



AAFP GLOBAL HEALTH SUMMIT

Impacting Global Health through Family Medicine

Approach to Community Health: A Lesson from Quiquijana, Peru

Madeleine Leefe, MD

Christie Caceres, MD

Emilio Russo, MD

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

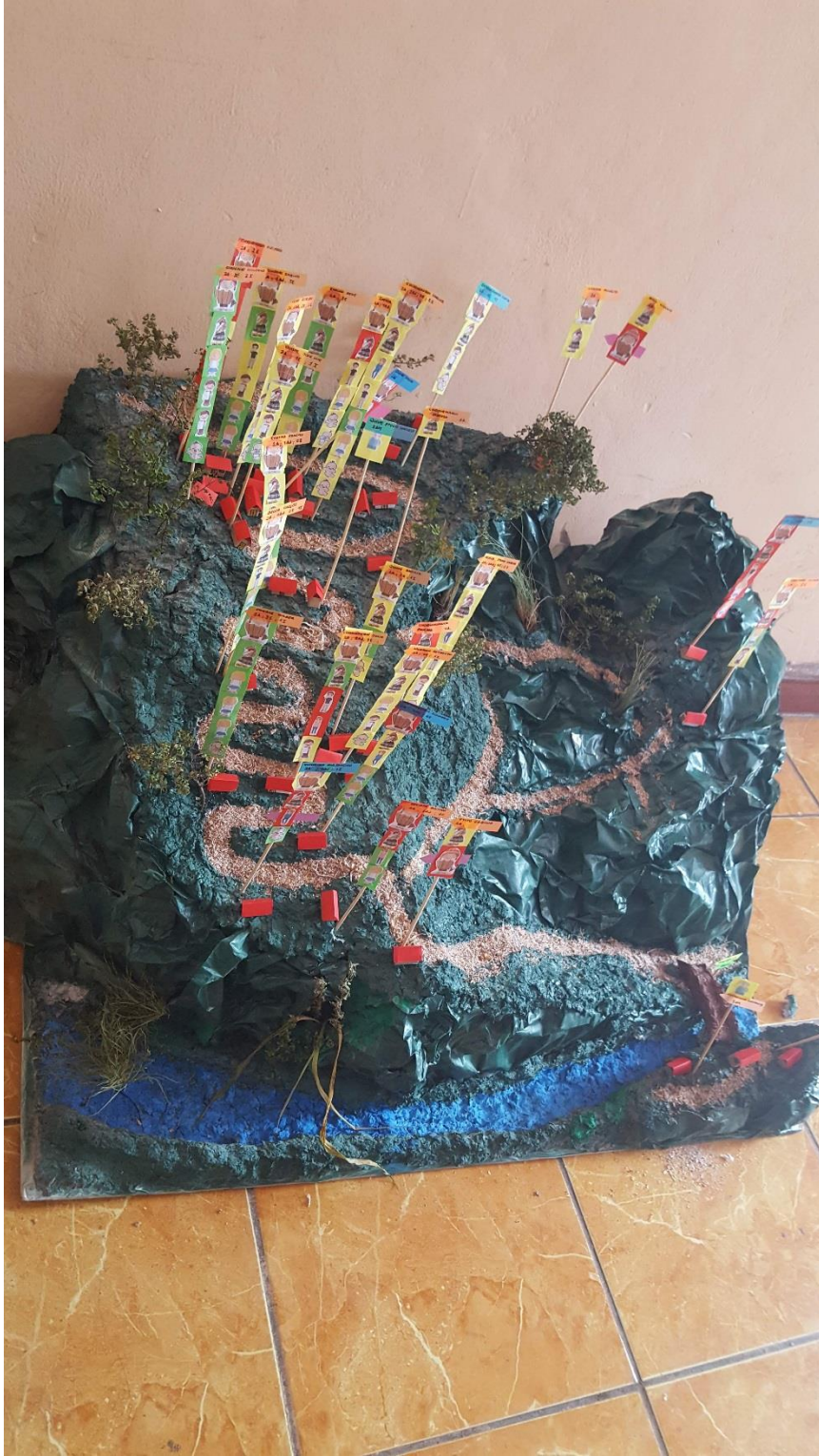
- Consistent interaction with **all community members**
 - Visited all 32 households
 - Greeted all in street by name
- Respect for social graces
 - Advice and respect for authority of Promotor
 - Introduced all newcomers
 - Shared taxis to foster kinship
- Fostering relationships encouraged **trust**





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

References

- Garcia, KM, Martin, E, Garney, ER, and Primm, KM. Qualitative Analysis of Partnerships' Effects on Implementation of a Nationally Led Community-Based Initiative. *Health Promotion Practice*. (2018). 1-9. doi: 10.1177/1524839918779378.
- Hersh, L, Salzman, B, and Synderman, D. Health Literacy in Primary Care Practice. *American Family Physician*, (2015). 92(2): 118-124. <https://www.aafp.org/afp/2015/0715/p118.html>
- Office of Disease Prevention and Health Promotion. Program Planning: A Guide to Using *Healthy People 2020* in Your Community. (2018). Retrieved from <https://www.healthypeople.gov/2020/tools-and-resources/Program-Planning#.W3Q7Gd4tfpl.email>
- O'Mara-Eves, A., McDaid, D., Oliver, S., Kavanagh, J., Jamal, F., Matosevic, T., Harden, A., and Thomas, J. Community Engagement to Reduce Inequalities in Health: A Systematic Review, Meta-Analysis and Economic Analysis [Abstract]. *Public Health Research*, 1(4). doi: 10.3310/phr01040.
- Palomino, K, and Huerta, J. Informe de Internado Rural. 2018 March. University of Cusco, Medicine.
- Peckham S, Falconer J, Gillam S, et al. The organisation and delivery of health improvement in general practice and primary care: a scoping study. Southampton (UK): NIHR Journals Library; 2015 Jun. (Health Services and Delivery Research, No. 3.29.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK299622/> doi: 10.3310/hsdr03290
- Shekelle PG, Maglione MA, Luoto J, Johnsen B, Perry TR. Global Health Evidence Evaluation Framework. Research White Paper (Prepared by the Southern California Evidence-based Practice Center under Contract No. 290-2007-10062-I). AHRQ Publication No. 13-EHC008-EF. Rockville, MD: Agency for Healthcare Research and Quality. January 2013. www.effectivehealthcare.ahrq.gov.
- WHO Recommendations on Health Promotion Interventions for Maternal and Newborn Health. Geneva: [World Health Organization](http://www.who.int); 2015. <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0093844/#ch3.s43>.

© 2018 American Academy of Family Physicians. All rights reserved.

All materials/content herein are protected by copyright and are for the sole, personal use of the user.

No part of the materials/content may be copied, duplicated, distributed or retransmitted
in any form or medium without the prior permission of the applicable copyright owner.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA