TUFH2025



Conference Book

SEPTEMBER 12-15 2025

Presented by:

THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

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SUMMARY

TUFH 2025 was a joint conference between The Network: Towards Unity for Health, Woods System of Care, and the Mollie Woods Hare Global Center of Excellence. It's celebrating TUFH's 46th anniversary. The conference brings together the health workforce, educators, leadership, students, young professionals, policy makers, researchers and advocates to discuss the theme "Reframing Access to Health: Challenging Assumptions and Reimagining Solutions". It took place from September 12 to 15, 2025 at the headquarters of Woods System of Care in Langhorne, Pennsylvania, United States. Unique to this conference, it also hosted two summits: IDD/Autism Summit and Convenient Care Summit.



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KEY DATES

- Abstract submission opened: 15 October 2024
- Abstract deadline: 31 March 2025, extended 13 April 2025
- Registrations opened: 15 October 2024
- Early Bird registration closed: 31 March 2025, extended thanks to Woods System of Care Sponsorship to August 10, 2025
- Deadline for registration for physical attendees: 10 August 2025
- Deadline for registration for virtual attendees: 18 August 2025

DATE AND TIME

Thursday 11 September 2025 – TUFH Board & Advisory Meeting



Friday 12 September 2025 - Day 1 from 7:00 AM – 7:30 PM (UTC-4)

Saturday 13 September 2025 - Day 2 from 8:00 AM – 9:30 PM (UTC-4)

Sunday 14 September 2025 - Day 3 from 8:00 AM – 7:30 PM (UTC-4)

Monday 15 September 2025 - Day 4 from 8:00 AM – 7:30 PM (UTC-4)

Presented by:

TUFH2025
Greater Philadelphia
United States

ABOUT THE HOSTS

The Network: TUFH

THE NETWORK
TOWARDS UNITY FOR HEALTH

The Network: Towards Unity For Health (TUFH) is an international, intersectoral, intergenerational organization that fosters equitable community-oriented health services, education, and research with the goal of improving health.

Role 1

Certification

- Institutional Self-Assessment Social Accountability Tool (ISAT)
- Workforce Cadre Certification

Role 2

Global Learning

- Global Communities of Practice
- TUFH Annual Conference
- International Student Exchange
- Education For Health & Social Innovations Journal

Role 3

Local infrastructure and Impact

- TUFH Centers of Excellence
- Social Accountability Fellowship
- TUFH Teaching Fellowship
- TUFH Mentorship Program
- SNO Leadership Institute

TUFH Online Community — tufh.org

SNO Student Network Organization — snotufh.org

Membership

STRATEGIC PARTNERSHIPS
INSTITUTIONAL TRAILBLAZERS
INDIVIDUAL THOUGHT LEADERS
YOUNG PROFESSIONAL
STUDENT PIONEER

We convene innovative health care organizations, universities, community institutions, and thought leaders from all over the world.
TUFH is a non-state actor in official relations with World Health Organization.



secretariat@thenetworktufh.org thenetworktufh.org

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Woods System of Care

Woods System of care is a population health management organization that, through its network of affiliates and partners in PA and NJ, provides life-cycle are to meet the lifelong needs of children and adults with intellectual disabilities and autism (ID/A), acquired brain injuries, and mental and behavioral health challenges who require complex care. It serves more than 50,000+ children, adolescents, and adults.

Woods is organized around the principles of population health management and addresses the social determinants of health through a comprehensive continuum and system of care that connects prevention, wellness, education, behavioral health, and social services with coordinated and integrated healthcare delivery.

Addressing the whole person, including physical and behavioral health, is essential for positive health outcomes and cost-effective care. Combining mental health services/expertise with primary care, specialty care and allied health can reduce costs, increase quality of care, and, ultimately, save lives.

Presented by:

The Mollie Woods Hare Global Center of Excellence

The Mollie Woods Hare Global Center of Excellence, in partnership with The Network: Towards Unity For Health (TUFH) and the World health Organization (WHO) on Neuro-divergence (Intellectual Disability and Autism) and Mental Health issues serves as a clearing house for clinical practice standards, trains healthcare providers, conducts research, disseminates best practices and supports policy efforts globally for health equity.

Presented by:

Student Network Organization

Student Network Organization

WHO WE ARE

We are a network of dedicated health students committed to advancing health equity within the realms of education and healthcare. Our mission revolves around fostering intercultural and multidisciplinary collaboration with the overarching aim of contributing to the realization of universal healthcare.

WHAT WE DO

Our core objective is to provide a platform for students, irrespective of their specialized fields, to actively engage with public health issues on local, regional, and international fronts. We facilitate this through robust interdisciplinary partnerships, offering valuable opportunities to interact with esteemed professors, peers, and seasoned public health practitioners within their chosen areas of interest. Our environment is one of camaraderie and support, nurturing networks that extend far beyond the academic sphere.

MISSION & VISION

Our mission remains steadfast – to champion health equity in education and healthcare through the promotion of intercultural and multidisciplinary collaboration. Our ultimate vision is to contribute to the construction of a healthcare system that serves all, without exception.

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SPONSORS

Woods System of Care

CCA

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Inglis
Ability & Independence. Redefined.

withum
ADVISORY TAX AUDIT

Abilities of Northwest Jersey Inc.
An Affiliate of Allies Inc.
Unlocking Potential • Empowering Success

AVSTERA
THERAPEUTICS CORP

ALLIES INC.
An Affiliate of Woods

TABOR CHILDREN'S SERVICES
Affiliated with Woods System of Care

Brian's House
Affiliated with Woods System of Care

kibu

HOMESTEAD
SMART HEALTH PLANS

ABA CENTERS
OF PENNSYLVANIA
Proven Autism Care

Helmont
behavioral health system

FOUNDATIONS
BEHAVIORAL HEALTH

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VENUE

Woods System of Care Campus

Hosting the international non-profit conference at Woods campus offers a unique and meaningful experience. Unlike traditional university campuses, Woods Services is nestled in the scenic countryside of Bucks County, PA. With over 60 years of history, the campus has been dedicated to providing exceptional care and services to individuals with disabilities. Its peaceful, expansive grounds are a beautiful backdrop for networking, learning, and community-building, offering attendees a calm and inspiring atmosphere that is both welcoming and conducive to focused discussions.

Attendees will have the opportunity to explore the stunning 100-acre campus, which includes lush green spaces, walking paths, and specialized facilities designed for the diverse needs of its community members. The campus offers a serene environment away from the bustle of city life, allowing for deep connections and reflection. Just outside the campus, the picturesque Bucks County area beckons with charming small towns, rolling hills, and historic landmarks. From the vibrant town of New Hope to the scenic Delaware River, the region provides a rich cultural experience for those looking to unwind after a day of thought-provoking sessions.

TUFH 2025 will be held at the headquarters of Woods System of Care in Langhorne, Pennsylvania, United States.

Langhorne is located in Bucks County, part of the greater Philadelphia region, which offers a charming blend of small-town appeal and unique attractions.

Langhorne's convenient location makes it an ideal base for day trips to Philadelphia.

Langhorne is located in Bucks County, part of the greater Philadelphia region, which offers a charming blend of small-town appeal and unique attractions. This historic town boasts a rich heritage, evident in its well-preserved colonial architecture and quaint streets. Visitors can explore the local history at the Langhorne Heritage Farm or enjoy a leisurely stroll through the scenic Core Creek Park.

THEMES

TUFH 2025 Theme

Reframing Access to Health: Challenging Assumptions and Reimagining Solutions

TUFH 2025 Subthemes

Innovative Approaches to reduce Health Disparities for Vulnerable, Marginalized, and Complex Populations

Community Engagement to promote Physical and Mental Health and Wellness

Partnerships to build Social Accountability Bridges linking Education and Service to advance Community Health

Policy and Collaborations to advance Community, Planetary, and Environmental Health

HONORING THE VISIT OF THE FIRST LADY OF THE REPUBLIC OF LIBERIA



TUFH 2025 was deeply honored to host **Her Excellency Mrs. Katumu Y. Boakai, the First Lady of the Republic of Liberia**, together with Her Excellency's distinguished delegation, at this year's conference, held at Woods Services in Langhorne, Pennsylvania, and co-hosted by Woods System of Care. Her Excellency's presence reflected the global significance of the work carried out by TUFH and underscored the importance of international partnerships in advancing inclusive, community-driven models of care.

The First Lady's participation in TUFH 2025 began on **Friday, September 12**, with her attendance at the Opening Reception. Delegates from across the world gathered to warmly welcome Her Excellency, whose gracious presence set a tone of unity and respect for the days that followed. This initial encounter allowed participants the opportunity to greet the First Lady and express their appreciation for her commitment to global collaboration. Her Excellency was greeted by Dr. William Burdick, Vice Secretary General of TUFH, who led the greeting and celebration of the honor that was hosting Her Excellency.

On **Sunday, September 14**, Her Excellency joined the **Intellectual and Developmental Disabilities (IDD) and Autism Summit**, where she attended the welcoming keynote address, *"Transforming Lives with Integrated Care,"* and the session on *"Integrated Autism/IDD Care."* These sessions brought together thought leaders and practitioners dedicated to improving outcomes for individuals with IDD and autism through collaborative, integrated models of care. The First Lady's presence at these discussions highlighted her interest in innovative approaches that prioritize dignity, inclusion, and community empowerment.

Following the summit sessions, Her Excellency was the honored guest at a private lunch with **Tine Hansen-Turton, President and CEO of the Woods System of Care** alongside executive leadership, Dawn Diamond, CEO Woods Services, Dr. Sailaja Musunuri, Executive Vice President, Integrated Medicine, and Kristen Farry Executive Vice President of Policy and Strategy. Their dialogue centered on the critical role of leadership in shaping systems of care that are not only comprehensive but also compassionate, and how international collaboration can further amplify progress.

Later in the day, the First Lady graciously attended a **staff meet and greet with Woods Services staff**, where she offered her encouragement and gratitude to the dedicated individuals who carry forward the organization's mission each day. The opportunity for direct interaction with Her Excellency was deeply meaningful for the staff, who were inspired by her recognition of their dedication and her acknowledgment of the vital work they perform in supporting individuals and families.

The day ended in a memorable **Cultural Dinner**, where the TUFH community gathered to celebrate global diversity and shared purpose. Guests were treated to a lively performance by the Uptown String Band Mummers, after which Her Excellency delivered an address that will be remembered as a highlight of TUFH 2025. In her heartfelt remarks, the First Lady spoke eloquently about the values of **unity, togetherness, and collective progress**, reminding all

in attendance that building inclusive communities requires both shared vision and shared action. Her Excellency also expressed her excitement in visiting Woods Services, her admiration for the dedication of its staff and leadership, and her honor in being a part of this year's conference. Her Excellency concluded the evening by graciously presenting gifts and ceremonial sashes to the executive leadership of Woods System of Care, a gesture that symbolized mutual respect, cultural exchange, and the spirit of partnership that defines TUFH.

The visit of **Her Excellency Mrs. Katumu Y. Boakai, the First Lady of the Republic of Liberia**, was an extraordinary moment for TUFH 2025. Her thoughtful engagement, her encouragement of international collaboration, and her inspiring words left a profound impression on all who had the privilege to meet her. The Woods System of Care and the entire TUFH community are deeply grateful for Her Excellency's presence, which not only enriched the conference but also strengthened the global commitment to equity, inclusion, and community-driven care.

Her Excellency's participation in TUFH 2025 will be remembered as a defining highlight of the conference, embodying the very values of partnership, respect, and shared humanity that unite us all.

CONFERENCE COMMITTEES

Advisory Organizing Committee



Aricia De Kempeneer

Vice President of Operations and Programming, The Network: Towards Unity For Health (TUFH)

Aricia De Kempeneer, M. Sc. is the Vice President of Programs and Operations at The Network: Towards Unity for Health (TUFH), where she oversees all organizational activities and initiatives. This includes managing the TUFH annual conferences, fellowships, TUFH academies, and Centers of Excellence, as well as overseeing communications, membership, and partnerships. She also serves as the liaison to the Student Network Organization, ensuring alignment between students and TUFH's broader goals. Aricia holds a Master's in Health Education and Promotion from Ghent University and a Bachelor's in Midwifery from Erasmus Hogeschool. In addition to her role at TUFH, she works as an independent midwife in Belgium, providing prenatal education, care, and postnatal support.

With extensive experience as a midwife in low-risk birthing units across Gambia, Finland, the United Kingdom, and Belgium, Aricia co-founded the Student Network Organization in 2015 and was its first president. She has attended TUFH annual conferences since 2012, reflecting her deep commitment to advancing global health education and collaboration.



William Burdick

The Network: Towards Unity For Health (TUFH)

William Burdick, MD, MSEd, is Secretary General of The Network: Towards Unity for Health, an organization of community oriented health professions schools and Professor of Emergency Medicine at Thomas Jefferson University in Philadelphia. As the former Vice President for Education at FAIMER, he was responsible for creation of global faculty development programs for health professions educators. He has received awards for excellence in teaching, including the Lindbach Award and the Trustees Award in his capacity as Professor of Emergency Medicine at Drexel University College of Medicine. A graduate of Oberlin College, Weill Cornell University College of Medicine, and University of Pennsylvania, he completed residency training in Internal Medicine and is certified by the American Board of Emergency Medicine and American Board of Internal Medicine.



Nicholas Torres

The Network: Towards Unity For Health (TUFH

Nicholas Torres (M.Ed.) is the Executive Director of TUFH and works at the cross section between the private sector, government, and not-for-profits and aligns them toward collective social impact goals and public policy. Nick has over 20 years of experience in executive management. Nick founded and currently leads a social sector "think-tank" organization; and teaches at the University of Pennsylvania.



Mike Haggerty

CEO, Allies

Mike Haggerty has supported children and adults with Intellectual and developmental disabilities in a variety of settings throughout his 40-year career. He has served in numerous leadership roles within the Woods System of Care, most recently as the Chief Executive Officer of Allies, Inc, a community-based provider of IDD services in New Jersey.

Allies has been affiliated with the Woods System since 2012 and is recognized as a leader among the New Jersey system of community providers with residential, day habilitation, and supported employment services delivered in 19 counties throughout the state.

Mike provides vision, leadership, management and execution of Allies' community-based residential services, supportive living programs, and community-based habilitation and vocational development/supported employment services programs throughout New Jersey. Since 2020, Mike has led the Allies team in the expansion and enhancement of Allies service delivery system to help individuals with IDD and co-occurring physical and behavioral health complexity realize meaningful community integration.

Mike holds a Master's degree in Nonprofit Leadership from Lasalle University and a Bachelor's degree in Mental Health technology from Hahnemann University.



Simon Kimmelman

Senior Executive Vice President and Chief Operating and Legal Officer

Simon Kimmelman, Esq., serves as Senior Executive Vice President and Chief Operating and Legal Officer for the Woods System of Care. In his role as Chief Legal Officer, he heads up the Woods Legal Department and oversees all law-related matters for Woods, its affiliates, and related entities. As Chief Operating Officer, he is directly responsible for implementing the Woods Strategic Plans and coordinating the Woods System of Care operations. Previously, he was a member of Sills Cummis & Gross P.C. and served as Managing Partner of the Firm's Princeton, New Jersey office.

Mr. Kimmelman's practice was focused on business bankruptcy, secured transactions, general corporate matters, and commercial litigation. He has represented major entities involved in many of the most significant Chapter 11 cases filed in New Jersey and several other jurisdictions. He served as the bankruptcy trustee for Kiwi International Airlines and John Z. DeLorean. He is admitted to the Bar in Pennsylvania and New Jersey.

He is a fellow of the American College of Bankruptcy and former Chair of the Bankruptcy Law Section of the New Jersey State Bar Association and the Lawyers' Advisory Committee to the New Jersey Bankruptcy Court. Mr. Kimmelman has been involved in various charitable endeavors and most recently served as President of Har Sinai Temple in Pennington, New Jersey. He also served as a long-standing Member and Board Chair of the Woods Resources Board of Trustees. Mr. Kimmelman received his B.A. from the University of Pennsylvania and his law degree from Vanderbilt University Law School.



Dawn Diamond

CEO, Woods Services

Dawn Diamond is a seasoned professional with 30 years of experience working with vulnerable and at-risk populations. She started her career at Woods in 1997 and most recently served in the role of Executive Vice President of Operations for Woods. She builds high-performing, diverse teams who develop quality, outcome-based programs and services. Energized by challenges and driven by a genuine desire to help others, she is a creative problem-solver, a thought leader, and a staunch advocate for people with intellectual and developmental disabilities. In her current role, she is responsible for continuing to drive Woods forward and inspiring a culture of innovation and continuous improvement.

She holds an Master's in Industrial/Organizational Psychology from Florida Institute of Technology and a Bachelor's in Psychology from Salisbury State University in Salisbury,



Monica Moser

CEO, Woods Community Services

Monica Moser serves as the inaugural CEO of Woods Community Services (WCS), bringing over 15 years of experience in the human services field. Since the inception of WCS, Monica has successfully driven organizational growth and innovative service delivery that prioritizes person-centered care and community integration. Ms. Moser has a strong foundation in nonprofit leadership, program operations, quality assurance, regulatory compliance, and risk management. Monica is passionate about creating safe and supportive environments that promote the well-being and growth of the individuals served, while ensuring high-quality programs designed to ensure success and fulfillment. Monica also takes pride in her commitment to cultivating a positive culture for employees, prioritizing growth, wellness, and professional development.

Prior to joining Woods Community Services, Ms. Moser served as Residential Director at Woods Services. She received her B.A. in Education from Holy Family University and her M.S. in Nonprofit Leadership and Population Health Management from Philadelphia College of Osteopathic Medicine.



Lori Plunkett

CEO, Brian's House

Lori Plunkett's dedication is evident in her over 40 years of service at Brian's House, where she has played a key role in helping individuals with intellectual and developmental disabilities live fulfilling lives. Lori's journey began as a Direct Care Counselor and progressed to her current position as CEO, which she has held since 1999. Throughout her tenure, she has been instrumental in the growth and development of Brian's House.

Lori earned her Master's degree in Administration from West Chester University and her Bachelor's degree in Special Education from Millersville University. Additionally, she is an active member of PAR (Pennsylvania Advocacy and Resources).



Kim Everett

Health Improvement Partnership

Experienced Executive Director with a demonstrated history of working in public health and the healthcare industry. Skilled in Nonprofit Organizations, Program Development, and Healthcare Management. Strong business development professional with a Master's degree focused in Health Science from The College of New Jersey.



Mark Williams

Board Chair, Woods System of Care

Mark T. Williams, BSN, RN-BC, has touched thousands of people throughout his career as a Psychiatric Nurse, and decades as an ally to anyone who needed his support. He serves as the Chair of the Woods System of Care Board of Trustees, President of the NAMI NJ Board of Trustees, as well as Trustee of the Bridgeway Behavioral Health Services Board. Mark has tirelessly advocated for the elimination of the social stigma that so often accompanies a mental health diagnosis.



Dr. Mark Wolff

Morton Amsterdam Dean, University of Pennsylvania School of Dental Medicine

Dr. Wolff has completed numerous international research and oral health assessment programs and has been a lifelong advocate and dental provider for individuals with physical, intellectual, and developmental disabilities of all ages. He has served as the principal or co-principal investigator on multiple benchtop and clinical research projects, investigating dental caries, novel remineralizing agents, dental erosion, periodontal disease, dental materials, and dentinal hypersensitivity. He has published over 100 scientific papers, text chapters, and edited multiple textbooks. Dr. Wolff lectures worldwide and is a frequent consultant to the industry. He has been the principal or co-principal investigator on nearly $9 million in industrial and National Institute of Health-funded research.



Dr. Sailaja Musunuri

Chief Medical & Clinical Officer, Executive Vice President of Integrative Medicine, Executive Director of the Mollie Woods Hare Global Center of Excellence

Sailaja Musunuri, MD, Chief Medical & Clinical Officer, Executive Vice President of Integrative Medicine, is an accomplished team leader who has consistently delivered results in numerous clinical settings for more than 20 years, including experience working with children and adults with intellectual disability, autism, and co-occurring psychiatric disorders and other complex medical conditions.

Dr. Musunuri is an experienced and compassionate physician and psychiatrist (double board-certified in adult, child, and adolescent psychiatry), providing high-quality medical and psychiatric care with diverse clinical operations experience. Dr. Musunuri is known for constructively challenging conventional thinking, identifying and implementing innovative ideas, and building stakeholder confidence for mission-critical initiatives.

She has exhibited these characteristics in thinking creatively to connect the dots between nonprofit health and human services organizations with leaders in the pharmaceutical arena to ensure focus on individuals with autism and intellectual disability that will improve quality of services and health outcomes for this population.

Dr. Musunuri uses an integrated and functional approach to identifying the root causes of autism and to focus on a holistic understanding of the individual. Her method combines an interdisciplinary treatment team approach to assess biological, environmental, and psychological factors that may contribute to autism spectrum disorder. She serves as a role model for fostering discussion of complex issues, while promoting the organizational mission and operating procedures.

Dr. Musunuri has leveraged this experience to fulfill one of the strategic goals of Woods System of Care—to disseminate its expertise to others—by founding the Mollie Woods Hare Center for Excellence in Neurodivergence – Intellectual Disability, Autism and Mental Health, which houses Woods' training and dissemination arm for best practices in the field. Her role as a board member of The Network: Toward Unity for Health (TUFH), an international non-state actor of the World Health Organization, is further evidence of Dr. Musunuri's commitment to ensuring that the most vulnerable populations have access to the services they need.

TUFH is an international, intersectoral, intergenerational organization that fosters equitable community-oriented health services, education, and research with the goal of improving health locally and globally. They convene innovative healthcare organizations, universities, community institutions, and thought leaders from all over the world. The link between the Mollie Woods Hare Global Center of Excellence and TUFH will serve to extend the reach of both organizations to improve the quality of care for individuals with disabilities, in addition to providing oversight of clinical programs and direct care for individuals with intellectual disability and complex healthcare needs.

Dr. Musunuri is a committed mentor who dedicates tremendous energy to training the next generation of child and adolescent psychiatry fellows, adult psychiatrists, psychiatric nurse practitioners, and other clinical practitioners. Dr. Musunuri serves as Academic Faculty Advisor at Woods for interns and fellows from area health professions schools. A nationally respected leader known for her deep expertise in the field of autism and intellectual disability, Dr. Musunuri is sought after as a premier academic advisor for the interns and fellows she supervises.

Her strong track record of mentoring and partnership development has led her to be invited to serve as a clinical faculty member at Tower Health – Phoenixville Hospital, Temple University Louis Katz School of Medicine, and Rider University. Dr. Musunuri oversees integrated healthcare throughout the System of Care, ensuring that all services are interconnected in order to provide whole-person care. She also served as the principal investigator of the Specialized Mental Health Outpatient Program which was launched through federal funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Prior to Woods, Dr. Musunuri served for nearly 20 years as medical director of Devereux, a behavioral health organization serving individuals with intellectual disabilities and autism.

Her professional training includes receiving her M.D. from Siddartha Medical College/Nagarjuna University, Vijayawada, India, completing her internship in Psychiatry at Medwin Hopsital, Hyderabad, India, and residencies in Adult and Child/Adolescent Psychiatry respectively at SIU School of Medicine, Springfield, IL, U.S., and Drexel University College of Medicine, Philadelphia, PA, U.S. Dr. Musunuri is considered the premier leader in psychiatry in the U.S. for people with intellectual disability and complex psychiatric and other chronic conditions, is a leader in integrated care, and a leader in training the next generation of practitioners who are desperately needed to address the health disparities of this vulnerable and complicated population.



Tine Hansen-Turton

President and CEO, Woods System of Care

Tine Hansen-Turton, MGA, JD, FCPP, FAAN, serves as President and CEO of Woods System of Care and Woods Resources. Woods System of Care is a population health management organization that, through its network of providers and partners in PA and NJ and 8,000 staff, provides life-cycle care to meet the lifelong needs of children and adults with intellectual disabilities and autism (ID/A), acquired brain injuries, and /or mental health challenges who may also have complex medical and genetic conditions.

She is a seasoned and successful Healthcare and Human Services Executive with 30 years of experience in C-suite executive leadership, serving in CEO, CSO, and COO roles throughout her career in Nonprofit, Private and Government Organizations. She has founded and led several nationally recognized health, human services, and related trade associations and has secured multi-billion dollars in new business. She is a founder, publisher/facilitator of a social impact/innovation journal and incubator lab.

Tine Hansen-Turton has tremendous content expertise in primary and behavioral health care, Health and Human Services Administration, Disabilities and Behavioral Health, Public and Population Health and Education. She has developed many innovative healthcare programs and business models (i.e. integrated primary and behavioral healthcare specialty clinics, convenient care and retail clinics, nurse-led care centers, specialized population health organizations, and life-cycle care management organizations) throughout her career, including starting dozens of non-profits and private businesses and organizations, such as the popular retail clinic industry association. Hansen-Turton served as CEO of the National Nurse-led Care Consortium, a non-profit organization supporting the growth and development of over 500 nurse-managed and school health clinics, serving more than 5 million vulnerable people across the country in urban and rural locations. For the past two decades, she has also been instrumental in positioning Nurse Practitioners as primary health care providers globally.

Hansen-Turton still serves as the founding Executive Director for the Convenient Care Association (CCA), the national trade association of over 3000 private-sector retail clinic industry, serving 50 million people with basic health care services nationwide.

Hansen-Turton also teaches public and social innovations, leading nonprofits, health policy, and the social innovations lab at the University of Pennsylvania Fels Institute of Government and School of Nursing. She is co-founder and publisher of a social impact/innovation journal and has co-published ten books.

Hansen-Turton received her Juris Doctor from Temple University Beasley School of Law, a Master of Government/Public Administration from University of Pennsylvania Fels Institute of Government and a BA from Slippery Rock University. She also studied at the University of Copenhagen Law School.



Honorable Brian Fitzpatrick

US Congressman

For 14 years prior to representing his hometown of Pennsylvania's First Congressional District, Brian Fitzpatrick served our nation both as an FBI Special Agent and Federal Prosecutor, fighting both domestic and international political corruption, and supporting global counterterrorism and counterintelligence efforts – including being embedded with U.S. Special Forces as part Operation Iraqi Freedom.

Working to promote freedom and democracy at home and abroad, Brian also served as National Director for the FBI's Campaign Finance and Election Crimes Enforcement Program and as a National Supervisor for the FBI's Public Corruption Unit at FBI Headquarters, where he was recognized as an expert in restoring integrity to governmental institutions.

In the 118th Congress, Congressman Fitzpatrick sits on the Ways and Means Committee and House Permanent Select Committee on Intelligence. In addition, he co-chairs the bipartisan Problem Solvers Caucus, Congressional Ukraine Caucus, and Bipartisan Mental Health and Substance Use Disorder Task Force, while also serving on the NATO Parliamentary Assembly.

Congressman Fitzpatrick is a licensed attorney, a Certified Public Accountant (CPA) and a Certified Emergency Medical Technician (EMT).



Frank Farry

PA State Senator

Frank Farry was elected to the Senate of Pennsylvania in November 2022 to represent the 6th Senate District in Bucks County after serving in the House of Representatives for seven terms. Farry has authored more than 30 pieces of legislation. His advocacy focus has been on veterans' and armed forces groups, the disability community, animal welfare groups, first responder community, senior citizen concerns, health care, addiction and recovery issues, ensuring a quality education, and protecting taxpayers.

As a lifelong resident of Bucks County, Farry has been serving his community his entire career. He has been the chief of Langhorne-Middletown Fire Company since 2001, and a member of the organization for over three decades. He served his hometown of Middletown Township for more than seven years in various roles, including assistant township manager, director of community services, acting township manager, public information officer and emergency management team member. He currently serves on the board of trustees for Bucks County Community College and has served on numerous township and county boards and commissions.



Kristen Farry

EVP, Policy and Strategy, Woods System of Care

Kristen Farry, MS, Executive Vice President of Policy and Strategy, leads Corporate Strategy which includes Government Relations, Communications, Fundraising, Marketing, and Strategy Development. This role ensures comprehensive and consistent internal and external communications and engages with stakeholders from community organizations to international trade associations. She came to Woods Services in 2017 to develop and oversee Woods' government affairs and advocacy strategies at the national, state and local levels.

Before coming to Woods, she served in senior levels within Pennsylvania's Executive Branch in two different gubernatorial administrations. She has a history and reputation for developing and managing effective legislative strategies and has been recognized at local, state, and federal levels for these efforts, including as a recipient of ANCOR's Suellen Galbraith Award for Exemplary Public Policy Work and a recipient of City and State PA's Government Relations Power 100.

Farry has experience in the non-profit, private, and public sectors, including as a congressional staffer in Washington, a government relations professional in Harrisburg, and a legislative and policy assistant at PAR (Pennsylvania Advocacy and Resources for Autism and Intellectual Disability).

She received her Master's Degree in Nonprofit Leadership and Population Health Management from the Philadelphia College of Osteopathic Medicine and her BA in Political Science from Lebanon Valley College.



Dr. Frank Ghinassi

President and CEO, Rutgers Health University Behavioral Health Care, Robert Woods Johnson Barnabus Health System

Frank A. Ghinassi, PhD, ABPP is President and CEO of Rutgers Health University Behavioral Health Care (UBHC) and Senior Vice President of the Behavioral Health and Addictions Service Line at RWJBarnabas Health. As President and CEO, Dr. Ghinassi is responsible for the strategic oversight and direction of a statewide system of academic, behavioral health, addiction services, training, and funded research. UBHC, one of the largest providers of behavioral health and addictions healthcare in the country, offers a wide range of clinical and support services across all diagnosis, and across the lifespan. These services include inpatient units, partial hospitalization programs, intensive outpatient programming, case management, traditional outpatient treatment, correctional health care, several Certified Community Behavioral Health Centers, a wide range of peer specialist helplines including ones for military service members, veterans, mothers of children with special needs, law enforcement officers, child protection workers, a statewide suicide prevention hotline, a clinical research and training institute, as well as an array of other specialty and care and support services. In his role as Senior Vice President, Dr. Ghinassi directs the strategic development and operations of behavioral health and addictions, fostering synergies between Rutgers Health and RWJBarnabas to enhance high-quality, fully-integrated and interdisciplinary academic care throughout New Jersey.



Karen Coleman

Tabor CEO

Karen Coleman is an experienced business leader and social welfare advocate. In addition to having a heart dedicated to assisting children and families, Ms. Coleman possesses executive experience in organizational, policy, business development, strategic planning, and fiscal management.

In 2017, Coleman accepted the position of CUA Director for Tabor Community Partners and managed the highly successful CUA Case Management and Prevention Programs. During her time in this position, she created a performance-focused culture and achieved a 22% increase in CUA service quality. In addition, Coleman was promoted to Chief Operating Officer in 2020 to oversee operational excellence in the organization's efficiency and productivity.

Observing that medical compliance is a significant opportunity in child welfare, Coleman appointed a specialized team dedicated to prioritizing mental and physical medical concerns for children, youth, and families. Her medical model is in the process of being evaluated in consideration of becoming a prototype for other family services organizations.

Ms. Coleman holds a Bachelor of Science in Health Planning and Administration from Pennsylvania State College, a Masters of Social Work from Temple University, a Masters of Science in Project Management from Drexel University. She is currently a Doctor of Healthcare Management candidate from Virginia University of Lynchburg.

Organizing Committee



Aricia De Kempeneer

Vice President of Operations and Programming, The Network: Towards Unity For Health (TUFH)

Aricia De Kempeneer, M. Sc. is the Vice President of Programs and Operations at The Network: Towards Unity for Health (TUFH), where she oversees all organizational activities and initiatives. This includes managing the TUFH annual conferences, fellowships, TUFH academies, and Centers of Excellence, as well as overseeing communications, membership, and partnerships. She also serves as the liaison to the Student Network Organization, ensuring alignment between students and TUFH's broader goals.

Aricia holds a Master's in Health Education and Promotion from Ghent University and a Bachelor's in Midwifery from Erasmus Hogeschool. In addition to her role at TUFH, she works as an independent midwife in Belgium, providing prenatal education, care, and postnatal support.

With extensive experience as a midwife in low-risk birthing units across Gambia, Finland, the United Kingdom, and Belgium, Aricia co-founded the Student Network Organization in 2015 and was its first president. She has attended TUFH annual conferences since 2012, reflecting her deep commitment to advancing global health education and collaboration.



Maya Taylor-Cook

Retention and Employee Engagement Policy Strategist at Woods Services, Maya Taylor-Cook is a Retention and Employee Engagement Policy Strategist at Woods Services, where she has dedicated the past three years to advancing initiatives that strengthen organizational culture, improve employee retention, and enhance engagement across teams. In her role, she manages and develops special projects that align workforce strategies with organizational goals, ensuring both staff satisfaction and long-term sustainability.

Maya holds a BA in Politics and International Relations and an MSc in International Relations from the University of East London. Her academic training has equipped her with a strong foundation in policy development, strategic analysis, and cross-cultural communication—skills she applies in designing innovative solutions to workforce challenges.



Gary Maurer

Director Food and Nutrition at Woods Services

Gary Maurer, Director of Food and Nutrition has been with Woods Services for 34 years. He came to Woods in 1991 with a Degree from the Culinary Institute of America and an extensive career as Executive Chef in local restaurants.

Woods Food and Nutrition follows 400 individuals diets and produces 2000 portions of food that is shipped to 48 residential homes and 5 day programs daily. This work is supported by 5 Dietitians and a foodservice team of 25.



Cassidy Tosti

Occupational Therapist and Certified Brain Injury Specialist

Cassidy Tosti M.S., OTR/L, CBIS is an Occupational Therapist specializing in long-term care for adults with brain injuries and other neurological conditions. She is responsible for providing evidence-based rehabilitation to support independence, improve quality of life, and promote functional recovery for individuals with complex needs.

Cassidy holds a Master's degree in Occupational Therapy and a Bachelor's degree in Psychology from Thomas Jefferson University. She is a Certified Brain Injury Specialist (CBIS), bringing advanced knowledge and clinical expertise to her practice. Her professional interests include neurorehabilitation, cognitive retraining, and holistic approaches to recovery after brain injury.

In addition to her clinical work, Cassidy provides leadership within the long-term care setting by guiding best practices, mentoring colleagues and students, and fostering an interdisciplinary team approach. Her focus on collaborative leadership helps drive innovation, enhance continuity of care, and ultimately support improved patient outcomes.



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Elizabeth O'Toole

Assistant Vice President, Recreation and Aquatics

Ms O'Toole is the AVP of Recreation, Aquatics, and the Animal Assisted Therapy Program at Woods Services. She joined Woods in 1999 as a lifeguard, and found her true passion of serving the IDD population through swimming, engagement, and fun. She helped create and grow a year round Animal Assisted Therapy program, including the building of a new barn, and fully accessible nature trail. Beth sees each day as a new opportunity to host events and activities that promote independence, build confidence, and provide opportunities for the individuals we serve to let their light shine.

Beth received a B.A. in Special Education from Clarion University, and an M.S. in Nonprofit Leadership and Population Health Management from Philadelphia College of Osteopathic Medicine.



Nikolaj Hansen-Turton

The Network: Towards Unity For Health (TUFH)

Serving in the capacity of the Operations Manager at TUFH. Nikolaj Hansen-Turton also serves as Education Platform and Social Media Manager for the Social Innovations Journal. Originally from Philadelphia and now living in London. Nikolaj holds a Undergraduate Degree in Politics and International Relations, and a Post Graduate in Digital Marketing – Queen Mary, University of London.



Simran Spal

Student Network Organization (SNO)

Simran Spal is a fourth-year medical student from India She is an advocate for global health and a researcher at heart. She is active in organisations dedicated to achieving universal health coverage, undergraduate medical research, and public health. She has been a proud member of SNO for the past three years, serving as SNO regional activities assistant and SEA Regional representative. Birdwatching, speed cubing, and poetry are some of her interests. She wants to be a resident physician in the United States.



Erin Drummond

Senior Vice President HR Strategic Leadership

Ms. Drummond has over 20 years of experience in leadership roles, focusing on employee training and development, engagement, program management, team and organizational effectiveness, and leadership coaching. In her role as Vice President of Employee Success and Engagement for Woods System of Care, Ms. Drummond focuses on the full lifecycle of talent across WSOC, including recruiting/talent acquisition, onboarding, employee training and development, career pathways, management and leadership training/development, succession planning, culture, employee engagement, and employee retention. She is passionate about facilitating positive change and ensuring Woods System of Care thrives through strategic talent management, analysis, innovative solutions, and collaboration.

Ms. Drummond received a B.A. in Sociology from Bloomsburg University, an M.S. in Counseling Psychology from Holy Family University, and an M.S. in Nonprofit Leadership and Population Health Management from Philadelphia College of Osteopathic Medicine. She also holds an ICF-qualifying certificate in Leadership Coaching for Organizational Performance through Rutgers University.



Dawn Diamond

CEO, Woods Services

Dawn Diamond is a seasoned professional with 30 years of experience working with vulnerable and at-risk populations. She started her career at Woods in 1997 and most recently served in the role of Executive Vice President of Operations for Woods. She builds high-performing, diverse teams who develop quality, outcome-based programs and services. Energized by challenges and driven by a genuine desire to help others, she is a creative problem-solver, a thought leader, and a staunch advocate for people with intellectual and developmental disabilities. In her current role, she is responsible for continuing to drive Woods forward and inspiring a culture of innovation and continuous improvement.

She holds an Master's in Industrial/Organizational Psychology from Florida Institute of Technology and a Bachelor's in Psychology from Salisbury State University in Salisbury,



Liz Hayden

Vice President of Strategy Development

Ms. Hayden provides strategic guidance in program and partnership development, bringing together a strategy development team across Woods System of Care to support growth, quality and thought leadership. She identifies opportunities for collaboration, leads responses to funding opportunities and writes proposals, concept papers, and policy briefs. She brings over 25 years of project management, program development, and management in public health, healthcare, education, and social services to her role. Ms. Hayden received a Master's in Public Health from Drexel University, a Master's in TESOL (Teaching English to Speakers of Other Languages) from the University of Pennsylvania, and a Bachelor's in Germanic Languages and Literatures from the University of Pennsylvania.



Phil Gabel

Manager, Technical & Support Services

Phil has been working in IT at Woods for several years. He has extensive experience with technical and support services.



Carrie Adkins-Ali

Senior Director of Strategic Communications at Woods Services

Carrie Adkins-Ali is the Senior Director of Strategic Communications at Woods Services, where she oversees internal and external digital and print communications. With deep experience in healthcare communications across various industries, she is dedicated to sharing information that will break down barriers and improve healthcare for all individuals. She holds a BA in Literature from West Chester University, Pa., and is pursuing an MS in Organizations and Management from The College of New Jersey.



Louise Flaig

Strategy Development Director

Louise joined Woods in 2022. In her role, she identifies and responds to funding opportunities that support expansion and new program development of Woods System of Care programs and services, looking at local, national, and global opportunities. Her other primary role is to support public policy efforts at the local, state, federal, and global levels that will lead to program expansion, sustainability, and equitable and improved services and outcomes for not just clients served by the Woods System of Care, but all individuals with intellectual and developmental disabilities, autism, brain injury, and complex behavioral health needs, as well as supporting the workforce that these individuals rely upon. Prior to Woods, Louise accrued 20 years of experience as a journalist, serving as a project manager and senior editor at top-tier publications. She has a BA in journalism and mass communication from University of North Carolina–Chapel Hill and master's degrees in nonprofit leadership and in social policy from University of Pennsylvania.



Rich Dougherty Jr.

Facilities Project Coordinator

Since joining Woods Services in 2003 as a painter, Mr. Dougherty has become an indispensable force within the Facilities team. Through hard work and dedication, he rose to the role of Project Coordinator, where he now oversees contractors and major facilities projects. More than just a job, he is committed to excellence, and his work is a passion—driven by the knowledge that every project he manages helps create a safer, more supportive environment for the individuals Woods serves.



Anupriya Mishra

Volunteer, Mollie Woods Hare Global Center of Excellence at the Woods System of Care (WSOC)

Anupriya is a dedicated nonprofit professional committed to enhancing healthcare access and quality of care for individuals with intellectual disabilities, autism, and mental health conditions.

She holds a Master of Science in Nonprofit Leadership (MSNPL) from the University of Pennsylvania, an MBA from India, and has completed courses in Psychology and Sociology at Harvard University. With over 9 years of experience, Anupriya specializes in donor management, fundraising, project management, and research, focusing on underserved communities in urban and rural India.

Anupriya's work has been particularly effective in supporting marginalized rural and indigenous artisans, especially women, by helping them create sustainable livelihoods. Through organizing training programs, facilitating connections with leading retailers, and securing funding from corporations and foundations, she has been instrumental in expanding economic opportunities and reducing migration pressures in these communities. Her passion for social impact continues to guide her work towards creating meaningful and positive change on a global scale.



Danica Lynn

Director of Woods' Social Enterprises

Danica Lynn serves as the Director of Woods' Social Enterprises, where she has spearheaded the growth and expansion of key initiatives, including the Yellow Daffodil Flower and Gift Shop, Woods Wear print shop, and Common Grounds Café and Market. Her leadership has fostered innovation and sustainable growth within these enterprises.

With over two decades of experience in business development, Danica transitioned her focus to human services, bringing her expertise to roles in youth recreation services and the Neshaminy School District before joining Woods Services eight years ago.

Danica holds a Master of Science in Non-Profit Leadership and Population Health Management from the Philadelphia College of Osteopathic Medicine and a Bachelor of Science in Marketing with a minor in Industrial Psychology from Thomas Jefferson University. She is currently pursuing a Master of Social Work degree at Capella University, further enriching her ability to drive impactful change within the communities she serves.



Pat Dolan

VP, Information Systems

Pat has been working in IT at Woods for over 19 years.



Cheryl Kauffman

Senior Director of Special Projects

Ms. Kauffman is a dynamic communications and fundraising leader with a wealth of experience in higher education and population healthcare. Now semi-retired from Woods Services, she supports the organization through special project work.

Since joining Woods Services in 2002, she has been the driving force behind a strategic, multi-faceted plan that amplifies Woods' brand, elevates awareness of its life-changing programs, and champions critical issues affecting individuals with intellectual and developmental disabilities. Under her leadership, Woods has expanded its base of support and strengthened its advocacy efforts.

Before bringing her expertise to Woods, she served as Associate Vice President of Alumni Programs and Advancement at Franklin & Marshall College, where she honed her skills in engagement and philanthropy and holds a B.A. in Sociology.



Susan Cannon Testa

Executive Assistant to the CEO and COO

Susan Cannon works as a Executive Assistant To the Chief Executive Officer and Chief Operating Officer at Woods Services, which is a Non-Profit & Charitable Organizations company with an estimated 1,497 employees; and founded in 1913. They are part of the Executive team within the C-Suite Department and their management level is Non-Manager. Susan is currently based in Langhorne, United States.



Carmen Diaz-Alers

Administrative Assistant to Senior Management

Carmen Diaz-Alers serves as the Administrative Assistant to Senior Management at Woods Services, where she brings more than 20 years of experience in administrative operations. In her current role, Carmen provides high-level support to leadership and ensures the smooth coordination of internal communications and processes across departments.

Her career spans a diverse range of organizations, including nonprofits, healthcare providers, and corporate offices. At Woods, she previously served as a Bilingual Administrative Support Specialist for the Clinical and Psychiatry team, where she acted as a liaison for families, clinicians, and care teams—offering translation services and facilitating essential documentation and communications. Carmen has also held key roles in HR management, facilities operations, and payroll administration.

Carmen earned an Associate Degree in Business Administration from the University Interamericana in Puerto Rico and holds a Certificate in Accounting from Chicago Technology College. She is bilingual in English and Spanish and is known for her collaborative spirit, attention to detail, and commitment to serving diverse communities.

Scientific Committee



Aricia De Kempeneer

Vice President of Operations and Programming, The Network: Towards Unity For Health (TUFH)

Aricia De Kempeneer, M. Sc. is the Vice President of Programs and Operations at The Network: Towards Unity for Health (TUFH), where she oversees all organizational activities and initiatives. This includes managing the TUFH annual conferences, fellowships, TUFH academies, and Centers of Excellence, as well as overseeing communications, membership, and partnerships. She also serves as the liaison to the Student Network Organization, ensuring alignment between students and TUFH's broader goals.

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William Burdick

Secretary General, The Network: Towards Unity For Health (TUFH)

William Burdick, MD, MSEd, is Vice Secretary General of The Network: Towards Unity for Health, an organization of community oriented health professions schools and Professor of Emergency Medicine at Thomas Jefferson University in Philadelphia. As the former Vice President for Education at FAIMER, he was responsible for creation of global faculty development programs for health professions educators. He has received awards for excellence in teaching, including the Lindbach Award and the Trustees Award in his capacity as Professor of Emergency Medicine at Drexel University College of Medicine. A graduate of Oberlin College, Weill Cornell University College of Medicine, and University of Pennsylvania, he completed residency training in Internal Medicine and is certified by the American Board of Emergency Medicine and American Board of Internal Medicine.



Lionel Green-Thompson

Vice Secretary General, The Network: Towards Unity For Health (TUFH)

Associate Professor Lionel Green-Thompson was appointed dean and took up the role from 15 March 2020.

He has held multiple roles at the University of the Witwatersrand (Wits), including being the assistant dean for Teaching, Learning and Undergraduate Affairs in the Faculty of Health Sciences. He was also the clinical coordinator for the MBBCh degree in the Centre for Health Science Education from 2004, during which time he engaged in numerous student development initiatives, including the supervision of MMed (Anaesthesia) students.

He graduated from Wits with an MBBCh in 1988. He is a Fellow of the College of Anaesthetists of the Colleges of Medicine of South Africa. He obtained his MMed (Anaesthesia) at Wits in 2011 and completed a two-year Wits Carnegie Clinical PhD Fellowship.

He was national chairperson for the South African Association of Health Educationalists for the 2010 to 2013 triennium and chaired the national conference held at Wits in 2010 titled "Making Education Matter".

Associate Professor Green-Thompson is an occasional reviewer for academic journals. He is currently the chair of the network for Medical Education in Resource Constrained Situations.



Simran Spal

Student Network Organization (SNO)

Simran Spal is a fourth-year medical student from India She is an advocate for global health and a researcher at heart. She is active in organisations dedicated to achieving universal health coverage, undergraduate medical research, and public health. She has been a proud member of SNO for the past three years, serving as SNO regional activities assistant and SEA Regional representative. Birdwatching, speed cubing, poetry are some of her interests. She wants to be a resident physician in the United States.



Nicholas Torres

Executive Director, The Network: Towards Unity For Health (TUFH)

Nicholas Torres (M.Ed.) works at the cross section between the private sector, government, and not-for-profits and aligns them toward collective social impact goals and public policy. Nick has over 20 years of experience in executive management. Nick founded and currently leads a social sector "think-tank" organization; and teaches at the University of Pennsylvania.



Rabia Khan

The Network: Towards Unity For Health (TUFH)

With over 20 years of experience working across the world, the individual has found their 'sweet spot' in using data as a storytelling device to assist others in doing more good, making informed decisions, and amplifying their impact through meaningful change. They collaborate with individuals to foster fresh insights by investigating social issues using data and evidence, ultimately contributing to global expertise by sharing knowledge and crafting impactful narratives.

They have had the privilege of addressing complex health challenges, including the Covid-19 pandemic, vaccine hesitancy, antibiotic resistance, diabetes, air pollution, and the enhancement of intricate health systems. Their experience extends to working within prominent organizations such as the OECD, NHS, NSW Health, and The George Institute to drive substantial transformations. Additionally, they serve as a board member of TUFH, representing the Western Pacific region.

Their overarching goal is to rectify the world's inherent unfairness and inequality, striving to enhance the quality of life for all, irrespective of race, location, or financial status. They aspire to collaborate with fellow problem solvers who share a commitment to leaving no one behind, recognizing the immense potential for collective action.



Álvaro Enrique Romero Tapia

The Network: Towards Unity For Health (TUFH)

He is the Latin American Regional Board Member for TUFH. Dean of Medicine Faculty of La Sabana University Professor and researcher at Medicine Faculty of La Sabana University President of Colombian Medicine Faculties Association Vice-president of Andean Network of Faculties of Medicine Member of the Board of Directors of La Sabana University Clinic (Chía, Colombia). Medical doctor from Nueva Granada Military University, specialist in Psychiatry from National University of Colombia, specialist and master's degree in Bioethics from University of La Sabana. Management training in PDD – Executive Program from Inalde Business School, of La Sabana University.



Anshu

The Network: Towards Unity For Health (TUFH)

Dr Anshu, MBBS, MD, DNB, MNAMS, MHPE, is Director-Professor of Pathology at the Mahatma Gandhi Institute of Medical Sciences, Sevagram, India. She has been awarded Commonwealth Academic Staff Fellowship (2007), CMCL-

FAIMER Fellowship (2007), FAIMER-Institute Fellowship from Philadelphia (2009), and DBT Clinical Fellowship in Genetics Diagnostics (2021). Dr Anshu was awarded the International Fellowship in Medical Education (IFME) from FAIMER, USA in 2012. The award allowed her to pursue her Masters in Health Professions Education (MHPE) from Maastricht University, which she completed with distinction. She was the President of the Academy of Health Professions Educators, India for the year 2022. Dr Anshu is the Coordinator of the Medical Education Unit and the Internal Quality Assurance Cell at her institute. She designs and conducts faculty development workshops both in India and abroad. She has been a faculty member and resource person at four Indian FAIMER Regional Institutes—CMCL-FAIMER, Ludhiana; GSMC-FAIMER, Mumbai; PSG-FAIMER, Coimbatore, and MAHE-FAIMER Institute, Manipal. She is global faculty, lead faculty for Education Methods and Assessment, and quality assurance member for the FAIMER-Institute at Philadelphia. She has edited a book along with Dr Tejinder Singh titled 'Principles of Assessment in Medical Education' which is into its second edition. Her interests are: oncopathology, cancer epidemiology and genetics, faculty development, educational methods, assessment, and quality assurance. She also pursues creative writing and blogging as a hobby.



Tony Claeys

The Network: Towards Unity For Health (TUFH)

European Regional Board Member, The Network: TUFH. Professor in Nursing, VIVES University of Applied Science, Belgium Coordinator VIVES LiveLab: Interprofessional Education Researcher Centre of Expertise for Care Innovation, VIVES



Mohamed Hassan Taha

The Network: Towards Unity For Health (TUFH)

Dr. Mohamed Hassan Taha, MB.BS, PG Dip, MHPE, PhD, FAcadMEd is an Assistant Professor of Medical Education at the Medical Education Centre and College of Medicine University of Sharjah. With over 15 years of experience in Medical/Health Professions Education and educational research. He is currently the director of the Medical Education Centre and the coordinator of the Master of Leadership in Health Professions Education at the University of Sharjah, as well as the chair of the College of Medicine's curriculum committee. Before joining university of Sharjah, he served as the head Of Faculty Development Unit at college of Medicine, University of Qassim, Saudi Arabia, and director of Medical Education Unit, at Public Health Institute and Academy of Health Sciences in Sudan. He also act as member several international organizations of The Association for Medical Education in Europe (AMEE) and The Network: Towards Unity for Health TUFH and he serves as a consultant for various undergraduate and postgraduate medical curricula in the region Eastern Mediterranean region (EMRO region). Dr. Mohammad H. Taha has authored numerous articles on curriculum development, social accountability, online learning, students and residents learning environment, and residency training, and he is working as editorial board member in several medical educational journals.



Amy Clithero-Eridon

The Network: Towards Unity For Health (TUFH)

Amy Clithero-Eridon is the North American Regional Board Member for TUFH. She is a faculty member in the Department of Family & Community Medicine at the University of New Mexico School of Medicine. Amy has a PhD in Family Medicine from the University of Kwazaulu-Natal in Durban, South Africa as well as a Masters of Business Administration with a health systems concentration and a Masters level certification in Medical Education. In addition to teaching medical students about social determinants of health, health policy, and health services research, Amy participates in numerous educational research initiatives focusing on educational best practices and social accountability within medical education.



Noeline Nakasujja

College of Health Sciences / Makerere University Uganda

Noeline Nakasujja is Chair for the Department of Psychiatry at the College of Health Sciences and the first female Associate Professor of Psychiatry in Makerere University Uganda. She is the Chairperson of the Uganda Society for Health Scientists and Co-Chair for the Community Care for the Elderly task force of The Network: Towards Unity for Health (TUFH). In addition to being an ardent practicing psychiatrist, her roles also include being an educationist who has mentored numerous students. Her research interest focuses on neurocognitive assessments across the life span as well as other areas in the field of psychiatry.



Judy Lewis

Women and Health Together for the Future

Judy Lewis is a public health sociologist and Professor Emeritus of Public Health Sciences and Pediatrics at the University of Connecticut Medical School. Her major interests are women's health, maternal, child and adolescent health, and healthcare in low resource countries.



Firdouza Waggie

The Network: Towards Unity For Health (TUFH)

Associate Professor Firdouza Waggie is the Deputy Dean : Clinical and Community Engagement in the Faculty of Community and Health Sciences at the University of the Western Cape (UWC). She is also physiotherapist and has worked in hospital and community settings. Currently she plays an important role in the leadership and strategic decision-making in the faculty. Her portfolio encompasses all matters related to the training on the clinical and community platforms for all the professional programmes in the faculty. She is also responsible for ensuring that the university is anchored in various communities through establishing partnerships and relationships with stakeholders that benefits the the community and the university. She is an advocate for collaborative practice and community engagement in higher education and in the health and social services. She aims to build personal and leadership capacity amongst faculty staff which is needed for sustainability and success in the higher education sector. Her post-graduate supervision and research record reflects in several national and international publications and conference presentations.



Alejandro Avelino Bonilla

The Network: Towards Unity For Health (TUFH)

Alejandro is a Physician and general surgeon, specialist in epidemiology and master in public health, university professor and researcher. He has experience in epidemiology and public health with municipalities, departments and districts, as well as in public hospitals and private clinics. He is currently working as a researcher in human longevity and International health care consultant.



Nighat Huda

The Network: Towards Unity For Health (TUFH)

She is acknowledged as the pioneer of medical education in Pakistan. Currently in In Leadership position and serves as senior advisor on health professions education. She has immense contribution to the faculty development programs for health professionals, community- based curriculum, best practices in teaching learning and assessment. Active member of TUFH since 1991. In 2011, elected to serve as the TUFH Chair for four years' term. Presently is TUFH Board member. Founding, and Board member of the Women and Health Together for Future (WHTF). Is Education Coordinator of the National Committee of Maternal and Neonatal Health (NCMNH). Served on the Selection Committee of Charles Boelen International Social Accountability Award, Canada. . Invited speaker for national and international conferences in Pakistan. Authored publications in peer reviewed journals. Contributes as a reviewer to national and international journals, and institutional projects. She has special interest in preparing next generation of health care providers particularly for remote areas, and working with organizations to develop competency-based programs . Has keen interest that Pakistan creates social accountability and inter-professional education models, promote women's health, and patient-centered care.



Shafik Dharams

Dean and Professor of the School of Public Health at the University of North Texas Health Science Center at Fort Worth.

He brings over 25 years of international experience advancing interdisciplinary and transformative education, research, and practice, integrating the medical and public health sciences within a humanities context for the public good.

Presented by:



Farah M. Shroff

Farah M. Shroff is a Takemi Fellow in International Health at the Harvard School of Public Health, an Associate of the University of British Columbia Department of Family Practice and the School of Population and Public Health, and a Canadian public intellectual with expertise in global public health research and education. Dr. Shroff is the founder of Maternal and Infant Health Canada (MIHCan), a global public health collaborative that focuses on improving the lives of women and children through education, research, and innovation.



David Bor

David Bor, MD serves as the Chief Academic Officer for Cambridge Health Alliance (CHA). Dr. Bor previously served as CHA's chief of medicine for 21 years during which time he trained, mentored, and recruited hundreds of providers and current leaders



Toyese Oyeyemi

Mr. Oyeyemi Jr. is the Director of the Social Mission Alliance, with research, teaching, and practice experience in the health workforce, health professions education, and community health assessment and response. Mr. Oyeyemi is an inaugural Senior Fellow (2017) of the Atlantic Fellows for Health Equity based at the Mullan Institute.



Stephen Knight

Prof Steve Reid is a Family Physician with extensive experience in clinical practice, education and research in the field of rural health in South Africa. He holds a MBChB degree from the University of Cape Town, a Masters in Family Medicine from Medunsa, and a PhD in Education from the University of KwaZulu-Natal.



Roger Strasser

Roger Strasser AM Professor of Rural Health Dean and CEO Northern Ontario School of Medicine Lakehead and Laurentian Universities Canada Professor Roger Strasser is a leader in the global reform of health professional education. Recognizing the importance of context and community in medical education and research, Professor Strasser has gained an international reputation for developing and refining novel strategies to train health professionals in and for rural communities.



Robert Woollard

Robert F Woollard, MD, CCFP, FCFP Professor, UBC Department of Family Practice Dr. Woollard is Professor of Family Practice at UBC. He has extensive national and international experience in the fields of medical education, the social accountability of medical schools, ecosystem approaches to health, and sustainable development.



Ray Markham

Dr. Ray Markham has worked in rural family practice for over 20 years. He has had a diverse and productive medical career that has taken him across the globe. Born in Zimbabwe and trained in South Africa, Dr. Markham first immigrated to Canada in 1992, where he practiced for three years in rural Newfoundland.



David Marsh

Dr. Marsh is the Chief Medical Director for Canadian Addiction Treatment Centres and Professor Clinical Sciences at the Northern Ontario School of Medicine.

Presented by:



Mary Alice Scott, PHD

Executive Director, New Mexico Primary Care Training Consortium

Dr. Mary Alice Scott is a medical anthropologist whose research interests include critical ethnographic analysis of health, health care, and health policy in the United States, with a particular focus on the U.S.-Mexico border region. Her work engages in participatory methodologies and action-oriented research. Dr. Scott's current research is an ethnographic study of teaching and learning medicine in a family medicine residency program. Drawing on critical and applied medical anthropology, she works with an interdisciplinary team of students and faculty to both describe and critique the "culture of medicine" in this particular location and to develop strategies to better focus training on upstream medicine and to address issues related to physician depression, burn-out, and suicide.



Peter Preziosi, PhD, RN, CAE

President & Chief Executive Officer

Peter Preziosi is a leader in the global effort to strengthen health systems by improving career development and mobility for health workers. Recently appointed President and Chief Executive Officer of CGFNS International, the world's largest credentials evaluation organization for the nursing and allied health professions, he is working to revitalize its leadership in developing and implementing credentialing solutions for a globalizing health workforce.



Allison Acevedo

J.D. Philanthropy Director, National Board of Medical Examiners

Allison Acevedo is an experienced leader with over 25 years working in the policy, advocacy, philanthropy and nonprofit sectors supporting and implementing systems change and resource collaboration especially to improve equitable outcomes that help communities thrive. Allison is a Founding Member of the Philadelphia Black Giving Circle and lives in the Philadelphia area with her family.



Sean Tackett, MD, MPH

Director of Research & Faculty Advisor

Sean Tackett (MD, MPH) is a General Internist at Johns Hopkins, Bayview Medical Center and Research Director for Osmosis. His career aspiration is to contribute to improvements in the quality of health professional education internationally. Dr. Tackett completed his residency and a fellowship in Internal Medicine at Johns Hopkins. He was awarded his MD from the University of Pittsburgh, School of Medicine and graduated from Notre Dame University, magna cum laude with a BS in Biochemistry. As a member of the faculty at Johns Hopkins, he has published scholarship related to international medical school accreditation and medical student learning environments. Clinically, he practices hospital medicine and attends on inpatient medical teaching services. Alongside Osmosis, Dr. Tackett works with students and faculty to develop research projects that advance the science of education in the health professions. Topics include how new technologies can make learning more efficient and how videos impact health professional learning around the world. Traveling and eating are his favorite pastimes, especially when his wife and two boys can join—and when visits to family in Pittsburgh and Ahmedabad can be arranged.



Ruchi Kashyap

Executive Trustee Atmashakti Trust

With over 24 exhilarating years in the development sector, Ruchi has led Atmashakti since 2008, following her tenure at SRUTI (Society for Rural Urban and Tribal Initiative).

Since embarking on her journey in the development sector in 1998, Ruchi has gained extensive experience working at the grassroots level. Her dynamic personality, strategic thinking, passion, dedication, and innovative creativity have propelled the organization to new heights. She bravely ventured into large-scale risk-taking and experimentation to foster sustainable collective action in the tribal and marginalized communities of Odisha.

As a woman leader, Ruchi has carved out her place in a decidedly patriarchal mindset while creating opportunities for others. She promotes diversity and the integration of various skill sets within the workforce, empowering her team to grow and excel. Today, she is a mentor and guide to a formidable team of approximately 400 individuals working to empower tribal and marginalized communities.

In May 2023, Ruchi achieved another milestone by completing the Master of Science in Nonprofit Leadership (NPL) program at the University of Pennsylvania, USA. She looks forward to applying her knowledge, ideas, and innovation to drive the organization's growth.



Isabel Chen

Executive Trustee Atmashakti Trust

Isabel Chen (she/her/hers), MD MPH, is the Program Director of the Social Mission Metrics Initiative. She joined the Social Mission Alliance as a medical student and served in various roles from leading the learner community ("Young Beyond Flexnerians") and conference planning, to leading Communications and serving as a Board member. She also serves an Associate Professor Health Systems Science at the Kaiser Permanente Bernard J. Tyson School of Medicine where her work is grounded in improving the humanitarian potential of healthcare through education, research, and advocacy initiatives that improve health equity. She is designing innovative curriculum on systems thinking, community engagement, and service-learning. She is the Co-Course Director for Service-Learning, which strives to train future practitioners who are committed to the empowerment of communities through advocacy and organizing. She completed her Family Medicine residency training at Kaiser Permanente where she was Chief of Social Mission & Advocacy. Dr. Chen is Board Certified in both Family Medicine and Addiction Medicine.



Richard Colbran

Richard is an experienced non-government and not-for-profit manager in health and social services. He has a background in sponsorship & event sales and marketing. He is an advocate for social leadership and has achievements in program and change innovation, commercial and government partnership development, program management, research and evaluation. His interests include capacity building for the community's health and wellbeing and the commercialisation of services and products to support NGO sustainability. He has experience in the design and implementation of organisational business strategies and approaches for embedding evidence-based practice.



Leon Geffen

Leon Geffen is a family physician in Cape Town, South Africa. He is the director of the Samson Institute For Ageing Research, Cape Town. He is an honorary senior lecturer in the Geriatrics Unit, Faculty of Health Sciences at University of Cape Town. He has been a contributor to the WHO Clinical Consortium of Healthy Ageing. He serves on the WHO Global Network on Long-term care. He has been on the expert panels of the WHO IPC Guidance for Long-term Care Facilities, and Preventing and managing COVID-19 across long-term care services . He has worked with the Western Cape Province Department of Health in South Africa to develop an action plan for older persons during the COVD-19 pandemic. He is a fellow of interRAI and is currently conducting a research project on how to improve health and wellbeing of older persons at a primary care level.



Lisa Graves

Past Associate Dean and Current Professor, Department of Family and Community Medicine, Western Michigan University Homer Stryker M.D. School of Medicine Lisa Graves, MD, is a family physician. She is a graduate of the University of Ottawa, Ontario, Canada. She completed her residency in family medicine and enhanced skills training in maternal and child health at McGill University. During her time as faculty at McGill, she occupied a number of leadership positions including clerkship chair. Dr. Graves completed her M.ClSc. at Western University in 2018. She has a certificate of added competency in addiction medicine.

From 2010-2013, Dr. Graves was the associate dean for Undergraduate Medical Education at the Northern Ontario School of Medicine. From 2016-2022, she was associate dean for Faculty Affairs at Western Michigan University Homer Stryker M.D. School of Medicine. She is currently Secretary for the Committee on Accreditation of Canadian Medical Schools (CACMS), as well as the Secretary for the Committee on Accreditation of Continuing Medical Education (CACME).

Dr. Graves' clinical, teaching, and research interests include medical education, maternal and child health, and vulnerable populations.



Carol Ash

Carol Ash, DO, RWJUH Rahway Hospital Chief Medical OfficerA graduate of the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine, Dr. Ash is board certified in Internal Medicine, Critical Care, Pulmonary Medicine, and Sleep Medicine. She is a Fellow of the American College of Healthcare Executives and in 2017 received Dartmouth College's Master in Health Care Delivery Science (MHCDS) degree, which focuses on value-based improvement of health care delivery – achieving better outcomes for the same or lower costs – that is scientifically, ethically and managerially sound. She received an MBA from the University of Massachusetts Isenberg School of Management in 2014.



John Mah

Vice President, Health Benefits and Services at First Nations Health Authority

An experienced healthcare executive that has led diverse teams in both private and public sectors. A constant innovator with a passion for continuous improvement and driving business development. An engaging leader who creates and environment that encourages idea sharing, innovation and team success. Has developed a unique mix of knowledge and experience by combining clinical practice with business theories and concepts.



Benjamin Puertas

Unit Chief, Human Resources for Health – Pan American Health Organization, PAHO/WHO, Washington DC

Benjamín Puertas Donoso was born in Quito – Ecuador. Dr. Puertas completed his studies in Medicine and Surgery at the Central University of Ecuador and subsequently completed a master's degree in Public Health at the University of Illinois in Chicago (1991) and a Doctorate in Public Health at the University of North Carolina at Chapel Hill (2015) in the United States.

Dr. Puertas has served as regional director of health in Malawi and Mozambique with the American Refugee Committee (USA) and Medicins Sans Frontieres (France). He was the founding director of the master's in public health and later the founding dean of the School of Public Health of San Francisco University of Quito. In 2008 he was advisor to the ministerial office and in 2009 leaded the health reform process in Ecuador.

He was a PAHO Health Systems and Services Advisor in Tegucigalpa, Honduras and served as a Sub Regional Advisor of Human Resources for Health for Central America and Dominican Republic, based in El Salvador. Currently, he is the Advisor of Human Resources for Health for the Caribbean, based in Barbados.

Among its publications are ten books and book chapters, as well as several scientific publications in international health journals.



Angela Patterson

Dr. Patterson is an advanced practice registered nurse, Vice President at CVS Health, and Chief Nurse Practitioner Officer of Retail Health. In her current role, Angela is accountable to providing clinical and professional practice governance for more than 3,500 Nurse Practitioners and Physician Assistants who staff the organization's more than 1,000 retail health clinics located across 36 states and the District of Columbia. Key responsibilities include leading the organization's Clinical Quality Program, Clinical Practice Training & Education, Professional Practice Advancement, and Provider Workforce Development programs. Angela also has broader organizational and enterprise responsibilities including senior-level membership on key governance committees including Strategic Growth, Enterprise Patient Safety, and Strategic Diversity Management.



Marc Watkins

Dr. Marc Watkins, MSPH, is the chief medical officer of Kroger Health, the health care division of The Kroger Co., which includes more than 2,200 pharmacies in 35 states and Washington, D.C.; more than 220 locations of The Little Clinic in nine states; and 11 specialty pharmacies across the country.

Working with a cross-functional team of pharmacists, nurse practitioners, physician assistants, dietitians, and technical care providers, he helps to develop the strategic direction and overall clinical program initiatives for our providers and delivers clinical guidance for associate benefit design. He also is responsible for regulatory and accreditation requirements, maintaining a comprehensive suite of high-quality care for patients. Since the outbreak of COVID-19, he also has advised the company on its response, including testing and vaccination efforts.



Nate Bronstein

Chief Operating Officer, Convenient Care Association

Nate Bronstein is a former teacher from North Philadelphia; he earned his Masters in Education, Public Administration and the Science of Social Policy respectively, from the University of Pennsylvania. Nate has extensive experience as a consultant on state-wide policy initiatives as well as political initiatives as well as political campaign strategy and management. He has spent the last three years working as both the Co-Founder and CEO of one DC-based startup and one Philadelphia-based startup working to solve inefficiencies in how people connect, organize and manage their resources. Nate has extensive experience in the social good company from a for-profit, non-profit and governmental perspective.

He has successfully launched two companies and consulted on many others, as well as having actively participated in 19 unique leadership and business development incubators and accelerators. Nate has written for the chronicle of social change and is currently serving on the board of Philadelphia's oldest and largest music school. He is a Philadelphia native and has a long history of youth civic engagement having become a Truman Finalist, the campaign manager of a political campaign and the student body president of American University in 2011.



Constance LeBlanc

I have worked in clinical Emergency Medicine in Halifax since 1989. My other significant interests include Medical Education, Healthcare Leadership, and Equity, Diversity, Inclusivity and Belonging. I served as program director for training in emergency medicine after family medicine certification for 8 years and remain involved in this program. I have significant experience in toxicology and pre-hospital care and provided on-call consulting for these for over 20 years. I served as CME chair for the Canadian Association of Emergency Physicians(CAEP) for 8 years and developed for education roadshows during my tenure: EDTU, EDSTAT (for which I was a speaker), MSK, and Risky Business. I am currently a speaker in another CAEP roadshow series- "The EM review course".

I served as Associate Dean for Continuing Professional Development and Medical Education Research(CPDME) at Dalhousie University completing two terms 2010-2020. In this role, I migrated the office towards quality as a cornerstone of CPD and our enterprise is one of only three Canadian and a few over fifty sites in the US for Aligning Education for Quality (Ae4Q) under the guidance of the American Association of Medical Colleges. This work will link CPD to clinical sites across the Academic Health Network.

My areas of enhanced expertise include: Emergency Medicine (MD, CCFP[EM]), Healthcare Leadership (CCPE, and EMBA), Medical Education (MAEd), and Equity, Diversity, Inclusivity and Belonging (CCDI candidate), and public speaking.

I embarked on a new path as President and CEO for the Association of Faculties of Medicine of Canada (AFMC) July 1st, 2023. I am very excited to contribute to work as the Voice of Academic Medicine for Canada!



Sharon Hatcher

Director of the Office of Social Accountability at the Faculté de médecine et des sciences de la santé de l'Université de Sherbrooke

Sharon Hatcher, a full professor in the Department of Family Medicine and Emergency Medicine, has practiced family medicine for nearly 40 years. Practicing in the Saguenay–Lac-Saint-Jean region, she has extensive experience working with Innu and Atikamekw people. She admits to making mistakes, learning, and growing, and says she strives, above all, to humbly apply the principles of decolonization and co-construction with Indigenous colleagues and friends.



John Andazola

Program Director for the Southern New Mexico Family Medicine Residency Program in Las Cruces, New Mexico.

He received his M.D. from the University of New Mexico School Of Medicine in 1997. During his post-graduate work, he completed a Family Medicine residency at the Southern New Mexico Family Medicine Residency Program, a fellowship in Advanced Hospital Training for Family Physicians (AHTFP) in Phoenix, and a Faculty Development Fellowship at the University of Arizona. After completing his fellowships in 2003, Dr. Andazola joined the AHTFP faculty, where he served until 2009. Dr. Andazola has been involved in academic medicine his entire career and has presented at numerous local, state and national conferences. He has authored several textbook chapters in a leading Family Medicine procedural text book, as well as several publications. He is an active member of the Society of Teachers of Family Medicine, the Association of Family Medicine Residency Directors and the American Academy of Family Medicine, and he sits on several hospital and state committees. His major interests include medical education, integrated behavioral health and border health. He is an inaugural member of LifePoint's National Physician Advisory Board.



Hana Hinkle

Presidential Leadership Scholar, Assistant Dean, Executive Director, Underserved and Global Health Innovator, Educator and Visionary Leader

Hana Hinkle is an expert in rural health care, an educator and a dynamic national leader in both public and rural academic medicine. She currently serves as the assistant of rural health in the College of Medicine and the director of the National Center of Rural Health Professions.



Sailaja Musunuri

Executive Vice President of Integrative Medicine and Chief of Psychiatry
Woods System of Care

Sailaja Musunuri, MD, Executive Vice President of Integrative Medicine and Chief of Psychiatry, is an accomplished team leader who has consistently delivered results in numerous clinical settings for more than 20 years, including experience working with children and adults with intellectual disability, autism, and co-occurring psychiatric disorders and other complex medical conditions.

Dr. Musunuri is an experienced and compassionate physician and psychiatrist (double Board Certified in Adult, Child and Adolescent Psychiatry), providing high quality medical and psychiatric care with diverse clinical operations experience. Dr. Musunuri is known for constructively challenging conventional thinking, identifying and implementing innovative ideas, and building stakeholder confidence for mission critical initiatives. She has exhibited these characteristics in thinking creatively to connect the dots between nonprofit health and human services organizations with leaders in the pharmaceutical arena to ensure focus on individuals with intellectual disability that will improve quality of services and health outcomes for this population. She serves as a role model for fostering discussion of complex issues, while promoting the organizational mission and operating procedures. These discussions and partnerships have spanned the globe, as she maintains connections between

the U.S. and India for new program development and partnerships which will benefit people with disabilities in both regions.

Dr. Musunuri has leveraged this experience to fulfill one of the strategic goals of Woods System of Care, to disseminate its expertise to others, by founding the Mollie Woods Hare Center for Excellence in Neurodivergence – Intellectual Disability, Autism and Mental Health, which houses Woods' training and dissemination arm for best practices in the field.

Her role as Board Member of The Network: Toward Unity for Health (TUFH), an international non-state actor of the World Health Organization, is further evidence of Dr. Musunuri's commitment to ensuring that the most vulnerable populations have access to the services they need. TUFH is an international, intersectoral, intergenerational organization that fosters equitable community-oriented health services, education and research with the goal of improving health locally and globally. They convene innovative health care organizations, universities, community institutions and thought leaders from all over the world. The link between the Mollie Woods Hare Global Center of Excellence and TUFH will serve to extend the reach of both organizations to improve quality of care for individuals with disabilities.

In addition to providing oversight of clinical programs and direct care for individuals with intellectual disability and complex healthcare needs, Dr. Musunuri is a committed mentor who dedicates tremendous energy to training the next generation of child and adolescent psychiatry fellows, adult psychiatrists, psychiatric nurse practitioners and other clinical practitioners. Dr. Musunuri serves as Academic Faculty Advisor at Woods for interns and fellows from area health professions schools. A nationally respected leader known for her deep expertise in the field of intellectual disability, Dr. Musunuri is sought after as a premier academic advisor for the interns and fellows she supervises.

Her strong track record of mentoring and partnership development has led her to be invited to serve as a clinical faculty member at Tower Health – Phoenixville Hospital, Temple University Louis Katz School of Medicine and Rider University. Dr. Musunuri oversees integrated healthcare throughout the System of Care, ensuring that all services are interconnected in order to provide whole-person care. She also served as the principal investigator of the Specialized Mental Health Outpatient Program which was launched through federal funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Prior to Woods, Dr. Musunuri served for nearly twenty years as Medical Director of Devereux, a behavioral health organization serving individuals with intellectual disabilities and autism. Her professional training includes receiving her M.D. from Siddartha MedicalCollege/Nagarjuna University, Vijayawada, India, completing her internship in Psychiatry at Medwin Hopsital, Hyderabad, India, and residencies in Adult and Child/Adolescent Psychiatry respectively at SIU School of Medicine, Springfield, IL, U.S., and Drexel University College of Medicine, Philadelphia, PA, U.S. Dr. Musunuri is considered the premier leader in psychiatry in the U.S. for people with intellectual disability and complex psychiatric and other chronic conditions, is a leader in integrated care, and a leader in training the next generation of practitioners who are desperately needed to address the health disparities of this vulnerable and complicated population.



Tine Hansen-Turton

President and CEO of Woods System of Care

Tine Hansen-Turton, MGA, JD, FCPP, FAAN, serves as President and CEO of Woods System of Care and Woods Resources. Woods System of Care is a population health management organization that, through its network of providers and partners in PA and NJ and 8,000 staff, provides life-cycle care to meet the lifelong needs of children and adults with intellectual disabilities and autism (ID/A), acquired brain injuries, and /or mental health challenges who may also have complex medical and genetic conditions.

She is a seasoned and successful Healthcare and Human Services Executive with 30 years of experience in C-suite executive leadership, serving in CEO, CSO, and COO roles throughout her career in Nonprofit, Private and Government Organizations. She has founded and led several nationally recognized health, human services, and related trade associations and has secured multi-billion dollars in new business. She is a founder, publisher/facilitator of a social impact/innovation journal and incubator lab.

Tine Hansen-Turton has tremendous content expertise in primary and behavioral health care, Health and Human Services Administration, Disabilities and Behavioral Health, Public and Population Health and Education. She has developed many innovative healthcare programs and business models (i.e. integrated primary and behavioral healthcare specialty clinics, convenient

care and retail clinics, nurse-led care centers, specialized population health organizations, and life-cycle care management organizations) throughout her career, including starting dozens of non-profits and private businesses and organizations, such as the popular retail clinic industry association. Hansen-Turton served as CEO of the National Nurse-led Care Consortium, a non-profit organization supporting the growth and development of over 500 nurse-managed and school health clinics, serving more than 5 million vulnerable people across the country in urban and rural locations. For the past two decades, she has also been instrumental in positioning Nurse Practitioners as primary health care providers globally. Hansen-Turton still serves as the founding Executive Director for the Convenient Care Association (CCA), the national trade association of over 3000 private-sector retail clinic industry, serving 50 million people with basic health care services nationwide.

Hansen-Turton also teaches public and social innovations, leading nonprofits, health policy, and the social innovations lab at the University of Pennsylvania Fels Institute of Government and School of Nursing. She is co-founder and publisher of a social impact/innovation journal and has co-published ten books.

Hansen-Turton received her Juris Doctor from Temple University Beasley School of Law, a Master of Government/Public Administration from University of Pennsylvania Fels Institute of Government and a BA from Slippery Rock University. She also studied at the University of Copenhagen Law School.



Mike Magro D.O. MBA

President, Nazareth Hospital and St. Mary Medical Center

Michael Magro D.O. MBA has a diverse and extensive work experience in healthcare leadership roles. Michael is currently serving as the President of St. Mary Medical Center in Langhorne, PA, a position they assumed in 2022. Prior to this, they held the role of President at Nazareth Hospital, where they were responsible for executive leadership and operational direction. During their time at Nazareth Hospital, they were also the Vice President of Medical Affairs and played a crucial role in implementing the Trinity Health Leadership System.

Before joining Nazareth Hospital, Magro served as the Chief Medical Officer and Director of Medical Education at Mercy Suburban Hospital. In these roles, they oversaw various departments and programs, including Quality, Care Coordination, Infection Control, and Graduate Medical Education. Michael also provided physician advisor services and participated in system-wide committees.

Magro began their career as a Hospitalist at Mercy Suburban Hospital and gradually took on leadership positions, such as Lead Hospitalist, Internship Program Director, and Chief Resident/Chief Medical Resident. Throughout their

career, they have been involved in residency programs, medical education, recruitment, and retention of medical professionals.

Overall, Magro's work experience showcases their expertise in executive leadership, operational management, implementation of healthcare systems, and commitment to medical education and quality improvement.

Michael Magro D.O. MBA attended Philadelphia College of Osteopathic Medicine from 1996 to 2000, where they received their Doctor of Osteopathy (D.O.) degree in Medicine. Michael then pursued a Bachelor of Arts degree in Biology from La Salle University, graduating in 1996. In 2003, they obtained certification as a Board Certified in Internal Medicine from the American Osteopathic Board of Internal Medicine. Later, in 2014 and 2015, they attended Eastern University, earning a Master of Business Administration (M.B.A.) degree with a focus on Health/Health Care Administration/Management.



Cory Storch

President & CEO, Bridgeway Rehabilitation Services

Cory Storch has served Bridgeway Behavioral Health Services, formerly Bridgeway Rehabilitation Services, since 1977. He began his career at Bridgeway as a new graduate of the University of Arizona's Master's Degree program in Rehabilitation Counseling, after earning a Bachelor's Degree in Psychology from The State University of New York at Buffalo. Cory's talents and skills were quickly recognized and he was asked to serve in the positions of Team Leader, Program Director, Executive Director, and ultimately in his current role as President & CEO.

For 45 years, Cory has advocated for the recovery and community integration of people with mental health conditions, many of whom also struggle with co-occurring addictions, chronic medical conditions, poverty, and homelessness. Under his leadership, Bridgeway grew from a small primarily vocational services organization serving fewer than 200 people in Union County, to a leading mental health care provider serving more than 8,000 people annually across 10 northern New Jersey counties. Bridgeway now provides comprehensive services that include integrated primary physical health and crisis screening woven throughout evidence-based mental health programs and service lines. Bridgeway has grown to offer Assertive Community Treatment; Supported Education and Supported Employment; Homeless Outreach and Supportive Housing; Jail Diversion; Crisis Intervention and Psychiatric Screening Living Room models, Urgent Behavioral Health Care, Outpatient Counseling and

Substance Use Treatment services. Bridgeway will soon open the doors on its first CCBHC location: Certified Community Behavioral Health Clinic in Hudson County, New Jersey.

Cory was a founding member and the first Chairman of the Board of the Supportive Housing Association of NJ, an agency that has grown to play a significant role in housing for the disabled. Cory currently serves as a Board Director for Collaborative Support Programs of New Jersey, as well as on the Union County Homeless Trust Fund Board. He has served on the Board of the New Jersey Psychiatric Rehabilitation Association (NJPRA) and presently serves on the organization's Public Policy Committee. The Mental Health Association of New Jersey also tapped into Cory's wealth of knowledge on their Policy Committee. Recently, Cory added the Hospital Integration Council of the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) to his advocacy portfolio.

Improving the wellness and social determinants of health for the people Bridgeway serves is Cory's first passion. Serving as a Board Trustee for the Freewalkers, a nonprofit that endeavors to educate the public on the benefits of walking by hosting organized walks from a few miles to 50 miles long is Cory's second passion.



Anthony DiFabio

President and CEO at Acenda Integrated Health

Dr. Anthony DiFabio's vision for innovative care and strategic development has elevated him as a leader within health and social services. In July 2019, Dr. DiFabio orchestrated the merger of Robins' Nest, Cape Counseling Services, and NewPoint Behavioral Health Care to form Acenda. Respected as a prominent voice within population health, Dr. DiFabio's serves on several boards, including Children's Home Society of America, New Jersey Association of Mental Health and Addiction Agencies, the New Jersey Alliance for Children, Youth and Families, and the Commissioner of Health's Integrated Health Advisory Panel among many other county and regional committees and boards. At the national level, Dr. DiFabio is an active member of Mental Health Corporations of America, and the Child Welfare League of America.

Dr. DiFabio received his Doctorate in Clinical Psychology from Loyola College of Maryland, Masters of Arts in Clinical Psychology from Farleigh Dickinson University, and Bachelor of Arts in Psychology from Vanderbilt University. He is married to Dr. Alicia DiFabio and is the father of four beautiful daughters.



Dinetta Armstrong

EVP, Medical Center at Woods

Dinetta Armstrong, MBA, Senior Vice President of Woods Healthcare and Executive Director of The Medical Center at Woods, is responsible for advancing Woods' growth in managed care and value-based reimbursement. Armstrong has more than 25 years of experience working in healthcare administration, including hospitals, managed care, and Federally Qualified Health Centers that provided integrated primary and behavioral healthcare, including wraparound services, to the underserved community in Philadelphia. She has a wealth of experience cultivating new business opportunities to ensure growth, progress, and expansion, as well as working to improve standards of care and quality of service.

Armstrong received her BS in health policy and administration from Penn State University, and her MBA in health care administration from Temple University.



Christine Kirkbride MSW, LCSW

Interim CEO, Legacy Treatment Services

Christine Kirkbride, MSW, LCSW is the Interim CEO of Legacy Treatment Services and Executive Director of Community Treatment Solutions. She is a Licensed Clinical Social Worker in New Jersey. Christine's experience spans the continuum of care including crisis response, residential treatment, and outpatient therapy. She is responsible for overseeing the agency's programs and services including Ambulatory and Emergency Services, Adolescent Residential Services and Prevention and In Community Services. Christine serves on the board of directors for The Bridge, a nonprofit behavioral health agency, Shore Medical Center, and Aurora Staffing. Under Christine's leadership Legacy has obtained over $13 million in new grants since December 2023.



Benjamin-John Gonzales, MA, NCC, LPC, LCADC, ACS Socials

VP of Corporate Development at Legacy Treatment Service

Benjamin-John Gonzales, MA, NCC, LPC, LCADC, ACS, is a distinguished consultant at BJG Clinical Counseling & Consulting Solutions, where he leverages his extensive expertise in mental health and addiction services to drive impactful change within the community. With a robust background in family therapy, case management, and career counseling, Benjamin-John is dedicated to enhancing the quality of care provided to individuals and families navigating complex behavioral health challenges. His role at BJG Clinical Counseling & Consulting Solutions involves not only direct client engagement but also strategic program development aimed at fostering sustainable mental health initiatives.

As an appointed member of the New Jersey Department of Human Services (DHS) Professional Advisory Committee since 2014, Benjamin-John has played a pivotal role in shaping policies and best practices that influence the state's approach to mental health and addiction services. His leadership as Chairperson of the New Jersey Providers Advisory Committee from 2014 to 2015 further underscores his commitment to advocating for effective treatment modalities and community outreach initiatives. His credentials, including licensure as a Clinical Alcohol and Drug Counselor and a Professional Counselor, along with his certification as an Approved Clinical Supervisor, position him as a trusted authority in the field.

Benjamin-John's skill set encompasses a wide range of competencies, including healthcare management and nonprofit organization development, which he utilizes to enhance service delivery and improve client outcomes. His passion for coaching and community outreach is evident in his collaborative efforts with various stakeholders to create comprehensive support systems for those in need. Through his work, Benjamin-John Gonzales continues to make significant contributions to the mental health landscape, ensuring that individuals receive the compassionate care and resources necessary for recovery and growth.



Anupriya Mishra

Volunteer, Mollie Woods Hare Global Center of Excellence at the Woods System of Care (WSOC)

Anupriya is a dedicated nonprofit professional committed to enhancing healthcare access and quality of care for individuals with intellectual disabilities, autism, and mental health conditions.

She holds a Master of Science in Nonprofit Leadership (MSNPL) from the University of Pennsylvania, an MBA from India, and has completed courses in Psychology and Sociology at Harvard University. With over 9 years of experience, Anupriya specializes in donor management, fundraising, project management, and research, focusing on underserved communities in urban and rural India.

Anupriya's work has been particularly effective in supporting marginalized rural and indigenous artisans, especially women, by helping them create sustainable livelihoods. Through organizing training programs, facilitating connections with leading retailers, and securing funding from corporations and foundations, she has been instrumental in expanding economic opportunities and reducing migration pressures in these communities. Her passion for social impact continues to guide her work towards creating meaningful and positive change on a global scale.

Volunteers

The success of TUFH 2025 would not have been possible without the dedication and energy of our incredible volunteers and organizing committee members from Woods System of Care. Throughout the conference, they worked tirelessly behind the scenes—welcoming participants, guiding sessions, solving challenges, and ensuring that every detail was handled with care. Their kindness, skill, and hard work were noticed and deeply appreciated by all.

We extend our heartfelt thanks to each of them:

Alaura Atkinson
Alexa Little
Alisa Winsett
Alisha Harris
Alwyn Campbell
Amie Wagner
Andrew Rigney
Angela Patterson
Anibal Linnares
Arielle Herschfeld
Arron Banks
Asahi Volcy
Ashley Oister
Austin Lewis
Barbara Johnson
Bessie Alvarez
Bev Hock
Brandi Lindner
Carmen Diaz-Alers
Carolyn Appleton
Floyd Heck
Gary Maurer
Greg Pelz
Hannah Nieberding
Iesha Roans
Jacquelyn Borger
Jeff Hoover
Jenn Marquette
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Jodi Kamara
Joe Campbell
Joe Kovalcheck
John Spanier
Josephine Kantan
Josh Helsley
Julia Pfister
Kara Maglione
Karen Wilkins
Katrina Marquard
Matilda Haley
Matt Bird
Matt Clisham
Matt Greener
Matthew Plavin
Megan Russell-Currie
Megan Williams
Michael Wootson
Mike Clarke
Mohammed Toure
Nadene Bickel
Naeem Aiken
Nandanee Mitkus
Nicole Grano
Noel Meena
Pat Bryson
Ronald Alexander
Ryan Singh
Samuel Mcgill
Sandi Narciso

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Cassidy Tosti
Chris Guld
Chrisopher Williams
Clarence Jallah
Claudia McCulloch
Dalene Neopolitan
Dana Smith
Darleen Peterson
Dave Wall
Dawn Diamond
Diana Martinelli
Dwayne Palcko
Earl Whaley
Erin Drummond
Ethan Diamond
Evelyn Pettit
Farra Messinger
Keith Pankowitz
Kerri Medwin
Kevin Fletcher
Kriston McFadden-Willie
Kya Lewis
Kyle Hocksmith
Kyler Denis
Kyler Denis
Leon Dodson
Leon Leary
Lisa Collopy
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Maria Sherry
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Mary Ellen Brogan
Sara Doyle
Scott Skyes
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Shervelle Crawford
Steve Luckey
Sue Cunningham
Susan Gallagher
Suzie Zabicki
Timoteo Villaruel
Tom Glatz
Tyler Doan
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Vince Talarico
Wayne Lynn
Wendy Miller
William Wynder
Zachary Patton

Woods System of Care

Presented by:

THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

PROGRAM AT A GLANCE

VENUE: SHERATON (BALLROOM)				
DAY	**TIME**	**Hall**	**Ballroom**	**Virtual**
Friday 12 September 2025	07:00 - 7:30	Busses to Sheraton		
	06:45 - 8:00	*Welcome Breakfast for all delegates*		
	07:00 - 08:00	Registration		
	08:00 - 08:30	Registration	**Opening Ceremony**	
	08:30 - 10:00	Registration	**- Panel "Meet the Leaders who are Reframing Access to Health"** **- Panel "Building Sustainable Local Health Infrastructure"**	
	10:00 - 10:30	*WELLNESS BREAK*		
	10:30 - 12:00	Registration	**- Panel "Building Sustainable Local Health Infrastructure"** **- Panel " Strenghtening Social Accountability through Practical Tools"**	
	12:00 - 17:00		**CONFERENCE ON THE MOVE** **Different site visits with skills building workshops, community engagement and lunch on the bus.** **Lunch on the go.**	**13:00 - 14:00** **TUFH Documentaries on loop** **14:30 - 15:30** **Networking Session for virtual participants**
	17:00 - 17:30	Bus from conference on the move to hotel		
	17:00 - 19:30		**OPENING RECEPTION**	
	19:30 - 20:00	Bus to hotels		

Program at-a-glance

VENUE: WOODS SYSTEM OF CARE

DAY	TIME	GEC - HALLWAY	GEC - GYM	ETC - HALLWAY ETC - 310	ETC - 300	ETC - 305	ETC - 308	ETC - 311	ETC - 312
Saturday 13 September 2025	07:30 - 08:00	Bus travel from hotels							
	08:00 - 08:30	Registration		Posters & booths					
	08:30 - 09:30	Registration	**Student Reflection & KEYNOTE Catherine Kane**	Posters & booths					
	09:30 - 10:00	Registration		*WELLNESS BREAK*					
	10:00 - 12:00	Registration	**Convenient Care Summit** **- Retail Clinics as Main Access Point for Primary Care** **- The Policy Landscape of Convenient Care in 2025** **- The Evolution of Convenient Care and Healthcare Consumerism**	Posters & booths	**TUFH Talks 1**	**TUFH Centers of Excellence**	**Oral Presentation 1**	**Oral Presentation 2**	**Oral Presentation 3**
	12:00 - 13:30	Registration	*LUNCH*						
	12:30 - 13:30				**SNO General Assembly**				
	13:30 - 14:30	Registration	**Student Reflection & KEYNOTE Shabnum Sarfraz**	Posters & booths					
	14:30 - 15:00	Registration		*WELLNESS BREAK*					
	15:00 - 17:00	Registration	**Convenient Care Summit** **- Enhancing the Provision of Age-Friendly Health Care** **- Addressing Adiposity Based Chronic Disease in the Retail Health Setting** **- The NPs at the Center of Special and Complex Patient Care**	Posters & booths	**TUFH Documen-taries**	**Oral Presentation 4**	**Oral Presentation 5**	**Oral Presentation 6**	**Oral Presentation 7**
	17:00 - 19:00		**NETWORKING RECEPTION**						
	19:00 - 19:30	Bus travel to hotels for those who wish to leave							
	19:00 - 21:00		**VOICES FOR HEALTH: STUDENT SOCIAL**						
	21:00 - 21:30	Bus travel to hotels							

Program at-a-glance

Gardner Education Center = GEC

Employee Training Center = ETC

VENUE: WOODS SYSTEM OF CARE

		GEC - HALLWAY	GEC - GYM	ETC - HALLWAY ETC - 310	BARN	ETC - 300	ETC - 305	ETC - 308	ETC - 311	ETC - 312
Sunday 14 September 2025	07:30 - 08:00	**Bus travel from hotels**								
	08:00 - 08:30	Registration		Posters & booths						
	08:30 - 09:30	Registration	**Student Reflection & KEYNOTE Laura Magaña**	Posters & booths						
	09:30 - 10:00	Registration		*WELLNESS BREAK*						
	10:00 - 12:00	Registration	**IDD/Autism Summit** **- Welcome & Keynote** **- Transforming Lives with Integrated Care** **- Integrated Autism/IDD Care**	Posters & booths		**Oral Presentation 8**	**Social Accountability Fellowship**	**Oral Presen-tation 9**	**Oral Presen-tation 10**	**Oral Presen-tation 11**
	12:00 - 12:30				**FUN ZONE WALK**					
	12:30 - 13:30	Registration	*LUNCH*							
	13:30 - 14:30	Registration	**IDD/Autism Summit** **- Reimagining Medication Management**	Posters & booths		**TUFH Programs and Activities** Centers of Excellence, ISAT, TUFH Academies, Journals				
	14:30 - 15:00	Registration		*WELLNESS BREAK*						
	15:00 - 17:00	Registration	**IDD/Autism Summit** **- Collaborative Leadership**	Posters &		**Workshop 1**	**Workshop 2**	**Workshop 3**	**Workshop 4**	**Workshop 5**
	17:00 - 19:30		**CULTURAL DINNER**							
	19:30 - 20:00	**Bus travel to hotels**								

Program at-a-glance

Gardner Education Center = GEC **Employee Training Center = ETC**

VENUE: WOODS SYSTEM OF CARE

DAY	TIME	GEC - GYM	ETC - HALLWAY ETC - 310	BARN	ETC - 300	ETC - 305	ETC - 308	ETC - 311	ETC - 312
Monday 15 September 2025	07:30 - 08:00	Bus travel from hotels							
	08:00 - 08:30		Posters & booths						
	08:30 - 09:30	**Student Reflection & KEYNOTE Peggy Swarbrick**	Posters & booths						
	09:30 - 10:00		*WELLNESS BREAK*						
	10:00 - 12:00	**IDD/Autism Summit - The Policy Landscape for Complex Care - Breaking Barriers**	Posters & booths			**Workshop 7**	**Workshop 8**	**Workshop 9**	**Workshop 10**
	12:00 - 12:45	**IDD/Autism Summit - Hope and Healing**		**TUFH 2025 Final Networking Session**					
	12:45 - 14:00	*LUNCH*							
	14:00 - 15:00	**IDD/Autism Summit - Empowering care**	Posters & booths		**TUFH General Assembly Meeting**				
	15:00 - 15:30		*WELLNESS BREAK*						
	15:30 - 17:30	**IDD/Autism Summit - Redesigning Care Pathways for Autism and IDD - Building Better Systems for Families**	Posters & booths		**Oral Presentation 12**		**Oral Presentation 13**	**Oral Presentation 14**	**Oral Presentation 15**
	17:30 - 19:30	**CLOSING CEREMONY**							
	19:30 - 20:00	Bus travel to hotels							

Program at-a-glance

Gardner Education Center = GEC

Employee Training Center = ETC

REGISTRATION & ABSTRACTS

Physical Registrations

452 participants attended on-site across the four days of TUFH 2025, including both summits.

Virtual Registrations

86 participants joined TUFH 2025 virtually, contributing to the global reach of the conference.

Abstracts on program

9 Workshops

4 Documentaries

10 TUFH Talks

147 Oral Presentations

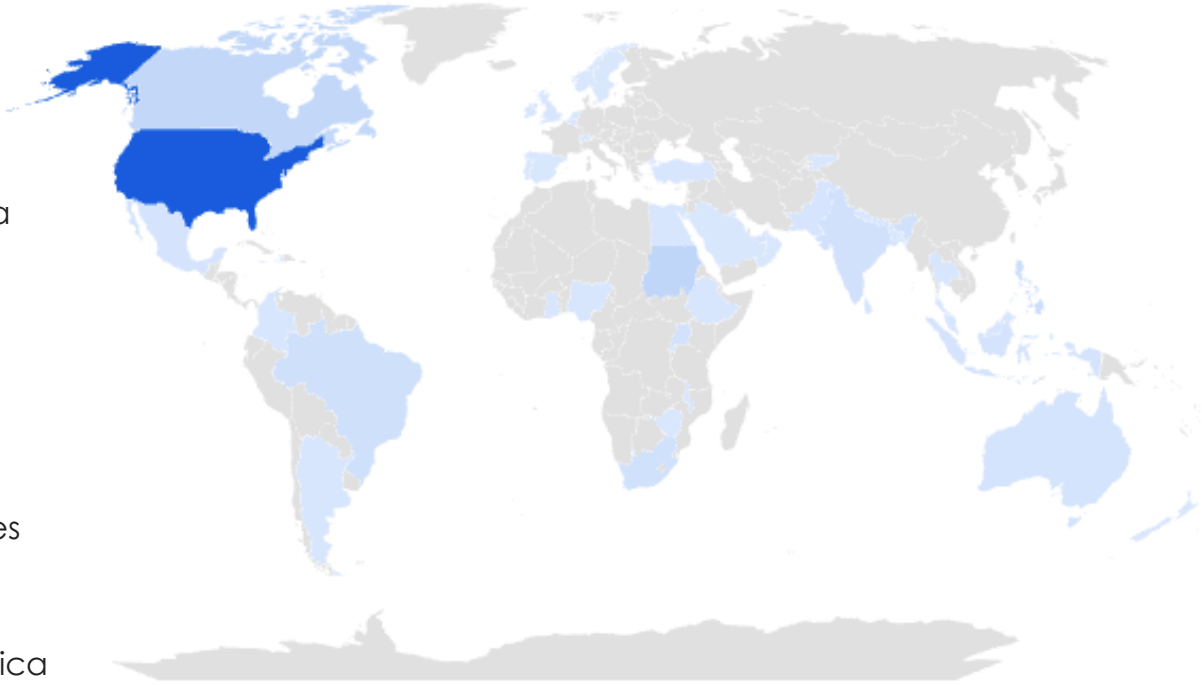
17 Panels with several panelists



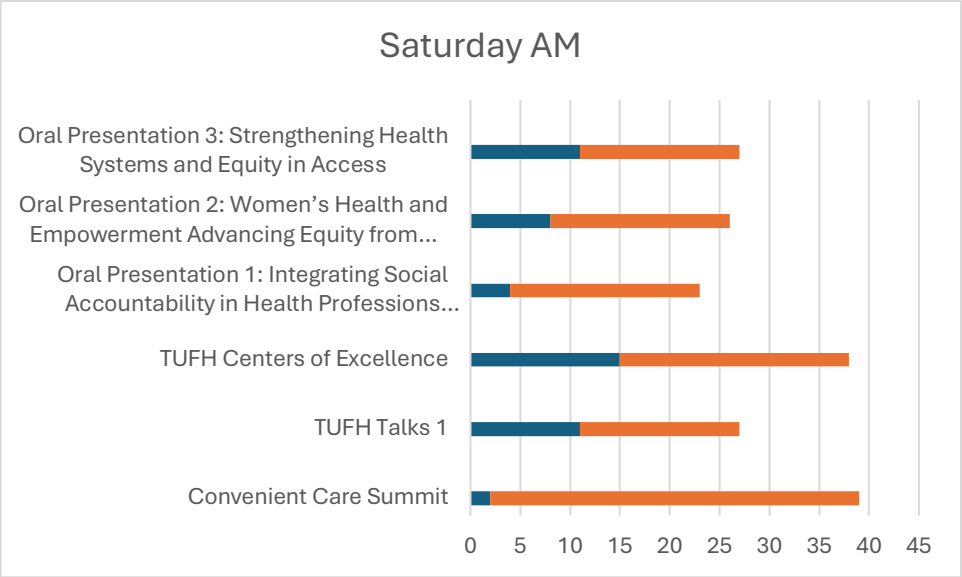
Country Representation

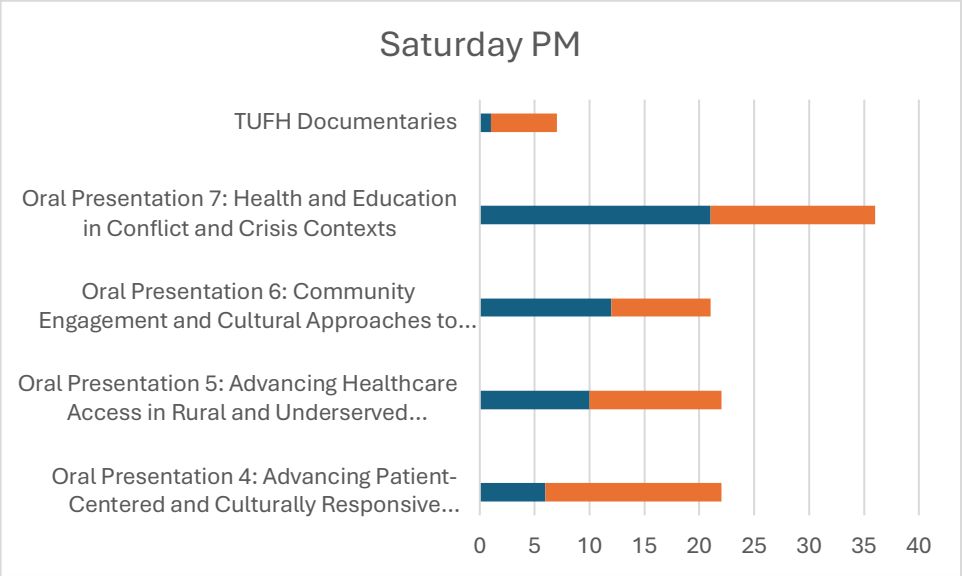
A total of 29 countries were represented by the conference attendees.

