VCU Global Health in Rural Honduras: A 7 Year Journey
Objectives

• Describe our health outreach work in northern Honduras
  – Direct medical work
  – Public health work
  – Education of US-based learners
  – Scholarship
• Focus on “lessons learned” and the evolution of our program
• Discuss challenges and future directions
Overview

- Have participated in medical relief trips to the same communities in Northern Honduras yearly since 2008.
Program Manifesto

- Direct patient care
- Research
- Public health
- Student/resident exposure to global health

VCU Medical Center
In the Beginning…

• GB on original 2005 mission
  – To Northern Honduras- La Hicaca (Yoro)
  – Recruited by HOMBRE
  – Small clinical mission with 2 pediatrics residents and 4 medical students
  – GB was the only VCU Faculty member
2006 Siguatepeque: High Patient Volume, Little Public Health Focus - Long Term Value?

- 12 clinic days
- 5,000+ patients
- No collaborative public health project
- Poor patient and provider satisfaction

Scrutinizing Global Short-Term Medical Outreach: Ethical Issues

- Who really benefits? Is it the recipients or the participants?
  - Does it simply serve to make us feel better about ourselves?
- Has the community been involved in the planning?
- Is the program culturally sensitive?
- Is the program sustainable and will it truly benefit the recipients?
- Are lasting collaborations in place?
- Is there a risk for harm?

DeCamp M. *Hastings Center Report*. 37, no.6 (2007) 21-23
2,124 adults
? overall utility of the work
*New focus in Yoro
*Formal IM resident involvement: “CARE”
500 adult patients
Needs assessment survey
25 water filters
Mass deworming

2,124 adults
? overall utility of the work
Clinic Sites - Yoro
Clinic Sites-Yoro

Department of Yoro, Northeastern aspect, Honduras
Hospital in Olanchito
The Communities

Coyoles
The Communities

La Hicaca and Lomitas
The Communities

La Hicaca and Lomitas
Needs Assessment Survey: 2008

• Survey Results:
  – 82% with ≤ 6th grade education
  – High percentage with unsafe water source/ no purification method
  – 56% noted having chickens, pigs and other livestock in home
  – 39% with dirt floors
  – 45% with mud/ adobe walls
  – 71% used firewood as cooking fuel

• Biggest healthcare problems:
  – Water sanitation (32%)
  – Nutrition (32%)
  – Education (25%)
  – Healthcare costs too much (31%)
2006

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27 water filters distributed
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YEAR
2006

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2010

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Needs assessment survey repeated
27 water filters distributed
Mass deworming

2011

2012

YEAR
• What is the optimal way to see a large volume of patients in a busy, hot, loud, crowded and chaotic field clinic?

• Study objective:
  – To examine adherence with chronic disease and public health screening between the traditional and team-based encounter methods

Research Article

Individual Physician versus Team-Based Medical Encounters: Maximizing the Efficiency of a Medical Relief Service in Rural Honduras

Research Article

Individual Physician versus Team-Based Medical Encounters: Maximizing the Efficiency of a Medical Relief Service in Rural Honduras

- Musculoskeletal/ Dermatology station
- Gastrointestinal/ De-worming/ Multivitamin Station
- Hypertension & Diabetes Screening Station
- Clinician/ Summary Station

