



# Annual Report

*Global Health Initiative*

2/18/2020	
<h1>Annual Report</h1> <p><i>Global Health Initiative</i></p>	
	2018-2019

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## Mission & Vision

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The Global Health Initiative engages OHIO faculty and students in collaborative, multi-disciplinary global health education, research and outreach.

Our vision is to be a global leader in the development of health professionals with the capability to promote health among diverse and underserved populations.

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## Long Term Outcomes

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1. More culturally sensitive and globally informed workforce in the health professions.
2. Strengthening and supporting health systems in the communities where we work.
3. More globally engaged and culturally informed faculty and university.
4. Encouraging more OHIO faculty to engage with health and wellness in a multidisciplinary fashion.
5. More OHIO graduates in the health professions working in underserved areas.
6. Strengthening, clinical, research and practice skills.

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## Summary

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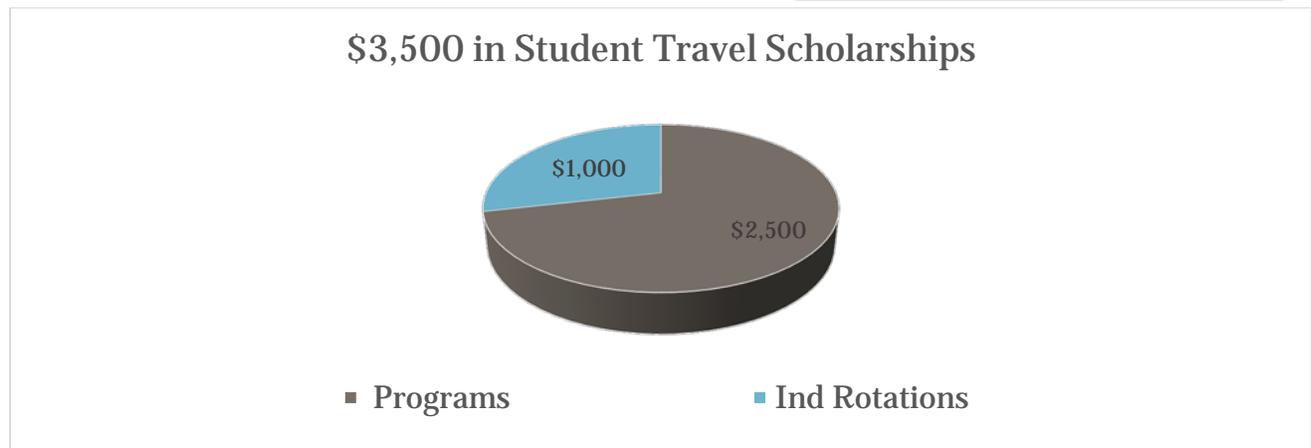
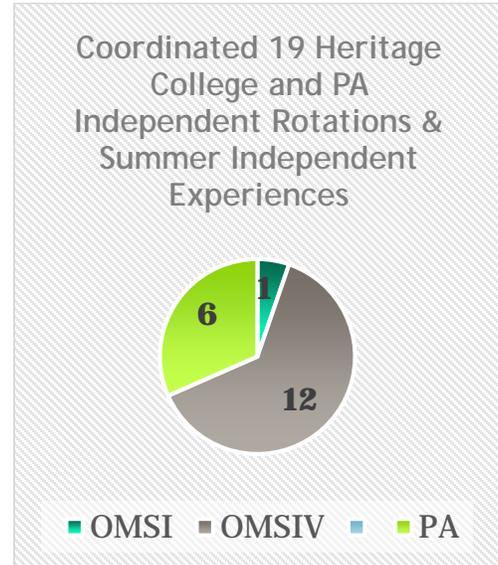
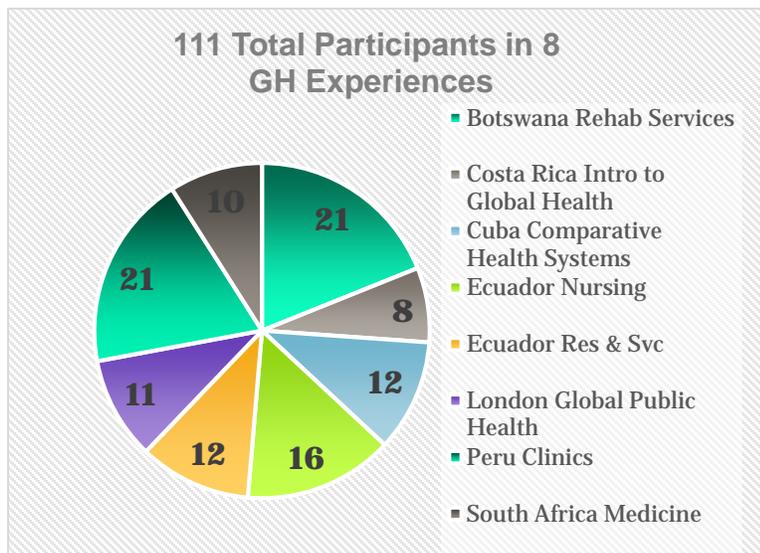
Goals for the seventh year (2018-19) of Ohio University's Global Health Initiative were to:

- To launch of the Master of Global Health program for Fall 2018
- To expand health system strengthening programs and activities
- To establish program and learning outcome evaluation methods for Global Health opportunities
- To improve and sustain existing partnerships, programming, and curriculum
- To build new partnerships and programs

Some key **highlights** include:

