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INSIGHTS INTO A UNITED STATES OF AMERICA-BASED CONGOLESE DIASPORA ORGANIZATION'S INITIATIVE TO ESTABLISH AND OPERATE A HEALTH CENTRE IN FAVOR OF A COMMUNITY OF INTERNALLY DISPLACED PERSONS IN THE DEMOCRATIC REPUBLIC OF THE CONGO: POLITICAL AND SOCIAL MOTIVATORS, MILESTONES, FACILITATORS AND INHIBITORS

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While members of the African Diaspora have been abundantly lauded as significant contributors to the economy of their countries of origin, notably through their financial remittances, little is known about their collective efforts and challenges to mobilize and establish health care facilities in Africa. Yet there are many primary health care infrastructure development initiatives undertaken successfully or not by various individuals or organizations in the African Diaspora with the aim of bringing basic health care services to the under-served African communities. These initiatives have not yet been sufficiently documented. This lack of documentation prevents optimal involvement of the African Diaspora, causes many actors to repeat mistakes they could have otherwise avoided, and blocks theory formulation and testing in this domain. This case study is aimed at addressing some of these shortcomings, notably by describing, from an insider's perspectives, the efforts deployed and the challenges faced by Leja Bulela Inc, a United States of America-based Congolese Diaspora organization, to establish and operate a health center in favor of a community of internally displaced persons in the Democratic Republic of the Congo (DRC). We explore the political and sociological forces at play in both the Democratic Republic of the Congo and the USA to prompt first the creation of Leja Bulela and then the establishment of the Kalala Muzeu health center in Mbujimayi, capital of the Eastern Kasai province (DRC). After critically analyzing the structural and functional features of these two entities, we uncover and identify their inherent challenges. Finally, we propose key best practices that African Diaspora organizations can, with some adjustments based on their respective parameters such as country of residence and country or origin, follow to grow into highly performing organizations and, eventually, to more expeditiously and more efficaciously create and operate quality primary health care facilities in Africa.

Biography

Bukonda is full professor of Public Health Sciences at Wichita State University. He received his PhD at the University of Minnesota (1994). He has lectured at various academic institutions in the Democratic Republic of the Congo, Zimbabwe and USA (ISTM-Kinshasa, University of Mbujimayi, Africa University, Southern and Northern Illinois Universities). He is member of and has assumed leadership roles in many scientific, professional and community organizations. He is author and co-author of more than 100 scientific presentations and about 3 dozens of articles/abstracts and his research interests include primary health care, policies of essential drugs, teamwork, hospital accreditation, quality improvement and safety of medical care, private health care entrepreneurship and management of community pharmacy.

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JETLAG PHENOMENON AMONG NIGERIANS STUDYING IN INDIA AND MALAYSIA

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Statement of the Problem: There are a large number of Nigerians studying and aspiring to study in India and Malaysia. Due to the great time differences between Nigeria and these countries, there exists the possibility of experiencing adjustment problems. This study aims to determine the burden of jetlag phenomenon and adaptation strategies among Nigerians studying in these countries.

Methodology: Online surveys using Google forms were disseminated to Nigerians studying in Indian and Malaysian Universities and the data were analysed.

Findings: A hundred and three (103) eligible persons responded to the survey, and their socio-demographic characteristics are presented in Table 1. Many of them did not know what jetlag was (52.4%). Most of them (78.6%) also reported falling asleep less easily on their first night of arrival, of which 44.4% continued to experience same for months and even up to a year. Many also reported having more wakeful episodes during the night (41.7%); later waking time (56.3%); feeling less alert 30 minutes after waking from sleep (58.3%) and generally feeling more tired since arrival (57.3%), with many of them haven experienced same for prolonged durations. Those studying in Malaysia reported sleeping later ($\chi2=16.68$; df=6; p=0.011); waking up later ($\chi2=25.78$; df=4; $p<0.001$) and feeling more tiredness ($\chi2=21.74$; df=6; p=0.001) compared to those studying in India, but there were no such differences for the other symptoms. As an adjustment/coping technique, most of them had attempted maintaining daytime alertness (72.8%) and maintaining a dark room at night (55.3%), of whom 21.0% and 31.6% respectively found these measures very effective, while 57.3% and 50.8% respectively found them slightly effective.

Conclusion and Significance: This study reveals the great enormity of this problem. It is recommended that prospective students be enlightened on the possibility of experiencing this problem and adjustment techniques even before departure from Nigeria. School clinics in these countries should also include jetlag management in their treatment programs to help affected international students.

