

Do-It-Together Health Education: Community-Based Health Interventions for Mercado Global Artisans

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AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Outline

Background

Health Education development in Global Health context

Community Health Workers

Mercado Global - Health Team

Development Process of Modules

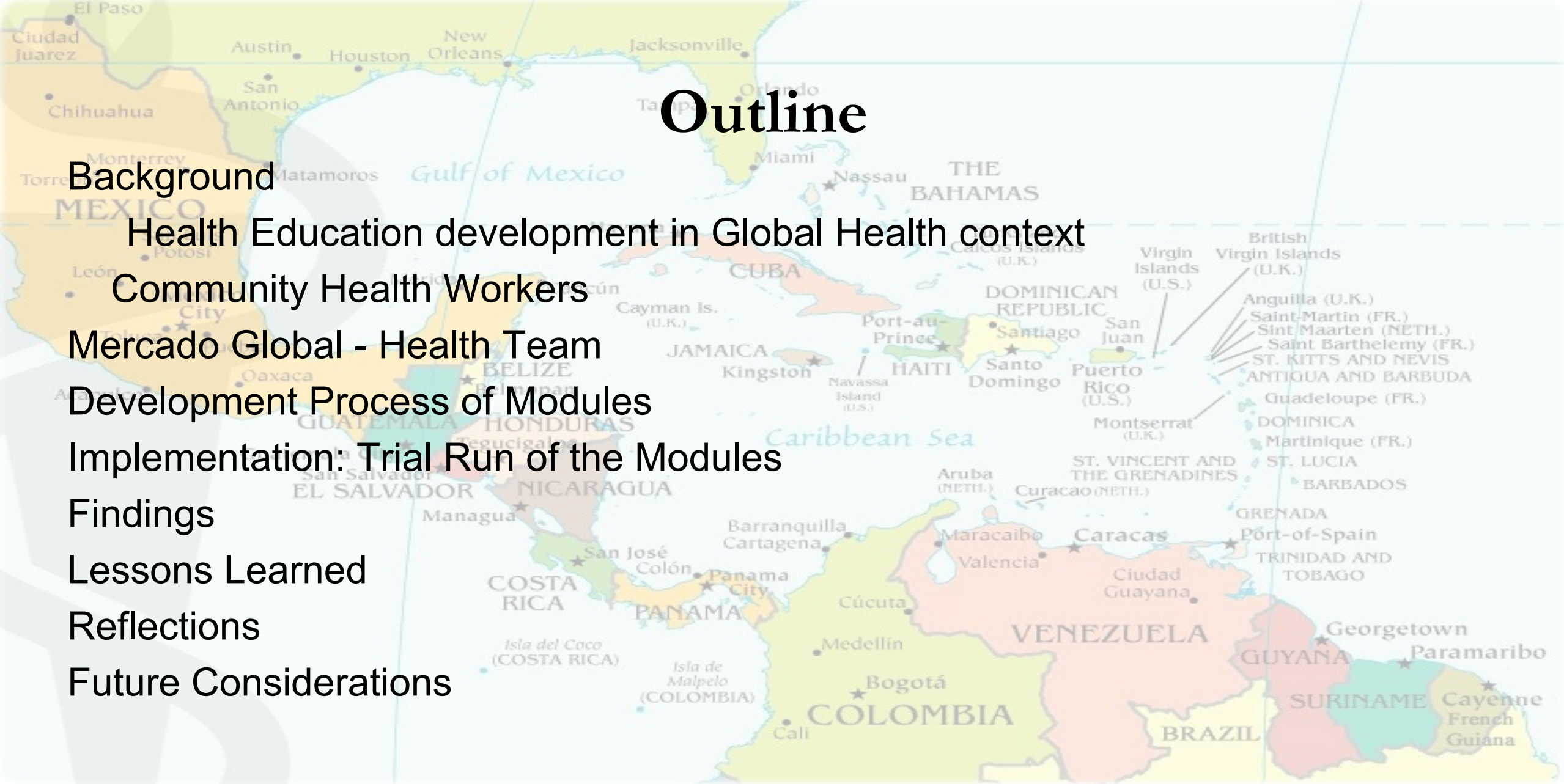
Implementation: Trial Run of the Modules

Findings

Lessons Learned

Reflections

Future Considerations





Background about Health Education Effectiveness and Development

Health education can be effective:

- In US: Decreasing tobacco use prevalence
- Abroad: Controlling guinea worm spread in Africa, Combating dehydrating diarrheal disease in Bangladesh

Systematic health education development matters (Gellert, 1996; Aorora et.al 2017)

- reaching areas of severe need
- promotion of local involvement
- low cost of operations
- adaptability and innovation
- independence and sustainability