## Table 1: Comparison of clinical encounter methods.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Team based N = 314</th>
<th>Traditional N = 153</th>
<th>Team based versus traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with diabetes screen</td>
<td>311 (99%)</td>
<td>61 (39%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Blood glucose value checked</td>
<td>132 (42%)</td>
<td>9 (5.9%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Diabetes education handout given</td>
<td>14 (4.5%)</td>
<td>2 (1.3%)</td>
<td>* ( P = 0.1040 )</td>
</tr>
<tr>
<td>Compliance with antihelminthic therapy candidity screen</td>
<td>304 (96.8%)</td>
<td>139 (90.8%)</td>
<td>( P = 0.0060 )</td>
</tr>
<tr>
<td>Diagnosis of osteoarthritis</td>
<td>72 (22.9%)</td>
<td>27 (17.6%)</td>
<td>( P = 0.1900 )</td>
</tr>
<tr>
<td>Home PT handout given</td>
<td>29 (9.2%)</td>
<td>12 (7.8%)</td>
<td>( P = 0.6180 )</td>
</tr>
<tr>
<td>Prescribed an analgesic</td>
<td>287 (91.4%)</td>
<td>123 (80.4%)</td>
<td>( P = 0.0010 )</td>
</tr>
<tr>
<td>Prescribed acetaminophen</td>
<td>263 (83.3%)</td>
<td>86 (56.2%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Prescribed ibuprofen</td>
<td>55 (17.5%)</td>
<td>40 (26.1%)</td>
<td>( P = 0.0300 )</td>
</tr>
<tr>
<td>Diagnosis of dyspepsia</td>
<td>23 (7.3%)</td>
<td>14 (9.2%)</td>
<td>( P = 0.3860 )</td>
</tr>
<tr>
<td>Diagnosis of GERD</td>
<td>191 (60.8%)</td>
<td>34 (22.2%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Prescribed an H2/PPI</td>
<td>152 (48.4%)</td>
<td>44 (28.8%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Prescribed an MVI</td>
<td>297 (94.6%)</td>
<td>120 (78.4%)</td>
<td>( P = 0.0001 )</td>
</tr>
<tr>
<td>Women of childbearing age prescribed an MVI</td>
<td>150 (87.2%)</td>
<td>93 (92.1%)</td>
<td>( P = 0.2140 )</td>
</tr>
<tr>
<td>Prescribed topical antifungals</td>
<td>52 (16.6%)</td>
<td>15 (9.8%)</td>
<td>( P = 0.0510 )</td>
</tr>
</tbody>
</table>

* Fisher’s exact test.
A team/station based encounter method resulted in a statistically significant increase in compliance with data collection and clinical screening.

This design improved patient and provider satisfaction.

These data were used to guide more effective delivery of health care on future medical relief trips to Honduras.

Objective: to perform a descriptive analysis of the 2010 AHI database and compare the adult patient population in Coyoles and the La Hicaca area – 338 Coyoles and 153 from La Hicaca
Medical Relief Services In Rural Honduras: An Assessment Of Healthcare Needs And Delivery With A Comparison Of Two Neighboring Communities

<table>
<thead>
<tr>
<th>Symptoms and Diagnosis</th>
<th>COYOLES N (%)</th>
<th>LA HICACA N (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight BMI 25-29</td>
<td>103 (31)</td>
<td>41 (27)</td>
<td>0.4073</td>
</tr>
<tr>
<td>Obese BMI 29-35</td>
<td>86 (25)</td>
<td>14 (9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Extreme &gt;35</td>
<td>14 (4)</td>
<td>1 (0.7)</td>
<td>0.0452</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>78 (23)</td>
<td>27 (18)</td>
<td>0.1741</td>
</tr>
<tr>
<td>Headache</td>
<td>124 (37)</td>
<td>52 (34)</td>
<td>0.5635</td>
</tr>
<tr>
<td>Dermatophyte Infections</td>
<td>48 (14)</td>
<td>9 (6)</td>
<td>0.0077</td>
</tr>
<tr>
<td>Scabies</td>
<td>11 (3)</td>
<td>4 (3)</td>
<td>1</td>
</tr>
<tr>
<td>Epigastric pain</td>
<td>27 (8)</td>
<td>14 (9)</td>
<td>0.6664</td>
</tr>
<tr>
<td>Heartburn</td>
<td>197 (58)</td>
<td>34 (22)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

2006

- 2,124 adults
- Overall utility of the work

2008

- 500 adult patients
- Needs assessment survey
- 27 water filters distributed
- Mass deworming

2009

- Same communities
- 509 adult patients
- Adult Health Initiative (AHI)
- Needs assessment survey repeated
- 57 water filters distributed
- Mass deworming

2010

- Same communities
- 500 adult patients
- AHI project
- 50 water filters distributed
- Mass deworming
- Access to care survey
- Access to clean water survey

2011

- *New focus in Yoro*
- *Formal IM resident involvement: “CARE”*
- 500 adult patients
- Needs assessment survey
- 25 water filters distributed
- Mass deworming

2012
Despite being under the same local health authority, geographically remote Honduran communities experience greater burdens in healthcare access and barriers than neighboring communities of the same region.

