CULTURALLY APPROPRIATE EDUCATION FOR INTERNATIONAL RELIEF WORKERS: CAN EDUCATION ON FLUORIDE VARNISH HELP SUSTAIN THE PRACTICE AT SHORT-TERM MEDICAL MISSION SITES?

by

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A capstone project submitted to the
School of Nursing
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In partial fulfillment of the requirements for the degree of Doctor of Nursing Practice

Month and year of graduation

May 2019
DNP Capstone Project Approval Form

This is to certify that Julie Hitzges

(Name of Student)

successfully defended his/her Capstone project entitled:

Culturally Appropriate Education for International Relief Workers: Can Education on Fluoride Varnish Help Sustain the Practice at Short-Term Medical Mission Sites?

________________________
(Data)

September 28, 2018

Capstone Faculty Advisor
(Pamela Papham, DNP, AOCNP, FNP-BC, FAANP)

(Required)

________________________________________
(Typed Name)

(Signature)

Committee Member 1*

(Typed Name)

(Signature)

Committee Member 2*

(Typed Name)

(Signature)

Committee Member 3*

(Typed Name)

(Signature)

*If applicable
DNP Capstone Project Approval Form

This is to certify that Amanda Adams
(Name of Student)

successfully defended his/her Capstone project entitled:
Culturally Appropriate Education for International Relief Workers: Can Education on Fluoride Varnish Help Sustain the Practice at Short-Term Medical Mission Sites?

on September 28, 2018
(Date)

Capstone Faculty Advisor
(Pamela Paplham, DNP, AOCNP, FNP-BC, FAANP)
(Required)

Typed Name
(Signature)

Committee Member 1*
(Typed Name)
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Committee Member 2*
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Committee Member 3*
(Typed Name)
(Signature)

*If applicable
Abstract:

**Purpose:** Underserved populations at short-term medical mission (STMM) sites often experience little to no preventative oral health care. The lack of preventative oral care contributes to loss of tooth structure and function, chronic pain, impaired speech, local and systemic infections, medical complications, and poor nutrition. Application of fluoride varnish (FV) has shown to be effective in the prevention of dental caries because it promotes remineralization of tooth enamel, preserves teeth, and prevents systemic complications. International STMM relief workers are perfectly positioned to prevent oral health issues by providing FV to underserved populations.

**Objectives:** To increase knowledge and understanding among international STMM relief workers regarding proper FV application and culturally appropriate oral health education for underserved populations experiencing poor oral health and complications related to the lack of preventative care in Haiti and Greece.

**Methods:** FV educational intervention was implemented by two University at Buffalo, Doctor of Nursing Practice (DNP) Family Nurse Practitioner (FNP) students at two STMM sites in Haiti and Greece. International STMM relief workers who provided contact methods were asked to participate in an electronic survey at 3-months and 6-months post FV educational intervention. Participants were asked about the usefulness of the intervention and if they continued the FV education practice. Data analysis consisted of descriptive statistics.

**Results:** The FV educational intervention contributed to the sustainability of oral care practice provided by STMM relief workers in rural and remote Haiti and refugee populations in Greece. Means and percentages showed meaningful results at three months with 89% of relief workers responding that FV application is a useful intervention and 78% willing to educate on FV to subsequent relief workers. A small subset had educated other relief workers on FV at the three-month survey evaluation. Six-month data revealed a smaller than expected sample size. Of the six-month participants, all found FV useful and applicable to their current practice, but none had further educated nor utilized the FV. Possible limitations for the project include time constraints, language barriers, lack of product distribution, personal beliefs, and issues with supply versus demand of FV.

**Conclusion:** Study findings indicated that educating STMM relief workers on FV application for underserved populations in rural and remote Haiti and Greece showed potential for sustainability of practice. Challenges for continued education on FV application include availability of supplies, cultural barriers, access to target population, time constraints, and issues with supply of product versus demand. With continued research on sustainability of medical interventions in rural and remote areas, a greater impact on the oral health of these populations may be realized.

