

2017 EGHI Multidisciplinary Team Opportunities

as of 12/13/16

BELGIUM

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Language Skills: Arabic, French, or Dutch recommended

Crossroads to Health

There are over 230 million migrants worldwide, and this number continues to grow. Among them, almost 16 million are refugees and asylum seekers, having been forced by conflict, violence and extreme social, economic or political hardship to flee abroad; a quarter of these are under 18 y of age. Refugees and asylum seekers arrive especially disadvantaged, having lower levels of education, fewer social networks, and poorer health than other migrants. They are often in poorer physical and mental health than other migrants, and may be at high risk for developing diabetes and obesity. European countries house almost 10% of the world's refugees, and Belgium is the 6th leading recipient. The goal of this project is to understand the risks for cardio-metabolic disease among newly arrived people in Belgium. Specifically, it will explore how newly arrived refugees adopt health-related ideas, preferences, values, and lifestyles that can impact their health. This research can be a step towards promoting healthy integration of newly arrived people.

The team project will provide information on health risks in this vulnerable population. The flow of migrants to Belgium and neighboring countries continues to be huge, and resources are stretched for addressing their needs. The team can help identify what is needed for healthy integration and provide a program that can be used to help refugees identify healthy lifestyle options in their new location.

Seeking team members from these areas of study: Public Health, Nutrition, Prevention Science, Anthropology, Sociology, Nursing, Theology, Physician's Assistant, Physical Therapy, Public Health, Business, Sociology, and/or Economics

CHILE

Jenny Foster, Associate Clinical Professor | Lillian Carter Center for Global Health & Social Responsibility; Coordinator, Global and Community Engagement

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Spanish Fluency Required (but level of proficiency may vary)

While Latin American countries seem to be well-positioned among low and middle income countries with respect to maternal-newborn health outcomes, eight of the 20 most unequal countries in the world are in Latin America. Inequality in income also translates into inequality in maternal newborn health. In 2015, the journal *Lancet* ran a series of articles about midwifery and maternal newborn health, and concluded that

well educated, well supported midwives could care for 87% of the healthcare needs of women and newborns globally. In general, most births in Latin America occur in facilities, and many have professionally educated midwives to attend those births. However, in some cases, midwifery care and/or the health systems they work in are weak and care is not evidence-based in many different contexts.

Since 2008, midwifery faculty from Emory University (Jenny Foster) and the University of Chile (Lorena Binfa) have collaborated as part of the WHO/PAHO Collaborating Center for Midwifery in the Americas to strengthen midwifery practice in the Hispanophone Americas. In 2016, the Ministry of Health of Chile supported a pilot to initiate group prenatal care in the public sector in Santiago, Chile. Group prenatal care is an innovative, participatory, evidence-based way to deliver prenatal care that has shown to diminish preterm birth and increase breastfeeding in comparison to traditional prenatal care.

In 2016, and Eghi team worked with the Collaborating Center in Chile, and they would like another team to return to advance the Collaborating Center agenda.

Seeking team members from these areas of study: Nursing (interested in maternal-infant health), Public Health (epi or program evaluation or behavioral health), Business (organizational change) and Emory College (possibly Spanish language majors/minors) to work at the Collaborating Center to evaluate the prenatal care pilot and make recommendations for country scale up.

HAITI

Bonnie N Kaiser, PhD, MPH, Duke Global Health Institute, Duke University,
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Recruiting students for mental health research in Leogane, Haiti – Summer 2017
We are seeking 4 Emory students from varied disciplines to join a research collaboration between Emory Global Health Institute and Duke Global Health Institute. The mixed-methods research project aims to inform the development of a community-based mental health intervention for women. **Priority application deadline: Friday, December 16.**

Family Health Ministries provides healthcare in rural areas of Haiti, with a focus on maternal and child health. They have noted that mental health is an area of unmet need. In summer 2016, we conducted an exploratory research project to identify primary stressors among women, examine the physical and mental health effects of those stressors, and explore the positive and negative coping strategies that women draw upon. Our research also detailed underlying causes of vulnerability among women, including lack of resources, limiting gender roles, and a cycle of dependence that leaves women in unhealthy relationships, experiencing low self-esteem, and vulnerable to domestic abuse.

In summer 2017, we will expand this research in several ways:

1. Qualitatively explore male perspectives on stressors, dependence, and women's empowerment – through the use of interviews and focus group discussions
2. Quantitatively assess prevalence of women's coping strategies and their association with positive and negative mental health outcomes – through the use of community-based surveys
3. Culturally adapt a sexual and reproductive health curriculum and assess its feasibility and relevance as a potential intervention to improve communication, promote empowerment, and reduce women's stress – through the use of focus group discussions

Interested students should submit the following materials via email to Dr. Bonnie Kaiser (bfullard@gmail.com) **by Friday, December 16**:

1. A resume or CV
2. An essay (~250 words) describing your interest in the project and relevant experience with research and international travel.

INDIA

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Language Skills Necessary: Kannada or Hindi recommended

Drivers of Food Choice in the Context of the Nutrition Transition

Overweight is emerging globally as a contributor to morbidity and mortality along with underweight. This phenomenon has been attributed to the “nutrition transition”, which entails changes in food availability with urbanization and economic growth. In India, one of the most rapidly urbanizing nations, under-nutrition continues to exist amid growing over-nutrition, resulting in >30% of the population experiencing one type of unhealthy weight. Understanding food choice in this context of India's dual burden of underweight and overweight is a priority with relevance for the health of nearly one fifth of the world's population. This project will explore food choice in a remote, under-developed district in Southern India that globalization is just reaching. We will build on a cohort study that we established, with collaboration from a previous GHI team. The goal is to understand how food availability and food choice change during the nutrition transition.

Seeking team members from these areas of study: Public Health, Nutrition, Prevention Science, Anthropology, Sociology, Economics, Business, Nursing, or Physician's Assistant

KENYA

John Blevins, john.blevins@emory.edu , Rollins School of Public Health, Hubert Department of Global Health; 404-727-6338 and Mimi Kiser, mkiser@emory.edu , Rollins School of Public Health, Hubert Department of Global Health; 404-727-5199

Students on this team will work with Nyumbani, a Kenyan faith-based organization that provides HIV primary care services to children living with HIV. The Lea Toto program of Nyumbani provides clinical and support services to over 4,500 children living with HIV growing up in eight informal settlements across Nairobi. Successes in providing antiretroviral therapy to children living with HIV has resulted in a growing cohort of children growing into adolescence and then into adulthood. Nyumbani has worked to sexual and reproductive health services, HIV prevention programs, and psychosocial support to these young people by creating a comprehensive adolescent program that combines health education, skills-building, peer support, and mentorship.

Students will evaluate the adolescent program by measuring short-term changes in knowledge, skills, and attitudes, and laying a framework for assessing long-term impact. The findings from this M/E project will be presented to a global network of faith-based pediatric HIV providers as part of an initiative supported by PEPFAR and UNAIDS to build the capacity of faith-based organizations to provide comprehensive sexual and reproductive health services and evidence-based HIV prevention services to adolescents living with HIV. Efforts to provide such health services are complicated by religious teachings and the influence of religious authorities on faith-based organizations; this project provides an opportunity for building a strong adolescent health initiative that is sensitive to these issues.

Seeking team members from these areas of study: Medicine/Public Health (MD, MPH), Religious Studies (PhD), Theology (MDiv, MTS), and/or Development Practice (MA). Please note: because students will be working without Emory faculty or staff directly on site for most of the project duration, this field team is limited to graduate/professional students studying at the masters or doctoral level.

We are looking to create an interdisciplinary team with knowledge and skills in public health (especially global health or health education/behavioral health), religious and theological studies (especially in community ministry, global Christianity, or practical theology), development studies (especially in social development initiatives in informal settings).

Recommended/desired skills: program evaluation, health education, HIV prevention, sexual and reproductive health, religious education

MEXICO

Karen Andes, Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health, kandes@emory.edu

Spanish Fluency Required

In response to the influx of Central American unaccompanied minors arriving in the United States, on July 2014 the Mexican government announced the Southern Border Program (Programa Frontera Sur). The objectives of the program are to protect migrants who enter Mexico and manage the ports of entry in a way that promotes the security and prosperity of the region. Along the 750 miles of border shared with Guatemala and Belize, have welcomed migrants from Central America and beyond who continue to engage in the journey to the U.S. or Mexico. However, their path has become more dangerous controlled by immigration authorities and violent thieves.

Rather than viewing this heavy movement of people as a refugee and protection crisis, the program identifies it as an issue of managing a flow of people. Many of those migrating are seeking safety from violence, specifically the transgender population who are extra vulnerable. They face social and family exclusion, homelessness, sexual abuse and assault, in addition to the violence of gangs increasing murder rates in countries such as El Salvador, Honduras and Guatemala.

The research project will focus on the unique experiences of transgender migrants from Central America and the relationship to the objectives and implementation of the Southern Border Program (Programa Frontera Sur) in Mexico.

NICARAGUA

Karen Andes, Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health, kandes@emory.edu

Spanish Fluency Required

Manna Project International (MPI) seeks a GHI Team to design and implement an evaluation of their maternal/child nutrition program in the Villa Guadalupe community in Managua, Nicaragua. The project will include:

1. A community-based nutritional assessment for pregnant women, mothers (post-partum) and children under age 5
2. Assessment of breast-feeding practices among women who are up to 1-year post-partum
3. A review of the current program and the nutritional status of current beneficiaries
4. Recommendations for program updates or redesign
5. **The development of a training manual for volunteer program directors who implement the program**

Read more about MPI's projects in Nicaragua at:

<http://www.mannaproject.org/nicaragua>

This partnership between Emory and MPI is led by Dr. Karen Andes in the Department of Global Health at RSPH, and seeks to support MPI's efforts by establishing a research base and recommending evidence-based programs and practices. A baseline survey on sexual and reproductive health was conducted in 2015; this year we did an acceptability study of *Cuidate!*, an evidence-based intervention that has been shown to be effective in preventing risk behaviors related to HIV and adolescent pregnancy among Latinos in the US and elsewhere in Latin America. For more information, contact Dr. Andes.

SOUTH AFRICA

Roger Roachat, Hubert Department of Global Health, Rollins School of Public Health, roachat@emory.edu

Project Background:

South Africa has a population of nearly 53 million people, more than half of which live in poverty. Certain "key populations" including sex workers are especially vulnerable to poverty, morbidity and mortality.

Significant expansion of health services for sex workers has slowed rates of certain sexually transmitted infections within this population. However other occupational risks such as physical and sexual violence from clients, partners, and police and high levels of discrimination and stigma fail to be addressed. A majority of sex workers experience poor health outcomes.

Though the sex work industry in Cape Town is thriving, the Sexual Offences Act of 1957, amended in 2007, fully criminalizes sex work in South Africa, leaving sex workers vulnerable to violence, extortion, disease and even death, as sex workers are made all but invisible. In recent years, support for the decriminalization of sex work has gained momentum. "Decrim" maintains that "sex work is work" and demands that sex workers and their families be granted the autonomy they need to improve their personal safety and financial security. One of the major human rights organizations in South Africa advocating for the decriminalization of sex work is the Sex Worker Education & Advocacy Taskforce (SWEAT). SWEAT and their partners provide basic healthcare, psychosocial support, legal assistance, and sex worker mobilization.

TANZANIA

Brittany Murray, MD, Assistant Professor, Division of Pediatric Emergency Medicine, Department of Pediatrics, School of Medicine; Honorary lecturer at Muhimbili National Hospital in Dar es Salaam, Tanzania; brittany.murray@emory.edu

Improving Patient-Provider Communication in the First Emergency Medicine Department in Tanzania The aim of this project is to create/design a culturally appropriate campaign to improve patient-provider interactions in the Emergency Medicine Department (EMD) at Muhimbili National Hospital in Dar es Salaam, Tanzania.

Providers at the EMD have requested assistance in this campaign creation and will be partners in this project.

