

Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms.

-1 Peter 4:10





Strategic Planning Committee

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Serving Where God Has Called Us





The Issue: Vast Poverty and Healthcare Inequity

- 17.1M people live in Guatemala.
- 59% (10 million people) live in poverty (11.6% in the US).
- #10 highest poverty rate in the world and highest poverty rate in the Americas.
- 91% of the indigenous population (6.8M people) live in extreme poverty
 - no healthcare
 - no food
 - no clean water
 - no education





The Issue: Vast Poverty and Healthcare Inequity

- Government spending on healthcare is the lowest in Central America.
- 17,000 physicians for 17.1M people
- 80% of physicians work in Guatemala City and not in the rural areas of Guatemala.
- Healthcare options in Guatemala:
 - Private Hospitals (unaffordable for most).
 - Social Security Hospitals (for officially "employed" individuals working for companies that pay into the system).
 - National Hospitals and Clinics (understaffed and underresourced).
 - Social Hospitals (churches and nonprofit organizations).





The Issue: Barriers to Care

Healthcare and Access

- National Hospitals and Clinics are underfunded and under-resourced.
- National hospitals that do exist do not have supplies or medication, and will ask patients to cover all costs including medication, instrumentation, medical supplies, etc.
- Undeveloped roads in remote villages prevent travel.
- No money to pay for transportation or lodging to receive care.
- No continuity of care among healthcare providers (no systems to manage care).



The Issue: Barriers to Care

Trust and Understanding

- Mayan languages are still prominent in indigenous communities, and many do not speak Spanish as a second language.
- Traditional Mayan medical practices inform decision making, which may conflict with western medical standards.
- Many patients are receiving care for the very first time.
- Patients have limited understanding about their disease/condition or their medical treatment plan.
- Most children in "urban areas" leave school after third grade (12 or 13) so they can work in the fields or at home.
- No/limited education for indigenous children.



The Issue: Health and Wellness

- Malnutrition in expectant mothers can lead to severe neural tubal defects that require surgery after birth.
- Many children suffer from chronic malnutrition.
- Highest prevalence of stunted growth in children less than five in Latin America – 47% nationally, up to 90% in hardest hit areas of the country.
- Type 2 Diabetes and pre-diabetes found in 25% of the indigenous population.
- Chronic kidney disease prevalent in the rural population.
- Lack of national medical statistics to drive care.
- Unmanaged comorbidities prevent surgical treatment.
- High rates of untreated trauma.
- High rates of revisions needed to correct previous surgeries.



A Patient Story: No Access to Healthcare

In February 2023, a Faith In Practice orthopedic team was able to help a 17-year-old teen begin his journey toward mobility.

At 11 years old, he was hit by a car and broke his left tibia. He never received care for the injury other than to sew the skin together where the bone was protruding – sadly, a common reality for many of our patients.

Throughout his teenage years, he was unable to walk without the assistance of crutches due to the severity of the injury. After his surgery, his leg was straight, and he is on the road to more independent mobility.

This transformational surgery was made possible because of Faith In Practice's surgical program and through Christ's commitment to work through Faith In Practice to help others.





Strategic Initiatives to Address the Need

Strategic Priorities



1. Increase access to specialty care:

Increase the number of missions completed each year from 40 to 52 in ten years (+8 surgical, +4 medical clinic).

\$500,000 annual cost at mission capacity.

2. Increase access to ongoing healthcare for the underserved:

Invest in 200 community health workers and navigators to provide health and referral services to Guatemala's most underserved and remote communities.

\$300,000 annual cost once fully developed.

3. Transform social healthcare through robust partnerships:

Increase access to health and surgical care through the creation of a health alliance, a clinically integrated network of health providers dedicated to serving Guatemala's most underserved communities.

\$100,000 annual cost once fully developed.





4. Digitize healthcare to drive patient care.

Develop technology that will support community health workers and the health alliance by increasing continuity of patient care and visibility into the needs of those we serve.

Onetime \$300,000 investment, \$150,000 ongoing maintenance.

5. Train and inspire future health professionals.

Annually expose 100 aspiring health professionals to the needs of the poor to further develop their careers of compassion and build the volunteer pipeline of tomorrow.

\$200,000 annual investment.



