



AAFP GLOBAL HEALTH SUMMIT

Impacting Global Health through Family Medicine

Approach to Community Health: A Lesson from

Quiquijana, Peru

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Learning Objectives

- 1) Identify lessons in the approach used by the medical and nursing students in determining appropriate and feasible projects to perform in the community of interest.
- 2) Identify lessons in social and cultural considerations that contributed to the successful entry of the medical and nursing students into the community of interest.
- 3) Discuss methods to increase future participation of Family Physicians in community health projects

Background: Community Health Projects

- Evidence based elements for success
 - Healthy People 2020
 - Qualitative Assessments
 - “Existing frameworks for the assessment of public health evidence do not deliver key pieces of information to inform best practices for community and large-scale global health programs, with the lack of information about implementation and sustainability being an important identified gap.” (Shekelle, et. al)
- Experience based elements for success
 - Innumerable

Family Medicine and Community Health

- Most recognize community health as critical to individual improvement
- Most often focus on individuals as opposed to community health

Quiquijana, Peru Community Development



- Mandatory for 6th year medical students and nursing students doing a 3 month rotation in rural, primary care outpost
- Assigned a community by local supervisors
- Charged with determining and addressing health needs for specific community

Huayllahuaylla, Quiquijana, Quispichanchis Province, Cusco Department, Peru

- Founded in 1825
- Altitude of 3553 meters
- Population 10,340 (2015)
- 32 families in lower Huayllahuaylla



Project Beginnings

- Introduction to Promotor, Julio
- Door to door conversations
- Worksheets on health risk
- Worksheets on environmental factors



Lesson from Quiquijana: Trust

- Consistent interaction with **all community members**
 - Visited all 32 households
 - Greeted all in street by name
- Respect for social graces
 - Advice and respect for authority of Promotor
 - Introduced all newcomers
 - Shared taxis to foster kinship
- Fostering relationships encouraged **trust**





Project Identification



- Data review from surveys and identification of individual risk
- Round table discussions on high prevalence health risks and feasible projects
- Identification of projects that involved education, demonstration, and laboratory/medical interventions

Lesson from Quiquijana: Project Selection

- Projects based on current **needs of community**
- Room for improvement: elicit community's perception of community health needs

Conduction of Projects

- **Hygiene:** hand washing demonstration and education
- **Nutrition:** education, weight and abdominal circumference measurements
- **Anemia:** education on nutrition, stool samples for parasites
- **Tuberculosis:** education on prevention and detection, sputum samples for those at increased risk



Lesson from Quiquijana: Team Dynamics

- Worked together with **clear goals**
- **Team debriefings** before and after community project days
- Consistent **communication** with healthcare personnel and academic supervisors