Barriers to Healthcare

Barriers to Accessing Healthcare Identified as a ‘Big Problem’ % (N)

<table>
<thead>
<tr>
<th></th>
<th>Coyoles</th>
<th>La Hicaca</th>
<th>Lomitas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>52%</td>
<td>63%</td>
<td>92%</td>
</tr>
<tr>
<td>Distance</td>
<td>37%</td>
<td>37%</td>
<td>90%</td>
</tr>
<tr>
<td>Availability of transport</td>
<td>37%</td>
<td>37%</td>
<td>90%</td>
</tr>
</tbody>
</table>

P-values obtained by Three-way Chi-squared test of significance
Barriers to Healthcare

Barriers to Accessing Healthcare Identified as a ‘Big Problem’ % (N)

- Crowded facility: 66% (P=0.0006)
- Too ill to go: 73% (P<0.0001)
- Cannot take time off work: 80% (P<0.0001)
- No alternate childcare: 82% (P<0.0001)

P-values obtained by Three-way Chi-squared test of significance
Discussion

Are these findings explained by distance to health services alone?

How should these differences guide resource allocation of our relief brigade?
Water Chlorination Practices and Access in The Department of Yoro, Honduras

• Needs assessment examining chlorine use, access, and type among the rural communities of Lomitas, La Hicaca, and the suburban community of Coyoles

• 263 randomly selected participants completed a 20-item language-specific, interviewer-administered, anonymous water sanitation questionnaire
  – Chlorine and water sanitation practices
  – Self reported personal and diarrheal illnesses

Table 1. Percentage of Individuals Obtaining Drinking Water from Each Source

<table>
<thead>
<tr>
<th>Water Source</th>
<th>Department of Yoro</th>
<th>Coyoles</th>
<th>La Hicaca</th>
<th>Lomitas</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>River</td>
<td>12.50%</td>
<td>0%</td>
<td>4.30%</td>
<td>62%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Well</td>
<td>4.90%</td>
<td>0%</td>
<td>12.80%</td>
<td>14%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Private faucet</td>
<td>57%</td>
<td>62.70%</td>
<td>74.50%</td>
<td>22%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Public faucet</td>
<td>0.76%</td>
<td>0%</td>
<td>4.30%</td>
<td>0%</td>
<td>0.0314</td>
</tr>
<tr>
<td>Bottled</td>
<td>20.90%</td>
<td>31.90%</td>
<td>4.30%</td>
<td>0%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>SFHC</td>
<td>3.40%</td>
<td>5.40%</td>
<td>0%</td>
<td>0%</td>
<td>0.0832</td>
</tr>
<tr>
<td>Rain</td>
<td>0.38%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0.3688</td>
</tr>
</tbody>
</table>

SFHC=Standard Fruit of Honduras Company

Figure 2. Self-Reported Diarrheal Incidence for Participants and Other Household Members by Community

Collaboration with Community Leaders: Olanchito Catholic Church
Collaboration with Community Leaders: Olanchito Ministry of Health HQ
Collaboration with Community Leaders; La Hicaca Ministry of Health Outpost
2,124 adults overall

*New focus in Yoro
*Formal IM resident involvement: “CARE”
500 adult patients

500 adult patients

Same communities
509 adult patients
Adult Health Initiative (AHI)

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91 water filters

50 dental extractions
170 eyeglasses

Enough vaginal specula for large-scale CA screening
430 HgB checks
Survey + micro testing project on filter utility
Survey on indoor air quality

*New focus in La Hicaca
CARE→ GH²DP
440 adult patients
AHI project
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Survey on indoor air quality
2012 Team
Goal: Maximize Clinic Visits For All Aldeas Given Travel Distances

