

Batey Health: A Study of Tocones – Milagrosa

Alexander P. Boardman, Thanh Thu Ngo, Ana M. Ronderos, Jean Boucher, ANP-BC, Phd, Olga Valdman, MD, Population Health Clerkship 2014, Dominican Republic team including Tara Casimir and Nolene Ferguson

Project Goal – Initiate a community assessment to enable future UMass Medical School advocacy efforts in the bateys and to have a more sustainable impact on community health.

Sugarcane workers in the Dominican Republic historically have been Haitian immigrants who live in communities, called bateys, located in the midst of the sugarcane fields. Life on the batey is difficult with few health resources and poor sanitation. Salaries are low (est. US\$10-22 per week) and working conditions are made difficult by occupational injury and the humid climate. Individuals often relocate when mandated by their employer, Central Romana. Generations of Haitian families have spent their entire lives on bateys without proof of Dominican or Haitian citizenship. While many are lured by the promise of improved wages, workers and their families often find themselves stuck in extreme poverty. Medical care is further complicated by long distances to clinics/hospitals, low literacy rates, lack of proper citizenship documentation and transience of the population.

For 8 years UMass Medical School has hosted a medical mission each spring with nursing and medical students to provide outpatient medical care in the bateys. The 2014 population health clerkship team reviewed prior documentation and identified one Batey, Tocones-Milagrosa, to get to know in depth. The intention is for UMass to “adopt” this batey, better understand local needs and develop more sustainable systems and interventions.

The team also followed up on 2 projects initiated by prior UMass medical mission trips:

- Patient-held medical records to improve continuity of care.
- Referrals system which enables local follow-up with patients seen at the UMass-led batey clinics.



Learning Objectives

- Understand social determinants of health and identify specific examples relevant to this community.
- Learn how to engage community leaders and the community itself in identifying community needs.
- Understand the local healthcare system and engage key stakeholders in a conversation around health of the community.

Methods

- Community mapping
- Household surveys
- Discussions with various community members
- Key informant interviews (health promoter, mayor, midwife, school teacher, store keeper)
- Blood pressure screenings
- Community meeting
- Interview: Rural Health Director of Central Romana, Medical Director of Guaymate Municipal Hospital
- Site visits at hospitals in La Romana: El Buen Samaritano, “Salud Publico” and “Seguro Social”

Special Thanks:

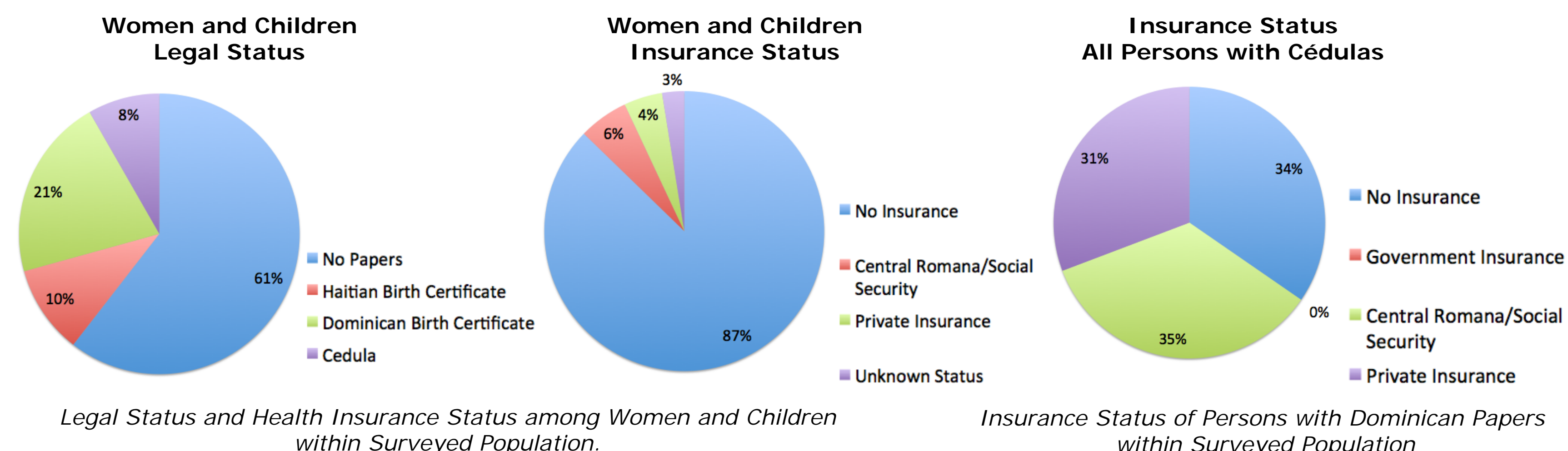
To the people of the Tocones-Milagrosa Batey; Moises Sifren Juan and Dr. Franklin Bido and all the staff at Hospital el Buen Samaritano and Mission Maranatha who hosted us; Dr. Paul Fernandez Director of Rural Health at Central Romana; Dr. Oscar Estevez Director of Guaymate Municipal Hospital; Dr. Jose Avila Assistant Medical Director at Hospital Aristides Fiallo Cabral, known as Hospital “Seguro Social”, and Director of the Emergency Department at Hospital Provincial Francisco Gonzalvo, known as Hospital “Salud Publico”; and Emilio Chalas and Ariel Belisea, our linguistic and cultural interpreters.

