

Supercourse Newsletter
16 Oct. 2010
www.pitt.edu/~super1/

Mobile-Global Health

Please distribute this to your friends who have cell phones

If the phone doesn't ring, it's me (J. Buffet)

Next week I will be attending a meeting in Las Vegas on Mobile Health. During the past few weeks I have been thinking about using Mobile Cell phones in epidemiology and global health. It is quite exciting, and I would very much like to have your input.

When most people think of Mobile Health, they think in the context of high tech, and clinical medicine, e.g. using cell phone images for distance diagnosis. To my knowledge Mobile health has not been thought about in the context of Mobile-Global Health. Perhaps the most exciting component is as follows:

I can sit at my desk in Pittsburgh and reach almost anyone in the world using my Mobile phone and the costs will be pennies. I can collect information about disease from phones world wide, I can share lecture materials, I can warn people about impending health dangers.

World wide there are 6.2 billion people and 4.5 billion cell phones. In Mumbai India there are 1.5 cell phones for every person. There never has been a technology that could reach so many people in an instant, for such a low cost. Mobile Global Health will revolutionize global health. However, we have to think differently, we cannot think about doing the same old, same old, but putting this through Mobiles. We have to think about what should we do when we can reach everyone in the world.

We have developed a Mobile-Global Supercourse White Page, and would appreciate your comments below.

Following the herd is a sure way to mediocrity (Wilson)

Mobile-Global Health

Mission: To double the amount of training about Global health by the year 2012 in developing and Developed countries by using Mobile Devices

Problems:

- · Since 1945 Life expectancy world wide has increased 30 years
- · The major increase has been the result of Prevention, not curative medicine

- · Sadly, few people are trained in prevention and disasters mitigation, e.g. in 6 years medical school education in India, there is no formal training in global health in prevention, despite considerable interest world wide

Solution: Mobile-Global Supercourse

- · 4.2 billion cell phones for 6.2 Billion people, We can reach virtually anyone across the world with the message of global health and prevention
- · Supercourse is a network of 50 million faculty, about to be expanded to 3 million
- · We have collected 4500 PowerPoint lectures on Global Health and Prevention from 20 Nobel prize winners, the former head of the NIH and CDC, and the former US Surgeon General in a lecture library
- · The lectures taught over 1 million students last year, our H1N1 lecture made over 50 million people aware of HINI
- · Our JIT disaster lectures are made available within minutes of a disaster to attack the epidemiology of fear
- Methods: The Mobile-Global Supercourse will bring Mobile Technology into Global health by:
 - · Develop a Mobile-Global Surveillance technology, for disease as well as environmental concerns such as Radiation, chemical exposure, etc.
 - · Develop a Supercourse App, which can bring the lectures into Mobile
 - · Link I-Phones with pico projector for use in rural areas for teaching using Powerpoint lectures.
 - Using Mobiles for risk factor reduction, e.g. obesity, smoking, etc.
 - · Establishment of a system of Expert knowledge reachback where those involved in Glocal health (global to local) can find answer in minutes by leaders in the area
 - · Interdisciplinary Global Health Efforts, e.g. Global telehouse inspection, e.g. working with the International Association of Certified House Inspectors to develop a system using cell camera system for determining habitability half a world away

- · Link Supercourse experts with the Media so that good scientific information is shared.
- · Lectures around the world: Create a lecture on global health that is designed to teach millions world wide
- · National Health and environmental surveys

Would you like me to give you a formula for success? It's quite simple, really, Double your rate of failure (Watson)

Fishing: We are fishing again. We want to fish for deans of Nursing Schools, Dentistry Schools, and Junior Colleges. If your students are interested, please have them contact Super1@pitt.edu. We will have students world wide searching the Internet to find the deans so that we can increase the education about Global Health in Nursing, Dental and Community colleges world wide. Please join. We want all the different types of schools to double their training in global health in 2 years.

XIX IEA WORLD CONGRESS OF EPIDEMIOLOGY **7-11 AUGUST 2011 EDINBURGH, SCOTLAND**

Registration & Abstract Submission Open

The organising committee for the World Congress are delighted to announce that registration and abstract submission for the XIXth IEA World Congress of Epidemiology is now open. Abstracts are invited on all aspects of epidemiology especially:

- Global Problems
- Cutting Edge Methodology
- Chronic Diseases
- Neglected Conditions
- Epidemiology and Policy
- Other Hot Topics

Group Submission for Symposia

Group submissions for symposia of up to 1hr and 45 minutes are invited. Authors wishing to be considered should submit a 400 word overview, this should include the justification for the symposium, details of the programme and details of up to 5 named participants. Submissions should be made through the conference website no later than Friday 22nd October 2010.

To register for the congress, submit an abstract or for further information please visit the congress website: www.epidemiology2011.com

Faina's pick of the week

Lecture of the week:

Our lecture of the week is dedicated to Hepatitis C, an infectious disease affecting the liver, and potentially leading to cirrhosis. Dr. Miller donated an excellent new lecture on Hepatitis C to the Supercourse, titled "Hepatitis C Virus Epidemic in Egypt", which is currently available at <http://www.pitt.edu/~super1/lecture/lec40281/index.htm>

The lecture also overviews the issue of hepatocellular carcinoma and overviews methods for estimating HCV incidence.

Ron, Faina, Mita, Francois, Eugene, Eric, Nicholas, Jesse, Ali, Kawkab, Meredith, Ismail, Vint, Gil

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