**Keywords:** Education, fluoride varnish, international relief worker, short-term medical mission, sustainability, underserved population, preventative oral health, oral systemic, educational intervention, fluoride varnish application.
Acknowledgments

The authors would like to highlight several individuals that were integral to the success of this project. To Dr. Tammy Austin-Ketch for her expertise with remote and rural populations, assistance with project development, and helping us care for the medically underserved. To Dr. Pamela Paplham for her knowledge and guidance navigating the process of the DNP project, supporting us throughout our global journey, and encouraging us each step of the way. To Drs. Linda Paine Hughes and Molli Warunek, for their guidance, support, and passion working both domestically and abroad to address health care needs of remote and rural populations. To Dr. Joseph Gambacorta and the Buffalo Outreach and Community Assistance Fund, for their kindness in donation of FV product and assistance in obtaining additional supplies when supply outran demand.
Introduction

Every year, international relief workers collaborate through medical mission trips to provide health care and therapeutic services to underserved populations across the globe. When investigating the needs of host communities, it has been found that low-income countries (LIC) have a shortage of preventative oral health systems[1]. The lack of dental care in developing countries contributes to a myriad of poor health outcomes including loss of tooth structure and function, chronic pain, infection, medical complications, hospitalization, impaired speech, reduced nutrition, and inability to concentrate in school or work[2]. Targeting and preventing dental decay is important not only to combat the above outcomes, but also to counteract systemic issues linked to declining oral health. Bacteria from oral disease can gain systemic access via the circulatory system which can cause widespread inflammation within the body[3]. Systemic outcomes include worsening glycemic control for diabetics, increased hypercoagulability, and atherosclerotic development leading to cardiovascular disease[3]. Therefore, it is important to address oral-systemic disease as a target for long-term health outcomes in rural and remote settings.

LICs often have a higher oral disease level due to limited access to fluorinated water or poor quality dental care[1]. African, Asian, and Latin American countries may not have access to preventative health programs that include fluoride varnish (FV) due to a degradation in health care systems and/or a lack of adequate dental providers[1]. A call to action by the World Health Organization (WHO) indicated that without serious effort to modify risk factors and establish quality dental programs in LICs, the rate of dental caries will increase and subsequent health outcomes will continue to decline[1].

FV has shown to be effective in the prevention of dental caries and supports remineralization of enamel[4] thus helping to preserve the tooth. Topical FV includes 5% sodium fluoride and has a recommended application to all tooth surfaces twice yearly starting from age 6 months through adulthood [4]. FV works by binding to the surfaces of the tooth, which then acts as a reservoir to gradually release fluoride, counterbalancing future assaults to enamel[4]. When the fluoride is released, it then prevents demineralization and minimizes future dental decline[4].

FV application is paramount in the prevention of tooth decay with one single-dose application unit providing six months of cavity prevention[5]. Topical FV is the preferred method of fluoride delivery due to its ease of application, acceptability by patients, safety profile, and inexpensive cost[5]. With culturally appropriate training, FV has the potential to impact and improve global population health due to its low cost and probability for sustainable practice. As oral health care is an urgent concern among underserved populations in Haiti and Greece, an educational intervention targeting STMM relief providers that focused on topical FV application and oral health prevention education was implemented.

Significance

STMMs form an important piece of the healthcare network that brings medical care to underserved, remote and rural populations. It is vital that quality is assured so that adequate, up to date healthcare is delivered to culturally diverse patient populations. However, education is often not a formalized goal of mission organizations even though it is an important factor for both sustainability of practice and for ensuring that quality care is being provided after relief workers have departed[6].
Additionally, with regard to education, didactic components or information exchanges that occur during STMMs are often unstructured, without a formal evaluative or follow-up measure of practice[7].

