No Borders, Only Frontiers

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Annual Review: July 2013- June 2014

► Annual Global Health Track Workshop, September 2013

The 2013-2014 academic year started with the Annual Global Health Workshop, an intensive 2-day course. The focus of the workshop was on “Global Primary Care Training.” Participants in the workshop included Family Medicine residents from Akron General, Fairview, and MetroHealth Hospitals along with our University Hospitals Case Medical Center (UHCMC) Global Health Track residents. Organized with the help of our Global Health Track (GHT) residents, Drs. Umair Malik and Prakash Ganesh, more than 25 people immersed themselves in the essential principles and facts of global health practice, and discussed issues, trials and errors they have experienced in the field.

I am also proud to report that several of our GHT graduates, Drs. Melanie Golembiewski (’13), Kate Conway (’08), and Aaron Lear (’06), presented on various global health issues including: child survival, refugee medicine, and primary health care, respectively.

It was a difficult process to truncate two week’s worth of material into two days. However, we are in the process of improving the workshop for 2014 and will extend our invitation nationally.

► The ‘More Skills Less Pills’ Program for Mayan Women in Panajachel, Guatemala

The ‘More Skills Less Pills’ program was developed specifically for Mayan women in Panajachel, Guatemala who had previously received training, through Mercado Global (MG) a US NGO, in business skills and craft making to make competitive products for the global market. The program contains three components: 1) Pain Away: a set of exercises focused on musculoskeletal (cervical, thoracic and lumbar) pain, repetitive wrist motion, and dysfunction, 2) Power To Change: a 10-step exercise for group
problem-solving skills and positive mind, and 3) **Do-It-Together Health Education**: a hands-on learning activity to acquire healthy behaviors and knowledge while having fun.

In October 2013, the UHCMC Global Health Team* returned to the pilot communities, La Fe and Chipiacul. We found that the biggest challenge of the **Pain Away** program was teaching exercises to women whom the concept of daily exercise was novel. Their bodies were stiff and they felt embarrassed as some of the movements were awkward for them to perform. However, they did report improvement around the neck and shoulders after repetitive use of the exercises.

The first 2 steps of **Power to Change**, which focused on team building, took some time for members to engage in the discussions. However, by the end of the activity members were able to express why they chose to become an MG artisan. The session ended when each group picked a group name unanimously: ‘Las Margaritas’ (The Daisies) in Chipiacul, since the area is famous this flower, and ‘Artisania de Mujeres Luchadoras’ (Artisans of the Fighting Women) in La Fe.

Residents, Aisha Al-Kubaisi and Prakash Ganesh, along with Andrea Grosz, a fourth year medical student, played a significant role in the **Do-It-Together Health Education** series. They developed creative skits on often encountered first aid topics during which the artisans could demonstrate important skills. The ketchup we used as fake blood left an impression. It was the biggest thing artisans remembered when we discussed first aid on follow up visits.

During the March 2014 trip, the team** again focused on **Pain Away** and **Power to Change**. Some artisans still had a difficult time doing the Pain Away exercises correctly. However, they started to understand the idea of exercising and requested additional exercises for their sore legs! While progress is slow, it is surely happening.

For **Power to Change**, we implemented several new activities to enforce team cohesion. The activities made it easier for artisans to understand and practice different ways to solve problems besides discussions. We are currently revising the Power to Change Implementation Manual and focusing on training local staff to become Power to Change facilitators in the next trips.

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*Dr. Aisha Al-Kubahsi, Prakash Ganesh, UHCMC GHT residents; Ms. Andrea Grosz, 4th year student at the School of Medicine, CWRU; Dr. Hisam Goueli ('09); Hikari Morikawa, MA, MSSA; and Mori Morikawa, MD, MPH.*
**Drs. Katharina Schmalstieg and Katheie Greene from Akron General Hospital; Alex Howard, UHCMC GHT resident; Kathryn D’Angelo, a 4th-year student at The Frances Payne Bolton School of Nursing, CWRU; Drs. Hisam Goueli ('09) and Aaron Lear ('06); Hikari Morikawa, MA, MSSA, and Mori Morikawa, MD, MPH**

► AAFP National Presentation and Barbara Ajtujal Quieju’s Visit to Cleveland

Ms. Barbara Ajtujal Quieju, the community workshop coordinator for MG, visited Cleveland in October 2013. Our team has worked with her to improve the health education workshops she conducts in many Mayan communities. In a culture where girls are often discouraged to further their education, Barbara has taught herself Spanish and English, and joined MG as a community liaison.

The purpose of “Operation Bring-Barbara-to-Cleveland” was to have an opportunity for our group to listen to her experiences, which parallel the struggles of many other Mayan women. She made several presentations for faculty members, residents, and medical students in the Departments of Family Medicine here at UHCMC as well as Akron General Hospital.

The highlight of Barbara’s trip was the national presentation of our Guatemala project at the American Academy of Family Physicians (AAFP) Global Health Workshop in Baltimore, MD. Drs. Kerry Lecky ('08) and Kate Conway ('08) joined us to share their experiences developing interventions to help women practice healthy behaviors. This was, of course, Barbara’s first presentation at a national conference in the US! We were all impressed with her aptitude for public speaking. She had so much to share about all of her experience and the many women she has touched. She returned to Guatemala with new hopes and confidence, and a bagful of souvenirs she picked out for her family in Guatemala.

