



## Clinical education

## Mobile clinics in Haiti, part 1: Preparing for service-learning

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## ABSTRACT

Mobile clinics have been used successfully to provide healthcare services to people in hard to reach areas around the world, but their use is sometimes controversial. There are advantages to using mobile clinics among rural underserved populations, and providing access to those who are vulnerable will improve health and decrease morbidity and mortality. However, some teams use inappropriate approaches to international service. For over 15 years, Azusa Pacific University School of Nursing has sponsored mobile clinics to rural northern Haiti with the aim to provide culturally sensitive healthcare in collaboration with Haitian leaders. Experience and exploring the literature have informed the APU-SoN approach on best practices for planning and preparing study abroad, service-learning trips that provide healthcare services. The authors hope that this description of the preparation and planning needed for appropriate and culturally sensitive service-learning experiences abroad will benefit others who seek to provide healthcare study abroad opportunities around the world.

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## 1. Introduction

Though not entirely without controversy, mobile clinics have been used successfully to provide healthcare services to people in rural areas around the world (Abdel-Aleem et al., 2012; El-Zanatay and Hamed, 2001). Criticisms against the use of mobile clinics include the lack of consistency and the short-term nature of care. However, there are many advantages to using mobile clinics among rural underserved populations (Lee, 1994). Often, those with limited access are extremely vulnerable, and providing access to occasional healthcare improves health and decreases morbidity and mortality. However, some teams use inappropriate approaches to international service. Azusa Pacific University (APU) is a private Christian university with a core value of preparing students to be culturally sensitive difference-makers in the world ([www.apu.edu](http://www.apu.edu)). The Haiti Mobile Clinics program sponsored by the School of Nursing (SON) is part of APU's international focus. Considerable effort is made to plan and prepare for good student learning opportunities and experiences abroad that can help without causing harm (Corbett and Fikkert, 2009). This article describes the preparation and planning required to set up appropriate placements for providing enriched learning environments to study and serve abroad.

## 2. Background and significance

"Haiti remains the poorest country in the Americas and one of the poorest in the world (with a GDP per capita of US\$ 846 in 2014) with significant needs in basic services)" (World Bank, 2016; para. 5). About 80% of the population live under the poverty line (Smitha, 2013) and 54% live in "abject poverty" (CIA, 2013; para. 1), which negatively affects life and health (De Chesnay and Anderson, 2008). Haitian people have a shorter life expectancy than many countries: 64.9 years for females and 61 for males (UN Data, 2016). Infant mortality is 50/1000 births as compared to 6/1000 for the USA (INDEXMUNDI, 2014). According to the World Health Organization, 44.5% of the population is undernourished, while 6.2% of children are severely malnourished (WHO, 2015). The health of a population can also be severely impacted when the area is beset by natural disasters such as Haiti has endured recent naturally:

- 2008 – Hurricanes with major flooding and loss of lives, homes, and livelihoods;
- January 2010 – Major 7.0 earthquake resulting in several hundred thousand deaths, amputations, other injuries, and PTSD;
- October 2010 – Cholera Epidemic taking the lives of thousands; and
- December 2012 – Major hurricanes with severe floods, resulting in many deaths, primarily of children, and major damage to the northern seaport of Cap Haitian.

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The earthquake was the most catastrophic socioeconomic and health event in recent Haitian history, leaving almost two million homeless and 250,000 dead; an equal number reportedly suffered traumatic injuries, resulting in significant long term disabilities, such as amputations and paralysis (BBC, 2010). Healthcare facilities and personnel in Haiti were also affected by the 2010 earthquake that led to the destruction or severe damage of major hospitals, clinics, and schools in Port-au-Prince (Pape et al., 2010). Haiti's primary schools of nursing and of medicine were among the buildings destroyed. Classes were in full session at the time, and the disaster took the lives of most of the faculty and students of both (BBC, 2011). Moreover, countless individuals and families suffered from PTSD with little hope for assistance (Rose et al., 2011).

In Haiti, one can receive good healthcare from private facilities, such as Sacred Heart Hospital (CRUDEM, 2013), or poorer care from large public hospitals within major cities where costs are lower (Haiti Medical, 2013). The 2015 WHO Global Information notes that in 2007, hospital beds numbered 1.3/1000 persons compared to the US with 3.1/1000. Although statistics on hospitals since 2010 are not available (WHO, 2015), the current ratio is undoubtedly lower, and most healthcare facilities are located in cities so rural populations have limited access to healthcare (Haiti Medical, 2013). Haiti's poverty, generalized malnourishment (food insecurity), limited healthcare access, and loss of healthcare facilities and personnel are all factors that influence healthcare, thus underscoring the need for mobile clinic services.