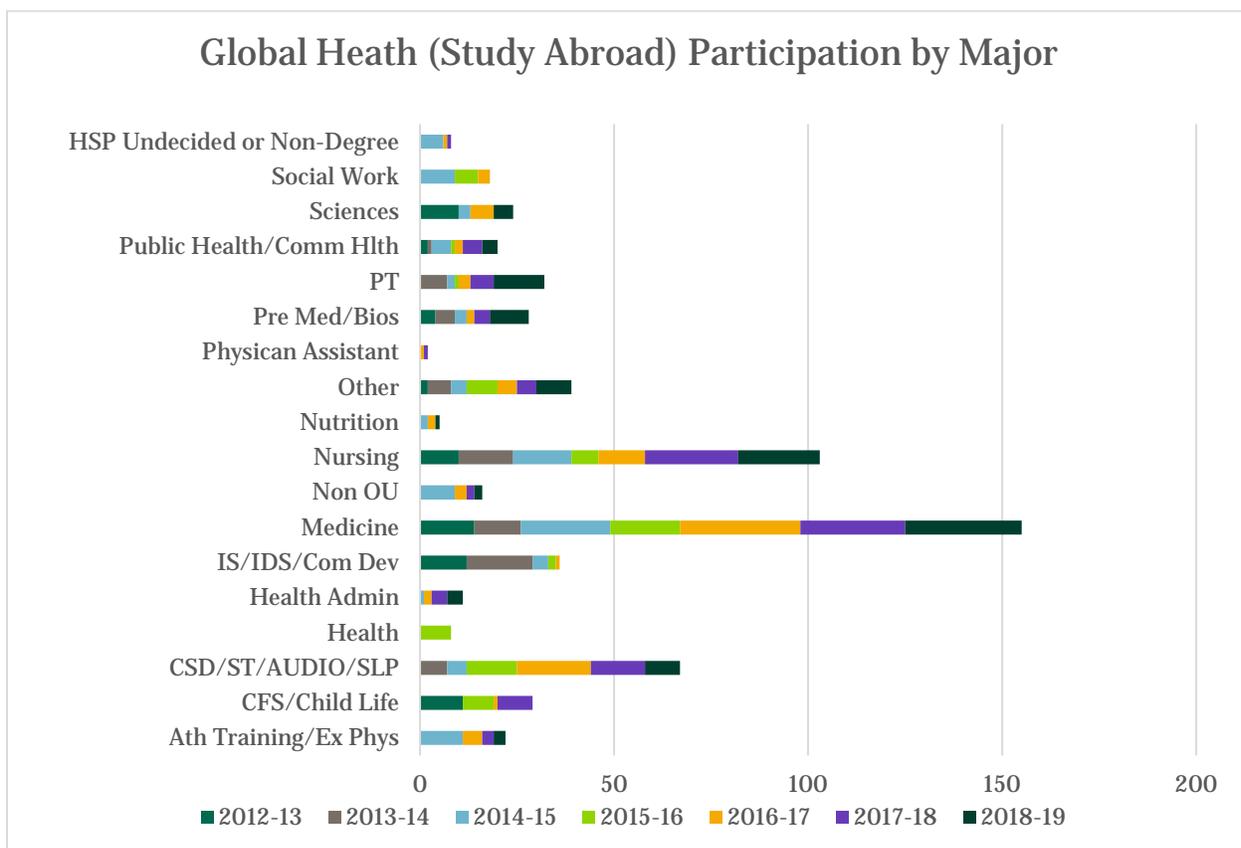
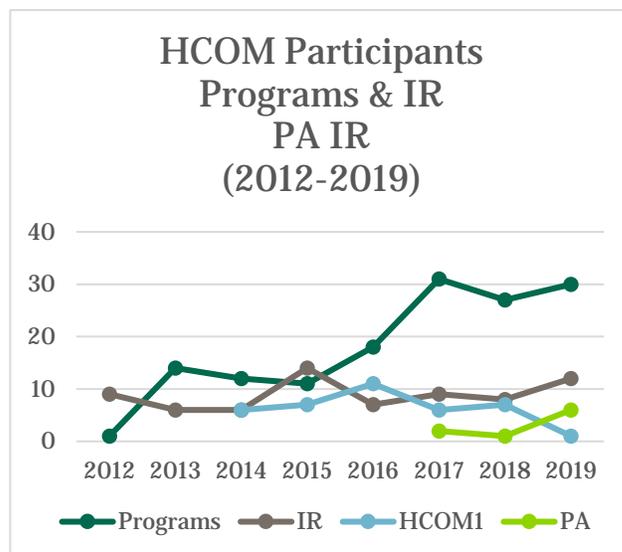
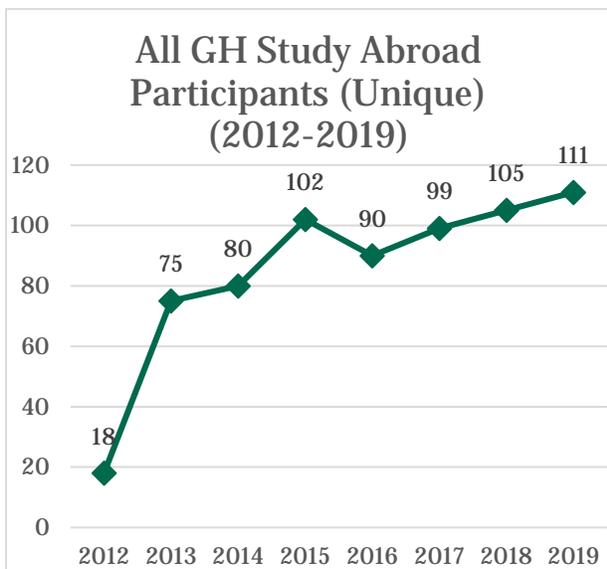
- **Master's Degree marketing developed and applications open** for the first cohort starting in the fall of 2018
- **New graduate and undergraduate courses launched**
- **Completion of 1804 Grant** activities to test **protocol and competencies for Program Evaluation.**
- **Fulbright Grant** training program held for junior faculty from Egypt in July – September 2018.
- **1804 Grant for expanding Secondary Data Research** training and curriculum a.
- Development of partnerships in Ethiopia, and Rwanda.