Conduction of Projects: Cultural Considerations

- Timing
- Location
- Involvement of all community members

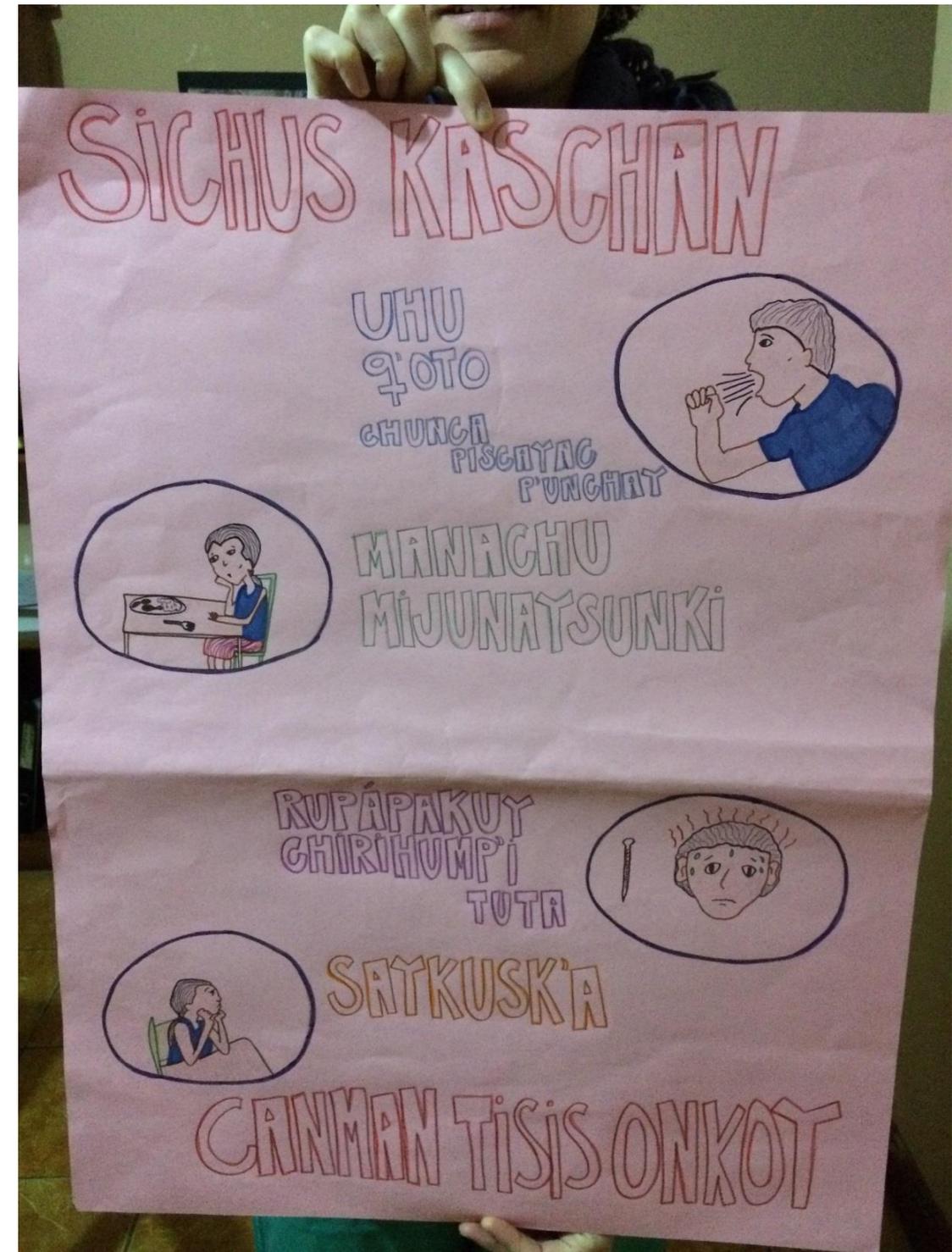


Lesson from Quiquijana: Adaptability

- Adapted to work schedule of community members to allow majority presence
- Re-scheduled according to local events
- Education within local norms

Conduction of Projects: Communication Considerations





Lesson from Quiquijana: Communication

- Education to appropriate level of **health literacy**
 - Visual aids
 - Language used
- **Crowd engagement** through questions and humor
 - Emphatic speech
 - Call backs

Project Outcomes

- **Overall goal:** promote hygiene to decrease infectious spread (TB and parasites)
- **Education:** handwashing, TB prevention and signs, teeth brushing, balanced diet
- **Evaluation:** sputum samples, stool samples, vision screens, weight/abdominal circumference
- **Medical:** Metronidazole for parasites in children, No positive sputum
- **Community:** Participation, education, and increased trust in health professionals

Limitations and Challenges

- Hospital Resources
- Project Resources
- Dedicated time and finances for travel to community
- Continuity of students in community
- Input from community on project selection



Lessons Summary

- **Trust:** build rapport, establish relationship
- **Project selection:** based on community assessment
- **Team dynamics:** clear goals, clear communication
- **Adaptability:** adapt to community's culture and schedule
- **Communication:** appropriate health literacy

Greatest Lesson from Quiquijana: Foundation

- Incorporation into school curriculum
 - Participation as US med student allowed me to get **hands on experience** with process
 - **Building foundation** during training for future
- **Training** of general practitioners and specialists alike exposes to community organization for public health

Foundation

- What we know:
 - Individual health is intricately woven with community health
 - Family docs are at the interface of individual and community health
- What we can do to maximize our potential:
 - Regular experiences in organizing and actualizing community health projects
 - Medical school curriculum
 - Interprofessional student curriculum
 - Regular staff projects

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