

I. Title of your Project: Maine Partners for Health in Africa: Clinical and Public Health Initiatives

II. Description of your project, the student and faculty team members and why they are on the team:

The goal of this project is to organize and implement a day-long conference in February, 2014 that brings together members of the University of New England community, Maine-based organizations, members of the public, and practitioners who are working to promote healthcare in Africa and in local refugee communities in Maine. Given the large numbers of African immigrants living in Maine and UNE's role as the leading provider of health professionals in the state, this event will be an opportunity to share best practices, discuss challenges, and begin new collaborations for future health projects. The event will consist of guest lecturers and interactive case-based learning breakout sessions, where conference participants will work in groups and develop ideas for solving real-world challenges.

The team consists of Dr. Charles Radis, Dan Crothers, Will Douglas, Lindsay Katona, and Sean Lena. Dr. Charles Radis is a UNE clinical faculty member and a Portland-based rheumatologist who has been working with the South Sudanese refugee community in Portland for many years. He co-founded the Maine-African Partnership for Social Justice (MAPSJ) with Daniel Crothers, a UNE Public Health Student. Dr. Radis and Mr. Crothers have been working closely with three UNECOM students (Will Douglas, Lindsay Katona, and Sean Lena) on a health project in South Sudan and on developing stronger international projects for UNE students. Recently this team travelled to South Sudan to deliver first aid training to local community members and conduct a related research project through MAPSJ. The training took place in the River Kit Region – a rural but well populated area where many Portland-based South Sudanese refugees came from and currently have family members living.

The idea for this proposed conference came from our recent health trip to South Sudan, MAPSJ's work with the South Sudanese community in Portland, and the desire to continue conversations that took place at at "The Modern Global Health Practitioner" panel discussion at UNECOM last spring. Developing a stronger network of health care professionals in Maine who are interested in interdisciplinary global health work will educate and prepare those who intend to integrate global health into their careers and gain a better understanding of organizations intimately involved in this work.

III. Provide a brief background of what the proposed project will address and its significance in the advancement of IPEC and/or collaborative practice.

The proposed conference will bring together individuals and organizations in Maine that are connected to Africa and/or African immigrant communities in the United States. This will be the first of several annual conferences held at UNE. The theme for 2014 will be: "Low-cost, High-impact Initiatives," and will focus on programs that are inexpensive, sustainable, and work to improve health and human rights in a community. The focus will be on enhancing health care in Africa and building stronger partnerships with individuals and organizations from a variety of sectors including agriculture, education, government, water, sanitation, and others. Land use, education, human rights, and access to health care

are interconnected issues, and this conference will provide a platform for these different parties to share ideas and work together towards the common goal of improving quality of life in Africans in Africa and in the United States.

The main goals of the conference itself are to gather experts on interdisciplinary approaches to health care for African refugees and immigrants in Maine, educate health providers, administrators, educators, and community members on best practices for refugee health care, and set a foundation for professional collaboration and leadership among interested individuals working in this arena.

A typical conference format will be utilized for part of the day: a keynote lecture, various speakers, and break-out sessions. Additionally, we are planning a small group, case-based learning activity that will involve all conference participants. Attendees will be divided into interdisciplinary teams based on backgrounds and expertise, and given a real-life problem to solve. Each team will be tasked with developing creative solutions using the resources available as described by participating organizations. There are many public health and non-profit organizations in Maine, and this model of collaborative, team-based problem-solving will provide a high-yield opportunity to assist them in developing strategic plans from a pool of experts they would not normally have access to. For example, the non-profit 'Aserela' is experiencing difficulty finishing construction of a primary school in rural South Sudan. Solutions to their problems could be a combination of advice about strategic partnership, government cooperation and innovative fundraising initiatives. Out of this strategic planning, organizations like Aserela could leave the conference with enhanced networks, relationships, and novel ideas for accomplishing their goals and mission. Teams with compelling ideas will be selected to present to the audience in a panel discussion format for the last session of the day.

Global health work is increasingly moving toward a multidisciplinary approach. Given the rising interest in global health in many of UNE's professional schools, it is vital to start the conversations about inter-professional collaboration early in a students' education. An IPEC conference on Africa and global health will benefit the UNE community because students, faculty, and the administration will gain exposure to local global health programs, learn more about how local practitioners are working locally and abroad to improve health, and reflect on how health professionals can work together to solve problems and achieve shared goals. In addition, the conference will develop relationships between members of the UNE community and the many organization, non-profits, and professionals involved with African community development both in Maine and abroad. Finally, bringing together professionals and organizations will help improve communications between, and foster collaboration among, local organizations that serve the health of African immigrants in Portland. We hope to involve students and faculty from other schools at UNE in the planning and implementation of the conference and will be reaching out to them over the next several weeks.

IV. State specific aims of the project and project design (e. g. literature review, survey, focus groups, ethnology/observation, experimental investigation, other). Projects involving human subjects must be reviewed by the IRB.

- Compile list of panelists/keynote and reach out to selected individuals
- Create case-study component of conference with input from local community partners
- Obtain all necessary approvals/venue rental from UNE
- Coordinate timing and flow of conference
- Ultimately bring together 200+ individuals for daylong symposium
- Distribute feedback form to participants
- Educate health care students, practitioners, non-profit workers, and the general community about inter-professional health care work as it applies to Africa and African community groups in Maine and elsewhere in the United States.
- Engage conference attendees in discussion and live problem-solving through the use of small group sessions and a Case-Based Learning format.
- Provide real ideas and solutions to specific problems faced by global health workers in the context of African health care.