## Global Health Experiences Program Participation



### Participants Experienced 17 Different Countries

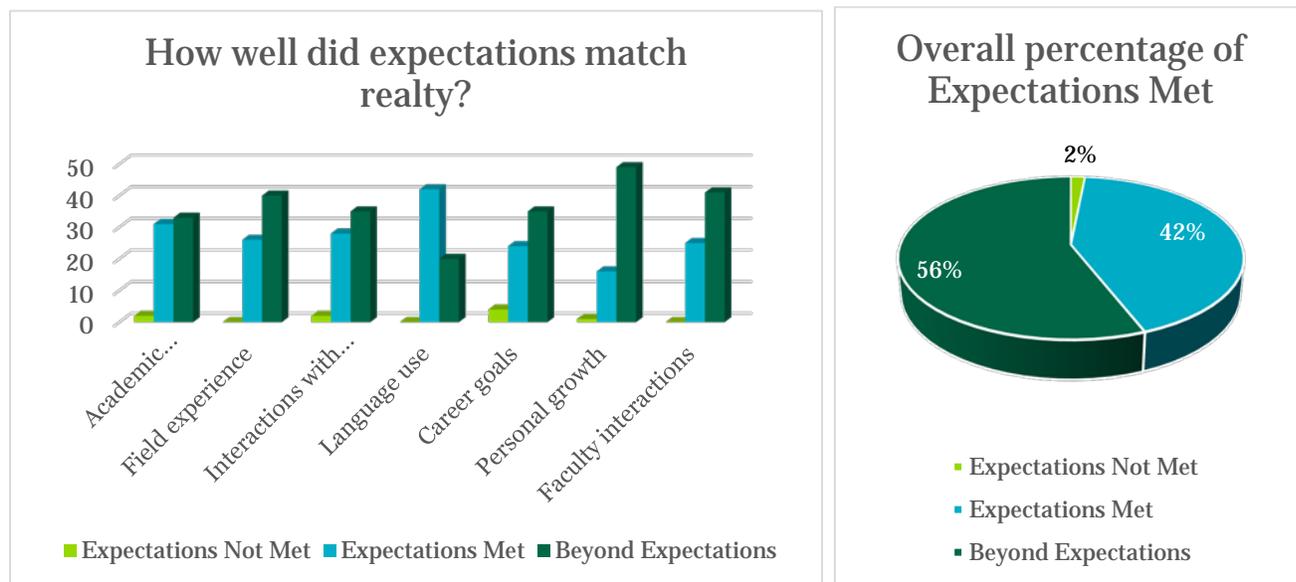




## Global Health Experiences Program Evaluation

Sixty-Six students provided their evaluations of our programs, which is 59% of the total students that participated in 2018-2019 winter break, spring and summer programs. The Botswana Rehabilitation Services (71%), Cuba Comparative Health Systems (67%), UK London Global Public Health (63%) Ecuador Research and Service Learning (58%) and Ecuador Nursing & Medicine (56%) had the best response rates. Program Directors received compiled data for all evaluations and use the data for program improvement. Some overall selected results are presented below.

One evaluation question asked participants to rate how well their expectations matched the reality of several elements of the program. Students rated 4 of 7 program elements as beyond expectations, with the rating of all elements at 51% beyond participant’s expectations, and 43% of students rating the elements overall as meeting program expectations(see charts below).



Included in the analysis were a subset of open ended questions asked in the student program evaluations for spring and summer programs in 2017. These questions relate mostly to culture and cultural experiences; however, some questions included programming related issues like factors that helped students decide on a program, student expectations prior to the program start contrasted with the reality, and any changes in the student’s career goals. The table below includes examples of comments in support of achievement of Global Health objectives and outcomes.

Program Outcomes & Objectives	Typical Exemplars
Recognizing that Global Health is interdisciplinary and requires teamwork and community-based approaches to service and care	<p><i>Being abroad helped me grow so much as a person and a student nurse. I will strive to provide care to patients the way nurses in Ecuador did; with passion and compassion. I will also strive to be vocal about how important it is for each member of the health care team to treat each other as equals.</i></p> <p>One of my favorite experiences was stopping by a mission for people that were suffering from HIV, AIDS, or were a part of the LBGTQ+ community. Every day they made lunch for the community members to create a social space of</p>

*acceptance for these people even if they may not have their own family's acceptance and support. The people encouraged each other in community, but they also had nurses and physicians who instructed them about medications and nutrition as well as helped treat them.*

*In my future career, I will be a better clinician because of this trip. I will now be able to see how different disciplines interact and what I can do about it. In addition, I will have more cultural acceptance or more than I originally had because I have experienced more.*

*It gave me a new perspective on healthcare. As a future medical practitioner, having experience and perspective on health from a public health point of view is very impactful.*

Better understanding of a health-related issues and poverty in the global context, including the burden of disease for people in resource-poor settings

I have a desire to work in pediatrics, and this program gave me so much more experience than I have ever had in this setting before. I saw a wide variety of patients, including low-high complexity physical disabilities. I also am better able to determine need for speech and audiology treatments as well, which allows me to provide more well-rounded and complete care for my patients.

*When we were at one of the schools, we were helping the teachers come up with ideas on how to modify their classrooms and ensure that they were the optimal learning environment for their students, and several of the teachers made the comment "we don't have the money for these items" or "we don't have that supplies here", and that was very eye-opening. There were several times where we realized that they do not have access to supplies or even medical care as much as we do in the states.*

*There were so many children that we saw that could very obviously benefit from having physical therapy, speech therapy or seeing an audiologist but since those things aren't always easily available and/or are too expensive they just weren't able to see the therapists they needed.*

*While at Princess Marina Hospital (a public hospital in the capital city of Botswana), I was exposed to a medical environment much different than that in America. The health standards are not as high which is secondary to a lack of resources, especially professionals: safety policies for disease prevention are not nearly as strict, incubators are saran wrap placed over a crib with a hole for air, catheters drain into buckets, etc. There is a much larger sense of community and generosity embedded into the culture, which led to no issues with shared, close living quarters. Although these are drawbacks to a lack of resources, national health insurance helps in several ways. Patients were able to attend walk-in PT for evaluation and treatment of their condition, which is access not commonly available in the states. However, there is a lack of PTs and other healthcare professionals that can delay treatment.*

