

REPORT





A collaborative effort by the HHI staff

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In gratitude to the clinical team and community health workers

- ✤ Juancito Mendez
- ✤ Dariel Perez
- ✤ Kircy del Rosario
- Paulina Balbuena
- Yajaira Contrera
- Socorro de la Rosa
- Yohandra Reyes
- Yudelka Dorrejo
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- Dania Georgina Balbuena Sánchez
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- ✤ María Altagracia Tineo Faria
- ✤ Solenin García
- ✤ Claribel Suero
- Scarlet Ciriaco
- ✤ Elsa Lubin
- ✤ Evelyne Etienne
- Dr. Andhis Binet, MD
- ✤ Dr. Alberto E Cepeda, MD





BEYOND THE HORIZONS

Dear Board of Directors,

I hope this letter finds you at ease and that you and your loved ones are safe and healthy. As you know, the world is going through one of the most notable health crises, which has been amplified due to the impact of the coronavirus; and in developing countries, the gaps in health disparities due to socioeconomic variables such as lack of education, lack of employment, lack of hospital structures, political tension, violence and structural racism, among other factors. , continue to expand.

The pandemic has a discriminatory impact on various population groups and their response capacity. The impossibility of working from home, overcrowded conditions and lack of access to water and sanitation increase the risk of infection for the population living in poverty and vulnerability. Likewise, their risk of death is higher due to the higher incidence of pre-existing health conditions such as pulmonary and cardiovascular diseases and diabetes and due to the lack of adequate access to medical care.

In both the Dominican Republic and Latin America, the different socioeconomic impacts reflect the matrix of social inequality in the region, whose structuring axes are belonging to different socioeconomic strata or social classes, gender, life cycle stage, ethnic-racial condition and territory, to which are added other factors such as disability status, immigration status or street situation. These inequalities accumulate, strengthen and interact with each other, causing multiple discriminations that lead to differences in the exercise of rights.



Short, medium and long-term social protection measures to face the effects of the pandemic must consider the well-being of the entire population, especially that of groups that experience multiple forms of exclusion and suffer more acutely from the impacts of the crisis. For this reason, social protection and well-being must be seen from a perspective of universalism sensitive to differences, that is, taking into account the needs, deficiencies and discrimination of specific groups.

For Health Horizons International Foundation, the pandemic has validated our presence and commitment to the most vulnerable communities in the Dominican Republic. Hand by hand, we have supported the people we serve by providing continuous and uninterrupted primary care services, responding to the determinants that affect community health, strengthening and accompanying national efforts to tackle chronic non-communicable diseases, and empowering local leaders to build resilient communities and be self-managed in their development.

Traditionally, our medical operations, executed three times a year, are a platform that increases the accessibility and affordability of primary care services in the North Region of the Dominican Republic. Thanks to doctors, nurses, volunteers from abroad, we maximize our efforts to educate, defend and promote access to primary care as an undeniable and inherent human right. Due to the limitations imposed by travel regulations, for the third time in a row, we could not count with the presence of these special people who dedicate their time and commitment to patients, however, their support and love continue to prevail in each of the faces of the people in Villa Montellano.

This report, rather than presenting our quantitative success with respect to the services offered during the medical operation of last January 2021, reflects the unconditionality, transparency, and dedication of our work in ensuring that each person has the opportunity to live a healthy, dignified life. , and happy.

We want to take this space to thank each one of you for believing and trusting in our work, for your generosity; and to our work team for their impeccable work and commitment in each of our initiatives.

Sincerely,

tional Foundation





Around the world, chronic diseases, including noncommunicable diseases, long-term mental disorders, and persistent communicable diseases such as tuberculosis and HIV / AIDS, present a major health challenge. As part of the response to this challenge, the World Health Organization has conducted a two-year review of healthcare models and best practices from around the world and recently reported on this work. WHO provides a comprehensive conceptual framework for the prevention and treatment of long-term disease in resource-poor settings. The most fundamental issue highlighted by the report is the urgent need to move away from an acute, reactive, and episodic care model.

