of these include: a reading center, educational programming, field trips, a youth library, taekwondo, a high school health career post, and a local Cub Scout pack.

Objectives: To examine the perceptions of the community in regards to having medical student involvement and to examine how medical students feel youth mentoring impacts their education.

Design: Interviews were conducted with medical students, local officials from the Young Men's Christian Association (YMCA), the Erie Housing Authority, a Cub Scout Leader, LECOM administrators, and local youth. Each was asked about their opinions of student involvement.

Main outcomes: Local officials reported that they were very pleased to have students involved. They liked that the students were able to bring knowledge and good role-modeling to the youth activities. All of the agencies said that they had no complaints and were very grateful to have the student mentors. The local kids said that they liked the activities put on by the mentoring club and liked having the medical students around. Responses from the medical students were also very positive, with all saying that being involved in youth mentoring made medical school a more meaningful experience.

Conclusion: These results indicate that having a strong interaction between medical students and the youth of the community can be very positive for all involved.
Developing Cross Cultural Curricula With the Community

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Context: Disparities in health care access and outcomes within the United States have been well documented; globally, these disparities exist within and between countries. Elimination of health disparities requires significant changes in medical education and must include community collaboration. Cross cultural skills development has been a curriculum priority for the University of Connecticut School of Medicine for the past 5 years.

Objectives: To describe the stages of community collaboration in developing a cross cultural curriculum and present outcomes.

Methods: The community has been engaged in every stage of the process, which began with a needs assessment (community, students and faculty) and has continued with new curriculum initiatives to address identified needs. New curricula include: 1) Orientation to the community; 2) Tour of the local area and community programs; 3) Diversification of patient panels and presentations; 4) Programs on local ethnic groups; 5) Skills development for working with translators and communication challenges; 6) Community-based electives; and 7) Use of films and other media. In 2004 a local foundation grant is supporting collaboration with a community partner to train faculty “champions” for all parts of the curriculum.

Main Outcomes: Understanding community, student and faculty perspectives has been essential to the success of the curriculum. Most activities were required for all students in the first three years of medical school. One-third of the students do a community-based project in the fourth year. Evaluations by students, faculty and community have been positive (4 on a 5 point scale). It was apparent in the initial needs assessment that faculty development was a critical need. The local foundation grant to develop faculty “champions” is an important step to creating an integrated and sustainable cross cultural educational program. Some results of this training will be presented.

Conclusion: Educational programs to address health disparities must involve the community.

Innovative Approach In a Pharmacy Education Partnership

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Context: The Medical University of South Africa (MEDUNSA) and the Tshwane University of Technology (TUT) in a unusual partnership have been training pharmacists for the last five years. An innovative curriculum has been followed with a strong community-based education focus.

Objectives: To compare attitudes and opinions of students following an innovative versus a traditional pharmacy curriculum towards community and rural service.

Design: A questionnaire was used to compare attitudes and opinions of pharmacy students following an innovative versus a traditional curriculum towards the rendering of community and rural service.

Main outcomes: Most students from MEDUNSA/TUT spent their teenage years in sparsely populated areas while students from the North West University (NWU) following a traditional curriculum were from more densely populated areas and often had a less positive attitude to community service.
Students following an innovative curriculum had a more positive attitude to rural practice based on the exposure during undergraduate studies – no experiential training was offered during the traditional curriculum. They supported the concept of and implementation of one year of compulsory community service while students from a traditional curriculum were less positive.

Reasons provided for a positive approach was based on their recognition of the need for pharmaceutical services in the rural areas as well as the opportunity to contribute to their societies. Negative attitudes were based on reasons such as lack of safety, low salaries and an assumption that the “government were riding on the back of the profession”. It was concluded that students following the innovative curriculum were slightly more altruistic and were more inclined to exhibit an attitude of service rendering to communities.

Conclusions: Innovative approaches in pharmacy education could affect the attitude of students towards community and rural areas services.

Student Perceptions of Community Service Learning Experiences in Community Health Sciences

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Context: The Faculty of Community and Health Sciences is a multi-disciplinary team committed to fostering civic responsibility based on the philosophy of community service learning. In an effort to make community service learning (CSL) more meaningful to student learning, the FCHS reviewed its curricula to prepare the next generation of health professionals for a lifelong commitment to productive citizenship.

Objectives: Community service learning was implemented as an approach that elaborates community-based education through the incorporation of reflective practice into the training of health professionals. The purpose of this study was to determine the perception of the students with regard to their experience in the CSL course. The study was designed to evaluate the efficacy in terms of student perspective.

Design: The study was limited to students enrolled in semester courses with a CSL component in the Faculty of Community and Health Sciences. Students completed a questionnaire at the end of the course. The survey instrument was developed by the Evaluation Research Agency. Students were asked to respond to specific statements regarding the experience of the course, their views of the partnership and community involvement and their personal experience based on reflection. Structured statements were rated using a five point Likert scale.

Main outcomes: Results of the study indicated strong support for CSL; Students indicated that CSL improved their academic learning as their experience developed their leadership skills, autonomy and ability to communicate their ideas in the real-world context; and Exposure to real-life issues in the community and working in partnership.

Conclusions: Research conducted in the modules around service learning indicates that service learning provides a valuable extension of community-based education and assists the faculty in realising its mission statement.
The Impact of COBES on Students and Rural Communities in Western Kenya

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Context: The Faculty of Health Sciences, Moi University ensures that students acquire practical and intellectual skills using modalities that encourage active learning in the context in which they will function. The faculty’s curriculum encourages students to acquire vital skills of long life-learning using PBL and COBES.

The aim of COBES is to produce health professionals who respond to community’s health needs. It is implemented using multi-professional learning approache in five phases: COBES I, II, III, IV and V.

This study focuses on COBES I and II.

Objectives: To evaluate the impact of COBES on the rural health centers, the catchment communities and the students.

Method: Student groups of 2002, 2003, and 2004 were included. They went in groups of 10 – 14, well mixed in terms of gender and profession (Medicine, Nursing, Environmental Health), and stayed for 3 weeks in rural health centers participating in health care delivery and community research. Students and health center staff evaluated COBES. Interviews were held with health center staff, student coordinators and rural community.

Main Outcomes: Students’ evaluation indicated well preparedness for COBES. Clinical exposure facilitated acquisition of skills and knowledge for communication, decision-making, and self-evaluation. Community research improved scientific report writing and dissemination. Major problems were inadequate transport, accommodation, and limited availability of library books. The health center’s benefits included easing of workload, challenge to further learning, increased patient flow, community mobilization, and financial supplements.

The communities feel educated, empowered and equipped with health promotion skills, addressing causes as well as prevention of common health problems.

Conclusion: COBES has a very positive impact with research activities, health education and interventional projects in the communities being beneficial to all stakeholders.

The Learned Experience: Living and Learning Nursing In a Third World Country

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Context: The University encourages community service as an approach to learning. An increasing number of our local populations are Spanish speaking from other countries.

Setting: During a capstone course, senior nursing students traveled to Honduras to practice nursing and expose themselves to a culturally diverse population.

Objectives: 1. To study healthcare practices in a developing country 2. To tailor teaching to individuals in a developing country 3. To describe the feelings ascribed to the culturally diverse experience.

Design: Students met weekly to study about Honduras and its people. They researched typical diseases, historical and cultural backgrounds, current healthcare practices, and designed teaching projects.
Students collected toothbrushes and fluoride gel. They collected shoes to provide protection against hookworm, and collected pictures of fruits, vegetables, and protein sources to be used in teaching about prevention of disease through proper preparation and eating of nutritious food.

Main outcomes: The 19 students who participated had their thinking changed in many ways. They found modern medicine is only one way to maintain health. Good nutrition and cleanliness can prevent disease. Students did physical exams, worked in the pharmacy and laboratory, provided fluoride treatments, taught hand washing, and shared diet information. In the schools, students taught the importance of brushing teeth and provided toothbrushes for each student and led a practice session.

Findings: Each student returned from the experience with a better understanding of the health care needs in rural third world settings and what they, as nurses, can do to overcome these health disparities.

Conclusions: One way for students to learn about and work towards overcoming health disparities is through the lived experience in a developing country.

Medical Student & Faculty Collaboration: Addressing Health Disparities Through Curricular Reform & Community Interventions

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Context: The American Medical Student Association (AMSA) has worked to empower motivated medical students to become change agents in their profession and communities. AMSA believes that medical school training should reflect a strong sense of responsibility to understanding and addressing the health disparities of the local communities. The organization hosted a conference to combine medical student-initiated action with faculty collaboration, with the intent of empowering these teams to develop innovative curricular reform and community interventions.

Setting: One faculty member and two medical students from 26 U.S. medical schools attended the conference and planned to carry out a project to address health disparities in the coming year.

Design: The conference consisted of both didactic and skill-based workshop sessions. Students were administered pre- and post-tests to evaluate their change in knowledge, attitudes and beliefs regarding health disparities as a result of attending this conference. Students developed ideas for local projects to address disparities in their own communities and at their schools and were given specific skills to improve project design and implementation at the conference. Examples of programs that might be initiated include lecture series; service learning opportunities with homeless, migrant, or other disenfranchised populations; and experiential programs addressing health disparities through community-oriented primary care projects or other health interventions in local communities.

Results: As a result of participating in this conference, student/faculty teams improved their knowledge regarding health disparities. During and after the conference, teams developed strategies to innovatively approaching health disparities in their curricula and communities. Further, the teams contributed to the development of a national agenda for the American Medical Student Association's strategic priority of "Eliminating Health Disparities".

Conclusions: Addressing health disparities is a national health priority. Given appropriate tools and training, medical students can be positive change agents for this aim, in their medical schools and communities.
Identifying Strategies for Development of Reproductive Health in International Pre-service Medical Curricula

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Context: Pre-service medical education provides an opportunity to implement recommendations from the ICPD Programme of Action, which emphasizes reproductive health training for medical professionals to affect changes in reproductive health care. However, few countries have integrated comprehensive reproductive health content into sustainable pre-service medical education, partially due to lack of access to current curricular resources. In response to this need, the Commonwealth Medical Trust and the Reproductive Health Initiative (RHI) of AMWA co-hosted a meeting in India in April 2004 to discuss strategies for integrating reproductive health content into pre-service medical education.

Objectives: 1) Emphasize a rights-based approach to reproductive health medical education; 2) Examine obstacles to introducing reproductive health material into medical school curricula and identify obstacle reduction strategies; and 3) Document the need for strengthening reproductive health content in medical school curricula.

Methods: 1) Review the status of reproductive health in medical education in select medical schools; 2) Develop advocacy strategies to promote reproductive health in developing country medical school curricula; and 3) Design implementation plans for specific medical schools.

Main Outcomes: Thirteen participants from six Commonwealth countries attended the meeting representing their medical institutions and associations. Through intensive discussion of reproductive health curricula development and delivery, the group identified clear needs and strategies to address these needs to implement change. The outline of a general reproductive health curriculum was drafted to be further developed by the co-hosting organizations and participants. RHI’s Resource Guide for International Pre-service Medical Education in Reproductive Health, an annotated list of resources applicable to reproductive health curricula development, was well-received as a tool for identifying content resources. Participants agreed that their greatest need is for accessible current evidence-based content for reproductive health curricula.

Conclusion: Access to current research to inform reproductive health content in developing country preservice medical education must be increased.

Community-Campus Health Promotion Collaborative

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Context: The Health Trust (THT) and San Jose State University (SJSU) have formed a multi-faceted collaborative to enhance health screening, education, and referral for underserved populations in Santa Clara County.

Setting: The collaborative serves residents of low-income, predominantly immigrant neighborhoods at community sites.

Objectives: Collaborative objectives are to 1) increase access of low-income residents of Santa Clara County to health screening, education, and referral; and 2) to provide meaningful service opportunities to students.
Design: The collaborative uses students to assist THT staff in providing health screening, education, and referral at community centers and at a health fair at a popular outdoor market. The target population is primarily low-income immigrants with limited English proficiency. University students come from a variety of majors and include service-learners, interns, volunteers, and AmeriCorps members. Students assist with screening (cholesterol, glucose, blood pressure, and body mass index), translation, and health education. To measure success in increasing access, we are tracking the number of individuals with screening results outside of normal range who lack regular health providers and who are referred to clinics.

Main outcomes: At the most recent health fair, students helped to screen 502 participants. More than 50% of individuals screened had results outside normal parameters; 32% lacked regular health providers and were referred to community clinics. Student outcomes have not been directly measured.

Conclusions: The community-campus health screening, education, and referral model has been successful in increasing access to health screening and referrals among an underserved population.

Short-term Immersion Experiences: Partnerships between Saint Joseph College Students and Guyanese Health Care Providers

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Context: Short-term study abroad programs foster students’ awareness of globalization and its effects on international health. Saint Joseph College (W. Hartford, CT, USA) faculty have developed learning experiences in partnership with a Guyanese nursing program, HIV counseling centers, domestic violence agencies, responsible parenting agency, and a vocational school to achieve cross-cultural understandings and an awareness of health care disparities.

Setting: Guyana, burdened by extreme poverty, is the second poorest country in the Caribbean. Its colonial past is reflected in today’s melange of cultures including Afro-Guyanese, Indo-Guyanese, Portuguese, Chinese and Amerindians. Our partnership settings include urban non-governmental organizations, a public and private hospital, nursing school and vocational school in a squatter’s community.

Objectives: To describe student learning outcomes and beneficial effects for local Guyanese partners through a cultural immersion experience.

Design: Prior to departure students enroll in a semester long course to acquaint them with the diverse Guyanese culture, world view, socio-political-economic problems, and health care needs. During the course students identify an area of health education or counseling that can be implemented during the experience with one of our local partners. While in the country students collaborate with practice partners to implement projects and to respond to emergent needs. The experience includes ongoing reflection and evaluation of the effectiveness of the projects.

Results: By having the same faculty travel with students on an annual basis, partnerships have been strengthened among the American and Guyanese faculty, local non-governmental organizations and health care providers. Through the experience, projects that reduce health care disparities have been created and sustained over time, which are meaningful to students as well as the host country.

Conclusions: Given our experience and commitment to ongoing involvement with the people of Guyana, this model of partnerships in a developing country may be useful for other educational programs.
Community Health Service Learning Courses in the Dental Curriculum

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Context: The University of Pennsylvania School of Dental Medicine maintains a strong commitment to community outreach as an integral part of the school's mission. Our activities can be summarized in the Department of Community Oral Health's model, "Outreach to the Community, Local and Global".

Objectives: To describe the changes in the dental curriculum at the University of Pennsylvania School of Dental Medicine that provide both foundational knowledge and community-based educational and clinical experiences to allow students to meet graduation competencies regarding community health.

Design: Development, operation and outcomes of four service learning courses in the dental curriculum were reviewed. Both quantitative and qualitative data is presented to summarize outcomes and identify patterns and trends for student learning and community-based outcomes.

Main outcomes: Dental students are required to complete four service learning courses (one at each year of the program) that require a total of 70 hours in community service learning activities as an integral part of the academic course work leading to graduation. All dental students met the course requirements, and qualitative data reveal a change in students' perspectives on access to oral health care, poverty, cultural diversity and health policy issues. Students and faculty members provided services at approximately 400 sites with over 22,000 individuals in the local Philadelphia region in the last academic year. Services include a mixture of classroom and community-based education, oral health screening programs and dental treatment provided on the mobile dental vehicle, PennSmiles.

Conclusions: Service learning courses in community health provide an opportunity for dental students to acquire knowledge and practical skills as well as confronting affective issues in providing community-based care, in addition to providing needed oral health services to the neighboring community.

Responses to Child Abuse and Neglect. An Opportunity for Medical Students to Learn About Leadership, Citizenship and Social Organisation

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Context: Medical students at Universidad de la Sabana have a Family and Community Medicine semester as part of their undergraduate training. School communities located in municipalities surrounding the University are the selected sites for building the desired competencies in community health. Exposure to the day to day life of healthy but abused children allows medical students to be sensitized and to respond to the complex needs of these children. Medical students do this while learning specific disciplinary health provider skills and competencies.

Objectives: Bring attention to the value of social sensibility and the awareness of social justice as necessary elements in a medical school curriculum.

Main outcomes: A medical student was posted in his community medicine rotation in a particularly underserved school community. Mentored by the professors of Family and Community Medicine, the student made a nutritional diagnosis of 30 community children. Six children were found with acute undernutrition and the remaining 24 with chronic malnutrition. Home visits were made to evaluate determinant factors of the acutely undernourished children. Critical cases of child abuse and neglect were identified in them and their siblings at home. An organized social response with local agencies was initiated for these children, thanks to this student initiative. Similar cases of anthropometry as an indicator of nutritional status and a method for detecting child abuse and neglect, have been effective in articulating medical students and local agencies to reach out to vulnerable children and families.
Conclusions: Immersion of medical students in community settings where life takes place, as in schools, allows students to use learned tools to assess, detect critical cases, and organize social responses to these situations. In the process they build leadership, citizenship and social organization skills.

**To What Extent Is Health Disparities Taught in US Medical Schools?**

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Objectives: To examine the extent to which medical schools incorporate teaching of health disparities (HD) in their curricula.

Design: This is a prospective descriptive study of the inclusion of healthcare disparities instruction in the curricula of United States accredited medical schools. A survey addressing HD teaching was sent to the Dean of education at all U.S. medical schools. The total number of medical colleges included in this study is 126. The study is still on going.

Results: 29 responses have been received currently. 15 schools (51.7%) reported having a HD course, and 14 (48.3%) reported no HD course. Of those 15 that reported a HD course 5 have a separate course, and 10 have integrated courses. Of those 14 that responded No, 5 still reported an integrated HD course. 76% of respondents believe it is “absolutely necessary” to incorporate teaching of HD in medical education. Of the 5 programs that have a separate course on HD, 2 were public medical schools, and 3 were private. Of the 15 programs that have integrated instruction on HD, 9 were public medical schools, 5 programs were private and 1 did not identify as either private or public school. Of the programs that do not currently have separate or integrated HD teaching in their curriculum 1 of 9 is planning to incorporate HD into their curriculum in the future.

Conclusions: The outcome reveals that close to 69% of the responding U.S. medical schools involve HD in their curriculum and 76% of the responding schools believe it is “absolutely necessary” to incorporate teaching of HD in medical education. In total, 17.2% of schools have a separate course on HD, while 51.7% report integrated instruction of HD in their curriculum.

**Satisfaction with Practice and Location Outcome Evaluation of a Rural Medical Education (RMED) Program**

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Context and Objectives: The University of Illinois Rural Medical Education (RMED) program began admitting first year medical students in 1994. A main program objective is to facilitate choice to practice medicine in a rural location of the state. This study examines the satisfaction with practice and characteristics of practice location of College of Medicine at Rockford alumni from 1996 to 1999 who have begun to practice in rural Illinois counties after completion of their medical residencies.

Methods: A survey was sent to these alumni beginning practice since January 1, 2000 about issues, successes, and challenges as they work as physicians and live in rural communities. The response rate to the survey was 22 of 33 eligible rural alumni physicians = 66%. The demographic and geographic characteristics of the towns where all 33 rural alumni are practicing is also examined.

An Institutional Review Board approved cover letter and copy of the survey was mailed. A time was scheduled to talk to the physicians regarding six to eight open-ended survey questions related to the study objectives, and responses of surveyed physician were noted. Responses were then coded into categories and analysis done.
Summary/Results: Text and graphical summary of study findings will be presented. Three main initial findings are: 1) most chose to go to the community because of family ties or financial obligations; 2) good partners and call coverage and adequate patient volume are important to satisfaction with practice and meeting community needs; and 3) for the approximately 20% who are dissatisfied with practice location the hard work/long hours and lack of private pay patients are major factors reducing satisfaction with their practice setting. Programmatic insights useful to those interested in rural physician practice/retention issues will be summarized.

Community Orientation Programme: A Partnership Between a Rural Community and the Medical College to Develop Empathy Among Students for the Community

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Context: The first year medical students of the Christian Medical College are posted in a rural community for a period of three weeks. During this posting in our first year we carried out a field survey and conducted interviews. The data thus obtained were tabulated and compared with the data collected by the students posted ten years ago in the same community. Thereafter we arrived at a community diagnosis based on which Health education and services were organized

Objectives: The objectives of the COP were: 1) To learn about the impact of the changing demographic profile on the community health and disease pattern; and 2) To provide the relevant health education and establish health services on the basis of the felt needs.

Main outcomes: Comparing the data of the year 1991 and 2001, we concluded that: 1) There has been an improvement in the sex ratio, which implies favourability of the social conditions for women; 2) There has been a decline in the dependency ratio, thus reducing the social burden on the economically productive group; 3) There has been a drop in the mean family size, which can be attributed to the increase in the couple protection rate; 4) There has been an improvement in the literacy rate, reflecting socio-economic development; 5) There has been about a two-fold increase in the number of girls going to school; 6) The problem of unemployment has worsened, being higher among men than women, probably due to lack of avenues; and 7) There has been an improvement in the health seeking behavior and an increase in the number of institutional deliveries.

Conclusions: This posting provided us an opportunity to appreciate the demographic shift that took place in this rural community and its impact on the health of the residents. At the same time they also benefited from the health education and services.

Levels of Reflection Extracted from Reflective Journals of Tabriz University Nursing Students

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Introduction: There is intense interest in reflective learning within the professional nursing education domain. The theory is that reflective learning encourages students to integrate theory with practice, to appreciate the world through self-reflection, and to learn from each clinical experience.

Setting: Tabris Faculty of Nursing and Midwifery.

Objectives: The study investigated different levels of nursing student reflection.
Design: Qualitative.

Subjects: 20 nursing students in their final clinical experiences were asked to reflect on these practice-based experiences and write their reflections in their journals.

Interventions: Reflect on clinical experience and write these reflections in personal journals.

Results: Content analysis of data revealed that the frequencies of different levels of reflection extracted from reflective journals of students are: Attending to feeling (145), association (276), integration (40), validation (20), appropriation (43) & outcome of reflection (48).

Measures: The reflective journals submitted by the students were analyzed based on the 6 subcategories provided in 'Boud' model for reflection.

Conclusions: The study suggests that student writing in reflective journals can be used as evidence for the presence or absence of first or higher levels of reflective thinking. First levels of reflection were frequently seen in the student journals. Students may need to improve their reflective learning skills to achieve higher levels of reflection.

Integration of Tuberculosis Control in the Curriculum of Philippine Medical Schools

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Context: Successful control of any disease depends on competent physicians. Basic knowledge, skills and attitudes of doctors are first developed in medical schools. In the case of tuberculosis (TB), a global epidemic and a major problem in the Philippines, control can be achieved if the proven-to-be-effective directly observed treatment short course (DOTS) strategy is strongly integrated in medical curricula.

Setting: All 32 Philippine medical schools.

Objectives: 1) To determine how TB, TB control and DOTS are integrated in Philippine medical schools; and 2) To develop a core curriculum integrating these concepts.

Design: The study used a research and development design. The research part was done through needs assessment that surveyed how medical schools integrated the concepts of TB, TB control and DOTS into their curricula. The development phase referred to the actual curriculum design that integrated the said concepts.

Subjects: All deans and representatives of Philippine medical schools.

Results: 1) Needs assessment revealed that Philippine medical schools focus on pathogenesis, epidemiology, presentation, treatment and prevention of TB. Of those schools, 38.89 % focused on DOTS; 2) The curriculum designs were vertically and horizontally integrated, interactive and competency-based; 3) Competencies formulated were thorough understanding of TB as a biomedical and social phenomena, management of patients with TB, and prescription of DOTS strategy; and 4) Modules, lectures, PowerPoint slides, activities and sample tests were developed.

Findings: 1) Needs assessment proves that medical schools in the Philippines teach TB as primarily a biomedical phenomenon with minimal integration of DOTS; and 2) There is a need for a core curriculum on TB control.
Conclusions: A competency-based, interactive and integrated core curriculum on TB control for Philippine medical schools was developed. It is hoped that through this, physicians will be equipped in handling the global epidemic the DOTS way.

Using Film Clips in Teaching Health Communication for Community-based Practice

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Context: Undergraduate first year medical students are required to take two courses in communication skills at the University of the West Indies, St. Augustine. Film offers a way of helping students to develop their medical communication skills by engaging them and preparing them to be part of a community of caring health practitioners through vicarious experiences.

Objectives: To demonstrate how film clips are used to provide graphic and dramatic presentations of important health communication concepts. These film clips provide life-like and practical examples and illustrations of theoretical ideas for use in community-based practice.

Design: This research explores the impact, effect, and impression of these film clips on health communication students. Written responses to examination questions based on these film clips are used to analyze statements made by students. This activity is evaluated in the context of the literature on the use of video or film clips in health communication or medical communication skills.

Subjects: Year 1 undergraduate medical students.
Interventions: Film clips from: "Malice" A surgeon performs emergency surgery on a patient after speaking to her husband; "Wit" A university professor of Literature confronts ovarian cancer; "Patch Adams" A mature medical student learns about helping patients; "City of Angels" A cardiologist operates on a patient; "John Q" The father of a boy who needs a heart transplant takes drastic action.

Findings: Students recalled and applied film clips to health communication settings.

Conclusions: Film offers a practical and meaningful way of engaging medical students as they develop their communication skills.

Learners as Educators in a Bi-national Setting

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Context: The Texas Tech Office of Border Health has conducted a program for over 12 years to promote health care careers in youth of the US-Mexico Border, provide outreach and to develop related university policy.

Setting: The Office of Border Health is located in El Paso, with educational venues and outreach activities that extend along the Texas-Mexico border and include residents of colonials and Mexican sister cities.

Objectives: To describe educational efforts among students of all ages, promotores de salud (community health workers) in the colonials, and emergency health care services workers on both sides of the border.

Design: The train-the-trainer model has been extended to diverse groups of learners: students at all levels of education, community individuals (promotores de salud), and emergency medical professionals
on both sides of the Texas-Mexico border. This method is used to extend teaching capacity but also to sustain interest.

Interventions: High school and medical students and residents participate in educational experiences for elementary school children. These same high school students are also involved in career awareness programs. Promotores and emergency medical technicians provide integrated bi-national experiences.

Main outcomes: Enthusiasm for the educational process remains great among high school students who continue their participation in additional experiences. Promotores participate in train-the-trainer experiences all over the country, and emergency services in sister cities of the border have been enhanced with increased municipal acceptance and shared management protocols.

Conclusions: The Office of Border Health has demonstrated the usefulness of integrating educational experiences for students of all ages. We have also provided a model for integrated cross-border training of professionals that results in improved services, improved community awareness, and strong cooperative efforts between the two countries.

The Social Accountability Cycle: A Strategy and Action Plan for Canadian Medical Schools

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Context: By identifying and responding to the health needs of the community and by ensuring that individual graduating physicians understand their role in society, Canadian medical schools along with their partners, such as academic health care centers, governments, communities and other relevant professional organizations, have a major role to play in influencing the changes in the health care system that are necessary to ensure an effective, efficient, accessible, equitable and sustainable system.

Setting: National in scope but focused on individual medical schools as the institutions to be influenced by the initiative.

Objectives: The Association of Canadian Medical Colleges’ (ACMC) initiative on Social Accountability of Medical Schools articulates a destination and supports individual schools to obtain it. This new collaborative, exploratory, national initiative focusing on organizational learning and institutional change is organized around a Reflecting-Acting-Thinking-Revising cycle. The initiative seeks to take action on specific health system issues which can only be effectively addressed through the collaborative action of Canada’s medical schools and the ACMC; informed through engagement with policymakers, health managers, professional organizations and communities.

Main outcomes: There are a number of potential enduring outcomes that will have national impacts on the continuum of health care. These include: 1) Exemplary models of socially accountable medical schools that excel at addressing quality, equity, relevance and cost-effectiveness in research, education and service - Provision and promotion of health for all individuals and groups including marginalized and vulnerable people; 2) Respectful partnerships among professions, governments, health authorities and communities, and academic institutions; 3) Collegial attitudes promoting inter-disciplinary and multidisciplinary approaches; and 4) Increased confidence of all five sectors in mutually building a sustainable system.
Profiling Nutritional Status of Children Less than Five Years of Age in an Urban Slum in South India

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Context: To determine the magnitude of malnutrition in an urban slum in Vellore town, third year medical students conducted a small supervised study as a learning experience in carrying out epidemiological studies in the field of health and development and in organizing health education programs in community.

Objectives: 1) To determine the prevalence and risk factors for malnutrition; and 2) To understand the community’s perception of the risk factors.

Design: A cross sectional study was done using a pre-tested questionnaire. Data regarding anthropometric measurement, socio-economic status and immunization status were collected. Findings were tabulated and analyzed. A focus group discussion with mothers was organized to find their views, beliefs and attitudes on common childhood diseases, weaning practices and health seeking behavior.

Findings: The prevalence of malnutrition (by Indian Association of Pediatrics standard) was 46.32% in 82 children. 92% of the children consumed unsafe water. 85% were exposed to gases from fire wood used for cooking. Girls had three time higher risk of severe malnourishment. Children of illiterate mothers, large families and lower socio-economic status had higher risk of malnutrition. Knowledge, attitude and practices towards personal hygiene, water purification, and housing conditions was poor. Awareness and attitude towards the immunization program was good. Diarrhea was the most common childhood disease with upper respiratory tract infection as second. Weaning practices were poor. Inadequate health facilities made them seek traditional healing systems for care.

Measures: Health education programs to emphasize cleanliness and personal hygiene were organized. A demonstration of home making of Oral Re-hydration Solution was done. Sick and malnourished children were referred to a secondary health centre for evaluation, treatment and follow-up.

Conclusions: The study showed us that girl children had higher risk of being severely malnourished in the urban slum. Gender equity, sustainable livelihood options along with continuing access to health care is needed to prevent malnutrition.

Seeding Community Partnerships

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Context: Memorial Health University Medical Center has taken an active role in seeding community-based initiatives that improve quality of life and have measurable results.

Setting: Inner city homeless shelter.

Objectives: To increase the health and well-being of homeless individuals by establishing a full continuum of care and support that leads to independent living.

Design: Leveraging funds to develop a sustainable continuum of total supportive care for homeless individuals that includes primary care, dental, eye care, disease management, behavioral health, counseling, job training, and housing.

Subjects: Homeless individuals with health needs.
Interventions: Respite care, early discharge from inpatient services, full outpatient medical services including behavioral health, job training, and housing.

Main outcomes: Reduction in inpatient admissions, reduction in emergency room use, improvement in health status, reduction in homelessness.

Results: 60% drop in recidivism, 58% drop in homelessness, 90% increase in intake of chronic homeless individuals, leveraged funding.

Findings: With appropriate intervention there is improvement in quality of life and lowering of costs to care.

Measures: Enrolment in disease management, types of cases, cost, homelessness, hospital use.

Conclusions: University based medical centers can partner with community-based organizations to improve quality of life and leverage sustainable funding.

The Drew Health Collaborative

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Context: The Drew Health Collaborative is an ongoing project involving middle school students, parents, teachers and administrators in the Charles Drew School in West Philadelphia. The families of Drew are urban poor 87% receive government aid; 87% are African American.

Setting: Focus groups, PTA meetings, school conferences, and individual meetings are used to encourage communication.

Objectives: Programs are developed and implemented to identify and satisfy the health and educational needs of the Drew students.

Main outcomes: Resident physicians, faculty physicians, medical students, and graduate and undergraduate students from all of the University of Pennsylvania’s (Penn) schools are engaged in this collaborative effort. This project began in 1997. Examples of current projects under the Drew Health Collaborative include (1) 7th grade health classes weekly. Penn's family practice residents and medical students teach this curriculum in each of the 7th grade classrooms. The health curriculum ties into the science curriculum. In order to bridge the health and science curriculums the health classes are attended by the 7th grade science teacher. (2) mentoring by health students from Penn's freshman seminar “Health in America: Unequal Treatment”.

Results: Penn students individually mentored 27 Drew 7th and 8th grade students in fall of 2003 as a requirement for their class. Penn students were surveyed pre and post the mentoring experience. Students post the mentoring experience made comments such as: “this was the best part of the class”, “we both (Penn and Drew student) learned from this experience”, “I saw a world and life that I never knew existed”.

Conclusions: The Drew Health Collaborative models a community-based, collaborative project between an inner city public school and university medical school as a way to teach community-based health while addressing a community health issues.
From Campus to Community: Disparity Between Penn Undergraduates and Charles R. Drew

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Context: Twenty-seven University of Pennsylvania (Penn) freshmen from all over the United States and Mexico spent a semester examining national, regional and local differences and disparities that exist in both health and health opportunities among socioeconomic classes, geographic regions, genders, and races in the United States. At the end of the semester, the class established four study teams to explore the differences leading to disparities in health opportunities between themselves and students at the Charles Drew School.

Setting: Drew is a K-8 school at the edge of Penn campus where 98.5% of the students are minority and 87% of the families receive federal aid.

Objectives: To explore health disparities: Study Team A: “Are Drew Student Exposed to More Violence than Penn Students During Their Middle School Years? And Why?” Study Team B: “How Does the Knowledge of and Access to Breakfast Affect the Overall Nutrition and Educational Performance of Drew vs Penn Students?” Study Team C: “Does Educational Resource Availability Create Disparities in Education Affecting Student Performance and Attitude Toward Learning and Directly Impact the Health and Well-Being of Today’s Youth?” Study Team D: “Are There Disparities Between the Access, Quality and Participation of Drew Students and Penn Students in Physical Health Activities?” To develop programs to address and potentially ameliorate the health disparities discovered by the study teams.

Main outcomes: Penn freshmen explored health disparities in violence, nutrition, educational resources and physical activity that exist between themselves and the middle school students at the Drew School.

Results: The Penn students then developed 27 programs to address these disparities.

Conclusions: An undergraduate seminar at the University of Pennsylvania engaged Penn freshmen in an exploration leading to an appreciation of the complex issues regarding health disparities in the United States.

Educational Intervention for Primary Care Resident Physicians to Increase Knowledge and Awareness of Environmentally-Related Illnesses

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Context: Detecting Environmentally-related Illnesses in Primary Care Settings.

Setting: Morehouse School of Medicine Internal Medicine Residency.

Goal: To Reduce Environmental Health Disparities by Increasing Physician Knowledge and Awareness of Environmentally-related Illnesses.

Objectives: To increase awareness and knowledge of primary care physicians about environmentally-related illnesses; To promote practice change among primary care physicians to include taking exposure histories from their patients and listing environmentally-related illnesses in their differential diagnoses; and to provide important physician contact and patient referral information for specific environmentally-related illnesses.
Methods: The pre-test questionnaire was developed and distributed among the 37 Morehouse internal medicine residents. Thirty five responses were received on time. A Powerpoint presentation about common toxic exposures and the diagnosis, and management of the resulting illnesses was presented during a routine noon conference. After the presentation, the post-test questionnaire was distributed among residents attending the presentation, and sixteen responses were received. Scores from pre-test and post-test were compared in a paired fashion using the resident's name for matching purposes.

Results: Out of 16 residents, 12 showed improved scores as a result of educational intervention, one resident's score was unchanged while 3 showed decreased scores. Out of maximum score of 20, two residents had 6+ score gain was, three residents had 4+ score gain, four residents had 3+ score gain, one resident had 2+ score gain while two residents had score gain of 1+. One resident had score gain of -1 and two residents had score gain of -2. The majority of residents agreed that content and participation in the session was appropriate to their training needs. A majority of residents agreed that they are more likely to take exposure history and are more likely to include these illnesses in their differential diagnosis for future patients.

School Connectedness and Intent to Have Sex in Elementary School Students

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Context: Adolescents are becoming sexually active with increasing frequency. According to The National Campaign to Prevent Teen Pregnancy, the number of adolescent girls 14 years and younger who have had sexual intercourse increased between 1994 (14%) and 1997 (17%). Overall, about 1 in 5 adolescents under the age of 15 report having had sexual intercourse. The health risks associated with early sexual activity dictate that we look at ways to delay sexual debut among young adolescents. However, there has been little research conducted on the risk and protective factors associated with early sexual debut in adolescents younger than middle school age.

Objectives: To investigate the relationship between school connectedness and intent to engage in sexual activity among a sample of urban 5th grade students.

Design: 5th grade, African American students in 16 Washington, D.C. public schools were surveyed. The self administered survey included questions related to adolescent sexuality such as knowledge of puberty, parent-child communication, attitudes regarding premarital sex, parental monitoring attitudes and behaviors, and the quality of the parent-child relationship. The survey also asked questions regarding their sexual behavior, expectations for their future and educational aspirations. Additionally, grades were abstracted from official school records.

Main outcomes: Two outcome variables of interest were identified: 1) not expecting to have sex in the next 12 months, and 2) not expecting to have sex before finishing high school.

Conclusions: These data indicate that interventions designed to delay sexual debut among young adolescents should include efforts to increase students’ feelings of connectedness to the school and teachers. Specifically, this includes reconsidering the developmental level of the young adolescents and how this affects their feelings about school; how students are grouped within the school; the role of parent involvement; and the type of training and resources needed for their teachers.
Children's Vision and Voices

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Context: A Rochester neighborhood surrounding the 12th poorest school district in the United States was tragically affected by the death of a 10-year-old, shot during a drug dispute. This tragedy spurred the neighborhood into action. Dr. David Satcher, the University of Rochester Medical Center (URMC’s) senior advisor for community health, suggested the medical center provide the children of this neighborhood with a venue to have their voices heard.

Setting: Federal census track "Red Zone" with the highest rates of poverty, unemployment, public assistance and crime. The majority of households is single-female headed and disproportionately affected by poor health outcomes.

Objectives: 1) Provide hope, raise self-esteem, and empower children; and 2) Heighten community awareness and increase advocacy for children in poverty.

Interventions: During a school assembly, facilitated by Dr. Satcher, 70 sixth graders discussed signs of personal and community health and illness. Each was given a photo-essay assignment to take pictures of issues in their community that negatively impact health, choose one and write an essay. Their work culminated in the production of a 62 page heart-wrenching booklet, which has raised awareness and attention both locally and nationally and has served as a catalyst for further action in this troubled community. The children worked with supporting organizations to arrange a "Take Pride in Our Neighborhood Day" that served as a positive step in bringing neighborhood pride back into their community.

Main outcomes: 1) Raised awareness and much-needed funds for the poorest of neighborhoods; 2) Provided children with new skills and confidence in their ability to make a difference; and 3) Received local and national attention as a model for other communities.

Conclusions: While far from a sophisticated, expensive research study, this project has engaged community leaders in understanding the plight of this local community in a way that no published research study could.

Engaging Minority Farmers in Service Access Research: Experiences from the Mississippi Delta

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Context: Farming is a hazardous occupation with high rates of job-related illnesses, injuries and disabilities. Farmers are exposed to high levels of job-related stress, the sun, toxic chemicals and gasses. They suffer high rates of cancers and respiratory disorders. The social position of a minority farmer in the Mississippi Delta, compounds these difficulties. They are under-served, under-researched and survive against many odds. They have experienced racial discrimination and marginalization. They are at the lower rung of the social ladder.

Objectives: The project aims to answer two questions: a) Is Participatory Action Research (PAR) effective in this population? and b) What Rehabilitation Service Agency factors and what minority household factors determine their access to rehabilitation services?
Design: Data on household and agency factors were gathered through Participatory Action Research (PAR). Farmers were trained to conduct structured interviews and focus group discussions. They interviewed a stratified random sample of 659 farm households in Arkansas, Louisiana and Mississippi. They facilitated 18 focus group discussions involving 234 farmers. The project interviewed 122 Vocational Rehabilitation Counselors and 178 service providers from the US Department of Agriculture agencies. Eight Vocational Rehabilitation Counselors were trained to facilitate eight focus group discussions involving 80 counselors.

Findings: 1) Farmers were empowered to form a farmer-to-farmer support network; 2) Vocational Rehabilitation Agencies recognized internal obstacles to service delivery and changed the economic eligibility requirements; 3) Counselor-farmer discussions disseminated information about minority farmers’ needs and services available; and 4) Information to farmers and counselors determines access to services.

Conclusions: PAR is effective in this population. Engaging minority populations in research is critical to reducing minority health disparities because: 1) It empowers them to actively seek services; 2) Provides “insider insights” about needs of this population; and 3) It is an effective outreach tool.

Rural-Urban Disparities in Health Care Delivery: Perceptions of Final Year Medical Students at the University of the West Indies, Jamaica

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Context: The uneven distribution of resources in urban areas compared to rural, gives urban communities a perceived advantage for access to health care and information. Appreciation of these disparities by medical students is important for their future orientation.

Objectives: To determine the opinions of medical students at the University of the West Indies, Jamaica regarding disparities in health care between rural and urban communities.

Design: A group of final year medical students completed a questionnaire comparing rural and urban settings, after a 3 week rural clerkship in community health centres. Ten students rated issues on a 1-5 scale with 1 being much worse for rural and 5 being much better for rural.

Results: Students thought that access to health care services in general was neither significantly better nor worse for rural as compared to urban patients. Similar results were obtained for level of compliance with medication, practice of a “healthy lifestyle” and social and family support in managing health problems. The students thought that levels of education on health and in general were slightly worse for rural community residents. Patients’ abilities to purchase medications and afford investigations were perceived as worse for rural (1.4 and 1.6 respectively). The mean scores of communities were Bahamas (3.25), Port Maria (2.8), Lucea (2.33) and St. Thomas and Alexandria (2.25).

Conclusions: These students perceived the health situation in general to be slightly worse for rural patients than urban more in terms of affordability than access. The relatively limited financial accessibility for drugs and investigations is a cause for concern and should be considered in the training of students for work in these settings. It is important to maintain these rural community health clerkships as they expose students to the important issue of diversity in health care delivery.
A Study on the Rural Cultural Practices Affecting Health Issues of one of the Most Socially Disadvantaged Tribes in India, "THE BONDOS"

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Context: Christian Medical College offers a two week program for pre-final year students. The program exposes students to health problems and management in a secondary health care hospital setting.

Objectives: To identify cultural practices among "Bondos" that are beneficial or harmful to community health. To study the benefits of linking campus, secondary care hospital and a rural, isolated community resources.

Design: Bondos" have the same origin as Australian aborigines. They reside in Bondohills in southern Orissa, a state in eastern India. Inaccessible by road, with no electricity or safe drinking water, the Bondos are a matriarchal, indigenous group. Asha Kiran Hospital, a secondary health care facility, serves the population in the area. This descriptive study was conducted in two villages utilizing qualitative assessment methods. Focus group discussion addressed specific topics. Key informant interviews utilized a semi-structured questionnaire. Experiences and observations studied the benefits of community-campus relations in the secondary care institution.

