Hello PAGH Members!

I am very excited to announce the new members we have elected to our board:

Vice President - Johnna Jaynstein
Student Representative - Alan O'Donnell
Scholarship/Grant Chair - Joanne Melson
Membership Chair - Kristen Dollahite

Also our wonderful treasurer who has served faithfully for 3 years, Britta Kolodziej, is stepping down and Jamie Weiss will take over her position later this year.

We still need a website coordinator assistant so if any of you are savvy with online/computer skills please let me know if you'd like to donate some time toward this endeavor. Google 'physician assistant global health" and you'll see we are the first on the search menu. AAPA also endorses PAGH as the go-to organization for questions about PAs practicing internationally. Consequently I frequently get emails from people both inside and outside of the US inquiring about our organization. I think a more current streaming of information to our website with an improved internet presence would serve not just our membership base better but also curious minds around the world.

I will be serving as the House of Delegate rep for PAGH at the AAPA conference in May. If any of you will be in San Antonio for the conference please don't hesitate to come by our booth and sit in on the meeting where we will have guest speakers. I'd love to meet you in person and hear your thoughts, experiences, and ideas for a better future for PAGH!

Cheers,

Jessica Roberts, President of PAGH
Decreasing Health Disparities: 
*Influenza*

Ismah Jawed, PA-C

As the influenza season passes, we are reminded of the need to increase vaccination coverage. Health disparities among ethnic minority groups and uninsured are particularly evident for preventive health services and preventable diseases including influenza. During the 2011-12 season in the United States, influenza vaccination among non-Hispanic blacks and Hispanics were significantly lower that among non-Hispanic whites of adults.

Globally, there is an annual attack rate of 5%-10% in adults and 20%-30% in children, resulting in 3-5 million cases of severe illness and 250,000-500,000 deaths. A large percentage of child deaths due to influenza occur in developing countries annually.

There are multiple explanations for the differences in influenza vaccination rates among these groups. Some include mistrust of the health care system, barriers to access due to insurance status, language skills, and cost as well as misunderstanding of vaccination risks and benefits.

It has been proposed to decrease the disparities by minimizing barriers, increasing patient education and public health campaigns and focus on local needs of the community. The CDC also recommends to reach minority populations by setting reminder systems, having standing orders of vaccination, creating immunization registries and increase public and provider awareness of the importance of immunizations.

If you are working in areas in need of increased awareness and education, education materials can be found at www.cdc.gov/flu/professionals/index.htm.

References:
3) Influenza (Seasonal) Fact Sheet. (2014). World Health Organization.
Guidelines for Culturally Competent Health Care  
Part 4: South Asian Americans  
Ishmah Jawed, MSPAS, PA-C

This is the fourth of a 5-part series which will be published in the NEXUS. For the full PDS please visit our website, www.pasforglobalhealth.com

South Asian Americans refers to those who originate from the India, Pakistan, Bangladesh, Sri Lanka, and Nepal. India is the most frequent country of origin for recent immigrants.24

The South Asian population in the U.S. consists of 2.2 million people.24

South Asians in the U.S. have premature heart disease at 3-4 times the rate of other Americans.25

ETIQUETTE

A provider should be aware of nonverbal communication differences. For example, South Asians are often taught to shake hands softly rather than firmly as Americans do. Also shaking or nodding of the head may simply indicate the patient listening yet not understanding or agreeing.

Indirect eye contact may be preferred to direct eye contact as a sign of respect.

Addressing all family members is important to acknowledge the family value. Interpersonal and extended family relationships are emphasized in the culture.27

COMMON BELIEFS

Religions vary in the Indian subcontinent. Hinduism is the Predominant religion in India, Islam in Bangladesh and Pakistan/Buddhism in Sri Lanka.

South Asians believe that encouraging hope is a key component of survival.