► Chiang Rai, Thailand, the Forefront of Global Primary Care

Chiang Rai has become a hotspot for global health. A traditional rural community in the border area of Thailand, it has lagged behind the rest of the country in growth and development, particularly among its ethnic minorities. These minorities often suffer from the double burden of disease: the epidemic of chronic illnesses such as hypertension and diabetes, alongside rampant infectious diseases like HIV and malaria.
The value of primary care has been put to the test in responding to this dual epidemic effectively.

I have been working with the Dept. of Family Medicine of Chiang Rai Provincial Hospital, the only tertiary care referral hospital in the province. The key person, Dr. Daranee Intralawan (’10), is one of the few faculty members who have started family medicine in northern Thailand. Dr. Intralawan supervises all primary care health posts in the region in addition to her clinical duties.

Together, we developed a 3-tier approach to strengthen the capacity of primary care at each level with the hopes of restructuring the entire referral system in the area. The first tier involves community workers, the most immediate primary care providers in villages. The second tier includes primary care physicians practicing in district hospitals and clinics, the primary referral points from the villages. The third tier includes residents and medical students at the tertiary medical care center.

In January 2014, Drs. Umair Malik, a senior resident of the GHT, Dr. Kerry Lecky (’09) and I provided 2 training programs. The first for community health workers in two posts serving ethnic minorities on essential first aid for medical emergencies, and the second for medical students and residents rotating in family medicine on the concept of family medicine and the importance of the family medicine approach in Chiang Rai.

Dr. Intralawan and I are developing the very first comprehensive global health-training curriculum in Thailand. As the first step, we have now formalized our 3-year collaboration by exchanging a memorandum of understanding (MOU) between the provincial hospital and our department. In this new chapter, they expect us to play a larger role in establishing the practice of family medicine in Chiang Rai. They have also requested that we provide bedside teaching rounds for residents and medical student at the hospital.

► Disaster Medicine Scientific Conference in Tokyo, Japan

The Japanese Society for Disaster Medicine has invited me to be a keynote speaker for the annual scientific meeting in February 2014. I gave a lecture entitled, “The Role of Primary Care in Post-conflict Communities”, which summarizes what I have been doing in the past ten years to help reconstruct primary care in post-conflict communities such as Afghanistan and Kosovo. I was asked to assist Japan’s official aid agency’s efforts in
disaster relief by putting more stress on topics of emergency public health besides direct medical care.

▶ Developing Family Medicine in Hangzhou, China

Family Medicine in China is in its infancy. One of the faculty members in our department, Dr. Li Li, MD, PhD, has been conducting large population-based research in collaboration with the Chinese medical community in Shanghai. Through Dr. Li, Zhejiang University in Hangzhou, one of the leading medical schools in China, has asked me to help build a family medicine residency training program in their affiliated hospital. I visited Hangzhou with Dr. Li in April 2014 and provided bedside inpatient rounds. The residents and students’ thirst for clinical knowledge was impressive. The number of attendees at each of my teaching rounds increased every day to the point where people in the discussion could not fit into the room. Even overflow residents were taking notes in the hallway.

▶ Residents’ Presentation in Washington, DC

Two residents, Drs. Farzana Ali and Aisha Al-Kubaisi, made a poster presentation on our Guatemala project at the annual scientific meeting of Consortium of Universities for Global Health (CUGH). The most frequent questions asked were about the behavioral modification approach we employed in our interventions and how we plan to achieve sustainability of the programs.

▶ Hosting medical students in Cleveland

We accepted 5 medical students from China and 3 from Japan at UHCMC, Dept. of Family Medicine & Community Health. The observation program provides opportunities to medical students from around the world to witness cutting-edge medical care in
Cleveland and to have first-hand exposure to high-quality bedside teaching utilizing ‘Mori’s Inpatient Handbooks’.

► Other updates...

**Tanzania: Network of Global Health Practitioners**

Based on my assessment, I asked a friend of mine, Prof. Dr. Kingnorth, MD, from the Peninsula Medical School, UK, to organize a team of surgeons to conduct and teach inguinal hernia surgery at the Korogwe District Hospital. Dr. Kingnorth has developed a unique, safe, and effective method that utilizes sterilized mosquito nets as a mesh for inguinal hernia repair. In addition, he founded an NGO, Operation Hernia (OH), teaching and conducting the procedure around the world. His first team arrived in Korogwe in October and performed more than 50 cases of inguinal hernia repair in 1 week. Operation Hernia plans on sending two missions per year to the same hospital for the next few years. This is an example of a successful Private-Public Partnership (PPP) and I am excited to develop more programs that help improve the capacity of local hospitals.

**Afghanistan: Stalemate continues but...**

The future of primary medical care program in northern Afghanistan by Kinderberg International, e. V., is tenuous. Due to security deterioration, poor governance, lack of leadership during the presidential election and dwindling funding, continuing the program is precarious. However, Kinderberg is still interested in supporting and empowering women and children by launching a comprehensive livelihood support program that will combine income generation and health education. Our approach in our Guatemala project can be a model for this empowerment program.

**Family Medicine in Japan**

Tokyo Medical University has appointed me as a visiting professor in the General Internal Medicine Department as of February 1st 2014. Most Japanese medical schools are in short supply of primary care educators in spite of the urgent need of primary care providers in the rapidly aging society. In this position I will advocate family medicine in Japan and help medical students and residents practice primary care both in Japan and global health settings. I will also accept a few medical students to observe our inpatient service at Case Medical Center.

► Looking Forward

We would like to be the epicenter of a global primary care network. Please join us in future trips and support our efforts in the development of new and existing programs. If
you know any places in dire need of primary care training, please let me know. I would like to go wherever it is, since there are no borders but only frontiers for global primary care training.

Please send me any comments or inquiries on our Global Health Track.

Thank you for your help and support.

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