Reflection for Today’s Program

“You tell us that to love God and neighbor is not something abstract, but profoundly concrete: it means seeing in every person the face of the Lord to be served, to serve him concretely. And you are, dear brothers and sisters, the face of Jesus.”

- Pope Francis, Address during visit at the Homeless Shelter “Dona Di Maria.” May 21, 2013.
Your Speakers for Today’s Program

Bruce Compton
Senior Director, International Outreach
CHA

Fr. Michael Rozier
Doctoral Student
Department of Health Management and Policy
University of Michigan

Motivating Questions

• What are the current practices regarding short-term medical missions within Catholic health care?

• What are the leading practices in short-term medical missions that can maximize success?
Video Scenario

VIDEO

Common Concerns

- Insufficient preparation for the country and for the work
- Feeds a savior complex, north-south divide

- Continuity and sustainability over the long term, especially regarding key players and financial contributions

- Partnership inequality, inadequate voice in goal-setting especially
- Unintended negative consequences including dependency, follow-up complications, undermining local providers
Research Methods

**FORMATIVE RESEARCH**
- Literature Review with assistance from University of Notre Dame
- Personal experiences and prior research of project team (Compton, Lasker, Razier) and others

**ONLINE SURVEY**
- Sent from Catholic Health Association to members, but open
- 512 respondents completed a portion

**IN-DEPTH INTERVIEWS**
- 16 interviewees chosen for insight and diversity
- Focused on orientation, partners and evaluation

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Respondents

WHAT IS YOUR PRIMARY FUNCTION IN A CATHOLIC HOSPITAL / HEALTH SYSTEM? (N=510)

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th># OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community benefit</td>
<td>6</td>
</tr>
<tr>
<td>International programs</td>
<td>9</td>
</tr>
<tr>
<td>Board member</td>
<td>13</td>
</tr>
<tr>
<td>Pastoral care</td>
<td>15</td>
</tr>
<tr>
<td>Education/training</td>
<td>19</td>
</tr>
<tr>
<td>Operations</td>
<td>20</td>
</tr>
<tr>
<td>CEO/president/administrator</td>
<td>51</td>
</tr>
<tr>
<td>Physician</td>
<td>58</td>
</tr>
<tr>
<td>Nursing</td>
<td>69</td>
</tr>
<tr>
<td>Mission leader</td>
<td>69</td>
</tr>
<tr>
<td>Not employed by a Catholic hospital/health system</td>
<td>86</td>
</tr>
<tr>
<td>Other role in a Catholic hospital/health system</td>
<td>96</td>
</tr>
</tbody>
</table>
Number of Trips Reflected in Survey = 949+

HOW MANY MISSION TRIPS HAVE YOU BEEN INVOLVED IN OVER THE PAST FIVE YEARS?

- 9% One
- 11.1% Two
- 10.4% Three
- 69.4% Four+

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Current Landscape – Where Do They Go?

45 countries mentioned
Top destinations:
- Haiti, 28%
- Guatemala, 22%
- Mexico, 16%
- Dominican Republic, 13%
- Honduras, 13%
- Peru, 13%
- Kenya, 8%
- Nicaragua, 8%
- El Salvador, 7%

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The Current Landscape – Trip Length

How long did you stay in the host country? Based on your experience, what would be the ideal length?

- Most Recent Trip – Organizer (N=144)
- Ideal Trip – Organizer (N=140)
- Most Recent Trip – Volunteer (N=198)
- Ideal Trip – Volunteer (N=156)

The Current Landscape – Distribution of Direct Costs

Of the total direct cost, what percentage went to the following areas?

- Travel (international)
- Equipment and supplies
- In-country living and travel
- In-country partner/donation
- Administrative costs
- Other

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The Partner’s Role

- Facilitated logistics, 88%
- Assisted volunteers with their activities, 72%
- Defined the goals and activities of the trip, 69%
- Directed volunteers in providing health services, 48%

The Current Landscape – Evaluation

WHAT EVIDENCE DO YOU HAVE, IF ANY, OF THE MISSION TRIP’S VALUE TO HOST COMMUNITIES WHERE VOLUNTEERS SERVED? PLEASE SELECT ALL THAT APPLY. (N=128)

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner satisfaction/invitation to return</td>
<td>73.4%</td>
</tr>
<tr>
<td>Anecdotal reports (written or verbal) from partner organization</td>
<td>65.6%</td>
</tr>
<tr>
<td>Statistical report of activities (e.g., # of patients seen, # of people treated)</td>
<td>64.1%</td>
</tr>
<tr>
<td>Anecdotal reports “thank you” from patients/community</td>
<td>58.6%</td>
</tr>
<tr>
<td>Religious testimony/conversions</td>
<td>20.3%</td>
</tr>
<tr>
<td>Epidemiological data on outcomes (e.g., decline in headaches, vaccination coverage, HIV etc. known)</td>
<td>18.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.5%</td>
</tr>
<tr>
<td>None</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

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From your experience which area of short-term medical missions is of greatest concern?

- In-country partnership
- Selection of volunteers
- Preparation of volunteers
- Types of activities undertaken in-country
- Evaluation of impact
- Sustainability of efforts
Recommendation for Partnerships

• Partner organization should be a respected advocate for host community
• Partner organization should be involved from the outset in establishing goals, not just be a provider of logistical support
• Trust-building and program planning take time
• Establish an MOU
• Regularly review mutual goals and activities
• Ensure long-term institutional commitment

Recommendations for Hospitals’ Funding Efforts

• Target resources to fewer, well-run programs
• Support may include paid time off, staff time and needed medications and supplies
• Ensure that the goals of the trip are consistent with those of institution regarding volunteer formation and community health improvement
**Recommendations for selection of volunteers**

- Recruit volunteers who have skills that are well matched to host community’s goals
- Accept only those who work well in teams and are willing to respect and learn from hosts
- Screen out people with physical and mental health problems that would interfere with their contributing to goals of trip

**Recommendations for Preparation of Volunteers**

**Length and Content of Orientation**

- Plan for at least half a day
- Include information on the host country’s history, culture and language
- Include preparation for work to be done and reflections on meaning of trip
Recommendations for Activities Undertaken

- Decide together with host partner
- Do not replace or undermine local workers
- Beware of possible harm and complications after trip is completed
- Focus on capacity building

Recommendations for Evaluation

Carry out systematic follow-up to identify impact of medical mission
- Develop and track metrics for assessing improvement to the health of host community
- Survey volunteers after return
- Go beyond anecdotes and expressions of appreciation; these are not the same as evaluation
Recommendations for Sustainability

- Trips should be longer
- Groups should return to same location to ensure continuity and predictability
- Continuous collaboration and integration with partner organization needed
- Identify underlying causes of ill health to be addressed

Next Steps

**ULTIMATE GOALS**
Provide recommendations on leading practices for short-term medical missions that are realistically achievable for Catholic health care

Provide the support to achieve them where possible