



**UIC** Center for  
UNIVERSITY OF ILLINOIS  
AT CHICAGO **Global Health**  
COLLEGE OF MEDICINE

# CGH Newsletter—Spring 2014

On Wednesday, April 2<sup>nd</sup> the Center will hold our Annual World Health Day Symposium at the College of Medicine Moss Auditorium. We have two dynamic speakers scheduled to present:

Dr. Eli Y. Adashi, MD, the Former Dean of Medicine and Biological Sciences at the Alpert Medical School of Brown University, a Member of the Institute of Medicine of the National Academy of Sciences (Co-Chair, Committee on Reducing Childbirth Mortality in Indonesia), and an expert in Health Policy. He will be presenting “*The President’s Global Health Initiative: A Requiem?*” at noon.

Dr. John T. Wulu, Jr. PhD, currently serves as the Chief Statistician at ICE Health Service Corps in the Enforcement and Removal Office at the Immigration and Customs Enforcement, US Department of Homeland Security. He serves as an Adjunct Professor of Statistics and Mathematics at both the University of Maryland and Montgomery College. The title of Dr. Wulu’s presentation is “*Importance of Protecting our Planet’s Biodiversity Through Global Health Programs*”.

World Health Day is acknowledged by various governments and non-governmental organizations with interests in public health issues. It is celebrated every year to mark the founding of the World Health Organization (WHO) in 1948. It’s seen as an opportunity to highlight and draw worldwide attention to a subject of major importance to global health each year. There are many international, regional and local events on World Health Day and it provides an opportunity for individuals and communities to get involved in activities that can lead to better health.

The Center for Global Health has celebrated World Health Day with the following presentations:

April 10, 2013:

**“Women Forging Peace, Equality, Justice and Human Rights”**

*Jody Williams, Nobel Peace Prize Laureate; Chair, Nobel Women’s Initiative*

**“Why Global Health Matters”**

*Chris Stout, MD, Director, Center for Global Initiatives*

April 4, 2012:

**“Saving Newborn Lives: A Public Health Imperative**

*Claudia Morrissey, MD, MPH, Senior Director, Save the Children*

**“Challenges and Issues in Global Health and the Media”**

*Mona Khanna, MD, MPH, Fox Chicago News Medical Contributor*

April 7, 2011:

**“Humanitarian Assistance in War and Conflict: Academic Engagement and Student Activism”**

*Michael J. VanRooyen, MD, MPH, Professor of Medicine, Harvard University; Director, Harvard Humanitarian Initiative*

**“Haiti – One Year Later”** A Panel Discussion

*Panelists: Janet Lin, UIC Center for Global Health; Michael VanRooyen, Harvard University; Serge Pierre-Louis, DuSable Heritage Association and Chicago Chapter of AMHE; Deloris Thomas, Project Eden.*



# REACH: Respond to EACH Heart in India: First Responder STEMI Care

By 2020, it is estimated that there will be 4.7 million deaths due to cardiovascular disease in India making it the #1 nation in the world ranked by public heart health disease burden. Early percutaneous coronary intervention (PCI) for patients with acute ST-segment elevation myocardial infarction (STEMI) is critical for the successful treatment of these patients and requires a network of PCI hospital centers with experienced providers. However, when patient transportation time to definitive PCI is prolonged, early reperfusion therapy with thrombolytics (TPA) administered at outside hospitals or in the pre-hospital setting can rescue ischemic heart tissue and save lives. In populations such as in India- with high rates of heart disease and prolonged transportation times due to overcrowding-optimization of early reperfusion strategies that integrate all community health resources is needed.



A new proposal builds upon an international partnership between health provider educational leaders in the United States and India. Proposed work extends existing partnerships between the University of Illinois at Chicago and MS Ramaiah Medical University in Bangalore. Bangalore is considered the “Silicon Valley” of India and is home to one of the largest cardiac care centers in the world. As a technology leader, Bangalore would be an important partner in deploying advances in technology to mobile health.