*Because access to healthcare is limited, individuals have to choose what ailments to prioritize. A person can suffer from Chagas and diabetes at the same time, but they may choose to only treat the diabetes because that is the more urgent problem and they only have enough time and resources to focus on one health problem. So Chagas remains untreated.*

*When we were in Loja, we saw some communities who were less well-off financially. They were located far away from the hospital so they did not have equal access to healthcare resources. These people were generally living in homes that had a higher chance of being infected with triatomine bugs that could carry Chagas disease.*

<p>Learning about a culture different from their own to gain cultural humility that can be applied in both the social and medical fields</p>	<p><i>The rural population of Loja Ecuador (as we found out in our surveys) preferred using homegrown medicinal plants and tried to remedy their ailments through talking with their family members and neighbors (social) before trekking to the hospital/clinic for help.</i></p> <p><i>Every hospital included Spanish and Kichwa translations, included traditional medicine as an option, and all systems were patient based and nonjudgmental to different health practices</i></p> <p><i>We had visited a traditional midwife center a couple days prior where they help with births in traditional indigenous ways but they aren't supported by the Ministry of Health so they have to ask the women to pay \$40 to cover the cost of the births. In Ecuador \$40 is a lot of money and a lot of women can't afford that. I was on a pediatric floor in a nearby hospital and there was a mother there with her infant son and she told me that she's from the midwife community. I asked her if she gave birth there and she said she hadn't she had to go to a hospital because she couldn't afford the \$40 but she wanted to give birth traditionally. It just seemed so odd to me that the hospital birth was free while the low tech traditional birth was 'expensive', but sought after.</i></p> <p><i>One thing that I thought was interesting was that all of the advertisements that I saw around the city all featured skinny white people. This shocked me as this is not a representation of the community. When I asked Becky, one of the Peruvian medical students about it, she told me that it was a standard of beauty in Peru. Different cultures have so impacted Peru that the standard of beauty, as well as the Peruvian diet slowly began to take on an unhealthy air. Because of this, many patients were overweight and suffered from diabetes and hypertension.</i></p> <p><i>Some cultural dishes, similar to here in the US, contain a lot of salt, sugar and fats which can contribute to the high incidence of hypertension and diabetes in adults and obesity in Children in Lima.</i></p>
<p>Honing skills in participant-observation through experiential learning opportunities that do not allow students to practice outside of their skill level</p>	<p>I now feel like I have a new set of tools in order to make a lot happen with very little resources, regardless of the setting I end up in when I graduate.</p> <p>It has impacted my ability to think on my feet and do what I can with available resources.</p> <p>The experience opened my mind to social issues others are facing and different health care systems of the world.</p> <p>It has definitely given me a new perspective on patients and the importance of cultural competency. It has also given me a huge appreciation for the nurses there and everything that they do.</p> <p>This trip provided such a great learning environment, it was amazing to apply everything we saw throughout the days to our class topics and discussions, and I feel that I learned more on this trip than I normally do in a semester class. I also learned so much about myself and loved getting to know the individuals on our trip as well as the individuals in the community.</p>
<p>Improving foreign language and communication skills through interaction with local people in both the social and medical contexts</p>	<p>It has made me more interested in learning a foreign language. I have always wanted to be a traveling nurse and after seeing how the language barrier affects the care you are trying to provide, I have been thinking about learning Spanish after I graduate.</p> <p>It makes me want to learn more Spanish and be able to interact with a broader group of community members</p>

Clarifying (or defining) their role in future career goals related to health and health care with underserved populations

This program has encouraged me to be a larger advocate for each of my patients. It has also encouraged me to advocate for improved healthcare quality and access nationally, as well as internationally. My interests in working in pediatrics, with under-served populations, and pro-bono have been solidified throughout this experience. I have additionally gained a larger appreciation of interprofessional practice and providing holistic care via constant collaboration with other professions.

It has solidified my desire to continually seek out new cultural experiences and see the impact of varying cultures on healthcare.

After having participated in this program, I now wish to work with people who live in underserved areas. I can now see how these people need the collaboration of others to better their own circumstances.