Findings: Potentially harmful cultural practices include: 1) Limited clothing resulting in Malaria and skin infections; 2) The absence of contraceptive practices resulting in multiple pregnancies and childhood malnutrition; and 3) Child rearing practices such as infant's cord being cut by arrows, prolonged breast feeding, avoidance of eggs and milk. Potentially beneficial cultural practices include: 1) The higher age of women at marriage; 2) Openness to sex education among adolescents; 3) Sitting posture during self delivery; and 4) breast feeding on demand.

Conclusions: A secondary level institution can link the community, hospital and campus. The collaboration can provide a unique and rich learning experience for students and faculty. The partnership can help providers understand and provide culturally appropriate primary and preventive health care in a remote, underserved community.

Addressing the Social Determinants of Health through Education in Anthropological Medicine and Healing Contexts

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Context: In modern society we are witnessing the emergence of a new pathodemography – disorders and diseases are no longer causally attributed to pathogens, but rather to economic, social, political, and cultural factors. The resultant pathology is manifest in physiological, functional, behavioral, and psychological disorders; health manifestations for which, in terms of treatment, the biomedical model of healthcare is inadequate and incomplete. Under these circumstances, there is a greater need for an integration of anthropological knowledge and considerations of 'healing' with the practice of medicine. As a solution to this need, the international association Health Focus International is developing a medical school with a curriculum in Anthropological Medicine – a holistic and integral healing approach to addressing the social determinants of the health conflicts present in today's society.

Objectives: The primary objective of the Anthropological Medicine curriculum is to train a ‘militant’ for health who is aware of the multifarious social determinants of health, and who is capable of functioning as a ‘healer’ with the capacity to integrate the various determinants of health into his/her assessment and treatment of illness. An education in Anthropological Medicine aims to train health professionals in a
practice which accepts the social and cultural origins of illness, and which recognizes the etiology of illness in social and cultural, as well as psychological and environmental components.

Expected Outcomes: The major expected outcome from the Anthropological Medicine curriculum is the production of a holistically-minded health professional that recognizes the intricate relationship of the social determinants of health and responds accordingly. Anthropological Medicine graduates will be well versed in the many ‘languages’ of illness, and will function in a healing capacity with a holistic and integral view of health, disease and treatment.

Conclusion: An education in Anthropological Medicine presents a method for training health professionals who recognize and respect the diverse social determinants of health.
Generating and Implementing Best Practices in Community-based Medical Education Through a Qualitative Research Approach

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Context: With the growing interest of undergraduate medical students pursuing rural clinical experiences in northern Ontario, Canada, it is becoming increasingly important to gain a clearer understanding of the significance of community-based teaching and learning in the context of formal and informal learning.

Objectives: To identify best practices of Community-Based Medical Education (CBME) in the context of formal and informal teaching and learning situations in northern and rural clinical learning sites across Ontario communities.

Methods: Employing a case-study approach using qualitative data, themes of community-based learning emerged. The extent and format of learning for undergraduate medical students were analyzed, as well as factors influencing and limiting the nature of learning.

Main outcomes: Through the emergent six themes: 1) Pragmatic learning; 2) Cultural knowing; 3) Sense of community; 4) Interprofessional learning; 5) Professional acculturation; and 6) Freedom to learn. It is evident that CBME involves more than mere experiential learning opportunities in clinical medical practice. Best practices identified in CBME included: early identification of people and community resources, access to electronic literature resources and training at a distance from students’ home university, and activities fostering relational and reflective learning. Analyzed qualitative data provided the impetus to refine the process of implementing best practices in CBME from an orientation program through to an effective evaluation tool.

Conclusions: CBME requires thoughtful consideration of mechanisms to integrate and foster reflective and relational learning, in addition to, the adherence of experiential learning principles for undergraduate medical students.

The University of Transkei Medical Students' Educational Experiences of General Practitioner Attachment

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Context: Attachment of final year medical students at University Of Transkei (UNITRA) to General Practitioners (GPs) for one week is part of the Community Based Education (CBE)Programme. The aim of the programme is to expose students to private practice. The programme was started in the year 2000.

Design: Qualitative.

Subjects: Final Year Registered Medical Students between 2000 and 2002.

Interventions: The students narrated their experiences of GP attachment as one of the assignments for the week. No format was given for the narrative. These were qualitatively analysed by identification of themes.

Results: All 122 students responded. Their knowledge was augmented in practice management, clinical skills, patient care and miscellaneous others. Concerns raised included poor patients paying for care, practice of polypharmacy, irrational prescription of injections, medical aid and cash patients getting different drugs for the same ailments. They recommended exposition of GP exposure, more say in the
choice of GPs they were to be attached to, more pre attachment information about general practice and
the department of Family Medicine to actively encourage students to choose GP attachment for their
electives.

Conclusions: The UNITRA students’ GP attachment experience was educationally rewarding. Concerns
raised need to be addressed to strengthen the programme.

Community-based Education in Minority Populations

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Context: Minorities in the southeastern United States have higher prevalence of and are more likely to be
diagnosed with sexually transmitted diseases than the white population. A group of multidisciplinary
health care scholars from the Medical University of South Carolina addressed this problem through a
community-based educational program.

Objectives: To provide a program of community-based education to address the disparity in the
prevalence of sexually transmitted diseases (STDs) among minority populations.

Design: In a rural community of coastal South Carolina, students presented educational programs in
collaboration with a Federally Funded Community Health Center, a maternity clinic for unfunded Hispanic
women, and at a local high school PTA. A series of five thirty-minute educational sessions in both English
and Spanish were held at the Community Health Center. The 35 participants represented patients
enrolled at the Health Center and their families. The content included an interactive presentation on HIV,
AID, chlamydia, gonorrhea, genital warts, and herpes. A post-educational evaluation reinforced major
concepts. Copies of the presentation were distributed. At the maternity clinic, sessions could not be
scheduled due to schedule conflicts. Local schools declined to schedule these sessions due to topic
sensitivity.

Results: 1) Positive feedback from participants about educational sessions; 2) Correction of
misconceptions and reinforcement of truths about STDs; 3) Open discussions about the topics among
mixed gender groups of participants; and 4) Request for additional presentations at other medical
centers, at migrant camps, and at some churches.

Conclusions: Students working in collaboration with local Community Health Centers can expand efforts
to provide needed services in the community. At the same time, students learn about the mission of the
community health centers, the population served, and the barriers to reducing disparities in minority
populations.

Community-based Chronic Disease Management: Teaching Medical Students to Incorporate
Community Into Care

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Context: Mercer University School of Medicine has a long tradition of early, longitudinal, community-
based experiences as a part of the medical school curriculum. Medical students spend a total of ten
weeks during the first, second, and fourth years of their undergraduate education working with community-based physicians in rural and medically underserved areas in Georgia.

Objectives: To develop a community-based project that enhanced the student’s ability to cross the continuum from caring for individual patients to caring for communities.

Interventions: We have designed, implemented and initiated evaluation of a community experience to focus the student on caring for the community. Development of the project was guided by concerns that students: develop a sense of responsibility for the health of the community in which they will practice; gain knowledge of community strategies directed to the prevention or management of chronic disease; gain respect for the role that nonbiological determinants of health play in the well-being of patients and the community; recognize the patient’s responsibility for self management of disease and barriers to achievement of that goal; learn to use evidence-based guidelines for practice found in the medical literature; increase their knowledge of health promotion and disease prevention. In addition to the preceptor’s practice, the project requires that students: interact with the health department, other health providers, and the local school system; determine the community resources related to the primary, secondary and tertiary prevention of the chronic disease; and identify contributing factors as well as the barriers experienced by the community in accessing and obtaining the care needed for the disease.

Conclusions: Initial results indicate that students, community-based preceptors, and health departments responded positively to the curricular activity. The project is designed to be flexible so that community care for a number of chronic diseases could be examined with this model.

Converging Community Development and Learning Objectives in an Urban Poor Setting in the Philippines: The Pasay Community-based Health Program

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Context: Since the 1960s the University of the Philippines [UP] has integrated into the medical curriculum rotations in community-based health programs [CBHP] as venues for learning about community health in a rural setting. Currently, however, 55% and 45% of the population are in urban and rural areas, respectively. The feudal land tenurial arrangements, the uncertainty of farming especially in the light of globalization, the general environmental and peace situation in the Philippines are major factors that contribute to the migration of rural population into urban centers. Often they find their way into squatter colonies which has its own special demands on the people’s health. UP has responded by establishing a CBHP in Pasay City as venue for physician learning as well as improving capacities of urban poor communities to face challenges of living in slum communities.

Objectives: To describe the Pasay CBHP as venue for service-learning of the UP in urban poor setting.

Design: Descriptive study.

Main outcomes: This poster describes the Pasay City situation in terms of epidemiology of health problems and resources in its control. This traces the awareness and level of participation of lay Barangay health workers in the analysis, planning and implementation of measures to participate better in the health of their families, community and city. This poster also describes the roles of the University proponents in engaging the community, city officials and the private sector towards health and development. This will seek to define issues with research and policy implications in terms of efforts towards increasing community participation in health decision-making, community-based education of medical students as well as efforts towards advocacy for specific health issues, e.g. unintentional injury and tuberculosis control, in urban communities in developing countries.
Preventing to Care for the School Aged Child in Their Community: School Based Health Clinics

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Context: School-based health centers (SBHCs) provide comprehensive primary health care to children who might not otherwise have access and improve health outcomes. In addition to nurse practitioners and physicians, SBHC staff often includes dental and mental-health providers. Despite the obvious advantages of this unique environment for children and their families, medical students and residents are not formally prepared for this type of practice. At New York University School of Medicine, using a systematic needs based approach, we developed and implemented such a curriculum.

Objectives: We formed a multidisciplinary steering committee consisting of physicians, dentists, and a school nurse practitioner. Resulting from a targeted needs assessment, we identified the following eight core competencies for School-based practice: Health Care Delivery Systems; Advocacy; Health Assessment, Risk Reduction, and Health Promotion; School Health and Education; Legal & Ethical Issues; Oral Health; Interdisciplinary Practice, and Cross Cultural Competence. Goals, objectives, and learning materials for each competency were developed for all levels of learners.

Interventions: First and second year students are exposed to SBHC curriculum through lectures, small group seminars and workshops. Pediatric clerkship students participate in a half-day patient care session at a SBHC. Pediatric residents are exposed to SBHC care through rotations during their adolescent medicine block. All trainees are evaluated through pre- and post-testing of knowledge and attitudes, and complete satisfaction surveys about their experience. The same evaluation tools are used across all levels of medical trainees, as the targeted knowledge and attitudes are unrelated to clinical skills. Educational effectiveness data will be presented.

Teaching and Learning in General Practice: Third Year Student-patient Encounters

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Context: In September 2001, the medical curriculum of the Maastricht University was revised. The aim of the curriculum is that students can handle increasing independence and responsibility in their role of medical doctor. This is reflected in the emphasis on patient encounters in which the student takes on an active role. The third curricular year has chronic disorders as central theme, and is divided over four clusters of ten weeks, each focussing on a particular subject area. Students have patient encounters on a weekly base. These patient encounters take place at several settings, mainly in outpatient clinics of the academic hospital and in family practices.

Objectives: To describe the family medicine part of the programme and to report some early results.

Design: Every student visits one family physician eight times (twice each cluster) and meets patients with problems relevant to the subject area of the present cluster. During each visit, which is not replacing the consultation by the family physician, the student sees at least two patients. She/he takes a history and performance a physical examination if appropriate. In patients with chronic conditions special attention should be given to effects of the chronic condition on their work, family and life style. The student writes a structured report (SOAP) to which Elaboration and Learning goals have to be added. She/he receives subsequent feedback from the coaching general practitioner. At the faculty, the written reports are used in tutorial groups.

Results: Students, family physicians and the faculty teaching staff seem to be enthusiastic. On average, students see two patients a day and most of them receive subsequent feedback. We face some organizational problems, e.g. providing enough participating family physicians.
Experience with Family Medicine Residency Program in Colombia

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Context: The Escuela Colombiana de Medicina, Universidad El Bosque, is the pioneer in community-based medical teaching in Colombia. As a WHO report has outlined, concerning the variability in the distribution in the medical work force, our University was worried about the concentration of medical human resources in the urban areas and the lack of primary care providers in rural regions which cover most of our country. In order to provide a strategic answer to this issue, our medical school created the Family Medicine program in 1998. Our program focuses in primary care, health promotion and prevention and basic medical procedures.

Objectives: To share the experience with the Family Medicine program from 1998 to 2004.

Design: Thirty students have been graduated from the Family Medicine program since its beginning. They have established the national Family Medicine Association. We remain in contact with all of these graduates.

Main outcomes: The graduates are able to diagnose and manage more than 90% of national health issues, and to develop models for family medicine according to the social and political contexts of the different regions of our country, becoming scenario change agents of primary based medical practice in our country. The graduates of this program are helping to establish community-based health programs with the mayor of Bogotá city. Twenty seven graduation projects have been completed in our residency program, many of them are currently implemented in the communities. 33% of the residents are now practicing in rural areas of Colombia.

Conclusions: The Family Medicine Residency program of the Escuela Colombiana de Medicina-Universidad El Bosque, is the response of our medical school to try to solve the lack of primary health providers in our country.

Familiar Health: 15 Years of Experience at the Escuela Colombiana Medicina - Universidad El Bosque Bogota, Colombia

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Context: Medical education based in family and community health has been an important part of the medical program of our institution that contributes to the organization of health services in terms of promotion, prevention, treatment and rehabilitation. It facilitates the development of medical services (patterns, models or programs) making them more accessible, continuous, integral, and lasting. It promotes social development and promotes health by improving life conditions in communities.

Our pre-graduate medical students are in contact with families by participating in projects that deal with community and social issues. These projects are programs between the university and health services or social protection services. The students are always accompanied by a tutor. The projects have been going on before the arrival of the students and continue after the students leave. This lets the student develop abilities such as learning how to do promotion and prevention and to learn how to recognize the needs of a community, family or individual.

The program involves students in a project of social intervention where they recognize the problem and learn how to take action, selecting different strategies.
Setting: Family and community-based health are part of primary health services. Essential elements of primary health care are health care related with service, working with different social classes, and the active participation of citizens and the community.

Subjects: Our program attempts to educate our students from the bio-psychosocial perspective and also focuses on the relationship between health care and quality of life.

Interventions: These experiences have contributed to offer better life conditions to these communities, helping to decrease the rate of morbidity and mortality, and to improve the capacity of the people to make decisions and programs that improve their quality of life.

Community-orientation in Colombo Undergraduate Medical Curriculum

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Context: Colombo undergraduate medical curriculum was radically changed to achieve community-orientation and develop generic skills in students.

Objectives: To describe approaches to community-orientation of curriculum and development of relevant generic skills among students to better serve communities.

Main outcomes: Community Stream curriculum from first to final year expose students to community-orientation and community–based learning. Curricular contents and sequence are: First three terms-concepts of health, health promotion, determinants of health; terms 4-6 - basic epidemiology and statistics, demography, health systems and information, research methods; 2-year community and family attachments; supervised research projects related to community health; final year programme on community and environmental aspects of patients seeking indoor tertiary level care. Learning occur in lectures, small groups, staff and student presentations, assignments, field visits, block attachment to community and family, seminars and others methods and settings. Methods appropriate for objectives and learning experiences are utilized for student assessment. In addition, Clinical Stream has a 12-week first contact care programme. One-month elective in community and first contact care has been undertaken by some students. Behavioural Stream addresses issues of communication skills and ethics. These promote development of generic skills. Student and teacher feedback has been useful in fine tuning the curriculum.

Conclusions: Faculty and Community Stream objectives are achieved using a community-oriented, student-centred, integrated approach and also fulfills Faculty Mission ‘to produce graduates to fulfil health requirements of community’. An evaluation of doctors who graduated from this curriculum is planned to assess whether the graduates meet expectations.
Using Service Learning to Encourage Nutrition and Physical Activity Among High School Students Participating in a Summer Work Program Through Service Learning

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Context: The Hollandale Nutrition Intervention Research Initiative (Hollandale NIRI) is a community-based collaboration between the city of Hollandale, Mississippi and university partners. Its primary goal is to improve nutrition and physical activity in this small, rural community.

Setting: Rural community of Hollandale, Mississippi, in the Mississippi Delta region.

Objectives: To increase nutrition and physical activity knowledge, self-efficacy, and skills of community teenagers through service learning.

Design: Students were placed in 6 worksites with nutrition and physical activity-related functions. These included the school district child nutrition program office, summer feeding program sites, the Early Headstart center, and the Hollandale NIRI project office. The students also participated in enrichment activities once per week for eight weeks. These included hands-on experiences in making healthy food choices, increasing physical activity, and reducing the impact of obesity in their community through service learning.

Subjects: Seventeen high school students were selected to participate in a summer, nutrition-focused work program.

Interventions: Process evaluation of the program included questionnaires targeting worksite coordinators, enrichment instructors and participants. Questionnaires were used to assess nutrition and physical activity knowledge and self-efficacy regarding fruit and vegetable consumption. Students developed their own nutrition and physical activity intervention proposals using knowledge and skills gained from enrichment and work experiences.

Results: Students gained practical experience through nutrition and physical activity education that focused on making healthy food choices, increasing physical activity and reducing the impact of obesity in their community.

Measures: Measures of knowledge of nutrition and physical activity and self-efficacy were assessed.

Conclusions: As a result of this service-learning experience, students were able to apply knowledge gained from enrichment to develop interventions that could improve health in their community. Supported by USDA, ARS Project # 6251-53000-003-00D.

Collaborative Health Advocacy Training Project

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Context: For several years, the Developmental Disabilities Council (DDC) of Washington State in collaboration with the University of Washington Center for Human Development and Disability (CHDD)
has funded a project to improve health care for persons who have developmental disabilities. Although the original intent was to train health care professionals to be better providers of health care for this population, the project has evolved to a focus on training self-advocates, families and caregivers to be better consumers of health care.

Setting: The project recently added a community partner, Northwest Center, a not-for-profit agency which operates an array of services for persons with developmental disabilities. Having a community partner has increased the effectiveness of the original collaboration between DDC and the University through improved project visibility among community provider agencies and contributions of staff time for training.

Objectives: This poster describes the evolution of the project, identifies strengths and weaknesses in the approaches used, and identifies potential future strategies.

Main outcomes: The original project conducted surveys of health care professionals in the community to determine training needs. Training modules were developed for physicians, nurse practitioners, and physician assistants. When trainings were not well attended, the target audience was changed to self-advocates, their families and caregivers. Training was conducted across the state, with particular attention to rural areas and minority groups. All training materials were placed on a web site and made available to the public. Findings from recent informal surveys indicate continued interest of caregivers in group homes and supported living settings in receiving training on aging, safe use of medications, mental health issues, and helping participants change lifestyle health behaviors.

Medical Students' Workshop on Community Training Principles Within an Academic Community Medicine Rotation

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Context: Medical students rotate within a community medicine program for 6 weeks in a municipality 60 kilometers south of the university. This rotation is conducted during the beginning of their 2nd week in the community.

Setting: A Community-Based Health Program (CBHP). The university has been in partnership with the local government of Sto. Tomas, Batangas since July 1999 because of the latter’s willingness to work together to set up a CBHP.

Objectives: 1) To help medical students review the following: a) community training principles; b) community development principles; c) levels of people’s participation in community development programs; d) community-oriented medical education; and e) the Alma Ata Declaration; and 2) To assist the students in their CBHP work with the people.

Subjects: 10 medical students and 1 facilitator (author) per workshop

Design: 1) Each participant shares her or his experiences in training activities which could be in any setting and in any level of the participants’ education. Experiences are synthesized; 2) Participants form 3 groups. 3 presentations ensue with non-presenting groups pretending to be the participants in the games, theater and role playing. Feedback from the other groups and facilitator are given after each presentation. The concepts stated in the objectives are discussed in relation to the 3 presentations; and 3) Workshop ends with a discussion of David Werner’s “3 Approaches to Education”. Students kept a diary These diaries and the preceptor’s assessment were analysed.

Intervention: The design as above.

Main Outcome: The facilitator and participant all learn from one another in a spirit of genuine partnership.
Results: 84 workshops from May 2001- June 2004.

Measures: Medical students’ diaries and preceptor’s assessment reflect the positive effects of the workshop on the students’ CBHP involvement and their future as community-oriented physicians.

Conclusions: The workshop is an innovative approach to learn the concepts stated in the objectives and the process and contents helps promote a community-oriented physician that responds to the needs and situation of the country in both hospital & community settings.

Utilization of Academic Resources for the Placement and Support of Rural

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Context: New Mexico, the fifth largest state of the United States of America, has half of its population living in rural areas with two-thirds of its physicians practicing in urban areas. Ninety-one percent of the State is underserved for primary care. Pressures from long hours, patient expectations, and lack of control over time and work demands deter physicians from practicing and remaining in New Mexico’s rural communities.

Objectives: 1) Helping recruit physicians for rural New Mexico practice sites through promotion of resident and recent graduate participation in locum tenens coverage at underserved sites seeking permanent providers; 2) Serving as a clearinghouse of current positions and assisting with physician licensing, job application, and credentialing; and 3) Providing practice relief for rural community physicians needing time away from their practice for continuing medical education, illness, or vacation.

Design: The University of New Mexico Center for Community Partnerships has successfully developed an affordable Academic based locum tenens program utilizing upper level residents, recent graduates, and faculty.

Main outcomes: Since its inception in 1993, the UNM Locum Tenens Program has helped place over 50 graduating physicians in New Mexico and provided more than 20,000 days of coverage with over half in rural and medically under served communities. Over 400 resident, staff, and faculty providers have participated in the program.

Conclusions: Providing Locum Tenens coverage through an academic setting provides resident physicians an opportunity to explore different practice opportunities and promotes recruitment and retention of physicians in rural locations.

Problem-based Learning Applied to Community Public Health Improvement

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Context: A program teaching public health methods, developed for CityMatCH with CDC cooperation, now uses multiple distance education modalities to help self-selected rural communities define problems and discover resources and solutions.

Setting: Small communities may not have personnel with skills needed to identify and address health problems in their populations.
Objectives: Describe program that permits accessible professional education, accommodates adult learning styles, and promotes collaborative community leadership while addressing locally-defined health problems.

Design: The Data Use Academy (DUA) curriculum for professional and community development uses case studies and role play to help communities develop strategies to address locally identified health problems. Multi-agency teams learn basic public health planning principles while participating in problem-based learning. Latent curricular functions foment partnerships between local health departments and NGO’s. The manifest focus is not to create or analyze data, rather, teams learn to use health data to effect changes in program and policy. Multiple venues make DUA accessible to rural health departments. Learning modules are delivered via videotape, Internet and/or conference calls. However, learners and faculty have face-to-face interaction at initial meetings held in communities, and later for three days of intensive hands-on practice. To complete projects, each team must present a report and poster.

Findings: Process evaluation of the first three cohorts determined needed adaptations. Changes include enhanced foci on: techniques for collaboration, team dynamics, pre-project assessment of community readiness for change, faculty mentorship, and systems for delivering curriculum in "as needed" units, and faculty visibility in the communities.

Outcomes: Twenty one community teams have completed the Illinois DUA. Individuals’ pre and post assessment of data skills and confidence levels always show improvement in 11 skill areas and 8 data types. Teams evaluate their own project weaknesses and provide suggestions for other projects' success. All projects have continued beyond the fellows’ involvement in the curriculum.

The Tuberculosis Situation in San Vicente, Santo Tomas, Batangas

College of Medicine, University of the Philippines, Manila, the Philippines

Context: The University of the Philippines, College of Medicine has been at the forefront of guiding their students towards a community-oriented medical education. To help achieve this goal the Department of Family and Community Medicine included in the curriculum a course on Field Practice in Community Diagnosis.

Objectives: To conduct a needs assessment on tuberculosis (TB), particularly the implementation of the Directly Observed Therapy – Short Course (DOTS) in San Vicente, Sto. Tomas, Batangas and to facilitate the creation of a community health plan to address the needs that are uncovered.

Interventions: Questionnaires were used to obtain baselines on the health workers’ knowledge, beliefs and practices on tuberculosis and DOTS program. Focus group discussions were used to validate the findings and to conduct the needs assessment. Community Oriented Participatory Research was used to create a community health plan.

Main outcomes: Health workers and health worker-trainees together with students realized that there is a lack of TB education in the community, the social stigma that TB is a shameful disease still exists, and the miscommunication between the local health unit and the rural health unit in coming up with a congruent and updated list of TB patients contributes to the problems in implementation of DOTS. The health workers with the technical guidance from the students came up with a health plan, which included conducting TB education classes for mothers, creating informative posters on tuberculosis, having one-on-one sessions about the social aspects of the disease and to foster better communication between the local and rural health units by having the health workers visit the rural health unit weekly.
Conclusions: A symbiotic relationship that fosters learning for students and produces positive results for the community can exist.

Medical Interns Develop Training Modules for Barangay (Village) Health Workers

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Context: Medical Students in the Philippines are required to rotate in Community Medicine for 8 weeks in their internship year. At the UP College of Medicine, interns immerse for 6 weeks in a rural Community Based Health Program maintained by the College of Medicine in partnership with the Local Government Unit and the people of the communities. One of the activities required of the interns while in the area is the continued upgrading of the skills of the village health workers (BHWs).

Objectives: To provide opportunities for medical interns to learn principles of community medicine and community development through the development of training modules for BHWs.

Design: Interns are challenged to develop modules after having been oriented on the training needs of the BHWs and the community. After actual conduct of the training based on the modules they develop, the interns submit papers on their projects. The papers describe the objectives and significance of their projects; the process they went through to develop the modules; the lessons they learned from the conduct of the training; their recommendations for future users of the modules; and the modules they developed.

Main outcomes: Among the modules that interns have developed, two stood out. One module was on project proposal writing for village leaders, the other a module on the training of BHWs as facilitators. Of these two, the module on facilitation has been used by several groups of students and community preceptors in training BHWs. While researching for the modules and during the actual conduct of the training they developed, the interns visibly imbibe the principles they read about.

Conclusions: Students can learn principles of community medicine while producing training modules needed in the community.

Medical Interns Catalyze a Solid Waste Management Program in a Rural Community

E. Paterno
Family and Community Medicine, University of the Philippines, Manila, the Philippines

Context: Medical Students in the Philippines are required to rotate in Community Medicine for 8 weeks in their internship year. At the UP College of Medicine, interns immerse for 6 weeks in a rural Community Based Health Program maintained by the College of Medicine in partnership with the Local Government Unit and the people of the communities.

Objectives: To provide opportunities for medical interns to learn principles of community medicine and community development through activities that directly address expressed community needs.

Interventions: A team of interns conducted a workshop with village health workers (BHWs) in the program area to determine what the BHWs perceived to be their priority health problem. In Barangay Sta. garbage was their priority problem. The next group of interns conducted a survey to verify if the community also perceived this as a problem. Though less than 50% perceived garbage to be a problem, almost 100% of the respondents were willing to participate in a waste management program. The next interns then studied the Philippine Solid Waste Management Act and other related documents, and conducted sessions on this subject with the BHWs and the Village Council. After attendance of the BHWs and the
Village Council in a national forum on waste management, the interns invited an expert to talk to the community. After this, the women of the community decided to carry on the program.

Main outcomes: At present, the Solid Waste Management Program of Sta. Cruz is fully managed by the women’s organization. It has earned enough money from the sale of recyclable wastes and monetary awards garnered by the Waste Program to engage in income generating projects for its members.

Conclusions: Medical students can learn principles of community medicine and community development through activities that directly address expressed community needs.

Community-based Health Improvement Project

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Setting: The Community-based Health Improvement Project (CHIP) is based on the UTMB Center for Population Health and Health Disparities’ previous findings on the "Hispanic Paradox"—the finding that many measures of health of different Hispanic populations in the U.S. are similar to those of non-Hispanic whites even though those Hispanic populations are clearly disadvantaged in terms of income, health insurance, housing, education and other factors correlating with health. The CHIP project builds on these findings and the results of a previous Texas Cancer Council-funded project in the Piney Woods Academic Health Centre area.

Objectives: The purpose is to address high cancer incidence and mortality rates in local communities through their participation and development of cancer prevention programs.

Design: Local key stakeholders were identified and in some areas, a new coalition was formed exclusively to develop adequate cancer prevention programs.

Subjects: Eight Texas coastal counties were selected as target counties to receive community-based cancer prevention and control education.

Results: The CHIP project has made introductory presentations at two targeted counties, Galveston and Liberty. After three meetings and a workshop, the Liberty County Health Awareness Coalition has initiated community meetings in order to further discuss the cancer data and information we have provided. The Galveston County American Cancer Society affiliate has found an opportunity to complete a community assessment profile through collaboration with our CHIP project.

Conclusions: The cancer burden continues to affect rural, underserved communities with a greater disparity. The cancer incidence and mortality rates are much higher in these targeted counties as compared to state and national cancer rates. The use of the CHIP model will assist the communities in identifying and developing effective cancer prevention and control programs that will tailor to their specific needs. The CHIP model with its proven track record of success will continue to be used in other counties.
An Educational Exposition (Expo) as Evaluation Tool on Achievement of Community-based Education Objectives

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Context: Major changes in the health and education urged the School of Medicine to plan Curriculum2000. Objectives are learning (knowledge), training (skills) and molding (attitudes and behaviour). CBE is one educational tool that can be utilized to achieve these objectives.

Objectives: This study was undertaken: 1) To identify whether objectives were addressed and achieved; 2) to formulate student opinion on the learning process and experience during the EXPO and preparatory phase; and 3) To determine the added value of the CBE activities for the community and services.

Design: With the observational descriptive study the students (134) were divided into three equal groups and respectively visited NGOs (7), attended workshops with community health workers (34) or scholars (31) from a local high school in the Mangaung township. After these activities students participated in an EXPO. They prepared posters and brochures on identified health risk topics. An academic panel of judges did assessment. The community health workers, scholars and peers also completed criteria based evaluation forms.

Subjects: 124/134 students completed the questionnaires (93%) 24/31 scholars completed the questionnaires (77%) 27/31 CHW completed the questionnaires (87%) 6/7 NGO's responded (86%) We differentiated between gender and language groups.

Results: Students' opinion on the extent to which skills were utilized: leadership (77,4%), teamwork (92,8%), communication (85,5%). Students indicated that the following were also addressed: intercultural interaction (74,2%), perception about other cultural groups (79%), reality and circumstances in communities (85,5%). The Expo was perceived as a learning experience by (94,4%), (87,1%) as stimulating their interest and (89,2%) as enjoyable. (75,6%) of the students felt that they had to integrate theory and practice. (100%) community health workers regarded the Expo as a learning experience and would like to continue participation.

Conclusions: The MED 113 Expo addressed the objectives set for CBE in Curriculum2000 and could be used as case study to develop a model.

Prevention of Violence against Children. A Model for Medical Education and Community Intervention

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Universidad Autónoma Metropolitana Xochimilco, Mexico City, Mexico

Context: At the UAM Xochimilco we have developed a project for community participative research (CPR) oriented to promote social involvement as a strategy to mitigate inequity in health. Our students integrate multi-professional teams, trained and supervised to participate in the project.

Setting: This project is part of the University’s Urban Health Program, and it operates in underserved urban communities in Mexico City

Objectives: 1) Develop a participative model to prevent violence against children (VAC); 2) Describe and analyze the perceptions, values and actions that parents have in the community related to violence against children; 3) Develop health promotion initiatives linked to violence against children; and 4) Strengthen student competences in primary care.
Design: We operate CPR integrating strategic planning, knowledge acquisition, and group development. The stages are: defining the community promoter team, make a diagnosis of the health problem, train the promoter team and effect intervention actions.

Results: Empowerment: 5 community members, all women, initiated a process to become health promoters. In performing the community health diagnosis they identified violence against children as a priority. In a series of successive approaches they constructed resources to prevent VAC. Constructing a healthier environment: with health personnel support the community team organized, performed and evaluated workshops for 120 parents at the local grade school. This process allows university students to perform integrated health training at the community level.

Conclusions: This model strengthened the capacity of the community health promoters to improve their own lives and improve health inequity in their community, and also strengthened competencies of student to contribute to solving problems at the primary care level.

The Urban Health Project: A Model for Teaching, Research and Service-oriented to Address Community Identified Health Problems

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Universidad Autónoma Metropolitana Xochimilco, Mexico City, Mexico

Context: For the last 11 years the Xochimilco Program has developed and operated a project for community health. The purpose is to decrease health inequity through social organization and participation. The project involves last year students in the health professions.

Setting: The project operates in nine communities in Mexico City, and involves students of the programs in medicine, nursing and odontology, and two faculty members.

Objectives: The objectives are to: 1) Help communities solve health problems; 2) Generate processes of social organization and participation; and 3) Offer an alternate social space for the formation of health professionals.

Design: Starting with the construction of community health promoting teams in participatory research, the students help organize population groups. This is in an iterative process. Students identify and classify health problems. Students then plan, carry out and evaluate collective interventions.

Results: The Urban Health Project has expanded from three to nine communities over the last 11 years, has grown from three last year students to 23, and progressed from involving only medical students to include multi-professional teams. Formal relationships include one Non-Governmental Organization, two municipalities and one public hospital. The social network integrates 16 population groups. Health problems are identified from the community perspective, creating a different conceptual epidemiological map of the area. This focus contrasts most epidemiological analysis and maps that start from disease categories. The priority health problems identified by the communities were violence, social exclusion, addictions and adolescent pregnancies.

Conclusions: The Urban Health Project has succeeded in expanding the model to more communities, in creating a rich training ground for a variety of future health professionals, and in helping communities define, prioritize and address their own health problems.
The Integration of Participatory Research, Scholarship, and Community-based Service Learning

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Context: The primary goal of the training grant, “Community Connections: Partners for Learning and Service”, is to expand community-based learning experiences to medically underserved areas in South Carolina by fostering reciprocal relationships between academic and community partners. One partnership between the Medical University of South Carolina and the National Multiple Sclerosis (MS) Society, USA, seeks to eliminate some of the health disparities between individuals with MS and healthy individuals that arise due to preventable secondary conditions in those with MS. Moderate physical activity may prevent some of these secondary conditions in the MS population. However, those with MS are much less likely to engage in regular physical activity. The goal of one grant project was to develop community-based educational programming on exercise for individuals with MS.

Objectives: To describe the integration of scholarship and participatory research into a community-based service learning experience.

Design: A literature search performed in preparation for the educational programming revealed a deficiency of scientific data regarding MS and barriers to exercise. Therefore, a participatory research project involving community participants, students, and faculty was created. A modified Delphi approach was used to develop two survey instruments to assess the physical activity profiles and perceptions of persons with MS towards exercise. Individuals with MS in underserved areas participated as “patient/client experts” in the development of the surveys.

Main outcomes: Engaging the community patient experts in the research process gave them ownership and a sense of empowerment. Evaluations revealed that they felt valued and enjoyed working on a solution to an important problem that challenges them daily. Rehabilitation students recognized the importance of involving community partners in the research process and they were able to obtain a broader and more realistic perspective of the problem. A stronger partnership was forged and the survey data will now drive the educational programming.
Family, Development and Society: Implications for HIV Prevention Among Early Adolescent African American Females

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Context: Approximately 25 percent of new HIV infections in the US occur in teenagers. African American females make up a disproportionate number of AIDS cases in the adolescent age group. The purpose of this formative research was to gain insight into family, developmental and societal factors that could foster delaying sexual debut and thus decrease HIV risk.

Design: Employing participatory action principles twenty-eight African American mother-daughter dyads were recruited from two inner-city community centers in CNY. Adolescent participants were between the ages of 11 and 14. Separate focus groups were conducted for mothers and daughters according to standard procedures, with 5-6 participants in each group. Focus groups were continued until saturation was reached. Verbatim transcripts were color coded to distinguish mother versus daughter data. Data were coded and organized into themes according to qualitative data analysis principles.

Findings: Seven themes emerged from the data: knowledge, parenting behaviors, nature of communication, community context, exposure, subconscious motivators (attitudes), and conscious motivators. Non-monitored exposures were the primary source of sexual knowledge and attitudes for girls, while monitored exposure dealt mainly with puberty and development. Community played a key role in facilitating exposure. Parenting behaviors such as monitoring, limit setting, distraction and nurturing/instilling values were used for protection. Influencing the behaviors of mothers and daughters were subconscious motivators including attitudes about nonvirgins, males and sex, as well as conscious motivators such as mother’s history, community and fear of consequences. These motivators impacted the nature of mother-daughter communication including their level of disclosure, tone and use of mixed messages.

Conclusions: The interaction of societal exposure and girls’ development created a dissonance in the nature of mother-daughter sexual communication. Facilitating open communication could promote healthy sexual development and thereby decrease risk behaviors.

Every Day Chores of Indian Rural Women

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Context: In India women have continued to submit to men at the cost of their own advancement, self esteem as well as health. The family relationship is mostly based on the dominance of men and dependence and obedience of women. Everyday, women have to do much more work than men.

Objectives: To find out to what extent women are responsible for every day domestic chores, differences in women and men, correlation with age, education, socioeconomic status, occupation and family type.

Study: Information was collected through interviews conducted by a social worker, almost all in 2000. The social worker explored the extent to which women have responsibility for child care and also whether their husbands worked outside the house.

Observations: Women reported getting up very early and going to bed after the husbands. All every day chores (sweeping, washing of the clothes, washing utensils, preparation of meals, fetching water and firewood, looking after children) are done by women. They get some help in getting firewood and fetching water. Grocery is brought by men in 60% of the households.
Two third of the women have jobs to earn money and two third of these still have to do all the household work themselves. Age and education did not change every day working hours. There is not much variation in everyday chores even during pregnancy. In upper class, firewood and water are brought by helpers, firewood mainly by men, water mainly by women.

Conclusion: Husbands hardly provide assistance to women in day to day work. Women continue to bear the double burden of looking after family needs and earning income.

**Unmarried Girls with Advanced Unwanted Pregnancies**

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Context: Although India has one of the most liberal abortion laws, women continue to resort to unsafe interventions and babies continue to be killed due to unawareness of abortion services, lack of resources, exploitation and most important the feeling of shame towards the society. Sex matters are not discussed and pregnancy in unmarried women is not accepted.

Objective: To study the characteristics of women with unwanted advanced pregnancy and associated issues.

Study: Analysis of observations of the services being provided to unmarried, divorced, and widowed women with advanced unwanted pregnancy has been done since 1990 to know the associated issues. Women with advanced pregnancy are being helped financially, socially and technically to deliver safely in the hospital and also in bringing the baby to an orphanage. Woman who come with pregnancy of more than 20 wks is assisted as Indian abortion law does not permit termination beyond.

Outcome: Lives of many women and babies have been saved because if these women are not helped they attempt pregnancy termination by quacks irrespective of gestation and also might do infanticide. In 130 cases (50.78%) friends were responsible for pregnancy, 101 (39%) relatives and in 25 (9.76%) strangers. Teenagers were 143 but no one 12 or less.

Adolescent family life education has been started for girls of 7 to 11 in the schools of Wardha district with a population of around 1.5 million. Information about development, menstruation, conception, contraception, STDs including HIV and safe motherhood is provided.

Conclusion: Young girls need to be aware of the possible consequences of sexual intimacy, contraception (especially emergency contraception), and of abortion services. A change in attitude of society is essential and also sexual violence or exploitation of women must end.

**Network: TUFH Women and Health Taskforce: Advancing Women's Health Through Partnerships**

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Context: Poverty and limited decision-making power have a devastating impact on the health of women and children. Front line healthcare providers can be critical advocates, educators and healers for women but they are not always equipped with the knowledge and skills necessary to understand and address women’s health concerns.

Setting: In recognition of these challenges, The Network: TUFH founded the Women and Health Taskforce which receives coordination support from Global Health through Education, Training and Service (GHETS). The Taskforce aims to equip healthcare providers and patients in developing countries
with the skills and knowledge necessary to address critical gender-related health issues such as violence against women, female genital mutilation and access to reproductive health services.

Objectives: 1) Increase the breadth and depth of health professions training on the health related challenges and gender issues facing women in developing countries; 2) Encourage health sciences schools to partner with women’s groups and community organizations to organize grassroots solutions to women’s health challenges; and 3) Facilitate regional and international linkages between healthcare providers, community groups and training institutions in support of women’s health and human rights.

Design: The Taskforce currently has over 20 country representatives and is led by a core group of women’s health advocates from Mexico, South Africa, Pakistan, Cameroon, Malaysia, Sudan and Uganda.

Interventions: The Women and Health Taskforce is working with academic teams and community groups globally to incorporate women’s health and gender issues into medical and health professions education through the development and implementation of women’s health training modules.

Main outcomes: Five institutions have been selected as formal pilot sites for the Women and Health learning packages. Ultimately, the taskforce aims to serve as a forum for women’s health advocates from developing countries to shape regional training agendas supportive of women’s health and gender rights.

A Four Year Experience with the Female Community Health Workers Training Programme in Pakistan: Achievements and Challenges

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Context: The health status of women in Pakistan is linked directly to the societal structure. Social restrictions on mobility, socio-cultural norms that undervalue women as individuals and as a group and limited or non-existent financial autonomy have all combined to make the health status of Pakistani women even worse than the unenviable one of their male counterparts.

Setting: The Female Community Health Workers Training Programme (FCHWTP) was initiated in the site of Ziauddin Medical University’s community-based education programme. This is a conservative Pakhtun community with a population of 20,000, 48% of whom are females. The FCHWTP has a two-fold objective of providing trained human resources for the University’s center-based and outreach health services and to address the gender-based limitations of women’s access to health care. A supplemental benefit is that this training equips female members of the community with the necessary technical expertise that will help them find a sustainable source of livelihood and an initial step towards empowerment.

Objectives: To describe the experience with the Female Community Health Workers Training Program (FCHWTP) between 2000-2004 and to identify potential barriers to training and retention of these workers.

Design: Review of relevant data from the program records, interviews with trainers and female community health workers (FCHW) and focus group discussions.

Main outcomes: Number of FCHW enrolled each year, number of FCHWs successfully completing training, trainees’ perception of the program, follow-up of trainees for their chosen career paths, community perceptions of FCHWs and of the training program. Themes arising from interviews and focus group discussions.
Campaign Against Female Genital Mutilation (FGM): Example of Student-Community Partnership

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Context: For religious, racial, and traditional reasons, FGM still exists. With its physical and psychological impact on women’s health, FGM is a nightmare for young girls in developing countries. Some Sudanese communities still suffer from this problem. Consequently, students in Alazhari University and the Sudanese Association Against Bad Traditions (SAABT) have formed a partnership to combat FGM.

Setting: Alhag Yousif District in Khartoum North was chosen as the site to begin the project in 2002.

Objectives: 1) To determine the prevalence of FGM in the Alhaj Yousif community & high schools; 2) To evaluate the impact of FGM on the physical and psychological health of girls; 3) To compare the community beliefs with those of school girls; and 4) To encourage school girls, midwives, community leaders and stakeholders to share in the campaign against FGM.

