



Development of a Patient Education Curriculum in Rural Haiti

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Background

Haiti continues to be the poorest country in the Western hemisphere with extremely limited resources. There is minimal infrastructure, no sewage system, no public education and limited access to healthcare. In areas where healthcare is available it is often sub-standard or prohibitively expensive for the majority of the population.

The combination of limited access to healthcare as well as limited educational opportunities creates a vulnerable situation for the Haitian people with limited knowledge and resources to manage illnesses themselves as well as minimal access to healthcare resources.

The needs in Haiti are great with 19% of children malnourished, an infant mortality rate of 49 per 1000 births and a under 5 mortality of 73 per 1000 births.

With government continually in flux systematic improvements are challenging, improvements targeted at individual communities hold potential for improvement in health and quality of life.

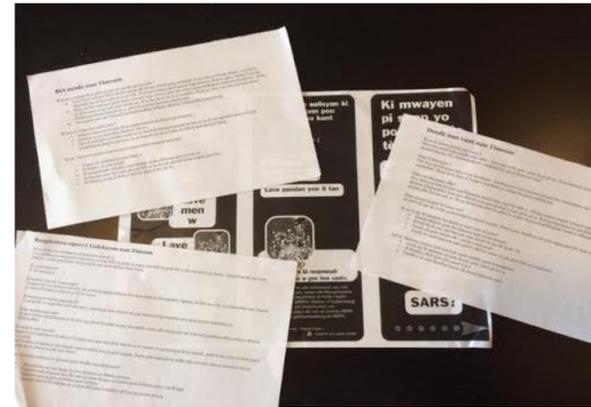
Objectives

- Develop an educational curriculum specifically for use in underdeveloped countries
- Promote patient knowledge of health promotion
- Provide information regarding home care of common diseases and when to find a doctor
- Assess population attitudes towards healthcare education
- Assess learning styles to effectively communicate and educate this population

Materials & Methods

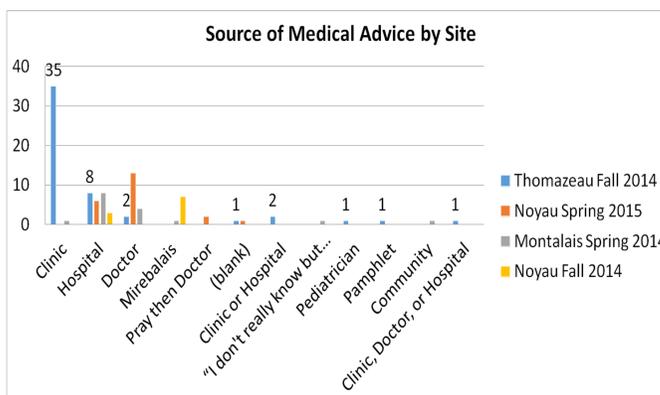
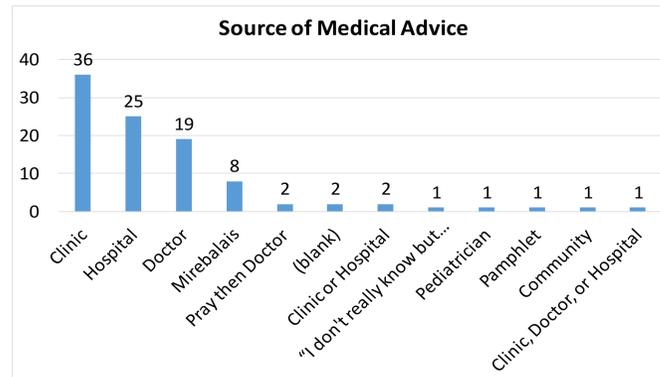
A patient education curriculum was developed consisting of simple, easy to read instructions for common pediatric conditions. Warnings and home care were modified for this low resource setting. The curriculum was then translated into Creole and a set of handouts was given to each parent interviewed. A supply of handouts was left with community leaders.

All patients received a 5 question survey administered by a Haitian interpreter. No names were on the surveys, questions were read aloud by the interpreter, answers were written in English and reviewed by upon return to the US to maintain confidentiality.

