African Refugee Health: **Best Practices:**
A clinical and public health perspective

Jointly Sponsored by

Bates College
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) of the Centers for Disease Control and Prevention (CDC)
Central Maine Medical Family and
St. Mary's Health System

October 15-17, 2010
Bates College

With support from:

The Maine Community Foundation Broad Reach Fund
The Maine Centers of Disease Control Office of Minority Health

Sponsored by the Central Maine Medical Family CME Program

Mission:

- Educate health providers and administrators in best practices for refugee health care, with a focus on African refugees.
- Bring together experts on African refugee health from North America and Africa including domestic CDC and African field office CDC.
- Promote professional leadership among refugees and immigrants.

Learning Objectives:
Participants in this program will be able to:

1) Name clinical, social and mental health resources that are culturally appropriate for the care of African refugees and immigrants.
2) Explain and discuss the varied issues and challenges of this multi-disciplinary field of mental health.
3) Compare best practices and scientific evidence from experts in African refugee health.
4) Formulate a plan for managing problems unique to the African refugee population, including screening tools, health care maintenance and acute and chronic patient care.
5) Evaluate outcomes of targeted interventions for African refugees and immigrants.

Planning Committee:

Lisa Bulthuis RN, FNP, Maine Medical Center Family Medicine Residency; Heather Burke MPH, Center for Disease Control and Prevention; Jennifer Cochran MPH, Refugee and Immigrant Health Program, Massachusetts Department of Public Health; Warren Dalal LCSW, Center for Disease Control and Prevention, Alice Haines MD, Central Maine Medical Family; Bruce Kenney MD, Central Maine Medical Center Family Medicine Residency; Kathryn Graff Low PhD, Bates College; Mary Philbrick RN, Central Maine Medical Family; William Stauffer MD, MSPH, CTropMed, University of Minnesota Medical School; Patricia F Walker MD, DTM&H, HealthPartners, Center for International Health.

CMMF designates this educational activity for a maximum of **14.25 AMA PRA Category 1 Credit(s).**
The Saturday Afternoon Workshop portion is 4.0 AMA PRA Category 4 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

All presenters participating in continuing medical education activities sponsored by CMMF are expected to disclose to the audience any significant support or significant relationships with providers of commercial products and/or services discussed in their presentations, and/or with any commercial supporters of the activity. In addition, all presenters are expected to openly disclose any off-label, experimental or investigational use of drugs or devices discussed in their presentation.

This activity, African Refugee Health: Best Practices; a Clinical and Public Health Perspective, with a beginning date of October 15, 2010, has been reviewed and is acceptable for up to **14.25 Prescribed Credits** by the **American Academy of Family Physicians.**

Central Maine Medical Family's Education Department is an approved provider of continuing nursing education by ANA-Maine, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This conference has met the requirements for continuing nursing education from the CMMF PU PA-07- 009 - ANA Maine CNE process:

ANA Contact Hours: 14.25 hours for full conference attendance
Contact Hours: 4 hours for Saturday afternoon attendance on October 16th, 2010

To insure you receive your CMEs, please complete the evaluation in your packet and turn it in at the end of the conference. CME certificates will be available upon completion of the evaluations.

Central Maine Medical Family and Bates College comply with the Americans with Disabilities Act. If any activity participant is in need of reasonable accommodation please forward a written request to the CMMF Education Department office for consideration via Brenda Pelletier: bpelleti@bates.edu.

Exhibits: Exhibits and book sales are in Pettengill Hall, Room 63

Prayer rooms are available. Pettengill Hall Room 162 for men, and Pettengill Hall Room G50 for women.

Pre-conference Public Health Poster Session

Friday, October 15th, 4-5:30PM

Pettengill Atrium (4 Andrews Rd.)

Registration Confirmation/Sign-In *(light refreshments served)*

Friday, October 15th, 5-6:30 PM

Pettengill Main Floor (4 Andrews Rd.)

Friday Evening Session*

6:30-8:05

Olin Auditorium (75 Russell St.)

Welcome and Introductions: 6:30

Kathy Graff Low PhD and Alice Haines MD

KEYNOTE LECTURES:

Globally Mobile Populations: the Greater Perspective 6:35-7:20

Martin Cetron MD, Director of Division of Global Migration and Quarantine, NCEZID/CDC

Human migration has been an interest of historians, anthropologists, demographers and other academicians for centuries, but the intersection between migration patterns and a more limited circle of scholars has explored disease epidemics. Global migration was first highlighted in 1992 by the Institute of Medicine as a major factor in the global emergence of infectious diseases. The advent of air travel in the 20th century has fundamentally altered the migration landscape. Routinely accessible jet airline travel over the last 40 years has led to an unprecedented increase in the volume and peed of global migration. There are now over 1 billion international arrivals annually. Modern air travel enables us to circumnavigate the globe in <36 hours compared with 365 days more commonly experienced by those traveling by ship a century ago. In this presentation, we will explore some unique patterns of human migration and the public health implications of living in a globalized society.

Best Practices in Refugee Health: Moving Towards Equity 7:20-8:05

Patricia Walker MD, DTM&H

Health care for globally mobile populations can be both exciting and challenging. More than 185 million people live outside their country of origin and many countries are experiencing significant waves of immigration. Practicing medicine in the global village requires culturally competent care delivery systems, as well as providers knowledgeable in health care for mobile populations. There are core competencies in cross cultural health care and global health which all practicing providers and health care systems should achieve. Health care disparities are pervasive worldwide, and are of particular concern for refugee and immigrant patient populations. Implementing best practices in cross cultural health care and global health can help reduce health disparities. This lecture will provide a high level overview of racial and ethnic disparities in care as they relate to refugees and immigrants. Eight key action steps to improve immigrant health will be offered. An approach to redesigning our health care system around a set of core values, with specific examples of practical applications will be offered. This talk will also

include a short film, “If We Knew Their Stories”, by documentary filmmaker Chris Newberry, shot in Boston, Toronto, Minneapolis, St. Paul and Atlanta. For more information on this film visit www.minnesotamovie.com.

“If We Knew Their Stories” DVD 8:05

Saturday, October 16th Lectures (beverages and continental breakfast served beginning at 7:30 a.m.)

7:30-11:55, *Pettengill Hall (4 Andrews Road), G52, Keck Room*

Mobility As An Opportunity for Health Interventions 7:30-8:30

The Process of Refugee Resettlement for U.S. Bound Refugees 7:30-7:50 Michelle Weinberg MD, MPH

The United States Refugee Resettlement Program is the largest resettlement program in the world. Refugees have a medical screening before resettlement. This presentation will briefly describe the refugee resettlement process and highlight the opportunities for public health intervention.

New Patterns of Migration 7:50-8:00
Christina Khaokham, MSN, MPH

During March-April 2010, U.S. Customs and Border Protection (CBP) and Immigration and Customs Enforcement officials reported cases of tuberculosis and leishmaniasis in East African asylum seekers in San Diego County. We reviewed existing health data to assess illness occurrences and health needs. In 2010, 463 East Africans requested asylum at the San Diego/San Ysidro Port of Entry (POE), a 74% increase over 2009. Somalis were the largest group (67%). Of 74 emergency department visits, gastrointestinal illness was the most frequently reported complaint (n=18, 24%). Non-steroidal anti-inflammatory medications were the most frequently prescribed medications, most often for headache and musculoskeletal complaints (n=15, 20%). Most East African asylum seekers' medical complaints did not require care at an emergency department. Because delays in medical screening might present public health risks, asylum seekers in San Diego County should be promptly assessed for medical needs. More representative health data of East African asylum seekers might be obtained through establishing screening and surveillance systems at the POE in conjunction with the CDC, CBP, COSD, and local refugee health programs.

Vaccine Preventable Diseases and Refugee Camp Outbreak Investigation and Management 8:00-8:30
Abdirahman Mahamud MD.

Refugee camps are vulnerable to vaccine-preventable disease outbreaks because of limited resources, overcrowding, and low vaccination coverage. This presentation will describe some of the recent outbreak that have occurred in the refugees camps in east Africa, and measures taken to prevent disease importation to the US.

Medical Screening of Refugees 8:30-9:00, *Pettengill Hall, G52, Keck Room*
William Stauffer MD, MSPH, CTropMed.

This talk will briefly introduce overseas presumptive treatment and medical screening provided to refugees prior to immigration to the U.S. In addition, the development and current status of the CDC domestic guidelines will be discussed and references to full guidelines provided.

Tuberculosis Culture and Directly Observed Therapy 9:00-9:25, *Pettengill Hall, G 52, Keck Room*

Mary Naughton MD, MPH

Overseas technical instructions: The Division of Global Migration and Quarantine (DGMQ) within the Centers for Disease Control and Prevention (CDC) has the regulatory responsibility for (1) writing the Technical Instructions (requirements) for the mandated medical screening of immigrants and refugees and (2) evaluating the quality of the overseas medical examination. Screening is required for specific communicable diseases of public health significance. Of these, active tuberculosis is the disease of greatest public health concern. Five years ago, CDC/DGMQ began revising its tuberculosis Technical Instructions to include mandatory tuberculosis cultures, drug susceptibility testing for positive cultures, and directly observed therapy throughout the entire course of treatment, prior to U.S. entry. These revised Technical Instructions are gradually being implemented in all screening countries. Prioritization for implementation is based on immigrant or refugee volume, tuberculosis rate, and contribution to U.S. tuberculosis burden. Benefits of implementation include increased tuberculosis detection, decreased importation of tuberculosis into the United States, and improvement in screening country laboratory and treatment infrastructure.

Break: 9:25-9:35

Latent TB Infection: The Real Challenge in Our High-Risk Communities 9:35-10:35, *Pettengill Hall, G52, Keck Room*

John Bernardo MD

It is estimated that 1/3 of the World's population is infected with the tubercle bacillus, the organism that causes clinical tuberculosis (TB). These persons form the reservoir of future TB cases. In the US, declining overall rates of TB disease have made prevention a priority, especially in high-risk communities of the foreign-born where disease incidence remains high. Despite the existence of effective preventive treatment for tuberculosis, treatment of high-risk persons with latent TB infection (LTBI) often is complicated by barriers. Inadequate access to medical care, cultural concepts of infection and disease and mistrust of US healthcare, adverse social circumstances, community stigma and fear associated with tuberculosis, cost, and relatively long duration of treatment represent obstacles to effective TB prevention. This discussion will review the concept of TB infection and describe an approach to prevention that engages the community in education and delivery of specialized clinical TB services. Newer tests for TB infection also will be discussed.The objectives of the discussion will be: 1. To review disease trends abroad and in the US; 2. To review transmission of TB and the concept of latency of M. tuberculosis in humans; 3. To discuss new tests that have been approved in the US for diagnosis of LTBI ; 4. To discuss a community-based approach to treatment of Latent TB Infection.

Management of Intestinal Parasites and Eosinophilia 10:35-11:05, *Pettengill Hall, G52, Keck Room*

Patricia Walker MD, DTM&H

This lecture will focus on common intestinal parasites seen in refugees and immigrants, with an emphasis on clinical presentations, diagnosis and appropriate treatment. Differential diagnosis and management of eosinophilia will be reviewed.

Medical Screening for HIV 11:05-11:25, *Pettengill Hall, G52, Keck Room*

Warren Dalal LCSW

Epidemiology of HIV in new refugees, new guidelines, practical issues.;Background: Sub-Saharan Africa constitutes 67% of the global distribution of HIV. Approximately 22.4 million people are living with HIV in the region constituting two thirds of the global population of people living with HIV (http://hivinsite.ucsf.edu/global). There are an estimated 2.1 million refugees in sub-Saharan Africa registered by the UNHCR of which 13,000 were resettled to the United States in 2009. Prior to the lifting of the HIV ban that went into effect on January 4, 2010 all refugees were screened for HIV as part of their medical process. HIV screening is no longer required as part of the medical examination for refugees and a positive HIV status will not prevent entry to the United States. At the time that HIV was part of the medical examination approximately .6% of all refugees had an HIV-positive and required a waiver for admission in to the US. When analyzing this data further for 2009 approximately 181 new refugees were HIV positive and 65 (36%) were from sub-Saharan Africa. HIV burden within refugee populations from sub-Saharan Africa is widely varied with HIV prevalence as low as 1% in some populations in camps in Kenya to as high as 4-5% in some refugee groups from the other regions of East Africa. The practical approaches of working with refugees living with HIV, specifically from sub-Saharan Africa, is as varied as the cultural and religious values that are represented among this diverse population. Guidelines and recommendations should take epidemic types and cultural/religious attitudes towards HIV into consideration.