Argentina
Australia
Belgium
Brazil
Canada
Colombia
Egypt
Ethiopia
Ghana
India
Indonesia
Ireland
Malawi
Malaysia
Mexico
Nigeria
Pakistan
Philippines
Rwanda
Sri Lanka
South Africa
Switzerland
Sudan
Türkiye
Thailand
Uganda
United Arab Emirates
United Kingdom
United States



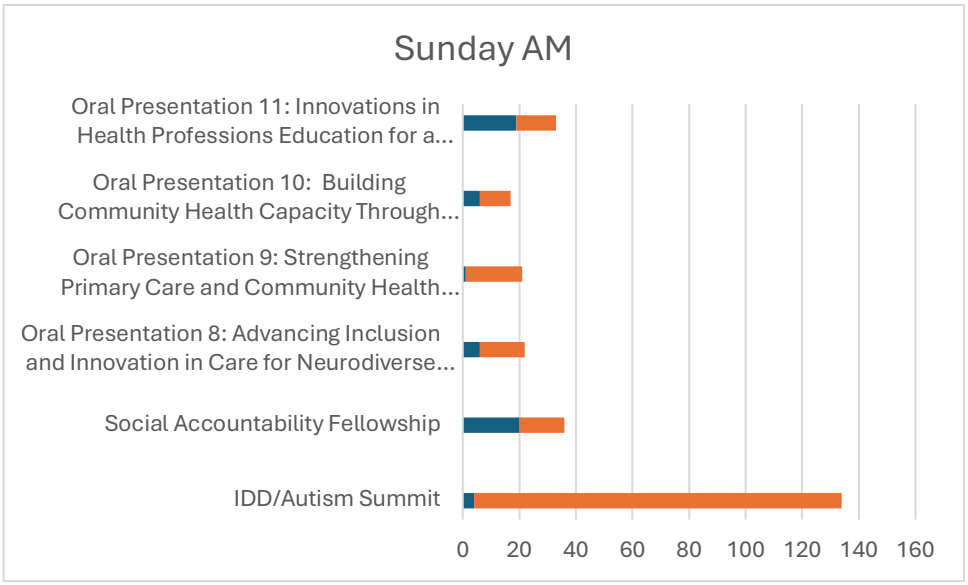
ATTENDANCE

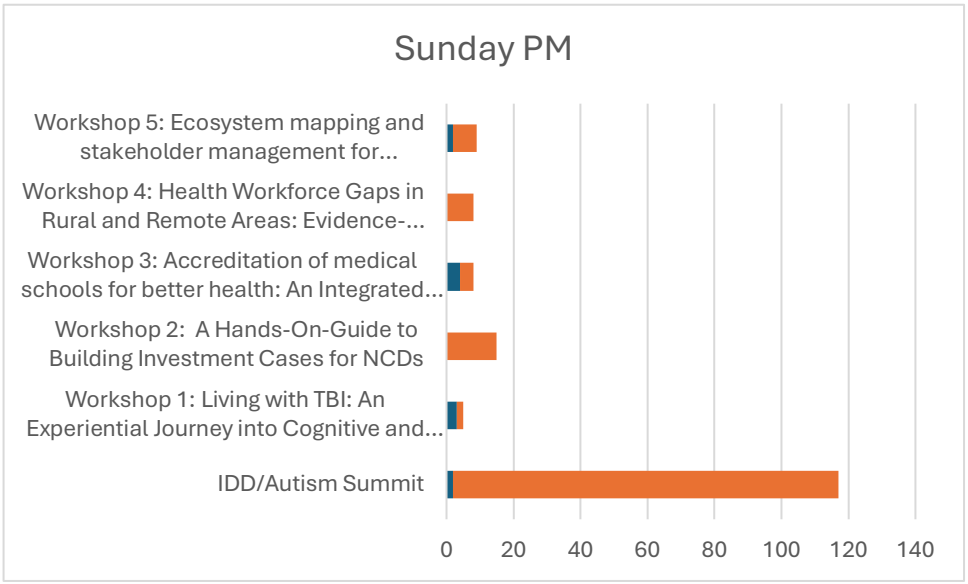




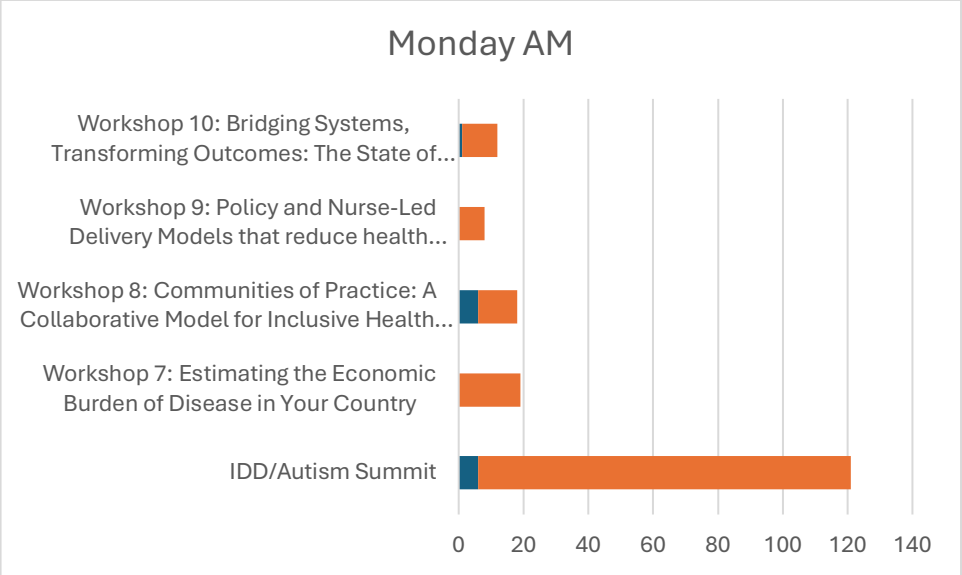
Virtual Physical

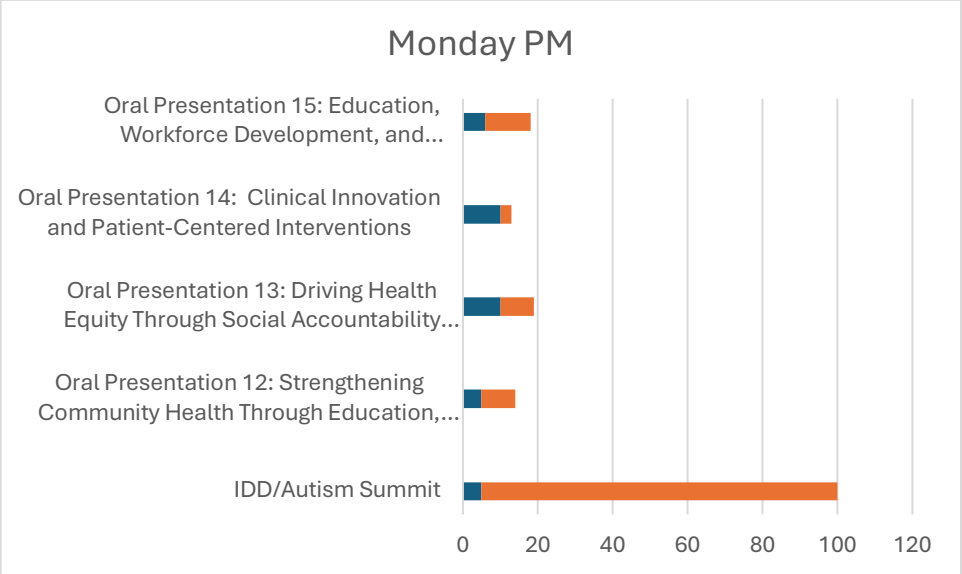
Presented by:


Sunday AM
Oral Presentation 11: Innovations in Health Professions Education for a...
Oral Presentation 10: Building Community Health Capacity Through...
Oral Presentation 9: Strengthening Primary Care and Community Health...
Oral Presentation 8: Advancing Inclusion and Innovation in Care for Neurodiverse...
Social Accountability Fellowship
IDD/Autism Summit
0 20 40 60 80 100 120 140 160


Sunday PM
Workshop 5: Ecosystem mapping and stakeholder management for...
Workshop 4: Health Workforce Gaps in Rural and Remote Areas: Evidence-...
Workshop 3: Accreditation of medical schools for better health: An Integrated...
Workshop 2: A Hands-On-Guide to Building Investment Cases for NCDs
Workshop 1: Living with TBI: An Experiential Journey into Cognitive and...
IDD/Autism Summit
0 20 40 60 80 100 120 140


Virtual
Physical





Virtual Physical

KEYNOTE SPEAKERS

Catherine Kane



Technical officer, Health Workforce department, World Health Organization

Email: ckane@who.int

Recoding Session: https://www.youtube.com/watch?v=kP5pg-UtTek

Slides : https://tufh2025.com/wp-content/uploads/2025/09/202509-TuFH-social-accountability-plenary.pptx.pdf

Biography:

Catherine Kane is a technical officer on the WHO Health Workforce Policies, Norms and Standards team. Areas of focus include the Global Health and Care Worker Compact, national workforce capacity for essential public health functions and community health workers. Prior to joining WHO, Catherine worked for the Red Cross Movement locally, nationally and internationally, and has held additional policy, humanitarian diplomacy, learning, public health and emergency management positions in national government agencies and health advocacy organizations. She is an

advisory board member for the Addis Ababa-based International Institute for Primary Health Care. Catherine holds a Masters in Contemporary Diplomacy from the University of Malta (magna cum laude) and Bachelor degrees (International Relations and Russian) from the University of Notre Dame (Honors program). A strong believer in lifetime learning, Catherine was a member of the first cohorts of both WHO's Infodemic Management leadership course and the joint Diplo Foundation-International Federation of Red Cross and Red Crescent Societies Humanitarian Diplomacy certificate course.

Partnerships to build Social Accountability Bridges linking Education and Service to advance Community Health

The World Health Organization aims to support governments and their stakeholders to deliver #HealthForAll. Primary health care through health promotion, prevention, diagnosis and treatment, is at the centre of efforts to achieve universal health coverage. It is commonly acknowledged that there is no health without the health and care workforce.

Ensuring well-trained, supported and motivated health workers that are accessible to every person in every community requires unity of effort and partnership among sectors, along with leadership support and accountability.

Human resources for health is multidisciplinary, engaging the education, social affairs, labour, finance, health and infrastructure sectors, among others. Stakeholders from government, the private sector, academia, civil society, professional associations, community organizations and health workers themselves all have a role to play in protecting and promoting health as a basic human right.

Examples of partnerships run through all of the Health Workforce department work. The Working for Health Programme is a UN-wide collaboration on the global health workforce investment and action agenda. It leverages inter-sectoral cooperation and coordination between the finance, labour, education, health, social and foreign affairs sectors, and with health employers' and workers' organizations, professional associations, and other key stakeholders, including civil society, on priority policy issues. WHO also works with the Community Health Delivery Partnership, a group of UN agencies, regional bodies, civil society organizations, and community health workers themselves that advance policy and action on community health workers, from streamlining curricula and working toward credentialling to promoting decent work that includes salaries and formal work contracts. The keynote also will describe specific outcomes of these programmes in countries and will highlight work to promote understanding and uptake of the Global Health and Care Worker Compact and joint efforts with finance and education partners to conduct and use the outcomes of health labour market analyses to align health worker production to health system needs and budget availability.

WHO projects a shortage of over 11 million health workers by 2030, despite progress that was earned through evidence-based strategies and coordinated action and investment prior to the COVID-19 pandemic. Addressing this gap, increasingly bourne by countries with the greatest vulnerability, requires coordinated action to protect and invest in the health workforce.

The global development landscape is changing rapidly. We must come together to build partnerships representative and reflective of communities, served by their own members, creating opportunity and promoting health. This discussion will examine existing and new partnerships to bridge education and service. From harnessing and strengthening existing programmes to building the new and inclusive partnerships that are absolutely essential in the

face of overseas development assistance cuts and reduced health system budgets, the keynote will examine how to think expansively regarding partners from different sectors across health, labour, finance, equity, infrastructure and education; considerations for starting small or dreaming big; and the importance of strong political commitment generated through data, dialogue, decision-making… and dollars.

Shabnum Sarfraz



Global Director, Women in Global Health

Email: shabnum@p2impact.com

Recoding Session: https://www.youtube.com/watch?v=2D7ziWgmXUI

Slides : https://tufh2025.com/wp-content/uploads/2025/09/2025-08-13-TUFH-_Shabnum-Sarfraz-Key-Note-Final-to-run.pdf

Biography:

Dr Shabnum Sarfraz is an accomplished development leader, who has a distinguished track record of leading multi-sectoral multi-country health portfolios, collaborated with global organizations, and contributed to ground breaking gender equity initiatives. She is a government relations specialist with over 15 years of experience shaping and influencing policy at the highest governmental tiers. As the Global Director Gender & Health for the Women in Global Health she led *research, advocacy, and policy initiatives across 53 countries in the Women in Global Health network to promote*

gender equity in health leadership. Prior to this she worked for the Federal Planning Commission, Government of Pakistan, where she was the national policy and planning lead for the health, education, youth and gender portfolios for the Prime Minister. She led Pakistan's national COVID19 response efforts and was the force behind the launch of the country's first ever national gender policy framework. She has served as the Senior Technical Advisor for Marie Stopes International UK and Regional Human Resource for Health Advisor for WHO. She is a Harvard University Global Health LEAD Fellow and is recipient of Vice-Chancellor's Alumni Awards 2021 as conferred by the University of Surrey in recognition of her extraordinary professional achievements.

Beyond the Numbers: Addressing the Gender Health Gap

The gender health gap remains a significant barrier to achieving universal health coverage (UHC), with women disproportionately facing inequities in healthcare access, quality, and outcomes. Rooted in decades of neglect, this disparity is exacerbated by limited research on women's health, biases in clinical trials, and male-centric health policies. The gaps underscore the urgent need for targeted research to inform equitable healthcare innovations.

Equally pressing is the inequity within the health workforce, where women—who make up 70% of global healthcare providers—remain underrepresented in leadership roles and face significant pay gaps. In low- and middle-income countries, female health workers, often the backbone of health service delivery, are undervalued and underpaid, threatening workforce sustainability and the quality of care.

Addressing these challenges requires transformative policy innovation to ensure gender equity in research, workforce development, and leadership. By prioritizing these areas, we can bridge the gender health gap, improve

health outcomes for women, and create resilient, inclusive healthcare systems. This keynote calls for evidence-driven strategies and collaborative solutions to make gender equity a cornerstone of global health policy and practice.

Laura Magaña



President and CEO of ASPPH and founding President of GNAPH

Email: LMagana@aspph.org

Recoding Session: https://www.youtube.com/watch?v=-BGOoeNfHXg

Slides : https://tufh2025.com/wp-content/uploads/2025/09/TUFH-2025-Laura-Magana.pdf

Biography:

Laura Magaña *is President and CEO of the Association of Schools and Programs of Public Health (ASPPH). She is also the founding President of the Global Network for Academic Public Health (GNAPH), an alliance of seven regional associations representing schools and programs of public health worldwide. Under her leadership, ASPPH has continued to advance academic public health by mobilizing the collective power of its members to drive excellence and innovation in education, research, and practice.*

During her tenure, ASPPH has grown its membership by 50%, founded the Workforce Development Center, launched the Academic Public Health Leadership Institute, and enhanced the voice and influence of academic public health through effective advocacy. Dr. Magaña expanded the association's global reach and is leading five strategic initiatives to address critical issues in public health as part of ASPPH's Vision 2030: Dismantling Racism in Academic Public Health, Climate Change, and Health, Framing the Future 2030, Gun Violence Prevention and Healthy Longevity.

Prior to joining ASPPH, Dr. Magaña dedicated more than 35 years to successfully leading the transformation and advancements of public and private universities in Mexico, educational organizations in the United States, United Nations programs, and nongovernmental organizations in Central America and Europe. She was most recently the dean of the School of Public Health at the National Institute of Public Health in Mexico. Dr. Magaña's diverse portfolio features 90 academic publications — many of which relate to learning environments, the use of technology in education, and public health education.

Climate change is a public health crisis: education to prepare the current and future workforce

Climate change is possibly the greatest public health challenge of the 21 century; its effects are already felt around the world and predicted to only intensify. The interconnected nature of ecosystem, animal, and human health – all harmed by a degrading climate – results in complex and compounding adverse consequences. Public health has a vital and unique role to play in both mitigating further climate change and helping communities adapt to unavoidable outcomes, particularly for those at greatest risk. Educating and training a public health workforce capable of tackling challenges posed by climate change is critical, but recent studies have shown gaps between what education is provided at schools and

programs of public health and the knowledge and skills the public health professionals need. Schools and programs of public health are working to close these gaps by establishing centers, conducting research, working with communities, and incorporating climate change and health content into curricula. The Association of Schools and Programs of Public Health released Responding to the Climate Change and Health Crisis: A Framework for Academic Public Health, to help lead and guide Climate change is possibly the greatest public health challenge of the 21 century; its effects are already felt around the world and predicted to only intensify. The interconnected nature of ecosystem, animal, and human health – all harmed by a degrading climate – results in complex and compounding adverse consequences. Public health has a vital and unique role to play in both mitigating further climate change and helping communities adapt to unavoidable outcomes, particularly for those at greatest risk. Educating and training a public health workforce capable of tackling challenges posed by climate change is critical, but recent studies have shown gaps between what education is provided at schools and programs of public health and the knowledge and skills the public health professionals need. Schools and programs of public health are working to close these gaps by establishing centers, conducting research, working with communities, and incorporating climate change and health content into curricula. The Association of Schools and Programs of Public Health released Responding to the Climate Change and Health Crisis: A Framework for Academic Public Health, to help lead and guide.

Peggy Swarbrick



PhD, FAOTA, Research Professor, Rutgers Graduate School of Applied and Professional Psychology

Collaborative Support Programs of New Jersey

Email: pswarbrick@cspnj.org

Slides and recoding will not be shared as per speakers request.

Biography:

Peggy Swarbrick *is a Research Professor in the Rutgers Graduate School of Applied and Professional Psychology, . ScarletWell Director role and Associate Director of the Center of Alcohol & Substance Use Studies. She has worked for 27 years at the Collaborative Support Programs of New Jersey Wellness Institute Director. Over decades she has developed and evolved a strengths-based 8-dimensional wellness model that is been used for various populations as strength-based approach for whole health recovery and prevention. Dr Swarbrick has made significant contributions to the body of*

literature in occupational therapy, nursing, and community behavioral health care practice, focused on such topics as the 8 dimensions of wellness, wellness coaching, peer support, social determinants of health, financial wellness, employment, and professional self-care. She has created self-care wellness programs for people in recovery, caregivers, families, youth, and professionals including training materials and intervention manuals.

Innovative Wellness Model to Promote Health and Reduce Disparities for Communities Facing Complex Life Challenges

This keynote will highlight an innovative wellness model co-created with individuals possessing lived experiences to foster health equity and reduce disparities in historically underserved and underrepresented communities. By centering community engagement, this approach leveraged collective strengths to address both physical and mental wellness in a holistic, inclusive manner.

The model emerged through collaborative efforts with individuals and community stakeholders, ensuring it is both relevant and adaptable to diverse populations. By integrating the voices of those with lived experiences, the model prioritizes culturally attuned, trauma-informed practices that honor the unique challenges and resilience of participants. It bridges the gap between those seeking services and those delivering care, creating a shared framework for empowerment, and connection.

As the model has been implemented in community-based service programs, it has been instrumental in guiding both program development, staff training and workforce self care. It helps service providers build trust and rapport with participants by acknowledging their strengths. The model promotes shared decision-making, helping to create an environment where both individuals

and service providers engage in a collaborative process that leads to better health outcomes and a reduction in health disparities.

Learn about the community-based service programs that have adopted this model to guide programming, as well as the numerous self-management and self-help tools that have been widely disseminated.

CONFERENCE ON THE MOVE

Site 1

Center for Persons with Disabilities, Penn Dental Medicine

Oral health is a fundamental part of overall well-being, yet many individuals face significant challenges in accessing quality dental care. At Penn Dental Medicine's Care Center for Persons with Disabilities, opened in 2021, we are dedicated to breaking down these barriers by fostering a more inclusive approach to dentistry—one that ensures all patients receive the care they need, regardless of physical, cognitive, or medical challenges. Our mission is to ensure access to care for thousands of adults with disabilities who urgently require oral health care. The Center ensures that every Penn dental student graduates with an understanding of how to competently and compassionately treat patients with all types of disabilities – cognitive, developmental, disease or injury related.

We invite you to learn how oral health for persons with disabilities can be enhanced through community partnerships, collaboration with teachers, health providers outside of dentistry, colleagues in social services, and even family members. Delegates will learn more about the barriers to good oral health and the consequences of neglect of this important dimension and could be of particular interest to people who work with low resourced communities that have a scarcity of dentists and/or dental care. The role that teledentistry can play in the development of personalized care delivery will be presented. Participants will have opportunity to learn about the delivery of individualized oral hygiene care and gain hands-on practice in the application of fluoride varnish and silver diamine fluoride and their role in disease prevention.

Site 2

A Day in the Life of Individuals Experiencing Homelessness

Individuals experiencing homelessness are faced with tremendous challenges, and often, the most difficult challenge is self-advocating to be seen and heard by their neighbors and people in the community. The stigma they encounter and being overlooked by people in their communities often creates the most stress and trauma. Each day presents its challenges, but the most critical is finding the will to fight for another day and stay alive. This is what our unhoused friends and clients do each day. Waking up early, often in the woods, under the freeway, or on the sidewalk, the first thought is usually about getting something to eat! As they begin the journey of survival, their day may involve searching for food, waiting in line for services, or meeting with their case manager for assistance in navigating the complex social service systems. As night falls, the challenge of finding a safe place to sleep begins again. With only one emergency homeless shelter in Bucks County, many individuals must wait on the streets for weeks and even months. Despite these challenges, many homeless individuals show up each day smiling, holding onto the hope that securing a stable place to live will soon come! Homelessness is not just a lack of shelter but a complex experience shaped by circumstances beyond a single day. Understanding this struggle can help foster empathy, reduce trauma, and inspire more action toward meaningful solutions. Join Family Service and its program staff from Street Medicine, Housing First- Blended Case Management, and Emergency Homeless Shelter to hear firsthand accounts of how unhoused friends and clients navigate their days on the streets in their journey toward stable housing.

Site 3

A Woman's Place

Please join us at our administrative office in Doylestown, PA for an Education Program from Rachele Daniels, our Medical Educator, on the services provided at AWP, the dynamics of Domestic Violence, and health impacts of Domestic Violence. Next, we will be sorting and organizing our pantry, which supplies essential items to our clients, such as toiletries, cleaning supplies and diapers. Tasks will include labeling and weighing, reshelving and discarding.

TUFH2025
Greater Philadelphia
United States

Site 4

Ocugen: Gene Therapy to Cure Blindness Diseases

Ocugen is a pioneering biotechnology leader in ophthalmology gene therapies. During the visit to Ocugen you will learn more about the Company's novel modifier gene therapy platform to address major blindness diseases affecting millions across the globe. Hear from both Dr. Arun Upadhyay, Chief Scientific Officer and Dr. Huma Qamar, Chief Medical Officer about the development of modifier gene therapy from the lab into the clinic. Currently, Ocugen has three clinical trials underway and aims to file three BLAs in the next three years. Remarks will be followed by a tour of Ocugen's state-of-the-art gene and cell therapy manufacturing facility. Ocugen is committed to addressing the significant unmet medical need that exists for large patient populations through its gene-agnostic approach. Don't miss this chance to engage with Drs. Upadhyay and Qamar to gain firsthand insights into cutting-edge biotech advancements and explore how Ocugen is pushing the boundaries of medical innovation.

Site 5



Woods System of Care: Integrated Care Model

Woods System of Care offers participants a tour around the Woods Services property in Langhorne, PA, which is home to 475 residents. Woods Services is an affiliate of the Woods System of Care. This tour will provide insight into some of the innovative programs that the Woods System of Care has implemented to improve client care and health outcomes. Conference participants will visit the Medical Center at Woods, Penn Dental Medicine at Woods, the Center for Behavioral Health, and the recreation team, which includes a barn and nature trail.

Site 6



Beechwood NeuroRehab: Comprehensive Care After Brain Injury

This will be an immersive, hands-on experience as attendees spend a few hours walking in the shoes of individuals with brain injuries and explore the challenges and the triumphs of these individuals as they continue to adapt to their lives with a new and different set of abilities.

Presented by:

Site 7

Sidney Kimmel Comprehensive Cancer Center

Afternoon at Asplundh: Innovative Cancer Care from Prevention to Treatment and Survivorship

Learn about innovative and ambulatory approaches to cancer care through patients' cancer journey, from prevention and screening, to diagnosis, treatment, and survivorship. Hear from physicians, health care professionals, community leaders about their efforts to advance health equity within the Greater Philadelphia region.

Site 8

Revolutionizing Healthcare Access: A Behind-the-Scenes Look at Convenient Care Clinics

During the session, panelists will share valuable insights into how retail clinics are broadening healthcare access, seamlessly integrating with wider health systems, and overcoming challenges in delivering community-based care. Attendees will have the chance to join the conversation, ask questions, and gain a deeper understanding of how this innovative model is advancing global health equity.

Presented by:

Site 9

From Farm to Community: Harvesting Solutions to Food Insecurity

Start your conference experience with a hands-on opportunity to make a direct impact! Join us at Delaware Valley University's Hope of the Harvest Charitable Garden, located at 700 E. Butler Ave., Doylestown, PA 18901—a collaborative initiative between Bucks County Opportunity Council (BCOC) and Delaware Valley University, dedicated to providing fresh, local produce to the anti-hunger network.

This location involves physical activity such as outdoor walking, and harvesting—please consider this if you have physical limitations.

TUFH 2025 DECLARATION

You can download the Philadelphia Declaration here.

TUFH 2025 Declaration Framework
Philadelphia Declaration

Theme: *Reframing Access to Health: Challenging Assumptions and Reimagining Solutions*

I. Preamble: A Decade of Direction, A Decade to Deliver

In 2012, the Thunder Bay Communiqué called for a transformation of health systems through community-led, access-oriented, and socially accountable education. In 2022, the Vancouver Vision reaffirmed these principles, outlining four strategic themes and setting the path toward **TUFH 2032**, when we expect to see systems fully reshaped by community voices, fit-for-purpose health workforces, immersive education, and systems thinking.

The Sharjah Consensus **(2023)** deepened this strategic alignment by operationalizing measurable goals and key performance indicators, while the Ubuntu Declaration **(2024)** reminded us of the moral imperative to center people, place, and policy in health—especially in rural and marginalized contexts.

Now in 2025, we find ourselves at the **midpoint of that vision**. This declaration is both a recommitment and a reckoning: Are we truly on track to meet our 2032 goals? Are we bold enough to challenge embedded assumptions? And can we reimagine the systems, structures, and power dynamics that still block **universal access to health**?

II. Vision Statement

We reaffirm our belief that **access to health** is a universal right—not a privilege, not a commodity, but a shared societal responsibility.
We envision health systems where **communities guide education**, where **policies emerge from practice**, and where **diverse knowledge systems** shape training, care, and innovation.
The road to 2032 demands courage, collaboration, and accountability across all sectors.

Presented by: THE NETWORK TOWARDS UNITY FOR HEALTH · Woods SYSTEM OF CARE · Mollie Woods Hare Global Center of Excellence

III. Strategic Commitments: Subthemes and Action Areas

🔹 1. Innovative Approaches to Reduce Health Disparities for Vulnerable, Marginalized, and Complex Populations

Commitment: Accelerate inclusive, community-informed innovation to dismantle structural barriers and increase access to health for marginalized, complex, and neurodivergent populations.

Actions:

- Advance interdisciplinary research into context-specific health barriers and solutions.
- Support culturally grounded education, care delivery, and innovation pipelines.
- Leverage technology to bridge geographic and systemic gaps in service.
- **Strengthen** TUFH's Communities of Practice on projects related to Intellectual and Developmental Disabilities (IDD), Autism, Mental Health, Indigenous, Migrant and Refugee, Remote and Rural, Ageing, and Women's Health to foster cross-institutional collaboration, idea exchange, and the scaling of promising models globally.

🔹 2. Community Engagement to Promote Physical and Mental Health and Wellness

Commitment: Deepen meaningful partnerships with communities, including individuals with Intellectual and Developmental Disabilities (IDD), Autism, and co-occurring behavioral health needs, to co-create strategies that are responsive, inclusive, and resilient.

Actions:

- Co-design governance structures with community advisory voices, including self-advocates and caregivers from IDD/Autism communities, embedded across planning and decision-making processes.
- Expand participatory research and citizen-led health promotion efforts that include individuals served by organizations like the Woods System of Care, emphasizing shared measurement and lived experience.
- Build mental health literacy, trauma-informed practice, and cultural humility into all programs, with adaptations to meet the communication and sensory needs of people with IDD and Autism.

🔹 **3. Partnerships to build Social Accountability Bridges linking Education and Service to advance Community Health**

Commitment: Rethink health workforce development from recruitment to retirement, emphasizing interprofessional collaboration and community-rooted service.

Actions:

- Build inclusive, competency-based, and socially accountable admissions processes.
- Mandate community-based, interprofessional education as a core standard.
- Invest in faculty development, wellness, and retention—particularly in underserved areas.

🔹 **4. Policy and Collaborations to Advance Community, Planetary, and Environmental Health**

Commitment: Shape governance systems and intersectoral partnerships that prioritize access to health while protecting our planet and its people.

Actions:

- Align national accreditation and policy frameworks with **ISAT (**Institutional Self Assessment Social Accountability Tool**)** standards to drive transformation.
- Build alliances across ministries of health, education, labor, environment, and social affairs.
- Support regional Centers of Excellence to localize implementation of planetary health, social accountability, and inclusive education.

IV. Midpoint Reflections and Course Corrections

In 2022, we envisioned a world where, by 2032:

- Communities would lead the implementation of health education.
- Students would be immersed in the realities of the populations they serve.
- Health systems would be grounded in human values, and
- A new generation of socially accountable institutions would flourish.

In 2025, we acknowledge:

- Promising strides have been made in community engagement, inclusion of diverse learners, and global collaboration.
- Yet, disparities persist, and systems change remains fragile in the face of conflict, climate, and unfair access to health.

Thus, we commit to recalibrating efforts with urgency and purpose—**guided by the Ubuntu Declaration (2024), the Sharjah Consensus (2023), the Vancouver Vision (2022), and the Thunder Bay Communiqué (2012)**—to ensure the next seven years are **transformative, not transactional**.

V. Calls to Action

We call on:

- **Governments** to co-create social accountability policy with civil society and communities.
- **Institutions** to adopt and apply ISAT to assess and certify their social accountability efforts.
- **Students and Community Leaders** to hold systems accountable—and to lead with innovation, empathy, and vision.
- **TUFH members and partners** to convene, learn, challenge, and collaborate through Communities of Practice, regional centers, and global events.

VI. Conclusion: Toward 2032, Together

The **Philadelphia Declaration** stands as a shared roadmap for transforming global health education and delivery. By championing **access to health** over privilege, participation over tokenism, and partnerships over silos, we affirm that sustainable change is only possible when led with—and by—those we serve.

The **Philadelphia Declaration** is not just a statement—it is a checkpoint. A recognition of what we've built and a challenge for what remains. If the past decade was about setting the direction, the next must be about delivering outcomes that matter.

> *Access to health is the measure of our courage to act in solidarity. 2032 is not the destination—it's the milestone on the journey we take, together.*

This framework is intended for collaborative development and refinement by TUFH 2025 participants and stakeholders.

PICTURES & CLOSING VIDEO

Relive the moments of TUFH 2025 through our photo and video collection, featuring images by our professional photographer as well as photos shared by volunteers and participants.

If you haven't yet uploaded your own pictures, you can still contribute here: Photo Upload Survey.

You can view the TUFH 2025 Closing Video here.



Presented by:

MARKETING



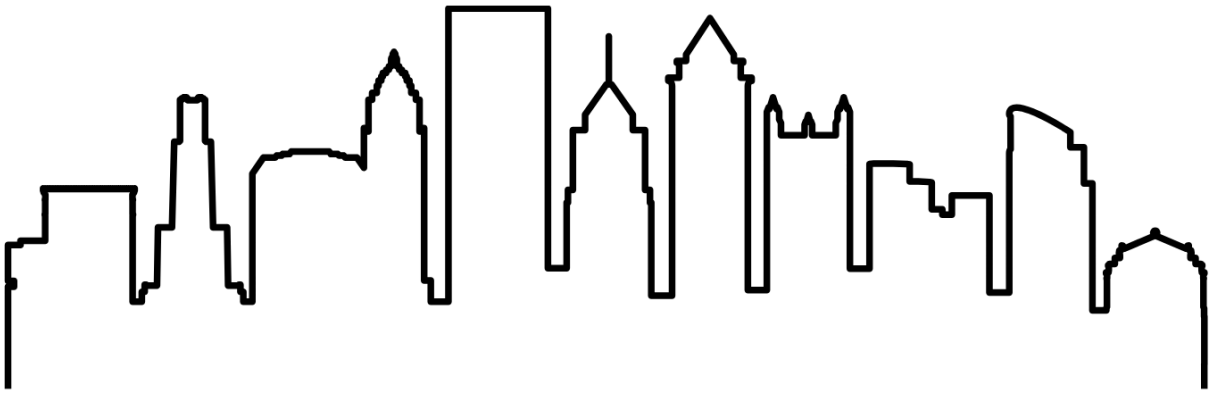


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THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence



TUFH2025

Greater Philadelphia

United States

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THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

CERTIFICATE



TUFH2025

Certificate of Attendance

Aricia De Kempeneer

Has participated as an

Attendee

at the TUFH 2025 Conference

"Reframing Access to Health: Challenging Assumptions and Reimagining Solutions"

Co-hosted by The Network: Towards Unity for Health, Woods System of Care, and the Mollie Woods Hare Global Center of Excellence in Greater Philadelphia, USA

from September 12th to 15th of 2025

Tine Hansen-Turton
Presedent and CEO
Woods System of Care

William Burdick
Secretary General
The Network: TUFH

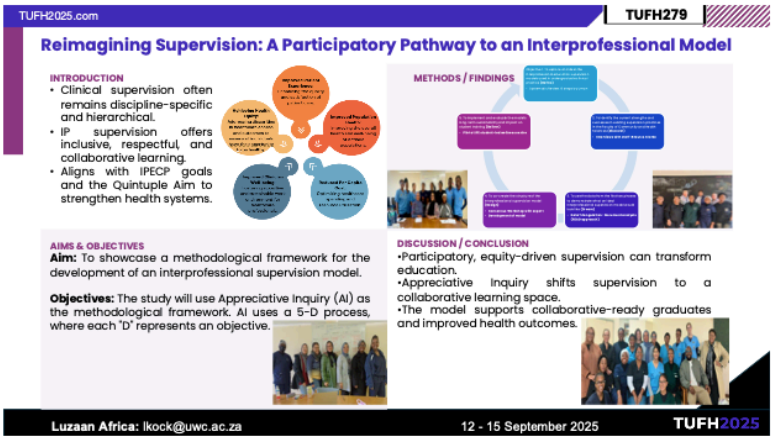
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BEST POSTER

Best Physical Poster

TUFH2025.com

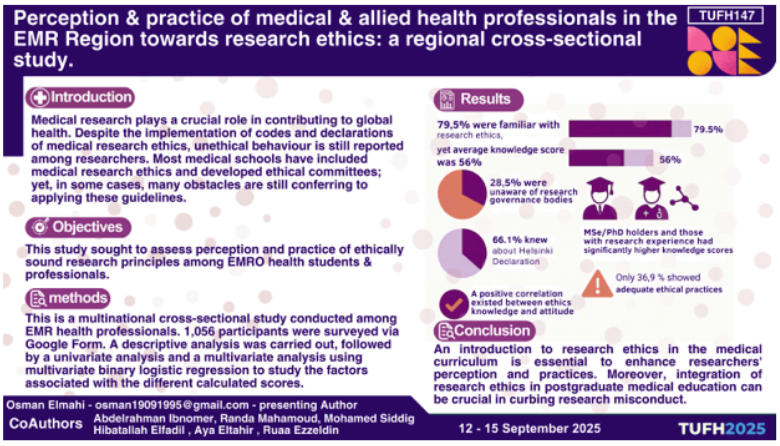
Best Physical Poster – 1st place



12 - 15 September 2025 TUFH2025

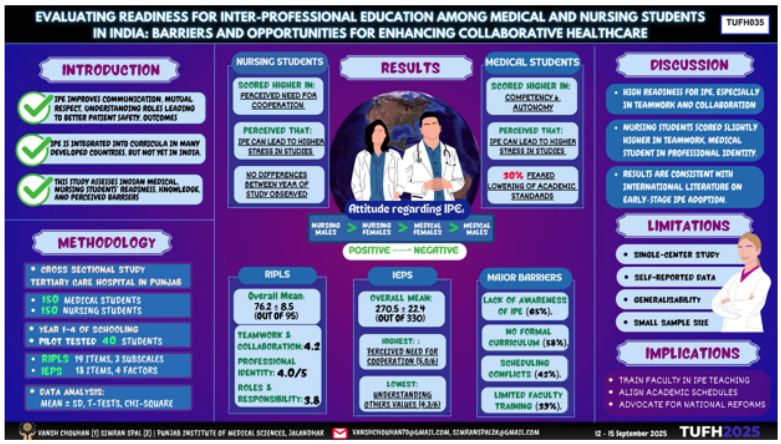
TUFH2025.com

Best Physical Poster – 2nd place



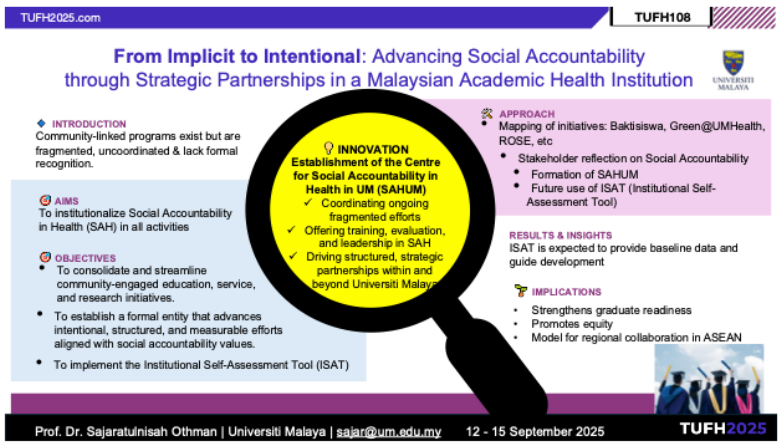
12 - 15 September 2025 TUFH2025

Best Physical Poster - 3rd place



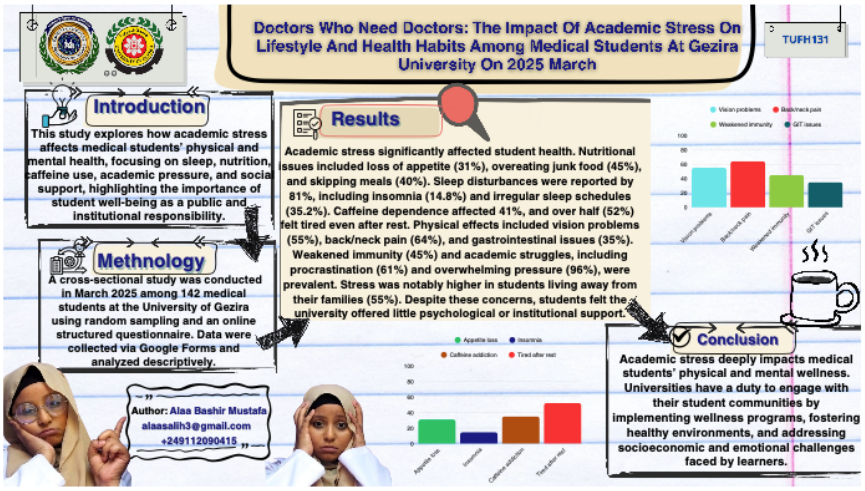
Best Virtual Poster

Best Virtual Poster – 1st place

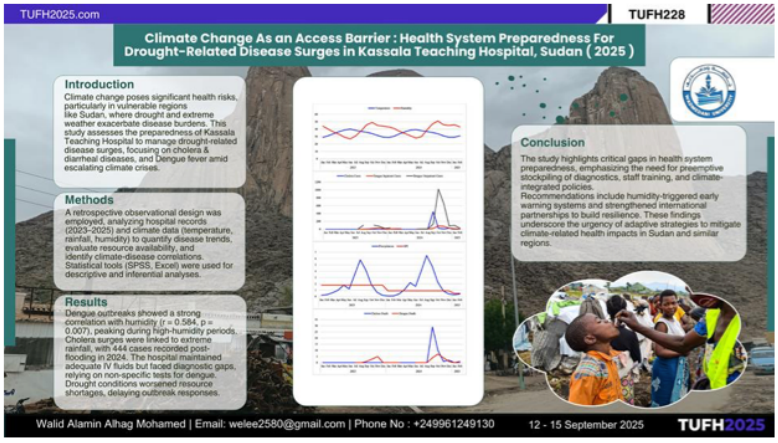


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THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

Best Virtual Poster – 2nd place



Best Virtual Poster – 3rd place



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SYSTEM OF CARE
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Global Center of Excellence

POST-EVENT SURVEY

Reflections on TUFH 2025

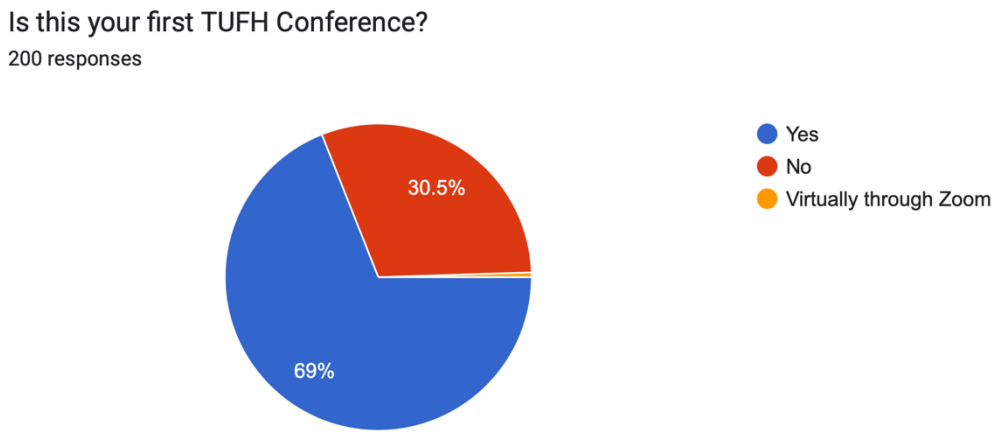
TUFH 2025 was celebrated as an **inspiring and transformative gathering**, bringing together participants from across the globe to learn, connect, and collaborate. Attendees highlighted the conference's rich sessions, including impactful keynotes, engaging oral presentations, workshops, and the inspiring IDD/Autism Summit, as well as unique experiences such as the Conference on the Move and vibrant cultural events.

The atmosphere was described as **warm, welcoming, and inclusive**, with networking opportunities and a strong sense of community standing out as key highlights. Participants praised the seamless logistics, thoughtful hospitality of Woods System of Care, and the chance to build meaningful global partnerships.

Survey feedback underscored the central themes of **social accountability, community engagement, and global collaboration** as vital to shaping the future of health equity. Many left the event re-energized, motivated, and eager to carry forward new ideas, research directions, and partnerships sparked during the conference.

Overall, TUFH 2025 was seen as a **memorable and impactful success**, laying the groundwork for even more engaging and inclusive future conferences.

Survey Results

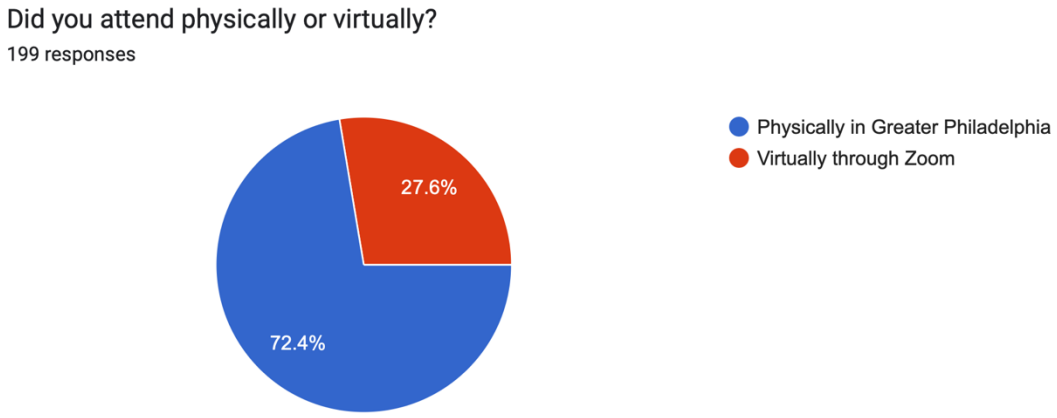


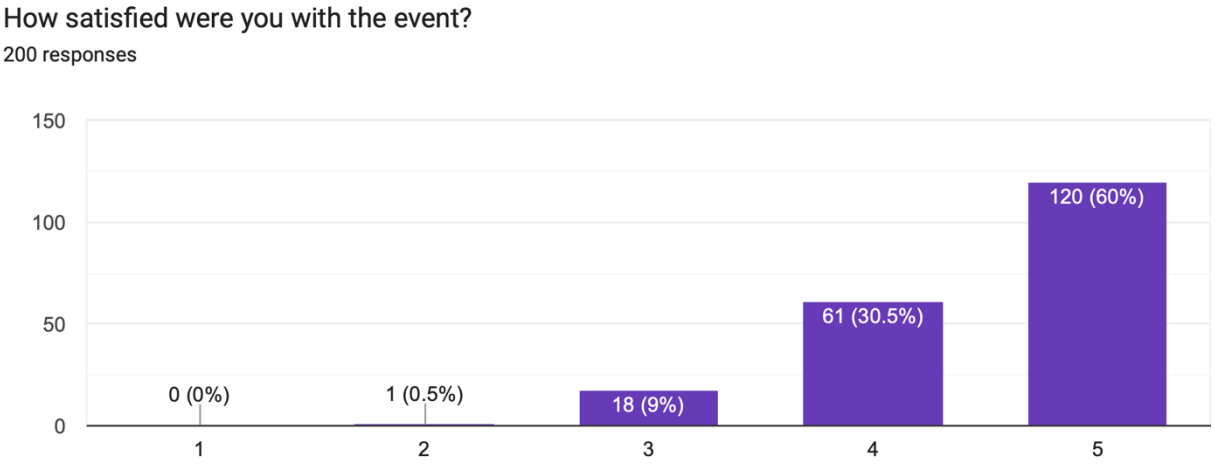
Why Participants Want to Be More Involved with TUFH

From the post-event survey, participants highlighted several key reasons that inspire them to deepen their involvement with TUFH:

- **Learning and Knowledge Sharing**: Many were drawn to the diverse sessions, workshops, and research presentations, eager to expand their skills and perspectives.
- **Networking and Collaboration**: A strong theme was the opportunity to connect with colleagues worldwide and exchange ideas across cultures, disciplines, and health systems.
- **Community and Belonging**: Attendees emphasized the welcoming spirit of TUFH and the sense of being part of a global movement for change.
- **Advocacy and Social Accountability**: Respondents were motivated by TUFH's commitment to equity, primary health care, and inclusion, especially regarding IDD/Autism and marginalized populations.
- **Global Perspective**: Participants valued the international diversity of voices and approaches, which offered both inspiration and practical strategies to address challenges in their own contexts.

Overall, the survey responses reflect a deep appreciation for TUFH as a platform to **learn, connect, and drive positive change globally**.





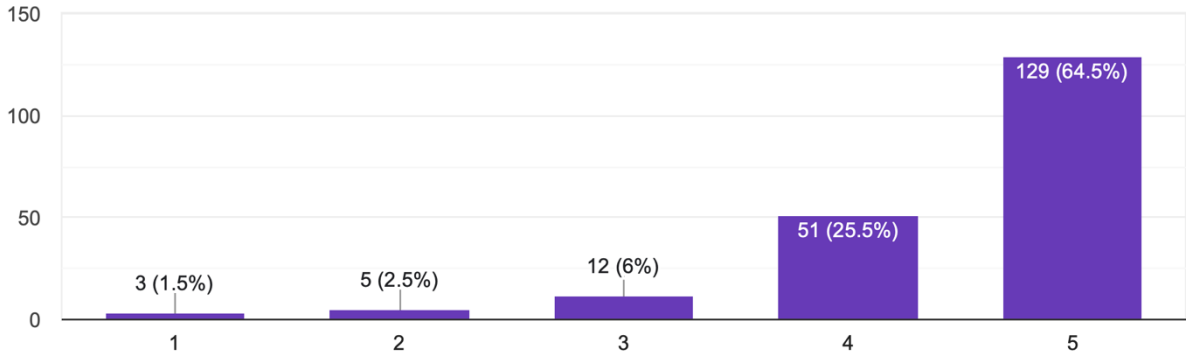
Key Takeaways from TUFH 2025

From the post-event survey, participants shared that the conference left them with:

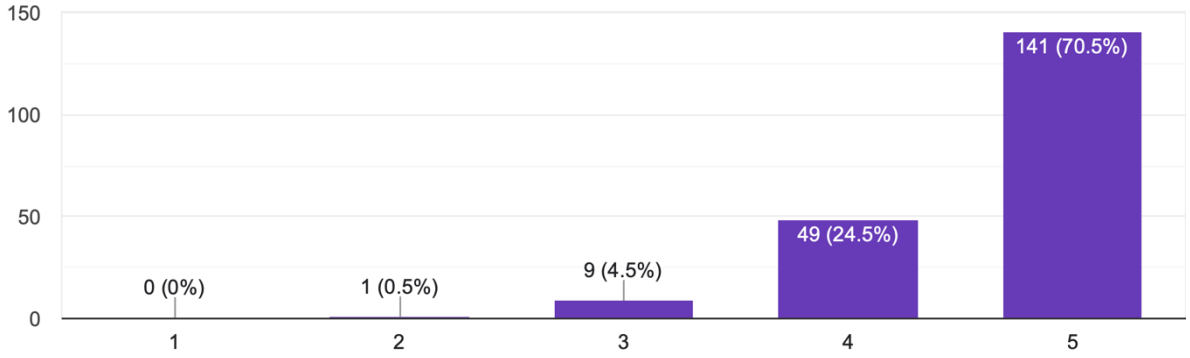
- **The Power of Community and Collaboration** – Stronger awareness that engaging communities, building partnerships, and working across disciplines leads to more sustainable, impactful health solutions.
- **Global Perspectives** – Inspiration from diverse cultural contexts, international experiences, and innovative approaches to health equity, IDD/Autism care, and primary health care.
- **Commitment to Social Accountability** – Renewed conviction that health systems and education must be accountable to the populations they serve, with evidence, advocacy, and action.
- **Networking and Relationships** – Deep appreciation for new friendships, professional networks, and the sense of belonging to a global movement.
- **Hope and Motivation** – Many left re-energized, with new ideas, research directions, and practical strategies to advance equity and inclusion in their own work.

Overall, participants emphasized that **social accountability, cultural humility, and global collaboration are essential to transforming health systems**.

How relevant and helpful do you think it was for your work that you attended TUFH 2025?
200 responses



How would you rate the organization of this event?
200 responses



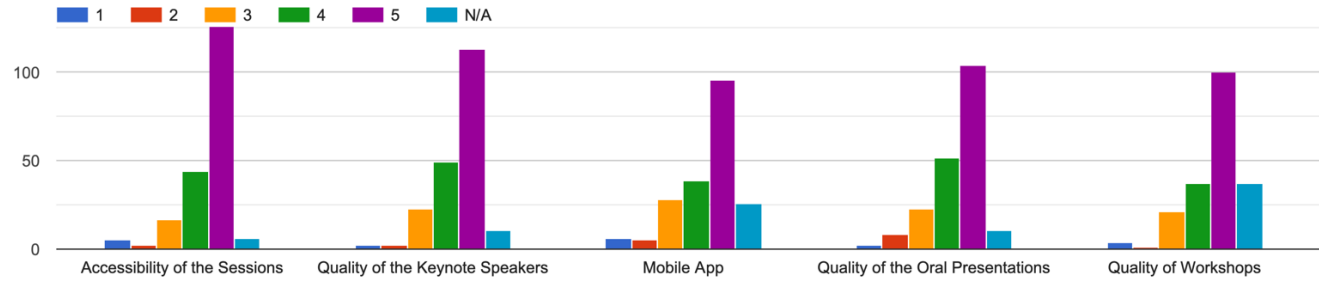
Logistics Feedback

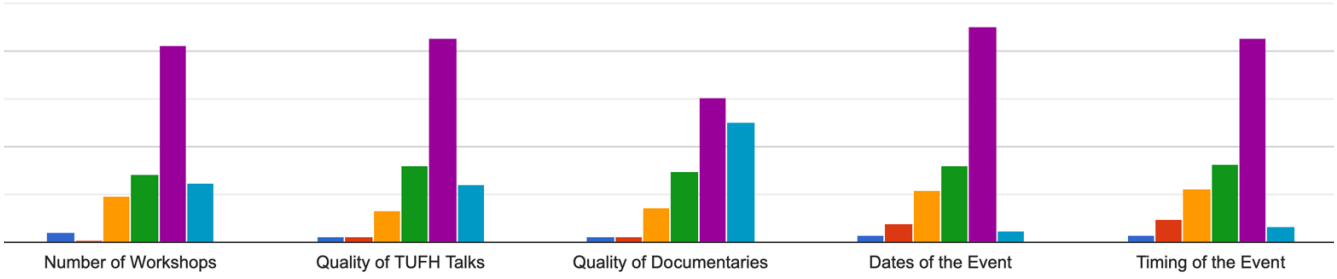
Participants overwhelmingly described the logistics of TUFH 2025 as **excellent, smooth, and highly organized**. From clear pre-event communications to seamless registration, efficient transport, and well-timed sessions, the conference experience was praised as thoughtfully coordinated. The **PheedLoop app and website** were highlighted as useful tools, and many appreciated the friendly and supportive volunteer team, the welcoming atmosphere at Woods System of Care, and the attention to details such as dietary needs and comfortable spaces.

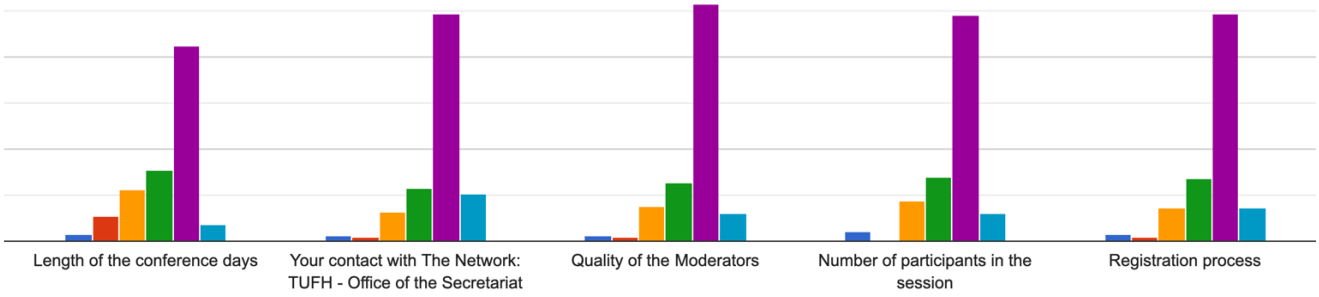
A few suggestions were offered to make future events even stronger: enhancing **virtual access** with better sound and captioning, allowing for **shorter days or additional free time**, and improving clarity around session assignments.

Overall, participants agreed that the **logistics of TUFH 2025 were outstanding**, helping to create an environment where learning, networking, and community could flouris

How satisfied were you with...?

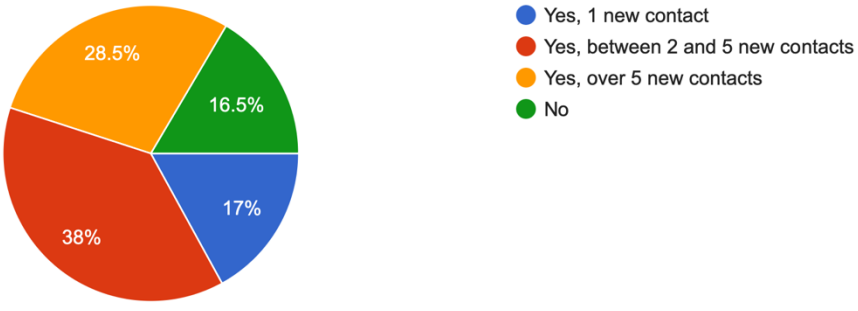






Did you expand your network?

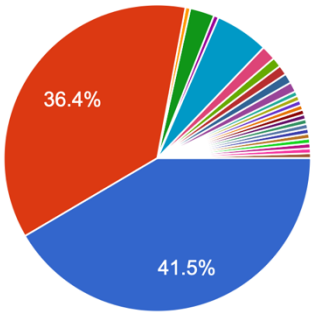
200 responses



Presented by:

How did you hear about the conference?

195 responses

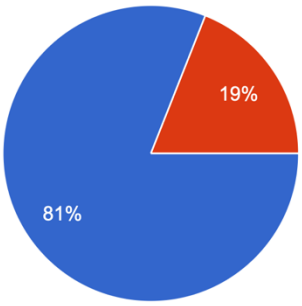


- The Network: TUFH
- Woods System of Care
- Flyer
- Social Media
- LinkedIn
- Partner Announcement
- Sponsor Announcement
- 1/4

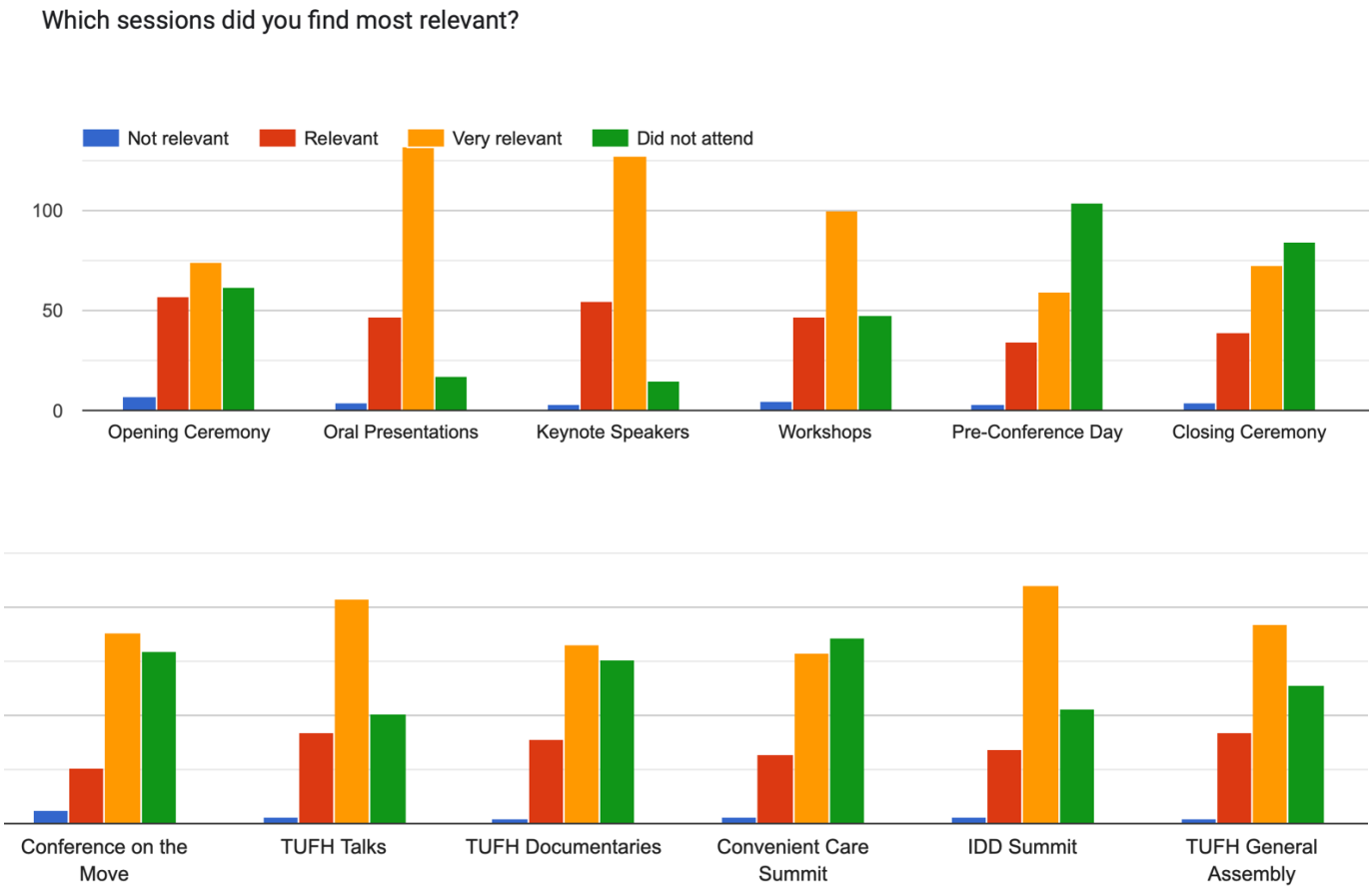
- My university
- Friend
- CCA
- Federal University of Pernambuco
- Our mentor Dr Lia Palileo-Villanueva
- G-sno
- My job
- Working under one of your speakers
- Social Media/Woods Connection
- University
- Legacy
- Through my job with Legacy Treatmen…
- Allies Inc
- Coworkers
- My Dean and Associate Dean
- Tine Hansen-Turton presentation at B…
- Colleague

Do you feel that the printed posters bring a value to the conference that are on display?

200 responses



- Yes, we should keep the printed posters
- No, we should switch to fully virtual posters



Sessions and Agenda Feedback

Participants praised the **diversity, quality, and organization** of the sessions, highlighting excellent keynotes, engaging workshops, and the inspiring IDD/Autism Summit. Many noted that the agenda was rich, relevant, and well-curated, with a clear connection to TUFH's themes of social accountability and global collaboration.

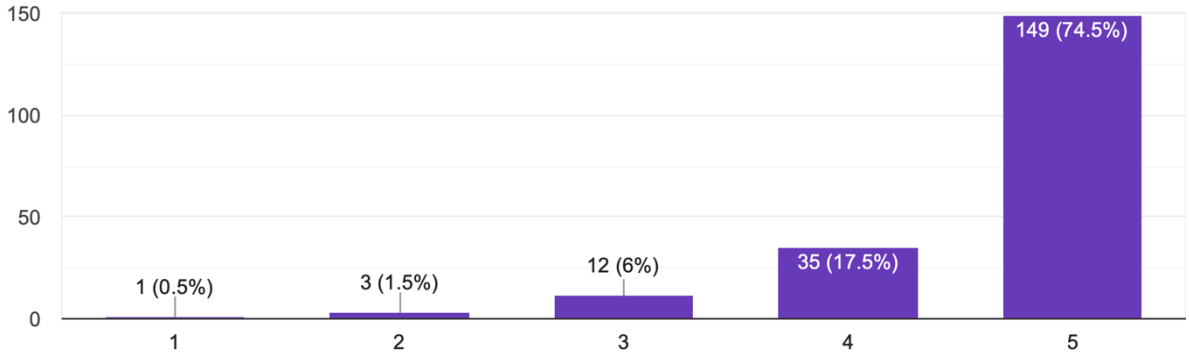
Several constructive suggestions were offered for future events, including:

- Ensuring slides are more readable and visually clear.
- Allowing for shorter sessions or more breaks to balance the intense schedule.

Overall, the sessions and agenda were described as **impactful, eye-opening, and highly beneficial**, giving participants both practical tools and renewed hope for the future of health equity.

How likely are you to tell a friend/colleague about this event and The Network: Towards Unity For Health/Woods System of Care?

200 responses



What Participants Enjoyed Most

Participants described TUFH 2025 as a **fantastic and memorable experience**, highlighting a wide range of elements they enjoyed:

- **Networking and Connections** – Meeting new people, forming friendships, and building global partnerships were the most frequently celebrated aspects.
- **IDD/Autism Summit** – Many found the summit inspiring, relevant, and filled with powerful presentations.
- **Sessions and Learning** – Engaging workshops, thought-provoking oral presentations, dynamic TUFH Talks, and impactful keynotes (including on climate and wellness) were highly valued.
- **Conference on the Move** – Participants loved seeing community-based initiatives in action.
- **Culture and Atmosphere** – The welcoming environment, cultural dinner, folk dance performance, wellness breaks, and the beautiful Woods campus created a warm and energizing setting.
- **Organization and Hospitality** – Attendees praised Woods System of Care for its outstanding hosting, great food, and friendly staff, which made everyone feel at home.

Overall, participants said they **"enjoyed everything"**, leaving the conference inspired, connected, and motivated to continue their work in health equity.

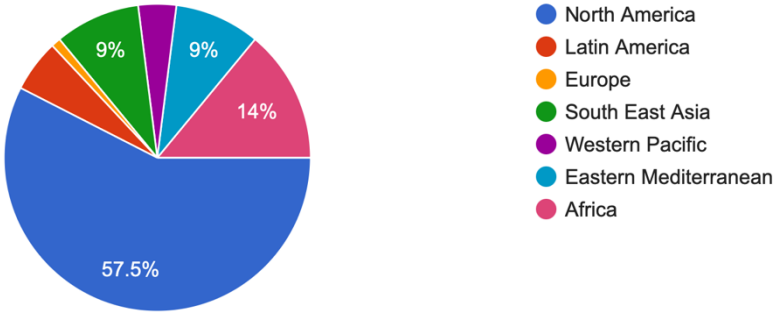
Do you plan to attend TUFH 2026 from The Network: TUFH?

200 responses



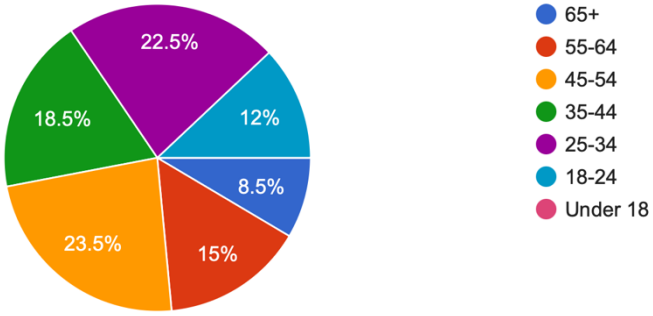
Your WHO Region

200 responses



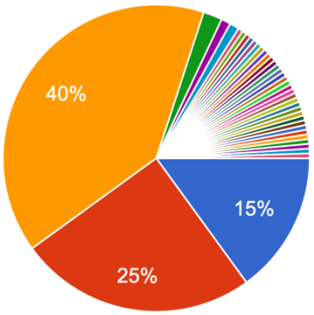
Your age

200 responses



Profession

200 responses



- Student
- Faculty
- Health Professional
- Policy Maker
- Life skills specialist
- Social Worker
- Victim Advocate
- Health Administrator

1/5

- Health worker (ED Allies Inc)
- Provider CEO
- administrator
- Nonprofit leadership
- Administrative
- Parent and prevention educator
- Also a student
- House officer
- Civil Service
- Licensed Social Worker
- International Advisor in Global Health…
- Disability- Employment Services
- Social Worker/Case Manager in the m…
- HR
- Family member
- Executive Director for Allies Inc
- Parent/Special Educator (Behavior Sp…
- BCBA
- Psychologist
- Work for Woods Affiliate
- Forensic interviewer
- Administrative support
- Director at a sexual assault prevention…
- Doctor
- Social worker
- Human Resource
- Post doc
- IDD residential program Director
- Psychiatric Mental Health Nurse Pract…
- Parent and policy professional

SESSION RECORDINGS

TUFH 2025 Opening Ceremony
https://www.youtube.com/watch?v=AEgfrAZKCpw

TUFH 2025 Closing Ceremony
https://www.youtube.com/watch?v=LswviFo51lg

Keynote Catherine Kane - Partnerships to build Social Accountability Bridges linking Education and Service to advance Community Health

https://www.youtube.com/watch?v=kP5pg-UtTek

Keynote Shabnum Sarfraz - *Beyond the Numbers: Addressing the Gender Health Gap*
https://www.youtube.com/watch?v=2D7ziWgmXUI

Keynote Laura Magaña - Climate change is a public health crisis: education to prepare the current and future workforce
https://www.youtube.com/watch?v=-BGOoeNfHXg

TUFH Talks
https://www.youtube.com/watch?v=hKYEWLOUQZ4

TUFH Programs and Activities
https://www.youtube.com/watch?v=wnLjh1Rsx9s

TUFH General Assembly
https://www.youtube.com/watch?v=oaAaP6s0KYs

TUFH Centers of Excellence
https://www.youtube.com/watch?v=Md0RnjjZAJ8

Social Accountability Fellowship
https://www.youtube.com/watch?v=eMvoZjNyyj0

SNO General Assembly
https://www.youtube.com/watch?v=2uejstaGHAU

Panel "Meet the Leaders who are Reframing Access to Health"
https://www.youtube.com/watch?v=rhh5sTWTpwk

Panel "Building Sustainable Local Health Infrastructure"
https://www.youtube.com/watch?v=E4-uqAyX3hk

Panel "Strengthening Social Accountability through Practical Tools"
https://www.youtube.com/watch?v=nKJjvZaTndw

Oral Presentation 1: Integrating Social Accountability in Health Professions Education Through Models, Perceptions and Pedagogical Approaches
https://www.youtube.com/watch?v=mx9TjD9rn10

Oral Presentation 2: Women's Health and Empowerment Advancing Equity from Prevention to Policy
https://www.youtube.com/watch?v=4j0vXUWtORI

Oral Presentation 3: Strengthening Health Systems and Equity in Access
https://www.youtube.com/watch?v=18Zo9tObcaQ

Oral Presentation 4: Advancing Patient-Centered and Culturally Responsive Care Across the Lifespan
https://www.youtube.com/watch?v=Duhp6FItHFo

Oral Presentation 5: Advancing Healthcare Access in Rural and Underserved Communities
https://www.youtube.com/watch?v=dGlRDhnJXSQ

Oral Presentation 6: Community Engagement and Cultural Approaches to Advancing Health and Well-Being
https://www.youtube.com/watch?v=tGHHJrU4U78

Oral Presentation 7: Health and Education in Conflict and Crisis Contexts
https://www.youtube.com/watch?v=7Q_2UreiQQc

Oral Presentation 8: Advancing Inclusion and Innovation in Care for Neurodiverse and Disabled Populations
https://www.youtube.com/watch?v=4MX9E-ghOqs

Oral Presentation 9: Strengthening Primary Care and Community Health through Innovations, Quality Improvement, and Equity
https://www.youtube.com/watch?v=Z4TTHQSoAwI

Oral Presentation 10: Building Community Health Capacity Through Innovation Education and Collaboration
https://www.youtube.com/watch?v=s3kXyVbKiFo

Oral Presentation 11: Innovations in Health Professions Education for a Changing World
https://www.youtube.com/watch?v=jgmXpyivC_w

Oral Presentation 12: Strengthening Community Health Through Education, Engagement & Advocacy
https://www.youtube.com/watch?v=dgSM30hwQ7s

Oral Presentation 13: Driving Health Equity Through Social Accountability Partnerships, Strategic Action and Innovative Tools
https://www.youtube.com/watch?v=4EwCis7tq7E

Oral Presentation 14: Clinical Innovation and Patient-Centered Interventions
https://www.youtube.com/watch?v=_N9_IGuWVDw

Oral Presentation 15: Education, Workforce Development, and Collaborative Practice
https://www.youtube.com/watch?v=r_24RgbQtCY

IDD/Autism Summit - Welcome & Keynote
https://www.youtube.com/watch?v=6rht24CCBSk

IDD/Autism Summit - Transforming Lives with Integrated Care
https://www.youtube.com/watch?v=tYdnsliPEYw

IDD/Autism Summit - The Policy Landscape for Complex Care
https://www.youtube.com/watch?v=deApScNWeuA

IDD/Autism Summit - Reimagining Medication Management
https://www.youtube.com/watch?v=1sdmn1VLITI

IDD/Autism Summit - Redesigning Care Pathways for Autism and IDD
https://www.youtube.com/watch?v=KpDTM3li6S0

IDD/Autism Summit - Integrated Autism: IDD Care
https://www.youtube.com/watch?v=9pRhcKe0n8o

IDD/Autism Summit - Hope and Healing
https://www.youtube.com/watch?v=kvCkQ01UncI

IDD/Autism Summit - Empowering care
https://www.youtube.com/watch?v=aDsw65Z_6L0

IDD/Autism Summit - Collaborative Leadership
https://www.youtube.com/watch?v=a1DA-fRadV4

IDD/Autism Summit - Building Better Systems for Families
https://www.youtube.com/watch?v=YJCgQuEnBos

Convenient Care Summit - The Policy Landscape of Convenient Care in 2025
https://www.youtube.com/watch?v=voApIC29wMA *AUDIO ONLY*

Convenient Care Summit - The NPs at the Center of Special and Complex Patient Care
https://www.youtube.com/watch?v=rYpOlgN4Jsg

Convenient Care Summit - Enhancing the Provision of Age Friendly Health Care in Convenient Care.
https://www.youtube.com/watch?v=iZ9tLgfa5ac

Convenient Care Summit - Addressing Adiposity Based Chronic Disease in the Retail Health Setting
https://www.youtube.com/watch?v=-eKGaDKml6s

TUFH2025



WORKSHOPS

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WORKSHOP 1: Living with TBI: An Experiential Journey into Cognitive and Emotional Challenges

Presenters: Kristen Smith

Organization: Woods Services, Inc (Beechwood NeuroRehab)

Country: United States

TUFH ID: TUFH115

Synopsis

This experiential workshop provides a unique and immersive opportunity for participants to understand the challenges faced by individuals living with traumatic brain injury (TBI). Through engaging, hands-on exercises, attendees will simulate the cognitive and emotional difficulties that those with TBI experience, including struggles with executive functioning, language processing, memory, and emotional regulation. Word retrieval tasks, memory recall exercises, and emotion recognition activities will simulate the daily hurdles people with TBI often encounter. Participants will gain firsthand insight into the real-world effects of TBI, fostering empathy and a deeper understanding of the challenges involved. In addition to these experiential activities, the workshop will introduce practical strategies and interventions used in therapy to address these challenges. These strategies will be valuable for supporting individuals with brain injuries throughout their recovery journey, whether in personal, professional, or healthcare settings. By the end of the workshop, attendees will walk away with valuable tools and a heightened awareness of the impact of TBI on daily life, better equipping them to support those affected by brain injuries.

WORKSHOP 2: A Hands-On-Guide to Building Investment Cases for NCDs

Presenters: Sébastien Poix, Khalifa Elmusharaf

Organization: University of Limerick / University of Birmingham Dubai

Country: Ireland / United Arab Emirates

TUFH ID: TUFH193

Synopsis

Economic evidence plays a critical role in informing policy decisions and guiding the resource allocation for Non Communicable Disease (NCD) prevention and control. This hands on workshop introduces participants to the investment case for NCDs, a practical methodology for demonstrating the economic value of NCD interventions, based on the framework developed by the World Health Organization and the United Nations Development Programme (UNDP). Investment cases for NCDs are built around two pillars: (1) an assessment of the cost of inaction and (2) an assessment of the costs and benefits of prevention and control interventions. Focusing on the second component, this workshop will guide participants through the process of estimating intervention costs and quantifying their economic and societal value. Working in small groups, participants will engage in a series of collaborative and interactive exercises, using prepared datasets and step by step guidance from the facilitators. All exercises rely on simplified methodologies and are prepared so that no health economics background is needed. Following the group work, participants will present and reflect on their findings, discuss methodological considerations, and explore opportunities for applying these approaches in their own settings. Those specifically interested in estimating the cost of inaction will be encouraged to attend the companion workshop on economic burden analysis. This session is designed to be fully collaborative and accessible. By the end, participants

will have developed a clearer understanding of the NCD investment case methodology and its potential to strengthen policy dialogue and support strategic decision making.

WORKSHOP 3: Accreditation of medical schools for better health: An Integrated Knowledge Translation project

Presenters: Ghislaine Attema, Erin Cameron

Organization: NOSM University

Country: Canada

TUFH ID: TUFH244

Synopsis

Background: In 2019, International Social Accountability and Accreditation Think Tank (ISAATT) was established, made up of more than one hundred experts in medical education and academic governance. Its aim was to create ‚Äúa momentum towards global initiatives to ensure accreditation systems of medical schools are designed and used to better respond to priority health needs and challenges of societies today and in the future‚Äù. Under the leadership of a group of global leaders in social accountability and accreditation, ISAASC is presently setting up an initiative aiming to consult accrediting bodies of medical schools, as well as concerned national, regional and international organizations around the world. The objective is to examine with them, to what extent and how current accreditation standards and processes are shaped by the principles of social accountability as well as to explore how they can/should be to ensure medical schools‚Äô missions and functions are optimally geared towards making the greatest impact on people‚Äôs health. Identification of organizations that agree to participate is in process and results will be shared. The content of the survey questionnaire they will have to complete will be

shared with workshop participants. Workshop Outcomes 1. To understand how the concept and principles of social accountability can guide medical schools to align their missions, functions and actions to better respond to priority health needs of the society and people they have to serve. 2. To exchange on the developed survey questionnaire to identify possible changes for improvement 3. To identify opportunities, and challenges, for reviewing medical schools,Äô accreditation standards and processes under the lens of social accountability to support and invite schools to implement relevant transformations to better respond to people,Äôs health needs. Workshop Interactivity: 1. Background: Overview of Accreditation and Social Accountability Movement Presentation: Results from the global survey project 2. Interactive: Small group breakout to validate and discuss results 3. Large group discussion

WORKSHOP 4: Health Workforce Gaps in Rural and Remote Areas: Evidence-Based Strategies for Attraction and Retention

Presenters: Dr. Anshu

Organization: Mahatma Gandhi Institute of Medical Sciences, Sevagram

Country: India

TUFH ID: TUFH214

Synopsis

Equitable access to healthcare in rural and remote areas remains a persistent global challenge, especially in low- and middle-income countries. A key barrier is the shortage and maldistribution of trained, motivated health workers. The WHO estimates a global shortfall of 18 million health workers by 2030, with rural regions being disproportionately affected. Even in countries with adequate overall workforce numbers, rural areas remain underserved due to issues of maldistribution.

This interactive workshop will explore the root causes of rural health workforce gaps, including the factors that discourage healthcare providers from working in these regions. Building on international evidence and best practices, we will present and discuss practical, scalable strategies to attract, recruit, and retain health workers in rural and remote settings. Topics will include innovative approaches to education and training, optimizing workforce roles, creating supportive and safe working environments, and designing policies that help rural providers feel valued and committed.

The workshop will begin with a short presentation to set the context, followed by interactive discussions and group work to generate recommendations relevant to participants‚Äô own settings.

Workshop format: Lecturette, small group discussions, collaborative problem solving

Who should attend: Policy makers and health administrators; representatives of community organizations, non-governmental organizations, regulatory bodies, and medical schools; front line health workers and community health advocates

WORKSHOP 5: Ecosystem mapping and stakeholder management for collaborative innovation for community health initiatives

Presenters: TL Hill, Courtney Molloy

Organization: Temple University + Central Coast Health and Wellbeing Living Lab

Country: USA + Australia

TUFH ID: TUFH233

Synopsis

Serving communities with complex health needs requires innovation ,Äì and the most effective innovation is community led. Join us to learn about a community-health-district-university-industry collaborative; to apply tools for mapping ecosystems; and to exchange tactics for managing stakeholders including partners and opponents.

Facilitators: Courtney Molloy, PhD, Central Coast Health & Wellbeing Living Lab, Australia and TL Hill, PhD, Temple University Fox School of Business, USA.

Learning Objectives:
Apply tools for:

1. mapping the ecosystem of stakeholders in which one operates ,Äì especially flows of money, information, power and influence through the ecosystem;

2. predicting change in ecosystems;

Integrate insights from colleagues,Äô experiences managing the influential allies, bystanders and opponents within an ecosystem.

Agenda:

Framing: 15min. Case study, Central Coast Health & Wellbeing Living Lab. CCHWLL serves diverse communities with large and growing proportions of people older than 70, large Aboriginal and Torres Straight Islander populations, low socioeconomic indicators, poor access to primary healthcare services, and high reliance on emergency room services. CCHWLL facilitates community and industry engagement, convenes innovation challenges, and incubates innovations in ageing-in-place health and wellbeing services.

Apply ecosystem analysis. 70min

1. Map the current ecosystem: ~5 minutes teaching; ~25min application, discussion.

2. Identify and weigh trends that shape the ecosystem: ~5min teaching; ~15min application and discussion.

3. Predict the shape of the ecosystem in the future. ~5min teaching; ~15min application, discussion.

Compare specific tactics for managing powerful partners, allies, opponents. ~25min.

Debrief. 10min

WORKSHOP 7: Estimating the Economic Burden of Disease in Your Country

Presenters: Sébastien Poix, Khalifa Elmusharaf

Organization: University of Limerick / University of Birmingham Dubai

Country: Ireland / United Arab Emirates

TUFH ID: TUFH192

Synopsis

Following the positive feedback received at TUFH 2024, we wish to reconduct our practical and interactive workshop on economic burden analyses in health. Designed for professionals with no prior background in economics, it creates a collaborative space to explore how health issues affect not only individuals and healthcare systems but also the wider economy.
In small, facilitator-supported groups, participants will collaboratively estimate distinct components of the economic burden associated with a health issue in a specific country context. Each group will be assigned one type of cost to analyse, such as the economic impact of premature death, excess absenteeism, presenteeism, early exit from the workforce, or direct healthcare spending. Using an already prepared set of data and clear, step-by-step instructions, participants will be guided through the analytical process, making the exercise accessible and feasible in a limited time.

The session emphasises hands-on learning and peer exchange. After the group work, participants will present their results and reflect collectively on methodological choices, the challenges of assigning monetary values to premature deaths, and the importance of using economic burden analyses to support policy and advocacy efforts.

This workshop is, above all, a collaborative learning experience. At the end of the session, participants will have acquired knowledge and practical skills that will enable them to interpret and communicate the economic consequences of health issues, and to apply simplified methodologies in their professional settings.

WORKSHOP 8: Communities of Practice: A Collaborative Model for Inclusive Health and Wellness

Presenters: Nikolaj Hansen-Turton, Stephen Knight

Organization: The Network: TUFH

Country: United Kingdom

TUFH ID: TUFH198

Synopsis

This interactive workshop explores how collaborative action across diverse Communities of Practice (CoPs) can promote inclusive physical and mental health and wellness. Anchored in the collective work of TUFH, six CoPs, ageing Health, Women Health, Migrant & Refugee Health, Indigenous Health, IDD & Mental Health, and Remote & Rural Health, this session invites participants to co-create a shared model of community engagement that recognizes intersectionality, honors lived experiences, and amplifies grassroots solutions.

Each CoP will be represented by a designated lead who will briefly present real-world examples of community-led strategies that have improved health outcomes and addressed social determinants of health in their respective focus areas. These presentations will set the stage for interactive breakout discussions where participants will identify cross-cutting challenges, explore

areas of synergy, and co-design approaches that can be adapted to diverse community contexts.

This workshop aims to foster peer learning, inspire new collaborations, and strengthen TUFH, global network by demonstrating how an integrated approach across disciplines and populations leads to more sustainable and inclusive wellness outcomes. It emphasizes the importance of engaging community members not as passive recipients of care, but as co-creators of solutions.

WORKSHOP 9: Policy and Nurse-Led Delivery Models that reduce health disparities and meet people's primary care and wellness needs.

Presenters: Mary Lauren Salvatore, Sarah Hexem Hubbard

Organization: Education Plus Health/National Nurse-Led Care Consortium

Country: United States

TUFH ID: TUFH420

Synopsis

This workshop explores different nurse-led models of care and related policies that provide access and reduce health disparities. This workshop explores nurse-led models including but not limited to the components of the Nurse-Family Partnership, Nurse-Led Maternal-Child Health Home Visiting, and School and Community-Based Health Centers. This workshop outlines and explores how faculty standards and curricula have adapted and changed over time to meet the changing skills and competencies needed of Nurses and their role in primary care in multiple settings. Finally, this workshop

outlines what policies have changed in response to the role nurses are playing in primary healthcare and what policies still serve as barriers.

WORKSHOP 10: Bridging Systems, Transforming Outcomes: The State of Integrated Care

Presenters: Stephanie Marcello, Holly Lister

Organization: Rutgers University Behavioral Health Care

Country: United States

TUFH ID: TUFH420

Synopsis

Integrated behavioral health (IBH) represents a transformative approach to care delivery, one that acknowledges the inseparability of physical and mental health. At its core, IBH brings together medical and behavioral health clinicians as collaborative partners in patient care, shifting away from fragmented systems to embrace whole-person wellness. This workshop explores the foundational principles of integrated care and examines where we stand today in its implementation across diverse health settings. Drawing on current data and case examples, we will highlight the impact integrated care has had, particularly in communities with historically limited access to comprehensive services. Participants will gain insight into how integrated models reduce stigma, promote equity, and improve health outcomes by addressing the complex interplay between mental and physical health. Despite progress, significant barriers remain. The persistence of siloed systems, workforce shortages, policy limitations, and entrenched stigma continue to impede the widespread adoption of integrated models. This session will facilitate critical discussions on how to dismantle these barriers and create systems-level change. Attendees will leave with a deeper understanding of

the value of integrated care, practical strategies to support implementation, and renewed momentum to advocate for more holistic, accessible, and equitable care.

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TUFH TALKS

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Learning Together: Co-Production of Positive Oral Care Guidelines for People with Mental Health Conditions

Presenters: Michelle Zechner

Organization: Rutgers University

Country: United States

TUFH ID: TUFH174

Incorporating representatives from vulnerable populations as essential team members in health research is not just beneficial—it's imperative. While health researchers inherently possess the expertise in research methodologies and clinical experience, their knowledge alone is insufficient without the critical perspectives of the populations being studied. The absence of their voices leads to significant gaps in understanding the practical implications and applications of research.

Our partnership with individuals who live with mental health conditions exemplifies this principle. People with mental health conditions experience poor physical and oral health, and have a higher risk of premature death than the general population. Oral health is a foundation of quality of life and includes being able to speak, chew and live pain-free. We formed a partnership with people with mental health conditions and refined a research protocol aimed at gathering comprehensive data on oral health quality of life from this population, paving the way for the development of impactful oral care guidelines. These guidelines will serve as a vital resource for dental education and empower peer advocates in their efforts.

Engaging with those who utilize health services is a collaborative journey that demands investment—investment of time, curiosity, and a genuine willingness to learn alongside one another. Our starting point was hiring a community

consultant and establishing a lived experience board, ensuring that the insights and experiences of those most affected are not only heard but woven into the fabric of our research.

Parenting interventions to promote healthy eating among young children

Presenters: Ramya Ekanayake

Organization: University of Peradeniya

Country: Sri Lanka

TUFH ID: TUFH26

A varied, balanced diet and healthy eating behaviours are key contributors to health across the lifespan. Establishing healthy eating habits early can help mitigate the risk of obesity, diabetes, and other chronic conditions later in life. However, current intervention approaches have demonstrated limited effects on healthy eating behaviours with young children. Parents report that children's dislike and refusal of healthy food options is a key barrier to implementing healthy eating habits with young children. For instance, many children do not consume enough fruits and vegetables, often preferring foods high in sugar and fat. Existing reviews have summarised the robust body of evidence for the link between parental use of coercive control in feeding and increased risk of children developing undesirable eating behaviours. This presents both a challenge and an opportunity for intervention.

Parenting interventions in community setting are designed to equip parents with the knowledge, tools, and strategies they need to cultivate healthy eating habits in their children. Strengths-based approaches foster an emphasis on people's interests and talents rather than their 'deficits'. These interventions are crucial in promoting positive food parenting practices and encouraging healthy eating behaviors in young children. They can take various forms, such as face-to-face counseling, online programs, group sessions, and mobile apps. A key component of effective interventions is emphasizing positive parenting techniques—creating an environment where children feel empowered to make healthy food decisions without feeling pressured or coerced.

Advancing Health Equity through the Autism Society's Vaccine Education Initiative

Presenters: Danielle Hall

Organization: Autism Society of America

Country: United States

TUFH ID: TUFH99

"Advancing Health Equity through the Autism Society's Vaccine Education Initiative

The Autism Society of America prioritizes vaccination within the Autism community to promote health equity. Aging, disabled, and Autistic individuals face significant healthcare barriers, particularly in marginalized and rural areas, making accessible vaccination critical. The Vaccine Education Initiative (VEI) addresses these disparities through targeted outreach, education, and provider training.

Launched in 2021 as a CDC-funded pilot, VEI expanded through the Aging and Disability Vaccination Collaborative, funded by the U.S. Administration for Community Living. Since then, the Autism Society has engaged over 3.4 million individuals through educational campaigns and trained more than 5,000 healthcare providers on accessible vaccination practices. These efforts have facilitated 68,000 vaccinations across 800 clinics in 26 states.

The VEI focuses on increasing vaccine confidence by delivering culturally relevant, evidence-based education to the Autism and disability community. It promotes accessibility through sensory-friendly clinics, flexible scheduling, and the distribution of Accessible Vaccine Kits containing sensory tools and communication supports. The initiative also provides enduring healthcare provider trainings on the Autism Society's learning management system, offering interactive video vignettes to enhance provider competence in serving Autistic patients.

By prioritizing accessibility, education, and healthcare training, the VEI reduces systemic barriers and advances health equity for Autistic individuals."

New Jersey's Response to a Changing Crisis Environment

Presenters: Joseph Haber

Organization: Legacy Treatment Services

Country: United States

TUFH ID: TUFH74

There has been an increase in the need for behavioral health crisis services during the COVID-19 pandemic. In response, several new models designed to improve crisis services have developed in addition to existing infrastructure. This TUFH talk reviews various models. This includes New Jersey's Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE), which

pairs mental health professionals with law enforcement to provide rapid response to crises in the community, utilizing models developed for the unique needs of each township; 988 mobile response teams, which utilize a team of a certified peer specialist and crisis response specialist to de-escalate crises without law enforcement involvement and provide rapid follow-up to ensure linkage to ongoing services; and Crisis Receiving Stabilization Centers (CRSCs) that are under development to provide a 24/7 behavioral urgent care at strategic locations throughout the state, with teams of professionals from medical, psychiatric, and behavioral health disciplines.

This TUFH Talk will discuss how different models work together to improve services for marginalized and complex populations, including the use of interdisciplinary teams to improve outcomes, adapting models of care to different populations and cultures, the use of community feedback in developing programs, and how to outreach previously marginalized populations. It also discusses the ongoing barriers in providing treatment, the universal approaches utilized to deliver crisis services in multiple states including Pennsylvania and New Jersey, and the ongoing effort to continue enhancing access to crisis care.

Why Does Investing in Preconception Care Pay Off?

Presenters: Sébastien Poix

Organization: University of Limerick

Country: Ireland

TUFH ID: TUFH191

Background. Optimising women's preconception health has been recognised as a valuable and needed strategy to reduce pregnancy-related complications and maternal and child deaths, notably in regions where mortality rates remain high. Despite this, the global lack of evidence on the economic value of preconception care hinders the implementation and scale-up of preconception interventions in resource-constrained settings.

Methods. We used simulation models to estimate the costs and societal benefits of child marriage prevention, family planning, and female genital mutilation prevention in Senegal. The cost-benefit analyses were conducted using secondary data from international and national databases and surveys, including the Demographic Health Survey 2023. To assess these interventions from a preconception perspective, we only captured health impacts in terms of maternal, child, and neonatal deaths averted. The health benefits were then converted into societal benefits using a value of a statistical-life-based methodology.

Results. Our preliminary findings indicate that every dollar invested in child marriage prevention would yield a benefit of USD 4.2 through neonatal mortality reduction. In parallel, increasing access to contraception in Senegal would lower maternal and child deaths. This measure would generate a benefit of USD 2.7 for every dollar invested by reducing maternal mortality. The results of female genital mutilation preventive measures are not known at

the time of submitting the abstract.

Discussion. The findings suggest that population-based measures aimed at improving pregnancy readiness and health before pregnancy can substantially decrease maternal and child mortality rates while providing strong economic returns.

Creation of inter professional collaboration experience for psychiatric advanced practice nurses and special education professionals

Presenters: Janet Somlyay

Organization: Rider University

Country: United States

TUFH ID: TUFH90

American Association of Colleges of Nursing (AACN) identifies interprofessional partnerships as a key element of professional nursing practice and an expected competency for advanced practice nurses.

The purpose of this project was to introduce psychiatric mental health nurse practitioners (PMHNP) to understand the expertise and scope of practice of special educators and special education professionals (speech therapy, physical therapy, occupational therapy, school counselors) in a special services school district during a Child-Family PMHNP clinical course.

A three-day interprofessional observational interactive experience and associated clinical assignments provided an educational basis for future advanced psychiatric nursing care of children with special needs and their

families. This enriching experience provided the students with a meaningful learning opportunity to observe first hand individualized educational plan (IEP) accommodations as well as increase professional connections and communication between caring pediatric professionals.

This poster will explain the components of this creative educational experience, and demonstration of new knowledge (homework assignments). It will also discuss the creation of this unique clinical placement between a private university and a school district serving students who all have special needs including autism, intellectual disabilities, and physical health issues. The findings indicate that PMHNP graduate students learned a great deal from this interprofessional experience. This partnership experience can be replicated at other universities to expand the knowledge base of nursing and medical students to educate more well-rounded future care providers of children with special needs and their families.

Beyond the access of mental health treatment.

Presenters: Jay Montague

Organization: Archway Programs

Country: United States

TUFH ID: TUFH68

Despite 2020 research suggesting that more than one-fifth of United States (U.S) adults (21%, 52.9 million) had a mental illness, 2022 research suggest that access to care and treatment for mental health issues remains out of reach for most of the population in the United States.

What happens when all barriers of access to treatment are removed, or otherwise, nonexistent, yet the services you hoped for, or was advised could be transformative, turns out to be ineffective and feckless?

While all treatment may not be effective for all parties all of the time, the standard of services should always be of high-quality. This TUFH Talk addresses the topic of quality of care from a supervisory and development of professional perspective, highlighting the obligations and expectations of the practice to the practitioner. In question form, what are we doing to facilitate the growth of the professional at practice. Human nature naturally draws people to what is attractive to one of the five senses. Human nature lends to returning to the attractive thing when it is gratifying and beneficial, in this case mental health treatment.

As a licensed clinical social worker who currently engages in direct practice and, supervision and development of the professional can attest to the efficacy of sound treatment when the practitioner is adequately and consistently developed.

Implementation of the Island Cluster Referral System at one of the Cluster Centres in Buru District: Local perspectives

Presenters: Farah Noya

Organization: Universitas Pattimura and Rural Doctors Network

Country: Indonesia

TUFH ID: TUFH124

Introduction

Health access remains a critical issue in rural Indonesia, especially in archipelagic regions like the Maluku Islands. Limited infrastructure, resource shortages, and poor referral systems hinder access to quality care in remote communities.

Aims/Objectives

This study explores the implementation of the island cluster referral system in Buru Districto identify challenges and opportunities for improving healthcare delivery in remote settings.

Methods

A qualitative approach was used, involving key informant interviews with healthcare personnel, local leaders, and patients at Puskesmas Mako and Wagrahe. Thematic analysis was applied to understand systemic issues and community perspectives.

Results/Findings

Findings reveal that referral processes are hindered by poor infrastructure and resources, community and cultural beliefs about health care, long hospital response times (2–3 hours), limited emergency equipment and oxygen supplies, unfit ambulances, isolation and limited access to technology. Many

patients bypass satellite centres, while community understanding of the referral system remains low. In Wagrahe, healthcare is constrained by broken equipment, lack of electricity, and isolation. However, local resilience, innovation and community commitment remain strong.

Discussion

The effectiveness of the cluster referral model is undermined by structural and logistical barriers. Improving infrastructure, enhancing referral protocols, and strengthening local capacity are essential for system optimisation. Community resilience offers a foundation for sustainable interventions.

Conclusion

Improving referral systems and healthcare access in remote island regions requires coordinated efforts in infrastructure, education, and cross-sector collaboration. Partnerships with institutions like Universitas Pattimura and Australian NGOs, including the Rural Doctors Network, hold promise for transformative, community-driven change.

Global Perspectives, Local Impact: Learning Connections in Rural Health

Presenters: Anne Lesack

Organization: Rural Coordination Centre of British Columbia and the Rural Doctors Network, Australia

Country: Canada

TUFH ID: TUFH136

The Rural Coordination Centre of British Columbia (RCCbc, Canada) and the Rural Doctors Network (RDN, Australia) share a similar history and contemporary mission, to improve the health of rural people and communities. Central to their ways of working is the Partnership Pentagram (PP), an approach to implement the social accountability framework in medical schools proposed in 1995. Supported by the literature on evidence based practice, organisational learning theory and Boyer's model of scholarship, RCCbc and RDN developed a partnership to learn from each other's ways of being and working. This approach to capacity building aims at equipping staff with knowledge, skills, and relationships that increases their competence and confidence in their daily work. The "Learning Connections" are held twice per year, using a co created agenda to guide the presentations and discussions. The first Connection in February 2024 introduced the work of each organisation. Feedback from the first session informed the content of the second Connection. In July 2024 the conversation focused on understanding on a foundational level the "why" and "how" of the work of reconciliation within Australia and Canada. Feedback from staff and leadership in both organisations suggest that they value the Learning Connections. They find them relevant to their work and expand their knowledge and skills and value the global perspectives of their counterparts. The Learning Connections are a model of learning experiences

in a safe and respectful environment. They support the personal and professional growth of staff and increases their expertise in the scholarship of integration

Enhancing Partnership among SEARAME countries towards Socially Accountable Health Professional Education Schools

Presenters: Titi Savitri Prihatiningsih

Organization: Faculty of Medicine, Public Health and Nursing

Country: Indonesia

TUFH ID: TUFH49

SEARAME comprises 11 countries based on WHO Regions. The total number of population is almost 2 billion, accounting for almost a quarter of the global population. The region is encountered by a tripple burden of communicable, non communicable diseases and malnutrition. Forty percent of the 14 million annual deaths in the region are caused by communicable diseases. Life expectancy in the SEAR is approximately 71.4 years, with males 69.9 years on average and females 73.1 years on average. The region also faces rising rates of non communicable diseases. The region has a huge disparity in social and economic background within and among countries. The number of medical schools in SEAR amounts to almost 800, concentrating in India (almost 500 medical schools), Indonesia (121 medical schools), and Bangladesh (105 medical schools). The number of health profession educations is more than 1000. The Faculty of Medicine Universitas Gadjah Mada in collaboration with TUFH has established the TUFH Centre of Excellent for Social Accountability and IPE. SEARAME and TUFH Centre of Excellent for Social Accountability intend to build a partnership to disseminate the principles of Socially Accountable medical schools that have the potential to

contribute to reducing the disparity and improving community health, as well as to assist in capacity building. Indonesian Accreditation Agency (IAAHEH) which has reformed its accreditation standards and instruments to include social accountability principles is also involved. IAAHEH declared the Bali Initiative in 2022 as the platform for partnership among SEAR countries.

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DOCUMENTARIES

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Reframing Access to Health: An Interprofessional Student-Led Wellness Centre.

https://youtu.be/HGrWqPsGRy4

Presenters: Luzaan Africa

Organization: University of the Western Cape

Country: South Africa

TUFH ID: TUFH141

Abstract

Access to healthcare remains a critical challenge in the South African public health sector, exacerbated by long waiting times, delays between appointments, and hierarchical barriers that often lead to treatment default and secondary complications. These systemic challenges further strain already overburdened health facilities. The Interprofessional Student-Led Wellness Centre emerges as a transformative initiative addressing multiple stakeholders' needs while prioritising patient-centred care.

For students, the centre offers much needed interprofessional clinical placements, bridging the gap between theoretical knowledge and practical application. The university gains a model of Interprofessional Education (IPE) in action, reinforcing collaborative learning. The South African government benefit from a decentralised approach to healthcare, alleviating pressure on public health services. However, the most profound impact is on patients, who now have streamlined access to an interprofessional bouquet of services, including Physiotherapy, Occupational Therapy, Social Work, Natural Medicine, and Dietetics, with plans for further expansion.

This documentary showcases how this innovative model reimagines healthcare access, demonstrating the power of interprofessional collaboration in improving patient outcomes. By breaking traditional barriers and fostering holistic, team-based care, the Interprofessional Student-Led Wellness Centre offers a solution to bridging access to comprehensive healthcare.

Perspectives of medical students on rural health in the Brazilian backlands

https://www.youtube.com/watch?v=x_IWEsGmzko

Presenters: Wellber Drayton Braga Galdino

Organization: Universidade Federal do Rio Grande do Norte

Country: Brazil

TUFH ID: TUFH48

Abstract

The Multicampi School of Medical Sciences (EMCM) was established as a public policy initiative aimed at expanding the training of medical professionals in Brazil's interior regions, thereby contributing to improvements in public health in these areas. Until 2013, the year this policy was implemented, the distribution of physicians in these regions was significantly lower than the national average. To strengthen the bonds between students, healthcare teams, and the communities where they will eventually practice, the course Community Integrated Living (Vivência Integrada na Comunidade – VIC) was introduced. This course follows a longitudinal internship model, in which students, from their second to eighth academic terms, are integrated into various healthcare settings in one of the three cities hosting EMCM: Caicó, Currais Novos, and Santa Cruz. As part of the VIC assessment in the third term, students were tasked with producing a documentary on a freely chosen topic related to health in the municipalities where they were placed. The VIC group based in Santa Cruz chose to explore different perspectives on public health. The documentary presents an overview of popular health practices, their concepts and specific approaches, as well as the influence of traditional medicine, the use of natural resources in disease treatment, and faith as a fundamental tool for coping with the challenges faced by a population often neglected by public authorities.

Mental Health Caregivers: Weaving Care in the Chiapas Sierra

https://www.youtube.com/watch?v=eGPx2Ft-W9E

Presenters: Francisco Terán Valencia

Organization: Compañeros En Salud

Country: Mexico

TUFH ID: TUFH145

Abstract

"In some communities in the Sierra Madre and Fraylesca regions of Chiapas, there is a group of women known as "Mental Health Caregivers" who provide emotional support and create safe spaces for dialogue, promoting collective and individual well-being.

This short documentary explores the knowledge they have acquired to fulfill their role, their work with the Mental Health team of Compañeros En Salud, and the relationship of trust and security they build with the people they accompany within their communities, as well as among the caregivers themselves. Their methods, based on a psychosocial approach and far from a traditional medical or psychological approach, allow them to open deeper and closer conversations, adapting to the needs of their communities. Through the women´s group activities they facilitate, with a focus on restorative practices, they create a dynamic of mutual support that strengthens the social fabric.

But a critical question also arises: how does the work of mental health caregivers fit into their other roles and into their communities? Together with them, we will explore the multiple roles of their work, how they perceive its impact, and the value they see in their work as community members. "

Bridging the Gap: Reimagining Medical Education through Community Engagement https://www.youtube.com/watch?v=s48yDV_GKuc

Presenters: Wellber Drayton Braga Galdino

Organization: Universidade Federal do Rio Grande do Norte

Country: Brazil

TUFH ID: TUFH41

Abstract

The Integrated Community Living (Vivência Integrada na Comunidade VIC) is a module of the medical curriculum at the Multicampi School of Medical Sciences, designed to immerse students in local healthcare realities. As part of this initiative, sixteen medical students traveled from Caicó to Currais Novos to engage with the community through VIC 3, which focused on rural health. During this immersion, students interacted with a local NGO producing herbal medicines, engaged with rural female leaders, and explored healthcare structures in remote areas. These experiences challenged their preconceptions, dismantling an elitist perspective of medicine and fostering a deeper understanding of community-based healthcare. Through firsthand experiences, students recognized the value of local knowledge, the challenges faced by rural populations, and the importance of integrating traditional practices into modern healthcare. Their reflections highlight how exposure to underserved communities can reshape medical education, preparing future doctors to practice with empathy, social responsibility, and a broader perspective on healthcare equity. This documentary captures the profound impact of this experience, showcasing how education and health services can work together to promote community well-being and transform medical training through real-world engagement.

