Promoting Community and Global Health Initiatives for Education, Practice, Research & Policy

ENGAGING INTERPROFESSIONAL TEAMS
Promoting Community and Global Health Initiatives for Education, Practice, Research & Policy

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Assessing Population Needs
Describe the integration of community and global health into curriculum for education, practice, research and policy initiatives
FOCUS: Curriculum Development

- Risk Assessment – Community
  - Educational/Ecological Approach
  - Vulnerability Model - ‘at risk’
- Clinical Application
- Inter-professional Collaborative Teams
- Integration – multi-settings/multi disciplines
- Rewards
- Transcending into Global Health
Health Science University
1. **Graduate Nursing**
   1. Entry Level Masters
   2. Masters/DNP online
2. Optometry
3. Podiatry
4. Dental
5. Osteopathic Medicine
6. Biomedical Sciences
7. Physician Assistant
8. Physical Therapy
9. Pharmacy
10. Veterinary Medicine
11. Health Profession Education
Implementation of an Innovative Inter-professional Curriculum for Community Assessment for Master’s & Doctoral Education

Community Engagement: Implementation of an Innovative Inter-professional Curriculum for Community Assessment & Practice for Master’s Education

Implementation of an Innovative Inter-professional Global Health Curriculum for Doctoral Education
POPULATION HEALTH CURRICULUM DEVELOPMENT

Community & Population Assessment

Community Engagement

Global Health
Implementation of an Innovative Inter-professional Curriculum for Community Assessment for Master’s & Doctoral Education
POPULATION HEALTH DEFINED:

Health outcomes of a group of individuals, including the distribution of such outcomes within the group

(Kindig & Stoddart, 2003)
POPULATION HEALTH

Communities and Global Health

*Increase Years of Life and Quality of those Life Years*
Broad spectrum approach when compared to ‘individual’ care that focuses on the environment, human behavior, lifestyle and medical care

*Disease Prevention & Health Promotion*

**POPULATION HEALTH**
DETERMINANTS OF HEALTH

- Social and economic environment
- Physical environment
- Person’s individual characteristics & behaviors

http://www.cdc.gov/socialdeterminants/faq.html
SOCIAL DETERMINANTS OF HEALTH (SDOH)

Healthy People 2020

Healthy People 2020

A society in which all people live long, healthy lives

Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

SOCIAL DETERMINANTS

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
Conceptual-Based Course

- Master’s of Nursing (online)
- Doctoral of Nursing Practice (online)

Inter-professional Service Learning Course: (multi-settings)

- Epidemiology, Research, Biostatistics and Community & Global health (osteopathic medicine)

COMMUNITY ASSESSMENT
American Association of College of Nurses (AACN)

Master’s Essentials

- Inter-professional Collaboration for Improving Patient and Population Health Outcomes (*Essential VII*)
- Clinical Prevention and Population Health for Improving Health (*Essential VIII*)

Doctoral of Nursing Practice (DNP) Essentials

- Clinical Prevention & Population Health for Improving the Nation’s Health Clinical prevention (Essential II)
- Inter-professional Collaboration for Improving Patient and Population Health Outcomes (Essential VI)
Example of DNP Curriculum

- **Topic 1: Introduction to Community Assessment, Health Disparities and Vulnerable Populations**

- **Topic 2: Practice Approaches with Vulnerable Populations**

- **Topic 3: Health Promotion & Prevention in Vulnerable Populations**

- **Topic 4: Special Subgroup Considerations in Vulnerable Populations Care**

- **Discuss determinants of vulnerability - social, epidemiology, biological, genetics, and/or behavioral factors** that define groups as vulnerable populations resulting in disparities in health and healthcare (DNP Essentials I, VII)

- **Differentiate between theoretical/conceptual models of ‘vulnerability’, selecting appropriate frameworks applicable to at-risk populations** (DNP Essential I, VII)

- **Analyze selected communities using existing data sets (epidemiological, environmental, social and behavioral) assessing and identifying at-risk vulnerable populations to generate and plan EBP strategies to improve health outcomes** (DNP Essentials I, VII)