A major impact of a STMM is the partnership in education created between medical service providers and the communities that they serve. Since STMM sites are often underserved, remote, or rural communities with limited access to preventative or specialty care, providers can utilize education to remedy this gap using sustainable healthcare practices[7]. Education is among the best strategies to improve the oral health of underserved populations[8], with educational interventions providing a long-lasting impact on oral health concerns.

As cost and/or availability often limits access to preventative dental care, use of FV is especially pertinent for low socioeconomic status groups [5]. FV application can be easily taught since it requires little to no medical background for adequate application. This makes FV education an optimal intervention for relief workers at STMM sites as a means to improve oral health and to increase oral health prevention measures among populations served.

**Statement of Purpose**

The purpose of this project was to educate STMM international relief workers on the importance of oral health issues and the effectiveness of FV application as a preventative measure to address the incongruence between services delivered and sustainable practices at STMM sites. Utilizing an evidence-based educational workshop on FV, as it applies to underserved populations such as those represented in Haiti and Greek refugee sites, provided a means for lasting oral health interventions at these STMM sites.

**Project Questions**

The project provided a FV educational program to relief workers at STMMs in Haiti and Greece. Individuals in Haiti and the refugee populations in Greece currently lack access to quality oral care as they are often “outside their habitual healthcare system, have limited financial resources, are living with reduced access to nutritious food and clean water, and have lost social support[s]”[8]. FV is an evidence-based intervention that can be efficiently taught to relief workers by nurse practitioners (NPs) to aid in improving the oral health of underserved populations. Therefore, the project queries whether or not providing education and training on FV application to international relief workers in a culturally appropriate manner helps to sustain the practice at STMMs that care for the medically underserved.

The main objective is to sustain FV practice at STMM sites in Haiti and Greece by educating relief workers. Three sub-objectives were:

1.) Workers will educate subsequent international relief workers on FV at initial site.

2.) Workers will continue the FV practice or disseminate education at next STMM assignment.

3.) Education will be tailored on application and importance of FV in a culturally appropriate manner.
Methods

Project Design

FV education was provided to international relief workers at two STMM sites; the first occurred in Haiti (27 April 2018) and the second took place in Lesvos, Greece (5 May 2018). The education was standardized based on empirical evidence used to support the rationale for FV, its cost effectiveness, and ease of use in a STMM setting. After the education was delivered, the potential participants’ preferred electronic contact method was obtained anonymously. At three and six months post educational intervention, an electronic survey was delivered to those that provided contact methods. The study team created the follow-up survey in English then translated it into six targeted languages for cultural competence. The languages included were Haitian/Creole, French, Greek, Turkish, Spanish, and Arabic.

The project included any member of the international relief worker team that attended the FV education workshop. These individuals consisted of hired workers from non-governmental organizations, volunteers, students, or any other person that provided aid in the STMM setting. The only inclusion criterion was that the individual identified as a member of the international relief worker team and did not need to identify as ‘medical’ personnel. There was no exclusion criterion. The total project sample size was 23 participants across both sites.

Study Methods

The surveys at three and six months were used as a follow-up tool for end data analysis to capture the effectiveness of the education as well as the sustainability of the FV practice. In order to ensure the survey’s validity, a panel of experts on FV, STMMs, and on Doctorate of Nursing Practice (DNP) advisement reviewed the questions prior to submission to the IRB. The panel reviewed the survey to ensure that the questions capture meaningful endpoints for the educational intervention. The participants were given the same survey at both three-and-six-months.

Descriptive statistics were utilized for analysis of basic information obtained on the first section of the survey. Demographic variables included age range, ethnicity, gender, and preferred spoken and written language. The STMM site was also identified along with confirmation of whether or not they were an international relief worker, student, interpreter, or other member of the relief team. Data was reported descriptively to obtain averages of responses and displayed in a frequency table located in Table 1.

