

NEXUS

Physician Assistants for Global Health Monthly Newsletter

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CONTENTS

Welcome ... 1

Student Corner...2

Health Disparities . . . 4

Announcements . . . 5

Careers ... 5

Service Trips ... 5

Organizations . . . 6

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lthough some of our members have extensive international experience, many of the PAs and PA students who join PAGH have never volunteered internationally. Instead an interest, or in some a passion, was ignited through a personal experience that led them to turn their sights globally. Even with this newfound desire to apply their skills in the areas of the greatest need, much of the time it can be difficult to find the funds, the necessary time, or maybe even the courage to interrupt their everyday lives in order to carry out their plans. After years of dreaming and scheming without achieving their goal, it is easy for many to feel that they are not contributing to the effort to improve global health.

Although these PAs and PA students may not be getting an exotic stamp in their passport, simply being aware of the global need for improved care and access to care can make a dramatic difference. This recognition of need attunes the ears and the mind, ensuring that when a need arises around us that may have world-wide impact, it doesn't simply get lost in the hustle and bustle of our daily lives.

This could mean directing that passion for global health into a contribution to help stop child trafficking, an effort which, although carried out locally, could impact that lives of children across the world. It could mean recognizing the need for sunglasses in an equatorial city in an underdeveloped country and creating a local effort which eventually donates a surplus of eyewear to those individuals. Although it's not the idealized story of setting up a clinic in the middle of an impoverished country, these efforts can have a very real, incredibly significant impact on those in need.

So, while you're waiting to start that world-trotting journey of a lifetime, make sure your passion for global health keeps you searching for other ways to help out. Consider local efforts which might have an international impact. Even a small contribution can be a life changing event for those people it's meant to help.

Sincerely, Jacob Hauptman, PA-C President, PAGH



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Student Corner: Dengue at the US-Mexico Border

Laura Tippit, MPH, PA-S, University of Colorado, Denver Physician Assistant Program

we get mosquitos all the time. They are everywhere", an older woman named Mariana replied as she invited me into her home. She continued to tell me that they leave their windows open often to cool off in the evenings for relief from the hot Arizona air. Her home was humble and modest, made of broken down adobe in the south side of town. The smell of tomales flooded from the kitchen and her words were touched with a slight Spanish accent. She explained that she was from Sonora, Mexico, as many southern Arizona residents in the neighborhood were, and that she was very familiar with dengue fever, the disease we were investigating.

Before starting PA school, I was working with the Border Infectious Disease Surveillance program (BIDS), which is part of the Arizona Department of Health Services, and partners at the University of Arizona as part of my masters in public health thesis. BIDS has offices in other border states and also receives CDC funding to investigate infectious disease outbreaks, initiate public health surveillance, and more in the U.S. Mexico border region. This region is particularly vulnerable to health disparities as it is a medically underserved area, has lower education levels, and lower average salaries compared to the rest of the

U.S.¹ In fact, the populations in the four border states account for 30% of the total uninsured US population.² The Mexican labor market drives the border economy and influences high rates of regular daily border crossings.3 Highly fluid binational traffic in the region increases the chances of spreading communicable disease, particularly

diseases such as dengue that are established in Mexico and could be introduced into the U.S. population. In some places like southern Texas there are already some dengue outbreaks and locally transmitted infections. Arizona, like



Texas, happens to have the mosquito vector for dengue- the aedes aegypti mosquito.

This is why I was going from home to home asking people like Mariana about their mosquito related behaviors and doing surveys of their yards to search for and collect mosquito larvae. Perhaps, its socioeconomic conditions like access to air conditioning that seems to draw an invisible line of dengue prevalence at the U.S.-Mexico border. Or maybe it is a geography issue or climate factors that limited the age structure of the vector.

Continues to Page 3





Student Corner: Dengue at the US-Mexico Border (cont.)

Laura Tippit, MPH, PA-S, University of Colorado, Denver Physician Assistant Program

As the investigation went on, I was amazed at the "global" experience I was having my own state. My previous global health work had been far away in places like Nicaragua, Vietnam, and India, and yet here I was going door to door from beautiful mansions with watered lawns to run down single room homes with immigrant families seeing socioeconomic disparities similar to what I had seen abroad. "Remember", the words of one of my professors echoed, "global health does necessarily mean doing outreach abroad. In its most basic sense, global health is the health of the global community, and the nature of one country affects everyone". His words rang true as I went door to door getting to know the people living in my own community. I spoke to people who constantly faced scrutiny over the legal or illegal status of their immigration. I saw people who were forced to work minimum wage jobs to provide for a family of 5, and people with uncontrolled diabetes who did not have health insurance. Of interest to the dengue fever project I was working on, I saw people who could not afford AC, window screens, or mosquito repellent, which increased their contact with mosquitos. These were people living in Arizona who were at higher risk for mosquito borne illness, and could play a role in the spread of diseases like dengue – if it was present in southern Arizona at all. "What happens to one community and one person can have an impact on everyone", my professor's words further echoed.