- **Evaluate a community in a practice-based setting focusing on identifying vulnerable populations and community determinants and mechanisms of vulnerability** (DNP Essentials VII, VIII)
Community Assessment the Process

1. **Selected Community**
   - Concepts of Community, Epidemiology & Biostatistics
   - Utilization of external databases
   - Cultural Training (inter-professional doctoral curriculum)

2. **Community Assessment**
   - Demographic Characteristics (who, what, where)
   - Ecological/Educational Model
     - Social, Epidemiology, Behavior, Environment, Predisposing, Reinforcing, Enabling

3. **Critical Analysis of Data**
   - Determination of Vulnerability
   - Utilization of Vulnerability Models (doctoral curriculum)
   - Prioritize Needs – Development of Evidence-Based Strategies
Community Assessment

- Assessment of Risk – Needs
- Team/Group Approach
- Assignment of Selected Communities
- External Databases
- Theoretical Frameworks/Models
  - Educational & Ecological Approach
    - Who, What, Where?
      - Demographic Characteristics
      - Location/Setting
    - Precede Proceed Model
      - Social & Quality of Life Issues
      - Epidemiological
      - Behavioral
      - Environment
      - Predisposing
      - Reinforcing
      - Enabling
Community Assessment

Demographics
- Setting
- Location
- Who, Where

Quality of Life
- Social
- Economics
- Unemployment

Epidemiology
- Incidence
- Prevalence
- Biostatistics

Behaviors
- Smoking
- Alcohol
- Drug Use
- Sexual

Environment

Predisposing
- Enabling
- Reinforcing
VULNERABILITY –
Identifying *at risk* Populations

**Community Assessment**
- Theory-based process
- Ecological & Educational Approach
- Application of Community & Public Health Concepts; Epidemiology; Biostatistics

**Identify *at risk* Populations**
- Critical Thinking
- Analysis of Community Data
- Utilization of Theoretical Models focus on Vulnerability & Culture

**Development of Evidence-Based Culturally Sensitive Strategies**
- Health Promotion
- Disease Prevention
COURSE OUTCOMES

- Favorable Evaluations
  - 4.5 - 4.6 out of 5 Likert Scale

- In-depth Community Assessment Data from multiple areas

- Curriculum Development across campus and multi-settings

- Establishment of Mentored Sites

- Implementation of Health promotion Quality/Safety Strategies

- Influenced Policy
  - Bicycle Safety

- Development of Research Strategies
  - Utilization of Physical Fitness towards empowerment
Examples of Course Evaluations: DNP

- Outstanding Evaluations (> 4.5/5.0)
  - Strengthened critical thinking skills
  - Enhanced learning experience
  - Relevant to current or future role

- Qualitative Exemplars:
  - Excellent! Excellent! Excellent! Learning experience with a very sharp learning curve. One of the best courses offered in DNP sessions
  - The whole conceptual framework of vulnerability and population-based health was awesome and eye opening.
  - Performing a community assessment is a tool that will be of great use in my future practice. I value the ability to evaluate the community I serve and establish the challenges they face.
SYMPOSIUM

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Implementation of an Innovative Inter-professional Global Health Curriculum for Doctoral Education
Community Health Nursing

Student Learning Objectives

- Define the role of the nurse in various community settings.
- Utilize a holistic approach in applying the nursing process to care of families, communities and populations.
- Identify primary, secondary and tertiary prevention strategies in working with individuals and populations at risk.
- Plan interventions in collaboration with communities in order to maintain/improve health.
- Describe the impact of culture, socioeconomic status and environment on the health of a community or population.
- Examine the use of evidence-based practice in developing care for vulnerable populations across the life span.
Community Assessment

Windshield Survey

Community as Client

Cultural Diversity

Interprofessional Education
Community Engagement

- Recognize strengths and assets
- Community participation
- Empowerment and capacity building
- Community coalitions
Innovative Clinical Placements (ICP)