Ideal candidates will have the following skills and characteristics:

- A solution-oriented approach to complex problems
- Ability to work in a culturally diverse team
- Experience working in low-resource settings
- Experience in healthcare settings or customer service settings
- Interviewing skills
- Experience in educational or advertising material creation
- Qualitative and quantitative data collection/research skills
- Coursework and experience in program monitoring, evaluation, and design

Seeking team members from these areas of study: Development Practice, Business, Public Health (especially with clinical practice dual degrees), Anthropology and/or Theology

TOGO

Roger Rochat, Research Professor and Director of Graduate Studies, Hubert Department of Global Health, Rollins School of Public Health, rrochat@emory.edu

Preventing maternal mortality from abortion in Togo, West Africa

During the past 7 years, Dr. Rochat has supported student-initiated EGHI multidisciplinary team research projects related to family planning and abortion in Mexico City, Bogota, Montevideo, Malawi, South Africa and Togo—as well as individual projects in other countries. Our most developed opportunity for summer 2017 for which we seek EGHI support is the following—and we have several students, faculty and a Humphrey Fellow who can provide guidance.

Components:

1. Assessing the magnitude of public health problem of abortion mortality in Togo
2. Identifying and working with collaborators, stakeholders, partners
3. Developing a tentative plan to prevent maternal deaths from abortion, including determining legal status of abortion, and assessing efforts to provide legal services that would prevent abortion deaths.
4. Identifying and evaluating opportunities and challenges to providing contraception, post abortion care, and safe abortion services.

THE GLOBAL HEALTH PRIMER

Dr. Theresa W. Gillespie tgilles@emory.edu Professor, Department of Surgery & Department of Hematology & Medical Oncology Emory University School of Medicine, 404-778-4617

This project's work will be accomplished on Emory campus and in collaboration with the other organizations locally, nationally, and worldwide.

The Global Health Primer is an online resource originally funded by the Gates Foundation to track and report the research and development (R&D) activities of 25 neglected/tropical diseases, as well as provide online resources for individuals in the US and in low- and middle-income countries (LMIC). Since the Primer started at Emory, we rebuilt the platform, developed shared coding and definitions, and provided our data to the WHO to populate its recently established R&D Observatory.

At this time, we are changing the focus of the Global Health Primer from neglected tropical diseases to cancer as a non-communicable disease that is having a rising impact on LMIC. This transformation is just being initiated, so there are opportunities for students to be part of this change in focus.

Student opportunities include: learning about and creating educational resources related to cancer in LMIC; to collect data from the literature and primary or secondary sources to create and update information about the effectiveness and cost-effectiveness of interventions and methods related to cancer prevention, diagnosis, and therapeutics that might be applied in LMIC settings; to maintain and expand the current SQL-based database and interactive website to allow users to search and generate reports related to cancers and optimal, cost-effective approaches in low-resource countries.

Seeking team members from these areas of study: English language. Particularly interested in students with interests or expertise or both in: *IT/programming/web development, health economics, public health, database management, business/marketing, or clinical fields (e.g. nursing, medicine, PA, allied health, etc).* Seeking multiple students to work with data, website development/maintenance, and cancer issues in LMIC, and one student to serve as part-time (paid) project coordinator.

Role of student: Students will be assigned based on their area of expertise or interest. Should be able to conduct and summarize comprehensive literature reviews related to key subjects, or have specific skills in the areas noted above. Students should be bright, enthusiastic, passionate, and with a good work ethic. Training will be provided to everyone who works on the project. Looking for bright ideas and ability to think outside the traditional cancer "box".

Part-time (paid) project coordinator: Will manage project under supervision of director. Up to 20 hr./wk. Ideally, have knowledge of working with data/databases, neglected diseases, & interactive websites.

Number of students accepted: *Can accept up to 10 students per semester; 1-2 students at a time for practicum experiences (summer or during year). Will be assigned areas of development matched to student's interests and expertise as much as possible.*

To apply: Send email and CV or note of interest and expertise to Dr. Gillespie (tgilles@emory.edu) by **November 28, 2016**. Follow-up contact/schedule for interviews will be done in December. Students may start before the end of the Fall semester. Others can begin work at start of Spring semester 2017.