MAPA DE ESTRATOS DE POBREZA SEGÚN N.B.I.
U.S. LA HICACA

n~2000
<table>
<thead>
<tr>
<th>DOMINGO 3 de junio</th>
<th>LUNES 4 de junio</th>
<th>MARTES 5 de junio</th>
<th>MIÉRCOLES 6 de junio</th>
<th>JUEVES 7 de junio</th>
<th>VIERNES 8 de junio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No habilitado</strong></td>
<td><strong>Hombre</strong></td>
<td><strong>Hombre</strong></td>
<td><strong>Hombre</strong></td>
<td><strong>Hombre</strong></td>
<td><strong>Hombre</strong></td>
</tr>
<tr>
<td>Aldeas</td>
<td>Aldeas</td>
<td>Aldeas</td>
<td>Aldeas</td>
<td>Aldeas</td>
<td>Aldeas</td>
</tr>
<tr>
<td>citadas: Felix</td>
<td>citadas:</td>
<td>citadas:</td>
<td>citadas:</td>
<td>citadas:</td>
<td>citadas:</td>
</tr>
<tr>
<td>Cruces</td>
<td>Portillo 1</td>
<td>Santa María</td>
<td>Agua Sarco</td>
<td>Chorrillo viento</td>
<td>El Cerro</td>
</tr>
<tr>
<td>Portillo 2</td>
<td>Portillo 1</td>
<td></td>
<td>La Vega</td>
<td>La Esperanza</td>
<td>La Lima</td>
</tr>
</tbody>
</table>

**Vídeas:**
- La Hicaca
- Lomitas
- El Portillo 1 y 2
- San Felix
- La Esperanza
- La Florida
- Santa María
- Crucete
- Agua Sarco
- Chorrillo viento
- La Culata
- Agua Caliente
- La Vega
- Puerto Rico
- El Cerro
- La Lima
- El Urraco

VCU HOMBRE 2012: Horario de Consultorio-Distribución de citas por aldeas

VCU Medical Center
Background: Water Sanitation Project

- 1.1 billion people have poor access to water
- 1.8 million children die every year from diarrhea
- 1.4 million children/year die due to lack of access to clean drinking water/inadequate sanitation
- 443 million school days/year are missed secondary to water-borne illness
2006
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Survey + micro testing project on filter utility
Survey on indoor air quality
Background: Water Sanitation Project

- MOH surveillance data from La Hicaca and environs:
  - Diarrhea/dysentery incidence rate 2005-2007 (before filter project): 2.45/100,000 person days
  - Diarrhea/dysentery incidence rate 2009-2010 (after filter project): 1.23/100,000 person days
- 1/2012 Ministry of Health: less children dying of diarrhea
Filter Preparation
Bucket Preparation: Washing with Bleach
Clay Filter in Collection Bucket
Clinical and Microbial Efficacy of a Water Filter Program in a Rural Honduran Community

- Study:
- Self-reported diarrheal illness and microbiologic efficacy of the water filter program

Clinical and Microbial Efficacy of a Water Filter Program in a Rural Honduran Community

<table>
<thead>
<tr>
<th>Number of Responses, % (N)</th>
<th>La Hicaca (n=37)</th>
<th>Other villages (n=28)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to clean water</td>
<td>100 % (37/37)</td>
<td>54% (15/28)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>No use of water sanitation</td>
<td>3% (1/37)</td>
<td>43% (12/28)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Use river/stream as main water source</td>
<td>0% (0/37)</td>
<td>14% (4/28)</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

Clinical and Microbial Efficacy of a Water Filter Program in a Rural Honduran Community


Diarrhea

\[ p < 0.01 \]
Clinical and Microbial Efficacy of a Water Filter Program in a Rural Honduran Community

Clinical and Microbial Efficacy of a Water Filter Program in a Rural Honduran Community