Increase Access to Specialty Care



- Increase Access → Increase the number of surgical and medical clinic missions (+8 surgical and +4 medical)
- Targeted Missions → Recruit surgical teams and medical providers based on the needs of our patients
- Healthier Patients → Provide healthcare to patients closer to where they live through NGO partnerships and smaller team sizes
- Increasing specialty care for 5,000 additional patients annually







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Increase Access to Ongoing Healthcare for the Underserved

Impact

- Increase Trust → Train and support 200 Community Health Workers and Navigators (CHWs). CHWs are members of the communities we serve
- Healthier Communities → CHWs provide primary care and health education to increase wellness within their community
- Surgical Support → Provide pre/post-surgical support to patients to increase positive patient outcomes
- **200 Guatemalans will be trained** in CHW techniques, provided ongoing support, and impact **tens of thousands of lives annually**

1 CHW \rightarrow 100 families \rightarrow 450 People



3

Transform social healthcare through robust partnerships

Impact

- Increase Referral Partnerships from other NGOs → increasing the number of patients served
- Sharing Information → increase visibility into the patient's continuum of care through the sharing of clinically-relevant information
- Intentional Collaboration → bring healthcare NGOs working in Guatemala together annually to share information, foster deep relationships, and create meaningful collaborations to address the most pressing health needs in the community
- Hundreds of thousands of lives impacted









Impact

- Increase Efficiency → move from a pen/paper system to a digital patient management system
- Increased Visibility → proper systems increase our ability to better manage patient health and recruit vital medical specialties
- Increase Likelihood of Surgical Readiness→ visibility into patient comorbidities will increase our ability to bring surgical-ready patients to surgical missions
- Hundreds of thousands of lives impacted





5 Train and Inspire Future Health Professionals

Impact

- Providing Direct Patient Care→ medical professionals provide direct patient care to hundreds of underserved patients under the guidance of an experienced physician
- Teaching Medicine and Cultural Integration → medical professionals learn from established providers in the field and develop invaluable understanding of global health and heath inequity
- Building the Volunteer Pipeline → early exposure to medical missions before completion of school to encourage medical mission service later in life
- 100 medical professionals annually with 10 15% continuing medical mission volunteerism later in life





Mission Investment



Assumptions

- Investment in programs and partnerships to increase access to high-quality health and surgical services.
- Investment in talent and process infrastructure to become more effective and efficient in providing care.
- Implement best practices in fundraising to drive revenue and allow for strategic investment in the mission.
- Steady yet conservative growth in the number of missions completed annually .
- Team fees remain flat (\$1,300) to ensure missions remain accessible to volunteers.



Mission Investment



Strategic Priority		Annual Investment	Additional Lives Impacted Annually
 Increase # of Missions to Serve More Patients (+8 Surgical, +4 Medical Clinics) 	(-)	\$500,000	5,000+
2. Train and Support 200 Community Health Workers and Navigators		\$300,000	90,000+
3. Transform Social Healthcare through Robust Partnerships	1 man fi	\$100,000	Hundreds of Thousands
4. Digitize Healthcare to Drive Patient Care (Initial Investment of \$300,000)		\$150,000	Hundreds of Thousands
5. Train and Inspire Future Health Providers		\$200,000	100 Health Providers and Thousands of Patients
Total Annual Investment: \$1,250,000			
Total Annual Impact: Health and wellness to 100,000+ people			

Make A Difference Today

Your gift will provide health and wellness to the most underserved families in Guatemala

www.faithinpractice.org/give







About Faith In Practice



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The Unique Experience of Faith In Practice

Fostering Spirituality and Compassion In Patients and Volunteers

These patients endure so much — physically and emotionally. They often travel long distances to be seen by the doctors here. They carry so much hope and have so much faith.

And sometimes, we do not have good news for them. But giving them what we have to give — a hug, a smile, that small connection could reignite that hope; restore their faith.

~Faith In Practice Volunteer



Mission

Faith In Practice improves the health and wellness of underserved Guatemalans through healthrelated medical missions, community-based health initiatives, robust partnerships, and education while fostering spirituality and compassion in our patients and volunteers.



Guiding Principles









Cary Moorhead, MD, Board Chair ENT Surgeon, President at Texas ENT, Team Leader



Shelley Adams Wealth Manager Advisor, Merrill Lynch



Erik Askenasy, MD Colorectal Surgeon, Memorial Hermann Team Leader



Michael Berend, MD Orthopedic Surgeon & Co-Founder, Midwest Center for Joint Replacement Team Leader



Abigail Berkman Chief Operations Officer and Co-founder of Avante Surgical Partners



Lola Coke, PhD Ret'd Dean and Associate Professor, Kirkhof College of Nursing, FIP Quality Committee Chair 27





Eric Condon Independent Construction Contractor Volunteer



E. Sterling Craig, MD Plastic Surgeon, Co-founder of Fusi and Craig Plastic Surgery



Julie Eberly Nonprofit and fundraising professional, Former President of Lemonade Day, FIP Development Committee Co-Chair



Phillip Johnson, MD Division director, professor and vice-chair Dept. of Internal Medicine, McGovern Medical School/UTHealth, Team Leader, FIP Governance Committee Chair



Norman Lewis Business Owner of Tootsies, Independent Business Management Consultant