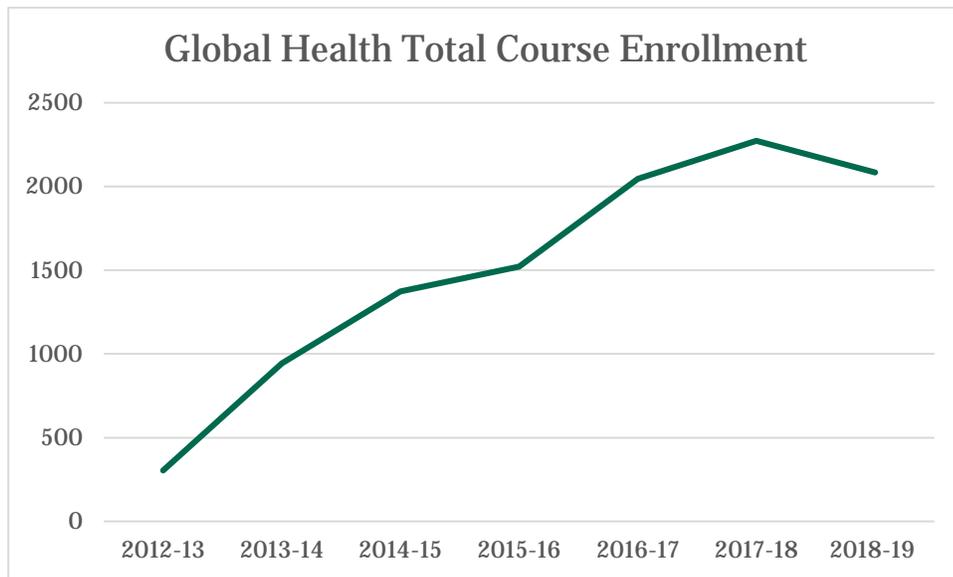
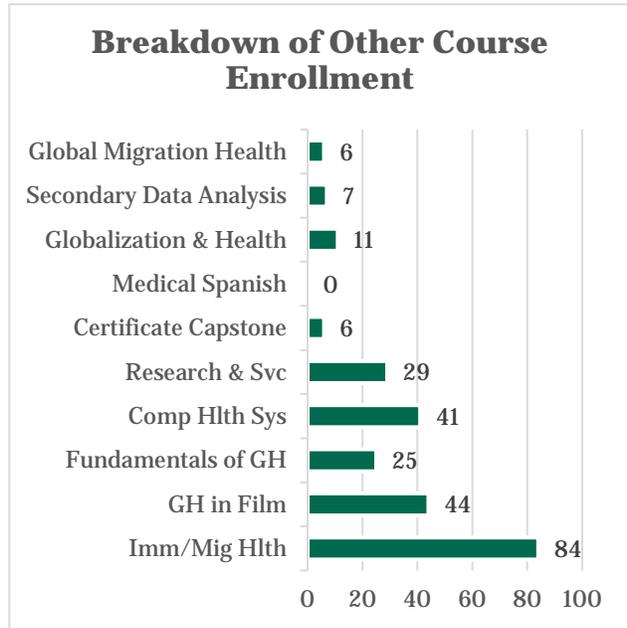
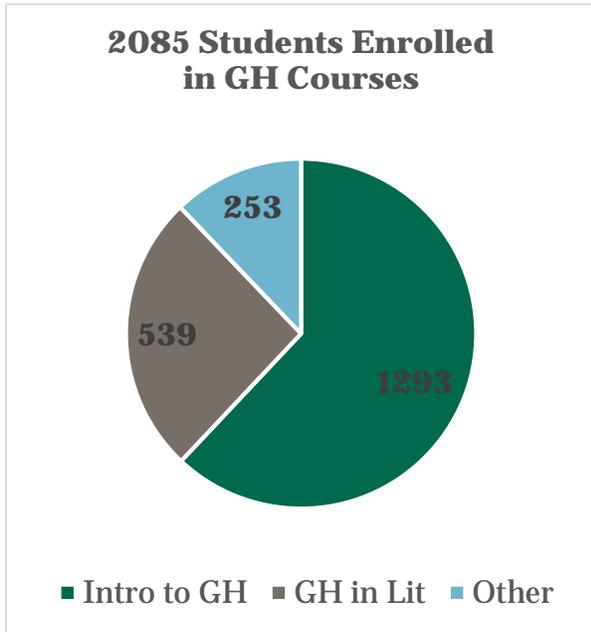
This program has really made me want to consider more the social determinants of health in my future career as a physician.

The participation in this program has affected my future career plans or interests simply by making me more aware of how healthcare systems can work. It also made me appreciate some of the things we take for granted in the United States, which I think will help play a role in my future.

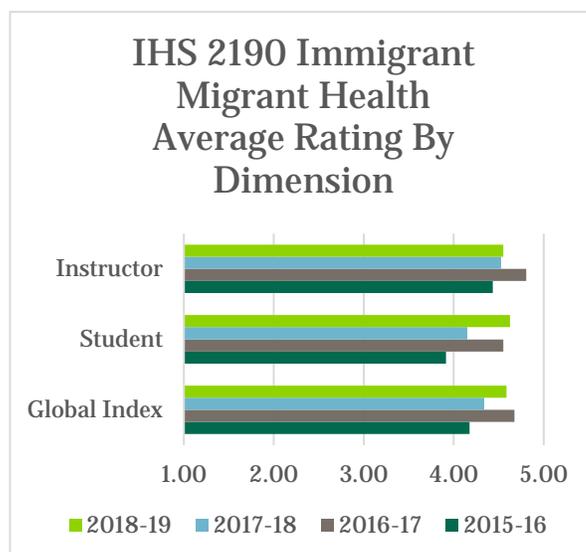
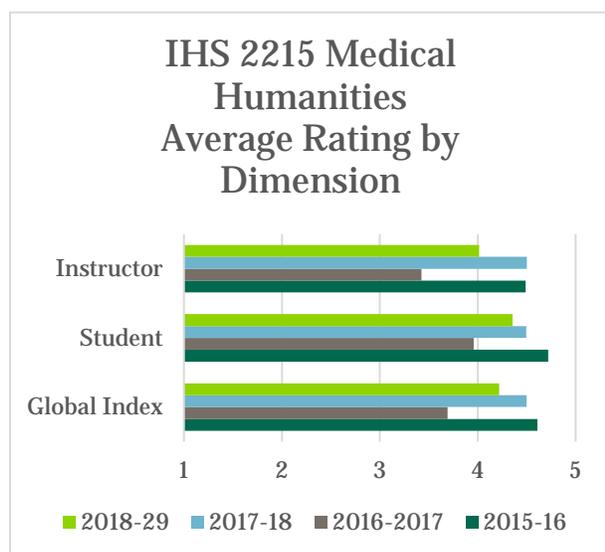
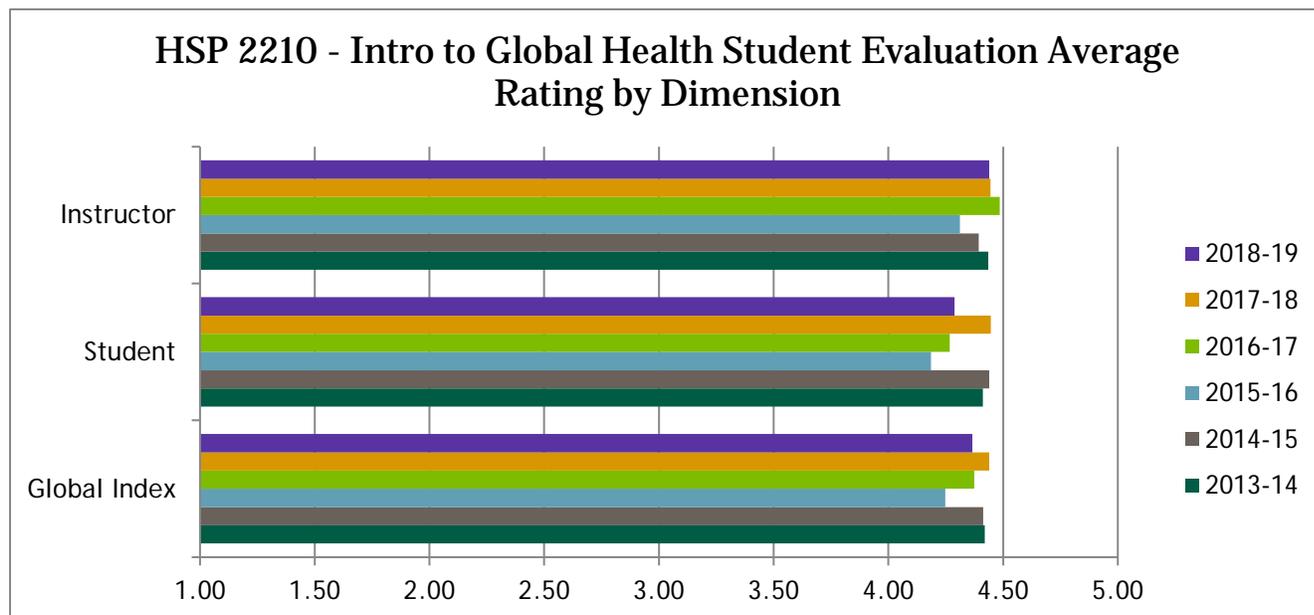
This trip was such a great learning experience and showed me that I want to continue to be aware of global health issues around the world. I am now looking into pursuing a global health certificate along with my nursing degree, as I hope to continue to travel and learn about myself and other cultures in the future and want to incorporate this into my job in the future.

