ATENCIÓN PRIMARIA DE SALUD

DE LA TEORÍA A LA PRÁCTICA EN CIUDADES Y COMUNIDADES

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Una propuesta que surge de la práctica clínica a la educación médica >>







In the Mountains of Mexico, a Physician Finds His Calling

Posted on Mar 7, 2014

Integrating multi-national teams: over a decade of lessons learned in Chiapas with Partners in Health-Mexico

Daniel Palazuelos[1,2,3*†], Hugo Flores[2†] and Valeria Macias[3]

[1]Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA, United States, [2]Division of Global Health Equity, Brigham and Women's Hospital, Boston, MA, United States, [3]Partners in Health, Ángel Albino Corzo, Chiapas, Mexico

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Theme	Quote
Mentorship	*"This was an amazing opportunity for me and really separated it from experiences I have had in global health previously… Teaching is what makes the rotation so impactful and the pasantes were open and excited to be taught."* *"The pasantes and structure of the rotation. I loved working one-on-one with them. I also really enjoyed the dias de curso. I was happy to be able to help with a presentation."* *"The opportunity to be immersed in the community with the pasante and teach in a responsible way."*
Clinical experience	*"As for medical knowledge, in the face of a remote rural setting with limited resources, I was exposed to the TRUE ART OF MEDICINE. The resident experience that CES provides is unparalleled and unavailable anywhere in the United States."* *"[I enjoyed] The house calls in the community-you never knew what you were walking into"*
Community	*"I truly enjoyed my experience in [this community]. I felt well integrated into the community by eating meals with local families and taking part in house visits."* *"The meals provided [by the host family] were also extremely wonderful and a great way to get to know the people in the community more intimately."*
Mentorship + Clinic Personnel	*"[The pasante] was absolutely fantastic to work with and included me in medical decision-making. The clinic was well organized by [the pasante and the nurse]."* *"[The community] was an amazingly beautiful community and [the pasante] quickly became a close friend. The nurse was extremely helpful in the clinic and we had everything we needed most of the time. Wonderful experience!"*

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Health system	*"I learned so much about how to navigate a health system with few resources. It may have been helpful to be debriefed on PIH practices-pasantes/ acompañantes and the emergency system before going out into the community. I found this to be really interesting once I learned about it as well as integral to our work."*
CES	*"I enjoyed the people and the environment. There's a strong sense of community and shared mission that was really contagious."* *"Getting to know all of the CES "banda" was definitely the best part! To meet everyone, from drivers to supervisors and all in between, was such a great opportunity for networking."* *"Two things [were my favorite parts]: 1) Getting to spend time with just about everyone involved in CES, mostly due to the course which was also wonderful to experience and participate in and 2) In-community resident experience allowing time for clinical teaching while simultaneously learning so much about the health system."* *"Working with other people that are so passionate about serving the communities of Chiapas! I appreciated that everyone was open, really knew each other, and really worked together on many different projects."* *"It is a great community of dedicated people. I enjoyed learning from everyone and getting ideas about how to improve health care, not just in Chiapas but other areas as well."* *"I believe you guys are doing a great job/service not only to the members of the communities in Chiapas, but also around Mexico by helping to further train the medical students (pasantes). Having them staff patients with you guys and having supervisors is a great idea because you are also contributing to form better physicians, who can then hopefully provide a better quality of care no matter where life takes them to serve later on. I admire you are work and learned very much from the health model you apply. Thank you very much about this experience."*

