

# 2019

## Annual Report

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## Message from Board Chair



Dear Friends,

2019 was a very successfully year for Reach. Teach. Heal. (Peru) (RTH). We completed two 14- day medical missions to rural Peru, having treated over 1200 patients providing consultative, dental, and referral services—a clear testament to the commitment and compassion of our partner agencies, our volunteers, and our staff! While there is no doubt that, like the mountain passes of the Peruvian Andes, ours has not been a road without challenge. However, the result of those efforts is undeniable.

As we reflect on this journey and our ongoing mission, the question is: where do we go from here?

Our board is spending the rest of this year and most of next developing a new strategic plan in order to answer that question. Our future success will depend on maintaining and strengthening our partnerships with Louisiana State University Health Science Center and our current Peruvian partners including the Universidad Nacional de San Antonio Abad del Cusco (UNSAAC) , Q'ewar Project, The Cusco Region Ministry of Health, and The Jesuit Volunteer Corps, as well as the pursuit new partnerships. We are forging new relationships with the Universidad Peruana Cayetano Heredia in Lima and intend that RTH become a small part of the solution toward lowering the impact of cervical cancer and gender-based violence on Peruvian women and working toward overall improvement in women's health in the region.

Thank you wholeheartedly for your support of RTH and our ongoing commitment toward the health and well-being of our dear friends in Peru.

*Emilio*

Emilio A Russo, MD FAAFP

Brian P. Jakes Professor of Rural Health Care

Vice-Chair of Clinical Affairs

Associate Professor, Clinical

Program Director, LSU Rural Family Medicine--Bogalusa

LSU New Orleans Department of Family Medicine

# Mission

Reach. Teach. Heal. (Peru) provides primary health care and health education in various regions of Peru. Through the collaborative efforts of Peruvian based non-profit organizations, including the Q'ewar Project, The Cusco Region Ministry of Health, The Jesuit Volunteer Corps, the Louisiana State University School of Medicine and associated Health Science Schools in New Orleans – Reach. Teach. Heal. (Peru) continues to grow. Our multidisciplinary team of medical professionals and educators strive to inspire lifelong learning, advance knowledge, and strengthen the communities in which we serve.

## Programs

In the



### Primary Care Outreach

2019, Reach. Teach. Heal (Peru) (RTH) completed two 14-day medical missions to Andahuaylillas District of Peru and the surrounding rural communities. We provided primary care services across the lifespan to more than 1200 patients. This included well-child visits, acute care visits, laboratory studies, preventive health care and health education. Dental care, including extractions, were provided for 102 patients, and more than 1500 toothbrushes were distributed during dental hygiene classes. Medical care was delivered in a daily “fixed” clinic and through house calls to those unable to travel to clinic. Referrals were made to existing specialty- care clinics for 121 patients. Patients requiring medications received them free of charge through

our on-site pharmacy services.



Endemic issues such as parasitic disease, gastric illnesses and chronic muscular skeletal problems are a particular focus in primary care In our patient population. Reducing the incidence of these issues are depending on an interdisciplinary approach that includes local public health officials and one-on-one education sessions.



### Women's Health Education



In 2018, we conducted a gap analysis that identified women's health education, particularly among pre-teen girls and young women, as an area of concern. Issues included knowledge gaps regarding menstrual health and over all gynecological health, and early intervention for gender-based violence in the community. Chronic, uncomfortable and potentially life threatening issues stemming from difficulties managing menstrual health is a significant problem in the Southern Andes of Peru where RTH works.

In July 2018, Board Member Gill Meredith reached out to Del Oro High School's Women's Athletic Club (WAC). This is a women's leadership group devoted to cultivating a supportive student community within a strongly student-led school. She also contacted "Days for Girls" - a global organization that prepares and distributes sustainable menstrual health solutions to girls worldwide. A simple idea that two organizations focused on women's health, empowerment and community building could unite on a project that goes beyond women's health came to fruition in January 2019. Del Oro High School's 'WAC' entered in collaboration with "Days for Girls" and began sewing 'Days For Girls' (DFG) kits. These kits contain washable menstrual health products which allow women and girls to get on with their education, lives, and be healthy when they have their period.