Background about Health Education: Lack of Global Health Standards in Education

At multiple levels of training there is a “need to facilitate greater consensus amongst medical educators on appropriate global health training for future physicians” (Battat et al. 2010)

Common themes in curriculums were:

- global burden of disease
- healthcare disparities between countries
- immigrant health
- primary care within diverse cultural settings

Areas to increase focus on are:

- equitable partnership development (Adams et al. 2016; Arora et al. 2017)
- team skills and inter-professional competencies (Rowthorn and Olsen, 2014; Jogerst et al. 2015)

Background of Mercado Global : Inception and General Purpose

- Started as an MBA project, officially launched in 2004
- Goal is to empower rural indigenous Mayan women to break the cycle of poverty



Over the past 5 years the US Health Team has been working with Mercado Global (MG) to assess, design, and implement programs to address Mayan women's needs

Specifically, the team works with community health workers from MG to encourage women to take active roles in maintaining their own, family's and community's well being

Background of Mercado Global : How the Health Team Fits In



Introduction of “more skills less pills” and the three pillars:

1. **The power to change:** group process to solve their own problems via discussion
2. **Pain away exercise:** eg- to deal with back and shoulder pain
3. **Do-It-Together Health Education Program:** This has been implemented in the last 3 years during global health trips

Mercado Global: Do-It-Together Health Education

Blends Guatemalan Mayan community health workers and health education modules developed jointly in conjunction with a US healthcare team.

Goals:

- Impart knowledge that is understandable information that is actionable
- Promote health of Mayan women artisans and their communities



Olga



Aurora

Why Health Modules?

- Sustainability
- Engage the population in their own health
- Talk about what matters to the population
- Moving beyond the charity model of global health
- Global health practice is partnership
- Pursuit of health equity via global health education

Developing the Health Module Content

You have arrived in Guatemala, the facilitators state the Mayan women are interested in learning about diabetes



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Now what?



Developing the Health Module Content Together

- Determined key “take home points” for each module
- Developed realistic stories or scenarios as cases to base interactive discussions
- Anticipated questions
- Continuously incorporated input from Community Based Education Trainers Olga and Aurora

Implementing the Health Module Content Together

There are 5 key activities we emphasized in development and while trialing the modules:

- 1) Identify what the Mayan women are likely to know
- 2) Utilize culturally appropriate “real” stories or scenarios as cases to base interactive discussions
- 3) Clarify take home messages
- 4) Discuss pros and cons of traditional methods
- 5) Repeat, repeat and repeat

Overview of the Diabetes Module

- Discussed purpose of the module
- Read case stories relating to diabetes
- Then started with educational assessment
- Asked if they can relate to the people in the case stories
- Relayed information about prevention
- Emphasized early signs of diabetes
- Discussed dietary sources of carbohydrates



The Diabetes Module- Our Approach

Step1: Case Stories: Julia and Jorge

Step 2: Ask, “What is diabetes?”

Step 3: Ask, “What happens if you have diabetes?”

Step 4: Ask, “Let’s talk about Jose’s story. What did Jose do?”

Try to have the women remember Jose’s story. If most of them do not seem to remember, read the story again

Step 5: Tell them, “now let’s look at Julia’s story. What happened to Julia?”

If the women do not seem to remember the story, read it again. Have them describe what happened to her.



The Diabetes Module- Our Approach

Step 6: Review how to prevent or decrease the risk of diabetes

Step 7: Review signs and symptoms. “Do you know what is one of the signs that you can get diabetes?”

Step 8: Ask if anyone has questions.

Step 9: If there are no more questions, repeat the take-home key points:
can feel very tired, you can get infections that will be hard to treat.

Lessons We Learned

- Myths and traditional ways of responding to conditions existed.
- Women were interested in other topics as well besides diabetes
- Women were able to remember the stories and refer to them in the discussion.
- Understanding levels varied. Some women had a sophisticated level of diabetes knowledge (mentioned affected kidneys).
- Women were able to retain main knowledge points from the lectures.
- Women had a high level of interest in diabetes and some freely shared stories.

Reflections Of Our Journey

- Do an educational assessment before teaching- identify barriers to health care and beliefs
- Engage your audience
- Learn about the terrain prior to travelling can be helpful in deciding what to eat before
- Focus on the bigger picture - get a good camera
- Don't forget to have fun - bring your own music

Recommendations

- Case stories can be tools to provide knowledge
- Repetition is key
- Record off-topic questions as ideas for future modules
- Acknowledge traditional skills and knowledge
- In health education, involve everyone including office staff and yourself

Future Plans

Future modules

- Depression
- Self-esteem
- Domestic violence

Means of evaluation of effectiveness

Support ongoing sustainability logistically

Thank You

That's all folks!
Questions?



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