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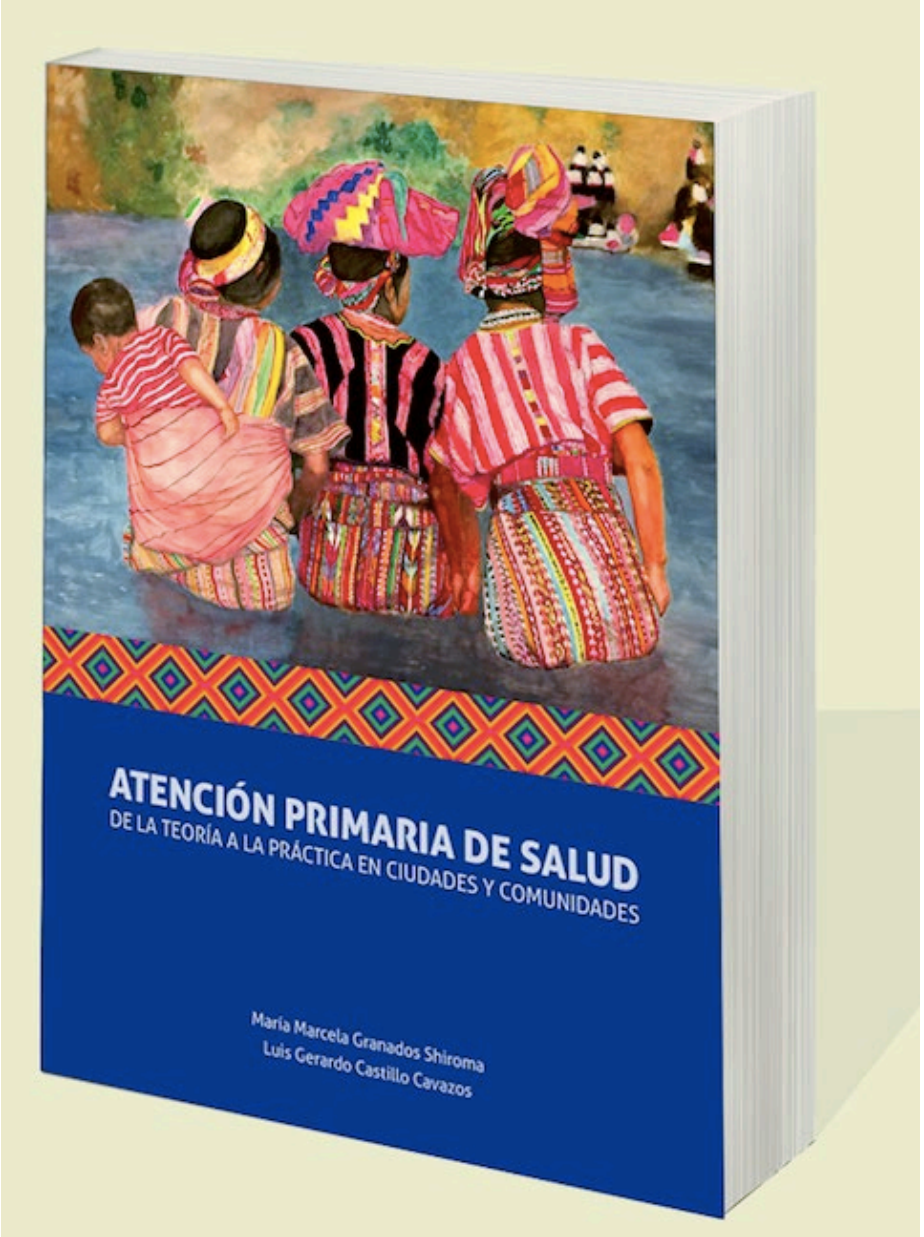
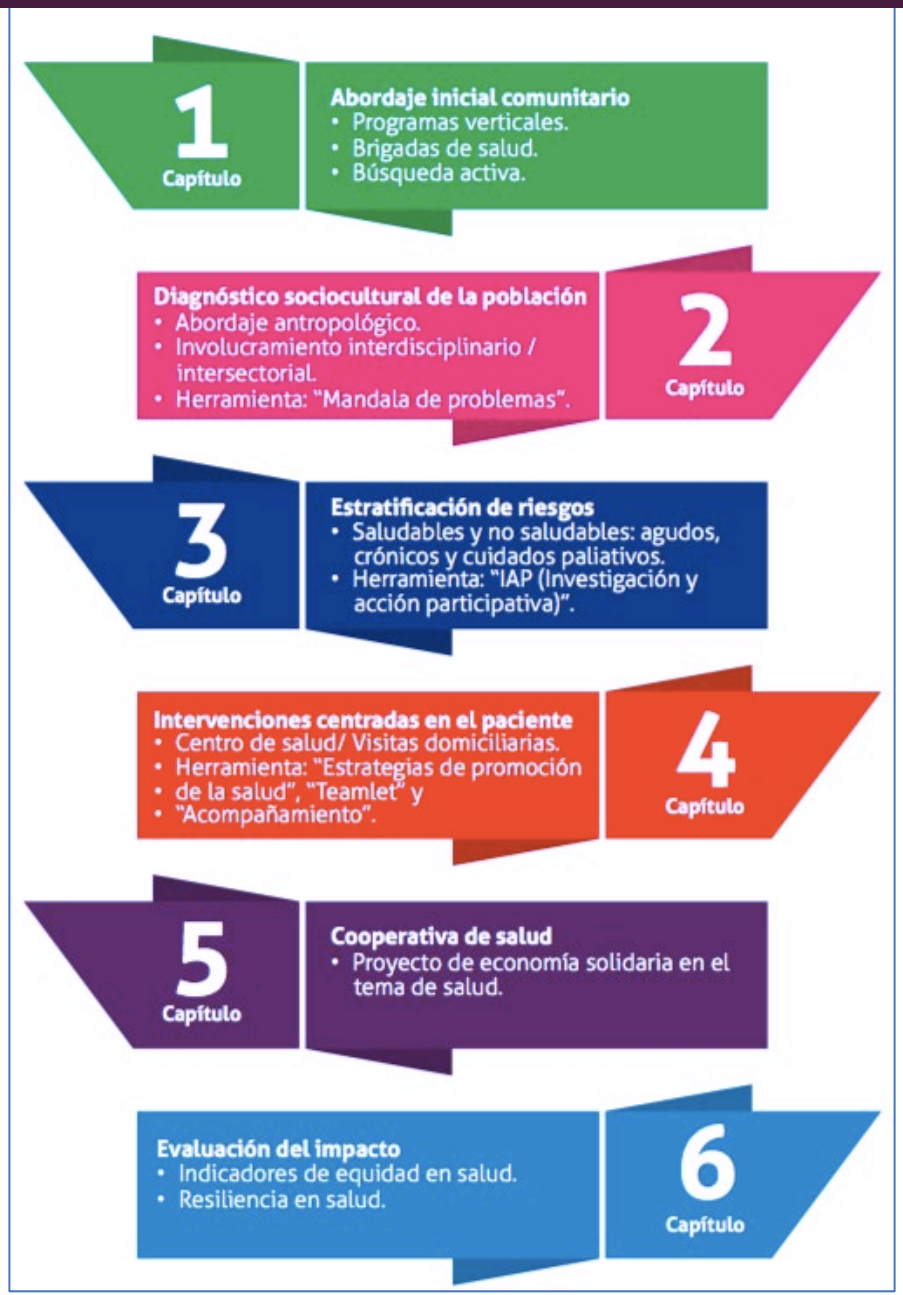
FIGURE 1
The CES model of training in action. A medical doctor visiting CES from the United States converses with a Mexican doctor completing his social service year and a community health worker active in the area, as they share breakfast in a neighbor's house prior to a day of work in the community clinic. This meal is prepared by locals, almost always women, but they are appropriately reimbursed and this system has become an important source of revenue for hosts. The families will also often sit and share the meal with the doctor and team, thereby offering an opportunity to share and learn together in an informal domestic setting.