TUFH2025



ORAL PRESENTATIONS

Presented by:

THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

SHARE Curriculum Supporting Neurodivergent Young Adults

Presenters: Mary Worthington

Organization: Novacare

Country: United States

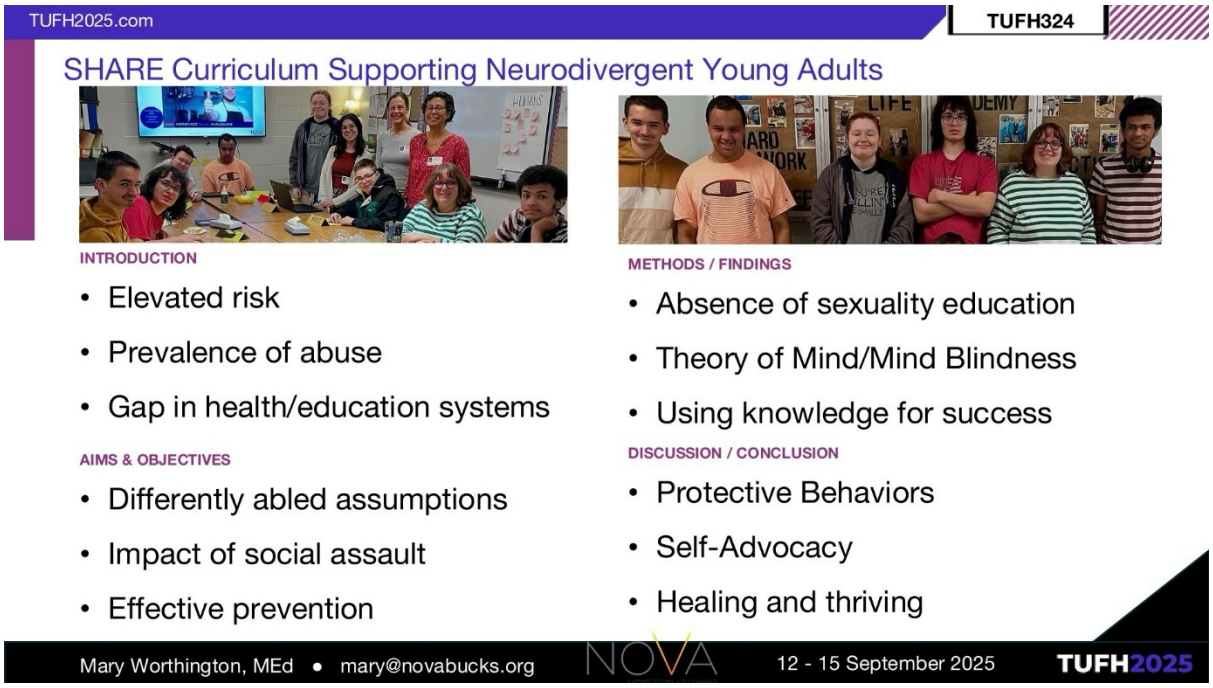
TUFH ID: TUFH324

Abstract

As Bucks County's trusted victim agency, we have firsthand knowledge that people with autism spectrum disorder (ASD) and other neurodivergent conditions, regardless of age, are more vulnerable than the general population to sexual abuse victimization and other forms of interpersonal violence. As young people who are neurodivergent progress to adulthood, they transition from the relative security and structure of educational systems to more independent settings. Many struggle in social situations, and their unique personal styles sometimes lead them to misidentify and misunderstand behaviors, social nuances, and interpersonal boundaries. These social differences often result in hurt feelings, failed relationships, or possible involvement with the criminal justice system. Our concerns, regarding the increased risk of victimization, spearheaded NOVA's development of a series of safety education curricula dedicated to increasing protective factors and healthy relationships for neurodiverse learners.

A meta-analysis of findings also indicates these young people are at a significantly higher risk of experiencing various forms of social assault victimization in both community and workplace interactions. This presentation will illustrate findings from our work with young adults who are neurodiverse. Our goal is to reduce risk by developing self-advocacy and positive social interactions, including personal boundaries, friendships, dating, romantic relationships, and online connections. We will shareparticipants; interpersonal concerns and lessons learned for teaching accommodations supporting their

self-determination. Through comprehensive strategies and collaborative efforts, we are working towards ensuring these young people are safe, respected, and empowered to live lives free from violence and its devastating consequences.



Developing an Interprofessional Practice Model for a Tuberculosis Hospital in the Western Cape, South Africa

Presenters: Nousheena Firfirey

Organization:

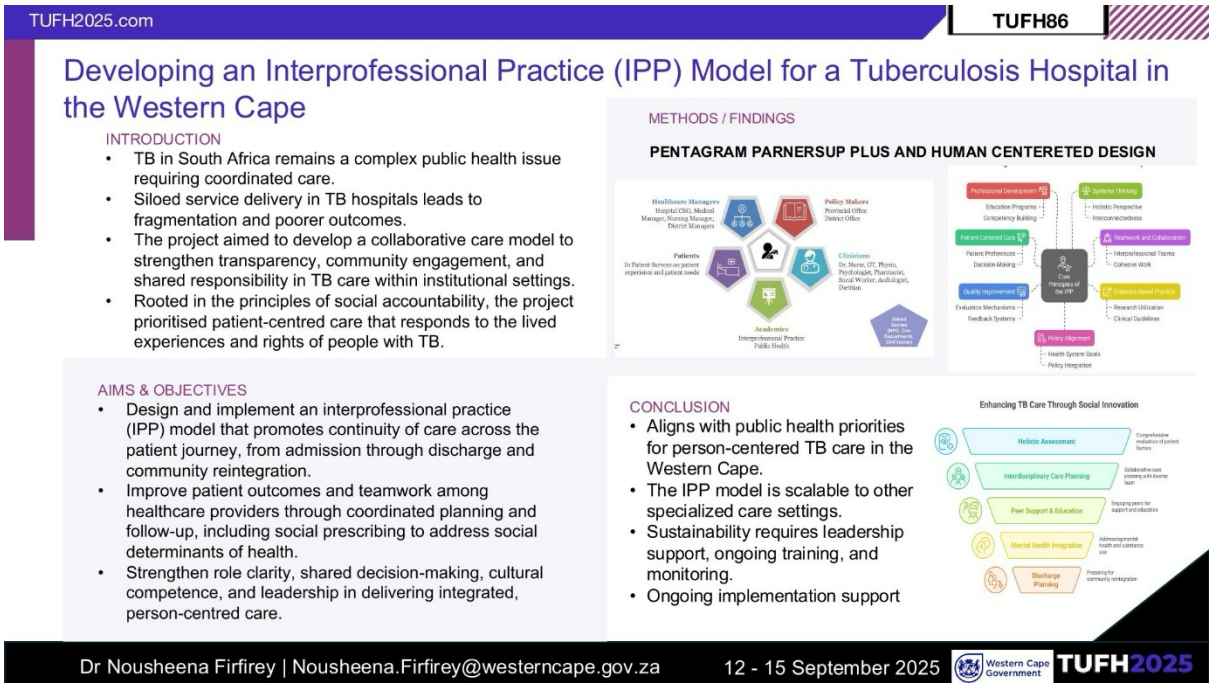
Country: South Africa

TUFH ID: TUFH86

Abstract

Introduction: Tuberculosis (TB) remains a significant public health challenge in South Africa, necessitating comprehensive and coordinated care approaches, particularly in hospital settings where patients present with complex medical and social needs. Traditional siloed approaches to TB care often hinder effective communication and collaboration among healthcare providers, leading to fragmented service delivery and suboptimal patient outcomes. Aims and Objectives: The primary aim of this project is to design and implement an interprofessional practice model fostering a culture of shared responsibility and continuous learning. The objectives are to improve patient outcomes, strengthen teamwork among healthcare professionals, and enhance health system efficiency in TB hospitals. Methodology The Pentagram Plus framework was used to develop the IPP model, ensuring a comprehensive and systematic approach. A participatory action methodology was employed, involving healthcare professionals, hospital leadership, and patient representatives in co-designing solutions. A series of stakeholder consultations informed the development and refinement of the model. Findings: Through this participatory approach, a tailored IPP model was developed, emphasizing role clarification, cultural competence, and collaborative leadership. The Pentagram Plus framework helped structure the model in a way that ensures effective integration of expertise, enhanced communication, and improved patient engagement. Conclusion and

Recommendations: The interprofessional practice model developed for the TB hospital in the Western Cape presents a scalable and adaptable framework that can be applied to other specialized healthcare settings. To ensure sustainability, ongoing training, leadership support, and continuous evaluation are recommended.



A Transversal Policy Framework for Mental Well-being: Strengthening Community Engagement and Interprofessional Practice for Holistic Mental Health in the Western Cape

Presenters: Nousheena Firfirey

Organization:

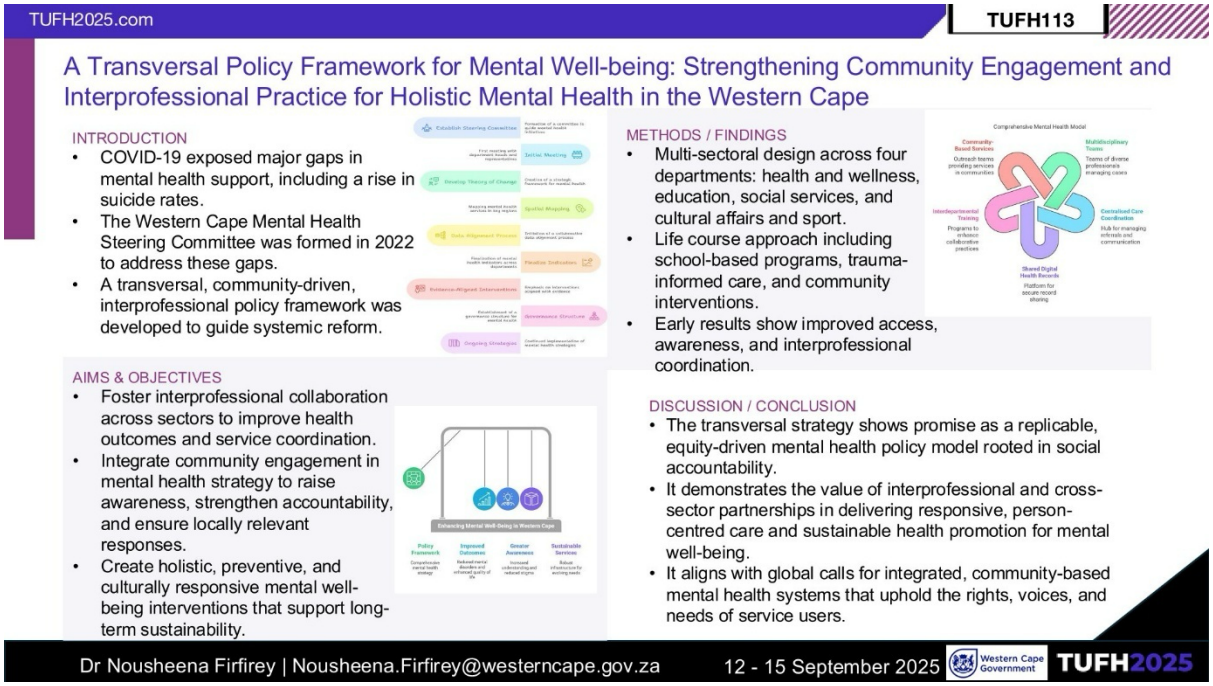
Country: South Africa

TUFH ID: TUFH113

Abstract

Background The COVID 19 pandemic highlighted critical gaps in mental health support systems. Notably, there was a marked rise in suicide cases, both attempted and completed, which prompted urgent action. In response, the Western Cape Mental Health Steering Committee was established in 2022 to develop a transversal policy framework that fosters community engagement and interprofessional collaboration. This multi sectoral initiative integrates education, healthcare, social services, cultural affairs, and local government to create a holistic, preventive, and community driven approach to mental well being. Methods: A multi sectoral, interprofessional approach was adopted, bringing together four government departments to co design and implement mental health strategies. The approach emphasised collaborative governance structures and participatory engagement to ensure culturally responsive and sustainable solutions. Following a life course approach, key interventions included school based mental health programs, emotional resilience training, trauma informed care, resource mapping, and community level interventions. Through joint ownership between departments, this initiative moves beyond traditional clinical settings to empower communities as active participants in mental health promotion. Findings: Preliminary findings indicate increased access to mental health resources, greater community awareness, and

improved interprofessional coordination in service delivery. Conclusion: By applying a life course approach and addressing the mental health continuum, the transversal strategy provides a replicable model for equity driven, sustainable mental health policies. The findings contribute to global discussions on integrating interprofessional practice into community based mental health strategies.



Integrated Legal-Ethical-Spiritual Approaches to Adolescent Reproductive Health in IDD and Autism

Presenters: Ramakrishnan Parameshwaran

Organization: Tower Health (OCUGEN)

Country: United States

TUFH ID: TUFH319

Abstract

Background: Adolescents with intellectual and developmental disabilities (IDDs) and autism spectrum disorders (ASD) face intricate legal, ethical, spiritual, and medical challenges in reproductive decision-making.

Aims: (1) Examine ethical dilemmas involving informed consent, reproductive autonomy, and spiritual considerations in care. (2) Compare legal and guardianship frameworks across countries, including how they integrate or neglect spiritual rights and dignity. (3) Explore the role of multidisciplinary collaboration—including spiritual care—in optimizing reproductive health outcomes and person-centered decision-making.

Methods: A comparative analysis of legal policies from South Asia and high-income countries (HICs) was conducted to evaluate their impact on reproductive healthcare access for adolescents with IDDs and ASD. Additionally, case studies illustrating complex ethical and spiritual conflicts in reproductive decision-making were examined.

Evidence-based models of multidisciplinary collaboration—including integration of medical, psychiatric, educational, social, and spiritual care strategies—were reviewed to identify best practices in delivering comprehensive reproductive healthcare. Particular focus was placed on how spiritual values, beliefs, and existential concerns are (or are

not) included in decision-making processes.

Results: Findings reveal marked variability in legal protections across jurisdictions, with some emphasizing individual autonomy and others prioritizing protective guardianship.

Ethical challenges emerge in assessing decision-making capacity while respecting cultural and spiritual values. In many LMICs, spiritual beliefs heavily influence parental or guardian attitudes toward sexuality, reproduction, and disability, often complicating consent and care pathways. In contrast, HICs with integrated spiritual care services (e.g., chaplaincy, ethics consultation, culturally sensitive psychotherapy) demonstrate greater capacity to address reproductive concerns with compassion and nuance.

Multidisciplinary approaches that include spiritual counselors or culturally attuned providers lead to improved patient trust, emotional support, and alignment between care plans and individual/family belief systems. Holistic models enhance mental health outcomes by addressing shame, identity, and meaning-making that often accompany reproductive health concerns in this population.

Conclusions: Reproductive healthcare for adolescents with IDDs and ASD requires not only legal reforms and ethical safeguards but also attention to the **spiritual dimension** as a vital part of person-centered care. Incorporating spiritual values into multidisciplinary teams fosters dignity, emotional resilience, and culturally responsive decision-making. International efforts must prioritize legal and healthcare frameworks that uphold both autonomy and safety while remaining sensitive to diverse worldviews.

A truly inclusive and ethical model of reproductive care integrates "spiritual well-being" alongside legal rights and mental health, ensuring adolescents

Integrated Legal-Ethical-Spiritual Approaches to Adolescent Reproductive Health in IDD and Autism

INTRODUCTION

- Adolescents with IDDs and ASD face complex legal, ethical, spiritual, and medical challenges in reproductive decision-making.
- "Capacity for consent" remains central to sexual and reproductive health rights.
- Family and individual spiritual beliefs profoundly shape these decisions.

AIMS & OBJECTIVES

- Examine ethical tensions in consent, autonomy, and spiritual values surrounding reproductive health.
- Compare global legal and guardianship models and their recognition of spiritual rights.
- Highlight the role of interdisciplinary teams—including spiritual care—in advancing person-centered reproductive outcomes.

METHODS / FINDINGS

- Systematic review of literature, comparative analysis of legal policies from low and high-income countries, case studies and multidisciplinary care models
- Legal: marked variability in legal protections across jurisdictions emphasize autonomy vs. paternalism
- Ethical: challenges in assessing decision-making capacity while respecting cultural and spiritual values,
- Evidence-based spiritually-integrated models of sexual education is a part of reproductive health care.

DISCUSSION / COMCLUSION

- Reproductive care of IDDs and ASD pts is a holistic model beyond legal reform—it embeds ethical safeguards, with religiously and spiritually informed sexual education.
- Reproductive health care is a multidisciplinary care that integrates spiritually-informed sexual education fostering a holistic understanding of sexuality rooted in personal values, empathy, and dignity.

BIBLIOGRAPHY

Dr. Parameshwaran Ramakrishnan, MD; Tower Health Psychiatry, Drexel Univ. , Phily, PA, USA

Presented by:
THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

Social Mission Metrics: Measuring What Matters in Medical Education Institutes to Advance Workforce Equity

Presenters: Julia Mattingly

Organization: Social Mission Alliance at The George Washington University Mullan Institute for Health Workforce Equity

Country: United States

TUFH ID: TUFH318

Abstract

As disparities in healthcare access and outcomes continue to widen, medical schools are increasingly called upon to align their programs with the societal need for a more equitable and community-responsive health workforce. This oral presentation introduces the Social Mission Metrics Initiative (SMMI), a nationally recognized self-assessment tool developed by the Social Mission Alliance (SMA) to help medical schools evaluate and enhance their social mission engagement. Attendees will gain insight into SMA's mission and the 2024 rollout of the SMMI Medical School Survey, which offers a structured framework to assess institutional performance across domains such as curriculum, governance, diversity, and community engagement. Drawing from national survey findings, we will highlight promising practices in socially accountable education and explore how medical schools are leveraging the tool to inform curricular and strategic priorities. Participants will be invited to reflect on how the SMMI framework can be applied in their own settings to foster innovation, track progress, and contribute to a broader movement advancing health equity. The session will include interactive opportunities to discuss implementation strategies, address barriers, and connect with peers committed to transforming medical education through social mission.

Social Mission Metrics: Measuring What Matters in Medical Education Institutions to Advance Workforce Equity

INTRODUCTION

- Many communities in the U.S. face **provider shortages** and **health disparities**.
- **Medical schools** can help, but need better tools to track their impact.
- **The Social Mission Metrics Initiative (SMMI)** helps schools measure how well they prepare **socially accountable** health professionals.
- In 2024, SMMI launched a new national survey of U.S. medical schools.

AIMS & OBJECTIVES

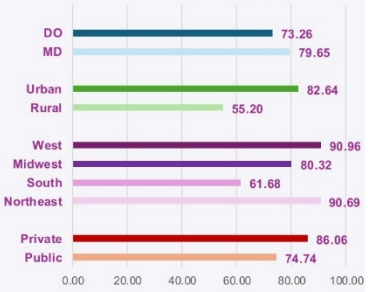
- Share **key findings** from the **2024 SMMI survey**
- Highlight categories of schools leading in social mission practices
- Show how SMMI supports **curriculum** and **workforce equity** goals
- Invite others to use the tool and join the movement!

Learn more about SMMI here!

METHODS / FINDINGS

- **31 Medical schools** across the U.S. participated in the 2024 survey
- Schools were scored based on governance, community commitment, pathways, admissions, & graduation, curriculum and programming, and students & faculty
- **Top-quartile schools** had strategic plans and leadership structures that **prioritized social mission**, with diverse boards, inclusive admissions, and strong support for underrepresented students.

SMMI 2024 Scores, averaged by schools in category



DISCUSSION / CONCLUSION

- **Resource and policy support** may be especially needed for public, rural, Southern, and DO-granting schools to strengthen their social mission efforts.
- Geographic and structural disparities suggest that workforce equity goals won't be met unless all schools have the **tools and incentives** to engage in social mission work.
- The **SMMI tool** can help **identify gaps and guide targeted interventions** at both the institutional and policy levels.

Julia Mattingly, julia.mattingly@gwu.edu

Presented by:

THE NETWORK TOWARDS UNITY FOR HEALTH

Woods SYSTEM OF CARE

Mollie Woods Hare Global Center of Excellence

Medical Trainees' geographic practice preferences after limitations on abortion in the United States

Presenters: Claire Surkis

Organization: University of Connecticut

Country: United States

TUFH ID: TUFH317

Abstract

Introduction

Reproductive health access and laws in the United States changed after the US Supreme Court Dobbs decision in 2023. Research demonstrates declining interest of graduating resident physicians, particularly obstetrician-gynecologists, in practicing in abortion-restrictive states.

Focus on the impact by specialty and training is limited. This study assessed the geographic preferences of residents and fellows across specialties and two institutions, one in a state with abortion-protective policies, and one with abortion-restrictive policies.

Methods

Residents and fellows at the University of Connecticut and University of Utah were invited to complete a survey via institutional listservs. The survey assessed trainee institution, specialty and preference to live in states with protective abortion laws (Likert). Mann-U Whitney and Kruskall-Wallis tests were used to compare the means of geographic preferences across institution and specialty.

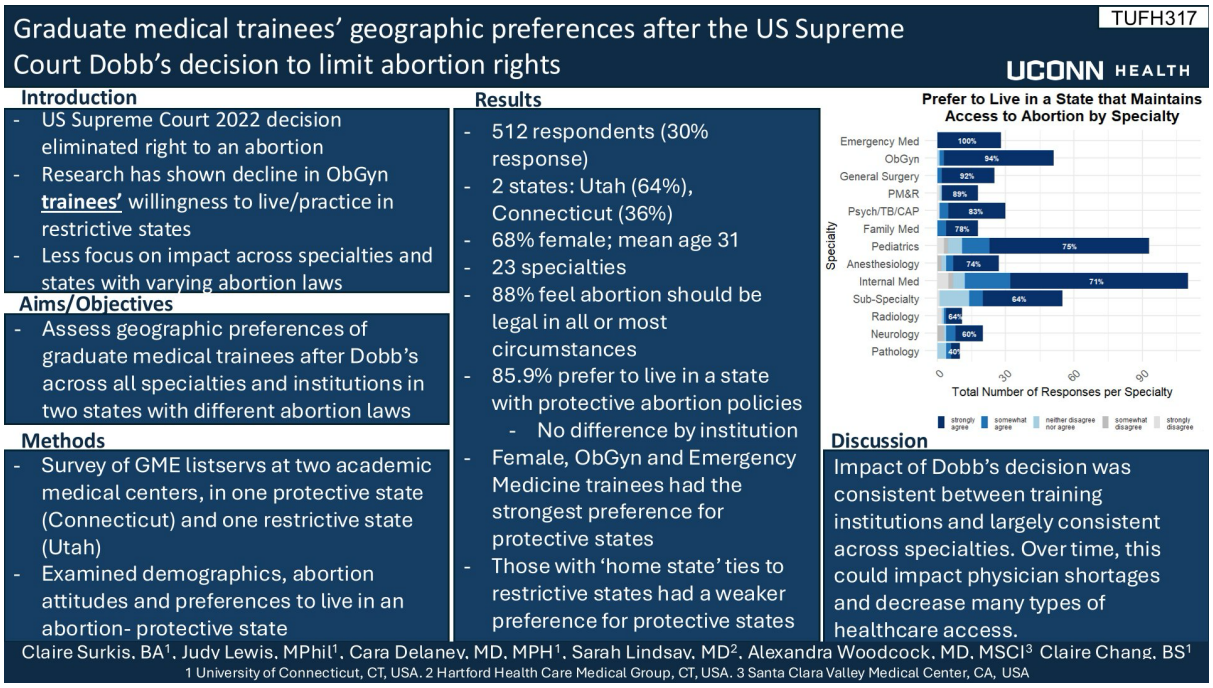
Results

The response rate was 30% (n= 519). Trainees from both institutions indicated a preference to live in protective states (87.3% at Utah, 90.6% at UConn, p=0.09). Residents and fellows in all 13 specialty-groups indicated a preference to live in protective states. Among specialties, OBGYN and emergency medicine had a stronger preference to live in protective states compared to pathology, neurology and surgical sub-specialties. There was

no difference in the remaining specialty-groups.

Conclusions

This study found that medical trainees prefer to live in abortion-protective states, regardless of specialty or state in which they train. It demonstrates how changes in health care laws and policy affect health care access, resulting in the loss of doctors and limited care options for all people in abortion-restrictive states.



Social Accountability: A Core Accreditation Criterion for Medical Education Programs in Egypt

Presenters: Maha Emad Ibrahim

Organization: Suez Canal University

Country: Egypt

TUFH ID: TUFH316

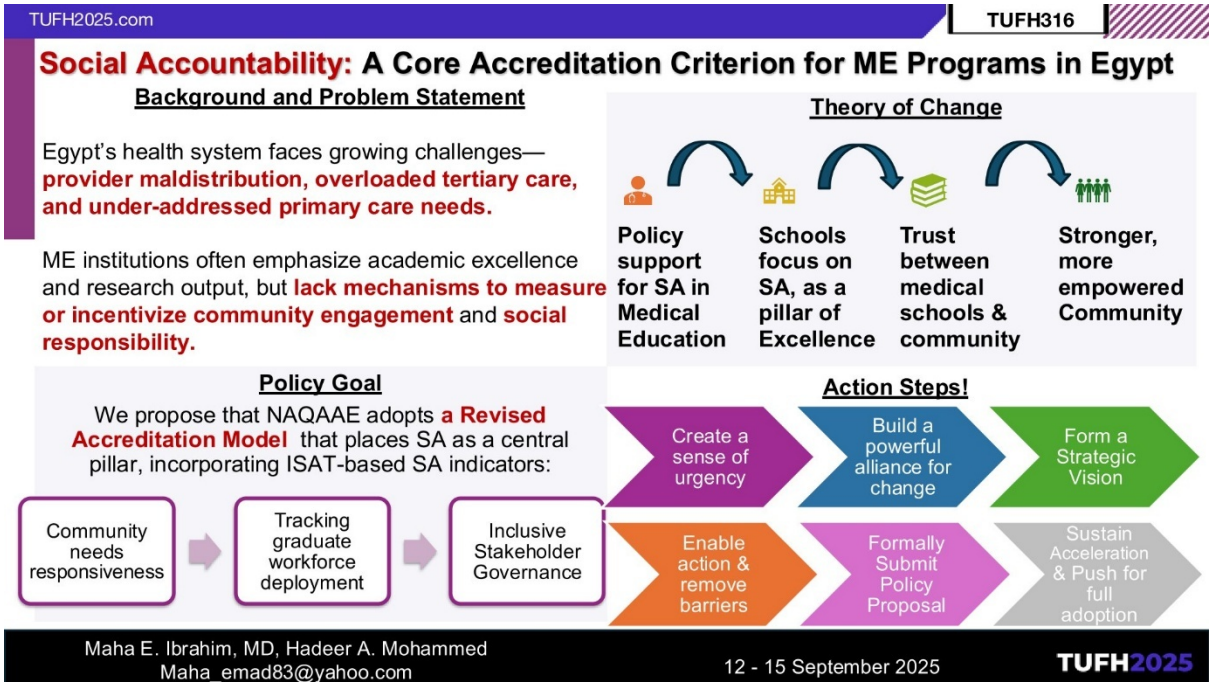
Abstract

Egypt's health system faces growing challenges, including provider maldistribution, overloaded tertiary care, and under-addressed primary care needs in rural and remote governorates. Educational institutions and medical schools in Egypt often emphasize academic excellence and research output but lack mechanisms to measure or incentivize community engagement and social responsibility. Globally, social accountability (SA) has emerged as a central pillar to health professions education. However, in Egypt national accreditation standards do not explicitly incorporate social accountability principles, specifically those ensuring social responsiveness and accountability, thus these principles are not effectively translated into medical curricula.

In this policy plan, we seek to encourage a revision of the National Authority for Quality Assurance and Accreditation of Education (NAQAAE) accreditation standards for medical schools in order to place SA as a central pillar, incorporating ISAT-based SA indicators into the mandatory standards.

The theory of change that guides our efforts focuses on using policy as a driver for forcing a shift in the focus of medical education institutions behaviours, leading eventually to increased community participation in health governance and ultimately leading to stronger, more empowered communities in Egypt.

We utilize the steps of the Kotter's model for change to form a powerful coalition, refine our vision and overcome barriers and design a policy brief to address different stakeholders and policy makers in Egypt. This policy brief will offer practical recommendations along with an implementation roadmap and tailored messages for different stakeholders to ensure sustainability and long-lasting change.



Presented by:

Embedding Saatvic Ethics into Contemporary Praxis: A Model for Social Accountability Education

Presenters: Jyotsna Sriranga

Organization: Urja- Catalysts for Transformation,

Country: India

TUFH ID: TUFH315

Abstract

Background:

The Bhagavad Gita, a seminal text within the Sanatana tradition, outlines a framework for spiritual growth. Comprising 18 chapters, each chapter underscores the virtues that are critical for spiritual progression. Notably, contemporary ethical principles and social responsibility are extensively aligned with virtues articulated in the twelfth chapter. The proposed Saatvic Praxis model correlates these modern principles with Indian Sanatana philosophy, and suggests strategies for their integration among health professional students.

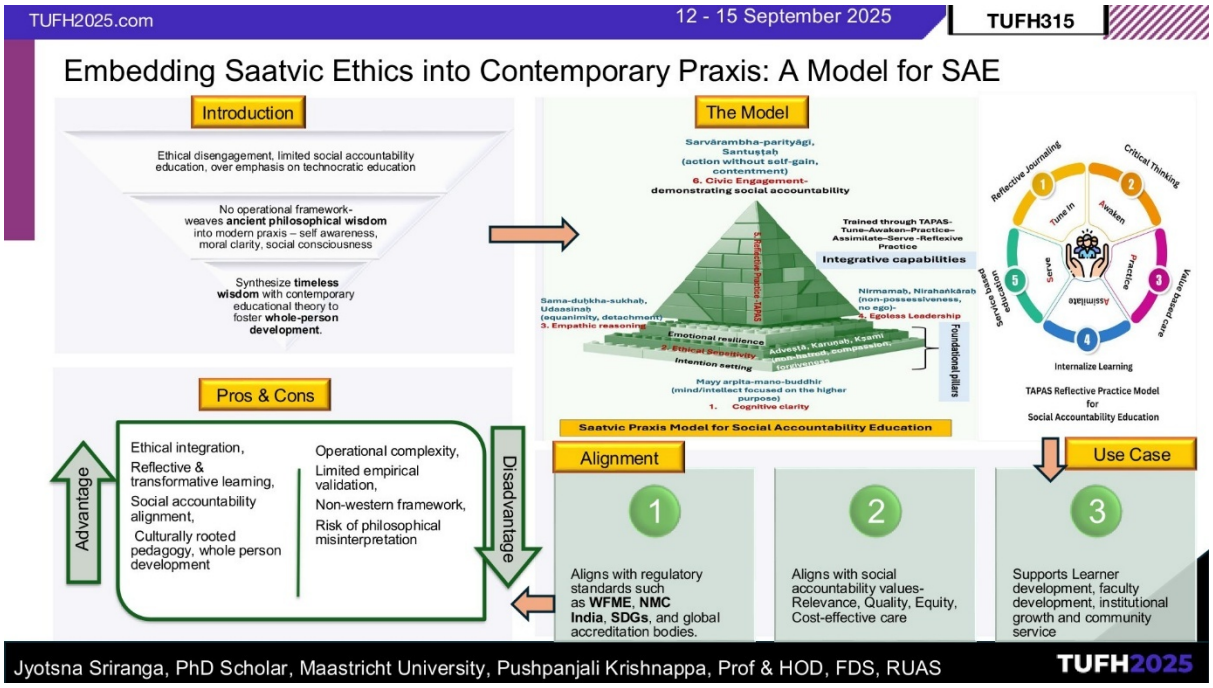
Methods:

The Saatvic Praxis Model is based on five core pillars: ethical sensitivity rooted in empathy, respect for diversity; egoless leadership; emotional resilience with stress management, reflective coping; civic engagement with social accountability, advocacy ethics and cognitive clarity with ethical reasoning and clarity under complexity, all of which contribute to the holistic well-being of healthcare providers and the communities they serve. This model can be employed to train healthcare workers, faculty, and students using the TAPAS framework.

The TAPAS framework encourages participants to 'Tune in' by engaging in personal reflection. 'Awaken' involves contemplating virtues in real-world contexts and understanding their influence by bias and power as structural determinants. Ethical application in community care can be developed through Practice using role-playing and simulation with debriefing. Learnings are 'Assimilated' by internalizing feedback and recalibration. All actions should be firmly anchored in Service-based actions, which support longitudinal projects for underserved populations.

Discussion:

Training healthcare providers with this model can potentially empower them to assume the roles of health advocates who work towards addressing health inequity and exhibit professional attributes of the highest order.



E-learning as a Lifeline: A Cross-sectional Study on Knowledge Retention Among Medical Students During Armed Conflict in Sudan

Presenters: Tahagud Alobaid

Organization: University of Gezira

Country: Sudan

TUFH ID: TUFH314

Abstract

Background:

The ongoing conflict in Sudan has disrupted higher education, particularly in medical schools. In response, the Faculty of Medicine at the University of Gezira adopted emergency e-learning to sustain academic continuity.

Objectives:

To assess the effectiveness of e-learning in maintaining knowledge retention among medical students during the conflict and explore their experiences, challenges, and suggestions.

Methods:

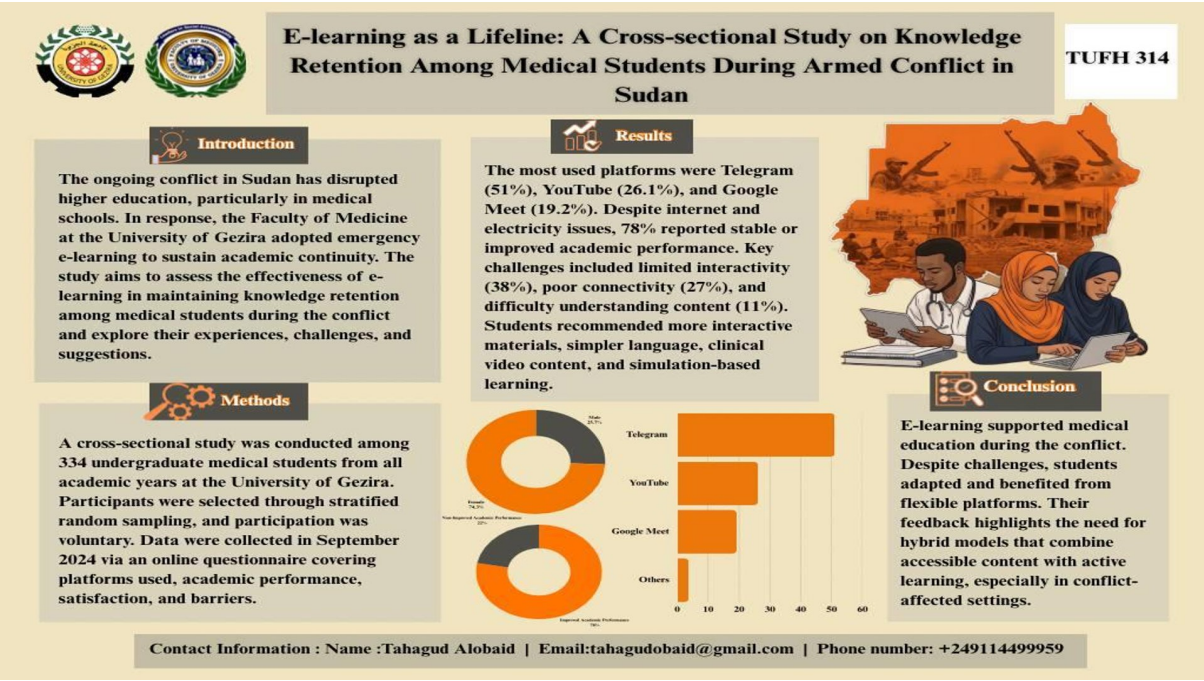
A cross-sectional study was conducted among 334 undergraduate medical students from all academic years at the University of Gezira. Participants were selected through stratified random sampling, and participation was voluntary. Data were collected in September 2024 via an online questionnaire covering platforms used, academic performance, satisfaction, and barriers.

Results:

The most used platforms were Telegram (51%), YouTube (26.1%), and Google Meet (19.2%). Despite internet and electricity issues, 78% reported stable or improved academic performance. Key challenges included limited interactivity (38%), poor connectivity (27%), and difficulty understanding content (11%). Students recommended more interactive materials, simpler language, clinical video content, and simulation-based learning.

Conclusion:

E-learning supported medical education during the conflict. Despite challenges, students adapted and benefited from flexible platforms. Their feedback highlights the need for hybrid models that combine accessible content with active learning, especially in conflict-affected settings.



Presented by:

A patient-centered communication skills training for pulmonary tuberculosis patients' caregivers using CARES guide: bridging cultural gaps towards patient-adherence

Presenters: Mora Claramita

Organization: UGM

Country: Indonesia

TUFH ID: TUFH312

Abstract

Background:

Pulmonary Tuberculosis (TB) is a global health issue. The Direct Observation Treatment Short-Course (DOTS-TB) program is a well-known successful strategy to increase patients'adherence and avoid multidrug-drug resistance. A caregiver, who may be a family member, friend, or healthcare professional, plays a critical role in the successful implementation of DOTS-TB. However, an 85% success rate of DOTS-TB in Indonesia creates opportunities for transmission. Few studies found that cultural communication barriers and lack of knowledge about TB were the main obstacles for caregivers to help the patients. We developed a CARES communication guide to address these shortcomings and aimed to train the caregivers toward successful DOTS-TB.

Methods:

CARES is based on the global principle of a patient-centered communication style and is tailored to Southeast Asian culture. Three primary constructs of CARES are 'communication with care,' 'appreciation,' and 'supportive information - shared decision.' A one-group pre-post-test design was done with 29 caregivers from the Kebumen Region, Central Java Province, Indonesia. The instruments were questionnaires to evaluate their knowledge

and perception of TB and CARES. We conducted a 2.5-hour training on TB prevention, diagnosis, treatment, and the role of caregivers, as well as another 2.5-hour training on CARES. Data were quantitatively collected, and health outcomes were measured after 6 months.

Results:

From total scores of 100, caregivers' knowledge about pulmonary TB increased from 67.9 to 84.1, and knowledge about patient-centered communication rose from 21.1 to 45.5 (p-value <0.05, respectively). From total scores of 280, self-evaluation on patient-centered communication skills increased from 89.3 to 169.4 (p-value < 0.05). Of 29 patients, 27 were cured (93.8%). Two elderly patients were deceased.

Conclusions:

Training, using the CARES guide, was able to increase knowledge and perception among pulmonary TB caregivers, supporting their role as patient advocates and improving health outcomes. Regular training using CARES for all caregivers is highly recommended before the initiation of new patients in the DOTS-TB program.

A patient-centered communication skills training for pulmonary tuberculosis patients' caregivers using the 'CARES' guide: bridging cultural gaps towards patient-adherence

INTRODUCTION:

- Pulmonary Tuberculosis (TB) is a worldwide problem (WHO 2022 Global TB report).
- The Direct Observation Treatment Short-Course (DOTS-TB) program is a well-known, successful strategy to increase patients' adherence and to avoid multidrug resistance (Yin, et al., 2026; Zhang, et al., 2016).
- A caregiver, possibly a family member, friend, or health cadre, plays a critical role in successful DOTS-TB in Indonesia (Pranoto, et al., 2018; Prabawa, et al., 2018; Arifin, et al., 2019).
- Few previous studies found that cultural communication barriers and lack of knowledge about TB were the main obstacles for caregivers to help the patients (Pranoto, et al., 2018; Prabawa, et al., 2018)



AIMS & OBJECTIVES:

- We developed a 'CARES' communication guide to address these shortcomings and aimed to train the caregivers towards successful DOTS-TB (Fatmahwati., et al., 2017)
- CARES was based on the global principle of patient-centered communication style, which is tailored to the Southeast Asian culture (Silverman, et al., 2016; Hofstede, et al., 2010; Geertz, H., 1989; Claramita and Murni, 2025; Claramita and Susilo, 2024)
- CARES: 'Communication with care,' 'Appreciation,' and 'Supportive information and shared-decision-making'.

METHODS / FINDINGS:

- A one-group pre-post-test design was done with 29 caregivers from Kebumen Region, Central Java Province, Indonesia in a 2.5-hour training on TB prevention, diagnosis, treatment, the role of caregivers, and another 2.5-hour training on CARES.
- From total scores of 100, caregivers' knowledge about pulmonary TB increased from 67.9 to 84.1, and knowledge about patient-centered communication increased from 21.1 to 45.5 (p-value <0.05, respectively).
- From total scores of 280, self-evaluation on patient-centered communication skills increased from 89.3 to 169.4 (p-value < 0.05).
- Twenty-five of the new TB patients were totally cured, two elderly patients died because of an elderly complication, and 2 MDR patients withdrew from this study.

DISCUSSION / CONCLUSION:

- A training, using the CARES guide, increased knowledge and perception of pulmonary TB caregivers and supported their role as a patient's advocate.
- Regular training using CARES for all caregivers is highly recommended prior to new patients of the DOTS-TB program.
- MDR patients need more intensive assistance beyond the CARES guide.

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Presented by:

THE NETWORK
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Mollie Woods Hare
Global Center of Excellence

Bridgeway's Quality Improvement Processes

Presenters: Caren Levensohn

Organization: Bridgeway Behavioral Health Services

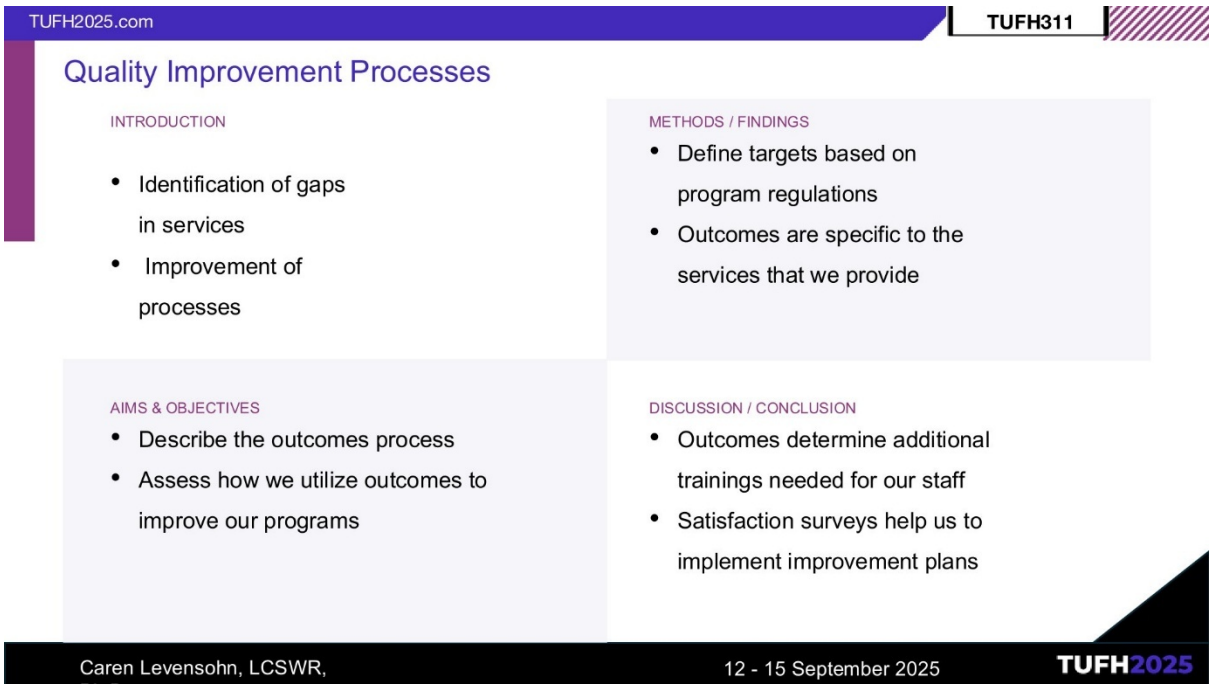
Country: USA

TUFH ID: TUFH311

Abstract

Increasingly community-based organizations are being asked to document outcomes utilizing data about the services and interventions that are being provided. Bridgeway Behavioral Health Services' Quality Improvement Department utilizes outcome measures to identify the gaps in services that are being provided. We also utilize this process to identify strengths, and what additional work is needed to improve our processes. This process is ongoing, and every team/program has outcome targets such as productivity and census that the teams meet with QI quarterly to review and if needed adjust. We assess the interventions utilized by the programs to monitor and improve the services that we provide. QI utilizes a data warehouse to model identified data from multiple platforms, track these outcomes and, when needed, complete chart reviews to assess what our strengths are and in what areas we need additional training. The outcomes for each program are specific to the interventions/services that they provide for our persons served. This innovative approach has helped to identify gaps in datapoints. The outcomes also address recovery outcomes, which include education, housing, and employment. We also look at measurement-based outcomes such as the utilization of the PHQ-9, GAD-7 and CAGE-AID and how persons served progress from baseline data to ongoing measurement/administration of the screenings. QI utilizes Plan-Do Study-Act cycles to monitor continuous quality improvement. This helps us to assess what resources are needed to improve our programs and work on issues that may arise-for example, low

census in programs. We also utilize outcomes to assess the service quality provided to persons served and what interventions/resources/trainings are needed to improve the quality of our services. Our target measures are defined by the program contracts, regulations for specific programs, and program budgets.



The Virtual Mentor cascade Model as a cost effective method of pan-India training of Community Health Officers

Presenters: Pradeep Ninan

Organization: Christian Medical College, Vellore, India

Country: India

TUFH ID: TUFH307

Abstract

Background: In order to reduce disparity and ensure that good healthcare is made accessible to all population groups, the National Health Policy of 2017 recommended strengthening the delivery of Comprehensive Primary Health Care (CPHC), calling for allocation of two-thirds of the health budget to developing primary healthcare. In response, the Govt of India, under the Ayushman Bharat program, announced that 1,50,000 Sub Health Centers (SHCs), Primary Health Centers (PHCs) and Urban PHCs (UPHCs) would be upgraded to Ayushman Bharat ‚Äì Health and Wellness Centres (AB-HWC) to provide universal access to CPHC. Since these AB-HWCs serve a population of 3000-5000, this is a crucial step towards making health accessible to all, including the vulnerable and marginalised. These AB-HWCs are staffed by a new cadre of mid -level health providers known as Community health officers (CHO) who perform 3 important roles for their catchment population: clinical, public health and managerial. Methods: A virtual, mentor cascade model has been developed to handhold and support CHOs to deliver CPHC to the populations under their care. Results: As of June 2025, 5 Master Trainers have mentored 29 National Mentors, 393 State Mentors, and 15625 CHOs. CHOs have reported increased confidence in performing their roles with greater resourcefulness and resilience. Conclusion: The virtual, mentor cascade model appears to be an effective method of rapidly training and mentoring health personnel in a cost-effective manner

The Virtual Mentor cascade Model as a cost-effective method of pan-India training of Community Health Officers

INTRODUCTION

- Introduction (2017) of new cadre (CHO) to deliver CPHC to population of 3000-5000
- CHO has clinical, public health and managerial role
- Opportunity to make CPHC accessible to all

AIMS & OBJECTIVES

- Develop program to build confidence and resilience of CHOs
- Virtual hand-holding and support



METHODS / FINDINGS

- Development of Virtual Mentor Cascade model
- Self-learning modules supplemented with group mentoring and personal coaching

DISCUSSION / CONCLUSION

- 5 Master Trainers have mentored 29 National Mentors, 393 State Mentors, and 15625 CHOs (June 2025)
- CHOs report increased confidence and effectiveness
- Cost effective model

Ninan P, Koshy N, Srinivasan R, Velavan J, CMC Vellore, India

Presented by:

Students As Allies: Navigating a Student-Led Appraisal of a Maternal and Child Health Program in Baseco, Manila

Presenters: HANNAH BABARAN

Organization: University of the Philippines College of Medicine

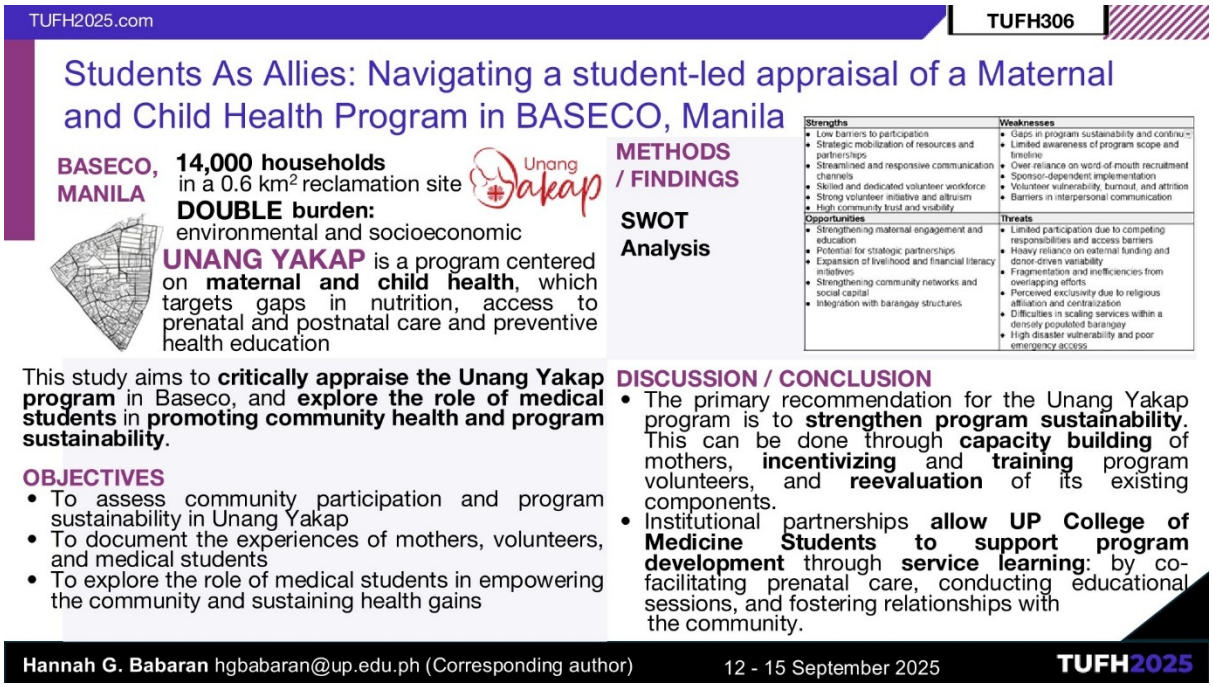
Country: Philippines

TUFH ID: TUFH306

Abstract

Background. Baseco, Manila is a portside community, with 14,000 households cramped in a 0.6 square kilometer reclamation site. Enmeshed within a double burden of socioeconomic and environmental determinants, the University of the Philippines partnered with the community,Äôs people,Äôs organizations to address poor maternal and child health. Medical students conducted community rotations under this partnership to profile and evaluate one of its programs with Caritas Manila, the Unang Yakap program, through the lens of its stakeholders, beneficiaries, and rotating students. Methods. Third year medical students were deployed weekly for ocular visits, focus group discussions, public health lectures, prenatal consults, and informant interviews. Primary and secondary data were analyzed qualitatively following a critical realist approach using Rifkin,Äôs pentagram of community participation and the Building Blocks of Health as frameworks. Findings were validated through dissemination meetings with community stakeholders. Results. Mothers under the Unang Yakap program realize the importance of nutrition and are actively seeking strategies to protect their family,Äôs well being. This motive is supported by the program, run by dedicated volunteers. Gaps in the program,Äôs sustainability measures may dilute its impact. Medical students may be in a unique position to assist in educating mothers to take charge of protecting their health even after graduation from the program. Conclusion. Ensuring program sustainability is a

key strategy for promoting social accountability. Program sustainability requires partnerships between empowered beneficiaries, incentivized volunteers, and donors. Medical students can be powerful allies in bridging these gaps toward promoting social justice and health equity, especially in underserved communities.



"We're Here, Too!": How a Student-Led Rapid Appraisal of a Maternal-Child Health Program in Urban Poor Manila Led To a Community Diagnosis Handbook for LMIC Learners

Presenters: Jeremiah Feliciano

Organization: University of the Philippines College of Medicine

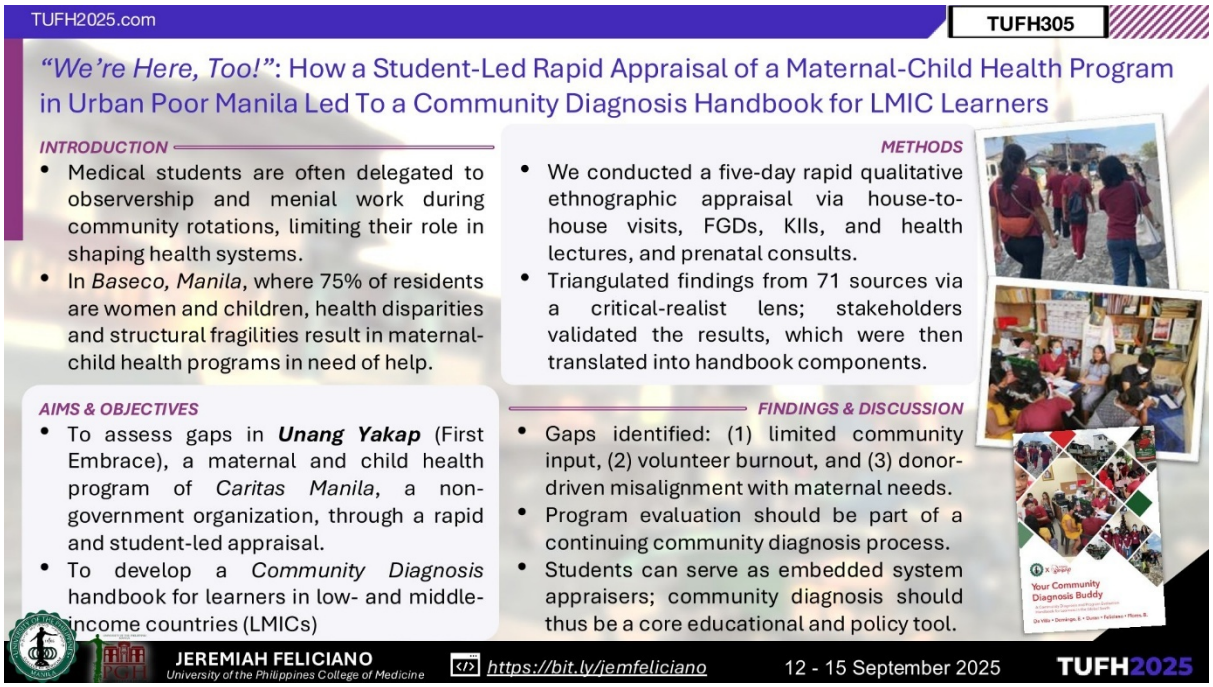
Country: Philippines

TUFH ID: TUFH305

Abstract

Background: Community rotations in medical education are often menial, limiting students to guided fieldwork. Barangay 649, Zone 68 (Baseco), Manila, is a densely populated urban poor community where reproductive-aged women and children comprise over 75% of residents. During our rotation here, we identified systemic gaps in Unang Yakap, a maternal-child health program by Caritas Manila. Recognizing an opportunity to contribute meaningfully, we conducted a rapid appraisal of the program and developed a replicable toolkit for fellow learners. Methods: We employed ethnographic and rapid qualitative appraisal over five days, including house-to-house visits, focus group discussions, prenatal consults, and key informant interviews. Seventy-one data sources (32 human, 39 documentary) were analyzed and triangulated using a critical-realist framework. Key insights were validated through dissemination meetings with stakeholders. Findings were synthesized into a student-centered Community Diagnosis Handbook. Results: Three key gaps were identified: (1) limited community participation in planning and feedback; (2) overreliance on unpaid volunteers, leading to burnout and poor continuity; and (3) donor-driven design misaligned with maternal health needs. These findings informed real-time feedback to program partners and shaped a student-friendly handbook for participatory, systems-based appraisal in low-resource settings. Conclusion: Medical and

allied health students can be effective system appraisers during community rotations. Community diagnosis is not just a learning exercise: it is a tool for equity, partnership, and accountability. Training students to appraise systems, not just symptoms, can transform health access in underserved and marginalized communities.



Mapping Intercultural Competence in Health Professions: Scoping Reviews Led by Undergraduate Students in Brazil

Presenters: Mirella Vitória Vila Nova De Oliveira

Organization: Universidade Federal de Pernambuco

Country: Brazil

TUFH ID: TUFH303

Abstract

As part of the project ‚ÄúAssessment and Development of Intercultural Competences in the Training of Health Professionals for the SUS‚Äù, funded by the Brazilian Ministry of Health, undergraduate students in Psychology, Dentistry, Nursing, and Medicine are leading scoping reviews to explore how intercultural competence has been addressed within their respective fields in the context of Brazil‚Äôs Unified Health System (SUS). These reviews aim to identify and synthesize scientific literature related to the development, implementation, and evaluation of intercultural competencies in healthcare education and practice. This initiative seeks to understand current trends, gaps, and opportunities in preparing health professionals to provide culturally responsive and equitable care, especially when working with socially and culturally diverse populations.The reviews are being developed in alignment with the Joanna Briggs Institute(JBI) methodology for scoping reviews and are currently in the initial stage of literature searching and data collection. Each group of students is guided by faculty researchers from their respective disciplines, fostering an interdisciplinary and participatory research environment. By mapping the existing knowledge on intercultural competence in each profession, these reviews will contribute to strengthening the theoretical and practical foundation for integrating interculturality into professional training. The initiative supports the broader

project goal of promoting educational strategies that reframe access to health by recognizing and responding to cultural diversity within the SUS.



Co-creating Intercultural Competence Assessment Tools for Health Education: A Participatory Approach in Brazil

Presenters: Mirella Vitória Vila Nova De Oliveira

Organization: Universidade Federal de Pernambuco

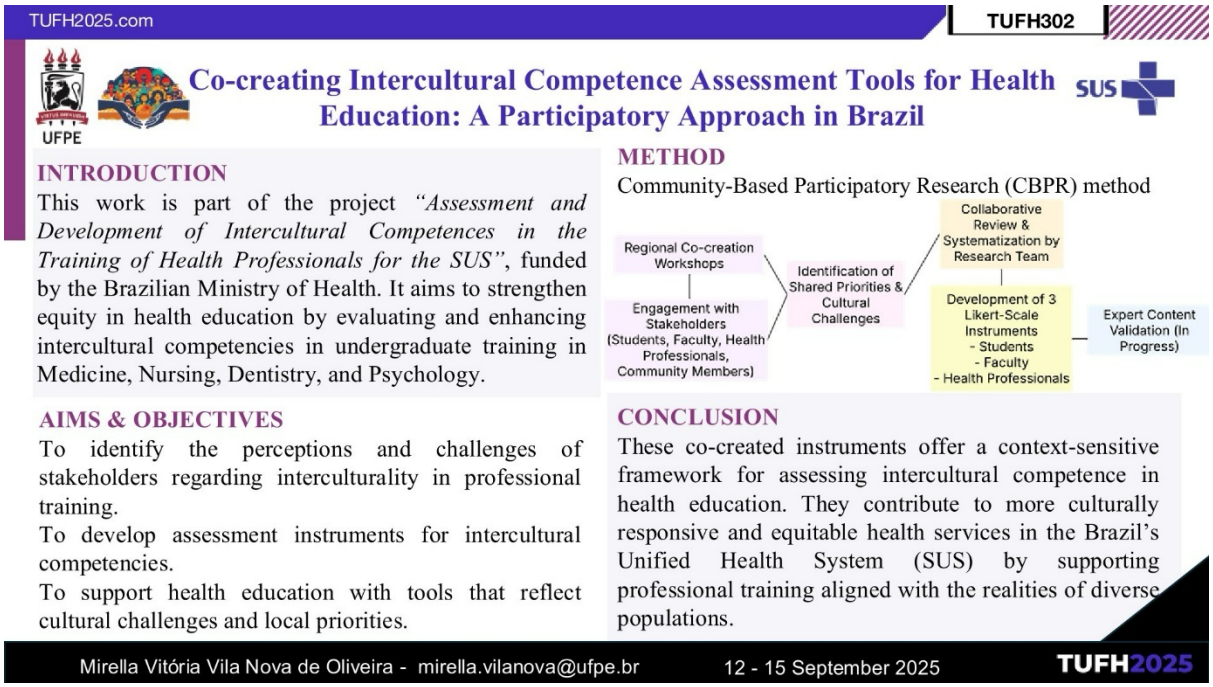
Country: Brazil

TUFH ID: TUFH302

Abstract

This presentation discusses the development of assessment instruments for intercultural competencies within the project ‚ÄúAssessment and Development of Intercultural Competences in the Training of Health Professionals for the SUS‚Äù, funded by the Brazilian Ministry of Health. The project aims to strengthen equity in health education by evaluating and enhancing intercultural competencies in undergraduate training across Medicine, Nursing, Dentistry, and Psychology programs. Adopting a Community-Based Participatory Research (CBPR) approach, the instruments were co-created through regional workshops with diverse stakeholder groups in Pernambuco, Roraima, S√£o Paulo, and Santa Catarina. These workshops enabled the identification of local priorities, cultural challenges, and expectations regarding interculturality in health training, forming the basis for guiding principles and core questions. Three Likert-scale instruments were collaboratively developed: one for undergraduate students, one for faculty members, and one for practicing health professionals. Currently, the instruments are undergoing expert content validation. Developed by an interdisciplinary team of researchers and students, these tools offer a rigorous, context-sensitive framework for assessing intercultural competence in health education. By supporting systematic evaluation of interculturality in professional training, these instruments contribute to the transformation of health education and care in Brazil. They represent a concrete step toward

ensuring more culturally responsive, respectful, and equitable services within the Unified Health System (SUS), improving how diverse populations are welcomed and cared for.



Bridging community health research and medical education in the Africa and EMRO Regions: challenges & opportunities.

Presenters: Osman Elmahi

Organization: Ibn Sina University, Faculty of Medicine

Country: Sudan

TUFH ID: TUFH301

Abstract

Introduction: Amidst growing communicable and non communicable disease burdens, academic institutions in Africa and Eastern Mediterranean (EMRO) regions have a critical role in promoting socially accountable research practices. Despite the potential of undergraduate research to strengthen innovation and community health outcomes, these regions contribute only 1% of global health research output. Building a sustainable research culture among medical and allied health students is key to aligning education with service and advancing health equity. Strengthening research capacity among undergraduate students is essential not only for academic development but also for fostering socially accountable healthcare solutions that directly address community health needs in these regions. Methodology: A comprehensive review was conducted using Google Scholar, PubMed, ResearchGate and Clarivate to examine systemic barriers hindering the integration of research and teaching in medical institutions across Africa and EMRO. Additionally, effective strategies implemented in other regions to strengthen the research/teaching nexus were explored. Results: Key challenges identified in Africa and EMRO include limited funding, time constraints and relegation of research to extracurricular activities. In contrast, European institutions integrating research based learning reported students applying research to clinical practice and engaging in multidisciplinary research through socially relevant research initiatives. Interdisciplinary

collaboration further broadened students,Äô perspectives and preparedness for the evolving healthcare landscape. Conclusions & Recommendations: To overcome these challenges, EMRO and African institutions should implement strategies for integrating research into medical education as schools shift from didactic teaching to more professional landscapes. Recognition of multidisciplinary research collaborations can reinforce social accountability and improve health outcomes.



Integrating Interprofessional Education at the University of Rwanda: Bridging Education and Practice for Collaborative Healthcare

Presenters: Philomene Uwimana

Organization: University of Rwanda

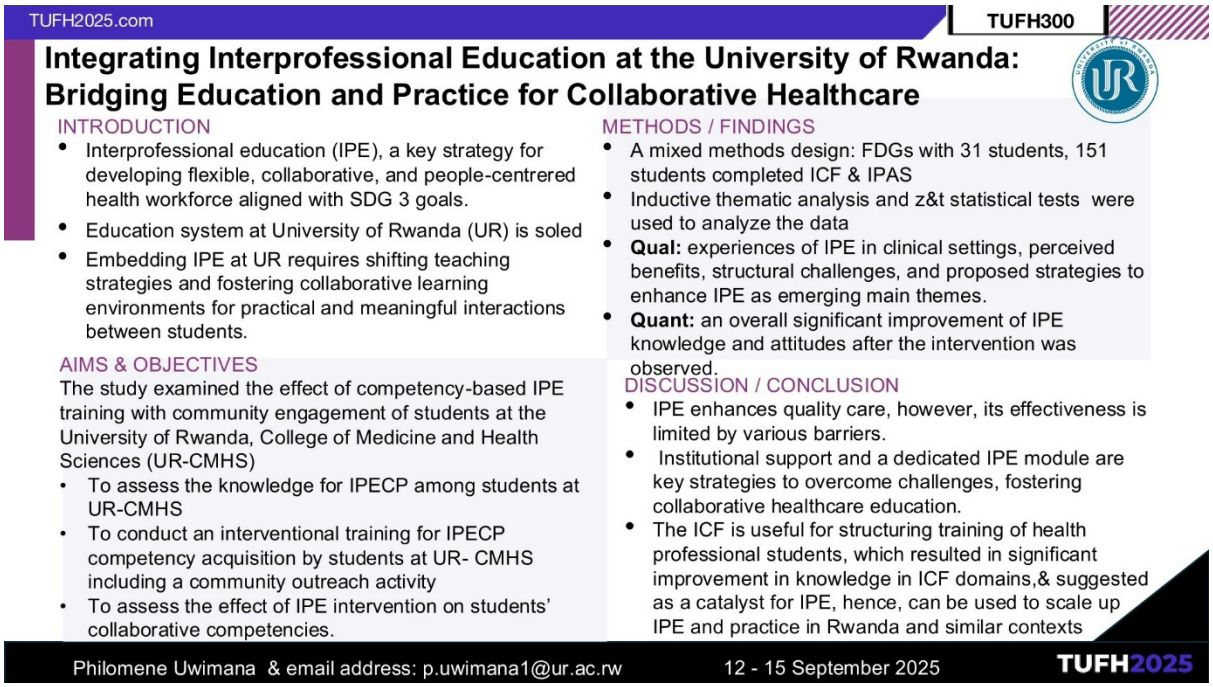
Country: Rwanda

TUFH ID: TUFH300

Abstract

Background Interprofessional education (IPE) is a key strategy for developing a flexible, collaborative, and people centrered health workforce aligned with SDG 3 goals. Embedding IPE in a traditionally siloed system at the University of Rwanda can be challenging, it requires shifting teaching strategies and fostering collaborative learning environments for practical and meaningful interactions between students. The study examined the effect of competency-based IPE training with community engagement of students at the University of Rwanda, College of Medicine and Health Sciences. Methods We used mixed methods design, focus group discussions with 31 students to collect qualitative data collection, while 151 students completed self administered questionnaires (International Classification of Functioning, framework & Interprofessional attitudes Scale) for pre and post test evaluation of IPE intervention training. We used inductive thematic analysis and inferential statistics to analyze data. Results Findings yielded four major themes: experiences of IPE in clinical settings, perceived benefits, structural challenges, and proposed strategies to enhance IPE. Statistical analysis revealed an overall significant improvement of IPE knowledge and attitudes after the intervention. Conclusion Interprofessional education has invaluable benefits to enhancing quality care, however, its effectiveness is limited by various barriers. Institutional support and a dedicated IPE module are key

strategies to overcome challenges, fostering collaborative healthcare education. The ICF was found useful for structuring the training of health professional students, which resulted in significant improvement in knowledge in ICF domains, and suggested as a catalyst for IPE, hence, can be used to scale up IPE and practice in Rwanda



Territory as an Interculturally Formative Space: Building Bridges Between University, Communities, and Professional Practices in the SUS

Presenters: Cassio Felipe Soares Da Silva

Organization: Federal University of Pernambuco (UFPE)

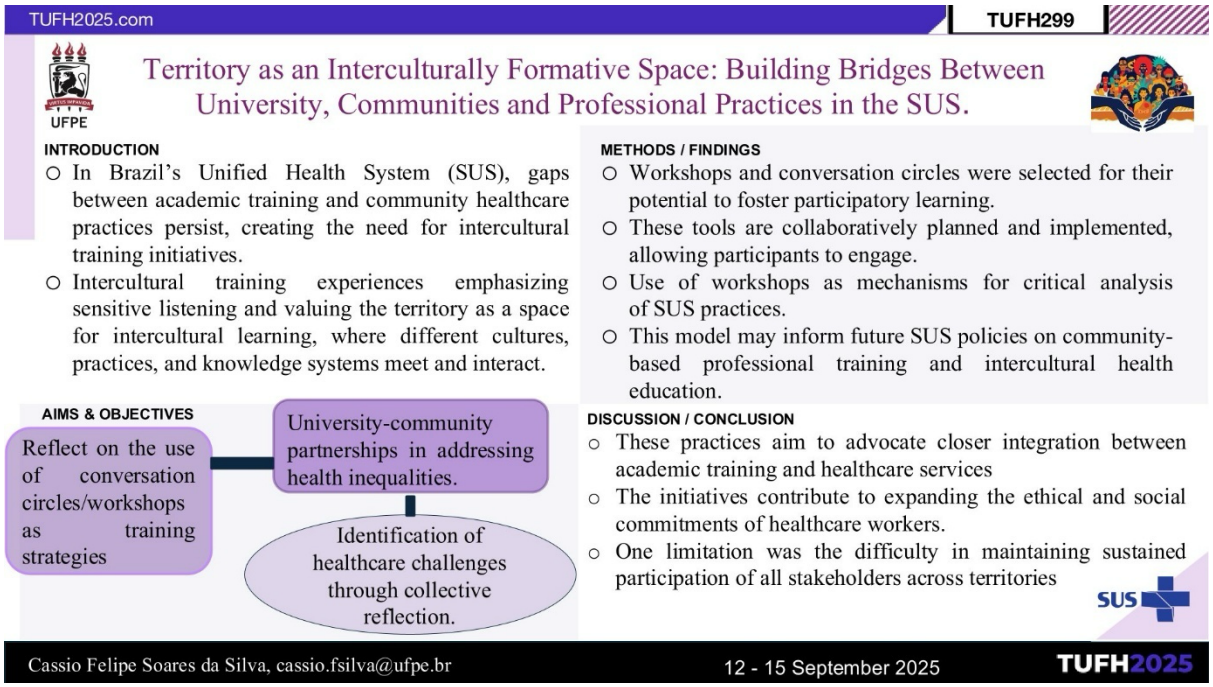
Country: Brazil

TUFH ID: TUFH299

Abstract

Background: This paper presents reflections on intercultural training for professionals within the SUS (Brazil‚Äôs Unified Health System), using as discussion elements the experience of meetings, workshops, and training sessions held in diverse territories. Embedded within a research group focused on interculturality, the training proposal aimed to foster sensitive listening that encourages dialogue between the university and the community, recognizing the territory not merely as a geographical space, but as an interculturally formative space that enables encounters between different forms of knowledge, cultures, and practices. Methods: The work carried out with users (healthcare workers and community representatives) allowed for the sharing of experiences, local knowledge, and challenges faced within care contexts. The workshops were collaboratively designed and employed as tools for active listening and critical analysis of the ways of living, falling ill, and caregiving in the communities. Results: From these experiences, important elements emerged to rethink health education, with emphasis on valuing popular knowledge, promoting equity, and strengthening the ties between education, services, and territory. Conclusion: The paper proposes that training practices which value interculturality ‚Äî taking the territory as a space for learning ‚Äî promote greater integration between education and

service, strengthen community bonds, and broaden the ethical and social commitment of future healthcare professionals.



Exploring innovative educational intervention to improve cancer digital health literacy from cancer patients, caregivers, and healthcare professionals, perspectives: An interview study

Presenters: Hind Mohamed

Organization: University of limerick/Ireland

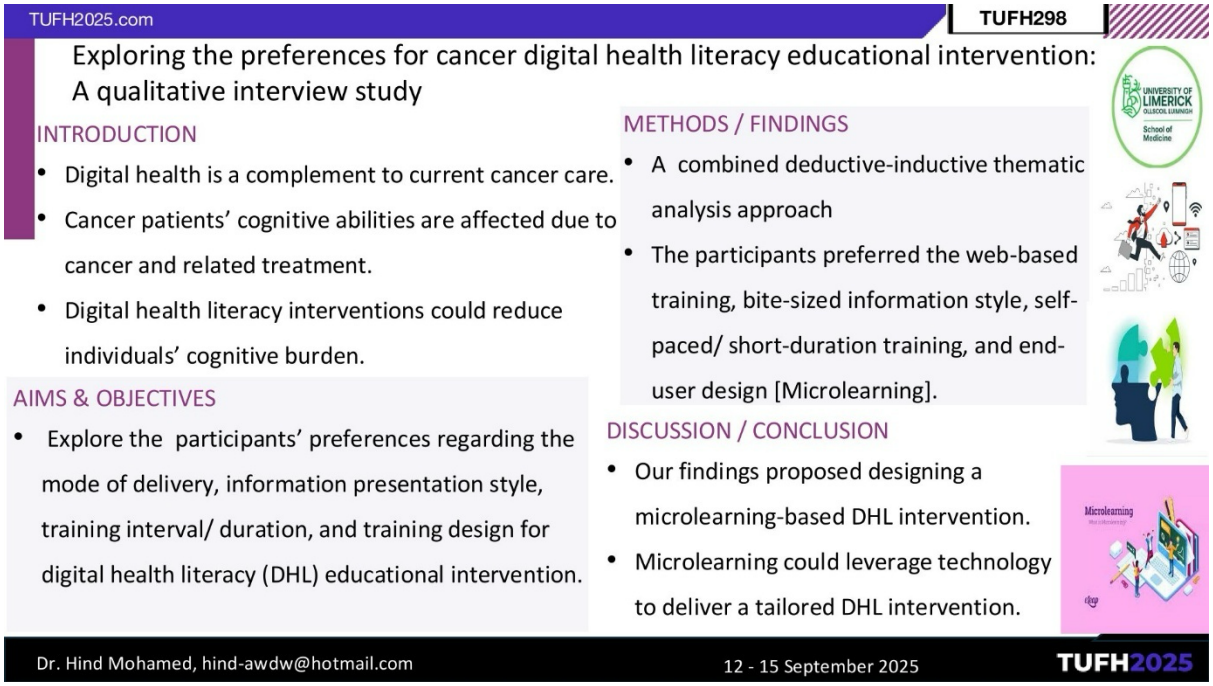
Country: Ireland

TUFH ID: TUFH298

Abstract

Background Technology is changing the way how we learn, remember, and transform information. To our knowledge, our paper is the first to explore cancer digital health literacy educational intervention from the perspectives of cancer patients, caregivers, and healthcare professionals. Method Onsite and telephone interviews were conducted among nineteen cancer patients, six caregivers, and ten oncology healthcare providers. Descriptive-interpretive thematic analysis following an open-ended approach was used to explore participants' beliefs and preferences regarding digital health literacy educational intervention. The Unified Theory of Acceptance and Use of Technology (UTAUT) informed data generation and analysis. Emergent themes were subsequently mapped onto the determinants of UTAUT, namely, performance expectancy, effort expectancy, and social influence. Results Four themes emerged from the analysis: introducing technology-driven solutions, simplifying technology training materials, providing user-friendly training materials, and patient-centered care. The participants were motivated to use technology solutions to improve cancer digital health literacy. Cancer patients' preferred style for information display was the bite-sized format. The participants preferred self-paced, short-duration digital health literacy training. We identified a demand for microlearning-based cancer digital health literacy training delivered through novel technology-driven solutions, including smartphone applications. We integrated the

findings around the commonly identified themes to generate a cancer digital health literacy education conceptual framework. Conclusion Microlearning could leverage technology to deliver tailored educational intervention and enhance digital inclusion and digital health equity.



Exploration of perceptions and factors related to patient-centered care at the primary care level in Manila, Philippines: a qualitative study

Presenters: John Jefferson Besa

Organization: University of the Philippines Manila

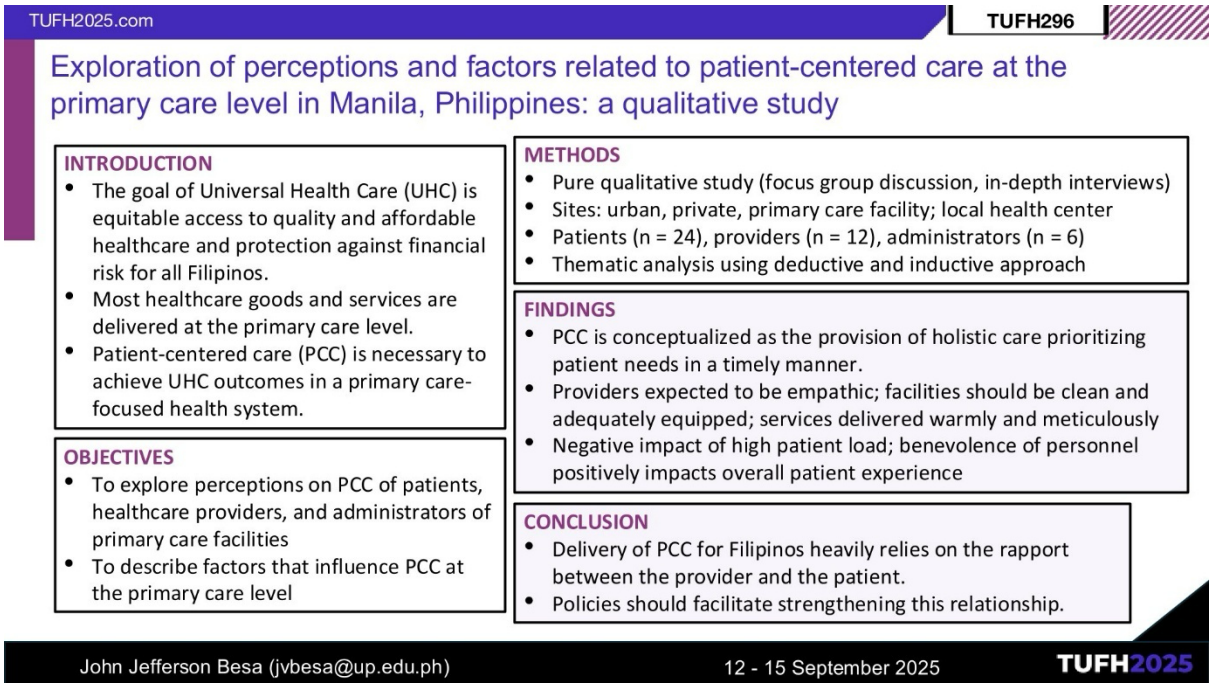
Country: Philippines

TUFH ID: TUFH296

Abstract

Background. The goal of Universal Health Care (UHC) is to ensure that all Filipinos have equitable access to quality healthcare. In the envisioned reform, services will be delivered at the primary care level. To achieve UHC, a patient-centered care approach is necessary. The study explored perceptions of patient-centered care among patients, providers, and administrators of primary care facilities and described factors that influence patient-centered care at the primary care level. Methods. We conducted a qualitative study through focus group discussions, in-depth interviews, and key informant interviews among patients, providers, and administrators in two sites in Manila: a private primary care facility and a nearby local health center. Through semi-structured questionnaires, we probed their understanding of patient-centered care and its dimensions and identified facilitators and barriers to its delivery. Thematic analysis was done using a combined deductive and inductive approach. Results. Patient-centered care is perceived as the provision of holistic care that prioritizes the needs of patients in a timely manner. Healthcare providers are expected to be empathic, expressing genuine concern for patients and understanding their non-biomedical circumstances. Healthcare facilities should be clean and adequately equipped, and services should be delivered warmly and meticulously. High patient load negatively affects the delivery of patient-

centered care, while the benevolence of healthcare personnel positively impacts the overall experience of patients. Conclusion. Delivery of patient-centered care for Filipinos heavily relies on the rapport between the provider and the patient. Policies should facilitate strengthening this relationship.



Prevalent risk factors and determinants of Cardiovascular Diseases among staff in public tertiary institutions in South South Nigeria

Presenters: Bernadine Ekpenyong

Organization: University of Calabar, Calabar, Nigeria

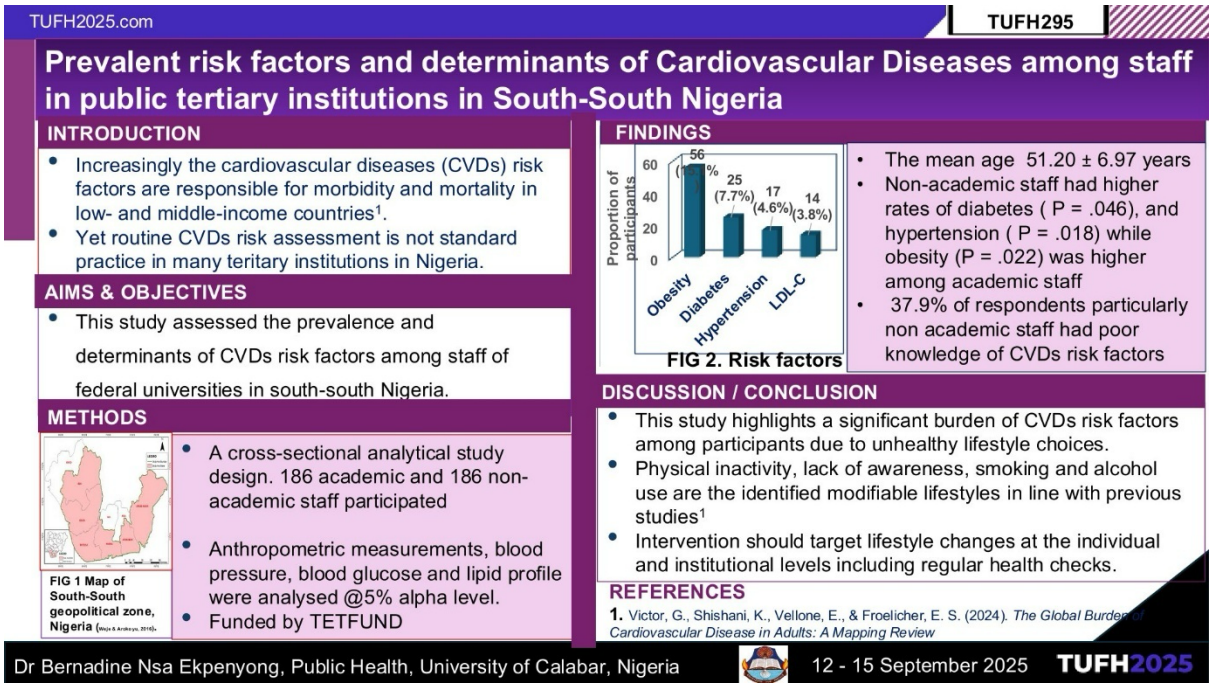
Country: Nigeria

TUFH ID: TUFH295

Abstract

Background: Increasingly the cardiovascular disease (CVD) risk factors are responsible for morbidity and mortality in low/middle income countries. This study assessed the prevalence and determinants of CVD risk factors among staff of federal universities in Nigeria. Method: A cross sectional analytical study was conducted among 372 academic and non academic staff members, selected through stratified random sampling. Data collection involved a semi structured questionnaire alongside physical and biochemical assessments. Anthropometric measurements (height, weight, BMI, and blood pressure),Blood glucose and lipid profiles were analysed using IBM SPSS version 23.0 @ 5% alpha level of significance. Results:The mean age of participants was 51.20 ¬± 6.97 years. Obesity (15.1%) was the most prevalent CVD risk factor, followed by diabetes (7.5%), hypertension (4.6%), and elevated LDL C (3.8%). Non academic staff exhibited significantly higher rates of diabetes (œá2 = 6.165, P = .046), and hypertension (œá2 = 8.029, P = .018) while academic staff had significantly higher prevalence of obesity (œá2 7.365 ,P = .022). Notably, 37.9% of respondents particularly non academic staff demonstrated poor knowledge of CVD risk factors. Lifestyle behaviors such as smoking, alcohol and physical inactivity were the common modifiable risk factors among the respondents. Conclusion: the major CVD risk factors identified are obesity, hypertension, diabetes, and Low density lipoprotein (LDL) cholesterol. Physical inactivity, lack of awareness, smoking

and alcohol use are the identified modifiable lifestyles. There is need for institutional and individual level interventions, including regular screening and physical activities, health education, and access to mental health and stress management



Presented by:

Are we teaching social accountability in research? A review of medical student projects.

Presenters: Nikita Jaiswal

Organization: University of New Mexico School of Medicine

Country: United States

TUFH ID: TUFH293

Abstract

Social Accountability (SA) refers to the obligation to align education, research, and service with the community's health needs and priorities. While SA is integrated into clinical training at many institutions, its role in medical research remains unexplored. At the University of New Mexico School of Medicine (UNM SOM), students are required to complete a research project before graduation, but receive limited formal instruction on socially accountable research. A retrospective review of 75 research proposals from the Class of 2025 was conducted. The review utilized a custom-developed scale that was independently verified by two SA experts. Key measures included community involvement and alignment with health equity goals. Among the reviewed proposals, approximately 35% were research proposals, 1% were community projects, 4% were categorized as both, and 60% were categorized as other (retrospective chart reviews, literature reviews, and case reports). Student research activities were classified into four categories: health education (N = 46, 61%), advocacy (N = 9, 12%), system transformation (N = 45, 60%), and other (N = 1, 1%). Community involvement and SA integration were limited. Although UNM SOM has a strong institutional reputation for social accountability, its integration within research projects is limited. There is a need for intentional social accountability (SA) education and mentorship in the research domain to prepare future physicians as socially accountable scholars and practitioners.

TUFH293

Are We Teaching Social Accountability in Research? A Review of Medical Student Projects.

Nikita Jaiswal MSIII UNM SOM, *Katherine Travis* MSIV UNM SOM, *Dalton Smith* MSIV UNM SOM, *Amy Clithero-Eridon* PhD

Background

The World Health Organization defines social accountability (SA) as the obligation to align education, research, and services with the priority health needs of the communities served [1]. While SA is often emphasized in medical education, it is less commonly addressed in research [2].

Socially accountable research goes beyond identifying community health priorities—it requires working in partnership with communities to achieve shared goals and demonstrate measurable impact [3].

The University of New Mexico School of Medicine (UNM SOM) is internationally recognized for its social accountability; however, these were primarily measured in clinical and educational activities [4]. At UNM SOM students must complete a research project to graduate, but students receive little formal instruction on integrating SA principles. This highlights a gap in training and an opportunity to embed SA into student research education.

Objectives

Using community engagement theory as our construct, we aim to determine what our students understand about social accountability and how it is or is not considered during the conception and finalization of their projects.

Methods

Study Design: Retrospectively reviewed 75 research proposals from UNM SOM medical students in the class of 2025.

To determine if the research was socially accountable, our team developed a scale that was verified by two independent socially accountable researchers in Canada and Australia to ensure comprehension. Our scale examined the level of community involvement in the research plans, the role of the community in the research process, and health equity outcomes as measures of social accountability, and proportions to summarize the responses to categorical questions.

We defined the level of involvement as:

- None: Set in the community, but no involvement by the community
- Minimal: community-engaged but no real role in the research/project
- Moderate: Had some involvement
- Maximum: Involved in every aspect, and the project/research improved health equity

Data: We independently evaluated each research project proposal with the scale

Data Analysis: Statistical analysis utilized frequencies and proportions to summarize the responses to categorical questions.

Results

Scale	Definition	Number of Proposals (n), Percentage of Proposals (%)
Area of Focus	Research proposal	26 (35%)
	Community projects	1 (1%)
	Research proposal and community project	3 (4%)
	Other (retrospective chart reviews, literature review, case reports)	45 (60%)
Category	Health education	46 (61%)
	Advocacy	9 (12%)
	System transformation	45 (60%)
	Other	1 (1%)
Community Partnership	Partnered with community	12 (16%)
	Did not partner with community	59 (79%)
	Unclear whether partnership exists	4 (5%)
If yes to community partnership	Community partners assisted with data collection	5 (42%)
	Community partners participated as research subjects	12 (100%)
	Community partners were part of initial research idea	0 (0%)
Level of community involvement	None	62 (83%)
	Minimal	7 (9%)
	Moderate	5 (17%)
	Maximum	0 (0%)
Health equity contribution	Contributed to health equity	8 (11%)
	Did not contribute to health equity	66 (88%)
	Failed to explain health equity impact	1 (1%)
Final evaluation	Internal faculty	74 (99%)
	External person	1 (1%)

83% (n = 62) of medical scholarly work fell outside the realm of social accountability.

Overall, community involvement and SA integration were limited.

For projects that did or will improve health equity, examples of improvement include:

- Distributing Naloxone to youth at local music venues
- Creating and evaluating a tool to reduce patient spending in healthcare settings
- implemented process changes to reduce readmissions through patient interviews

Discussion

At the UNM SOM, students are often given little guidance when formulating research plans, leading to limited focus on social accountability (SA), community involvement, health equity, and other relevant factors.

Future steps: Host student sessions on SA and share results with mentors to encourage community-centered approaches in research.

Recommendations: Include scale questions in project plans to assess community engagement and prioritize health equity outcomes.

Limitations: This retrospective review examined some incomplete student proposals as well, but findings show community-focused elements are frequently overlooked.

Summary

Our findings show that within the status quo, without formal instruction on research within the curriculum, there is a gap in research proposals that use best practices for partnering with communities, contribute towards health equity, and are socially accountable.

References

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Presented by:
THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

The Impact of Ongoing Armed Conflict on Maternal and Child

Presenters: Ayah Mubarak

Organization: University of Gezira

Country: Sudan

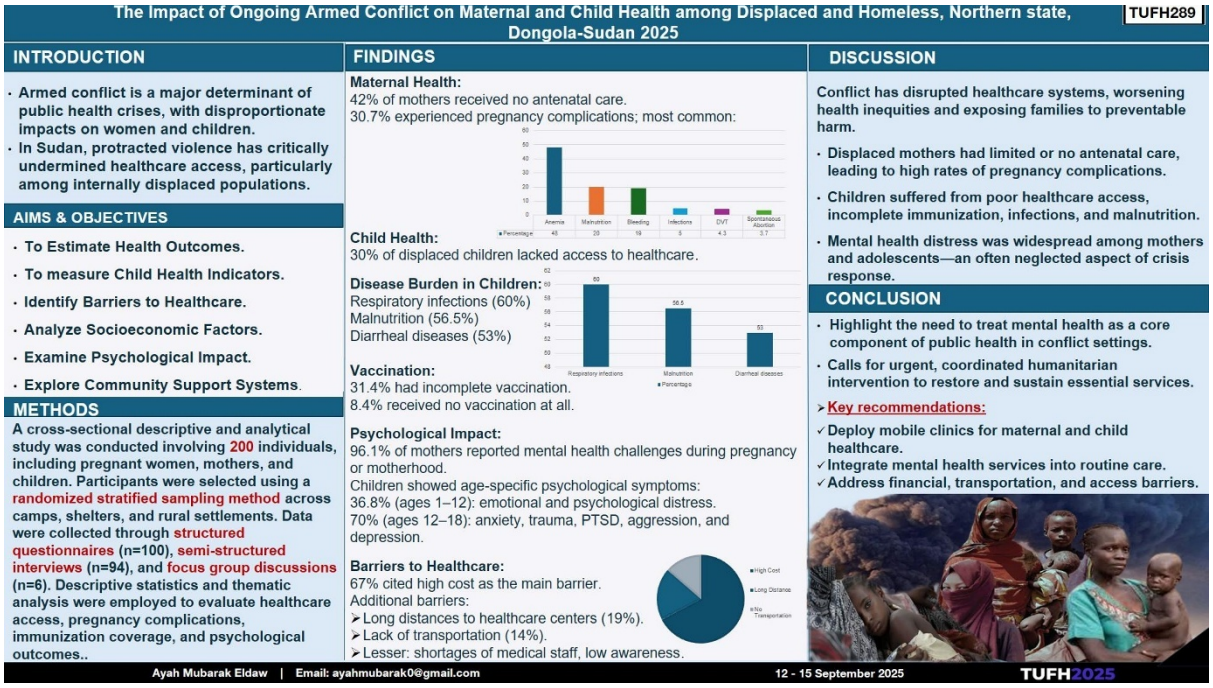
TUFH ID: TUFH289

Health among Displaced and Homeless, Northern State, Dongola-Sudan 2025

Abstract

Background: Armed conflict is a major driver of public health emergencies, disproportionately affecting women and children. In Sudan, protracted violence has critically undermined healthcare access, particularly among internally displaced populations. This study assesses the effects of the ongoing conflict on maternal and child health in displacement settings in Dongola, Northern State. Methods: A cross-sectional descriptive and analytical study was conducted involving 200 displaced individuals, including pregnant women, mothers, and children. Participants were selected using a randomized stratified sampling method across camps, shelters, and rural settlements. Data were collected through structured questionnaires (n=100), semi-structured interviews (n=94), and focus group discussions (n=6). Descriptive statistics and thematic analysis were employed to evaluate healthcare access, pregnancy complications, immunization coverage, and psychological outcomes. Results: Among mothers, 42% reported no antenatal care, 30.7% experienced pregnancy complications,Äîmost commonly anemia (48%), followed by malnutrition (20%), bleeding (19%), infections (5%), deep vein thrombosis (4.3%), and spontaneous abortion (3.7%). For children, key challenges included poor living conditions (40%), high service costs (30%), malnutrition (15.7%), and complete lack of care (14.3%). Common morbidities included respiratory infections (60%), malnutrition (56.5%), and diarrheal

diseases (53%). Vaccination was incomplete in 31.4% of children, and 8.4% received no vaccines. Psychological distress is reported in 96.1% of mothers, and in 36.8% of children aged 1,Äì12, increasing to 70% in adolescents. Barriers included healthcare cost (97.4%), distance (27.6%), and lack of transportation (19.7%). Conclusion: The conflict has severely disrupted maternal and child health services. Urgent, integrated humanitarian interventions are essential to address these critical gaps.



Presented by:

THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

Impact of School-Based Primary Care in Philadelphia Charter/Private Schools

Presenters: Mary Lauren Salvatore

Organization: Education Plus Health

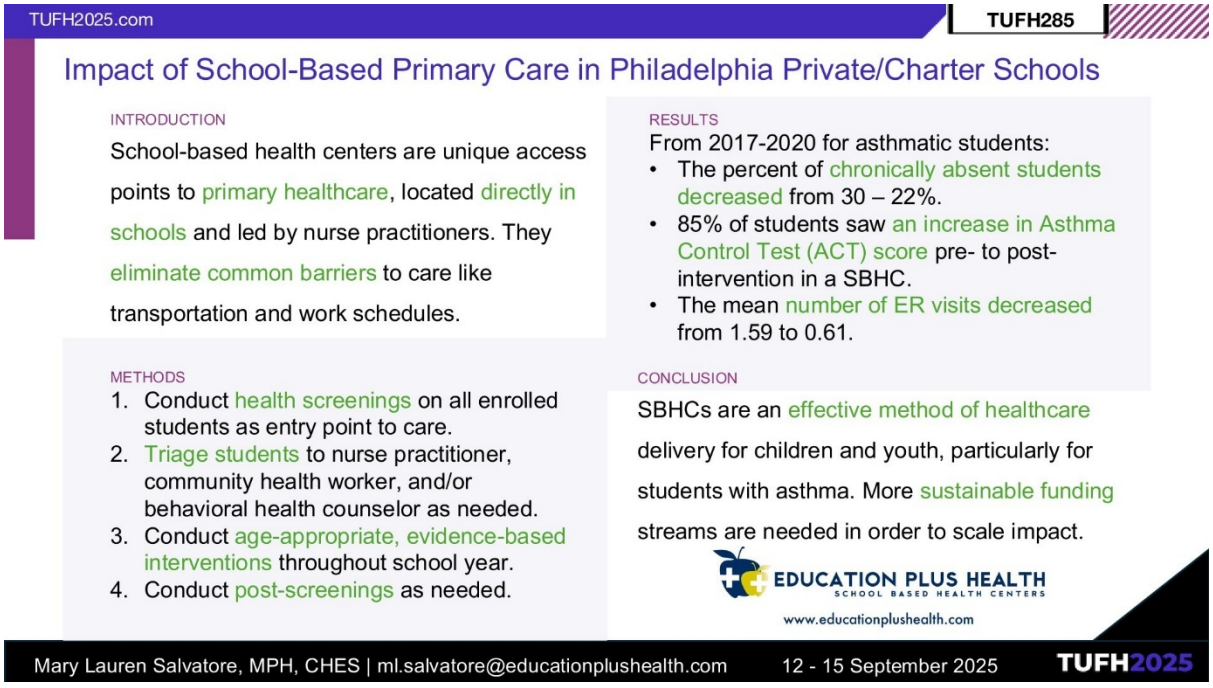
Country: United States

TUFH ID: TUFH285

Abstract

Background: Education Plus Health (EPH) provides comprehensive school-based health services in five schools located across Philadelphia. Schools vary in size and grade offerings, but overall cover Kindergarten through 12th. School based health centers (SBHCs) eliminate healthcare access barriers such as transportation by serving kids where they are ‚Äì in school. Similar to a federally-qualified health center model, no student is refused care based on ability to pay. Methods: EPH employs a unique healthcare delivery model serving as both a school clinic and primary care site, staffing one Licensed Practical Nurse or Registered Nurse, one Certified Registered Nurse Practitioner, a community health worker, and a behavioral health counselor. The clinics first conduct state-mandated screenings, then triage to internal or an outside provider as necessary. In addition to primary care, EPH operates an asthma home visiting program and is currently piloting a nutrition intervention. Results: At the close of the 23-24 school year, EPH SBHCs delivered the following results: served 4737 students, logged over 13,000 total SBHC visits, provided 1331 one to one behavioral health sessions, provided 880 one to one asthma education sessions, and saw 51% of asthmatic students improve to a ‚Äúcontrolled‚Äù score on asthma post-test. Conclusions: School-based health centers are an effective approach to child and adolescent healthcare, including increased uptake in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and reduction

in emergency room visits. With more permanent funding streams, SBHCs have the opportunity to improve outcomes for children.



Integrative Nutritional and Optimal Wellness Pilot Program

Presenters: Paula Navas

Organization: Education Plus Health

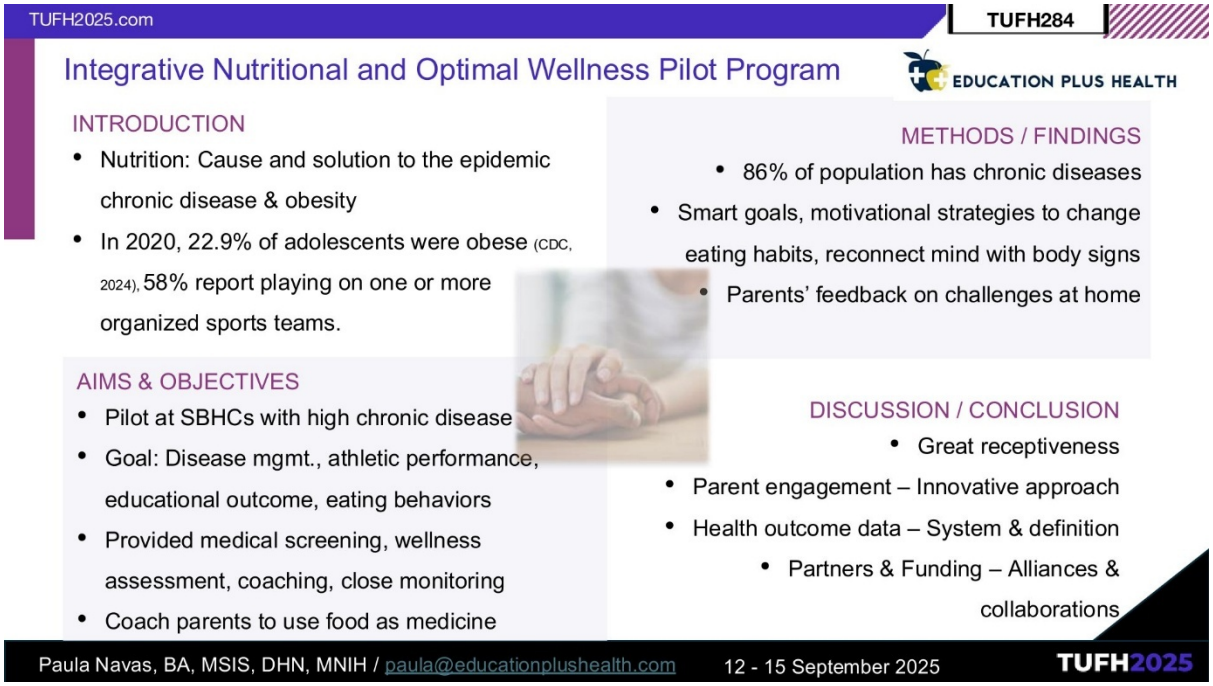
Country: United States

TUFH ID: TUFH284

Abstract

Background: Nutrition holds the greatest potential for our society‚Äôs health crisis. Research has demonstrated that nutrition is both the cause and the solution to the epidemic of chronic disease and obesity. As of 2020, 22.9% of adolescents between the ages of 12-19 were obese (CDC, 2024), and 58% report playing on one or more organized sports teams. Methods: In response to these needs, in January 2025 Education Plus Health (EdPlus) launched a Nutritional and Wellness pilot at school-based health centers (SBHC), where nurse practitioners screened students that could improve chronic disease management, athletic performance, educational outcomes, and eating behaviors through integrative nutritional interventions. During the encounters, students received wellness assessments and coaching to develop intrinsic motivation and skills to create a sustainable change and implement the nutritional care plan. While being closely monitored and supported to achieve health goals, parents followed along at home and learned to utilize food as medicine to improve, sustain, and support health. Results: EdPlus served two SBHCs where 86% of the population have chronic diseases, with a focus on improving weight markers and uncontrolled asthma. Forty-six encounters took place implementing SMART health goals, motivational strategies to change eating habits, and strategies to reconnect mind with body signs. Parents were involved and provided feedback on challenges at home. Conclusion: Students and families were very receptive; however, more strategies are needed to reach out and engage parents, establish an

integrative health service approach at the schools, record health outcomes, and secure funding.



Knowledge, attitudes, and practices on smoking cessation and prevention laws among patients in a tertiary hospital and community clinic outpatient clinics

Presenters: Krizzia Rae Jabonillo

Organization: Philippine General Hospital

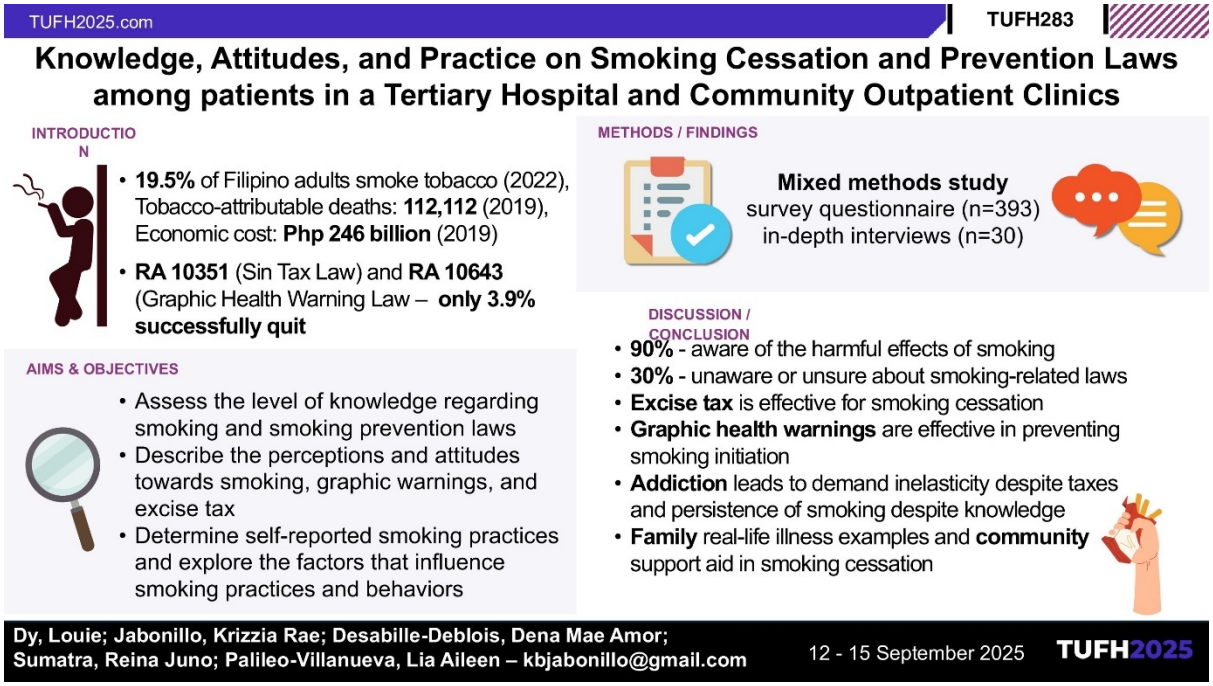
Country: Philippines

TUFH ID: TUFH283

Abstract

Background: Following the Sin Tax Reform Law and Graphic Health Warning Law, smoking prevalence in the Philippines declined from 29.7% (2009) to 19.5% (2021). 68% attempted to quit due to rising cigarette prices, and 43.7% due to graphic warnings. However, only 3.9% successfully quit. Methods: This convergent mixed methods study assessed knowledge and attitudes towards smoking and related laws, and explored smoking practices and influencing factors. Results: A total of 393 survey respondents and 30 in-depth interviewees participated - both from outpatient clinics of a tertiary level university hospital and a primary level urban health center. Among them are 249 (63%) never smokers, 60 (15%) former smokers, 59 (15%) quit attempters, and 25 (6%) persistent smokers. While most are knowledgeable on the adverse effects of smoking, 30% are unaware or unsure about the existence of these laws. While both excise taxes and graphic warnings help in smoking cessation and deterrence, addiction is a major barrier - causing one to ignore facts and graphic warnings. Two phenomena emerge: demand inelasticity: smoking persistently no matter how expensive cigarettes are, and physiologic opportunity cost: diverting funds from essential needs such as rice (to which tobacco prices are compared) in order to sustain smoking habits. Notably, having a family or community member suffering from a smoking-related illness significantly shaped the decision to avoid or quit smoking.

Conclusion: We recommend multi-level strategies to more effectively address nicotine addiction - including individual and clinical interventions, family and community engagement, and system-wide improvements in cessation support.



Presented by:

Challenges and opportunities for health information systems in primary care clinics: a mixed-method study among health workers in Manila, Philippines

Presenters: Ma. Sergia Fatima Sucaldito

Organization: University of the Philippines Manila

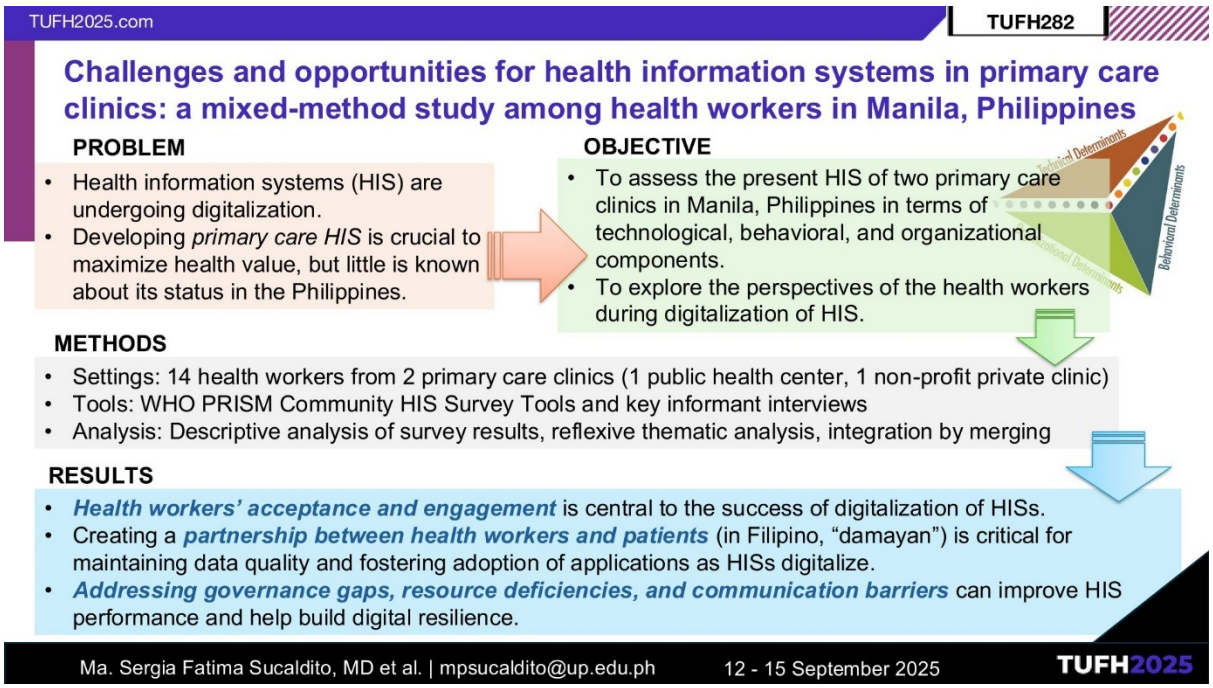
Country: Philippines

TUFH ID: TUFH282

Abstract

Purpose Globally, health information system (HIS) development projects face challenges regarding technology infrastructure, financing, user resistance, and interoperability. While these challenges are well-described in literature, most studies on HIS digitalization focus on the development of national and hospital HISs, with little focus on HISs in primary care. We described the HISs of two primary care clinics in Manila, Philippines and investigated health workers' experiences during digitalization. Methods This convergent mixed-methods descriptive study included two clinics: a non-governmental organization (NGO)-operated clinic and a government-operated public health center (PHC). We surveyed 8 health workers in the NGO clinic and 6 in PHC using the Performance of Routine Information System Management (PRISM) Community HIS evaluation tools from the World Health Organization and MEASURE Evaluation, and conducted in-depth interviews among the same participants. Results Respondents in both clinics provided low scores on governance, indicating deficiencies in HIS strategy and documentation. PHC scored higher on data management, training, and equipment compared to the NGO clinic, while information culture scores were similar. Survey results reflected differences in IT infrastructure and services, stemming from PHC's larger size and funding. Interviews corroborated the survey results, highlighting barriers such as inadequate training and resources and the critical roles of

internal communication and joint data stewardship. Conclusion The findings highlight critical areas for enhancing HIS implementation and digitalization in primary care clinics in the Philippines. Addressing governance gaps, resource deficiencies, and communication barriers can improve HIS performance and help build digital resilience.



Driving Change: Establishing a Mobile Care Unit for Individuals with Autism Spectrum Disorder and Intellectual/Developmental Disabilities

Presenters: Sally A. French

Organization: Cooper University Health Care

Country: USA

TUFH ID: TUFH281

Abstract

Cooper University Health Care (CUHC), based in Camden, NJ, is a distinguished academic, tertiary care center. CUHC has strategically advanced health equity for individuals with intellectual and developmental disabilities (IDD) by addressing their unique logistical challenges. In response, CUHC developed and implemented an innovative mobile care unit; a collaborative model designed to enhance access to medical services. This hybrid initiative integrates a team-based, person-centered, multidisciplinary approach that revolutionizes care delivery by bringing providers directly to patients with autism spectrum disorder (ASD) and IDD. The mobile care unit facilitates comprehensive medical services, offering sick visits, wellness checks, post-hospital discharge assessments, and routine appointments typically conducted in office settings. Equipped with state-of-the-art medical equipment, this unit ensures patients receive high-quality, evidence-based care in a familiar and accommodating environment. CUHC's expert providers possess specialized skills in managing complex behaviors, utilizing innovative assessment techniques to optimize patient outcomes. By creatively adapting medical practices to individual needs, the mobile care unit significantly improves access to care, fostering positive health trajectories for individuals in the ASD community, whether or not they also have IDD. Through this pioneering approach, CUHC continues to redefine healthcare

accessibility and inclusivity, ensuring exceptional service for a historically underserved patient population.

Cooper University Health Care

Driving Change: Establishing a Mobile Care Unit for Individuals with Autism Spectrum Disorder and Intellectual/Developmental Disabilities

TUFH281

Challenges Identified:

- Cooper University Health Care (CUHC) is an academic, tertiary care center located in Camden, New Jersey.
- NJ has the third highest prevalence of ASD with or without IDD in the USA.
- 1 in 29 children in NJ have an ASD diagnosis, as of March 2025
- CUHC identified that patients with ASD/IDD were facing challenges receiving care
  - Not showing for scheduled appointments
  - Behavior making office visits difficult
  - Transportation limitations

The Mobile Care Unit is born!

- Annual physicals & routine visits
- Sick visits & post-discharge follow up visits
- EKGs, Ultrasounds
- Wound care & suture removal
- Unit consists of 2 APNs & 1 MA



Where the Mobile Care Unit Can Go!

The CUHC Mobile Care Unit visits private residences, residential group homes, and day programs to meet patients where they are most comfortable and to cause minimal disruptions to daily routines.
The Mobile Care Unit currently covers Burlington, Camden, and Gloucester Counties in Southern New Jersey.

Progress:

Since hitting the road in February 2025, the Mobile Care unit has identified over 500 patients that meet criteria guidelines and are not associated with residential group homes and/or day programs.

Solution Oriented Objectives:

- Make healthcare equitable and accessible to all
- Meet them where they are!
- Improve access and timeliness of care
- Improve continuity of care
- Decrease Emergency Room visits

Mobile Care Unit Patient Criteria:

- Age of 18 years or older
- IDD or traumatic brain injury diagnosis
- Have an established CUHC primary care provider
- Have an additional diagnosis to support insurance claim for necessity for mobile care
- Permanent address within visiting parameters

Discussion:

- Barriers the Mobile Care Unit faces
- Patient & Support Persons feedback

For more information visit:

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Enhancing Healthcare Access In Geographically Isolated And Disadvantaged Areas In Batangas Through Health Kiosks

Presenters: Dolores Viliran

Organization: Batangas State University

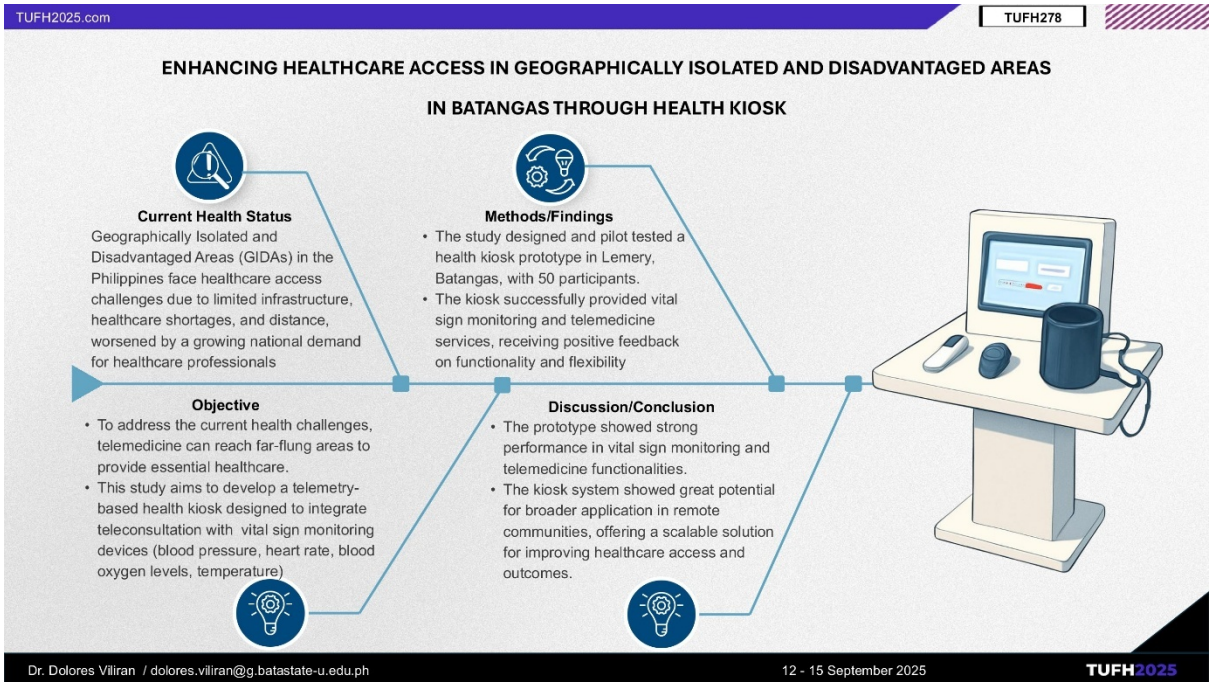
Country: Philippines

TUFH ID: TUFH278

Abstract

Access to primary healthcare remains a significant challenge in many remote regions of the Philippines. This study presents the design, development, and evaluation of a telemetry-based health kiosk to improve healthcare accessibility in Geographically Isolated and Disadvantaged Areas (GIDAs). The health kiosk integrates commercially available medical devices with Bluetooth technology to measure vital signs, including blood pressure, heart rate, oxygen saturation, and body temperature. A web-based dashboard is the user interface, facilitating cloud-based data storage and telemedicine consultations between patients and healthcare providers. Alpha testing was conducted to assess the system's performance and ensure the functionality of the kiosk in acquiring and transmitting vital signs. The results demonstrated 100% accuracy in data acquisition and transmission. Beta testing, based on the ISO 25010 software quality model, involved 11 participants (10 patients and 1 doctor). The participants evaluated the system across five quality attributes, with patients providing mean scores of 4.72 for functional suitability, 4.18 for interaction capability, 4.38 for reliability, 4.53 for security, and 4.48 for flexibility on a 5-point scale. The doctor rated the same attributes as 4.8, 5.0, 4.0, 5.0, and 5.0, respectively, reflecting strong usability, secure functionality, and adaptability in healthcare settings. The results validate the health kiosk's effectiveness in delivering accessible healthcare services in underserved communities. With promising performance and positive user

feedback, the kiosk prototype demonstrates substantial potential as a scalable, technology-driven solution to bridge healthcare gaps in remote areas of the Philippines.



Beyond the Clinic: Transforming Community Health Through Policy and Advocacy

Presenters: Danielle Fitzsimmons-Pattison

Organization: Southern New Mexico Familiy Medicine Residency Program

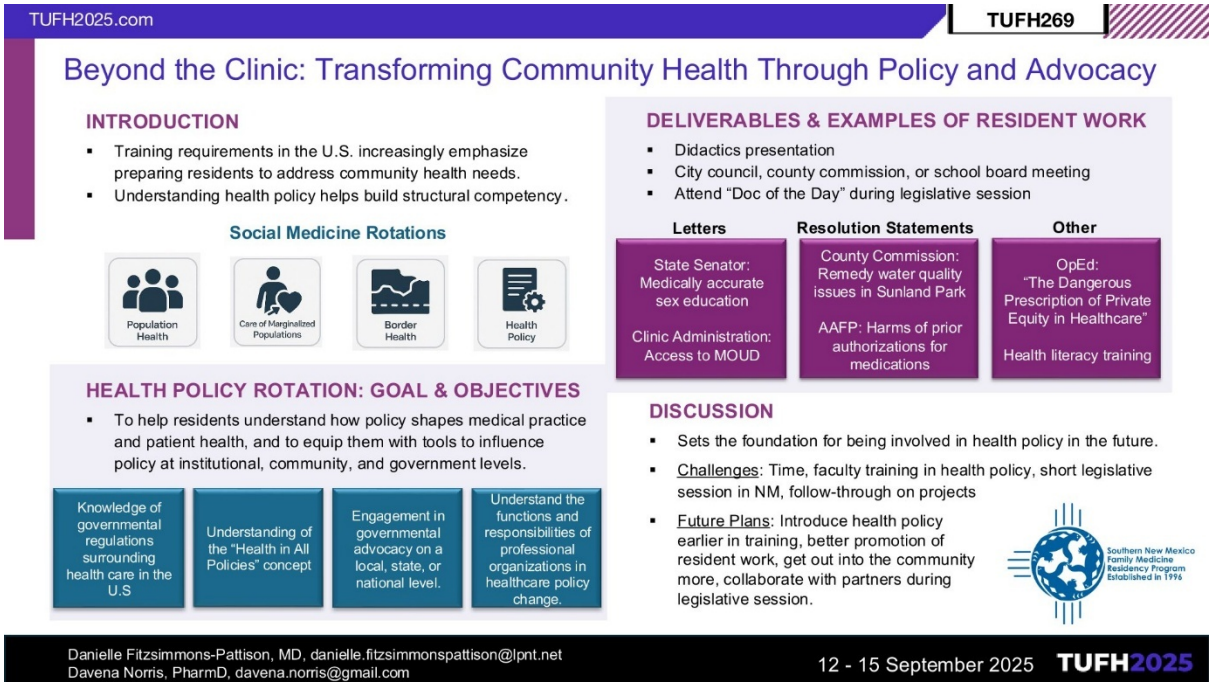
Country: United States

TUFH ID: TUFH269

Abstract

The Southern New Mexico Family Medicine Residency Program was established in 1996 to increase the availability of providers in southern New Mexico. Over time, it has embraced its social mission by fostering interprofessional collaboration and developing a robust social medicine curriculum. This includes mandatory rotations designed to help residents understand social determinants of health and empower them to advocate for their communities. Clinicians have a unique perspective on the needs of their patients and populations. By engaging in advocacy and addressing social determinants through policy, they can help create systemic improvements that enhance both individual and community health. Moving healthcare practices out of traditional clinical settings and into the community is essential for effectively addressing the complex needs of populations. This fosters greater engagement and builds trust between healthcare providers and the communities they serve. A key component of our social medicine curriculum is the Health Policy rotation, required for all third-year residents. This rotation introduces residents to the policymaking process and helps them identify key stakeholders at the institutional, local, state, and national levels. Residents gain practical skills in advocacy and learn how to influence policy decisions that impact both patient care and healthcare delivery. In this presentation, we will explore how residents are encouraged to identify the community needs they wish to address, followed

by the development of their advocacy plans centered on these self-identified topics. We will highlight examples of impactful work by residents and outline our plans for enhancing the rotation in the future.



Improving the Lives of Marginalized Youth with Autism and ID through Innovative Employment Programs

Presenters: Dianne Malley

Organization: Transition Pathways, AJ Drexel Autism Institute, Drexel University

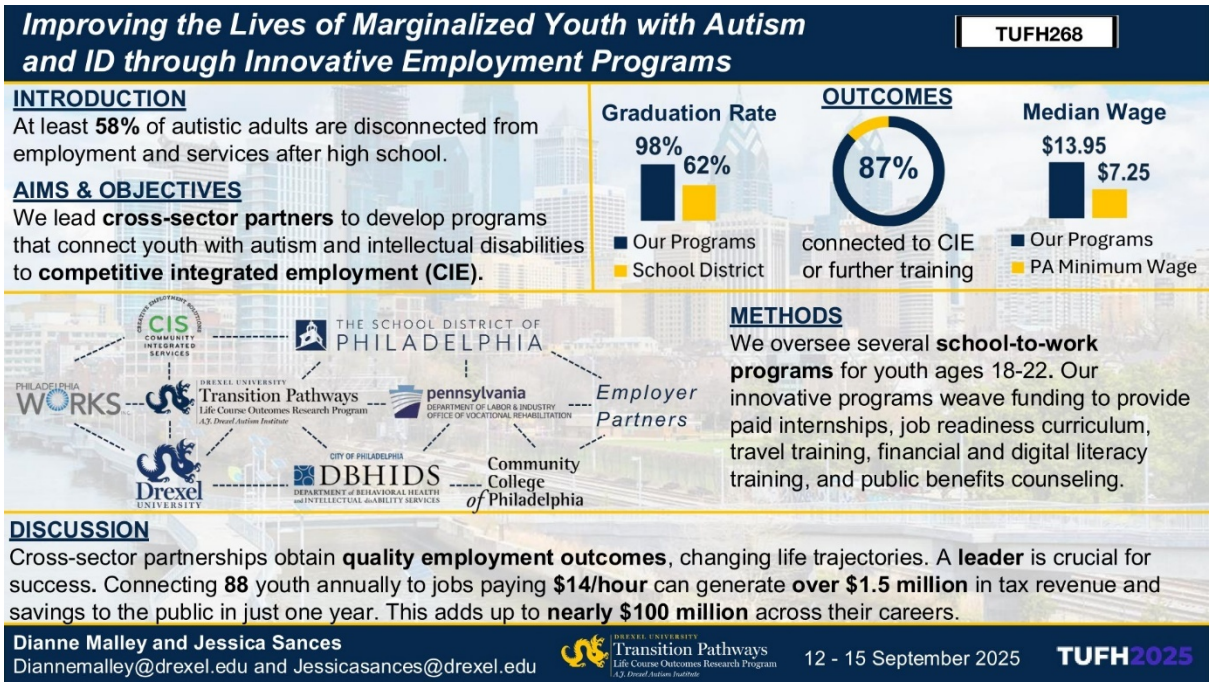
Country: United States

TUFH ID: TUFH268

Abstract

At least 58% of autistic young adults are disconnected from employment and adult services. Transition Pathways addresses this disparity by leading cross-sector partnerships that improve the lives of marginalized youth with autism and/or intellectual disabilities through competitive integrated employment. Our programs are embedded in Philadelphia systems, exemplified by our collaboration with the school district, community college, workforce development board, and funding agencies. These year-long programs remove the barriers to competitive integrated employment by offering paid internships, job readiness curriculum, financial literacy training, travel training, self-advocacy instruction, and benefits counseling. 87% of program participants have been connected to employment or further education/training aligned with their career path. By weaving together funding and resources, we obtain optimal outcomes, preparing young people for thriving careers. Securing competitive integrated employment brings money into the household and lifts people with autism and intellectual disabilities out of poverty. Connecting 88 youth annually to jobs paying $14/hour generates over $1.5 million in tax revenue and savings to the public - in just one year. Across their careers, this adds up to nearly $100 million for their communities. The cost of not doing this work is astronomical, both in terms of economic impact and the opportunity for systemic change. Transition Pathways demonstrates how we can improve the lives of people

with autism and/or intellectual disabilities through competitive integrated employment while creating a more inclusive world.



Prevalence of Anxiety disorders among medical students of Omdurman islamic university in Sudan during Sudan war 2023

Presenters: Salma Elkheder

Organization: Omdurman Islamic University Faculty of Medicine and Health Sciences.

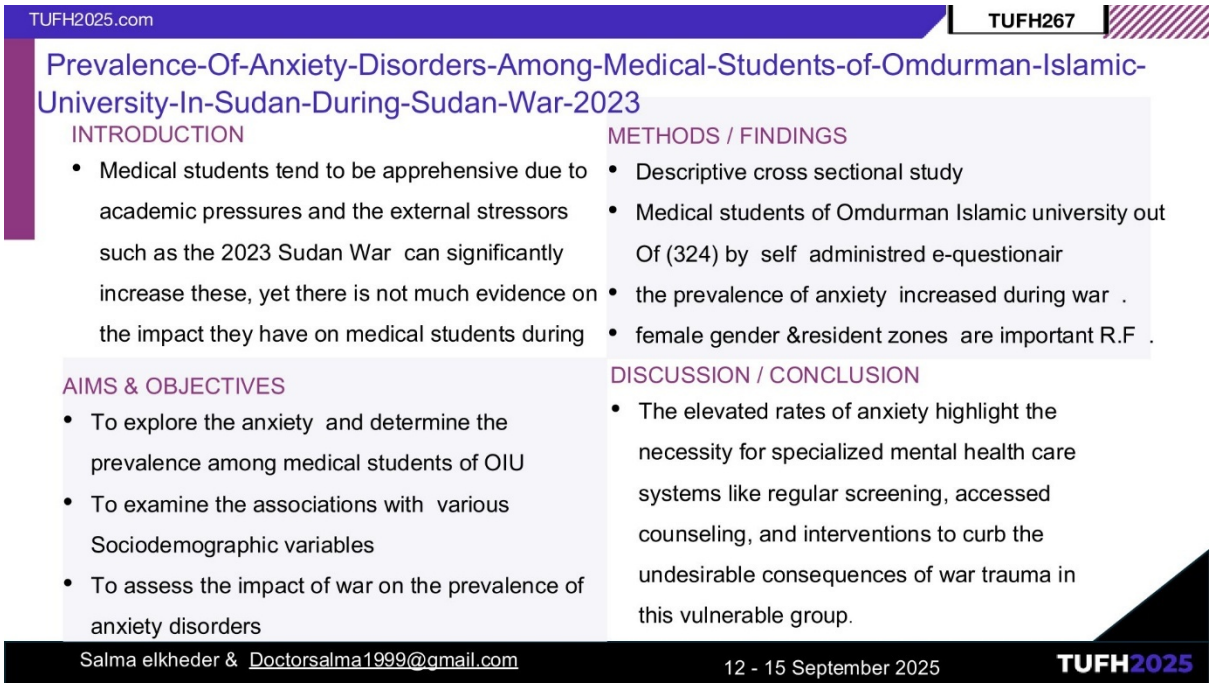
Country: Sudan

TUFH ID: TUFH267

Abstract

Background: Medical students tend to be apprehensive due to academic pressures. External stressors such as the 2023 Sudan War or similar other global issues can significantly increase these, yet there is not much evidence on the impact they have on medical students during such contexts, particularly in Sudan. The aim of this study was to establish the prevalence and determinants of anxiety disorders among Omdurman Islamic University medical students during the war.Methods: Descriptive cross-sectional study was performed among 280 Omdurman Islamic University medical students. Data on symptoms of anxiety and sociodemographic background were collected with a standardized questionnaire with the Hospital Anxiety and Depression Scale (HADS).Results: In the study, a high prevalence of anxiety symptoms in the participants was indicated. 47.9% of the students reported moderate anxiety, 39.3% mild anxiety, and 12.9% severe anxiety. Statistically significant associations were also found for increased anxiety scores and female gender, residence in conflict zones, past diagnosis of anxiety, and panic attack frequency. Conclusion: The findings highlight the overwhelming psychological burden that medical students experience during the Sudan War. The elevated rates of anxiety highlight the necessity for specialized mental health care systems like regular screening, accessed counseling, and

interventions to curb the undesirable consequences of war trauma in this vulnerable group.



Improving Language and Disability Access in a Teaching Health Center through Resident and Faculty Education

Presenters: Lisa Tshuma

Organization: The Wright Center for Graduate Medical Education

Country: United States

TUFH ID: TUFH265

Abstract

The Centers for Disease Control and Prevention (CDC) reports that more than 1 in 4 adults (28.7%) in the United States (US) have some type of disability. The US Census Bureau's American Community Survey recently found that over 8% of the US population have limited English proficiency. Together, these groups account for over a third of healthcare consumers in the United States. However, health and health care disparities for people with disabilities and people who receive health care services in a language other than English LOE/have limited English proficiency often go unrecognized and therefore, unaddressed. Historically, many health professions' training programs have not sufficiently addressed these disparities so many healthcare professionals are unaware of health and healthcare inequities for people with disabilities and people who receive services in a language other than English. In 2023, an interprofessional team embarked on a 5-year project to address health care disparities for people with disabilities and people with limited English proficiency living in 7 northeast Pennsylvania counties in the USA. This presentation will share how our teaching health center is pursuing healthcare equity through quality improvement in resident education, faculty development and clinical practice enhancements. Barriers and facilitators of care will be discussed, outcomes and lessons learned thus far in the project will be provided. Participants will be encouraged to engage and share best practices.

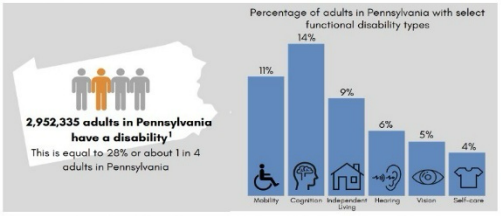
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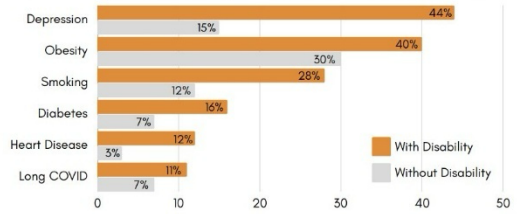
Improving Language and Disability Access in a Teaching Health Center through Resident and Faculty Education

The Wright Center for Community Health
The Wright Center for Graduate Medical Education

INTRODUCTION



Health Disparities for People in PA with Disabilities Persist



Source: CDC, Disability and Health Data System https://www.cdc.gov/dhds/impacts/index.html

METHODS



Most Common Languages Requested by Patients at Our Health Centers

1. English	5. French	9. Mandarin Chinese
2. Spanish	6. Gujarati	10. Hindi
3. Haitian Creole	7. Krio	11. Portuguese
4. Nepali	8. Vietnamese	12. Swahili

"If you talk to a man in a language he understands that goes to his head. If you talk to him in his language, that goes to his heart." -Nelson Mandela

Lisa Tshuma, DBH, MPAS, MPA, DipACLM, PA-C tshumal@thewrightcenter.org

12 - 15 September 2025

TUFH2025

Navigating Treatment Pathways: A Cross-Sectional Study of Epilepsy Management and Patient Attitudes in Sudan

Presenters: AALIA HAMID FADULALLA

Organization: Omdurman Islamic University faculty of medicine and health sciences

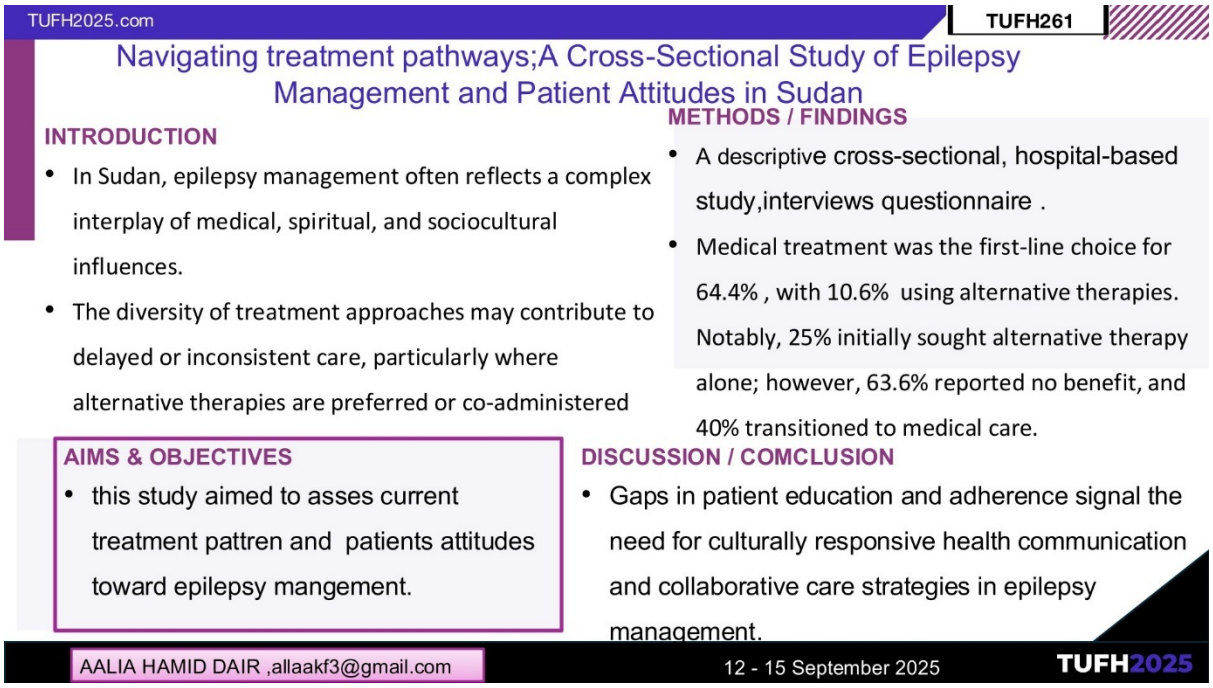
Country: sudan

TUFH ID: TUFH261

Abstract

Background: In Sudan, epilepsy management often reflects a complex interplay of medical, spiritual, and sociocultural influences. The diversity of treatment approaches may contribute to delayed or inconsistent care, particularly where alternative therapies are preferred or co-administered without clinical guidance. This study aimed to assess current treatment patterns and patient attitudes toward epilepsy management. Methodology: A descriptive cross-sectional, hospital-based study was conducted from September 20, 2023, to March 30, 2024. Data were collected from outpatient clinics across four Sudanese provinces. Structured questionnaires and qualitative interviews were administered by trained health workers and students (trained via an online workshop and instructional videos). All patients who consented were included. Results: A total of 133 patients participated, with equal gender representation. Most (52%) were under 25 years old, and 59% had completed basic education. Medical treatment was the first-line choice for 64.4% of participants, with 10.6% also using alternative therapies. Notably, 25% initially sought alternative therapy alone; however, 63.6% reported no benefit, and 40% transitioned to medical care. While 91.7% recognized the importance of medication adherence, 24.2% were nonadherent due to varied reasons. Awareness of seizure triggers, safety measures, and risk behaviors was low among nearly half of respondents.

Seizure recurrence within the past three months was reported by 79.5%. Conclusion: Integrating alternative therapies into evidence-based frameworks through dialogue between medical professionals and traditional practitioners is critical. Gaps in patient education and adherence signal the need for culturally responsive health communication and collaborative care strategies in epilepsy management.



Breast Cancer Awareness and Practice of Breast Self-Examination among OIU Female Medical Students In 2024

Presenters: Elaf Ibrahim

Organization: Omdurman Islamic University faculty of medicine and health science

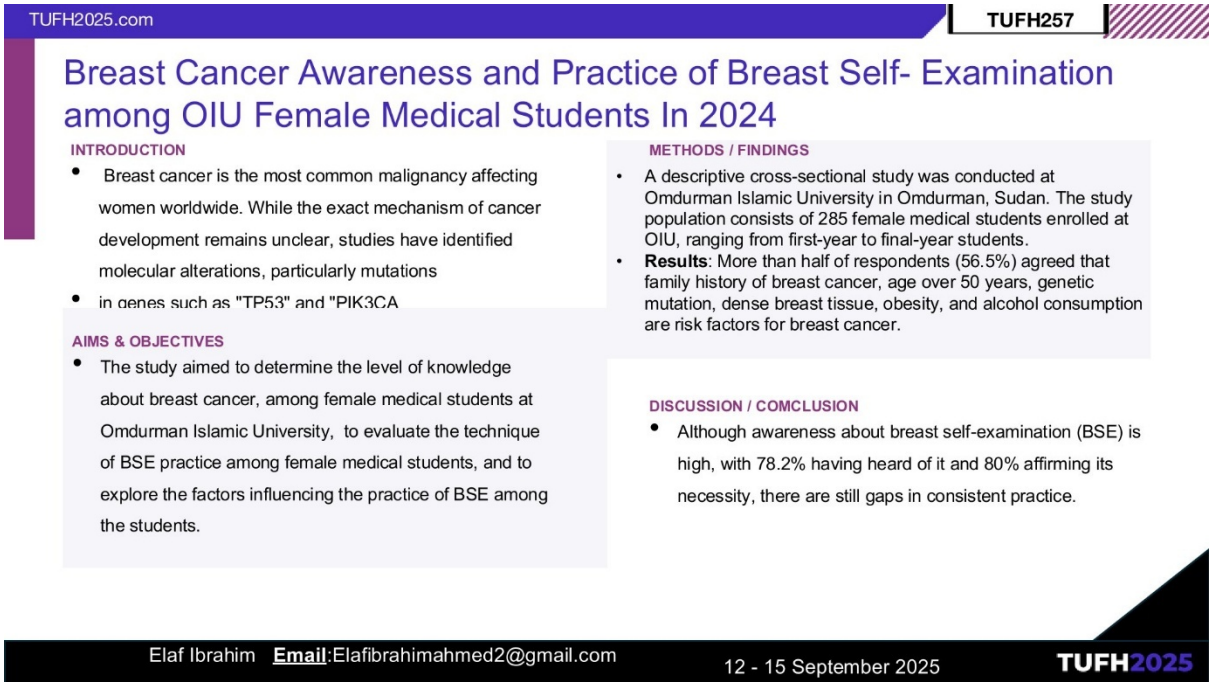
Country: Sudan

TUFH ID: TUFH257

Abstract

Introduction: Breast cancer is the most common malignancy affecting women worldwide. While the exact mechanism of cancer development remains unclear, studies have identified molecular alterations, particularly mutations in genes such as "TP53" and "PIK3CA." Objectives: The study aimed to determine the level of knowledge about breast cancer among female medical students at Omdurman Islamic University, to evaluate the frequency and technique of BSE practice among female medical students, and to explore the factors influencing the practice of BSE among the students. Methodology: A descriptive cross-sectional study was conducted at Omdurman Islamic University in Omdurman, Sudan. The study population consists of 285 female medical students enrolled at OIU, ranging from first-year to final-year students. Results: More than half of respondents (56.5%) agreed that family history of breast cancer, age over 50 years, genetic mutation, dense breast tissue, obesity, and alcohol consumption are risk factors for breast cancer, more than two thirds (75.4%) identified genetic mutation as the most common risk factor for breast cancer. Breast lump (75.8%), and change in breast size or shape (70.2%) were the most known signs, while lump or thickness in the breast (60.7%) was the most known symptom Conclusion: Although awareness about breast self-examination

(BSE) is high, with 78.2% having heard of it and 80% affirming its necessity, there are still gaps in consistent practice.



I Don't Know What That Means: Understanding Medical Students' Perceptions of Social Accountability - A Quantitative Study from Sudan

Presenters: Tahra Al Mahdi

Organization: Ahfad University for Women – School of Medicine (AUWSOM)

Country: Sudan

TUFH ID: TUFH255

Abstract

Background

Social accountability (SA) in medical education encourages institutions to align teaching, research, and service with community health needs. Though widely promoted by THEnet and IFMSA, limited evidence exists on how students perceive and internalize these values during training. Objective: To assess students' perceptions, readiness, and awareness of SA across curriculum phases and identify knowledge gaps that could guide curricular improvements.

Methods

A cross-sectional survey was administered to 185 students in Years 2–6 using a 39-item tool adapted from the IFMSA/THEnet Student Toolkit and other tool. It included demographic items, social engagement questions, beliefs about community-oriented medical practice, and institutional SA. A fifth response option, "I don't know," was added to the Toolkit to detect unfamiliarity.

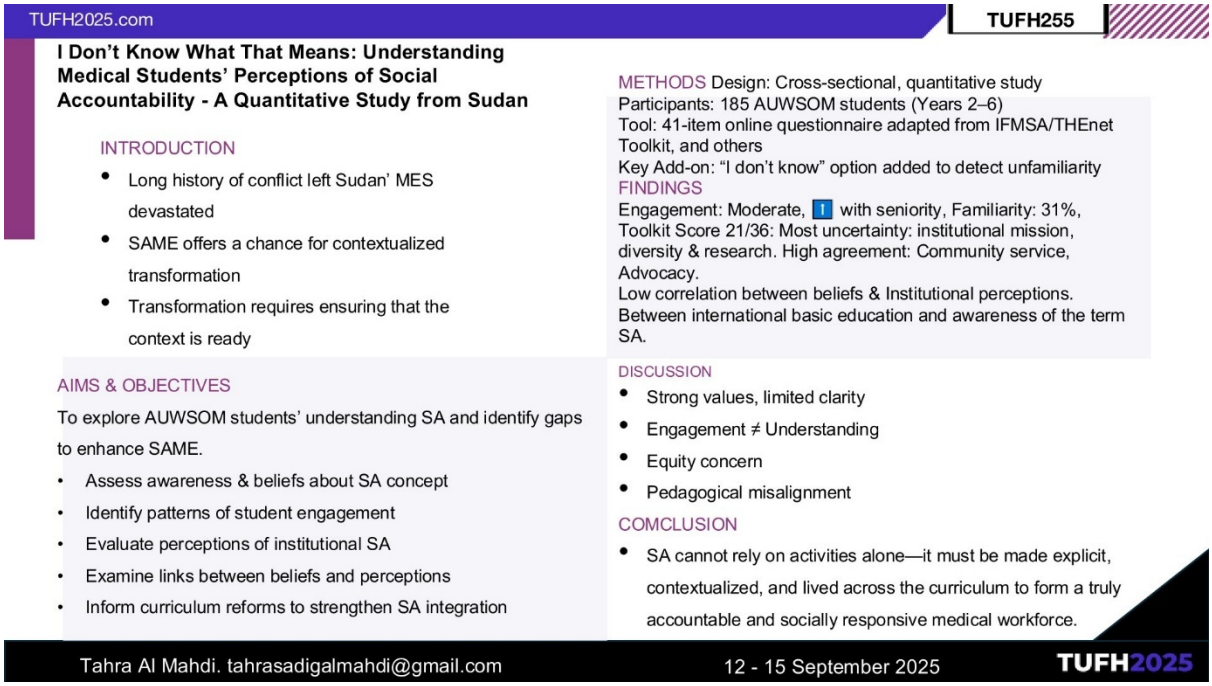
Results

Only 31% of respondents were familiar with the term SA. Students who endorsed a broader societal role were more likely to view their institution (AUWSOM) as socially accountable. Strong agreement was noted on themes

of advocacy, community service, and inclusive professional identity. AUWSOM was seen as active in community-based training and service, but rated poorly on diversity and mission-linked research. The average awareness score was 21/36. Items with the most uncertainty (≥30% "I don't know") related to institutional mission, partnerships, and research.

Conclusion

Students moderately recognize institutional SA but show key gaps in structural and policy-level understanding. Addressing these through curricular revisions and clearer institutional communication could enhance alignment with public health goals. Keywords: Social accountability, medical education, student perception, community engagement, IFMSA/THEnet Student Toolkit, medical curriculum



Training Dentists to Provide Innovative Comprehensive Oral Care to Meet the Needs of Medically Complex, Vulnerable, and Underserved Populations.

Presenters: Robert Frare

Organization: University of Pennsylvania School of Dental Medicine

Country: United States

TUFH ID: TUFH254

Abstract

Introduction

The goal of the one-year Advanced Education in General Dentistry (AEGD) program at the University of Pennsylvania School of Dental Medicine (PDM) is to empower residents to provide state-of-the-art inclusive comprehensive oral care.

Methods

The AEGD curriculum is composed of four components: the Resident Lecture Series, the Seminar Series, the Cohen Conference Oral Medicine Seminar Series, and the Resident Clinical Experience.

The didactic portion totals 250 hours of preparation, which includes:

The Graduate Core Curriculum lecture series.

The Seminar Series which consists of Case Presentations and Treatment Planning.

The Cohen Conference Oral Medicine Seminar Series.

The resident clinical experience takes place at the following locations:

PDM specialty clinics in Endodontics, Periodontics, and Oral Surgery.

2) PDM General Dentistry Clinic, where residents perform consultation reports and treatment prior to oncologic therapies.

3) Penn Dental Medicine at PHMC Cedar, providing comprehensive care for vulnerable populations.

4) Penn Dental Medicine at Woods, The Mikey Faulkner Dental Center, which is a 3,800 square-foot state-of-the-art facility where residents improve the quality of life for children and adults with intellectual and developmental disabilities and acquired brain injuries.

Results

Since the program's inception, the AEGD residents have completed innovative comprehensive oral health care services for almost 5,000 individuals completing more than 15,000 procedures since July 2022, using pharmacological and non-pharmacological interventions.

Discussion

The Advanced Education in General Dentistry Program at the University of Pennsylvania School of Dental Medicine is inspiring oral healthcare professionals to provide inclusive comprehensive care.

Training Dentists to Provide Innovative Comprehensive Oral Care to Meet the Needs of Medically Complex, Vulnerable, and Underserved Populations

INTRODUCTION

- Advanced Education in General Dentistry (AEGD) Program at the University of Pennsylvania School of Dental Medicine (PDM) is empowering residents to provide state-of-the-art inclusive comprehensive oral care.

RESULTS

- The AEGD residents have completed innovative comprehensive oral health care services for almost 5,000 individuals completing more than 15,000 procedures since July 2022, using pharmacological and non-pharmacological interventions.

METHODS

- The didactic portion totals 250 hours of preparation.
- The resident clinical experience includes:
  - PDM specialty clinics
  - PDM General Dentistry Clinic
  - Penn Dental Medicine at PHMC Cedar
  - Penn Dental Medicine at Woods, The Mikey Faulkner Dental Center

DISCUSSION

- An estimated 1.3 billion people have a disability.
- Health is a fundamental human right ,and all people are entitled to healthcare that is compassionate, accessible, and effective.

Marc Henschel DDS marchens@upenn.edu Robert Frare DMD FACD frare@upenn.edu

Presented by:

The Economic Burden and Projected Costs of Inaction on Non-Communicable Diseases in the UAE: A Cost-of-Illness Approach

Presenters: Noura Mohammad

Organization: University of Birmingham

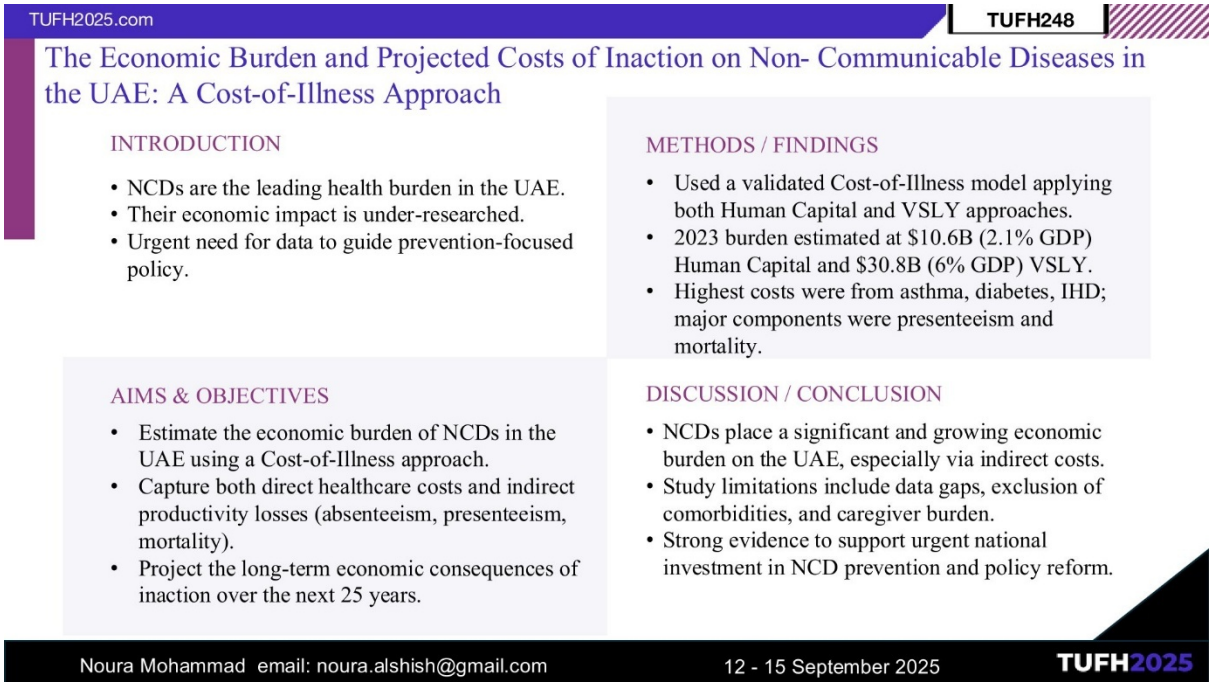
Country: United Arab Emirates

TUFH ID: TUFH248

Abstract

Background: Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, and chronic respiratory illnesses are the leading causes of mortality and morbidity in the United Arab Emirates (UAE). While their health burden is well-documented, their economic impact remains underexplored, particularly in the context of rising healthcare costs and lost productivity. Objective: This study aims to quantify the current and projected economic burden of NCDs in the UAE using a Cost-of-Illness (COI) approach, and to estimate the potential financial implications of inaction. Methods: A validated economic model—developed in previous work and adapted for the UAE context—is used to estimate both direct medical costs (hospital care, medications, diagnostics) and indirect costs (absenteeism, presenteeism, and mortality-related productivity loss). Data sources include the WHO STEPS survey, MOHAP registries, Global Burden of Disease data, and UAE labor statistics. Sensitivity analyses were conducted to test the robustness of cost estimates under varying assumptions. Expected Results: Preliminary findings indicate that NCDs impose a substantial and growing economic burden, accounting for a significant share of national healthcare spending and up to 4.5% of GDP through lost productivity. Without timely intervention, the economic burden is projected to rise sharply by 2040. Conclusion: This research highlights the urgent need for national investment in NCD prevention and early intervention strategies. Findings will provide

policymakers with evidence-based insights to inform resource allocation, guide health system reforms, and reduce long-term societal costs.



Enhancing Household Waste Management Through Health Education: A Community- Based Intervention in Kijjukizo Village, Uganda.

Presenters: Hilder Namuddu

Organization: Universidade Federal do Rio Grande do Norte (UFRN)

Country: Brazil

TUFH ID: TUFH238

Abstract

Background Globally, poor household solid waste management remains a major environmental and public health issue in low- and middle-income countries, where open dumping and burning are the primary disposal methods. Methodology The project targeted 80 household heads selected by random sampling in Kijjukizo Village, Uganda. Interviewer-guided questionnaires were used in pre and post-intervention surveys. A seminar and individual household educational talks were conducted in English and local languages, covering proper waste disposal, the health impacts of poor waste management, waste segregation, recycling, and waste reduction practices. Results Most participants interviewed were female (66.25%) and married (58.7%), with 55% having no formal education or only primary education. In the pre-survey, 78.7% of participants reported owning a solid waste container, 72.5% did not practice waste segregation, 60% were up to date with waste pickup fees, and 21.2% disposed of rubbish in improper common areas. After the intervention, 95% had a solid waste storage container, non-segregation dropped to 37%, and 87.5% were up to date with waste pickup fees. Additionally, the percentage of households burning waste decreased from 40% to 18.75%. Conclusion In our findings, the community-based intervention program improved the knowledge and practices among the community and could improve waste management practices in other villages in Uganda.

ENHANCING HOUSEHOLD WASTE MANAGEMENT THROUGH HEALTH EDUCATION: A community-based Intervention in Kijjukizo Village, Uganda

TUFH238

Authors:
Hilder P Robinah Namuddu[1], Joy Namusuubo[1], Aron Kharashi[1], Gift Agaba[1], Fortunate Adaku[1], Helga Naturinda[1], Carolina Santos[2]

Institutions: 1. Makerere University College of Health Sciences, Uganda.
2. Universidade Federal do Rio Grande do Norte (UFRN), Brazil.

INTRODUCTION

Globally, poor household solid waste management remains a major environmental and public health issue in low- and middle-income countries, where open dumping and burning are the primary disposal methods.

OBJECTIVES

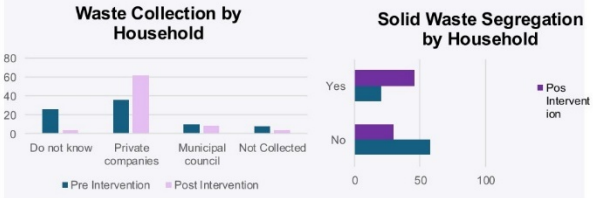
1. Equip households with necessary knowledge concerning proper household waste disposal
2. Enhance awareness on health-related dangers associated with improper household waste disposal habits.
3. Strengthen household waste collection systems, sorting facilities, recycling centers in Kijjukizo Village

METHODS

80 household heads, random sampling. Interviewer-guided questionnaires for pre and post-intervention surveys.,

Seminar and individual household educational talks in English and local languages

RESULTS: Females 66%, Males 34%



DISCUSSION

Project implementation with context specific approach i.e.

- Knowledge gap addressed
- Utilization of area leaders
- Addressing language barriers in interventions.
- Sustainable education endeavors

RECOMMENDATIONS

- Individual and community-wide approaches
- Interventional scale up in similar contexts
- Pre-interventional surveys and monitoring.

Presented by:

Menstrual dignity in the light of Dorothea Orem's Self-Care Theory

Presenters: Flaviane Albuquerque

Organization: Estácio de Sá University Center

Country: Brasil

TUFH ID: TUFH236

Abstract

Menstrual poverty is a complex condition resulting from resource scarcity, inadequate infrastructure, and lack of knowledge among people with a uterus, leading to an inadequate menstrual experience. In 2014, the United Nations recognized menstrual hygiene as a public health and human rights issue due to its direct impact on students' academic performance and health. Methodology: This experience report describes the action "Adopt a Cycle," developed during PIBIC in partnership with the YDUQS Institute and ELA. Menstrual self-care refers to the ability to engage in personal care, including using products, techniques, and devices during the menstrual period. Based on Dorothea Orem's Self Care Theory, this approach relates self-care deficits to health and disease processes, highlighting the connection between menstrual poverty and its impacts on public health, as well as contributing to an understanding of the social challenges involved. Results: Globally, one in ten girls miss school during menstruation; in Brazil, one in four students has already stopped attending school due to a lack of sanitary products. In 2013, 2.88% of girls aged 10 to 19 interrupted their activities due to menstrual problems, reflecting the vulnerability faced. Conclusion: In 2023, Brazil made progress by implementing a dignity menstrual promotion program, providing free sanitary products to women with low income. However, although this initiative is important, it is not enough to fully resolve the issue of menstrual poverty. To achieve real and lasting

change, it is essential to implement structural and ongoing actions that address the multiple dimensions.

MENSTRUAL DIGNITY IN THE LIGHT OF DOROTHEA OREM'S SELF-CARE THEORY

INTRODUCTION

Menstrual poverty is a complex condition resulting from scarcity of resources, inadequate infrastructure and lack of knowledge among people with uterus leading to an inappropriate menstrual experience

METHODS / FINDINGS

- The methodology adopted involved a literature review on the subject and the application of a semi-structured questionnaire, composed of 24 questions.
- The questionnaire was divided into six sections: identification, demographic data, access and use of menstrual products, impacts of menstrual poverty, prior knowledge and education on the subject.

AIMS & OBJECTIVES

Investigate and analyze the level of knowledge of nursing students about menstrual products currently available on the market, understand the availability of these products in society, especially for people in vulnerable situations.

DISCUSSION / COMCLUSION





ALBUQUERQUE, Flaviane. fflavianealbuquerque@gmail.com

Diabetes and tuberculosis comorbidity in the Democratic Republic of the Congo: prevalence, correlates, and programmatic implications.

Presenters: Patrick Ntontolo

Organization: Department of Family Medicine, Protestant University of Congo

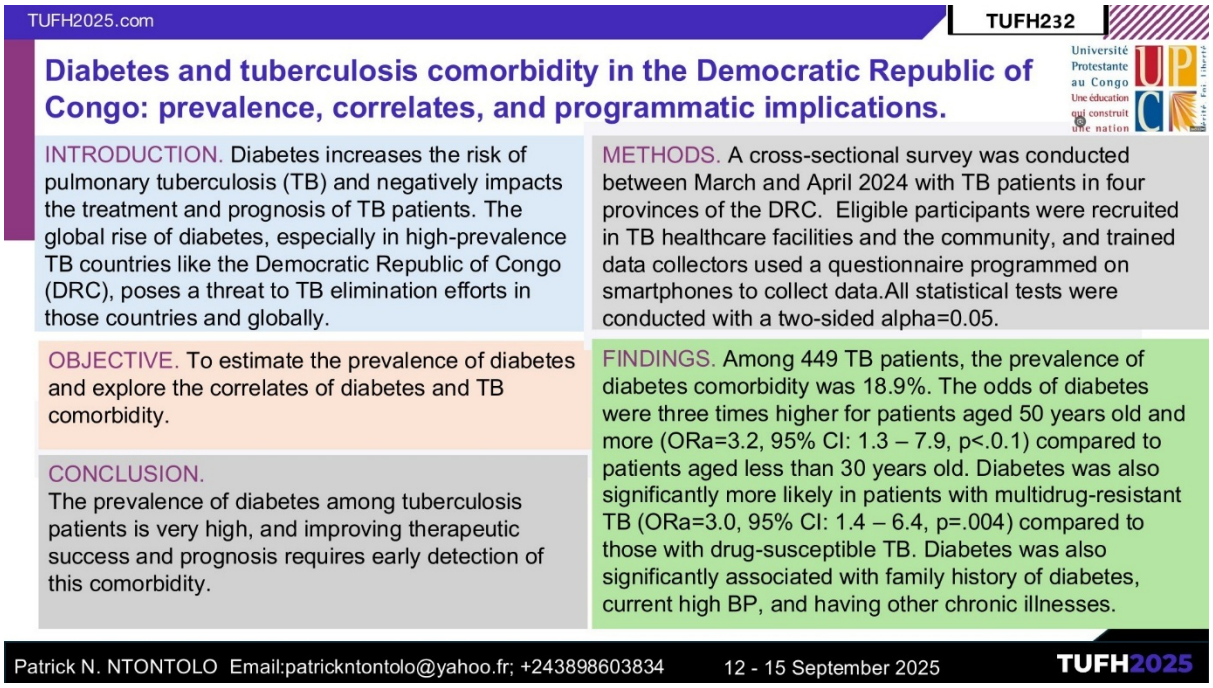
Country: DR CONGO

TUFH ID: TUFH232

Abstract

Background. Diabetes increases the risk of pulmonary tuberculosis (TB) and negatively impacts the treatment and prognosis of TB patients. The global rise of diabetes, especially in high-prevalence TB countries like the Democratic Republic of Congo (DRC), poses a threat to TB elimination efforts in those countries and globally. The objective of this study was to estimate the prevalence of diabetes and explore the correlates of diabetes and TB comorbidity. Methods. Between March and April 2024, we conducted a cross-sectional survey with TB patients in four provinces of the DRC. Eligible participants were recruited in TB healthcare facilities and the community, and trained data collectors used a questionnaire programmed on smartphones to collect data.All statistical tests were conducted with a two-sided alpha=0.05. Results. Among 449 TB patients, the prevalence of diabetes comorbidity was 18.9%. The odds of diabetes were three times higher for patients aged 50 years old and more (ORa=3.2, 95% CI: 1.3 ,Äì 7.9, p< .0.1) compared to patients aged less than 30 years old. Diabetes was also significantly more likely in patients with multidrug-resistant TB (ORa=3.0, 95% CI: 1.4 ,Äì 6.4, p=.004) compared to those with drug-susceptible TB. Diabetes was also significantly associated with family history of diabetes, current high BP, and having other chronic illnesses. Conclusion.The prevalence of

diabetes among tuberculosis patients is very high, and improving therapeutic success and prognosis requires early detection of this comorbidity.



Climate Change As an Access Barrier : Health System Preparedness For Drought-Related Disease Surges in Kassala Teaching Hospital, Sudan (2025)

Presenters: Walid Mohamed

Organization: Wad Medani University Of Sciences & Technology

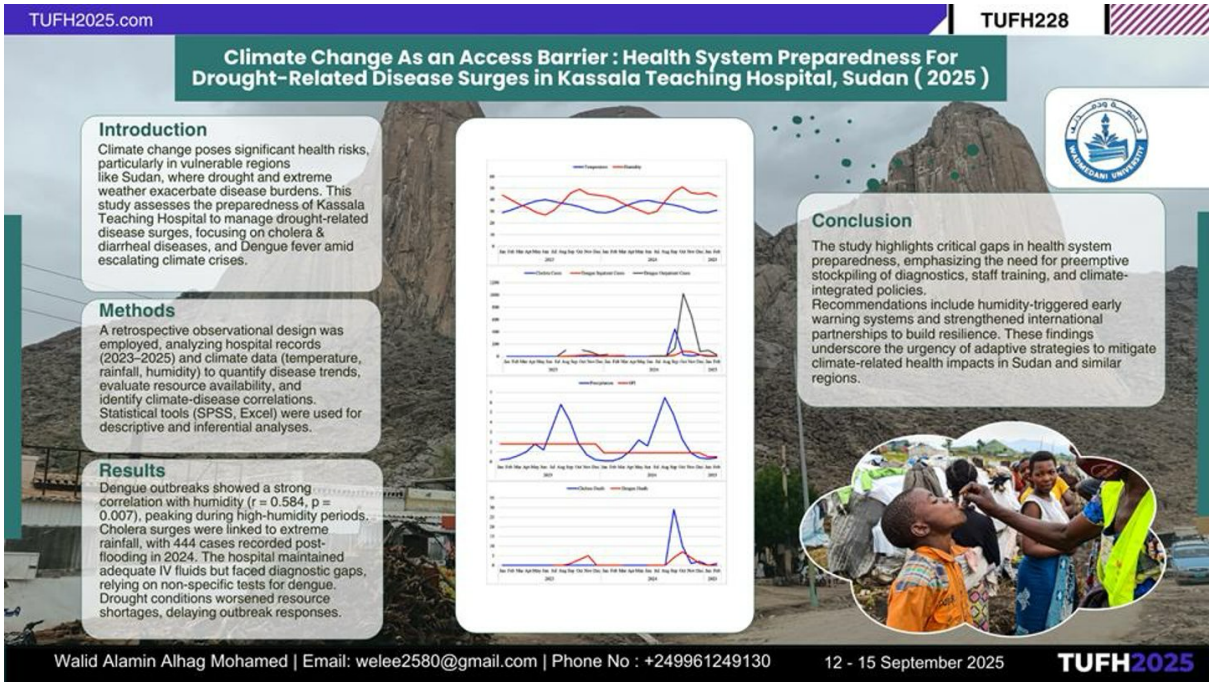
Country: Sudan

TUFH ID: TUFH228

Abstract

Abstract Background : Climate change poses significant health risks, particularly in vulnerable regions like Sudan, where drought and extreme weather exacerbate disease burdens. This study assesses the preparedness of Kassala Teaching Hospital to manage drought-related disease surges, focusing on cholera & diarrheal diseases, and Dengue fever amid escalating climate crises. Methods : A retrospective observational design was employed, analyzing hospital records (2023–2025) and climate data (temperature, rainfall, humidity) to quantify disease trends, evaluate resource availability, and identify climate-disease correlations. Statistical tools (SPSS, Excel) were used for descriptive and inferential analyses. Results : Dengue outbreaks showed a strong correlation with humidity ($r = 0.584$, $p = 0.007$), peaking during high-humidity periods. Cholera surges were linked to extreme rainfall, with 444 cases recorded post-flooding in 2024. The hospital maintained adequate IV fluids but faced diagnostic gaps, relying on non-specific tests for dengue. Drought conditions worsened resource shortages, delaying outbreak responses. Conclusion : The study highlights critical gaps in health system preparedness, emphasizing the need for preemptive stockpiling of diagnostics, staff training, and climate-integrated policies. Recommendations include humidity-triggered early warning systems and strengthened international partnerships to build resilience. These findings underscore the

urgency of adaptive strategies to mitigate climate-related health impacts in Sudan and similar regions. Keywords : Climate change, drought, disease surges, health system preparedness, Sudan.



Silent Struggles: Unveiling the Hidden Burden of Anxiety and Depression in Cancer Patients

Presenters: Sara Osman

Organization: Faculty of Medicine and Health Sciences Omdurman Islamic University.

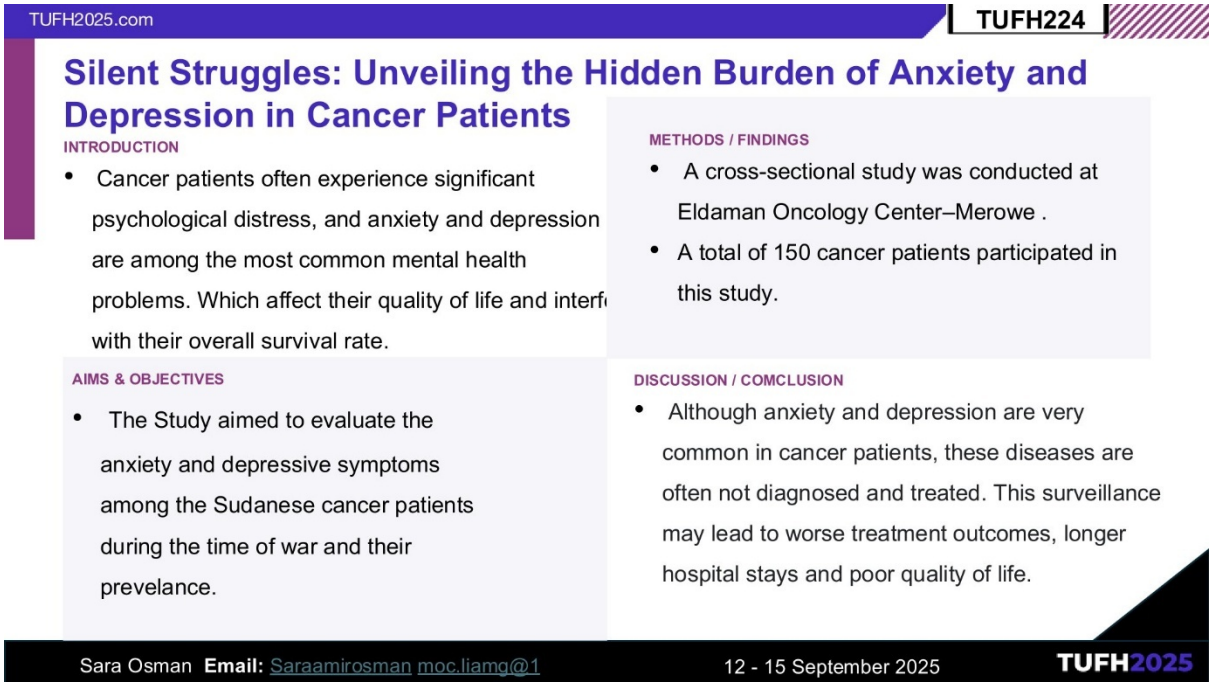
Country: Sudan

TUFH ID: TUFH224

Abstract

Cancer patients often experience significant psychological distress, and anxiety and depression are among the most common mental health problems. The solution to these problems is vital because they affect the patient's quality of life, treatment results, and overall survival rates. Despite their profound influence, these psychological burdens are often underestimated and not adequately managed in cancer care. The prevalence of anxiety and depression varies from patient to patient, depending on the type of cancer, stage, and characteristics of the individual patient. A cross-sectional study was conducted at Eldaman Oncology Center–Marowe, a specialized facility providing care for cancer patients in the region. The study population will consist of adult cancer patients (aged 18 years and above) who are receiving treatment or follow-up care at the center during the study period. Participants must be able to provide informed consent, and those with significant cognitive impairment or who are unable to consent will be excluded from the study. Data collected using the standardized HADS questionnaire. A total of 150 cancer patients participated in the study. The mean age of participants was 52.3 ± 13.7 years, with 60% being female. Based on the HADS scoring, 42% of participants had borderline, while 37% had borderline or abnormal depression levels, and 21%

for depression. And this shows how significantly war affects on cancer patients.



Presented by:

Moving towards Social Accountability: The Case of the Community Oriented Medical Education Unit of the University of the Philippines College of Medicine

Presenters: Lia Palileo-Villanueva

Organization: UP College of Medicine, University of the Philippines Manila

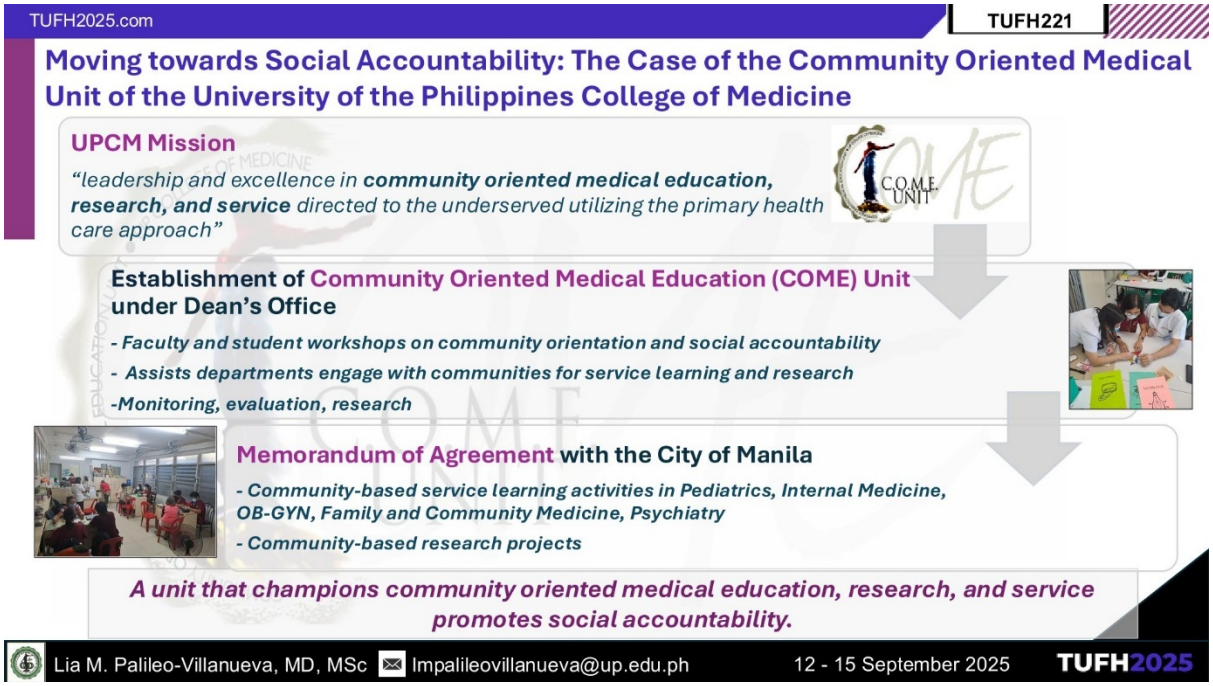
Country: Philippines

TUFH ID: TUFH221

Abstract

Background. The UP College of Medicine (UPCM) is committed to "leadership and excellence in community oriented medical education, research, and service directed to the underserved utilizing the primary health care approach." To champion this mission and escalate efforts towards its fulfillment, UPCM established the Community Oriented Medical Education (COME) Unit. Since its formation, the COME Unit has continued to work towards a better understanding of and commitment to the philosophy and methodology of community oriented medical education and social accountability among the faculty and students of UPCM through lectures and workshops and by providing venues for community based service learning and research. Methods.The COME Unit facilitated a memorandum of agreement between the University and the City of Manila that covers service, research, and training activities of UPCM in the city. It assists clinical departments in community based service learning and research activities by coordinating with the Manila City Health Training Office, local health centers, and the different communities where these activities are conducted. It also holds workshops for medical students and faculty to foster a better understanding of community orientation and social accountability. Results. There is a better understanding of community orientation and social accountability among the faculty and students of UPCM. Recognizing the

need for community exposure, several clinical departments (Internal Medicine, Obstetrics and Gynecology, and Pediatrics) that are mainly hospital based have included community based service learning activities for medical students. Conclusion. A unit that champions community oriented medical education, research, and service promotes social accountability.



Medical Students as Journal Reviewers - A project concept to consider them peers

Presenters: Ma Angelica Jeza Narvaez

Organization: University of New Mexico School of Medicine

Country: United States

TUFH ID: TUFH219

Abstract

Background The peer review process is widely accepted to benefit the education of health professionals. However, formal experience in peer reviewing is rare at the undergraduate level. A substantial pool of potential reviewers exists among health profession students, who are as stringent in peer reviewing as those more experienced. In this study, we aimed to evaluate the impacts of a mentorship program designed to teach students peer review skills using experienced peer reviewers as mentors. Methods Within the student organization The Network: Towards Unity for Health student leaders hosted student-led journal clubs. Active students were directly recruited and paired with mentors who were experienced journal reviewers. Each mentor/mentee pairing independently reviewed an article for either the journals "Education for Health" or "Undergraduate Research in Health." They then met for a discussion of results and feedback. Students who completed at least two reviews "graduated" from mentorship and were invited to join the pool of journal reviewers. Results The program effectively guided students to become effective peer reviewers. Students reported several benefits to participation in the program, including feeling more confident as peer reviewers, more effective at delivering constructive feedback, and personal growth, such as feeling more effective at designing their research. Discussion A mentor/mentee peer review program effectively produced a pool of competent peer reviewers while providing participants

several opportunities for personal growth. Ultimately, similar programs could lead to a larger community of peer reviewers and improved research literacy and capabilities among health professions students.

TUFH219

Medical Students as Journal Reviewers - A Project Concept to Consider Them Peers

Ma Angelica Jeza Narvaez, Luke Chao, Simran Spal, JE Wolvaardt, PhD, William Burdick, PhD, Amy Clithero-Eridon, PhD, MBA

Introduction

Despite a shortage of experienced peer reviewers, research shows medical students can review papers rigorously, yet few training models exist to support their effective participation. (1)

Objectives

Using an apprenticeship-based model, the project's objectives were to help students learn how to:

1. Provide constructive feedback
2. Write academically by reviewing real manuscript submissions to journals
3. Respond professionally to feedback

References

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Methodology

Recruitment & Preparation
Medical students from The Network: Towards Unity for Health began with student-led journal clubs, and active participants were selected for a mentorship program and assigned reviewing guidelines.

Mentorship Process
Selected students were paired with experienced reviewers to independently assess manuscripts, followed by joint discussions, with those completing two mentored reviews eligible to become independent reviewers or continue mentorship if needed.

Evaluation
The pilot used pre/post qualitative student feedback, which was thematically analyzed to identify outcomes and areas for improvement.



Results

Learning Outcomes Reported by Students:
Gained confidence in giving constructive feedback and academic writing, prioritized key issues, and improved their understanding of peer review standards and concise outcome reporting

Common Challenges:
Students struggled with balancing critique and professionalism, being overly critical, and knowing how to proceed when unfamiliar with a manuscript's topic.

Mentor Guidance:
Reviewers should be specific about unclear content, prioritize major issues over minor ones, and consult references or experts when unsure.

Conclusion

Medical students are a promising, resource for peer review, and an apprenticeship model with structured mentorship builds essential skills while addressing reviewer shortages, supporting its further development.

Discussion

Peer-to-peer review enhances literature evaluation, communication, and self-confidence in health students, who—with guidance—can effectively serve as journal reviewers despite not being faculty peers. (2-4)

Barriers like time constraints, limited mentorship, and lack of incentives hinder student peer review participation, but guided training addresses these challenges by building confidence, teaching academic standards, and fostering constructive feedback skills. (5)

Common reasons for manuscript rejection, such as methodological flaws and unclear conclusions, served as learning opportunities with mentors helping students understand research context and navigate peer review challenges. (6)

Limitations:
The pilot relied on qualitative student feedback without formal outcomes or statistical analysis. Future evaluations planned to include mentor input.

Ma Angelica Jeza Narvaez mmnarvaez@salud.unm.edu

Promoting Social Accountability through Public-Private Partnerships: The case of the Philippine General Hospital Department of Medicine and Caritas Manila

Presenters: Lia Palileo-Villanueva

Organization: UP College of Medicine, University of the Philippines Manila

Country: Philippines

TUFH ID: TUFH218

Abstract

Background. The Universal Healthcare Act (RA11223) mandates the reorientation of medical education towards primary health care. In light of this, the Department of Medicine of the University of the Philippines Philippine General Hospital (UP PGH) aimed to strengthen primary care training in training programs by adding a community rotation. Methods. The UP PGH Department of Medicine facilitated a Memorandum of Agreement between the University of the Philippines and Caritas Manila, Inc, a non stock, non profit non government organization that aims to provide equitable health services to the poor. It partnered with a nearby Caritas clinic to field doctors to the clinic at least once a week. It initially recruited faculty volunteers to man the clinic every Friday afternoon. After the MOA was executed, it began fielding first year Internal Medicine residents and 3rd year medical students to the clinic. Results. Since 2023, medical staff and students of the Department of Medicine have been regularly holding clinic at the San Fernando de Dilao Caritas Health and Wellness Clinic. An average of 10 adult and pediatric patients are served every clinic day. Common conditions include respiratory tract infections and non communicable diseases such as hypertension and diabetes. After their rotation, students appreciate the multifactorial nature of health and the importance of primary care as the foundation of a highly functioning health system. Faculty volunteers have led research to improve

clinic services. Conclusion. Public private partnerships facilitates training and research in primary care and health systems, and promote social accountability.



Social Accountability in Clinical Education: A Scoping Review

Presenters: Mohamed Nazar Abdalla

Organization: School of Medicine, University of Limerick

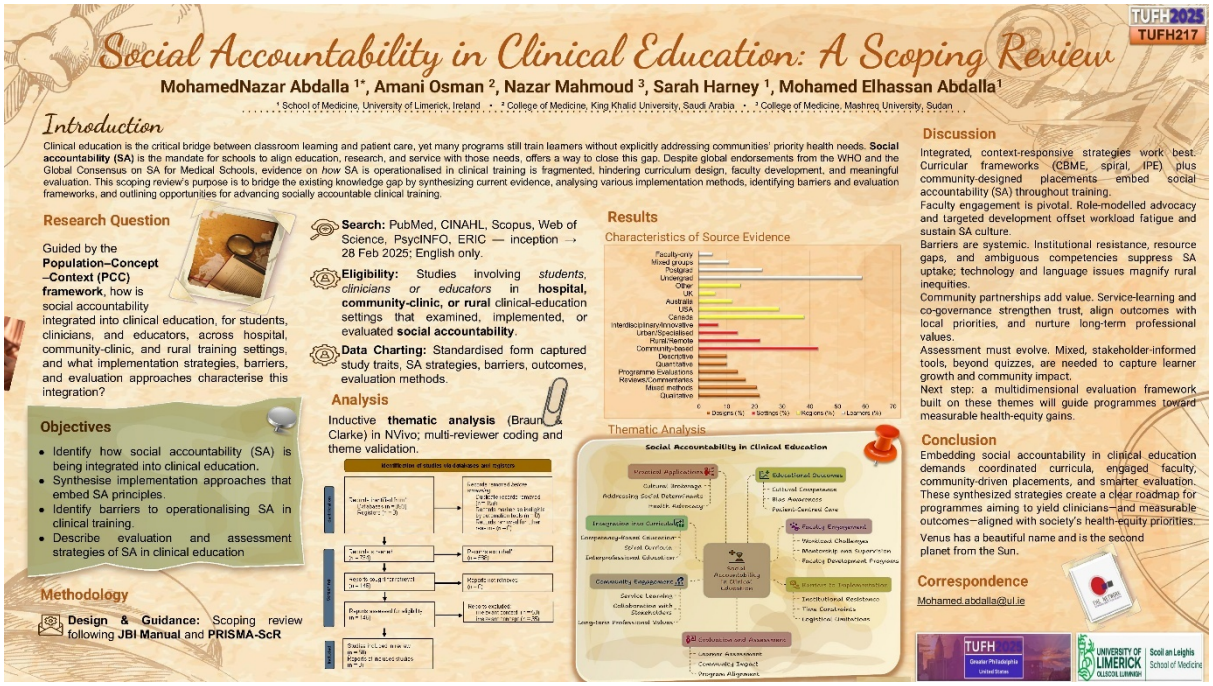
Country: Ireland

TUFH ID: TUFH217

Abstract

Social accountability is increasingly recognized as a core principle in medical education, yet its integration into clinical training remains fragmented. This scoping review explored how social accountability is embedded, implemented, and evaluated within clinical education globally. Following JBI and PRISMA ScR guidelines and the PCC framework, a comprehensive search was conducted across six databases up to February 2025. Fifty eight studies were included. Data were charted and thematically analysed using Braun and Clarke's framework, with expert consultation ensuring analytical rigor. Most studies were qualitative (22.4%) or mixed methods (20.7%), conducted primarily in Canada (37.9%) and the U.S. (29.3%). The majority focused on undergraduate medical education (58.6%), often in community (43.1%) clinical settings. Seven themes emerged: curricular integration, faculty engagement, implementation barriers, community engagement, practical applications, educational outcomes, and evaluation strategies. While competency based education, spiral curricula, and interprofessional learning supported integration, success depended on explicit implementation, faculty involvement, and community input. Implementation faced institutional and logistical barriers, while faculty engagement was hindered by limited training, heavy workloads, and unclear roles. Community based learning promoted engagement but required alignment with community priorities. Strategies like advocacy training, cultural brokerage, and immersion in social determinants of health supported equity driven

competencies but required sustained support. Evaluation practices were underdeveloped, lacking standardization and stakeholder involvement. Innovative curricula, faculty development, and community partnerships are essential for cultivating socially accountable clinicians. Developing stakeholder driven, multidimensional evaluation frameworks is critical. These efforts align with building social accountability bridges through partnerships linking education to advance community health.



Experiential Learning through Community Involvement: Examining Ahfad University Model for Health Education and Social Responsibility

Presenters: Durria Elhussein

Organization: Ahfad University for Women

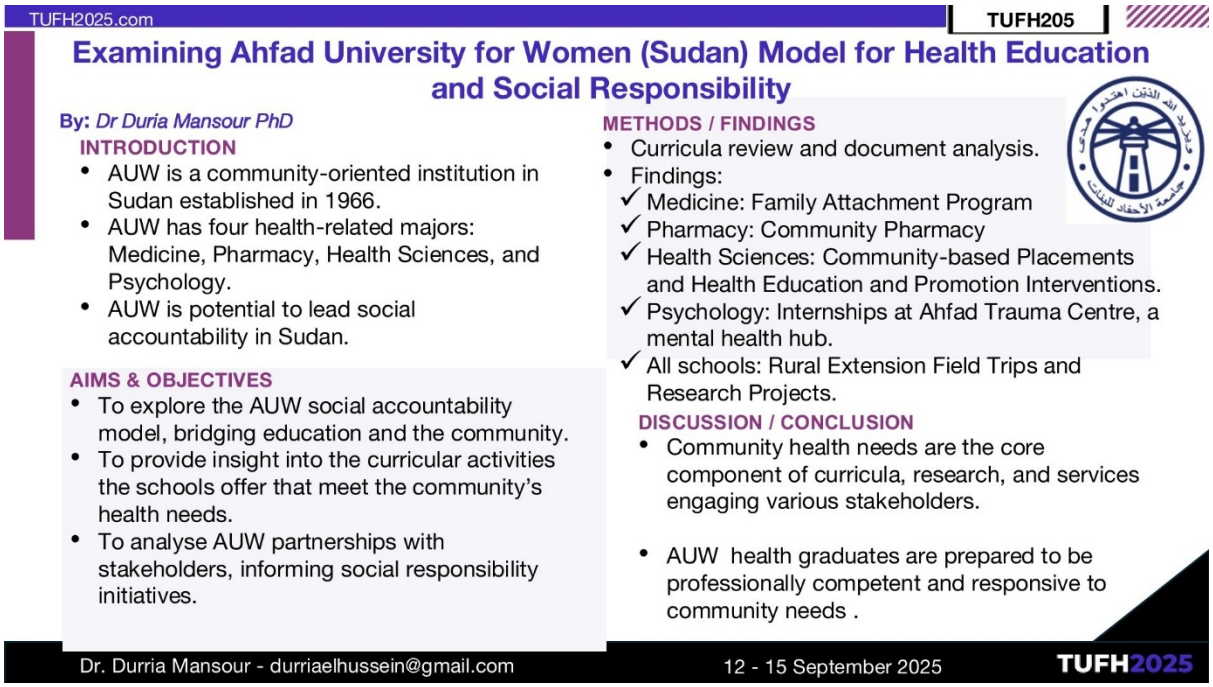
Country: Sudan

TUFH ID: TUFH205

Abstract

Introduction: Ahfad University for Women (AUW) is a private non-profit, community-oriented institution in Sudan established in 1966. AUW focuses on women's education to promote their leadership roles and responsibility in national and rural development. This study explores the AUW social accountability model bridging education and the community. Objectives: To provide insight into the curricular activities offered by AUW health-related schools that meet the health needs of the community served. Besides, to analyse AUW partnerships with stakeholders informing social responsibility initiatives. Methodology: Review the curricula for community-based education activities, research, and services, besides document analysis for partnership and stakeholder involvement. Results: The medical school Family Attachment focuses on family health and cultural attitudes. Students visit underprivileged families to identify health needs conduct health education, referring cases to the Ahfad Family Healthcare Centre serving the catchment area. The health sciences school integrates community-based placements in physiotherapy, nutrition, and public health curricula addressing health and livelihoods. The Ahfad Rural Extension field trips immerse the students in rural communities health challenges informing research and curricula. Ahfad Trauma Centre is a mental health hub for students' internships, community services, and research. Faculty huge research on Female Genital Mutilation

and healthcare access for vulnerable people has influenced national policies. AUW engages in community outreach activities through voluntary organizations and global health initiatives. Conclusion: AUW places community health needs as a core component of curriculum development, research, and services with engagement of different stakeholders.



Bridging the Gap: Leveraging Smart Syndromic Surveillance in Conflict Zones – A Narrative Review

Presenters: Nafeesa Ali

Organization: University of Gazira

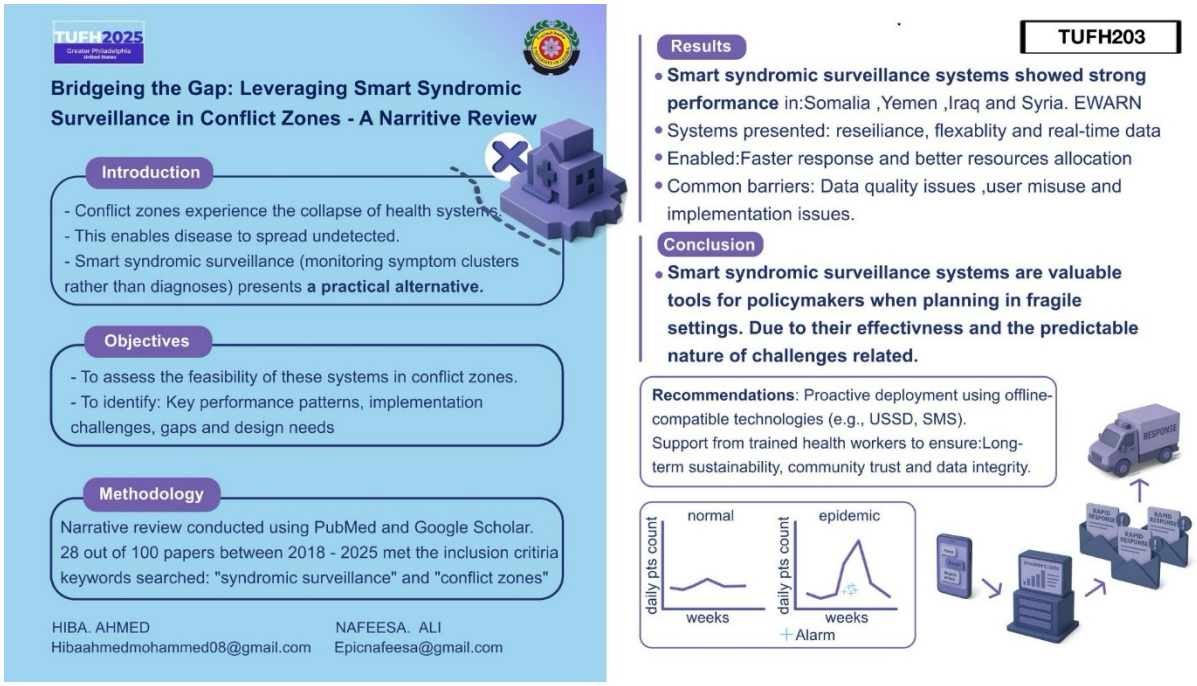
Country: Sudan

TUFH ID: TUFH203

Abstract

Background: In conflict zones, the collapse of formal health systems often allows infectious disease outbreaks to spread undetected. Smart syndromic surveillance systems—which monitor symptom clusters rather than confirmed diagnoses—offer a potentially practical alternative. However, their performance in these challenging settings remains underexplored. Objective: To assess the feasibility and impact of smart syndromic surveillance systems in conflict zones by identifying key performance patterns, implementation challenges, gaps, and design needs. Methodology: A narrative review was conducted using PubMed and Google Scholar, screening articles published between 2018 and 2025. Search terms included "syndromic surveillance" and "conflict zones." Of 100 articles identified, 28 met the inclusion criteria, focusing on implementation, effectiveness, or design adaptations of syndromic surveillance in conflict or humanitarian settings. Results: A novel finding was that smart surveillance systems consistently performed well in countries such as Somalia, Yemen, Iraq, and Syria—despite poor infrastructure and ongoing violence. These systems demonstrated resilience, flexibility, and value in real-time disease monitoring, enabling faster response and more effective resource allocation. However, recurring barriers included data quality concerns, misuse by users, and implementation difficulties. Conclusion: Smart syndromic surveillance is a valuable tool for policymakers and health planners in fragile settings. Given its proven adaptability and recurring

challenges, we recommend proactive deployment using offline-compatible technologies (e.g., USSD/SMS), supported by trained health workers to ensure long-term sustainability, community trust, and data integrity.



Presented by:

Establishment of a The Network: Towards Unity for Health Center of Excellence for Social Accountability in the Philippines

Presenters: Charlie Labarda

Organization: Social Innovation In Health Initiative / University of the Philippines Manila

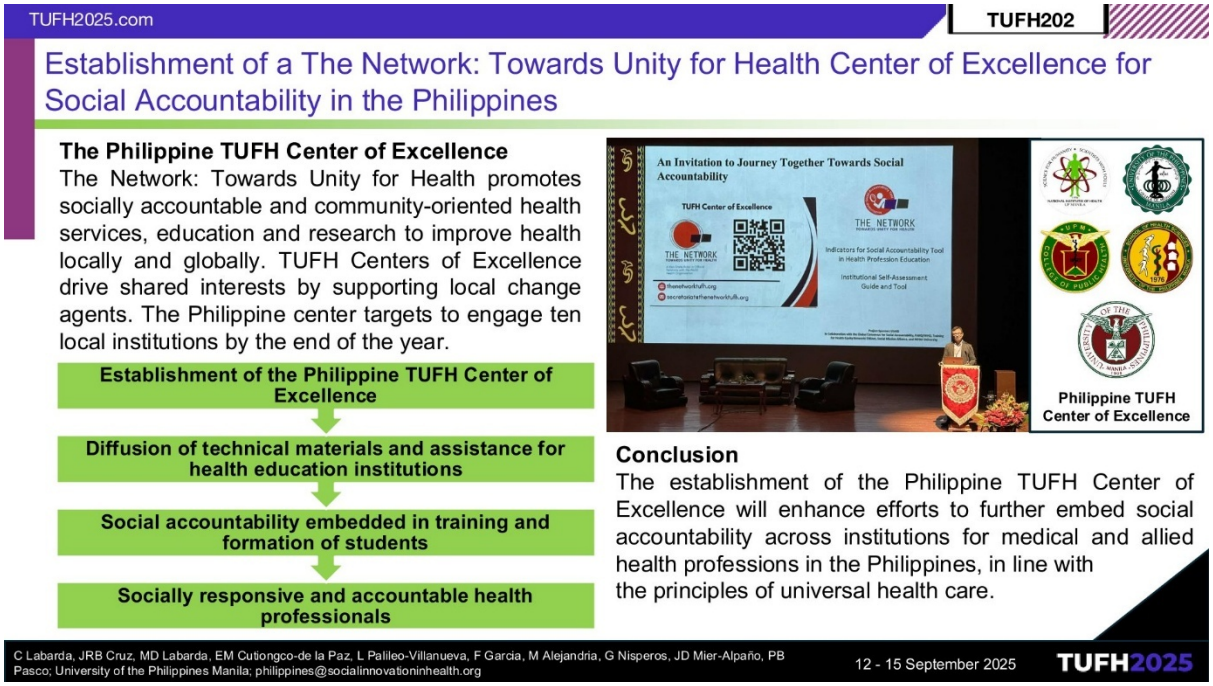
Country: Philippines

TUFH ID: TUFH202

Abstract

Background The Network: Towards Unity for Health (TUFH) is an international organization that promotes socially accountable and community oriented health services, education and research to improve health locally and globally. TUFH Centers of Excellence (CoE) drive shared interests by supporting local change agents toward global policy recommendations. Methods The University of the Philippines Manila (UPM) established a TUFH CoE in 2025 through partnership of its component units: the National Institutes of Health, College of Medicine, College of Public Health, and School of Health Sciences. The center will focus on social accountability in health, which is in line with the thrust of the Philippine Commission on Higher Education (CHED) to embed social accountability in health education. With support of TUFH and CHED, the center will seek to support efforts of institutions for medical and health education to further align their curricula towards social accountability. Results Initial discussions have been conducted with TUFH, Philippine state colleges and universities and several members of the Association of Philippine Medical Colleges to become part of the network in the Philippines. The Philippine TUFH CoE will seek formal partnerships with these institutions that will facilitate diffusion of technical materials and assistance to further enhance health education for social accountability. The center targets to engage at least ten institutions by the end of the year.

Conclusion The establishment of a TUFH CoE in UPM will advance efforts to further embed social accountability across institutions for medical and allied health professions in the Philippines, in line with the



Presented by:

Social Accountability in Medical Education: An Evaluation of the University's Response to the Educational Challenges Faced by Displaced Gezira Medical Students During the Sudanese Conflict (2024–2025)

Presenters: Rwan Jaffer

Organization: Gezira-SNO

Country: Sudan

TUFH ID: TUFH201

Abstract

Background: The ongoing conflict in Sudan has significantly disrupted higher education, displacing thousands of students and placing immense pressure on institutions to uphold their educational and social responsibilities. The Faculty of Medicine at the University of Gezira (UGFM), known for its commitment to social accountability (SA), has had to navigate these challenges while maintaining its core values. This study explores how FMUG integrated SA principles into its medical education framework during the conflict and assesses university managers' perspectives on the effectiveness of these efforts. Methods: A qualitative study using semi-structured interviews was conducted with 10 purposively selected faculty doctors and administrators involved in educational strategy. Thematic analysis was used to extract key insights. Results: Three core themes emerged: 1\ Institutional Adaptations for Continuity: FMUG expanded online learning, relocated study centers domestically and abroad, and partnered with external institutions to ensure clinical training. Curriculum changes emphasized practical, community-based learning. 2\ Social Responsibility and Resilience: The university supported displaced students from other institutions, collaborated with NGOs for community outreach, and maintained quality through structured assessments and transparent exam practices. 3\ Sustainability and

Future Planning: Participants emphasized strengthening partnerships, enhancing digital infrastructure, and increasing student and alumni involvement to support long-term educational resilience. Conclusion: FMUG's experience underscores how social accountability can drive institutional resilience during crises. Its proactive strategies offer valuable lessons for other institutions operating in conflict-affected settings

TUFH201

Social Accountability in Medical Education: Evaluating the University's Response to the Educational Challenges of Displaced Gezira Medical Students During the Sudanese Conflict 24-25

INTRODUCTION

The conflict in Sudan has disrupted higher education, displacing thousands of students and placing immense pressure on institutions to uphold their educational and social responsibilities. The Faculty of Medicine at the University of Gezira (UGFM), known for its commitment to social accountability (SA), has had to navigate these challenges while maintaining its core values. This study explores how FMUG integrated SA principles into its medical education framework during the conflict and assesses university managers' perspectives on the effectiveness of these efforts.

DISCUSSION / COMCLUSION

FMUG's experience underscores how social accountability can drive institutional resilience during crises. Its proactive strategies offer valuable lessons for other institutions operating in conflict-affected settings.

METHODS / FINDINGS

Semi-structured interviews was conducted with 10 purposively selected faculty doctors and administrators involved in educational strategy. Thematic analysis was used, and three core themes emerged:
1\ Institutional Adaptations for Continuity: FMUG expanded online learning, relocated study centers domestically and abroad, and partnered with external institutions to ensure clinical training.
2\ Social Responsibility and Resilience: They supported displaced students from other institutions, collaborated with NGOs for community outreach, and maintained quality using structured assessments.
3\ Sustainability and Future Planning: Participants emphasized strengthening partnerships, enhancing digital infrastructure, and increasing student and alumni involvement to support long-term educational resilience.

Rwan Jaffer jfrrwan607@gmail.com Wesam Sofian wisamsofian30@gmail.com

Presented by:

Development of an Equity-Focused Evaluation Tool for Social Innovations in Health

Presenters: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative (SIHI) Philippines

Country: Philippines

TUFH ID: TUFH200

Abstract

Introduction: In the Philippines, social innovation in health has emerged as a new approach to complex health system problems and disparities. Understanding the relationship between social innovation and health equity would inform the design and implementation of new solutions and ensure that innovations are guided by an equity-nuanced understanding of their impact. Methods: Data on the factors of social innovation affecting equity were gathered through key informant interviews and scoping literature review. Literature was gathered through the use of online text archives such as PubMed. Results were filtered for relevance before data was extracted. A diverse roster of key informants were invited based on their experience in social innovation and health equity. Results/Discussion: Preliminary results point towards the need to heavily involve communities from the conceptualization to the implementation of solutions. This ensures that the innovation will be effective, and solutions are able to reach those who need it most. The need for sustainability and longevity of innovations was also emphasized, with government partnership having been mentioned as an avenue for financing and maintenance. Finally, some experts pointed that innovations should seek to address structural barriers to prevent overdependence on innovations and truly empower the communities being served. Conclusion: The study is currently in the data gathering phase to develop a framework on social innovation factors that affect health equity.

This will be followed by the design, refinement, and testing of a tool to evaluate social innovations in health with an equity lens.

Development of an Equity-Focused Evaluation Tool for Social Innovations in Health

TUFH200

Introduction

In the Philippines, social innovation in health has emerged as a new approach to complex health system problems and disparities. Understanding the relationship between social innovation and health equity would inform the design and implementation of new solutions and ensure that innovations are guided by an equity-nuanced understanding of their impact.

Methodology

Literature Review

- Literature gathered from online archives such as PubMed
- Grey literature from websites of organizations focused on social innovation and health equity
- Targeted search made using carefully selected search terms



Key Informant Interviews



- Interviews performed through Zoom
- Fifteen (15) key informants from around the world specializing in different fields
- Interview focused on interviewee's experience with social innovation and health equity in their respective contexts

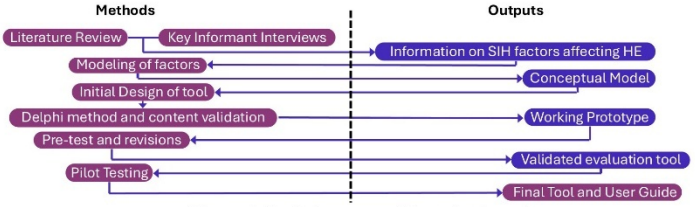


Diagram 1. The design process of the evaluation tool

Results

- Initial analysis has found that literature and experts emphasize the need for community involvement in all stages of an innovation for effective and far-reaching impact
- Longevity and sustainability of innovations were commonly brought up
  - Avenues for long term maintenance and financing included government partnership
- Structural barriers and injustices should be targeted to prevent overdependence on the innovators and to empower communities
- Evaluation of impact and key metrics should be performed to determine whether innovation is reaching the vulnerable

Conclusion

The study is currently in the data gathering phase to develop a framework on social innovation factors that affect health equity. This will be followed by the design, refinement, and testing of a tool to evaluate social innovations in health with an equity lens.

HEALTH EQUITY & RESEARCH FOUNDATION
St. Luke's Medical Center

SOCIAL INNOVATION IN HEALTH INITIATIVE
PHILIPPINES

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TUFH2025

Presented by:

THE NETWORK
TOWARDS UNITY FOR HEALTH

Woods
SYSTEM OF CARE

Mollie Woods Hare
Global Center of Excellence

Survey of International Medical Student Support Needs

Presenters: Tom Markle

Organization: The University of New Mexico

Country: United States

TUFH ID: TUFH199

Abstract

Background: Even in the best of circumstances, with abundant resources and easily available support, the journey through medical school towards becoming a physician is a difficult one. Yet, many students across the world face significant barriers that can delay their training, hamper their success, or even force them out of the profession entirely. Therefore, in building an international community to foster health equity, we should also invest our efforts into determining how can we better assist medical students during their preclinical and clinical training to maximize the number of graduated physicians worldwide. Methods: We conducted digital survey comprised of 14 multiple-choice and open-ended question which was sent out through the email listserv to all TUFH student members in the Fall of 2024. Results: Preliminary themes related to the support needs of TUFH student members (N = 59) were coded from the survey data. While not an exhaustive list, the answers provide context for the multitude of challenges students experience: lack of learning materials, personal safety concerns, technology deserts, and financial stress. There were also specific regions, Sub-Saharan Africa in particular, which had more respondents. Conclusion: The core themes hint at the possibility of developing international academic support for TUFH medical students worldwide, by providing learning and aid resources remotely in a digital repository. Furthermore, there could an opportunity to partner with corporations or aid organizations to supply other technology needs such a lack of consistent Internet access.

Survey of International Medical Student Support Needs

SCHOOL OF MEDICINE
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

INTRODUCTION

- Medical training is arduous even under the best of circumstances, therefore as a global community, we should be willing to provide assistance to improve learning outcomes.
- Yet, we don't truly know what types of difficulties students are facing.

AIMS & OBJECTIVES

- To determine what sort of challenges students reported as having during their medical training.
- To establish if there are collective commonalities that my office could offer support materials and in what languages.

METHODS / FINDINGS

- Digital survey of TUFH students recruited from the listserv in the Fall of 2024. (N = 59)
- High regional participation, especially sub Saharan Africa and South America. (N = 51)
- Vast majority (93%) of respondents are asking for academic counseling support and more.

DISCUSSION / COMCLUSION

- How can we provide academic counseling to a global student population?
- There is an extreme lack of support for educational adjacent needs: Internet access, technology, mentors, mental health counseling, career advisement. Solutions should be explored.
- The survey is still open and ongoing. More student opinions are welcome.

Tom Markle dtmarkle@salud.unm.edu

Presented by:
THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

Development of a tailor-made training program for social innovators in health in the Philippines

Presenters: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative (SIHI) Philippines, University of the Philippines Manila

Country: Philippines

TUFH ID: TUFH197

Abstract

Background: The biennial Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH) has recognized thirty innovations in the Philippines since 2020. Finalists undergo training that enables non-researchers to conduct research, evaluate, and scale their innovations. The diverse backgrounds of the innovators highlight the need for tailored training. Methods: The training program was designed by reviewing reports from previous iterations, performing a needs assessment, and conducting a workshop that utilized a strategic learning and development (L&D) approach. Instructional design models, including ADDIE and 70-20-10, assisted in creating a results-oriented L&D performance map and training framework. Results and Discussion: Based on the mapping of performance needs, the training program was designed for the participants to be able to develop a structured research proposal, design a business model canvas, and pitch for acquiring support to improve or scale their social innovations while advocating for data-driven and entrepreneurial mindsets in research and innovation. A series of lectures and workshops will be conducted with a dual focus on implementation research and innovation strengthening, complemented by mentoring activities. Conclusion: The GCARSIH training is currently being implemented and will run until May 2025, culminating in a networking and awarding event where participants can showcase their

learnings from the program. These capacity-strengthening opportunities can enhance the potential of social innovations to improve health through inclusive, community-engaged processes, leading to more effective and sustainable solutions.



