

## MESSAGE FROM THE PRESIDENT

Dear Friends,

The year is rapidly coming to an end. Most of us will pause to review our experiences in 2011 and make New Year's resolutions for 2012. One of the resolutions we made in 2011 was to remain faithful to the call in serving the poor through IHDN. We have also invited several of you to join us on this journey. We have sponsored 2 mission trips to Ghana, initiated major construction projects, and conducted a major hypertension research project. We have touched several thousand lives in Ghana through our work. We have also faced several challenges, including meeting financial obligations to Ghanaian staff. Despite all these challenges, it was a very successful year. We thank all of you who came along us on this journey.

In this edition we document some aspects of the work done by two medical students in Ghana. We continue to be an elective destination for medical students as evidenced by the team going to Ghana in January 2012. We are very hopeful that as long as we remain faithful to the call, He will continue to guide our paths on this journey. So please continue to tarry with us. We wish you and your family a Merry Christmas and a Happy New Year. May God bless you

Sincerely

***Dr. Edem S. Agamah***

***President, IHDN***

### **19th Mission trip to Ghana a great success**

The 19th mission trip to Ghana, which was undertaken from June 19 to July 28, 2011, was a great success. The major highlight was the hypertension screening and research study. Over 1,000 subjects were screened for hypertension. We also hosted workshops in critical care nursing and nursing Christian fellowship, Christian leadership training, and photojournalism. With the help of the Ghanaian medical team, led by Dr. Derek Amoateng, we treated over 510 patients in 1 week. Most (56%) were women, and 18% were children. Malaria is still the most common diagnosis, but severe asthmatic attacks are quite common and could be life-threatening. Three of our patients tested positive for HIV. We lost one child from severe malnutrition and dehydration. We thank God for using us to bless these lives. Thank for your support.

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### ECONOMIC DATA

#### GHANA

Pop: 23.8million

Hypertension: 36.4%

Obesity : 7.2%

High cholesterol: 17.6%

#### USA

Pop: 314.6 million

Hypertension: 33.8 %

Obesity : 33%

High cholesterol: 55.2%

Sources:

World Health Organization

[Www.who.int/en](http://www.who.int/en)

## Helping my brother help the people of Ghana

By Sarah Henkle, 2nd year student, Rush Medical Center, Chicago, IL

When my siblings Ben and Laura traveled to Agbozume in 2008 to help with the opening of the IHDN Hospital, I had just graduated from college and started a new job, so I decided it was not a good time for me to go. After hearing about all they did and all the people they met, however, I knew I had missed out on a great experience. The question of what to do between the first and second years of medical school (my “last summer” before training in the hospital begins and becomes year-round) was already on my mind when Ben asked whether I would like to go to Ghana with him over the summer to continue his research at the IHDN Hospital. The trip promised a great range of experiences—international travel, public health and clinical work, exposure to a new culture and language—that made saying no this time an impossibility.

I truly enjoyed being in Ghana for the nearly 6 weeks we were there. As an anthropology major in college, I discovered my affinity for studying cultures different from my own. While in Agbozume, I was able to observe and learn about Ghanaian life as it happened around me. Here are a few excerpts from my journal and from the blog that Ben and I posted on during our stay that I hope will give you a sense of the place:

The drive from Accra to Agbozume took only two hours, made much shorter than previous trips by a newly paved road. The passing countryside was open, fairly flat, and grass-filled with lone trees spread throughout. The drive reminded me of traveling on small state and country routes in Illinois and Wisconsin. We’d cruise along for several kilometers, then slow down as we passed through small villages where market/vendor stands lined the road. All along the way, people biked and walked on the shoulder, going to school and who knows where else. Corn fields and, closer to Agbozume, rice paddies were a common part of the landscape. Small dirt paths or roads cut through large open spaces and trailed off into the distance.