- Clay filters made in country:
  - Efficacious for the reduction of coliform bacteria in drinking water
  - Associated with decreased incidence of self reported diarrheal illness
  - Inexpensive, sustainable and reliable public health intervention in resource limited settings lacking potable water

Background: Indoor Air Pollution

• IAP Identified as major issue by MOH and community leaders
  – We were asked to help address this problem
• Globally
  – Indoor air pollution resulting from the issue of solid fuels causes 1.5 million deaths/year
  – Half of these deaths are in children < 5 years of age
    • 4,000 deaths/day

www.globalissues.org
The Clean Air Initiative: Smoking Out the Causes of Indoor Air Pollution in Rural Honduras

- Cookstove location
- Use of biofuels
- Correlation to self-reported respiratory complaints

Le A, Sanogo K, Bearman G. Stevens MP. American Society of Tropical Medicine and Hygiene, Annual Meeting, 2012
The Clean Air Initiative: Smoking Out the Causes of Indoor Air Pollution in Rural Honduras

- Anonymous 23-item survey
- Conducted in Spanish at the HOMBRE clinic and at homes of survey respondents
- n=79

Le A, Sanogo K, Bearman G. Stevens MP. American Society of Tropical Medicine and Hygiene, Annual Meeting, 2012
Perception of IAP

Le A, Sanogo K, Bearman G. Stevens MP. American Society of Tropical Medicine and Hygiene, Annual Meeting, 2012
Le A, Sanogo K, Bearman G. Stevens MP. American Society of Tropical Medicine and Hygiene, Annual Meeting, 2012
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Indoor kitchen</th>
<th>Outdoor kitchen</th>
<th>Attached kitchen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household members being treated for respiratory problems?</td>
<td>31% (9/29)</td>
<td>44% (7/16)*</td>
<td>12% (4/32)*</td>
</tr>
<tr>
<td>Household smoke the cause of watery eyes?</td>
<td>38% (11/29)</td>
<td>62% (10/16)*</td>
<td>34% (11/32)*</td>
</tr>
<tr>
<td>Anyone in household with cough in past 2 weeks?</td>
<td>48% (14/29)</td>
<td>50% (8/16)</td>
<td>31% (10/32)</td>
</tr>
<tr>
<td>Anyone in household have difficulty breathing?</td>
<td>31% (9/29)</td>
<td>38% (6/16)</td>
<td>12% (4/32)</td>
</tr>
</tbody>
</table>

* Denotes $p$ value $< 0.05$

Le A, Sanogo K, Bearman G. Stevens MP. American Society of Tropical Medicine and Hygiene, Annual Meeting, 2012
Anemia Assessment Project 2012

At the request of the Ministry of Health: Fingerstick anemia testing performed on adults and children

<table>
<thead>
<tr>
<th>Gender</th>
<th>0-25</th>
<th>26-50</th>
<th>51-75</th>
<th>&gt;75</th>
<th>Avg Hemoglobin</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>11.98</td>
<td>11.86</td>
<td>11.9</td>
<td>10.75</td>
<td>11.89</td>
</tr>
<tr>
<td>M</td>
<td>13.13</td>
<td>13.72</td>
<td>12.91</td>
<td>11.77</td>
<td>13</td>
</tr>
</tbody>
</table>

Point of care HgB testing materials donated by Quest Diagnostics
Summary of Work to Date

• Since 2006 we have seen over 5,000 adult patients
  – Majority provided with anti-helminthic therapy per W.H.O. guidelines
  – Prenatal vitamins with folic acid for all women of child-bearing age
• Have distributed 251 water filters (each of which will provide clean drinking water to an entire household for 2 years)
Summary of Work to Date

• Administered 5 IRB approved survey-based projects exploring access to care, satisfaction with brigade care, access to clean water (2011), indoor air quality and clinical and microbiologic efficacy of our water filter program (2012)
• Pap smear clinic with 500 disposable speculae provided (2012)
• 170 eyeglasses distributed (2012)
• Anemia prevalence survey: 430 patients (2012)
Summary of Work to Date