I realized the interconnectedness that inherently exists within the global community, and that political lines and boundaries can become blurred when it comes to infectious disease and really all public health matters. Though no cases of dengue were identified through the investigation, it highlighted to me the importance of understanding vulnerable and marginalized populations in our own country that can be most affected by disease because socioeconomic conditions and access to care issues. These populations in my own state could be the ones who would first be affected by diseases crossing the border, and as such deserve



special attention in future public health and global health endeavors. The experience opened my eyes to an area of global health that I had not considered as much: not the countries themselves necessarily, but the regions between them that often fall of the map and are so vulnerable to poor health outcomes and perpetuated disease. These regions are areas that I hope to bring care to as PA in the future, and these areas are places I hope to draw attention to in hopes of diminishing the disparities that are so rampant there.

References

- 1. US Census Bureau. Small Area Health Insurance Estimates (SAHIE) program. Available at: www.census.gove/hhes/www/sahie/index.html. Accessed April 17, 2008.)
- 2. US Census Bureau. Small Area Income and Poverty Estimates (SAIPE) program. Accessed April 17th 2013. www.census.gov/hhes/www/saipe/index.html
- 3. Núria Homedes and Antonio Ugalde. Globalization and Health at the United States–Mexico Border. American Journal of Public Health: December 2003, Vol. 93, No. 12, pp. 2016-2022.



Decreasing Healthcare Disparities: Hepatitis

Ismah Jawed, PA-C

s World Hepatitis Day just passed on July 28th, the World Health Organization, World Hepatitis Alliance and other global organizations campaigned to increase awareness of this often forgotten threat. Viral hepatitis kills 1.5 million people globally which is as many as by HIV/AIDS. Unfortunately even with known methods of prevention, vaccinations and treatment options, millions are still affected particularly in developing and uneducated populations. ¹

Due to its transmission through contaminated food and water, Hepatitis A hits those living in poverty with poor sanitation and no access to safe drinking water. In developing countries with inadequate sanitary conditions, 90% of children have been infected with hepatitis A before the age of 10.2 As discussed in the last newsletter, communities in rural areas, low income settlements and low levels of education are more likely to not have access to safe water. Despite the safe and effective vaccine for hepatitis B, more than 780,000 people die each year due to its consequences. In endemic areas, hepatitis B is most commonly transmitted from a mother to child during childbirth. Efforts are being made to improve perinatal care including screening and education.3

Hepatitis C is also found globally with greatest prevalence in Central and East Asia and North Africa. WHO representatives and health care workers in Egypt have recently strengthened efforts to prevent the spread of hepatitis C which kills 40,000 Egyptians annually. Also, since 8 out of 10 new infections occur in hospitals and clinics, infection control training for health care workers in Egypt is especially important. Reusing needles is a common practice due to the high cost of sterilization. A dentist in a poor rural area would likely spend more on equipment sterilization than earnings from treating a patient.4

If you are working in areas in need of increased awareness and education, education materials can be found at www.worldhepatitisalliance.org.

References

1) World Hepatitis Day: Think Again. June 2014. World Health Organization. www.who.int/campaigns/hepatitis-day/2014/event/en/

2) Hepatitis A Fact Sheet. (June 2014). World Health Organization.

www.who.int/mediacentre/factsheets/fs328/en/3) Hepatitis B Fact Sheet. (July 2014). World Health Organization.

www.who.int/mediacentre/factsheets/fs204/en/4) Egypt steps up efforts against hepatitis C. July 2014. World Health Organization.

www.who.int/features/2014/egypt-campaign-hepatitisc/en/



Announcements

Welcome To Our New and Returning Fellow Members!

Monica Christopher, Christina Berry, Mary Kay, Jessica Roberts, Tiffany Griffin, Theresa Fewless, Joy Wells, Shannon Campbell, Andrew Kretovic, Julie Sharrer, Claudia Pyle, Barbara Lewis.

Welcome To Our New and Returning Student Members!

Kaitlin Kelly, Danielle Burke, Kenneth Iwuafor, Emily Cancellare, Sandra George, Jenn Kownack, Melissa Szczerba, Stephanie Foster, Erika Acuna.

U.S. Department of State

is now recruiting *Foreign Service Health Practitioners*. Applications due on **August 27, 2014**.

http://careers.state.gov/specialist/vacancy-announcements/
hp?source=govdelivery&utm_medium=email&utm_source=govdelivery

PA INVEST 2014

October 30 - November 1, 2014. Amsterdam.

www.pa-invest.nl/en/Amsterdam_20_291.html
 To celebrate their 10th anniversary the Dutch Association of Physician Assistants (NAPA) is inviting physician assistants and PA educators from around the world to participate in the international congress.

