Supercourse Newsletter
May 1, 2010

www.pitt.edu/~super1/
www.bibalex.org/SuperCourse/Index.htm
www.bibalex.org/english/initiatives/SupercourseArchive.htm

Nuclear Health Just in Time Lecture: http://www.pitt.edu/~super1/lecture/lec37401/index.htm

We had excellent movement with regard to the Nuclear Global Health Lecture. As I indicated, we posted Dr. Ledoshcuk's on the Supercourse April 25 for the 24th Anniversary of Chernobyl. There was considerable global interest in the lecture. It was translated into Russian, Arabic, Spanish, Japanese and English. It is also being translated into Ukrainian, Farsi, Chinese and Hebrew.

Within 2 days we had almost 500 viewers from 43 countries, including 240 from the US and 58 from the Ukraine and Russia. Google Page Rankings are the major metric of web impact. One of our Nuclear lectures has a web impact greater than 98% of all 200,000 web sites on the web.

Our team also has expanded with global leaders in radiation health. As I indicated, Borys Ledoshchuk, M.D. was one of the leading scientists on the health effects of Chernobyl. Last week Faina and I had a chance to talk with Niel Wald, M.D.. Niel with the Chairperson of Radiation health and the University of Pittsburgh. He also was one of the lead scientists at Three Mile Island.

We thus have two of the major leaders on Nuclear and Health for the past 2 major Nuclear events. Dr. Wald is contributing some of his lectures to our radiation health Supercourse. Dr. Wald told me some very interesting facts. When A major difficulty was risk communication as surprising to me, there was no radiation spill, therefore the risk was exceeding small. Despite the message that only pregnant women should evacuate, many others did. Fear, tension, and apprehension were major problems at this time.

Our mission is to attack these fears with the best possible scientific information that is delivered Just in time. As Karl Menninger has said "Fears are educated into us and can, if we desire, be educated out".

We found as a result of having a template lecture as Borys has produced, we can begin educating the leaders/educators within minutes after an event in at least 8 languages. Instead of having to rely on the media or government, people can learn from the top scientists in the world.

When a nuclear even occurs we will distribute you, the Supercourse network of 56,000. In addition we can also reach 3-4 million medical faculty and students world wide. Eric Marler, M.D. has identified all the lectures on the web for radiation health as well.

Oil Spill

As many of you have heard, there is a major oil spill in the Gulf of Mexico, which is threatening plants, animals and humans. With respect to the oil spill and the call for ideas, what we need isto get large numbers of people to weigh in on possible solutions. Withyour network, anything you can do to spread the word would be greatly appreciated. If you are able to help, a simple message like "EMERGENCY RESPONSE 2.0: GULF OIL SPILL https://gw.innocentive.com/ar/challenge/overview/9383447 InnoCentive is helping responders to collect outside ideas.

Nicholas Paddilla: I was just visiting Nicholas Paddilla in Mexico. Nicholas has done a wonderful job on the Latin America supercourse and has spread it across Latin America. The H1N1 reporting that he initiated was some of the first in the world. Many Ministers of Health and WHO National centers contacted him. He also had a 1.5 hour interview with a reporter from the NYtimes.

Ella: Our very little dog is at home. She ways about 2.5 kilos, and dances around. She is very cute.

From WHO: Bulletin of the World Health Organization
http://www.who.int/bulletin/volumes/88/5/en/index.html

"While countries continue to rely on extraordinary individuals to care for their poor populations, they must make it easier for these heroes to thrive as they serve in remote and rural areas. Otherwise, the shortages in these areas will never be solved" says Dr Manuel M. Dayrit, Director of the Department of Human Resources for Health at WHO, in one of the editorials in this issue. The news section presents an interview with one such hero, Dr Awojobi Oluyombo, a rural surgeon from Nigeria.

The same editorial introduces the main papers in this issue:

'There is no one single-bullet solution to this problem. Interventions in education, regulation, financial incentives and personal and professional support all have the potential to provide a part of the solution. A 'pipeline-to-practice' approach to education for rural practice seems promising, particularly if medical schools embrace a social accountability framework to make them more responsible to communities.10 Compulsory service as a method for rural recruitment is widely used but rarely evaluated.4 Contracting systems are explored by some countries such as Senegal,7 while others focus on professional development to reduce feelings of isolation, as in Norway.8

'Rural retention strategies must be applied in mutually reinforcing combinations or 'bundles'. They also take a relatively long time to yield results. Chile's Rural Practitioner Programme is a case in point. Peña et al. present an assessment of a five-decade programme, which linked financial incentives with education opportunities and personal support strategies to increase the recruitment and retention of physicians in rural areas in Chile.11

'Effective retention strategies must respond to both the needs of the population and the expectations of health workers. Understanding the preferences of health workers for working in a rural area is essential in developing appropriate strategies. Three research papers in this issue present the findings of 'discrete choice experiments' used to elicit preferences of either students or health workers for rural work.12-14 Contingency valuation methods such as these are increasingly used by researchers in this field as they have the potential to be a powerful tool for policy-makers in guiding the choice of most appropriate interventions.

'Monitoring and evaluation should be built into the design and implementation of rural retention interventions. Challenges to conduct evaluations in this field, as in many others in health systems, are notorious. Acknowledging these challenges, Huicho et al. propose a conceptual framework to guide policy-makers in monitoring and evaluation of rural retention interventions, with four dimensions, clear indicators and key questions.5 Building on that framework, Dolea et al. provide an extensive review of existing evaluations of rural retention strategies and identify the gaps in evaluative research in this field.6

'Context matters and external factors influence to a great extent the success or failure of rural retention strategies. In a perspective, Haji et al. explore the potential of decentralization to lead to better health workforce recruitment, performance and retention in rural areas through the creation of additional revenue for the health sector and better use of existing financial resources.'

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Best regards from the Supercourse Team, Ron, Faina, Eugene, Meredith, Francois, Mita, Ismail, Ella, Benson, Vint, Gil, Borys, Andrey, Nicholas, Jesse