Interventions: 1) Display the magnitude of the problem through school surveys, home visits and community media meetings facilitated by religious leaders, health professionals, and students; and 2) Create and carry out intensive, enlightening programs targeting midwives as principal operators of FGM.

Main outcomes: 1) Large number of students and community members joined the campaign; and 2) FGM was reduced by 10% after the 1st year of the campaign, and the number of young girls who are mutilated has continued to drop.

Measures: The main obstacles were: 1) The reluctance of school girls to discuss this issues; 2) The resistance of some midwives & grandmothers to the campaign; and 3) The allocation of the student & transportation expenses.

Conclusions: Females Genital Mutilations FGM is difficult to eradicate because of deep-rooted misbeliefs and bad traditions link it with virginity & honor. Albeit the success of campaigns and partnerships with the community (described above) provide hope that misbeliefs can be eradicated.

Overcoming Disparities in Health Care Accessibility of Reproductive Health Services for Residents of Informal Settlements in Tshwane, Gauteng Province, Republic of South Africa

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Context: Access to reproductive health care including contraceptives, termination of pregnancy (TOP) services, sexuality education and counseling, constitute the fundamental right of women in the Republic of South Africa (RSA) including those living in informal settlements. The World Health Organization (WHO 1996: 25) stipulates that despite the advances in contraceptive technology, large numbers of people and couples have only limited, if any, access to reproductive health services. Most informal settlements in the RSA do not have facilities, such as schools, health care services, water, electricity and transport within reach because of lack of planning for such infrastructures.

Methodology: This was an exploratory, descriptive and contextual research project. The objectives of the study were to: 1) Determine the accessibility of reproductive health services for residents in informal settlements; 2) Describe the opinions of residents in informal settlements regarding their reproductive health care needs; and 3) Suggest recommendations to health authorities (the government and the Department of Health) based on the findings.
The researchers and trained research assistants used a purposive sample to select 30 women and men aged between 14 and 40 years from residents of informal settlements (Winnie Mandela view) in Tshwane. Three focus group interviews were held with respondents after obtaining their informed consent. The interviews were transcribed verbatim and then translated into English. Descriptive and content analysis was done in accordance with the principles described by Krueger (1994).

Main outcomes: The majority of respondents indicated that there was a desperate need for reproductive health care services within reach in informal settlements. Respondents also attributed the high rate of unwanted pregnancies to lack of sexuality education and information.

Conclusion: The need for accessibility of reproductive health care services in informal settlements should be considered as a priority by authorities when planning infrastructures for all communities.

Overcoming Disparities in Health Care: Involvement of Males in Prevention of Unwanted pregnancies

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Context: Most studies of fertility and contraception focus on women and ignore men. Bankole and Singh (1998:15) feel that these studies overlooked the primary fertility decision-makers in most African countries. Asking men if they have any children and which method of contraception they use could reveal important gaps in contraceptive education. A pregnancy that isn’t expected or wanted is both an individual crisis and a crisis for the relationship between the man and the woman. Male detachment may, therefore, have ill-effects for the woman and may also affect the relationship between the couple negatively.

Objectives: 1) Explore men’s knowledge, perceptions and their contraceptive practices; and 2) Describe factors influencing men to use or fail to use contraceptives.

Methodology: A convenience sample of 75 men (52 adults and 23 adolescents) was selected for participation in the study. Selection took place when participants were consulting for contraceptives or when accompanying their partners at selected health care centers in Tshwane North. A structured interview schedule was used for data collection. Descriptive content analysis and Logistic Regression Analysis were used to analyse data.

Main outcomes: The majority of (68%) men had information about some contraceptive methods. Less than half the number (32%) participants felt that it was the women’s responsibility to ensure that they were protected from having unwanted pregnancies.

Sixty-six (88%) of the participants had negative perceptions about male sterilisation, whilst 36 (48%) felt negative towards using condoms during sex.

Conclusion: It should be the responsibility of all health care professionals to educate men about contraception in efforts to prevent unwanted pregnancies. Such education should commence from homes and primary schools to ensure that young males are involved in preventing unwanted pregnancies.
Men's Power and Control Issues in Violated Suicidal Burn Women's Family: Observation of Nurses of a Burn Center Shiraz-Iran

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Introduction: Intimate partner violence can affect women of any culture or socioeconomic status. Although it is estimated that 25% of women worldwide are victims of intimate partner violence, the information on violence against Asian women is limited. Reports and observations of nursing staffs encountering the victims of violence in clinical areas may be helpful in understanding the problem of women's victimization. Burn center of Fars province in the south of Iran admits many young suicidal burn women who are victims of different types of violence. We studied the burn center nursing staff's observational findings.

Method & Material: Five nurses of the women's burn center were interviewed, using eight questions. Nurse’s responses were transcribed and the data categorized in eight different domains of violence based on the model of how power and control issues perpetuate battering. To validate the analyzed data, the psychiatric consultant of the hospital was asked to rank these 8 domains and also the behaviors underlying each domain based on her judgment on their occurrence.

Results: All eight types of violence are found in the families of suicidal victims of violence hospitalized in the burn center of Fars province. Types of violence were ranked as 1: emotional abuse, 2: intimidation, and using children, 3: male privilege, 4: isolation, and minimizing, denying & blaming, 5: economic abuse and 6: coercion and threats.
Conclusion: Violence against women as a leading cause of suicidal attempt should be reduced. Nurses should not limit their care to victims of violence after their extensive injury. Supportive educative community based programs are needed in the countryside areas to decrease violence and to minimize suicidal attempts of women.

Health Related Behaviors of Sudanese Adolescents

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Introduction: Adolescence is the period (10-19 years) during which lifestyle patterns of behaviors are being formed. These behaviors set the stage for future health problems, as risk-taking and health compromising lifestyles are major causal factors for many health problems. Behaviors and lifestyle are determinants of future health, illness, disability, and premature mortality.

Objectives: To gain new insight into and better understanding of health behaviors, lifestyle and their context in these young people in order to assess the determinants and barriers to improve health related behaviors.

Strategies: A cross sectional descriptive study. Random samples of 1200 adolescents within the age group 10-19 years (53.2% girls and 46.8% boys) were interviewed.

Main outcomes: The overall prevalence of smoking among adolescents is 4.9 %. More boys (9.1%) than girls (1.3%) report to smoke. Older participants report more tobacco use, as well as those with higher level of education. Drinking alcohol is significantly more common for boys (2.3%). It is slightly more reported by those in older age group than the younger, and by those with no education compared to those with education. More boys than girls report to be actively engaged in sport activities; inactivity is significantly higher amongst older age groups and is associated with no education. 58% of girls are physically inactive. More than half of the boys go hungry because there is not enough food in the house; this is somewhat less common for girls (43%). Adolescents above 16 years old significantly report less
consumption of nutritious food (healthy eating) as well less consumption of non-nutritious food (unhealthy eating) than other age groups.

Conclusion: Our research contributed to greater understanding of current health related behaviors among Sudanese adolescents. A number of implications (e.g. hunger experience and physical inactivity for girls) for interventions arise from the finding.

Gynaecological Examination Training in the Netherlands

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Context: Gynaecological examination training is given in each medical school in the Netherlands. Gynaecological teaching associates (GTA's) are trained to teach pelvic examination. They show how to perform the examination on each other and then let themselves be examined by students. In Maastricht University a shortage of GTA's is imminent. Little was known about the execution of gynaecological examination training in other medical schools.

Objectives: To describe gynaecological examination training with gynaecological teaching associates (GTA’s) at all medical schools in the Netherlands.

Design: After a literature study a survey was developed in collaboration with experts. Answers to the questions related to aim, preparation, format, content, organisation and evaluation of the training. The survey was distributed to all coordinators of gynaecological skills training in the Netherlands.

Main outcomes: Response rate was 100%. Differences are found in format of the training. In most schools a three-hour training is given by two GTA’s to three students. In one school a physician gives the training together with a gynaecological educated professional patient (GEPP) to one single student. With regard to the aim of the training there are differences too. There are schools in which increasing the technical skills of the student is the main objective of the training, while in others the student is wanted to overcome shyness towards this intimate examination. In some schools the training emphasizes the student’s attitude towards women. A common problem is the recruitment of women who are willing to work as GTA or GEPP.

Conclusions: Gynaecological examination training with GTA’s or GEPP’s is possible in the Netherlands. Student's appreciation is very high. This might be a stimulus for other medical schools worldwide to implement gynaecological examination training with GTA’s in their school too.

Nutrition and Women's Health: A Module for Health Professions Education

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Context: In developing countries women are one of the most vulnerable population groups in terms of their nutrition and health conditions. Different social and cultural factors generate unfavorable nutritional health outcomes for adolescents, adults and post-climacteric women. These may in turn seriously aggravate reproductive events and overall quality of life. Professional training, at least in Mexico, has not responded to it. The deficiency is twofold: there is very little emphasis in nutrition in formal programs, and when nutritional topics are presented the problems and solutions show serious restrictions. Normal clinical practice is also deficient; for example, nutritional counseling for pregnant women focus only on weight control and supplemental elements.
Objective: To present a proposal for an educational module in nutrition and women’s health as part of the professional training programs of physicians and nurses.

Analysis: We have documented poor nutritional advice in professional activity, and shall present our data. Also we have analyzed curricular contents of nursing and physicians programs, and noticed that these do not contribute to good professional practices. Finally we have studied knowledge and attitudes about nutrition in medical and nursing students (our baseline), noting again deficiencies in this respect.

Design: Contents are organized according to the different stages of women’s life cycle. The module is designed from a multidisciplinary approach, incorporating concepts from epidemiology, gender studies, reproductive health, and human rights. Activities include presentation and discussion of problem-based cases, as well as exercises oriented to design strategies in the field of nutritional education. The module lasts 36 hours (12 sessions, 3 hours each one).

Outcomes: The module aims to complement the clinical training of students. It will provide them with new elements for the comprehension of social and cultural aspects influencing women’s nutritional and health conditions. We shall repeat the baseline survey of students after one and two years of initiating the module. Additionally we shall analyze professional practices in the last year of training, when the students are in their rural social service.
Graduates of a Community-oriented Medical School: Where Are They Now?

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Design: The lists of graduates from the first ten batches were reviewed and collected from the school. Every list was reviewed by 6-8 of the graduates from the same batch to write the position, the career choice and the residence of each graduate he knew, in front of his name and also to revise what the other colleagues have written.

Main outcomes: Total number of graduates is 447. Of those the career choices of (329) 73.6% and the residence of (333) 74.5% of them could be determined. With regard to career choice forty five percent became consultants, 10.3% registrars (in training process to be consultants in 2-3 years), 16.3% G.P.s, 1.8% died and 0.2% were lost in the war area. Regarding career choice: 13% chose community medicine, 3.2% chose basic science and the rest chose clinical and diagnostic disciplines. Regarding the residence 29.3% are inside the Sudan and 43.2% are out of the Sudan.

Conclusions: Community-oriented and community-based education will not produce community physicians only. The graduates are really life long learners so the majority of them go in the track of the postgraduate studies. For the COME programmes to be more successful the health systems must be designed to accommodate the graduates and satisfy their needs so as not to go out side the countries they learned to serve.


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Context: During the period 1998-2003, the University of New Mexico, School of Medicine’s Center for Community Partnerships and Dental Services Division dramatically increased oral health services to the uninsured and underserved, enhanced oral health education capacity and informed state oral health policy. This was achieved through academic-community partnerships.

Objective: Describe the process and outcomes of successful academic- community partnerships that: addressed oral health education needs, improved access to care and reformed oral health policy.

Methods: UNM has assumed a distinct role in its community partnerships. In the State Oral Health Council, UNM has acted as the convener and moderator of the Council and is an equal partner with all the members. This Council identified specific policy objectives and based its strategies and activities on the combined capacities and resources of the partners. UNM had the added responsibility of contributing to the growth of the safety net. Strategies to expand services were defined jointly with communities, so that the provision of care resulted in health and economic benefits to communities.

Main Outcomes: During the five year period over 40,000 individuals, who otherwise have limited or no access to dental care, had dental visits through UNM. UNM sponsored 12 students from out of state dental schools in a rural practicum; received approval for a residency program in general dentistry; developed and implemented a multi-state agreement for the selection, placement and training of NM students at out of state dental schools and developed a master’s in dental hygiene.

Community/Academic partnerships have further resulted in: increased reimbursement for dental providers; revisions to the dental practice act; creation of an Oral Health Institute; a proposed rural dental residency program; enhanced faculty capacity and congressional support for the institute.
Conclusion: Community advocates forming partnerships with academic health centers can fulfill the unmet health needs of communities and enhance the academic policy formation process of academic health centers.

Project Medishare: Building Partnerships to Re-establish the Health Infrastructure of Rural Haiti

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Context: Over the last decade, Haiti has endured political and social hardships that have overwhelmed the nation’s health infrastructure with preventable and treatable disease. Project Medishare is a non-profit organization dedicated to re-establishing the health infrastructure in rural Haiti through partnerships with academic institutions, governmental agencies, and private funding.

Objectives: To describe partnerships forged by Project Medishare and the collaboration with the Haitian people to sustain the resulting programs.

Methods: Review of programs initiated by Project Medishare and their effects on health care delivery in Haiti.

Main outcomes: A review of the Project Medishare’s current initiatives showed a multi-faceted commitment to re-establishing Haiti’s health infrastructure. To discourage physician emigration, an alliance with the University of Miami School of Medicine (UMSM) and funding from the Open Society Institute made it possible to create a Family Medicine Residency Program in Cap Haitian for Haitian medical graduates. Working with Project Medishare (PM), UMSM faculty and students have traveled to Haiti where, in conjunction with local care providers, they have implemented multiple health fairs to provide screening and education services to underserved populations. UMSM faculty and students have also teamed with PM for its Surgical Specialties Program, through which 47 patients have been treated for cleft lip, amniotic band syndrome, and hydrocephalus. Through partnership with the Haitian Ministry of Health, Partners in Health, and funding from the Green Family Foundation, PM has renovated and expanded a community clinic in Thomonde. This clinic provides health care and education to over 100 patients per day, and also hires, trains, and equips local community health workers to provide “direct observed therapy” to patients with TB and HIV/AIDS.

Conclusion: The strategic blend of private, government, and academic partners produces a triumvirate that allows Project Medishare to re-establish the health infrastructure of Haiti while empowering and educating its citizens.

Decentralization and Equity in a Federal Country: The Argentinean Case

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Objectives: Under the nation’s institutional federal framework, and considering wide differences in wealth and health care indicators among provinces, the goal of this paper is to search for differences in utilization and expenditures patterns between jurisdictions and income quintiles. The research also inquires about the ability of the national government to compensate for local differences.

Context: Health care coverage in Argentina is shared among the public sector, the social security institutes, and the private sector, closely intertwined in terms of both health care provision and social security financing and coordination. Since the beginnings of the nineties a strong decentralization process took place, when the national governments transferred to the provinces the funds and the ownership of public hospitals and health centers, keeping the management of vertical programs and special initiatives.
Methods: The study uses demographic and financial data at national and provincial level related to health care expenditures during the period 1993-2000, in order to identify expenditure gaps at the provincial level. Moreover, the poster analyzes information from household surveys on services utilization and out-of-pocket expenditures in health services and pharmaceuticals, providing a comparative analysis by income groups.

Results: There are weak correlations between provincial public funds and population needs, as well as a strong bias towards expenditures on pharmaceutical products, as a percentage of total private expenditures on health.

Conclusions: Despite the federal nature of the country, the central government still accounts for a significant share of the expenditures in the public sector, mainly focalized on disadvantaged groups, although without a significant redistributive strategy.

Equity and the Decentralization of Social Sectors in Bolivia

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Context: During the last two decades, the Latin American region has been the scenario of major changes in social areas, especially in health.

Setting: This paper sees the decentralization process as a principal-agent problem within the public sector, and discusses how the Bolivian reform fits into this theoretical framework.

Objectives: Using microdata at the municipal level, the poster analyzes advantages and disadvantages of the decentralization reform implemented in Bolivia, and its effects on equity in health care. The goal of the poster is to evaluate the impact and the extent of the decentralization process in the provision of health care in Bolivia in terms of equity and effectiveness in the allocation of resources and social participation.

Design: Although theoretical advantages of decentralization are well known, little evidence about results was provided, using detailed local data. The implementation of the analysis is performed by using basic statistical analysis, correlation and probabilistic models of choice. The database was built on census and household surveys collected for the period 1994-1999. They were combined with data related to resource allocation and expenditures at the departmental and municipal levels, as well as with indicators of health care and human development.

Results: Using several criteria to measure social inequality (by department, by quintiles of municipalities and by quintiles of population groups), the research shows that decentralization has not been able to improve the allocation of resources in order to promote equity and efficiency. In addition, the decentralization process has failed to improve sustainability of the health care system.

Conclusions: Decentralization in Bolivia proved to be a useful tool to promote social participation and a more democratic distribution of power. However, it has not proved to be a financially effective strategy to promote equity in health care.
Sisters Working It Out: A Community-Campus Partnership Combining Health Education and Advocacy

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Context: Breast cancer is the most common cancer in U.S. women. African-American women are more likely to have their tumors found at later stages and to die from breast cancer at every stage of disease. Low-income African-American women are less likely to have had breast cancer screening with mammography; barriers including cost, transportation issues, cultural barriers, and limited access to screening initiatives.

Objectives: To create an innovative community-based initiative that dually trains low-income women in Chicago’s public housing developments to become health educators as well as health advocates around issues of women’s health, with a particular focus on breast cancer.

Design: Qualitative research with community residents was conducted to determine barriers to breast cancer screening and to elucidate themes around potential community-based initiatives to enhance mammography utilization. Subsequently, Sisters Working It Out was created; it is an intensive three-month biweekly series of workshops, lectures and field trips led by physicians, public health professionals, and representatives of community groups and advocacy organizations. The curriculum covers a range of women’s health topics, such as breast cancer, menopause, osteoporosis, STDs/HIV, contraception, nutrition, clinical trials and others. It also includes an advocacy component on media skills, grassroots organizing, coalition building and legislative advocacy.

Results: Eleven women from the Rockwell Gardens public housing developments successfully completed the community-based training program. Over sixty women received mammograms as a result of these health educators and over 350 women received important health information during the first six months following program completion. Additionally, these community health workers have been instrumental in supporting important breast cancer legislation, such as that which provides Medicare coverage for oral chemotherapy medicines like tamoxifen.

Conclusions: Community health workers trained in both women’s health and advocacy can have a meaningful impact on the access of low-income communities to breast cancer screening and treatment.

From Creation Behavioral Risk Factor Surveillance System to Evidence-based Noncommunicable Disease Policy Development in Russia

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Context: Evidence-based noncommunicable disease (NCD) prevention at the regional and national level should be based on reliable information including data of the behavior risk factors (BRF). In 1999-2001 a methodological model of the BRF survey was developed at the State Research Centre for Preventive Medicine (SRCPM) in Moscow. At the same time a training course on Evidence-based Chronic Disease Prevention (EBCDP) for decision makers was developed at the SRCPM.

Objectives: Creation of a Russian BRF surveillance system as an essential component of the NCD policy development.
Methods: Standard survey questionnaire includes demographics, education, health status, height and weight, smoking habit, fruit and vegetable consumption, physical activity pattern, blood pressure and cholesterol awareness, alcohol consumption, oral health, women’s health (mammography) and seat-belt use data. In 2000-2003 16 Russian regions conducted BRF surveys on representative samples. Twelve lectures and six practical exercises on EBCDP have been elaborated and tested in Russian audience.

Main outcomes: BRF response rate varied from 60-80% in the regions. Analysis has shown that the main risk factors are highly prevalent: smoking up to 68% in men and up to 32% in women; overweight (BMI>=25) up to 57% and up to 60% respectively; low-level fruit and vegetable consumption (less then 400g/day) up to 80% in both genders; high blood pressure up to 45% in both genders; alcohol abuse (more then 20g/day) up to 35% in men. In 2001-2003 three training seminars on EBCDP were conducted for Russian Regional Health Administrators. Joint Russian BRFs database and EBCDP training course are available through the Internet (http://www.cindi.ru).

Conclusions: Standard methodology for conducting BRFs and a training course on EBCDP for decision makers in Russia has been developed. High prevalence of main BRF in different regions requires stronger links between monitoring and surveillance data/information and health policy and program development at the national and regional levels.

Attitudes of Medical Students Towards Rural Practice

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Context: In considering the various factors that contribute to the maldistribution of health professionals, particularly with regard to rural and under-served areas, the educational component is an important area. Medical students, as our future medical workforce, spend 5 to 6 years at medical school, where their attitudes and aspirations are shaped by the experiences and role models that they come into contact with in the university and teaching hospital environment. Before they experience the real world, this forms the foundation on which they make decisions about their future careers.

Setting: In South Africa, their reality immediately after qualification includes a year of community service, which could take place in a public hospital in any part of the country.

Objectives: This study aims to describe the perceptions and attitudes of medical students towards rural practice, as they progress through the curriculum.

Design: A standard questionnaire was administered to a sample of students in each year of study.

Subjects: A random sample was taken of 20 medical students out of an average of 170 per class in each of the 6 years of study at the University of KwaZulu-Natal.

Main outcomes: Variables measured included area of origin, career intentions, perceptions about remuneration, professional development, service to society, and family considerations with respect to rural practice.

Results: The results show a number of unexpected and interesting trends through the class cohorts. As anticipated, more students of rural origin than those of urban origin, intend to practice in rural areas once they have qualified. While 30% of respondents overall plan to practice in rural areas in the long term, there are significant variations between students in different years of study.

Conclusions: The data suggest that specific experiences within the curriculum can influence students towards or away from considering rural practice as a career option.
Home and Community-based Waiver Programs: Analysis of Variation of Services by State

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Context: For most of the 20th century, long-term care has primarily taken place in an institution. In 1981 Congress authorized the 1915c Home and Community Based Services (HCBS) waiver program to assist funding of services that would help deinstitutionalize individuals who would benefit from a lower level of care.

Setting: United States

Objectives: To examine the total expenditures as well as the total participant use of the services provided by Home and Community Based Waivers. Service Category will also be described.

Design: These Medicaid waivers are broken down into waivers, home health care, and personal care services. Medicaid Home and Community Based Services, aslo known as 1915c waivers, are offered to each state while being federally matched to expand movement away from institutional long-term care.

Subjects: The funding is divided between people with Mental Retardation/Developmental Disabilities (MR/DD), the aged, the aged/disabled, those with traumatic brain injuries (TBI), AIDS/ARC victims, children, and mental health patients.

Interventions: Each state decides where the money will be most useful while controlling the number of "slots" available in order to control program costs.

Main outcomes: In 1992, there were 155 waivers in the United States, which increased to 214 in 1999. There were 235,580 total participants in 1992, which increased to 688,152 in 1999, an increase of 192%. Total expenditures increased per waiver participant from $9,187 in 1992 to $15,331 in 1999. Certain states utilize waivers differently. For example, only 3 states utilize waivers for Mental Health, but all 50 states utilize waivers for MR/DD.

Conclusions: Decreasing institutional and increasing community-based capacity appears essential to state efforts to expand access to community-based services. Addressing state resource issues may also facilitate growth in community-based long-term care, which, in most states, continues to be limited.

Disparities in Primary Healthcare Services in Province Sindh-Pakistan

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Context: Ziauddin Medical University (ZMU) is a community-oriented medical institution with an emphasis on preparing doctors who cater to the needs of the community and population as a whole. To accomplish this goal ZMU is providing primary healthcare facilities through a Primary healthcare center (PHC) in a squatter settlement of Sikanderabad (population approximately 20,000) in District West Karachi.

Objectives: Data Analysis of the utilization of health services in the catchment area of ZMU to examine disparities in health care.

Methods: Data analysis of utilization of services at ZMU PHC center, Pakistan Age Specific Mortality Reports, UNICEF database, State of Health in Sindh-Pakistan, Black report, Navarro’s critique.

Main outcomes: Analysis of the utilization data showed that PHC facilities are overwhelmingly used by children and females. In the ZMU catchment area utilization of PHC health facilities by adult females is
86% (n= 6728) while that of adult males is 14% (1109). In children, service utilization is 51% of the total. Adult’s Male to Female ratio is 1:6, while in children Male to Female ratio is 1:1.1. In the province the picture is almost the same.

Conclusion: Primary healthcare facilities in Pakistan lay greater emphasis on Maternal and Child health. Selective approach in provision of services, is a positive trend but in the process we have missed a section of the population (males aged 30-45 years) which comprises 21% of population and has a higher death rate than females that age. Missing out on population groups is an apprehension also expressed by Sir Robert Blackwell and Vincent Navarro in their reports.
**Partnership in Public Health Education and Promotion: A New Approach in UMS Medical Curriculum**

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Context: The Universiti Malaysia Sabah School of Medicine (UMSSM) is a newly establish institution. It aims to use the highest standards in educating medical professionals who can meet the health care needs of the people of multi-ethnic, bio diverse Sabah.

Setting: Rural communities of Kudat District in Sabah.

Objectives: The students will be exposed to rural communities made up of indigenous people of different racial, cultural and socio-economic backgrounds who have a variety of health problems. By learning about the cultures and healthcare needs of people in these communities, students, hopefully, will be able to help solve some of the problems faced by rural communities as well as the problems faced by members of rural communities who have settled in urban areas.

Design: In the 5-year curriculum, the students will be taught how to provide need-based, comprehensive health care to patients, their families, and the community. Students will be assigned to a foster family (two students per family) for the whole period of medical study. The students will visit this family a minimum of 3 times a year. They will learn about the dynamics and the life events of the family and make appropriate interventions to uplift the family’s standard of living and alleviate its medical and social problems. Students will encourage their “adopted families” to be involved in community health intervention programs, for example, by helping to organise a health promotion campaign.

Intended outcomes: Family-community-university partnerships will help nurture the students so they will become caring leaders. At the same time community participation and academic-community partnership will be promoted.

**Evaluation of University-Health Service- Community Partnerships in the Colombian UNI projects**

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Context: Community, health service, and University funneled efforts toward their own goals mindlessly of other stakeholders. Thus health services have lacked resources, community remained barred from health and education programs running, while University tied itself into service–community relationship. Since their onset in 1993 the Colombian UNI projects employed a three-fold partnership among University, health service, and community as a core strategy to their goal of innovations in health professionals education, strengthening local health systems and matching them to people needs, and enhancing community welfare. These partnerships drive forward through identifying and training people with shared vision, thoughts, and beliefs to tackle specific problems.

Objectives: 1) To assess the partnering processes in each locality; 2) To highlight the most successful strategies employed locally; 3) To profile the most visible results of partnership functioning; and 4) To analyze the factors associated with satisfaction and dissatisfaction of actors of University, services, and community, within the partnerships.

Design: A systemic qualitative evaluation method embraces actors and dimensions such as psychosocial issues, management and decision making. Phases include information gathering and analyzing.
Two focus groups will be set for comparing. One of them furnished by UNI Project actors of University, service and community. And other with similar composition though not UNI-intervened. Focus group meetings and interviews with key actors from components will allow triangulation in the research in each locality.

Main outcomes: We will analyze those elements favoring or hampering the partnering before and after UNI exposure in each locality, and the decision making process within partnership as equity, factual participation, relevance, actors' comfort, satisfaction and support to decision making. We will establish how leadership, partners' mutual support, communication process, and the empowerment extent within partnership have changed and also partnership effectiveness regarding different issues and scenarios, and the partners' benefits.

The Riverland Partnership for Rural Health Education

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Context: The consistent success of the Flinders University Rural Clinical school's Parallel Rural Community Curriculum initiative which places medical students in a rural general practice for 12 months of their course has been well documented. The community partnerships developed to support this program have provided the basis to develop and attract support for several further health education initiatives in the Riverland.

Setting: The Riverland region of South Australia comprises five major towns along the River Murray - Renmark, Berri, Loxton, Barmera and Waikerie across three Local Government districts. Like other rural areas, the region battles constantly to maintain adequate numbers of general practitioners, specialists and nursing and allied health staff. Each town has a hospital and private family medical practice that host students from Flinders University.

Objectives: This poster describes the University/Community partnership and the benefits that have accrued to the Riverland community as a result including healthy medical and nursing workforce numbers, and identify the reasons it has been successful.

Main outcomes: The successful partnership between the University, Riverland health services, private medical practices and local government has been instrumental in getting Federal government support to offer a Bachelor of Nursing program delivered locally, and persuaded the South Australian government to recognise and support the community based medical education model and to provide similar support for nursing and allied health placements, enhanced postgraduate options in nursing, allied health and medicine and multidisciplinary clinical skills training.

Conclusions: The Riverland partnership is based on a shared commitment to education for the region and a willingness to cooperate to share resources and work collaboratively for this purpose. This has proved a sound strategy for improving workforce outcomes for the region.

Community Health Fairs: Going Where the People Are

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Context: Health disparities include poorer health status of racial and ethnic minority populations and inadequate access to health care services. Research on minority groups, such as African Americans and
Asians, does not explain the health disparities experienced by these groups as compared to Caucasians in the United States of America.

Objectives: The goal of this Community-based Health Fair (CHF) project was to provide community-based health education and health screenings to under-served urban minorities.

Design: The CHF project grew out of a partnership with a local faith-based health promotion program. Each CHF is based in a community setting, such as a church or school. At each CHF, screenings for blood pressure, glucose level, cholesterol level and oral health are available to community members, along with materials on a variety of health topics. Referrals are offered to those whose screening results indicate they need further evaluation. Each health fair is evaluated by asking participants to complete brief surveys designed to determine their views about the CHF and to collect information on their backgrounds and health needs.

Main Outcomes: Since 2001, Old Dominian University students and faculty have reached more than 600 people through six CHFs that targeted African Americans, and Chinese Americans in the Hampton Roads Region of Virginia. The results of the evaluations of this service-learning project show that church and community sponsored health fairs are a viable strategy for reaching the medically underserved and contributing to the long-term health needs of the community.

Conclusions: CHFs can provide basic health screenings and health education that can appropriately address the needs of underserved populations. Community-based organizations, such as the church or community centers, can serve as a bridge between the underserved and health services. We strive to continue providing comprehensive CHFs to other minority groups in the Hampton Roads Region.

Improving Primary Health Care for Minority Communities: A Comprehensive Project from Canadian Medical Schools

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Context: Medical schools are called upon to demonstrate how they fill their obligations of training competent physicians and supporting the delivery of health care to meet the needs of populations they serve. Populations of minority communities frequently demonstrate lower health status and lower access to health care, usually due to lack of resources and language barriers.

Setting: The Association of Canadian Medical Colleges (ACMC) has launched in 2003 a 3-year project towards the needs of Canadian francophone minority communities (fmc), representing one million of persons (3% of the population) and scattered in all provinces and territories.

Objectives: Encourage medical students coming from fmc to consider, during their training and for their future practice, the fmc needs through by completing clinical training rotations in these communities; sustain the improvement of education in training sites in fmc; sustain these sites to adopt innovative approaches in primary health care services that could serve as models for students/residents.

Subjects, interventions, outcomes: In its first year the project has established its administrative structure and identified its partners: federal and provincial governments, all 17 Canadian medical schools, physicians practicing and teaching in fmc, clinical training sites, and civilian organisations representing fmc. Fmc students and training sites were identified and characterized. Summer and clerkship rotations are progressively being put in place. Clinical training sites identified their needs and expertises regarding education and health service delivery. Specific activities/tools to support educational quality or implementation of innovative mode of services are progressively developed and disseminated.
After a literature review, an evaluation framework and indicators were confirmed. Modalities to assess the project process and impact were developed and are implemented.

Conclusions: Notwithstanding difficulties, the lessons derived from this project will be useful for socially accountable medical schools planning concrete actions for the minority communities they serve.

Trans-Association Partnership Project

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Context: The Trans-Association Partnership encourages linkages across institutions to foster health disparities research and faculty development. Through funding provided by the CDC, ASPH accepted planning grant applications submitted jointly by accredited schools of public health and Historically Black Colleges or Universities (HBCU), which offer a graduate degree in public health. Funding was provided for two planning grants in 2002, and an additional 5 planning grants were funded in 2003. The funded institutions aim to develop full project proposals to continue their research beyond the planning phase.

Objectives: The goals and objectives of the Partnership are to: 1) Eliminate health disparities through multi-institutional collaborative prevention research; 2) Build partnerships across institutions; and 3) Build research infrastructure at member institutions.

Design: Methods: The review process assessed proposal strengths versus weaknesses and overall project substance. Seven partnership projects were funded. The PI's submit quarterly progress reports. Phone interviews and surveys will evaluate project effectiveness in meeting the above goals and objectives.

Main outcomes: The challenges include the inherent difficulties of separate and geographically distant institutions working together, and fund distribution between institutions. Successes include building working partnerships between academic institutions, and sharing of best research practices.

Conclusions: The institutions express enthusiasm about these partnerships. The partners remain committed to increasing diversity in the public health workforce and to decreasing health disparities.

Decentralized Educational Development In Rural Communities: Networking Strategies for Recruitment, Retention and Connection

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Context: The University of New Mexico School of Medicine Field Faculty Development Program and Preceptorship Programs have provided training for volunteer faculty preceptors in community settings for the last 33 years in an attempt to enhance the skills of preceptors and develop community-campus partnerships with rural New Mexico communities.

Objectives: 1) Improve and build partnerships between community physicians and the University; 2) Improve educational experiences for medical students rotating in the rural communities of New Mexico by offering support and training for preceptors; 3) Establish ongoing interactions between regional healthcare providers by providing regional training workshops and networking opportunities for physicians from isolated areas of our state; and 4) Generate interest in topics in which preceptors are "experts" and incorporate them into the workshop faculty.
Interventions: 1) Use needs assessment tools to determine which workshops preceptors are seeking and where they would like them; 2) Develop and present relevant workshops to community physicians in their own communities; 3) Provide free Continuing Medical Education credits for all workshops; and 4) Increase involvement of community preceptors in University activities by including them as teachers for the workshops in which they are experts.

Main outcomes: We have developed a menu of workshops that we deliver to preceptors in their own communities. We continue to create an ongoing dialogue and exchange with our preceptors, identifying their needs and developing more workshops that we will continue to present throughout the State. We currently have community preceptors co-teaching workshops with faculty members from the University.

Conclusions: Collaborative community workshops provide far-reaching, energetic forums for exchanging ideas and information, providing contact between health professionals regionally, and skill-building among all stakeholders involved in the education, recruitment and retention of future medical professionals. An unexpected outcome was the opportunity for networking and social interactions between colleagues from our large and rural state.

College and University-Community Partnerships in Furthering Secondary Healthcare Career Opportunities

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Context: Minnesota State Colleges and University's Healthcare Education Industry Partnership, and the Department of Education have collaborated over the past 4 years to promote healthcare careers to secondary students. This collaboration has resulted in a statewide Healthcare Youth Apprenticeship Partnership, Healthcare Core Curriculum development for high schools, and the ongoing development of academic courses to support the Healthcare Core Curriculum for high school students. These curricula enhance the students’ secondary education and in many cases allow them to receive dual credits through their local post-secondary institution.

Objectives: To describe the collaborative partnership between the Minnesota State Colleges and Universities (MnSCU) system and the Department of Education. To describe initiatives being used to promote healthcare careers to all high school students including those in underserved areas. To describe community partnerships with higher education in promoting the delivery of medical careers courses in secondary educational institutions.

Main outcomes: This collaboration has resulted in a statewide Healthcare Youth Apprenticeship Partnership, Healthcare Core Curriculum development for high schools and the ongoing development of academic courses to support the Healthcare Core Curriculum for high school students. These curricula enhance the students’ secondary education and in many cases allow them to receive dual credits through their local post-secondary institution. The partnerships also work with individual communities to create youth apprenticeship programs and health careers classes in the high schools.

Conclusions: This partnership has proven how effective collaborations can be. Secondary schools and community partnerships in rural areas are key to growing our own healthcare workers.
Critical Issues in the Making of a Network of Agencies to Save Children from Family Violence and Abuse in Sopó - Colombia

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Context: The town of Sopó is a peaceful place compared to other municipalities of Colombia, which are continuously exposed to irregular war violence. With the leadership of a member of the civil society, different local institutions and universities were brought together to trace the real situation of how children were being raised and treated. Family violence and child abuse were surprisingly debunked. Judicial and therapeutic response by a network of institutions and persons have progressively helped the community grow to really fulfill its peaceful image.

Objectives: To describe how a civil society organization has built a network of people and institutions, including Health Schools of neighboring Universities, in a way that can be reproduced elsewhere in Colombia, due to key issues identified mainly as Social Capital building assets.

Design: Key informants group interview.

Main outcomes: A social activist and psychology academic in Colombia took public action, bringing awareness of a formerly unacknowledged problem in the municipality of Sopó. Critical issues found in order to arrange an effective response to child abuse and family violence are: 1) Leadership of a civil society organization directing an organized institutional response; 2) A receptivity from judicial and executive public institutions to conduct individual cases; 3) Trust in network members; 4) Continuity and commitment of individuals inside local institutions over a ten year period; and 5) Raising awareness in children and women in order to report cases. Linking University Health Schools (Medicine and Psychology) helps detect, treat, prevent and support a comprehensive social response.

Conclusions: A civic society organization has built social response, triggered social action and opened community spaces for individual and collective learning in order to control child abuse and family violence.

Serving the Community: Changing the Process of Care

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Context: In recent years changes have taken place in the process of care delivery in the Netherlands. The division between family physicians working in primary care and the hospital based specialists is changing into an integrated health care approach. More hospital based diagnostic procedures are becoming available to the family physician within so called Transmural protocols. Patients expect a good transition of care from the family physician to the appropriate specialist. The continuous monitoring of chronic conditions has shifted from specialist care towards either the general practitioner or the nurse practitioner.

Objectives: To describe several innovative health care delivery projects which have been established in the Maastricht community as a result of collaboration between several partners.

Main outcomes: In recent years around 15 innovative health care projects have been set up. The projects can be divided into 3 groups of which an example is provided: a) Changing diagnostic procedures and/or treatment Trazohart- monitoring of patients with heart failure by special nurses to prevent re-admissions; Trazuro– Changing urinary catheters at the patients home instead of the hospital clinic; b) Organization and implementation Stroke Management: protocol on procedures (tasks family physician; ambulance;
emergency room; stroke unit, rehabilitation unit); and c) Innovation in Primary Care Development of a diagnostic Primary Care Centre for Cardio Vascular Problems, allowing family physicians to order several procedures without referring the patient to a specialist; Nurse Practitioner: Introducing the new profession of a nurse practitioner in family practice.

Conclusions: In a partnership between several parties the health care is redesigned according to wishes and needs of patients.

**Introducing Measures in an Innovative Faculty of Health for Assuring a Representative and Culturally Competent Graduate**

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Context: A new model for medical and health professional training is being designed and implemented in Chile under the name of International School of Anthropological Medicine. This school would provide an innovative training based on a holistic approach to medical care, incorporating all known social determinants of health and a culturally based understanding of health and disease.

Objectives: 1) To ensure effective and efficient communication between indigenous and disadvantaged communities with the school; 2) To establish long term links with folk approaches to healthcare based on appropriate and culturally competent interaction; and 3) To ensure long term provision of adequate and effective human resources for healthcare to the communities being served by the school.

Interventions: 1) Establishment of permanent paid positions for representatives of indigenous and disadvantaged communities within the formal structures for decision making and implementation of the school; 2) Establishment of a unit for development of "Intercultural Medicine", or integral approaches to healthcare delivery using folk and conventional healthcare interventions and strategies. This unit would source the educational programmes inserted in an otherwise completely holistic curriculum; and 3) Establishment of student selection procedures, based on close collaboration with indigenous and disadvantaged communities, which would actively participate via advice on selection criteria and by providing pre-selected candidates to the School.

Expected outcome: The School would be constantly and effectively responding to the needs of the communities to which it will be serving. The integration of folk and conventional healing practices may optimise the resources available for health provision and may contribute to a better outcome for healthcare delivery. The practice of selecting students from communities has already shown a successful return of those candidates to their communities of origin and they may contribute to better outcomes for health delivery activities.

**Community Capacity and Diabetes Care: Hispanic Appalachians**

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Context: East Tennessee State University has been involved in community-based education for several years. Although Northeast Tennessee has been predominantly rural, relatively isolated, and demographically homogeneous, it has recently become home to thousands of Mexican immigrants. ETSU has developed several varied programs to work with the growing Hispanic population. However, a significant development for the community and the university is the research partnership with the Hispanic community. For the first time, with funding from the CDC Community-Based Participatory Prevention Research efforts, our co-investigators are people who would traditionally be "subjects."
Setting: Rural Northeast Tennessee.

Objectives: The research partnership facilitated the development of a community coalition that identifies community needs and strengths and designs and implements projects and activities to benefit the local Hispanic community. The ultimate objectives are: 1) To increase community capacity to identify, access, and make effective use of resources; and 2) To reduce the burden of diabetes in the Hispanic community.

Subjects: Both the community and university participants are actively subjects and investigators.

Interventions/Results to date: The research effort is still in progress. The Coalition, made up of community members and university members, has conducted a household survey (N=440) to measure community competence; requested and received training and education in health-related topics, most specifically diabetes; developed and learned to lead health education and screening activities; and begun to create a community story (El Cuento de Juan), which serves to educate both Coalition and community members about diabetes and life as a Mexican immigrant in northeast Tennessee.

Results: Since the project is still in progress, there are limited “results” to date. Our two research questions are: 1) How does the capacity of the community expand through the process of developing and evaluating community-driven participatory research? and 2) To what extent is the burden of diabetes reduced for Hispanic Appalachians, through community-designed and community-implemented programs?

**University and Health Services Partnerships**

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Context: For many years the Faculty of Health Sciences professional programs have routinely placed students with health service agencies for workplace-based learning. Rarely have these relationships developed to provide other benefits for the organisations.

Setting: Relationship between the University and agencies with which it shares interests.

Objectives: To establish closer relationships between the University and health service agencies to jointly pursue research, educational and service development opportunities.

Design: A framework was established to nurture relationships between University and agency staff around routine student placements. Mechanisms were established to develop joint projects leading to outcomes consistent with the initiative objective.

Subjects: Health service agencies within which students undertake placements as part of the professional education.

Main outcomes: The initiative is in its early stages. Outcomes achieved to date include service development projects, workforce development projects, development of novel public health interventions and agency engagement with University course development.

Conclusions: The framework has grown out of relationships established for routine work. The relationships have been rearranged to facilitate development of new initiatives of mutual benefit to the University and the participating agencies.
Women Responding to the Needs of Elderly Women: A Case for Campus-Community Partnership

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Context: Babcock University Department of Health Sciences collaborated with BetterLife, a local NGO with a goal to promote the health needs of women through information, education and communication. BetterLife extended its work to meet the felt needs of elderly women in Ilishan-Remo community, in southwestern Nigeria.