The project, led by UIC Professors Terry Vanden Hoek and Bellur Prabhakar along with medical colleagues from MSR University, will design a novel community medicine model for first-responder to enhance STEMI care that would be scalable to other regions of India. Bangalore has a unique hospital collaborative of up to 10 PCI capable hospitals that can act as a central hub network to partner with up to 75 regional spoke hospitals. Spoke hospitals would dedicate community health first responders as well as paramedics on motorcycles to act as STEMI first-response teams. Earlier reperfusion therapy for STEMI patients in the pre-hospital setting and rapid transport to PCI hospitals can help improve cardiovascular disease survival in India.

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## 43rd Annual Critical Care Congress



Dr. Dharmapuri Vidyasagar was invited by the Society of Critical Care Medicine to speak at the 43rd Annual Critical care Congress held in San Francisco on Jan 11th 2014 . Dr.Vidyasagar served as the 14th President of the now 16,000 strong society dedicated to Critical Care Medicine.

In his presentation “Merlin the Magician: Looking backwards to predict the future,” Dr.Vidyasagar recollected the origins of the Critical Care Society and his early involvement as a member and later President of the prestigious Society of Critical Care Medicine (1984-85). He was the first Pediatrician to become the President of this multidisciplinary (Surgery, Internal Medicine, Anesthesia and Pediatrics) Society.

Today, the membership of SCCM exceeds 16,000 and draws members from all disciplines involved in critical care (physicians, nurses, respiratory therapists, pharmacologists) from different countries. Dr.Vidyasagar presented the state of neonatal and infant mortality in the US, which has decreased by 90 % during the last century. He also described the current state of IMR in different developing countries, and highlighted the fact that several are still suffering from high IMR; it may be 50-100 years before they can reach the current low levels of IMR found in developed countries. He highlighted the urgency for professionals from developed countries to get involved in resource poor countries to promote better newborn care and to reduce NMR and IMR.

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## Rwanda Human Resources for Health Program

In February, Drs. Tonda Hughes and Mi Ja Kim visited UIC faculty who are part of the Rwanda Human Resources for Health Program (HRH). UIC is one of five U.S. nursing schools selected to participate in the 7-year HRH program. The goal of the program is to improve nursing and midwifery, health management, and medical education in the east African nation.



Rwandan faculty and clinicians in teaching hospitals and university colleges of medicine, nursing and midwifery, and public health will work with their U.S. counterparts to strengthen and expand Rwanda's health professional curriculum and capacity.

The UIC faculty teach and mentor Rwandan nurses and midwives in the five nursing schools located throughout the country. The current UIC contingent includes five nurse educators serving as the professional standards advisor to the Rwandan Nursing and Midwifery Council, partner to the nursing dean of the University of Rwanda, advisor to nursing campus directors, and advisor to nursing directors of hospitals; as well as five nurse mentors in pediatrics, adult medical/surgical nursing, and midwifery.

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## Letter from Dr. Carla Basadre After Her Rotation at UIC



My rotation in the UIC Family Medicine Department was a great experience. It gave me a good idea of how primary care works in the US, and how different it is compared to Peru. I was surprised at the diversity of Chicago's population, which was beneficial to me from both the medical and educational perspectives. I believe that as doctors we should always expand our horizons and get an idea of how medicine is being practiced around the world. I am glad I got to know this team, full of great people, who were very kind to me. It was a great pleasure to work with each one of you.

# Global Women's Health Fellowship—OB/GYN

Drs. Jeanna Park, Nuriya Robinson and Stacie Geller, with support from Drs. Tracy Irwin and Sherry Nordstrom, recently returned from a needs and feasibility assessment of a rural community in KwaZulu Natal, South Africa. The goals of this trip were to explore the status of maternity care and abortion services, as well as the research needs and priorities of this community.

The trip was informative, productive and enlightening. We established a collaboration with the Department of Obstetrics and Gynecology at Lower Umfolozi Regional War Memorial Hospital in KwaZulu Natal (picture attached) on a very exciting research project.