- Unificar y desarrollar un **currículum académico** en APS para los médicos generales que forme al recurso humano de acuerdo a los retos actuales en salud y no al encuadre histórico e intereses institucionales.

- El modelo de APS consta de **6 bloques continuos,** con sus propuestas innovadoras que desafían el status quo y con preguntas y herramientas detonantes que reflejen su practicidad en la práctica clínica.




1 Capítulo
Abordaje inicial comunitario
• Programas verticales.
• Brigadas de salud.
• Búsqueda activa.
Diagnóstico sociocultural de la población
• Abordaje antropológico.
• Involucramiento interdisciplinario / intersectorial.
• Herramienta: "Mandala de problemas".
2 Capítulo
3 Capítulo
Estratificación de riesgos
• Saludables y no saludables: agudos, crónicos y cuidados paliativos.
• Herramienta: "IAP (Investigación y acción participativa)".
Intervenciones centradas en el paciente
• Centro de salud/ Visitas domiciliarias.
• Herramienta: "Estrategias de promoción
• de la salud", "Teamlet" y
• "Acompañamiento".
4 Capítulo
5 Capítulo
Cooperativa de salud
• Proyecto de economía solidaria en el tema de salud.
Evaluación del impacto
• Indicadores de equidad en salud.
• Resiliencia en salud.
6 Capítulo

1 Capítulo

Abordaje inicial comunitario

- Programas verticales.
- Brigadas de salud.
- Búsqueda activa.

Figura 9. Algoritmo de brigada médica

Figura 6. Autoridades comunitarias

1 Capítulo

Abordaje inicial comunitario

- Programas verticales.
- Brigadas de salud.
- Búsqueda activa.

Figura 7. Perfil de la p

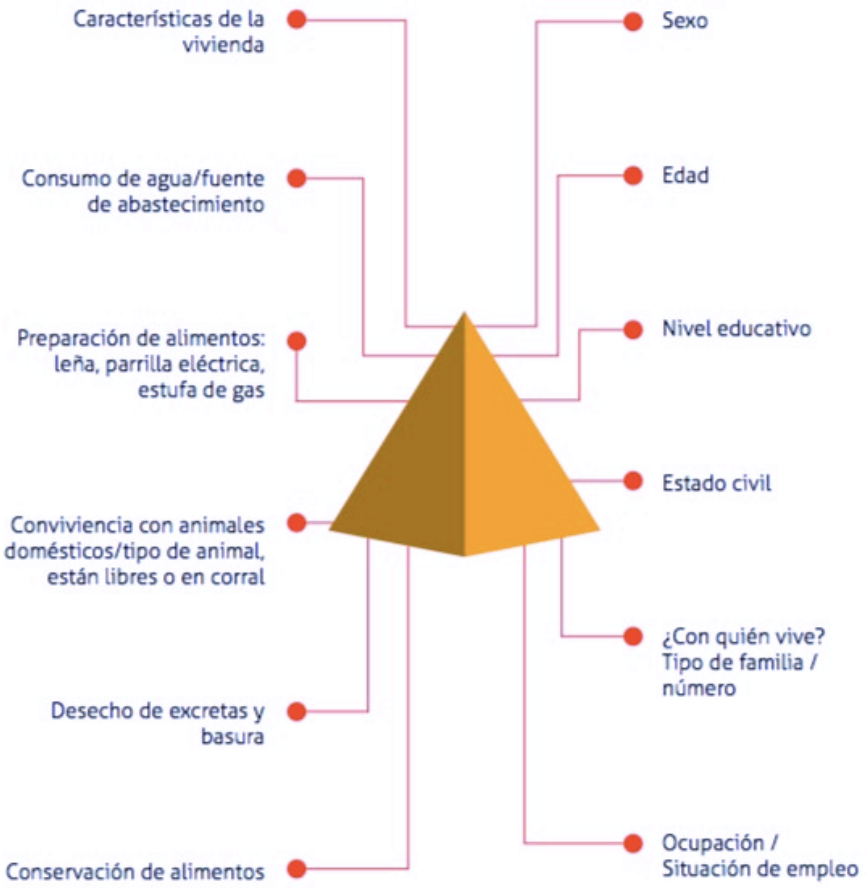


Figura 8. Recursos en salud

Diagnóstico sociocultural de la población

- Abordaje antropológico.
- Involucramiento interdisciplinario / intersectorial.
- Herramienta: "Mandala de problemas".