Objectives: To present the BetterLife methods and strategies used to identify and address some of the physical, social and psychological needs of elderly women in the community.

Design: 1) The Department of Health Sciences surveyed children of elderly women about what they felt their mothers needed most; 2) The data was analyzed and summarized in a table; 3) The results were shared with BetterLife; and 4) BetterLife organized focus group discussions with elderly women about the results.

Main outcomes: The children's perception of their elderly mothers' needs were money and cash. This differed markedly from what the elderly women reported in focus groups as their needs which included regular company/visits/communication, forums to share experiences, and organized monthly home medical/health visits, and free medical care. In response to this information, BetterLife, together with the elderly women, instituted: monthly meetings to create a stronger voice; a monthly 'Take a Walk' program to strengthen support; a periodic 'Elders' Forum' to support younger women on issues relating to HIV/AIDS; weekly visiting days for the elderly/voluntary home help/health advice/information sharing; provision of insecticide treated bed nets at subsidized rates.

Conclusions: Through campus- community partnership, a collaborative effort has provided a model for addressing social and psychological needs of elderly women. While the Department of Health Sciences helped identify some of the problems of elderly women through research, partnership with BetterLife helped address the needs.

Levels of Disability Among the Elderly in Institutionalized and Home-based Care

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Context: Since the beginning of this century the number of people over 60 years of age has increased worldwide. It is expected To keep on rising mostly in the developing countries, double by year 2010, and to reach there upto 25% of the total population by the year 2050. Many of them will be needing nursing facilities. In UK there are about half a million elderly people living in institutionalized care.

Objectives: The aim of this study was to compare between the levels of disabilities between elderly admitted to an institution and those cared for at home.

Subjects: this study was conducted in Bahrain, a small country with a population of around 600,000 and was limited to persons who were Bahraini nationals: 74 elderly people were included in this study. Of them, 56 were institutionalized and 18 were living at home. The Clifton Assessment Procedure for the Elderly (CAPE) was used to assess and compare the behavioral disabilities between the two groups.

Main outcomes: The study found that the home-cared elderly were younger in age, less incontinent, more social, better communicators and less confused than the institutionalized group, despite the fact that they had more physical disabilities with regard to bathing and walking.
Conclusions: This study is preliminary and we plan to have bigger cohorts in a subsequent studies. It is recommended that the elderly, as much as possible, be maintained in their own home to be cared by their own family members, and supported by mobile home-care scheme that provides valuable services to them and their families.

**Improving Community-oriented Health Sciences Education on Care of Older Adults**

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Context: The proportion of older adults within the general population is growing throughout the world. This transition has taken health systems by surprise, especially in developing nations where life expectancy has historically been low. In this context, the importance of preparing practitioners to effectively serve aging populations in a community-based setting has emerged as critical issue.

Setting: In response, The Network: Towards unity For Health (TUFH) has created the Elderly Care Taskforce which receives coordination support from Global Health through Education, Training and Research (GHETS).

Objectives: 1) To facilitate regional and international linkages between healthcare providers, community groups and training institutions in support of community-based care for the elderly; and 2) To promote and encourage innovative approaches to the provision of culturally appropriate and financially sustainable community-based care for the elderly in resource-poor settings.

Interventions: The Elderly Care Taskforce is facilitating the submission of a collaborative position paper to The Network: TUFH on the need for community-based care to older adults that outlines the key skills, attitudes and teaching strategies required to provide care in resource-poor settings. The Taskforce hopes that this collaboration will spark further interest and work in this area and will foster new connections among healthcare providers, students, community groups and training institutions.

Main Outcomes: The Taskforce is taking the lead towards equipping healthcare providers in developing countries with the skills and knowledge required to provide community-based care for the elderly. The Taskforce also serves as a vehicle for disseminating successful models of service and education related to community-based care for older adults.

**Diagnosis of Gynaecological Disorders Including Dysplasia and Cervical Cancer Detection in the Elderly During Community-based Screening**

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Context: In villages around the institution, the well being of the elderly is checked, with education about their health. Five yearly Gynaecological disorders including cancer, especially cervical cancer down staging and cervical intraepithelial neoplasm screening is being done in 53 villages. Total number of women examined was 4587 and total screened for cervical dysplasia was 4343. Of these women above 50 years of age were 934[20.3%] out of which 685 [73.3%] were of 50-64 years and 249 [26.7%] were >65 years of age. Out of 685 women between age group 50-64 years 294 [42.9%] were clinically normal, 170 [24.8%] had CIN, 111 [16.2%] had inflammatory diseases, 16 [2.3%] had neoplasms, 52 [7.5%] had displacements and 42 women [6.1%] had miscellaneous disorders. Of the 249 women of age > 65 years, 105 women [42.1%] were clinically normal, 49 [19.6%] women had CIN, 61 [24.4%] had inflammatory diseases, 4 [1.6%] had neoplasms, 15 [6%] had displacements and 15 [6%] had miscellaneous disorders.
Setting: Department of Obstetrics and Gynaecology, MGIMS, Sevagram 442102 Wardha, Maharashtra, India.

Objectives: Screening and Diagnosis of Cervical dysplasias and malignancies and non-surgical treatment of other gynaecological disorders.
Design: Camp approach.

Subjects: Rural women.

Interventions: Elderly Women were examined for well being, those willing were screened for malignancy and followed up after reporting of the Pap smear. Along with this non-surgical treatment for benign gynaecological disorders is also given. Education about health of the elderly also imparted and those who need special care are provided at the base institution.

Main outcomes: Rural elderly women assisted in diagnosis and therapy for various gynaecological disorders.

Results: Rural elderly need to be provided care for gynaecological disorders including malignancy in an organized way.

Racial/Ethnic and Socio-economic Differences in Family Perceived Barriers to Satisfaction with EOL Care

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Context: Research performed in partial fulfillment of the lead investigator's doctoral degree requirements at MUSC while employed as the Chief Nursing Officer at a local hospital and serving on the community collaborative to improve end-of-life (EOL) care. Collaborative members who were also experienced interviewers conducted telephone surveys.

Setting: Albany (GA)MSA, a two county area in SW GA comprised of 48.4% African Americans and 49% Caucasians.

Objectives: 1) Enhance understanding of EOL care in all settings from perspective of decedent family caregiver survivors; and 2) Establish measures against which to evaluate future interventions.

Design: Replicates and extends design and methods of Tolle, et al.(2002) to include variables of race, income, and education. Dependent variables include advance planning, place of death and intensity of treatment, and satisfaction with pain management, support, and communication.


Results: No statistically significant differences by race in place of death, intensity of treatment, perceived barriers to preferences, or satisfaction with pain, support, and communication. African Americans were less likely to use AD documents and did not expect death when it occurred unless the decedent was enrolled in hospice, suggesting less effective communication with providers.

Conclusions: Educating and empowering families to participate in decisions is critical to insuring a ‘good’ death.
An Interdisciplinary Community-based Approach to a Dependent Elderly Population in Londrina, Brazil

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Context: The ageing phenomenon is causing a huge impact on health systems around the world. In reaction to this challenge, a community-based project called “Interdisciplinary Elderly Assistance at Primary Level” is conducting a number of activities to address the needs of a disadvantaged elderly population dwelling in an urban community.

Objectives: In its 2nd year, the project is focusing its actions towards improvement in the health quality of high-dependent seniors.

Design: An interdisciplinary team involving educators, students and health professionals was assembled in order to implement measures to tackle the demands faced by a dependent elderly group that constantly deals with constraints to accessing health services.

Interventions: 1) Weekly home visits to 30 bedridden old-aged people; 2) Regular meetings of the interdisciplinary team with caregivers; 3) Monthly meetings of the team with professionals of the Health Unit; 4) Periodic surveys for the evaluation of specific features of older people such as level of dependence, depression and memory loss screening, nutrition, oral health, immobility, environmental conditions and self-perception of health; and 5) Lectures that draw attention to preventive methods for reducing the morbidity and mortality of some conditions.

Main outcomes: The home visits are raising productive discussions among members on how to minimize the handicap of incapacitated seniors. Meetings with caregivers are providing opportunities to share experiences and seek solutions for daily difficulties during the care of a frail person. This intervention seems to be reducing the burden to caregivers and efforts are being undertaken for enhancing their social life. In addition, interaction with local health professionals is increasing their awareness for delivering special attention to dependent ageing populations.

Conclusions: Elderly people confined to bed require full assessment of their functional status and, more importantly, the attention of the caregiver. Qualification of caregivers represents a step forward to meet special requirements presented by dependent people in old age.

Day Care Centre for the Elderly in a Rural Indian Setting

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Context: With advances in health care management, the proportion of elderly in the population is progressively increasing and with this an increase in the problems faced by the elderly. Old age homes are an important aspect of most developed countries but in countries like India with a strong cultural heritage, these are not acceptable in most areas. In studies done in this block, several of the elderly suggested Day Care Centres to alleviate several of their problems. It is in this setting that a Day Care Centre for the elderly has been started in Pennathur, one of the villages within Kaniyambadi block.

Objectives: 1) To enable elderly people to live in dignity and to provide necessary support to them to promote their sense of belonging, sense of security and sense of worthiness; and 2) To promote the well-being of our senior citizens in all aspects of their life through provision of a wide spectrum of services to enable them to remain as members of the community as far as possible.

Design: An intervention program based on felt needs of the community.
Subjects: Methods Elderly in the village were identified and the poorest economically and those with poor social support were invited to the centre. With participation from the community, the following activities are being carried out.

Interventions: 1) Health education; 2) Counseling and referral services; 3) Basic medical services; 4) Social and Recreational services; 5) One meal a day; 6) Nursing care; 7) Transportation to and from the center; and 8) Career support services.

Main outcomes: While it is too early to comment on the outcome of the program, some of the indicators we will be using will include attendance, medical problems identified, depression scores before and after, etc.

Role of Medical Students in Providing Community-based Health Care for Elderly in Elderly Community Care Center, Khartoum State

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Context: Over the past few decades, the relative and absolute numbers of elderly people in both developed and developing countries has risen dramatically. In Sudan, a similar rise is reported, from 3.6% in 1992 to 6.4% in 2003 of the total population. Although care of the elderly in Arab communities was and still a family responsibility, poverty and civil wars have caused a shift in care towards the government. The governmental heath care of the elderly in Sudan isn’t yet adequately addressed the challenge. The Faculty of Medicine, Omdurman University has thus directed the shift of the community training of medical students towards health care of the elderly. It is now an an integral part of the curriculum.

Objectives: 1) To describe the role of senior medical students in providing health care to elder people in Elderly Community Care Centers in Khartoum State; and 2) To highlight the need for well qualified future medical professionals in field of elderly care and Geriatric Medicine.

Methods: 1) This is a community-based intervention conducted by a group of 15 senior medical students in the elderly Care Canter in Khartoum; 2)A short course of geriatric medicine was held for the students; 3) Diagnosis and management form was prepared; 4) 100 Elders were checked; 5) The filled forms were checked by senior physician; and 6) A feedback questionnaire was prepared for the students.

Results: 1) The senior physician confirmed that 90% of the cases the diagnosis and the management plan were correct; and 2) Most of the participating students expressed their satisfaction for this activity and indicated their future interest in caring for the elderly.

Conclusions: Providing medical care for elderly by senior medical students is better than no adequate services. Involvement of undergraduate students in such program will contribute in preparing them for the future in assisting aging communities.

Community-based Health Care for the Elderly: The Rural Kenya Situation

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Context: Maseno University School of Public Health and Community Development's mission is to ensure a people centred approach to health and development through capacity building and involvement of the beneficiaries in their health initiatives. To achieve this, the school undertakes both action and desk review researches in rural communities with an aim of developing appropriate intervention models.
This paper presents findings of a desk review conducted based on a felt need observed among Kenya’s older people in rural communities and institutions.

Objectives: The aim of the review was to establish the problems that older people encounter both in their traditional set-ups and in old people’s homes including their perceptions about the care given to them by the larger communities, government and non-governmental organizations.

Methods: A desk review of different relevant documents was carried out over a period of 21 days. Findings were categorized according to themes and analyzed to determine trends and similarities in responses.

Main outcomes: The 30 documents analyzed showed that the African traditional extended family set-up that used to cater for the elderly in Kenya and other African countries has been disturbed by factors such as rural-to-urban migration by younger generations and the HIV/AIDS pandemic. The study also established that HelpAge Kenya runs fourteen homes. Culturally most people do not send their old parents to old people’s homes due to belief in curses. Many old persons sent to these homes consider themselves “discarded”. Most elderly people prefer to live in familiar environments in their communities. Hence, the need for organizations to focus on supporting them in their traditional homes. Their security, health, nutrition, housing, water and sanitation needs must be addressed by willing partners.

Conclusion: The desk study confirms that older people have diverse problems both in the community and in older people’s homes. The problems should be addressed by a multisectoral partnership approach.

**Insights from an Academic and Community Physician’s Experience with Community Care of the Elderly in Jamaica**

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Context: As Jamaica’s population ages rapidly, training and service initiatives in elderly care have begun to take place albeit not always in a coordinated manner. As a physician with work responsibilities in both academia and community, a number of opportunities have emerged to become involved with care of the elderly in the community. Reflecting on and sharing these involvements could stimulate other health care workers’ interest in this important area.

Objectives: To describe the individual insights gained from participation in caring for elderly patients in a community setting and how these activities have become tied into a teaching programme on care of the elderly.

Design: The author reviewed his participation over a 3 year period in activities related to the elderly in 1) An ambulatory care practice; 2) Two residential care centers in Kingston; and 3) The development of a post graduate course on community care of the elderly.

Findings: The author noted that elderly patients are constantly seeking out physicians who talk with them and carefully evaluate their problems. As independence declines, those in ambulatory care make more challenging demands for home visits. Coordinating hospital care is often difficult for patients in residential facilities. In addition, the regular visiting of the physician seems to stimulate dependency and heightened attention-seeking by patients. In 2003 a course in “care for the elderly” was developed by the author for Masters in Family Medicine students. A case-based approach was used to bring out issues related to experience in practice such as therapy in the context of co-morbidity, the importance of a multidisciplinary approach, active ageing and appropriate use of community resources.

Conclusions: The experience gained by the author in care of the elderly as a community physician has allowed for more meaningful involvement with graduate curriculum development for physicians.
Health-related Quality of Life for Latino Survivors of Childhood Cancer

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Context: The current estimate for survival from a pediatric malignancy is greater than 78% but is not shared equally among all populations. Specifically, Latino children have lower survival rates compared to other ethnic group for certain malignancies but reasons for these disparities have not yet been identified. For those Latinos who do survive, even less is known about their health-related quality of life (HRQOL).

Objectives: Assess similarities and differences in HRQOL for Latino and non-Latino (NL) childhood cancer (CC) survivors using qualitative and quantitative methodologies to begin to understand how ethnicity/culture may influence this important health outcome.

Design: Cross-sectional design using focus groups, individual semi-structured telephone interviews, and the Short-form 12 (SF-12) to assess HRQOL.

Subjects: 57 survivors who were > 18 years of age, > 5 years from time of diagnosis, and English or Spanish-speaking.

Results: Reports of HRQOL were similar for both the Latino and NL survivors. The major themes which impacted negatively on HRQOL included increased vulnerability to major illnesses, concerns of infertility, and complaints of chronic pain. HRQOL was reported to be good overall, however, and explained by themes demonstrating a positive impact of cancer including increased appreciation for life, increased self-confidence, closer family relationships, and a sense of altruism. One theme that was reported exclusively by the NL survivors was impaired sibling relationships attributed to the diagnosis of CC.

Findings: Latino survivors are reporting good HRQOL similar to the NL population except for the theme of impaired sibling relationships. The reasons for this difference between Latino and NL survivors could be due to Latino cultural factors, such as familismo which may protect against the negative experiences associated with CC.

Conclusions: The paradigm of negative consequences of cure should be expanded to one including the positive impact of cure on HRQOL for Latino CC survivors.

Ethnicity and Health Among Young People in London

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Context: The African community in the United Kingdom has often been refereed to as “hard to reach” as far as health promotion initiatives are concerned. The problem has been said to be greater among youth. The project aimed to provide health information leading to visible change in attitudes and behaviour relating to accessing sexual health services.

Setting: Inner city London among ethnically diverse young people.

Objectives: 1) To ascertain whether ethnic profiling works when working with young African youth born or largely raised in London. Ethnic profiling relies on providing health information to specific groups of young people of the same ethnic background e.g. African youth. Success of interventions is based on young people visiting sexual health clinics as a result of information provided; and 2) To increase access to young people’s health services (The project was not aimed at influencing sexual behaviour).
Subjects: 105 ethnically diverse young people between the ages of 16 and 19.
Methodology: Self-completion questionnaires and focus group meetings. A simple spreadsheet was used
for analysing questionnaire; focus group meetings were recorded and transcribed. Evaluation was done
by another organisation through telephone follow-up.

Main outcomes: Over 95% of the young people appreciated learning in a multi-cultural setting and
indicated that they retained information better when they were not ethnically / racially profiled. 98% were
willing to participate in the design of future programmes.

Measures: The number of young people requesting sexual health information from local agencies and
specific websites.

Conclusions: Young people often find it easier to work and thrive in a multi-cultural setting than older
people.

Preparing Nurse Leaders Via a Center for Community Nursing at Johns Hopkins University School
of Nursing

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Context: The Leona Bowman Carpenter Center for Community Nursing serves as a vehicle for community
health faculty to bring together nursing students and vulnerable populations. The School has a long
history of establishing and maintaining community partnerships designed to improve health outcomes.
Each year over 50 nursing students participate in service learning in 30 community-based agencies.

Setting: Students participate in service learning in agencies including: a child health clinic in a transitional
housing development, a health promotion center in a senior housing complex, inner-city primary schools,
primary care in an employment center, and home visiting in the inner-city.

Objectives: 1) To describe the development and function of the Center; 2) To discuss lessons learned by
faculty and students addressing needs of vulnerable groups; and 3) To describe strategies used to
reduce health disparities.

Interventions: Nursing students learn the nuances of establishing partnerships with community groups,
and gain skill in tailoring health promotion services that honor group norms, literacy, and language needs.
In addition, graduate students are able to conduct needs assessments, develop effective health
promotion programs, and evaluate outcomes.

Main outcomes: Each year students participate in service learning in 30 community agencies. The Return
Peace Corp Fellows Program allows Fellows an opportunity to transfer community-based participatory
skills learned worldwide to inner-city neighborhoods.

Conclusions: The lessons learned in these settings equip students with the skills to plan community
health programs that address the root causes of health disparities. The development of the Center for
Community Nursing affords faculty and community partners opportunities to tailor effective programs, and
facilitates the dissemination of successful program strategies to colleagues.
Addressing Social Determinants of Health: Descriptions
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Overcoming Cultural Barriers in Meeting the Needs of Cardiac Patients; Implications and Potentials for Improvement of Cardiac Rehabilitation Services

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Context: Culture has been known as one of the main determinants of health, influencing people’s perceptions and understandings of health, illness, disease prevention and health promotion. Cultural barriers between health practitioners and clients aggravate health disparities. 41 percent of people in New South Wales (NSW) were born in a country outside Australia or have one parent who was - and most speak a language other than English. This cultural diversity presents a significant barrier for many members of diverse communities, to access to health services, such as Cardiac Rehabilitation programs.

Objectives: This research endeavours to investigate whether, and how health practitioners make any adjustment to the care they provide to people from different cultures and to better understand the factors that influence their approach.

Design: Health practitioners involved in delivering cardiac rehabilitation service in 4 hospitals in Sydney were interviewed to explore their experience working with patients from different cultural background (in particular, with Arabic- speaking background patients), their understanding of diversity of needs among those groups, adjustments they have made in their practice to meet those needs and the triggers and assumptions for those adjustments. Arabic- speaking background patients were interviewed to document their experiences with services received, level of satisfaction and the cultural issues at stake from their point of view. Semi-structured interview guide have been used for data collection.

Findings: Fidings: Preliminary findings emphasize the role of bilingual health workers and interpreters, as cultural brokers, to enhance cultural awareness, knowledge and competence of health practitioners. Cultural awareness, individual assessment and service modification have been highlighted by health professionals, as processes of decision making to adjust to the needs of culturally and Linguistically Diverse (CALD) patients. Difference in CALD patients interface with service experienced by health professionals, adjustments made and underlying assumptions will be discussed.

Practices to Address the Social Determinants of Health: A Continuum of Housing and Spectrum of Preventative and Support Services

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Context: Housing and support services are two social determinants of health. If these two areas are compromised for individuals or families, not only will they be at risk for becoming homeless, but their health could also be impacted. In communities/cities across Canada and around the world, homelessness initiatives include housing and support services. One community plan has incorporated housing and support services into a model to ensure key factors for health and prevention are captured. Such as model has been called A Continuum of Housing and Spectrum of Support Services.

Objectives: To utilize the continuum of housing and spectrum of support services to guide discussions and recommendations for community plans and funding allocations.

Design: There are several key steps which must be implemented to develop and implement a framework which will work for a community plan which incorporates social determinants of health: 1) Consultations with community members and stakeholders (individuals directly affected and impacted as well as levels of government, service providers, and others); 2) Analysis of all focus groups, interviews, consultations; 3) Analysis of literature for best practices and plans in place; 4) Recommendations and fit with model/framework; and 5) Development of plan and strategies.
Main outcome: A fairly comprehensive community plan on housing and support services which incorporates and addresses social determinants of health and prevention of homelessness was developed.

Conclusions: Communities need a framework and direction for designing plans which incorporate practices to address the social determinants of health. The continuum of housing and spectrum for support services model is a good example with practical application.

Responding to the Challenges of HIV/AIDS in Rural Namibia: A NutriBusiness Approach

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Context: The Oshiwambo communities in North-Central Namibia are among the world’s hardest-hit by HIV-AIDS. The social determinants as well as the consequences of this health-related disaster are complex. They include persistent poverty that is exacerbated by the difficulty of sustaining subsistence agriculture in a drought-prone environment, coupled with the demands of an increasingly cash-dependent economy that requires household members to seek employment away from home.

Setting: The complex interrelationships among the factors related to HIV/AIDS led us to create a NutriBusiness partnership with the objective of involving rural women agriculturalists in a cooperative business venture through which they could simultaneously learn the skills needed to produce safe, nutritious food products for persons with compromised immune systems, create a local market for their crops, develop business management and leadership skills and generate income to support their families. The partnership initially involved Penn State University’s College of Agricultural Sciences, the University of Namibia’s Small Business Development Center as well as Catholic AIDS Action and Women’s Action for Development, both of which are NGOs operating in Northern Namibia. The partnership was recently expanded to include the Public Administration Program at the University of Hawaii.

Design: A 2004 baseline survey was conducted of the 70 charter members of the Eyambulepo Lyomahangu Cooperative in Omahenene, Namibia in an effort to understand shareholders’ motivations and expectations with respect to their quality of life and community well-being.

Main outcomes: Initial data suggest that younger and older members have somewhat different expectations, with the former having a greater interest in developing income-generating skills while the latter were more concerned with developing leadership potential and building social capital in the community.

Measures: These findings underscore the importance of understanding the community context and developing effective strategies for any health-related intervention associated with multiple dimensions of household well-being.

Socio-economic Determinants of the Health of Minority Farmers in the Mississippi Delta

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Context: Reduction of minority health disparities requires a sound understanding of the socioeconomic determinants of health. The goal of this study is to contribute toward that understanding by discerning and
documenting the significant socioeconomic determinants of health of minority farmers. Farming exposes them to toxins, concentrated chemicals, and dust. They suffer high rates of cancer, respiratory disorders, musculoskeletal syndromes and stress. Minority farmers are under-served, under-researched and very little is known about their health.

Objective: To answer the question: What individual and environmental socioeconomic factors significantly affect the health of minority farmers in the Mississippi Delta?

Design: Data on Self-assessed health and individual socioeconomic factors were gathered through a survey of a stratified random sample of 659 farm households in Arkansas, Louisiana and Mississippi. Data on their socioeconomic environment were gathered from the U.S. Census of Population, and from County Business Patterns. The study estimated the probability of good health as a function of individual and environmental socioeconomic factors. Individual factors used were: age, gender, ethnicity, education and wealth. Environmental factors used were: economic vibrancy (represented by labor force participation rates), social environment (represented by proportion of single female-headed households), lack of access to health care (represented by the proportion of mothers receiving no or late prenatal care) and income.

Findings: Main Findings: Age, gender (being female) ethnicity (being a minority), and lack of access to health care affect the probability of good health negatively. Education, wealth and income have a positive effect. The surprising finding was that having single female-headed households has a positive and significant effect on probability of good health.

Conclusions: 1) Although being a female has a negative effect on the probability of good health, their presence in this population as household heads positively impacts health positively; and 2) In order to improve health in this community, it is important to improve their education and the wealth base.

Community Level Data Reveal Disparities in Health

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Context: Nationally, racial/ethnic health disparities appear to be narrowing, yet studies show that they are widening in Chicago. If we are to achieve the Healthy People 2010 Goal of eliminating disparities, we must first know where these disparities exist and how they determine the health of populations.

Objectives: To describe the health profiles of six community areas in Chicago, examine their differences, and understand how these relate to Chicago estimates and Healthy People 2010 Goals.

Design: A comprehensive health survey, designed by community members and researchers, was implemented face-to-face in six of the 77 Chicago community areas.

Subjects: Data was collected about 1,699 randomly selected adults (18-75yrs) in English and Spanish. Findings were analysed using SAS and STATA to tabulate frequencies and statistical differences.

Findings: Twelve health measures are presented here and demonstrate significant variability between six community areas in Chicago. For instance, analyses of diagnosed high blood pressure pair-wise comparisons for each of the six communities demonstrate that 13 of the 15 pairs are significantly different. Furthermore, such community level data illustrate how Chicago estimates can mask the extreme differences in health measures. For example, the 23% prevalence of high blood pressure for Chicago hides the 41% prevalence found in North Lawndale and the 17% in neighboring South Lawndale. Such variability will be examined for each of the 12 health measures in relations to Chicago estimates and Healthy People 2010 goals.
Measures: The main health measures are presented as health conditions, health behaviors, and access to health care.

Conclusions: If we are to eliminate health disparities, community level data must be available. Data from a local Chicago survey reveal vast differences in health by community area. These survey data provide the first steps to exploring how differences at the community level may determine disparities in health.

Quality as a Lever for Reducing Racial and Ethnic Disparities in Health Care

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Context: Minority race and/or ethnicity has been linked to a lower likelihood of having a regular source of care, fewer physician visits, less intensive hospital visits, and lower total health care expenditures. Minority race and ethnicity are also risk factors for less – if not lower quality – care across a range of services, including clinical interventions for heart disease and stroke; diabetes care; clinical procedures for cerebrovascular disease; HIV care; and a range of other health services. Evidence-based practice (EBP) has been proposed as a lever to address disparities in care, enabling healthcare professionals to eliminate disparities one patient at a time. However, most organizations do not systematically collect information on the patient context, such as race, ethnicity and primary language, which could be used to enhance delivery of EBP. As a result, they are unable to answer the ever-present question: “Under the present circumstances, what is the next best thing for this patient at this time?”

Objectives: To describe a process for “marrying” a framework for collecting data on patients’ race, ethnicity, and primary language with nationally recognized clinical performance measures.

Methods: Assessment of two partnerships to advance integrating of demographic data with national clinical performance measures: The ADVANCE initiative in Chicago, involving national medical associations and the Alliance of Chicago Community Health Services and a proposed initiative to improve care in three University-sponsored clinics providing care in the Atlanta area.

Main outcomes: While resistance was noted at the national level, some local initiatives are beginning to integrate EBP and patient context measures to better address disparities in health care.

Conclusion: There is a growing consensus that clinical quality improvement efforts should include data on key demographic variables that, in the aggregate, allow for better assessment and management of patient populations – thereby empowering healthcare professionals to identify and address disparities in health care and improve quality.
The Faith Community Health Commission: A Partnership to Reduce Cancer Risk Among African Americans in Forsyth County

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Context: African Americans are disproportionately affected by cancer incidence and mortality. Reducing this burden involves increasing awareness of cancer risk factors and improving cancer screening in this population. One avenue for accomplishing this is the African American church. To that end the Faith Health Commission, a partnership between the National Cancer Institute, Winston-Salem State University, the Wake Forest University School of Medicine, the Forsyth County Health Department, and the Ministers Conference of Winston-Salem and Vicinity was established.

Objectives: To present the results and future directions of the Faith Health Commission collaboration.

Methods: Two projects were conducted as part of the on-going work of the commission. First, a series of community maps were created to document the availability of health care and health-related resources in predominantly African American communities. Second, a health survey was administered to congregants of seven predominantly African American churches in east Winston-Salem.

Main Outcomes: Community maps were produced to show the distribution of pharmacies, primary care providers, grocery stores, fitness centers, public parks and trails, and restaurants. For the most part, resources were lacking in east Winston compared to the rest of the city. 562 surveys were collected from congregation members. The data show high rates of lack of adherence to cancer screening and high rates of risk factors for chronic diseases. While most participants were aware of screening guidelines for breast cancer, most had questions about prostate cancer screening guidelines. Follow-up educational sessions have been scheduled with medical personnel to meet requests by congregants for community education seminars. These data are also being used to develop a cancer risk reduction curriculum to be implemented in these churches.

Conclusion: The Faith Health Commission is a unique partnership providing valuable resources to African Americans at high risk for cancer, and will continue its efforts to reduced cancer disparities in this population.

Networking Scottish Islands on Food and Health Issues

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Context: The Scottish Community Diet Project (SCDP) brings dietary initiatives based in low income communities within a strategic Scottish framework. There are 95 inhabited islands in Scotland with an aging and decreasing population. As part of on-going work to look at regional food and health action plans across Scotland the SCDP explored the barriers to food access which face dietary initiatives on islands.

Design: There were delegates from community, health, enterprise and council representatives from the Isles of Barra, Bute, Islay, Mull and Iona, Orkney, Skye, the Small Isles and the Western Isles.

Main outcomes: The conference revealed that although the islands share, in broad terms, many of the barriers to accessing healthy food found in other parts of Scotland – ie. availability, affordability, culture and skills - the issues differ in the detail, even within islands. The remoteness of the islands, from both the
mainland and from public and private sector decision-makers, was an issue for some in terms of transport, communication and understanding, and in ensuring equity of service. The cost of living (perceived to be higher on the islands), a lack of competition amongst supermarkets, problems in accessing appropriate levels of funding and the limits of small-scale production all contribute to a distinctly ‘island’ picture. Since the conference, networking has increased and participants have visited projects and exchanged information and contacts by email and telephone.

Measures: Anecdotal feedback of real relationships forged with between island communities. An increase in support required.

Conclusions: Although organising an event for people from island communities involved a bigger budget for travel to the event than anything else, the amount of networking between islands increased as well as a focus on island issues within Scottish policy making.

**Partnership for the Implementation of Two Outside Campuses by Sherbrooke Medical School**

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Context: Medical schools are challenged regarding their graduates’ number, type and mix and acquired competencies to work in peripheral and rural communities.

Setting: Facing the doubling of its admission cohort from 1998 to 2006 up to 180 students, Sherbrooke medical school will offer by 2006 its complete MD program in two outside campuses, one in a peripheral and northern part of the Quebec province, the other one in New-Brunswick, a neighbour province without medical school and for which Sherbrooke has had a long term commitment to train physicians for this province francophone minority community.

Design: Sixteen to twenty-four students will be admitted each year at both campuses. Organizational and educational responsibilities will be shared among the partners: Sherbrooke faculty of medicine, the regional university in each area, a central teaching hospital already involved in clinical education, other healthcare institutions, local university teachers, practicing physicians, (many of them already involved in clinical education) and representatives from the community. Further to general competence in medicine, graduates are expected to be more competent in community orientation, optimal utilization of limited resources, collaboration in interdisciplinary teams, and use of information technology. For each region we expect better results in recruitment and retention of physicians, a significant increase of their role in the training of future health professionals, a socio-economic impact considering the resources involved, and an improved collaboration among regional partners.

Conclusions: This project, implemented in continuity with Sherbrooke mandate as a WHO collaborating center to train health professionals serving the needs of all communities, represents an ultimate example of partnership between communities, health services and health professional schools to attain unity for health.

**Program Sustainability: Making the Case**

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Context: Sustainability of our work is the key to making a long term difference in our communities. In order to achieve sustainability, programs require detailed analyses and planning which will provide
support, funding and continued outcomes over time. The Center for Community Partnerships has developed expertise in this area and provides assistance to programs throughout the state in the creation of structured business plans.

Objectives: To provide a template and a thought process for use in the planning, implementation and operational sustainability of healthcare related programs and projects using proven methods from the University of New Mexico Center for Community Partnerships.

Design: Viewers will be provided with a view of the business planning process and the concepts which will result in a “profit” to the community from their program or project. Basic business principles apply in most situations which include project executive summaries, business/operational concept, stakeholders/partners, infrastructure, market analysis, budget, plan and timeline for development/implementation/sustained operations. Typically viewed from a purely financial standpoint, the design will show how identical concepts are used to form a plan which may have no literal funding, but in-kind support or pull pieces of existing resources.

Main outcomes: Network partner programs which are thoroughly planned, sustainable and provide maximum benefit to their communities.

Reducing Health Disparities in Rural South Carolina: A Community-based Participatory Approach

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Context: Community “partners” possess skill, commitment, and an understanding of the community that is integral to the sustainability of healthy communities.

Objectives: To describe the development of an EXPORT Center to reduce health disparities in rural minority communities.

Methods: During President Clinton’s administration a significant initiative was launched to eliminate racial and ethnic disparities in the United States by the year 2010. Several National Institutes of Health (NIH) grants were issued to develop Centers of Excellence to achieve this goal.

The EXPORT Center of Clemson University and Voorhees College is to reduce health disparities within four predominantly African American counties in South Carolina. Death rates attributed to heart disease, stroke, and diabetes in these counties (Calhoun, Orangeburg, Bamberg, & Barnwell) far exceed other statewide as well as national rates.

Reducing health disparities is being accomplished through outreach, research, and training focusing on obesity as a major contributor to chronic illness. EXPORT represents a partnership that brings together collaborators. Community-based Participatory Approach is the framework that guides our EXPORT activities and embraces the Planned Approach to Community Health Model.

Process Main outcomes: 1) Convening a National Advisory Group, Community Advisory Committee, and Community Liaison Committee; 2) Organizing Community Town Meetings; 3) Identifying, evaluating, and strengthening existing “best practices” interventions that already exist in the community; 4) Involving students who are residents (or have family ties) of the community in health disparities training activities; and 5) Developing partnerships with private and public organizations already serving the community.

Conclusion: The Community-based Participatory Based Approach promotes sustainability of successes within the community.
Expanding Partnership Between Research and Service

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Context: A major challenge in community-based participatory research is the goal of sustainable interventions in rural communities once a funded research project is completed. Equally, a major challenge for service providers is the lack of adequate and longitudinal funding for outcome evaluation.

Objectives: To describe a model for the addition of new service and academic partners to an existing campus-community partnership to address intervention sustainability and outcome evaluation.

Methods: United States Department of Agriculture, Agricultural Research Service (USDA, ARS) cooperative agreements with Extension Service in three states and with a new College of Public Health brought new partners to the original consortium.

Main Outcomes: Rural populations with limited resources face serious health disparities. The Lower Mississippi Delta Nutrition Intervention Research Initiative (NIRI), USDA, ARS with longitudinal research funding established an initial partnership with six Universities (in three states) with limited experience in community research. The Cooperative Extension Service (CES) in these states have well-developed networks and familiarity with rural customs and culture but have had limited research funding. Adding CES and a newly founded College of Public Health as partners brought more resources and more diverse expertise to three research community worksites founded in 2002. A new type of professional position, Community Coordinator, was created through CES and charged with daily coordination of intervention research, worksite office supervision, and participant recruitment. Blending of service and academic resources and expertise into the research mission has doubled community resident participation, markedly increased enthusiasm for research interventions.

Conclusions: Blending of service, academic, and research resources has led to an expanded partnership with greater diversity of resources and expertise to community-based participatory research and better perspectives for sustainability.

Preparation for Community-based Education and Service

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Context: In 2000, the faculty carried out a feasibility study to establish the relevance of the training offered in relation to the health needs of the community. The study established the need to integrate priority National Health Programs into the undergraduate training, and also a need to foster deployment of the graduates in the districts.

Community-based education and service (COBES) is one of the innovations of the new curriculum designed to address these issues. This paper focuses on the planning and preparation for COBES at Makerere University.

Objectives: General objectives: To integrate the priority national health programmes into the undergraduate training. To produce health workers who are well equipped to function effectively in the
Districts. Specific objectives: To obtain a consensus for COBES among stakeholders in health. To generate support for COBES districts at a political and community level. To select suitable sites and site tutors for COBES. To prepare site tutors and students for COBES.

Design: Methods: Development of a comprehensive proposal for both the planning and implementation of COBES including the following: 1) Workshops for stakeholders; 2) Curriculum workshops; 3) Criteria for site selection; 4) Visits to the districts; 5) Training of site tutors; and 6) Meetings with students.

Main outcomes: COBES endorsed by ministries of health, education, local government and finance, teaching hospitals, office of the vice chancellor, innovations at Makerere, district directors of health services, district political, civic and community leaders. 30 Sites in 18 districts visited, 24 sites in 14 districts selected. Training of 30 site tutors. Design of COBES activities with learning objectives. Involvement of student leaders in planning logistics of student deployment and welfare.

Conclusions: This consultative approach to the preparations for COBES has generated a consensus and sense of ownership of the programme. This goes along way towards ensuring sustainability.

Health Focus International: A New International Network for Influencing Change and Promoting Health Equity and Social Justice

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Context: Health Focus International is a newly established international network; a pioneering force for the promotion and facilitation of the right to health equity and social justice for all individuals, irrespective of socio-economic stature. Health Focus International is a charitable, non-profit association; a legal entity incorporated under the legislation of the Australian Board of Fair Trading, with additional branches located in England, Chile, and the USA.

Objectives: Health Focus International is a network of ‘militants’ for health equity and social justice and it endorses these values on an international level, via the deliverance of target-specific projects, and by advocating and lobbying for the global recognition of the Universal Declaration of Human Rights as an entitlement for all individuals, all persons being equal.

Interventions: Health Focus International manages a series of international projects aimed to influence and impact distinct sectors of society in the aspects of health equity and social justice. Among HFI’s major projects are initiatives to: 1) Develop a new medical school with an innovated and novel curriculum that presents a revolutionary approach to medical education, and which will provide an opportunity for indigenous communities to train health professionals originating from their communities; and 2) Establish and maintain a network of indigenous communities from around the globe for liaison and consultancy purposes in relation to healthcare and alternative holistic methodologies.

Conclusions: Health Focus International, as a newly established international network, presents a promising future and potential to impact and influence health equity and social justice, in concept and in practice, thereby eliciting change in the social, economical, political, and health components of society.
The Collaboration for Health Equity through Education and Research (CHEER)

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Context: What are universities doing to improve the supply and retention of health professionals in rural and underserved areas in South Africa? And are they effective? The South African situation is complex, with an historical mal-distribution of health professionals compounded more recently by a serious net loss of young graduates overseas, following their compulsory year of community service in public service health facilities.

Objectives: CHEER is a South African research team formed in 2003, that has started to investigate these questions.

Design: CHEER has brought together a representative from each of the 8 universities in South Africa with a Health Science Faculty, all of whom are involved in community-based education or rural health in some form.

Interventions: Four distinct research projects have arisen from the collaboration so far: 1) A peer review process; 2) A systematic literature review through the Cochrane collaboration; 3) A qualitative study; and 4) A case-control study evaluating the educational factors that influence the supply and retention of health professionals in rural and underserved areas.

Main outcomes: The peer review project will be presented for discussion, including the tool and process that has been developed for the reviews conducted at each faculty in turn.

Results: Two faculty reviews have been completed to date.

Findings: The four projects will provide evidence that can be used by educators as well as policy makers and planners, in order to shape and guide health science education towards outcomes that will result in more equitable distribution of graduates in South Africa.

Conclusions: The CHEER research process aims to provide local evidence for the best use of scarce resources, such that more South African graduates ultimately choose to work where they are needed the most in the country.

TUFH in Catalonia: The AUPA Project

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Context: The Catalan Society of Family and Community Medicine (FCM), the Postgraduate Catalan Program of FCM and the Catedra Novartis of Education and Research in Family Medicine (UAB, Autonomous University of Barcelona)under the auspices of the Institute of Health Studies (IES, Generalitat de Catalunya) and with support from the Department of Health, have formed the project AUPA, that intends to foster service integration in the Catalan primary health care system.

Design: A network of institutions involved in PHC, medical education and public health has been formed. Later, representative institutions in nursing, social work, public health, as well as institutions of primary care services and the community will be involved. The work is directed towards 3 strategic lines: the training of professionals, promotion and support of pilot experiences integrating PHC and public health, and generating a health policy that coordinates primary care and public health services.
Results: A work group of COPC of the Catalan Society of FCM has recently initiated a project directed towards developing COPC in 6 training centers in family medicine. The project AUPA organized a conference in 2003 in Barcelona on the integration of community medicine in primary care with the participation of a hundred professionals in primary care, academe and health care administration.

The proceedings were published. One result of this conference was funding offered by the IES for pilot experiences integrating primary care and public health. A proposal for coordinating primary care teams with public health services is being prepared, especially regarding aspects of technical and methodological support of primary care professionals involved in public health activities.

Conclusions: Charting a course towards the coordination of services can encourage a community orientation in health professional training as well as primary care services, and improve the relationship between primary care and public health.
Outreach to Secondary Students in West Virginia and Mali on Basic Health Indicators

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Context: The West Virginia Health Sciences & Technology Academy provides math and science enrichment to secondary students to increase the number of health care providers in West Virginia's underserved rural communities. A collaborative research project, Lifestyles Project, compares basic health indicators of West Virginia (WV) and Mali secondary students.

Setting: After-school science clubs at secondary schools across West Virginia and in Bamako, Mali.

Objectives: To educate secondary students on basic health indicators and engender an appreciation for international public health collaborations.

Design: With mentoring from medical experts and science teachers, secondary students act as investigators, complete NIH ethics training, then recruit peers to complete West Virginia University Institution Review Board consent and assent forms. Student investigators ask participants questions about diet, exercise, and body mass measurement (BMI). Participants' endurance is measured by a regimen on an exercise bike, with pre and post measurements of heart rate and blood pressure.

Main outcomes: Secondary students in both countries learn about healthy lifestyle habits, the development of global citizenship skills, and health education strategies.