Rather, health care should facilitate an ongoing relationship between provider and patient and help patients make full use of their own resources and those of their community for health. The patient-provider partnership is not just a resource for understanding health issues; it is the basis for prevention and intervention. Lack of attention to interpersonal aspects of care has serious potential consequences. Patients accustomed to inadequate care may resent or respond with passive acceptance of the situation, often viewing it simply as an additional burden of poverty and social alienation. Both of these responses will hinder active participation in an ongoing health care program.

The Chronic Care Program is one of the most important components of HHI. This program coordinates clinical care for people residing in our intervened communities whose social, economic or political vulnerability does not allow them to access primary care services. Some of our personalized services offered in the CCP Program include self-management strategies, advanced care planning, education, community facilitation and coordination, and other support services. The Chronic Care Program is an inclusive program to help patients with chronic conditions be constantly cared for, whether through home visits from one of our family and community medicine specialists, during our medical operations, or through the support of our health promoters. During our medical operation, we had the opportunity to carry out different activities such as follow-up evaluations of program beneficiaries, care coordination service, advance care planning service, and other primary care services.





CCP Consultations

96/96

Patients seeing at the Health Center

38/38

Patients seeing during Home Visits

15/ GLUCOSE TAKES

201

BLOOD PRESSURE TAKES 310

ANTHROPOMETRIC MEASURES



Chronic Care

 γ

14 Sonography 11 Colposcopy 1 Endocrinology **3** Surgery 6 Urology 4 Ophthalmology 1 Pneumology 4 Cardiology 10 Sonography 1 Nephrology 1 Tomography





Pediatricians receive care for newborns, infants, children and higher quality care than other health professionals, such as family doctors, in Primary. Article 1 of the Convention on the Rights of the Child defines the child as "every human being under the age of eighteen"; therefore, when referring to the protections afforded to a "child," this includes youth and adolescents.

Numerous international and national laws, government policies and declarations of international institutions and international civil society organizations recognize the rights of children to adequate medical care. However, when it comes to tackling NCDs, too often children are left out (or not sufficiently recognized) on the political agenda. HHI seeks to address this inequity and recommend a framework for improvement. Our efforts to improve community health include ensuring that all children have every opportunity to live healthy and happy lives.

During our operation, we had the opportunity to offer different services such as medical evaluations, immunization, nutrition interventions, and education / prevention for children living with chronic diseases or at risk of developing them.





122

PEDIATRICS CONSULTATIONS 148 OBGYN CONSULTATIONS + PAPANICOLAU

122 MEDICINE KITS 480 ovuli & treatments





Chronic diseases, including heart disease, stroke, diabetes, and cancer, represent some of the most common health problems in the United States, according to statistics from the Centers for Disease Control and Prevention (CDC). However, many of these chronic diseases are preventable as they are related to poor diet and lifestyle choices, including tobacco use, excessive alcohol use, and inappropriate physical activity.

The severity of undernourishment in the Dominican Republic has led the United Nations to include the country among a group of 28 "high priority" countries because of its low probability of reaching the goal of halving the percentage of the population that suffers from hunger . As stated by the Presidential Commission on the Millennium Goals, it is "highly unlikely that the country will halve the percentage of the population that suffers from hunger, unless the growth rate of the 1990s is recovered, more concrete actions are developed for the benefit of those who suffer from malnutrition and growth is linked to an equitable distribution of resources. "

During our Medical Operative, we offered consultations by a staff in family medicine specialized in nutrition who educated people living with chronic diseases about the importance of incorporating a balanced nutrition, learning to cook and prepare food with local ingredients and easily accessible. , and replicate this knowledge with their family members.







NUTRITION CONSULTATIONS



HEALTHY EATING PLANS

PHYSICAL ACTIVITY PLANS 20

COMMUNITY-BASED HEALTH WORKSHOPS IN NUTRITION & WELLBEING





Health status and health-related behaviors are determined by influences at multiple levels: personal, organizational / institutional, environmental, and political. Because there are significant and dynamic interrelationships between these different levels of determinants of health, educational and community programs are more likely to be successful in improving health and well-being when they address influences at all levels and in a variety of settings. / environments.