Volunteers learned about the significant challenges faced by women and girls when they had their period in Peru and many other countries and the many ways it could negatively impact their lives and health.

We all became invested in doing what we could to help make a difference. Our initial goal was to sew 25 bags which would be filled with washable menstrual health items. Somewhere along the way our partners in Peru updated the needs request to 50 kits. We rallied!

In, February 2019 with their help and the help of their members and the support and materials from Days For Girls (Roseville), we made an incredible 60 kits ready to be handed to girls in need. These were distributed to appropriate age groups in small education session conducted in both Spanish and Quechuan. Local Jesuit volunteers received training in women's health and use of the kits. These volunteers then went into the community to further educate and distribute kits to those unable to attend scheduled sessions. Lastly, the patterns and additional material was donated to the Q'war project so additional kits could be made locally and provided to more rural communities.



## Education and Research

Global Health is medical education and research. Our long-term partnership with the Indiana State University School of Medicine and Health Science Center and Family Practice Global Residency Program bring medical education to the fore front of our mission. Global Health is a new field within public health sciences that integrates the knowledge from fields such as epidemiology, medicine, economy and the behavioral sciences. Each trip, we bring approximately 35 volunteer

medical students, second and third-year family practice residents, nursing students, nurse practitioner students, public graduate students, along with appropriate faculty and outside volunteers with vast knowledge and experience to share with the group. Students come prepared to learn from- and teach to-each other and their Peruvian counterparts a shared knowledge of global health issues and enhance their skills in the delivery of primary care medicine. We have teamed up with the the Universidad Nacional de San Antonio Abad del Cusco (UNSAAC) in Cusco for ongoing medical education sessions that are beneficial to both US students and Peruvian students.

Data collected from these missions have driven medical research and have resulted in several papers and poster presentations at prestigious medical educational conferences sponsored by the American Academy of Family Practice and the California Association of Nurse Practitioners.



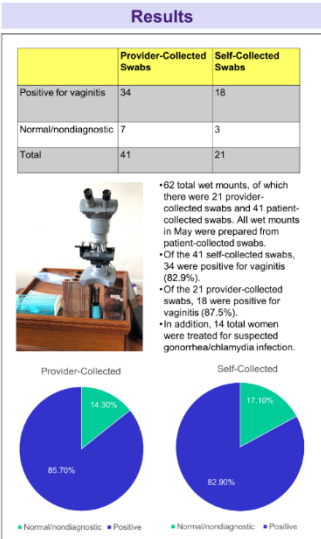
**Rates of Diagnosis and Treatment of Genital Tract Infections among the Women of Andahuayllillas: Comparing Self-Collected and Provider-Collected Vaginal Swabs using Light Microscopy as a Diagnostic Tool**  
Katherine G. Patton L4, Camille M. Robinson MD, Kaylin Beiter SPH, Penny L. Miller FNP, Emilio A. Russo MD  
Louisiana State University School of Medicine – New Orleans

**Introduction**

- Genital tract complaints are very common amongst the women of the Peruvian Andes.
- The three most common causes of vaginitis are bacterial vaginosis, candidiasis, and trichomoniasis.
- In 2018 the use of wet mount microscopy was implemented as a means of diagnosing common gynecological complaints.
- Self-collected vaginal swabs offer a potentially feasible and/or desirable alternative to provider-collected swabs, particularly in a resource-limited setting.
- We aim to show that the use of self-collected swabs using light microscopy as a diagnostic tool is an accurate means of diagnosing lower genital tract infections.