Results: A greater percentage of Mali participants reported having a significantly lower fat and sugar diet compared to WV participants. The Mali participants reported increased frequency of weekly exercise compared to the WV participants. The body mass index for WV participants was significantly higher than the BMI for Malian participants.

Conclusions: Using the Lifestyles Project as a model, this study attempts to build an awareness of proper nutrition and physical activity in youth, and motivates them to continue their science education. The comparison across countries encourages secondary students to examine common health problems across borders. Future multinational collaborations will focus on the design of HIV/AIDS prevention strategies.

Aravind Eye Hospital-A Community Campus Partnership Model

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Context: Motivated by the vision to eradicate all needless blindness in India, Aravind Eye Care System embarked on a series of innovations to bring world-class eye care to the poorest people in rural and urban India. Focus was on innovations in the organisation of workflow from patient identification to postoperative care.

Setting: semi urban.

Objectives: to replicate this model in other developing countries.

Design: This model was tried in developing countries like Nepal, Bangladesh, Indonesia, Afghanistan, India, Kenya, Malawi etc. 160 Organisations benefited from this replication model.
Measures: Performance monitoring, involving independent agencies employed by the funding agencies. Increase in Productivity, Organisational Sustainability, Quality of service and increase in community partnerships was measured.

Subjects: Eye care organisations were part of the capacity building process, including clinical and non-clinical staff.

Interventions: The services are provided by the Aravind Eye Hospital and the partner organisations. More than 2 million people benefited in the process.

Main outcomes: 1) a strong and sustainable community partnership
2) the prevention of needless blindness,
3) a self-sustaining, capacity building model.

Results: It was found from the evaluation that this model is working well in other developing nations too with an objective of eradication of Needless Blindness. Organisations that follow this model have increased their service utilisation to the needy and poor people in the region and at the same time have become sustainable with a cross subsidy model of paying and free services.

Conclusions: A chain of Community Partnered hospitals and an eye care system consisting of training institute, research institute, eye bank, community oriented postgraduate institute of Ophthalmology and center for community outreach programmes was created. The Aravind Eye Hospital has grown to 3500 beds with five hospitals in five regions of the state performing 1500 community partnered outreach programmes and performing 200,000 eye surgeries per year.

Optimization of Interaction between Recently Immigrated Families and Medical Services

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Context: The contribution of the Liege team to the UNISOL project in Belgium’s French community-assisted by Houtman Funds - is based on three basic questions: 1) Which are the resources and difficulties of the recently Immigrated families? 2) Which are the needs and resources of the professionals who deal with them? and 3) How can universities and research structures help to develop the competences of the health workers?

Setting: The local team works in the Ste-Marguerite district of Liege and with the refugees centre of Nonceveux. Collaboration is installed with the medical institutions of the district and with the refugees centre. The team also meets families with children and describes the difficulties encountered by them with social and health institutions.

Aim: The aim is the evaluation of difficulties and needs of professional actors who are responsible for the targeted populations.

Methods: Mobilization of networks of professionals and active observation near recently immigrated families.

Main outcomes: The information obtained allows a better comprehension of migrant families and brings explanations on their potentialities in terms of insertion. Consecutively, meetings take place between social workers and researchers in order to define a useful action plan for all. An ad hoc programme for dissemination of the results to policy makers is envisaged.
Community Health Promoter Initiative: Review of the Pilot Operation

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Context: A community health promotion initiative was piloted using volunteer farmers for one year. The volunteers received two days of training on communication skills to enable them promote doable actions on immunization, family planning and sanitation. A review of the pilot was necessary before taking the initiative to scale.

Setting: The pilot involved 45 rural villages each with on average five thousand inhabitants selected from five districts. One community health promoter (CHP) worked with 40-60 households in the neighbourhood.

Objectives: Draw lessons from the pilot before taking the initiative to scale.

Design: Structured questionnaire used to survey selected households, CHPs and health workers, an in-depth interview done with key informants and evidences finally triangulated.

Findings: A little over half of households believed CHPs are unpaid, majority heard them teach on the three themes, mostly at communal work places and going home-to-home. Most households were satisfied by the CHPs' work, had their last child immunized, dug and used latrines. Nearly a third reported current use of contraceptives. About half of CHPs said they were selected by community members; recognition by community, being able to help others and improvement in own family life were the most motivators mentioned. Most CHPs said they teach during home visits, at coffee ceremony and other gatherings. Nearly two thirds said they face resistance sometimes, mostly so teaching Family Planning, and spend 2-10 hours per week. Most health workers said to be aware of the ongoing initiative around their catchment villages but only half said to be satisfied by the CHPs’ work.

Conclusions: We learned that volunteers do exist and could help bring behavior change among families; low health coverage could be improved by working with CHPs. With actionable messages and supportive health workers, the initiative can expand to benefit remote communities through out the region.

Educational Habits Conflicts and Parental Efficacy Beliefs in Recent Immigration

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Context: This research deals with childrearing in families recently immigrated in Belgium. The research is funded by the Houtman Fund’s Birth and Children Office.

Setting: Immigrant parents are often confronted with different educational habits concerning their children’s affective, cognitive, social and ideological needs. The confrontation with these habits belonging to different socialization frameworks can lead to habit conflicts, which may induce a deep unrest and an inhibition of action. These conflicts can influence the parents’ educational efficacy feeling. The deterioration of parental efficacy beliefs and the cultural rift induced by migration may influence childcare practices and impact on the children’s health.

Objectives: The aim of this research is to identify the strategies established by parents with a strong feeling of parental efficacy, in order to give support to helpless parents.

Design: The methodology is mainly qualitative. Through interviews, parents put their educational practices and attitudes into words. These interviews allow us to identify conflicts in child rearing they have
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to deal with. The educational efficacy feeling has been judged by triangulation of different information sources.

Subjects: The sample is composed of parents having asked for political asylum (Geneva Convention, 1951). These parents have been living in Belgium for less than four years. Waiting for a decision on their refugee status, they are living in an open centre, which provides them with material and psychological help.

Main outcomes: Results show that some parents are able to establish strategies to reduce conflicts in educating their children and to keep a relatively strong parental efficacy feeling. Others express a prolonged suffering which is prejudicial to their parental efficacy feeling.

Conclusion: We propose to reinforce parental competences by means of discussion between families who did maintain a strong parental efficacy feeling and those who did not.

Health Impact Assessment in Sicily

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Context: Politicians and administrators generally proclaim that citizens and their well-being are the heart of their work but often this is not the case. This Health Impact Assessment (HIA) project means to assess political/administrative decisions' influence on the health and on the quality of life of the target population.

Setting: CEFPAS is implementing a HIA strategy in the province of Ragusa (Sicily). The multidisciplinary teamwork is composed of politicians, economists, General Practitioners, hygienists, veterinarians, environmentalist, representative of citizens groups and CEFPAS representatives.

Objectives: This 2 year project evaluates province and town determinations that may have an impact on local population's health.

Design: The project is composed of 5 main stages: screening, scooping, assessment, reporting, monitoring.

Main outcomes: Through HIA, politicians are concerned about all health determinants - not only about those strictly related to health services. They also start to appreciate the possibility of carrying out evidence-based decision-making. The population feels empowered as it starts to see the benefits of information that can be used, if necessary, for lobbying purposes.

Results: Two retrospective evaluations were carried out on deliberation dealing with: Waste disposal, Electromixer purchasing.

Recommendations were provided to the Mayor and to the City Councillors who have taken ownership of the initiative and committed themselves to continue to support the team in performing prospective evaluations on emerging determinations.

Findings: Officers often don't know the steps used in the decision making process inside their own administrations, which were cleared by the project. HIA results provided evidence-based elements of improvement in both cases.

Conclusions: Inter-sectorial collaboration of the HIA team and the Public Administration has created an operational platform at community level, a "natural" base for alliance negotiation and synergetic development in the best interest of the population.
Hospital Quality in Sicily

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Context: Great health performance variability/uncertainty causing social equity problems.

Setting: Low level of patient rights' consciousness; poor efficiency/appropriateness of performance; long waiting lists.

Objectives: Improving organizational, technical/professional and perceived quality in 210 Departments (radiology, laboratory, emergency) of 72 hospitals.

Design: The project adopted CQI strategy using a bottom-up approach. Analysis of existing situation. Definition of objectives, plan/implementation of improvements.

Subjects: Health care personnel, general population.

Interventions: 1) Organizational quality: Departments should achieve at least Minimum Standards (MS) defined by national law. Use of semi-structured check lists. Definition of improvement actions; 2) Perceived quality: Assessment of quality by self/internal/external clients using 8 types of questionnaires, observation grid (24,700 clients). Multiple triangulation and other methodologies; and 3) Technical/Professional quality: Health personnel defined about 500 MS (with about 400 health personnel) in relation to knowledge/behaviour/skills. 33 appropriate/reproducible processes and results indicators have been identified (chest pain and minor head injuries, cardiac markers, protein electrophoresis, higher abdominal ultrasonography and others). Monitoring using retrospective and perspective analysis. Training and CQI activities.

Main outcomes: 1) Organisation quality: Situation analysis in all Departments. Wide variability of results; 25 courses (565 participants); 2) Perceived quality: Six focus-group throughout Sicily to finalize the instruments. Pilot test (64 questionnaires). Data elaboration under way; and 3) Technical/professional quality: Definition of 597 professional standards. Notable difference in the amount of data available (retrospective evaluation of clinical indicators). Positive trend of prospective evaluation demonstrated the improvement of data quantity/quality and performance related to appropriateness, implementation of guidelines, standardization, reduction on waiting lists and wastes.

Findings: Personnel empowerment. Better interpersonal relations.

Measures: Innovative instruments to assess the position of hospital in terms of organization/managerial/clinical performance, technologies and clients.

Conclusions: Results demonstrated an evident situation of non-homogeneity of data base and clinical/managerial performances. Willingness to continue CQI in Sicilian hospitals. Positive trend that promises to: involve health personnel, make data available and of high quality level, make performances appropriate and reduce the main shortcomings.
Towards Unity for Health in Sicily

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Context: Consistent fragmentation of social/health services offered to the population resulting in: 1) Considerable wastes; 2) Inefficient use of resources; 3) Ineffective services rendered to the population; and 4) Poor quality of care.

Setting: In Italy collaboration among different professionals hasn't been very effective.

Objectives: To develop, test and evaluate innovative strategies that promote population's health through the reduction of fragmentation among social/health stakeholders.

Design: A 3 years project - composed of 3 micro-projects - is implemented in the province of Ragusa using a bottom-up approach and dealing with: 1) Appropriateness of prescription; 2) Control of Brucellosis; and 3) Health Impact Assessment.

Subjects: 1) GPs and clinical specialists; 2) GPs, Veterinarians, Hygienists, IDS, consumers, animal breeders; and 3) Politicians, economists, GPs, hygienists, veterinarians, environmentalists, citizens.

Interventions: 1) Strengthen the collaboration among the stakeholders to improve the appropriateness of prescriptions; 2) Improve the knowledge of animal breeders on the modalities of Brucella infection of animals and humans, and on the appropriate preventive measures; and 3) Ensure that local policies/programs are evidence-based and congruent with the population's health needs.

Main outcomes: 1) Increased efficiency and effectiveness; 2) Reduction of wastes/waiting lists; 3) Optimisation of resources; 4) Improved quality of life of humans, of animals; 5) Cleaner environment; and 6) Population's empowerment.

Results: 1) Protocols of collaboration among the stakeholders; 2) Innovative evidence-based methods and instruments; 3) Increased consciousness of animal breeders; and 4) Retrospective evaluation on municipality's deliberations and elaboration of a document with recommendations to the Mayor and to Health Councillors.

Findings: This project was greeted with enthusiasm by all stakeholders; the groups have worked well in an atmosphere of fruitful collaboration.

Measures: Health indicators, questionnaires, check lists.

Conclusions: Reducing fragmentation improves cost-effectiveness, reduces wastes and contributes to overall health.

Unisol - Belgium 2: Toward a Partnership Between University and Local Actors to Support Well-being in Refugee and Marginalized Migrant Children

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Context: In the Brussels Region, refugees, clandestine and ex-clandestine families with young children are overwhelmed by socio-economic difficulties. The children’s possibilities to benefit from a community environment favourable to their cultural and linguistic pluralism are scarce.
Objectives: To construct with local actors and researchers a framework for reflection and for action to initiate support systems aimed at sustaining and reinforcing the well-being and resiliency of marginalized migrant children.

Interventions: Selection of the area of intervention (‘Cureghem’) according socio-economic indicators. Methods: participant observation, interviews and research-action on the field.

Main outcomes: Cureghem, is defined as a dysfunctioning community (few social links, high population turn-over) where an external resource (University) was needed to initiate interventions. A crucial issue to start local services networking is the language (maternal/local) used by migrant children and their families seeking services.

Results: The language practices are conflicting according the type of service (schools, well-baby clinic, mental health center, social service, toy library, and school-age childcare). To rebuild the collective service capacity to address local problems, a working group with Cureghem service worker leaders is established. As a starting point, real and fictitious language situations within services are analyzed collectively. Its objectives are to: 1) Increase knowledge about the demand, services, views and interactions with children; 2) Construct a collective identity between the workers; 3) Clarify the respective professional mandates; 4) Question practices with children and their families; 5) Develop shared views about practices and to improve them; 6) Initiate innovative projects in the area; and 7) Establish a deontological framework.

Relationships Between Health and Society in Projects by Second Year Medical Students and at The Faculty of Medical Sciences of UNICAMP

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Context: As the Curriculum Reform at the Faculty of Medical Sciences of UNICAMP started in 2001 in the Health and Society Module given in the second year, and having as its core the health-disease process, the organization of health practices, and the analysis of public health policy, students carried out research and intervention studies concerning relevant themes for the Campinas health services.

Objectives: To present the proposal that has enabled students in the second year of their medical course to establish a dialogue between Health and Society, broadening their view of health and life problems of city dwellers.

Method: Use of qualitative-type research methodology, and research-action method.

Main outcomes: According to demands for health services, the following projects have been carried out in the districts of the city: 1) Adolescence and life quality; 2) Sexuality and adolescence: preventing unplanned pregnancy, STDs and AIDS; 3) The health of health workers; 4) Integration of the National Health System in an ambulatory/laboratory/hospital complex; 5) Complementary medicine: investigations into the practice of Lian Gong. The first education program accompanied with students from secondary-level education state schools; the third analyses the relationships between health and work regarding health professionals; the fourth evaluates the integration of health actions, so that changes may be suggested and strategies reaffirmed, and the fifth examines activities concerning the "Corpo em Movimento" Project, which adopts the practice of Lian Gong for its users.

Conclusions: The Health and Society Module provides closer contact of medical students with health services, broadens the view of their profession, and fulfills the needs of the health system, as well.
Development of an Evaluation Framework for a Community-Academia Partnership Intervention to Encourage Physical Activity in a Rural Community in the Mississippi Delta Community

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Context: The Hollandale Nutrition Intervention Research Initiative (NIRI) is a community-academia partnership using participatory approaches to improve the nutrition and health of residents of this rural Mississippi Delta community. To achieve this aim, the community-academia partnership constructed a walking trail as part of an intervention to increase the physical activity levels of residents.

Objectives: To describe the development of an evaluation framework suitable for a community participatory nutrition and physical activity intervention.

Design: The framework is being developed both retrospectively and prospectively based on the CDC framework for evaluating physical activity, with the active involvement of community members. The CDC framework was selected because it has been applied in similar settings and offers a flexible framework within which to fit the unique aspects of a particular intervention. Since the Hollandale NIRI Fit for Life physical activity intervention is at the formative and implementation stages, process, intermediate and long term outcome measures are being included in the framework.

Main outcomes: The CDC model as tailored to the Hollandale NIRI evaluation framework is described. The evaluation framework includes six phases: 1) engaging all stakeholders and community representatives to define evaluation questions; 2) description of the intervention plan, including the development of a logic model that outlined inputs, activities, outputs, short and long term outcomes and goals of the intervention; 3) focusing of the evaluation by defining evaluation questions through a participatory process; 4) determination of indicators and data sources; 5) making of conclusions; and 6) sharing of evidence.

Conclusions: A comprehensive evaluation framework is essential when designing interventions in the community. The evaluation framework must be inclusive and flexible to allow for community participation. Supported by USDA, ARS Project # 6251-53000-003-00D.

Unisol Project: Collaboration between Houtman Fund, University Institutions and Local Structures - Action Research on Newly Immigration: Identity, Self-Efficacy Beliefs and Resilience

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Context: The University of Mons-Hainaut addresses the physical and psychological health of new immigrant children and their families. The research aim is to create a partnership between University and local actors to improve health and social welfare of immigrants, particularly for those seeking political asylum. The refugees live in an open centre, which provides them with material, physical health and psychological assistance.

Setting: Anthropological methods are used, notably social worker interviews with immigrants. Immigrants were given cameras to photograph their everyday life. The photographs inform us about immigrant representations of social, physical and psychological health and about health determinants. The immigrants and refugees specify and understand their own needs and help develop interventions, sharing their competences with their peers.
Objectives: 1) To identify the cultural, individual, collective and institutional health determinants and interactions between determinants; and 2) To identify the specific influence of these determinants upon health of efficacy beliefs, resilience and affective, cognitive and social needs on health determinants.

Main outcomes: Social workers identify the psychological and social immigrant needs as attachment, investment, experimentation, social and self-esteem. Physical needs include cardiovascular, dental and ocular problems. Immigrants identify the same needs, as well as other problems including communication, stimulation and security. Several protection and vulnerability factors were identified including efficacy beliefs, resilience and different affective, cognitive or social needs. These factors could be markers for social and political interventions.

Unisol - Belgium 1: "Wellbeing and Health Promotion of Children and Adolescents in Newly Immigrant Families, within School Health Services"

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Context: Newly immigrant children and adolescents are regularly met within Brussels school health services. An action research is being carried out in two school health centres, aiming at implementing a follow-up system for children and adolescents. Global health, resilience, and quality of life are the main underlying concepts. The project takes place at school, in health centres and at home.

Objectives: 1) To identify risk and protective factors of newly immigrant children and adolescents from an ecosystem point of view; and 2) To create, plan, and implement a health promotion program with collaboration of various services concerned.

Methods: 1) At school health centre with adolescents: Evaluation of global health and quality of life, introduced within the usual health check-ups, by means of self-administrated questionnaires (in the 7 most used languages) and detection of the difficulties, personal and social coping resources; 2) At home with families of children: a) Longitudinal and qualitative action-research, by the means of semi structured interviews every 3 months and questionnaire, identifying pre and post migratory risk and protective factors, the impact on child resilience, parents-school relationship and the evolution of mobilization of resources to build family resilience; and b) Partnership with local services to build more resources for family resilience; and 3) At school: a) With the school teachers: by a Q-sort method identifying teacher representations about families and their impact on child-teacher attachment; and b) Implementation of a school-centered multidisciplinary prevention network.

Results: 1) The relation between parents and school or local services has an impact on family and child resilience; 2) Necessity of better understanding of families and child story and trauma, and follow-up for at risk children and adolescents within school health centers; and 3) Necessity of amelioration of family-school and school health services partnership for child and adolescent health.
A Partnership Experience Into Improving Support to the Well-being of Immigrant Families and Children in Belgium’s French Community

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Support for the improvement of the social well-being, physical and psychological health of children and their families belonging to newly immigrant and/or ex-clandestine populations now being integrated into Belgium’s French Community.

Context: Following the Arizona Charter of July 1999, calling upon universities to stimulate progress and eliminate obstacles to the access to education for disadvantaged populations, the Houtman Fund, within the O.N.E. (public organisation responsible for prenatal healthcare, preventive healthcare for children and the organisation and quality of childcare) set up a project promoting the health and well-being of the disadvantaged people with the four main universities of Belgium’s French Community. The commitment of the universities’ chancellors, the Houtman Fund and the O.N.E. resulted in a partnership for the financial support of the project, which refers to the spirit of Uni-Sol, “Universities in Solidarity for the Health of the Disadvantaged”.

Objectives: The Belgian project aims to determine, describe and test which amongst the pro-active processes can create positive partnerships between disadvantaged immigrant communities, health professionals and academic institutions, to generate efficient networks and a sustained development in health and social well-being.

Interventions: Each university team works in a specific field and district into which can be fitted the main aspects of the project.

Main outcomes: The main outcomes are reported by each team in separately submitted abstracts: Uni-Sol Belgium 1 (UCL): “Well-being and health promotion of children and adolescents from newly immigrant families, within school health services” 2 (ULB): “Towards a partnership between the University and local actors to support well-being in refugee and marginalized migrant children – Brussels-Belgium” 3 (ULg): “Optimization of interaction between recently immigrant families and medical services : contribution to the well-being of the children” 4 (UMH): “Action research on newly immigration: identity, self-efficacy beliefs and resilience”.

Conclusions: The project between the Houtman Fund and the universities aims to create new partnerships with immigrant communities for improving the healthcare network system dedicated to their needs.
Prevalence and Predisposing Factors of COPD in Huruma (Eldoret Municipality)

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Context: At the Moi University Faculty of Health Sciences, COBES (Community Based Orientation and Service) is a requirement. During clinical rotations, COPD was becoming an increasingly common diagnosis (in addition to respiratory infections) especially among the older women. For these reasons and as a fulfilment of COBES 4, we decided to carry out this research.

Setting: Huruma is a community 3km from Eldoret town with a population of about 30,000 people of low socioeconomic status.

Objectives: To find out the prevalence and predisposing factors (break them down) of COPD in Huruma.

Design: A cross sectional study was designed and conducted by the authors. Random sampling was used (after calculation of the sample size). The research tools included interviewer administered questionnaires, direct observations, and measurements, such as height, chest expansion and the use of peak flow meters. Steps taken included health information on prevention of the condition, use of safer and economical fuel, and prompt clinic visits at the earliest symptoms.

Subjects: 385 residents over 20 years of age.

Interventions: Health education after the study.

Main outcomes: COPD was found to be a common problem. Males were more affected than females. Smoking and alcohol, indoor air pollution, large family size (>7 members) were found to have a contributory effect. Marital status, exercise, occupation were not found to be contributory.

Findings: COPD was found to be a prevalent condition with multiple predisposing factors in the community.

Measures: Health education on prevention and early medical attention was provided.

Conclusions: The study was an eye opener about the seriousness of the condition. Lack of information about its prevalence in developing countries hinders constructive comparisons with developed countries.

Early Detection of the Metabolic Syndrome Among Patients of the Kuzmolovsky, Russia Healthcare Clinic

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Context: Faculty and students conducted a two week international service learning program that included a pilot study at the Kuzmolovsky, Russia local health care clinic during the spring of 2004.

Objectives: The purpose of this international pilot study was to examine the prevalence of the metabolic syndrome among the population of Kuzmolovsky, Russian’s aged 25 years old and older who attend the Kuzmolovsky health care clinic. The Metabolic Syndrome is a group of risk factors indicative of diabetes and heart disease which include: obesity, dyslipidemia, hypertension, and glucose intolerance.

Methods: A descriptive, correlational study design was used to examine; a) the Incidence of undiagnosed metabolic syndrome among the population in Kuzmolovsky, Russia aged 25 years old and older;
and b) the impact of demographic variables, and risk factors on the metabolic syndrome components among participants.

Main Outcomes: Over 140 patients of the Kuzmolovsky health care clinic participated in the pilot study. Ages of participants varied from 25 to greater than 75 years with the majority being aged 55 and older. The majority of participants had cholesterol levels greater than 250. Blood pressures were greater than 140/90. The clinic did have affordable medications available. The majority of patients at the clinic were interested in their own health and making lifestyle changes that would be beneficial. The program/study was such a success that faculty were invited to return prior to departing.

Conclusion: Given the opportunity many Russians who receive health care at the Kuzmolovsky clinic desire to be informed about their own health and are willing to participate in lifestyle changes.

**Project IDEAL: Initiative for Diabetes Educational Advancement for Hispanics/Latinos**

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Context: Since 1990, the number of Latinos in a suburban metropolitan county in northwest Georgia grew by 400 percent. Diabetes effects the Latino population disproportionately more than the general population, except African Americans. Currently, many Latinos receive health care in a local community-based clinic, which provides health care to the working poor and individuals without access to health care.

Setting: Community clinic in suburban Atlanta, serving uninsured and underinsured. Patient mix is 60% Hispanic/Latino.

Objectives: To implement a measurable, replicable, and culturally sensitive diabetes management and education model in a community-based clinic. To reduce disparities in health for Latino sub-ethnic populations with diabetes.

Design: The plan provides care coordination and educational services that include: individual and group education (in the clients’ primary language), coordinated follow-up (hemoglobin A1c and quality of life measures), and referrals to community agencies. Services are provided via a partnership with the local health care system, a faith based service organization and the local health department. The education content and materials are based on data gathered from focus groups (conducted in primary language).

Subjects: Project IDEAL is a multi-matrix comparison study of Latinos sub-ethnicities with diabetes.

Main outcomes: Implementation is ongoing. The outcome measures are: decreasing Hemoglobin A1c by 2% over baseline and improving quality of life measured by the Audit for Diabetes Dependent Quality of Life (ADDQOL).

Conclusions: This collaborative between Kennesaw State University, Diabetes Association of Atlanta, WellStar Health System, the Cobb Douglas Board of Health, and Ministries United in Service and Training (MUST) Clinics, is reducing the burden of chronic disease and its co-morbidities in the Latino population of the Northern Atlanta area.
Assessment of Drop-Out Rates in the Prevention of Mother to Child Transmission of HIV Program at Mbarara University Teaching Hospital, July-November, 2003

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Context: The government of Uganda in conjunction with UNAIDS, UNICEF, and other partners initiated a program to prevent mother to child transmission of HIV. This program, recommends that HIV positive women who are pregnant receive Nevirapine tablet 200 mg orally as a single dose at the onset of labour and nevirapine syrup 2 mg/kg body weight single dose to the baby within 72 hours of birth. Infant feeding choice is also made.

The program runs in antenatal clinics where testing procedures are done. Those who test positive are enrolled and given nevirapine tablets at 34 weeks of gestation to take at the onset of labour. The babies are then given the syrup within 72 hours of birth.

Objectives: To determine stages of drop out, number of mothers who drop out, and dropout rates.

Method: Retrospective study in which mother’s antenatal records between July and November 2003 were reviewed.

Results: 891 clients were registered under the program. 87 (9.8%) of these refused HIV test while 804, allowed test. 114 (14.2%) tested HIV positive. 14 (12.3%) did not come for their results and therefore no post-test counseling done.

Out of the 100 who received their results, only 33 were enrolled (received nevirapine) tablets. Out of these, 4 had not gone into labour by the time of this study, 29 had delivered but not from MUTH and none of them brought their baby for nevirapine. Syrup.

Out of 67 mothers who had not received nevirapine (not enrolled), 63 of them were post enrolment date, 2 were due for enrolment and 2 had unknown delivery dates.

Conclusion: The program has very good start but declines at end.

Partnering for Tobacco Reduction, Physical Activity Promotion and Data Sharing

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Context: The University and the Health Region have partnered via a Community-University Institute for Social Research and through joint membership of a Regional Intersectoral Committee.

Objectives: To examine three outcomes from partnering approaches: Tobacco reduction, Physical activity promotion, and creation of a shared data repository.

Main outcomes: The Public Health Authority established a coalition for smoke-free places, and developed a tobacco reduction strategy outlined in a report reviewing the literature, statistics, and local public opinion. The City Council used this report to draft one of the most restrictive smoking by-laws in the country, applying to all public places including bars, bingo halls, restaurants and patios, and private clubs. The Health Region used the report to implement a tobacco reduction policy. The “in Motion” campaign is an intersectoral, collaborative approach to improving the physical activity of the population, produced in partnership with several University, municipal and provincial government departments. It has resulted in increased physical activity at a population level and in the identification of certain at-risk groups. The comprehensive community information system is a web-based portal used by the above programs and
others to guide program planning and evaluation of progress. It takes administrative data from many sectors such as health, social services, education, justice, as well as census, vital statistics and survey data, and it allows the user to see this data in different levels of aggregation according to the geography or groupings most useful to them. The portal is used by the Regional Intersectoral Committee on Human Services and researchers for program planning and policy development.

Conclusion: We will showcase that making progress in preventing Heart Disease is an intersectoral issue.

The Impact of Awareness and Counseling in Well-being Development

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Context: The SICAA organisation is a community-campus based organisation in Nigeria that has a vision of exploring different pathways to health and identifying practical ways to improve living conditions. This necessitated the recent monitored research studies conducted on the populace of pre-selected targets.

Setting: This is on universities, communities, pre/post-primary schools and workplaces.

Objectives: To establish and sustain the desirability and necessity of awareness and counseling as a major component in the campaign for healthy settings and well-being.

Findings: The research showed that the communities, especially in the suburbs, do not in specific terms know and understand how to relate, minimise or prevent those health problems associated with or like Aids/HIV, sickle-cell anaemia, personal hygiene and nutrition which might respond to counseling and increased awareness. Also, infectious diseases like measles, polio, cerebral and spinal meningitis and yellow fever were rampant-a situation prompted by demonstrated apathy and utter indifference on the part of the governments and health ministries. These diseases were mostly present in the communities due to an inadequate immunisation programme and inaccessibility to vital literature on disease minimisation, treatment and prevention. In the universities, 67% of those tested were HIV positive. Illicit drugs, alcohol and other substances abuse affected 54% and contributes to mental violence and health retardation. Diabetes, cancer and cardiovascular disease affect those in the work sites, especially adults, due to overstress. 42% of pre/post-primary children suffer from malnutrition due to their parents’ ignorance on dietary supplements.

Measures: Radio and drama houses as social-cultural vehicles for behavioral change should be greatly encouraged. Immunisation and personal hygiene awareness programmes should be intensified especially in rural communities. HIV education and stricter policies should be introduced especially in the campuses to reduce sexual and drug abuse. Professional counseling should be implemented at workplaces.

A Survey on Mental Health Status Of Families Referring to Shiraz Health Centers

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Context: From the point of equity all people should attain a level of health that enables them to participate actively in the social and economic life of the community in which they live. In Iran the health centers are not offering mental health services to people and actually there is no expert mental health nurse or personnel in health centers and there is no research to show the mental health status of people in the
community and there is no community intervention. To achieve this aim, a mental health nurse and
counselor decided to conduct this study.

Objectives: 1) To assess the knowledge of health personnel in health centers; 2) To conduct a workshop
on mental health and mental illness; 3) To determine the effect of this workshop on the knowledge of
personnel (post-test); 4) To assess the mental health status of families referring to health centers; and 5)
To determine the mental health status of families referred to health centers of Shiraz city.

Design: A quasi-experimental and pre-post test study to investigate the prevalence of mental health
problems in the families referring to health centers in Shiraz city.

Subjects: The sample consisted of 1,400 families from about 165,000 families who got files in 40 health
centers. Family members over 19 years of age were invited to participate in the study.

Interventions: Arrangement of the three days workshop and seminar for health personnel and doing pre
test before intervention and post test after intervention. The sample (1536 person) was requested to fill in
the General Health Questionnaire-28 and personal information questionnaire.

Main outcomes: The findings indicated that 22.9% of the families were suspected to be suffering from
mental health problems.

Conclusions: The findings suggest further psychological evaluation and adequate counseling services to
promote families' mental health.
Health Status of Model Village: a baseline survey of Isra University

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Context: Introduction: Isra University was established in 1997. In 2000 the University gave the assignment of the Model Village for Health (MVH) with the aim to improve the health status of population within the selected areas, increase the effectiveness of the existing health care network, and build institutional capacity to achieve the above objectives and plan the strategy for future interventions.

Setting: Village Haji Ismail Chand.

Objectives: The objective of the survey is to: 1) Determine the possible health related problems in villages; 2) Identify priorities; and 3) Make recommendations to take initiatives for improving the health status of model village.

Design: A questionnaire was administered to assess the district health, services and system. The questionnaire was comprised of two sections: 1) demographic information; and 2) utilization of health care services. Third year community Medicine students were given training prior to the survey.

Subjects: 489 Villagers.

Results: Of 542 population 489 participated in the survey. For the majority of the participants 44% were illiterate. Seventy one percent of the population does not know the nearest Government health facility in the area and only 53% of population was ever checked by the health visitor. The most common disease found was Malaria (64%).

Conclusions: It is concluded that an educational program related to health and nutritional value should be developed according to the villagers’ need. Along with this all doctors and paramedical staff should be trained for community participation.

Teenage Pregnancy and HIV/AIDS

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Context: Teenage pregnancy and HIV/AIDS have a direct impact on the country's economy and they determine the socio-economic status of the people. Many cases of teenage pregnancy and HIV/AIDS infections have been observed in rural areas of Upper Umzimkulu in the Eastern Cape, South Africa.

Setting: Upper Umzimkulu, Eastern Cape, South Africa.

Objectives: 1) To establish an understanding of sex, sexuality and gender; 2) To promote inculturation; 3) To promote the regeneration of morals; and 4) To create awareness on STI's including HIV/AIDS.

Design: A descriptive and cross-sectional study was conducted. 50 randomly selected 13 - 23 years respondents were required to answer an anonymous and confidential structured questionnaire.

Interventions: Extensive community participation in decision making; multi-disciplinary collaborations and inter-departmental collaborations; availability of condoms and improved decision making.

Results: 1) Literacy level and availability of condoms in the area contributed to the problem; 2) Influences by culture have an impact; and 3) Significant others and families influence the decision making process.
Findings: 1) 54% said they don't need a condom when using contraceptives; 2) There were 120 noted pregnancies between June 2002 and June 2003 for 7 (seven) studied communities; 3) 92% did not know date-rape; and 4) 64% were female respondents and 54% did not know contraceptives.

Conclusions: More research and health promotion programs should be conducted. Influence in decision making and encouragement of use of the state funded resources should be encouraged.

Health Information Generation and Utilisation for Informed Decision-Making in Equitable Health Service Management

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Context: Kenya Partnership for Health (KPH) program is one of the 12 field projects participating in the WHO’s ‘Towards Unity for Health initiative’ implemented to develop partnership synergies in Health management. This paper illuminates how Program-linked Information Management by Integrative-participatory Research Approach (PIMIRA) is practised under KPH to enhance community-based health initiatives in the management of political, social, cultural and economic determinants (barriers and enhancers) of health.

Objective: Target vulnerable rural communities in the development of a community-based health information management and feedback initiatives that can facilitate interventions on the social, cultural, political and economic determinants of health.

Method/Strategy: KPH program was initiated through a Memorandum of Understanding. The Healthy Villages Initiative (HVI) through which health interventions are conducted was then initiated through schools and organized community groups. Targeted cases are URTIs, Diarrhea and Malaria.

Key Findings and Achievements: 1) 30%, 45% and 25% reduction on the incidence of targeted cases of URTIs, Diarrhea and Malaria respectively; 2) Cues for health seeking and health service utilization are determined by the social, cultural, political and economic factors as seen by the individual and as defined by the community but not due to the pathological nature of the illness; and 3) Establishment of community-based health surveillance and health action initiatives as the best practices in transferring health as a resource that can be ‘owned and guarded’ by the community.

Conclusions: It has been realized that for every one person who visits a health facility for medication, there are nine others who had the same condition but sought health care from other sources and five others who never sought health care. Innovative means of involving the community in health information management and utilization such as PIMIRA are hence the best ways of guaranteeing equitable delivery of health services to the community.

Implement of Health Risk Assessment Among Worksite Employees

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Context: The University of Alabama and the Housing Authority Birmingham District announced a Health Risk Assessment to all employees to address issues of health.

Objectives: The purpose of this self-report health risk appraisal was to examine health risk conditions and behaviors among employees at a urban housing authority.
Subjects: The sample consisted of 107 employees of a Housing Authority in Birmingham, Alabama. Employees at the Housing Authority are responsible for the maintenance of the housing areas. Race: African-Americans (90.9%) and Caucasians (9.1%). Gender: males (48.9%) and females (51.1%). Age range: 36 to 55.

Main outcomes: The Health Risk Appraisal showed respondents had a high fat intake and blood level cholesterol, which puts them at risk for heart disease. The majority of the respondents were overweight and did not use seatbelts most of the time.

Measures: Employees completed "Healthier People" Risk Assessment (HRA) which asked questions about health behaviors in the areas of cholesterol, seatbelt use, and body weight.

Conclusions: The findings suggest that risk factor identification remains an important approach in planning worksite health promotion programs. For the Housing Authority Health Risk Assessment was the first step toward developing programs that could change social and cultural norms of the workplace that support risk reduction.

Community Health Advocates: The Future for Successful Community Health Education

The Cardiac Center of Creighton University Medical Center, Omaha, NE, United States of America

Context: African Americans (AA) have a disproportionately high incidence of cardiovascular disease (CVD). The Cardiovascular Risk Factor Screening and Intervention (CARSI) program, through a partnership between Creighton University School of Medicine and the North Omaha community, developed a community-based CVD risk assessment and intervention program targeting Omaha’s AA population. The aim is to reduce CVD disparities by utilizing peer health educators called Community Health Advocates (CHAs).

Objectives: To provide simple, cost-effective, and culturally sensitive risk reduction education to the AA community.

Design: The CARSI program recruited members of the target community to become CHAs. CHAs, under the supervision of trained health educators, completed a 15-week course of intensive cardiovascular health and disease education, utilizing an extensive resource manual. CHAs were also instructed on teaching strategies. Following training, CHAs provide free 10-week classes in community and health centers, schools, and churches. Participants are educated on CVD, CVD risk reduction, and heart-healthy living, participate in aerobic exercise and resistance training, and have weekly blood pressure and weight measurements.

Main outcomes: Over the past 22 months, over 350 community members have attended CHA-led classes. Subjects, 90% female, mean age 52 ±10.2 years, experienced a mean weight loss of 3.61-pounds (95% C.I.: 1.2-6.1) and 20% increase in classroom-based knowledge (95% C.I.: 13.1-26.8). The most promising results are in systolic (SBP) and diastolic (DBP) blood pressure reduction, with an overall mean SBP reduction of 14.7 mmHg (95% C.I.: 5.5-23.0) and DBP reduction of 8.5 mmHg (95% C.I.: 2.3-14.8). CHAs refer all hypertensive participants to their physician for medical management. Subjects entering class with hypertensive readings show a mean SBP reduction of 23.8 mmHg (95% C.I.: 37.7-9.9) and DBP reduction of 13.8 mmHg (95% C.I.: 23.8-4.0).

Conclusions: Although CARSI’s CHA-led classes have failed to facilitate significant weight loss, they have led to effective participant CVD risk education and blood pressure reduction.
How Well Do Low Income Adults Understand Their Vaccine Needs? Relationship of Patient Attitudes to Vaccine Acceptance in an Urban Public Hospital Emergency Department

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Context: Adult vaccination studies suggest marked racial and ethnic disparities, but neither the cause nor the solution is known. This pilot studied the influenza, pneumococcal (PPV), and hepatitis B (HBV) vaccine needs of low-income adults in an urban emergency department, and analyzed factors related to vaccination acceptance.

Setting: Earl K. Long Medical Center, Emergency Department (ED), Baton Rouge, LA

Objectives: - To determine low-income patient understanding of their vaccine needs. -To determine if vaccine education increases patient vaccination rates.

Design: A convenience sample of 104 patients aged 18 - 65 years who were uninsured or Medicaid enrolled; these patients sought care for non-critical health problems in the ED

Interventions: As part of an educational intervention, private interviews assessed: 1) baseline knowledge and attitudes of patients regarding influenza vaccine, PPV and HBV while they were awaiting care in the ED; and 2) vaccination recommendations based on patient reported risk factors and vaccination status. Patients were given low-literacy written vaccine education and offered vaccines in the ED.

Results: Influenza vaccine was recommended for 71 (68%) of the 104 patients; of that number, 65 patients needed flu vaccine; 52 (80%) agreed to vaccination. The acceptance of vaccine was related to baseline belief that vaccination was needed (P=0.02) and increased with increasing age (P=0.02); but was unrelated to race, monthly income, Medicaid status, or gender. For PPV and HBV, acceptance of vaccine in the ED was unrelated to patient belief about the need for the vaccine, age, race, monthly income, Medicaid status, or gender.

Conclusions: A brief educational intervention was effective in providing vaccine education and vaccination services to patients. Due to long wait times, the ED may be an ideal setting for one-on-one preventive education and vaccine administration.

Development of a Hispanic Health Media Collaboration

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Context: In 2000, North Carolina (NC) experienced the largest percentage growth of Hispanics/Latinos in the US (~400% increase). Health care access, language and literacy barriers complicate delivery of health education and preventive services for this group.

Objectives: Development of a partnership between Wake Forest University School of Medicine (WFUSM) and the NC Hispanic community to: 1) Promote healthy lifestyle behaviors; 2) Disseminate scientifically-sound, culturally-sensitive health information; 3) Improve health care utilization; and 4) Provide a database of available local healthcare resources.
Design: Que Pasa, Inc., the largest NC Spanish-language communication enterprise, has weekly newspapers and radio stations covering 27 counties and a weekly audience of > 85,000. In early 2003, WFUSM researchers and Que Pasa leadership began discussions and a strategic plan was developed to co-sponsor a statewide Health Media Project. A weekly, 30-minute radio program (“La clinica del pueblo”) and a corresponding weekly newspaper column on relevant health topics will be delivered. The format is a low literacy level, didactic presentation followed by a call-in question and answer period. Two hosts (a medical doctor and a registered nurse) provide program identity and continuity, medical expertise, Hispanic perspective, and connection to the medical center. Program content will be pre-planned, to correspond with the weekly newspaper article. Pre-program marketing (billboards, flyers, newspaper inserts) will target key counties. A convenience sample (n = 350) will be surveyed (at 9, 21, and 33 months) to assess: 1) Program reach; 2) Health literacy change (childhood/adult), safety, and healthcare utilization; 3) Knowledge of healthcare resources; and 4) Change in interaction with the healthcare system (i.e. patient-empowerment).

Main outcomes: Pilot radio programs followed by a focus group provided positive feedback on program format, content and language effectiveness. The project was funded by K. B. Reynolds Charitable Trust for a three year period.

Conclusions: This community-academic partnership provides a novel approach to health promotion in vulnerable Hispanic communities.
The Attitude of PBL Graduates Toward the Professional Skills

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Context: This study hypothesizes that objective learning in PBL, when compared with subject based, offers graduates opportunities to appreciate the importance of professional skills the need during their practice.

Setting: graduates compared with another group of traditional school graduates in their attitude toward 16 equally important skills ranging from decision-making, self-directed learning, to clinical communication skills.

Objectives: To compare the attitude of PBL with that of the traditional graduates toward the professional skills needed for the medical graduates.

Design: A case control study.

Subjects: A group of PBL graduates compared with another group of traditional school graduates in their attitude toward 16 equally important skills ranging from decision-making, self-directed learning, to clinical communication skills.

Results: The results showed that more than 60% of PBL graduates appreciate strongly 15 out of 16 skills, except for the laboratory skills which were reported as just necessary, in contrast to traditional system graduates in which 40% of them have stated not necessary. However, health education, leadership skills and laboratory skills were strongly appreciated by PBL graduates in contrast to the traditional graduates.

Conclusions: The graduates of PBL- based medical schools are more aware about the importance of professional skills for the doctor than the traditional school graduates.

Improving Diverse Communities Through Interdisciplinary Service-based Learning

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Context: To meet a new category of required undergraduate study, the authors developed a course focused on student development of ethical leadership through partnering with communities of diversity.

Objectives: The course will focus on an optimal blend of theory and practice to inform students’ ability to make appropriate decisions based on a servant leadership model (www.greenleaf.org). Student learning about theories of ethical behavior, definitions of leadership, the sociopolitical context of health, and HealthyPeople 2010 will lay a foundation for a service-based learning project. The overall aim of the course is to educate students for future performance as informed citizens and leaders who will improve the health care of their country.

Course Methods: The course, offered initially in Spring 2005, will include upper level students and faculty from a variety of disciplines. All students will assess their leadership abilities before and at the end of the class to evaluate leadership growth. Using small group work and case studies, students will develop foresight and trust to build learning and service communities. Student completion of weekly reflective journals will identify their observations of course content and learning. Theoretical discussions will lay the foundation for developing a plan to address a health care concern identified by a diverse community and in Healthy People 2010.
Evaluation of Course: Students will be graded according to criteria for the group project, including presentation of the project to the community and class and receipt of community feedback. Student reflective journals, leadership post-test, case study responses, and class participation will also serve as evaluative criteria. Faculty will also participate in formative and summative evaluation to refine the course for current and future students and communities.

Cooperative Learning of Interdisciplinary Teamwork in Health Care

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Context: In Belgium interdisciplinary team meetings in ambulatory and hospital care are more and more frequent. Training is needed to prepare future professionals. The InterDis project involves a set of tools on the basis of which students of different disciplines can work together on cases, online and in real-life sessions, focusing on: 1) Exploring the reference frameworks and fields of competencies of other professionals with whom they have to work; and 2) Practicing skills in collaborating on interdisciplinary information exchange, decision-making and therapeutic goal setting.

Setting: Organised in the framework of the Association Ghent University - Artevelde Institute (Belgium). A mix of a E-learning programme and meetings of students, organised as an elective.

Objectives: Create a programme that will help health professions students learn to work together effectively in interdisciplinary teams.

Subjects: InterDis is developed for students in health care, social work, medicine.

Design: In one learning unit, students expand their knowledge of other disciplines by exploring short cases in which input from different health care professionals is relevant. In a second module, the groups discuss possible pitfalls in teamwork by means of a video with excerpts of team meetings, oriented towards team-oriented communication, decision-making, conflict resolution, planning, referral, and reporting.

Results: In 2003-2004, 60 students and 15 coaches participated in the InterDis project.

Summary: Although there is some bias because only motivated students participate in the programme, student satisfaction is high. There are indications, from the functioning of the participating students in other learning contexts that they develop adequate attitudes and competencies needed for effectively working in interdisciplinary teams. The next step will be to give the programme a more formal status and to assess the impact more.

Working Together for Better Health: University and Community

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Context: Interprofessional learning for patient-centered collaborative practice is a high priority in the Canadian health care system.

Setting: The College of Health Disciplines at the University of British Columbia (UBC), Canada, is a unique academic environment in which UBC focuses its interprofessional learning.
Objectives: The College has developed ten courses (and is in the process of developing four more) that centre on the team as the unit for health care delivery, in partnership with the practice community.

Design: Courses and practice education are designed to maximize interaction between students from fifteen health care disciplines in both on-campus and off-campus learning.

Subjects: Students from a wide range of health and human service disciplines.

Interventions: Focus of 1) Exposure to interprofessional learning; and 2) Immersion in interprofessional learning.

Main Outcomes: Graduates who enter practice with a sound base in team functioning and team understanding in e.g. patient safety.

Results: Acceptance by the university and the community that interprofessional education is a necessary component of disciplinary practice.

Findings: Community response via focus groups has led to the development of a certificate in Clinical/Practice Education for preceptors and mentors to aid the teaching of interprofessional working.

Conclusions: The College is a major driving force in Canada for interprofessional education in all its aspects i.e. classroom learning, clinical preparation and community involvement.

‘Giving Something away’ - Is Sharing Professional Territory Essential for Effective Collaboration?

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Context: Definitions of collaborative practice gained through survey of health and social care educators contained key phrases e.g ‘Giving Something Away’, referring to a flexible attitude to professional boundaries and territory.

Qualitative enquiry has been conducted amongst educators to determine strategies which assist in the development of collaborative practice in multiprofessional education.

Previous study has indicated a clear need for the discussion of values, both shared and specific, at an early stage.

Objectives: To summarise the outcomes of qualitative enquiry into strategies utilised by educators to enable sharing of professional territory by students and other staff.

Methods: A focus group and an electronic discussion board enabled open debate around the issue of professional territory within the multiprofessional learning environment. Should specific knowledge, status and power be assumed to reside within professions?

Main outcomes: The effective role modeling of collaborative practice for students through effective joint teaching by individuals from different professions is mentioned as a key factor but the actual operation of this is perceived to be dependent on good interpersonal links already established between the individuals concerned. The enabling of students to experience learning from the perspective of a profession which is different from their own intended career pathway is also a factor. Other learning and teaching strategies enabling effective work across diversity, whatever the source, can also contribute. Respect for a profession-specific value base is perceived as crucial, as is the exchange of information across professional boundaries.

Conclusion: Educators do not necessarily perceive that the giving away of professional territory is key to effective multiprofessional education and collaboration.
Education, Partnerships, and Action Research: Fitting It All Together

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Context: Students from nursing, social work, special education, and counseling were being placed in the same geographical location but had no contact with each other nor were they clear on each others roles, particularly in relation to substance abuse or domestic violence where a multidisciplinary approach is essential.

Objectives: To describe a community-campus partnership for learning established through the collaborative effort of faculty, students, and the community that has evolved over three years using action research principles. To produce professionals who are knowledgeable about, and sensitive to, the multi-faceted health needs of people in rural communities.

Design: A series of seminars was organized with changes from the evaluations from 2002 and 2003 implemented: student numbers capped at 24; the space was a banquet room with round tables so students felt more of a ‘team’ atmosphere; speakers were representative of the disciplines and given one hour for presentations so that student teams had time to meet. In 2004, each student team interviewed those involved in substance abuse: teens who were in a local treatment center, adults in recovery, and a family member of an abuser. Each team presented what they learned during the final seminar.

Main outcomes: Reflection on the process, relationships, and results revealed that being together provided opportunities to learn not only about the issue, but also about interdisciplinary roles. It was a very powerful way to learn about substance abuse, particularly heroin. One outcome was a letter to the legislature about the closing of a youth treatment facility that was signed by everyone.

Conclusions: Students became aware that the interdisciplinary approach in collaboration with the community is essential in combating substance abuse or domestic violence. Students become more responsive to community needs and learn to work collaboratively toward creating healthier communities.

Promising Practices, Promising Futures: Innovative Community-based Learning Experiences for Rehabilitation Sciences Students

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Context: Given the proliferation of health disparities in rural states such as South Carolina, ensuring that rehabilitation sciences students gain adequate exposure to people whose health needs often go unmet is an ever-present challenge. Before entering the workforce, students must engage in community-based learning experiences if they are to develop awareness and social responsibility towards people who have limited or lack of access to health care. Community Connections: Partners for Learning and Service (1D37 HP 00876), a federally-funded allied health project grant, served as the catalyst for rehabilitation sciences students and faculty mentors to deliver service in medically underserved communities and health professions shortage areas.

Objectives: Describe how community-campus partnerships and innovative community-based learning experiences strengthened a graduate, entry-level rehabilitation sciences curriculum.
Main outcomes: Three constituent groups (Department of Rehabilitation Sciences, Medical University of South Carolina, Lowcountry Area Health Education Center, and 27 community organizations) partnered together and delivered 11 community projects across the Lowcountry region of South Carolina. To date, these partnerships created over 300 community-based learning experiences for students, involving over a 1000 participants. Experiences for students were embedded in existing courses and included single engagement projects (athletic screenings, functional status assessment for elders, worksite evaluation, and brain injury prevention for preschool children); short-term engagement projects (summer camps for children with hearing impairments or hemiplegia, and community mental health); and long-term engagement projects (monthly seminars for aging in place, exercise and health promotion for support groups).

Conclusions: These community-based learning experiences increased student awareness of promising areas for practice, while simultaneously increasing access to service for underserved communities. Embedding such experiences within a rehabilitation sciences curriculum is vital for creating a promising future in which creative and collaborative approaches to solving health disparities play a significant part in meeting the health care needs of all members of society.

Model for Resident and Student Education in the Care for Adults with Developmental Disabilities

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Context: Primary care providers are increasingly managing medical care for adults with developmental disabilities as they have transitioned from institutional care to community care. This population of patients often has complex and overlapping health and behavioral issues. There is a cohort of providers of different disciplines and level of training in the community who work with them. Traditional training programs do not routinely teach medical students and residents how to work with teams or how to interpret difficulties in systems of care.

Objectives: To describe an innovative, collaborative approach to train medical providers to care for adults with developmental disabilities.

Intervention: In this model, future primary care physicians -medical students and residents- participate in a cross-disciplinary clinic where the faculty includes providers from family medicine, psychiatry, neurology, pharmacy, and psychology. The clinic is enhanced by additional “teachers” representing social work, consumer advocacy and allied health therapies. Following patient intake and assessment, collateral information gathering, and medical examination, the attending consultants and trainees (who may also be from pharmacy, psychology, social work, etc.) convene as a team to review impressions. The trainees learn from the core evaluation team how to adapt investigative (interviewing and observation) techniques with people who are not verbal to maximize the amount of accurate information gathered. In addition, trainees learn how to interact and interpret difficulties within systems of care which include residential providers, day-hab providers and allied health therapists. Trainees also have the opportunity to travel around the state with the core team to participate in similar consultations in rural communities, where the rural providers participate as well.

Conclusions: Transdisciplinary practice, modeling and mentoring have helped to expand the ability of future primary care providers to work more effectively with adults with developmental disabilities.
Innovations in Multiprofessional Education: A Fourteen Year Retrospective

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Context: Effective teamwork is essential to meet the challenges of global health, particularly in rural and underserved communities. In response, we developed the New Mexico Rural Health Interdisciplinary Program (RHIP) to provide multiprofessional educational experiences to health professional students and to encourage graduates to work in underserved, rural communities in New Mexico. Interdisciplinary problem-based learning is coupled with community-based health projects and rural clinical experiences.

Objectives: 1) To describe the problem-based and community-based learning structure and format of the RHIP and how it has evolved from 1990 until 2004; 2) To report program evaluation results concerning student attitudes and confidence concerning multiprofessional and rural health care practice, and actual practice patterns and outcomes; and 3) To describe lessons learned over 14 years of RHIP operation, evolution and expansion.

Design: Pre-test/post-test surveys measured changes in student attitudes and perceptions concerning multiprofessional and rural health care practice. In addition, a longitudinal survey of program completers and a comparison cohort was completed to determine program graduate practice patterns.

Main outcomes: The RHIP has grown from one to eight rural New Mexican sites, and from five to twelve participating health professional programs. Currently, about 100 students participate each year. Survey results suggest that 46% of the graduates take health care positions in rural or underserved communities. Survey results also indicate a consistent, sustained change in attitude of participants towards greater confidence to work in rural settings and with multiprofessional teams, and increased intent to consult with other healthcare professionals. The RHIP experience has confirmed the usefulness of interdisciplinary problem-based learning, the importance of dedicated faculty members, the need to cultivate community relationships, and the importance of multiprofessional student relationships.

Conclusions: The use of interdisciplinary problem-based learning coupled with experiences in rural and community-based healthcare can foster student excitement and the desire to practice healthcare in rural and underserved communities upon graduation.
Personality Determinants of Coping Ways

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Mental health and quality of life depend among other factors on personality. For social health developments, we cannot neglect personality roles in people’s behavior. We studied female adolescents in high schools in Iran, as ordered by the Women and Youths Committee (governor-general – Qom state). Earlier findings suggested that depression was more prevalent, which was confirmed by our expectations, and observation, embedded in inferiority feelings. In a second study, Eysenck’s Personality Questionnaire was administered. Findings suggested that Neuroticism increased in grade 8 (13-14 years old), and self-esteem decreased simultaneously.

Impressed with these results, we initiated a study of female’s mental health at the university. Cattell's 16PF questionnaire (form A) and Folkman-Lazarus Coping Ways Questionnaire (1988), was administered to 85 volunteer female students of universities in Qom. 16PF assesses personality based on trait theory, and CWQ measures eight ways to cope with stress (they assume coping as situational processes). Data was analyzed by linear multivariate regression (stepwise method).

Findings: Results show that personality traits affect on coping ways in participants. Formerly research indicated a relation between high Escape-Avoidance scores and poor mental health (Folkman & Lazarus, 1988). The current study revealed a high Escape-Avoidance score in female university population. This indicates that this groups may run a higher than average risk of mental health problems.

Conclusion: We need other studies on males and greater samples to find reliable conclusions. Primarily, to prevent maladaptive coping ways in young females (due to Escape-Avoidance coping way). Moreover, educational and health care systems in society could help children and adolescents to form adaptive and appropriate personality traits.

Families with Children: A Partnership for Prevention

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Context: Healthy Town is a collaboration between the Visiting Nurse Association Health Care Partners of Ohio, the University of Akron and Head Start.

Setting: The project takes place within Head Start day care centers throughout northeast Ohio. Objectives: The objectives of the program are to provide screening and intervention for families with children ages 2-5 years to prevent injuries and chronic illnesses. The project targets the reduction in risks related to falls, burns, poisoning, developmental delays and lack of immunizations and health care.

Design: The program implements a new "talking laptop" intervention program within Head Start day care centers. Families participate by responding to a set of standardized screening questions, viewing intervention videos, and receiving individualized prevention checklists for children.

Subjects: Subjects include 500 families who participate in Head Start day care programs.

Interventions: Interventions include individualized reports and aggregate comprehensive prevention checklists for day care centers.
Main outcomes: The main outcome of the program is to reduce the risk of children related to falls, burns, poisoning, developmental delays and lack of immunizations and health care.

Results: The program is in progress. Results will be reported for the first pilot cohort of families with children.

**Case-based Learning in the College of Health Sciences, Bahrain**

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Content: In 1998, the College of Health Sciences in Bahrain adopted case-based curricula in all its courses for the Associate Degree Nursing Program. A series of workshops and seminars were conducted to develop the curriculum and orient faculty and students to case-based learning.

Objective: To describe the findings of the evaluation process in which faculty and students’ perception of the case-based approach was evaluated.

Methods: Faculty and students’ opinion were surveyed using a pre-tested questionnaire.

Main outcome: 1) 91% Reported that teaching is a two-way interactive process between learner and teacher; 2) 88% Reported that the curriculum encourages critical thinking and problem-solving rather than just remembering facts; 3) 50% Reported that traditional educational background was an obstacle that hinders the progress in case-based teaching/learning; 4) 65% Reported that the case-based learning approach had been enjoyable; 5) 53% Enjoyed the level of participation and being independent learners; 6) 41% Reported that they were able to understand the reading materials better; 7) 76% Reported that they required to do more preparation for classes; and 8) 76% Reported the need for more time for revising the content for examination.

Conclusion: The survey of the College of Health Sciences in Bahrain showed that there is a general positive attitude and support for the use of the case-based approach in Nursing education with both students and faculty. Several recommendations were made for future improvement.

**Knowledge of and Attitudes about Health Insurance Among OPD Patients**

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Context: Many health insurance schemes in Ghana and Africa failed because members of the community did not know what the schemes were about or how it would benefit them. This study was to assess preparedness of one district.

Setting: Healthcare reforms in Ghana began in the early 1980s with the introduction of user charges and the cash-and-carry system. Implementation of these policies in health institutions created a financial barrier that escalated the problem of inaccessibility. To address this problem many health insurance schemes were started as pilot programmes with varied degrees of success or failure.

Objectives: The study was to find out how much respondents knew about health insurance, to determine level of acceptance and to assess willingness to participate in any scheme.

Subjects: Questionnaires were successfully administered to 185 patients attendant at the Outpatient Department, 18 years and above as well as living in the district.
Findings: Only about half of respondents had heard about health insurance. Of this, two out of three had a good understanding of what health insurance was. Television and radio were the commonest sources of information, but the workplace was not a significant source. Only 16% of respondents knew anyone who had health insurance. More males than females had heard about and understood what health insurance was, but this difference was also due to the fact that more males had higher education. It was observed that a higher level of education was associated with a higher knowledge of health insurance. Among those who had heard about health insurance two-thirds felt their communities needed schemes. They were willing to participate and encourage others to participate as well.

Conclusions: The study showed that there was low knowledge about health insurance in the district and therefore a low willingness to participate, threatening the success and sustainability of any scheme.

Community Participation Experience in Hadhramout, Yemen

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Context: Community participation in Yemen is not new. There has been a wide range of experience on community participation in different areas in Yemen to develop their communities. In the health sector, communities participate in providing health services, especially in underserved areas.

Setting: Hadhramout governorate, Republic of Yemen.

Objectives: To evaluate community participation in health services.

Design: Descriptive study.

Methods: Retrospective study of the records of services provided by the Ministry of Health and charitable NGOs.

Outcomes: The community participates through cost sharing in drugs and services. The money in turn is used to purchase more drugs on a revolving fund basis to provide incentives for health workers and for operational and maintenance cost. Charitable community societies participate in building hospitals, health centers, and health units in remote rural areas. Also they participate in providing health services through medical campaigns, in which surgical operations and health care are provided to poor people using available local facilities. In many cases, they bring experts from outside and sometimes send difficult and complicated health cases abroad for management.

Conclusions: There has been a wide range of experiences in community participation which has been implemented by donors and civil society organization in Yemen help in providing health services and shortening the waiting list of the patients specially to underserved areas.

Quality Perception by Students and Tutors of a Postgraduate Program of Epidemiology Implemented by the Ministry of Public Health in Ecuador

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Background: A postgraduate course in epidemiology was implemented by the Ministry of Public Health in Ecuador in 2001.

Aim: The purpose of this study is to evaluate the quality of the postgraduate course in epidemiology from the perspective of students and tutors.
Methods: A survey was conducted among 148 students nationwide and 16 official tutors who participated in the programme. The items of the instrument responded to four categories: Learning Objectives, Expected outcomes or products, Instructional design, and Course Implementation (Organization).

Results: We obtained a 79% response rate among students and 75% among tutors. Students responded as follows: 79% agreed that the intended learning objectives were fulfilled. Expected outcomes obtained an overall score of 8.3. The overall average for instructional design was 8.8, and finally the course organization obtained an average overall score of 8.8. The distance education phase had the lowest score. Tutors also rated the course highly, except for the same items that received low scores by students.

Conclusions: The epidemiology course scored high for its learning objectives, expected outcomes and course organization. Some differences between students and tutors perception regarding acquired learning objectives and use of these competencies were revealed. Alternative methods or strategies must be tried to improve effectiveness of distance education.

The Immediate Post HIV Test Reaction and Resolutions of Attendants at the Voluntary Counseling and Testing (VCT) Service at the University of Transkei, South Africa

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Objectives: To establish the immediate post HIV test reaction and resolutions of attendants at the VCT service at the University of Transkei.

Design: Qualitative.

Subjects: VCT service attendants.

Interventions: Attendants for VCT were tested using a Rapid HIV test after pre test counseling. If the test was positive, another brand of Rapid test was administered. Attendants were given their results and asked how they felt and what they would do there after.

Results: Eighty-nine attendants were tested, 38 males and 51 females. They were aged 17 to 50 years. Safe sex was practiced by 22(24.7 %)and unsafe sex by 67(75.3%). Seventy-nine ( 89%) tested negative and 10 positive,7 females and 3 males. Attendants who tested negative felt happy, relieved, shocked, and some even disbelieved their results. Fifty (63.3 %) committed themselves to practicing safe sex. Six (7.6%) had no reaction or resolution. Other resolutions (might you mean "outcomes"?) included becoming HIV/AIDS activists and blood donors. Some repeated test later because of the window period. Of those who tested positive, 3 had no immediate reaction and resolutions, one felt like dying but decided to adapt, one was not happy and resolved to join an AIDS support group. Three accepted their results and hoped to live in a positive way.

Conclusions: A negative test result was well received. The majority with negative results made a commitment to have safe sex from now on. A positive result was unwelcome but generated some survival strategies.

Impact of Caring for HIV Patients on a Secondary Mission Hospital in Maharashtra, India

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Setting: Evangeline Booth Hospital, Ahmednagar, Maharashtra, India.
Objectives: To study the hypothesis that caring for HIV individuals and the decrease in non-HIV patient load in this secondary care center.

Design: 1) Quantitative study-Medical records of past four years were looked into and analyzed; and 2) Qualitative study-A questionnaire was prepared and the response of the community of Ahmednagar, the HIV patients, the hospital staff and private practitioners was compiled.

Main outcomes: 1) Quantitative study-Total patient load has decreased by 15% and there has been a 30% decrease in new patients. Number of HIV patients has increased by 65% and non HIV patients have decreased by 25%. Specialty wise-surgeries have come down by 44% and deliveries by 48%; and 2) Qualitative-The community at large appreciates the work done by hospital for HIV patients. The people were well informed about the disease and its mode of transmission and had no fears regarding being admitted next to a HIV patient. HIV patients consider the hospital as a blessing in their life and feel that programs like patient counseling, home based care and support group meetings organized by the hospital are a great source of encouragement. The hospital staff feels that HIV alone is not the cause for decrease in patient load but there are several other factors also like drought in the area for past three years, availability of better facilities and doctors in the town, private practice by hospital staff and most importantly lack of co-operation and understanding between staff and administration. The private practitioners revealed their fear regarding the disease and also accepted their inability to spread awareness about HIV in the community.

Conclusions: The study revealed that caring for HIV patients alone was not the cause for decline in patient load but several other factors as mentioned by the staff could also be responsible.

Baby Steps: Introduction of Community-based Clinical Experience for Students of Pharmacy at UNIN

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Context: The University of the North runs a traditional 4-year B. Pharm degree programme. Recently, there have been moves to introduce community-based clinical/practical exposure for the pharmacy students.

Objectives: To include structured community-based education (CBE) activities in the B. Pharm programme, and to involve community partners and other stakeholders in planning for such activities.

Methods: A workshop for pharmacy faculty was held in early 2003 to draw up plans for the incorporation of community-based clinical exposure for the students. Following the workshop, a faculty committee wrote up the proposals and suggested a timeline for their implementation. Contacts were made with community partners and ministry of health officials.

Results: The committee crystallised the rationale for CBE as the need for the student to identify with community health needs. They also argued that students could begin developing important capabilities by being involved in planning and implementing promotive and preventive health, including directly-observed treatment short-course (DOTS), for TB and immunizations. The approach recommended is incremental, with 1st year students getting the least and final year students the most community exposure. The programme started in February 2004 with time allocated for students in the 3rd and 4th years. Based on recommendations from primary healthcare (PHC) facility management committees, we are able to use seven PHC facilities (and the communities they serve) and one hospital. Despite overwhelming enthusiasm for the CBE initiative, its implementation has been difficult due to timetable clashes, logistics (especially transport), bureaucratic red-tape and coordination.
Next steps: We hope to include more facilities/communities before the end of the year, so that by the 2005 academic year even 1st and 2nd year students will have time dedicated to CBE activities. The authors hope to benefit from the experience of those that have gone through similar stages of introducing CBE activities in traditional curricula.

Where Are the Makerere Graduates of 1984?

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Context: There is little information on the career paths and destinations of graduates of medical schools from developing countries, including the Makerere Medical School, one of the oldest medical schools in Sub-Saharan Africa.

Objectives: To report the fate and career destinations in 2004 of doctors who qualified from the Makerere Medical School in 1984.
Design: Questionnaire completed via e-mail, or during telephone and by face to face interviews.

Subjects: All doctors who qualified from Makerere Medical School in 1984, and whose e-mail or telephone contacts were accessible.

Main outcomes: Fate (dead/alive), current employment, specialty and country of residence.

Findings: Information was obtained about 74 (18 women and 56 men, 96.1%) of the 77 (19 women and 58 men) doctors who graduated from Makerere in 1984. Of the 74, 22 are dead (7 between 1984 and 1989, 6 between 1990 and 1994, 6 between 1995 and 1999, and 3 between 2000 to the present). Of the surviving ones (52), 36 (69.2%) live and work in Uganda, while 16 (30.8%) work abroad. The majority (83%) have specialized, mainly in public health and clinical disciplines. Most of them 31 (58.5%) are involved in clinical work, 9 (17%) hold administrative posts, 6 (11%) do public health-related work and 4 (7.5%) have academic appointments. Only 5 (9.6%) of the graduates are in full-time private practice. The class of 1984 in 2004 includes many specialists and managers, some at the very top of their fields.

Conclusions: 30% of the Makerere graduates of 1984 have died over the last 20 years. The majority of the surviving ones (70%) work in Uganda, and most (83%) have undergone specialist training, the most popular area being public health.

Developing Family Medicine Training in South Africa: A North-South Cooperation

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Context: Family medicine is recently accepted as the specialist discipline for general practice, primary health care, district health and rural practice for SA. Postgraduate family medicine training done for the past 30 years is developed into structured residency training with accredited sites and supervision.

Objectives: To describe the changes in the framework of the North – South cooperation.

Design: Description of a 3-year joint project between the Interuniversity Cooperation for Family Medicine Training in Belgium (ICHO) and Family Medicine Education Consortium in South Africa (FaMEC) to develop existing training into a national programme. ICHO members give input from the Flemish experience and collaborate in specific research and development tasks.
Results: The district health system is the basis of training and district clinics, health centres, NGOs, private practices and district hospitals provide appropriate context and capacity. Training complexes in remote rural and needy urban areas ensure response to society needs including the HIV/AIDS epidemic. Trainers in these areas appointed jointly with Universities do direct supervision, while programmes by family medicine departments are run through distance learning. Outcomes, curriculum, training modules and training of trainers are developed appropriate for SA.

Conclusions: North – South cooperation focused on a specific topic (post graduate training of family medicine) contributes to health sector reform and in this case reflect on the role of family medicine in developing countries. Family medicine integrates at the level of the individual, the family and communities, a horizontal comprehensive approach with the interventions of disease-oriented vertical programmes (HIV/AIDS, STD, TB).

The Power of Partnership: Lessons Between Cambridge, MA and Agona, Ghana

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Context: Through its Center for International Health Partnerships, Cambridge Health Alliance (CHA) is committed to reducing global health disparities. One such model is the African Rural Health Foundation of America, set up in 2001 by a CHA employees to provide primary and preventive health care to rural communities in Ghana. This partnership enables both communities to share and acquire skills and information to impact their respective health care delivery practices.

Objectives: 1) Increase resident international health experiences for better culturally competent health care delivery; 2) Examine how uniquely different medical practices successfully function; and 3) Study techniques of controlling health care costs and allocating resources without compromising quality of care.

Design: A third year medical resident traveled for 4 weeks to Agona, Ghana to: - deliver routine primary care at a local clinic staffed by a PA and RN's - conduct educational sessions and blood pressure screenings in collaboration with faith based communities weekly educational sessions on Diabetes and Hypertension were led by the resident in local churches. Subsequent reflections were done on medical decision making, collaboration and sustaining partnerships in resource- limited settings. Presentations in various educational conferences to residents, physicians and members of faith based organizations in both medical and community settings were then conducted.

Main outcomes: Improved resident competence in public health, cross-cultural medicine and community partnerships. Increased recruitment and retention of health professionals interested in international health careers at CHA. Novel health care delivery techniques to decrease morbidity with HTN and Diabetes in Agona Flow of novel ideas and solutions to enrich CHA's mission to improve health in the Cambridge community through partnership with Haitian churches.

Conclusions: Models of long-term equal heath partnerships between local and international settings hold significant promise to reduce global health disparities.
Effectiveness Programs of Health Education in Community Health

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Objective: To evaluate health programs conducted by the staff of a health center in the southern part of Tehran, the capital of Iran. The programs included maternal and child health, young adult health, older health, and public health.

Method: We conducted a survey of 100 of the health center’s patients, who were seen at the center for treatment and/or health education.

Results: 50% of those surveyed were satisfied with the health programs.

Recommendations: The health programs should continue and should focus on the health of all age groups, including health behavior, nutrition, and immunization, as well as on the environment.

Overcoming Health Disparities through Partnerships Between Communities, Health Services and Health Professions Schools - Rockford, Illinois USA

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Context: In 2003, the National Center for Rural Health Professions, located at the University of Illinois College of Medicine at Rockford (UICOM-R), was awarded funding from the National Institutes of Health - National Center for Minority Health and Health Disparities to establish a Center of Excellence in Rural Health (Project EXPORT). The EXPORT Award resulted in a re-orientation of on-going programming and projects to focus on the development, implementation and evaluation of partnership-based strategies to reduce health disparities among rural and other underserved populations.

Objectives: This thematic poster session describes the National Center's collaborative initiatives to address health disparity reduction through partnerships in research and evaluation, education and training, community outreach and dissemination, and policy development and advocacy at the local, state, regional, national and international levels.

Design: The National Center is organized around four core collaborative initiatives and is currently comprised of three major programs: the Rural Medical Education Program, the Northern Illinois Area Health Education Center and the EXPORT Center.

Main Outcomes: This set of comprehensive strategic objectives and programs illustrate how the efforts and activities of one campus can be marshaled to address the persistent and compelling 'call to action' that is demanded by inequity in health - now reflected as health disparity.

Conclusions: While the challenge of overcoming health disparity remains a global concern, the academic community has a significant role and responsibility in addressing this issue. Through the development of partnership-based models and strategies, academic institutions can learn how to foster relevant and effective programs and projects in collaboration with their community partners. Partnership development in the areas of research, education, outreach and policy is likely to be the most effective means for identifying and resolving the injustices that result from inequity in health.
Assessing Hispanic Health Needs through Participatory Research

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Context: Important factors influencing the use of services by different ethnic groups include clients’ perceptions about their ability to communicate with health care providers using similar health/disease paradigms, being part of the medical care decisions, and respect for clients’ values and beliefs. The lack of diversity in health care providers, particularly the lack of health care providers with Hispanic/Latino background is more evident in Texas, where Hispanic/Latino population represents about 33% of the population.

Setting: To identify the health needs of Hispanic/Latinos a two-phase project was conducted at the University of Texas Medical Branch (UTMB) in Galveston. This report presents preliminary results of the first phase of the project.

Objectives: Objectives: (a) to describe the health profiles of the clients attending UTMB Primary Care clinics, and (b) to identify perceived health needs, clients’ solutions to these needs, and cultural factors influencing client-provider interaction.

Design: A participatory research approach was used to collect and analyze the data. The study included interviews to Spanish-speaking clients attending family medicine and internal medicine clinics at UTMB and focus groups with community organizations.

Subjects: Of the 179 clients invited to participate, 100 clients completed the Hispanic Health Needs Assessment Survey. The majority of the clients were of Mexican origin (76% Mexican-Americans and 17% Mexican).

Results: Hispanic/Latinos represented 28% of the new visits to the UTMB clinics in 2001. Thirty-five percent of the participants were Spanish-speaking only. Reported difficulties getting medical attention included high costs of health services, lack of insurance and language barriers. Survey findings are being used to identify strategies to decrease barriers and promote culturally appropriate care for this population.

Conclusions: Participatory research approach has been very useful in assessing community needs.

Basic Development Needs: an Innovative Approach of Community Partnership in Support of Health Promotion, Poverty Reduction and Social Development

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Context: The Basic Development Needs (BDN) approach is a relevant system for community partnership worth of sharing. BDN aims at collectively addressing all determinants of health and eventually improving the quality of life of communities and individuals through comprehensive integrated socioeconomic development process planned and managed by the community itself. BDN is based on a triad: organizing the community, building its capacity and promoting self-reliance and self-sufficiency.

Setting: The approach was actively supported and advocated among the countries of the in the Eastern Mediterranean Region (EMR) by the WHO Regional Office since 1988. In Sudan, the BDN approach was revitalized in 1997.

Main Outcome: Evaluation of BDN experience in Sudan revealed expansion of implementation from 2 areas in 1997 to 15 in 2002; there are 20 projects encompassing 892 income-generating activities,
24 social projects; the total cost of projects were over 1 million US$ contributed by WHO, the community and others including the government.

Results: Studies in Sudan and other EMR countries have demonstrated significant reduction in poverty levels in the project implementation areas and improvement in quality of life indices pertaining to a wide range of fields, including health, nutrition and other social sectors. Community organization, solidarity, self-reliance and women empowerment were evident features of these programmes. Among the identified constraints were: insufficient and fragmented support by sectors outside health, the government, UN agencies and donors; and difficulties were faced in establishing productive partnerships with NGO's, academic institutions and other civil society organizations.

Conclusion: BDN approach is a robust approach. It has shown that the concepts and principles of PHC can be applied. This calls for active involvement of all stakeholders including the government and academics institutions, and effective advocacy and promotion for systematic planning and expansion of the initiative.

Overcoming Health Disparities through Partnerships in Research and Evaluation: The Role of Transdisciplinary Approaches - Rockford, Illinois USA

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Context: Several recent calls for better collaboration and joint conduct of research between the biomedical and behavioral and social science disciplines underscore the need for new transdisciplinary teams of researchers. The study of chronic pain in people with arthritis and in animal models serves as a promising area to explore new researcher partnerships.

Objectives: The major objectives are: 1) to describe the structure and process by which a transdisciplinary team of researchers is learning how to work together to address issues in health disparity; and, 2) to identify areas of common interest where cross fertilization and integration among the disciplines can occur.

Design: Two studies focusing on chronic pain in both animal and human subjects with arthritis serve as the basis for understanding transdisciplinary teamwork. In addition to spending time as co-investigators on each other's research projects, the researchers meet monthly with a larger group of researchers to report on individual study progress and to explore the concepts of health disparity reduction through transdisciplinary research partnerships.

Main Outcomes: To date several thematic areas have emerged through the transdisciplinary research partnership process that will continue to be explored. These include the topics of Quality of Life, Ethics of Research and Modeling Health Disparity. Inter-professional issues such as discipline-specific culture and training, scholarly productivity for transdisciplinary initiatives and the training of young investigators in both biomedical and behavioral sciences have also arisen.

Conclusions: Researchers can purposely establish 'naturally occurring' experiments to further the mandate of many public policy calls for transdisciplinary teamwork and the integration of the biomedical and social-behavioral science paradigms. This can be accomplished through creating opportunities for research that address health disparity reduction and require integration as a contingency for funding.
Care Management Unit, Cost Analysis and Outcome with Heart Failure

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Context: Heart failure (HF) often requires hospital admission (HA) or observation unit stay, while a CMU combines observation with case management (CM). Our objective was to implement a CMU protocol for HF to reduce ED overcrowding.

Objectives: To implement a CMU protocol for HF to reduce ED overcrowding.

Design: All patients with HF meeting multidisciplinary developed criteria were considered eligible for the CMU. After initial ED evaluation and treatment, patients admitted to the CMU were treated by trained nurses (CMRNs) using a predefined protocol of nitrates, ace inhibitors, and diuretics. CMRNs provided HF education, arranged primary care and /or cardiology follow up, filled prescriptions & maintained phone contact to facilitate treatment compliance. ED attendings were notified of any status changes. Discharged criteria included: Improvements in symptoms, oxygenations and exercise tolerance. Patients without improvement after 24 hours or unstable vitals were admitted.

Results: Between 8/11 - 12/23/03, 52 HF patients met CMU criteria. 10 required subsequent HA (20%), a notable decrease from the 60-80% national average. Average CMU length of stay = 24 hours. 42 patients completed the CMU protocol, with 22 successfully contacted by CMRNs. 16 kept their follow up appointments, 18 required a repeat ED visit, 4 repeated the protocol, and 3 had an HA at a later date. From 6/02 - 6/03, University Health Consortium reported that there were 1,122 patient HAs for HF with an average discharge charge of $4,472.00. The cost to care for HF patients in the ED/CMU ranged from $616.28 - $1,061.62. Since many patients are uninsured, this is a potential cost savings of $3,410.38 - $3,855.72 per patient.

Conclusions: The CMU has been successful in treating patients with HF, providing education, decreasing HA, thus ED overcrowding and providing primary care access. In addition, the potential institutional cost savings. Data collection is ongoing to evaluate additional benefits with CMU care.

Combining a Clinic Decision Unit with Case Management

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Objectives: To evaluate how combining a clinical decision unit with case management would impact emergency department (ED) overcrowding.

Design: The CMU is a 7 bed unit within the ED of a large urban public hospital, open 24 hours a day with ED attendings. 4 case managers are assigned to the unit 7 days a week to provide patient/family education, arrange primary care follow up and maintain direct patient contact. CMU admission is limited to the following diagnoses: chest pain, asthma, heart failure or hyperglycemia. Patients are placed on protocols. Specific data points include reduce short stay admission, improve utilization of intermediate care beds, reduce ED length of stay, improve referrals to primary care, reduce relapse rates, improve patient satisfaction and reduce cost.

Results: Between 8/11/03 and 12/01/03, 644 patients were admitted to the CMU with 72 requiring subsequent hospital admission. Potentially, we were able to reduce total hospital admissions by 572 patients. 443 patients with chest pain and 34 patients with heart failure would have otherwise required admission to telemetry. All patients treated in the CMU were referred to primary care within 48-72 hours. Average ED time fell from 5.6 hours to 5.1, average waiting time for beds fell from 8 hours to 5 and average number of telemetry admissions waiting for beds fell from 11.83 to 7.83.
Conclusions: It is not uncommon for admitted patients to spend greater than 24 hours waiting in the ED for bed availability. Through the CMU, we were able to impact ED overcrowding by decreasing the total number of patients admitted to the hospital and decreasing the number of patients waiting for telemetry beds. To our knowledge, this is the first unit to combine observation medicine with case management. Further investigation is underway to evaluate the full impact.

The Effectiveness of the Problem-based Learning (PBL) Curriculum to the First Year Medical Students and Tutors at Makerere University Faculty of Medicine

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Introduction: To respond to the need of promoting excellence in health service delivery, education, and training, at MUFOM there was a call for the transformation of health professionals’ education and training through the application of PBL in the 2003/2004 Academic Year with the incoming first year medical students.

Objective: To determine the opinions of the first year medical students about the effectiveness of the PBL.

Methods: Questionnaires were administered to the first year PBL medical students in May and June of 2004. Five point Likert Scale was used to rate the intended outcomes of PBL and tutors’ performance. Students rated their interpersonal skills using an ordinal scale. Open-ended questions were asked. Questionnaires were collected and submitted to the Publications Department. Response: 67 out of 100.

Results: Students rated highly the facilitation of communications skills, student-directed learning (SDL) as main outcomes of PBL and the tutors’ ability to create a supportive group climate in the tutorial session. They agreed to the improvement of their communication skills and felt strongly that working in tutorial groups was effective for their learning. There is a strong correlation with the opinions of the students’ views regarding the intended outcomes of PBL, tutors performance, and the development of their interpersonal and effectiveness of PBL.

Discussion: Students rated PBL effectiveness highly. They approved that SDL and facilitation of communication skills are key outcomes. MUFOM should consider facilitation skills and ability to create a supportive learning environment when recruiting staff. Considering that students felt strongly that working in tutorial groups was effective for their learning and that their communication skills had improved, the enhancement of interpersonal skills are key to the effectiveness of PBL.

Conclusion: Due to the positive opinions of the PBL curriculum in this study, such feedback is essential for the success of this educational program at MUFOM.

Practice-based Research Skills Development: Supporting a Transformative Learning Process

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Context: The Practice-based Research (PBR) Skills Development Program was developed to ensure best practices at the point of care and serve the professional development needs of health care practitioners in Northwestern Ontario.

Objectives: To describe the outcome of a transformative learning process designed to foster interprofessional practice and research for exploring and answering relevant clinical questions for improved northern Ontario health care.
Measures: Self-evaluations completed by novice researchers in the program. Findings will describe the level of perceived skill competence via a 10-point Visual Analog Scale. The Visual Analog Scale consists of a single line, 10 cm long, upon which novice researchers were instructed to place a slash indicating their perceived level of research skills topic knowledge. The left end of the line represented no knowledge, while the right side represented expert knowledge. The slash was then given a value from 1.0-10.0 depending on the measurement that corresponded to where the slash was drawn (i.e. middle of the line would be given a score of 5.5).

Results: Novice researchers indicated a mean perceived knowledge on the VAS of 3.23 (s.d.=1.88) for research design, 2.42 (s.d.=1.57) for basic Epidemiology, 4.89 (s.d.=2.28) for Literature Searching, 4.08 (s.d.=2.06), and 3.44 (s.d.=2.46) for qualitative and quantitative research techniques, respectively. Data entry and analysis using Excel received a mean score of 1.97 (s.d.=1.90) and 1.30 (s.d.=1.41) respectively, and finally 2.21 (s.d.=2.06) and 5.90 (2.18) were the mean scores for journal publication and oral presentations, respectively.

Conclusion: Answering both a professional need to provide the skills required for evidence-based practice, as well as a personal need to satisfy intellectual curiosity, the Research Skills Development Program provides a stimulating learning environment.

The Health Equity Selective as a Part of Medical Training at the University of Newcastle, Australia: Experiential Education and the Practice of Holistic Health Care

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Context: The University of Newcastle’s B.Med Program has long espoused the value of a holistic approach to health care, and includes a compulsory two-month “Health Equity Selective,” aiming to provide students with the opportunity to witness health care in a setting different from previous experience – focusing on equity-related issues, rather than clinical practice. I undertook my placement in Fiji, analysing the issues surrounding mental health/healthcare.

Objectives: To present an overview of mental health status and services in Fiji, canvassing barriers and social determinants of health/service delivery as a case study, to be compared with WHO recommendations.

Methodology: Assimilation of information from a wide variety of sources. Theoretical research, experiential/qualitative research (observation, interviews with health professionals, academics, WHO representatives and community), data collection/analysis and literature search and review over a 7-week period spent living/working in the country.

Main outcomes/conclusions: The current state of mental health services in Fiji echoes experiences in other developing countries; characterised by inadequate research; outdated mental health legislation; a centralised, institutionalised health service inaccessible to much of the population; little community support; a “revolving door” phenomenon of admission/readmission; chronic shortage of manpower and training; a treatment approach that is largely “hospital-based, biologically oriented and symptom-focused”; and failure of the population to understand the roles of the psychiatric hospital leading to coexisting abuse and under-use of the facility. A collaborative, community-based approach is vital in addressing these problems.