The largest of the tanks are several feet over my head, and they pump water to smaller tanks on top of the buildings, which then feed into the plumbing. Beyond the tanks is a large rainwater reservoir—a huge, deep, square cement block on top of which there is a trap door. We use a bucket on a rope to collect water from the tank and filter it through a hand pump that Ben purchased before leaving Springfield. The presence of these tanks, buckets left out for collecting rainwater, and the effort of pumping water to drink every couple of days, are constant reminders that water is a precious resource, taken far too much for granted in areas of the U.S. where water is abundant.

As we anticipated departing the country after 6 weeks, I asked Ben what he would miss most about Ghana once we had made it back to the U.S. Without hesitation, he said “the people.” I could not have said it better myself. Without the people of IHDN and Agbozume there to support our work, to show us around, and to be our friends, the experience would not have meant as much to me. I cannot express how blessed I feel to have had the chance to travel with Ben and the rest of the IHDN group to Ghana, and I can only hope I am afforded the opportunity again in the future.

To read more from our blog, which we will continue to update as research data is analyzed, please visit: <http://ihdnghanacvd.wordpress.com/>.

## Continued . . . Investigating Ghana's Silent Killer

by Ben Henkle, MPH 2nd year medical student, Southern Illinois University School of Medicine, Springfield

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This past summer, I launched the second phase of IHDN's efforts to investigate hypertension (HTN) and cardiovascular disease (CVD) in the region of Ghana that IHDN serves. With funding from SIU School of Medicine, generous support from friends and family, and printing services from Memorial Medical Center in Springfield, we set off to Ghana with the goal of surveying over 1,000 people. What started as a summer thesis project for my Master of Public Health degree in 2009 has now turned into an ongoing research effort with ever-growing ideas and expectations.

Chronic diseases like HTN and CVD are beginning to be recognized as significant problems in developing countries like Ghana. High blood pressure is the second leading risk factor for premature death in low-income countries such as Ghana, and is directly responsible for almost 13% of deaths worldwide. In Ghana, there has been a marked increase in the number of people with HTN. In 1977, HTN was reported to have a rural prevalence of 4.5%; by 2005 this had increased to 33%. During the years that IHDN has been working in the region, Dr. Agamah has noted that there seems to be large number of people with high blood pressure and associated CVD. For these reasons, we began formally investigating HTN and CVD in 2009—not only to improve the health of the region but also to advance knowledge in an area that few have studied.

Initially, we conducted a pilot study of 269 people from various locations in and around Agbozume. With only 17 published, population-based studies on HTN in Ghana since the 1970s, we needed to test our methods and assess the feasibility of this type of project. In this study, we found not only that this type of research was feasible, but that 40% of the people surveyed were hypertensive, and that HTN has become a significant issue in southeastern Ghana. This data was presented at two national conferences and was well received.

With our pilot data in mind, we decided to conduct a larger study to confirm our previous results and better characterize HTN in southeastern Ghana. Joined by my research assistant (a.k.a. my sister Sarah), we spent 6 weeks this past summer surveying and collecting clinical data from almost 1,050 people in Agbozume and surrounding villages. Through many hours and long days spent in the field, we were able to successfully reach our data collection goal. The success of our data collection can be attributed to the great assistance we receive from our colleagues at IHDN in Ghana, especially Mr. Mark Dedzoe (IHDN Hospital Administrator) and Mr. Daniel Adjorlolo.

While data analysis is ongoing, we have again found that a large number of people suffer from HTN: 36% of the people we surveyed were hypertensive, and only 25% of them were aware of their condition and being treated. To put these figures in perspective, in the U.S.—where people are overweight and sedentary, and smoke more—the prevalence of HTN is 31% but 70% of those people are aware and being treated. Control of HTN is poor in both places; but it is especially dismal in southeastern Ghana, with control rates of 17% compared to 45% in the U.S.

Using this expanded dataset, we hope to gain a better understanding of the risk factors that drive high blood pressure in southeastern Ghana. If we can better identify those at risk for HTN and its associated sequelae, it will help IHDN better direct its resources for HTN education, prevention, and medical treatment efforts. This will then, hopefully, lead to reduced morbidity and mortality associated with HTN and CVD.