Categories were compared at three versus six months. This allowed relationships to be seen in comparison of two data points on the same survey in addition to the relationship over time. If data points were missing or the participants chose ‘no response’, these values were included in the end analysis as the sample size was small. With this data analysis, a base understanding of continuation of FV practice was captured as well as participants continued interest in addressing oral healthcare needs.

Assumptions of methods selected included more than 50% of international relief workers believed that FV application is a useful and important intervention and would be willing to educate and/or deliver treatment at current or future STMM sites. It was expected that there would be an increase in number of international relief workers that have educated on FV from the 3-month to the 6-month follow-up survey. This was predicted in relation to the increase of time between surveys, allowing for more
opportunity to travel to new STMM sites. It also allowed for the new influx of relief workers at the STMM sites of Haiti and Greece to obtain the education from the relief workers that initially received the FV workshop.

**Ethical Considerations**

Both sites, Haiti and Greece, abide by international standards for ethical and quality medical care for the underprivileged and underserved. Pregnant women were included in subject selection as there was no projected potential harm due to the nature of the survey. Since the target population for the education and survey was international relief workers, there was diminished concern of working with a vulnerable population as these individuals are volunteers providing service aid to the medically underserved.

Having all survey results anonymous and all personal information de-identified protected the privacy interests of voluntary subjects. Preferred contact methods that were willingly divulged were kept in a secure folder by the principal investigators and were only used for dispensing of follow-up surveys. All data collected from follow-up surveys was stored on a password-encrypted laptop held by the principal investigators. There was no compensation for participation of subjects. Consent was a document preceding each survey with an electronic ‘yes’ or ‘no’ for participation. Additionally, no Internet Protocol addresses were collected during the survey process, which contributed to reduction in potential harm and anonymity.

**Ethics Approval**

Ethical approval was granted by the University at Buffalo Institutional Review Board with exempt status (IRB ID Number STUDY00002243).

**Results**

Three-month survey results returned a conservative sample size (n=9). At three months, the majority of participants found FV a useful practice (78%, n=7) with most reporting that they would be willing to educate STMM relief workers on FV in the future (78%, n=7). However, only 25% (n=2) had the opportunity to educate other relief workers on FV at three months. Six-month survey data revealed significantly smaller sample size (n=3). Here, all participants (n=3) still found the practice useful and reported a willingness to educate on FV in practice, but none had done so at the six-month mark.

Anticipated assumptions included that more than 50% of the participants would find the practice both useful and important and that they would express willingness to educate others and/or use the FV in the future. Both three and six-month data supported this assumption with 89% of the respondents indicating FV application as useful and important at three-months and 100% of the respondents indicating FV application as useful and important at six-months. Furthermore, 78% of the respondents were willing to educate other relief workers on FV at three-months with 100% of the respondents willing to educate other relief workers at six-months. It was also anticipated that the data would show an increase in education on oral health or FV by relief workers at six-months compared to three-month results. The responses did not support this assumption as only 25% of the respondents educated fellow relief workers on the subject at three-months but none had educated fellow relief workers at six-months despite the reported willingness to educate others at the six month mark. Data trends are presented below in Table 1.
Table 1: Percentages of Frequency of Fluoride Varnish Educational Follow-up Survey Results