Question and answer session 11:25-11:55

Panel of morning speakers; Jennifer Cochran MPH, Moderator

Saturday LUNCH, *Lower Lobby, Pettengill Hall 11:30-12:15*

KEYNOTE LUNCHEON SPEAKER 12:15-1:15, *Olin Arts Center Concert Hall*

Refugee Children's Mental Health*

Heidi Ellis, PhD.

Boston public schools mental health prevention. Child and adolescent refugees frequently have been exposed to horrific levels of trauma. Experiences in resettlement are often marked by chronic adversity, such as discrimination, poverty, and acculturative stress. How does the context of resettlement shape the mental health and functioning of traumatized refugee youth? How can individual, family, and community strengths be drawn on to help shape a path towards healing? This talk will present research on how resettlement experience can shape paths towards risk or resilience. A case study of a promising school-based refugee mental health program (Project SHIFA) will be described.

Saturday Afternoon WORKSHOPS

1:30-5:30

Pettengill Hall (4 Andrews Rd.)

1:30-2:30

Lead Pre and Post Immigration, *Pettengill Hall, G65*

Paul Geltman MD, MPH; Heather Lindkvist MA, Susan Lee RN

The goals of the workshop are to provide an overview of the issue of lead poisoning among newly-arrived refugee children, to review recent quantitative and qualitative research data about lead poisoning among refugees, and to suggest strategies for prevention of lead poisoning in local refugee communities. The goals of the workshop are to provide an overview of the issue of lead poisoning among newly-arrived refugee children, to review recent quantitative and qualitative research data about lead poisoning among refugees, and to suggest strategies for

prevention of lead poisoning in local refugee communities. The workshop will entail the following agenda items: introduction of presenters, presentation of an overview of the issue of lead poisoning among refugee children, review of findings from a recent CDC-sponsored multistate study of lead exposure risks among refugee children, review of local data on lead poisoning from Maine, presentation of findings from a qualitative ethnographic assessment of the "healthy homes" approach among refugees in the Lewiston area, discussion of prevention strategies with a focus on peer to peer education, and lastly, open discussion.

Preparing the Infibulated Maternity Patient for Childbirth, *Pettengill Hall, G10*

Susan Jacoby CNM, DNP; Jean Kahn RN, CNM, Asmo Dol BS (repeated at 4:30)

This educational session, using simulated pelvic models, will prepare providers who triage and manage pregnant women with Type III FGM/C. Infibulated women are encouraged to have de-infibulation performed prior to onset of labor, but may decline this option. Ability to perform anterior episiotomy in a culturally competent context will allow providers to deliver necessary care to women with FGM/C more confidently and efficiently. The workshop is also appropriate for non-clinicians who wish to understand the cultural issues and procedure in more depth so as to effectively counsel patients. Limit: 16 each session.

Behavioral Medicine in the Primary Care of African Refugees, *Pettengill Hall, G21*

Julie M. Schirmer LCSW,MSW, Georgi V. Kroupin, MA (repeated at 4:30 pm)

Most refugees from war-torn areas have a very high rate of psychiatric disorders, which because of multiple barriers, frequently go undiagnosed and treated. The prevalence of mental health and substance abuse issues in refugees is as high as 50% in adults and children. Left untreated, these conditions complicate care and undermine health, social adjustment, and the prosperity of refugee patients and families. Using a case-based approach, this interactive discussion will address issues related to the unique presentations of mental health and substance abuse conditions, tips on how to screen, discuss, manage and partner with community providers around improving the mental health of patients and famlies from our African communities.

Alternative/Traditional African Health Care, *Pettengill Hall, G52, Keck Room*

Alice Haines, MD, Catherine Besteman, PhD, Omar Ahmed MA (repeated at 3:30)

Health seeking strategies used by refugees in Lewiston will be discussed, including the balance of Western and traditional Somali healing practices. We will discuss the barriers to both, the reasons people pursue traditional healing strategies, the kinds of traditional treatments available, and perceptions within the Somali community of different medical/healing possibilities. Omar Ahmed will discuss the East African cultural use of khat (qaat) and its mental health effects, and the use of drum healing, Koranic verses, incense and massage to promote wellness. Alice Haines will discuss the biomedical pros and cons of various herbal and physical alternative medical practices among African patients, within the limits of evidence we have at present. During the workshop Somali cultural brokers and other African participants will be invited to contribute their knowledge of present alternative healing practices in the U.S. among African immigrants and refugees.