As with other Asian cultures, in the South Asian culture mental illness has a strong negative connotation leading to progression of severe symptoms prior to initial care. Younger individuals are faced with challenges of assimilating into the American culture. As mental illnesses are believed to fun in families, younger individuals may hide of deny their feelings as well as their parents' to avoid challenges getting married. Older individuals often immigrate to the U.S. to join their children and may develop depression having to adapt to the differences of environment, culture and language of their home countries.27

In Hinduism, illness is often believed to be caused by 'karma,' the concept that actions and behaviors of one's past life affects the circumstances to which one is born in the next life.26

TRADITIONAL REMEDIES

The traditional Indian system of medicine is called Ayurvedic medicine. The root words of the term are 'ayu' meaning life and 'veda' meaning knowledge in the Sanskrit language. This system not only focuses on physical disease but instead encompasses the

Greetings/Phrases - There are more than 300 languages and dialects spoken in India and Hindi is the national language.26

Hello/Common Salutation ... Namaste (Hindu greeting)

My name is ... Mera naam __________ hai

We are waiting for an interpreter ... Hum Dubhashiya ka intesaar kar rahein hain

LEADING CAUSES OF DEATH/DISPARITIES

1. CANCER
2. HEART DISEASE
3. STROKE
4. UNINTENTIONAL INJURIES
5. DIABETES
6. INFLUENZA/PNEUMONIA
7. CHRONIC LOWER RESP. DISEASE
8. KIDNEY DISEASE
9. ALZHEIMER'S DISEASE
10. SUICIDE
STUDENT CORNER

PAGH Scholarship Recipient goes to Uganda
Brian Bixler, PA Graduate from Jefferson College of Health Sciences

In 2015, I received a PAGH scholarship for my clinical rotation in Magale, Uganda, a small town situated beneath impressive cliffs that plateau onto the southern slopes of Mt. Elgon along Uganda’s eastern border with Kenya. This article serves to tell you a little about my trip, the organization with which I traveled, and a small bit about this author.

I came to medicine through a growing interest in pre-hospital care while working at a ski resort in the days, writing or playing music at night, and, in general, playing outdoors. Pre-hospital care quickly evolved into a desire to diagnose and treat; so when I was ready to retire my vagabond lifestyle, I began the journey to PA school, starting with 50 hours of science prerequisites (I had earned a BA in English and Music years before). Five years later, I am now a graduate of Jefferson College of Health Sciences ready to begin my career as a PA.

Last October, I traveled with Global Health Educators (GHE), a small nonprofit in Roanoke Virginia with which my school has partnered, to a convent situated between the Magale Health Center—equipped with wards to admit patients, multiple providers, and a surgical theatre—and the St. Angela’s girl’s school, which is comprised of “commuting” day students, boarders, and orphans. GHE’s programs have come to involve both establishments. The convent has been GHE’s rock in the area when GHE is present and when it is absent.

Magale is a level IV health center. Only regional hospitals and the national hospital in Kampala are better equipped. Medical facilities that have the designation I-III range from village volunteer health teams with medications to treat common conditions like malaria to a health center with staff, a clinical officer (Uganda’s PA equivalent), laboratory, and maternity ward. Often, patients that come to Magale, whether or not they have been seen at another facility, are quite sick, sometimes requiring transfer by ambulance to the nearest regional hospital. Inpatients at Magale must provide their own food, clothes and linens so family members are on the grounds throughout the day to provide for their loved ones.

GHE’s impact and the programs it has implemented are beyond the scope of this article, but the general goal is to create sustainable health changes through education. An example of their impact can be seen in surgery, where staff perform epidurals and use an anesthesia machine.

They are the only level IV facility to consistently do this. The district health officer took notice and will be sending physicians from other level IV health centers to train with GHE in March.

With this focus on education and changes that are sustainable, GHE asked each of the students on the trip to develop or expand a health project during our stay. I chose a vision project, which grew from GHE observing children squinting to see a projector presentation and that no children at the school wear glasses.