Successfully used around the world, mobile clinics serve hard to reach populations or those with limited access to healthcare (Lindgren et al., 2011). Mobile clinics provide a wide variety of health services to rural areas, including health assessment and screenings, health promotion, and health education as well as primary healthcare (diagnosis and treatment) and referrals to local hospitals and clinics for the severely ill and for chronic conditions needing routine follow-up (Abdel-Aleem et al., 2012; Edgerly et al., 2007; Gentile et al., 2008; Welsh et al., 2006). Research indicates that mobile clinics safely deliver healthcare and education to low-resource and isolated areas within the USA (Edgerly et al., 2007; Ellen et al., 2003), Egypt (El-Zanatay and Hamed, 2001), Indonesia (Molyneaux et al., 1988), Malawi (Lindgren et al., 2011), Nigeria (Onyia and Sanda, 1981), Thailand (Sriamporn et al., 2006), and Uganda (Babigumira et al., 2009). Although such mobile clinic efforts are short-term in nature, long-term effects can be achieved through immunizations, anti-parasite medications, and health education (Abdel-Aleem et al., 2012). While mobile clinics have been utilized in Haiti, little nursing literature addresses this type of healthcare service in that country.

Mobile clinics are often used to serve impoverished areas like Haiti (see Fig. 1), a country of great contrasts; of its 10.5 million people (UN Data, 2016), 54% of urban populations fall well below the national poverty line of \$1 daily (UN Data, 2011). Additionally, the literacy rate is 61% for adults 25 years or more and 81% for youth ages 15–24 years (WHO-PAHO, 2013); rural families have few opportunities for health or educational services (Heneise, 1982), most of which are in village churches (Heneise, 1999), and health literacy is not addressed (Haiti Medical, 2013).

In response to the great need for healthcare services in developing countries around the world, APU-SON developed a trans-cultural healthcare program to prepare students for service-learning abroad. Since 1999, Université Chrétienne du Nord d'Haïti (UCNH) has served as a host site for APU-SON teams providing healthcare services in Haiti. The first author was born in Haiti, is language fluent, has strong ties with this university, and serves on its Board of Trustees. This has facilitated planning and relationship building and resulted in a strong collaboration between APU-SON and UCNH. However, APU-SON has also developed



Fig. 1. Mobile clinic under the trees at a village in Haiti. (Consent for photos obtained from villagers.)

programs in India, Kenya, South Africa, and the Dominican Republic through making contacts and developing positive relationships with service organizations in those countries. The UCNH English department partners with APU to provide English fluent student translators for all mobile clinic team members who need language assistance. This has greatly enhanced the conduct of patient assessments, history taking, and providing health information to Haitian patients in their own language.

The initial goal for service-learning was to facilitate mobile clinic outreach to rural north Haiti. Then team leaders decided to gather data that could help plan more effectively for future mobile clinics and promote quality healthcare among those with limited access (see *Mobile Clinics, Part-2*). This model of service-learning has been used to prepare teams for service in other countries as well. In northern Haiti, mobile clinics run by APU nursing faculty and students working in small villages and collaborating with Haitian healthcare providers have served several thousand people over the last 16 years who would otherwise have received no healthcare.

## 2.1. Preparation for service

### 2.1.1. Faculty

The role of faculty includes self-preparation to serve, identification of a host country, logistical preparation, relationship building, proposal development, and student preparation. Before being cleared to lead a team, faculty members at APU-SON are required to participate in global health education and cultural preparation that is focused on the country where they wish to serve. Faculty leaders identify an appropriate and safe site, liaise with host leaders from the site, develop and coordinate each trip, provide cultural education for team members consisting of generic global and country specific culture and health information, and oversee the student learning experience (see Fig. 2).

**2.1.1.1. Preparing to serve.** Cultural awareness and sensitivity are critically important for those who wish to lead a team for service-learning abroad. Faculty must become aware of their own beliefs, stereotypical thinking, and prejudices in order to correctly teach and model appropriate cultural behavior and avoid making cultural mistakes when in another country. Every projected site has country specific readings from books, articles, and websites. Faculty are

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