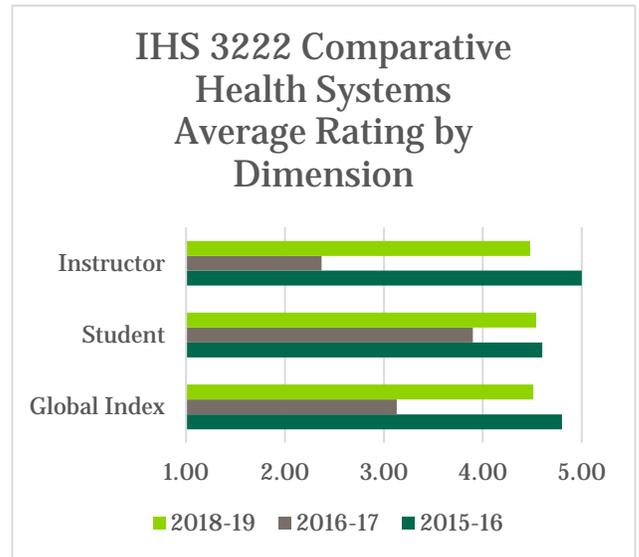
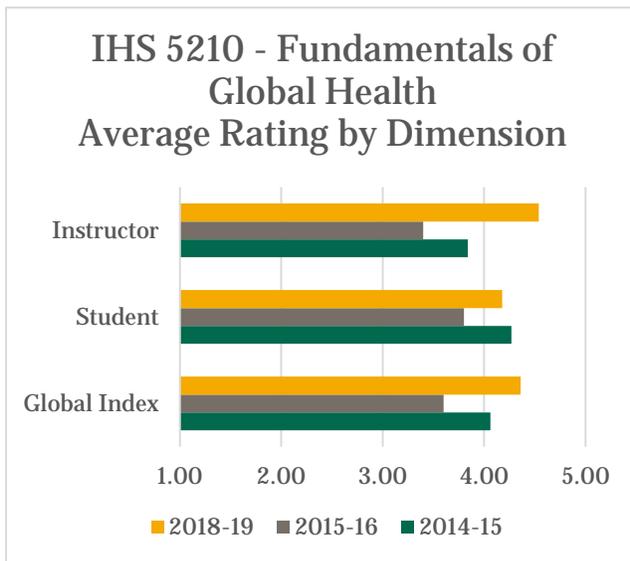
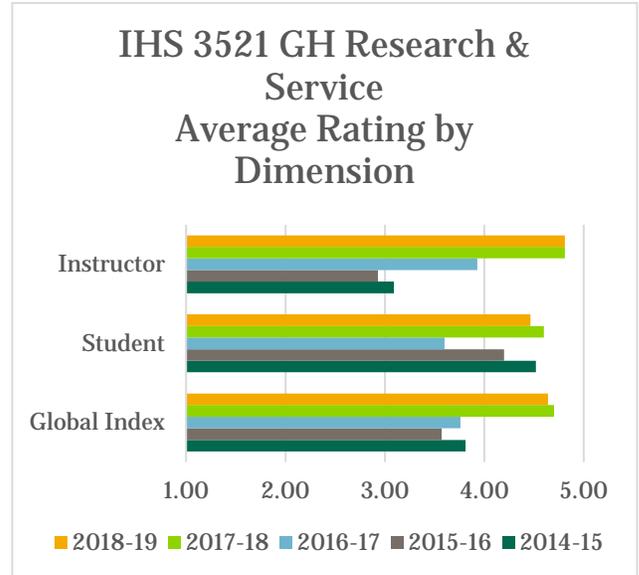
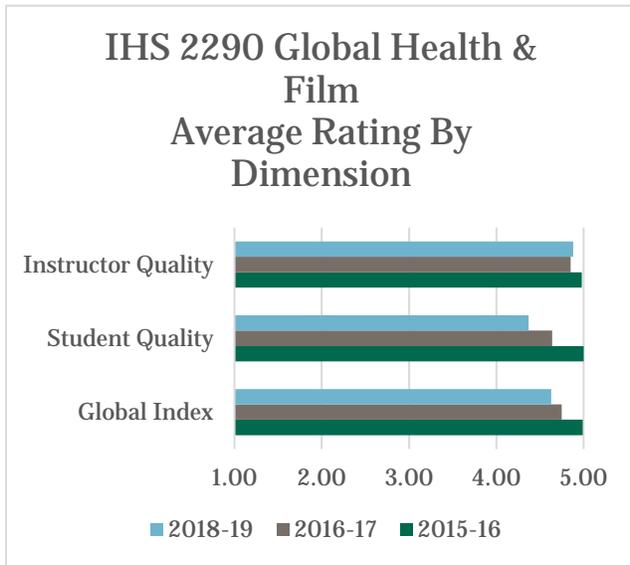