Note: This placement was an incredibly challenging and rewarding experience, offering insight into the need for community-based strategies to address health inequity, and the privilege and responsibility that accompanies being a health professional. I feel the inclusion of this valuable experiential elective in the
curriculum was a worthwhile opportunity, shaping my growth as both a prospective doctor, and as a person.

Community Participation in Social Sciences Research

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Context: Community participation to improve the quality of life helps communities attain ownership of the interventions and outcomes. Some of these activities include full participation in social sciences research.

Objectives: The objective was to have a rural South African community fully participate in a study to analyse children's fundamental rights. The strategies promoted community participation to achieve the community's ownership of both the research findings and the implementation of recommendations.

Interventions: The strategies included: 1) Mapping of all necessary stakeholders and involving them right at the beginning of the study; 2) Involving stakeholders in the planning of regular meetings; 3) Forming a community steering committee; 4) Employing and empowering various community members as field workers in the project; 5) Conducting continuous feedback sessions with the stakeholders; 6) Utilizing research findings for planning activities in the community; and 7) Convening a strategic planning session with various stakeholders.

Findings: At the end of the research project, the community had a functional steering committee to continue implementing, monitoring and evaluating intervention strategies. The community uses skills learned during the research project to identify and conduct new research projects.

Conclusions: At the end of the project, the community was satisfied with the research project partnership.

HIV/AIDS Post-Exposure Prophylaxis for Victims of Sexual Assault Attending Umtata General Hospital, Eastern Cape, South Africa

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Context: An earlier study showed that more than 90% of victims of sexual assault were HIV- seronegative at the time of the incident. This is despite that the community has a high prevalence of HIV. In sexual assault cases PEP is recommended to prevent HIV transmission as it prevents the virus from multiplying and establishing infection. (Barnberger et al 1999) Therefore, therapy with Zidovudine (AZT) and Lamivudine (3TC) is justified for post exposure prophylaxis (PEP).

Setting: Sinawe Center attached to Nelson Mandela Academic Hospital.

Objectives: To describe the demographic characteristics of the victims and to assess the outcome of HIV transmission.

Design: Descriptive.

Subjects: Five hundred and ninety four victims of sexual assault.

Interventions: Post exposure prophylaxis with AZT and 3TC.

Main outcomes: The very low follow up for the second (35/225 =15.5%) and third (7/225 =3.1%) are significant findings.
Results: There were 594 victims of sexual assault during the study period. Of them, 346 (58.2%) were children under the age of 15 years. Seventeen children (4.9%) were found to be HIV positive on the first test. Among the adults, 58 (23.4%) tested HIV positive.

Of the 225 who attended after PEP was introduced, only 2 (0.9%) were found to be HIV seropositive at the time of the incident. The second test was recommended after 4 weeks and the third after 12 weeks. The majority (84.5%) of the victims did not report for the second test. All 35 (15.5%) who came for the second test were seronegative. Seventeen of those who came for the 2nd test were between 11-15 years of age. Only 7 (3.1%) victims came for the third test, and they too were negative. Nausea and vomiting were the commonest side effects of PEP treatment in four patients (1.7%); and one developed a generalized rash.

Conclusion: Only one victim seroconverted. Majority of the sexual assault victims (84.5%) did not report for the second HIV test; 80% of those who had the second test did not report for the third test.

Incidence of Suicide Among Teenagers and Young Adults in the Transkei, South Africa

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Context: The Eastern cape is the second largest province in South Africa comprising 15.5% of the total population. The population is predominantly female (54%), non-urban (63.4%) and African (86.4%). The numbers of people aged 0-14 (39.3%) and over 60 (8.4%) are disproportionately high (Census report 1996). Most men earn their living by working as migrant laborers in urban areas, which are most of the time far from home. In fact Eastern Cape has the highest percentage (24%) of the poor families that have an income of Rand 2700/- or less, and this figure rises to 92% in former Transkei (Perret, 2002).

Setting: Umtata General Hospital.

Objectives: To determine incidence of suicide among teenage and young adults.

Design: This is a retrospective record review of deaths due to hanging from January 1993 to December 2000.

Subjects: There were 6181 autopsied subjects.

Results: There were 26 (3.4%) cases by hanging out of 726 autopsies in 1993, and this had risen to 42 (4.4%) out of 948 in 2000. Half the deaths (51%) recorded due to hanging were young adults, and 13% adolescents less than 15 years of age. Nineteen percent of the deaths were in the age group 31 to 45 years, and 7% in the elderly more than 60-years.

Conclusion: There is increasing incidence of suicides in Transkei. About two-third (64%) of them were below the age of 30 years. Suicidal tendency among teenage and young adults is emerging as an important health issue that needs to be addressed. The communities in this area lack facilities for those with suicidal ideation to seek help from, in a crisis. Thus it is necessary that there should be a wider distribution of health resources to overcome this disparity.
Overcoming Health Disparities through Partnerships: From Community Engagement Toward Community Empowerment - Rockford, Illinois USA

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Context: Engagement of community members in community-based initiatives is but a first step in the process of community empowerment. A variety of strategies for engaging communities have recently been identified and are currently being tested in various geographic settings and with various community groups. Of particular interest is the exploration of partnership strategies among rural and/or underserved communities.

Objectives: The major aims are: 1) to examine a variety of strategies utilized to identify and interact with rural and other underserved communities; 2) to promote a process in which communities can become engaged as equal partners with members of the academic community; and, 3) to describe plans for moving beyond engagement to community empowerment.

Design: The use of naturally existing, community-based entities such as state extension services and community advocacy organizations permit initial entre into the community. Formation of a community advisory board and plans for community forums to address the needs of the community serve to promote initial phases of engagement.

Main Outcomes: The identification of community partners can be facilitated through a combined approach which includes input from not only community-based organizations and persons already in place (community-defined) but also through the dissemination of user friendly information and data which speaks to data-driven community needs.

Conclusions: Initial lessons learned from the community engagement process include the importance of identifying and engaging community members as equal partners in the engagement-empowerment model, promoting and supporting community initiatives for self determination and creating an environment for interaction and participation that is open and flexible.

Introduction of Problem-based Learning at Makerere University Medical School

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Context. For almost 80 years Makerere University Medical School had a traditional medical curriculum based on lectures and practicals. In 2003, the School embarked on implementation of a new curriculum with Problem-based Learning (PBL) and Community-based Education (CBE).

Objective. To describe the features of the first year of the new medical curriculum of Makerere University Medical School.

Design. PBL is the backbone of the new programme. Eight to ten students meet twice a week with one or two tutors in tutorial groups to work on problems selected and designed by faculty. Every Wednesday afternoon tutorial groups visit the wards of the teaching hospital. Here, clinical cases encountered are related to aspects of basic sciences we need to grasp in order to understand the patient’s problem. During their holidays (“recess semester”) students were sent to communities to participate in primary health care, e.g. by conducting health education, rehabilitation, immunisations and environment sanitation.
Conclusions. The first class following the new curriculum is highly motivated and very enthusiastic about the completed first year programme. Eventually the outcomes of the new curriculum need to be compared to those of the former curriculum.


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Context. In 2001 a proposal of a new epidemiological surveillance system for sanitary emergencies was developed for Ecuador, which objective is to rapidly respond to outbreaks, epidemics and disasters. At the end of 2002 began the implementation of the system, for which a manual of norms was published and education materials were designed. utors at the national and provincial level were trained, who in turn trained the district epidemiologists, who on their turn trained the public health staff of care facilities.

Objectives. In December 2003 a mid-term, self-evaluation was carried out in order to measure outcomes and outputs of the system, to analyze the factors that facilitated or limited its implementation, operation and performance, and to identify solutions for problems encountered.

Methods. Five aspects were evaluated: training, resources, surveillance system management, use of the information system and qualities of that information system. Out of 168 district healthteams 157 responded to a questionnaire.

Results. A total number of 6883 health workers were trained working in 1648 health facilities. The highest scores were reached in training and system management: 79% and 64% of the districts respectively reported a good or very good performance. In availability of resources, use of the information and system qualities 9,5%, 29,4% and 34,2% of the districts scored good or very good, respectively.

Conclusions. A year after its implementation, the overall performance of the system reached a regular qualification. Despite of the limited resources (U.S. $ 12,000 of additional funds) but due to the methodology used, the training process was a success, because of the national coverage and the number of personnel trained. Surveillance system management and quality was often rated good or very good, although the use and quality of information systems was still weak.

Overcoming Health Disparities through Partnerships in Policy Development and Advocacy - Rockford, Illinois USA

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Context: Health policy development and advocacy in the areas of health disparity reduction and rural health are often under-looked and under-utilized vehicles for change. Policy development and advocacy can be directed toward enhancement and expansion of the existing rural health and health disparity agenda or has the potential to create new and innovative legislation that is supportive of health disparity and rural health issues.

Objectives: The major aims are: 1) to suggest strategies for the development and advocacy of rural health and health disparity policy; and, 2) to promote the use of data driven and community defined issues as triggers for policy development and advocacy.

Design: An evidence-based perspective has been employed as the basis for the Center's health policy development and advocacy efforts. A number of evidence based initiatives in the research, education and
public policy arenas provide avenues for direction setting in each of these core areas. In addition, the tracking of current and pending legislation through a variety of web-based search engines provides easy access to governmental activity on this topic.

Main Outcomes: Advocacy for public policy aimed at health disparity reduction in rural settings can take place in a variety of venues (e.g. institution, campus, state, region) and among a variety of constituencies (e.g. academic department heads, administrators, legislators, community members). Initial efforts have focused on the essential step of building partnerships at the institutional and campus level. In addition, partnerships with communities have also begun to move toward policy development and advocacy in the area of health disparity reduction.

Conclusions: The active participation of both Center staff and community partners in health policy development and advocacy is a useful strategy for promoting the policy agenda in rural health and other health disparities. Likewise, Center-generated policy briefings, white papers and advocacy through membership on committees at multiple levels helps to ensure visibility and partnership opportunities.

Communities’ Awareness, Perception and Participation in Community-based Medical Education of the University of Maiduguri, Nigeria

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Background: Community-based medical education (CBME) is no longer a new innovation in medical education since the establishment of the Network: Towards Unity for Health (TUFH) 25 years ago. The university of Maiduguri medical school started her CBME program in 1986 but not on a continuous basis in three rural local government areas (LGAs) until 1990 spanning a distance of between 25 and 145 km. The study was conducted to determine the level of awareness, perception and participation of the communities in the CBME.

Method: A cross sectional survey was carried out in 11 village units of the three local government areas using a 14 item structured questionnaire administered to adults in randomly selected households in August 2000. The questionnaire was based on guide questions used for focus group discussions earlier held with community leaders.

Result: The level of awareness of students’ visit among respondents in the 3 LGAs is 73.7%. Knowledge of the frequency of presence of the students in the communities is 50.8%. “To examine and treat” (33.6%) and “to ask questions” (16.6%) were the most prominent reasons given for the visit. Most of the respondents perceived the visit as beneficial (72.2%). More frequent visit was requested by 54.4% of the respondents. The communities are willing to be more accessible and feel that the LGAs should provide more logistic support to the program.

Conclusion: The study reveal that the communities are aware of the students visit as well as know some of the reasons for the visit, think it is beneficial and are willing to give more support to the program.

Knowledge on Breast Cancer Among Sudanese Women

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Context: According to WHO statistics, Sudan has the highest incidence and mortality rate for breast cancer in Africa.
Objectives: To study breast cancer patient behaviour and to assess knowledge about this disease among Sudanese women.

Methods: Patient records of the Sudanese Cancer Society (SCS) were reviewed. Focus group discussions were held with small groups of women to test a 12-item questionnaire and to inventarise myths and misunderstandings about breast cancer. The questionnaire was next applied to women visiting an open day on cancer.

Main outcomes: SCS data showed 24% of breast cancer patients coming to the hospital to be in stage 2, and 74% to be in stage 3 or 4 of the disease. The majority of these patients refused radio- and/or chemotherapy, perhaps because 72% of women interviewed were of the opinion that breast cancer cannot be cured.

Conclusion: Health education on breast cancer for Sudanese women is urgently needed. This may include advice to women to adopt breast self-examination as a routine practice.

**Overcoming Health Disparities through Partnerships in Research and Evaluation: Working with Communities - Rockford, Illinois USA**

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Context: The concept and practice of community-based participatory research (CBPR) calls for the active and equal engagement of community members in all phases of the research process. Adherence to the principles of CBPR requires academic based researchers to restructure many of the components and phases of the traditional research process.

Objectives: The major objectives are: 1) to present a series of research and evaluation projects aimed at addressing various aspects of health disparity; 2) to compare and contrast the variety of approaches CBPR researchers have employed; and, 3) to discuss the similarities and differences in research strategies used by CBPR researchers.

Design: The research and evaluation projects vary in the research methodologies they employ including both qualitative and quantitative paradigms, data collection and analysis methodologies. Mixed methods approaches are also utilized.

Main Outcomes: A phased-in approach to identifying and collaborating on a CBPR agenda has been established. The first phase involves the conduct of research and evaluation projects that have been ongoing prior to new funding directed at health disparity reduction. The second phase involves the conduct of research in which significantly more attention is paid to community defined issues related to health disparity reduction.

Conclusions: A sequenced approach to the conduct of research and evaluation projects may be useful in establishing and building trusting relationships among partners engaged in CBPR efforts.
Understanding the Haitian Community: A Participatory Action Research Project to Reduce Disparities in Diabetes Care

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Context: The Cambridge Health Alliance (CHA) serves an ethnically and socio-economically diverse population including a large Haitian community. Data on CHA’s Haitian diabetics indicate that their initial HgA1c is higher and improves more slowly than other diabetic groups. This project will be a collaboration between the community and CHA to reduce these disparities.

Objectives: 1) To design a participatory action research project; 2) To assist key stakeholders in articulating their health and social priorities; 3) To understand the community’s perspective on chronic diseases; 4) To co-design appropriate interventions; and 5) To develop a sustainable collaborative model between CHA and the Haitian community.

Design: Phase 1: a) Understanding the Haitian Community; and b) Members of the community, Diabetic patients and CHA staff will be interviewed and asked to describe the community, its major social concerns, and approaches to address them. Phase 2: a) Assessing social and health priorities; and b) Community participants (including diabetic patients) and CHA will collaborate to describe health issues. Phase 3: a) Implementing a Diabetes Pilot Intervention; and b) Participants will list potential interventions. A sub-group will work with CHA to design and implement the pilot project. Phase 4: a) Evaluating Outcomes and Providing Feedback; and b) The interventions’ effectiveness will be measured by the numbers of patients who receive preventive services.

Main outcomes: 1) To increase the Haitian community’s capacity to describe and address health issues; 2) To increase community awareness of effective approaches to managing chronic illnesses; and 3) To improve communication between CHA and the community it serves.

Conclusions: This participatory action research project will model developing a shared understanding of immigrant populations, assisting a community improve its own care, and engaging a healthcare institution in its own community. The project began in June 2004 and phase 2 will be completed by October 2004.

Preparing Medical Students for Reflective Learning on Health Equity Issues

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Context: The medical School at the University of Newcastle, Australia, has incorporated an 8 week Health Equity Selective course as part of the core curriculum in third year. This is inline with the school’s emphasis on a holistic approach to medical care, in the context of understanding the impact of socio-economic determinants on health. The course is based on structured, supervised experiences in a diverse range of settings which aim to expose students to educational opportunities for reflective learning on health equity.

Objectives: A preparatory one week event was designed in order to prepare students for the educational experiences while on placements, either in rural areas, correctional services, aged-care facilities, healthcare settings in developing countries, or aboriginal communities. The preparatory event aimed to provide with educational tools to facilitate reflective learning on health equity issues, to provide with practical expertise for learning in community settings and for building individual character.
Design: The preparatory week consisted in a series of activities ranging from lectures to practical 'hands-on' clinical training, including experiential workshops, oriented toward reflective learning. The themes covered included ethics, medical sociology and anthropology, health equity, cultural sensitivity, health economics and specific aspects related to the various placements.

Outcome: The preparatory week was evaluated with specific surveys and the results indicate a high impact on the student’s perspectives regarding health equity and the socio-economic determinants of health. Evidence was found that the events of the week had an effect on attitudes related to health issues. It was interesting that the most effective event, in terms of reflective learning, was an experiential workshop – “The Oxfam Hunger Banquet”.

Conclusions: A preparatory week with a series of activities, related to placements in community based health settings, is highly effective in preparing students for an experiential educational activity for eliciting reflective learning.

Innovation of Health Professional Education with the Implementation of ‘Character Building’ to Medical Curriculum

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Context: In today’s world we live in what many call an “immoral society”. Millions of people around the world have lost their direction and/or their consideration for the community. The moral and ethical implications of this are enormous and are not confined to any one sector of society. Given this situation, and with the intent to preserve the moral and ethical standards of the health professionals in our communities amidst a derogating society, the concept of ‘character building’ has been developed for incorporation in medical education.

Objectives: Building character implies recognising and accepting the varying levels and considerations of moral and ethical values within a person. The task of character building is then to strengthen the inherent beliefs and values of an individual, with a focus toward self-development. We have developed a character building ‘course’ for incorporation into medical education curricula. The objective of the course is to provide a mode for an individual to forge and develop their own character to maximum potential, while educationally exposing them to various moral and ethical dilemmas for their self-directed learning.

Main Outcomes: The concept of the character building course aims to strengthen the health workforce in terms of morals and ethics. The main outcome of the course is to initiate a self-exploratory process in which an individual might analyse his/her values and beliefs in light of exposure to various scenarios which present distinct moral and ethical dilemmas. The intent is to build upon the character of an individual, strengthening and guiding their inherent values to forge a strong and unwavering character.

Conclusions: The concept of a character building course, innovative to the education of health professionals, presents a key education methodology for enhancing the moral and ethical stature of health professionals.

To Study the Impact of HIV Care on Non-HIV Admissions at a Secondary Care Center

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Setting: A secondary hospital with well-developed HIV services in a high density population of HIV infected individuals. EBH-Evangeline Booth Hospital, Ahmednagar.
Objectives: To assess the relation between the provision of HIV services and the decline in the non-HIV patient load in the hospital.

Design: Quantitative- review of medical records over the past 4 years focusing on the patient load. Qualitative- Interview of HIV patients, non-HIV-infected members of the same community and EBH staff with the help of a questionnaire formulated by the team.

Results: The qualitative study clearly showed a significant decrease in patient load over the past 4 years (Total-15.5%, New patients-30%). The surgery-44% and obstetrics-48% departments had suffered the most but also other departments (medicine-19%). In contrast, there was a (65%) increase in the number of HIV patients coming to the hospital. In the qualitative study of the community there was a high degree of awareness of the disease and its methods of transmission. The non-HIV community members who were interviewed did not think that admission of HIV patients would influence their decision to access the hospital. The primary reason for persons not coming to hospital was financial constraints rather than a perceived stigma related to HIV infection. The EBH staff attributed the decline in patient load partially to the high HIV load. However they felt that more significant reasons causing decline were decrease in quality of treatment, non-availability of facilities and absence of doctors.

Conclusions: The hospital staff perceives the decline in non-HIV admissions to be due to the stigma associated with the provision of HIV services. This in contradiction to the perception of the community which had a positive attitude towards the HIV services of the hospital. Several other factors such as cost and the decline in quality of non-HIV services may have contributed to the decline in non-HIV patients.

The Magnitude and Seriousness of Diabetes in India

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Context: AHEAD Medical Center’s aim is to serve the poorest, sick and suffering people in India by health education including curative, rehabilitative and affordable treatments. Diabetes, with its attendant acute and long term complications, and the myriad of disorders associated with it, is a major health hazard. In keeping with the scenario of most developing countries, India has long passed the stage of a diabetes epidemic. The problem has now reached, in scientific language, "pandemic" proportions. To put it simply, it has crossed the dividing line in which it is a problem associated with individuals, no matter how large this number may be, and is now a very large public health problem, growing astronomically year after year.

Objective: AHEAD studies the present prevalence of diabetes in India, so as to provide awareness and curative methods against this disease.

Text: The prevalence of diabetes has been growing by leaps and bounds. In the last 20 years there has been 3 fold increase in the prevalence of diabetes. It is estimated that by 2010 India will have 20% of world’s diabetic population.

Interventions: AHEAD has seen significant changes in what is considered better treatment. We provide nutrition counseling, and screening for diabetes complications. It has shown considerable improvement in the well being of the communities that we are dealing with. AHEAD sincerely hopes that this will be another important step towards providing better health care for people with diabetes in our country.

Conclusion: AHEAD has seen significant changes in what is considered better treatment. We provide nutrition counseling, and screening for diabetes complications. It has shown considerable improvement in the well being of the communities that we are dealing with. AHEAD sincerely hopes that this will be another important step towards providing better health care for people with diabetes in our country.
Communicative Competence in a Medical Context at the Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad

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Context: A first-semester health communication course introduces health communication principles and concepts, and the second-semester course focuses on their professional application. The courses aim to develop students' communicative competence. Clarifying the meaning of communicative competence in a medical setting is central to the concept of teaching English for Communication Purposes (ECP), as distinct from Communicative Language Teaching (CLT).

Setting: Annually, since 1995 at the Faculty of Medical Sciences, University of the West Indies, St. Augustine approximately 200 first-year students have taken health communication courses.

Objectives: This study develops a concept of pedagogical communicative competence in a health setting.

Design: Students' views of communicative competence are compared with evidence in the research literature to address questions: 1) What is meant by communicative competence in the context of Year 1 students in the Faculty of Medical Sciences, UWI? and 2) What are the necessary components of communicative competence within a medical context?

Subjects: Undergraduate first-year medical students.

Interventions: Students attended two compulsory courses in health communication over two semesters.

Main outcomes: Students' views contribute to an expanded pedagogical definition of communicative competence in determining students' needs and in designing appropriate curriculum experiences.

Results: A concept of pedagogical communicative competence using the learner's perspective is demonstrated.

Findings: Questionnaire data show 40.6% of students' views are expressed as self-improvement in communication skills, communicating for social purposes, developing basic communication skills, and 59.4% as communicating with patients, and developing specific medical communication skills. The interview data show that students' views are expressed as expectations, the effect of the courses attended, and development of communication skills.

Measures: Students' responses to a 35-item questionnaire (N=93) and a focus group interview (N=8) are compared with literature findings.

Conclusions: Teaching ECP emphasizes the value of taking the learner's perspective into account, resulting in a definition of pedagogical communicative competence.

Narrowing the Gap: Urban Forum on Health Disparities an Effective Venue for Community-based Participatory Research

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Context: The profound racial and economic residential segregation in Milwaukee, WI is reflected by marked inequities in health outcomes that begin early in life and transcend the lifespan. Higher rates of infant mortality, unintended and teen pregnancy, mental illness, cardiovascular diseases and cancer, as
Cocktail Poster Session
Saturday evening - page 45 and 54 - Grand Ballroom

well as lack of health insurance and profound poverty disproportionately afflict people of color in Milwaukee.

Objectives: Partnerships for Healthy Milwaukee, an interdisciplinary health consortium identified four objectives targeted towards reducing and eliminating health disparities: 1) Enhance public information and outreach efforts to eliminate health disparities; 2) Identify factors and interventions associated with eliminating health disparities; 3) Form new and enhance current partnerships to advance progress in eliminating health disparities; and 4) Secure community commitments to action toward eliminating health disparities.

Design: In November 2003, Partnerships for Healthy Milwaukee, hosted Milwaukee's Second Urban Health Forum: "Narrowing the Gap: Mobilizing Resources in the Greater Milwaukee Community to Address and Eliminate Health Disparities." The day-long Forum was designed to strengthen the capacity of the community to tackle profound issues around health disparities.

Main outcomes: Nearly 300 participants, representing academia, government, and the community listened to presentations by national and local speakers and engaged in dialogue about collaborating, partnering, and moving toward implementation of "evidence-based" practices. Participants also documented their commitment to action which were compiled into a blueprint for strategic health planning efforts around health disparities and were published in Milwaukee's Commitment to Action: Report from the 2003 Urban Health Forum. The Report is also available online at www.healthymilwaukee.org.

Measures: Responses from participant surveys overwhelmingly indicated (93%) that the Forum was valuable and effective in mobilizing the community towards action.

Conclusions: Overcoming persistent and perplexing health disparities will require continued commitment to collaborative efforts to align and leverage resources from diverse sectors and all levels of the community.

The University of Alabama (UAB) Recruitment and Retention Shared Facility: “A Facility Designed to Reach People”

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Context: The recruitment and retention of subjects in clinical research require great efforts from investigators. Despite federal requirements that minorities and women be included in clinical research, recruitment and retention of these groups remain a challenge. Barriers related to the community include: 1) Fear and mistrust; 2) Life priorities and health beliefs; 3) Past experiences; and 4) Socioeconomic barriers. There is a great need for effective interventions to optimize minority and low-income women’s participation and retention in clinical research, and to address barriers to recruitment and poor compliance with study protocols.

Objectives: The RRSF places special emphasis on underserved, low-income and rural populations in an effort to reach those in need of preventive services and health information. We promote community participation in research through innovative, cost effective recruitment and retention strategies, and by developing and maintaining partnerships within the community. We are committed to mentoring minority researchers.

Main outcomes: The RRSF goal is to provide and maintain an ongoing linkage between UAB and the surrounding community. The RRSF provides a recruitment infrastructure; creates and conducts tailored recruitment; assists investigators in developing and preparing research proposals; and designs and tests innovative recruitment strategies for target populations.
Because of the need to be present in the community, the RRSF trains respected community lay volunteers to establish networks of research partners within communities. The lay community volunteers help us by reaching “hard to reach” populations, spreading health information, and encouraging healthy behaviors. The RRSF strives to achieve its goals by: 1) Staying in constant touch with the community through an established Community Board that leads and counsels RRSF staff; 2) Maintaining ongoing relationships with the media and community organizations; and 3) Building a supportive and trusting relationship with community physicians.

Results: The RRSF model has sparked interest from many major academic and research institutions and is being studied for duplication.

Overcoming Health Disparities through Partnerships Among the Health Professions: Issues in Education and Training - Rockford, Illinois USA

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Context: Recently, there have been a number of policy related calls for integration of the health professions to function more effectively as equal members of the health care team. These educational mandates range from the pre-professional, through graduate health professions student to those currently practicing as health professionals in the community. The complexity of health and health care provision requires a transdisciplinary approach.

Objectives: The major objectives include: 1) to provide an overview of the variety of health professions educational opportunities that have been developed through the NCRHP; 2) to discuss the pedagogical and practical aspects of developing multi-professional education and training opportunities; and, 3) to reflect on past experiences and future directions for transdisciplinary health professions education.

Design: Several design elements have been utilized in the Center's educational opportunities. Due to the geographically dispersed nature of the training provided, a heavy reliance on distance education methodology and technology has been developed including use of polycom and web-based course content. In addition, curricular material has been developed using the principles of problem-based learning (PBL) and also includes experiential learning through community service learning (CSL) activities.

Main Outcomes: Several educational programs have been developed and are currently being implemented and evaluated including the Rural Medical Education (RMED) program for primary care medical students; the Rural Interdisciplinary Health Professions Student Summer Program for health professions students and the Quentin Burdick Rural Health Fellowship Program for practicing health professionals.

Conclusions: Increases in multi-professional understanding can be accomplished through early and repeated exposure to transdisciplinary approaches throughout the educational and practice life of the health professional. In addition, a strong emphasis on program evaluation and tracking of each of the program's participants is key to promoting and sustaining these programs.
Effect of the Nurse-patient Relationship on Social Disaffiliation in Homelessness

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Context: In homeless populations, social disaffiliation, the separation of an individual from his or her social support structure, encourages the development of health-related ailments but disrupts health care seeking behaviors. The nurse-patient relationship as an available therapeutic social support has the potential to promote social structure building and thereby counter disaffiliation while improving health care access.

Objectives: 1) To observe the capacity of the nurse from the patient’s perspective with regard to developing a nurse-patient relationship that supplements the patient’s social network and enables care; and 2) To develop the nurse-patient relationship as a tool for improving health care access among socially disaffiliated people.

Design: Within the context of a descriptive design using qualitative methods, homeless participants from the DePaul Nursing Services Free Clinic are interviewed using a questionnaire addressing demographic data, participant's health, social network, and perceptions about nurses and student nurses on staff. Data is analyzed with descriptive statistics and reviewed for common themes and trends.

Findings: The data suggests the existence of open communication with the nurse despite the extent of a participant’s disaffiliation. Participants are generally willing to share information about their social structures when a nurse-patient relationship has been established, and the majority of participants view social assessments and interventions as permissible and within the realm of nursing care.

Conclusions: The nurse-patient relationship may be used as a tool for establishing social supports in otherwise socially disaffiliated individuals and therefore has the potential to improve health care utilization within homeless populations.

Economic Globalization and Inequality in Health

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Context: Economic globalization has generated mixed impacts on health development of middle-income and low-income nations. This is the motivation for conducting this research.

Setting: Global.

Objectives: To investigate how economic globalization affected health development of middle-income and low-income nations between 1980 and 2000.

Design: Variables that represent the concept of “economic globalization” are first identified and operationalized. We also select infant mortality rate and life expectancy at birth as dependent variables for health status. Using nation-state as a unit of analysis and data from World Bank, WHO, and UNDP, we analyzed variables that explain health development.

Subjects: 176 nations categorized as middle-income or low-income by the World Bank.

Main outcomes: Variables that best explain life expectancy (LE) in 2000 are: 1) Import as % of Gross Domestic Product (GDP;1980); 2) LE 1980; 3) Export per capita (1980); 4) GDP per capita (1980);
and 5) Nation subject to Structural Adjustment Program (SAP). Furthermore, variables that best explain infant mortality rate in 2000 were: 1) GDP per capita (2000); 2) World Trade Organization (WTO) membership; and 3) Infant Mortality Rate (1980).

Findings: SAP has a strong negative impact on a nation's health development. Also, WTO membership has a strong negative impact on a nation's infant mortality rate, while a nation's GDP has a strong positive impact on its health status. However, this research faced several challenges that call for further investigation.

Conclusions: From the various parameters of economic globalization, SAP and WTO membership correlated with a negative impact on a nation's health development.

Profiling Malnutrition Among Under Fives in an Urban Slum in Southern India

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Context: The Community Health Programme is part of a three year programme designed to provide medical students with experience in carrying out epidemiological studies and organizing health education programmes in the community. A twelve member group profiled malnutrition among children under five years in an urban slum.

Setting: Samad Nagar, Vellore town, Southern India.

Objectives: 1. Determine the prevalence of malnutrition among under fives 2. Understand the community's perception of malnutrition 3. Design and conduct a health education programme.

Design: 1) A questionnaire was prepared for a cross sectional study. It focused on each household's demography, anthropometric measures and child rearing practices followed for each child under five; 2) A focus group discussion was conducted among mothers to understand the community's beliefs and practices about weaning, diarrhea and health seeking behavior.

Subjects: Children under five.

Results: The population of Samad Nagar was 676, 16% of whom were under five years. Prevalence of malnutrition based on the Indian Pediatrics Classification was 15%. 75% of the malnourished children were girls. 20% of the malnourished children had high family incomes. 75% of the mothers of malnourished children were illiterate. More than 75% of under fives had more than 4 siblings. Expanded Programme of Immunisation coverage was more than 90%.

Findings: Most mothers weaned their children at 6 months. They attributed malnutrition to diseases like diarrhea which they believed to be due to a curse or poor hygiene. Most preferred to seek private medical care rather than the free government services.

Conclusions: The housing and immunisation status of the slum was good though overcrowding and large family size were problems. Gender and maternal education are stronger determinants of nutrition status then family income. The study integrated quantitative prevalence data with a qualitative assessment of attitudes. Thus a need based health education programme was designed and conducted.
Epidemiology, Precipitating Factors and Clinical aspects of Congestive Cardiac Failure Among South Indian Population

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Context: The Epidemiological, Anthropometric and Etiological aspects of Congestive Cardiac Failure (CCF) patients getting admitted in Tertiary Care Hospitals are likely to vary in different settings.

Objective: To find the prevalence, analyze the selected Epidemiological, Anthropometric & Etiological aspects of CCF.

Setting: Government Rajaji Hospital affiliated to Madurai Medical College, Madurai, Tamilnadu, India.

Method: A Prospective observational study was designed after institutional Ethical clearance. The study included a total of 160 patients (male=51, female=109) with proved CCF admitted in Medicine, Cardiology & Obstetrics wards during the study period. Epidemiological details (age, sex, domicile, occupation and income), anthropometric measurements (height and weight) and etiological aspects (after specific laboratory tests) were collected for each case.

Findings: The male to female difference was statistically significant. Median age was 50 and the mean 47.02 years. Significant more patients came from rural areas (urban to rural ratio 1:3) and had income below one US $ per day. The Body Mass Index was below 18 in 23.71%, 18-23 in 53.72% and 24 and over in 22.57%. The etiological aspects were rheumatic heart disease and anemia (37% each), chronic obstructive pulmonary disease (6.6%), coronary heart diseases, hypertension and thyroid disorders (3% each).

Conclusion: The commonest causes of CCF were rheumatic heart disease and anemia and all affected were manual laborers. The prevalence, socio-demographic aspects, anthropometric data and etiological aspects observed in this study were different from urban areas of this country and other developed nations. A majority of them are preventable, efforts should be taken for early diagnosis and implementation of health promotion and disease prevention strategies.

Chronic Disease Surveillance: A Powerful Tool for Identifying and Reducing Health Disparities in Specific Populations

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Context: Chronic diseases have an enormous impact on individuals and society around the world. Populations present unique health inequalities with respect to chronic diseases and their risk factors due, in particular, to geographic, economic and socio-cultural determinants. Gender, geographic and ethnic disparities with respect to chronic diseases such as cardio-vascular disease, diabetes and others are increasingly recognized, and are becoming more apparent because of factors such as globalization, international migration and urban development.

Objectives: To present results of three chronic disease and health disparities surveillance initiatives.

Methods: Chronic disease and health disparities were examined by gender, geography and ethnicity through three major surveillance initiatives. A wide range of data sources, such as cancer and mortality data, health service data, population health surveys, census data, and immigration data, were used to examine whether health disparities exist within the specific populations under study. The conclusions are drawn from large samples, from over 125,000 for survey data up to the entire population.
Results: Analyses by geography showed that there are different mortality patterns for rural and urban communities in Canada. In urban areas, mortality rates are higher for all cancers combined and infectious and parasitic diseases. Rural and small towns have higher rates for accidents and injury-related mortality, and chronic diseases such as respiratory and circulatory diseases. Gender disparities were also found, particularly in the area of musculoskeletal conditions and chronic pain, where the prevalence was higher in women compared to men. Discrepancies among immigrant subgroups were observed for certain mortality rates, including HIV/AIDS, stroke, homicide, stomach and liver cancer. Physician service use among immigrants granted refugee status in Canada was greater than among other Canadians.

Conclusions: Surveillance and health assessment is an important tool to identify health disparities. It must be part of any strategy to address health disparities, as it can inform policy decisions with respect to disparities and contribute to identify health promotion strategies to reduce those disparities.
Alazhari Virtual Case Program (AVCP)

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Context: Faculty of Medicine, University of Al-Zaim Alazhari, is a leading medical institute in the province of Bahri, Khartoum state, Sudan. The faculty has newly abandoned the traditional educational approach and adopted an innovative medical curriculum; this shift in educational strategies had a great impact on student studying in the faculty, leading to the establishment of many students-centered programs. Students, generally, may be unable to see all the cases when needed, due to unavailability, high numbers of student in the clinical groups, and the limited time allowed for clinical rotations. The Alazhari Virtual Case Program (AVCP) is an instructive and evaluative program that seeks to collect all the obtainable clinical cases and make them accessible for the student whenever required. The program is set-up in a practical format, in which a patient is presented in a virtual way to situate him as close as possible to the students.

Objectives: To provide the student with virtual clinical cases, obtainable whenever required and integrating the clinical and problem-solving skills.

Design: Problems are collected from real cases, the internet and other resources. They are modified by senior students to a CD-format using a pre-existing template created under medical supervision.

Conclusions: AVCP is a promising educational tool for students, breaking the gap between theoretical study and clinical practice.

Introducing Clinical Trials Into Medical Student Education

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Context: The University of Hawaii, John A. Burns School of Medicine (JABSOM) appreciates the importance of clinical trials to the advancement of medical care. This project introduced clinical trials issues and experiences throughout the curriculum of first year medical students.

Objectives: To introduce clinical trials management in patient care within the educational curricula of medical students using resources from the National Cancer Institute (NCI).

Design: Like other medical schools in the United States, JABSOM has instituted problem-based learning (PBL) and clinical field experience over traditional didactic, lecture-style curriculum. This project incorporates the National Cancer Institute’s Clinical Trials Education Series (CTES) within the PBL and clinical field curricula of first year medical students at JABSOM. The Clinical Trials Education Series was developed and evaluated by NCI’s Office of Education and Special Initiatives. The CTES project is administered through the NCI’s Cancer Information Service which provides regional support to partner organizations implementing this educational project.

Interventions: Sixty students were provided copies of the NCI’s CTES “The In-Depth Program.” This resource provides information about clinical trials specifically designed for health professionals engaged in medical practice. Subsequently, these students were challenged with PBL scenarios requiring extrapolation of CTES concepts. In addition, students were provided with practical learning opportunities through optional internships with physicians conducting clinical trials at the University of Hawaii’s Cancer Research Center, and Tripler Army Medical Center. This clinical trials ‘shadowing’ provided early clinical experience for these students and served to integrate their learning opportunities.
Findings: Of the 33 students who completed a pre-intervention assessment in August of 2003, 75% agreed that it was important to include information about clinical trials in medical school curriculum, and 84% felt that learning about clinical trials during medical school would influence their future practice.

Conclusions: Medical education curricula can be successfully integrated with information about clinical trials.

The Baires: An Instrument for Training in Interviewing Skills in Spanish

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Context: An instrument to assess interviewing skills might be a good strategy to promote a change in communication skills training.

Setting: Primary care setting in a University Hospital in Argentina.

Objectives: To determine the reliability and validity of an instrument for assessing interviewing skills.

Subjects: Fourteen PCPs were selected from faculty in a stratified random sample. Five of them agreed in participating in OSCE. Seventy-five actual interviews were videotaped. Two incognito- standardized patients interacted with the PCPs in one-to-one simulated patient visits. After the encounter, each patient was interviewed. The purpose was to assess the interaction. Six observers were trained in the instrument application. Blind to other observer’s score, each observer independently and randomly rated interviews. Pairs of observers were randomized. Both PCPs and patients gave informed consent for participating.

Reliability: independent raters rated videotaped OSCE doctor patient interactions. Consistency and interrater and intercase reliability were calculated.

Validity: OSCE scores of subjects with different training levels were compared, and correlation with subsequent patient interviews were calculated. Incognito simulated patients unobtrusively observed doctors actual performance in practice. Their findings were compared with the doctors’OSCE scores.

Results: This BAIRES has: - high Consistency (global alpha coefficient=0.92) - high Interrater reliability (ICC= 0.86 and Kappa= 0.67) - low Intercase reliability with two SP (r = 0.23 and 0.19) - Content validity: according to design process - Construct validity: differences between trained and non-trained PCPs. - Lack of evidence on Convergent-Divergent Validity.

Conclusions: The Baires is reliable and valid instrument.

Teaching Bioethics in a High School Setting

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Context: A Bioethics Club aimed at the high school level was established to stimulate and encourage minority students to increase their critical thinking, writing, and oral skills in order to increase their interest in professional careers related to bioethics and public health.

Setting: Booker T. Washington High School located in a rural southern town, Tuskegee, Alabama, serving approximately 1,200 African American students.
Objectives: To describe goals and objectives of Bioethics Club as well some of the current and future activities.

Main outcomes: Upper level students were exposed to a variety of public health and bioethical topics to increase their knowledge as well as increase their exposure to a variety of possible health careers. Topics covered included environmental justice, bioethical issues in stem cell research and other research topics, and other social justice issues, such as role of media, death penalty issues, and prison health. Real cases were often used as examples, including a thorough review of the United States Public Health Service Syphilis Study (Tuskegee Syphilis Study) conducted from 1932-72. Format included interactive lectures, field trips, and debate sessions, including individual writing and verbal opportunities. Future activities include development of a Bioethics Debate Team and a community-based residential lead abatement program.

Conclusions: Establishment of a Bioethics Club at the high school level may be used to increase minority students’ exposure to bioethics and public health at an earlier time interval in order to arouse their interest in careers in bioethics and public health.

The Teddybear Hospital

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Context: The aim of the “Teddybear Hospital” is to, in a relaxed and non-fearful environment, introduce children the hospital world and to give medical students an opportunity to meet children and practice “doctor-child” communication early in their studies. Local IFMSAs (The International Federation Of Medical Student’s Associations) have for several years arranged “Teddybear Hospitals” in different cities in Sweden.

Objectives: To describe the “Teddybear Hospital” arranged by medical students and local IFMSA at Linköping University, May 2003.

Main outcomes: All medical students interested in participating attended an introduction evening with a paediatrician where they got the opportunity to discuss any expectations or fears and ask questions. All nursery schools in Linköping with children between 3-6 years old were invited to participate. On the day of the event a tent was set up in a park adjacent to the hospital. All attending medical student were wearing white coats and equipped with everything from stethoscopes to syringes to examine and treat the stuffed animals brought by the children. Nurses from the hospital “play therapy” were also present and an ambulance was displayed. In the evaluation, all students found the day to be a huge success. A great majority thought they learned useful things for the future. Everyone stated they would like to take part again. All responses from the nursery school teachers were very positive and some of them were even planning to start their own “mini Teddybear Hospitals”!

Conclusions: Our experience is that a “Teddybear Hospital” is an excellent and fun way to make children less afraid of white coats and a great opportunity for medical students to practise their future profession and come in contact with children.
The Maternal and Child Health Institute: The Effects of Distance Learning Curriculum for Meeting Healthy People 2010 Goals and Objectives in 2002-2003

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Objective: The primary objective is to determine the perceived effects of the Maternal and Child Health Institute (MCHI) distance-learning curriculum in meeting Healthy People 2010 goals and objectives.

Introduction: The Maternal and Child Health Institute assists state maternal and child health directors and state APHA (American Public Health Association) affiliates in collaboration with community and civic leaders to achieve the Healthy People 2010 MCH objectives. The training will provide a forum for exploration of new paradigms, and new ways of approaching some of the complex and long-lasting issues related to improving maternal and child health for all populations.

Methods: This retrospective exploratory study uses descriptive analysis to examine cohorts spanning a two-year period (2002-2003). Data was collected post-intervention to access the program's impact. Program evaluation included process evaluation reports.