References:

180 Degrees. (2014). 180 degrees for cooperation and development (website). Retrieved from <http://en.180grados.info>
 Ferrara, B. J., Townsley, E., MacKay, C. R., Lin, H. C., & Loh, L. C. (2014). Short-term global health education programs abroad: Disease patterns observed in Haitian migrant worker communities around La Romana, Dominican Republic. *The American Journal of Tropical Medicine and Hygiene*, doi:14-0012 [pii]
The price of sugar. Haney, B. (Director). (2007). [Video/DVD] Uncommon Productions. Available on youtube https://www.youtube.com/watch?v=tp_EkCeslp8
 Office Of Trade And Labor Affairs, Bureau Of International Labor Affairs, U.S. Department Of Labor. (September 27, 2013). *Public report of review of U. S. submission 2011-03 (Dominican Republic)*. Dominican Republic-Central America-United States Free Trade Agreement.
 Peace Care. (September 29, 2014). Executive summary: Peace care - Dominican Republic.

Preliminary Data

Household surveys - 47 households with 181 people



Other Findings

- **Blood Pressure Clinic** - 130 blood pressures measured
- 30% of individuals were in the hypertension range

Key Informant & Community Interviews

Most common health issues:

- High Blood Pressure
- Diabetes
- Fever and upper respiratory infection
- Stomach pain: **most common complaint**
- Fungal skin infections and wounds

Issues affecting access: Cost of transportation, lack of health insurance, lack of proper Dominican Republic documentation, resource deficit in the public health system.

Community Meeting – Identified Issues

- Water is excessively chlorinated
- Latrines are often full
- Ambulance service severely inadequate

Key Organizations for Inter-Professional Collaboration

Peace Care – Dominican Republic – a partnership between Peace Corps-DR, the community of Guaymate and 2 US universities to build local health capacity.

Hospital el Buen Samaritano - established to help batey workers. Hires and trains health promoters in the bateys.

Hospital Municipal de Guaymate – Serves approximately 33,000 patients a year with a budget of US\$7,000/month. 95% of those served are Haitian batey workers with documentation issues.

180 Grados – A Spanish NGO that works with small community enterprises, the JMDS youth group and Hospital Guaymate.

Central Romana, Hospital Salud Publico, Hospital Seguro Social

Future Directions

- Work with the health promoter and Guaymate Municipal Hospital to identify hypertensive patients for follow-up and medications.
- Work with local agencies and the community on latrine and water issues.
- Continue working with this batey via future medical missions and clerkships to identify strategies for improved health. This involves working with key organizations and community groups to develop sustainable improvements in sanitation, health practices, health literacy and systems.
- Establish an orientation system for staff, medical and nursing students who will work in the bateys to ensure continuity and improved impact.

