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| Application for Global Health Outreach Events |
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**About the ASE Foundation’s Program**

The ASE Foundation’s global health outreach events program is designed to bring humanitarian adult and/or pediatric cardiac care to underserved populations in the U.S. and developing countries. Our events serve to teach local clinicians enhanced techniques and skills, advance population health research through data collection, and provide direct services to those in need.

These efforts not only impact the lives and well-being of countless individuals in underserved populations, but they also serve to spotlight the versatility and adaptability of cardiovascular ultrasound and advance practice standards to uniform treatment and improve patient care worldwide.

**Criteria and Principles for ASE Foundation Events**

*Adopted by ASE and the ASE Foundation on March 20, 2016*

To assist the ASE Foundation in implementing future global health outreach events, it has identified an official set of selection criteria and planning principles. These principles will allow the Foundation to expand its program in a meaningful way, while also not losing sight of the principles beyond why we do these events and the logistical aspects that make them most effective.

1. Purpose: ASEF outreach events should include a research and/or education/training component, in addition to patient care. They should not be just patient screening activities.
2. Staffing: All ASEF outreach events will include at least one ASE employee (staff) to provide the legal representative for the organization on-site. This staff member will be in charge of logistical arrangements, volunteer coordination, and media interactions. All decisions related to a change in funding needs or allocations, logistical operations, and/or volunteer management will be discussed with the team leaders but ultimately approved by staff. These employee placements will be limited to senior staff (more than five years on the job or at the level of Manager or VP) with previous ASE-related international travel experience.
3. Patient events must include a mechanism of follow-up for patient care (i.e. affiliation with a hospital, group of clinicians, or medical facility in-country).
4. Team leaders will be asked to join an annual, joint debriefing at the ASE Scientific Sessions to facilitate shared knowledge and lessons learned. This debriefing will be captured and the notes shared with future team leaders.
5. Team composition:
	1. Each event has to have a local, in-country champion to help facilitate local arrangements and cultural sensitivities. This person does not need to be an ASE member. This individual should serve a team leader role.
	2. At least one or two team members should be repeat outreach event volunteers (i.e., have participated in past ASEF events) to bring their experience and seniority to the project.
	3. If the event includes research/data collection, the team should include/designate a research leader as well.
	4. A gender balance is preferred, depending on culture for appropriate patient care.
	5. At least one volunteer on the team should be a native speaker of the local language. This can be the in-country champion/team leader.
	6. We prefer to have outreach events composed of smaller teams (less than 15 people) as this eases on-site space requirements, in-country travel, and overall safety for the group.
	7. Teams should not include more than two people from the same institution. Staff will select volunteers to ensure balance and appropriate skill sets. Criteria includes prioritizing those with:
		1. FASE;
		2. Areas of skill and expertise specific to the event;
		3. Language skills appropriate to the country;
		4. Ability to pay own way to the nearest international airport (ASEF will cover all in-country travel necessary).
6. Safety first: teams have to recognize the authority of the ASE staff member on-site to make safety decisions on behalf of the group. Teams are also expected to follow the Centers for Disease Control and Prevention international travel recommendations for vaccines and immunizations.

As we continue holding these programs over the coming years, we expect this framework will grow and evolve accordingly.

**Event Application**

The ASE Foundation is currently accepting proposals for events to be held during 2020 and forward. If you would like to propose an event for consideration, please use this form to provide us with as much information as possible. When reviewing event applications, they are strongly weighted to select programs that adhere to the criteria and principles outlined below; feature the involvement of dependable, experienced leadership; include the existence of an applicable infrastructure for logistical support within the host country; and include fully integrated mechanisms for patient-care follow-up. In addition, strong consideration is given to the needed level of financial and staff support resources.

If you have any questions or require any assistance with your application, please contact Foundation staff:

* Rhonda Price at 1-919-861-5574 x 7159 or rprice@asecho.org
* Andrea Van Hoever at 1-919-861-5574 x 7163 or avanhoever@asecho.org

**Contact Information for Event Nominator**

*First Name:*  Click here to enter text.

*Last Name:*  Click here to enter text.

*Credentials:*  Click here to enter text.

*Institution:* Click here to enter text.

*City/State/Country:*  Click here to enter text.