Medical Interpretation: A Guide for Interpreters, *Pettengill Hall, G54*

Mursal Khaliif RN, MA ***(for medical interpreters only)***

This workshop is for the interpreter who has already had some experience or training in medical interpretation. Because errors in medical interpretation can have important clinical consequences it is important for the professional interpreter to know how to perform error analysis. A short video will be shown, followed by small group discussions on error prevention, error correction and ethical dilemmas.

2:30-3:30

Advice for the Hajj, *Pettengill Hall, G10*

Doug Pryce MD

Somali people are almost all Muslims and one of the five pillars of Islam that they are advised to uphold is a pilgrimage to the holy sites of Mecca and Medina to retrace the footsteps of the prophet Mohammed. Annually, millions of Muslims from more than 140 countries come to the same place in the hot Arabian Desert at the same time for five days. Thus, devout Somali Americans are traveling to the Hajj and are not concerned about potential health risks. Many of the pilgrims are elderly, some with chronic health conditions and need daily medications and are exposed to high heat, lack of shade, rough (rock and sand) terrain, with crowding and physical exertion. The major medical risks are heat related illnesses. The major cause of death is usually cardiovascular, but some years have seen stampede. Other common ailments are 75% have a cough (due to a variety of respiratory pathogens), diarrhea, rashes and injuries. The presentation will describe the Hajj and related medical concerns learned from previous pilgrimages as well as travel advice for the pilgrim and the provider both pre-departure and upon return.

Substance Abuse in the African Refugee, *Pettengill Hall, G65*

Mohamed Duale MSc.

To understand issues in African immigrants' substance abuse in the United State, I will attempt to develop cross cutting problems of khat use and its effects, and in particular, the health, economic and social effects. I learned a about the problem of khat usage right after my graduation from the Somali National University school of Agricultural Science. Over the years, I have been working on several research projects about khat and its effects. I also grew up in an area where khat is widely grown and used (Hararge region of eastern Ethiopia) and am well acquainted with different types of khats grown in different countries. The use of khat is culturally accepted within the East African countries such as, Somalia, Ethiopia, Kenya, Djibouti, and some Middle Eastern countries, especially the country of Yemen. In the United States, khat is mostly used by immigrants from those countries. In addition, there is evidence to suggest that some non-immigrants in the United States have begun using khat. Individuals who abuse khat typically experience a state of some depression following periods of prolonged use. Taken in excess, khat can cause extreme thirst, hyperactivity, insomnia and loss of appetite. According to some research, khat also can cause damage to the nervous, respiratory, circulatory, and digestive system. Many khat researchers are calling for improved research into "khat" and its possible association with psychiatric and health disorders. My objective at the conference in Maine will be to share information, share my experiences and describe briefly the consequences of the health, economic and social effects of habitual khat chewing as a public health concern and to educate the general public on the issue of this green poison.

Use of Interpreters: a Guide for Providers, *Pettengill Hall, G21*

Mursal Khaliif RN,MA

Understanding the role of the interpreter, managing the flow of communication, guiding poorly skilled interpreters, checking on patient's understanding through the use of the teach-back-method.

The Transition from Africa to America, *Pettengill Hall, G52*

Reshid Shankol MD, Aden Hersi Ahmed, Asmo Dol BS, Omar Ahmed MA

There are both positives and negatives for African patients who adjust to medical care in the U.S. after living in a refugee camp; a refugee who was trained in practical nursing by Medicins Sans Frontiers will discuss the differences that he has seen and that he heard about from patients. An Ethiopian-Somali case manager will present cases demonstrating difficulties in obtaining informed consent and of making referrals when done in the American style, and will offer suggestions for alternative approaches. Foreign-trained African health professionals have great

difficulty adjusting to and fitting in with the American medical system; an experienced physician will detail the barriers to physicians so that opportunities for intervention can be noted.