**Methods**

- Fast Electronic Medical Record (FEMR) was used for data collection.
- Women examined in February and May of 2019 were included in data collection.
- Patients with clinical symptoms of vaginitis were offered a speculum exam or a self-swab to obtain a sample. Wet mount microscopy and Whiff test were used for diagnosis and subsequent treatment selection.
- Diagnosis, wet mount findings, and treatment provided were recorded in FEMR.
- Data was extracted from FEMR and sorted using Microsoft Excel.



**Conclusions**

- Use of self-collected swabs with wet mount and light microscopy as a diagnostic tool is an accurate and acceptable alternative to use of provider-collected swabs for diagnosis.
- In situations when a speculum exam is not a viable or desirable option, self-swabbing should be offered for sample collection.
- Wet mount microscopy is an easy, cheap, and portable method of diagnosing vaginitis in a rural clinical setting.
- The use of wet mount can help guide a clinician's suspicion of other STIs such as gonorrhea and chlamydia.
- In the future, we can prepare education materials regarding self-swabbing technique to increase precision in diagnosis.
- In the future, we can work to develop kits for patients to self-collect samples at home to bring into clinic.



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**Acknowledgements**



## Program Impact – Increased Access to Care

There is no question that TRH has increased access to care in the Andahuaylillas District of Peru. We have seen 1220 patients, including more than 200 dental patients alone in 2019. Most importantly, we have linked more than 200 patients to much needed services in their own communities. We have worked collaboratively with the local and regional Ministries of Health to integrated health services to those in need. We work with community social services to identify those at risk for gender- based violence and those at risk due to lack of basic resources such as food and clothing.



## There and Back Again: An Access Tale

Tucker Madden, MS4, Madeleine Leefe, MD, and Emilio Russo, MD  
Louisiana State University Rural Family Medicine Program in Bogalusa

Here: Bogalusa, LA USA

### Primary Methods of Transportation:

- Private vehicle
- Carpool
- Medicaid shuttle
- Bicycle
- Foot



Contributing Factors to Barrier:

- 36.3% poverty rate in Bogalusa
- 19% poverty rate in LA
- Lack of public transportation
- 39.7% of households have 1 car
- Strict scheduling of insurance-covered shuttle

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## Introduction

In both the Cusco Region of Peru as well as Bogalusa, Louisiana, USA, rural populations living in poverty have varied access to transportation which often becomes a barrier, requiring a creative solution. Transportation may present complicated hurdles that depend greatly on finances, geography—distance, topography, etc.—or other factors, ultimately determining a patient's ability to engage with the local health care system.

**HOW DOES YOUR PRACTICE ADDRESS THESE BARRIERS?**

## Bridging the Gap



### Reduce Transportation Distance:

- Home visits
- Mobile/satellite clinics
  - Reach. Teach. Heal. Peru.
  - NOLA Homeless Clinics

### **Reduce Transportation Financial Burden:**

- Coordination with insurance covered shuttles
  - Dedicated clinic days for insurance transport
  - Dedicated transport days from particular regions
- Community partnerships
  - Social work coordination of vouchers
    - Local taxis
    - Lyft/Uber

Some communities have seen 9% reduction in hospital readmissions by instituting a combination of these programs.

There: Andahuaylillas, Peru

### Primary Methods of Transportation:

- Foot
- Public transportation
- Taxi
- Private vehicle
- Bicycle



### Contributing Factors to Barrier:

- 46% poverty rate in rural Peru
- 22% poverty rate in country of Peru
- 4% of Peruvian individuals have private vehicles
- Distance and Topographically prohibitive visits
  - Specialists in Cusco >1 hour **drive** from rural, mountainous areas.
- No insurance covered transportation

## Acknowledgements

- Reach. Teach. Heal.—Peru.
- Louisiana State University Rural Family Medicine Residency in Bogalusa