Results: Evaluative survey response rate was 70%. Success rates as measured by the participation in one-hour monthly teleconferences with the Experts, completion of stated objectives, and perceived success were as follows: 1) The participation rate in the teleconferences was 33% (n=30), with an average of 10 persons on each call; 2) Per self-reported data, 22% (8/37) of the goals were completed. Progress on all goals (n=37) ranged from 23% to 83% among teams with an overall mean of 61%; and 3) Participants perceived that their achievement of goals and objectives was positive. Goal development and leadership training was critical to the programs success.

Conclusion: Distance-learning curriculums can be useful for advancing the public health agenda and in meeting critical goals in maternal and child health. This program may have applicability to achieve goals in broader public health contexts.

The Management of Gender-Based Violence Based on the Service-Learning Model

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Context: The management of gender-based violence (GBV) is a contentious public health issue in South Africa. Consequently, the Department of National Health expressed the need to train sensitive, appropriately skilled and knowledgeable health professionals to deal with this pervasive problem. To address this, the Department of Nursing [Faculty of Community Health Sciences, University of Western Cape (UWC)] developed and implemented a service-learning course for 4th year undergraduate students with continuous placement for 5 months in the Saartjie Baartman Centre for Abused Women and Children.

Objectives: 1) To describe the professional and personal development of students in this programme through their service-learning experience in the GBV module; and 2) To foster a sense of civic responsibility based on this form of experiential learning through reflective practice.

Method: The study utilised a qualitative approach to reflect the students’ voices in the research process. Three project teams implemented interventions based on the needs analysis done.
Learning processes and service-delivery outcomes were evaluated through the reflective journals and focus groups discussions.

Main outcomes: Based on the analysis of the students’ reflective journals and focus group discussions: 1) Students developed the knowledge, skills and professional attributes required based on the reflection on their service learning experience; 2) Residents were exposed to health education training programmes and emergency care provided; and 3) Some of the lessons learnt from this pilot run are that realistic planning in terms of outcomes, timeframes, available resources and departmental support are needed for the effective implementation of the programme.

Conclusion: This service-learning experience provided students with intellectual and attitudinal challenges. They found the learning experience and process valuable, even if the planned outcomes did not always occur. Students were able to integrate theory and practice and value their knowledge as trained health professionals.

**Blended Instruction Models for Teaching Health Providers: The Northern Ontario Experience**

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Context: In 2000, a new, state-of-the-art regional library services project for health professionals began to develop in Northern Ontario. Since 2002, the Northern Ontario Virtual Library and Library & Information Services of Health Sciences North became established library services. As a result, health professionals and learners throughout Northern Ontario now have continuous on-line access to high-quality biomedical databases, full text journals and textbooks, and other electronic resources, including on-site database training and on-going user support. This has resulted in an increased demand by health professionals for database training that is customized and provided in a timely manner.

Setting: Due to the vast distances between rural and remote urban communities throughout Northern Ontario, coupled with a harsh climate, on-site library training is not always possible. Therefore, the authors have utilized a blended instruction model that incorporates various technologies with traditional teaching in order to overcome the barriers of distance, the wide range of learning styles, and varying degrees of comfort with information technology.

Main outcomes: Using a blended instruction model has been extremely effective for our eager-to-learn, but widely dispersed, health professional population. Therefore, flexibility, a collaborative spirit between the library and technology staff, on-going evaluation, and a sense of humor were identified as key ingredients for program success.

**An Interdisciplinary Model for Designing Rural Health Care Facilities**

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Context: Partnerships supporting community health education are increasingly recognized as a component to an interdisciplinary curriculum. Project-based learning strategies have been developed that foster exposure to rural community health problems and address the issue of improving the environment of health care facilities through relevant design models.

Objectives: 1) To develop an interdisciplinary, project-based curriculum for Interior Design students; 2) To create linkages with the community by developing community-based educational initiatives; 3) To improve
community-based health services by combining the expertise of university resources with the professional expertise of community health organizations; and 4) To facilitate the students’ learning process by raising awareness of the needs of their community.

Design: Meetings were held as part of a collaborative process between the university and the community representatives. Project goals and objects were discussed and were integrated into the Interior Design curriculum to meet the needs of the students. Guest speakers presented to the students and visitations to model facilities were arranged. Students conducted research and documented their process. Students developed final presentations for evaluation by the client representatives.

Main outcomes: The presentation of 105 design concepts over the course of three semesters generated greater interest in the proposals for the community facilities. Students became aware of the needs of their community and their role in supporting those needs through the design of healthy interiors. Students found adaptive design solutions for common health problems in the community, particularly obesity, asthma and hypertension. Appropriate color systems, the use of non-allergenic materials, safety, disability requirements, and socio-economic issues were addressed.

Conclusions: A partnership between the community and the university was effective in generating design solutions that supported the health needs of the community.

Does an Interactive Session on WHO Ethical Criteria Prepare the Undergraduate Medical Students with Skills to Evaluate Drug Promotion?

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Context: International bodies like World Health Organisation (WHO) have developed ethical criteria for evaluation of drug promotional activities. Medical students need to know these criteria to enable them to evaluate drug promotional activities.

Setting: B.P. Koirala Institute of Health Sciences (BPKIHS) is a deemed health university in Nepal with an integrated undergraduate curriculum in preclinical phase of first two years where Pharmacology is taught.

Objectives: An interactive session on evaluation of drug promotion using WHO ethical criteria was developed for undergraduate medical and dental students.

Design: A pre-test was followed by an interactive session on ‘Critical review of drug promotional literature using WHO ethical criteria’ for both dental and medical students of the preclinical phase. The students were divided into small groups of 4 – 8 students each. Each group was provided with either a package insert or a promotional advertisement on anti microbial agents for discussion using WHO ethical criteria for drug promotion. All the groups presented their observations on the contents of the material with regard to its completeness, relevance and clarity. A post-test was held, using the same pre-test questionnaire, to measure the change if any, following the session in their knowledge on drug promotion.

Results: A total of 187 students took active part in the session. The pre/post-test scores of students indicated that the session increased significantly (p<.001) their knowledge about package inserts and WHO ethical criteria for information for public and for medical personnel. Presentation of observations by the students indicated that they could critically analyse the promotional material provided. Students became aware of direct to the consumer advertisements also. Students (99.47%) stated that the session sensitized them to the necessity for critical review of drug promotional literature.

Conclusions: Assignments on drug promotion as part of the curriculum enable the undergraduates to evaluate the drug promotional literature.
“What Did You Like About this Module?” Medical Students’ Response to Health Services Management Delivered On-Line

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Context: The Faculty of Medical Sciences, University Of The West Indies, Jamaica, has revised its undergraduate module in health management in terms of content and delivery mode, becoming an on-line course using Web-CT formatting. The content was expanded and revised with focus on leadership. Students’ response to this course, has appeared much better than the response of past students to similar courses.

Objectives: To examine students’ feedback on what they liked most about a revised on-line undergraduate module in health services management. Is it the content or is the on-line delivery mode an important drawing card?

Design: 83 out of 105 registered students were present for the course evaluation. They were asked to respond to a newly designed end of module evaluation specific to this module. Students were asked to "list two things that they liked most". 78 students responded. The data were retrieved and a content analysis performed extracting topics which were then grouped into course content and mode of delivery issues.

Results: 139 responses produced 27 themes; 12 under the heading of content and 15 within the delivery category. Within 'content' main emerging themes were; (1) an appreciation of expansion of students’ management knowledge base, (2) use of case studies and (3) ease of comprehension module material (14, 8 and 7 responses respectively). 'Mode of delivery' accounted for 64.7 % (90 responses) and 'content' 35.3% (49 responses).Within 'mode of delivery' (1) ease of accessibility and working at own pace, (2) on-line access and (3) on-line communication were the top three categories (37, 12 and 9 responses respectively).

Conclusions: The major aspect of the module that students enjoyed was the freedom provided by on-line access. Mode of delivery appears to be an important contributing factor to renewed interest.

Promoting Multiculturalism Through Drama Education and Social Action

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Context: Canada is a multicultural society. Despite this endorsement of multicultural policy, people of minority groups continue to experience racial, cultural and language barriers. The Culture Connection Project, funded by Heritage Canada, aims to promote multiculturalism through drama education and social change.

Setting: Six elementary schools in Windsor-Essex County, Ontario, Canada.

Objectives: To promote multicultural awareness and empowerment in elementary school settings.

Design: Focus group and pre-test and post test. Statistical analysis using T-test, correlation and regresional analysis at 5% level of significance were used.

Subjects: 681 grades 4-6 elementary school students.
Interventions: Focus groups were conducted to extract cultural themes for the drama performance for 681 grades 4-6 students. Pre-test and post-test questionnaires were administered before and after the drama performance to measure attitudinal changes. Lead class students then developed and implemented actions to promote multiculturalism in their schools.

Main outcomes: There were no significant differences about the understanding and attitude toward multiculturalism among grades and schools. However, results were significant for comfort level and talking with people who are of different colors.

Conclusions: Children's understanding of multiculturalism is still vague, but they are open and interested to create change if an opportunity is given to them.
Student Assessment in the Integrated Curriculum at the State University of Londrina, Brazil

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Context: Nowadays the community expects a new profile of health professionals who develop not only technical skills but also a range of competences to attend their needs.

Setting: The undergraduate nursing programme at State University of Londrina, Brazil, has introduced a new assessment process.

Objectives: It aims to assess the acquisition of competences related to the professional practice of nursing in an integrated way, which means including cognitive, affective and psychomotor domains. This is a continuous, systematic and dynamic process, and the emphasis is on the formative assessment, stimulating the students to reflect about their performance during the teaching/learning process.

Interventions: The assessment format is not used to classify just the final outcomes by marks. Students are assessed whether or not they demonstrate the development of the abilities required. Each module has determined essential abilities based on the three domains and needed for the nursing practice. The performance of the students is scored as “achieved” or “not achieved” and they have the opportunity, during the module, to recover abilities they couldn’t develop. Strategies of recovering are planned by student and professor.

Conclusions: We believe this mode of assessment helps to develop a range of competences that health professionals should acquire.

Student Perception of a New Problem-based Learning Curriculum

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Student Perception of a New Problem-based Learning Curriculum

Introduction: The Faculty of Medicine at Makerere University, Kampala, Uganda, undertook an intense preparatory period of 2 years before implementation of a new curriculum was commenced. The faculty was anxious to know what the perception of the enrolled 180 students was.

Methodology: Out of a possible 180 students, 134 students responded. They filled in the questionnaire, which dealt with students’ perception of how the tutors carried out their duties, the quality and organization of the course, quality of their discussion and access to learning resources.

Results: Tutoring was rated as mostly excellent. Students’ participation was excellent. They were not impressed with overview lectures and rated access to learning resources as poor. They were anxious about whether they were learning enough, despite the fact that the tutors were impressed with scope, depth and relevance of their discussion.

Conclusion: The whole area of insecurity of students in term of depth and scope of coverage of subject matter in the Guided Problem-based Learning methodology is real. This could be dealt with by continual affirmation from the tutors.
The Challenges of Curriculum Change at Makerere Faculty of Medicine

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Introduction: This study assessed the perception of the tutors towards the new Problem-based Curriculum at the Faculty of Medicine, Makerere.

The Faculty of Medicine spent 2 years in preparatory stages of implementing Problem-based, Student-centered Curriculum changes in the faculty.

A series of protracted planning sessions were conducted and resources mobilized. 15 weeks into the implementation stage, acceptability of these changes was assessed among the tutors, using a questionnaire.

Methods: Of the 35 tutors, 22 responded and handed back a filled-in questionnaire. The areas covered in the questionnaire included demographics, past tutoring experience and training, knowledge of the tutorial steps, enjoyment of tutoring, time keeping, preparation for tutoring, assessment of students participation in terms of scope, relevancy, depth and references and fears about the entirely new changes. The questionnaire was analyzed using the SSPS software.

Results: The tutors enjoyed tutoring. They were overwhelmingly impressed with the students' scope, depth and relevance of their findings to the report back session. There was no doubt that they were learning more than the minimum stipulated in the tutors' guides. They unanimously feared that in the future there would be tutor fatigue, stripping of current resources and possibly student learning how to 'short circuit' the tutorial process.

Conclusion: The tutors were pleasantly surprised that new challenges were Implementable. Students were learning more than had been anticipated, possibly more than in the traditional curriculum. The fears of tutor fatigue are real and this is a motivation issue. Problem-based Learning requires resources possibly more than a traditional curriculum. Students are keen and hopefully will up hold the principles of Problem-based Learning.

The Effect of PBL Education on Drug Administration Procedure for Children by Nursing Students

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Introduction and aim: Based upon the researcher’s experience during two continuous terms in clinical setting, it was determined that nursing senior students, who were trained by traditional drug administration method, committed a large number of irreparable errors in the hospital. Regarding the importance of drug administration procedure for children, the decision was made to use Problem-based Learning (PBL) method in training.

Method: The samples consisted of all the researcher’s students in two continuous terms in pediatrics ward of Nemazi Hospital (20 cases). At first, a pre-test was performed using a questionnaire containing 10 questions. Then, the most important points in drug administration were discussed in the form of some prepared problems in eight sample groups in the first session, trying to activate their previous knowledge about drug administration procedure. At the same session, the academic needs of the students for their self learning was determined and a two-day opportunity was provided for them to study the references on their own. At the second session and after the self learning, the important points were rediscussed and information interchange was carried out among the samples. During all the stages, the researcher served as a guide and facilitator and the students actively shared in the learning. Then after one week, a post test was performed using the same questionnaire. The data were analyzed.
Discussion and Conclusion: The findings revealed that the change range of learning among samples was 55% to 100%. To compare the samples' knowledge and practice, before and after the training, McNemar test was used, which proved to be significant (p<0.001). Regarding the findings of this study, PBL method is recommended for medical and nursing procedures training.

An Innovative Approach to Third-Year Education: The Cambridge Integrated Clerkship

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Context: Medical students do not develop longitudinal relationships with patients or clinical faculty in largely inpatient clerkship experiences. Therefore, they gain an inaccurate view of clinical practice. Decreasing lengths of stay and increasing ambulatory care rarely allow students to see “whole episodes of illness” from initial presentation, through diagnosis, treatment, and outcome. Teaching and oversight have become ad hoc, perpetuating a lack of continuity from pre-clinical education, and diminishing attention to such critical topics as communication skills, professionalism, cultural competence, ethics, physical examination, and epidemiology. Teaching is largely relegated to residents who cannot prioritize education.

Setting: An urban U.S. academic community health system serving a diverse population.

Objectives: Our pilot fundamentally restructures clinical education such that all the traditional “core clerkships” are integrated into a single, year-long, clerkship, focused on longitudinal patient care, close mentoring, and group learning.

Design: 1) Central clinical experiences are based on students following their patients through whole illness episodes, primarily in community ambulatory care centers; 2) Students care for patients selected to provide a diverse case mix and supervised by a faculty mentor; 3) Didactics are tutorial-based, facilitated by an inter-disciplinary team of faculty; 4) The curriculum integrates relevant basic science, clinical medicine, professionalism and social sciences; and 5) Educational portfolios guide learning, provide a vehicle for feedback, and ensure the fulfillment of educational competencies.

Subjects: Eight third-year volunteer Harvard medical students.

Measures: Implementation July 6, 2004. Students will be compared with traditional students in content knowledge, clinical skills, professionalism, and qualitative measures of the overall experience.

Conclusions: We expect: 1) At least equivalent content knowledge as traditionally educated peers; 2) Increased student understanding of relevant psychosocial and interpersonal aspects of care-giving; 3) Superior performance in history taking, physical examination, clinical reasoning, and measures of cultural competence and professionalisme; and 4) Higher satisfaction with training among students, faculty, and patients.

Weekly Meetings for Tutors: A Strategy for Coping with Challenges of Implementing a New, Student-centered, Problem-based Curriculum in a Traditional, Health Professionals’ Training Institution

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Context: A traditional curriculum has been used since 1924 when the Faculty of Medicine started. A student-centered, problem-based, and community-based curriculum was introduced at the Faculty to better train graduates. The new curriculum was implemented in 2003/4. Continuing students are still on
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the old curriculum. Tutors meet weekly to share experiences and challenges, to formulate solutions, and to assure the new program runs smoothly.

Objectives: To describe the main challenges encountered and the solutions identified when implementing a new curriculum.

Design: Minutes of the weekly meetings for tutors were reviewed. The main challenges were identified and proposed solutions analysed.

Main outcomes: The challenges included inadequate learning resources, insecurity of students and tutors about the new learning method and inadequate support by the staff not actively involved in implementation. In addition, some non-content expert tutors did not attend every tutorial session due to other Faculty commitments, and some clinicians were reluctant to conduct clinical sessions. Solutions included improving channels of communication, educating Faculty staff and continuing students, encouraging students to share the available resources, training more Faculty staff in tutorial skills and addressing the concerns of all the students and staff. The non-content expert tutors are trained to address subsequent problems. Guides for clinical sessions were developed, and more Clinicians were involved in the running the program. Most tutors enjoyed their role and were impressed by the performance of the students. Students enjoyed the tutorial, practical and clinical sessions immensely.

Conclusions: Weekly tutor meetings helped address the challenges of implementing a new curriculum in a traditional institution.

Challenges of Administering a PBL/CBE Programme in a Developing Country

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Context: UNITRA Medical Program is Problem-based, Integrated, Community-based and service-learning oriented

Setting: The learning platform extends from small group tutorials in the Medical School to the clinical wards of the Academic Health Complex of the Eastern Cape.

Objectives: To describe the challenges of administering a complex curriculum involving the participation of numerous stakeholders in an environment of limited resources.

Design: A retrospective study involving the analysis of the activities of the Health Professions Education Unit over the past 12 years.

Subjects: Views and opinions of students, tutors, doctors, government officials, community members and faculty administrators directly involved in the implementation of the curriculum.

Interventions: Induction and regular review workshops aimed at explaining the philosophy, implementation, and reviewing the progress of the curriculum.

Main outcomes: Changes in the knowledge, attitude and behaviour of the various stakeholders to the medical curriculum from the view of a course administrator.

Findings: The initial students’ attitude was negative, to the extent that the program had to be deferred for two years. Thereafter, there was a gradual and sustained appreciation of the program. When the graduates of the program were favorably received by the market, the students’ appreciation increased in leaps and bounds. Initially the staff attitude was ambivalent. Thereafter the attitude improved although they still find the program demanding, and many show signs of fatigue and burnout. The community was
initially opposed to the program - "Bantu education" in disguise. Currently they are among the strongest supporters of the program as a result of persistent socialization of the program. The government attitude has been and has remained positive and encouraging throughout the study period.

Conclusions: Administering the PBL/CBE curriculum is exacting, exciting and challenging. It requires good communication, negotiation, and counseling skills. Despite the limitation in resources, the UNITRA experience has been positive all round.

Comparing Need Between Health Occupation and Health Education Schools

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Context: To address the preventable high-risk behaviors of high school students, first-year medical students from the School Health Education Program (SHEP) entered the public school system to act as both mentors and teachers of general health topics.

Objectives: This paper compares Health Education and Health Occupation students during the 2002-2003 year. Health Education Classes were required for graduation, while Health Occupation Classes were electives for students with an interest in pursuing health careers. The main question asked is which group benefits the most from SHEP services. This is an important question to consider, as funds and human resources are limited and there are high schools wait listed.

Design: Pre-tests and post-tests were given for each presentation. Medical students encouraged high school students to ask questions and provide feedback.

Results: Health Occupation Classes showed higher scores than Health Education Classes demonstrating a higher baseline of knowledge. Health Occupation Classes showed little difference between pre- and post-test scores, reflecting previous exposure to the material. Health Education Classes showed improvement on post-test scores signifying greater educational benefit.

Conclusions: This study helped us to recognize which type of student population needs and gains more from SHEP services. While our social responsibility lies with the entire community, in reality, limited resources make it necessary to determine which populations are most in need. As future physicians who will face these decisions, this was an important exercise in developing awareness of social responsibility and the issues related to resource allocation.

Training Teachers to Participate in PBL Implementation into a Traditional Curriculum: Programme Description and Outcomes

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Context: Problem-based learning adoption implies a radical change for schools which have a traditional curriculum, due to the multiple factors were involved. One of the strategies for achieving a successful implementation process is to have well prepared staff to be in charge of the main tasks to develop.

Objectives: To present the results of a 132-hours course, addressed to train a group of teachers to participate in the PBL institutional program.

Design: A group of teachers participated in a training program structured by five modules, in which theoretical and methodological PBL basis, as well as practical aspects were included.
Assessment criteria were: five formative exams and an oral final examination. Additionally, in order to train teachers to carry out specific tasks, they were divided in three groups, each one was in charge of one of the following tasks: a) tutors’ training, updating and evaluation; b) permanent workshop to elaborate and evaluate problems; and c) students’ learning assessment.

Subjects: Participants were eleven Dentistry teachers.

Results: Tests results analysis showed the growth of knowledge; five essays elaboration, which were published as key-documents for the school staff involved in the PBL-program; design of two programs for tutors’ training and introducing students to PBL, a series of problems to be used in the tutorial sessions.

Conclusions: When PBL is introduced into a traditional curriculum, specialized team work participation is need to face the change of the educational approach. The trained teachers should have a wide and deep knowledge of PBL components and must be capable of handling strategies to involve, step by step, all students and teachers. Well organized and systematic activities to develop a new project can encourage individuals and catalyze institutional change.

Academic and Emotional Intelligence Development, in the Context of an Integrated Curriculum

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Context: In 1999, the Faculty of Psychology of the University of Colima implemented an Integrated Curricular Program, based on the axis of three educational modalities: PBL (Problem-based Learning) Tutorship, Integrative Practice, and Disciplinary Practice. These modalities promote the development of cognitive and emotional skills among the students. The first generation ever educated in this program has recently graduated, and so it seems a good moment for a complete evaluation of this educational model.

Objectives: To compare the ways in which and the extent to which Academic and Emotional Intelligence develop under this Integrated Curricular Program.

Design: Comparative transversal study with neurological validations, made in order to discard neurological problems, and psychometric tests to evaluate Academic and Emotional Intelligence.

Subjects: 25 Students of the Major in Psychology career during the school term January – July 2004. Students were sampled intentionally under invitation in order to cover a quota of five students per semester (school degree). Semesters sampled from the mentioned period were: 2nd, 4th, 6th, 8th and 10th.

Main outcomes: The implemented educational model promotes the development of cognitive and emotional abilities. Differences have been found between different courses in the students’ ability to solve personal and professionally related problems. Emotional coping limitations have been identified especially among the students from early semesters.

Under a constructivist perspective, the CIACE model (Integrated Curriculum of Learning Centered on the Students) strives to support the development of cognitive abilities with emotional growth. However, individual, cultural and social particularities of the students seem to hinder their Emotional Intelligence development, thus affecting their Decision Making skills.

Conclusions: Higher learning institutions require students to be not only intellectually capable and technically prepared, but also empathic, adaptable, persuasive, and tolerant people with initiative. Integrated Curricular models seem to assist in reaching these goals and are therefore a good alternative in the promotion of an Integral Growth for the students.
Youth PAR: Adding Multimedia Technology to the Mix

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Context: The rapid growth of technology and its appeal to youth creates innovative opportunities for health promotion and collective action. Since 1995, the TeenNet Research Program based at the University of Toronto has been studying processes for engaging youth in health promotion using multimedia technology.

Goal: To investigate how multimedia linked with Participatory Action Research methods can engage and sustain youth in social action and community health promotion.

Objectives: 1) To develop and evaluate a Model for engaging youth in social action and community health promotion; 2) To analyze ways in which multimedia technology promotes youth engagement and ownership in social action and community health promotion; and 3) To develop and evaluate processes for youth-driven participatory action within the structure of community health organizations.

Methods: In partnership, TeenNet, University of Toronto and community groups use multimedia technologies (video, photography, art, drama, web design, music production) with youth to document the strengths and weaknesses of their communities and take action on issues of importance. This is guided by a six-phase model, EIPARS: 1) Engagement; 2) Issue Identification; 3) Planning; 4) Action; 5) Reflect/Research; and 6) Sustainability.

Results: The youth PAR approach has been used in thirteen TeenNet/Community projects, including two groups with Bedouin youth in the Middle East, and in a study linking street-involved youth in Nairobi (Kenya) with youth in Toronto (Canada): Youth Voices is currently being implemented with inner-city youth in Toronto in collaboration with two community organizations. We have found that multimedia technologies are powerful tools for promoting dialogue, critical reflection, and community connection, thereby creating a strong foundation for capacity building and collective action. A guide to this process is being developed.

Implications: When youth use technology to record and reflect their lives and experiences, they identify significant personal and community health issues and are motivated to take action.
Teaching Population Health to American Medical Students

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Context: The “population health perspective,” as defined by the Association of American Medical Colleges (AAMC), is “the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.” Hence, there is substantial overlap between “population health” and “public health.”

Objectives: To describe the ways in which population health is currently taught to medical students in the U.S.A., identify the issues encountered, and compare current practice with the main principles advocated by the AAMC.

Methods: We interviewed administrators, faculty, and students at 26 U.S. medical schools that reflect the distribution of types of medical schools in the U.S.

Main Outcomes: Population health is taught in both classroom and community settings. Most of the programs represent one or more of five organizational arrangements: a pre-clinical course; a longitudinal integrated course; a clinical clerkship; a carved-out portion of a course(s) or clerkship(s); or instruction integrated into a clinical clerkship(s). Major issues include preparation of faculty; evaluation of teaching and of student performance; location of responsibility for the program (dean’s office/departmental); and the occurrence of “drift” away from integrated models.

Conclusions: The traditional approach of teaching population health as part of a pre-clinical epidemiology or public health course is being replaced by the integration of the population health perspective throughout the curriculum. A limiting factor for this trend is the number and deployment of faculty with the requisite skills to teach population health. A number of other issues interact to influence the amount and focus of population health content in the curriculum.

Integrated Approaches and Modest but Multiple Improvements of Indicator Sets

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Context: Zambia’s bold health reforms of the nineties built on the concept of a basic health care package. The USAID-funded Zambia Integrated Health Programme operated from 1999 till 2004, and helped the Central Board of Health to achieve objectives related to policy, planning and implementation of such a package.

Objectives: To show that peaks in performance achieved with integrated approaches are always modest and heterogeneous and to show that this diversity is consistent with overall improvement at larger scales (country level).

Design: Rich data from routine monitoring of service delivery indicators during the period 1999-2003 will tell the story, while context is provided by data from the Demographic and Health Surveys over the same period and from a case study on integration in reproductive health.

Main outcomes: Data cover a selection of 12 districts on which program support focuses. They are outcomes of interventions in four different technical areas: malaria, HIV, reproductive health, and child health and nutrition. The interventions include communication, training and supervision and rely on a
varied set of intervention strategies. A multitude of data record exhaustively different trends at the scale of the districts. National aggregates, e.g. DHS, are available to indicate the large scale trends.

Results: Rather than focusing on single indicators of individual programmes, the data allow us to look at patterns, and to understand how individual indicator movements fit in particular patterns. The understanding of such patterns is essential in helping district managers understand the stability of small scale health systems like districts, and to be more modest in setting achievable objectives. Understanding such patterns also helps in insisting on setting quantified priorities and on achieving them.

Conclusions: Ambitions to achieve high levels of indicators are a tradition. Great efforts do not translate invariably into increases of each single indicator.

Integrating Public Health in the Medical Curriculum: What Happened in Year 1

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Context: As a WHO-PAHO collaborating centre in the Towards Unity for Health strategy, the Université de Sherbrooke aims to produce physicians who integrate public health in practice. This means that teaching of public health and medicine must be interwoven so that, in their cognitive schemas, students create strong links between public health and medicine thus promoting ready retrieval and application of public health concepts in clinical practice.

Setting: Starting in autumn 2003, public health concepts were to be taught during organ system specific problem-based learning modules. By April 2004, 8 modules were to have integrated quantitative, social, organizational and preventive concepts into their learning objectives and examinations.

Objectives: To assess the extent to which public health concepts were integrated, the perceived utility of the concepts in clinical practice and the tutors’ ease in teaching them.

Design: A questionnaire study of tutors using mainly open-ended questions was carried out.

Subjects: Tutors in the problem-based learning units targeted by the integration project.

Results: Results are based on 46 completed questionnaires. The response rate was approximately 50%.

Findings: In general, tutors see public health as being important and they support the project. Some feel that the integration of public health in the problem-based units is inappropriate. Others feel that public health is too far from clinical reality. The obstacles to integration include the accumulation of "add-on" objectives and pedagogical requirements, tutors’ lack of knowledge and piecemeal implementation. Not all categories of public health concepts were covered. The objectives were too broad leading to a large variation in topics discussed.

Conclusions: Consolidation of the project will require better tutor training, more precise objectives and the inclusion of concepts in examinations.
Population Health in Medical Training: Prevalence and Content

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Context: Increasing fiscal constraints in health care globally have altered health care delivery both at the individual and population level. Training of future physicians in both population health and traditional biomedicine disciplines will enhance their effectiveness as clinicians.

Objectives: To determine how population health is defined and taught in graduate and post-graduate medical training and its comparison to community medicine training.

Design: Random survey of 50 % of 800 U.S. Internal Medicine and Family Medicine training programs, and medical literature review.

Main outcomes: 1) Population health elements are now addressed in many graduate and post-graduate programs globally, but no standardized curriculum exists. Family Medicine is the only specialty which has a defined set of competencies; 2) Pedagogical methods utilized in population health training include observational, didactic and service learning; 3) The lack of standardization of the field has hindered evaluation of the effectiveness of this mode of training; and 4) “Population health” overlaps with, but is distinct from the entity of “community medicine”, each of which is definable by a unique set of didactic approaches and competencies. These are not specialty- specific activities, but rather distinct approaches to patient care adaptable to a variety of disciplines.

Conclusions: Population health is being increasingly incorporated into medical training at the graduate and post-graduate level, but with little consistency in approach. Standardization of the curricula would increase the validity of population health as a medical discipline, allow for better evaluation of its effectiveness and encourage its adaptation to all medical specialties.

Integrated Multi-sector Intervention to Reduce Child Trafficking in Benin - West Africa

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Context: Child labour is a complex multidimensional problem affecting thousands of children in Benin, and trafficking is one of its worst forms. Rural children are exploited in many forms (domestic work, bonded labour, forced marriage, prostitution, etc.), in mains cities of the country or abroad with serious consequences in their health and development.

Objectives: To study the process and outcomes of a strategic model of integration to reduce child trafficking (CT) applied in Benin by Terre des homes Foundation (Tdh) from 2001 to 2004.

Design: Quarterly and annual reports on implemented intervention programs against CT carry out by Tdh were reviewed and analyzed to assess the role of partnerships and measure the outcomes.

Main outcomes: Four projects to fight against CT based on the principles of Community Oriented Primary Care – COPC (needs assessment, setting priorities and program implementation with target population as a partner) were implemented through multidisciplinary teams including primary, secondary and tertiary prevention. Actions were carried out by health/protection services in cooperation with multi-sector operational and financial partners (Government, Academic institutions, International Organizations, NGO’s, and Communities). A total of 1300 victims of CT and/or abuse were recovered, protected,
rehabilitated and reintegrated in their families in about 300 villages, with only 5% who recidivated after one year of reintegration. Educational materials (film, guides, etc.) were produced and distributed in villages and schools. In five localities, alternative schools and kindergartens were created. A "National Coordination against CT" was established and a project of law was elaborated.

Conclusion: Programs developed by multidisciplinary teams with multi-sector involvement, including actions on three levels of prevention by increasing awareness, reduction of risk factors and rehabilitation of victims, seems to be an adequate approach to reduce CT in Benin.

Clinical Prevention and Population Health Curriculum Framework for Health Professional Education

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Context: The Association of Teachers of Preventive Medicine and the Association of Academic Health Centers convened the Healthy People Curriculum Task Force in 2002. The Task Force includes representatives of seven health professional education associations representing allopathic and osteopathic medicine, nursing and nurse practitioners, dentistry, pharmacy, and physician assistants as well as health professional students. Community-Campus Partnerships for Health and the Association of Schools of Public Health have served as resource groups.

Objectives: The mission of the Task Force is to accomplish the Healthy People 2010 goal of increasing the share of health promotion and disease prevention in health professional education.

Methods: The Task Force has developed a consensus approach and encouraged web-based input from professional groups as well as interested individuals. The Task Force has developed the Clinical Prevention and Population Health Curriculum Framework. The Curriculum Framework provides a structure for organizing curriculum, monitoring curriculum, and communicating within and between professions. The Clinical Prevention and Population Health Curriculum Framework is designed to serve as a guideline for student education in clinical health professions.

Outcomes: The Framework consists of four components: Evidence Base for Practice, Clinical Preventive Services - Health Promotion, Health Systems, and Health and Community Aspects of Practice. The full Curriculum Framework includes a total of 19 domains under the four components. Examples illustrate the types of materials that could fulfill each domain. Participating clinical health professions are encouraged to review the curriculum recommendations and/or requirements and consider changes.

A variety of methods are recommended for teaching the materials and integrating them into degree programs including use of service-learning and problem-based learning.

Conclusion: Each clinical profession should address the methods used to evaluate students and to ensure their levels of competency. The Task Force recommends that each profession systematically determines whether appropriate items in the Curriculum Framework are included in their curriculum and examinations.
The National Network of Libraries of Medicine: Building Community Partnerships for Improved Access to Health Information Among Special Populations

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Context: The National Network of Libraries of Medicine, with support from the National Library of Medicine, provides funding for a variety of projects that improve access to health information for health professionals and members of the general public. One recent funding initiative sponsors projects that foster community partnerships that address the health information needs of minorities and other special populations.

Design: Funding has been made available for the planning and implementation of nine projects in six states, the District of Columbia and the Marshall Islands, USA. Up to $20,000 was made available for the planning of each project, and $50,000 will be provided for each project’s implementation. Based on findings from community needs assessments, these nine projects are fostering collaborations to improve access to health information and eliminate health disparities.

Subjects: A variety of minority and special populations are targeted in the nine projects. These include African-Americans and Hispanics in urban and rural settings, Somalis in King County, Washington and Pacific Islanders in the Marshall Islands.

Interventions: To achieve the goal of improved access to health information among minority and special populations, the nine projects are fostering community coalitions. Collaborating organizations include public libraries, community health centers, schools, faith-based organizations and local government agencies. The activities conducted by the coalitions include: providing training on health information resources; initiating health promotion campaigns tied to information resources; and developing new resources with information about services available within specific communities.

Main outcomes: The nine projects are strengthening existing community coalitions and fostering new collaborations. With funding to support their projects, these coalitions are making progress in the elimination of health disparities by improving access to health information within specific communities.

Conclusions: Community collaborations and coalitions can lead to improved access to health information among minority and under-served populations.

Collaborating with the Community, Public Health, and Other Health Professionals: The AUPA Barceloneta

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Context: The Barceloneta is a historic neighborhood in Barcelona, Spain, particularly affected by the health burdens of aging and social and economic marginalization. In 1990 the Primary Care Team (PCT), a private group of physicians with public financing, took responsibility for the health of this population.

Design: The PCT met with community groups and neighborhood organizations for input regarding major health issues, clinic hours and scheduling, and handling high frequency users. The University Institute of Public Health of Catalonia audited all medications prescribed in the clinic and generated protocols for common health problems. Contract specialist physicians visited patients with the PCT to increase efficiency, teaching and continuity of care. Neighborhood pharmacists measured blood pressures and blood sugars in hypertensive and diabetic patients in the pharmacies and monitored for non-compliance. A project helped identify care-dependent elderly, involving collaborations between the clinic, the hospital, the geriatric hospital, the senior center, and students in social work and nursing.
Results: By using protocols for common health problems, the costs of prescriptions decreased 24%. High frequency user visits decreased by 15%. Compliance for diabetics and hypertensive patients improved. The clinic received the best ratings in the city for patient satisfaction, percentage of visits resolved without a referral to a specialist, and time doctors spent with patients. The PCT's financial backers, however, preferred direct management and were unable to tolerate the professional autonomy behind these innovations.

Conclusions: Collaboration between the health center, community organizations, pharmacists, specialists, academic institutions and service agencies helped improve the quality of health care, the continuity of care, and the coordination of services. Firm support from financial sponsors for such innovative programs is essential for them to be sustained and effective.
Health Disparities and Family Caregiving Capacity: Preliminary Findings of a Pilot Study

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Context: This is a pilot study designed to explore the intersection between health disparities and family caregiving capacity in the Mississippi Delta region.

Setting: Data collection for the pilot was conducted in Mississippi County in northeastern Arkansas during the summer and fall of 2003.

Objectives: The principal objective of this project was documentation of the interaction between health disparities and family caregiving capacity. In addition, validation of the Caregiver Risk Screen developed by Guberman was attempted.

Design: The pilot study was conducted in two phases. In phase one, subjects were invited to participate in focus group discussions addressing the topic of family caregiving. In phase two, group participants were offered the opportunity to participate in individual interviews to further explore the interaction between multiple chronic health conditions within the family, family caregiving capacity, and caregiver risk.

Subjects: Fifteen female caregivers participated in focus group interviews. Seven of the participants were Caucasian and eight were African American. Ages of participants ranged from 22 to 81. Ten of these caregivers participated in individual interviews, which included the Caregiver Risk Screen.

Results: The mean scores on the Caregiver Risk Screen were 13.4 for Group One participants and 14 for Group Two participants, with 36 being the potential maximum score. This would seem to indicate a moderate level of risk in each group with minimal difference between the groups. However, the highest screening scores were found in Group Two, with two participants scoring above 20.

Findings: While care recipients in both cases received formal services, as well as informal support, these did not appear to eliminate risks to caregivers. In each case, poor communications with other family members, interpersonal conflict, and ineffective problem-solving were reported.

Conclusions: Interventions aimed at enhancing communication and problem-solving skills within families may help to reduce risk.

Determining Priorities for Improving Infection Prevention Through Use of QIQ Indicators

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Objectives: The objective was to present results of facility-based quality indicators for Infection Prevention (IP) in family planning services in Indonesia, using the Quick Investigation of Quality (QIQ) methodology, including: baseline levels, follow up results, and use of data in planning interventions.

Design: QIQ methodology and tools were used in repeated assessments, including baseline data collection and periodic follow up assessments. The results of QIQ are used to determine priority interventions for improving quality of care. One set of QIQ indicators looks at IP practices. Observation tools tracked essential steps in infection prevention as well as counseling and clinical procedures. Infection prevention, being of crucial importance to protecting both the provider and the client, is a key component of quality of care.
Subjects: The QIQ assessment was carried out through audits of facility infrastructure and management and observation of client/provider encounters. The sample for observations included all client/provider pairs present at the health facility in the clinic during one day of observation.

Interventions: Trainers and supervisors received IP training. Providers were given IP informational sessions, guidelines, use of self- and external quality assessment tools, and a specific module on infection prevention.

Results: The QIQ assessment revealed many IP deficiencies. Out of 208 clients receiving injectable contraception, only five providers complied with all infection prevention standards. Of 40 IUD insertions, five pelvic examinations and 36 implant insertions, no provider complied with all standard IP steps. Hand washing was very poor.

Conclusions: At baseline, most providers did not comply with standard IP practices when providing family planning services. Various approaches are being applied to improve provider performance. An early repeat assessment will help identify how deeply engrained poor practices are and differentiate between those that can be changed with simple educational interventions versus those that are most resistant to change.

Primary Healthcare Delivery Based on Individual Risk Assessment of a Captive Population: Lessons for the Future

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Context: Due to the deliberate destruction of a centralised National Health Service, following the forceful implementation of neo-liberal policies in the 80’s in Chile, primary healthcare services were reduced to a minimum and the public had to rely on private general practitioner services for healthcare.

We report on a successful model designed and implemented by us which consisted of offering to families a comprehensive primary healthcare service on the condition that members of the family would comply with advice and procedures towards recovering or improving their health status. Those procedures and advice were determined based on the risk assessment that the medical center had established for each member of the family.

Objectives: To assess the effectiveness of providing primary healthcare based on health risk assessment for a given individual and/or his or her family, through a multidisciplinary team composed of two doctors, a nurse, a dentist, a midwife and two administrative personnel.

Design: Families were enrolled via a contract for primary healthcare service in return for a fixed amount of money per month. The health team assessed the risk for developing disease via visits, surveys, and health check-ups for each member of the family. Environmental, socio-economic, and sociological factors were included in the assessment. Measures of relevant risks were estimated based on published reports and local expertise. Weekly calculations of risk allowed the health team to identify individuals or families at risk and to decide upon preventive or curative actions.

Main outcome: The system proved to be efficient, cost-effective and highly satisfactory for the population under care. Risk assessment analysis was consistent with facts found by the health team. Curative-oriented consultation fell dramatically and general indicators for health improved. An attempt to determine risk by using a suitable algorithm and computer analysis was attempted and is still being pursued.
Inequity and Health Policy in Finland: Lessons Learnt from Sweden, England and Holland

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Context: Reducing health inequalities is a central goal for the Finnish public health program Health 2015, launched in 2001. Socioeconomic differences in mortality have increased in Finland and elsewhere in Europe during the past decades. Sweden, England and Holland have developed more activities to reduce the inequalities than Finland.

Objectives: To introduce experiences gained in Sweden, England and Holland to the Finnish audience, and to assess whether lessons could be learnt from their experiences.

Design: Health policy documents, projects and studies on reducing inequalities in health were reviewed and 40 key experts in Sweden, England and Holland were interviewed in 2003. Eighteen Finnish experts commented on a draft report based on the review and interviews and discussed in a seminar the applicability of the Swedish, English and Dutch policies in Finland.

Main outcomes: Experiences from all three countries emphasize the need to tackle both general structural determinants that maintain inequity and specific determinants of socioeconomic differences in health. In addition, stress is laid on socioeconomic consequences of impaired health. In these countries, special efforts and resources have been directed into strengthening the knowledge base, implementation and follow-up, and responsible actors have been pointed out. Examples directly transferable to the Finnish conditions could not be identified. Experiences from these countries do suggest that further steps in reducing health inequalities need to address, on the one hand, the structural, functional and research prerequisites, on the other, actions directed at the main determinants of health inequalities.

Conclusions: Special efforts are necessary for narrowing the socio-economic health gap. In order to put the research based suggestions into practice, a wide partnership network is needed in Finland. Construction of the network involving national, regional and local key actors in health and social policy, research institutions, health care system and NGO’s has already been started.

Community-orientation Program, 2002 - Outlook of the Disabled in a Village in Southern India

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Context: At the end of our first year of MBBS, at Christian Medical College, Vellore, we were posted for three weeks in one among the 73 villages of Southern India, where the Academic Public Health Department provided primary health care. One of our supervised studies focused on functionally disabled persons.

Objectives: 1) To id