KwaZulu Natal (KZN), the second most populous province in South Africa, has the highest proportion of maternal deaths. In this province, the third leading cause of maternal mortality is complication after unsafe termination of pregnancy. Abortion in South Africa is legal, yet inaccessible to a large number of women for a variety of reasons (i.e. lack of operational facilities, financial constraints, and continuing social stigma). Leaders of maternal/child health in KZN have looked for strategies to address deaths following unsafe abortion as this number has increased by 37% in the last 5 years, and the maternal mortality rate attributable to unsafe abortion has risen an astounding 85% in the same time period.

One strategy promoted by South Africa to address this pressing issue is to increase access to effective and acceptable contraceptives at the time of termination of pregnancy to avoid future pregnancy or abortion-related complications.

The two-drug regimen approved for medical abortion in South Africa consists of mifepristone and misoprostol. Medical abortion, unlike surgical abortion, is a two to three day process that often occurs at home with a follow-up visit in one to two weeks to confirm completion of the abortion. In most countries worldwide, contraception is provided at an interval visit after the medical termination has been completed because of the theoretical concern that hormonal contraceptives may interfere with mifepristone, resulting in an incomplete abortion. However, in certain provinces in South Africa, where follow-up rates after termination services may be extremely low, contraceptives are provided at the time of medical termination.



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## Tashkent Medical Institute Visit



Prof Dr. Sherzod Zakirkhodjaev, Head of the Department of Medicine at Tashkent Medical Institute (TASHMI), in Tashkent Uzbekistan met Dr. Erickson, Dr. Prabhakar, and Dr. Vidyasagar to discuss the possibility of renewing the TASHMI/UIC collaboration established in 1990. Under this previous collaboration, UIC helped TASHMI to, establish a NICU program, a Neonatal Resuscitation program, a Women's Health Center and training in Neurological surgery. Dr. Sherzod was one of the 50 TASHMI Faculty members who benefitted from the bilateral exchange program over the past 20 years. A new faculty exchange would be of particular interest to TASHMI in the areas of Emergency Medicine, Hematology, Neonatology and Microbiology/Immunology.

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## Teresa Liu—GMED Student Research Presentation at CUGH

This past summer, I was the fortunate recipient of the Arnold P. Gold Foundation Summer Fellowship Grant, which provided a funding opportunity for my global medicine (GMED) capstone project in Uganda. I spent three weeks at the Engeye Health Clinic in Ddegeya, Uganda, a non-profit health clinic that provides local communities with outpatient care and health education, as part of a team of UIC public health and medical students, residents and our attending faculty, Dr. Janet Lin. My individual research project focused on integrating a mobile health technology initiative at Engeye, directed towards community health workers and regional health clinics to improve delivery of health care to the local villages. Recent studies have shown that mobile health ("mHealth") technologies, including mobile phone Short Message System (SMS) text usage and global information system (GIS) mapping, have become increasingly integrated into health care delivery systems.



Reviews of previous studies on mHealth in developing countries, particularly those on the African continent, have demonstrated that mobile technologies may be a useful platform to deliver messages not only to track health behavior change, but also to improve behavior change communication. During my stay at Engeye, I conducted focus group interviews with Volunteer Health Team (VHT) personnel—Uganda's equivalent of community health workers—who use the government-sponsored mHealth program "mTrac" as a means of reporting weekly ground-level surveillance data on disease outbreaks, medication availability and community health education. Key findings from the data gathered during the interviews showed that VHTs act as "front-line" community health workers in remote, low-resource settings, by providing access to medications and referrals to government healthcare facilities. However, they face many challenges that demonstrate critical gaps in the local Ugandan healthcare infrastructure, such as medication stock-outs, lack of consistent electricity, and inadequate assistance from the local government. I will continue my research and collaboration with Engeye and the VHTs during my fourth year of medical school, to assess how Engeye can serve as a linchpin in connecting mTrac and other government health programs to better provide healthcare at the community level. This coming May, I will present my preliminary research on the use of mHealth at the Engeye Health Clinic at the Consortium of Universities for Global Health (CUGH) 2014 Global Health Conference in Washington, DC.

