

# Short-Term International Medical Mission Trips: Phase 1



## *Research Findings* Practices & Perspectives of U.S. Partners | 2014

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## 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.



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## 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

## Common Concerns

### **VOLUNTEERS**

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

### **HOSPITALS/ HEALTH SYSTEMS**

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

### **HOST COMMUNITIES**

- 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, Rozier) and others

### ONLINE SURVEY

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

### IN-DEPTH INTERVIEWS

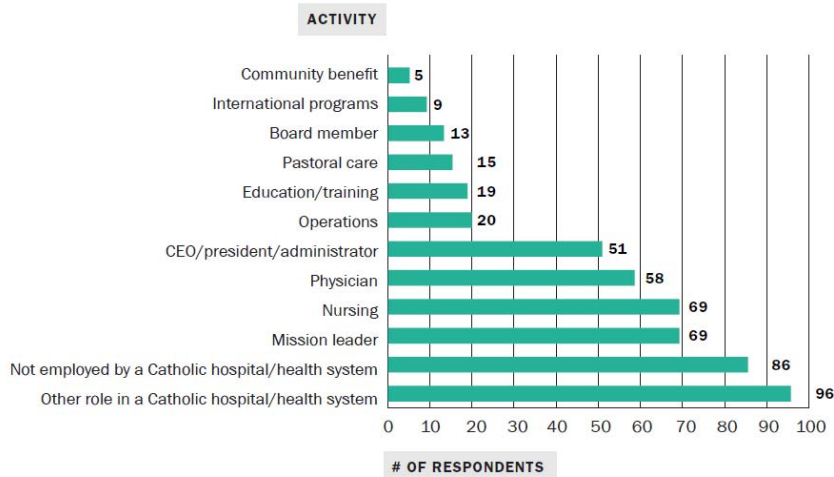
- 18 interviewees chosen for insight and diversity
- Focused on orientation, partners and evaluation

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## Respondents



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

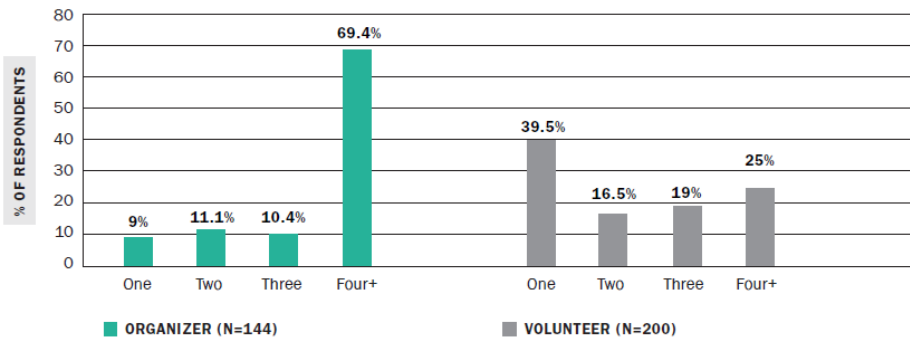


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Number of Trips Reflected in Survey = 949+



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



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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%

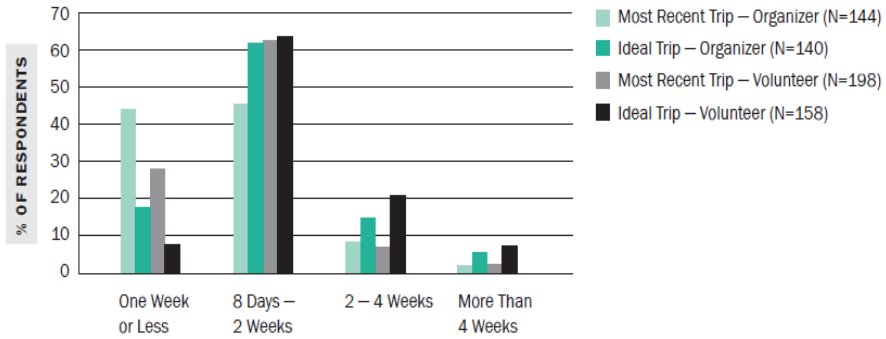


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## The Current Landscape – Trip Length



HOW LONG DID YOU STAY IN THE HOST COUNTRY? BASED ON YOUR EXPERIENCE, WHAT WOULD BE THE IDEAL LENGTH?

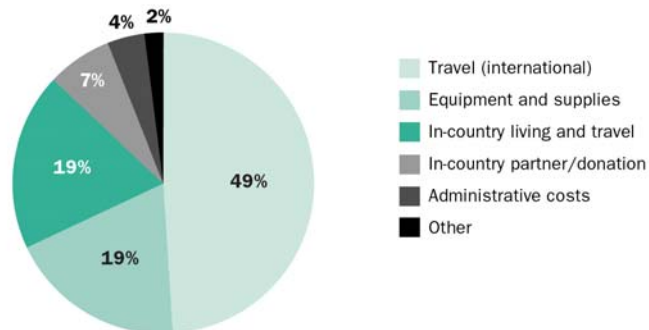


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## The Current Landscape – Distribution of Direct Costs



OF THE TOTAL DIRECT COST, WHAT PERCENTAGE WENT TO THE FOLLOWING AREAS?



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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%

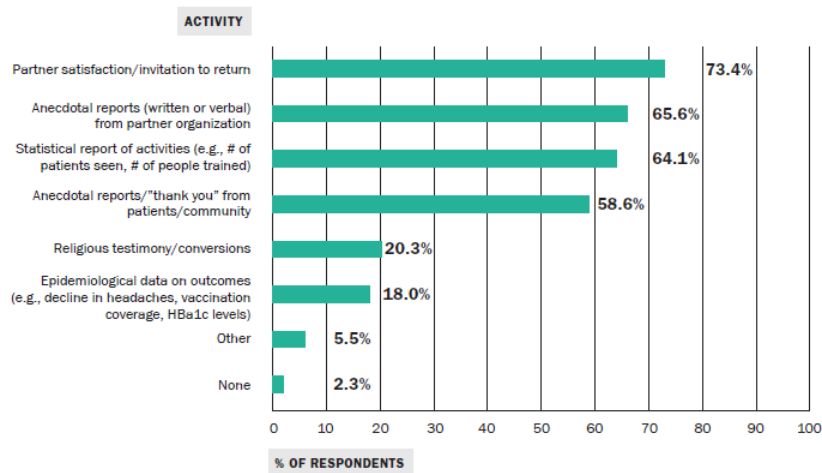
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## The Current Landscape – Evaluation



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)

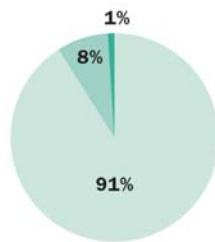


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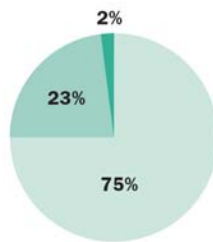
## Perceived Value



### FOR THE VOLUNTEERS? (N=500)



### FOR HOST COMMUNITIES? (N=501)



### FOR CATHOLIC HOSPITALS/HEALTH SYSTEMS? (N=493)



Extremely valuable   Somewhat valuable   Not particularly valuable

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## Polling Question



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

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## 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

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## 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

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## 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

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## 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

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## 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