Figure 1. Resulting Training and Mentoring Program Framework

OCU400 Gene Modifier Therapy for Retinitis Pigmentosa: Safety and Efficacy Updates from Two-year Follow-Up of Phase 1/2 Trial

Presenters: Huma Qamar

Organization: Ocugen

Country: United States

TUFH ID: TUFH196

Abstract

Background: OCU400 is a novel modifier gene-agnostic therapy aimed at addressing early to late-stage Retinitis Pigmentosa (RP). We report safety and efficacy results at 2-Years from the Phase 1/2 clinical trial in RP subjects with RHO and NR2E3 mutations. Methods: This multicenter, open-label, dose escalation and expansion study included 18 adults with NR2E3 or RHO mutations. Subjects received a single subretinal injection of OCU400 (AAV5-hNR2E3) at low, medium, or high dose. Safety endpoints included adverse events (AEs) and ophthalmological changes. Key efficacy endpoints included change from baseline in Low-Luminance Visual Acuity (LLVA) and Mobility Test in evaluable subjects at 1Year and change from baseline in LLVA at 2 Years. Results: No SAEs deemed related primarily to OCU400 were reported including development of intraocular inflammation, exudation, infectious endophthalmitis, anterior ischemic optic neuropathy, and vasculitis. At 2-Years, evaluable treated eyes showed a 2-line (10-letter) improvement in LLVA compared to untreated eyes (p=0.005, N=10). Conclusion: OCU400 demonstrated a favorable safety and durable therapeutic effect at 2 years across all mutations supporting its mechanism of action.

TUFH2025
Greater Philadelphia
United States

TUFH196

OCU400 Gene Modifier Therapy for Retinitis Pigmentosa: Safety and Efficacy Updates from Two-year Follow-Up of Phase 1/2 Trial

Huma Qamar, M.D., MPH[1], Venkata R.M. Chavali, Ph.D[1], Arun Upadhyay, Ph.D[1], Sahar Matloob, M.D.[1], Sanjay Mitter, M.S., M.Sc[1]
[1]Ocugen, Inc., Malvern, PA,

BACKGROUND

- Retinitis Pigmentosa is a group of rare genetic disorders caused by mutations in over 100 unique genes and can ultimately lead to retinal degeneration, vision loss, and blindness.
- Nearly 300,000 affected patients in the U.S and Europe
- OCU400 is a novel modifier gene-agnostic therapy that delivers OCU400 (AAV5-hNR2E3) via a single subretinal injection to target all genes associated with RP.
- OCU400 is a broad-spectrum, gene-agnostic strategy to address early to late-stage RP
- OCU400 targets the Nuclear Harmone Receptor gene *NR2E3* to regular genetic pathways:
  - Retinal cell homeostasis (cell maintenance survival)
  - Photoreceptor development
  - Phototransduction and visual cycle
  - Metabolism
- Received Orphan Drug Designation from FDA & Orphan Medicinal Product Designation (OMPD) from European Medical Association and ATMP classification from EMA
- We report safety and efficacy results from a Phase 1/2 trial of OCU400 (NCT05203939) at 1-year and 2-year follow-up.

METHODS

•Mechanism of Action of OCU400 was established in the preclinical studies in both invitro (ARPE19 cells and HMC3 cells) and *Abca4*$^{-/-}$ mice model.

•Clinical Trial Study Design: A Phase 1, multicenter, open-label, dose-escalation study was performed using a standard 3+3 design.

•Subjects: 18 subjects with to 200 µL of OCU400 via single subretinal injection in the following dose groups:
- Low dose: 1.66 × 10^{10} vg/mL
- Medium dose: 3.33 × 10^{10} vg/mL
- High dose: 1.66 × 10^{11} vg/mL

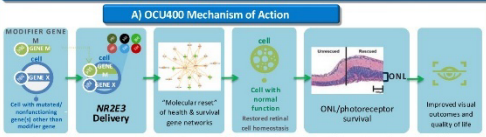
•Dosing Eye: Treated eye was the one with worse visual acuity, based on BCVA.

•Key Eligibility Criteria for Inclusion:
- Visual field < 20° in any meridian as determined with III4e isopter or equivalent
- BCVA ≤ 20/160 (sentinel) and ≤ 20/50 (non sentinel)
- Able to perform MLMT in study eye but unable to pass at ≤1 lux at screening
- Confirmed genetic diagnosis of RP with mutations in RHO, AR-NR2E3, or AD-NR2E3 mutations

•Key Endpoints:
- Primary Safety Endpoint: Safety including Treatment Emergent AE, SAEs
- Secondary Safety Endpoints: Humoral and Cellular Immune Response (Anti-AAV5 and anti-h*NR2E3* antibodies), and laboratory parameters
- Exploratory Endpoints: BCVA, LLVA, MT, CS, Visual Field , SD-OCT and NEIVFQ-25

RESULTS

A) OCU400 Mechanism of Action



Broad-spectrum, gene-agnostic strategy to address IRD's . Potential curative therapy with a single sub-retinal injection using *NR2E3*

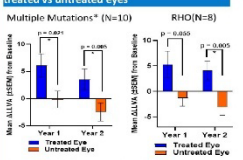
B) Dose Escalation Study Design

Phase	Subjects (N = 18)	Condition /Mutations	Dose
Phase 1 Dose-escalation N = 10	N = 4 (adult)	AD-*NR2E3* (N = 3) AR-*NR2E3* (N = 5) AD-RHO (N = 10)	Low (1.66 x 10^{10} vg/mL)
	N = 3 (adult)		Medium (3.33 x 10^{10} vg/mL)
	N = 3 (adult)		High (1.66 x 10^{11} vg/mL)
Phase 2 Dose-expansion N = 8	N = 8 (adult)		High (1.66 x 10^{11} vg/mL)

C) Overall Safety Summary

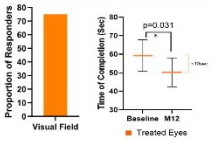
	Cohort 1 (Low dose)	Cohort 2 (Medium dose)	Cohort 3 (High dose)	Phase 2 Dose Expansion
# Subjects with SAE/ AESIs	1	1	1	2
Foreign body/attached during surgery	Yes	Yes	Yes	No
AE grade	Grade 3	Grade 4	Grade 4	1. Grade 3 2. Grade 4
SAE/AESI	Worsening GCD (SAE)	Paracentesis (AESI)	Blepharoptosis / decreased BCVA (SAE)	1. Decreased BCVA (SAE) 2. Steroid-induced psychosis (SAE)
Relationship / Causality	Not related to surgery or OCU400	Not Related to OCU400	Related to surgery and to OCU400	1. Related to surgery 2. Not related to surgery or OCU400
Final Status	Resolved in a month	Resolved	Ongoing at End of Study visit	1. Resolved 2. Resolved

D) Improvement of Visual Function (BCVA) in treated vs untreated eyes



*Improvement: 2-line (10 Letters on ETDRS chart) ; Preservation: ≤4 Letters on ETDRS chart
*ETDRS – Early Treatment Diabetic Retinopathy Study; Students t-test was used to determine significance, MOA: Mechanism of Action

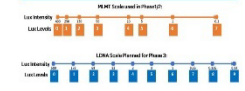
E) Improvement in Visual Field and Mobility



Visual field is represented as improvements in V_{TOT} or V_{TD} compared to untreated eyes

- Established OCU400 MOA in the preclinical studies (Fig. A)
- 18 subjects enrolled in an open label multi-center Phase 1/2 study subjects receiving single subretinal injection of OCU400 in eye with worse visual acuity (study eye) (Fig. B)
- OCU400 has very favorable safety and tolerability profile across different mutations and dose levels up to 2 Years.
  - No drug-related SAEs were reported
- Efficacy measurements at 12M suggest stabilization or improvement in the treated eye on validated mobility test course (score vs. baseline) regardless of mutation
  - 89% (16/18) of subjects demonstrated preservation or improvement in the treated eye either on BCVA or LLVA or MT scores from baseline
  - 78% (14/18) demonstrated preservation or improvement in MT at 12 months
  - 80% (8/10) of RHO mutation subjects had stabilization or improvement at 12 months

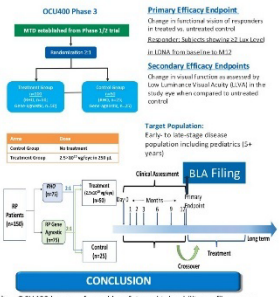
F) MLMT and LDNA Scale



Subjects: Baseline MLMT at 5 Lux level; 1Lux level improvement resulted in ceiling effect on old scale on 0-6 Lux levels

- 100% (10/10) treated evaluable subjects showed improvement or preservation in visual function compared to untreated eyes at 2 Years
- OCU400 demonstrated a durable and statistically significant (p=0.005) improvement in visual function (LLVA) in all evaluable treated subjects at 2 Yr when compared to untreated eyes (Fig. D).
- 6/8 (75 Treated Eyes in ITT subgroup demonstrated VF improvements compared to untreated eyes. Treated Eyes demonstrated ~ 10 sec statistically significant (p=0.031) improvement in MT completion (Fig. E).
- Enrollment in Phase 3 (liMeliGhT) is ongoing with an aim for BLA submission in 2026 (Fig. F).

F) Phase 3 liMeliGhT Trial: Design and Key Criteria



CONCLUSION

- OCU400 has very favorable safety and tolerability profile across different mutations and dose levels
- Efficacy measurements in Phase 1/2 trial suggest *stabilization or improvement* in the treated eye on validated mobility test course (score vs. baseline) regardless of mutation
- At 2 years, all evaluable treated subjects showed efficacious and durable visual function benefits in the Long-Term Safety Follow-up study (LTSFU)

DISCLOSURES

All Authors Commercial relationship(s); Ocugen, Inc.: Code E (Employment), Consultant, and Clinical Site Investigators.

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Presented by:

THE NETWORK TOWARDS UNITY FOR HEALTH

Woods SYSTEM OF CARE

Mollie Woods Hare Global Center of Excellence

Safety and Efficacy of OCU410ST—a Novel Modifier Gene Therapy for the Treatment of Stargardt Disease: Phase 1 GARDian Trial Update

Presenters: Huma Qamar

Organization: Ocugen

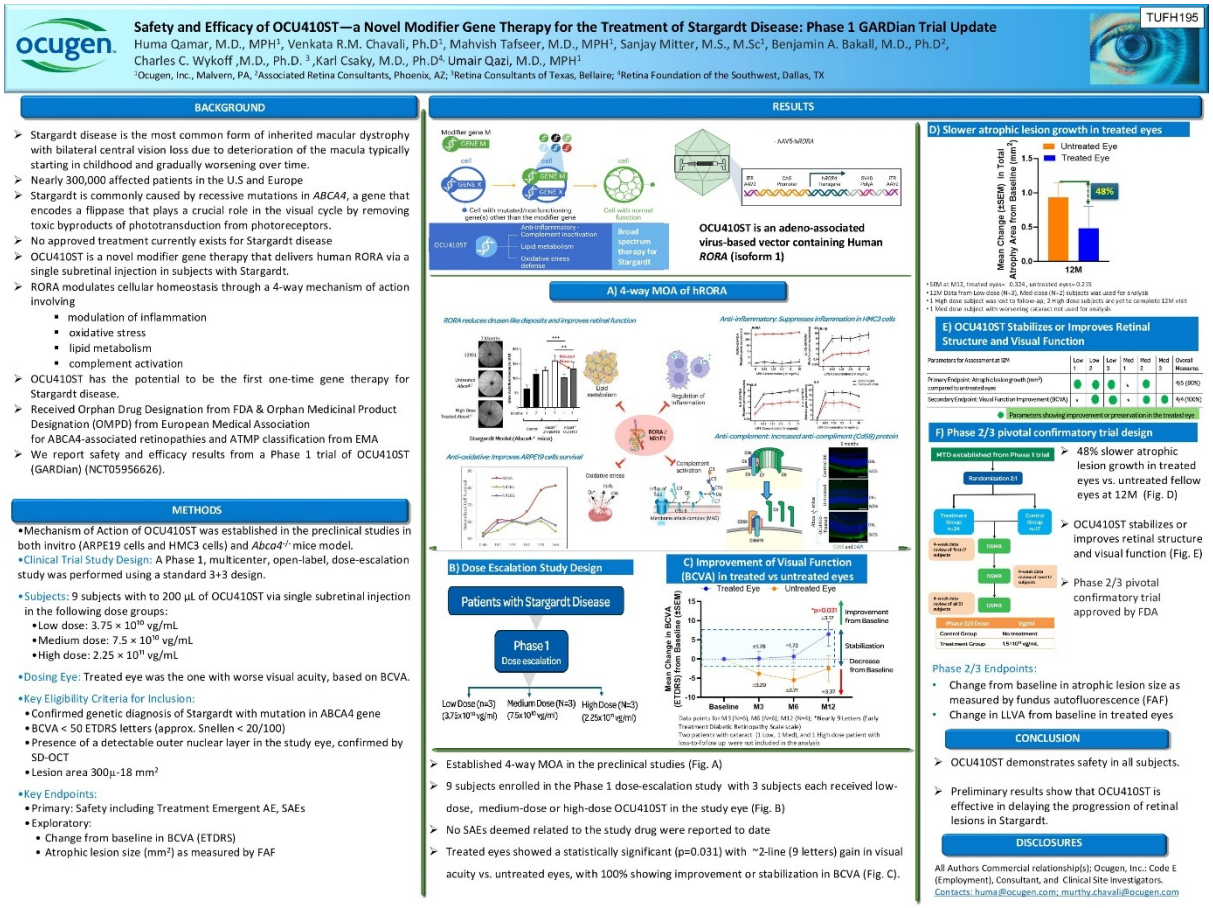
Country: United States

TUFH ID: TUFH195

Abstract

Background: Stargardt disease is characterized by progressive central vision loss. It is the most common inherited macular dystrophy, caused primarily by mutations in ABCA4. It leads to progressive central vision loss with no approved treatments currently available. OCU410ST is a novel gene modifier therapy delivering human RORA via subretinal injection to modulate inflammation, oxidative stress, lipid metabolism, and complement activation. The Phase 1 trial evaluates the safety and efficacy of OCU410ST in treating Stargardts due to mutations in ABCA4 gene. Methods: The Phase 1 GARDian trial is a multicenter, open-label, dose-escalation study. 9 subjects received OCU410ST (low, medium, or high dose) in the worse-seeing eye. Primary endpoints included safety and ophthalmological changes, and exploratory outcomes included changes in best-corrected visual acuity (BCVA) and atrophic lesion size compared to baseline. Results: OCU410ST was well-tolerated with no drug-related SAEs. Evaluable subjects showed 54% slower atrophic lesion growth in treated eyes versus untreated fellow eyes at 6M (n=7). A statistically significant improvement in visual function (p=0.02) with 2-line (10-letters) gain in BCVA was observed in treated eyes when compared to untreated fellow eyes. Conclusion: OCU410ST is safe and well-tolerated and shows promising efficacy results for Stargardt disease. A Phase 2/3

pivotal confirmatory clinical trial for Biological License Application filing is ongoing.



Safety and Efficacy of OCU410ST—a Novel Modifier Gene Therapy for the Treatment of Stargardt Disease: Phase 1 GARDian Trial Update

Huma Qamar, M.D., MPH[1], Venkata R.M. Chavali, Ph.D[1], Mahvish Tafseer, M.D., MPH[1], Sanjay Mitter, M.S., M.Sc[2], Benjamin A. Bakall, M.D., Ph.D[2], Charles C. Wykoff ,M.D., Ph.D. [3] ,Karl Csaky, M.D., Ph.D[4] Umair Qazi, M.D., MPH[1]
[1]Ocugen, Inc., Malvern, PA, [2]Associated Retina Consultants, Phoenix, AZ; [3]Retina Consultants of Texas, Bellaire; [4]Retina Foundation of the Southwest, Dallas, TX

TUFH195

BACKGROUND

- Stargardt disease is the most common form of inherited macular dystrophy with bilateral central vision loss due to deterioration of the macula typically starting in childhood and gradually worsening over time.
- Nearly 300,000 affected patients in the U.S and Europe
- Stargardt is commonly caused by recessive mutations in *ABCA4*, a gene that encodes a flippase that plays a crucial role in the visual cycle by removing toxic byproducts of phototransduction from photoreceptors.
- No approved treatment currently exists for Stargardt disease
- OCU410ST is a novel modifier gene therapy that delivers human RORA via a single subretinal injection in subjects with Stargardt.
- RORA modulates cellular homeostasis through a 4-way mechanism of action involving
  - modulation of inflammation
  - oxidative stress
  - lipid metabolism
  - complement activation
- OCU410ST has the potential to be the first one-time gene therapy for Stargardt disease.
- Received Orphan Drug Designation from FDA & Orphan Medicinal Product Designation (OMPD) from European Medical Association for ABCA4-associated retinopathies and ATMP classification from EMA
- We report safety and efficacy results from a Phase 1 trial of OCU410ST (GARDian) (NCT05956626).

METHODS

- Mechanism of Action of OCU410ST was established in the preclinical studies in both invitro (ARPE19 cells and HMC3 cells) and *Abca4*$^{-/-}$ mice model.
- Clinical Trial Study Design: A Phase 1, multicenter, open-label, dose-escalation study was performed using a standard 3+3 design.
- Subjects: 9 subjects with to 200 µL of OCU410ST via single subretinal injection in the following dose groups:
  - Low dose: 3.75 × 10^{10} vg/mL
  - Medium dose: 7.5 × 10^{10} vg/mL
  - High dose: 2.25 × 10^{11} vg/mL
- Dosing Eye: Treated eye was the one with worse visual acuity, based on BCVA.
- Key Eligibility Criteria for Inclusion:
  - Confirmed genetic diagnosis of Stargardt with mutation in ABCA4 gene
  - BCVA < 50 ETDRS letters (approx. Snellen < 20/100)
  - Presence of a detectable outer nuclear layer in the study eye, confirmed by SD-OCT
  - Lesion area 300µ-18 mm^2
- Key Endpoints:
  - Primary: Safety including Treatment Emergent AE, SAEs
  - Exploratory:
    - Change from baseline in BCVA (ETDRS)
    - Atrophic lesion size (mm^2) as measured by FAF

RESULTS

OCU410ST is an adeno-associated virus-based vector containing Human *RORA* (isoform 1)

A) 4-way MOA of hRORA

B) Dose Escalation Study Design

Patients with Stargardt Disease → Phase 1 Dose escalation → Low Dose (n=3) (3.75x10^{10} vg/ml) | Medium Dose (N=3) (7.5x10^{10} vg/ml) | High Dose (N=3) (2.25x10^{11} vg/ml)

C) Improvement of Visual Function (BCVA) in treated vs untreated eyes

Mean Change in BCVA (ETDRS) from Baseline (±SEM)

Baseline | M3 | M6 | M12

Improvement from Baseline | Stabilization | Decrease from Baseline

- Established 4-way MOA in the preclinical studies (Fig. A)
- 9 subjects enrolled in the Phase 1 dose-escalation study with 3 subjects each received low-dose, medium-dose or high-dose OCU410ST in the study eye (Fig. B)
- No SAEs deemed related to the study drug were reported to date
- Treated eyes showed a statistically significant (p=0.031) with ~2-line (9 letters) gain in visual acuity vs. untreated eyes, with 100% showing improvement or stabilization in BCVA (Fig. C).

D) Slower atrophic lesion growth in treated eyes

Mean Change (±SEM) in Total Atrophy Area from Baseline (mm^2)

Untreated Eye | Treated Eye

48%

12M

E) OCU410ST Stabilizes or Improves Retinal Structure and Visual Function

Parameters for Assessment at 12M	Low 1	Low 2	Low 3	Med 1	Med 2	Med 3	Overall Measures
Primary Endpoint: Atrophic lesion growth (mm^2) compared to untreated eyes	●	●	●	x	●		6/6 (80%)
Secondary Endpoint: Visual Function Improvement (BCVA)	x	●	●	x	●	●	6/6 (100%)

● Parameters showing improvement or preservation in the treated eye

F) Phase 2/3 pivotal confirmatory trial design

MTD established from Phase 1 trial → Randomization 2:1 → Treatment Group n=24 | Control Group n=12

Phase 2/3 Dose	Vg/ml
Control Group	No treatment
Treatment Group	1.5×10^{11} vg/mL

- 48% slower atrophic lesion growth in treated eyes vs. untreated fellow eyes at 12M (Fig. D)
- OCU410ST stabilizes or improves retinal structure and visual function (Fig. E)
- Phase 2/3 pivotal confirmatory trial approved by FDA

Phase 2/3 Endpoints:

- Change from baseline in atrophic lesion size as measured by fundus autofluorescence (FAF)
- Change in LLVA from baseline in treated eyes

CONCLUSION

- OCU410ST demonstrates safety in all subjects.
- Preliminary results show that OCU410ST is effective in delaying the progression of retinal lesions in Stargardt.

DISCLOSURES

All Authors Commercial relationship(s); Ocugen, Inc.: Code E (Employment), Consultant, and Clinical Site Investigators.

Contacts: huma@ocugen.com; murthy.chavali@ocugen.com

Safety and Efficacy of OCU410: A Novel Modifier Gene Therapy for Geographic Atrophy Treatment: Phase 1/2 ArMaDa trial Update

Presenters: Huma Qamar

Organization: Ocugen

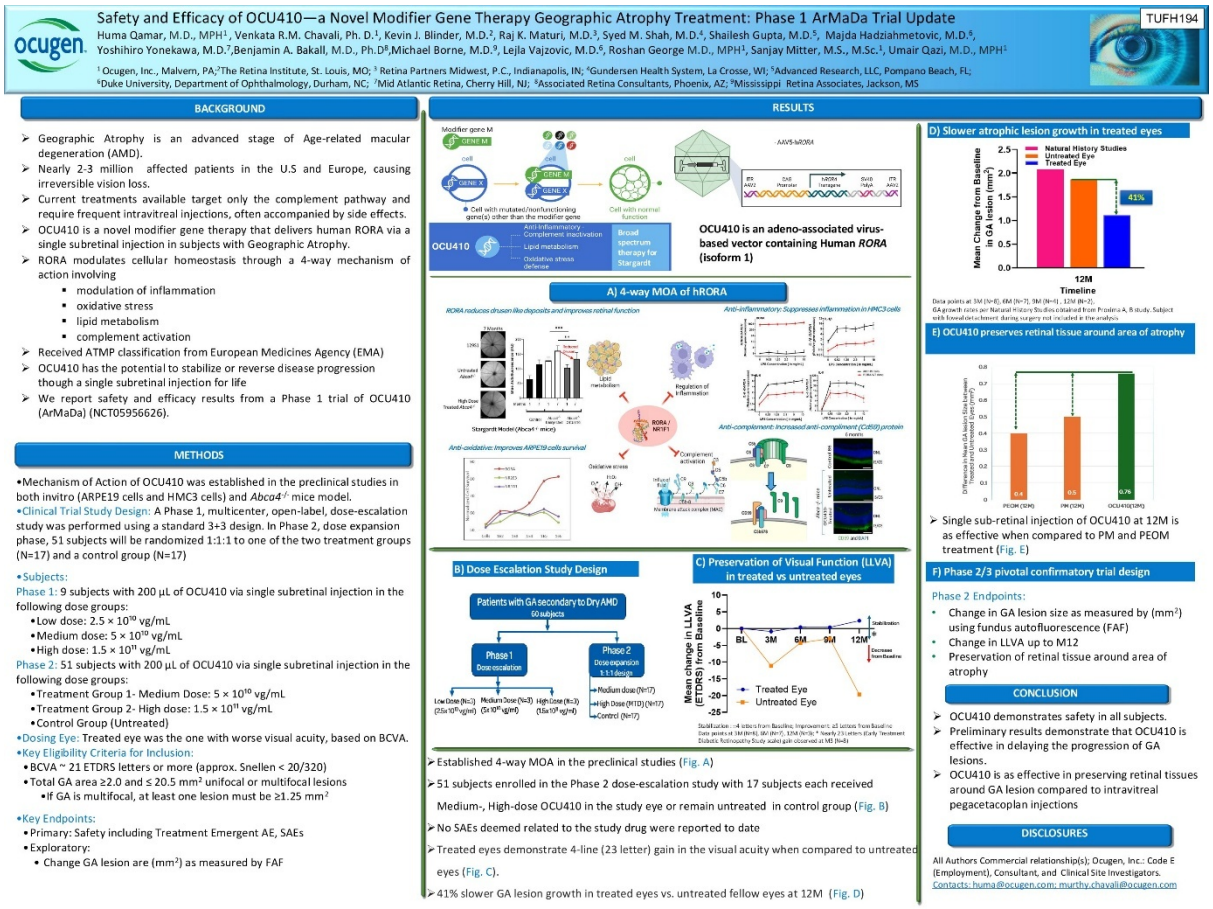
Country: United States

TUFH ID: TUFH194

Abstract

Background: Age related macular degeneration (AMD) is a leading cause of blindness. Geographic atrophy (GA), an advanced stage of dry AMD, affects 1 million people in the U.S., causing progressive, irreversible vision loss. OCU410 is a novel modifier gene therapy delivering human RORA via a single subretinal injection. RORA regulates cellular homeostasis through a 4 way mechanism of action involving modulation of inflammation, oxidative stress, lipid metabolism, and complement activation. We report safety and efficacy results from the Phase 1/2 ArMaDa trial of OCU410 for GA (NCT06018558). Methods: Phase 1 was a multicenter, open label, dose escalation study (3+3 design) administering 200 µL of low (2.5×10^{10} vg/mL), medium (5×10^{10} vg/mL), or high (1.5×10^{11} vg/mL) doses of OCU410 in the worse seeing eye. Phase 2 randomized 45 subjects who were ≥50 years with BCVA ≥21 ETDRS letters 1:1:1 into medium dose, high dose, or control groups. Primary safety endpoints included adverse events (AEs) and ophthalmological changes; efficacy endpoints included BCVA, LLVA, and GA lesion size. Results: No OCU410 related serious AEs including ischemic optic neuropathy, intraocular inflammation, vasculitis, endophthalmitis, or choroidal neovascularization) were reported. Treated eyes showed a 4-line (23 letter) gain in LLVA improvement compared to untreated fellow eyes. A 41% reduction in GA lesion growth with a corresponding retinal preservation was observed at 12 months. Enrollment in Phase 2 study is complete, and data is being

evaluated. Conclusions: OCU410 is safe and well tolerated with positive efficacy outcomes, warranting further development.



Vulnerable Beginnings: Assessing the Impact of Armed Conflict on the Immunization and Health of Children Under Five Among Displaced Populations in Wad Madani, Al-Gezira State, Sudan (2023)

Presenters: Abdelrhman Ibnomer Elsharif

Organization: Gezira university faculty of medicine G-SNO

Country: Sudan

TUFH ID: TUFH189

Abstract

Sudanese armed conflict profoundly disrupts healthcare systems, particularly routine childhood immunizations. Following the outbreak of war in Sudan April 2023, mass displacement from Khartoum State to Wad Madani in Al Gezira State overwhelmed local health services. This study investigates the decline in immunization coverage among displaced children under five, the barriers to vaccine access, and the associated health consequences. A mixed methods approach was adopted. Quantitative data were collected from structured surveys involving 482 children under five, assessing vaccination status, healthcare access, and illness episodes. Additionally, interviews with seven healthcare and humanitarian workers provided qualitative insights into vaccine delivery challenges. Immunization records from three facilities were reviewed, and field observations were conducted. The findings revealed substantial drop in vaccine coverage: measles from 88% to 47%, polio from 90% to 44%, and DTP3 from 85% to 41%, with some settlements falling below 30%. About 64% of caregivers reported missed vaccinations, mainly due to long travel distances (46%) and vaccine shortages (39%). Only 27% were aware of catch up campaigns. Health facilities cited supply chain disruptions, shipment delays, and administrative issues. These challenges led to a threefold increase in measles cases and a rise in respiratory and diarrheal

illnesses. The current Sudanese Armed conflict critically impaired immunization services in Wad Madani, leaving children vulnerable to preventable diseases. Urgent measures—including mobile clinics, emergency vaccine supplies, and improved coordination between Stakeholders are essential. This study highlights the need for resilient healthcare strategies to safeguard immunization programs during crises and protect child health in conflict-affected areas.



AMR in post-conflict Sudan: a call to action.

Presenters: Osman Elmahi

Organization: Ibn Sina University, Faculty of Medicine

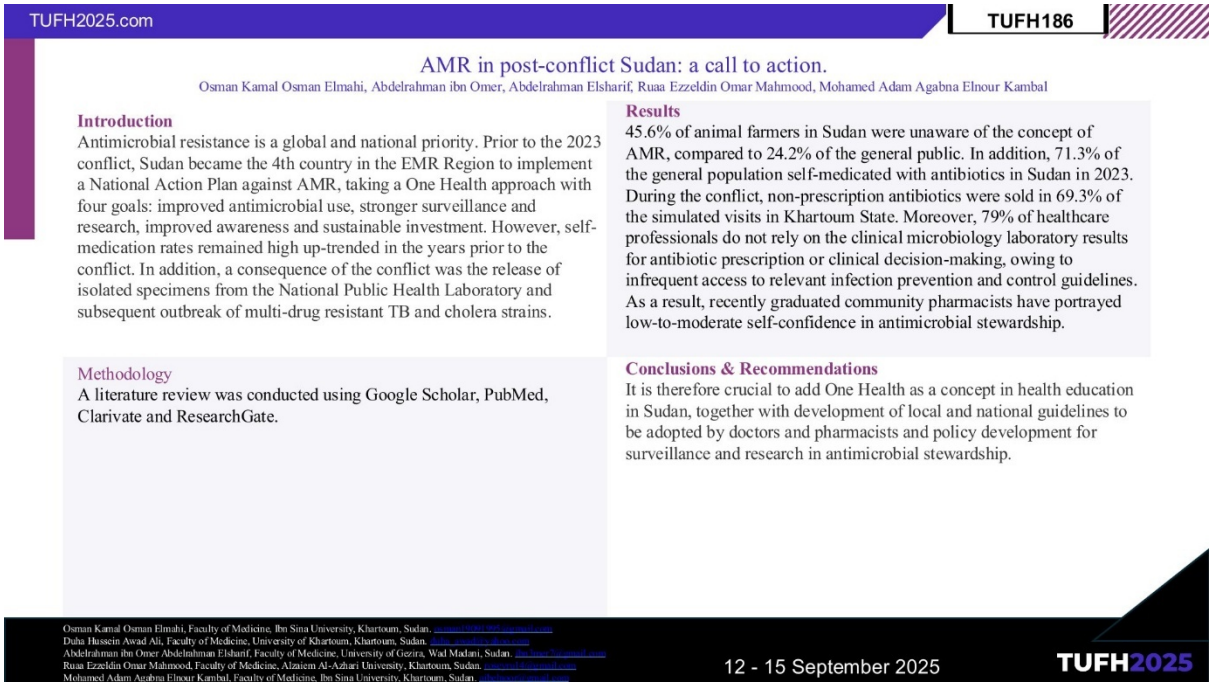
Country: Sudan

TUFH ID: TUFH186

Abstract

Antimicrobial resistance is a global and national priority. Prior to the 2023 conflict, Sudan became the 4th country in the EMR Region to implement a National Action Plan against AMR, taking a One Health approach with four goals: improved antimicrobial use, stronger surveillance and research, improved awareness and sustainable investment. However, self-medication rates remained high up-trended in the years prior to the conflict. In addition, a consequence of the conflict was the release of isolated specimens from the National Public Health Laboratory and subsequent outbreak of multi-drug resistant TB and cholera strains. A literature review was conducted using Google Scholar, PubMed, Clarivate and ResearchGate. 45.6% of animal farmers in Sudan were unaware of the concept of AMR, compared to 24.2% of the general public. In addition, 71.3% of the general population self-medicated with antibiotics in Sudan in 2023. During the conflict, non-prescription antibiotics were sold in 69.3% of the simulated visits in Khartoum State. Moreover, 79% of healthcare professionals do not rely on the clinical microbiology laboratory results for antibiotic prescription or clinical decision-making, owing to infrequent access to relevant infection prevention and control guidelines. As a result, recently graduated community pharmacists have portrayed low-to-moderate self-confidence in antimicrobial stewardship. It is therefore crucial to add One Health as a concept in health education in Sudan, together with development of local and national

guidelines to be adopted by doctors and pharmacists and policy development for surveillance and research in antimicrobial stewardship.



Mental Health Recovery Following the Sudan Conflict Among Medical Students at the University of Gezira: A Systematic Review of Past Experiences

Presenters: Abdelrahman Ibnomer Abdelrahman Elsharif

Organization: Gezira

Country: Sudan

TUFH ID: TUFH184

Abstract

Background:

Mental health challenges among medical students affected by conflict are a growing concern. Identifying and understanding effective recovery programs is essential to support their well-being and academic success.

Objectives:

This review aims to (1) identify mental health recovery programs implemented for medical students in conflict-affected regions, and (2) explore how these insights can inform support strategies for students at the University of Gezira.

Methods:

A comprehensive literature search was conducted across academic journals, mental health organization reports, NGO publications, and global health networks. Keywords included war, conflict, mental health, and medical students. Out of 150+ results, 12 studies met inclusion criteria: they focused on mental health interventions for students in war-affected settings, were published in English, and dated before 2025. Thematic analysis was used to synthesize qualitative data.

Results: Three key themes emerged:

1. Self-awareness: Programs promoting reflection and emotional insight enhanced resilience.

2. Access to counseling: Emotional and logistical barriers to care were frequently addressed through targeted interventions.

3. Coping strategies: Trauma-informed curricula, peer-led recovery groups, and non-verbal expression techniques (e.g., art therapy) proved effective. Online platforms (e.g., TimelyCare) increased access to care, and community-based programs supported both students and their families.

Conclusion:

Recovery strategies centered on self-awareness, accessible counseling, and effective coping mechanisms are critical for supporting medical students at the University of Gezira. Future research should assess long-term and comparative effectiveness of these approaches within conflict zones.



Healing Amidst Conflict: Cross-Sectional Community-Based Study on Patient Satisfaction with Telemedicine in Sudan During Wartime (2025)

Presenters: MOHAMED ABUBAKR ABDELSALAM ELSHREEF

Organization: University of Gazira

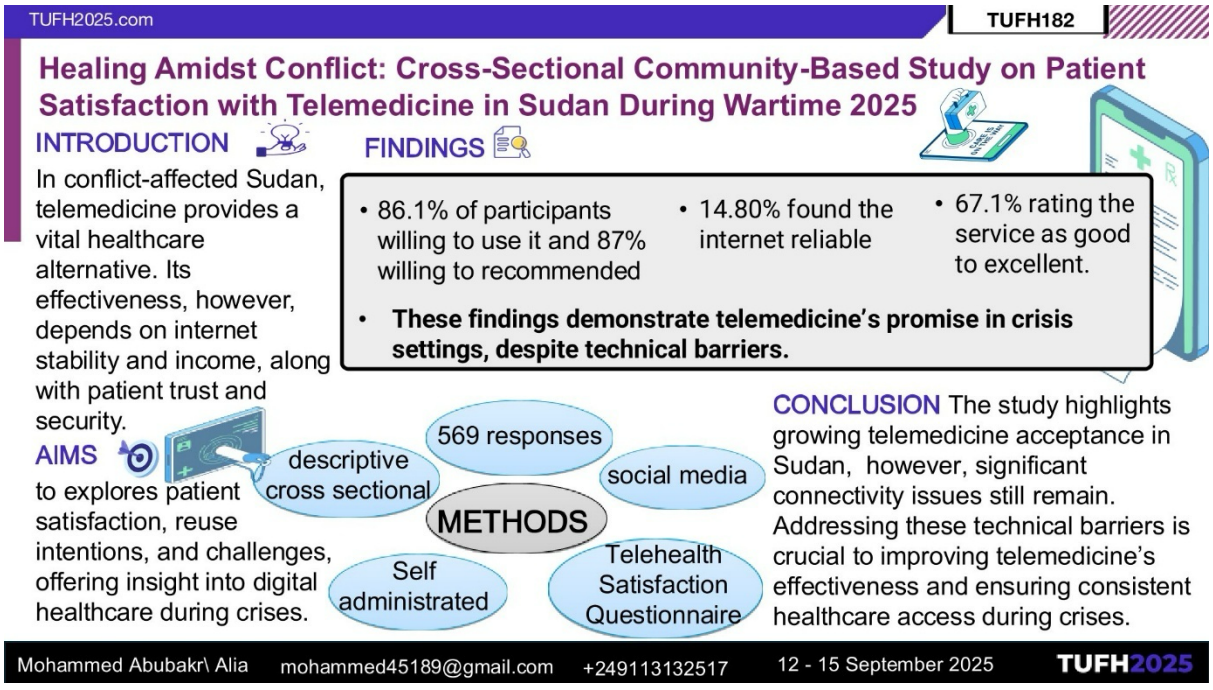
Country: Sudan

TUFH ID: TUFH182

Abstract

Background: In conflict-affected Sudan, telemedicine provides a vital healthcare alternative. Its effectiveness, however, depends on internet stability, socioeconomic factors, and demographics such as gender, education, and income, along with patient trust and security. This study (march 2025) explores patient satisfaction, reuse intentions, and challenges, offering insight into digital healthcare during crises. Methodology: A cross-sectional study assessed telemedicine satisfaction among Sudanese users during wartime. The questionnaire tool was developed based on previously validated instruments used in similar studies (10 items), with the addition of several questions (9 items) specifically designed to address the objectives of this study and cover aspects not included in the original tool.The survey was distributed digitally through social media platforms such as WhatsApp and LinkedIn. A total of 569 responses were received in 2 months. Results: Telemedicine showed strong acceptance, with 86.6% of participants willing to use it again and recommend it. However, connectivity challenges were reported—35% had difficulty reaching providers, and 40.5% experienced minor communication disruptions due to poor internet. While 14.80% found the internet reliable, 3.5% rated it highly unreliable. Satisfaction levels varied, with 67.1% rating the service as good to excellent. These findings demonstrate telemedicine's promise in crisis settings, despite technical

barriers. Conclusion: The study highlights growing telemedicine acceptance in Sudan's conflict zones, with 86.6% of users willing to reuse and recommend it. Still, significant connectivity issues remain. Addressing these technical barriers is crucial to improving telemedicine's effectiveness and ensuring consistent healthcare access during crises.



Presented by:

A Picture for Change: Using Photovoice to explore concepts of Environmental Health with girls from Afghanistan.

Presenters: Carolina Santos

Organization: Universidade Federal do Rio Grande do Norte (UFRN)

Country: Brazil

TUFH ID: TUFH178

Abstract

Background There is an increasing need to raise awareness about environmental impacts on health and understand the risks climate change poses to communities, especially neglected communities from low- and middle-income countries. Methods We used Photovoice to promote critical dialogue and improve Afghan students' knowledge about environmental health concepts and climate change. The activity was part of the discipline "Introduction to Environmental Health" offered by AFGHAN FEMALE STUDENT OUTREACH (AFSO), during the Spring Semester of 2025. 20 students (secondary school graduates and university students) participated in the activity. We suggested students photograph images in their communities related to environmental health concepts they were studying in the class. The images were submitted with a short narrative or description of the picture. Thematic analysis of the narratives was performed to identify the key themes of their views. Results The pictures were explored at an individual and group level in a process that engaged the participants in environmental health reflections and promoted advocacy approaches in their communities. The themes covered with the photographs were: One Health and the Interconnectedness of Humans, Animals, and Nature; Waste Management Practices and Behavioral Change; Environmental Pollution and Health Impacts; Socioeconomic Disparities and Environmental Injustice. Conclusion The students articulated a deep understanding of the interconnectedness of

all beings and environmental adversities. The voices of women and girls in Afghanistan can provide valuable insights into community-based strategies for mitigating the impact of climate change.



Knowledge, Attitudes, and Practice of Clinical Phase Medical Students in Sudanese Universities Towards the Cholera Outbreak During the Sudan War, 2024.

Presenters: Raheeg Salih

Organization: Omdurman Islamic University Faculty of Medicine and Health Sciences.

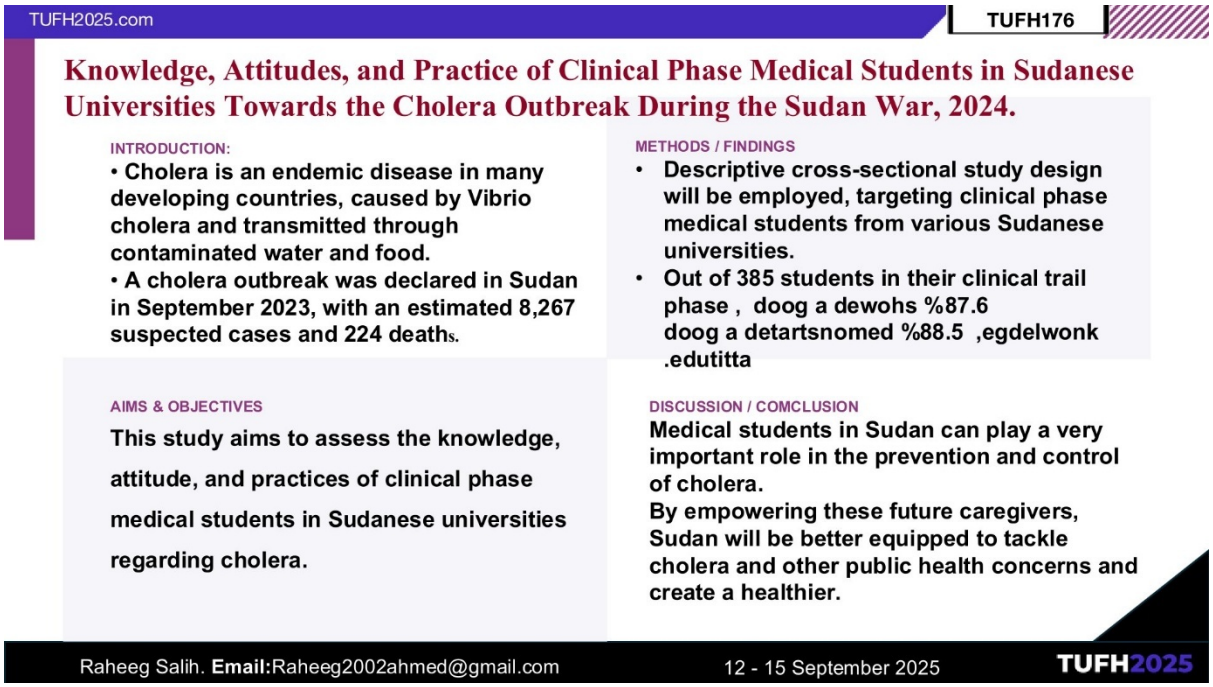
Country: Sudan

TUFH ID: TUFH176

Abstract

Background:Cholera is one of the endemic diseases affecting many developing countries, caused by the bacterium vibrio cholera, being transmitted via contaminated water and food sources. In Sudan, the ongoing armed conflict affecting the country and the fragility of the health system and health facilities made the diagnosis, management, and control of cholera quite challenging. An outbreak of cholera had been declared in Sudan in September 2023 with an estimation of 8,267 suspected cholera cases, including 224 associated deaths. Methodology:A descriptive cross-sectional study design will be employed, targeting clinical phase medical students from various Sudanese universities. Involved 385 students in their clinical phase, based on a 95% confidence level, an assumed proportion of 0.5, and a margin of error of 0.05. This study aims to assess the knowledge, attitudes, and practices of clinical phase medical students in Sudanese universities regarding the cholera outbreak during the Sudan War in 2024. Results: Of 400 Sudanese medical students the study showed: Knowledge: High overall knowledge—88.8% identified Vibrio cholerae, 98.5% recognized watery diarrhoea. Attitude: Positive attitudes—88.5% saw cholera as a global issue, supporting sanitation, education, vaccination, and healthcare roles in prevention. Practice: Good hygiene practices were common, but only 30.5%

were vaccinated and outbreak response involvement was low.
Conclusion:Medical students in Sudan can play a very important role in the prevention and control of cholera. By empowering these future caregivers, Sudan will be better equipped to tackle cholera and other public health concerns and create a healthier.



Use of Different Types of Tobacco Products among Sudanese medical students during war in Sudan 2024

Presenters: Mustafa Bakhit

Organization: Omdurman Islamic University-Faculty of Medicine and Health Sciences

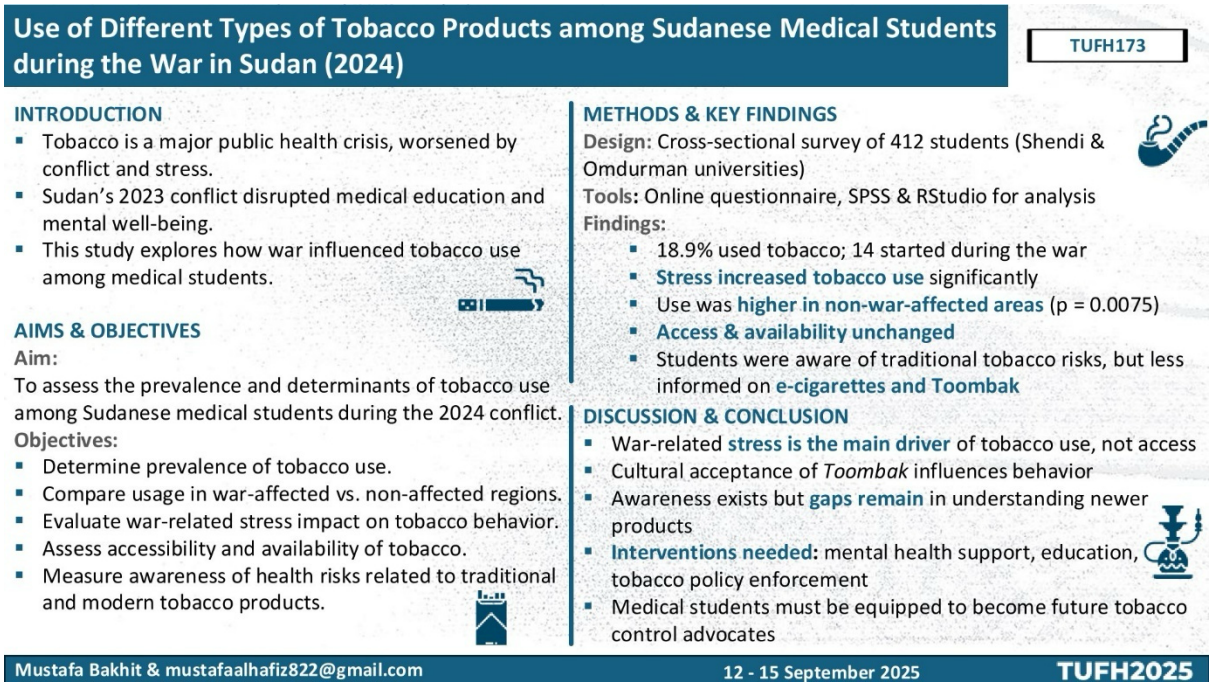
Country: Sudan

TUFH ID: TUFH173

Abstract

Background:As classified by the World Health Organization (WHO), Tobacco usage is a major public health epidemic, being the single biggest cause of preventable death. It comes in a wide variety of forms, prepared and administered in different ways. According to the National Stepwise survey conducted in 2016, the prevalence of smoking and smokeless tobacco users in Sudan was 15.6%. Methodology:A cross-sectional study was done to assess tobacco product accessibility, usage changes pre- and post-conflict, the impact of war-related stress on consumption, and students' awareness of associated health risks, The research was conducted at Shendi University and Omdurman Islamic University, targeting medical students enrolled in Sudanese universities during 2024, particularly those in MBBS or equivalent programs at the institutions above. Inclusion criteria required participants to be medical students aged between 18 and 30 years and to provide informed consent. Results: A total of 412 responses were analyzed, indicating that tobacco use significantly increased as a stress-coping mechanism during the conflict, A notable difference in smoking rates was observed between students in war-affected and non-war-affected areas (Chi-square =7.14, p = 0.0075). Conclusion:accessibility in conflict zones was not supported, as no significant effect on Usage was found. There's a need for a comprehensive approach to reduce tobacco use in conflict-affected communities. This aims

to promote healthier coping strategies and empower future medical professionals as advocates.



Presented by:

Empowering Global Health Leadership through SNO ScholarLink: Bridging research and mentorship

Presenters: Nikka Jumalo Jumalon

Organization: student network organization

Country: Sudan

TUFH ID: TUFH169

Abstract

Introduction: The SNO ScholarLink: Research-Mentorship Program is a collaborative designed to bridge educational opportunities with community-centered research. In line with social accountability principles, the program connects global health students with experienced researchers, aiming to cultivate leadership, equity, and service within community health. Methods: The program would match students with research projects submitted by mentors within The Network: TUFH. A transparent selection process ensures inclusivity and equitable access. Structured mentorship and project milestones are implemented to enhance research outcomes. Students submit tailored applications, including resumes and cover letters, to engage in projects that align with public health and social accountability themes. Results: The ScholarLink program will receive project submissions from over 20 countries, and match students with research mentors. It will increase student engagement, improve research skills, and stronger professional networks. Projects developed through ScholarLink are expected to contribute to abstracts for presentation at international forums such as TUFH. Discussion: This initiative demonstrates how strategic partnerships between students, professionals, and institutions can enhance education and service simultaneously. By integrating mentorship with hands-on research, the program fosters leadership and builds bridges between academic learning and community health impact. ScholarLink offers a sustainable, replicable

model for institutions seeking to promote equity, global collaboration, and socially accountable healthcare education.

TUFH169

Empowering Global Health Leadership through SNO ScholarLink: Bridging Research, Mentorship, and Community Impact

INTRODUCTION

The SNO ScholarLink: Research-Mentorship Program is a collaborative initiative designed to bridge educational opportunities with community-centered research. In line with social accountability principles, the program connects global health students with experienced researchers, aiming to cultivate leadership, equity, and service within community health.

METHODS / FINDINGS

The program utilizes a digital platform to match students with ongoing research projects submitted by professionals within The Network: TUFH. A transparent selection process ensures inclusivity and equitable access. Structured mentorship and project milestones are implemented to enhance research outcomes. Students submit tailored applications, including resumes and cover letters, to engage in projects that align with public health and social accountability themes.

RESULTS

The ScholarLink program will receive project submissions from over 20 countries, and match students with research mentors. It will increase student engagement, improve research skills, and stronger professional networks. Projects developed through ScholarLink are expected to contribute to abstracts for presentation at international forums such as TUFH.

DISCUSSION / COMCLUSION

This initiative demonstrates how strategic partnerships between students, professionals, and institutions can enhance education and service simultaneously. By integrating mentorship with hands-on research, the program fosters leadership and builds bridges between academic learning and community health impact. ScholarLink offers a sustainable, replicable model for institutions seeking to promote equity, global collaboration, and socially accountable healthcare education.

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12 - 15 September 2025
TUFH2025

Presented by:

Community-Engaged Anti-Bullying Awareness: A School Intervention

Presenters: Hassan Fadil Al Shabout

Organization: Ajman University College of Medicine

Country: United Arab Emirates

TUFH ID: TUFH164

Abstract

Introduction Bullying exerts a profound negative influence on schoolchildren, with wide ranging consequences for their mental, physical, and academic well being. In terms of mental health, victims of bullying may experience a profound sense of suppression, feeling unable to speak up or defend themselves, leading to a loss of agency and self esteem. Bullying can also shatter their sense of security, creating a climate of fear and anxiety in the school environment and contributing to feelings of confusion and difficulty focusing. Socially, it can lead to isolation and friendlessness, damaging their ability to form positive relationships. Physically, bullying can involve direct physical harm, resulting in injuries to various body parts, and can also contribute to stress related physical symptoms. These mental and physical health challenges, in turn, have a detrimental impact on academic performance, as students struggling with the effects of bullying may experience decreased concentration, motivation, and attendance, leading to poorer academic outcomes. Objectives/Method The Pediatric club members at Ajman University College of Medicine (AUCoM) prepared an antibullying awareness program in January 2025. They started applying their program in February 2025 by educating children aged 8 12 about bullying. Their primary objective was to increase students' awareness about bullying. The secondary objectives were to teach students, bystanders, and teachers strategies to stop bullying.

Community-Engaged Anti-Bullying Awareness: A School Intervention

INTRODUCTION

- Bullying imposes negative influences on school children in terms of their mental well being, school performance and physical health. Furthermore, it can disrupt their sense of security and self esteem, which alters their social development and personal relationships [1].
- The campaign is arranged by the Pediatrics Club at Ajman University College of Medicine (AUCoM).







References:

Authors:
Gadeer H Al Shabout, Habibollah Hamidreza Aslami Nezhad, Bashir Ibrahim Beshir Saddig, Tuka Tharwat, Maryam Amirrad (m.amirrad@ajman.ac.ae).

AIMS & OBJECTIVES

- Assessing children's perceptions with regards to various forms of bullying.
- Educating children on how to respond to being bullied, and to seeing others be bullied as bystanders.
- Reinforcing acceptable responses to bullying by correcting ineffective or hostile approaches.

METHODS

- We conducted an anti-bullying workshop at 3 separate schools, targeting children aged 8 - 12.
- Flashcards which depicted scenes of bullying were used to prompt discussions centered on the children's thoughts regarding different forms of bullying [2][3].

DISCUSSION / FINDINGS

- The workshops provided valuable insight into how children reacted to bullying, and their experiences.
- In the future, we aim to recreate this workshop in more schools, and to also use pre- and post-workshop surveys to gauge how perceptions change.
- Children reported understanding of the workshop and were comfortable in sharing encounters with bullying.

Anyone can save a life: Building an army of first responders in the opioid epidemic

Presenters: Emily Spence

Organization: University of North Texas Health Science Center

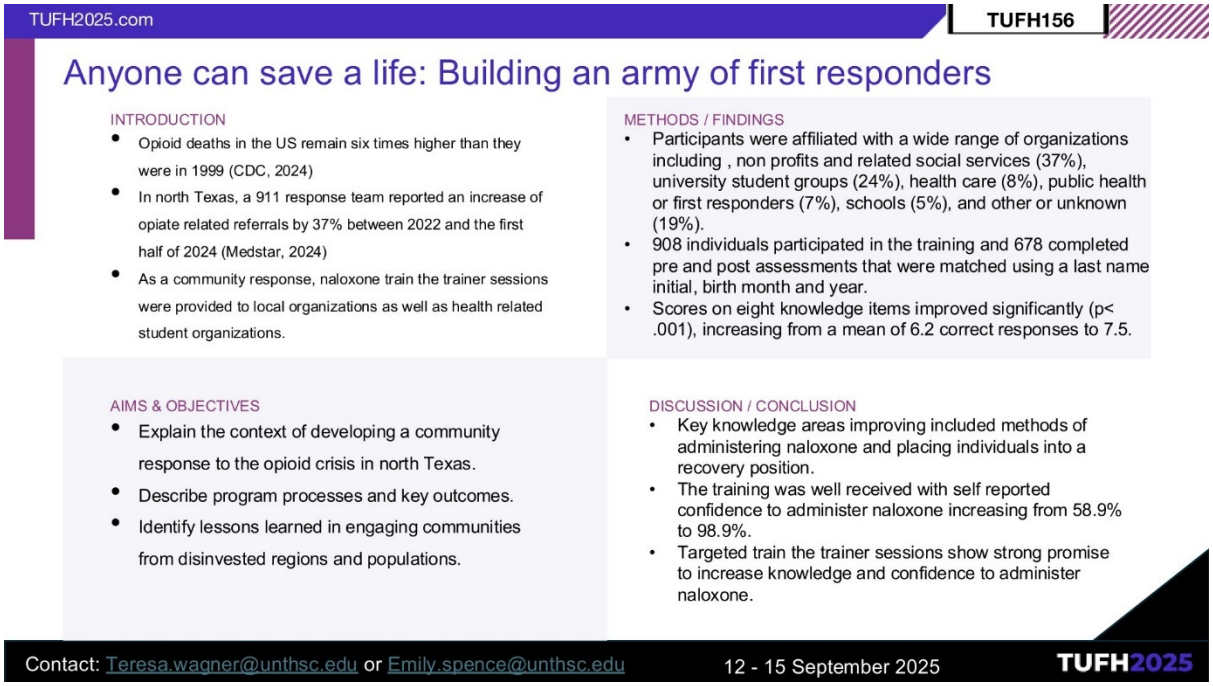
Country: United States

TUFH ID: TUFH156

Abstract

Background: Opioid deaths in the US remain six times higher than they were in 1999 (CDC, 2024). In north Texas, a 911 response team reported an increase of opiate related referrals by 37% between 2022 and the first half of 2024 (MedStar, 2024). As a community response, naloxone train the trainer sessions were provided to local organizations as well as health related student organizations. Outreach was directed towards communities that were most impacted by the epidemic. Methods: Training participants completed registration forms and pre and post session surveys. The pre and post assessments were matched using non identifying information and evaluated changes in knowledge about opioid overdose symptoms and procedures for administering naloxone and disposing of opioid medications. Results: Participants were affiliated with a wide range of organizations including , non profits and related social services (37%), university student groups (24%), health care (8%), public health or first responders (7%), schools (5%), and other or unknown (19%). 908 individuals participated in the training and 678 completed pre and post assessments that were matched using a last name initial, birth month and year. Scores on eight knowledge items improved significantly ($p < .001$), increasing from a mean of 6.2 correct responses to 7.5. Key knowledge areas improving included methods of administering naloxone and placing individuals into a recovery position. The training was well received with self reported confidence to administer naloxone increasing

from 58.9% to 98.9%. Conclusion: Targeted train the trainer sessions show strong promise to increase knowledge and confidence to administer naloxone.



Presented by:

Management of patients with MDR/XDR-TB: Experience of IME-Kimpese Hospital, Democratic Republic of the Congo

Presenters: Patrick Ntontolo

Organization: Department of Family Medicine, Protestant University of Congo

Country: DR CONGO

TUFH ID: TUFH154

Abstract

Background. Drug-resistant tuberculosis (DR-TB) remains a worldwide threatening disease, as well as a challenge in terms of treatment and control . Its incidence continues to rise, and patients remain infectious for longer, especially if diagnosis is delayed, increasing the risk of exposure for the general public and healthcare personnel. The aim of this study was to evaluate the results of treatment for this disease at the IME-Kimpese hospital. Methods. This was a descriptive study using records and the tuberculosis registry (2018-2024) to assess treatment outcomes according to longer MDR-TB regimens and shorter MDR-TB regimens. Kobocollect was used to collect data. Results. Of 42 patients admitted to the Kimpese treatment center, 36 (85.6%) were MDR, four (9.5%) were pre-XDR and two (4.8%) were XDR. Among them, three were rehospitalized, and the majority successfully completed treatment. Two patients died. There were 18 women and the median age was 26. Three patients (7.14%) developed ototoxicity following prolonged use of aminoglycosides. Conclusion. The results of our patients' treatment are consistent with international reports, despite the precarious socio-economic conditions in which patients live and the various challenges faced by healthcare professionals.

Management of patients with MDR/XDR-TB: Experience of IME-Kimpese Hospital, Democratic Republic of the Congo

Université Protestante au Congo
Une éducation qui construit une nation

INTRODUCTION

- Drug-resistant tuberculosis (DR-TB) remains a worldwide threa-tening disease, as well as a chal-lenge in terms of treatment and control .
- Its incidence continues to rise, and patients re-main infectious for longer, especially if diagnosis is delayed, increasing the risk of exposure for the general public and healthcare personnel.

OBJECTIVE

- To evaluate the results of treatment for this disease at the IME-Kimpese hospital.

METHODS

- This was a descriptive study using records and the tuberculosis registry (2018-2024) to assess treatment outcomes according to longer MDR-TB regimens and shorter MDR-TB regimens. Kobocollect was used to collect data.

FINDINGS

- Of 42 patients admitted to the Kimpese treatment center, 36 (85.6%) were MDR, four (9.5%) were pre-XDR and two (4.8%) were XDR. Among them, three were rehos-pitalized, and the majority successfully completed treat-ment. Two patients died. There were 18 women and the median age was 26. Three patients (7.14%) developed ototoxicity following prolonged use of

CONCLUSION.

The results of our patients' treatment are consistent with international reports, despite the precarious socio-economic conditions in which patients live and the various challenges faced by healthcare professionals.

Patrick N. NTONTOLO Email:patrickntontolo@yahoo.fr; +243898603834

Presented by:
THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

Impact of Armed Conflict on Medication Adherence, Mental Health, and Quality of Life Among Chronic Disease Patients in Sudan

Presenters: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

TUFH ID: TUFH153

Abstract

▪Background: Chronic diseases pose a significant global health challenge, with their burden intensifying in conflict settings. War related disruptions often lead to declining mental health, reduced quality of life, and poor medication adherence. This study assessed medication adherence among chronic disease patients in Sudan, examined its association with mental health, and evaluated their quality of life during the ongoing armed conflict. ▪Methods: A cross sectional study was conducted in Sudan's safest states. Medication adherence was measured using the Morisky Medication Adherence Scale (MMAS 8), depression with the Patient Health Questionnaire 9, anxiety with the Generalized Anxiety Disorder 7 scale, and quality of life using the EuroQol 5 Dimension 5 Level scale. Chi square tests analyzed socio demographic associations, Pearson's correlation examined adherence mental health relationships, and multiple linear regression identified predictors of adherence ($p < 0.05$). ▪Results: Among 1,116 patients, 70.4% had low adherence (mean score = 3.7, SD = 2.4). Depression and anxiety scores averaged 7.9 (SD = 6.2) and 6.2 (SD = 5.5), respectively, with 50.3% experiencing mild to moderate depression and 47.1% mild to moderate anxiety. Pain (40.7%) and anxiety (43.4%) were the most affected quality of life domains. Adherence correlated negatively with depression ($\rho = 0.334, p < 0.001$) and anxiety ($\rho = 0.389, p < 0.001$). ▪Conclusion: Medication nonadherence, depression, and anxiety

were prevalent among Sudanese chronic disease patients during the conflict, severely impacting their quality of life. Urgent international efforts are needed to ensure medication access and implement mental health support programs for this vulnerable group.

TUFH2025.com TUFH153

Impact of Armed Conflict on Mental Health and Quality of Life Among Chronic Disease Patients in Sudan

INTRODUCTION

- Armed conflict disrupts healthcare systems and endangers vulnerable populations. Chronic disease patients in Sudan face growing concerns around mental health and well-being. This study explores how war conditions may affect their quality of life and psychological health.

METHODS:

- A cross-sectional study was conducted in 8 Sudanese states
- Validated tools were used to assess participants:

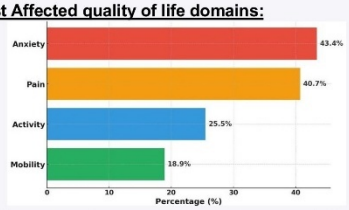
1. **PHQ-9** (Patient Health Questionnaire-9): for depression
2. **GAD-7** (Generalized Anxiety Disorder-7): for anxiety
3. **EQ-5D-5L** (EuroQol 5-Dimension, 5-Level): for quality of life

- Data were analyzed using chi-square tests, Pearson's correlation, and multiple linear regression ($p < 0.05$).

FINDINGS

- **A total of 1,116 participants were included (mean age: 43.3 years).**
- Depression: Mean = 7.9 (SD = 6.2); over 50% had mild to moderate symptoms
- Anxiety: Mean = 6.2 (SD = 5.5); 47.1% reported mild to moderate anxiety

Most Affected quality of life domains:



- Strong **negative correlation** between mental health scores and overall quality of life ($p < 0.001$)

CONCLUSION

- Chronic disease patients in conflict-affected Sudan show high levels of psychological distress and diminished quality of life.
- Timely, evidence-based multidisciplinary interventions are critical to improving patient outcomes and strengthening health system resilience.

Khalid Mohammed, [redacted] - Sohaib Ahmed, sohaib.mohammed617@gmail.com

TUFH2025

Presented by:

HealthCARES Advisory Council: Moving Beyond Compliance towards Full Disability Inclusion in Healthcare

Presenters: Carly Trill

Organization: Neighborhood Connections to Health

Country: United States

TUFH ID: TUFH152

Abstract

Through this grant funded project, the Borough of Freehold, Freehold Family Health Center (FFHC), and Neighborhood Connections to Health (NCTH) are implementing disability inclusive Policy, Systems, and Environmental (PSE) changes in healthcare. Accessibility barriers can prevent the most vulnerable from receiving primary care, especially when compounded with factors like immigration and socioeconomic status. Focusing on the FFHC (our local Federally Qualified Health Center), project partners ask: what does it look like when a healthcare system moves beyond ADA compliance, and toward full disability inclusion? This government-medical-nonprofit partnership produced the first ever Patient & Family Advisory Council at the FFHC. Council members are individuals with disabilities, their caregivers, and health professionals, now called the HealthCARES Advisory Council (Community, Accessibility, Resiliency, and Equality Services). Following an initial FFHC tour, the Council provided survey feedback. Using verbal polls and a voting system, they recommended PSE changes. Meeting monthly, the Council uses this data to inform grant spending, while continuing to assess needs. Members determine which equipment to purchase, what structural enhancements to make, and what resources to introduce. As result, a newly installed wheelchair ramp, pain minimization devices for needles, staff competency trainings, and more are all in effect at FFHC. When you ask the disability community about

access, you will learn that ADA compliance is not enough. Working with, not for, the disability community creates impactful, tangible PSE changes that reduce health disparities. We hope HealthCARES can serve as a model for other nonprofits, local governments, and healthcare systems.



Access and Satisfaction with Healthcare Services Among Chronic Disease Patients During the Sudan Armed Conflict: A Cross-Sectional Study

Presenters: Khalid Mohammed

Organization: University of Gezira

Country: Sudan

TUFH ID: TUFH151

Abstract

Background: The ongoing conflict in Sudan has severely disrupted the healthcare system, leaving millions without access to essential services. Chronic disease patients are among the most affected due to their heightened reliance on consistent and specialized healthcare. This study aimed to assess the level of access to healthcare services and the satisfaction of chronic disease patients during the current war in Sudan. ▪Methods: A cross sectional study was conducted among chronic disease patients residing in the safest states of Sudan during the ongoing conflict. Data were collected using a structured questionnaire designed to evaluate access to healthcare services and patient satisfaction. Statistical analyses included chi square tests to assess associations between socio demographic factors and healthcare access, and logistic regression models to identify significant predictors. Statistical significance was set at $p < 0.05$. ▪Resluts: Among 1,116 chronic disease patients, 13.3% never visited a health facility for regular check ups, and 15.9% reported rarely or never accessing healthcare services. Additionally, 22.0% reported a very large impact of the war on their healthcare access. While 22.3% noted excellent availability of healthcare personnel, 18.1% were dissatisfied with the quality of care. Significant associations ($p < 0.01$) were found between healthcare access and factors such as income level, ease of access, personnel availability, satisfaction with

care, and the war's impact. ▪Conclusions: Chronic disease patients faced suboptimal follow up, limited healthcare access, and dissatisfaction with care quality. Strengthening healthcare infrastructure and implementing telemedicine could enhance access and continuity of care during the conflict.

TUFH2025.com TUFH151

Access and Satisfaction with Healthcare Services Among Chronic Disease Patients During the Sudan Armed Conflict

INTRODUCTION

- Sudan's armed conflict has severely disrupted healthcare, leaving chronic disease patients—who rely on continuous care—especially vulnerable. This study assesses their access to services and satisfaction during this ongoing humanitarian crisis.

METHODS:

- Cross-sectional study in the safest Sudanese states during conflict
- **Participants**: Chronic disease patients aged 18 and above
- **Tool:** Structured, pretested questionnaire
- **Sampling:** Convenience method
- **Analysis**: Chi-square and logistic regression
- Significance set at $p < 0.05$

FINDINGS

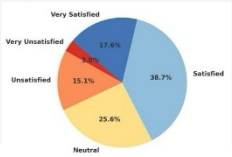
- **Access to Care:**

13.3% never attended regular follow-up visits
15.9% reported rarely or never accessing healthcare services
22.0% experienced a very large impact of the conflict on healthcare access

- **Healthcare quality and satisfaction:**

Only **22.3%** reported excellent availability of healthcare
18.1% were dissatisfied with the quality of care

Chart : patients satisfaction with health care



CONCLUSION

- Chronic disease patients experienced Chronic disease patients experienced disrupted access and reduced care quality
- We recommend expanding telemedicine and mobile clinics to ensure continuity, improve satisfaction, and strengthen healthcare access during ongoing and future humanitarian crises

Khalid Mohammed, kabusudan@gmail.com - Sohaib Ahmed, sohaib.mohammed617@gmail.com

TUFH2025

Presented by:

Enhancing Family Medicine in the Americas: A Quality Improvement Initiative

Presenters: Hailey Alter

Organization: University of New Mexico School of Medicine

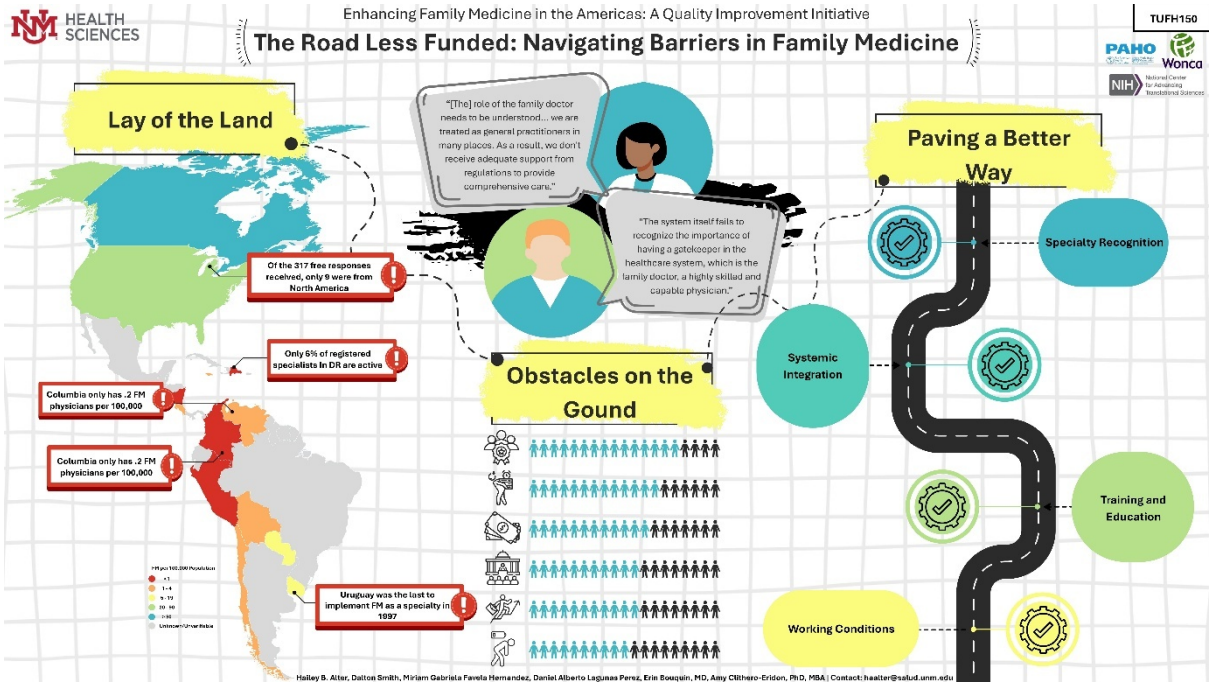
Country: United States

TUFH ID: TUFH150

Abstract

Background: Family Medicine/Family and Community Medicine (FM/FCM) has been integral to Primary Health Care (PHC) in the Americas since the mid-20th century, yet its implementation remains inconsistent. Some countries lack formal programs, while others face workforce shortages. Despite global calls for strengthened PHC, FM/FCM integration continues to face challenges. Methodology: This study, conducted by the Pan American Health Organization, the World Organization of Family Physicians, and the University of New Mexico's WHO Collaboration Center, assessed the state of FM/FCM in the Americas. Surveys were conducted among FM/FCM national associations and specialists, with thematic and content analyses applied when appropriate. Results: Responses from 19 professional societies and 327 specialists highlighted disparities in training and workforce development. Most specialists (73%) work full-time under high workloads, resource constraints, and limited institutional support, leading to burnout. FM/FCM's lack of universal recognition hampers its integration into national health systems and career progression. Poor working conditions, inadequate continuing education, and systemic weaknesses further drive workforce shortages and migration. Despite these barriers, FM/FCM practitioners contribute beyond clinical care, engaging in education, research, and advocacy. Conclusion: Sustaining the FM/FCM workforce requires ongoing oversight of training and practice models. The study underscores disparities in workforce development

and system support, emphasizing the urgent need for policy reforms. To maximize FM/FCM's role in interprofessional PHC teams, it must be fully integrated into national health systems.



Perception of access to health services by homeless people, Medellín Colombia.

Presenters: Santiago Ramirez Arango

Organization: Universidad Pontificia Bolivariana

Country: Colombia

TUFH ID: TUFH149

Abstract

Objective: To characterize the health status and access to healthcare services of people in extreme poverty who attend a shelter in the city of Medellin. Methodology: Observational, descriptive, and cross-sectional study that included adults living in extreme poverty and attending a shelter in Medellín. A non-probability consecutive case sampling was carried out. The analysis of qualitative variables was conducted using relative and absolute frequencies, while quantitative variables were analyzed using mean, standard deviation, or interquartile range in the case of the median. Results: 51 people living in extreme poverty and attending a shelter in Medellin were included, with an average age of 41 years. 12% were migrants and 2% were demobilized individuals. Regarding the perception of healthcare services, 78.4% stated that the care was good, followed by 17.6% who rated it as fair, and 2% rated it as poor. Conclusions: It was determined that most homeless individuals have a positive perception of their current health status, which aligns with their perception of healthcare services, which they mostly consider to be good. Despite this, it is important to continue health promotion and prevention programs for this population, always aiming to improve their quality of life despite the circumstances of vulnerability

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TUFH149

Perception of access to health services by homeless people in Medellin, Colombia

1. Introduction

Homeless



2. Objective

Characterize of health status and access to healthcare services of people in extreme poverty who attend a shelter in Medellin.

3. Methods

Type of study: Descriptive observational, cross-sectional.

Ethics: Institutional approval.

Data analysis: Absolute and relative frequencies, median and interquartile ranges.

4. Results

Sex	%(n)
Males	78.43 (40)
Females	21.5 (11)

Variable	%(n)
Entity of healthcare	Savia Salud 58.3 (14)
	Nueva EPS 12.6 (3)

Perception of the quality of health services

Good	Fair	Negative	Didn't answer
64.7%	23.5%	4%	7.8%

5. Discussion

Ramirez et al, 2023	Baena et al, 2016
Access to healthcare	
52.9% not enrroled	26.2% not enrroled
Perceived qualitiy of healthcare	
64.7% was good	Mostly negative

6. Conclusion

There is a good perception of health services and actual health status, however, health promotion and prevention programs should continue to be carried out.

Santiago Ramirez, Carolina Durango, Lina Martinez, Sara Duque, Maria Rubiano, Sebastian Ceron, Mariana Montoya
santiago.ramirezao@upb.edu.co

Presented by:

Perception & practice of medical & allied health professionals in the EMR Region towards research ethics: a regional cross-sectional study.

Presenters: Osman Elmahi

Organization: Ibn Sina University, Faculty of Medicine

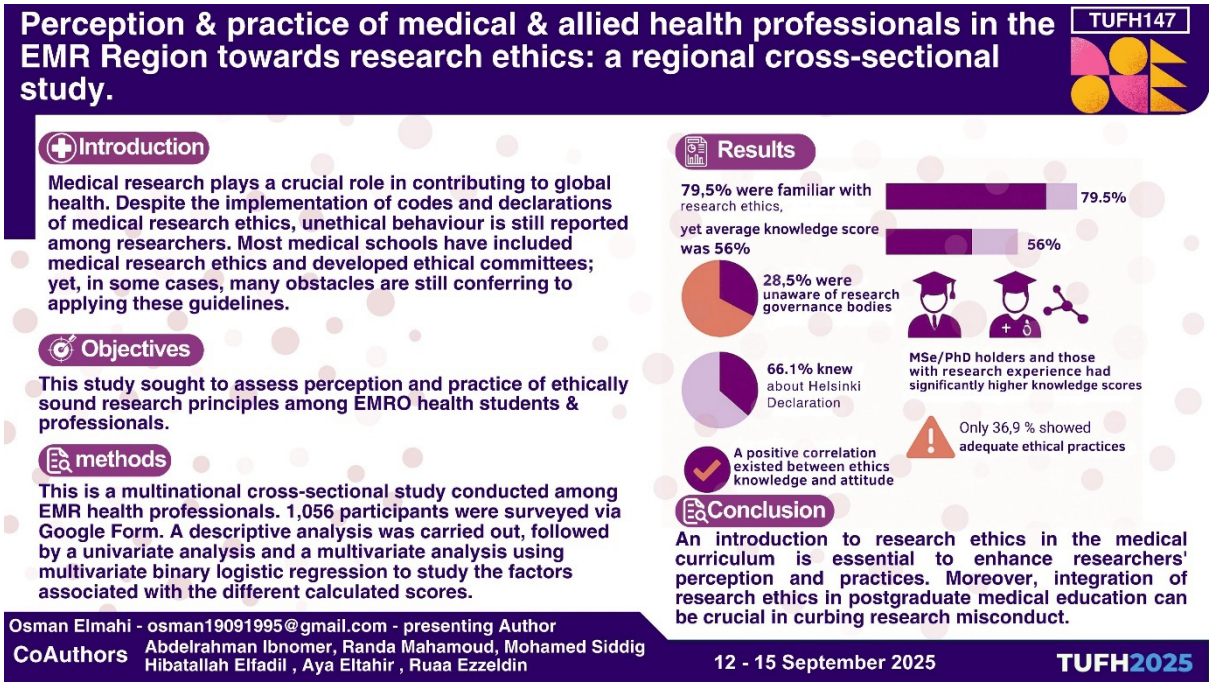
Country: Sudan

TUFH ID: TUFH147

Abstract

Medical research plays a crucial role in contributing to global health. Despite the implementation of codes and declarations of medical research ethics, unethical behaviour is still reported among researchers. Most medical schools have included medical research ethics and developed ethical committees; yet, in some cases, many obstacles are still conferring to applying these guidelines. This study sought to assess perception and practice of ethically sound research principles among EMRO health students & professionals. This is a multinational cross-sectional study conducted among EMR health professionals. 1,056 participants were surveyed via Google Form. A descriptive analysis was carried out, followed by a univariate analysis and a multivariate analysis using multivariate binary logistic regression to study the factors associated with the different calculated scores. Although 79.5% were familiar with ethical principles governing research that involves human subjects, the overall mean score achieved on their knowledge questions was 56%. 28.5% were not aware of research governance bodies and only 66.1% were aware of the Helsinki Declaration. Significantly higher levels of research ethics knowledge were recorded among MSc's, PhDs, and participants with prior research experience. A significant correlation was also observed between knowledge of research ethics principles and positive attitudes toward research ethics principles. Only 36.9% of participants who had

participated in research studies had adequate practices with medical research ethics. An introduction to research ethics in the medical curriculum is essential to enhance researchers' perception and practices. Moreover, integration of research ethics in postgraduate medical education can be crucial in curbing research misconduct.



Fostering Collaboration: Insights from an Interprofessional Simulated Patient Case with Rural Health Profession Students

Presenters: Zhi Li

Organization: National Center for Rural Health Professions, University of Illinois College of Medicine Rockford

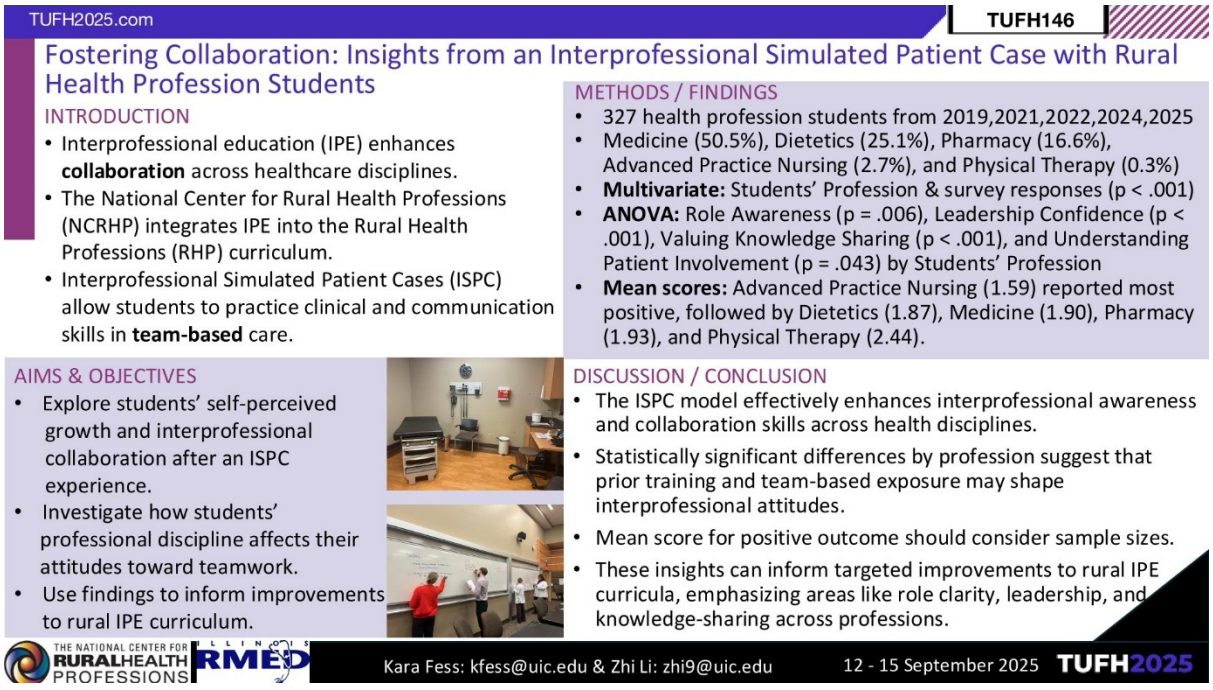
Country: United States

TUFH ID: TUFH146

Abstract

Background - Interprofessional education (IPE) promotes collaboration across health profession disciplines, enhancing students' teamwork and communication skills. The National Center for Rural Health Professions (NCRHP) at the University of Illinois College of Medicine Rockford provides a Rural Health Professions (RHP) curriculum with numerous IPE opportunities for students. Methods - The NCRHP's RHP curriculum provides Interprofessional Simulated Patient Cases (ISPC) where medical, pharmacy, and dietetic students collaborate to develop clinical, communication, and decision-making skills. During the ISPC, students work in teams of 2 - 4 health profession students where they review the case, interview the patient and develop an interprofessional care plan. Students complete a 9-question post survey on their beliefs, behaviors, and attitudes about working with professionals from other disciplines. Results - After five years of implementation, 50 health profession students have participated in an ISPC as part of the RHP curriculum. Descriptive statistics will be presented from a 9-question post survey that assesses students' beliefs, behaviors, and attitudes using a 7-point Likert scale. Ordinal logistic regression will be used to examine the association between health profession discipline and students' beliefs, behaviors, and attitudes regarding working in an interprofessional team. Conclusion - Findings from the NCRHP's RHP curriculum provide valuable insights into the

impact of IPE on health profession students' beliefs, behaviors, and attitudes towards working in interprofessional teams. Results can inform future curriculum improvements and promote effective collaboration among healthcare professionals in rural communities, ultimately enhancing patient care and outcomes.



Strengthening Inter-Professional Education: Initiatives of the African Forum for Research and Education in Health

Presenters: Elsie Kiguli-Malwadde

Organization: African Centre for Global Health and Social Transformation/ Makerere University

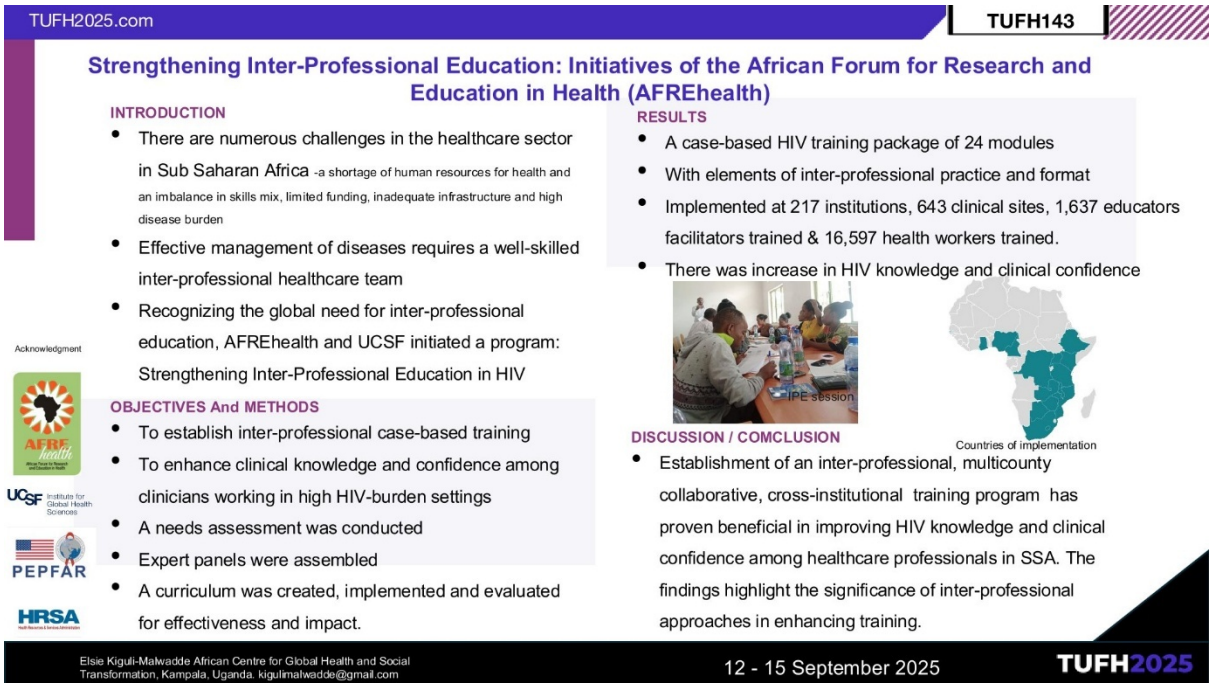
Country: Uganda

TUFH ID: TUFH143

Abstract

Background: Sub Saharan Africa (SSA) faces challenges in the healthcare sector, including a shortage of human resources for health and an imbalance in skills mix. To effectively manage disease conditions like HIV, it is crucial to have a well skilled inter professional healthcare team. Recognizing the global need for inter professional education, the African Forum for Research and Education in Health (AFREhealth) and the University of California, San Francisco (UCSF) initiated a program: Strengthening Inter Professional Education in HIV (STRIPE HIV). Methods The objective of this initiative was to establish inter professional case based training programs that would enhance clinical knowledge and confidence among clinicians working in high HIV burden settings in SSA. STRIPE HIV courses were developed using an inter professional approach. The development process involved a needs assessments and assembling expert panels to assist in the creation of the curricula. Following the formulation of the course, the course was conducted and evaluated for effectiveness and impact. Results: A case based HIV training package of 24 modules with different elements of interprofessional practice to be delivered in an interprofessional format was developed. So far, 217 health professions training institutions in 17 countries have implemented the program including 643 clinical sites.1,637 educators facilitators were trained to conduct the workshops. A total of 16,597 health

workers were trained. Conclusions The establishment an inter professional, multicounty collaborative, cross institutional training program has proven beneficial in improving HIV knowledge and clinical confidence among healthcare professionals in SSA. The findings highlight the significance of



Towards Developing a Patient Navigation Model Responsive to Lung Cancer Care in KwaZulu-Natal Public Healthcare System: Insights from Stakeholders

Presenters: BUHLE LUBUZO

Organization: University of KwaZulu Natal

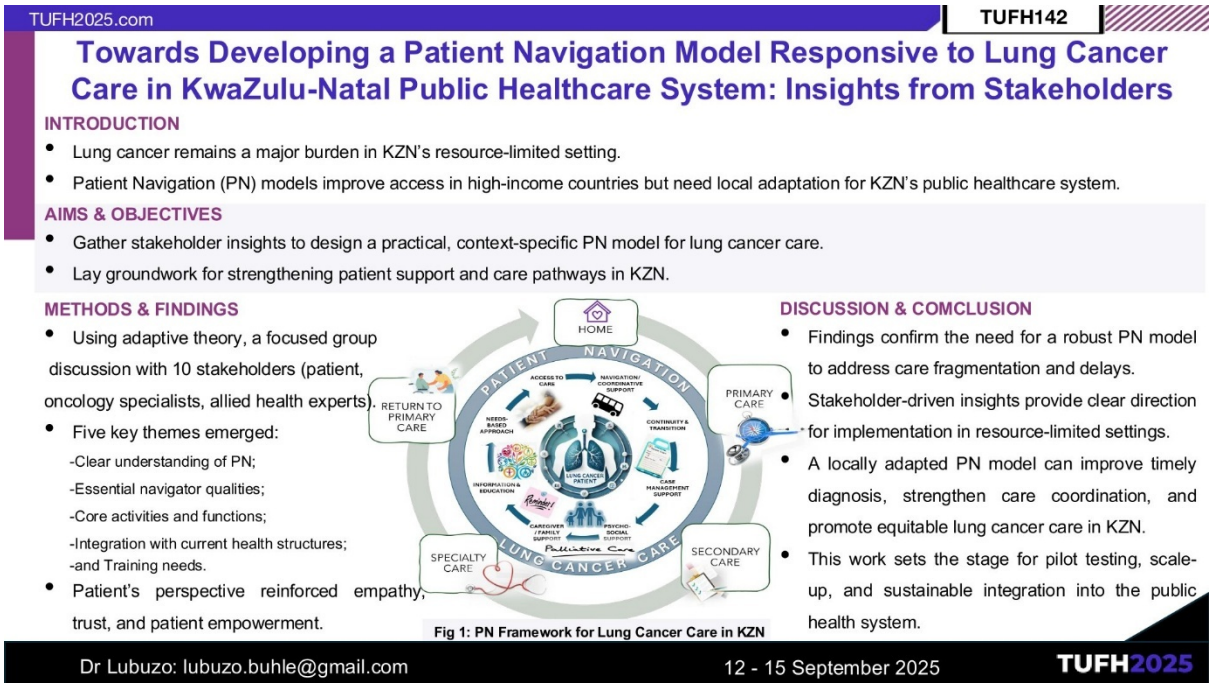
Country: South Africa

TUFH ID: TUFH142

Abstract

Lung cancer remains a significant public health challenge, particularly in resource limited settings like KwaZulu Natal (KZN). While patient navigation (PN) models improve access to care in high income settings, their adaptability to KZN's public healthcare system remains unclear. This study explored stakeholders' insights to develop a locally responsive PN model for lung cancer care in KZN. A focus group discussion (FGD) was conducted with ten stakeholders, including a patient, oncology specialists, allied healthcare professionals, and other relevant experts. The discussion guide and participant selection were informed by previous research. Data were analyzed using an adaptive theory approach, integrating both deductive and inductive analysis. Stakeholders supported a data informed PN model for lung cancer care. Thematic analysis revealed five core themes: (I) stakeholders' understanding of a PN model, (II) characteristics of effective patient navigators, (III) key navigation activities and functions, (IV) integration of PN into existing healthcare systems, and (V) patient navigator skill set and training. These themes, supported by eight subthemes, highlighted essential components of effective PN model. The inclusion of a cancer survivor enriched the discussion, offering unique patient perspectives. A PN model for lung cancer in KZN's public healthcare system is necessary and aligns with patient centered care principles. This study establishes a foundation for future

research and stakeholder collaboration to strengthen PN models, optimize cancer care coordination, and improve healthcare equity in resource limited settings. By enhancing accessibility, streamlining coordination, and providing comprehensive support, the model seeks to empower patients and promote equitable cancer care delivery.



The Index of Demand Complexity (ICD): An Innovative Tool for Equity in Territory-Based Primary Care

Presenters: MURILLO FEITOSA DE MELO

Organization: Municipal Health Department of Florianópolis

Country: Brazil

TUFH ID: TUFH134

Abstract

Background: Brazil's primary health care (PHC) follows a territory-based model. It was noted that primary care resources were allocated without regard to relevant criteria throughout the city of Florianópolis, despite the heterogeneity of its communities. To optimize resource allocation equitably, a group of eight researchers was formed in 2022 to develop the Index of Demand Complexity (ICD) tool, which has been applied since 2023. Methods: The ICD was calculated using seven indicators across three criteria regarding each Health Center: socioeconomic vulnerability (percentage of recipients in a cash transfer program), demographic profile (populations under five and over sixty-five years old), and epidemiological profile (prevalence of pregnant women, hypertension, diabetes, and HIV/AIDS). Health centers were stratified into four tiers, ranging from Low to Very High complexity. Data were sourced from municipal health records and national databases. Results: The tool revealed significant disparities across territories. For example, Monte Cristo Health Center (ICD: 66.49% very high complexity) had a high proportion of vulnerable populations and a ratio of 2,779 inhabitants per family health team. On the other hand, the Vargem Pequena Health Center (ICD: 42.26% low complexity) has a population of 2,841 inhabitants per family health team. Conclusion: This stratification enabled the tailoring of workforce planning, with higher complexity centers allocated more resources, such as smaller patient-to-staff ratios. The ICD provides a

data-driven, equity-focused approach to PHC resource allocation. By integrating this tool, Florianópolis' model serves as a replicable framework for reducing disparities in a territory-based PHC.

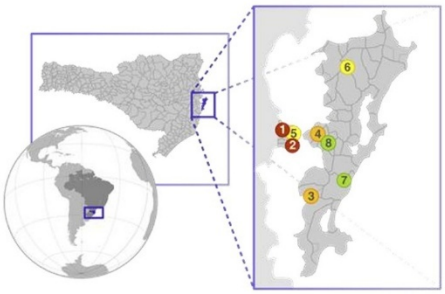
The Index of Demand Complexity (IDC): a tool for equity in territory-based primary care

BACKGROUND

Primary care resources in Florianópolis, Brazil, were allocated without considering community differences. To improve equity, eight researchers developed the *Index of Demand Complexity* (ICD) in 2022, in use since 2023.

METHODS

The ICD was calculated for each Health Center using seven indicators across three criteria: **socioeconomic vulnerability** (cash transfer recipients), **demographic profile** (populations under five and over sixty-five), and **epidemiological profile** (prevalence of pregnancy, hypertension, diabetes, and HIV/AIDS), based on municipal and national health records.



RESULTS

N.	Health Center	ICD	Complexity	Patient-to-staff Ratio	Suggested Ratio
1	Vila Ap.	73,51%	Very High	1923	<2300
2	Monte Cristo	66,49%	Very High	2655	<2300
3	Tapera	55,41%	High	2361	2300 – 2700
4	Monte Serrat	52,52%	High	3136	2300 – 2700
5	Sapé	48,87%	Medium	2508	2701 – 3300
6	Vargem Peq.	42,92%	Medium	2584	2701 – 3300
7	Campeche	35,15%	Low	2527	3301 – 3700
8	Pantanal	30,69%	Low	2893	3301 – 3700

CONCLUSION

This stratification allowed workforce planning to match complexity levels, allocating more resources and smaller patient-to-staff ratios to higher-need centers. The ICD offers a data-driven, equity-focused method for primary care allocation, making Florianópolis' model a replicable framework for reducing territorial disparities.

Murillo Feitosa de Melo et al, *murillo.feitosa.melo@gmail.com* 12 - 15 September 2025 TUFH2025

Community Perceptions of Community Health Workers Delivering Primary Health Care: What Do We Know?

Presenters: Niaz Ahmed

Organization: University of Waikato

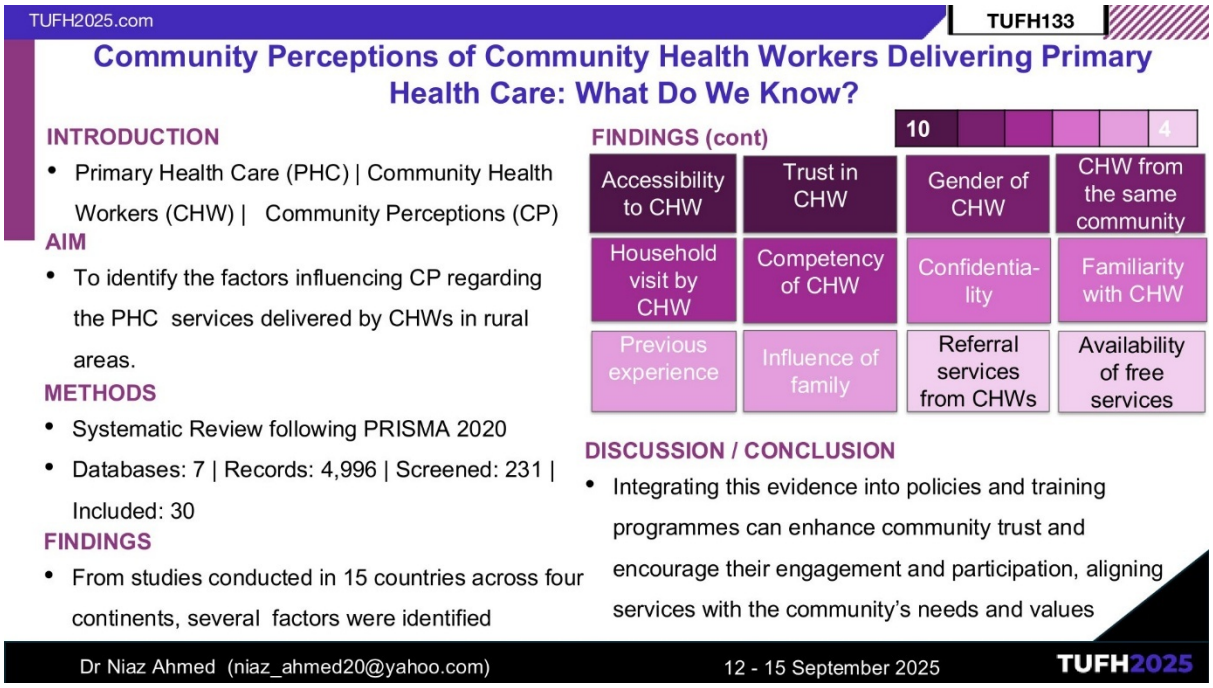
Country: Pakistan

TUFH ID: TUFH133

Abstract

Background: Community Health Workers (CHWs) have proven to enhance access to health by providing various primary health care (PHC) services. Community perceptions of such services are an important factor influencing their effective utilisation, as people are more likely to use services they perceive as satisfactory. This Systematic Review aimed to identify the factors influencing community members' perceptions regarding the PHC services delivered by CHWs in rural areas. Methods: Following PRISMA 2020 guidelines, a comprehensive search of seven databases for English peer-reviewed publications from 1990 to 2024 yielded 4996 records. After screening titles and abstracts, we reviewed 231 full texts, ultimately including 30 articles after their appraisal. Results: From studies conducted in 15 countries across four continents, several recurring factors influencing community perception emerged, including accessibility, trust in CHWs, the availability of services at convenient places, gender of CHW, CHWs from the same community, confidentiality, household visits by CHW, familiarity with CHWs, previous experiences with CHWs, influence of partner and referral services from CHWs. These findings hold particular significance for the vulnerable, marginalised and complex populations in rural and remote areas, where the community workforce is crucial in delivering culturally responsive care. Conclusion: Integrating this evidence into policies and training programmes can enhance community trust and encourage their engagement and participation,

aligning services with the community's needs and values. Informed by these factors, innovative approaches can improve the efficacy of PHC services, particularly in rural and remote areas, ultimately reducing health disparities for vulnerable, marginalised, and complex populations.



Doctors Who Need Doctors: The Impact of Academic Stress on Lifestyle and Health Habits Among Medical Students at the University of Gezira

Presenters: Alaa Salih

Organization: University of Gazira

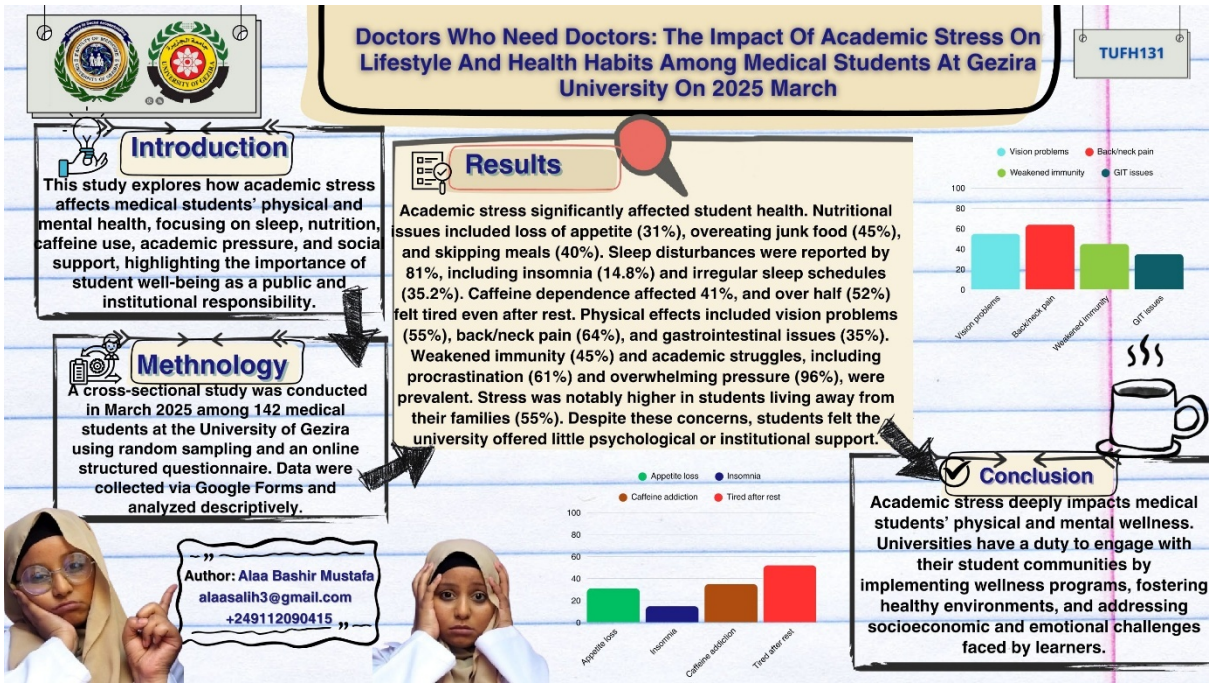
Country: Sudan

TUFH ID: TUFH131

Abstract

Background: While doctors are trained to care for others, many medical students struggle to care for themselves. This study explores the impact of academic stress on medical students' physical and mental health, including lifestyle habits such as nutrition, sleep, and caffeine use. It also considers broader factors such as academic pressure and social support. As members of the community and future healthcare providers, students' well-being is both a public health concern and a reflection of institutional responsibility. Methodology: A cross-sectional study was conducted in March 2025 among 142 medical students at the University of Gezira using random sampling and an online structured questionnaire. Data were collected via Google Forms and analyzed descriptively. Results: Academic stress significantly affected student health. Nutritional issues included loss of appetite (31%), overeating junk food (45%), and skipping meals (40%). Sleep disturbances were reported by 81%, including insomnia (14.8%) and irregular sleep schedules (35.2%). Caffeine dependence affected 41%, and over half (52%) felt tired even after rest. Physical effects included vision problems (55%), back/neck pain (64%), and gastrointestinal issues (35%). Weakened immunity (45%) and academic struggles, including procrastination (61%) and overwhelming pressure (96%), were prevalent. Stress was notably higher in students living away from their families (55%). Despite these concerns, students felt the university offered little

psychological or institutional support. Conclusion: Academic stress deeply impacts medical students' physical and mental wellness. Universities have a duty to engage with their student communities by implementing wellness programs, fostering healthy environments, and addressing socioeconomic and emotional challenges faced by learners.



