

Section on International Child Health

Newsletter

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DEDICATED TO THE HEALTH OF ALL CHILDREN™



Notes from the Chair

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Dear fellow Section members;



It is fitting that the introduction to this edition of our newsletter should be a tribute to one of our ilk who has been a truly remarkable leader and inspiration globally. It is touching and humbling to see the outpouring of comments and memories that have circulated on various listservs, recognizing the influence and “touch” that one person can have.



Professor David Morley died from a heart attack on July 2nd, 2009 while on holiday at the age of 87 years young.



Quoting from David Chandler and Neil Pakenham-Walsh: “David Morley was Founder and President of Teaching-aids At Low Cost (TALC), a remarkable UK-based charity that has provided reference and learning materials for health workers and communities in developing countries since 1963. David was also Professor Emeritus at the Institute of Child Health, London. He had practiced in Nigeria, East Africa, and India, and had also travelled in the Middle East, China and South America.



After retirement he dedicated himself to a number of causes, most notably the challenge of meeting the information and learning needs of primary and district-level health workers. In recent years, David championed the production and distribution of e-TALC CD-ROMs containing high-quality content for health workers, and has distributed tens of thousands of these worldwide,



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Community for Children: At the Border and Beyond

Authors: Stanley Fisch, MD, Marsha Griffin, MD, Minnette Son, MD and Judith Livingston, MEd – Department of Pediatrics, University of Texas Health Science Center at San Antonio (UTHSCSA) and Robert Hamilton, MD, Hospital Infantil de Tamaulipas, Mexico



On the left Jackeline Cano Rodriguez, a nurse in Ciudad Victoria with Dr. Daniel Harris, Chief Resident Family Practice at Georgetown (currently a family physician at Fairfax County Community Healthcare Network in Northern Virginia)

Pediatric training and practice are shifting focus: from acute to chronic conditions, from a local to a broader global health perspective, and from individual patient care to advocacy and collaborative effort on behalf of entire communities of children.¹⁻⁴ Living among and serving children and their families from South Texas' Lower Rio Grande Valley (LRGV) and Mexico, we realized that there were tremendous opportunities for this kind of training very close to home. We were able to tap into long-standing relationships with colleagues at *Hospital Infantil de Tamaulipas*, the only children's hospital in the State of Tamaulipas, Mexico. We also had access to a robust infrastructure for medical education and

public health training located at the border through the regional campus of UTHSCSA. This including programs for upper level medical students and residents and a cadre of volunteer community-based faculty. In addition, the University of Texas School of Public Health-Houston's Brownsville campus has faculty with extraordinary expertise in international public health.

With support from the UTHSCSA Department of Pediatrics leadership and in consultation with key stakeholders, the *Community for Children* international electives were established. The first elective was created for the LRGV and Northern Mexico as *Community for Children: At the Border and Beyond*, with plans for expansion to other international sites. *Community for Children's* fundamental commitment is to the vision of a world where all children have the right to enjoy the highest attainable level of health, as outlined in the U.N. Convention on the Rights of the Child; the vision of a world where communities join together in partnership to assure that all children attain their fullest potential. Our overarching goal is to prepare future physicians to provide compassionate, effective leadership in advocating for all children.

Application is open to 2nd and 3rd year residents, 4th year medical students, graduate nursing and public health students. This four-week elective is designed as a field-based rotation to help participants develop leadership skills addressing seven key areas:

- children's rights,
- social determinants of disease and health,
- clinical care in resource-poor communities,
- the face of poverty,
- preparing for advocacy,
- cultural competency and
- fostering a culture of compassion.

The curriculum provides didactic and experiential training in advocacy, working in partnership with community-based organizations, international public health experts, promotoras, (community members who serve as liaisons between their community and health, human and social health organizations), medical anthropologists, migrant and refugee health experts, and families on both sides of the Texas/Mexico border.

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Community for Children: At the Border and Beyond *Continued from Page 12*

Through *Community for Children*, participants leave the familiar clinic setting to explore the sources of health, disease and healing in the LRGV and to examine models of health delivery in Mexico. One full week is spent at a main state health clinic, Centro de Salud #1/Tamaulipas, where students are oriented each day to different public health programs in Mexico. They continue each day at *Hospital Infantil* in Ciudad Victoria and surrounding rural areas doing field work through Centro de Salud/Tamaulipas, as a public health component of the curriculum. In addition, they share emergency room duties with the Mexico physicians and attend rounds with the Mexican pediatric residents in *Hospital Infantil*.