# Global Health Course Participation



# Global Health Course Evaluation





## Events & Other Activities

### Achievements & Recognition



**Keilah M. Ketron and Dr. Gillian Ice – HCOM Global Health Award 2019**

#### Student Awards

**Keilah Ketron** was awarded with the **2019 Heritage College Global Health Award**. This award is given annually to a graduating medical student who has shown a commitment to Global Health through their four year career at the Heritage College.

Keilah completed an International Rotation in Uganda with Restoration Gateway.

### Committees

Gillian Ice, Ph.D. MPH	<ul style="list-style-type: none"> <li>- Chair of the University International Council (UIC) 2016-2018</li> <li>- Heritage College Executive Committee, 2013-</li> <li>- Advisor AMSA and IFMSA, 2010-</li> <li>- HCOM Admissions committee 2016-</li> <li>- Global Engagement Awards Committee, 2014-</li> <li>- Public Health Task Force, 2014-</li> <li>- Study Abroad Graduate Travel Award Review Committee, 2012-</li> <li>- Study Abroad Risk Assessment Committee, 2012-</li> <li>- Botswana Relations Task Force, chair, 2013-</li> <li>- Senior International Management Team, 2016-</li> <li>- Global Relations Committee, 2017-</li> <li>- Global Education and Research Committee, 2017-2018</li> <li>- Judge, Ohio University Expo, 2004-</li> <li>- Ohio Women's Mentoring program 2016-17</li> <li>- Human Biology Association Program Committee 2016-2018</li> </ul>
Meredith Gartin, Ph.D, MA	<ul style="list-style-type: none"> <li>- Study Abroad Assessment, Global Mobility Committee, Ohio UIC, 2018-present</li> <li>- IHS Curriculum Committee Reviewer, 2017-2019</li> <li>- Judge, Ohio University Expo, 2016-present</li> </ul>
Debra McBride, MA	<ul style="list-style-type: none"> <li>- University Service Learning Committee 2016-19</li> <li>- UIC Mobility Subcommittee 2016-18</li> <li>- CHSP Diversity &amp; Inclusion Committee 2017-19</li> <li>- Judge, Ohio University Expo 2019</li> <li>- Fellow – Center for Entrepreneurship</li> </ul>

### Associations

Gillian Ice, Ph.D. MPH	<ul style="list-style-type: none"> <li>- American Association for the Advancement of Science, member</li> <li>- American Journal of Human Biology, 2014-present (editorial board)</li> <li>- American Association of Anthropologists, Member</li> <li>- American Association of Physical Anthropologists, Member</li> <li>- Gerontological Society of America, Fellow</li> </ul>
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	<ul style="list-style-type: none"> <li>- Human Biology Association, Fellow &amp; Secretary Treasurer (2004-2008), Chair Nominations and Elections (2014-2015), Program committee (2017-)</li> <li>- Journal of Cross Cultural Gerontology, 2001 – present. (editorial board)</li> <li>- Society for Applied Anthropology, Fellow</li> <li>- Society for Medical Anthropology, Member</li> <li>- Board Member Factory Street Studio</li> </ul>
Meredith Gartin, Ph.D.	<ul style="list-style-type: none"> <li>- American Anthropological Association (2006-present)</li> <li>- American Evaluation Association (2017- present)</li> <li>- Global Health Council (2016-present)</li> <li>- Society for Applied Anthropology (2007-present)</li> <li>- NAFSA: Association of International Education (2015-2018)</li> </ul>
Debra McBride, MA,	<ul style="list-style-type: none"> <li>- Judge, The Partnership for Excellence, 2015-2018</li> <li>- Alumni Examiner, Examiner Trainer, Baldrige Performance Excellence Program</li> <li>- National Peace Corps Association</li> </ul>
Megan Massey	<ul style="list-style-type: none"> <li>- Alumni Association</li> </ul>

## 2018-19 Grants

- \$18,300 Ice, Gillian, McBride, Debra and Machtmes, Krisanna. Global Health Learning Outcomes and Program Evaluation. (2016-2018) (Completed 9/30/18)
- \$52,668 Ice, Gillian, Haile, Zelalem, Bianco, Joseph, Gartin, Meredith, Johnson, Lesli, Lewis, Marsha, Graham, Dawn, Pittaway, Luke, McBride, Debra, Meyer, Deborah, Rubin, Sarah, Kingori, Caroline, Maposa, Bose, Nottingham, Kelly and Howard, Steve. Transdisciplinary Research Training in Global Health (2018 – 2020).
- \$93,600 Ice, Gillian, Krzic, Gerard, Gartin, Meredith, Haile, Zelalem. Egypt@Ohio - Fulbright Junior Faculty Development Program. July-September, 2019.

## 1804 Grant - GH Program Learning Outcome Evaluation



In 2016, Gillian Ice, Krisanna Machtmes from the Patton College of Education and Debra McBride submitted and received an 1804 grant to develop and implement an evaluation program for global health study abroad experiences with the purpose of measuring learning outcomes and improving the educational experience of student participants. Given her background in research, Meredith Gartin joined the project as a co-investigator and corresponding investigator in July 2016.