## Impact : “They’re only glasses...”

is



*We provided healthcare and eyecare services for several rural farming communities outside of Cusco, Peru in the Andes mountains. We were able to fit patients (102 patients across about 6 villages) for reading glasses – most of the patients were women. Many of these women were battered women suffering from physical and sexual abuse. There a program in one of the local villages that provides support services and refuge for battered women. In return these women make dolls and other hand made products (blankets, hats, quilts, etc.) as part of a workforce/rehabilitation program to teach them how to become more independent in their local communities. It was very empowering to be able to offer glasses for these women to support this program – glasses that were donated by Americares. We were also able to help out a couple of dozen school age children by providing them with glasses donated by Americares.*





## Resources & Financial Management

RTH depends on donations and program fees to sustain its operations in Peru. There are NO paid staff and Board of Directors do not accept a stipend or nor are reimbursed for any travel or organizational expenses they might incur.

### Strategy Information

RTH is a fledgling organization. We have applied for non-profit status are in process. We plan to invite donations and increase awareness of our work to interested parties once this is achieved. Similarly plans for fundraising are on hold until we can offer tax breaks for those will to donate and support.

Our aim is to keep costs low to make the organization and its work manageable for students and those passionate about providing primary healthcare and education for those with restricted access. With donations we plan to maintain our low costs for volunteers and increase the educational provision for health for those without.

We have a website that is constructed but difficult to access due to hosting problems.

### Income and Expenses Reach. Teach. Heal (Peru)- October 2019

| INCOME                |                    | % of Total Income |
|-----------------------|--------------------|-------------------|
| Volunteer payments    | \$23,099.00        | 88.26%            |
| Other Income          | \$3,072.00         | 11.74%            |
| <b>Total</b>          | <b>\$26,171.00</b> |                   |
|                       |                    |                   |
| EXPENSES              |                    | % Total expenses  |
| Team Accommod. Peru   | \$12,896.00        | 53.94%            |
| CPA/Legal             | \$635.00           | 2.66%             |
| Team FEMR             | \$325.00           | 1.36%             |
| refund vols           | \$658.00           | 2.75%             |
| Miscellaneous         | \$605.00           | 2.53%             |
| Airline Fees/baggage  | \$580.00           | 2.43%             |
| Wire fees             | \$80.00            | 0.33%             |
| meds                  | \$4,330.00         | 18.11%            |
| Hotel Rojas deposit   | \$300.00           | 1.25%             |
| ATM for Interpreters  | \$3,500.00         | 14.64%            |
| <b>Total expenses</b> | <b>\$23,909.00</b> |                   |
|                       |                    |                   |

## Looking Forward

As 2020 rapidly approaches, our goals are fundamentally the same- increase the number of patients we can see during each mission. We hope to meet this metric by continuing to decentralize the delivery of primary care in the region, with more remote clinics and more house calls. We are working closely with the local parishes and local medical authorities to identify the best locations and best times to set up clinic. We hope to expand our dental program with more dental residents and perhaps a hygienist to include preventive dental care and education, particularly for children.

We would like to align our objectives in Women's Health with those of the national Ministry of Health. We have been in discussions with between Universidad Peruana Cayetano Heredia in Lima regarding a Peruvian national goal of increasing the rate of screening for cervical cancer, particularly in rural women.

A plan to develop a three-way partnership, the Universidad Nacional de San Antonio Abad del Cusco (UNSAAC), Universidad Peruana Cayetano Heredia in Lima and the LSU Health Sciences Center-New Orleans is an exciting possibility. The goal is to increase the capabilities of San Antonio to teach and be involved in scholarly research, including the Andahuaylillas Project Hope program. Faculty from LSU Health Sciences Center could provide additional educational training for medical students and faculty, as well as those in epidemiology, occupational health, and health services and statistics. Dr. Trapido will share information from the newly created Bachelor of Science in Public Health program at LSU Health Sciences and encourage San Antonio to invest in research programs and projects and improving research capabilities. The first tangible step towards these goals would be establishing a Memorandum of Understanding between Cayetano and LSU. These goals seem very obtainable for 2020.