- Use of ICP in non-traditional settings enhances community assessment skills

- Interprofessional education
  - i.e. dental, optometry, nursing, and medical students
ICP Sites

- Impoverished Inner City
- Senior Centers
- Homeless Shelters
- Corrections
- Native American Aboriginal Communities
ICP across the Lifespan

- WIC offices
- Headstart and Kindergarten classrooms
- After school program
- Homeless shelter
- Day care center
- Senior centers
World Health Organization (2013)

- *Transforming and scaling up health professionals’ education and training: WHO Education Guidelines 2013:*

  - Promotion of social accountability in professional education and of close collaboration with communities
  - Aim at health equity, delivery of people-centered services, responsiveness and inclusion.
Student Nurses’ Clinical Experience in Pomona, California
Community Engagement

- **Cultural competency**
  - Low income mostly Hispanic population
  - Multi-generation families
  - Mostly immigrants
Community Engagement

- Partnership building
  - Non-profit organizations
  - After school tutoring
  - Community garden
  - Community breakfasts
Interprofessional Education

“A necessary step in preparing a ‘collaborative practice-ready’ health workforce that is better prepared to respond to local health needs”.

Interprofessional Learning Activities

- Vision screening and referral
- Dental screening and referral
- Emergency preparedness
“Nurse educators embrace the concepts of justice and caring as guiding principles in teaching students about ethics and human rights within the provision of health care everywhere from local communities to the greater global community.”

American Nurses Association, 2010
Social Justice

- Vulnerable populations
- Equitable access to care
- Environmental influence
  - Access to healthy food
  - Standard of housing
  - Safe environment
SYMPOSIUM

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Implementation of an Innovative Inter-professional Global Health Curriculum for Doctoral Education
IMPLEMENTATION OF AN INNOVATIVE INTER-PROFESSIONAL GLOBAL HEALTH CURRICULUM FOR DOCTORAL EDUCATION
GOALS:

Health for all people in all nations by promoting wellness and eliminating avoidable disease, disability, and death.

It can be attained by combining population-based health promotion and disease prevention measures with individual-level clinical care.

GLOBAL HEALTH
INSTITUTE OF MEDICINE

Institute of Medicine (US) Committee on the US Commitment to Global Health., 2009.
Requires understanding of health determinants, practices, and solutions, as well as basic and applied research on risk factors, disease, & disability
Global Health and Healthy People 2020

Goal

- Improve Public Health
- Strengthen U.S. National Security

United States Department of Health & Human Services, 2014
Trends and Issues

- Economic Globalization
- Extensive International Travel & Commerce
- Newly and Re-emerging Diseases
Global Health: Beyond Infectious Diseases

- Diabetes and obesity
- Mental illness
- Substance abuse (includes tobacco)
- Injuries
Impact in the U.S.

- Infectious diseases outbreaks
- Food borne illnesses
- Contaminated pharmaceuticals
- Data sharing
  - life expectancy, prevalence of chronic diseases
CRITICAL GLOBAL HEALTH CONCEPTS

Determinants of health

Measurement of health status

Importance of culture to health

Demographic & epidemiologic transitions

Key risk factors for different health conditions

Organization & function of health systems

Global burden of disease

Role of U.S. in Global Health

- Leadership role in promoting comprehensive global, real-time infectious disease surveillance system
  - Promote health abroad
  - Prevent spread of disease
  - Protect U.S. population
RECOMMENDATIONS FOR IMPROVED GLOBAL HEALTH

- Increase existing interventions to achieve significant health gains
- Generate & share knowledge to address health problems endemic to the global poor
- Invest in people, institutions & capacity building with global partners
- Increase U.S financial commitments to global health
- Set the example of engaging in respectful partnerships

Institute of Medicine (US) Committee on the US Commitment to Global Health, 2009
Institute of Medicine
The Future of Nursing:
Leading Change, Advancing Health

Recommendations for the Future of the US Nursing Workforce

Global health as a subject matter to undergraduate and graduate nursing curricula
Global Health Education in Western University of Health Sciences

Inter-professional Collaboration Global Health Curriculum Development Module within an existing course in Department of Osteopathic Medicine curriculum

- Inter-Professional/Multi-Settings:
- College of Osteopathic Medicine
- College of Optometry
- College of Graduate Nursing
- Pomona and Oregon Campuses
Physician and Society II (PAS II)

**GOALS:**

To shape medical students' understanding of their world beyond the typical clinical setting and the interaction between the practice of medicine and real life events.

Starting point see professional possibilities in a much broader local, national and global context.

Use of experiential case studies and discussion topics to examine contemporary health issues impacting the delivery of healthcare in the United States and throughout the world.
PAS II Modules

Contemporary Health Issues and Policy
Disaster Preparedness
Global Health
Lifestyle Medicine
Medical Jurisprudence
PAS II: Interprofessional Teaching and Collaboration

- 1 Course Director and 1 Vice Course Director
- 13 faculty members
  - Lebanon, Oregon and Pomona, CA
  - 5 with dual degrees
    - 2 DO/MPH, MD/MPH, PA/EdD, RN/JD
  - 4 DOs
  - 2 MDs
  - 1 FNP
  - 1 OD
## Timeline: Implementation Fall 2013

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<thead>
<tr>
<th>January/February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>August</th>
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<tbody>
<tr>
<td>Identify PAS II Faculty</td>
<td>Identify Module Leads and Faculty</td>
<td>Faculty Planning Pomona Campus April 11 Faculty Planning Lebanon April 2</td>
<td>Joint Faculty All Day Retreat May 21 Finalize lecture content and delivery modalities</td>
<td>Finalize Course Syllabus</td>
<td>Launch Course</td>
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</table>
Global Health Module: 5 Faculty

- Internal medicine, practice medicine in many countries including three years in Malawi. Developed international health rotations in the Internal Medicine Residency Program. Director of a nursing home.
Global Health Module: 5 Faculty

- Neurosurgeon and Associate Clinical Professor. Founded and chairs of non-for-profit organization which distributes prenatal micronutrients to childbearing age women in Nepal

MD Faculty
Ivy Tuason, RN, MSN, FNP-BC

- Nursing education, administration, and program development. Currently enrolled in the PhD program with concentration in Global Health. Volunteer work in Philippines, Haiti, and Nicaragua.
• Associate Professor, College of Optometry. Specializes in low vision specialization. Low vision rehabilitation with Under the Same Sun in Tanzania working with persons with Albinism and Fudem in El Salvador.
Global Health Module: 5 Faculty

- Director, Division of Global and Community Health / Asst. Professor, Dept. of Social Medicine & Healthcare Leadership, Medical officer in Baghdad, Project Manager of Palestine Children Relief Fund, Advisor for Iraqi Ministry of Health

MD/MPH Faculty
Global Health Module

- 7-hour module given three separate times.

- Introduction to global health.

- Course objectives based on regulatory standards, professional organizations, current literature and trends, and faculty expertise.
Interdisciplinary Planning and Development

Faculty dynamics and workload

Education versus clinician teaching styles

Schedule-planning meetings

Time limitations

Distance-Oregon and California
Objectives

- Identify global health problems related to the influence of various geographic factors such as climate and location (medical geography)
- Identify prevalence and related statistics of the most common global diseases such as TB, malaria, AIDS
- Recognize current public health approaches to provision of global health care including common factors such as social, political, and cultural barriers to health care
- Recognize international health disparities, as well as the ethical considerations of practicing global health
- Identify clinical adaptations, resources, safety/risk management and other related issues pertinent to practice of short-term international health
Global Health Module: Topics

Focus on Global Health Issues
Goal: influence a commitment to global responsibility

- Global Disease Patterns and Health Disparities
- Determinants of Health
- Adaptations of Clinical Examinations
- International Short-term care
Course Delivery

- Reading assignments
- Lectures
- 3 case studies and small group discussions
- Video presentation
PAS 2 GLOBAL HEALTH