## Director's Corner of the World



On a recent flight to India, I gazed over the vast Pacific and Indian Ocean waters as international teams comprised of 26 countries searched in earnest for potential survivors or wreckage of Malaysia Flight 370.

Despite global cutting-edge technologies and modern day innovations that bring us all closer together, we are reminded of how big the world is, and what little control we truly have over events when we witness mechanical failures, natural disasters, and human made conflicts.

As our hearts go out to the victims and families of Malaysia Flight 370, it should cause us to pause and redirect our focus on things that matter most, make every day count, and not sweat the small stuff as we try to make a difference in our individual corners of the world.

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*"We won't have a society if we destroy the environment."*

*~Margaret Mead~*

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## GMED Spotlight—Shuvani Sanyal

I wanted to take a moment during this break to tell you about my work from this past summer at the Mental Health Unit of WHO's South-East Asia Regional Office (WHO SEARO) in New Delhi. I worked as an intern for Dr. Vijay Chandra in the mental health unit for six weeks, where I was responsible for producing a report on the state of childhood developmental disorders (and in particular, Autism) in the South-East Asian Region. While it was really interesting to learn about the growing burden of disease caused by childhood neurodevelopmental conditions, I most enjoyed learning about the initiatives/programs being implemented in the region and summarizing the best proposed community-based approaches to managing these conditions (discussed in Chapter 5 of the text). My report was internally published at the WHO SEARO.



Although my limited time working on this report did not allow me to produce anything new, I hope this can serve as jumping off point for more work on community-based methods to address childhood mental health conditions in the future, maybe as a capstone.

As always, I am very grateful to you all for your continuing support of all of us as we explore different opportunities in global health and medicine.

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## CGH Network Meeting Presenters

### February 2014

Lori Babcock, Director of Global Health Initiatives, Heartland Alliance—Current programs and initiatives their group is working on.

Stacie Gellar, Director, Center for Research on Women and Gender and Valerie Dobiesz, Director, Education and GMED, CGH—"Postpartum Hemorrhage: An Innovative Multidisciplinary Approach to Solving a Global Health Problem"

### March 2014

Leroy R. Allala, Executive Director, Chicago Sister Cities

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## "Where in the World...?"



Mark Dworkin is on sabbatical at the University of Bordeaux working with colleagues on an analysis of their HIV cohort to study syphilis co-infection and teaching about field epidemiology.

Maarten Bosland - (Dept. Pathology) was in Ghana, teaching medical students and medical laboratory technicians in Tamale. In Kumasi he facilitated participation in a resident training conference at UIC via videoconferencing, prepared an exchange of a junior dentist to UIC, and discussed assistance in developing a PhD program in pathology.

In January, UIC College of Nursing Dean Terri Weaver and Dr. Tonda Hughes visited the Thailand Ministry of Health and several partner schools in Chiang Mai and Bangkok, Thailand. The College held a reception in Bangkok on January 18 for its Alumni.

For the 26<sup>th</sup> consecutive year, Dr. Carrie Klima, Certified Nurse Midwife and Director of the Nurse Midwifery and Women's Health Nurse Practitioner Programs at the College of Nursing, has supervised a service-learning program for CON master's nursing students in Belize. With faculty and student colleagues from Loyola University, they spend 10 days providing basic women's health services to low-income urban women.

Peter Orris travelled to Delhi India for an organizing meeting to prepare for the World Federation of Public Health Association's triennial conference in February 2015 held in Kolkata, India.

Keen Harrison (Project Harambee) and John McNulty (Loyola Stritch School of Medicine) participated in commencement ceremonies at Mount Kenya University in December, celebrating the graduation of Harambee's first "GROW A DOC" scholarship student. Their students "pay it forward" with service, mentorship, and collaborations with U.S. medical students.

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