The World Health Organization (WHO) estimates that 75-80% of all causes of visual impairment are preventable or curable.
Its 2010 global data report found that 43% of visual impairment is due to uncorrected refractory error and cataracts cause 33%. It seemed that a simple solution to fix the majority of the population would be affordable glasses and cataract prevention education. Our focus this visit was on affordable glasses.

With grant money for the project, GHE purchased adjustable glasses that could be initially adjusted by the wearer, and then permanently set at that level of correction. We taught the staff at the hospital and teachers at the school how to determine if a person’s vision problem was due to refractory error using a simple visual acuity exam with a pinhole test. We then taught them how to fit the qualifying individual with the glasses. We successfully fit one hospital employee with glasses during the class, but were largely unsuccessful in implementing any plan for the hospital and its patients during this visit.

Fortunately, we had great success at the school. A Sister had preselected five teachers to help with the program and they proved very eager to do so.

During our sessions with them, they learned the visual acuity exam, how to adjust the glasses, and screened 30 orphan students—fitting five of them with glasses. They formed the Vision Impairment Committee and plan to follow up with us in the coming months. We left the remaining glasses with them in hopes that they will continue to screen the children in our absence.

My hope is that when GHE returns to Magale they will find more children wearing the glasses at school; and with initial success, GHE can begin to develop a long-term program. I feel a positive difference is being made and saw GHE’s lasting success; but it seems differences in the developing world take more small steps than I expected and everything seems to ebb and flow—with constant ripples obscuring the direction of the tide.

ANNOUNCEMENTS

Welcome:


THIS YEARS AAPA CONFERENCE IS RIGHT AROUND THE CORNER

PAGH wants photos to post on our booth in the Exhibit Hall at AAPA 2016 in San Antonio. We are looking for photos from our members from their trips to promote global health. Send one of your favorite photos in HIGH-RESOLUTION & include: 1) Location, 2) Date, 3) Activity that the photo depicts.

PAGH is looking for speakers to present at our meeting during the 2016 AAPA Conference. Volunteers must have adequate knowledge about our missions, be enthusiastic about educating and excited to answer questions for current & prospective members.
ANNOUNCEMENTS

Global Health Student in the New England Area:

PAGH has been contacted by an undergraduate global health student who wishes to attend PA school in the future and is seeking advice from a fellow New England active PA who is also involved in global health initiatives. If there is a member willing to speak with this student please contact me at doreydanielle@gmail.com so I can connect the two of you. Thank you in advance!

UPCOMING MEDICAL SERVICE TRIPS:

International Medical Relief @ www.internationalmedicalrelief.org

Myanmar: March 19 - March 29
Rwanda/Uganda: March 19 - March 29
Haiti: March 19 - March 29
Brazil: April 8 - April 17
Indonesia: April 22 - May 1
Panama: May 21 - May 28
Vietnam May 27 - June 5
Nicaragua: June 4 - June 12
Zambia: June 9 - June 19
Ethiopia: June 16 - June 26
Cambodia: June 24 - July 4

Christian Medical & Dental Associations @ http://www.cmda.org/missions/page/gho-find-a-trip

Eastern Europe: March 3 - March 14
El Salvador: March 5 - March 13, March 19 - March 26, April 2 - April 10, June 4 - June 12
Middle East: March 11 - March 20, May 6 - May 28
Dominican Republic: March 19 - March 26
Pacific: March 24 - April 4, May 13 - May 28
Nicaragua: May 7 - May 15, June 11 - June 18
East Asia: May 13 - May 22
Honduras: May 27 - June 4 (Ortho), May 28 - June 5
Armenia: June 10 - June 25

Missoula Medical Aid @ missoulamedicalaid.org/teamCalendar.aspx

Honduras: April 16 - April 24 (Ortho)
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.goabroad.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.healththechildren.us

**Heart to Heart International** - weekly trips to Haiti and Guatemala. www.hearttoheart.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

**Kenya Relief** - www.kenyarelief.org
VOLUNTEER ORGANIZATIONS

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


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


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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