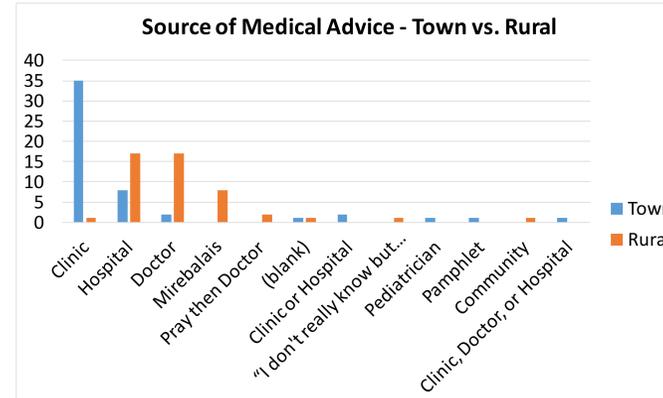


Results

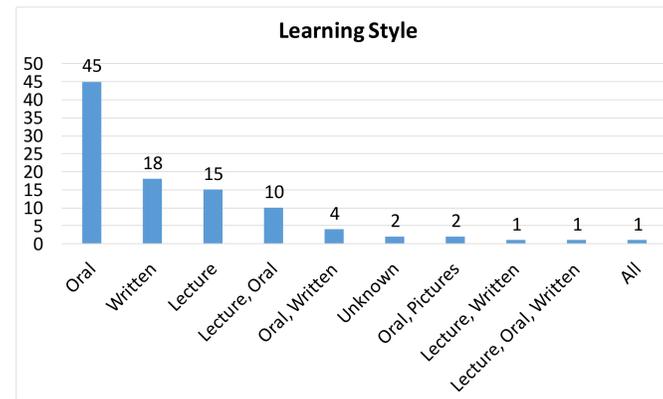
- 99 surveys were completed at three clinic sites. One clinic site was in a town, the other two were rural villages.
- 100% of respondents reported that they liked that education was provided.
- 100% of respondents reported that the education made them feel more comfortable taking care of their child when they were sick.



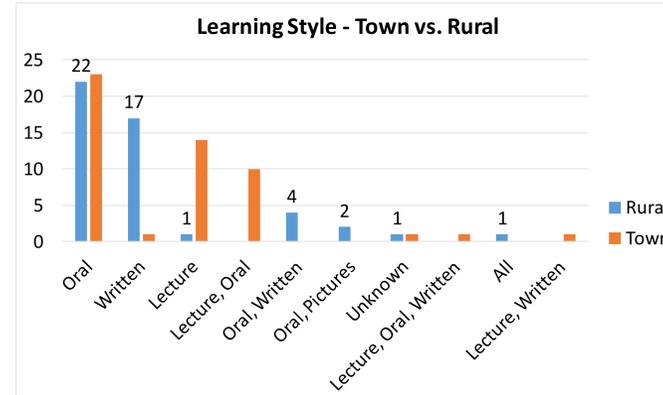
In the town there is a permanent medical clinic. In rural villages there is no healthcare readily available, the closest site is a several hour walk. Given differences in access, sources of advice were compared between town and city.



The adult literacy rate in Haiti is 48%; therefore preferred learning style was assessed.



There is access to basic education at all sites however there were significant differences in preference for written education with a greater preference for written in the rural sites.



Parents were also asked about topics that they were interested in learning more about. Out of 99 patients only 8 identified specific topics that they were curious about including immunizations, first aid, what to do at home before going to the hospital, diarrhea, and developmental future of their child with hydrocephalus.

Analysis

Survey Results:

- Good reaction to education
- Community receptive to educational programs
- Preferred learning style was oral
- Higher than expected number of parents preferred written
- Parents struggled with identifying learning topics

Survey administration:

- Different interpreter was used at each site, possibly affecting survey results
- All surveys at each site were given by the same interpreter

Follow up survey:

- Parents who completed a survey in 2014 were given a return card however only 1 patient returned with their card, therefore unable to assess impact of patient education

Summary

- Developed a written patient education curriculum to provide information for parents in rural Haiti about how to take care of their sick children and when it is imperative to seek medical help
- Administered a survey about parent attitudes towards education, current practices regarding sick children, topics of interest and preferred learning style.
- Assessed information provided in surveys and compared town and villages with a preference for written education in the villages and clinics or hospitals being the most common sources of information in both villages and the town.

Conclusions

- Overall the information I collected and the responses I had are in support of more emphasis on patient education in rural Haiti both in written and oral formats. Scheduled lectures may hold promise in facilitating efficient education for larger groups of people in an oral format that was more popular based on survey results.
- Future work includes incorporating more patient education into clinic visits, incorporating lectures after clinic and continuing to provide and expand patient educational materials to provide a durable source of information when no healthcare provider is readily available.