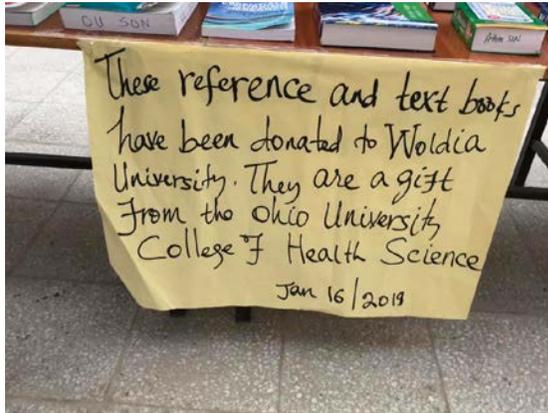
In the first year of the grant Dr. Gartin and the PIs developed the initial research protocol. A post-trip evaluation was implemented during the 2017 summer programs with data being collected in 2017 and 2018. Dr. Gartin and graduate students working for the Global Health Initiative started qualitative and quantitative analysis during the 2017-18 academic year.

During 2017-18 a protocol for collecting data on site at two summer program sites (Botswana Healthcare and Peru Clinics) was also developed. Staff members Debra McBride and Megan Massey travelled to these sites during June and July 2018. While program participants were able to observe the Botswana program, delays in approval of IRB amendments meant that data collection (documentation of observations and student interviews) were not conducted on site. Data was collected in Peru through observation during clinic and interviews of the student participants.

After preliminary results were shared with faculty directors in early September 2018, we held a group meeting to discuss the direction of programs and program evaluation. Faculty directors provided input on different approaches to evaluation depending on the design and content of the programs. We divided programs as to whether or not they were more clinical focused or research focused and selected assessment tools to adequately examine knowledge skills in those very specific areas.

In 2018-2019, the new assessment tools were implemented for all study abroad students on global health programs. The pre-program and post-program assessments were sent in separate e-mails. Dr. Gartin, who assisted in the development of the assessment tools, shared the tools with the Global Mobility Study Abroad Assessment sub-committee in 2018 for potential implementation for all students at Ohio University. Dr. Gartin also presented findings at the 2018 American Evaluation Association in Cleveland, Ohio in a paper titled, "Importance of Faculty-Student Interactions for Experiential Learning on Global Health Activities Abroad in Shaping Future Leaders." Dr. Gartin and fellow PIs are working on planned publications to further disseminate findings related to the study results on designing programs that improve interprofessional and intercultural skills in the health sector.

## 1804 Grant - Transdisciplinary Research Training in Global Health: Enhancing student and faculty research capacity, program evaluation and research application through global collaborative partnerships



Global health and development employers seek graduates with analytic skills, experience with program evaluation and the ability to apply research to real-life problems in an international setting. Yet, undergraduate and graduate students in the health, population and social sciences at OHIO lack access to real-life research, program evaluation projects, and applied research opportunities. The Global Health Initiative proposed in 2018 to provide opportunities in research, program evaluation, and policy translation for both undergraduate and graduate students through novel approaches in course design and curriculum development.

The approach integrates real-world data into the development of three courses linked to the Global Health Initiative's (GHI) on-going international partnership activities such as in Botswana. The training model used in Botswana ("education through research") embeds real-world data into the curriculum to train participants how to (a) articulate meaningful research questions, b) analyze and interpret data, and (c) prepare scholarly manuscripts.

The primary aims during the first year of the project were to establish the research training programs at different locations, establish a protocol for conducting program evaluations and to develop and offer the secondary data analysis and program evaluation classes. To this end we conducted two research workshops in 2017-18, one in association with the Fulbright Junior Faculty Development Program and one at Woldia University. Both were evaluated jointly. A secondary data class (4303/5303 Secondary Data Analysis in Global Health and Development) was developed and offered by Zelalem Haile. A program evaluation class (MPA 5580) was offered by Lesli Johnson. We held a faculty training workshop for the Fulbright mentors in June to pilot our faculty train the trainer program.

The proposal initially identified three sites for research training programs: Institute for Development Management (IDM) in Botswana and Swaziland and Woldia University. We conducted a training in Botswana at IDM prior to the awarding of the grant and ran into several difficulties and decided it was not an ideal site. We are discussing the possibility of working with other partners in Botswana in the future. In the meantime, we were awarded the Fulbright program and decided to include the research workshops as part of the 1804 project. We are in the planning stages of a training program at University of Rwanda in September-October 2019 and initial discussions with Abebe Zegere at the Ethiopian Ministry of Education about a national training program that would take place in Lalibella.

## Egypt@Ohio - Fulbright Junior Faculty Development Program



The Global Health Initiative (GHI) hosted a second group of six Egyptian Public Health Junior Scholars in the summer of 2019 from July to September. GHI partnered with the College of Health Sciences and Professions, the Office of Global Affairs, The Heritage College of Medicine and the Ohio Program for Intensive English to host the scholars.

Ohio Faculty provided training on multiple topics including conducting research, the U.S. Academic system, course design, learning engagement and data analysis. The Scholars also learned about and participated in a Nursing Simulation Lab and were assigned faculty mentors to work on both short- and long-term research goals. Several university and community families served as host families for the scholars and participated with them in cultural events in Athens, Columbus and Marietta. Prior to departure in September, the scholars presented their progress both on their identified research projects and their cultural and other learning. These presentations were made to their colleagues at Ohio University as well as to other Fulbright Scholars while in Washington, DC.

The group had the opportunity to learn a number of new skills, particularly with respect to secondary data analysis, biostatistics, focus groups, qualitative analysis, online teaching, curriculum objective writing, course mapping, program mapping and use of different pedagogical strategies including service learning, simulation and virtual reality. All scholars completed a research project using DHS-Egypt. They all submitted an abstract to the Consortium of Universities for Global Health (CUGH) conference, several of which were later accepted for presentation at CUGHS Annual Conference in 2020. They all developed at least a module for an online class and developed a course map for a complete course. They were all moved by the service learning programs and many of them began to develop proposals for service learning opportunities for the programs. Many have plans to incorporate the team-based learning techniques they learned. A couple of scholars are exploring the possibility of using COIL (Collaborative Online International Learning) that would pair students from their institutions with Ohio University students in a portion of an online class. In the evaluation focus group and in various informal discussions, they particularly valued with research, statistics and curriculum development workshops and all made significant progress toward their pre-program goals.