READING LIST -- FALL, 2013

REQUIRED

“Global Burden of Disease 2010: Understanding Disease, Injury, and Risk,” LANCET

“Fever in Returning Travelers: A Case-Based Approach,” AFP

“The Pretravel Consultation,” AFP

“US Health in International Perspective,” IOM

“Noncommunicable Diseases,” NEJM

“Policy Making with Health Equity at its Heart,” JAMA

“Primary Health Care in Low-Income Countries,” JAMA

“An International Service Corps for Health,” NEJM

“The Millenium Villages Project,” Lancet

“Denis Burkitt and the African Lymphoma,” ECancerMedicalScience

“Effects of Prenatal Micronutrient and Early Food Supplementation on Maternal Hemoglobin, Birth Weight, and Infant Mortality Among Children in Bangladesh,” JAMA

OPTIONAL

Global Health 101, Chapters 1 & 2, Richard Skoink, (AVAILABLE AT WUHS LIBRARY ONLINE)

“A Framework Convention on Global Health,” JAMA

“Achieving Equity in Global Health,” JAMA

“Exposing Poverty and Inspiring Medical Humanitarianism,” JAMA

“Geosentinel Surveillance of Illness in Returned Travelers, 2007-2011,” AIM

“Governance Challenges in Global Health,” NEJM


WHO HIV/AIDS, Fact Sheet on HIV, WHO
PAS 2—CASE STUDY

You are a 4th year student preparing for an international health rotation at a rural mission hospital in Malawi. You will be spending 4 weeks there. An old friend has lived and worked there for 2 years as a volunteer with his wife and 2 children. He is an American internist who went to the same medical school as you. You are married and your spouse is thinking of coming as well.

1. What questions do you have for your friend about the logistics of your work?
2. How can you prepare yourself for the medical aspects of your work?
3. How can you prepare yourself for the social/family aspects of your stay?
4. What are your pre-travel needs and requirements? What vaccinations and preventive measures will be necessary?
5. What stereotypes might you have about sub-Saharan Africa? What stereotypes do they have of you?
6. Should your spouse come? What factors might predict a successful or frustrating visit for your spouse?

You arrive at the hospital with your spouse after 2 days of travel. You are warmly welcomed. The hospital has 100 beds filled to capacity, and 4 main wards: male, female, maternity, and pediatrics. There are 2 American physicians, otherwise, a complete Malawian staff of 12 including 4 physician assistants and nurses. The hospital serves a 100,000 person catchment area. They see 150 outpatients daily, deliver 100 babies per month, staff 2 peripheral health centers, and conduct 20 monthly mobile clinics to different locations.

1. Your internist friend has taken over 50% of the hospital’s ward duties, including supervising maternity, doing pediatrics at times, and doing some surgeries. What do you feel of that arrangement?
2. How should you apply yourself? Should you do surgery? Should you deliver babies?
3. Your friend asks you to round on the male ward on your own (“the nurses will help you out”), and then report back to him. He says they can really use your help. How do you feel about that?
4. There will be opportunities to do some procedures that you have seen but never been allowed to do as a student in medical school (paracentesis, lumbar punctures). How do you feel about that? Are the standards different than the US?

You are in the attending’s shoes. The student wants to do a research project to present back at your medical school; you have some experience in research projects. It would involve studying pregnant HIV women and transmission of HIV infection to neonates. He’d like to trial a medication that you have heard helps decrease transmission, it is not yet being used at this hospital.

1. Should your attending allow you to do the study? What difficulties might there be in conducting the research?

The attending and you are called urgently to see a patient on the wards. He is 40, HIV+, and suffering from pericardial tuberculous. Overnight he became severely short of breath with a low blood pressure, and clinically he has cardiac tamponade. No surgeon is locally available to perform a pericardial window to relieve the tamponade. The attending could do a pericardiocentesis by placing a needle into the pericardial sac; but the last time he did that was on a dying patient back in training.