Management of the elective requires significant collaboration and investment of time and resources. Eighteen faculty from South Texas and 15 faculty from Mexico serve voluntarily as educators. Six of these faculty provide intensive mentoring throughout the rotation. Participants encounter immigrant families closely, in relationship; a crucial aspect of the elective designed to help foster a culture of compassion. They experience the frustration felt by physicians and families when health care is inaccessible for children on both sides of the border. However, through mentoring and guided reflection, participants are given the tools to process their experiences and develop capacity to continue their advocacy when they return to their training programs. Six-month follow-up interviews indicate the ripple effect of their experiences. Participants have continued their advocacy through endeavors such as lecturing on the impact of immigration policy on children's health, organizing a food bank and peer teaching on the meaning of working with the poor in any country. *"I started sharing immediately after I returned. I became adamant about the need for a level of understanding of language and culture of our patients. I was so intent on the importance of asking people if they were being served."* D.H.

When *Community for Children* was implemented initially, the intent was to allow participants time to reflect on their own values, perceptions and cultural biases in further development of their role as physicians. *"I now realize I need a better understanding of my patients' backgrounds in order to serve them well. I am a better physician, because I now go beyond the diagnoses of illness and include the concepts of circumstance."* J.G.

The understanding that participants and faculty have more to learn from the community and families they serve than to teach remains at the core of this elective. *"My experiences in Mexico proved reaffirming, yet redirecting... The gracious way I was accepted in Cd. Victoria taught me that I did not need to be less white for them. They were fine with my whiteness, my broken Spanish and my ignorance. I will learn; they will teach me."* D.O.

Faculty did not want to "use" the poor and any community's children in education of future physicians. The objective is that the community will truly benefit from the participants' presence. Evaluation data from faculty, community-based organizations, families and participants indicate that we are adhering to this objective thus far. As one community site coordinator stated, *"The advocacy projects completed by the Community for Children participants have and will continue to benefit a large number of children. The participants' medical education and backgrounds have brought a new and important dimension to the legal services our office provides to undocumented children seeking asylum."* D.E.

Community for Children: At the Border and Beyond has been supported with funds and in-kind contributions from the AAP's Community Pediatrics Training Initiative/CATCH Residency Training Grant, UTHSCSA Department of Pediatrics and Regional Academic Health Center, the University of Texas Health Science Center-Houston School of Public Health at Brownsville, State of Tamaulipas Health Department, *Hospital Infantil de Tamaulipas*, Centro de Salud#1 in Tamaulipas, and numerous community-based organizations. Collaborative research efforts and information exchange among the faculty, partner organizations and participants have been fostered through these partnerships.

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Community for Children: At the Border and Beyond *Continued from Page 13*

Community for Children offers a structured international elective to participants at minimal cost. There is no registration fee. Housing is available and a modest travel stipend is provided. For more information, please visit <http://www.communityforchildren.org>. Interested students and residents should e-mail Dr. Stanley I. Fisch, Professor and Director, Community for Children, UTHSCSA Department of Pediatrics, Regional Academic Health Center at fisch@uthscsa.edu.

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Canadian Paediatric Society International Child Health Section

Laura J Sauvé, MD, MPH, FAAP

At the CPS annual conference, we had a session on Pediatric HIV treatment, presented by Dr. Jack Forbes and myself. We also had a fundraising dinner for the Don and Liz Hillman grant; these dinners provide a great networking opportunity for Canadian pediatricians interested in global health. Dina Kulik, one of the recent awardees, gave a presentation on her elective in Phnom Penh, Cambodia. For 2010, we are planning a session on armed conflict and its affect on children.

The Don and Liz Hillman Grant supports residents' international health electives. Over the last year grants were provided to four residents: Anita Cheng (Galmi, Niger), Kirsten Ebbert (Paarl, South Africa) will be leaving in the next few months, and Dina Kulik (Phnom Penh, Cambodia) and Julie Johnstone (Mbeya, Tanzania) completed their reports. In all of the centers there has been increasing interest amongst residents in doing international electives, and the residents who return from their experiences always report they have learned a great deal – and learned to appreciate the health care system we have here!

In her trip report, Dr Julie Johnston wrote: "In Canada, we have a health care system that helps so many people. We have become victims of our own success. It has been so long since we have seen such overwhelming and devastating disease, that we find fault in the imperfections of our system. We drive a BMW and are obsessed with its broken sun-roof. It certainly is important that we fix the sunroof in order to keep out the rain, but it is a gift to remember that regardless, we are sheltered from the storm."

Global Health Curriculum: A group led by Drs. Tobey Audcent, Heather MacDonnell and Jenn Brenner have been working on creating four educational modules for residents. These modules are design to teach all Canadian residents what they need to know about global health even if they never leave their city. The modules on introduction to global child health, approach to new Canadians, malnutrition and fever in the returned traveler have been developed and piloted at two centers. Over the next year the modules will be translated into French and presented and formally evaluated at five canters. Several members of this curriculum group have been participating in the AAP's global health curriculum initiative as well. In the two pilot centers, even residents without a pre-existing interest in global health before valued the sessions and learned a great deal.

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