My time spent in Ghana has been amazing and continues to shape my career aspirations and motivations. I look forward to continuing this research and returning to Ghana in the future. You can follow and learn more about the project at: <http://ihdnghanacvd.wordpress.com/>.

## **Patient load in IHDN Mission Hospital increases, while National Health Insurance (NHIS) fails to pay bills**

Over the past few months, the IHDN Mission Hospital's patient load has increased to over 100 patients a day. As result, the limited human and material resources available have been stretched to the limit. This has been worsened by the failure of the National Health Insurance Scheme (NHIS) to pay the bills submitted. Payment of the already low staff salaries has to be delayed sometimes. This is posing a major obstacle to our work in Ghana. Unless things change, it will be very difficult for us to sustain our work. Please pray for us as we deal with this situation.

## **Two mission trips planned for 2012**

IHDN is planning two trips to Ghana in 2012. These will be our 20th and 21st mission trips to Ghana. The first trip will be undertaken from January 26 to February 23, 2012. The team members are:

### **Team A. January 26-February 8, 2012**

- |                          |                                     |
|--------------------------|-------------------------------------|
| 1. Dr. Edem Agamah       | Team leader                         |
| 2. Dr. John Sutyak       | General surgery                     |
| 3. Mrs. Sallie Brittin   | Surgical and administrative support |
| 4. Ms. Sarah Fink        | Nurse Anesthetist                   |
| 5. Ms. Lynne Allen       | Surgical Nurse                      |
| 6. Mr. Timothy Havey     | Computer Networking                 |
| 7. Ms. Stephanie Gadbois | Medical Student electives           |

### **Team B. January 26–February 23, 2012**

- |                      |                           |
|----------------------|---------------------------|
| 8. Mr. Michael Sinha | Medical Student electives |
|----------------------|---------------------------|

Team members are being recruited for the summer trip in 2012. The planned dates are July 2-18.

## **Update on construction work in Ghana**

Work on the canteen and the staff apartment is nearing completion. The first phase of the inpatient ward construction is also progressing within the limits of our resources. Since these projects were initiated in March 2011, we have spent over \$160,000. The estimated total cost of the 80-bed hospital is \$1.3 million. We plan the construction in three stages, depending on when funds become available. Because of the high demand on inpatient services, we are focusing on completing first a section that will house 20 patients. It is estimated that it will cost an additional \$200,000 to complete this section. The funds will help pay for roofing sheets, cement, plumbing, and electrical supplies. We would like to appeal to our friends, well-wishers, and past mission volunteers to consider joining us on this journey. We accept both cash donations and donations of stocks and mutual funds. All donations are tax deductible. We are also planning a fundraising event on March 23, 2012. Please reserve this date.

# **FIRST ANNOUNCEMENT**

**WHAT: IHDN FUND RAISING EVENT**

**WHERE: HOPE EVANGELICAL FREE CHURCH, SPRINGFIELD, IL**

**WHY: TO HELP BUILD INPATIENT WARDS OF IHDN MISSION HOSPITAL IN GHANA.**

**WHEN: MARCH 23, 2012**

**WHO: YOU, OUR FRIENDS, FAMILIES AND SUPPORTERS**

**PLEASE KEEP THE DATE OPENED.**

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ministry of Jesus Christ as  
an example.*

[www.ihdn.org](http://www.ihdn.org)

### **Vacancies with IHDN Mission Hospital in Ghana**

With the large patient load and the construction of inpatient wards for the IHDN mission hospital, we need to increase our staff position. We are looking for the following mission volunteers to spend at least 1 year at the hospital in Ghana. The following are needed urgently

1. Physician
2. Surgeon
3. Nurses
4. Pharmacist
5. Administrators
6. Computer Scientist

Please do let us you know if you or someone you know might be interested in these opportunities.