2
Capítulo

“Morir En Camino”: Community Narratives about Childbirth Care in Rural Chiapas

Hanna Amanuel, Daniel Palazuelos, Andrea Reyes, Mariana Montaño, Hugo Flores & Rose L. Molina

GLOBAL PUBLIC HEALTH
https://doi.org/10.1080/17441692.2018.1512143

Routledge
Taylor & Francis Group

“Violencia estructural”, se define una violencia de intensidad constante que puede tomar varias formas: racismo, sexismo, violencia política, pobreza y otras desigualdades sociales.

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Factores que influyen en el comportamiento de las mujeres en la búsqueda de atención durante el parto

Barreras financieras para acceder a la atención en centros de salud;

→

Atención del parto deficiente e irrespetuosa en el hospital;

→

Falta de una respuesta adecuada a las experiencias y resultados negativos en el sistema de salud.

“Morir En Camino”: Community Narratives about Childbirth Care in Rural Chiapas

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yet inevitable, period with potential negative consequences, both at home and at the hospital.

Scholars' characterisations of "culture" as a barrier to accessing facility-based care also place the burden of responsibility for negative childbirth outcomes on women and their communities, deflecting attention from the economic, political, and historical forces working against women. This paper contrasts narratives that essentialize women's "cultural needs" when seeking to understand their

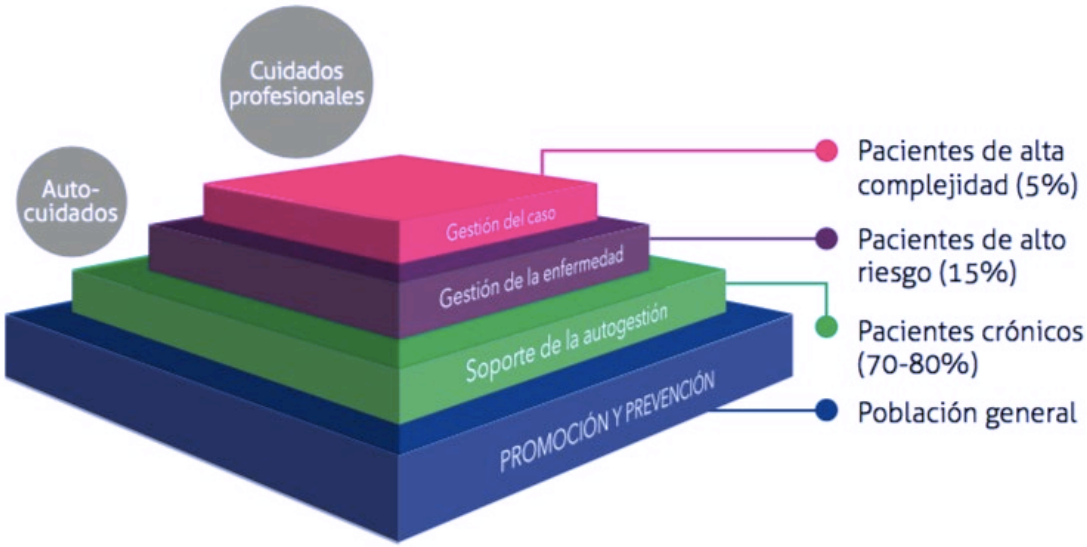
in low-income settings: "These settings are crying out for measures to improve quality of care, not the quality of patients" (Farmer, 1997). While Hunt et al. (2002) highlight the need for improved

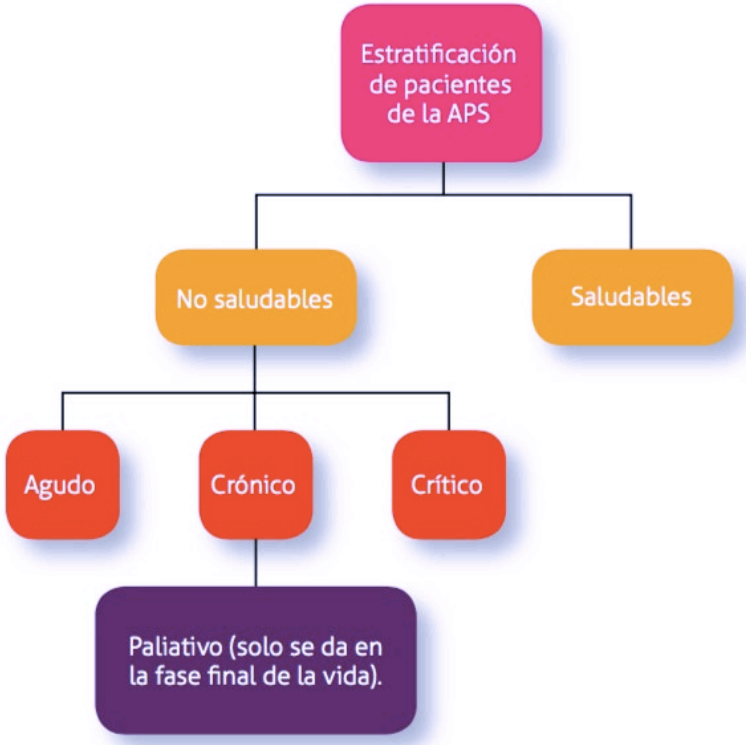
impact women's health in low-income, rural areas. By telling their stories, women like Adriana make their own claims about why they give birth at home, or why their relative died during childbirth in the hospital. Statistics that present themselves as objective, however, give policymakers more freedom to make their own claims of causality as to why women engage in certain healthcare-seeking behaviours, and how to best intervene.