Biography

Ahmed Dahiru Balami is a medical doctor with a passion for health research. He holds a Master of Public Health, majoring in Epidemiology and Bio-statistics and is currently a PhD student of Epidemiology and Bio-statistics at the University Putra Malaysia. He has research experience in both infectious and non-infectious diseases with special interest in Malaria, pre-hypertension/hypertension and psychological medicine. He has authored several articles in local and international journals.

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OPIOIDS AND PAIN MANAGEMENT

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Pain Management is an integral part of therapeutics and clinical medicine. The physiology and pathology of pain whether peripheral or central involves nociception and transmission from the injured tissue-skin, muscle or viscera. Afferent fibers, spinal cord sensory cells and chemical mediators play a pivotal role. Pain management is associated with a Step Up approach relating to the type of pain and underlying pathophysiology. Traditionally Non-Steroidal Anti-inflammatory drugs have been the mainstay of treatment. However failure of NSAID's to treat pain or more chronic conditions require a Step 1 Up approach which would then introduce the opioids. Opioid analgesics address central mechanisms and are also used to treat severe pain particularly those associated with terminal illness and myocardial infarcts. The mechanisms of action, of opioids are similar however they differ in pharmacokinetic parameters. Conditions such as trigeminal neuralgia, neuropathic pain, Multiple sclerosis, cerebral palsy, Fibromyalgia and Diabetic neuropathy are addressed differently. These conditions involve the use of carbamazepine, gabapentin, TCA and SSRI; s to name a few. This presentation addresses the use of opioids and general approach to the treatment of these conditions.

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BIG DATA PREDICTIVE ANALYTICS: HOW SMART COMMUNITIES BECOME HEALTHY COMMUNITIES THROUGH BIG DATA INFORMED PUBLIC POLICY FORMULATION AND IMPLEMENTATION

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Toward application by policy and program planners working within the nexus linking public administration and public health in supporting sustainable, built, complex adaptive healthy communities; predictive big data analytics is a series of emerging datascience methods by which critical connections are made and strengthened through the sharing and data mining of massive quantities of data located across diverse public datasets. The days of studying and working in any one discipline or niche are quite likely over; and, the polymath mind and related analytical techniques rules the process of future public policy planning in solving social problems that impact the health and welfare of communities. Big data predictive analytical tools provides communities with the power to make better informed decisions rather than relying on guesswork based on inadequate data access and analysis. Prediction from the massive amount of existing data is empowering, but, not perfect; however, any real time driven prediction remains more powerful and satisfying than merely relying on a public agency's best guess. The concept of big data reflects the reality today that massive amounts of data are stored in a variety of depositories; and, are awaiting download and analysis by public community planners and others. Big data is characterized by volume, velocity, and variety. Volume is easy to understand. There is so much data stored it is characterized as big or massive and it is now measured in zettabytes (bytes with 20 zeros following). Velocity is also a characteristic since big data moves through the network with lightning speed. Further complicating how big data is downloaded and analyzed is the almost infinite variety characterizing the type of data and its storage format as it arrives and is stored in various massive databases under widely differing categories which makes data mining complicated. These characteristics have driven the development of new statistical analysis tools capable of downloading massive amounts of data (volume) at high rates of speed as new data arrives (velocity) thus providing real-time updates, and mines critical information regardless of how it is stored (variety) while not drilling down to individual identities thus ensuring privacy. This revolution in data management and analysis has created a new kind of professional; the data scientist who combines knowledge of computers with statistics and knowledge of the environment of smart, healthy communities in the 21st century. The benefits are readily available; but, the trajectory and speed of progress are accelerating in the direction of improved prediction in complex adaptive systems where once politically driven agency agenda specific best guesses were the norm with potentially unacceptable failure rates and frequent misuse of scarce community resources invested in a less than optimal direction.

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FURTHER EVALUATIONS OF POTENTIALITY AND HEALTH: PROGRESSIVELY EMPOWERED INTERNALISATION AND DIAGNOSIS THROUGH THE LENS OF EXISTENTIAL EPISTEMOLOGY

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In this paper I will examine how the language of diagnosis can engage with existential epistemology to develop a concept of Progressively Empowered Internalization (PEI). I have previously argued that this way of engaging with diagnosis in mental health challenges conceptualizations of diagnosis as articulating and maintaining a static self-concept. It enables the individual to synthesize the language of a particular mental experience within the wider engagement of their own active process of self-becoming. I will suggest that this construction of PEI addresses the limitations of stigmatization and static self-concepts. In seeing the language of diagnosis as a helpful tool for understanding a part of one's self-experience, it presents an alternative to the illness-based model of mental health. This conceptualization engages with existential phenomenology, as a means of using language to understand the self-experience. Furthermore, it explores how mental health diagnosis requires communal engagement to enable the wellbeing of its members. Diagnosis is thereby seen as a process of further empowering the individual with the language to explain a particular part of their experience within the overall movement of developing an integrated self-concept. The paper will conclude by problematizing one-dimensional diagnostic readings of health experiences, suggesting that health is engaged with individually and holistically.