1. Should he attempt the procedure?
2. Should the patient be referred to the capital 4 hours away, or should you let him die?
3. She may have had a very different outcome if she were at a major medical center in the US. What underlying root causes, i.e., larger social/economic determinants of health, have led to this situation?

A friend of yours always had a heart for missionary work and the people of Africa. He is inspired by your trip, and uses the occasion of your rotation to make a donation of $25,000 to the work of the hospital. He wants you to decide how it should be spent.

1. What should you do with the donation? How would you inform your decision? Do the intentions of the donor matter?
2. Who should be in control of the money? What do you need to understand about the operation and finances of the hospital?

The hospital is a church-run institution, and firmly is against birth control practices and does not want them discussed on the campus. You are aware of a high fertility rate (7) and a high maternal mortality rate (500/100,000) in Malawi. You have learned in preparing for the trip that birth control measures have made a worldwide impact on both of these key statistics. The government hospital an hour away does offer these options. You are seeing a 35 year old woman for a post-partum check after her 10th pregnancy (4 of which were miscarriages).

1. Is it ethical for you to suggest to this woman to seek birth control measures elsewhere? Is it culturally appropriate and sensitive to do so? Is this a cultural or ethical issue?
2. What are factors that have led to this woman’s situation? What are the upstream or social determinants? What public health measures, apart from birth control, could impact this situation?
Health Disparities/Public Health Insurance Case Study – Asthma

Case:

You are caring for an 8 yo African-American female on the general pediatrics floor. She was transferred from the PICU, where she was admitted for respiratory failure and status asthmaticus. She has a history of “wheezing” but has never been diagnosed with asthma. She receives a majority of her care in the ER and Urgent Care centers. She has never been on controller asthma medications. She lives at home with her mother and 2 siblings. Her mother is employed as a clerk at a hospital and earns $29,942 per year, placing her at approximately 145% of the FPL. Her mother’s employer provides health insurance, however, she cannot afford to add all three of her children to her health insurance plan.

Questions:

1) Lack of health insurance limits this patient’s access to quality asthma care. But barriers to quality care exist even for those who are insured, what are some of those barriers?

2) Are these differences in asthma prevalence by race and income? Are there differences in how children in minority groups access medical care? How do these differences affect asthma care?

3) How are most children in the United States insured? Do you think it is common for a person to have a job yet not have health insurance coverage for their children? What are other health insurance options available to this family? Does she qualify for public insurance?

4) How could you be an advocate for this child? How can you help ensure improved asthma care?
# Sample Schedule

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<th>Day 2: 3 hours</th>
<th>Presenter</th>
<th>Topic</th>
<th>Time</th>
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<td>Day 2 - 3hrs</td>
<td>Ivy</td>
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<td>Didactic water/public health/cultural competency</td>
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<td>Nepal / Tanzania? case</td>
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<td>Break</td>
<td>10</td>
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<td>Public health implications re government policy</td>
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<td>Becky</td>
<td>Global Health Ethics</td>
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<td>Tropical diseases (AIDS, TB, Malaria)</td>
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<td>Guatemala</td>
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Evaluations of Students

- Reflection papers
- Objective examination
- Attendance
Course Evaluations

- 187 out of 221 responded
- 3.3 out of 4.0
  - Learning objectives clear
  - Instruction well organized
  - Instructor communicated material effectively
  - Overall instructor effectiveness
“Global health seems unnecessary when I have an insanely difficult renal final to study for.”

“This information would have been more interesting at another time.”

“Material was too basic.”
Implications

- Interprofessional learning
- Global health as an elective and specialty
- Centralized global health rotations
- Timing
- Faculty challenges
Nurses as Leaders in Population Health

Central to health-care system

Understand the relationship between disease & social determinants of health

Knowledgeable about strategies that promote health and reduce disparities

Social Change
Social Justice

Education
Research

Health care policy
Thank You!

Danke

Salamat

Obrigado

谢谢

MERCI

Gracias

KEA LEOBGA

Domo
References

References (cont’d)