3 Capítulo

Estratificación de riesgos

- Saludables y no saludables: agudos, crónicos y cuidados paliativos.
- Herramienta: "IAP (Investigación y acción participativa)".





3
Capítulo

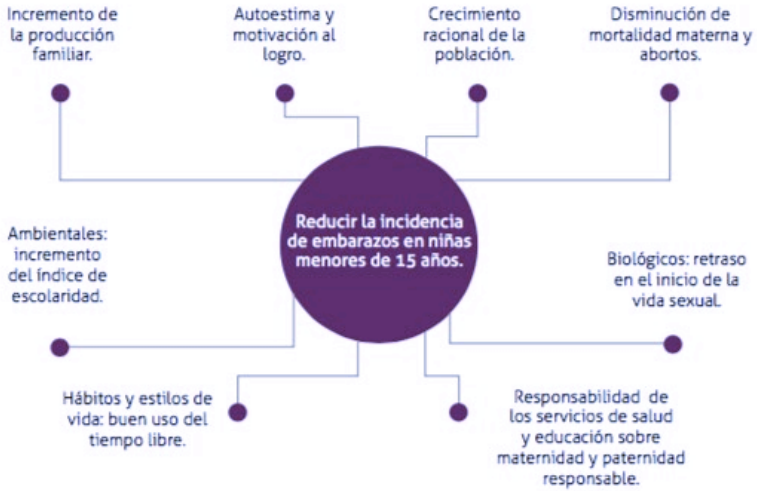
Estratificación de riesgos

- Saludables y no saludables: agudos, crónicos y cuidados paliativos.
- Herramienta: "IAP (Investigación y acción participativa)".

Figura 16. Embarazos en niñas menores de 15 años

ÁRBOL DE PROBLEMAS

ÁRBOL DE SOLUCIONES

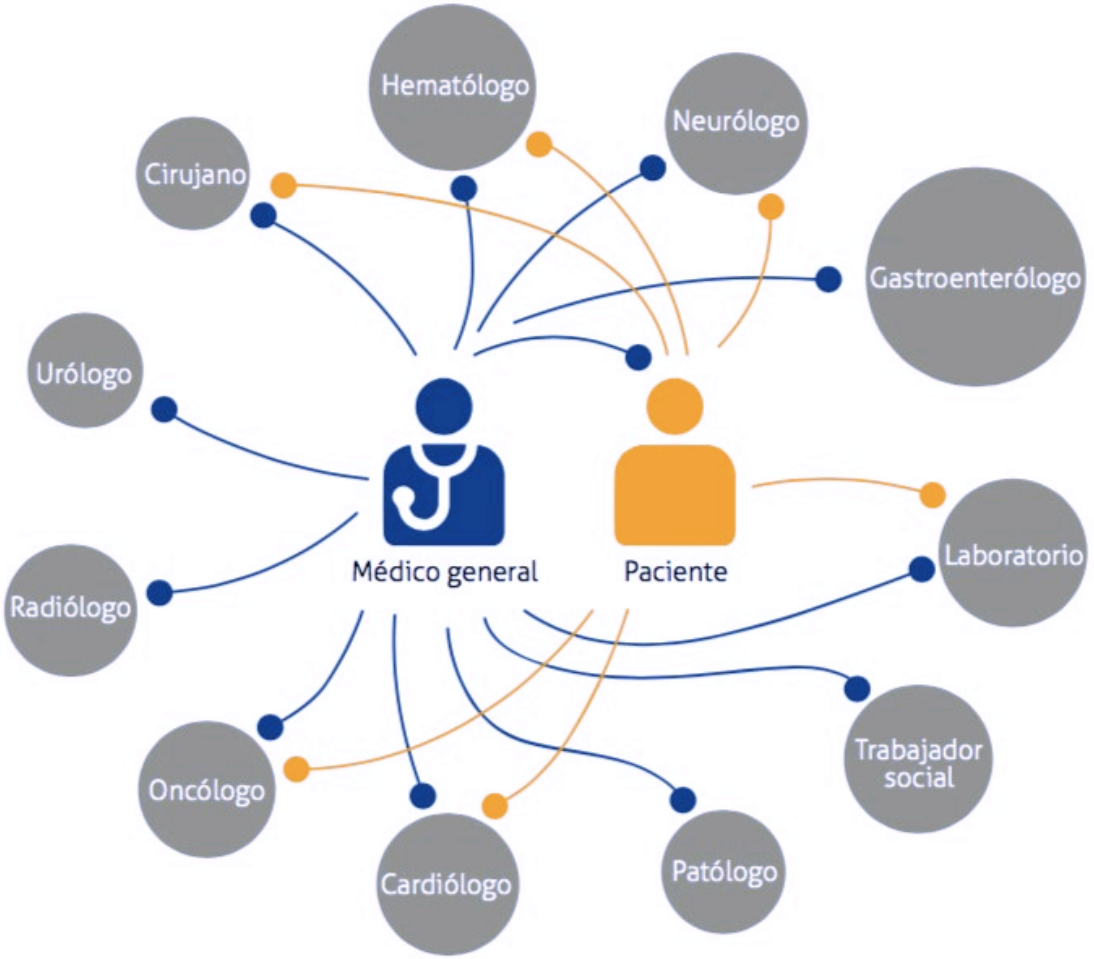


Intervenciones centradas en el paciente

- Centro de salud/ Visitas domiciliarias.
- Herramienta: "Estrategias de promoción
- de la salud", "Teamlet" y
- "Acompañamiento".