LONGITUDINAL INTEGRATED CLERKSHIPS: AN INNOVATIVE APPROACH TO PROMOTE COMMUNITY HEALTH

Presenters: Wellber Drayton Braga Galdino

Organization: Universidade Federal do Rio Grande do Norte

Country: Brazil

TUFH ID: TUFH129

Abstract

BACKGROUND: Longitudinal Integrated Clerkships (LICs) represent an innovative medical education approach, immersing students in real healthcare settings to ensure continuity of care and community engagement. Widely adopted globally, LICs train generalist physicians to address community health needs, aiming to reduce disparities in vulnerable populations. This study provides a descriptive analysis of global LIC programs, highlighting their role in advancing community health. METHODS: A documentary analysis examined LIC programs from the Consortium of Longitudinal Integrated Clerkships (CLIC), evaluating geographic distribution, setting (urban, rural, or mixed), workload, and key features. Data were analyzed with literature on health disparities and social accountability to identify LIC patterns. RESULTS: Out of over 100 LIC programs, most are in Europe and North America, with 51 urban, 41 rural, and 10 mixed settings. Often optional and specialty-focused, LICs enable students to engage in longitudinal patient care efficiently. They excel in training generalist physicians, particularly in rural models, addressing physician shortages and supporting vulnerable communities. CONCLUSION: LICs offer an innovative strategy to reduce health disparities by adapting to local contexts. Their emphasis on generalist training and community involvement enhances community health, aligning with social accountability in medical education.

Longitudinal Integrated Clerkships: an innovative approach to promote community health

INTRODUCTION

Longitudinal Integrated Clerkships (LICs) are a global medical education model that promotes continuity of care and community-focused training for generalist physicians.

AIMS & OBJECTIVES

This study provides a descriptive analysis of global LIC programs, highlighting their role in advancing community health.

METHODS / FINDINGS

A documentary analysis of CLIC programs assessed location, setting, workload, and features, with findings compared to literature on health disparities and social accountability.

DISCUSSION / CONCLUSION

LICs offer an innovative strategy to reduce health disparities by adapting to local contexts. Their strong emphasis on generalist training and community involvement significantly enhances community health outcomes.

Wellber Drayton Braga Galdino (wellbergaldino@gmail.com) *et al*

Presented by:
THE NETWORK TOWARDS UNITY FOR HEALTH
Woods SYSTEM OF CARE
Mollie Woods Hare Global Center of Excellence

Partnerships to Build Social Accountability Bridges linking Education and Service to advance Community Health

Presenters: Wellber Drayton Braga Galdino

Organization: Universidade Federal do Rio Grande do Norte

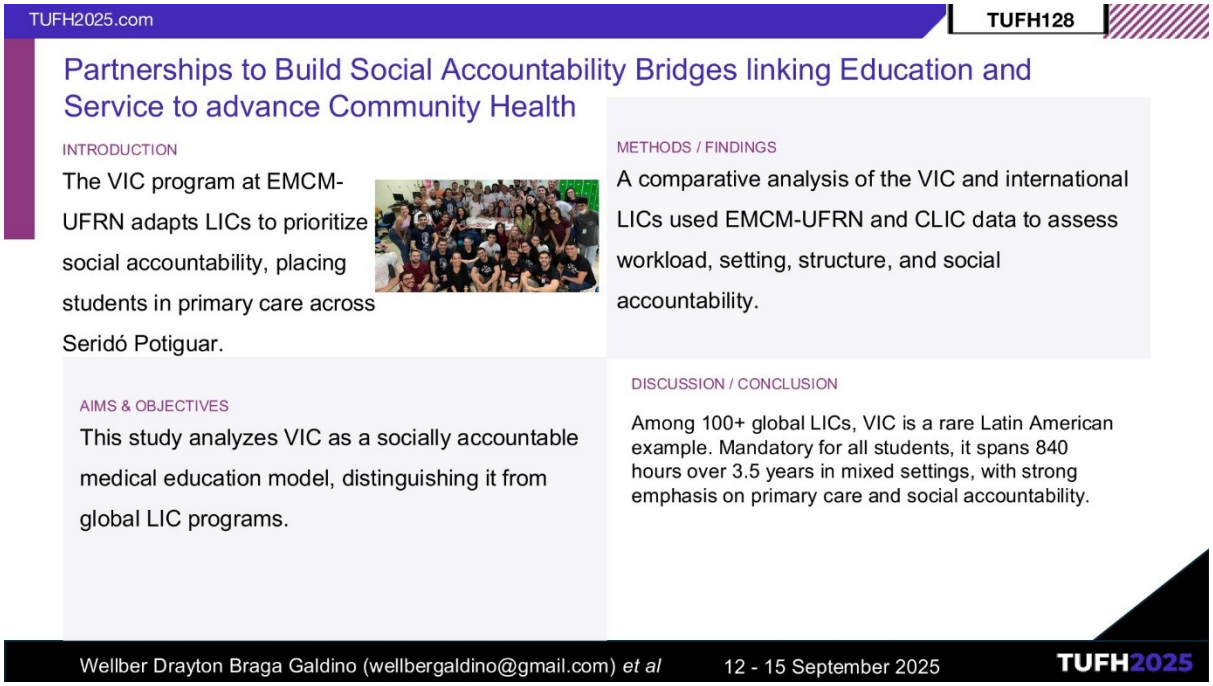
Country: Brazil

TUFH ID: TUFH128

Abstract

BACKGROUND: Social accountability in medical education is vital for training physicians committed to equity and community health, especially in underserved areas. The Vivência Integrada na Comunidade (VIC), developed by the Escola Multicampi de Ciências Médicas at the Federal University of Rio Grande do Norte (EMCM-UFRN), is an innovative curricular approach. Drawing from Longitudinal Integrated Clerkships (LICs) and differentiating itself through the lens of Social Accountability, VIC immerses students in healthcare settings across the Seridó Potiguar, focusing on primary care and family medicine throughout the clerkship. This study analyzes VIC as a model focused on promoting social accountability in medical education, distinguishing it from global LICs. METHODS: A comparative documentary analysis examined VIC against LICs, using the EMCM-UFRN curriculum and Consortium of Longitudinal Integrated Clerkships (CLIC) data. It assessed workload, general characteristics, setting (urban, rural, or mixed), and emphasis on social accountability. RESULTS: Among over 100 global LIC initiatives, VIC stands out as one of Latin America's sole representative. While not included on CLIC and unlike most urban, optional LICs, VIC is mandatory for all students, spanning 840 hours over 3.5 years as a clerkship in the same communities. It adopts a mixed urban-rural setting and prioritizes primary care, family medicina and social accountability, contrasting with LICs, that often lack this focus. CONCLUSION: VIC uniquely adapts the LIC framework to

Brazil's Potiguar context, emphasizing social accountability. Its universal access and primary care orientation link education with healthcare services, preparing physicians to serve vulnerable communities effectively.



How Social Relationships Influence Decision-Making on Delivery Type in Pregnant Women at Gedaref Hospital, 2025.

Presenters: Reem Osman

Organization: Omdurman Islamic University faculty of medicine and health science

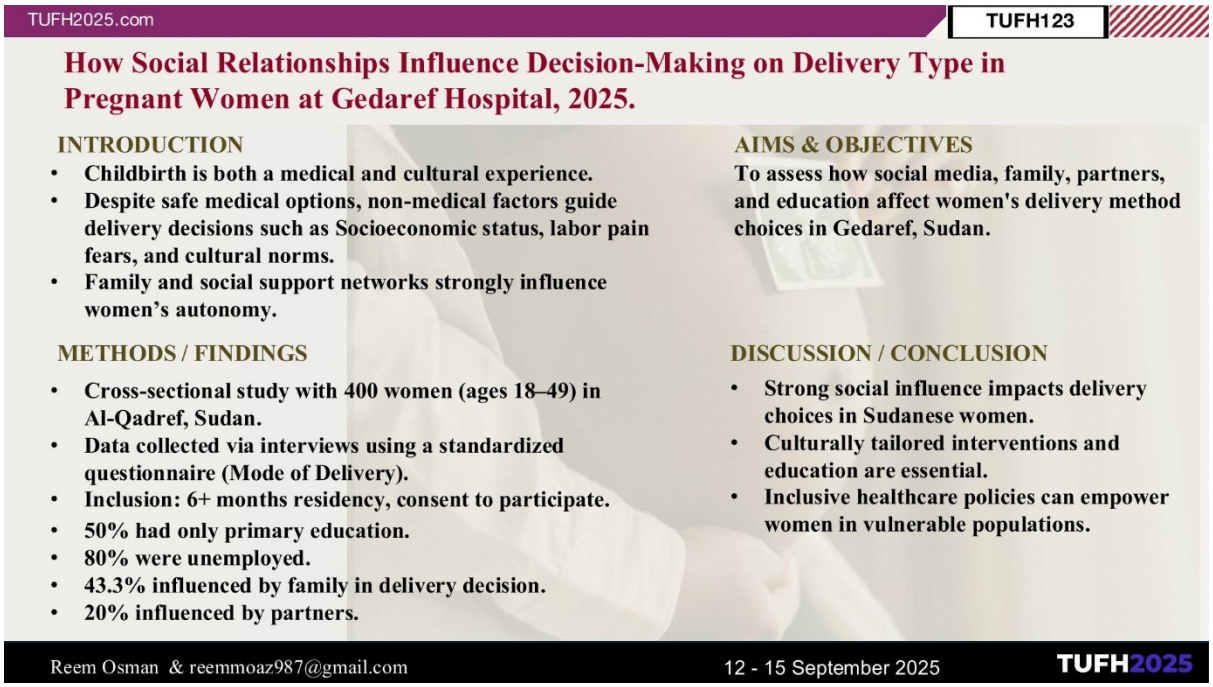
Country: Sudan

TUFH ID: TUFH123

Abstract

Childbirth is both a medical event and a profound social and cultural experience. While advancements in obstetric care have made both vaginal delivery and cesarean section viable options, non medical factors increasingly shape decision making. Although vaginal delivery remains the preferred choice due to better recovery outcomes and lower risks, influences such as socioeconomic status, fear of labor pain, and cultural norms significantly impact women's autonomy in choosing their delivery method. In Sudan, especially in Gedaref, family members—including spouses, parents, in laws, and even friends play a key role in shaping a woman's decision through shared experiences, emotional support, guidance, and social expectations. This study assessed the impact of various influences, including social media, family, and partners, alongside the role of education in decision making. A cross sectional study with a 400 participants aim, We used the standardized questionnaire (Mode of delivery). Data collected through an interview method from the women who were at the reproductive age (18_49 years) and reside in alQadref state for the past six months and willing to participate The study revealed that 50% of participants had only primary education, 80% were unemployed, and 43.3% reported that family members influenced their childbirth decision, while 20% were affected by their partners. These findings underscore the urgent need for innovative, community centered

approaches to maternal health that enhance access to care. Addressing sociocultural barriers through targeted education, inclusive healthcare policies, and culturally competent interventions is essential to ensuring equitable maternal care for vulnerable and marginalized populations in Sudan.



Quality of Life of Sudanese Cancer Patients Amidst War

Presenters: Sara Osman

Organization: Omdurman Islamic University faculty of medicine and health science

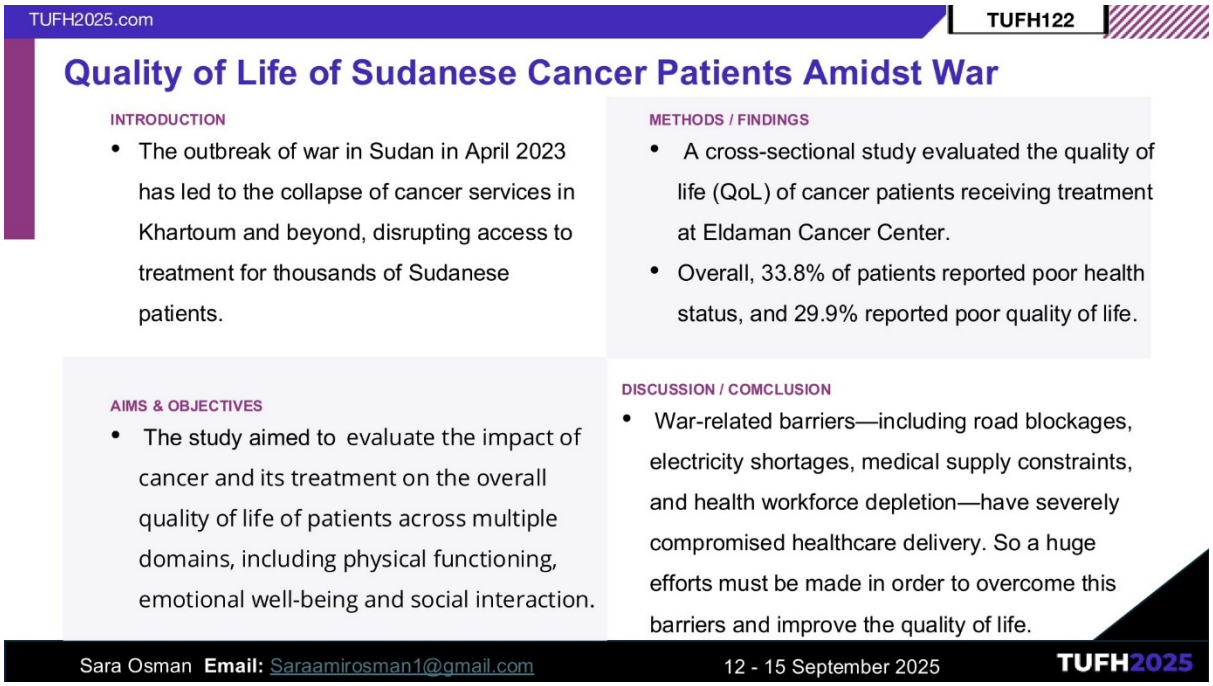
Country: Sudan

TUFH ID: TUFH122

Abstract

The outbreak of war in Sudan in April 2023 has led to the collapse of cancer services in Khartoum and beyond, disrupting access to treatment for thousands of Sudanese and neighboring patients. Prior to the conflict, Sudan had made significant strides in decentralizing oncology care, establishing one of Africa's oldest cancer centers and expanding services to provincial areas. However, war-related barriers—including road blockages, electricity shortages, medical supply constraints, and health workforce depletion—have severely compromised healthcare delivery. This cross-sectional study evaluated the quality of life (QoL) of cancer patients receiving treatment at Eldaman Cancer Center. Patient interviews were conducted using the EORTC QLQ-C30 (version 3) questionnaire to assess physical functioning, emotional well-being, and social support domains. Among respondents, 68.6% had received primary education, and most were diagnosed outside of the state before initiating treatment at Eldaman. Overall, 33.8% of patients reported poor health status, and 29.9% reported poor quality of life. Although healthcare access barriers were not measured directly, the study's findings suggest that diminished quality of life among patients is likely compounded by both disease burden and the systemic healthcare disruptions caused by the ongoing conflict. Strengthening oncology services, even amidst instability, is critical. Targeted interventions to restore access to treatment, stabilize healthcare infrastructure, and support patient well-being are urgently

needed to mitigate the humanitarian impact of the war on vulnerable populations.



Presented by:

Developing Evidence-informed standards of practice for advocacy, communication and cultural sensitivity: results of a 3-phased South African study

Presenters: Deshini Naidoo

Organization: university of KwaZulu- Natal

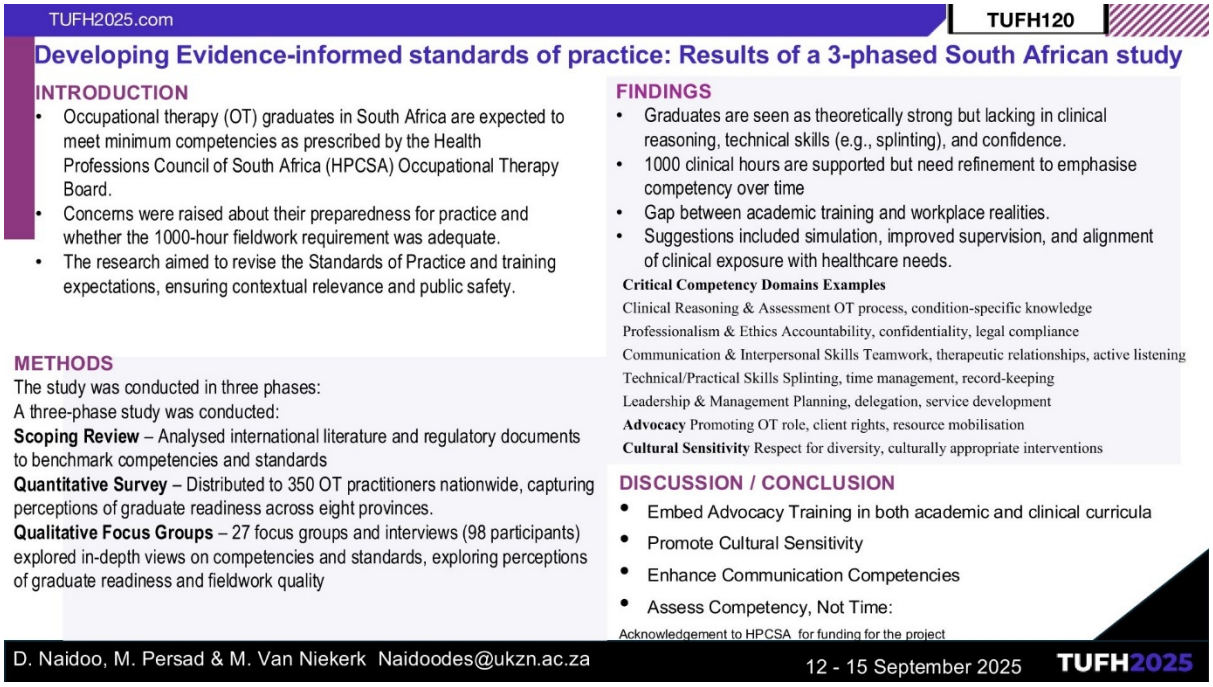
Country: South Africa

TUFH ID: TUFH120

Abstract

Background The Standards of Practice document of the Health Professions Council of South Africa outlines the entry-level requirements for new occupational therapy graduates but has not been reviewed in over a decade. Stakeholders have expressed concerns about whether current training sufficiently prepares graduates for workforce demands, particularly in advocacy, communication, and collaboration. Objective: To explore the occupational therapy graduate competencies required for the South African context. Methods: This multi-phase mixed-methods study comprised: 1) A scoping review (2005–2022) of five databases, analyzing 133 articles on professional competencies and practice standards; 2) A national quantitative survey of HPCSA-registered occupational therapists; 3) Qualitative research through 27 focus groups/interviews across nine provinces. The survey included demographic data, Likert scales, and open-ended questions. Data analysis employed descriptive statistics and thematic analysis, with verbatim transcription and inductive coding. Results: Participants emphasized the importance of clinical skills, cultural awareness, advocacy, collaboration, and professional communication, while digital literacy was underplayed. Findings informed eight practice standards for South Africa: (1) Occupational Therapy Knowledge & Process Application, (2) Clinical Skills, (3) Communication & Cultural Sensitivity, (4) Digital

Competence, (5) Professionalism, Ethics & Human Rights, (6) Research & Evidence-Based Practice, (7) Advocacy, and (8) Management, Leadership & Followership. Conclusion: This study provides evidence-based insights into essential graduate competencies, highlighting communication, cultural sensitivity, and advocacy. Findings can guide curriculum updates and minimum training standards for South African occupational therapy education.



Presented by:

REDUCING ZERO-DOSE BURDEN IN KEBBI STATE THROUGH THE INTEGRATED ROUTINE IMMUNIZATION INITIATIVE (IRII) PROGRAM

Presenters: Danjuma Nehemiah

Organization: UNICEF- Nigeria, Sokoto FO

Country: Nigeria

TUFH ID: TUFH119

Abstract

Introduction – Kebbi is one of the States with low immunization coverage, and by implication, a large proportion of zero-dose children. According to the results of the Multiple Indicator Cluster Survey, 2021 (MICS 2021), 53.8% of children in the State did not receive any dose of childhood vaccination. The State plays host to a large proportion of zero-dose children who majorly reside in underserved communities, hard-to-reach settlements, and urban slums. The main contributing factor to the zero-dose burden is suboptimal support for the conduct of integrated outreach services in the underserved and hard-to-reach communities where most of the zero-dose children reside. Methods – The IRII outreach program is one of the activities under the service delivery pillar of the GAVI /UNICEF MoU. The outreach program engaged seventy-five (75) teams, each comprising a vaccinator and a recorder, deployed across the twenty-one (21) LGAs of the State to provide integrated PHC services in underserved and hard-to-reach communities. Results – Increase in the coverage of BCG, Penta1, and Penta3 vaccinations across the State from 80%, 87%, and 82% respectively in 2022 (a period before commencement of program) to 88%, 97%, and 93% respectively in 2024 (a period during program implementation). Discussion – Utilization of Traditional/Religious leaders and Community Resource Groups (town announcers, and community mobilizers) in the mobilization of their

communities for immunization is critical. Conclusion: The MoU partnership has tremendously helped in improving the State's immunization indices.

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TUFH119

REDUCING ZERO-DOSE BURDEN IN KEBBI STATE-NIGERIA THROUGH THE INTEGRATED ROUTINE IMMUNIZATION INITIATIVE (IRII) PROGRAM

INTRODUCTION

- Kebbi is one of the States in Nigeria with low immunization coverage and by implication has a high burden of zero-dose.
- About 53.8% of children, most of who are resident in underserved and hard-to-reach communities, and urban slums are zero-dose
- The high burden of zero-dose in the State is due to sub-optimal support for outreaches in the targeted communities where most of the zero-dose children are resident.

METHODS / FINDINGS

- UNICEF-GAVI supported the IRII program which focused on providing immunization and other PHC services in targeted communities through dedicated outreach teams.

METHODS / FINDINGS (CONT)



A child being vaccinated by one of the outreach teams

- The program contributed to at least 10% of the total number of children immunized across the State, thereby reducing the zero-dose burden.

DISCUSSION / CONCLUSION

- The IRII program proved effective in reducing the zero-dose burden in the State.
- Involvement and support of community structures contributed significantly in achieving the program's objective of reaching children in underserved communities with immunization.
- In conclusion, the IRII program significantly reduced the burden of zero-dose in the State.

Dr. Danjuma Nehemiah- UNICEF Nigeria, Sokoto Field Office

12 - 15 September 2025

TUFH2025

Evaluating previous health interventions for enhancing future strategies of Darfur's marginalised population between 2003 to 2024

Presenters: Zainab Elnour

Organization: University of Gezira

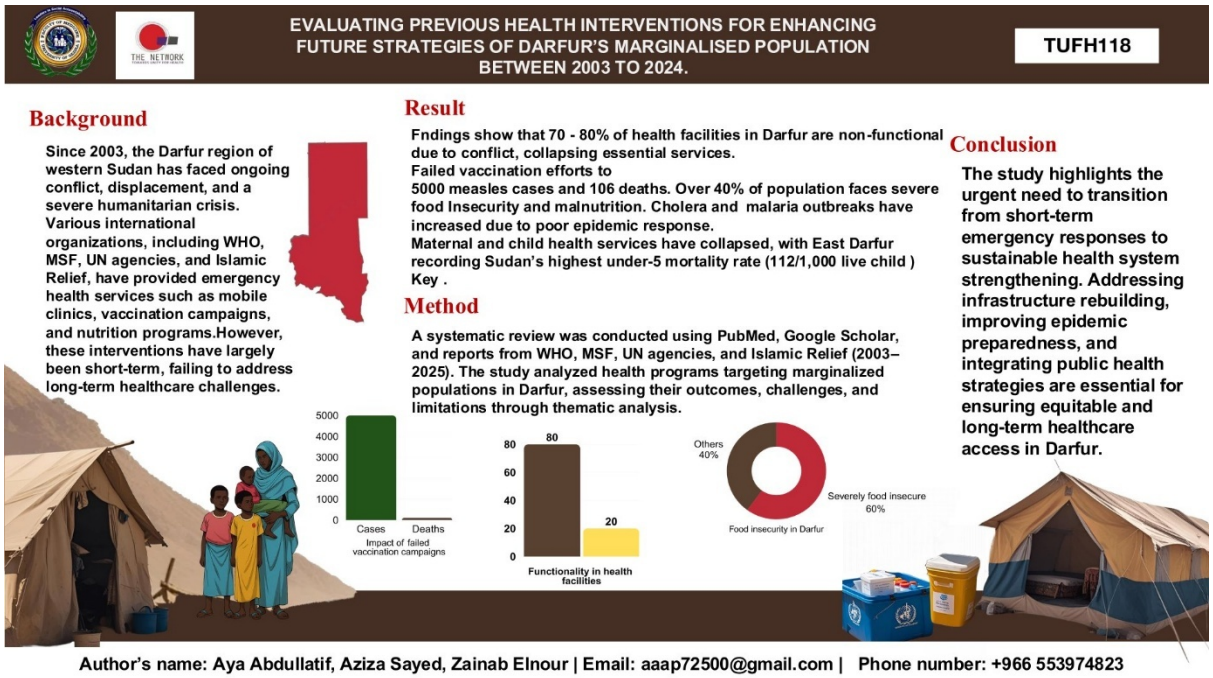
Country: Sudan

TUFH ID: TUFH118

Abstract

Background: Since 2003, the Darfur region of western Sudan has faced ongoing conflict, displacement, and a severe humanitarian crisis. Various international organizations, including WHO, MSF, UN agencies, and Islamic Relief, have provided emergency health services such as mobile clinics, vaccination campaigns, and nutrition programs. However, these interventions have largely been short-term, failing to address long-term healthcare challenges. Method: A systematic review was conducted using PubMed, Google Scholar, and reports from WHO, MSF, UN agencies, and Islamic Relief (2003–2025). The study analyzed health programs targeting marginalized populations in Darfur, assessing their outcomes, challenges, and limitations through thematic analysis. Results: Findings indicate that 70-80% of health facilities in Darfur are non-functional due to conflict, leading to the collapse of essential services. The failure of vaccination campaigns resulted in 5,000 measles cases and 106 deaths. Over 40% of the population faces severe food insecurity, exacerbating malnutrition rates. Cholera and malaria outbreaks surged due to inadequate epidemic management. Maternal and child health services have also collapsed, with East Darfur reporting Sudan's highest under-5 mortality rate (112 per 1,000 live births). Key gaps include the absence of sustainable health programs, weak disease surveillance, limited mental health support, and restricted healthcare access. Conclusion: The

study highlights the urgent need to transition from short-term emergency responses to sustainable health system strengthening. Addressing infrastructure rebuilding, improving epidemic preparedness, and integrating public health strategies are essential for ensuring equitable and long-term healthcare access in Darfur.



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Strengthening partnerships between the Sherbrooke Faculty of Medicine and Health Sciences (FMSS) and its regional communities to address social inequities in health

Presenters: Genevieve Petit

Organization: Université de Sherbrooke

Country: Canada

TUFH ID: TUFH114

Abstract

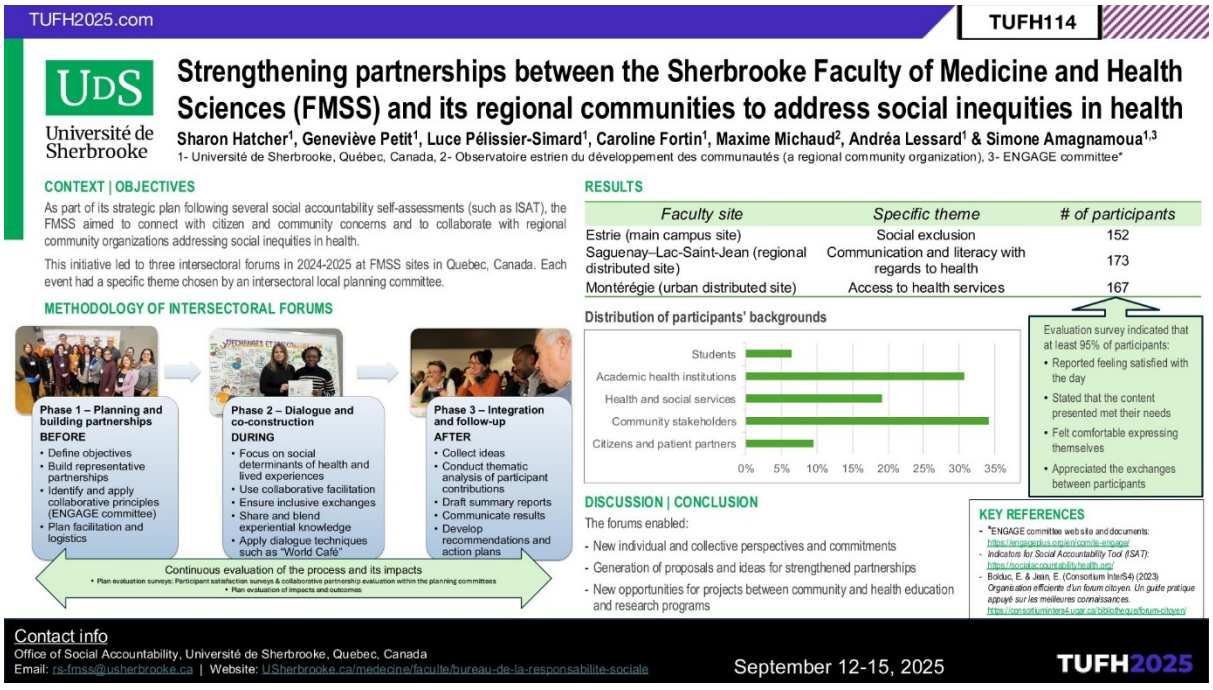
BACKGROUND: In its 2022-2025 strategic plan, the FMSS wanted to connect with citizen concerns and work in synergy with community organizations working with populations affected by social inequities in health. This led to the organization of three regional intersectoral forums that took place in 2024-2025 at our three Faculty sites in Estrie, Montérégie, and Saguenay–Lac-Saint-Jean in Quebec, Canada.

METHODS: Each event had a specific theme linked to social inequities chosen by an intersectoral local planning committee: social exclusion (Estrie), access to health services (Montérégie), and communication and literacy with regards to health (Saguenay Lac St Jean). These events were planned as opportunities to create or strengthen partnerships and to have dynamic and inclusive spaces for exchange and collective learning. They included activities for participants to gain new perspectives and to think of new ways to work in synergy for populations affected by social inequities in health.

RESULTS: We had a total of 488 participants (152 Estrie, 163 Montérégie, 173 Saguenay-Lac-Saint-Jean). In each region, the forums mobilized citizens, including patient partners, a diverse range of stakeholders from the community, the health and social services network (healthcare workers and managers) and academic health institutions (professors, researchers,

students). A participant survey showed very high participant satisfaction. Further evaluation of impacts is ongoing.

CONCLUSION: These forums allowed participants to gain new individual and collective perspectives and commitments but also to formulate various proposals and ideas that will lead to strengthened partnerships and new opportunities for projects between community and health education and research programs.



An Interdisciplinary Approach Towards Supporting Individuals With Prader-Willi Syndrome

Presenters: Ashley Oister

Organization: Woods Services

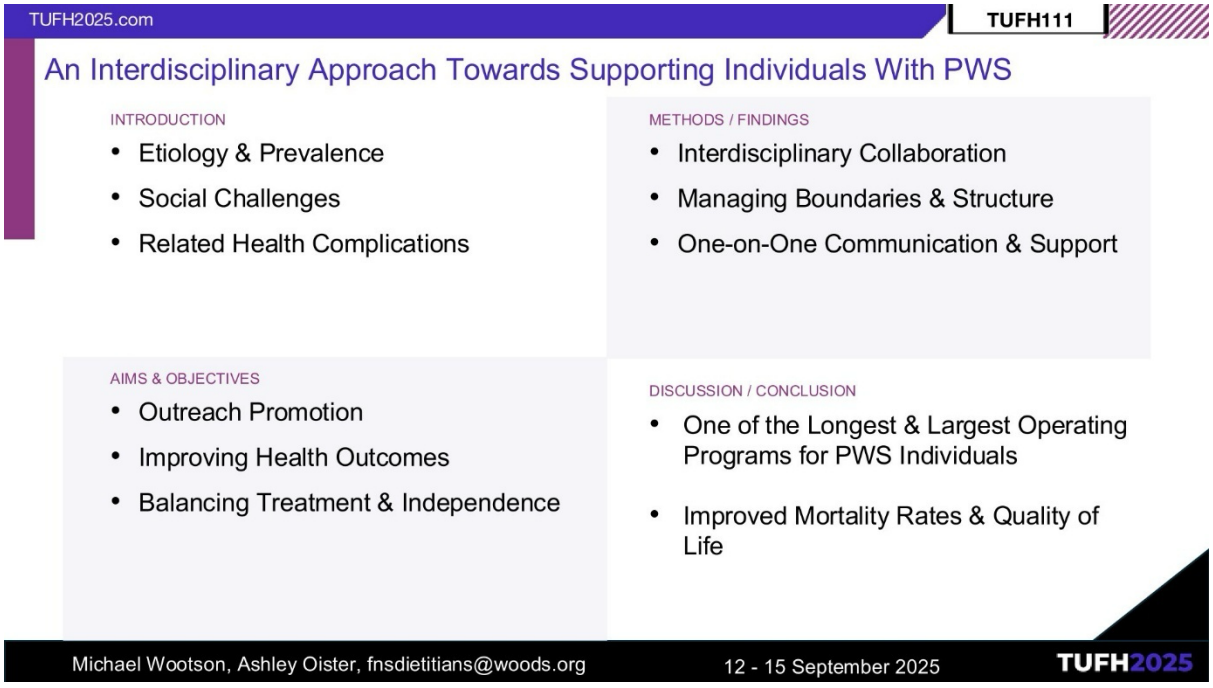
Country: United States of America

TUFH ID: TUFH111

Abstract

PWS Syndrome brings many complexities that require interdisciplinary collaboration to provide optimal care. It is estimated that 1 in every 20,000 to 30,000 is born with this condition, with close to 400,000 individuals being diagnosed across the world. A condition characterized by a hyper fixation on food brings challenges regarding moderation of intake within an environment where food is easily accessible. Spreading awareness and sharing effective solutions towards management of this condition can help to decrease health disparities within this population. Within the Woods Systems there are many established protocols that help PWS individuals thrive on campus. Interstaff communication is maintained so that each individual's goals and needs are understood and promoted. Foods are procured and prepared to address an individual's decreased caloric needs without sacrificing taste and flavor. Access to food is moderated within residential buildings to better prevent and manage behaviors associated with overeating. Personalized menus are created that adhere to federal nutrition guidelines while also accounting for personal food preferences. Anthropometric data is tracked, and the interdisciplinary team collaborates to find ways to support clients in meeting their weight goals. Through reinforcement programs, individuals with PWS are able to maintain a level of independence while also leading positive health outcomes. Individuals with PWS experience a common issue of managing oral intake and weight at a more significant degree. When individuals with

PWS have the necessary support systems in place, they are motivated and willing to make healthy choices to lead long, healthy, and fulfilling lives.



Educators' views on implementing social accountability in undergraduate medical education at Makerere University School of Medicine.

Presenters: Lorraine Oriokot

Organization: Makerere University College of Health Sciences

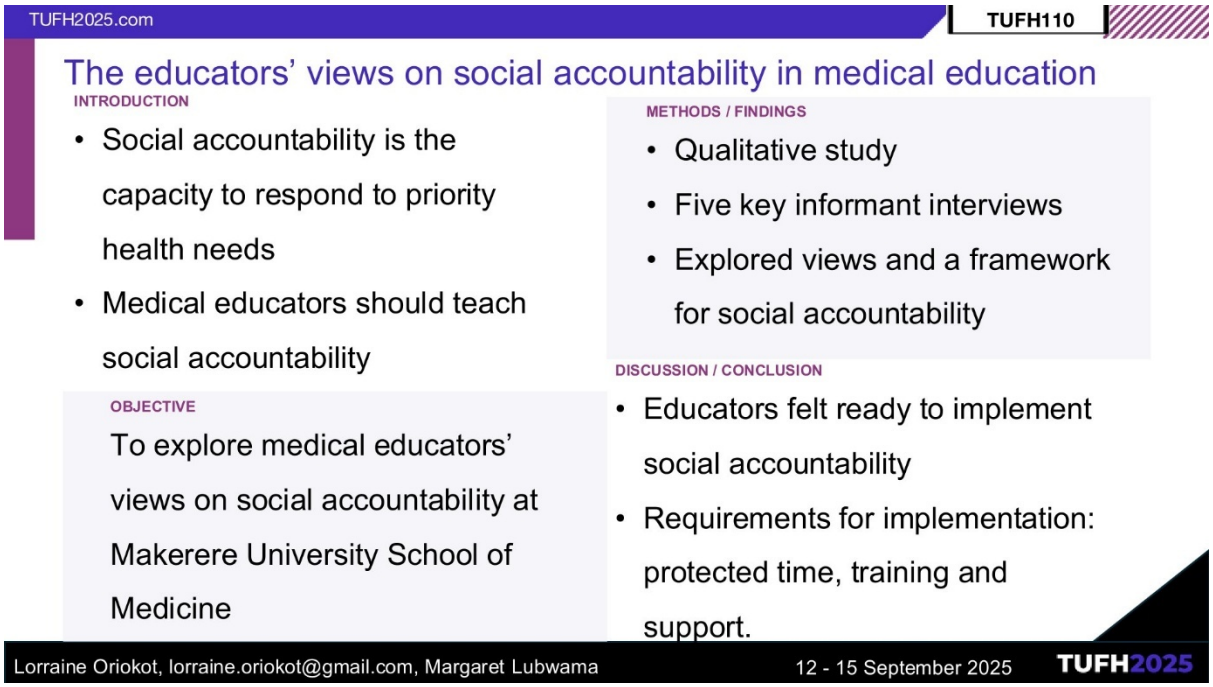
Country: Uganda

TUFH ID: TUFH110

Abstract

Background Social accountability for medical schools is the capacity of the medical school to respond to people and society's priority health needs. Medical educators play a critical role in shaping the future health workforce. Therefore, it is important to understand the views of educators on implementing social accountability. Methods This qualitative study explored the medical educators' views on implementing social accountability in medical education at Makerere University School of Medicine, Kampala, Uganda. Key Informant Interviews were conducted using a semi-structured interview guide. The educators were presented with a framework for social accountability in undergraduate medical education. The framework had previously been developed to guide the implementation of social accountability at the institution. Results: A total of five educators at Makerere University School of Medicine were interviewed. The interviews were audio recorded and transcribed. Thematic analysis was used to derive themes and sub-themes. Two themes were generated from the data: Readiness to implement a framework on social accountability and educators' needs to implement the framework. Educators expressed readiness to implement the proposed framework for social accountability at Makerere University School of Medicine. The need for support at the personal and institutional level was described. In particular, educators felt they needed protected time, training,

institutional support and structures to implement social accountability. Conclusion: In line with the need for structures to implement social accountability, we are now utilizing the Indicators for Social Accountability Tool (ISAT) to build the institution's capacity to achieve social accountability goals.



From Implicit to Intentional: Advancing Social Accountability through Strategic Partnerships in a Malaysian Academic Health Institution

Presenters: Sajaratulnisah Othman

Organization: Universiti Malaya

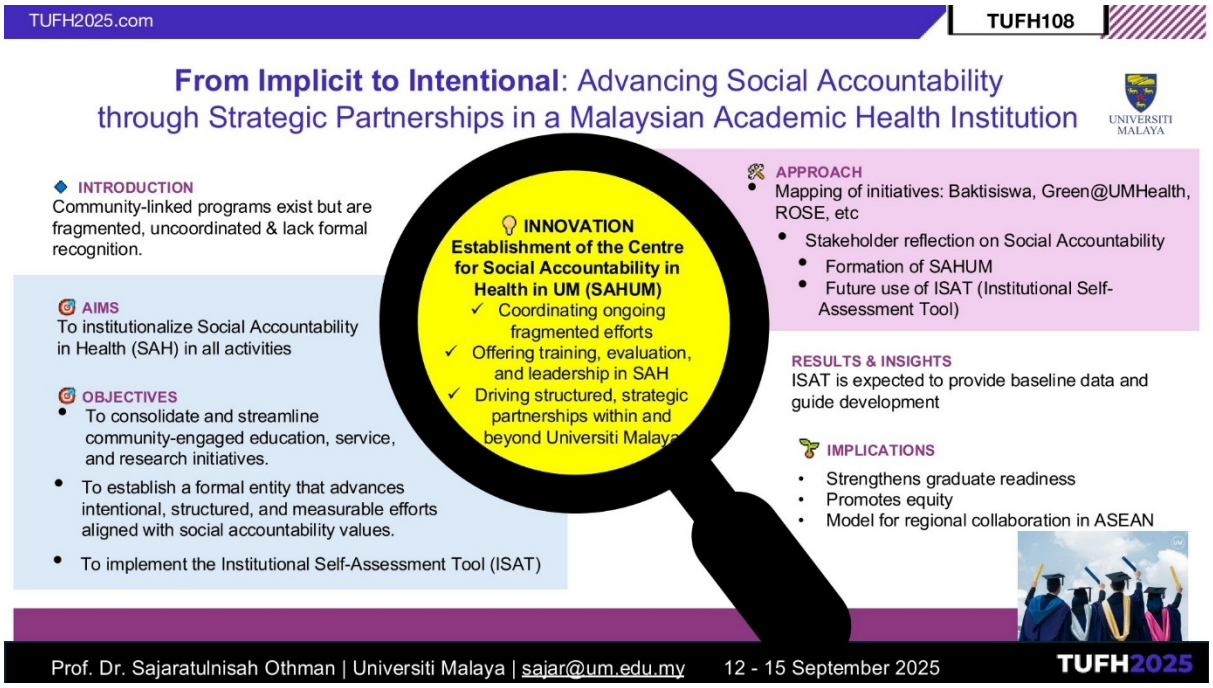
Country: Malaysia

TUFH ID: TUFH108

Abstract

Background: The Faculty of Medicine, Universiti Malaya, has long been engaged in community-linked education, service, and research that reflects social accountability values. However, these efforts have evolved organically without a unifying framework, leading to fragmented implementation and limited impact evaluation. Methods: Through internal reflection, including insights from academic staff involved in the TUFH Fellowship, the Faculty began mapping its diverse initiatives—such as Baktisiswa, Green@UMHealth, HOPE, and research-to-community programs like Project ROSE, Rebung, and Hot and Cold Run. These are complemented by partnerships with other faculties, NGOs (e.g., Women's Aids Organization), health organizations (e.g., National Centre for Mental Health Malaysia), and corporate partners (e.g., Mr DIY). In response to the need for better coordination, the Faculty is establishing the Centre for Social Accountability in Health @UMHealth. The Institutional Self-Assessment Tool (ISAT) has been identified for future use in assessing current initiatives and guiding improvements. Results: Preliminary reflections show a strong culture of community engagement. However, without a structured assessment, the overall impact remains unclear. The planned ISAT assessment will provide a baseline understanding of current practices and identify strategic areas for development. Conclusion: This presentation will share the Faculty's journey from implicit to intentional social

accountability efforts, highlighting how internal and external partnerships are being leveraged to institutionalize this commitment. It offers a model for transitioning toward a coordinated, impact-oriented framework that links education with service to improve community health.



Stronger health organisations for stronger health outcomes

Presenters: Richard Colbran

Organization: Rural Doctors Network

Country: Australia

TUFH ID: TUFH106

Abstract

Introduction - Organisations play a critical role in structuring and coordinating people and resources to achieve shared objectives. Within health and social care systems, the ability of both government and non-government organisations to effectively aggregate and synchronise financial, infrastructural, and human resources determines their impact and sustainability. Methods - This study examined organisational performance measurement (OPM) as a key factor in strengthening health systems and improving community health outcomes. Drawing on the Partnership Pentagram Plus (PPP) framework, which highlights the interplay between governance, policy, employment, service delivery, and innovation, the OPM study explores how organisational effectiveness shapes health and social care systems at local, regional, national, and international levels. Results/Discussion - Key findings identified factors that enable or limit organisational effectiveness, along with measurable indicators to assess whether an organisation is being managed to maximise positive community outcomes. Additionally, the presentation considers the integration of social accountability into governance and management practices as a means of enhancing both organisational performance and health equity. Conclusion - The insights from this research aim to assist organisational leaders, policymakers, and funders in fostering governance models and business strategies that prioritise social accountability and community well-being. By embedding these principles into organisational frameworks, health and social

care entities can improve sustainability, effectiveness, and overall impact on the populations they serve.

Stronger health organisations for stronger health outcomes

INTRODUCTION

- Organisational Performance Measures (OPM) is an evidence-based tool for planning business improvement and creating sustainable competitive advantage
- Health NGOs can draw from the 5 sequential components of the Measurement Advantage Implementation Model (MAIM) to build and validate adapted measures.[1]
- Each organization featured on the Partnership Pentagram Plus (PPP)[2] enabled the achievement of interconnected and complex community health outcomes.

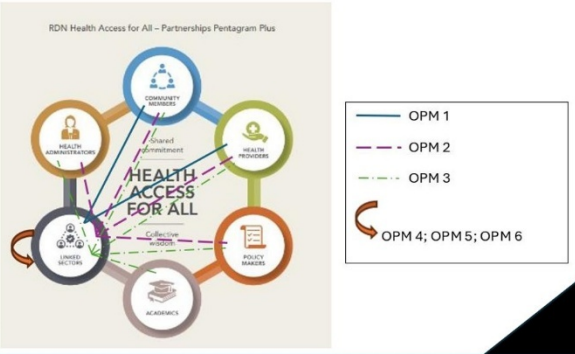
AIMS & OBJECTIVES

- To explore how organisational effectiveness shapes health and social care systems at local, regional, national and international levels.
- To explore how the OPM indicators are evidenced on the PPP in an Australian Not for Profit organisation context.

METHODS / FINDINGS

- Design and implement adapted OPM indicators[2]:

1. Purpose and impact	2. Quality of service
3. Stakeholder engagement and relations	4. Finance, infrastructure and systems
5. Governance and management	6. People, culture and leadership



[1]Colbran, R., Ramsden, R., Pepin, G., W Toumbourou, J., & Stagnitti, K. (2023). Creating Measurement Advantage for Health Charities – The Why and the How. *Journal of Public Policy and Administration*.
[2]Markham, R., Hunt, M., Woollard, R., Oelke, N., Snadden, D., Strasser, R., Betkus, G., & Graham, S. (2021). Addressing rural and Indigenous health inequities in Canada through socially accountable health partnerships. *BMJ Open*, (11)

RDNs Cadetship Socially Accountable Partnership Program Model

Presenters: Richard Colbran

Organization: Rural Doctors Network

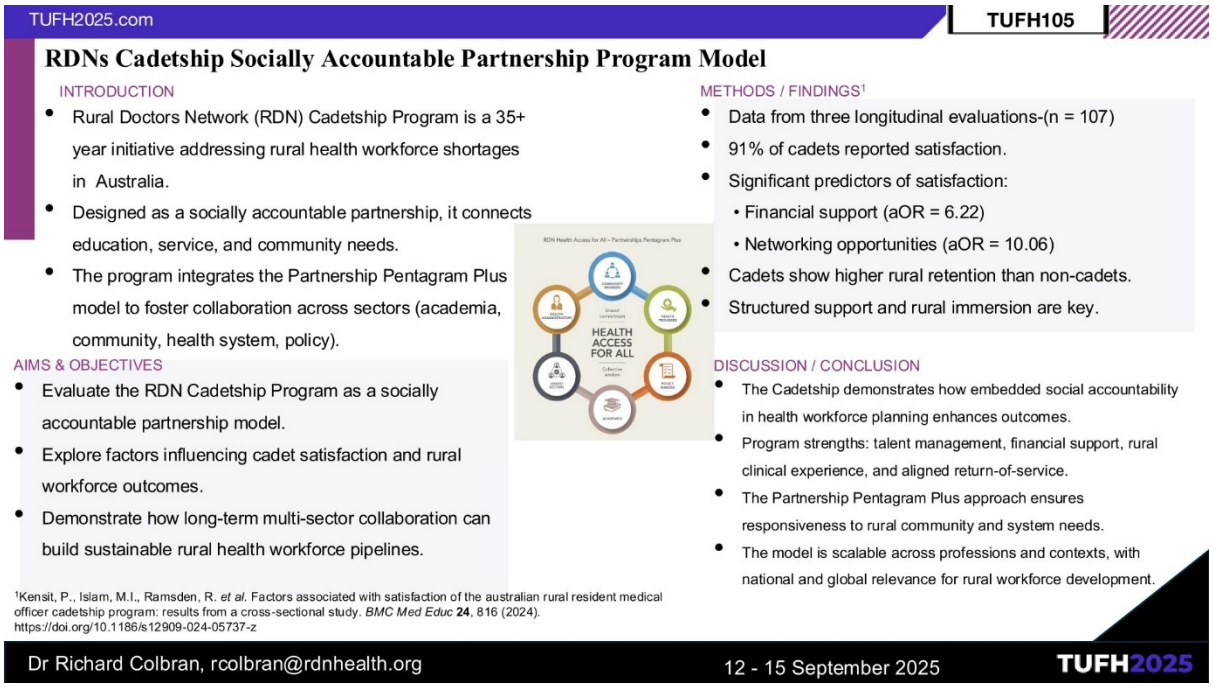
Country: Australia

TUFH ID: TUFH105

Abstract

Introduction The Rural Doctors Network (RDN) Cadetship Program is a long-standing initiative that has strengthened the rural health workforce for over 35 years with NSW Ministry of Health support The program integrates the Partnership Pentagram Plus framework to foster multi sector collaboration between academia, health professionals, policymakers, health administrators, communities, and linked sectors to improve rural health workforce sustainability. Methods This study evaluated the RDN Cadetship Program as a socially accountable partnership model using data from three longitudinal studies spanning 35+ years. It examined attraction, retention, workforce capability, and community impact using quantitative survey data and qualitative interviews with alumni, health administrators, and community stakeholders. Key indicators include cadet career pathways, rural practice retention rates, and community health service engagement. Results The program successfully attracts diverse medical students, including those from metropolitan backgrounds, and supports them through training and transition to rural practice. Cadetship alumni demonstrate higher retention rates in rural practice compared to non cadet peers. Mentorship, financial support and talent management emerge as critical enablers for workforce sustainability. Discussion Multi sector partnerships embed social accountability in medical education and workforce planning. Structured financial support, rural exposure, and professional development help build "country fit for purpose" workforce. Expanding the model to other health professions could further

strengthen rural health systems. Conclusion The RDN Cadetship Program exemplifies how long term, socially accountable partnerships can enhance rural health workforce sustainability and community health outcomes. By aligning education with service needs and practical support, the program offers a scalable and adaptable



Strengthening Social Accountability Through Community Engagement: the experience of FPS in Recife, Brazil

Presenters: Jessiklecia Siqueira

Organization: Faculdade Pernambucana de Saúde

Country: Brazil

TUFH ID: TUFH103

Abstract

Introduction: Social accountability in higher education plays a crucial role in shaping professionals committed to transforming society. Since 2023, the Faculdade Pernambucana de Saúde (FPS) has developed initiatives in surrounding communities (Tijolos, Tijolinhos, and Rua da Linha) to strengthen community ties and promote the well-being of the population. Methods: These initiatives take place through extension projects (outreach) focused on health education and institutional partnerships. Activities are planned based on socioeconomic surveys conducted between 2022 and 2023 and ongoing dialogue with residents. In 2024, FPS participated in the Social Accountability Fellowship by Towards Unity for Health (TUFH), establishing strategic guidelines for its social actions. Results: FPS initiatives include dance groups, water aerobics, soccer, and volleyball, benefiting over 132 community members. The extension projects promote discussion circles, informational materials, and blood pressure and glucose monitoring. FPS also supports thematic groups, such as citizenship and gender equity, integrates community members into its staff, and strengthens the local economy in partnership with support institutions, funding programs, and consulting services for entrepreneurs. Additionally, it acquires and promotes community products. Furthermore, it offers scholarships—funded either by its own resources or government programs—providing support from exam preparation to enrollment. Conclusion: Strengthening institutional support and fostering

continuous involvement are key to overcoming these challenges and ensuring lasting impact. Next, FPS will integrate its social responsibility data into the Institutional Self-Assessment Tool (ISAT) for more precise impact evaluation and strategic decision-making.

Strengthening Social Accountability Through Community Engagement: the experience of FPS in Recife, Brazil

INTRODUCTION

- Social accountability in higher education promotes the training of professionals committed to societal transformation.
- Since 2023, FPS has implemented outreach actions in three vulnerable communities: Tijolos, Tijolinhos, and Rua da Linha.

AIMS & OBJECTIVES

- Present FPS's strategies for promoting social accountability through community-based extension projects.
- Analyze the outcomes of health and social inclusion initiatives.
- Explore the integration of social accountability into institutional self-assessment and planning.

METHODS / FINDINGS

- Actions are grounded in socioeconomic surveys (2022–2023) and ongoing community dialogue.
- Projects include dance, water aerobics, soccer, and volleyball—engaging over 132 residents.
- Community members are integrated into staff, reinforcing a shared sense of belonging and responsibility.

DISCUSSION / COMCLUSION

- FPS's initiatives reflect a holistic and sustainable approach to social accountability. Institutional support and consistent community involvement are essential for lasting impact.
- Next steps include integrating data into the Institutional Self-Assessment Tool (ISAT) for enhanced decision-making and long-term evaluation.





Jessiklécia Siqueira, jessiklecia@fps.edu.br

Medical Students Association initiative in Promoting Mental Health Awareness Among Medical Students

Presenters: Kenneth Tuyisenge

Organization: Makerere University

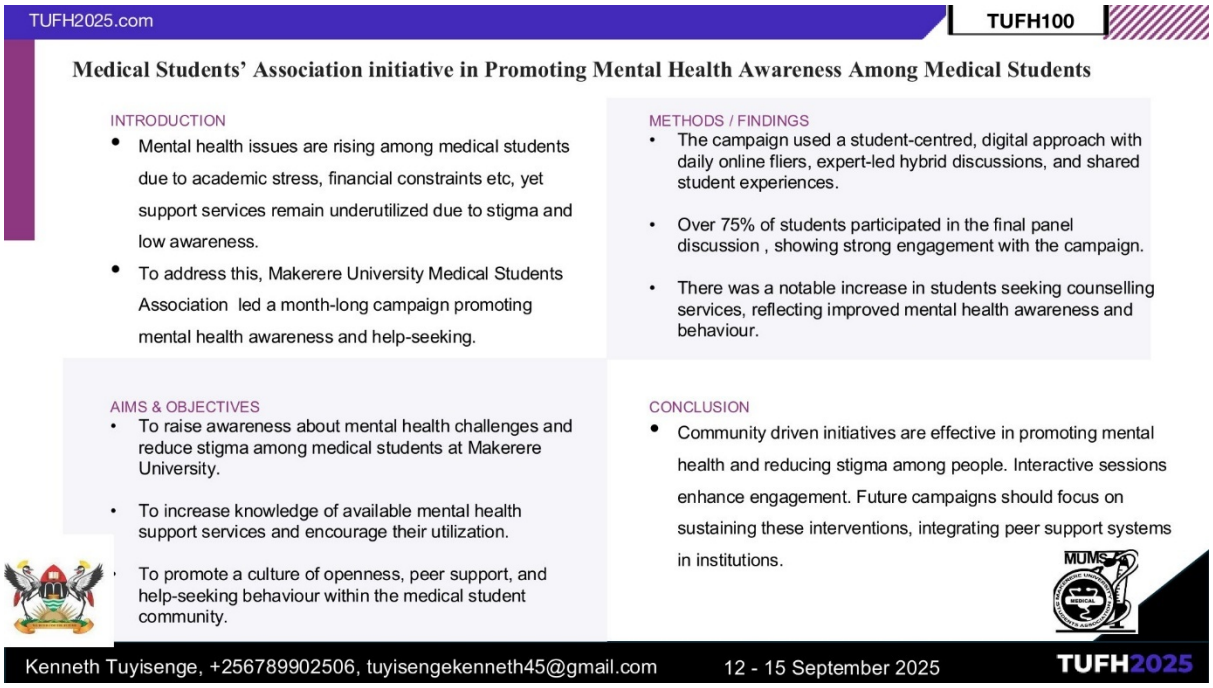
Country: UGANDA

TUFH ID: TUFH100

Abstract

Background: Mental health issues among medical students are on the rise especially in low middle income countries like Uganda where there are limited initiatives in promoting mental health. Academic pressure, financial constraints, sleep deprivation, and long duration of the medical programs contribute to this. Although guidance and counseling services are available, utilisation remains low due to stigma and lack of awareness. To address this, Makerere University Medical Students Association carried out a month long mental health awareness campaign to improve the mental health seeking behavior among the students. Methods: The campaign employed a students centered design , utilizing digital and interactive strategies to involve students. Awareness messages were disseminated daily by fellow students via online fliers, while weekly virtual panel discussions featured mental health experts. Students shared personal experiences, poems, and articles on mental health, and there was a final blended panel discussion where all students were invited. Results: The campaign successfully increased participation in mental health discussions, with over 75% of students engaging in the final panel session. Notably, there was an observed increase in students seeking counseling services, indicating a positive shift in mental health seeking behavior. Student contributions, including personal stories and creative expressions, fostered a supportive environment and highlighted the need for continuous engagement in mental health awareness. Conclusion:

Community driven initiatives are effective in promoting mental health and reducing stigma among people. Interactive sessions enhance engagement. Future campaigns should focus on sustaining these interventions, integrating peer support systems in institutions.



Adaptive regulatory framework for evolving pharmacy support workforce credentialing and training program in a transforming South African health system

Presenters: Simangele Hlongwana

Organization: University of KwaZulu-Natal

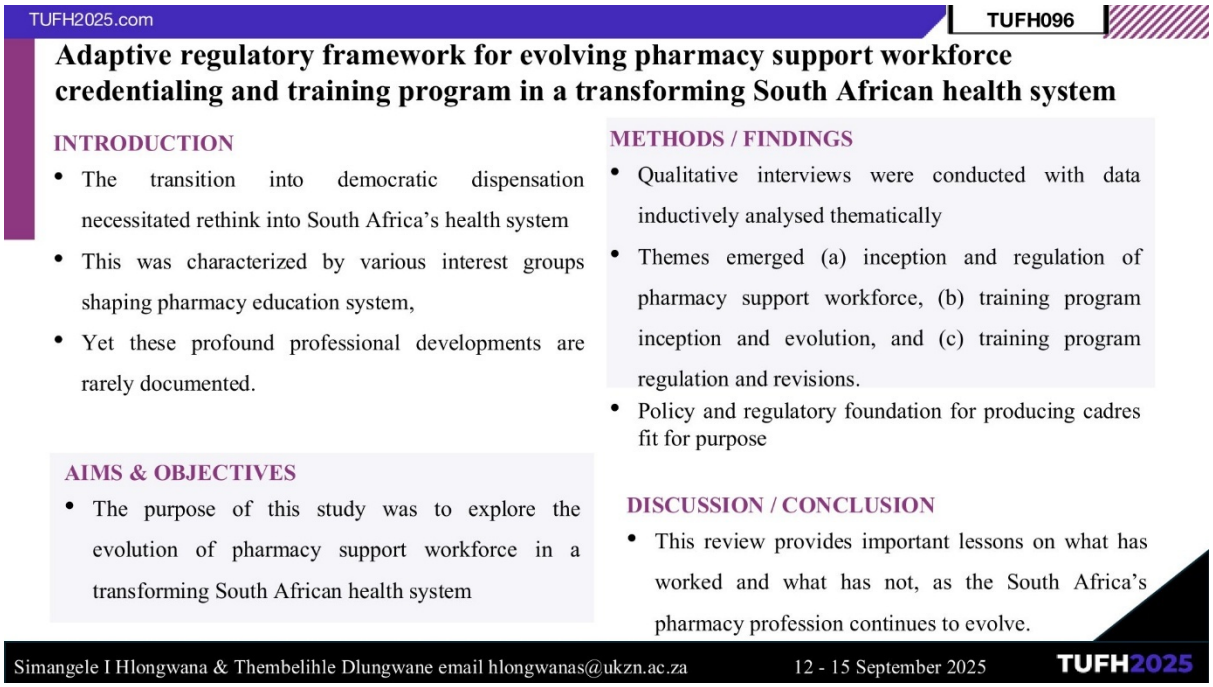
Country: South Africa

TUFH ID: TUFH96

Abstract

Background: The year 1994 marked turning point in South African history, with the defeat of apartheid system and transformational transition to democratic dispensation, necessitating rethink into health system, including pharmacy profession. The transition was characterized by various interest groups shaping the pharmacy education system, yet these profound professional developments are rarely documented. Purpose: The purpose of this study was to explore the evolution of pharmacy support workforce in a transforming South African health system. Methods: Twelve exploratory qualitative interviews with pioneers of pharmacy profession were conducted. Qualitative data was inductively analyzed thematically through NVivo version 14 software. Results: Three themes, namely: (a) inception and regulation of pharmacy support workforce, (b) training program inception and evolution, and (c) training program regulation and revisions, emerged from the analysis. Since inception, training program has undergone various iterations of regulatory and pedagogical revisions. This became matter of policy and regulatory interest, with the main focus being on producing cadres that are fit for purpose. Conclusion: This review provides important lessons on what has worked and what has not, as the South Africa's pharmacy profession continues to evolve. There is still an opportunity to enhance pharmacy support workforce competencies through training program advancement.

This is critical in strengthening pharmaceutical services at various levels of care as the country is transitioning into Universal Health Coverage through National Health Insurance. This will further enable role expansion and implementation of indirect supervision concept especially at Primary health care, where there is a dire need for this cadre.



Scoping best practices for community engagement by tertiary education institutions: a scoping review

Presenters: Akhona Nkwanyana

Organization: The Independent Institute of Education's Varsity College

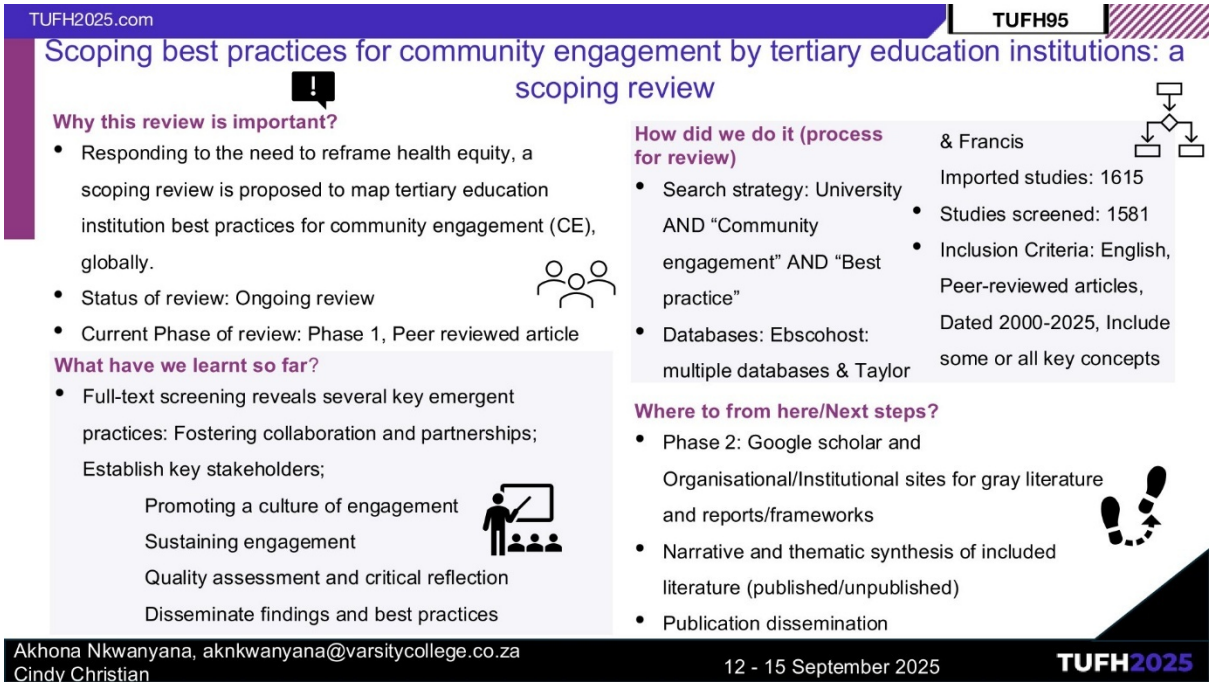
Country: South Africa

TUFH ID: TUFH95

Abstract

Universities being seen as catalysts for social and economic change, have acquired a third mission focusing on contributing to the societal and economic engagement and development of their contexts and communities. Given this focus and the increasing importance placed on universities to forge sustainable, impactful relationships with communities, the rationale for the study is to gather evidence to understand the extent of and map the literature on current best practices for community engagement by tertiary education institutions. As it stands, there does not exist a comprehensive resource on best practises that tertiary education institutions can be guided by when engaging in community activities. Thus, objective of this scoping review is to understand the extent of and map the literature on current best practices for community engagement by tertiary education institutions. The scoping review will be conducted in accordance with the JBI methodology for scoping reviews. Inclusion criteria is as follows: Accessible, Peer reviewed, published, and "grey literature", available in English, published from 2000 until 2025. The researchers will follow the steps outlined by Peters et al's chapter on scoping reviews in the JBI manual of evidence synthesis (2024) to collect English only, peer reviewed, published and unpublished articles (along with grey literature) available and accessible on the topic. The review will be reported, and screening guided by the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA)

Extension Statement for Scoping Reviews. The results of the proposed student could inform the planning of fit for purpose community engagement strategy



Partnering with Skills Development Providers in Training Responsive Pharmacy Support Workforce in KwaZulu-Natal, South Africa: Learner's Perspective

Presenters: Simangele Hlongwana

Organization: University of KwaZulu-Natal

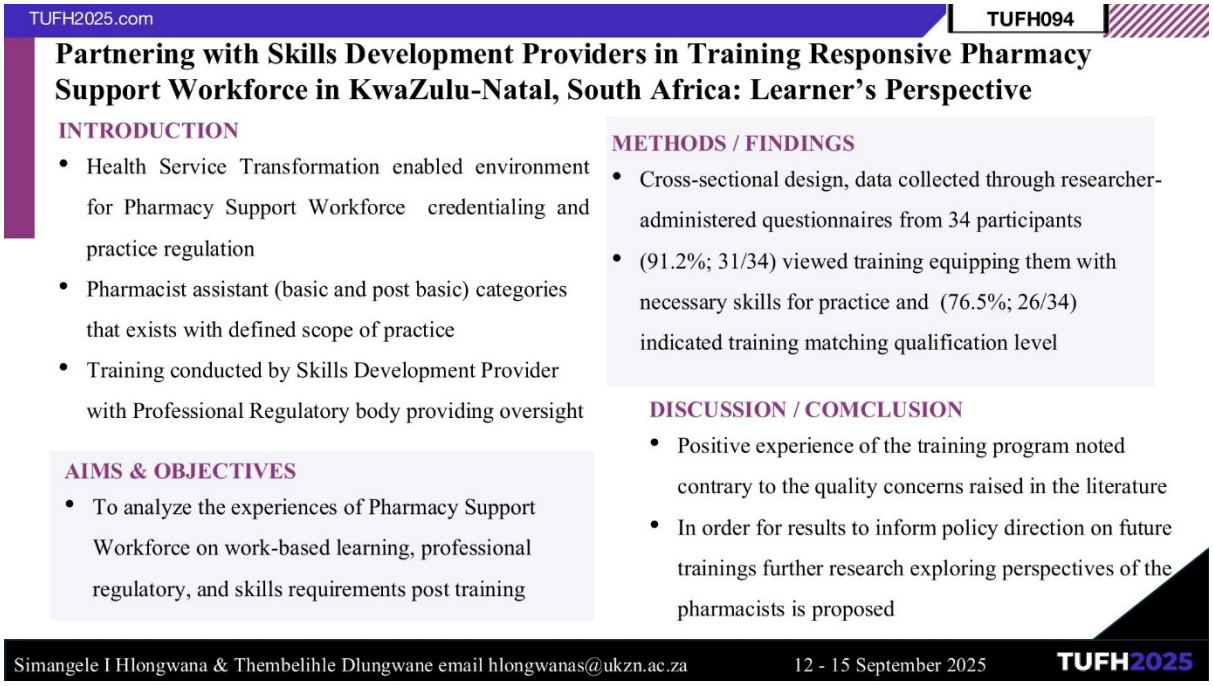
Country: South Africa

TUFH ID: TUFH94

Abstract

Introduction: South Africa's health services transformation resulted in pharmacy support workforce credentialing and practice regulation reconfiguration. Pharmacist assistant (basic and post basic) are categories of pharmacy support workforce that exists. Regulatory Body provides cadre training and practice oversight while Skills Development Providers offers training and work- based learning conducted in health facilities. Few studies have investigated responsiveness of training to work-based learning, professional regulatory, and skills requirements, at least from learner's perspective. Methods: The study employed observational cross-sectional design, with data collected through researcher-administered questionnaires. The study is ongoing with 34 participants recruited and the preliminary data analysed descriptively, using SPSS version 29. Results: Participants were aged 21–55 years (Mean: 33.44; SD 8.38), the majority (73.5%; 25/34) of whom had work experience < 5 years. Majority (64.7%; 22/34) of participants used government hospital for the work-based experiential learning. Most participants viewed the training program as equipping them with necessary skills required for practice (91.2%; 31/34), prepared them for work- based task performance matching qualification level (76.5%; 26/34), compatible with work-based task allocation (85.3%; 29/34), aligned to the regulated scope of practice (82.4%; 28/34), and prepared them for the job (82.4%; 28/34).

Discussion and Conclusion: Preliminary results revealed that pharmacy support had positive experience of the training program, contrary to the quality concerns raised in the literature, suggesting that the training does not equip them for indirect supervision. Further research should explore perspectives of the pharmacists who work with the support workforce, so that the results can inform policy direction on future trainings.



Presented by:

Educate, Train, Serve: A Model for Collaborative Education

Presenters: Kara Fess

Organization: National Center for Rural Health Professions, University of Illinois College of Medicine Rockford

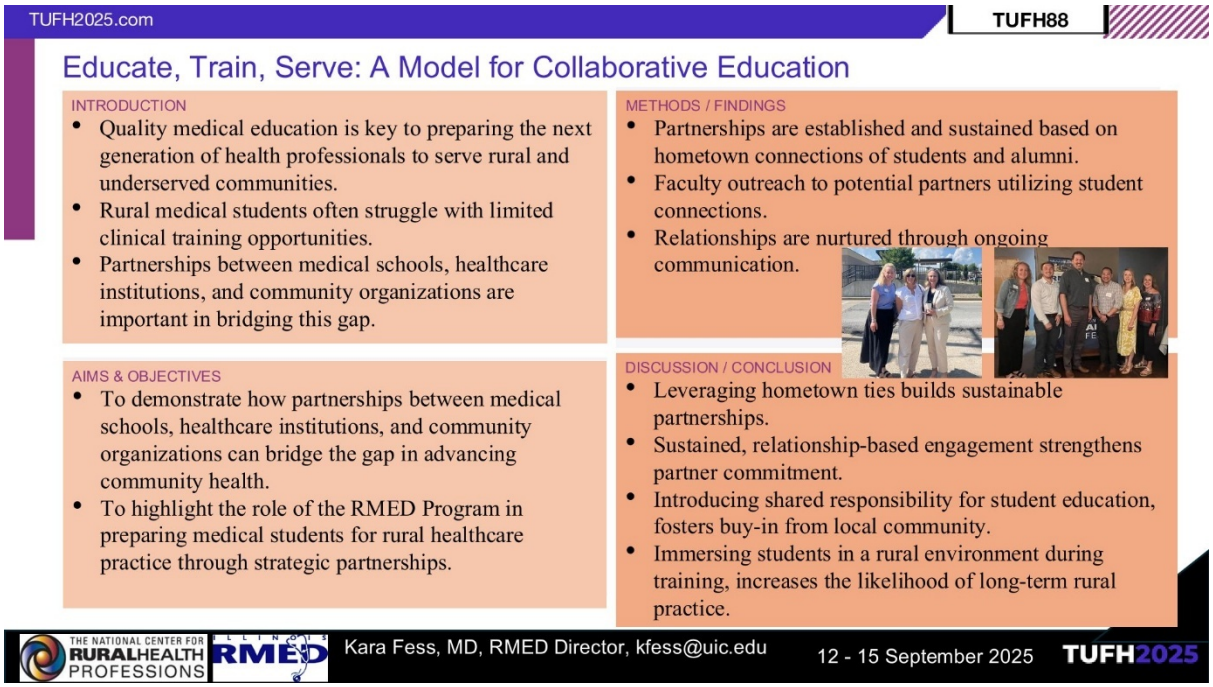
Country: United States

TUFH ID: TUFH88

Abstract

Background - Partnerships between medical schools, healthcare institutions, and community organizations are key to bridging the gap to advance community health. The Rural Medical Education (RMED) Program, part of the National Center for Rural Health Professions at the University of Illinois College of Medicine Rockford, has a thirty-year history of providing comprehensive clinical training in rural communities for RMED students. Methods - Partnerships are established and sustained based on the hometown connections of our RMED students and practicing alumni. RMED faculty and staff initiate outreach to potential partners utilizing student connections, introduce the program's mission and the shared responsibility of educating students. Relationships are nurtured through ongoing communication, including virtual meetings, in-person visits, and hosting social events in partner communities. By maintaining consistent engagement, partnerships are strengthened, thereby fostering collaboration in educating the future rural health workforce. Results - The RMED Program partners with 76 rural hospitals, 140 community preceptors in various specialties, and numerous community-based agencies. The Illinois Area Health Education Center (IL-AHEC) Network, with nine regional offices, further supports the preparation of health professionals for rural and underserved practice, enhancing the program's impact on community health. It is through our extensive network that we successfully place students in rural communities for their medical education and where

they ultimately return to practice. Conclusion - The RMED Program's partnerships with rural healthcare providers and the IL-AHEC Network effectively bridges education and service, addressing healthcare disparities and strengthening the rural healthcare workforce, while preparing professionals to serve underserved communities.



Beyond Competencies: A Person and Population Centered Curriculum (PPCC)

Presenters: Susan Waller

Organization: UAE University

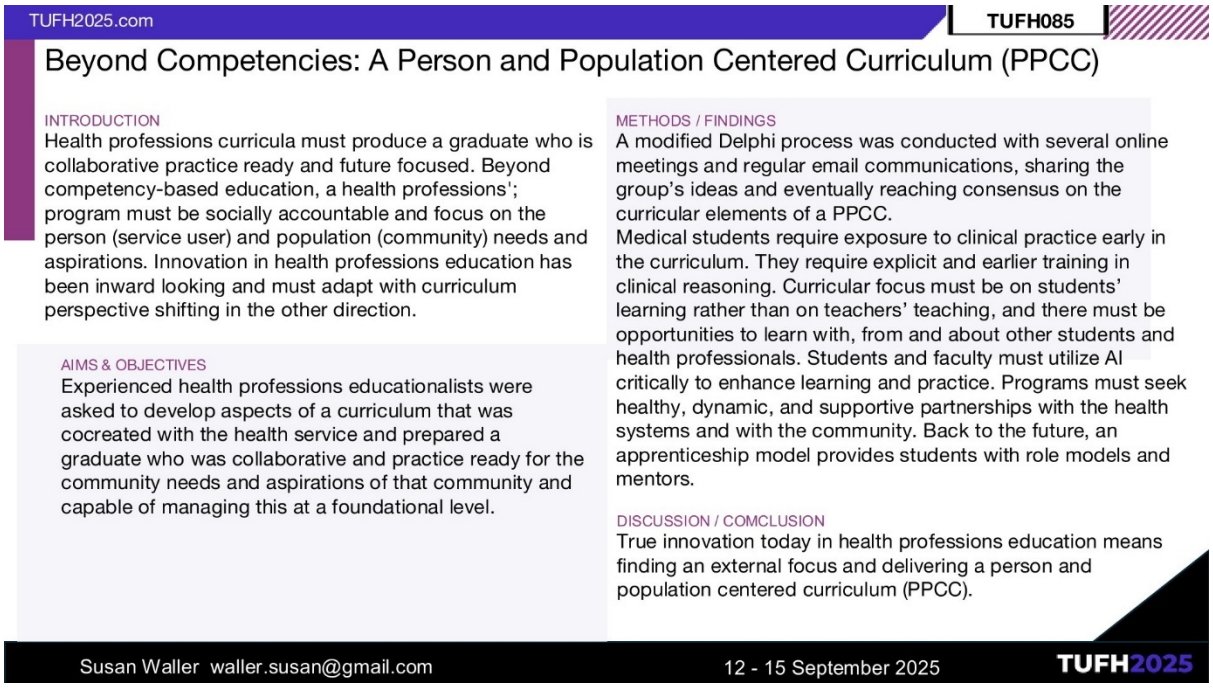
Country: United Arab Emirates

TUFH ID: TUFH85

Abstract

Background: Health professions curricula must produce a graduate who is collaborative practice ready and future focused. Beyond competency-based education, a health professions'; program must be socially accountable and focus on the person (service user) and population (community) needs and aspirations. Innovation in health professions education has been inward looking and must adapt with curriculum perspective shifting in the other direction. Methods: Experienced health professions educationalists were asked to develop aspects of a curriculum that was cocreated with the health service and prepared a graduate who was collaborative and practice ready for the community needs and aspirations of that community and capable of managing this at a foundational level. A modified Delphi process was conducted with several online meetings and regular email communications, sharing the group's ideas and eventually reaching consensus on the curricular elements of a PPCC. Results: Medical students require exposure to clinical practice early in the curriculum. They require explicit and earlier training in clinical reasoning. Curricular focus must be on students' learning rather than on teachers' teaching, and there must be opportunities to learn with, from and about other students and health professionals. Students and faculty must utilize AI critically to enhance learning and practice. Programs must seek healthy, dynamic, and supportive partnerships with the health systems and with the

community. Back to the future, an apprenticeship model provides students with role models and mentors. Conclusion: True innovation today in health professions education means finding an external focus and delivering a person and population centered curriculum (PPCC).



AI@the Bedside

Presenters: Susan Waller

Organization: UAE University

Country: United Arab Emirates

TUFH ID: TUFH84

Abstract

Background: The UAE's diverse healthcare workforce increasingly relies on vocationally trained healthcare assistants, supervised by a streamlined professional frontline of registered nurses and allied health practitioners. Managing long-term ventilated patients requires innovative support strategies, including AI@the Bedside, MED42. Methods: We analyzed back-end data from MED42, including prompts, responses, staff roles, and usage frequency. Additionally, we extracted relevant data from the Electronic Medical Record (EMR) following MED42 interactions. Staff perceptions and experiences were explored through focus groups and interviews, with transcripts thematically analyzed using Leximancer, a data-mining tool that generated visual representations of key themes. Quantitative and qualitative findings were synthesized to evaluate MED42's pilot implementation. Results: Two focus groups (nursing and allied health staff) and four leadership interviews were conducted. Key themes included concerns about workflow integration and increased confidence in clinical reasoning and critical thinking. Staff expressed strong support for MED42 in enhancing information utilization, improving work performance, and standardizing care. Additionally, participants highlighted its potential to optimize the professional workforce and expand the assistant workforce. Conclusion: AI assistance at the bedside has the potential to boost staff confidence, streamline workflows, and standardize care delivery. MED42's implementation supports workforce optimization, enhancing both patient care and staff performance.

AI@theBedside

INTRODUCTION

The UAE's diverse healthcare workforce increasingly relies on vocationally trained healthcare assistants, supervised by a streamlined professional frontline of registered nurses and allied health practitioners. Managing long-term ventilated patients requires innovative support strategies, including **AI@the Bedside, MED42**.

AIMS & OBJECTIVES

Explore the initial implementation of an app designed to support clinical reasoning at the bedside.

The study was conducted to understand the challenges and opportunities for training to support utilisation of the **MED42 app**.

METHODS / FINDINGS

Two focus groups (nursing and allied health staff) and four leadership interviews were conducted. Key themes included **concerns about workflow integration** and **increased confidence in clinical reasoning and critical thinking**. Staff expressed strong support for MED42 in **enhancing information utilization, improving work performance, and standardizing care**. Additionally, participants highlighted its potential to optimize the professional workforce and expand the assistant workforce

DISCUSSION / COMCLUSION

AI assistance at the bedside has the potential to **boost staff confidence, streamline workflows, and standardize care delivery**. MED42's implementation supports workforce optimization, enhancing both patient care and staff performance.

Dr Susan Waller waller.susan@gmail.com

G-SNO: Exploration of Strategies for Medical Students to Enhance Mental Health Awareness in Communities

Presenters: Tajelsir Shawgi

Organization: Gezira Students Network Organization

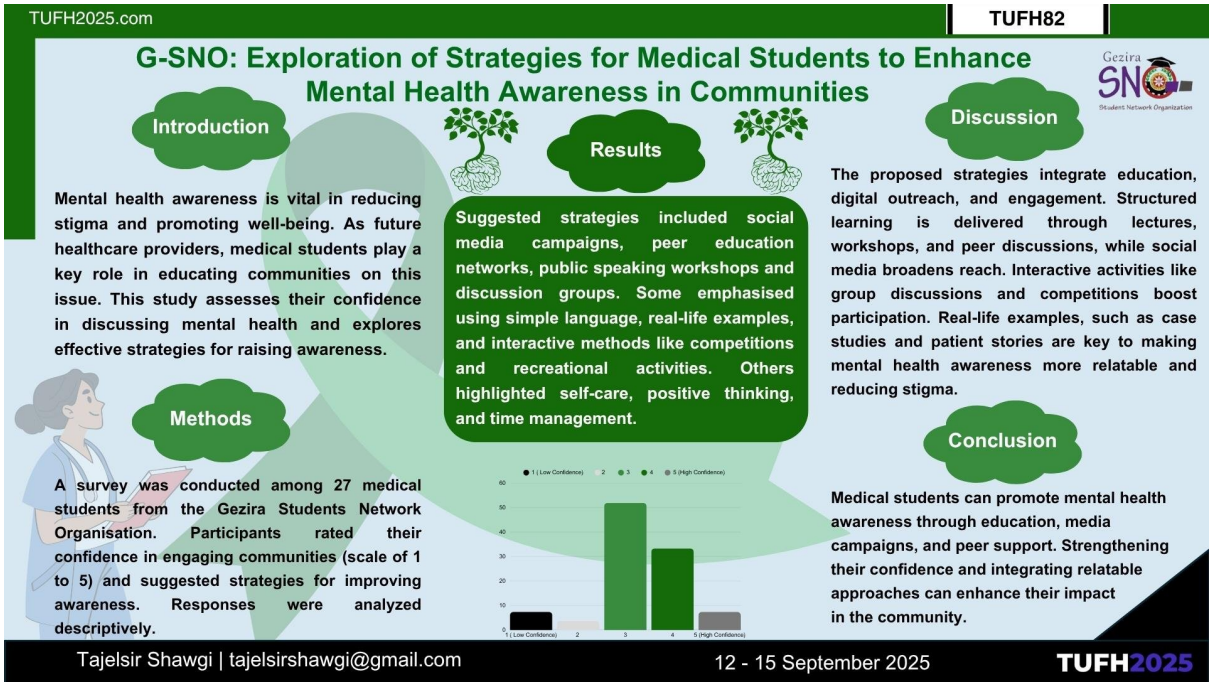
Country: Sudan

TUFH ID: TUFH82

Abstract

G-SNO: Exploration of Strategies for Medical Students to Enhance Mental Health Awareness in Communities Introduction: Mental health awareness is vital in reducing stigma and promoting well-being. As future healthcare providers, medical students play a key role in educating communities on this issue. This study assesses their confidence in discussing mental health and explores effective strategies for raising awareness. Methods: A survey was conducted among 27 medical students from the Gezira Students Network Organization. Participants rated their confidence in engaging communities (scale of 1 to 5) and suggested strategies for improving awareness. Responses were analyzed descriptively. Results: Confidence levels varied: 7.4% reported low confidence (1), 3.7% (2), 51.9% (3), 33.3% (4), and 7.4% felt highly confident (5). Suggested strategies included public speaking, workshops, social media campaigns, peer education networks, and discussion groups. Some emphasized using simple language, real-life examples, and interactive methods like competitions and recreational activities. Others highlighted self-care, positive thinking, and time management. Discussion: The proposed strategies combine direct education, digital outreach, and interactive engagement. Lectures, workshops, and peer discussions provide structured learning, while social media campaigns extend reach. Interactive methods like group discussions and competitions encourage participation. Many responses stressed the

value of real-life examples—case studies, patient experiences, and relatable scenarios—to make mental health awareness more engaging and break stigma. Conclusion: Medical students can promote mental health awareness through education, media campaigns, and peer support. Strengthening their confidence and integrating relatable approaches can enhance their impact in the community.



PSGIMSR-NSS Partnership: Linking Medical education and Service to Advance Community Health

Presenters: Muhammad Gopalakrishnan

Organization: PSG Institute of Medical Sciences and Research

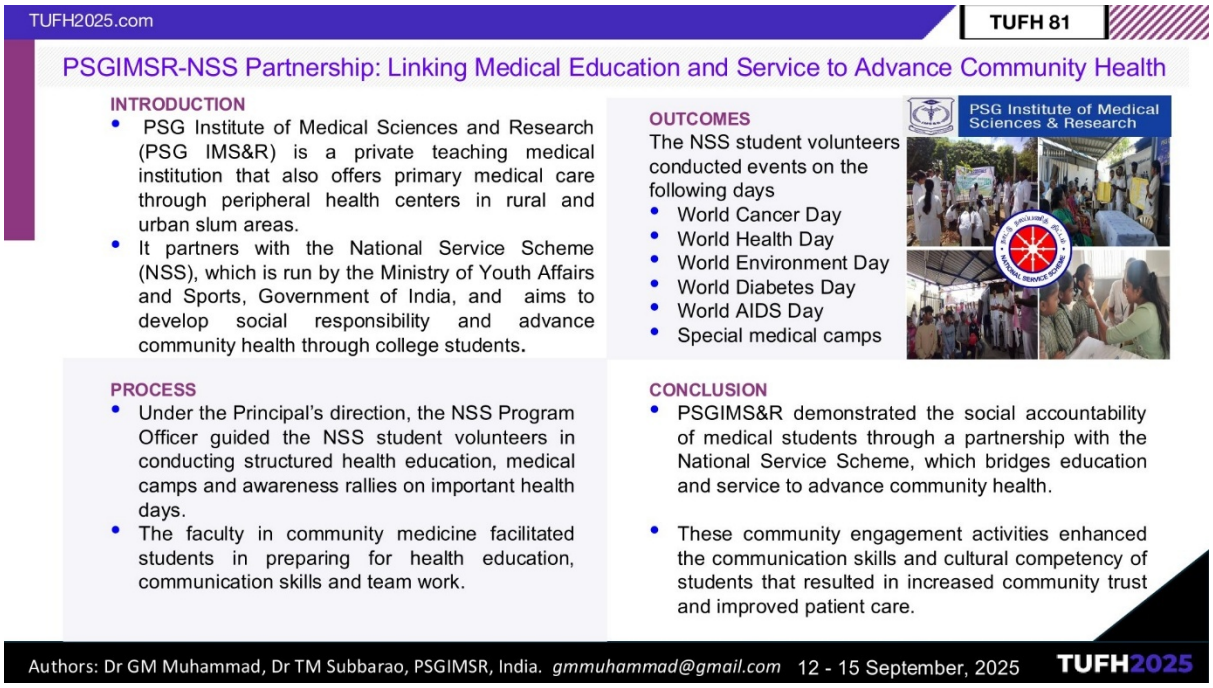
Country: India

TUFH ID: TUFH81

Abstract

Background: PSG Institute of Medical Sciences and Research (PSG IMS&R) is a private teaching medical institution offering advanced medical care. It also provides primary medical care through peripheral health centers in rural and urban slum areas under the Department of Community Medicine. It partners with the National Service Scheme (NSS) run by the Ministry of Youth Affairs and Sports, Government of India, which aims to develop social responsibility and advance community health through students at colleges. Process: Under the Principal's guidance, the NSS Program Officer guided NSS student volunteers to conduct structured health education, medical camps and awareness rallies on important health days targeting the urban slum and rural populations. The faculty in community medicine facilitated students in preparing for health education, communication skills and team work. Outcomes: NSS activities during 2024 at urban slums were health education regarding cancer warning signs on World Cancer Day, talk on "my health; my right" on World Health Day , tree plantation on World Environment Day, awareness talk on Diabetes day, health talk and rally on World AIDS Day. Also, public attended the free medical camp, were screened for eye diseases, dental disorders, anemia and participated in health education sessions in the adopted village. These community engagement activities improved the cultural competence and communication skills of students which results in increased community trust and improved patient care.

Conclusion: PSGIMS&R demonstrated the social accountability of medical students through a partnership with the National Service Scheme, which bridged education and service to advance community health.



Enhancing Community Engagement in Physical Activity Programs: A Diffusion of Innovation Approach

Presenters: Godwin Aja

Organization: Adventist International Institute of Advanced Studies/Association for Public Health Teaching, Research and Service

Country: Philippines/Nigeria

TUFH ID: TUFH80

Abstract

Background Community engagement (CE) in physical activity (PA) fosters improved health and wellbeing. The Diffusion of Innovation Theory (Do-IT) provides a framework to enhance PA adoption by tailoring messages, programs, and projects to different community segments. This paper applies Do-IT to accelerate PA adoption through targeted interventions. Methods Using the five Do-IT segments—innovators, early adopters, early majority, late majority, and laggards—this conceptual paper recommends targeted strategies to enhance CE in PA. Results -

Enhancing Community Engagement in Physical Activity Programs: A Diffusion of Innovation Approach

INTRODUCTION

- Community engagement (CE) in physical activity (PA) fosters improved health and wellbeing.
- The Diffusion of Innovation Theory (Do-IT) provides a framework to enhance PA adoption by tailoring messages, programs, and projects to different community segments.

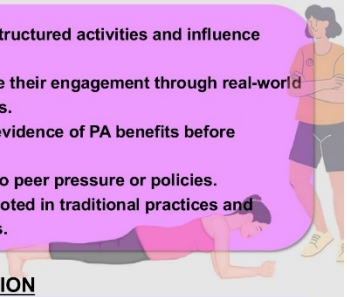
AIMS & OBJECTIVES

- This paper applies Do-IT to accelerate PA adoption through targeted interventions.

METHODS

- This is a conceptual paper using the five Do-IT segments—innovators, early adopters, early majority, late majority, and laggards to explore targeted strategies to enhance CE in PA.

FINDINGS



- Innovators engage in structured activities and influence program design.
- Early adopters enhance their engagement through real-world examples of PA benefits.
- Early majority require evidence of PA benefits before committing.
- Late majority join due to peer pressure or policies.
- Laggards are deeply rooted in traditional practices and skeptical of PA benefits.

DISCUSSION/CONCLUSION

- Do-IT helps design targeted PA engagement strategies.
- Innovators and early adopters can champion PA efforts, fostering broader acceptance among the early and late majority and laggards.
- Tailored interventions are necessary to ensure sustained participation across all community segments.

Prof. Godwin Aja, Graduate School Public Health Department, Adventist International Institute of Advanced Studies, Philippines ajag@aiias.edu 12 - 15 Sept. 2025 TUFH2025

The promise of system oriented medical residency program in enhancing social accountability in healthcare: The case of Yekatit 12 hospital medical college, Ethiopia

Presenters: Fantu Abebe

Organization: Ministry of Health Ethiopia

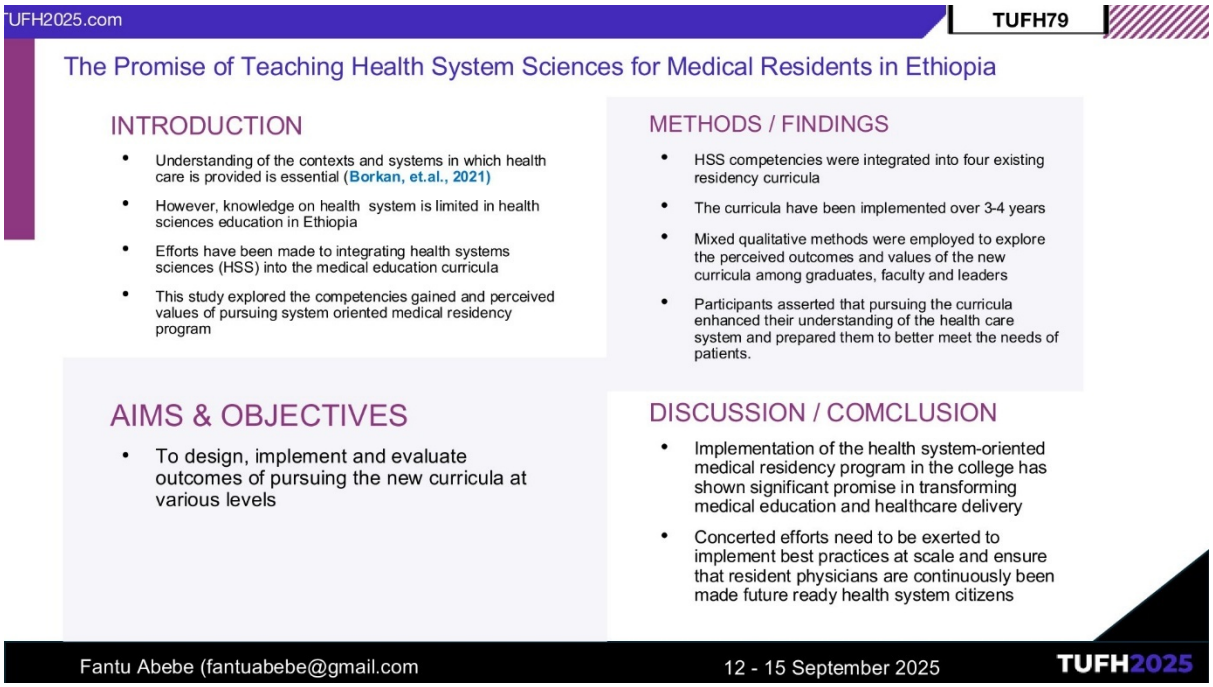
Country: Ethiopia

TUFH ID: TUFH79

Abstract

Background The continuous evolution of the healthcare system in Ethiopia demands physicians to embody a system oriented mindset and practice in a manner that is attuned to the broader ecosystem surrounding patients' and population health. However, the emphasis on understanding of the health system and the complex healthcare dynamics is limited in medical residency programs in Ethiopia. System oriented medical residency curricula were designed and implemented to develop the competency of physicians in health system sciences at Yekatit 12 Hospital Medical College, Ethiopia Objective To explore the perspectives and perceived values of specialist physicians who pursued a four year system oriented medical residency curricula. Methods We employed a phenomenological design to elicit vivid views, perspectives and experiences of 15 purposively selected specialist physicians on the system oriented residency curriculum they pursued. We used an in depth interview technique to collect the data. Interviews were audio recorded, transcribed verbatim, coded, and analyzed thematically. Results Participants perceived that pursuing the curricula enhanced their understanding of the healthcare system and prepared them to better meet the current and future needs of patients and the health system. They also asserted that developing these competencies fosters significant skills in transforming service delivery and truly drives a new professionalism in the

healthcare system. Conclusion The implementation of the health system oriented medical residency program at the college has shown significant promise in transforming medical education and institutionalizing accountability in healthcare delivery. Concerted efforts need to be made to scale the initiative and ensure that physicians are



Community-Based Integrated Skin Health Approach for the Detection and Management of Skin Neglected Tropical Diseases in the Philippines - Identifying Factors for Sustainability

Presenters: Meredith Del Pilar-Labarda

Organization: Social Innovation in Health Initiative (SIHI) Philippines, University of the Philippines Manila

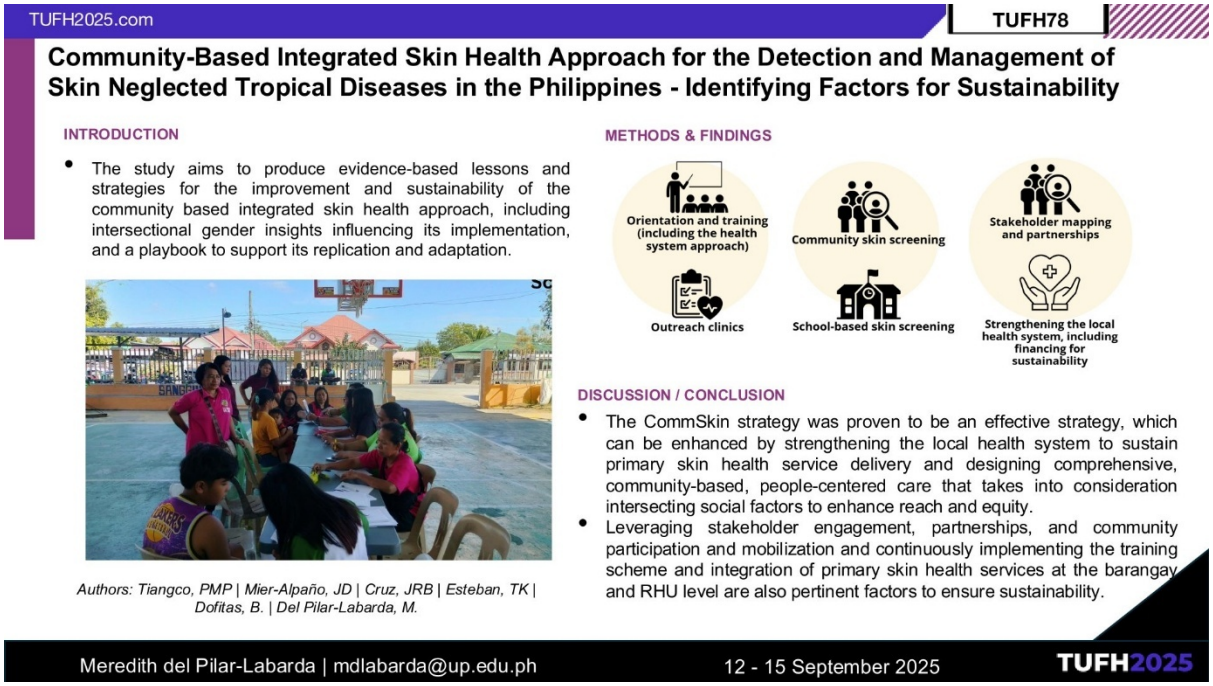
Country: Philippines

TUFH ID: TUFH78

Abstract

Several skin related neglected tropical diseases (NTDs) exist in the Philippines, particularly in geographically isolated communities, which highlights the need for a community based integrated program that can be sustained at the community level. The study aimed to produce evidence based lessons and strategies for the improvement and sustainability of the community based integrated skin health approach, including intersectional gender insights influencing its implementation, and a playbook to support its replication and adaptation. We conducted an observational implementation research to determine factors that facilitate and impede the implementation and sustainability of a community based integrated program for skin related NTDs following the PILA strategy. Key activities of the strategy include social preparation activities, orientation and training, community and school based screening and the development of a playbook for implementers. Quantitative data were analyzed using descriptive statistics while a thematic analysis was conducted for qualitative data. The PILA strategy was successful in raising awareness and skin health education among community members, as reflected through the improvement of health seeking behaviors of community members. Health system factors for sustainability include local government ownership and financing, the

continuous capacity building of health workforce for different roles, supply of medicines and access to diagnostics, the importance of integration with other programs and activities, community participation and mobilization and the crucial role of stakeholder engagement and fostering partnerships. With these elements, along with the understanding and consideration of the influence of gender and other social factors, delivering comprehensive, people centered and equitable care became possible.



Health Equity and Social Accountability in Family Medicine Residencies: A Southwest Regional Collaborative

Presenters: Nicole Mandall

Organization: New Mexico Primary Care Training Consortium

Country: USA

TUFH ID: TUFH77

Abstract

The New Mexico Primary Care Training Consortium (NMPCTC) wrote and received a Seed Programing grant from the American Board of Family Medicine Foundation in February 2025. As part of this three-year grant, NMPCTC is collaborating with regional partners in Colorado, Arizona and Utah to distribute a Health Equity focused Quality Improvement toolkit to the family medicine residents in these states. Staff will work closely with residents who utilize these toolkits to assess data that is gathered. Additionally, as part of the 2024 Family Medicine ACGME requirements update each family medicine residency must have a community advisory committee (CAC). This committee is required to include both clinical leaders and community members that have demographic diversity and lived experiences representative of the community. The NMPCTC would like to assess the levels of social accountability in these residencies, who are at various stages of developing these CACs and look for any changes in social accountability scores over the three years. The IFMSA assessment tool to measure social accountability in medical schools will be adapted for this study.

Health Equity and Social Accountability in Family Medicine Residencies: A Southwest Regional Collaborative

TUFH 77

BACKGROUND

- Rural communities in the U.S., including New Mexico, face significantly worse health outcomes than urban areas—driven in part by limited access to high-quality care. Nearly 70% of primary care shortage areas are rural. This contributes to higher rates of suicide, drug overdoses, heart disease, and preventable emergency visits. While primary care is essential, improving outcomes also requires providers who understand health equity and are equipped to address the social and structural drivers of health in their unique communities.
- **Social accountability in Family Medicine residency programs refers to their obligation to align education, research, and service activities with the priority health concerns of the communities they serve.**
- A socially accountable program not only prepares residents to address social determinants of health but also fosters equitable health systems and contributes meaningfully to community health outcomes.

OVERVIEW

In February 2025, the New Mexico Primary Care Training Consortium received a three-year Seed Programming Grant from the ABFM Foundation to lead a regional collaborative focused on advancing social accountability and health equity in Family Medicine residencies across NM, CO, AZ, and UT.

The project has three main goals:

1. **Integrate QI Best Practices:** Provide literature review of best practices and toolkit for health equity focused QI projects.
2. **Strengthen Regional Collaboration:** Create infrastructure for shared resources and learning.
3. **Improve Health Equity Outcomes:** Track QI and health equity educational impact on social accountability levels.

PROGRESS

- Created an online, adapted version of the IFMSA/THEnet Social Accountability Assessment Tool.
- The baseline survey was launched on July 2, 2025 during a webinar open to all Family Medicine residents.
- NMSU contracted to conduct data analysis.
- Protocols for a literature review on QI best practices are being developed.
- Partners at UNM and NMSU are finalizing a set of online learning modules for residents, covering topics such as population health, health equity, quality improvement, and social drivers of health.