V. Identify the proposed project's final product and how it will be presented at Research & Scholarship Day (e. g. oral presentation, poster, blog, website, media presentation, theater, visual arts, and political action)

This project's final product will be a conference in which students, professionals, and community members learn about an inter-professional approach to health care in Africa (and in African immigrant communities in the US). Conference participants will attend lectures, network, and engage in a unique problem-solving session(s) that will attempt to provide answers to real-life questions/challenges faced by practitioners, non-profits, and other vested parties. The conference will be recorded and telecast to those unable to attend. An article will be written summarizing the process of organizing this event, and a PowerPoint presentation will be assembled for Research & Scholarship Day. We anticipate this conference to have around 150 attendees.

Brief reference list (4-6 scholarly articles or sources).

\*\*Note: These are some preliminary sources we have looked at that will guide us in the initial design of the conference.

<http://www.ncbi.nlm.nih.gov/pubmed/22398499>

<http://globalhealth.virginia.edu/interprofessional-and-cross-cultural-development-south-africa>

[http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)

<http://informahealthcare.com/doi/abs/10.3109/13561829909025549>

<http://meded.ucsf.edu/radme/interprofessional-education-and-practice-interprofessionalism-and-global-health>

<http://informahealthcare.com/doi/abs/10.1080/13561820701594728>

<http://www.who.int/hrh/professionals/en/>

<http://www.ncbi.nlm.nih.gov/pubmed/11725582>

<http://www.ncbi.nlm.nih.gov/pubmed/17198294>

<http://medicine.cf.ac.uk/medical-education/undergraduate/why-choose-cardiff/our-curriculum/what-case-based-learning-copy/>

17 September 2013

To whom it may concern;

It is with great enthusiasm that I recommend Lindsay Katona, Sean Lena, and William Douglas--all first year students at the University of New England College of Osteopathic Medicine (UNECOM)—to receive the IPEC grant for their proposed conference: “Maine Partners for Health in Africa: Clinical and Public Health Initiatives.”

Lindsay, Sean, and William came to UNECOM with extensive professional, academic, and life experiences. Lindsay has volunteered on multiple international health missions to Ghana, Bolivia, and Vietnam, and she recently designed a research project that uses mobile phones to report disease surveillance statistics in twenty communes in Vietnam for her Masters in Public Health practicum. Sean speaks Arabic and worked for two years at the State Department promoting breast cancer awareness initiatives in Jordan, Saudi Arabia, and the United Arab Emirates. William conducted research on cancer genes in the model organism *c. elegans* at Roy Laboratory at McGill University, and is deeply involved with the Sudanese refugee community in his hometown of Portland, Maine. It was William’s work with this community that ultimately served as the inspiration for the group’s research proposal.

In their short time at UNECOM, Lindsay, Sean, and William have excelled in their studies and emerged as class leaders. All three are officers in various clubs on campus and are active members of the Global Health Club. In March, they organized a panel discussion entitled “The Modern Global Health Practitioner,” which brought five Maine-based physicians and nurses to UNECOM to discuss their approaches to and the ethics of international health work. They have established a UNECOM chapter of the international medical mission organization, DOCARE, with the goal of providing students with more international opportunities and building a robust community of students and physicians interested in global health. In addition, all three students volunteer at numerous organizations in Southern Maine, including the Biddeford Soup Kitchen, the Biddeford Free Clinic, and Partners for World Health.

This past July, Lindsay, Sean, and William travelled with my team of health care educators and professionals to the Kit region of South Sudan, and helped deliver a first aid training program to over 50 participants. These medical students independently designed and carried out a research program that assessed the impact of the first aid course, and they will be presenting their findings at the annual OMED conference later in Las Vegas later this month as well as other conferences over the course of the academic year. They are also preparing a detailed data analysis and will be submitting a manuscript to journals starting this fall. It is their goal to share the lessons they learned on this trip with their peers, the medical community, and the people of Maine, and has served as a large motivator in organizing this proposed conference.

Lindsay, Sean, and William are caring, compassionate, and highly motivated student doctors who are well regarded by their classmates and faculty. Together, they have found a common passion for global health and their enthusiasm is admirable and infectious. Their proposed conference will bring together a diverse group of individuals and organizations that share a common interest in improving the health care of African communities in the United States and in Africa. Their case-based learning session is a novel idea, and will provide a unique opportunity for a diverse field of experts to interact, network, and share knowledge. The ultimate aim of the conference is to produce real solutions to the challenges faced by non-profits in Maine, and UNE will benefit from hosting this event.

Thank you for considering their application.

Sincerely,

A handwritten signature in black ink that reads "Charles Radis DO" with a long horizontal flourish extending to the right.

Charles Radis, DO  
Clinical Professor of Medicine  
University of New England College of Osteopathic Medicine

Maine Partners for Health in Africa: Clinical and Public Health Initiatives

**Timeline Checklist:**

Task	Deadline
Compile list of panelists/keynote and reach out to selected individuals	September 30, 2013
Create case-study component of conference with input from local community partners	October 15, 2013
Obtain all necessary approvals/venue rental from UNE	November 1, 2013
Coordinate timing and flow of conference	November 13, 2013
Facilitate smooth operations for conference itself	January-February 2013
Distribute feedback form to participants and analyze results	February-March 2013

**Proposed Budget:**

Venue costs	\$100
AV Costs* Note: if costs allow, we would like to simulcast the conference sessions over the internet.	\$100
Speaker Costs -- gas, mileage, etc.	\$200
Signage, event advertising	\$150
Supplies. (e.g. nametags, pens, paper, etc.)	\$200
Food (Breakfast, Lunch, Coffee, Snacks, etc.)	\$600
Gifts for speakers	\$150
Total Anticipated Budget	\$1500