4 Capítulo

Figura 19. Coordinación de atención médica



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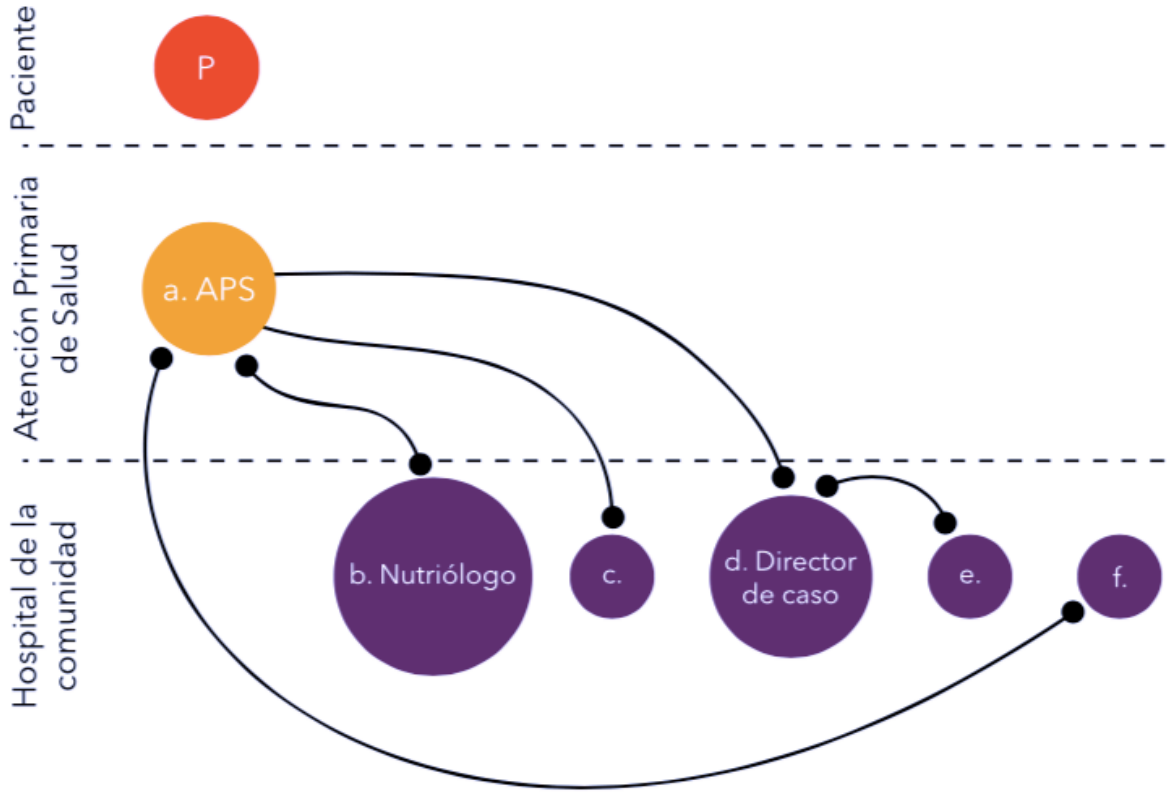
4 Capítulo

Figura 20. Proceso de coordinación



Accompanimeter 1.0: creation and initial field testing of a tool to assess the extent to which the principles and building blocks of accompaniment are present in community health worker programs

GLOBAL HEALTH ACTION
2019, VOL. 12, 1699348
https://doi.org/10.1080/16549716.2019.1699348

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Un ***acompañante*** (en francés, *accompagnateur*) está dispuesto a **escuchar, apoyar y solidarizarse** continuamente con los pacientes en su búsqueda de bienestar, mediando en las **interacciones** entre pacientes, comunidades y profesionales de la salud, al tiempo que **revela y aborda las fuerzas sociales, económicas y políticas** que subyacen a las enfermedades de sus pacientes.

****Como práctica institucional, el acompañamiento requiere que los sistemas de salud escuchen y empaticen con las poblaciones a las que se proponen servir, identifiquen las principales vulnerabilidades en la atención y las cubran con acciones de salud eficaces y adecuadamente financiadas.*

Accompanimeter 1.0: creation and initial field testing of a tool to assess the extent to which the principles and building blocks of accompaniment are present in community health worker programs