NEXT STEPS

- **July 2025**: -Baseline Social Accountability data; -Finalize protocol for literature review
- **August 2025**: -Launch Health Equity modules/toolkit; -Program consultations CAC dev.
- **Sept. 2025-Dec. 2026**: -QI project implementation/data collection; -Regional educational activities
- **February 2027**: -Post-survey on Social Accountability; -Data analysis and project evaluation

13-15 September 2025

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The ABFM Foundation

TUFH2025

Trends in the incidence of Diabetes Mellitus and Causes of death among diabetic patients at IME-Kimpese hospital, Democratic Republic of the Congo

Presenters: Patrick Ntontolo

Organization: Department of Family Medicine, Protestant University of Congo

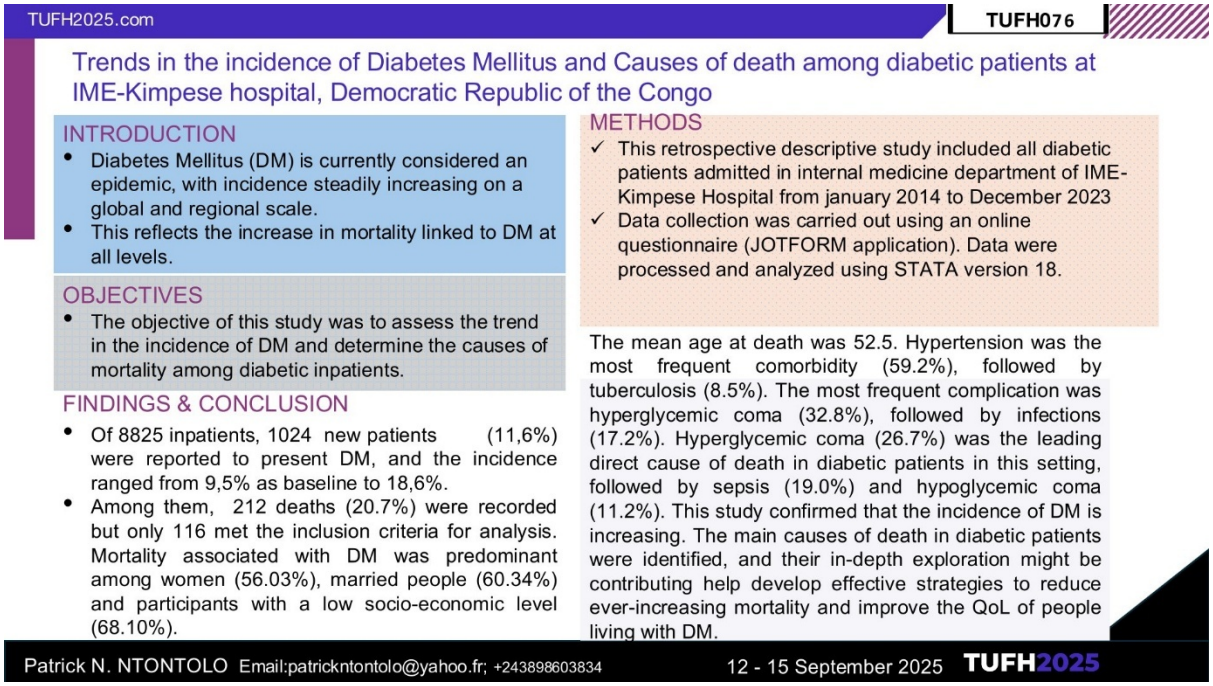
Country: DR CONGO

TUFH ID: TUFH76

Abstract

Background. Diabetes Mellitus (DM) is currently considered an epidemic, with incidence steadily increasing on a global and regional scale. This reflects the increase in mortality linked to DM at all levels. The objective of this study was to assess the trend in the incidence of DM and determine the causes of mortality among diabetic inpatients. Methods. This retrospective descriptive study included all diabetic patients admitted in internal medicine department of IME-Kimpese Hospital from january 2014 to December 2023. Data collection was carried out using an online questionnaire. Data were processed and analyzed using STATA version 18. Results. Of 8825 inpatients, 1024 new patients (11,6%) were reported to present DM, and the incidence inceased from 9,5% to 18,6%. Among them, 212 deaths (20.7%) were recorded but only 116 met the inclusion criteria for analysis. Mortality associated with DM was predominant among women (56.03%), married people (60.34%) and participants with a low socio-economic level (68.10%). The mean age at death was 52.5. Hypertension was the most frequent comorbidity (59.2%), followed by tuberculosis (8.5%). The most frequent complication was hyperglycemic coma (32.8%), followed by infections (17.2%). Hyperglycemic coma (26.7%) was the leading direct cause of death, followed by sepsis (19.0%) and hypoglycemic coma (11.2%). Conclusion. This study confirmed that the incidence of DM is increasing. The main causes of

death in diabetic patients were identified, and their in-depth exploration might be contributing help develop effective strategies to reduce ever-increasing mortality and improve the QoL of people living with DM.



Teaching Health Equity to high school students through Interprofessional Law and Medical school Collaboration

Presenters: Vijay Rajput

Organization: Nova Southeastern University , Dr Kiran C. Patel College of Allopathic Medicine

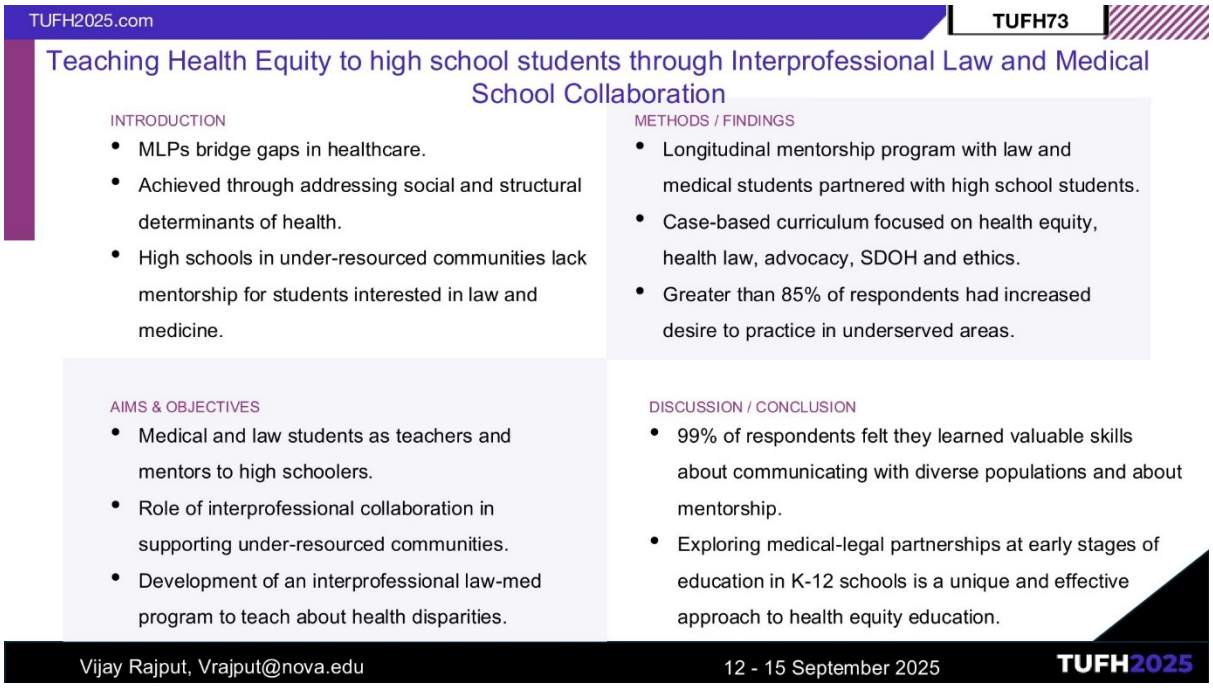
Country: United States

TUFH ID: TUFH73

Abstract

Background: Medical legal partnership (MLPs) initiatives can bridge the gaps in health care disparities through teaching the social and structural determinants of health (SSDOH) to high school students with an interest in careers in law and medicine Methods: We implemented an interprofessional law med educational and mentorship program involving both law and medical students and pathway program high school students. Law and medical students were selected through a structured application process to mentor and teach 30 pathway program high school students about health disparities. The curriculum utilized case based workshops focused on health equity, health law, advocacy, SSDOH, and ethics. The longitudinal mentorship program placed high schoolers into mentorship circles with law and medical school students and faculty. A post program survey was given to assess the program's impact on medical knowledge about health disparities and motivation to help underserved populations. Results: A total of 20 medical and 10 law school students participated in the program. Greater than 85% of survey respondents agreed or strongly agreed that interactions with high school students from underrepresented groups increased their knowledge about health disparities and their desire to practice in underserved areas. Ninety nine percent of respondents agreed or strongly agreed that they learned valuable skills about mentorship and

communicating with diverse populations. Conclusion: Exploring medical-legal partnerships and interprofessional collaboration at early stages of education in law, medical, and K- 12 schools is a unique and effective approach to health equity education in medical and law schools.



SATYAM (Student Augmented Training for Youth Amplification): A Student Empowerment Program to recognize and manage Emergencies to build emergency resilient community

Presenters: Shanvi YADAV

Organization: WHO COLLBORATING CENTRE FOR EMERGENCY & TRAUMA CARE (WHOCCET), JPNATC, AIIMS

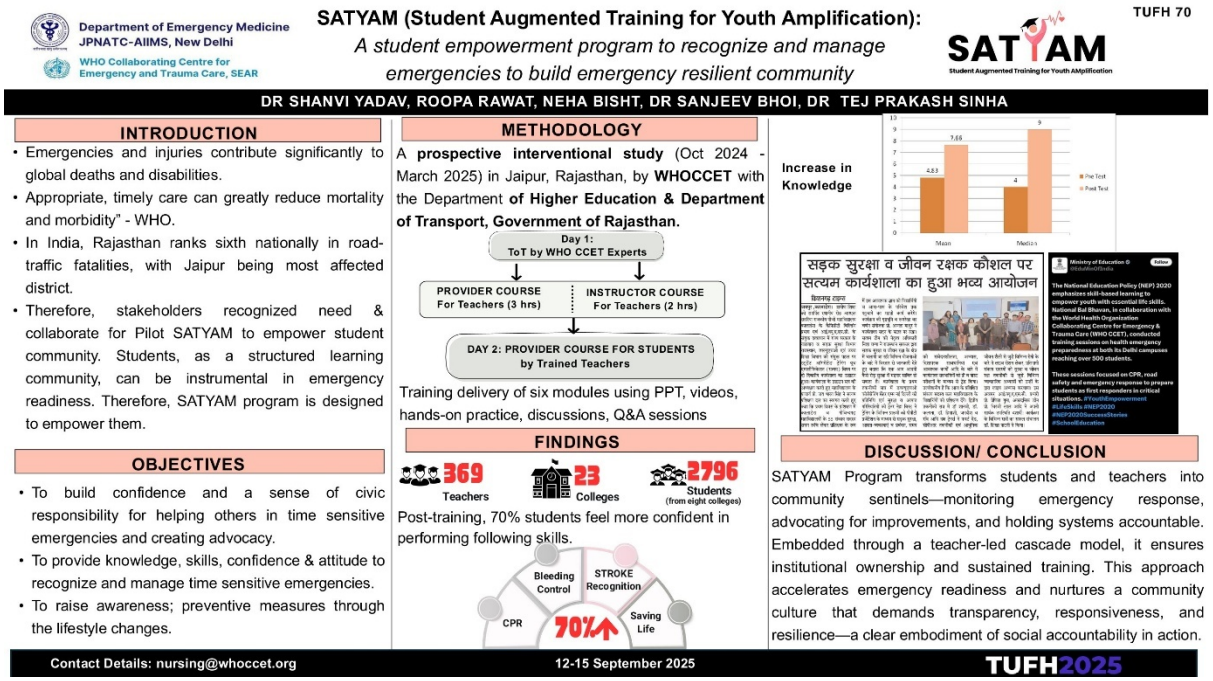
Country: INDIA

TUFH ID: TUFH70

Abstract

Introduction: Emergencies and injuries contribute significantly to global deaths and disabilities, including in India. Rajasthan ranks 6th in road traffic injury fatalities, with Jaipur leading the state. "Appropriate, timely care can greatly reduce mortality and morbidity." As structured learners and being large in number, students can play a crucial role in strengthening community emergency response. Hence, the SATYAM program is designed to empower them. Methodology: A prospective interventional study (Oct 2024–March 2025) in Jaipur, Rajasthan, by WHOCCET with the Commissionerate of Higher Education and Road Safety. A 2-day structured training program, firstly teachers were trained as Training of Trainers (TOT) and further impart training to. It includes six modules with PPTs, videos, hands-on CPR, tourniquets, splinting, and Q&A sessions. Pre-post assessment and feedback were conducted and assessed. Result: A total of 369 teachers from 23 colleges were trained as TOT, that further trained 2,796 students form eight colleges with 60% response rate. Pre test (mean: 4.83, median: 4) and post-test (mean: 7.66, median: 9) scores demonstrate a significant knowledge gain. 70% of participants reported increased confidence in performing skills. The program is set to integrate into the state's value education curriculum Discussion: The SATYAM program bridges the gap between education and emergency

response, fostering social accountability. The teacher led model ensure sustainability and regular training sessions demonstrate institutional ownership and long-term impact. Conclusion The SATYAM program empowers teachers and students. Its scalable model fosters social accountability, ensuring long-term impact



Presented by:

Effectiveness of a web-based personalized oral health e-learning module for parents and teachers of preschool children

Presenters: Nilufer Demiral Yilmaz

Organization: Ege University Faculty of Medicine Department of Medical Education

Country: Turkiye

TUFH ID: TUFH69

Abstract

Background: Preschool oral health is significant as it lays the foundation for lifelong dental health, preventing early childhood caries and promoting overall well being. The aim of this study was to evaluate the effectiveness of a web based, personalized oral health e learning module developed for parents and teachers of preschool children in rural public schools. Methods: Three rural public preschools conducted a quantitative descriptive survey study in 2024. Educational needs were assessed using students' oral and dental examinations, along with a pre test for parents and teachers consisting of 52 questions in five sections, the Early Childhood Oral Health Impact Scale (ECOHIS), and a caries assessment questionnaire via the e learning module called Disokulu. Based on these assessments, tailored educational content was developed and delivered to 170 parents and 23 teachers through the e learning module. Results: The mean DFS score was 6.73±7.64, with scores increasing with child age ($p = 0.010$) and higher carbohydrate intake ($p = 0.007$). Regular dental check ups were associated with lower DFS values ($p = 0.001$). Parental employment and education levels significantly influenced childrens oral health outcomes ($p < 0.05$). Significant associations were found between ECOHIS subscales, DFS, and gingivitis ($p < 0.05$). Parental pre test accuracy improved from 77.4% to 94.5%. Participant satisfaction with the internet based module was high. Conclusion: This study

found that a web based, personalised oral health e learning module is effective in improving knowledge and practices of parents and teachers, particularly in rural public school setting.

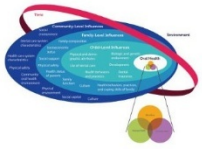
TUFH2025.com

TUFH69

Effectiveness of a web-based personalized oral health e-learning module for parents and teachers of preschool children

INTRODUCTION

- Early childhood oral health is crucial for lifelong well-being, yet children in rural preschools often face elevated risks of caries and gingivitis due to limited access to preventive services and caregiver education.







DİŞOKULU

AIMS & OBJECTIVES

- To assess the oral health status of children in three rural public preschools—measuring caries (DFS) and gingival inflammation—and to evaluate the effectiveness of a tailored e-learning intervention in improving oral-health knowledge and satisfaction among their parents and teachers.

Measure / Topic	Findings	Statistics
Mean DFS score	6.73 ± 7.64	—
Age vs. DFS	DFS increases with child's age	$p < 0.05$
Carbohydrate intake vs. DFS	Higher intake → higher DFS	$p < 0.05$
Regular dental check-ups	Regular attendees have lower DFS	$p < 0.05$
Parents' employment status	Significant impact on child's oral health	$p < 0.05$
Parents' education level	Significant impact on child's oral health	$p < 0.05$
ECOHIS vs. DFS/Gingivitis	Significant positive correlations	$p < 0.05$
Parents' knowledge (pre/post)	Pre-test: 57.1% → Post-test: 76.3% correct	—
Teachers' knowledge (pre/post)	Pre-test: 77.4% → Post-test: 94.5% correct	—
Post-test satisfaction	High satisfaction with content & delivery	—

METHODS / FINDINGS

- In 2024, we carried out a quantitative, descriptive survey in three rural public preschools to assess children's oral health and the impact of a targeted e-learning intervention for caregivers and educators. Data collection comprised four components:

Clinical assessments

DFS index: Recorded decayed and filled tooth surfaces using WHO criteria.

Gingival index: Measured gingival inflammation via the Löe & Silness method.

Caregiver-reported measures

ECOHIS: Early Childhood Oral Health Impact Scale to evaluate children's oral-health–related quality of life.

Socio-demographic questionnaire: Captured child age, daily carbohydrate intake, and parents' employment and education levels.

Knowledge assessment

Pre- and post-tests: Ten-item MCQ's delivered online to 170 parents and 23 teachers.

Satisfaction survey

Five-point Likert scale: Participants rated content relevance, usability, and overall satisfaction.

Drawing on Kern's Six-Step Model, we developed customized educational materials and delivered them via an e-learning module to all participating parents and teachers.

DISCUSSION / CONCLUSION

- This study reveals a compelling nexus between clinical, behavioral, and educational determinants of children's oral health—and demonstrates the transformative power of targeted, web-based education. We found that caries severity (DFS) and gingival inflammation escalate with age, high carbohydrate intake, and lower parental socioeconomic status, underscoring the urgent need to address these risk factors through early intervention.
- Our online module produced knowledge gains—parents' scores—with overwhelming satisfaction, proving that digital platforms can rapidly empower caregivers and educators.
- By marrying rigorous clinical assessment with innovative education, this approach charts a new paradigm in pediatric oral-health promotion. Integrating such programs into school and community health initiatives promises not only to curb the burden of early dental disease but also to lay the groundwork for a lifelong culture of prevention.

Neda Mojarrab, Nilufer Demiral Yilmaz, Musa Sari, Berna Uzelyalcin, Elif Turan, Nazan Ersin
e-mail: nilufer.demiral@gmail.com

12 - 15 September 2025

TUFH2025

Breastfeeding Adherence: A Prevalence Study in a Rural Area of Morelos, Mexico

Presenters: AURORA FARFÁN MÁRQUEZ

Organization: UNAM

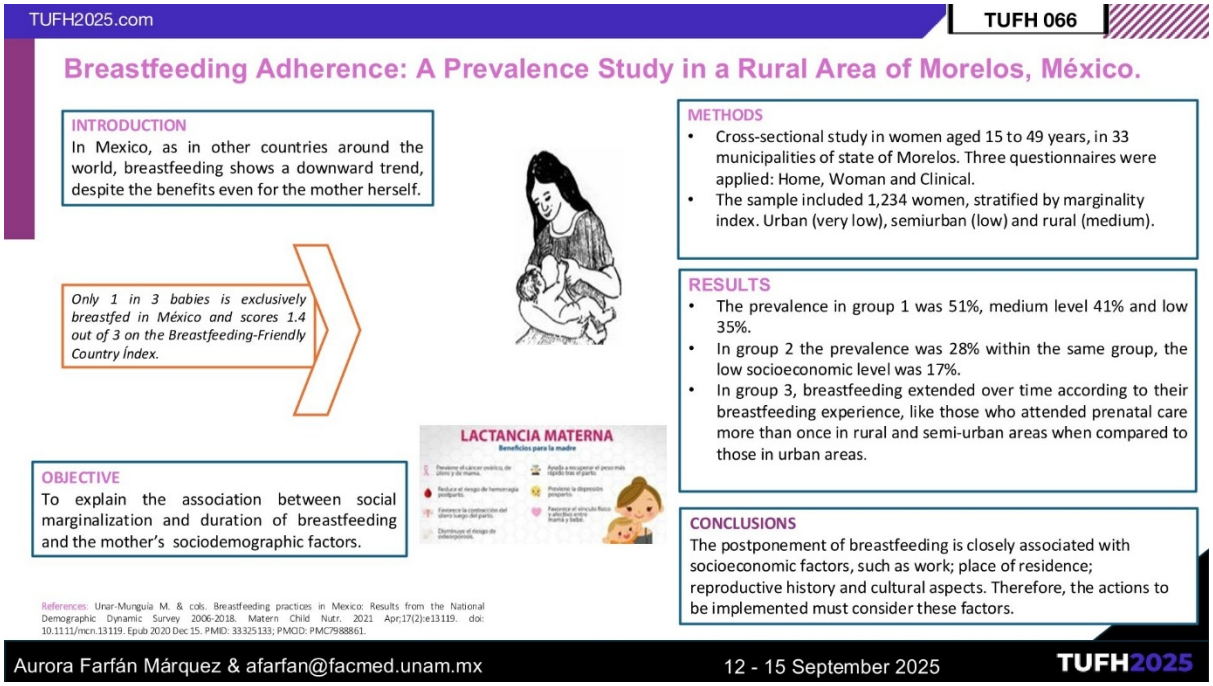
Country: MEXICO

TUFH ID: TUFH66

Abstract

Introduction: Breastfeeding provides essential health benefits for both infants and mothers. However, in Mexico, breastfeeding rates continue to decline, influenced by various social determinants. Objective: To examine the association between social marginalization and breastfeeding duration in women from the state of Morelos, Mexico. Materials and Methods: A cross-sectional study was conducted among 1,234 women aged 15 to 49 years across 33 municipalities, stratified into three groups based on marginalization levels: low (urban, higher income), medium (semi-urban, working class), and high (rural, lower income and homemakers). Data were collected through Household, Women's, and Clinical questionnaires. Statistical analyses included univariate, bivariate, and multivariate approaches to assess factors influencing breastfeeding duration. Results: Women in the high marginalization group (rural) breastfed the longest, with 51% continuing beyond six months, compared to 41% in the medium group and 35% in the low group. In the semi-urban group, 28% breastfed beyond six months, while in urban areas, only 17% did. Women with a family history of breastfeeding and those who attended prenatal care were more likely to continue breastfeeding. Work obligations and cultural norms contributed to earlier cessation in semi-urban and urban groups. Conclusions: Breastfeeding duration is closely linked to socioeconomic status. Women in marginalized communities breastfeed longer due to family traditions and fewer work-

related constraints. Future interventions should address employment-related barriers and promote breastfeeding education tailored to diverse social contexts.



INDIGENOUS HEALTH AND ITS PROMOTOTION IN THE STATE OF NAYARIT, MEXICO.

Presenters: AURORA FARFÁN MÁRQUEZ

Organization: UNAM

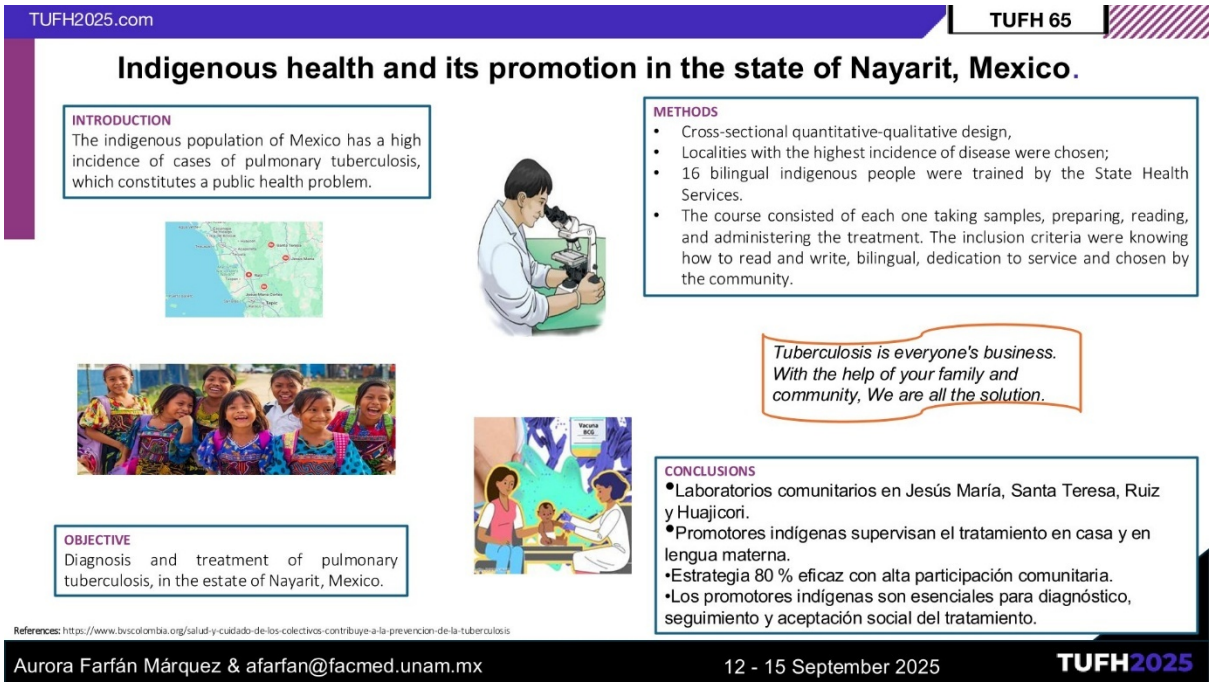
Country: MEXICO

TUFH ID: TUFH65

Abstract

Introduction: The indigenous population of Mexico has a high incidence of cases of pulmonary tuberculosis, which constitutes a public health problem. Objective: Diagnosis and treatment of pulmonary tuberculosis, in the state of Nayarit, Mexico. Material and methods: Cross-sectional quantitative-qualitative design, localities with the highest incidence of disease were chosen; 16 bilingual indigenous people were trained by the State Health Services. The course consisted of each one taking samples, preparing, reading, and administering the treatment. The inclusion criteria were: knowing how to read and write, bilingual, dedication to service and chosen by the community. Results: Once the population was sensitized, a laboratory was installed in each of the municipalities (Jesús María, Santa Teresa, Ruiz and Huajicori), which are cared for by indigenous people, identify positive cases, refer them to the Health Center to confirm the disease and start treatment. The indigenous (promoter) monitors the taking of the medicine at home and explains its importance in the mother tongue, avoiding contagion to the rest of the family. This strategy was 80% effective in curing the disease, and the indigenous population actively participates in primary health care. Conclusions: This intervention shows that the indigenous (peers), are sensitive to the acceptance of the rest of the locality, capable of timely diagnosis and cure of long-term diseases. Therefore, the indigenous population must be part

of the promotion of health with its uses and customs. Keywords: Health Promotion, Indigenous Health, Pulmonary Tuberculosis.



Advancing Quality Specialist Palliative Care Training in Malawi: The Role of Stakeholder Engagement

Presenters: Duncan Kwaitana

Organization: Kamuzu University of Health Sciences

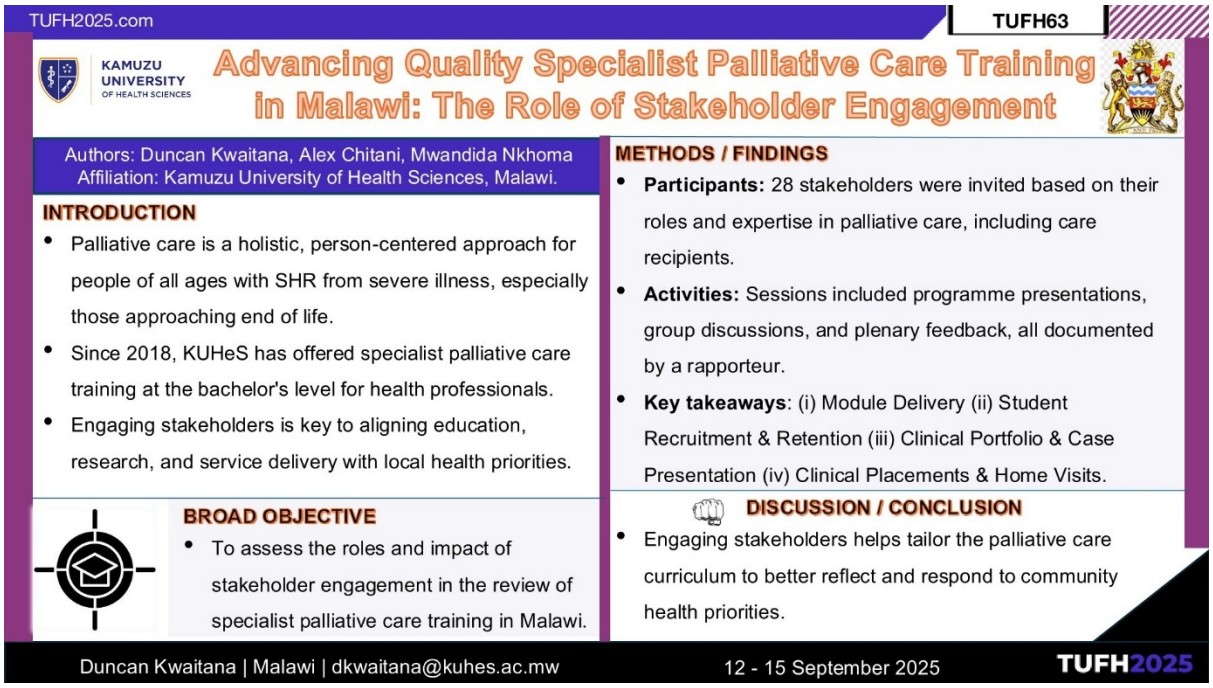
Country: Malawi

TUFH ID: TUFH63

Abstract

Background Palliative care is a holistic approach that addresses the needs of individuals of all ages experiencing serious health related suffering due to severe illness, requiring professional intervention. Malawi, through the Kamuzu University of Health Sciences (KUHeS), is the second country in Africa, after Uganda, to offer specialist palliative care training at the bachelor's level for health professionals. In 2022, following the first round of training, the programme conducted a stakeholder engagement meeting to align its education, research, and service activities with local health priorities. The aim of this paper is to assess the roles and impact of stakeholder engagement in the review of specialist palliative care training in Malawi. Methods A total of 28 stakeholders were invited based on their expertise and roles in palliative care, including recipients of care, former students, clinical preceptors, civil society representatives, health regulatory bodies, the Ministry of Health, and KUHeS faculty. The engagement process involved a presentation on the programme, group discussions, and plenary sessions, with feedback documented by a rapporteur. Results Four key themes emerged: (i) Module Delivery – Reduce classroom based teaching while enhancing clinical attachments; (ii) Student Recruitment & Retention – Explore scholarships and blended learning; (iii) Clinical Portfolio & Case Presentation – Extend clinical rotations for improved case management observation; (iv) Clinical Placements & Home Visits – Strengthen home visits to enhance community

based learning. Conclusion Stakeholder engagement strengthens curriculum relevance, ensuring palliative care training aligns with community health needs. Incorporating stakeholder insights enhances teaching, learning, and health systems



Presented by:

Assessment of Health Facility Readiness in Urban Areas of Uganda to Deliver Geriatric-Friendly Care Services: A Cross-Sectional Study in Kampala District

Presenters: Peruth Ainembabazi

Organization: Makerere university college of health sciences

Country: Uganda

TUFH ID: TUFH62

Abstract

With the global rise in the elderly population, providing geriatric-friendly healthcare is essential. However, current policies primarily address social needs while neglecting inclusive health systems for older adults. This study assessed the readiness of health facilities in Kampala City, Uganda. Methods A cross-sectional study was conducted in 35 health facilities, including Private for Profit, Private Not for Profit, and public facilities at Health Centre III, IV, and hospital levels. Data was collected using a self-administered health facility assessment tool. Facilities scoring 80–100 were fully ready, 51–79 moderately ready, and 0–50 had low readiness. Results The overall readiness index (RI) was low (44.09, SD ± 14.18) due to weaknesses in leadership and governance (13.49%), financing (19.29%), human resources (42.66%), and the Health Management Information System (47.99%). Conclusion and Policy Recommendations Healthcare systems in Kampala are not adequately prepared for geriatric care, limiting service quality. To address this, we recommend 1.

Assessment of Health Facility Readiness in Kampala City to Deliver Geriatric-Friendly Care Services

INTRODUCTION

- Global rise in the elderly population necessitates geriatric-friendly care.
- Policies in Uganda focus on social support but lack inclusive health systems.
- Study conducted to assess readiness of Kampala health facilities.

AIMS & OBJECTIVES

- Evaluate the readiness of health facilities in Kampala to deliver geriatric care.
- Identify gaps in health system components using WHO building blocks.
- Provide evidence to guide geriatric policy and practice.

METHODS / FINDINGS

- Cross-sectional study in 35 facilities (public, private for-profit, PNFP).
- Facility levels: HC III, HC IV, and Hospitals.
- Tool-based assessment categorized readiness as:
  - Fully ready (80–100),
  - Moderate readiness (51–79),
  - Low readiness (0–50).
- Overall readiness index: 44.09 (SD ± 14.18).
- Weakest WHO building blocks:
  - Leadership & governance: 13.49
  - Financing: 19.29
  - Human resource: 42.66
  - HMIS: 47.99

DISCUSSION / COMCLUSION

- Kampala's health facilities are inadequately prepared for geriatric care.
- Critical gaps in governance, financing, HR, and HMIS hinder service delivery.
- Reforms are urgently needed to build geriatric-friendly health systems.
- Evidence-based policy and training in geriatrics must be prioritized.
- Supporting geriatric research will strengthen health system response.

Having witnessed gaps in elderly care firsthand, this study is a call to action—our health system must evolve to treat older adults with the dignity and care they deserve

Presented by:

THE NETWORK TOWARDS UNITY FOR HEALTH

Woods SYSTEM OF CARE

Mollie Woods Hare Global Center of Excellence

Water, sanitation and social innovations in health: a qualitative exploration of gender and intersecting social stratifiers in a rural ram-pump project in the Philippines

Presenters: Meredith Del Pilar-Labarda

Organization: University of the Philippines Manila-School of Health Sciences; Program on Social Innovation in Health, University of the Philippines National Institutes of Health

Country: Philippines

TUFH ID: TUFH60

Abstract

Social innovation plays a critical role in addressing fundamental health determinants, such as access to safe water. Observational studies highlight how clean water disproportionately affects women and girls, resulting in persistent health problems influenced by gender norms around water and sanitation. Furthermore, gender intersects with other social stratifiers—such as socioeconomic status and geographic location—exacerbating this disadvantage. This study explores how gender and social stratifiers intersect in the context of a social innovation in the Philippines, a hydraulic ram pump model, which brings water to remote upland communities. Combining community driven approaches with technical innovation, this innovation empowers communities, improves health outcomes and fosters resilience. Qualitative research methods were used, including in depth interviews and focus group discussions. Data were analysed using a coding framework and MaxQDA software to identify key themes related to water and sanitation, gender norms and community participation. The findings highlight how gender norms intersect with socioeconomic factors and geographical location to influence health outcomes. Gender roles influence participation and underscore how context specific and community driven approaches address health disparities, emphasising the role of social innovations in

equitable access to water. Conclusion Gender and social stratifiers intersect to shape individuals' experiences,creating disparities in health needs and access to resources like water. In social innovations, it is crucial to examine gender norms at the community level and understand the sociocultural realities people face. Social innovation research must evolve to consider these complexities, as gendered relations and intersecting social stratifiers directly influence health outcomes and access



Community participation in social innovations in health: a qualitative study of women's engagement in a local tuberculosis clinic in the Philippines

Presenters: Meredith Del Pilar-Labarda

Organization: University of the Philippines Manila-School of Health Sciences; Program on Social Innovation in Health, University of the Philippines National Institutes of Health

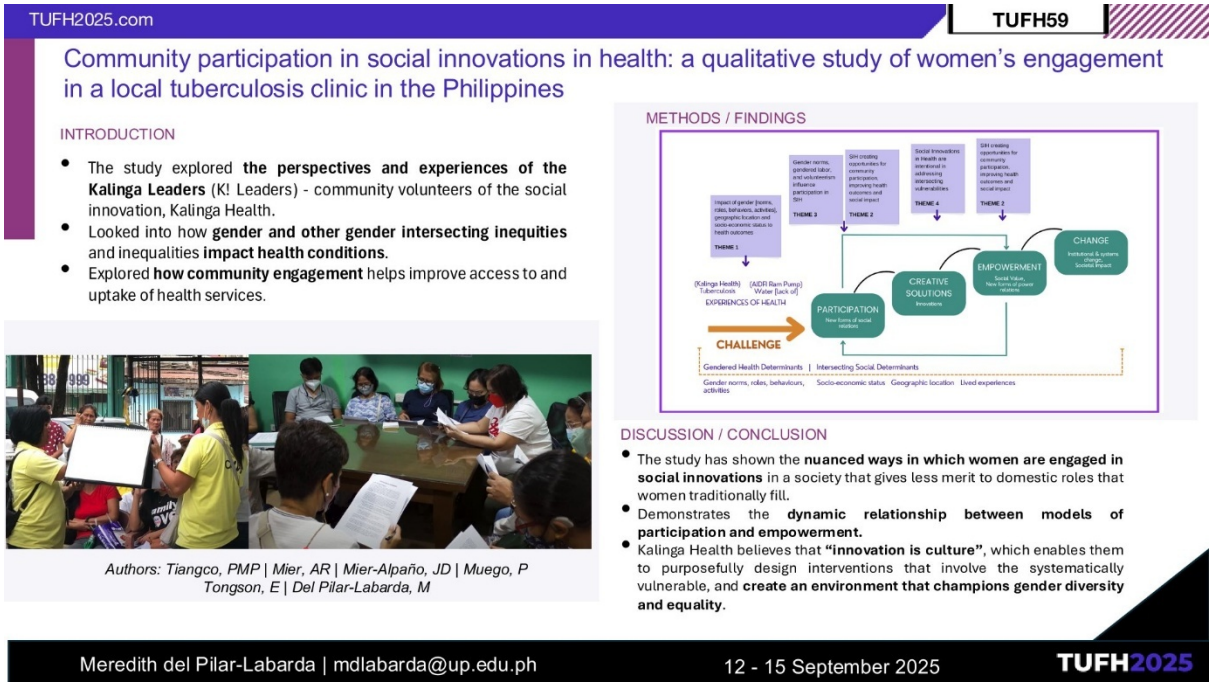
Country: Philippines

TUFH ID: TUFH59

Abstract

We explore the perspectives and experiences of the Kalinga Leaders (K! Leaders), who are community volunteers of the social innovation, Kalinga Health. It is a 360° facility providing quality, affordable and comprehensive TB care in two urban cities in the Philippines. It acts as an intermediary agency between the public and private sector partners, ensuring continuity of care for patients. We explored how gender and other gender intersecting inequities and inequalities impact health conditions. Specifically, we explored how community engagement helps improve access to and uptake of health services. A grounded theory approach was used to generate data from the perspectives of the community members and K! Leaders, which were explored through site visits, key informant interviews and a focus group discussion. Field notes and recording transcripts were used for thematic analysis to identify key patterns. Despite intersecting social factors that hinder their participation, K! Leaders remain motivated to become an integral part of the tuberculosis referral system in two urban cities in the Philippines, helping improve access to and uptake of health services in the communities they serve. The K! leaders' desire to help their communities and at the same time, empower themselves, motivates them to do a balancing act, which is

facilitated by the culture of Kalinga Health, enabling them to thrive in an environment that champions gender diversity and equality.



Diabetic retinopathy and retinal screening awareness among female diabetic patients attending a day hospital diabetic clinic in Cape Town, South Africa.

Presenters: Nomfundo Fortunate Mkhombe

Organization: Cape Peninsula University of Technology

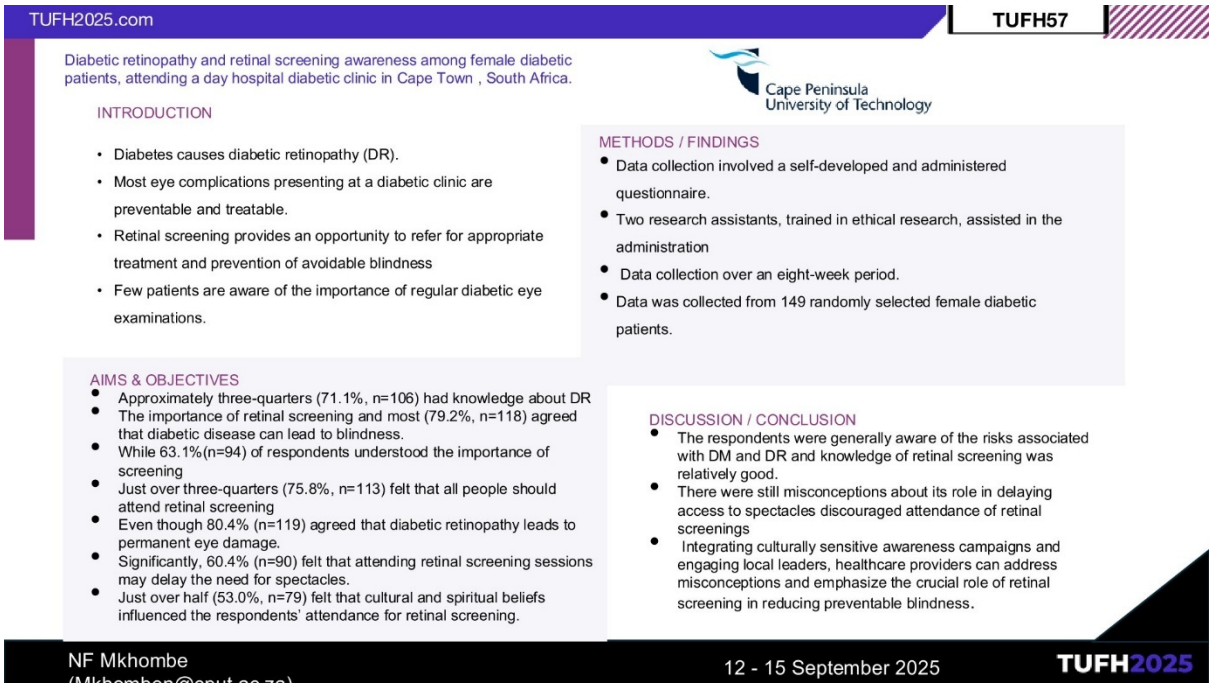
Country: South Africa

TUFH ID: TUFH57

Abstract

Background: Most eye complications presenting at a diabetic clinic are preventable; however, few patients are aware of the importance of regular diabetic eye examinations. Diabetes causes diabetic retinopathy (DR), yet retinal screening provides an opportunity to refer for appropriate treatment and prevention of avoidable blindness. Methods: Data collection involved a self developed and administered questionnaire. Two research assistants, trained in ethical research, assisted in administering the instrument and data collection over an eight week period. Data was collected from 149 randomly selected female diabetic patients. Results: Approximately three quarters (71.1%, n=106) had knowledge about DR and the importance of retinal screening and most (79.2%, n=118) agreed that diabetic disease can lead to blindness. While 63.1% (n=94) of respondents understood the importance of screening, just over three quarters (75.8%, n=113) felt that all people should attend retinal screening even though 80.4% (n=119) agreed that diabetic retinopathy leads to permanent eye damage. Significantly, 60.4% (n=90) felt that attending retinal screening sessions may delay the need for spectacles. Just over half (53.0%, n=79) felt that cultural and spiritual beliefs influenced the respondents' attendance for retinal screening. Conclusion: Whilst respondents were, in general, aware of the risks associated with DM and DR and knowledge of retinal screening was relatively good, the misconceptions

about its role in delaying access to spectacles discouraged attendance of retinal screenings. Integrating culturally sensitive awareness campaigns and engaging local leaders, healthcare providers can address misconceptions and emphasize the crucial role of retinal screening in reducing preventable blindness.



INTERCULTURALITY IN NURSE TRAINING: revisiting the curriculum proposal.

Presenters: Flaviane Albuquerque

Organization: Universidade Federal de Pernambuco- UFPE

Country: Brasil

TUFH ID: TUFH52

Abstract

Introduction: Interculturality is something that needs to be included in the teaching of academic training in a more intense and profound way, considering the possibilities for nurses to act as educators in conjunction with health care. The objective of this study is to analyze which intercultural competencies and skills should be present in the Nursing course curriculum, in order to guarantee comprehensive and intercultural assistance, with an emphasis on health promotion. Methods: This is a descriptive research with a qualitative approach, with the application of ethnonursing, using Nurse Leininger's Theory of Diversity and Universality of Cultural Care (TDUCC) as a methodological theoretical framework. Results:It is expected that this study will contribute to the sensitivity of teachers, students and readers, to expand interculturalist training, without cultural intolerance during the training of the Nursing course, in the same way that visibility for the scientific and care field occurs. Discussion:Considering the diverse cultural contexts based on TDUCC knowledge, it is expected that nursing can provide care actions that consider people and their values built over time, reconciling educational and care adaptations to the population's way of life. Conclusion: It is believed that the implementation of intercultural practices in nurse training is extremely important for promoting diversity and inclusion during their construction process as a professional educator and health promoter. Keywords: Culture; Cultural Competence; Nursing Education.

INTERCULTURALITY IN NURSING TRAINING: revisiting the curriculum proposal

INTRODUCTION

The process of structural change in society means that nursing graduates are increasingly challenged to assist people from different cultures in their daily practice

METHODS/ FINDINGS



AIMS & OBJECTIVES

This project aims to analyze which intercultural competencies and skills should be present in the curriculum of the Nursing course, in order to ensure comprehensive and intercultural care, with an emphasis on health promotion.

DISCUSSION/ COMCLUSION

This study contributes to understanding traditional knowledge and its integration for nursing training and care based on intercultural care, ensured at various levels of care that make up the health system.

ALBUQUERQUE, Flaviane. fflavianealbuquerque@gmail.com

Presented by: THE NETWORK TOWARDS UNITY FOR HEALTH Woods SYSTEM OF CARE Mollie Woods Hare Global Center of Excellence

Elaboration of an Educational Health Game About Leprosy for Teenagers in Brazil: An Innovative Solution

Presenters: João Freitas

Organization: FPS

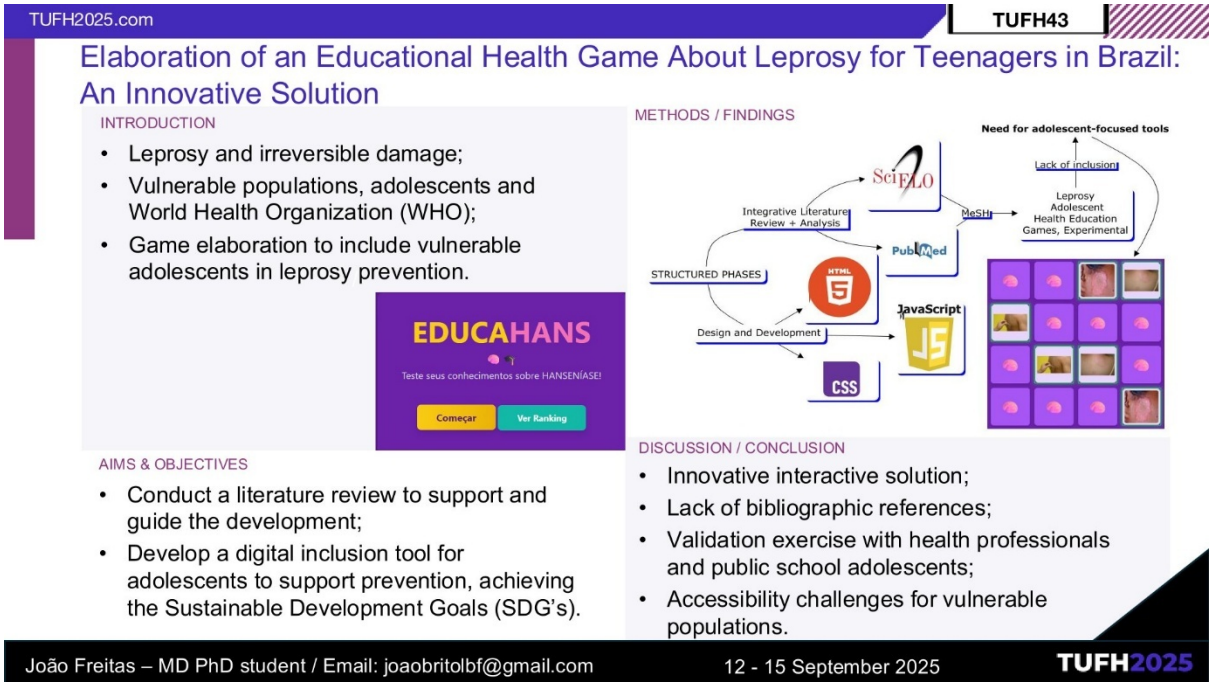
Country: Brazil

TUFH ID: TUFH43

Abstract

Background: Leprosy is a chronic infectious disease that can cause irreversible damage. Brazil ranks second in detection rates and still maintains an active transmission chain. In response, an interactive educational game, "EducaHans," was developed to engage vulnerable adolescents in leprosy prevention. Methods: The game was designed following structured phases, including an integrative literature review, analysis, design and development. Built using HTML, CSS, and JavaScript, EducaHans features multiple-choice questions, a memory game, and short educational videos. The questions are stored in a JSON database, allowing easy updates and scalability. This project is ongoing, with the implementation process including: development of the game, validation with adolescents from public schools, and further improvements to make it suitable for adoption by the city's health department, thus expanding its reach to a larger number of young people. Results: The current version includes 14 questions, 4 videos, 1 memory game, interactive feedback, and a scoring system. Discussion: Considering the fact that leprosy affects the marginalized populations, the main challenge was the lack of bibliographic references related to gamification to adolescents, especially for low-income ones. This reflects a gap in research focused on supporting the needs of the most vulnerable populations. The creation of short videos was aimed at combating this disconnect by presenting content in a familiar format to adolescents through popular social media platforms.

Outcomes/Conslusions: EducaHans represents an innovative approach to raising awareness and engaging young people in the fight against leprosy. However, ensuring accessibility for vulnerable populations remains a significant challenge.



Assessing the perceptions and preferences between online and in-person classroom learning among university students in Rwanda

Presenters: Eden Gatesi

Organization: University of Global Health Equity (UGHE)

Country: Rwanda

TUFH ID: TUFH42

Abstract

The COVID-19 pandemic has resulted in many schools rapidly rolled out online learning due to school closure or lockdown. This cross-sectional study assessed the online learning experience of 193 students in different universities of Rwanda during COVID-19. The reported main advantages of online learning revolved around the comfortability and self-responsibility in their studies. However, internet access and stability remained the biggest challenges. Respondents reported that online learning was not stimulating, lacked interactions with other students and with instructors, and they were distracted easily and had difficulty maintaining their discipline. Many students indicated they prefer in-person classes over online learning. Investment to provide students stable internet access and to training instructors to design more interactive and engaging online learning materials according to best practices could improve the students' online experience. The use of blended online and in-person classroom learnings to maximize students learning experiences and outcomes should be explored.

Assessing the perceptions and preferences between online and in-person classroom learning among university students in Rwanda

Gloria Nishimwe[1], Eden Gatesi[1], Sam Kamali[1], Rex Wong[2]

INTRODUCTION

- COVID'19 led to school closures
- Era of online learning adoption
- E-learning flexibility and accessibility
- 22% students had internet access

METHODS / FINDINGS

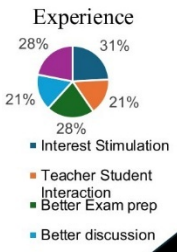
- Cross-sectional online survey
- Non-probability Sampling
- Percentages of agree vs disagree
- 89,160 students in 40 higher institutions in Rwanda

AIMS & OBJECTIVES

- Compare Online vs In-person
- Advantages and disadvantages of e-learning
- Understand the challenges faced
- Evidences-based recommendation for effective online learning design

DISCUSSION / CONCLUSION

- ✓ Flexibility, comfort and self-directed learning
- Internet access, blended models, training educators
- Sample size and selection bias



Presented by:
THE NETWORK
TOWARDS UNITY FOR HEALTH
Woods
SYSTEM OF CARE
Mollie Woods Hare
Global Center of Excellence

Health Equity and Challenges in Sudan Prior to and Throughout the Armed Conflict, November 2024

Presenters: Awatif Abdalazim

Organization: Faculty of Medicine, University of Gezira.

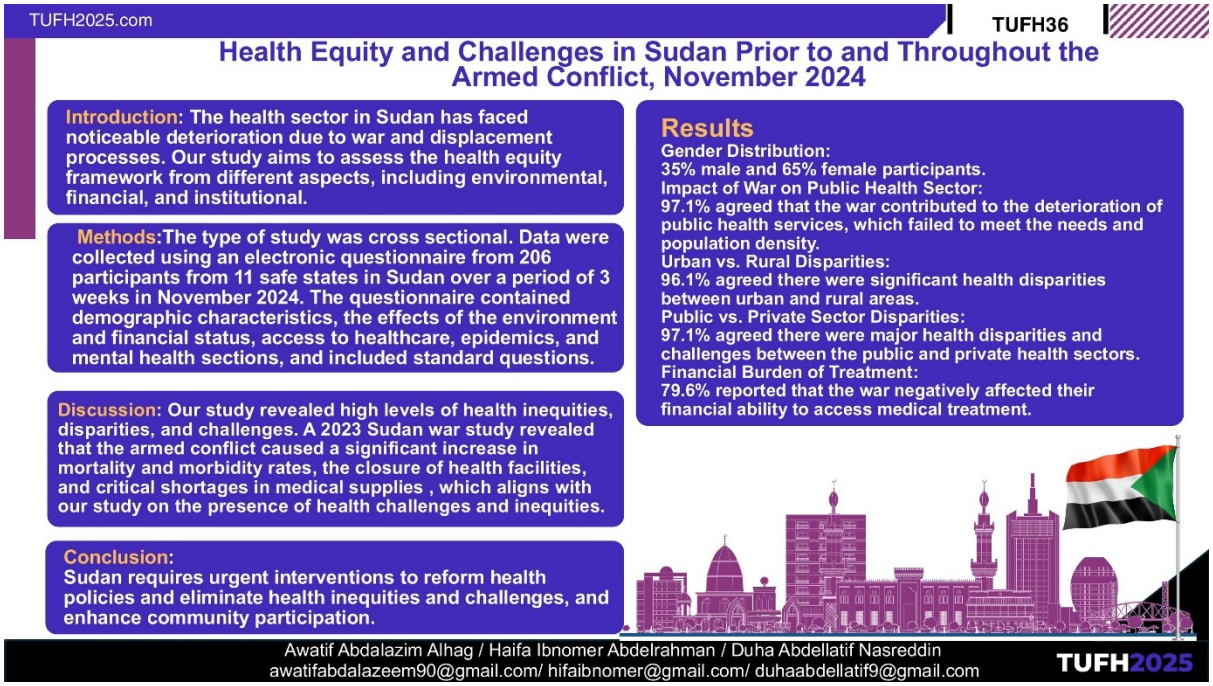
Country: Sudan

TUFH ID: TUFH36

Abstract

Introduction: The health sector in Sudan has faced noticeable deterioration due to war and displacement processes. Our study aims to assess the health equity framework from different aspects, including environmental, financial, and institutional. Methods: The type of study was cross sectional. Data were collected using an electronic questionnaire from 206 participants from 11 safe states in Sudan over a period of 3 weeks in November 2024. The questionnaire contained demographic characteristics, the effects of the environment and financial status, access to healthcare, epidemics, and mental health sections, and included standard questions. Results: The male to female ratio was 35% to 65%. There were 97.1% of participants who agreed that the war increased the deterioration of public health sectors, and these sectors didn't meet the needs and density of citizens.Regarding differences between urban and rural areas, 96.1% of participants agreed there were health disparities. Additionally, 97.1% of participants agreed there were health disparities between public and private sectors, along with health challenges. Furthermore, 79.6% of participants stated that the war affected their financial ability to afford treatment. Discussion: Our study revealed high levels of health inequities, disparities, and challenges. A 2023 Sudan war study revealed that the armed conflict caused a significant increase in mortality and morbidity rates, the closure of health facilities, and critical shortages in medical supplies, which aligns with our study on the presence of health

challenges and inequities. Conclusion: Sudan requires urgent interventions to reform health policies and eliminate health inequities and challenges, and enhance community participation.



Evaluating Readiness for Inter-professional Education among Medical and Nursing Students in India: Barriers and Opportunities for Enhancing Collaborative Healthcare

Presenters: Vansh Chouhan

Organization: Student Network Organisation (SNO)

Country: India

TUFH ID: TUFH35

Abstract

Introduction

Interprofessional education (IPE) promotes collaboration among healthcare professionals, enhancing patient care. While well-studied abroad, its status and challenges in India remain underexplored.

Objectives

1. To assess the association between sociodemographic characteristics and readiness for IPE.
2. To compare readiness for IPE between medical and nursing students.
3. To identify barriers to IPE implementation.

Methodology

A cross-sectional survey was conducted among 1st to 4th-year medical and nursing students at a hospital in Punjab, India, using the Readiness for Interprofessional Learning Scale (RIPLS) and Interdisciplinary Education Perception Scale (IEPS).

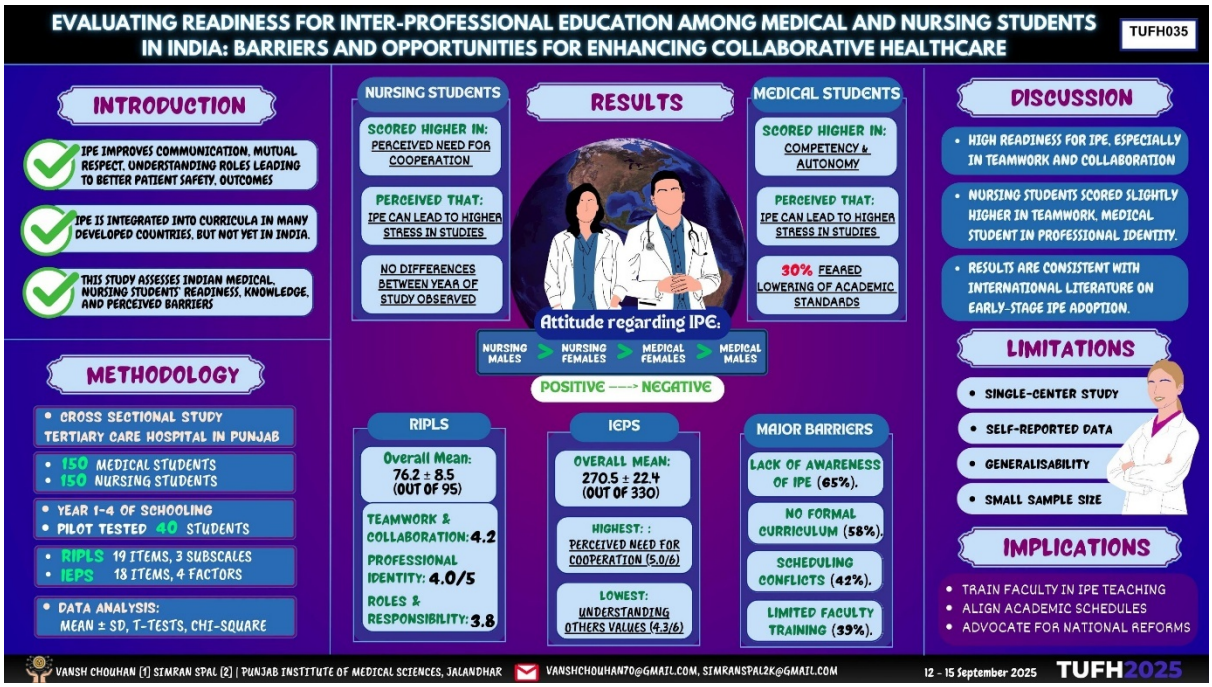
Results

The study included 300 medical and 300 nursing students, with a 100% response rate. Significant differences were found: male nursing students had

the most positive attitudes toward IPE, followed by female nursing, female medical, and male medical students. Medical students scored higher on Competency & Autonomy, while nursing students scored higher on Perceived Need for Cooperation. Both groups expressed concerns about stress, with 30% of medical students fearing a decline in academic performance.

Discussion

These findings align with previous studies showing greater willingness for IPE among nursing students and concerns about academic performance in medical students. Conclusion: This survey highlights the need for strategic planning to overcome barriers and advance IPE in India to improve healthcare outcomes.



Patients' perceptions and willingness to use tele-consultation services and factors associated with it in Punjab, India

Presenters: Simran Spal

Organization: Student Network Organisation (SNO)

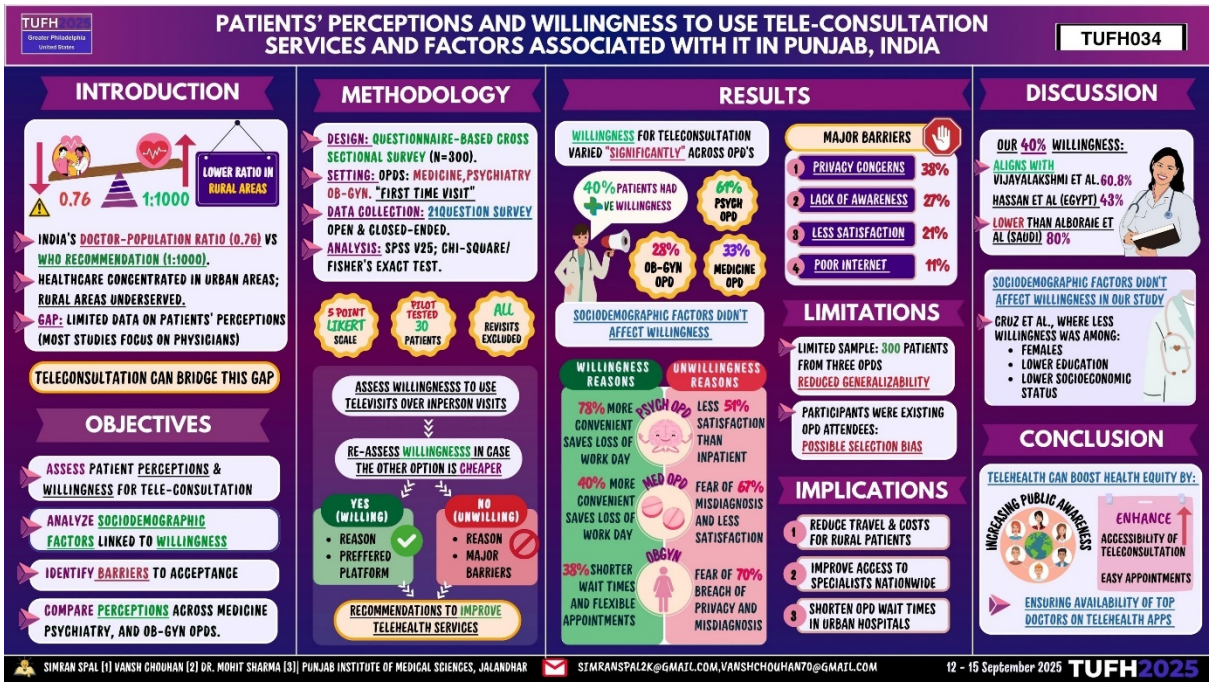
Country: India

TUFH ID: TUFH34

Abstract

Introduction: WHO recommends a doctor-population ratio of 1:1000, but India's ratio is 0.76:1000, lower in rural areas. Teleconsultation can help bridge this gap, but its adoption depends on patients' perceptions, which are less studied than physicians' views. Materials and Methods: A cross-sectional survey of 300 patients from Medicine, Psychiatry, and OB GYN OPDs used a self-administered, semi-structured questionnaire to assess demographics, willingness for teleconsultation, reasons for willingness/unwillingness, barriers, and suggestions. Results: Overall, 40% of patients were willing for teleconsultation, with significant differences across OPDs: 61% in Psychiatry, 33% in Medicine, and 28% in OB GYN. Willingness was unaffected by sociodemographic factors. Concerns varied—Medicine patients feared misdiagnosis, OB GYN patients worried about privacy, and Psychiatry patients reported lower satisfaction. Those willing in Medicine and Psychiatry cited time and work savings, while OB GYN patients preferred shorter wait times. Barriers included satisfaction and communication issues, with OB GYN patients additionally concerned about trust and privacy. Suggested improvements included better accessibility and appointment processes. Discussion: Our willingness rate (40%) aligns with Vijayalakshmi et al (43.6%) and Hassan et al (60.8%) but is lower than Alboraie et al (80%). Unlike Cruz et al, we found no sociodemographic association. Concerns about quality and privacy echoed previous studies. Conclusion: Our study reflects global trends

and highlights ongoing concerns about teleconsultation quality and privacy. Addressing these can enhance telehealth adoption for better healthcare access.



Advancing Gender Equity in Global Health: The Role and Impact of Women in Global Health (WGH)

Presenters: Aseel Magzoub

Organization: student network organization

Country: United Arab Emirates

TUFH ID: TUFH32

Abstract

Introduction: Women in Global Health (WGH) was founded in 2015 by four women with the same goal of empowering women. WGH has 58 chapters in 53 countries, with approximately 6,500 members and one thousand supporters in over one hundred countries. WGH has catalyzed a global network of national and regional chapters to engage women, especially those underrepresented in global health leadership from low- and middle-income countries, in decision-making at all levels. Methods: WGH focuses on four key areas: firstly, achieving equal representation in global health leadership; advocating for a new social contract for women health and care workers; promoting gender equity in health emergency preparedness and response; and advancing gender-responsive universal health coverage. Secondly, the organization builds its movement by connecting emerging women leaders globally, fostering dialogue through events and leadership workshops, promoting career advancement and mentorship, and equipping its network with tools and resources for action. Thirdly, the Gender Equity Hub aims to accelerate large-scale, gender-transformative progress to address inequities and biases in the health and social workforce. In 2020, designated the Year of the Nurse and Midwife, WGH honored midwives and nurses making significant contributions to global health. Conclusion: Overcoming challenges in these areas will have far-reaching benefits for women, strengthening health systems and reaching gender equity.

Advancing Gender Equity in Global Health: The Role and Impact of Women in Global Health (WGH)



INTRODUCTION

Women in Global Health (WGH) was founded in 2015 by four women with the same goal of empowering women. WGH has 58 chapters in 53 countries, with approximately 6,500 members and one thousand supporters in over one hundred countries. WGH has catalyzed a global network of national and regional

CONCLUSION

Overcoming challenges in these areas will have far-reaching benefits for women, strengthening health systems and reaching gender equity..

ADVOCATE

- Providing evidence, arguments and messages to challenge power and privilege in global health and leverage gender equity
- Crowdsourcing and sharing data, resources, tools, and templates for research and advocacy
- Streaming webinars by and for WGH members to better analyze the political environment (e.g., policies, financing, targets) and develop advocacy strategies
- Providing mentoring and coaching in strategy and communications (e.g., storytelling, policy briefs, digital mobilization) to effectively share stories, data, and expertise on gender
- Providing opportunities for WGH members and their allies to educate target decision-makers about gender through media, meetings, events, and publications

Aseel Magzoub aseelemad588@gmail.com

The Impact of Socially Accountable Medical Education Towards Physician Retention in Rural and Underserved Communities: A Literature Review

Presenters: Prattama Santoso Utomo

Organization: Universitas Gadjah Mada

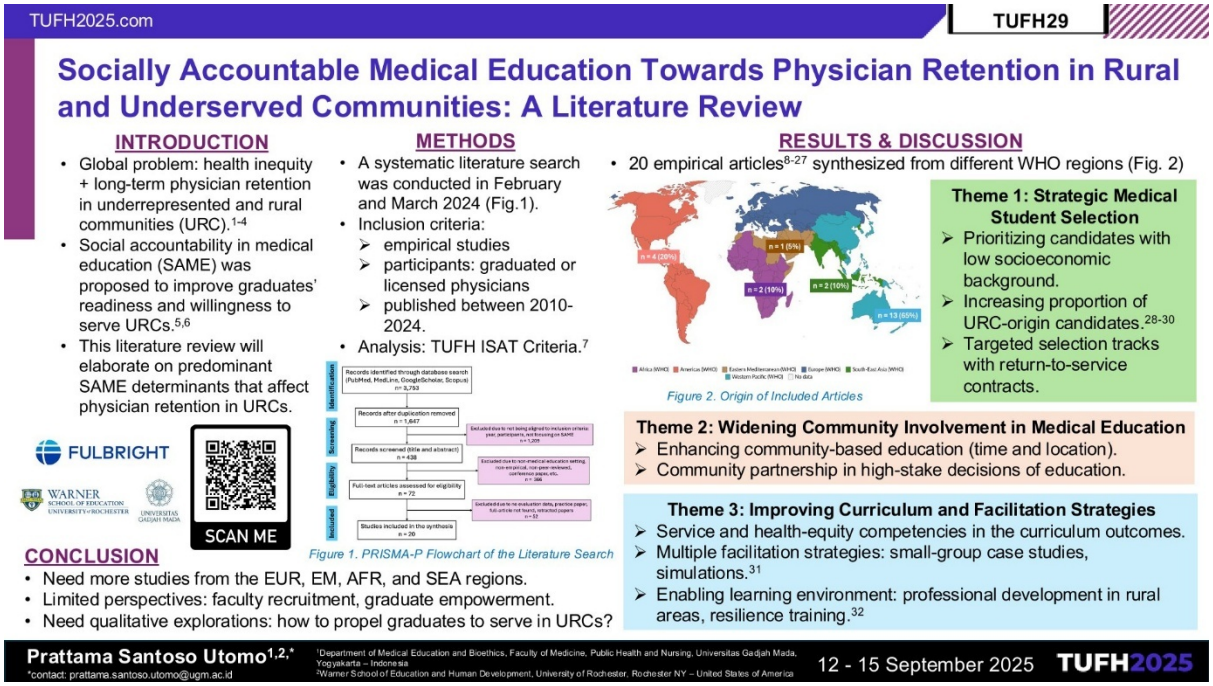
Country: Indonesia

TUFH ID: TUFH29

Abstract

Background: Countries are battling health inequity and long-term physician retention, particularly suffered by rural and underrepresented (i.e., minorities and marginalized) communities. WHO has proposed the implementation of social accountability in medical education (SAME) to connect all educational processes and designs to the community's needs as one of the possible solutions to improve medical graduates' readiness and willingness to serve in rural and underrepresented communities. This literature review will elaborate on predominant social accountability determinants that affect rural physician retention in underserved communities. Methods: A systematic literature search was conducted in February and March 2024. Included articles were empirical research articles evaluating physicians who have already graduated and are licensed, with a focus on retention in rural, underrepresented, and remote areas, which were published between 2010-2024. Results: 20 empirical articles from different countries were retrieved from the literature search using the inclusion and exclusion criteria, from almost all WHO regions. The article synthesis resulted in several SAME approaches to improve physician retention in rural and underserved communities, for instance, applying strategic medical student selection, widening community involvement in medical education, and improving curriculum and facilitation strategies. Conclusion: In order to improve future physician retention in

underserved areas, medical schools should consider admitting candidates with lower socioeconomic backgrounds from rural or underrepresented locations, conducting selection through special tracks and scholarships in collaboration with governmental and rural professional organizations, implementing CBE and community partnerships, and integrating health equity and social accountability contents in the curriculum facilitated using various appropriate learning approaches.



Community perspectives on the effectiveness of a sports fee waiver program

Presenters: Chinenyenwa Elile

Organization: University of Minnesota

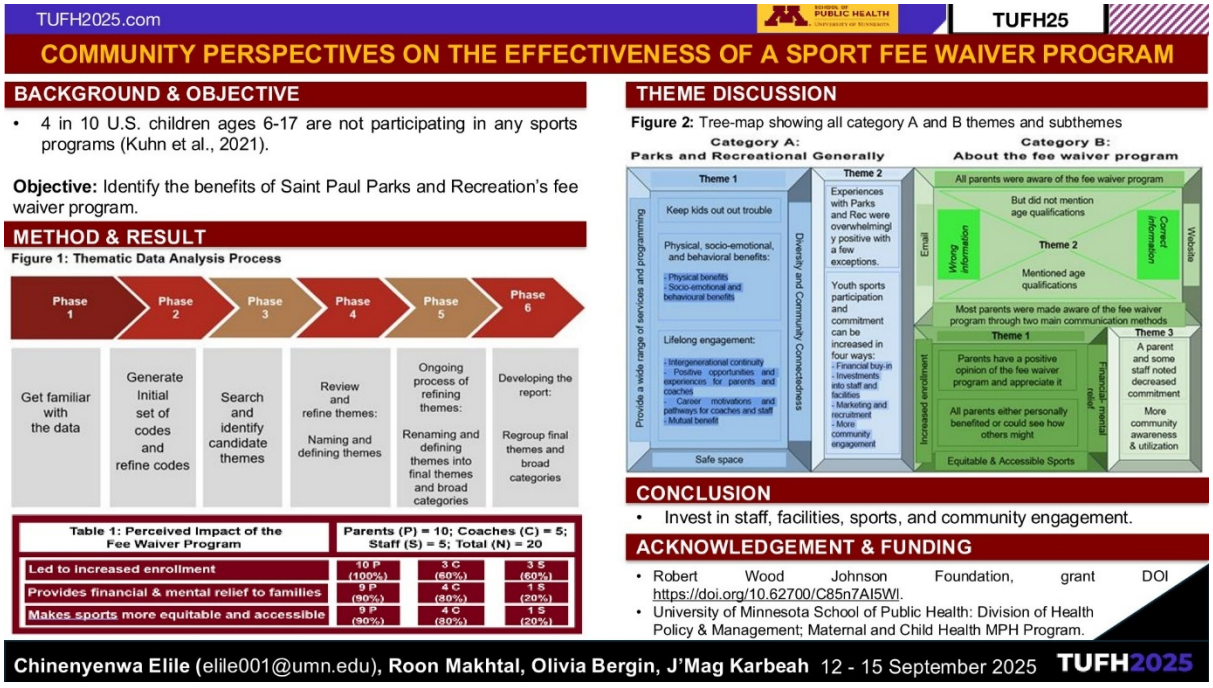
Country: United States

TUFH ID: TUFH25

Abstract

Background Parks and Recreation centers and sport programs play a large role in fostering healthy communities, especially amongst youth. This study analyzed the population health impacts of the elimination of youth sport fees in the city of Saint Paul, Minnesota. Method This qualitative study used semi-structured interviews with 20 key stakeholders (10 parents, 5 coaches, and 5 parks and recreation staff). Interviews were transcribed and reviewed for accuracy. A theoretical thematic approach was used to analyze the data. Results Respondents' comments fell into three themes: perceived impact of the waiver program; awareness of the details of the program; and criticisms of the program's effectiveness. The fee waiver program supported families with a majority (90%) describing being able to now participate in sports without financial and mental pressure. However, some parents and staff members believed that the fee waiver program led to decreased commitment among enrollees. While only 10% of parents believed this to be the case, most staff members (80%) stated that without a registration fee, there was no mechanism to ensure attendance and participation. Discussion The high level of awareness among parents signals that the program's roll out had been effective and well marketed. Assessments of the fee waiver program were mostly positive but not without criticism. Conclusion Our findings highlight the positive impacts of eliminating access barriers to youth sports. However, there are challenges that may arise from such initiatives, like

inconsistent attendance, that need to be carefully thought about and addressed.



Research Activities in the Student Network Organization

Presenters: Aseel Magzoub

Organization: university of Gezira

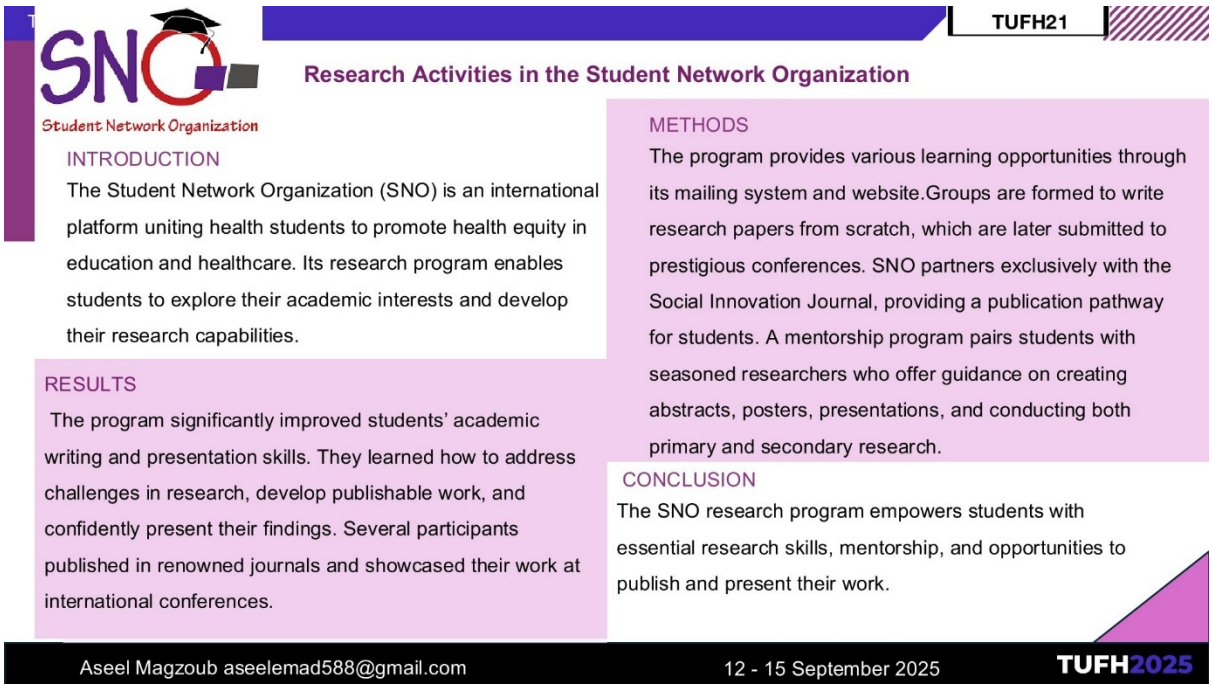
Country: United Arab Emirates

TUFH ID: TUFH21

Abstract

Introduction The Student Network Organization (SNO) is an international platform uniting health students to promote health equity in education and healthcare. By emphasizing intercultural and multidisciplinary collaboration, SNO aspires to build a foundation for universal healthcare. Its research program enables students to explore their academic interests and develop their research capabilities. Methods The program provides various learning opportunities through its mailing system and website. Students participate in activities such as journal clubs, peer reviews, and writing competitions, fostering collaboration and critical thinking. Groups are formed to write research papers from scratch, which are later submitted to prestigious conferences. SNO partners exclusively with the Social Innovation Journal, providing a publication pathway for students. A mentorship program pairs students with seasoned researchers who offer guidance on creating abstracts, posters, presentations, and conducting both primary and secondary research. Results The program significantly improved students' academic writing and presentation skills. They learned how to address challenges in research, develop publishable work, and confidently present their findings. Several participants published in renowned journals and showcased their work at international conferences. Writing competitions and peer activities honed their ability to produce quality research, while mentorship provided personalized support, often leading to co-authored projects. Certificates of Participation highlighted their accomplishments,

boosting their professional profiles. Conclusion The SNO research program empowers students with essential research skills, mentorship, and opportunities to publish and present their work. It builds a supportive community dedicated to advancing academic excellence and the vision of universal healthcare.



The Role of Religious Healers in Rural Communities

Presenters: Aseel Magzoub

Organization: university of Gezira

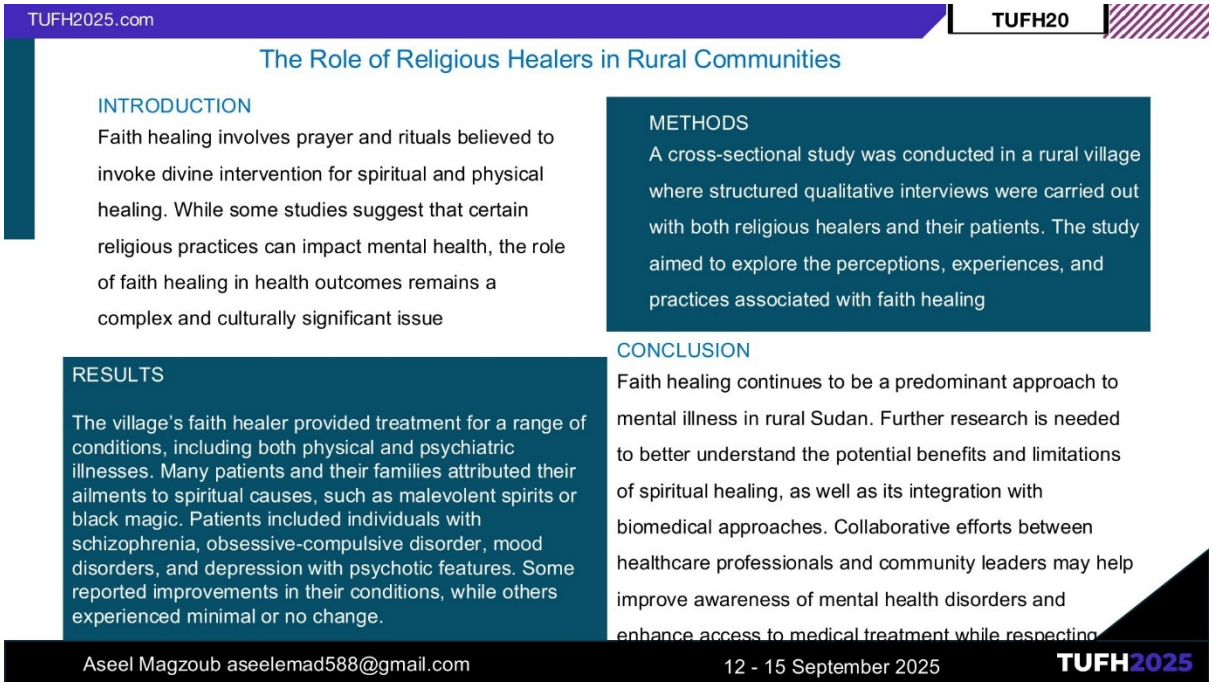
Country: United Arab Emirates

TUFH ID: TUFH20

Abstract

Introduction: Faith healing involves prayer and rituals believed to invoke divine intervention for spiritual and physical healing. It is often classified as a spiritual or supernatural practice, and in some cases, it intersects with cultural beliefs about illness and well-being. While some studies suggest that certain religious practices can impact mental health, the role of faith healing in health outcomes remains a complex and culturally significant issue. Methods: A cross-sectional study was conducted in a rural village where structured qualitative interviews were carried out with both religious healers and their patients. The study aimed to explore the perceptions, experiences, and practices associated with faith healing. Results: The village's faith healer provided treatment for a range of conditions, including both physical and psychiatric illnesses. Many patients and their families attributed their ailments to spiritual causes, such as malevolent spirits or black magic. Patients included individuals with schizophrenia, obsessive-compulsive disorder, mood disorders, and depression with psychotic features. Some reported improvements in their conditions, while others experienced minimal or no change. A significant number of patients were from backgrounds with limited formal education and often remained under the care of the faith healer for extended periods. Conclusion: Faith healing continues to be a predominant approach to mental illness in rural Sudan. Further research is needed to better understand the potential benefits and limitations of spiritual healing, as well as its integration with biomedical approaches. Collaborative efforts between

healthcare professionals and community leaders may help improve awareness of mental health disorders and enhance access to medical treatment while respecting cultural beliefs and traditions.



Zayed Charitable and Humanitarian Foundation: Aid for Sudanese Refugees

Presenters: Aseel Magzoub

Organization: university of Gezira

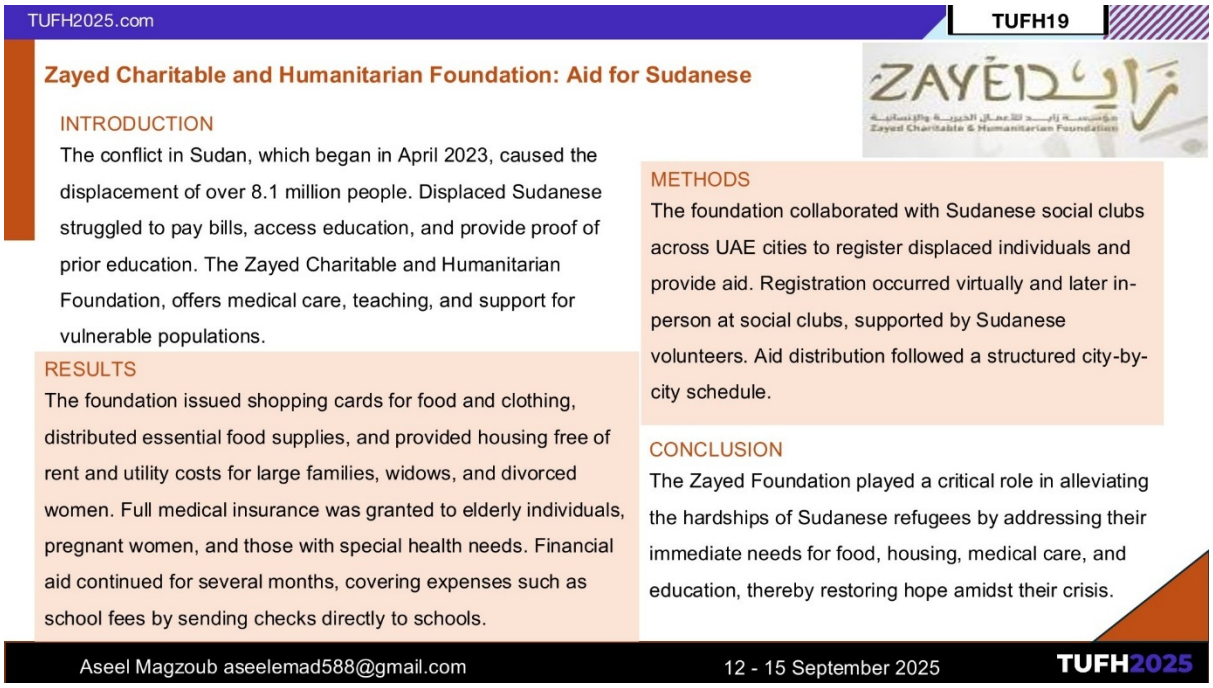
Country: United Arab Emirates

TUFH ID: TUFH19

Abstract

Introduction The conflict in Sudan began in April 2023, displacing over 8.1 million people. Many sought refuge in the United Arab Emirates (UAE), facing challenges such as lack of income, housing, and access to basic needs. Displaced Sudanese struggled with financial instability, education access, and proof of prior education. The Zayed Charitable and Humanitarian Foundation, named after Sheikh Zayed bin Sultan Al Nahyan, offers medical care, teaching, research, and support for vulnerable populations. Methods The foundation collaborated with Sudanese social clubs across UAE cities to register displaced individuals and provide aid. Registration occurred virtually and later in-person at social clubs, supported by Sudanese volunteers. Aid distribution followed a structured city-by-city schedule, leveraging existing community networks. Results The foundation provided shopping cards for food and clothing, essential food supplies, and free housing for large families, widows, and divorced women. Full medical insurance was granted to elderly individuals, pregnant women, and those with special health needs. Financial aid continued for several months, covering school fees through direct payments. Home visits ensured support for individuals unable to attend events. The foundation also extended assistance to low-income Sudanese already residing in the UAE. Conclusion This initiative maximized existing social strengths and empowered displaced individuals, fostering resilience rather than passive dependence. By addressing essential needs in a structured

manner, the program contributed to long-term stability. Such a community-driven approach could serve as a model for post-war reconstruction efforts in Sudan.



The Impact of War on The Psychological Status and Academic Performance of Medical Students at Sudanese Universities

Presenters: Awatif Abdalazim

Organization: Faculty of Medicine _ University of Gezira

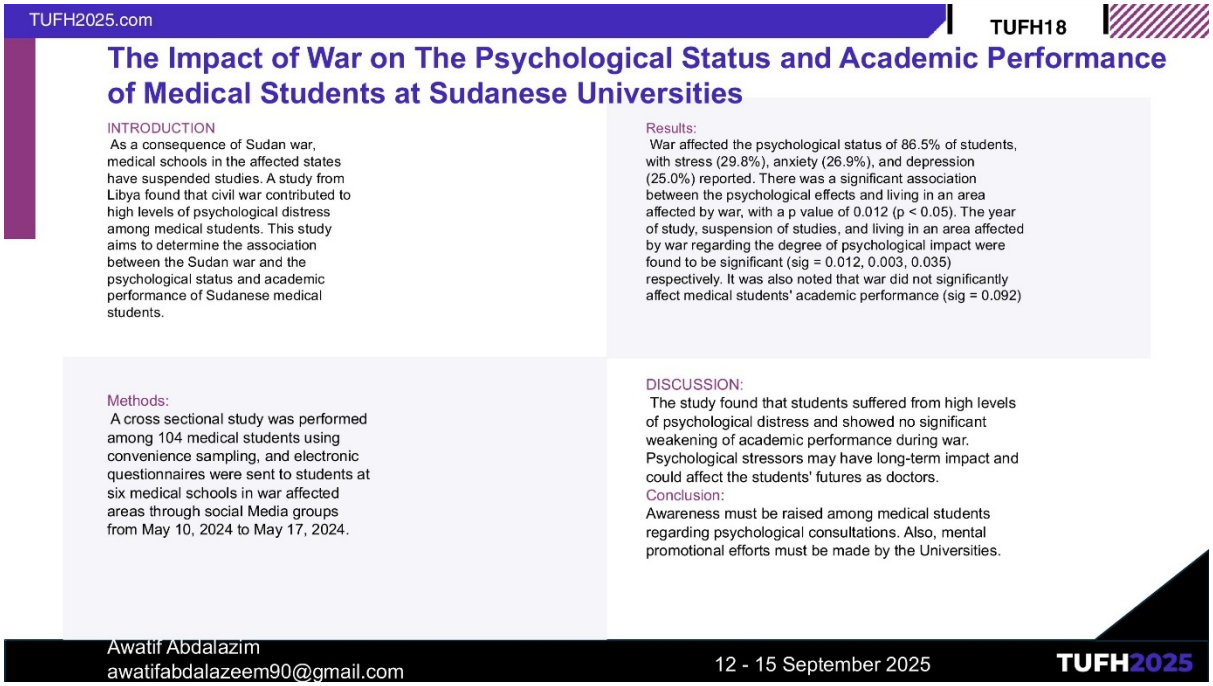
Country: Sudan

TUFH ID: TUFH18

Abstract

Background: As a consequence of Sudan war, medical schools in the affected states have suspended studies. A study from Libya found that civil war contributed to high levels of psychological distress among medical students. This study aims to determine the association between the Sudan war and the psychological status and academic performance of Sudanese medical students. Methods: A cross sectional study was performed among 104 medical students using convenience sampling, and electronic questionnaires were sent to students at six medical schools in war affected areas through social Media groups from May 10, 2024 to May 17, 2024. Results: War affected the psychological status of 86.5% of students, with stress (29.8%), anxiety (26.9%), and depression (25.0%) reported. There was a significant association between the psychological effects and living in an area affected by war, with a p value of 0.012 ($p < 0.05$). The year of study, suspension of studies, and living in an area affected by war regarding the degree of psychological impact were found to be significant (sig = 0.012, 0.003, 0.035) respectively. It was also noted that war did not significantly affect medical students' academic performance (sig = 0.092) Discussion: The study found that students suffered from high levels of psychological distress and showed no significant weakening of academic performance during war. Psychological stressors may have long-term impact and could affect the

students' futures as doctors. conclusion: Awareness must be raised among medical students regarding psychological consultations. Also, mental promotional efforts must be made by the Universities.



A policy in stignation: Inequaties in distribution of Emergency obstetric and neonatal care (EmONC) in Ghana

Presenters: Ephraim Kumi Senkyire

Organization: Ghana Health Service

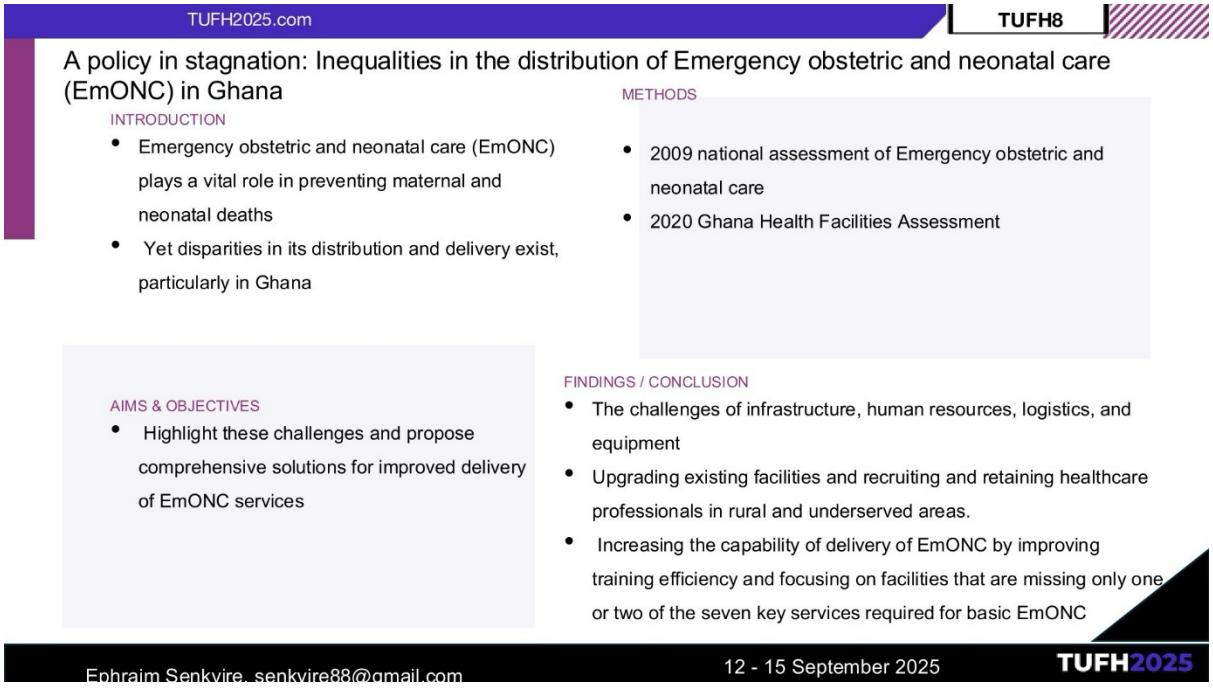
Country: Ghana

TUFH ID: TUFH8

Abstract

Introduction: Maternal health has been a focal point of global attention since the 1980s, with initiatives like Safe Motherhood, Millennium Development and Sustainable Development Goals aiming to improve the well-being of women and infants worldwide. Emergency obstetric and neonatal care (EmONC) plays a vital role in preventing maternal and neonatal deaths, yet disparities in its distribution and delivery exist, particularly in Ghana. This paper aims to highlight these challenges and propose comprehensive solutions for improved delivery of EmONC services. Method: The 2009 national assessment of Emergency obstetric and neonatal care document was reviewed with support from the ministry of Health and Ghana health service website. Results: An evaluation of EmONC facilities in Ghana highlighted the challenges of infrastructure, human resources, logistics, and equipment in meeting the World Health Organisation standards for EmONC within national, regional, rural, and urban health facilities Conclusion: Addressing these challenges requires comprehensive efforts to improve infrastructure, human resources, and supply chain logistic support.A two-pronged approach is recommended. One recommendation focuses on upgrading existing facilities and recruiting and retaining healthcare professionals in rural and underserved areas. The second recommendation calls for increasing the capability of delivery of EmONC by improving training efficiency and

focusing on facilities missing only one or two of the seven key services required for basic emergency obstetric and newborn care.



Nurse leaders' participation in policy development in Africa: a rapid review

Presenters: Ephraim Kumi Senkyire

Organization: Ghana health service

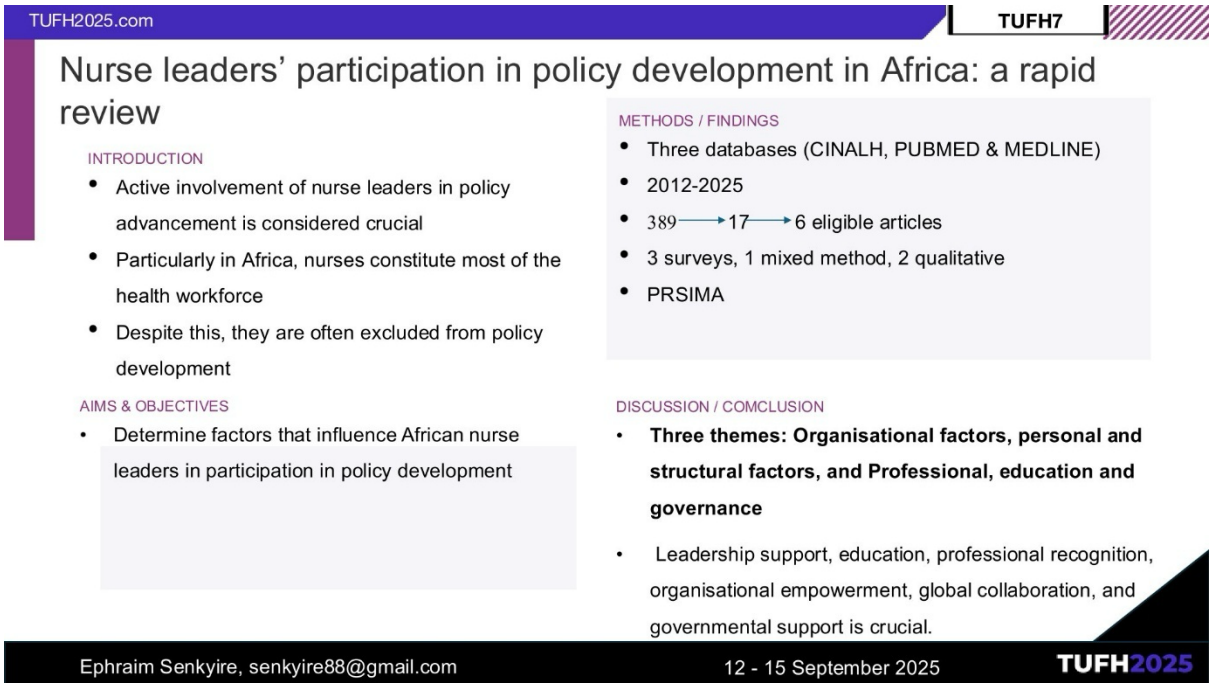
Country: Ghana

TUFH ID: TUFH7

Abstract

Introduction: In low-middle-income countries, nurses make up the greater part of the health workforce, where they are the healthcare professionals with constant interaction with patients. Despite this, they are often excluded from policy development. Active involvement of nurse leaders in policy advancement is considered crucial, particularly in Africa, where nurses constitute most of the health workforce. This review was conducted to determine factors that influence Africa nurse leaders in participation in policy development. Method: The databases CINAHL, PUBMED and MEDLINE were utilised to conduct a literature search to answer the rapid review question. The search parameters were adjusted to include only recent articles published from 2012 to 2023. The implemented search strategy yielded 389 articles. 17 articles were identified as suitable for full text screening. Refinement selection resulted in the inclusion of 6 articles: 3 Delphi surveys, 1 quantitative, 1 mixed-method and 1 qualitative study respectively. All studies went through the PRISMA stages. Results: The review reveals a spectrum of challenges and opportunities impacting nurse leaders' involvement in policy development. The main theme that emerged from the included studies was inequity/inequality in policy development. Four sub-themes were identified namely: individual, educational, professional, organisational, and governmental factors. Conclusion: Establishing targeted interventions such as leadership support, education, professional recognition, organisational

empowerment, global collaboration, and governmental support is crucial. By implementing these strategies, there is a potential to elevate the role of nurse leaders in policy development, contributing to a more robust and inclusive healthcare policymaking landscape in Africa.



Presented by:

Systematic review protocol on COVID-19 vaccine hesitancy among lactating People.

Presenters: Ephraim Kumi Senkyire

Organization: Ghana Health Service

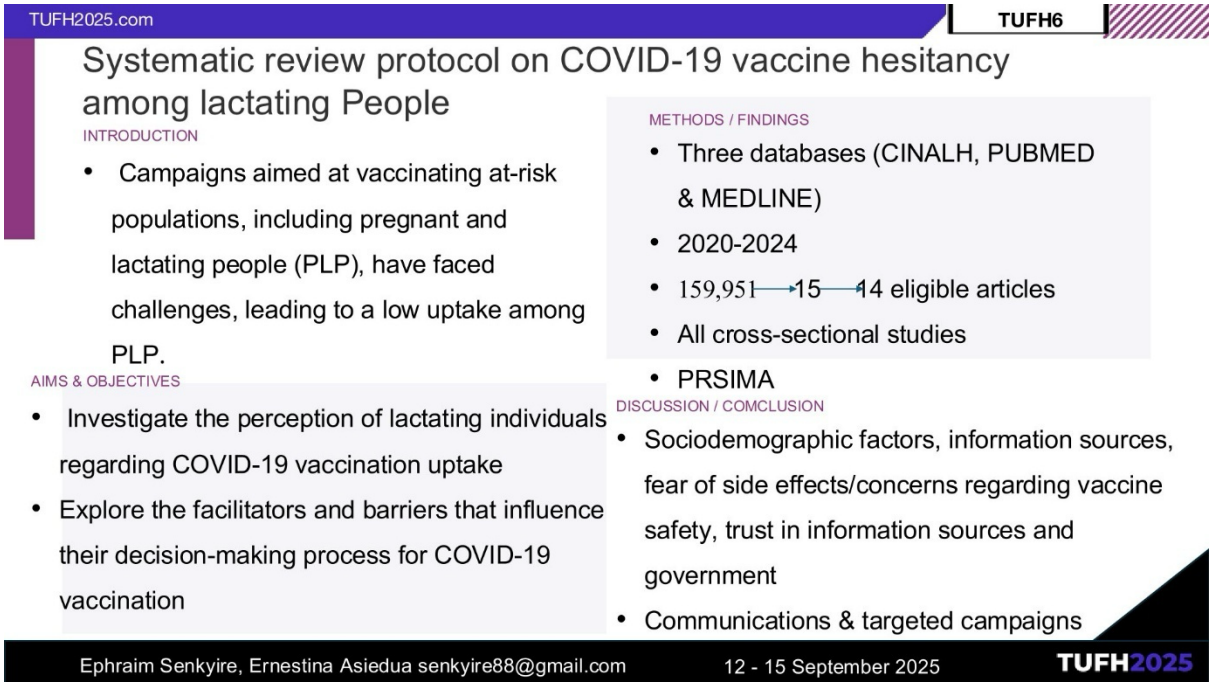
Country: Ghana

TUFH ID: TUFH6

Abstract

Introduction: Despite the importance of COVID-19 vaccination globally, campaigns aimed at vaccinating at-risk populations, including pregnant and lactating people (PLP), have faced challenges, leading to a low uptake among PLPs. This study aims to discover lactating people's perception of COVID-19 vaccination uptake and explore facilitators and barriers that inform their COVID-19 vaccination decision process. Methods: A systematic review of existing research on COVID-19 vaccine hesitancy among lactating women/people was conducted. This search was carried out via MEDLINE, CINAHL, and PubMed databases. The search utilised Medical Subject Heading (MeSH) terms and keywords to optimise results. The MeSH terms used include 'breastfeeding OR lactation', 'COVID-19 vaccine', and 'vaccination hesitancy', along with various iterations of these keywords. Boolean operators 'AND' and 'OR' were applied to expand the search scope. The search criteria were limited to recent articles published between 2020 and 2024, in English, and with available abstracts. Study selection adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, and study quality will be evaluated using the Appraisal Tool for Cross-sectional Studies. Results: Four main themes emerged from the examination of all the studies: Sociodemographic factors, information sources, fear of side effects/concerns regarding vaccine safety, trust in information sources and government. Conclusion: The findings indicate that promoting COVID-19

vaccination among this group requires addressing the determinants of vaccine hesitancy. This can be accomplished through clear communication and targeted campaigns, building trust in vaccine safety and effectiveness.