3:30-4:30

Malnutrition and Vitamin D Deficiency*, Pettengill Hall, G65*

Doug Pryce MD

Somali people, including newly arriving refugees, are at high risk for Vitamin D deficiency and related health problems. Black skin, diet low in dairy, and heavy clothing and limited sunlight exposure, increase the risk for chronic low vitamin D that leads to nonspecific bone pain in adults (osteomalacia), increased risk of falls, osteopenia and long term risk for osteoporosis. Vitamin D deficiency rates of 90% in newly arrived Somalis to Hennepin-Country, Minneapolis from equatorial Africa is counterintuitive and will persist and undermine health unless identified and addressed in their new environment. NHAMES data for US Blacks shows 97% have vitamin D insufficiency with 29% severe deficiency. The presentation will detail the physiology of vitamin D, causes of deficiency and health problems, and evidence from Randomized Control Trials of the positive health effects from adequate vitamin D and calcium supplementation.

Child Spacing, A Health Care Provider's Guide for Appropriate Instruction for the Muslim Patient, *Pettengill Hall, G10*

Fadumo O. Ali BS, Jean Kahn RN,CNM

Presentation and discussion of a practical clinical approach to providing culturally sensitive care and teaching in regards to family planning and birth spacing for Muslim families. Topics will focus on the process of building a foundation of trust and mutual respect while addressing common issues/concerns during all phases of the fertility cycle. Tips regarding preconception screening and counseling, antepartal care and teaching by trimester, labor and delivery, and postpartum will be included. We will discuss the use of natural family planning and lactation, and the common pitfalls encountered with these and other methods of spacing conceptions.

Alternative/Traditional African Health Care, *Pettengill Hall, G21*

Alice Haines MD, Catherine Besteman PhD, Omar Ahmed MA

(Repeated from 1:30)

Culturally and Linguistically Appropriate Services Workshop: Cultural Competency for Africa, *Pettengill Hall, G52*

Fozia A. Abrar MD, MPH, Asmo Dol BS

This presentation will address the effects of African ethnography and health beliefs on the delivery of culturally sensitive & competent care. As immigration alters the diversity of the USA population, we have become a tapestry of varied and newly interwoven cultures. Health care providers will benefit from learning new approaches to address the medical needs of our robust, kalaedescopic population. By gaining cultural understanding, the provider will learn strategies to improve communication and enhance the physician-patient relationship.

4:30-5:30

Oral Health Among African Refugees, *Pettengill Hall, G21*

Susan Cote RDH, MS, Anna M. Zea DDS

Cultural, religious and transition factors in African refugee oral health; approach to the torture victim; dental diseases are the most prevalent chronic diseases worldwide. Refugees have particulary high rates of dental disease and unmet dental needs and should be regarded “at risk”. Vastly different health care beliefs, as well as cultural and linguistic barriers, contribute to their difficulties in gaining access to health care services in the United States. This presentation will discuss the different aspects of African refugee oral health status and accessing care.

Preparing the Infibulated Maternity Patient for Childbirth (limit 16), ***Pettengill Hall, G10***

Susan Jacoby CNM, DNP; Jean Kahn RN, CNM, Asmo Dol BS

This educational session, using simulated pelvic models, will prepare providers who triage and manage pregnant women with Type III FGM/C. Infibulated women are encouraged to have de-infibulation performed prior to onset of labor, but may decline this option. Ability to perform anterior episiotomy in a culturally competent context will allow providers to deliver necessary care to women with FGM/C more confidently and efficiently. The workshop is also appropriate for non-clinicians who wish to understand the cultural issues and procedure in more depth so as to effectively counsel patients. Limit: 16 each session.

Behavioral Medicine in the Primary Care of African Refugees, ***Pettengill Hall, G52***

Julie M. Schirmer LCSW,MSW, Georgi V. Kroupin, MA (repeat)

There are both positives and negatives for African patients who adjust to medical care in the U.S. after living in a refugee camp; a refugee who was trained in practical nursing by Medicins Sans Frontiers will discuss the differences that he has seen and that he heard about from patients. An Ethiopian-Somali case manager will present cases demonstrating difficulties in obtaining informed consent and of making referrals when done in the American style, and will offer suggestions for alternative approaches. Foreign-trained African health professionals have great difficulty adjusting to and fitting in with the American medical system; an experienced physician will detail the barriers to physicians so that opportunities for intervention can be noted.

Use of Interpreters: a Guide for Administrators, ***Pettengill Hall, G65***

Mursal Khaliif RN, MA

Data collection (race, ethnicity and primary language) and effective use of such data to identify/reduce health disparities. Aligning interpreter services with Institute of Medicine's six aims, that health care should be safe, effective, efficient, patient-centered, timely and equitable.

For Muslim Men: A Gathering to Discuss Healthy Families, ***Pettengill Hall, Room 162***

Speaker Fadumo O. Ali, BS, special guest Imam Saleh, Lewiston mosque. Oriented to community members and conference participants who are Muslim men. Discussion with Muslim family values and child spacing will be largely in Somali, with Maay Maay and English translation available for individuals. No CME or ANA credit.

Saturday DINNER

5:30-6:45

New Commons, Second Floor

NETWORKING TABLES

Saturday Evening African Cultural Events*

7-9:30 PM

*Olin Arts Center (75 Russell Ave.) **

Somali Poet/Playwright: Omar Ahmed
Somali Rap: Jamal and Friends

Sunday Morning Lectures **(beverages and continental breakfast served)**

8:00-11:00, ***All presentations are in Pettengill Hall, G52, Keck Room***

Pettengill (4 Andrews Rd.)

Hepatitis B 8-8:45

Eyasu Teshale M.D; Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA

Globally Hepatitis B virus (HBV) is one of the leading causes of infectious disease-related mortality, responsible for an estimated 630,000 deaths each year. Hepatitis B is endemic in Africa; prevalence of chronic hepatitis B (HBsAg positivity) is in the general population. In Africa, as in most highly endemic countries, chronic hepatitis B is acquired during early childhood. Among adults who acquired hepatitis B as an infant or a child, 15-25% will die prematurely from liver-related death including chronic liver disease and liver cancer. There are four phases of chronic hepatitis B that are relevant for the clinical management including determining the responsiveness to therapy and risk of serious outcomes including severe liver damage and liver cancer. There is a safe and effective vaccine to prevent hepatitis B. As of 2007, almost all African countries have introduced HB vaccine in to their vaccination programs. Therapy for chronic hepatitis B is evolving rapidly and over the past few years a number of antiviral drugs have been approved for treatments of adults (7 drugs) and children (4 drugs) for hepatitis B. As a lifelong infection, the success of management of chronic hepatitis B depends on close partnership of primary care physicians and liver specialists for coordinated follow up and consultation. Epidemiology in Africa, management of carrier (pediatric and adult), when to refer to GI.

Malaria: Public health and clinical approach to a complex infection 8:45-9:30

William Stauffer MD, MSPH, CTropMed

The epidemiology of malaria imported from Africa, diagnosis, evaluation and treatment.

Management and Prevention of Chronic Disease in Immigrants 9:30-10:15

Nina Bacaner, MD, MPH.

Management and prevention of chronic disease in immigrants, diabetes, obesity, cancer screening. DTM&H. Topics include health issues immigrants/refugees arrive with, health issues that arise because of migration and other health issues. Ethical and cultural factors to consider will also be discussed. Cases will be presented, and will include tropical infections that can have a late presentation as well as the general approach to an ill immigrant/refugee.

Female Genital Cutting 10:15-11:00

Sergut Wolde-Yohannes MEd, MPH

United States (US) doctors performed female genital cutting (FGC), a loose term for a number of practices, until the 1950s to control women sexuality. Although it is not known precisely when female genital cutting ended in the US, the practice has resurfaced as African refugee and immigrant women started coming in relatively bigger numbers in the early 1990s. Since then, the practice has attracted the attention of the US public and laws have been passed and educational programs have been put in place to eradicate FGC. This presentation will focus on the socio-cultural factors that contribute to the continued practice of FGC in African countries and on lessons learned from educational interventions undertaken to increase awareness of health consequences of FGC among East African refugee and immigrant women and build cultural competencies of their health care providers in 10 US cities

FINAL KEYNOTE LECTURE-Kathryn G. Low, Ph.D., Moderator 11:15-12:15

Olin Auditorium Concert Hall (75 Russell Ave.)

PTSD Among African Victims of War and Torture, and Their Caregivers and Families*

Richard Mollica MD

The trauma story is central to the care of torture survivors, their families, and their communities. This lecture will focus on a scientific understanding of the narrative theory approach to the care of refugees exposed to extreme violence and torture. A new Trauma Story Assessment Therapy (TSAT) will be presented that can be applied clinically and in the field to the care of resettled African survivors of mass violence.

**Friday, Saturday and Sunday keynote lectures and Saturday evening cultural event are open and free to non-conference community members with advance tickets. Contact Brenda: 207-786-6400 or bpelleti@bates.edu*