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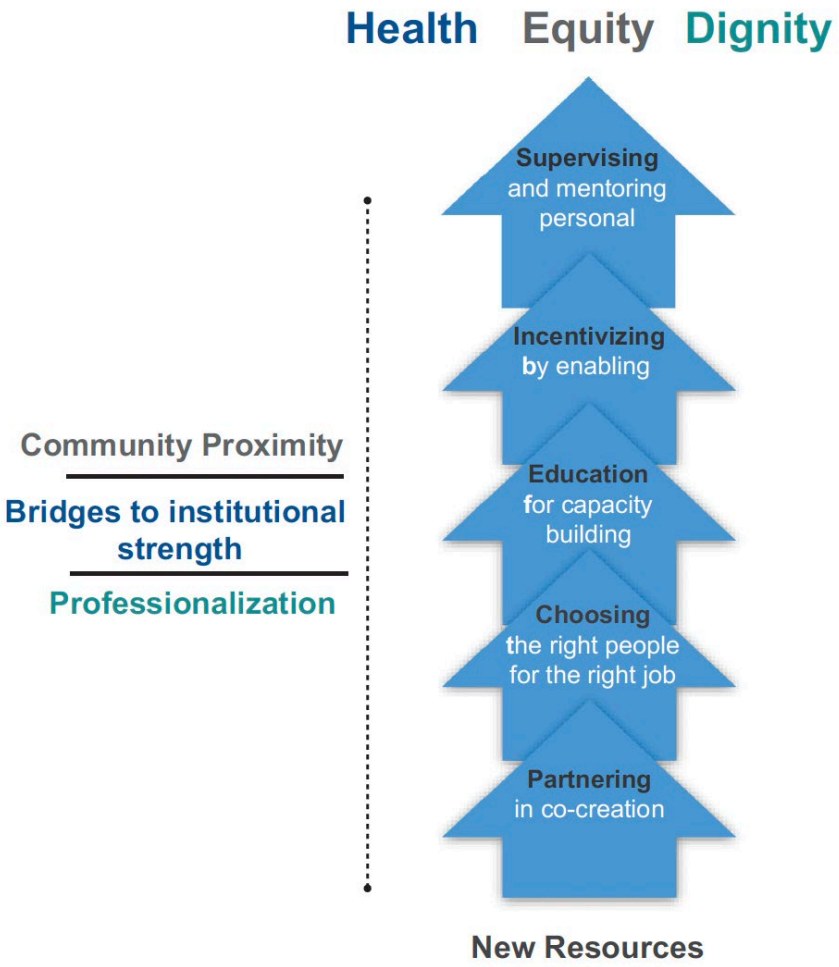


Figure 3. Three principles and five building blocks of accompaniment in CHW program.

Intervenciones centradas en el paciente

- Centro de salud/ Visitas domiciliarias.
- Herramienta: "Estrategias de promoción
- de la salud", "Teamlet" y
- "Acompañamiento".

4
Capítulo

Figura 21. Procesos del acompañamiento

1	Consultas médicas generales, especializadas o telemedicina.
2	Explicación a conciencia del diagnóstico individual o comunitario.
3	Asesoría de las solicitudes de análisis necesarias para diagnósticos.
4	Asesoría y explicación completa de los tratamientos prescritos.
5	Asesoría en la elección de médicos a consultar.
6	Acompañar a los pacientes con el médico.
7	Asesoría en la elección de prestadoras de salud hospitalaria.
8	Acompañar en el traslado al hospital o en una urgencia.
9	Acompañar como familiar al paciente en todo su proceso hospitalario.
10	Acompañar al paciente en su rehabilitación.
11	Acompañar y asesorar al paciente y su familia en cuidados paliativos.
12	Acompañar al paciente o su familia al bien morir y su duelo.

The implementation of *Acompañantes* (community health workers) to achieve NCD´s control in rural Chiapas

Picture 1. Lupita (*acompañante*) visiting one of her patients with diabetes.

Partners In Health Compañeros En Salud

The implementation of *Acompañantes* (community health workers) to achieve NCD´s control in rural Chiapas

Picture 2. The team of *acompañantes* attending the anual celebration of the program,

Partners In Health Compañeros En Salud

The implementation of *Acompañantes* (community health workers) to achieve NCD´s control in rural Chiapas

Preliminary results (2017)

1)Home visits: *Acompañantes* achieved 5,887 home visits.

2) Trainings: Each *Acompañante* received a total of 12 trainings in one year. In 2017 the total number of trainings was….

Picture 3. Rodrigo Bazúa (program coordinator) training *acompañantes* in one of the communities

3) Clinical control: In comparison with the national results of clinical control for NCD´s (25% for diabetes and 50% for hypertension), in our *acompañantes* program we have observed 50% and 70% of clinical control for diabetes and hypertension respectively (Table 2).

Partners In Health Compañeros En Salud

5
Capítulo

Cooperativa de salud

- Proyecto de economía solidaria en el tema de salud.

Figura 24. Cooperativa de Salud de APS

Cooperativa de Salud

Como organización sin fines de lucro, es administrada por miembros de la misma comunidad, con representatividad de todas las comunidades.

Brinda atención en el cuidado de la salud por medio de personal profesional exclusivo y asalariado. El personal de enfermería está capacitado para intervenciones de bajo riesgo y apoyo, orientación y acompañamiento en las de mediano y alto riesgo.

Nuestro gasto en salud es menor porque estamos concentrados más en la atención primaria, por lo que la gente es más saludable y se controlan mejor las enfermedades crónicas, además de que permite que el personal de enfermería pase más tiempo con sus pacientes.