Beyond the Drug: The Value of Heart Failure Clinics in Optimizing Outcomes and Spending

Presenters: Ittipon Preechawettayakul

Organization: Songkhla medical centers/Princess Naradhiwas university

Country: Thailand

TUFH ID: TUFH290

Abstract

Background: Structured heart failure (HF) clinics have been developed to enhance care for patients with reduced ejection fraction through multidisciplinary management. However, data on their effectiveness in real-world, resource-limited settings,Äîparticularly where access to advanced therapies such as SGLT2 inhibitors or ARNI is restricted,Äîremain scarce. Objective: To evaluate the clinical outcomes and cost-effectiveness of HF clinic care and to compare these outcomes between patients treated with SGLT2 inhibitors or ARNI and those receiving non-SGLT2/ARNI-based guideline-directed medical therapy (GDMT). Methods: This retrospective study analyzed clinical and cost data from HF patients enrolled in a multidisciplinary HF clinic at a community hospital. Pre- and post-enrollment outcomes were compared using paired and independent t-tests. Subgroup analysis assessed differences between pharmacologic treatment groups. Cost-effectiveness was evaluated by comparing inpatient cost savings with outpatient care costs. The incremental cost-effectiveness ratio (ICER) was calculated per HF hospitalization avoided. Results: HF clinic enrollment significantly reduced hospitalizations (from 1.4 to 0.5 per patient; $p < 0.001$) and improved functional and biomarker parameters (6MWT, LVEF, NT-proBNP). No significant differences were observed between SGLT2/ARNI and non-SGLT2/ARNI groups. The mean ICER was 19,885 THB per admission avoided. Outpatient costs exceeded inpatient savings, resulting in a modest

net increase of 2,525 THB per patient. Conclusion: In remote community hospitals with limited access to advanced HF medications, multidisciplinary HF clinic care can significantly improve outcomes and reduce hospitalizations, offering a cost-effective strategy even without access to newer pharmacologic agents.

TUFH290

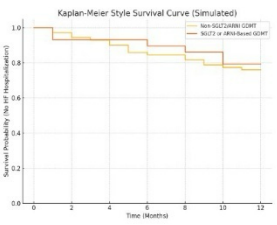
"Beyond the drug: The value of Heart failure clinics in Optimizing Outcomes and Spending"

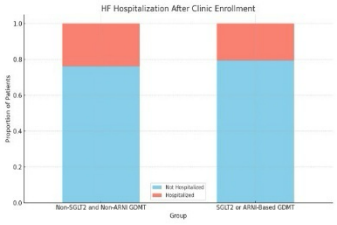
Background: Structured heart failure (HF) clinics are designed to optimize care for patients with reduced ejection fraction through multidisciplinary intervention. **Objective:** *To evaluate clinical outcomes and cost-effectiveness.*

Parameter	Before Enrollment (Mean ± SD)	After Enrollment (Mean ± SD)	*P-Value*
6MWT	227.9 ± 84.4	285.4 ± 102.5	*0.0013*
LVEF	28.3 ± 9.4	33.7 ± 11.2	*0.010*
NT-proBNP	955.3 ± 1325.9	211.5 ± 204.7	*0.0545*

Metric	Value (THB)
Mean ICER (THB per admission avoided)	19,884.51
Median ICER (THB per admission avoided)	12,219.00
Minimum ICER	2,492.50
Maximum ICER	165,496.00

Method: retrospective study, outcomes were compared using independent t-test. Cost-effectiveness was calculated based on incremental cost-effective ratio (ICER). A Kaplan-Meire-style survival analysis was performing using simulated event times.





Conclusion: HF clinic care substantially improves clinical outcomes and reduces hospitalization, with acceptable cost-effectiveness. Benefits appear consistent across pharmacologic subgroups.

Author: Ittipon Preechawettayakul, MD. Songkhla hospital, Songkhla province, Thailand

Presented by:

Teaching health systems sciences for medical residents: The case of Yekatit 12 hospital medical college, Ethiopia.

Presenters: Fantu Abebe

Organization: Ministry of health-Ethiopia

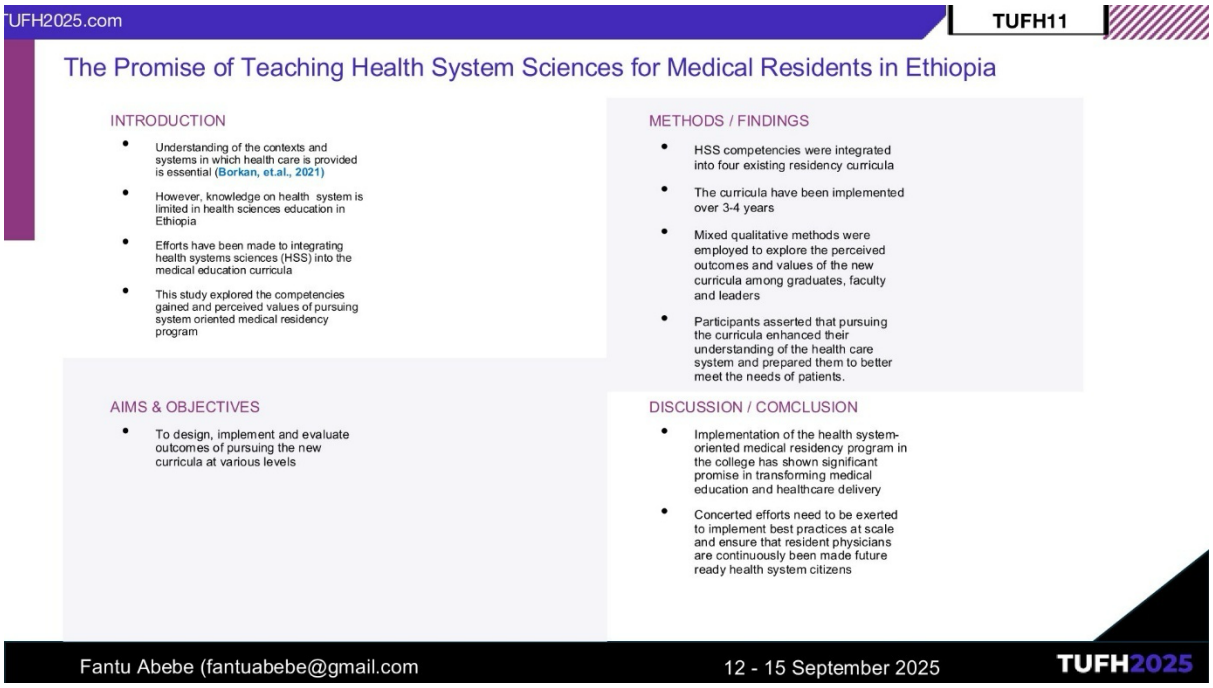
Country: Ethiopia

TUFH ID: TUFH11

Abstract

Background The continuous evolution of the healthcare system demand clinicians to embody a holistic mindset and practicing in a manner that is team based, collaborative, and attuned to the broader health system landscape surrounding patients' and population health. However, medical residency programs remained anchored in a doctor patient dyad and the emphasis to a broader contextual understanding of the health system is limited in Ethiopia. Objective To share the design and implementation of system oriented medical residency programs in Yekatit 12 hospital medical college. Methods New competencies, including systems thinking, leadership, health financing, value based care and quality improvement were integrated to the four residency curricula. Interactive presentation, case based discussion, clinical audit and application of quality improvement projects are the methods employed. Fifteen participants, including residents, graduates, faculty and academic leaders were purposively selected and interviewed. In depth interviews were audio recorded, transcribed verbatim, coded and analyzed thematically. Results Physicians perceived that pursuing the curricula enhanced their understanding of the healthcare system and prepared them to better meet the current and future needs of patients and the health system. Leaders and faculty asserted that developing those competencies foster significant skills in transforming service delivery and truly drive a new professionalism in the healthcare system. Conclusion

Implementation of the health system oriented medical residency program in the college has shown significant promise in transforming medical education and healthcare delivery. Implementing the approach at scale is imperative to ensure that physicians are future ready health system citizens.



Presented by:

Trust, Tech, and Teaching: Integrating AI Literacy into Socially Accountable Medical Education

Presenters: Rabia Khan

Organization: University of New South Wales

Country: Australia

TUFH ID: TUFH137

Abstract

Artificial intelligence (AI) is rapidly transforming healthcare delivery, from diagnostics to decision support. However, most medical and health professions curricula remain ill equipped to prepare students for the ethical, social, and clinical challenges posed by AI. This interactive workshop equips educators and health professionals with foundational AI literacy concepts and practical strategies to embed them into socially accountable health education.

Participants will explore the importance of AI literacy as a core competency for future clinicians and public health leaders, particularly in relation to trust, equity, and community impact. The session draws on the Stanford AI Literacy in Higher Education framework and includes adapted examples for health settings. Through interactive discussions, case studies, and reflective exercises, participants will engage with real-world scenarios where AI intersects with bias, clinical decision-making, and patient trust.

By the end of the session, participants will:

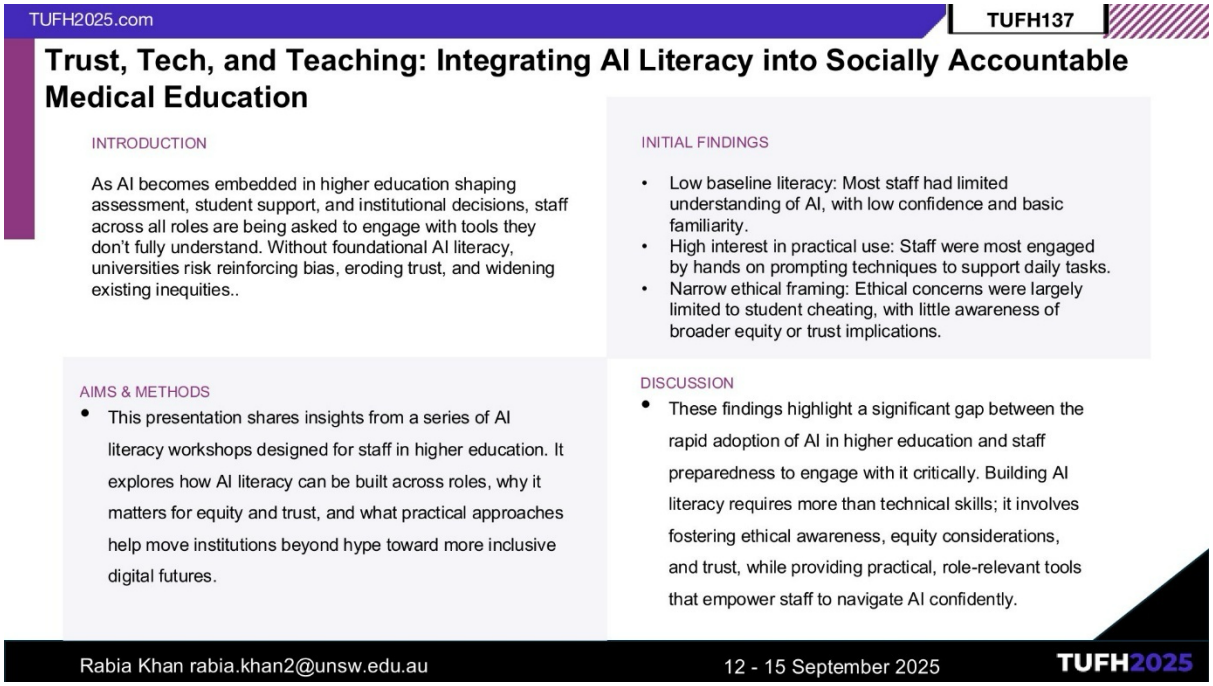
,Äȼ Understand key concepts in AI literacy, including algorithmic bias, explainability, and ethical AI use in healthcare.

,Äȼ Identify teaching opportunities and curricular gaps in their own settings related to AI and data literacy.

,Äȼ Gain practical tools and strategies for integrating AI-related content into clinical, public health, and interprofessional education.

,Äȼ Reflect on how AI literacy connects to broader goals of social accountability, health equity, and community trust.

This session is designed for educators, curriculum developers, and practitioners seeking to future-proof medical education while advancing equity and accountability in the digital health era.



Rebuilding Trust Where It Matters: Community Organisations and Health Engagement in Marginalised Populations

Presenters: Rabia Khan

Organization: Univeristy of New South Wales

Country: Australia

TUFH ID: TUFH135

Abstract

Background: The COVID-19 pandemic exposed and deepened existing trust deficits between public health systems and marginalised communities. In the face of uncertainty, misinformation, and institutional neglect, community organisations emerged as critical actors in facilitating health engagement and rebuilding trust. This study investigates how these organisations supported marginalised communities in Greater Sydney during and after the pandemic. Methods: Drawing on ethnographic fieldwork conducted over 12 months, the study combines in-depth interviews with staff from community organisations, and local leaders, alongside participant observation at community events. This immersive approach allowed for a nuanced understanding of everyday trust-building practices and relational dynamics. Data were analysed thematically with attention to context, cultural meaning, and lived experience. Results: Community organisations acted as cultural brokers and trusted messengers, embedding health messages within familiar, community-led spaces. Trust was cultivated through relational practices - consistency, cultural alignment, emotional support, and practical assistance. Participant observation revealed who attended these events, highlighting the importance of accessibility and relevance to local communities. It also highlighted how language, both verbal and symbolic, either reinforced inclusion or subtly reinforced "us and them" dynamics. Trust-building in this context reframed individuals and communities as active partners rather than

passive recipients, advancing the principle of resilient communities. Conclusions: This research highlights the critical role of community organisations in enabling public health engagement through everyday acts of trust-building. Ethnographic insights reinforce the need for public health strategies to move beyond transactional models and invest in long-term, community-embedded relationships.



UNAM Adopt a Community Program

Presenters: Ana Carolina Sepúlveda Vildósola

Organization: Universidad Nacional Autónoma de México (UNAM)

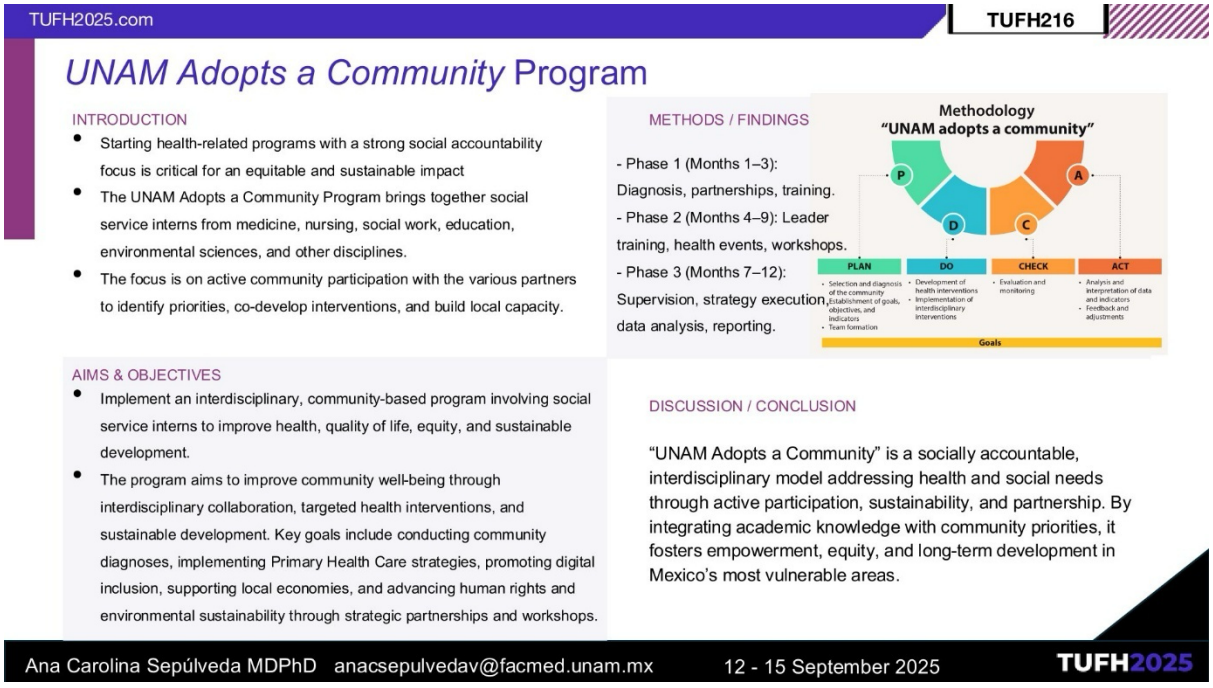
Country: Mexico

TUFH ID: TUFH216

Abstract

The National Autonomous University of Mexico (UNAM) created the ¨UNAM Adopt a Community Program¨ conceived with the firm purpose of generating a positive and lasting impact in the most vulnerable communities. It is based on an interdisciplinary and integral approach to impact rural community development through a combination of medical, educational and social interventions. The goal is to empower communities to become active agents of their own health and well-being. The program began in August 2024 with medical social service students who conducted a health diagnosis and fair in Temascalapa, State of Mexico. From this, lines of action were defined, all founded upon social accountability: primary health care (ie. nursing, obstetrics, dentistry, psychology, veterinary medicine and social work); socioeconomic development (ie. administration, law, economy); innovation and technology (ie. biomedical civil and computer engineering); strengthening communities (ie. social work, anthropology, community development on ageing); sustainability (ie. urbanism, biology, environmental engineering); equality (ie. law, sociology); strengthening of architecture (ie. architecture, civil engineering) and solidarity and cofinancing (ie. foundations, government, industry). Stakeholder collaboration is crucial and played on an international, national, state and local level as well as through the private and public sector. Choosing the actors and establishing the workflow is central to its success. These new interactions and their impact on

the community will be measured, monitored and evaluated to allow for continual improvement.



Global Health Interconnectedness : Building the future through Intercultural collaboration of Young Professionals.

Presenters: Levy Channel Baratambutsa

Organization: Hope Africa University

Country: France

TUFH ID: TUFH



Abstract

In our rapidly changing world, the intersection of health and equity is more critical than ever, especially in rural communities facing unique challenges and opportunities.

This presentation examines gaps between rural areas in high-income countries (HICs) and low-income countries (LICs), continuing the dialogue from Ubuntu 2024. Despite different contexts, both share struggles around access to care, workforce shortages, and social determinants impacting health outcomes.

Presented by:

We'll share examples of innovative policies, sustainable systems, and creative solutions that have emerged in both settings, highlighting how LIC experiences in doing more with less can inspire HICs, and how resources and technology from HICs can support LICs.

Our goal is to identify mutual strengths and strategies that foster a sustainable and equitable rural health future. By learning from one another, we can bridge global gaps and improve health equity for rural populations everywhere.

The TUFH Center of Excellence at Ege University Faculty of Medicine:

A Legacy of Innovation and Potential for Health Equity in Türkiye

Presenters: Nilufer Demiral Yilmaz

Organization: Ege University Faculty of Medicine Department of Medical Education

Country: Turkiye

TUFH ID: TUFH310

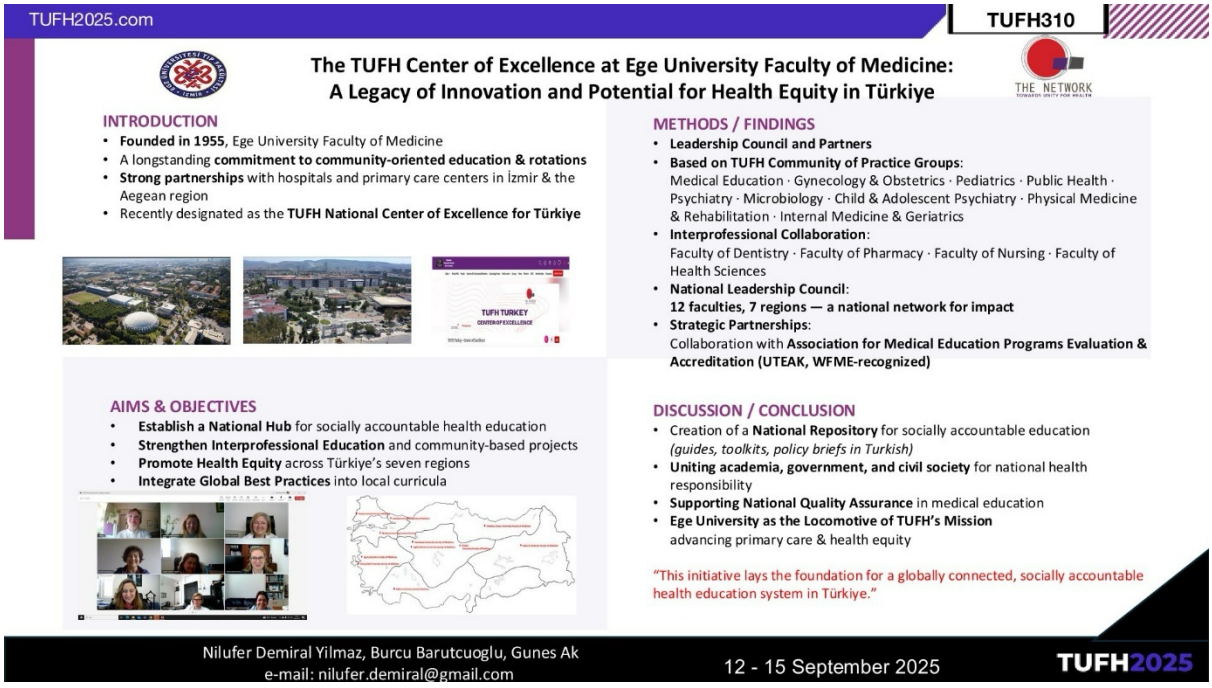
Abstract

Ege University Faculty of Medicine has been designated as the national TUFH Center of Excellence for Türkiye, reflecting its pioneering history, academic strength and commitment to community health.

Since its founding in 1955, the Faculty has integrated community-oriented rotations into its curriculum and developed robust partnerships with regional hospitals and primary care centers across İzmir and the Aegean region. As the coordination hub for TUFH's 2025 Excellence Program, Ege University will convene a National TUFH Leadership Council—including representatives from twelve medical and health sciences faculties across Türkiye's seven geographical regions, and the Turkish Medical Association—to drive collaborative curriculum development, community-health projects and policy recommendations. Leveraging its international networks and exchange programs, the University will channel global best practices into Türkiye and showcase locally developed models—such as community-based projects—through TUFH's working groups, including Interprofessional Education and the Social Accountability. The Center will also serve as a national repository for literature, educational materials and policy briefs on socially accountable health, education, providing Turkish-language guides and toolkits for universities. By mobilizing academic, governmental, civil

society and private sector partnerships, Ege University will foster large-scale social-responsibility initiatives—ranging from health screenings in underserved neighborhoods to policy advocacy for preventive care. Moreover, in collaboration with the Association for Medical Education Programs Evaluation and Accreditation—WFME-recognized agency established in July 2010—the Center will support quality assurance in undergraduate medical education nationwide.

Through these multifaceted efforts, Ege University will act as the locomotive for TUFH's mission, advancing health equity and strengthening primary care across Türkiye.



Reimagining Supervision: A Participatory Pathway to an Interprofessional Model

Presenters: Luzaan Africa

Organization: University of the Western Cape

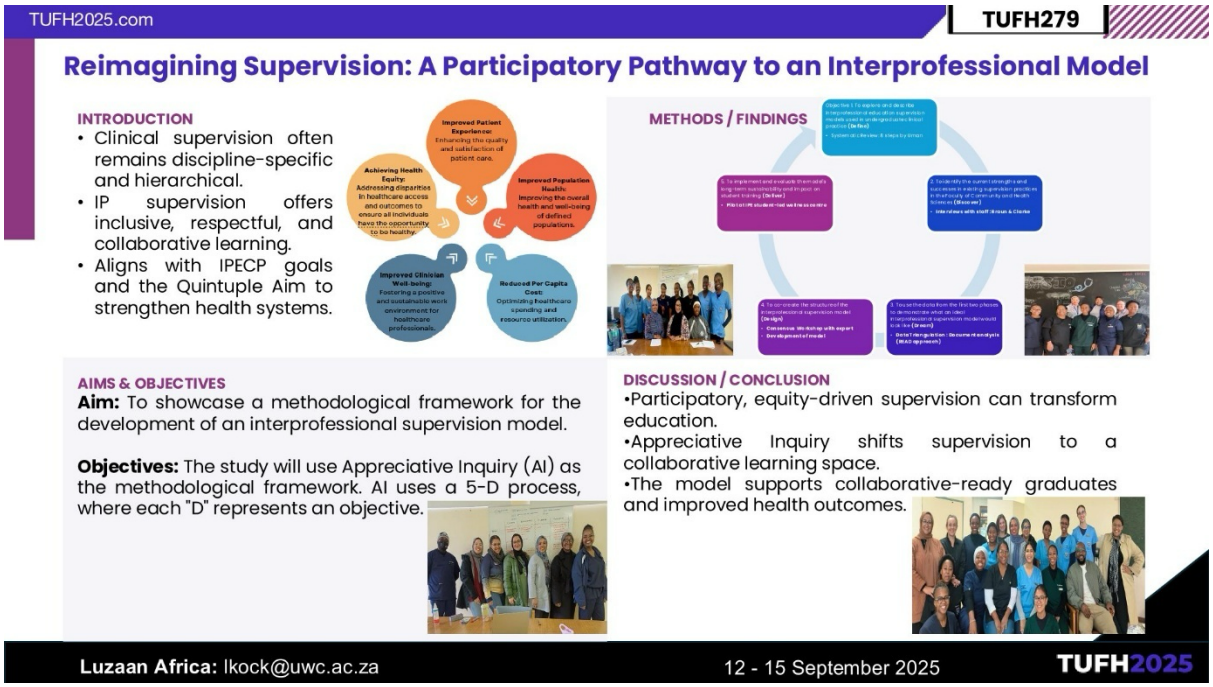
Country: South Africa

TUFH ID: TUFH279

Abstract

Background: Access to quality health care begins with equitable training for future professionals. Yet, undergraduate clinical supervision often remains within disciplinary siloes, reinforcing hierarchies, limiting the development of collaborative ready graduates. This study reimagines supervision as an inclusive, equity oriented space by developing an interprofessional supervision model. Methods: A participatory qualitative design is employed using the Appreciative Inquiry framework. This five phase process—Define, Discover, Dream, Design, and Deliver—engages a broad spectrum of stakeholders, including students, academic and clinical supervisors, and institutional leaders. Data will be collected through semi structured interviews, focus groups, and co creation workshops. Rather than focusing solely on deficits, the AI approach seeks out strengths, aspirations, and existing good practices, using these toco develop an interprofessional supervision model. Anticipated Results: The research is expected to yield a theoretically robust and practically responsive supervision model that promotes interprofessional collaboration, nurtures equity in supervision, and strengthens links between education and service delivery. By involving multiple stakeholders in the design process, the model will reflect both the structural challenges and the aspirations for supervision that supports collaborative, community engaged health care. Conclusion: This methodology offers more than a tool for model development. It is itself an act of reframing access to health. By centring

participation, voice, and mutual respect, Appreciative Inquiry enables the co creation of supervision practices that prepare graduates to work across disciplines and power structures. The model is anticipated to contribute to the development of collaborative ready graduates, ultimately improving health outcomes for communities.



Enhancing Community Access to Health Resources through Student-Driven Mapping and Engagement in Bajo Boulogne, Argentina

Presenters: Mariano Granero

Organization: Hospital Italiano de Buenos Aires

Country: Argentina

TUFH ID: TUFH239

Abstract

Limited access to health resources remains a persistent challenge for many communities, often due to a lack of infrastructure or funding. However, in some cases, the problem lies not in the absence of resources, but in the community's limited awareness of their existence. This was the case in Bajo Boulogne, a neighborhood on the northern area of Buenos Aires, Argentina. A group of undergraduate medical students from the Community-Oriented Primary Care program at the University of the Hospital Italiano collaborated with a local parish-based educational support center to identify and systematize existing health resources in the area. Through participatory activities and community engagement, the team co-created an accessible map of local health services and organized informational sessions to promote their use. As a result, community members began to actively engage with these resources, leading to increased utilization and a higher level of satisfaction with available health services. This initiative highlights the potential of socially accountable education and student-community partnerships to drive simple but meaningful and effective health innovations from within the community.

Enhancing Community Access to Health Resources through Student-Driven Mapping and Engagement in Bajo Boulogne, Argentina

INTRODUCTION

- Bajo Boulogne: disadvantaged neighborhood in wealthy San Isidro (Greater Buenos Aires)
- Main challenges: limited access to health care, unemployment, violence, insecurity, substance use
- Despite many resources existed, most remained unknown and underutilized.

WHAT WAS DONE

10 medical students worked weekly for 3 years in a local educational support center.

Shifted coursework from the university → to the community.

Activities included:

- Dengue prevention campaigns.
- Workshops on violence, emotional regulation, communication.
- WhatsApp health Q&A group with families.
- "Health Olympics" for children.
- ***Discovery: families unaware of nearby health services.***
- **Intervention: creation of a Resource Guide (Recursero) mapping health-related services (health centers, pharmacies, mental health centers, "tarjeta ciudadana").**

RESULTS

- 20+ resources identified and shared with families.
- Increased use of local services; providers reported more patients.
- Families accessed new workshops, courses, and health care closer to home.
- Empowerment: community became active participants.
- Students: gained situated, practical learning; developed empathy, humility, and awareness of accessibility/acceptability.
- Partnerships built with universities & residency programs for sustainability.

FINAL REFLECTIONS

Meaningful health innovation does not always require new infrastructure or technology, but can emerge from reorganizing and making visible what already exists. It also shows how socially accountable education can contribute to both student learning and community well-being.

Universidad del Hospital Italiano

Mariano Granero - graneromariano@gmail.com

Presented by:

THE NETWORK TOWARDS UNITY FOR HEALTH

Woods SYSTEM OF CARE

Mollie Woods Hare Global Center of Excellence

Trust and the Partnership Pentagram Plus framework

Presenters: Joanne Ong

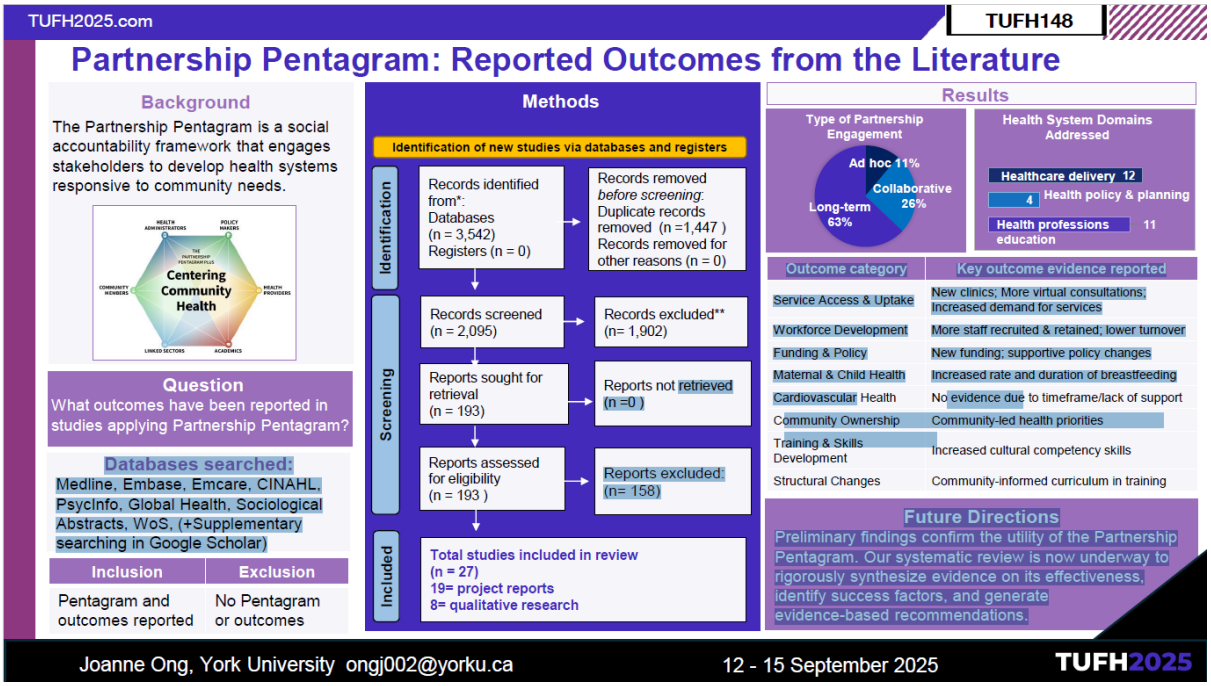
Organization: York University

Country: Canada

TUFH ID: TUFH148

Abstract

Background: Globally, effective health services systems rely on strong partnerships among health care system partners. The Partnership Pentagram Plus (PP+) approach is a partnership model originally developed in 1995 for medical schools. The contemporary version of PP+, however, can be viewed as a social network that brings together policymakers, health professionals, health administrators, academic institutions, industry and nonprofit organizations, and communities for socially accountable health system transformation. The nature of these relationships may be conceptually complex as well as time and context dependent. Methods: In this study, we examine the relationships across all partners from the perspective of trust. Our objective is to identify trust enablers and barriers reported in grey and peer-reviewed literature by those who have used the PP+ approach. If necessary, we may also identify key individual experts for additional interviews. Results: We aim to understand (1) how and why some health partners are more trusted than others and (2) what various levels of trust "look or feel like" for different health partners. Conclusion: Over time, our goal is to develop a theoretically robust, validated, and measurable psychometric construct of trust to inform the design, implementation, and evaluation of socially accountable health systems.



Understanding the process: The development of a global survey

Presenters: Ghislaine Attema

Organization: The Network TUFH

Country: Canada

TUFH ID: TUFH320

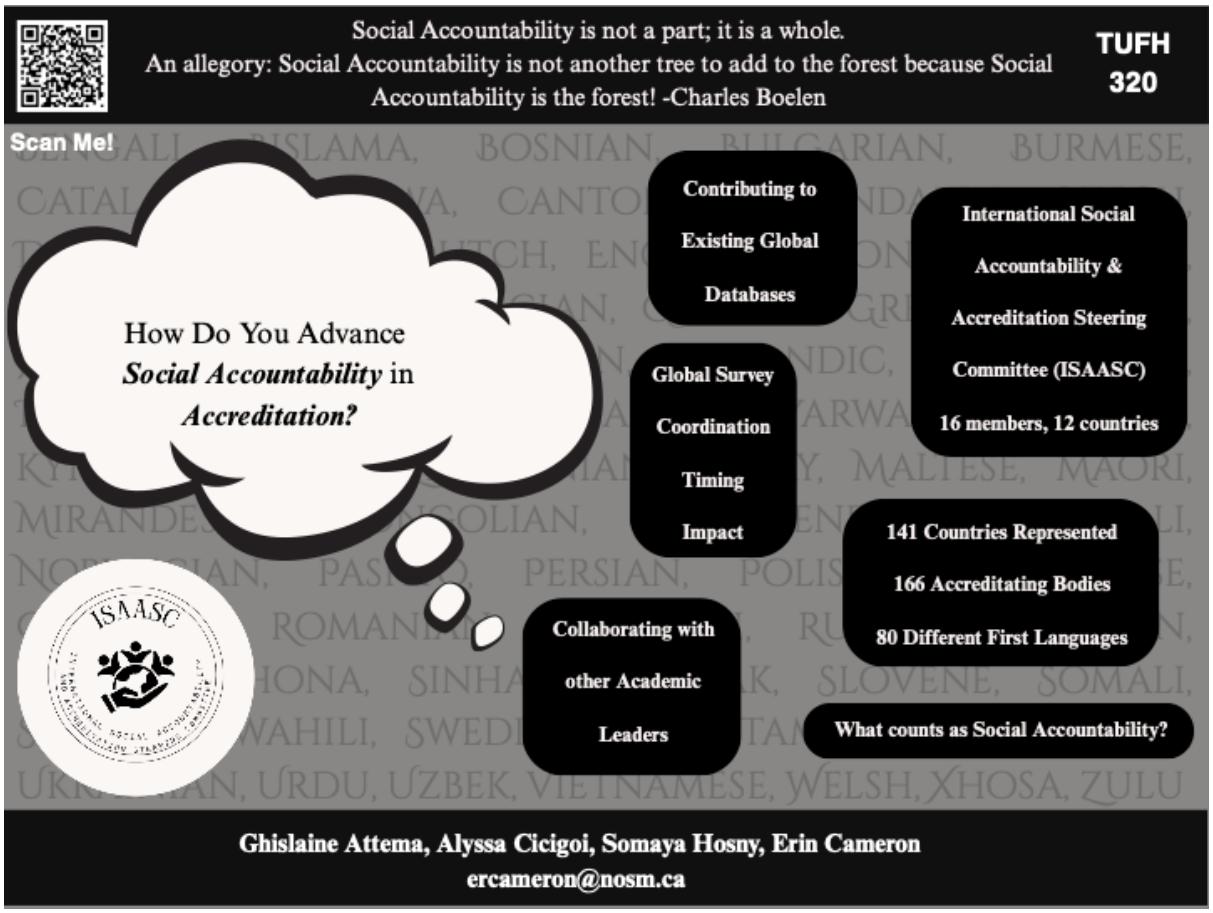
Abstract

This presentation highlights the development process of a global survey aimed at understanding how accreditation bodies for medical and health-focused schools worldwide incorporate social accountability into their standards, criteria, and processes. Rather than focusing solely on survey content, this presentation emphasizes the iterative and reflexive practice approach that shaped the creation.

The survey was developed through a participatory process led by the International Social Accountability and Accreditation Steering Committee (ISAASC) - a global group of 16 members representing 12 countries. The

design was informed by best practices, a systematic review of global survey tools, and early findings from a newly generated database of country-specific accreditation practices. Foundational input also came from an earlier workshop at the International Congress on Academic Medicine (ICAM), where key themes and ideas emerged that helped shape the initial direction of the project. The development of the survey relied on a carefully curated and contentious design methodology that recognized the importance of relationality, language, and culture. This process involved deep reflection on the questions themselves; how they connect to power, systems, and equity in health education? Attention was given to the diverse health systems and cultural contexts of the respondents.

This presentation will share both the process and personal reflections of those involved in shaping the survey, illustrating how collaboration can foster tools that promote equity, accountability, and community responsiveness in global health education accreditation systems to improve health outcomes for all.



From Roadmap to Reality: Collaborating Across Systems to Advance Community and Planetary Health in Canadian Medical Education

Presenters: Aïda Bangoura

Organization: Association of Faculties of Medicine of Canada (AFMC)

Country: Canada

TUFH ID: TUFH308

Abstract

Climate change is an urgent and complex threat to health, disproportionately affecting vulnerable communities and ecosystems in Canada. In response, the Roadmap for Planetary Health and Sustainable Health Systems for Canadian Medical Professionals offers a coordinated strategy to integrate planetary health into medical education and healthcare systems. Grounded in Indigenous knowledge and equity frameworks, the roadmap calls for systemic collaboration and policy innovation to build climate-resilient, low-carbon, and socially accountable health systems. In 2023, the Association of Faculties of Medicine of Canada led a national survey and landscape analysis engaging medical schools, Indigenous leaders, faculty, and students to assess planetary health initiatives, identify barriers, and promote collective action. The process revealed enthusiasm alongside challenges such as lack of leadership, resources, curricular integration, and difficulty navigating institutional complexity. Despite this, efforts like faculty appointments, community partnerships, and student projects showed momentum. The roadmap,Äôs implementation framework supports shared governance, knowledge exchange, and policy alignment across institutions and with external partners. Authentic collaboration with Indigenous stewards and community leaders ensures planetary health actions reflect diverse worldviews and advance health

equity. Embedding policy and collaboration into medical education and professional development equips health professionals with the skills to address the climate crisis. This roadmap provides a holistic blueprint to transform health education and systems through partnership and shared purpose, advancing community and planetary health for present and future generations.

From Roadmap to Reality: Collaborating Across Systems to Advance Community and Planetary Health in Canadian Medical Education

Presented by: Dr. Joseph LeBlanc, VP, Social Accountability, AFMC and Aïda Bangoura, Manager, Social Accountability, AFMC

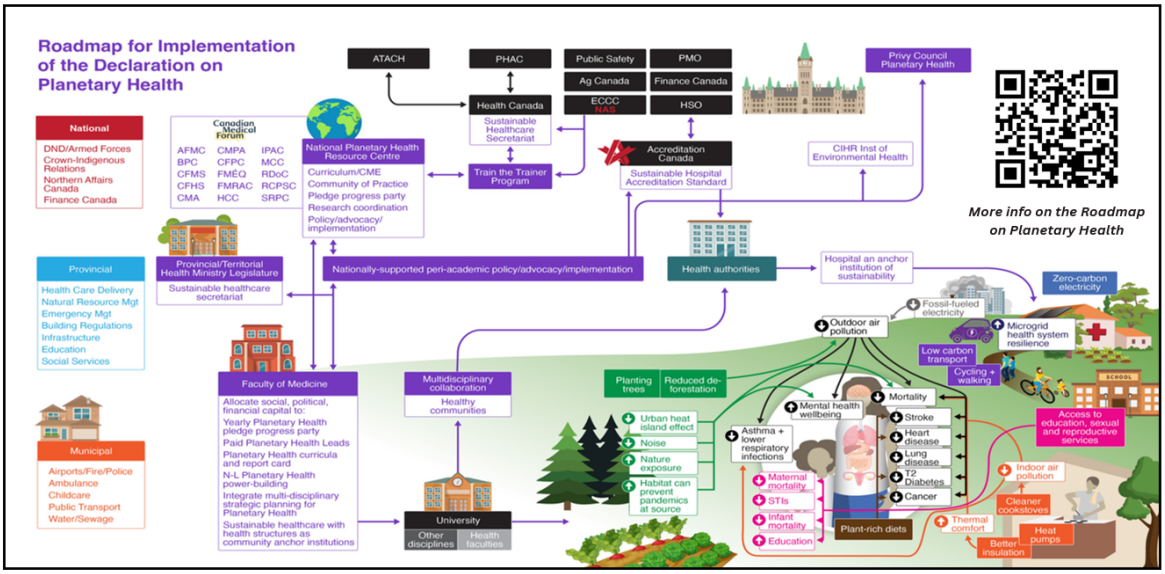


Image By: Dr. Courtney Howard and Sarah West

IDD/AUTISM SUMMIT AT TUFH 2025

Welcome to a **global Intellectual and Developmental Disabilities (IDD) & Autism Summit** at Woods System of Care in Langhorne, Pennsylvania in September. The Woods System of Care has partnered with The Network: Towards Unity for Health (TUFH), an official non state actor of WHO, and the Mollie Woods Hare Global Center of Excellence to reimagine and advance a vision of integrated and innovative healthcare for the IDD and Autism individuals locally and globally.

The IDD & Autism Summit, a dedicated two-day event within the larger conference, will explore bold, forward-thinking approaches to improving outcomes and quality of life for neurodivergent individuals—through whole-person care models, family-first strategies, and inclusive policy innovation.

SPEAKERS



Patrick Maynard, PhD

Dr. Patrick Maynard is a seasoned leader in publicly funded services and a champion of the social-entrepreneurial model—fostering collaboration, innovation, and improved outcomes for individuals with complex needs. With a background in psychology, he began his career as the country moved to deinstitutionalize mental health care. This shift sparked his passion for transforming systems rather than just treating individuals.

Over more than 30 years, Dr. Maynard has revitalized stagnant nonprofit organizations, helping them grow sustainably while staying focused on those they serve. Since becoming President and CEO of I Am Boundless, Inc. in 2015, he has led the organization from a $25 million local provider to a $90 million statewide network supporting thousands of children and adults with intellectual, developmental, and behavioral health challenges.

A native of Wooster, Ohio, Dr. Maynard holds degrees from The Ohio State University, Pepperdine University, and Ohio University, with post-doctoral studies at Harvard's Kennedy School. He is known not only for his strategic leadership but for the deep personal connection he maintains to Boundless' mission—often citing the transformative journeys of those served as his greatest reward.



Mark S. Wolff, DDS, PhD

Dr. Mark S. Wolff is the Morton Amsterdam Dean of the University of Pennsylvania School of Dental Medicine and a Professor in the Department of Preventive and Restorative Dentistry. He became the 12th Dean of the School in 2018 and is recognized as a celebrated teacher, globally engaged scholar, and experienced clinician. Before joining Penn Dental Medicine, Dr. Wolff served as a professor and chair of cariology and comprehensive care at the College of Dentistry at New York University (NYU), where he was also the senior associate dean for development and alumni relations. He earned his Doctor of Dental Surgery (DDS), PhD in Oral Biology and Pathology, and completed a General Practice Residency at Stony Brook University. Dr. Wolff has led numerous international research initiatives and oral health assessment programs. He designed, developed, and implemented a comprehensive curriculum on caries risk assessment and created dental information systems to help dental schools monitor patient risk across entire patient populations. He has served as the principal or co-investigator on various research projects funded by industry and the National Institutes of Health, focusing on topics such as dental caries, novel remineralizing agents, dental erosion, periodontal disease, dental materials, dentinal hypersensitivity, and dental

anxiety. Throughout his career, he has co-authored over 100 scientific papers, text chapters, and edited multiple textbooks. Dr. Wolff lectures worldwide and is a frequent consultant to industry. He began his dental career as a private practitioner, establishing a family practice that served patients with complex medical needs and individuals with disabilities of all ages. He is a lifelong advocate for people with physical, intellectual, and developmental disabilities and is also a respected dental educator.



Kion Glover, LAC, Ed.S

Kion Glover, LAC, Ed.S is a licensed mental health therapist and fashion model, specializing in anxiety, depression, and mental performance. With a client-centered and culturally sensitive approach, Kion uses evidence-based practices like CBT and mindfulness to support emotional healing. Kion is also a passionate advocate for mental health awareness in the entertainment and fashion industries, creating space for open dialogue around wellness and identity. Kion's dedication to advocacy is reflected in her mental health brand/podcast - The Creative's Mind. As both a therapist and a model, Kion brings a unique voice to the intersection of mental health, media, and representation.



Janet Somlyay, DNP, PMHNP, CPNP-AC/PC, PMHS, RN

Dr. Janet Somlyay is a nursing faculty at Rider University in Lawrenceville, New Jersey. She is nationally board certified as a psychiatric nurse practitioner (adult & family), pediatric nurse practitioner, and as a pediatric mental health specialist. Dr. Somlyay resides in Wyoming and has been a nurse for 41 years. A lifelong learner, she has graduated from multiple universities, including The College of New Jersey, University of Utah, University of Wyoming, Air Force School of Health Care Sciences, and Arizona State University. Dr. Somlyay also has a graduate degree as a perinatal clinical nurse specialist. She was a pediatric nurse practitioner in the Air Force and retired at the rank of Lt. Colonel. Dr. Somlyay then went on to specialize as a psychiatric nurse practitioner and nurse educator for the past 25 years. She teaches psychiatric nurse practitioner students with a focus across the life span as well as advanced practice nursing courses. Dr. Somlyay also teaches pediatric primary care to family nurse practitioner students. Her passion is improving the care of children and adults (and their families) with special needs and elevating the education of future advanced practice nurses to provide excellent evidence-based care to those they care for.



Kerry Magro, Ed.D.

Dr. Kerry Magro (Mah-grow) Ed.D. was nonspeaking till 2.5, diagnosed with autism at 4 and didn't speak in complete sentences until 7 years old. Today as an adult he is an award-winning autistic professional speaker, best-selling author and autism consultant to Netflix's Emmy-Award Winning Series 'Love on the Spectrum U.S'and the HBO series Mrs. Fletcher. His work also includes being hired as a writer for the PBS Kids new series 'Carl the Collector' featuring the TV Network's first-ever autistic main character.

He started professional speaking 14 years ago via the National Speakers Association after he fell in love with theater as a child to help with his social and communication skills. Today he has spoken at over 1400 events during that time include 2 TEDxTalks and a 'Talks at Google' presentation. In addition, Kerry is CEO & President of KFM Making A Difference, a nonprofit organization that hosts inclusion events and has provided 150 scholarships for autistic students for college and counting since 2011. He's provided 27 small business grants for small businesses that hire people with disabilities and has played Santa Claus for autistic and special needs children for the past decade to give them an opportunity to meet Santa in a sensory-friendly environment.

Kerry's best-selling books, Defining Autism From The Heart, and Autism and Falling in Love, I Will Light It Up Blue and his latest, Autistics on Autism, Supporting Your Autism Journey, and Santa Goes The Extra Mile for Children with Disabilities have reached Amazon Best-Seller Lists for Special Needs Parenting. His latest book was released on April 2, 2024, for World Autism Awareness Day!



Stacy L. Nonnemacher, Ph.D

Stacy L. Nonnemacher, Ph.D. is the Director of Cross-Systems Strategies for the National Association for State Directors of Developmental Disabilities Services (NASDDDS) where she is responsible for leading NASDDDS' efforts to support states in developing positive support models for people with dual diagnosis, medical complexity, multi system involvement, and other populations with complex support needs. Dr. Nonnemacher received her Ph.D. from Lehigh University and most recently served as the Clinical Director for Pennsylvania's Bureau of Supports for Autism and Special Populations in the Department of Human Services' Office of Developmental Programs. In this role, Stacy influenced, and informed policy and programmatic decisions related to state Medicaid programs focusing on clinical practices and behavioral science to affect change and create best practices in supporting people, their families, and other supporters. With over twenty-five years of experience in the field supporting children, adolescents, and adults in home, community, and school settings, Dr. Nonnemacher also conducted applied research and capacity building efforts embracing the application and replication of positive approaches.



Sabra Townsend, MS

Sabra Townsend, MS, is currently the Director of Operations for Jefferson Center for Autism and Neurodiversity. Prior to Jefferson, her experience includes a public health focus on community service to children with special

needs. She directed an AmeriCorps national service program, managed medical and nursing students who performed health assessments, and provided training to parents and professionals on topics including special education and everyday strategies for improved life outcomes. Her neurodivergent son informs her work on a daily basis. Sabra earned her BS in Industrial Engineering from Lehigh University with a concentration in Operations Management, MS in Architecture and Design Research, and is enrolled in the TJU/UCD SMARTlab PhD program.



Hitesh Patel, PharmD

Co-Owner & Chief Operating Officer, Rapps Pharmacy Group

Hitesh Patel, PharmD, is a dedicated pharmacist and healthcare executive with a strong commitment to community-focused care. Since becoming co-owner of Rapps Pharmacy Group in 2014, he has played a pivotal role in expanding the organization's reach and enhancing its services across New Jersey.

In 2019, Dr. Patel spearheaded the establishment of Rapps LTC Pharmacy in Middlesex, NJ, a closed-door long-term care facility that provides specialized pharmaceutical services to various healthcare institutions, including group homes, addiction recovery centers, and mental health organizations. Under his leadership, Rapps Pharmacy Group now encompasses three distinct locations.

As Chief Operating Officer, Dr. Patel oversees the operations of all three pharmacies, ensuring they deliver high-quality, patient-centered care. He has

been instrumental in integrating advanced technologies to streamline operations and increase compliance for organizations throughout the state.

Dr. Patel's contributions to the community have been recognized through several honors, including being named the 2021 Corporate Citizen of the Year by Catholic Charities of Trenton. He also received a Letter of Commendation from Task Force Liberty, acknowledging his commitment to service and excellence in the field of pharmacy.



Terence G. Blackwell Jr., L-BCBA, SAS

Terence G. Blackwell Jr. is a Licensed Board Certified Behavior Analyst, Licensed School Administrator (NY - permanent), and the I/DD Senior Advisor and former CEO of Chimes International, School Principal (permanent NY), Board Certified Behavior Analyst (Licensed) – Executive Management Consulting.

In addition to earning his M.S. in Psychological Services from the University of Pennsylvania, including attendance at the Wharton School, Terence is a Licensed School Principal, Board Certified Behavior Analyst (BCBA), and Certified Addictions Specialist. He earned his B.S. in Psychology from Saint Peter's University.

Terry brings more than three decades of diverse leadership experience serving the needs of people with disabilities. Recently, he served as president and CEO of the not-for-profit Chimes International. Previously, he served as Chief Operating Officer of Manhattan-based Serving the Underserved, providing services to people with intellectual disabilities, behavioral health, mental health, substance abuse issues and veterans' services in various

coordinated and integrated care models. Terry has also worked as a Direct Care Counselor for a large community-based residence leading the development and operation of preschool programs for children with disabilities under the authority of the New York State Educational Department. He also launched his own consulting practice for not for profits and government-funded agencies and led program expansion and business development efforts for a large not for profit that provides job opportunities for people with barriers to independent employment. Notably, Terry helped lead the development of the country's only I/DD focused ACO. During the establishment of these entities, he worked with NCQA to impact national policy to accommodate the special needs of the I/DD and ASD (Autistic Spectrum) populations. Terry is a regular presenter at the National level for Applied Behavior Analysis International and most recently was an invited speaker on "How to implement evidence-based practices to obtain enhanced rates for adult I/DD services.



Amy Kelly, MBA, MNM

Amy Kelly is the National Director of Family Engagement, Devereux Advanced Behavioral Health. Amy Kelly brings nearly two decades of profound personal and professional experience to this initiative, deeply understanding the landscape of neurodiversity, autism, intellectual disabilities, advocacy, and special education. Following her daughter's diagnosis with severe autism and related conditions in 2003, Ms. Kelly became a dedicated advocate and change agent. Her insights led to the creation of the Director of Family & Community Services role at Devereux Advanced Behavioral

Health in 2011, where she championed increased family engagement. Now serving as Devereux's National Director of Family Engagement across 12 states since 2019, Ms. Kelly has demonstrably enhanced collaboration with families and caregivers throughout the behavioral health, autism and IDD journey. Her commitment extends to establishing the Devereux National Youth Advisory Council, empowering young individuals with neurodevelopmental differences. Holding an MBA from Saint Joseph's University and a Masters in Nonprofit Management from Johns Hopkins, Ms. Kelly contributes her expertise as a family representative and advisor on numerous local and national special needs boards. Her active involvement with organizations like the American Board of Pediatrics Foundation, The Children's Hospital of Philadelphia, and the Autism Speaks Autism Care Network, along with her service on the Executive Committee of the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics, underscores her dedication to advancing awareness, quality care, and resilience for children and families with special needs.



Hillary Freeman, Esq.

Owner of Freeman Law Offices, LLC, Hillary Freeman is a tireless advocate for individuals with disabilities and their families. As the sister of a man with autism, Ms. Freeman brings a deeply personal connection to her work, combining her personal experience with her extensive legal expertise to champion the rights and needs of those with disabilities.

Ms. Freeman is a nationally recognized authority on special education law, guardianship, estate planning, and adult services, with a particular focus on

the Individuals with Disabilities Education Improvement Act (IDEIA) and Section 504 of the Rehabilitation Act. She has dedicated her career to ensuring that individuals with disabilities receive the services and supports they need to thrive.

Her advocacy extends beyond our borders. Ms. Freeman has presented at conferences across the United States, including the United Nations during the 2017 World Autism Awareness Day. She has also traveled to Africa, consulting with autism programs and working alongside local citizens and government officials in Ghana and Liberia to raise awareness and improve services for individuals with autism.

Since founding her practice, Freeman Law Offices, LLC, Ms. Freeman has been recognized with numerous accolades, including but not limited to being named a Rising Star℠ and Super Lawyer by Super Lawyers & Magazine, Best Lawyer for Families, and the recipient of the Robin Sims Trailblazer Award from Parents of Autistic Children. Her dedication to the disability community is unparalleled, and her work has left an indelible mark on countless lives.



Sailaja Musunuri, MD, FCPP

Sailaja Musunuri, is the Chief Medical and Clinical Officer, Executive Vice President of Integrative Medicine at Woods System of Care. She is an accomplished physician, psychiatrist, and leader with over 20 years of experience in clinical practice, specializing in the care of children and adults with intellectual disabilities, autism, co-occurring psychiatric disorders, and other complex medical conditions.

She currently serves as the Executive Vice President of Integrative Medicine and Chief of Psychiatry at Woods System of Care, where she is recognized for

her exceptional leadership, innovative thinking, and ability to deliver results across diverse clinical settings. Double board-certified in both Adult and Child & Adolescent Psychiatry, Dr. Musunuri is known for her compassionate, high-quality care and her ability to think creatively, challenging conventional approaches to healthcare. Her leadership extends beyond clinical practice to include fostering

key collaborations with nonprofit health organizations and pharmaceutical leaders, focusing on improving services and outcomes for individuals with intellectual disabilities. She has played a pivotal role in building trust and driving mission-critical initiatives within her organization. Dr. Musunuri is also the founder of the Mollie Woods Hare Center for Excellence in Neurodivergence – Intellectual Disability, Autism, and Mental Health, which serves as the training and dissemination hub for best practices in the field. In addition, she is an active Board

Member of The Network: Toward Unity for Health (TUFH), a global non-state actor aligned with the World Health Organization. TUFH works to foster equitable, community-oriented health services and research globally, and Dr. Musunuri's involvement further underscores her commitment to enhancing healthcare access for vulnerable populations. With her unique combination of clinical expertise, leadership, and global partnerships, Dr. Musunuri continues to drive forward the strategic goals of Woods System of Care, ensuring that individuals with disabilities receive the highest quality of care and support. Her connections across the U.S. and India are instrumental in developing new programs and partnerships aimed at improving services for people with disabilities in both regions.



Ryan Garrison, MS, NBCC

Ryan Garrison, is the Senior Vice President of Business Development and Innovation, is responsible for the expansion and development of organic and inorganic growth in conformance with the Woods System of Care strategic direction. This role includes identifying, developing, and implementing new revenue-generating business and program development opportunities, and oversight of admissions for Woods, WCS, and Beechwood. He serves as a liaison to government agencies and funding agencies to create and enhance interest in Woods System of Care's services and the capacity to partner to develop new innovative services to establish a full continuum of care. He brings more than 25 years of professional experience in all aspects of behavioral healthcare services, program operations, and business development. Garrison served as the Vice President of Admissions and Clinical Services at Woods Services before moving over to support Woods System of Care. He continues to provide individual and group counseling services at a private practice in Warrington, PA. He received his B.A. in Psychology and his M.S. in Mental Health Counseling at Gwynedd Mercy University. He also achieved licensure as a professional counselor.

Nina Wall, MSS, LSW



Nina Wall, MSS, LSW, brings over 20 years of experience in the field of autism, intellectual disabilities, and behavioral health. Her professional endeavors span clinical practice, public policy, systems transformation, and advocacy.

Presented by:

She served for 18 years as Pennsylvania's founding director of the Bureau of Supports for Autism and Special Populations, where she led statewide autism initiatives and worked to develop integrated supports across the lifespan. Nina is now with the Woods System of Care, where she focuses on building coordinated, person-centered services that address the complex behavioral, medical, and mental health needs of individuals with autism.

Nina is deeply committed to equity, access, and quality in care. She is a graduate of Bryn Mawr College's Graduate School of Social Work and Social Research. In addition to her systems-level work, Nina serves as adjunct faculty at St. Joseph's University, where she teaches a graduate-level course on Autism Spectrum Disorder across the lifespan. Her work is informed by her lived experience as the parent of an adult with autism.

Known for her collaborative style and dedication to person- and family-centered values, Nina continues to advocate for inclusive, holistic care that empowers individuals and honors their lived experience.



Wei Du, MD

Dr. Wei Du graduated from medical school and graduate school in China. He completed his residency in psychiatry at Drexel University College of Medicine. He is the Chief Academic Officer and Senior Vice President, Academic Affairs at Tower Health. He is appointed as Associate Dean for Graduate Medical Education at Drexel University College of Medicine and serves as the Designated Institutional Official for its residency and fellowship programs at Tower Health. He is Professor of Psychiatry and Chair of the Department of Psychiatry at Drexel University College of Medicine. He also

has a secondary appointment as Professor of Pharmacology and Physiology. At Tower Health, he leads the behavioral health service line as the Service Line Medical Director. He is the Founding Program Director of Drexel-Janssen Fellowship in Psychiatric Drug Development, an innovative training program in the country. He served as the Program Director for the Drexel University College of Medicine General Psychiatry Residency Program in the past. He has served as a thesis advisor for several MD/PhD and PhD students at Drexel. At Drexel, he co-directs Drexel University's Medical Cannabis Research Center and currently serves as the PI (principal investigator) for a clinical trial examining the impact of medical cannabis on quality of life in patients with HIV, neuropathic pain, and PTSD. He is a diplomat of the American Board of Psychiatry and Neurology, the American Board of Addiction Medicine, and the American Board of Preventative Medicine. He served as a reviewer of several journals and a member of numerous professional organizations. He is currently on the Editorial Board of PIPE (Psychiatrist-in-Practice Examination), American College of Psychiatrists. He was on the editorial committee for the Model Curriculum of Psychopharmacology of the American Society of Clinical Psychopharmacology. He has served on many leadership committees on the national and local levels. He is an author of many book chapters and peer-reviewed articles. In addition to his academic career, Dr. Du had led clinical drug development programs in non-opioid analgesics in a pharmaceutical company and served as a key opinion leader and was on advisory boards for several other companies. Recently, he was awarded the 2024 Paul Fink Leadership Award by the Philadelphia Psychiatric Society and the 2024 Lehigh Valley Business Icon Honors recipient.

Career to clinical medicine: During my medical school, I developed a strong interest in basic neuroscience research and decided to pursue graduate training in neuroendocrinology and physiology. I came to the United States

with the idea of furthering my research career, which I fully enjoyed and was successful. However, I decided to make the transition from bench researcher to physician scientist after 13 years of basic science research by seeking residency training in the US. I have thoroughly enjoyed my role as a psychiatrist. My view on physician leadership in healthcare: be genuine and authentic, be open-minded, actively listen to understand, know your limitations and constantly seek help, and be a slow thinker but act decisively.



Kim Musheno, BA

Kim Musheno is the Senior Director of Medicaid Policy at The Arc of the United States, based in Washington, DC. With nearly 30 years of experience in disability policy, Kim has played a key role in shaping many of the nation's most significant laws affecting people with disabilities, including the Americans with Disabilities Act (ADA), the Affordable Care Act, Medicaid, IDEA, the Autism CARES Act, and the Rehabilitation Act.

Before joining The Arc, Kim held senior leadership roles at the Autism Society of America and the Association of University Centers on Disabilities. Her deep commitment to this work is also personal—she is a proud family member of an individual with autism and intellectual and developmental disabilities.



Stephen J. Kolesk, MD

Stephen J. Kolesk is Chief of Family Practice, at Woods System of Care and Allies, Inc., Woods Primary and Behavioral Health Center at Hamilton. Dr. Kolesk, a N.J. family physician for two decades, who later had a distinguished career as a hospital administrator with Virtua Memorial Hospital and Virtua Health in Marlton, N.J. , helped develop Woods' population health management strategy, which includes the integration of primary and specialty care with behavioral health, and becoming a specialized patient-centered medical home in Pa. and N.J. He also oversees Woods' health care primary care professionals at the Medical Center at Woods in Langhorne as well as continuing the on-going delivery of quality care to the individuals Woods serves. In addition, Dr. Kolesk is working with the team to guide the launch and expansion of Woods primary care services for the IDD population in NJ. The practice will be called Woods Primary and Behavioral Health Center at Hamilton (partnered with RWJ-Barnabas Health) and will serve those individuals with Intellectual Disabilities in the central region of NJ. It will be the first practice of its kind in this region.



Monica Moser, MS

Ms. Moser is a compassionate healthcare program and residential Executive Director with extensive experience leading programs and services for individuals with IDD within non-profits. She has a proven track record of overseeing multi-site residential, day, and community-based programs while

ensuring regulatory compliance, operational excellence, and individualized care. Ms. Moser is skilled in strategic planning, fiscal management, and cross-functional leadership to drive innovation and sustainability. She is adept at building strong partnerships with state agencies, families, and stakeholders to coordinate program efficacy.

Ms. Moser has over 18 years of professional experience supporting individuals with IDD/ASD and a strong emphasis on licensing, compliance, quality assurance, and operational and policy development. She received her Bachelor of Arts from Holy Family University and her Master of Science in Non-Profit and Organizational Leadership and Development from Philadelphia College of Osteopathic Medicine.



Oluwafunmike Adigun, MD

Dr. Oluwafunmike Adigun is a board-certified Family Medicine Physician and an active member of the American Academy of Family Physicians. She earned her medical degree from the Lewis Katz School of Medicine at Temple University and completed her residency at the Icahn School of Medicine at Mount Sinai, in affiliation with BronxCare Health System in New York.

Dr. Adigun brings a strong background in leadership and a deep commitment to serving vulnerable populations. She previously served as Chief Medical Officer for one of Philadelphia's largest Federally Qualified Health Centers. She is recognized for her expertise in addressing diseases that pose significant threats at the population level.

During her tenure at Woods System of Care, Dr. Adigun designed and implemented numerous systems and interventions aimed at removing barriers and increasing access to preventive services for the communities she serves.

A dedicated advocate for equitable and compassionate care, Dr. Adigun is committed to improving the lives of underserved populations. She empowers both patients and colleagues to achieve optimal health outcomes through education, collaboration, and respect.



Stephanie Farrow, MS

Stephanie Farrow is a seasoned human services professional with over 20 years of experience. As the Residential Director at Brian's House, she has opened more than 25 residential programs that have significantly contributed to the organization's growth. Additionally, in her role as Director of Lifesharing, she has led her team to open 15 new programs in just two years. Since joining Brian's House in 2015, Stephanie has dedicated herself to enhancing the lives of those she serves. Previously, she spent 14 years at CADES. She holds a Bachelor of Arts in Psychology from Albright College and a Master of Arts in Non-Profit Leadership and Health Management from the Philadelphia College of Osteopathic Medicine.



Dan Balboni, Psy.D.

Dan Balboni has a Psy.D. in Clinical Psychology from the University of Hartford. He has worked at the Matheny Medical and Education Center since 2010 and is currently the Director of Psychological and Social Services. Dr. Balboni has been an adjunct professor in the Psychology Department at Saint Elizabeth University since 2016. He currently primarily teaches Cognitive and Affective Basis of Behavior, Advanced Theories of Personality, Advanced Child and Adolescent Psychopathology, and Social Basis of Behavior in the doctoral program



Brian Hancock, Esq.

Brian Hancock serves as the Chief Program Officer, providing oversight and innovative leadership to ensure all Bancroft programs are providing the highest level of care to those we support.

He has committed to improving the safety, well-being and outcomes of vulnerable and marginalized children, adults, families and communities throughout his career. He previously served as the Executive Director of Devereux Advanced Behavioral Health New Jersey, as Chief Operating Officer at Robins' Nest, Inc., now known as Acenda Integrated Health, and as Deputy Division Director for the New Jersey Division of Children's System of Care. He serves on several non-profit boards and is the President of the Board of Directors for the New Jersey Association of Community Providers. Hancock

has done humanitarian and advocacy work with at-risk and incarcerated youth across the United States, as well as internationally. He has received several awards for his work, including the Embracing the Legacy award from Robert F. Kennedy Children's Action Corps. and the Spirit of Crazy Horse award from Reclaiming Youth International. Hancock received a B.A., cum laude, from Wheaton College, and a Juris Doctor, cum laude, from Seton Hall University School of Law.



Lori Plunkett, MA, BS

Lori Plunkett is the CEO, Brian's House Inc. She has dedicated over 40 years to working with people with intellectual disabilities. She joined Brian's House as a direct support counselor and worked her way up to become the Chief Executive Officer. Throughout her career, Lori has consistently advocated for people with disabilities, nurturing, encouraging, and speaking for those who cannot speak for themselves. Brian's House became affiliated with the Woods System of Care in 1996 and, under her leadership, has since grown to 79 residential homes and 20 life-sharing programs and offers comprehensive services, including day and employment programs, primary, urgent care, and behavioral health services.

Lori is an active member of the Pennsylvania Advocates and Resources for Autism and Intellectual Disabilities and continues to collaborate with state and community partners to enhance services and supports across the Commonwealth. Lori holds a B.S. in Special Education from Millersville University and a M.S. in Administration from West Chester University.



Lindsay M. Brown, Psy.D.

Lindsay M. Brown, is a Licensed Psychologist, AVP Behavioral Health Services, at The Center for Behavioral Health at Woods. Dr. Brown is responsible for the overall operation of the Center for Behavioral Health at Woods, including daily management, ensuring that clinical supervision is available during all operational hours, developing a quality improvement plan, and monitoring adherence to state and county guidelines and regulations. Dr. Brown also functions as the licensed clinical director/supervisor with responsibilities including supervision of clinical staff, development and implementation of the policies and procedures for operation of the program, regular meetings of clinical staff to discuss clinical cases, treatment plans, policies and procedures, liaising with other portions of the service system, identifying and tracking programmatic outcomes, and providing direct clinical services. Dr. Brown is a Pennsylvania state-licensed psychologist. She received her PsyD from Immaculata University in Immaculata, Pennsylvania. She completed her post-doctoral training at Northern Children's Services. She resides in Philadelphia.



Lisa Graves MD CCFP (AM) FCFP MCl.Sc.

Lisa Graves is a Professor, Family and Community Medicine at Western Michigan University Homer Stryker M.D. School of Medicine. Lisa Graves is a graduate of the University of Ottawa. She completed a residency in family medicine and enhanced skills training in maternal and child health at McGill University and her M.Cl.Sc. at Western in 2018. She held leadership roles at McGill, was the Associate Dean UME at NOSM, and was the Associate Dean Faculty Affairs at Western Michigan University Homer Stryker M.D. School of Medicine (WMed) in Kalamazoo, Michigan. She is currently the secretary of CACMS (Committee on Accreditation of Canadian Medical Schools) and CACME (Committee on Accreditation of Continuing Medical Education). Her current educational research interests have been focused recently on accreditation scholarship, disability in medical education, and social accountability in medical education.



Zach Shamberg, BA

Zach Shamberg is the President and CEO of the Pennsylvania Health Care Association (PHCA), which represents long-term care providers, workers and residents throughout PA. Zach is the former Director of Government Affairs at PHCA, and was also Chief of Staff to state Representative Todd Stephens. Zach is a passionate advocate for older adults in Pennsylvania, including his own grandparents, who resided in various long-term care settings throughout the COVID-19 pandemic.



Jennifer Rhia, MAC

Jennifer Riha is a long-time health and human services executive, leading non-profit organizations focusing on behavioral health, integrated primary care, intellectual and developmental disability services, and autism services and support. As a mother of 3, including a 7-year-old son with a developmental disability, she is a passionate advocate, leader, and frequent conference presenter in this industry. She serves as the Chief Strategy Officer of Boundless, headquartered in Ohio, where she leads strategic initiatives, government relations, mergers & acquisitions, and research and innovation. With both a clinical and operations background, her prior roles have included VP of Operations, VP of Strategic Business Development, Chief Administrative Officer, VP of Performance Improvement & Service Delivery, and VP of Programs for provider organizations.



Marc Henschel, DDS

Dr. Henschel serves as Associate Professor of Clinical Community Oral Health at Penn Dental Medicine and Program Director of a new AEGD Program. He obtained his D.D.S from the State University of New York at Buffalo in 1986 and went on to complete his General Practice Residency at the Buffalo Veterans Administration Center in Buffalo, New York in 1987. Prior to his appointment at Penn Dental Medicine, Dr. Henschel was on faculty in New York University (NYU) College of Dentistry, serving as Clinical Assistant Professor in the

Department of Oral Maxillofacial Pathology, Radiology, and Medicine. During this time, he led the NYU Special Patient Care Clinic as Director and was Course Director for Clinical Management of Patients with Special Needs, as well as the honors program in Clinical Management of Patients with Special Needs. Dr. Henschel started teaching at NYU on a part-time basis in 1987, first as a Clinical Instructor in the Department of Oral Medicine until 1991, and then as Clinical Assistant Professor in the Department of Oral Maxillofacial Pathology, Radiology, and Medicine until 2015. Since 1989, he has maintained a private practice in general dentistry in Forest Hills, N.Y



Mark Davis, MS

Mark Davis is President and CEO of PAR (Pennsylvania Advocacy and Resources for Autism and Intellectual Disability), the largest association in Pennsylvania dedicated to supporting individuals with intellectual disabilities and autism. With a background in education and counseling, Mark's career spans decades in human services, managed care, and provider-led system reform. At PAR, he leads efforts in advocacy, training, consultation, and systems transformation, most notably through the Sustainability Project—an initiative focused on shifting from fee-for-service to value-based care models. Mark also leads the Center for Disability Information, an organization devoted to improving the lives of people with disabilities through research, as President and CEO.

Nationally recognized for his leadership, Mark serves as co-chair of the Alternative Payment Model Workgroup and as a member of the Government Relations Committee at the American Network for Community Options and Resources (ANCOR). Prior to his role at PAR, he was President of the Ohio

Provider Resource Association (OPRA), where he championed innovative reforms and co-chaired Advocates for Ohio's Future, a coalition of nearly 500 health and human services organizations. Mark's work reflects a deep commitment to advancing sustainable, person-centered supports for people with disabilities.



Ted Dallas, MBA

Prior to serving as the President and Chief Operating Officer of Merakey, Ted Dallas served as the Secretary of the Department of Human Services in Pennsylvania and as a Senior Advisor to Governor Wolf. During his tenure, Secretary Dallas implemented significant reforms to help vulnerable populations including a full Medicaid expansion that provided healthcare to approximately 715,000 Pennsylvanians who were previously uninsured.

Previously, Ted served as the Secretary of the Maryland Department of Human Resources. Under his leadership, the Department set state records for moving individuals from welfare to work, for collecting the highest amounts of child support in the state's history and serving children in the foster care system in a family setting.

Ted also served as Deputy Chief of Staff to Governor Martin O'Malley in Maryland, the Executive Deputy Secretary of the Pennsylvania Department of Public Welfare and First Deputy Managing Director for the City of Philadelphia. He also worked in the private sector for a Fortune 500 company.

Ted has also received awards from Casey Family Programs for his contributions to the child welfare field, SEIU for implementing the Medicaid expansion in Pennsylvania, and MANNA for his work helping individuals access healthy food as part of their medical treatment.



Anna Zacharcenko, Psy.D., M.S.C.P

Dr. Zacharcenko serves as Director of Behavioral Health Education for the St. Mary Family Medicine Residency. She completed her Doctorate in Psychology through the Philadelphia College of Osteopathic Medicine and a post-doctoral master's in Clinical Psychopharmacology at Fairleigh Dickinson University. Prior to joining the professional staff at St. Mary, she served as a clinical associate professor at the Philadelphia College of Osteopathic Medicine, where she provided extensive training to psychology and medical students in the provision of health psychology services for diverse populations, and she developed an interdisciplinary grant funded Cardiovascular Health Intervention program for older adult patients. She has served as the consulting psychologist to the former Temple Health Women's Care, a multidisciplinary specialty practice, and to the Philadelphia Corporation for Aging. Her role within Adult Protective Services consisted of serving as an expert witness in assessing adults and senior adults (with Intellectual Disabilities)to determine decisional capacity and to provide recommendations regarding addressing the long-term care and aging needs of the above-mentioned populations. She is the former Chair of the Geropsychology special interest group for the Pennsylvania Psychological Association. She has co-authored and published an invited chapter on

integrating cognitive behavioral interventions in the primary care setting and has presented at several professional medical conferences.



Delancy Allred, MPAP

Delancy Allred is the Public Policy Manager at the Autism Society of America. She has been with the Autism Society since 2018, where she started as a policy intern while finishing up her bachelor's degree at the University of North Carolina at Chapel Hill. She then served as a Teach for America special educator in Baltimore City Public Schools while obtaining her teaching certificate from Johns Hopkins University. She now works with the Autism Society of America full-time to aid in advancing federal and state policy. She recently obtained her Master's in Public Administration and Policy.



Jonathan McVey, J.D.

Jonathan McVey serves as a Special Assistant to the Secretary of the Pennsylvania Department of Human Services. In this role, Mr. McVey is leading the Department's efforts to improve the systems of care for youth with complex needs and their families. Mr. McVey previously served in a variety of roles for the Department, including the Deputy Director of Policy,

the Director for the School Based Access Program, Executive Housing Coordinator, and Executive Policy Specialist. Mr. McVey received a B.A. in political science from Indiana University of Pennsylvania and a Juris Doctor from the Widener University School of Law.



Mike Haggerty, MS

Mike Haggerty, is the President Allies, Inc. He has supported children and adults with intellectual and developmental disabilities in a variety of settings throughout his 40-year career. He has served in numerous leadership roles within the Woods System of Care, most recently as the President of Allies, Inc, a community-based provider of IDD services in New Jersey.

Allies has been affiliated with the Woods System since 2012 and is recognized as a leader among the New Jersey system of community providers with residential, day habilitation, and supported employment services delivered in 19 counties throughout the state. Allies specializes in the delivery of person-centered supports and services to meet the needs of children and adults with intellectual and developmental disabilities, autism, and co-occurring complex medical and behavioral health needs.

Michael provides vision, leadership, management, and execution of Allies community-based services. Since 2020, Michael has led the Allies team in the expansion and enhancement of Allies service delivery system to help individuals realize meaningful community participation.

Michael holds a Master's degree in Nonprofit Leadership from La Salle University and a Bachelor's degree in Mental Health technology from Hahnemann University.



Dawn Diamond, MS

Dawn Diamond is the President of Woods Services, a nationally respected nonprofit organization that supports children and adults with intellectual disabilities, autism, and complex medical and behavioral challenges. With thirty years of leadership in the health and human services field, she has expertise in building coordinated systems of care that address the needs of individuals with complex conditions while improving outcomes and system efficiency.

She has led the effort at Woods Services to break down silos between programs, funding streams, and services—recognizing that individuals with intellectual disability and autism often encounter significant barriers navigating disjointed systems. Together with her operational teams, their work focuses on reducing the burden for individuals, families, and caregivers by fostering cross-sector collaboration, implementing quality improvement strategies, and developing innovative, person-centered models of care.



Sherri Landis, BS

Since 2019, Sherri Landis has served as Executive Director of The Arc of Pennsylvania, the state's oldest advocacy organization for people with Intellectual and Developmental Disabilities (IDD). Under her leadership, the Arc of Pennsylvania raised awareness about health disparities, the closing of state institutions, and advocated for inclusive education. Sherri began her career in the political arena, working in campaign management and government affairs, and as the executive director of a trade association. Before joining The Arc of Pennsylvania, Sherri was the first executive director of the DREAM Partnership, a nonprofit focused on establishing post-secondary education programs at Pennsylvania colleges for people with IDD



Dyann Roth, MS

Dyann Roth is the President & CEO of Inglis, bringing over 30 years of nonprofit leadership with a focus on human services and accessible housing. Passionate about empowering people with disabilities, Dyann oversees Inglis's long-term care, accessible housing, and community support services, all designed to promote independence and inclusion. Since joining Inglis in 2017, Dyann has expanded community-based services, driven adaptive technology initiatives, and increased accessible housing options. Her expertise in aligning mission-focused goals with sustainable growth has positioned Inglis as a leader in disability services, recognized for its inclusive culture and innovative approaches. Before Inglis, Dyann was the CEO of

Resources for Human Development (RHD), a Philadelphia-based nonprofit with over 160 programs across 15 states. She holds a B.A. from Penn State and an M.S. in Organizational Dynamics from the University of Pennsylvania.



Tiffany L. Mayers, DSW, MSW, LCSW

Dr. Mayers has over twenty years of experience in the fields of psychology and social work, in addition to ten years of experience in higher education administration at Rutgers University, where she is also a lecturer at the School of Social Work, teaching master's-level Clinical Social Work courses. Dr. Mayers previously worked for the New Jersey state government in the areas of government records, policy, event management, and marketing of urban redevelopment. Recently, Dr. Mayers became the new Executive Director of the National Association of Social Workers- NJ Chapter (NASW-NJ).

Additionally, Dr. Mayers is a mental health clinician with expertise in child welfare, behavioral and mental health services, case management, and private clinical practice. She also serves as a consultant with the National Alliance on Mental Illness (NAMI) NJ's African American program, AACT-NOW, and has been a member since 2008. In this role, she worked within the Black community to bring awareness to mental health and eradicate stigma.

Dr. Mayers is a proud social worker. She is involved in community organizations serving urban and minority communities, such as the Family Support Organization of Union County and Alpha Kappa Alpha Sorority, Inc.



William (Bill) Burdick, MD, MSEd

William Burdick, MD, MSEd, is Secretary General of The Network: Towards Unity for Health, an organization of community-oriented health professions schools, and Professor of Emergency Medicine at Thomas Jefferson University in Philadelphia. As the former Vice President for Education at FAIMER, he was responsible for the creation of global faculty development programs for health professions educators. He has received awards for excellence in teaching, including the Lindbach Award and the Trustees Award in his capacity as Professor of Emergency Medicine at Drexel University College of Medicine. A graduate of Oberlin College, Weill Cornell University College of Medicine, and University of Pennsylvania, he completed residency training in Internal Medicine and is certified by the American Board of Emergency Medicine and American Board of Internal Medicine.



John Gaitanis, MD

Dr. Gaitanis, a graduate of Brown Medical School, completed his neurology training at Children's Hospital Boston. He went on to finish an epilepsy fellowship at Beth Israel Deaconess Medical Center before returning to Children's Hospital Boston to join their epilepsy staff. In 2004, Dr. Gaitanis returned to Brown Medical School and Hasbro Children's Hospital, where he served as the director of pediatric epilepsy. He aided in the development of ketogenic diet and epilepsy surgery programs at Brown, providing

comprehensive epilepsy care for children in Rhode Island. Between 2014 to 2022, he served as the Director of Child Neurology at Tufts Medical Center/Floating Hospital for Children. In 2022, he returned to Brown, where he served as the director of the child neurology division through 2025. Apart from his clinical duties, Dr. Gaitanis is the former President of the Greater Boston Epilepsy Society and has been on the board of the Epilepsy Foundation of New England and the Medical Academy of Pediatrics and Special Needs. Dr. Gaitanis' research focuses on improving communication in patients with autism spectrum disorders and identifying biomarkers for autism and epilepsy.



Sander Koyfman, MD, MBA

Dr. Sander Koyfman is a distinguished Chief Medical Officer at Languages of Care, bringing extensive experience in behavioral health and medical leadership. He has held pivotal roles at various health organizations, including Riverspring Living and Centene, where he focused on program development and operations. With a solid educational background, including an M.D. from the State University of New York and an MBA, he combines medical expertise with strategic business acumen. Dr. Koyfman is also an advisor for several innovative health startups, showcasing his commitment to advancing healthcare solutions. His diverse roles reflect a passion for improving mental health services and patient care. He is recognized for his leadership in addressing complex health issues, particularly in underserved populations. Outside of his professional endeavors, he is likely engaged in community health initiatives, further emphasizing his dedication to public service.



Richard S. Edley, PhD

Dr. Edley, is the lead executive for the Rehabilitation and Community Providers Association (RCPA) in Pennsylvania, one of the largest state trade associations in the country representing providers of mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, medical and pediatric rehabilitation, criminal and juvenile justice, and physical disabilities and aging services, across all settings and levels of care. The association includes over 400 members and organizations.

His professional career began in 1988, and prior to leading the association, he was President and CEO of PerformCare/Community Behavioral HealthCare Network of Pennsylvania (CBHNP), a national, full-service, behavioral health managed care organization. Dr. Edley serves on the Board of Directors of the National Council for Mental Wellbeing, a Washington, DC-based organization representing behavioral health providers and associations throughout the country. He also is a member of the PA Medical Assistance Advisory Committee (MAAC) and numerous other state task forces. In 2022, Dr. Edley was asked to serve as a member of the Human Services Transition Team for PA Governor-elect Josh Shapiro. He served on the IDD Legislative Task Force and is a governor appointed member to both the Employment First Commission and the BH Advisory Committee.

Dr. Edley's baccalaureate degree is from Boston University, and he holds master's and doctorate degrees in clinical psychology from Emory University. He was an intern and post-doctoral fellow at McLean Hospital, where he held a faculty appointment at Harvard Medical School, Department of Psychiatry. Dr. Edley is a national presenter and is published in a broad variety of health care areas.



Kealohaku‘ualohaku‘upoki‘i (Poki‘i) Balaz, DNP, MBA, APRN

Dr. Balaz, is a Health and Aging Policy Fellow and American Political Science Association Congressional Fellow, currently serving in the office of U.S. Senator Andy Kim. She previously served with the U.S. Senate Committee on Finance, where her work included issues spanning Medicare, Medicaid, long-term care, and the IDD community. She is the first Native Hawaiian and the first from Hawai‘i to be selected for this fellowship.

Dr. Balaz brings a triad of experience in policy, clinical care, and executive leadership. She has led culturally grounded elder care as Interim Executive Director and Acting CEO of Lunalilo Home, and she has contributed nationally through the Alzheimer’s Association National Strategy, IA², the Moving Forward Coalition, and the CDC’s Healthy Brain Initiative Native Hawaiian Roadmap. In her board and advisory roles, her work also encompasses serving individuals with Autism and other intellectual and developmental disabilities, ensuring that aging and disability policies are approached inclusively.

Her lived experience as a caregiver for her autistic nephew, an athlete and employee with Special Olympics Hawai‘i, informs her advocacy for disability-inclusive aging policy. Her nephew also serves on the Self-Advocacy Advisory Council and the Developmental Disability Council, deepening her family’s commitment to advancing equity and representation for people with IDD. Dr. Balaz serves on the Board of Best Buddies Hawai‘i, the Policy Advisory Board for the Executive Office on Aging, and the Bridging IDD and Dementia Committee, championing systems that strengthen support for people with disabilities, caregivers, and older adults.



Thálita Cavalcanti Menezes da Silva, Dra. in Clinical Psychology

Thálita Cavalcanti Menezes da Silva, is a dedicated psychologist with a degree from the Catholic University of Pernambuco (2003). I obtained my master's degree in Clinical Psychology from the same institution in 2007 and further enhanced my expertise with an International Master's Degree in Health Professions Education from Maastricht University in 2013. I earned my Ph.D. in Clinical Psychology from the Catholic University of Pernambuco in 2019.

Currently, I serve as a faculty member in the Professional Master's programs in Health Education and Health Psychology at the Pernambuco School of Health (FPS). I am also a member of the Faculty Development Committee (CDD) and coordinate the fourth-semester Psychology course, where I oversee modules focused on Positive Education for the 21st Century, Childhood, Learning, and Well-being and Quality of Life in Health.

In addition to my academic roles, I have been a bilingual psychotherapist for adults since March 2005, providing comprehensive therapeutic support to my clients. My extensive academic and clinical experience reflects my commitment to advancing psychological education and practice.



Elisabeth Sheridan, PhD

Elisabeth Sheridan, PhD, is the Director of the Clinical Core at the A.J. Drexel Autism Institute and an Associate Professor at Drexel University. Dr. Sheridan is a licensed clinical psychologist with expertise in evidence-based assessment

and intervention for individuals with a range of developmental, learning, social-emotional, and behavioral differences, including autism. She is engaged in clinical, research, and training initiatives that aim to improve the quality of life for autistic individuals and their families. Her research interests include the dissemination and implementation of best practices for autistic people in community and medical settings. Dr. Sheridan advocates for tailoring assessments and interventions to incorporate an individual's specific strengths and values, with the goal of providing supports that will optimize quality of life and promote acceptance.



Lisa Dressner, LCSW

Lisa Dressner is the Vice President of the Department of Behavioral Health and Psychiatry at Trinitas Regional Medical Center, an RWJBarnabas Health facility. She also oversees crisis and screening programs for the RWJBarnabas Health Behavioral Health service line throughout the state of New Jersey. With over 25 years of experience in clinical and program management, she has focused on child, adult, and family services in both hospital and community settings. Dressner is a published author and trainer, specializing in engaging communities affected by violence and serving as a dedicated advocate for improving access to high-quality mental healthcare and education.



Terri Spettell

Terri Spettell is a seasoned marketing and communications executive with a concentration in healthcare brand building, with more than 25 years of experience at some of New York and New Jersey's largest hospitals, including University Hospital in Newark, where she was Executive Director of Marketing and Communications, and Hospital for Special Surgery in New York City where she was Assistant Vice President of Marketing. She has also held leadership positions at Continuum Health Partners.

Terri is a graduate of Rutgers University and has been married to her husband John for more than 33 years. They have three children, Luke, 28; Ian, 23; and Calliope 19. They live in Rutherford, New Jersey, with their dog Katie. Luke's diagnosis of autism shifted Terri's focus to the world of disability, where she has worked tirelessly to advocate for the needs of her son and others. She is a cofounder of Rutherford Special Parents, a group that provides support to the parents or children with disabilities, and she is a member of the Access for All Committee, which was established by the Mayor and Council to provide advice on the concerns of disabled persons, and to comply with the requirements of the Americans with Disabilities Act. Terri has also served as a Commissioner on the Rutherford Civil Rights Commission, and on many other Boards and Charities. She is also head of the Diaconate at Rutherford Bible Chapel. Terri works for Vitas Healthcare Hospice, where she continues to use her marketing and sales expertise to advocate for patients and families to receive hospice services. She is currently working toward becoming a certified Clinical Chaplain at Cooperman Barnabas Hospital in Livingston, New Jersey.

SESSIONS

IDD/Autism Summit - Welcome & Keynote

Sunday 14.09.2025 - 10:00 AM - 10:30 AM

The IDD/Autism Summit at TUFH 2025 brings together global leaders, practitioners, researchers, and advocates to share strategies that improve care, inclusion, and equity for individuals with intellectual and developmental disabilities and autism.

We begin with a welcome and keynote from Mark T. Williams, BSN, RN-BC, a psychiatric nurse and lifelong mental health advocate. As Board Chair of the Woods System of Care, President of NAMI NJ, and Trustee of Bridgeway Behavioral Health Services, Mark has dedicated his career to supporting individuals and breaking down stigma. His keynote will inspire and set the tone for two days of collaboration and innovation.

Presenters:

- Mark Williams, Board Chair, Woods System of Care

TUFH2025
Greater Philadelphia
United States

IDD/Autism Summit - Transforming Lives with Integrated Care

Sunday 14.09.2025 - 10:30 AM - 11:30 AM

About the Session

People with autism and neurodiverse conditions experience significant barriers to accessing care and health disparities, despite medical advances which have benefited all populations in general. A major barrier to care is the fragmentation of services and systems serving these populations, posing challenges to individuals, families and caregivers to accessing all the care that they need, to navigating service systems, and coordinating among multiple providers and systems. This panel will highlight the expertise and experience of leaders in healthcare on integrated care models which can help address barriers to care, increase access to care, and improve quality of care. Examples of how integrated care can be successfully carried out will be provided through a moderated discussion.

Panelists:

- Oluwafunmike Adigun, MD
- Sailaja Musunuri, MD, FCPP
- Mark Wolff, DDS, PhD
- Lindsay Brown, Psy.D
- Monica Moser, MS
- Stephen Kolesk, MD

Presented by: THE NETWORK TOWARDS UNITY FOR HEALTH · Woods SYSTEM OF CARE · Mollie Woods Hare Global Center of Excellence

IDD/Autism Summit - Integrated Autism/IDD Care

Sunday 14.09.2025 - 11:30 AM - 12:30 PM

About the Session

This panel will explore the critical role of individuals with lived experience in shaping and navigating integrated care for individuals with autism and intellectual disabilities. Panelists will share their lived experiences, highlighting challenges and successes in coordinating medical, behavioral, educational, and social supports across systems. The discussion will focus on how truly integrated care must reflect the perspectives, priorities and expertise of individuals and families, who often serve as the primary care coordinators and advocates throughout the lifespan. Panelists will offer insights into what has worked-and what has not-when engaging with health systems, as well as their recommendations for professionals and systems striving to create more person and family-centered systems of care.

Panelists:

- Kerry Magro, Ed.D.
- Amy Kelly, MBA, MNM
- Hillary Freeman, Esq.
- Sabra Townsend, MS
- Jamiel Owens
- Terri Spettell

Presented by:

IDD/Autism Summit - Reimagining Medication Management

Sunday 14.09.2025 - 1:30 PM - 2:30 PM

About the Session

Children with autism spectrum disorder are often prescribed psychotropic medications but pharmacotherapy is typically conducted and evaluated based on clinical judgement without reference to objective measurement of treatment effectiveness and combined efficacy of pharmacological-behavioral interventions. We will describe an interdisciplinary review (IRT) model at a human service organization designed to standardize a process of medication monitoring through coordinated involvement of medical, nursing, behavior analyst professionals, parent participation, data-driven decision making, analysis of functions of behaviors, and high-level administration support.

Presenters:

- Sailaja Musunuri, MD, FCPP
- Frank Bird, M.Ed., LABA, BCBA, CDE

Presented by:

IDD/Autism Summit - Collaborative Leadership

Sunday 14.09.2025 - 3:00 PM - 5:00 PM

About the Session

The health and human services sector, focusing on systems and services for people with intellectual disability and autism remains fragmented, with a lack of alignment and cohesion across services, programs, and funding streams. Populations with complex needs, such as individuals with intellectual disability, autism and co-occurring chronic conditions tend to be high utilizers of the most expensive services. Providers of intellectual disability and autism services are faced with the responsibility of creating cohesion and coordination among services and systems to reduce the burden on individuals, families and caregivers in navigating these services and systems, and to build in efficiencies and quality improvements that lower costs and bring value to populations served and government agencies who fund the services. This panel will provide examples of collaborative leadership and organizational development which are required to create systems of care and lasting change in the intellectual disability and autism services sector.

Panelists:

- Brian Hancock, Esq.
- Rita Gardner, M.P.H., LABA, BCBA, CDE
- Ted Dallas, MBA
- Terence Blackwell, L-BCBA, SAS
- Lori Plunkett, MA
- Dawn Diamond, MS
- Patrick Maynard, PhD
- Sherri Landis, BS

Presented by:

IDD/Autism Summit - The Policy Landscape for Complex Care

Monday 15.09.2025 - 10:00 AM - 11:00 AM

About the Session

This panel will provide an overview of key policy issues that both contribute to and impede access to cohesive systems and services for people requiring complex care, including people with intellectual disability, autism, and co-occurring behavioral and medical conditions. People who need complex care confront fragmented systems which are influenced by national and state-level policy and regulatory environments. These policies and regulations contributes to the ongoing problem of health disparities that this population experiences. Each panelist will speak to policy issues relating to nationwide and state-specific problems through the lens of their organizations, the populations their constituents and members serve, and through a moderated discussion, will present solutions that will enable participants to gain knowledge and skills to advocate for building stronger systems.

Panelists:

- Zach Shamberg, BA
- Richard Edley
- Mark Davis, MS
- Dyann Roth, MS
- Chris Wolf, MS
- Kim Musheno, BA
- Poki'i Balaz, DNP, EMBA, APRN

Presented by:

IDD/Autism Summit - Breaking Barriers

Monday 15.09.2025 - 11:00 AM - 12:00 AM

About the Session
This panel presentation will provide an overview of stigma for people experiencing mental health challenges, as well as for special populations, including people diagnosed with intellectual disability, autism and other challenges. Stigma can result in delays in accessing care for people experiencing mental health challenges, and reduced quality of life. For providers, stigma may lead to burnout. Stigma may also result in underfunding of mental health services. A panel of experts in the field will highlight the challenges and impact of stigma across cultural, racial and ethnic contexts, and the barriers that may emerge between providers, patients, caregivers, and community members. The panelists will discuss approaches to addressing and reducing stigma to improve the chances of timely access to care and treatment and improving the quality of life for those experiencing mental health challenges.

Add this session to your schedule now! We look forward to seeing you there!

Moderator: Mark Williams, BSN, RN-BC

Panelists:

- Hitesh Patel, PharmD
- Kion Glover, LAC, Ed.S
- Tiffany L. Mayers, DSW, MSW, LCSW
- Sander Koyfman, MD, MBA
- William Burdick, MD, MSEd
- Thalita Cavalcanti Menezes, Dra. Clinical Psychology

Presented by:

IDD/Autism Summit - Hope and Healing

Monday 15.09.2025 - 12:00 PM - 12:45 PM

About the Session:
The history of behaviorally based autism definitions will be reviewed. The limitations of behaviorally based definitions and the need for biologically focused approaches is then reviewed. The lecture concludes with future models for systems based biology clinical trials and treatment approaches.

Presenter: John Gaitanis, MD

IDD/Autism Summit -Empowering care

Monday 15.09.2025 - 2:00 PM - 3:00 PM

About the Session

People with intellectual disability and autism continue to experience significant barriers to care and health disparities, despite advances in medicine as well as policies which have expanded access to services for many people with disabilities in the U.S. One of the primary barriers to care is the lack of trained providers across the healthcare spectrum who understand and address the unique needs of people with disabilities. A panel of experts who provide training in the community and in academic health systems, medical schools, and other health professions schools, will share their expertise in the landscape of training for health care professionals, barriers which persist, progress which has been made, and examples of how to improve training at all levels, within health professions schools, in the community, and other health care settings.

Panelists:

- Janet Somlyay, DNP, PMHNP, CPNP-AC/PC, PMHS, RN
- Anna Zacharcenko, Psy.D., M.S.C.P
- Wei Du, MD
- Elisabeth Sheridan, PhD
- Sailaja Musunuri, MD, FCPP
- Lisa Graves MD CCFP (AM) FCFP MCI.Sc
- Dan Balboni, Psy.D.
- Marc Henschel, DDS

Presented by:

IDD/Autism Summit - Redesigning Care Pathways for Autism and IDD

Monday 15.09.2025 - 3:30 PM - 4:30 PM

About the Session

Landmark legislation and policies over the last forty years in the U.S. have ensured that the majority of people with disabilities, including intellectual disability and autism, receive services in community-based settings. However, gaps remain in the service array for many, especially people with complex medical and behavioral needs for whom barriers to care in the community continue to be a factor preventing them from accessing services when and where they need them. This panel will offer and overview and details of innovative approaches to providing whole-person integrated care in the home and community, based on the diverse set of experiences and expertise of the panelists who each have worked in the intellectual disability and autism field for decades and designed models to meet the needs of those requiring complex care.

Panelists:

- Ryan Garrison, MS, NBCC
- Stephanie Farrow, MS
- Jonathan McVey, JD
- Stacy Nonnemacher, PhD
- Mike Haggerty, MS

Presented by:

IDD/Autism Summit - Building Better Systems for Families

Monday 15.09.2025 - 4:30 PM - 5:30 PM

About the Session

This panel will explore critical gaps in systems and services that impact neurodiverse communities, including individuals with intellectual disability, autism and co-occurring conditions. Panelists will examine persistent barriers to accessing healthcare, supports, and other essential services across the lifespan. The discussion will highlight promising solutions and real-world examples that can inform advocacy efforts. Attendees will gain practical tools and strategies to support policy change and drive the development of more inclusive, holistic, and person-centered systems of care.

Panelists:

- Delancy Allred, MPAP
- Nina Wall, MSS, LSW
- Jennifer Rhia, MAC
- Sherri Landis, BS
- Hillary Freeman, Esq.

Presented by:

CONVENIENT CARE SUMMIT AT TUFH 2025

Organized by the Convenient Care Association

Join the **Convenient Care Association (CCA)** for a dedicated one-day Convenient Care summit at **TUFH 2025**. This event will convene professionals committed to advancing accessible, patient-centered, and sustainable primary care through integrated team-based models.

With a history of innovation, CCA Clinics have exemplified interprofessional collaboration, serving high-need populations and promoting equitable care delivery. The summit will bring together clinicians, educators, researchers, and health system leaders to explore strategies that empower community care and build capacity across health professions.

Whether you're a long-standing member of the CCA community or newly engaging with integrated care, this summit will inspire, connect, and mobilize our shared mission.

Convenient Care Summit - The Policy Landscape of Convenient Care in 2025

Saturday 13.09.2025 - 10:00 AM - 10:45 AM

This presentation will explore the evolving policy landscape currently affecting the convenient care industry. The presentation will explore the history of practice authority and explore the implications of HR1 and recent Federal policy changes.

Presenters:

- Evan Sarris
- Michael Clark

Presented by:

Convenient Care Summit - Leadership Panel: The Evolution of Convenient Care and Healthcare Consumerism

Saturday 13.09.2025 - 10:45 AM - 12:00 PM

From just a handful of clinics to more than 3,000 "traditional" clinics and 3,000 more "mobile health", this panel examines the current state of Convenient Care and how it's continuing to evolve. This session will explore retail health from a top-down view and offer perspectives and predictions from the individuals currently leading the industry.

Presenters:

- Angela Patterson
- Connie Palakodeti
- George Barakat
- Sarah Flory
- Tine Hansen-Turton
- Web Golinkin

Convenient Care Summit - Enhancing the Provision of Age-Friendly Health Care in Convenient Care Clinics using Implementation Science.

Saturday 13.09.2025 - 3:00 PM - 3:30 PM

The Age-Friendly Health Systems 4Ms (What Matters, Mobility, Mentation, and Medication) is an evidence-based framework to deliver effective, tailored care to older adults. Minute Clinic, part of CVS Health implemented Age-Friendly Health Systems in 2020 with comprehensive training for all providers. Because the overall delivery of 4Ms care was low after the first year, implementation strategies were used to enhance the uptake of 4Ms care by providers. Three of the nine implementation strategies greatly contributed to the percentage of patients receiving all 4Ms as evidenced by an increase from 3.5% in 2021, to 41.9% in 2024. The use of implementation science is key to achieve progress in improving health outcomes, well-being, and safety for older adults.

Presenter: Angela Patterson

Convenient Care Summit: Addressing Adiposity Based Chronic Disease in the Retail Health Setting

Saturday 13.09.2025 - 3:30 PM - 4:00 PM

Adiposity Based Chronic Disease (ABCD, also known as Obesity) impacts >40% of the US population. With convenient, well-connected, community-based locations, retail health clinics are uniquely positioned to empower patients living with ABCD to improve their health. This presentation with explore the prevalence of ABCD, underlying pathophysiological factors and social determinants of health driving its prevalence, and the interdisciplinary role convenient care clinicians can take to improve the health of patients living with ABCD.

Presenter: Jonathan Ruedisueli

Convenient Care Summit: The NPs at the Center of Special and Complex Patient Care

Saturday 13.09.2025 - 4:00 PM - 5:00 PM

People with intellectual and developmental disabilities, autism, physical disabilities, and complex medical or behavioral needs often face persistent barriers to care, resulting in health disparities and poorer outcomes worldwide. Challenges include limited provider training, fragmented systems, and inadequate accessibility. This panel brings together nurse practitioners and experts delivering integrated primary and psychiatric care for special and complex populations. Speakers will share practical strategies from diverse healthcare settings. In addition, an expert in provider training will highlight models for tailoring healthcare to individuals with autism, demonstrating approaches that equip clinicians to better meet the needs of special populations.

Presenter:

- Danielle Hall
- Isaac Oke
- Kwaku Asafu-Adjaye
- Tiffany Adams
- Tine Hansen-Turton

Presented by:

THANK YOU

Thank you for joining us at TUFH 2025, whether in person or online! Your participation was invaluable in making this event a success, sparking dynamic discussions and generating innovative ideas. The co-hosts, alongside our sponsors, provided a platform for meaningful exchange. Your questions, insights, and collaboration turned this gathering into action: reframing access to health by challenging assumptions and reimagining solutions.

As you return to your institutions and communities, we invite you to carry forward the TUFH 2025 Declaration — "Philadelphia Declaration" and translate its guidance into policy, practice, education, and research. Let the Declaration be your roadmap for co-creating innovations with communities and strengthening resilient, equitable health systems.

We look forward to the collaborations, pilots, and partnerships that will grow from what we built together here—advancing access to health through interprofessional, intercultural, and cross-sector work worldwide. Thank you for adding your voice, evidence, and leadership to this shared mission.

Conference Book Created by:

Jolan De Kempeneer

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Conference Book

SEPTEMBER 12-15 2025

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