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HOW NEW HEALTH OCCUPATIONS COME TO BE: EXPLORING THE SOCIOPOLITICAL ECOLOGY OF THE HEALTH CARE WORKFORCE

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Sociologists report rapid growth in US health sector employment but rarely note that new health occupations have also increased in number and salience. Nine of 24 newly recognized occupations in 2010 were in healthcare; and 80% of comments on the BLS' recent reclassification focused on such occupations. A political economy perspective proposes a typology of how occupations start aligning them with Alford's 3 major US interest group coalitions: corporate rationalizers, professional monopolists, and equal health advocates. Structural features within the US health (non-) system affect when and how occupational groups start, survive, and function. Quantitative analyses and schematic case studies of recently established health occupations reveal efforts to neutralize rival claimants' to their core tasks and to address concerns of key stakeholders within US health workforce policy environment. New occupations must be: legally permitted, clinically sound, financially feasible, liability risk minimizing, community responsive, definable as a job, reproducible, and credible to patients. Seven key stakeholders involved each typically aligns across the 3 major interest group coalitions. The implications of founding sponsorship of an occupation on how its various tasks come to be defined, how different occupations engage in team functioning, and the way in which services are delivered are examined. Secular trends suggests increasing corporate dominance in the health sector has shaped how new occupations are initiated, sustained and decline. The institutionalization of new health occupations is exemplified by describing an emerging occupation tasked with moving patients across care settings (e.g., hospital to nursing home). Corporate rationalizers sponsor "transition coordinators" to enhance efficiency by smoothing care transitions to generate a predictable income stream. Professional monopolists sponsor "patient navigators" who extend professional jurisdiction by fitting into the existing clinical hierarchy. Community health advocates sponsor "patient advocates" who empower patients and communities through broadening the definition of health.

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DEMENTIA IN THE SOUTH ASIAN IMMIGRANTS: A SYSTEMIC LITERATURE REVIEW

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Statement of the Problem: Dementia needs to be detected early and managed well to delay the transition to declining health and frailty for as long as possible. Factors like poverty and barriers to health care access put ethnic minority groups such as the South Asians, at an even greater risk of severe and early onset dementia compared to the white population. The cultural norms of these communities also influence their knowledge, beliefs and help-seeking behaviours. Hence, the disease goes underdiagnosed, and associated health care services remain highly underutilized. Aim: to provide a critical appraisal of the empirical research on dementia, i.e., knowledge of norms and beliefs, pathways to a diagnosis, the experience of caregiving and the provision of services within South Asian immigrant communities in the western countries. Methodology: The databases Google Scholar, Web of Knowledge, Psych-info, Pub Med and Ovid were searched for peer-reviewed articles, using the inclusion criteria. The common themes emerging from the14 qualitative and quantitative research papers were analysed by two authors. Findings: The majority of the studies reported a limited understanding of symptoms and causes; the presence of stigma/shame; delayed diagnosis; lower Service utilization and, unwillingness to access formal caregiving for dementia among South Asians as compared to the general population. Interestingly, there is a huge gap in the literature from the USA despite the presence of a large South Asian diaspora whereas; the UK is found to promote and lead the research in this area. Conclusion & Significance: The existing literature body on South Asian Mental health in general and, dementia, in particular, is significantly undersized. As multiple markers of inequality can indeed have a multiplicative negative effect on people with dementia from ethnic minority groups. Further research is strongly recommended, to understand the reasons for these disparities, not just their occurrence and, to improve the equity of access to healthcare.

