GREY DOVE, INC.
SUSTAINING COMMUNITIES AROUND THE WORLD

Best Practices for Medical Missions to Haiti

Paradigm Shift for Medical Missions to Haiti- Asset Based Community Development (ABCD)

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Rationale

Current Model of Medical Missions to Haiti

Historically, US-based medical mission teams that travel to Haiti have focused on their assigned community's deficits and healthcare crises. Mission team goals and objectives have been short-term and have targeted what requires "fixing," without considering "what is working." Very few teams have developed partnership agreements that specifically include the community's assessment of their short- and long-term medical needs prior to beginning work in their community. Similarly, very few medical mission teams have engaged in community needs assessments and identification of community assets, exercises designed to address the development of capacity building and sustainability of healthcare initiatives in the communities they serve.

Generally, the medical care delivered by US-based medical mission teams is centered on an American model of medical care, as if the patients were being seen in an office setting for a specific presenting problem. Mission team members are rushed in their caregiving and focused on immediate medical problems. Little, if any, family history-taking, community asset identification or use of community and/or area resources occurs. Follow-up care, medical record development, and referrals for serious medical issues are for the most part non-existent. Standardization of care across medical mission teams does not exist. Each team delivers care according to their specific protocols and formulary.

Most medical mission team members are unfamiliar with the culture and demographics of Haiti. Few speak either French or Creole. Almost all are

overwhelmed by the social and environmental challenges that face not only those who live in Haiti, but also those who travel to and work in Haiti. Little time, energy or linguistic ability is available to truly understand who and what their assigned community is all about.

This current medical mission model is frequently referred to as: A Parachute Medical Mission; and characterized as: "We'll fix your immediate problem and be back in six months."

Proposed Model for Medical Missions to Haiti

The Best Practices for Medical Missions to Haiti initiative is proposing a model for medical missions to Haiti that is based on the work of John McKnight and John Kreitzmann, leaders **Asset Based Community Development (ABCD).** ABCD is a model that focuses not on a community's deficits, but on identifying and building up local assets. The Best Practices proposed model is based on the belief that community engagement in the identification and development of community assets are critical components of any public health strategy. Once people's eyes are opened to community assets, a positive energy for the development of those assets and change within the community itself will begin to take place.

Asset Based Community Development

Asset based community development evolved from 1970s research and organizing in Chicago communities. ABCD leveraged community assets to address poverty, public health, human services, education, and criminal justice.

Asset based community development is most well known as a method for engaging diverse participants around the positive elements of community. Its essential principles and practices include:

- **PRINCIPLES**: people-centered, resident-driven, asset-based, locally focused, bottom up or grassroots orientation.
- **PRACTICES**: asset mapping (identification of different types of local assets) and asset mobilizing (organizing residents to use their assets to address local issues).

ABCD emphasizes six types of assets present in a local context, and believes that some form of each of these asset types is present in every community, no matter how disadvantaged or disinvested it may appear to be.

Actors:

- *Individuals:* the talents and skills of the local people.
- *Associations*: local informal groups and the network of relationships they represent.
- *Institutions*: agencies, professional entities and the resources they hold.

Context:

- *Infrastructure and physical assets*: land, property, buildings, equipment.
- *Economic assets*: the productive work of individuals, consumer spending power, the local economy, and local business assets.
- *Cultural assets*: the traditions and ways of knowing and doing of the groups living in the community.

Because asset based community development is placed-based and resident-driven, there is no single method or model for practicing this approach. Instead every community designs and implements its work based on the vision it develops for a healthier future and the assets it identifies as available for mobilizing to action.

Because ABCD concentrates on a community's strengths, people do not assess *needs*, or deficits, first but assets. Although needs-based data may accurately profile an area, they generally undervalue potential building blocks and thus may discourage local growth. The ABCD methodology mandates:

- **Use an asset lens** – instead of looking through a needs lens to profile a community; look for strengths that can be employed for progress.
- **Be inclusive** – challenge everyone to be a leader in the development process.
- **Map the assets** – an asset map can be a detailed inventory of strengths, or just a preliminary scan.
- **Be action-oriented** – the ideal ABCD initiative channels the interest generated by the mapping into immediate improvement efforts.

- **Let community members direct the spending** – too often, the plans started by community groups are not realized because actual investment remains in the hands of the missioners.
- **Lead by stepping back** – successful asset based community development entails coordinated, spirited, multi-party, bottom-up deliberations.
- **Nurture a sense of ownership** – a sense of ownership inevitably leads to accountability.

Course of Action

The paradigm shift for medical missions to Haiti will occur over a three-year period: Year 1) assessment, Year 2) planning, and Year 3) implementation. *******The paradigm shift also includes the mandate that all ABCD activities will include as participants the community's priest in charge and a designated representative from the Diocesan office in Port au Prince.*

During Year 1, medical mission teams *(in addition to delivering basic healthcare through mobile medical clinics*) will be expected in include a team member whose job it is to develop a community assessment that includes the following components:

- Demographic information about the population.
- Asset map of individual skills and capacities; local groups; local institutions; the physical, economic, and social environment and health issues.
- A scan of the health environment and health issues.
- Community-defined priorities for health improvement.

In addition, each mission team will be expected to create mechanisms for community members to take a central role in the asset mapping process and defining local health priorities. Performance evaluation after the first year will be based on whether or not the mission team has:

- Effectively engaged a group of residents and helped build their capacity as leaders.
- Completed a comprehensive asset map.
- Stated mobilizing the assets identified toward community improvement.

- Created momentum in the community around the project and its objectives.
- Developed interest among residents for "health promotion projects," mii-grants that offer community groups of two or more residents the opportunity to design and implement an idea – usually small – that would have some kind of positive result.
- Demonstrated some impact or change in the community, primarily in terms of engaging community members in the project.

During Year 2, the mission teams will be expected to develop a comprehensive, multi-year plan for improving the health status of the community. The process should be community-resident driven, but all project partners are expected to participate in building the plan and supporting the community members in their work.

The major focus of Year 3 will be the implementation of the community healthcare improvement plan.

Summary

The model presented by *The Best Practices for Medical Missions to Haiti* initiative is an effort to develop, within a relatively brief period of time, capacity within Haitian communities to provide sustainable, community-based healthcare programs to their residents. Programs that are built on a community's identified strengths and resources; programs that are staffed by medical personnel indigenous to Haiti; programs that have empowered communities to walk side-by-side with their US-based partners in the growth and development of a broad-reaching and standardized healthcare program for their various communities.

We are reminded of Paul's prayer for the Ephesians when we consider the work before us as we move from medical missions grounded on needs, with only short-term goals, to a medical mission model grounded on strengths with both short- and long-term goals. Goals that ensure justice and peace among all people, and respect for the dignity of every human being:

> *"The gifts he gave were that some would be apostles, some prophets, some evangelists, some pastors and teachers, to equip the saints for the work of ministry, for building up the body of Christ, until all of us come to the unity*

of the faith and of the knowledge of the Son of God, to maturity, to the measure of the full stature of Christ. We must no longer be children, tossed to and fro and blown about by every wind of doctrine…but speaking the truth in love, we must grow up in every way into him who is the head, into Christ, from whom the whole body, joined and knit together by every ligament with which it is equipped, as each part is working properly, promotes the body's growth in building itself up in love" (Ephesians 4:11-16)