Upcoming Medical Service Trips

Peacework Medical Projects

www.peaceworkmedical.com
Ranquitte, Haiti: September 2014 (12 days).
Non-medical positions also available
(rebuilding, security, interpreters, and more).

International Medical Relief

www.internationalmedicalrelief.org
Thailand Gulf: Sept 20-28, 2014
Myanmar: Oct 4-12, 2014
Uganda: Oct 25 – Nov 1, 2014
Indonesia: Nov 22-30, 2014
Haiti: Dec 27, 2014 – Jan 3, 2015

Flying Samaritans

www.flyingsamaritans.net
Frequent trips originating from California and Arizona to clinics
throughout Baja California, Mexico



Volunteer Organizations

If you are aware of any trips or organizations that are looking for **PA volunteers**, please contact *pasforglobalhealth@gmail.com*. Please Note: it is not our desire to promote specific organizations only to connect PAs with opportunities and encourage professional philanthropy. This information is not an endorsement of these organizations.

Africa Cancer Care Inc - International opportunities with an oncology focus. www.africacancercareinc.org

Amazon Promise - Medical trips to portions of the Amazon Basin. www.amazonpromise.org

Benjamin Wellness Center - Opportunities in Gatamaiyu, Kenya. www.benjaminwellness.org

Christian Medical and Dental Assistance - www.cmda.org

Community Coalition For Haiti - need for medical professionals for 1-2 week trips to staff a primary clinic in Jacmel, Haiti. *www.cchaiti.org*

Exploration Logistics - Places PAs worldwide to serve as medical support for various expeditions. Positions include oil rigs and other industrial projects, etc. *www.elgfze.com*

FIMRC Global Health Volunteer Program - Opportunities in El Salvador, Nicaragua, Peru, Costa Rica, India, and Uganda. *www.fimrc.org*

Flying Doctors of America provides medical assistance and hope to as many of the poor and needy as they are able to reach. Medical & dental teams to wherever the current need is. *www.fdoamerica.org*

Flying Samaritans Mexico - year-round for Baja California, Mexico. www.flyingsamaritans.net

Global Brigades - www.globalbrigades.org

Goabroad.com - Assists different professions with placement internationally. www.qoabroad.com

Grounds for Health - Uses PAs in Africa, Mexico, Peru, Nicaragua. www. groundsforhealth.org

Health Horizon International - www.hhidr.org

Heal the Children - Ecuador, Haiti. Contact: jensorooni@gmail.com. www.healthechildren.us

Heart to Heart International - weekly trips to Hait and Guatemala. www.hearttoheart.org

Holy Rosary International Medical Mission - www.hrimm.org

Hospitals of Hope - Bolivia, Haiti, and Liberia. www.hospitalsofhope.org

ICHA Outreach to fight Cardiovascular Disease - Ghana. www.ichaonline.org

International Medical Relief: Currently recruiting for a trip to Pakistan. Also trips to Asia, Africa, South & Central America, Eastern Europe. www.internationalmedicalrelief.org



Volunteer Organizations

Kenya Relief - www.kenyarelief.org

Lalmba - Lake Victoria in Kenya and in a rain-forest in Ethiopia. Goals are clinical medicine, coupled with public health, and working with local physicians. *www.lalmba.org*

Many Hands For Haiti - www.mh4h.org

Medical Missions Response - North Africa, Middle East, South/East Asia. www.mmronline.org

Mercy Ships - volunteer opportunities aboard "hospital ships". www.mercyships.org

Mountain Medics International - Cordillera Huayhuash, Peru. www.mountainmedics.org

Nunoa Project - two trips a year to Peru. www.nunoaproject.org

NYC Medics - deployment to disaster zones and humanitarian emergencies. www.nycmedics.org

Omni Med - work focused in Uganda. www.omnimed.org

Operation Smiles: providing surgeries around the world. www.operationsmile.org

Palmetto Medical Initiative - www.palmettomedical.org

Panama Global Connections - www.panamaglobalconnections.com

Peacework Medical Projects - www.peaceworkmedical.com

Physicians for Peace - work in Central/South America, Africa, Asia. www.physiciansforpeace.org

Project HOPE - land-based and ship-based care to regions around the world. www.projecthope.org

Rotations and Courses Internationally - www.gorgas.dom.uab.edu and www.cugh.org

The Carolina Honduras Health Foundation - Limón, Honduras. Active clinic, frequent need for medical volunteers. *www.carolinahonduras.org*

The Damien House - Leprosy in Guayaquil, Ecuador - http://thedamienhouse.org/aboutus.html

Timmy Global Health - looking for volunteers year-round. www.timmyglobalhealth.org

US Doctors For Africa - utilizes PAs for Africa work. www.usdfa.org

Volunteer Kenya / ICODEI - accepting PA volunteers year-round - www.volunteerkenya.org

WellShare International - www.wellshareinternational.org

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