• Provided global health experiences to:
  – 47 2nd year medical students
  – 15 internal medicine residents
  – 6 pharmacy students
  – 3 VCU RNs (CCH3 and MRICU)
Summary of Work to Date

• Have involved 13 students and residents in research projects, leading to:
  – 18 presentations at local, regional, national and international conferences
  – 4 peer-reviewed publications; 3 manuscripts in process/ review
Van Ta • Dan Park • Sara Ivey • Sam Khandker • Modjulie King • Joanna Adams • Tanja Zlatkovic • **Shivani Shodhan** • Dawn Butler • Michelle Tsai • Ricky Moore • Sharon Pao • Austin Smith • Rajiaka Nanayakkara • Bill Kaufman • Neha Chande • Renee Chen • Loan Chinn • Jason Emejuru • Angela Hou • Malini Krishnan • **Bethany Morehouse** • Archana Ramireddy • Luke Spoonholz • John Trujilo • Sejal Patel • Jen Pitotti • Dan Knott • Elaine Wang • Guannan Ge • Kate Chae • Rebecca Sanderson • Jasmin Singh • Tara Wright • Kelly Lace • Gaby Halder • Rebecca Krey • Chloie Nielson • **Kate Pearson** • Priya Raju • Kathyrn Shaia • Walker Shaw • Andrew So • **Rachel Whitney** • Audrey Le • Caitlin Klimavicz • David Asher • Dustin Dalton • Jackie Arquiette • Lauren Clifford • Maya Iyengar • Wendy Shue • Dan Katz • **Reena Hemrajani** • Parkley • Fiedler • Okogbue • Seeland • Sharma • Pitcher • Stephen Popovich

**AOA Award 2011, MIDPH Graduate Section Winner 2011**

**APHA 2011 Student Poster Presentation winner**
Research Summary

LOCAL


REGIONAL


Stevens MP. Optimizing Public Health Efforts on a Medical Relief Brigade to Northern Honduras: the Adult Health Initiative. Virginia Public Health Association Second Annual Career Day & Internship Fair/ Poster Session, December 2010, Norfolk, Virginia.

NATIONAL

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Research Summary


Challenges

• Significant costs:
  – Each brigade costs approximately $33,000

• Poor infrastructure
  – No roads to get drilling equipment to villages = no sustainable water source
  – Hard to access many people

• Corruption

• Political instability

• Violence
Honduras: The Bloodiest Nation In The World

Analysis

By PALASH R. GHOSH: Subscribe to Palash's RSS feed
June 1, 2012 5:58 AM EDT

The small Central American nation of Honduras has gained the unfortunate notoriety of being the most dangerous place on earth.

According to the United Nations, Honduras now has the world's highest murder rate (four times greater than that of blood-soaked Mexico), with a homicide recorded every hour and 15 minutes, according to The National Commission for Human Rights.

In 2011, this tiny nation of only 8 million people recorded 86 murders per 100,000 inhabitants (the highest rate on the planet), up from 82 in the prior year, and double the rate from just six years ago. In contrast, Mexico's rate is about 18 murders per 100,000 inhabitants -- it's about five in the U.S., while Britain records just one.

While much of the unceasing carnage is directly tied to the illegal drug trade and disproportionately afflicts the poor, the middle-class, politicians and even journalists have been brutally gunned down in Honduras.

(Photo: Reuters)
Bodies of four slain men are seen in Tegucigalpa.
Future Directions

• Twice yearly missions
• More treatment of chronic illness
• Modify brigades to capture more remote patients
• Expand/continue to support the water filter program
• Support creation of latrines in remote areas
• Address air quality issues
• Continued collaboration with the MOH
Global Health & Health Disparities Program (GH^2DP)

The VCU Global Health & Health Disparities Program (GH^2DP) was created to improve the health of impoverished people living in resource-limited settings. An additional key aim of this program is to provide global health experiences to medicine residents and students. Via this program, VCU Internal Medicine residents have the opportunity to participate in global health activities both domestically and abroad. Via rotations in the Richmond area as well as opportunities in Honduras and the Dominican...