Our educational and community programs and strategies played an important role in achieving the objectives of the Medical Operation. For a community to improve its health, its members must often change aspects of the physical, social, organizational and even political environment in order to eliminate or reduce factors that contribute to health problems or to introduce new elements that promote better health.

During our Medical Operation, we held talks by health promoters and doctors about the adoption of healthy habits and behavior changes that affect the development and complications related to chronic non-communicable diseases, as well as interventions related to nutrition, physical activity, general wellness, mental health, and chronic care.



PARTICIPANTS

94



COMMUNITY-BASED WORKSHOPS ON HEALTHY HABITS





SEXUAL & REPRODUCTIVE HEALTH

Differences in the way society values men and women and accepted norms of male and female behavior influence the risk of developing specific health problems, as well as health outcomes. Studies have indicated that preference for male children and undervaluation of daughters skew household investment in health care. This has potentially serious consequences for girls' health, such as lower levels of immunization and preventable mortality.

Women's limited time and access to money and their restricted mobility, common in many traditional societies, often delay their seeking health care. They may be allowed to decide whether to seek medical care for their children, but they may need the permission of their husbands or important elders within the family to seek medical care for themselves (7:17, 25). Demographic and health survey data show that, in some countries in sub-Saharan Africa and South Asia, women were not involved in decisions about their health in 50% or more of the countries.

Through our Women's Movements Program, we seek to connect vulnerable women with education, prevention, and primary care services focused on diseases that disproportionately affect women; such as breast cancer, cervical cancer, and other pathologies.

During our medical operation we educate, strengthen and empower women residing in vulnerable communities in the municipality of Villa Montellano with the basic principles of health education, providing primary care services, evaluation, diagnosis, follow-up and treatment services in order to reduce the incidence, complications, and mortality related to human papillomavirus and cervical cancer.



SEXUAL & REPRODUCTIVE HEALTH

1714

ANTICONCEPTIVES & PLANNING METHODS

HIV/STDS TESTS

170

SEXUAL & REPRODUCTIVE HEALTH COUNSELING



OF PEOPLE LIVING WITH HIV CONNECTED TO THE SYSTEM OF INTEGRAL HEALTH FOR TREATMENT & FOLLOW UP





















OUR IMPACT

5 DAYS IMPROVING THE LIVES OF VULNERABLE COMMUNITIES

The implementation of the Movimiento Mujeres Program, the first initiative in community health with a gender perspective; which provides women living in socioeconomic vulnerability to access primary care services and systems.

Communities and sub-communities impacted through our clinical programs and educational interventions.

Community workshops and prevention / health education talks focused on chronic care, nutrition and healthy lifestyles.

Boys and girls received pediatric services, immunization, multivitamin complexes and dewormers.

Chronic care consultations and primary care services including medical evaluation, medication delivery, home visits, referral and more.

Gynecology / obstetrics services for vulnerable women in the rural areas of Puerto Plata, including evaluations, Papanicolau, detection of cervicalvaginal pathologies, among others.

20,000+ PEOPLE

120-

134

148

Thanks to our programmatic scope, directly and indirectly, we contribute to the development and construction of resilient communities in the Municipality of Villa Montellano, and to ensuring that the populations intervened have the opportunity to live a healthy, dignified and happy life.

Projections and achievements of the January 2021 MST (Health Horizons International

TENDENCY





		0 20	40 00	00 100	120 140	100 100
	CHRONIC CARE	SEXUAL & REPRODUCTIVE HEALTH	WOMEN'S HEALTH	NUTRITION	EDUCATION & PREVENTION	PEDIATRICS
REACHED	134	170	148	52	20	122
	120	120	100	50	20	120

GOALS ACHIEVED

CHRONIC CARE	SEXUAL & REPRODUCTIVE HEALTH	WOMEN'S HEALTH	NUTRITION	EDUCATION & PREVENTION	PEDIATRICS
112%	141%	148%	104%	100%	102%



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