Joseph Lopez Retr'd Chemical Engineer Mission Volunteer





Paul McElroy Chairman, Board of Directors of RDM Inc./ Lupe Tortilla Mexican Restaurants Co-Founder and CEO of Saltgrass Steakhouses



Robert Morrow, MD Associate Professor and Executive in Residence for UT Health School of Public Health, Family Medicine Physician, Mission Volunteer



Paul Nazarian, MDiv, Dmin

Sr. Pastor at Northwoods Presbyterian Church, Mission Volunteer, Chair of Mission Integration Committee



Lucy Parker Former Director of International Patient Relations at Texas Orthopedic Hospital, Mission Volunteer



Brian Parsley, MD

Orthopedic Surgeon, Houston Methodist Hospital, Program Director Adult Reconstruction Fellowship – Dept. of Orthopedics at Baylor, Dev. Committee Co-Chair, Team Leader





Matthew Pogodzinski, MD ENT surgeon, SSM Health Dean Medical Group, Medical Director Cleft Palate Clinic-SSM/Dean Clinic, Team Leader



Steven Retzloff Chairman Allegiance Bank, FIP Audit Committee Chair



Louis Smith, Jr Sr. Executive VP, COO Harris Health System



Gary Whitt Retr'd Senior Vice President at Bank of Texas, FIP Finance & Administration Chair



Mark Woolf, MD Retr'd Orthopedic Surgeon, Mission Volunteer





Michelle Bair, PhD Faith In Practice President & CEO



Penny Mock Faith In Practice Chief Administrative Officer Treasurer



Susan Eyre Secretary



How We Work in Partnership





Faith In Practice Structure



Where we Serve







Where our Volunteers Come From



US, Canadian, and UK Volunteers

Through Faith In Practice's network of more than 2,500 active volunteers, we complete 42 surgical missions and medical clinic missions in Guatemala each year. Volunteers bring vital skills and a passion for service that make Faith In Practice unique.

Our volunteers are industry-leading surgeons, primary and specialty care doctors, anesthesiologists, pharmacists, physical and occupational therapists, nurses, dentists, audiologists, and critical medical personnel like scrub techs, sterile processing specialists, imaging experts, and more.

Additionally, our teams include many nonclinical providers who serve in essential roles as chaplains, team administrators, bloggers, photographers, translators, wheelchair techs, and more.



Family, Friends, and Partners

In addition to our volunteers, there are countless family members, friends, and organizations who make a significant impact on our mission and ability to care for those most in need by supporting our volunteers. For them, we are truly blessed and grateful.



Guatemalan Volunteers

More than 300 volunteers from local communities play an important role in identifying patients. They foster trust and understanding between providers and patients.

They regularly accompany patients from their village to the FIP medical clinic or surgical mission and serve as companions and translators.

More than this, these volunteers treat each patient with great love and faith, serving in response to God's call to love one's neighbor as one's self.





Medical Clinic Missions

Working with local agencies and communities, Faith In Practice conducts 12 medical clinics throughout Guatemala where healthcare is difficult if not impossible to access. Medical clinics provide vital acute care and serve as a main referral point for our surgical program.

Teams are comprised of family medicine and primary care doctors, as well as pediatricians, orthopedists, gynecologists, and often ENTs, audiologists, and dermatologists.

Each clinic will see 1,500 – 2,500 patients, providing direct patient care for around 20,000 patients annually







Surgical Missions

Our extraordinary teams are comprised of the most well-regarded surgeons in the US and governed by a robust quality committee that ensures the highest standards of patient care.

Our surgical program partners closely with Las Obras Sociales del Santo Hermano Pedro Hospital in Antigua and Hospital Hilario Galindo in San Felipe. Our primary areas of surgical focus are orthopedics, gynecology, urology, ENT, reconstructive plastics, general surgery, and cold trauma.

Faith In Practice completes 2,500 surgeries each year.





Women's Health

Faith In Practice provides pelvic exams, cervical cancer screenings, prenatal vitamins, and health education to local women. For many women, this is their first opportunity to have a well women exam.

Faith In Practice is a leading trainer in cervical cancer screening techniques. We train local providers on how to detect and treat pre-cancerous cervical cells immediately.

We also provide personal case management support for patients who may receive an advanced cancer diagnosis. We support them in the evaluation process as well as help in connecting them to the one cancer hospital in all of Guatemala.





Mobility Clinics

Each year Faith In Practice provides more than 2,600 mobility aids to those most in need everything from wheelchairs to walkers and canes.

Patients receive a free medical consultation during their visit and medical support, like medication or a referral to a surgeon or specialist if appropriate.

Faith In Practice also helps to connect mobility patients with local physical therapists to receive ongoing support.





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