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>3-month Results</th>
<th>6-month Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N= 9</td>
<td>N= 3</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 20-29</td>
<td>6 (67%)</td>
<td>2 (67%)</td>
</tr>
<tr>
<td>• 30-39</td>
<td>1 (11%)</td>
<td>1 (33%)</td>
</tr>
<tr>
<td>• 50-59</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td>• 60-69</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Male</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td>• Female</td>
<td>8 (89%)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• European</td>
<td>2 (22%)</td>
<td>1 (33%)</td>
</tr>
<tr>
<td>• American</td>
<td>7 (78%)</td>
<td>2 (67%)</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• English</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Are you an international relief worker?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>8 (89%)</td>
<td>0%</td>
</tr>
<tr>
<td>• No</td>
<td>1 (11%)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>STMM Site</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Haiti</td>
<td>6 (67%)</td>
<td>100%</td>
</tr>
<tr>
<td>• Greece</td>
<td>2 (22%)</td>
<td>0%</td>
</tr>
<tr>
<td>• Both</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Do you think FV application is useful and important?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>8 (89%)</td>
<td>100%</td>
</tr>
<tr>
<td>• Unsure</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Do you see fluoride varnish application as a useful practice for those individuals that you serve?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>7 (78%)</td>
<td>100%</td>
</tr>
<tr>
<td>• Unsure</td>
<td>2 (22%)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Would you be willing educate on fluoride varnish to subsequent international relief workers at the Haiti or Greece sites?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>7 (78%)</td>
<td>100%</td>
</tr>
<tr>
<td>• No</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td>• Unsure</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Have you educated other relief workers on fluoride varnish since receiving the educational intervention at your current STMM site?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>2 (23%)</td>
<td>0%</td>
</tr>
<tr>
<td>• No</td>
<td>6 (67%)</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Have you educated other relief workers on fluoride varnish since receiving the educational intervention at your next/new STMM site?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>1 (11%)</td>
<td>0%</td>
</tr>
<tr>
<td>• No</td>
<td>8 (89%)</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Note.* STMM = Short-term Medical Mission; FV = Fluoride Varnish
Implications

This project identified that underserved populations at both STMM sites benefited from the FV educational intervention. This project also supported that FV application could be a sustainable practice through ongoing relief worker training and education. Survey findings at both the 3-and-6-month end-point revealed that most participants thought that the FV practice was useful and that participants would be willing to continue this practice at their current or future sites. Education was found to be key in the success of sustainability regarding oral health issues at both STMM sites. Future projects can utilize findings resulting from this project as a guide as how to utilize education for implementation of sustainable interventions as well as how to improve capturing project end-points in international settings.

Limitations

Several limitations existed within the project. Although 23 individuals participated in the education between both STMM sites, total response on the electronic follow-up surveys was low (n=12). This may be due to the difficult nature of remote and rural relief work, limited access to internet or email, interest in the subject, or available time to respond. It is possible that the remaining participants have utilized the product on site, educated other relief workers, or brought the practice to other sites, but were unable to complete either the three or six-month survey. Therefore, it is not fully known the breadth of sustainability the project had at each site. It was noted 100% of surveys returned were English; none of the other language formats were chosen. This may be due to issues with translation, misinterpretation of population needs, or other areas of cultural competence that can be further explored in the future. Additional research is needed on these areas to determine effects within the target population. Addressing the limitations as well as expanding the sample size would help to minimize these concerns in future work.

Conclusions

Although survey responses were limited, more than 75% of participants after six months of time found FV a useful practice and reported oral health as a pertinent medical concern. Therefore, continuing to educate on these issues in rural and remote populations may begin to address these overwhelming needs in underserved communities. Education remains an important aspect of relief work, and should become a higher priority for sustainability of healthcare practices in any setting. Future work is needed in this area to increase rigorous educational programs in rural and remote areas served through international relief trips. Addressing these needs through education may help to sustain health practices beyond the relief workers’ time on site and may even improve overall outcomes longitudinally. This project is a call to action for those serving remote, rural, and underserved populations to include evidence-based education as a key component to healthcare practices delivered on site.
References

Submit a new article

Articles I have contributed to

5229 - Culturally appropriate education for international relief workers: Can education on fluoride varnish help sustain the practice at short-term medical mission sites?
Status: Checks. Project Report. submitted on 7 December 2018
March 27, 2018

Dear AMANDA ADAMS,

On 3/27/2018, the University at Buffalo IRB reviewed the following submission:

<table>
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<th>Type of Review:</th>
<th>Initial Study</th>
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<td>Title of Study:</td>
<td>Does utilizing culturally appropriate follow-up surveys on fluoride varnish help sustain the practice at short term medical mission sites?</td>
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<tr>
<td>Investigator:</td>
<td>AMANDA ADAMS</td>
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<tr>
<td>IRB ID:</td>
<td>STUDY00002243</td>
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<tr>
<td>Funding:</td>
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<td>Grant ID:</td>
<td>None</td>
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<td>IND, IDE, or HDE:</td>
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<td>• Survey (3 &amp; 6 months) Spanish, Category: Surveys/Questionnaires;</td>
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<td></td>
<td>• Survey (3 &amp; 6 months) Greek, Category: Surveys/Questionnaires;</td>
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<td></td>
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<td>• Survey (3 &amp; 6 months) English , Category: Surveys/Questionnaires;</td>
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<tr>
<td></td>
<td>• Pre-Survey Consent , Category: Consent Form;</td>
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<td></td>
<td>• Recruitment script, Category: Recruitment Materials;</td>
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The University at Buffalo Institutional Review Board has considered the submission for the project referenced above on 3/27/2018 and determined it to be Exempt.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the IRB Library within the Click system.
UBIRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consent forms will be used. If modifications are needed that may change the exemption determination, please contact the UB IRB Office. Also, see the Worksheet: Exempt Determination (HRP-312) for information on exemption criteria and categories.

As principal investigator for this study involving human participants, you have responsibilities to the SUNY University at Buffalo IRB (UBIRB) as follows:

1. Ensuring that no subjects are enrolled prior to the IRB approval date.

2. Ensuring that the UBIRB is notified of:
   - All Reportable Information in accordance with the Reportable New Information Smart Form.
   - Project closure/completion by submitting a Continuing Review/Modification/Study Closure Smart Form in Click.

3. Ensuring that the protocol is followed as approved by UBIRB unless minor changes that do not impact the exempt determination are made.

4. Ensuring that the study is conducted in compliance with all UBIRB decisions, conditions, and requirements.

5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.

6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the UBIRB at 716-888-4888 or ub-irb@buffalo.edu.
Background & Significance
- Unmet health needs in international relief communities are a long-standing World Health Organization priority (*Walker & Oseiga, 2015*).
- Fistulas are a serious intervention to prevent and reverse maternal and fetal outcomes.
- Family planning (FP) applications are inexpensive, are easily adapted, and have high impact on health. Use application 6 months, coverage.
- Education is an underutilized component of international relief worker training at short-term medical missions (STMM) sites.
- Education on social health interventions positively impacts sustainability of practice in underserved refugee populations (*Kovac et al, 2014*).

Purpose
- Educate international relief workers on the importance of FP in the medical mission setting.
- Increase awareness of FP and its importance.  
  - FP education is an overlooked component in short-term medical mission training.
  - Education on social health interventions positively impacts sustainability of practice in underserved refugee populations.

Study Questions & Objectives
- Will providing education and training on FP to international relief workers improve the delivery of appropriate FP services to underserved communities?

Methods
- Pre-Post educational workshop for international relief workers on FP
- Evaluation conducted at the end of the workshop

Expected Outcomes
- Increased knowledge and awareness of FP among international relief workers.
- Improved ability to provide appropriate FP services to underserved populations.

Results
- Pre-Post educational workshop for international relief workers on FP
- Evaluation conducted at the end of the workshop

Implications
- This project will help international relief workers understand the importance of FP in the medical mission setting.
- Education on social health interventions positively impacts sustainability of practice in underserved refugee populations.
- Further research is needed to assess the feasibility of implementing FP services in the medical mission setting.

The Essentials of Doctoral Education for Advanced Nursing Practice Addressed
- The goals and objectives of the University at Buffalo
- The role of the doctor of nursing practice in advancing the field of nursing
- The importance of evidence-based practice in nursing care delivery

References