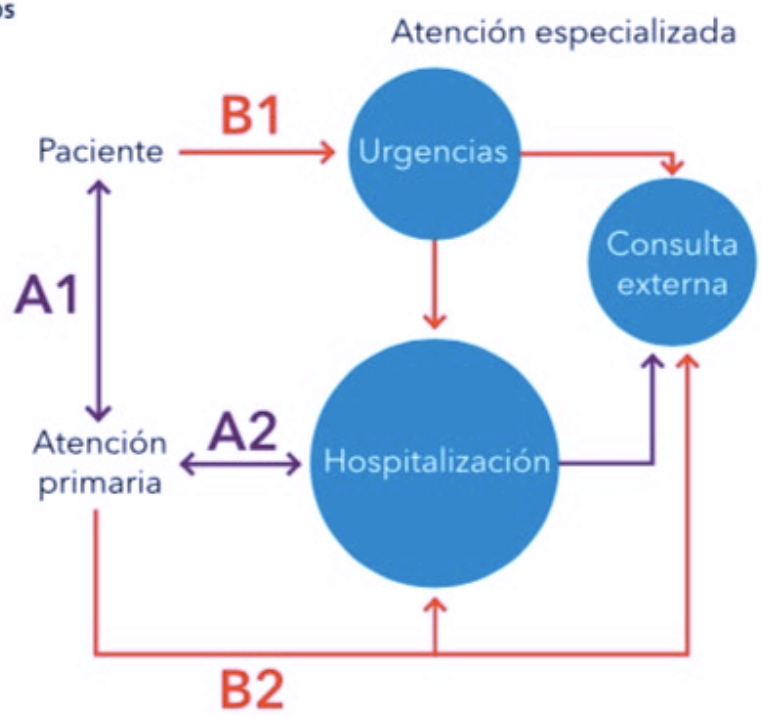
Quienes desean integrarse a la cooperativa pagan una módica cantidad anual. No excluye a nadie, sea o no miembro, habiendo un costo diferente para quien no lo es.

5 Capítulo

Cooperativa de salud

- Proyecto de economía solidaria en el tema de salud.

- A1 y A2: recorridos deseables.
- B1 y B2: recorridos alternativos.



Evaluación del impacto
- Indicadores de equidad en salud.
- Resiliencia en salud.

6
Capítulo

Indicadores de resultados finales

- Esperanza de vida
- Mortalidad general
- Mortalidad infantil
- Carga de la enfermedad (AVISAS)
- Talla entre adultos

Indicadores de resultados intermedios

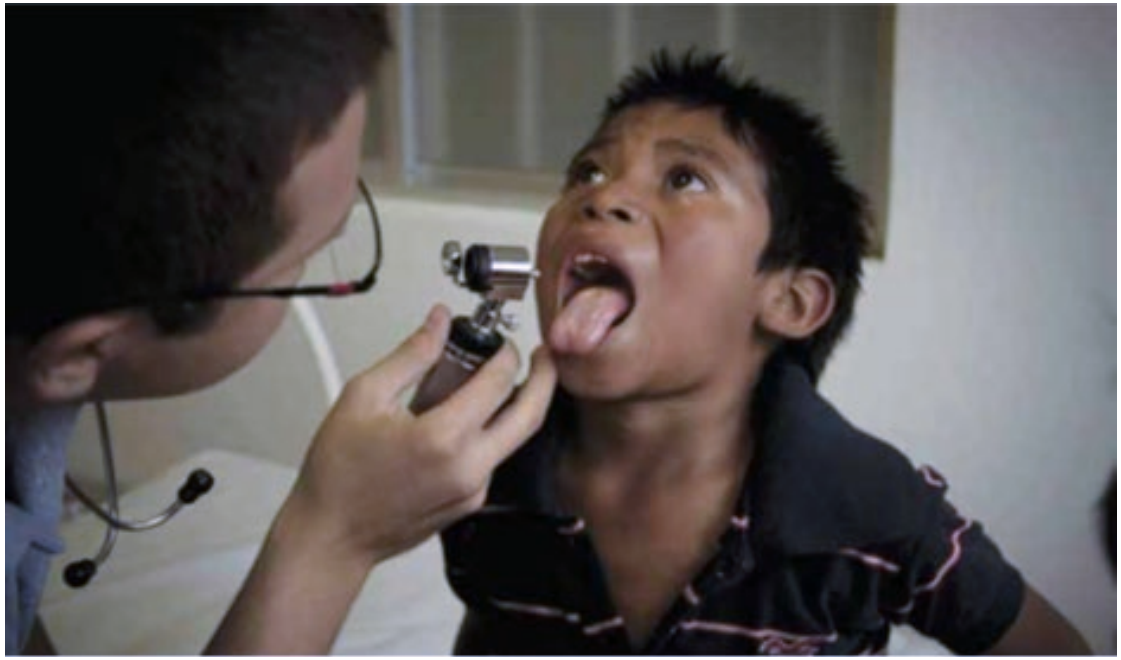
- IMC
- Diabetes

Indicadores de procesos

- Protección social en salud
- Acceso efectivo a los servicios de salud
- Cobertura efectiva de las intervenciones en salud
- Tabaquismo
- Alcoholismo
- Lesión física
- Diagnóstico depresivo

CERRANDO LA BRECHA EN LA APS

Figura 29. Uso colectivo de la información de los EC



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¡Gracias!

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