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ESTIMATING USER COSTS ASSOCIATED WITH ABORTION SERVICES AT GOVERNMENT FACILITIES IN MADHYA PRADESH: A POLICY DISCUSSION ON DEMAND SIDE INFLUENCES ON ACCESS IN INDIA

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Statement of the Problem: Problem of rising out of pocket payments to access healthcare within the Indian health system is significant, exacerbated by problems of marginalization and vulnerability. Reproductive health reveals similar patterns, impacted further by patriarchal systems that limit women's access to care. In particular, despite a relatively liberal abortion policy, unaffordability of services leaves women unable to seek specialized abortion care. Methodology & Theoretical Orientation: A mixed methods policy study using pre-collected secondary data as well as extensive policy review has been analysed. Ensor and Cooper's three delays model served as the theoretical framework. Findings: Average total cost of an abortion in Madhya Pradesh was Rs.710 ($11.5), with non-medical costs, on average, higher than treatment costs, suggesting high OOP expenses act as factors for delays in care-seeking. OOP burdens were highest on those most vulnerable, the poorest and those younger than 20 years of age. Surgical methods were widely used in abortion with majority use of invasive dilatation and curettage (D&C) requiring longer facility stay post procedure. Minority used contraception during time of conception and few were offered family planning methods post-abortion. More women used facilities for post abortion care rather than terminating a pregnancy, although latter is cheaper. Although intangible cost calculations have been excluded, time cost estimates were highest on those least well off, as they spent the longest time reaching the facility and staying there in comparison to the richest. Conclusion & Significance: Increasing use of Manual Vacuum Aspiration, not relying extensively on D&C, offers less invasive procedures and on average, lowers inpatient time at facility, reducing user costs. Addressing non-medical costs in accessing care, which are out of pocket, are vital, particularly for lower income households. However, greater contraceptive access and availability, including better knowledge on using these methods is foremost priority.

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HEALTH SEEKING BEHAVIOR OF PEOPLE AND ACCESS TO HEALTHCARE: A SOCIOLOGICAL STUDY IN KOLKATA CITY

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Statement of the Problem: People of every society face problems during health care access. The purpose of this study is finding the healthcare perception and accessibility pattern in West Bengal among people of different socio-economic strata by analyzing health-care seeking behavior. This study explores the causes of particular health seeking behavior and tries to suggest solution to improve healthcare delivery system to have optimum health accessibility. Methodology & Theoretical Orientation: This is descriptive study based on semi structured interview, observation and focus group discussion with case studies. The people of five different wards from different parts of Kolkata Municipal Corporation are taken as respondents. All the wards and respondents from each ward are selected through random sampling method. Social Model of Health and social capital framework are utilized to obtain the interaction between health care delivery system and health seeking behavior of people. Findings: All respondents wish to avoid public healthcare sector due to various barriers rather prefer individual private or charitable doctors and the lower income group of people avail public healthcare service having no other way but affordable people avail private hospitals. People from both the category are dissatisfied with healthcare system. Conclusion & Significance: Healthcare seeking behavior depends upon availability, affordability, accessibility and the quality of health care delivery system. It depends upon political, cultural, administrative, economic, technological and ethical environment of respective society. Recommendations: Health care system should be accountable, professionally managed and motivated to deliver service efficiently with humanitarian touch encouraging Community participation.

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GROUPWORK PRACTICE OF SOCIAL WORK EFFECTIVE IN CHANGING THE INTEGRATED CHILD DEVELOPMENT PROGRAMMES IN INDIA AND HOW IT CAN CHANGE THE WORLD PROBLEMS

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The ICDS offer a powerful community based outreach system that functions as the convergent interface between disadvantaged communities and government programmes such as primary health care and education. ICDS is also the foundation of the of the national effort for universalization of primary education .It provides increased opportunities for promoting early development, associated with improved cognitive skills, enrolment and retention in the early primary stage. Social work is universal; the priorities of social work practice will vary from country to country and from time to time depending on cultural, historical, and socio-economic conditions. Social work addresses the barriers, inequities and injustices that exist in society. It responds to crises and emergencies as well as to everyday personal and social problems. Social work utilizes a variety of skills, techniques, and activities consistent with its holistic focus on persons and their environments. Social work interventions range from primarily person- focused psychosocial processes to involvement in social policy, planning and development. These include counseling, clinical social work, group work, social pedagogical work, and family treatment and therapy as well as efforts to help people obtain services and resources in the community. Interventions also include agency administration, community organization and engaging in social and political action to impact social policy and economic development .To achieve welfare of the people and better living condition of the community, the people should be involved in such type of activities which are designed to improve their conditions of the community when people participate in community development programmes collectively then they learn the importance of cooperation. Health atmosphere is created and better understanding is developed among them .Training of committees in specified training packages like community need assessment, identification of resources children/female rights, community mobilization/participation, self-help, role/responsibilities of committee members, safe environment, pollution its causes and remedies, reproductive health.

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