*Email:*  Click here to enter text.

*Daytime Phone Number:*  Click here to enter text.

*Please describe your personal experience with humanitarian aid and/or training events. Have you participated in these types of events before, either at home or abroad, with ASE or another organization?*

Click here to enter text.

**About the Event**

*Proposed location (city/country).*

Click here to enter text.

*Proposed dates (month/year).*

Click here to enter text.

*Proposed team leaders, with credentials and institutional/organizational affiliations. Note: at least one team leader must be a current ASE member.*

Click here to enter text.

*What would be the focus of this event? Select all that apply.*

[ ]  Direct patient care (underserved area/area in crisis). Underserved is defined as those who have a health disparity and lack awareness of, or access to, medically appropriate healthcare.

[ ]  Educational outreach/clinical training of local healthcare providers.

[ ]  Research/public health data collection.

[ ]  Other. If you selected other, please explain.

Click here to enter text.

*Please provide a brief summary of the proposed scope and focus of this event.*

Click here to enter text.

*What is the perceived need for this event in this specific location?*

Click here to enter text.

*Please describe the event’s target population/audience. Use of sourced references is encouraged.*

Click here to enter text.

*Please describe the planned patient care activities, if applicable. How are the intended beneficiaries underserved? What is the intended process for patient care follow-up? Use of sourced references is encouraged.*

Click here to enter text.

*Please describe the planned educational outreach/clinical training activities, if applicable. How do you think the education provided will impact local care? Use of sourced references is encouraged.*

Click here to enter text.

*Please describe the planned research/public health data collection activities, if applicable. What is the problem/issue/question that will be addressed by this event? Why is this problem interesting or important? Why is this data needed? Use of sourced references is encouraged.*

Click here to enter text.

*What are the anticipated volunteer needs? Select all that apply.*

[ ]  On-site/in-country Physicians

[ ]  On-site/in-country Sonographers

[ ]  Remote experts/trainers

[ ]  Others. If you selected others, please explain.

Click here to enter text.

*How many total volunteers do you anticipate needing?*

Click here to enter text.

*What type of on-site/in-country equipment or devices do you anticipate needing?*

Click here to enter text.

*Has a relationship with an industry partner already been established or mandated? Or a partnership agreement with another organization? Please briefly describe any collaborative relationships for this event, either in place or proposed.*

Click here to enter text.

*Are you aware of any cultural or political sensitivities related to using any particular cardiovascular equipment vendor in-country?*

Click here to enter text.

**About the Location**

*Please briefly describe the proposed location for this event.*

Click here to enter text.

*Please describe your relationship and/or the proposed team leaders’ relationship to the location.*

Click here to enter text.

*Please describe any local contacts and resources in place that would help with on-site logistics.*

Click here to enter text.

*How far is the proposed location from an international airport?*

Click here to enter text.

*Are there any potential obstacles related to this location (e.g., travel restrictions, volunteer access or safety concerns, language barriers, government/regulatory issues, etc.)?*

Click here to enter text.

**Additional Information**

*Why are you proposing this event for ASE Foundation involvement? Why should the ASE Foundation choose to participate in this event? What do you see as unique opportunities that would result from the Foundation’s involvement?*

Click here to enter text.

*How would this proposed event differ from, or be similar to, previous ASE Foundation events? (See* [*ASEFoundation.org/why-donate/globalhealth/*](http://www.asefoundation.org/why-donate/globalhealth/)*.)*

Click here to enter text.

*Please describe the financial and staff support your proposed event would need from the ASE Foundation. If you need assistance in this area, please contact Foundation staff.*

Click here to enter text.

*What other sources of support will be provided outside of the ASE Foundation?*

Click here to enter text.

*What do you think would be the long-term, residual impact of holding this specific event in this location?*

Click here to enter text.

*How will you measure the success of this event?*

Click here to enter text.

*Please use this area for any additional comments.*

Click here to enter text.

**Signature**

*In submitting this event proposal, I confirm that I have read the ASE Foundation’s criteria and principles for implementing its global health initiatives and humanitarian events program and agree to abide by them. I verify that the information provided regarding this proposed event is accurate and complete to the best of my knowledge.*

*Signature:*  Click here to enter text.

*Date:*  Click here to enter text.