

Community health workers as NGO's community intervention strategy in the border city of Tijuana, Mexico

Results

executed by CHW* n=110

Promote health fairs and campaigns

Participate in Immunization campaigns

Accompany patients when support is

Participate in research projects

Obtain resources for community activities

*Mean number of activities per Promoter= 5

Distribute informational materials

Organize activities

Offer counseling

Measure vital signs

Help with consults

Lead education sessions

Administer medications

Direct patient care

Detect disease

Carry out home visits

83.4

59.5

44.6

43.0

36.4

28.1

24.0

14.0



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23 %

Background

The growing concern regarding the human resource crisis in health care in many countries has renewed interest in the roles that community health workers (CHW) may play in extending services to 'hard to reach' groups and areas, and in substituting for health professionals for a range of tasks (Lewin, 2006).

Community health workers can be broadly defined as "community members who serve as connectors between healthcare consumers and providers to promote health among groups that have traditionally lacked adequate access to care (Gibbons & Tyus, 2007).

In Tijuana, Mexico, there are 332 Non Governmental organizations (NGO's), of which 30% are dedicated to some type of health promotion, and only 10% of these employ CHW in their interventions.

At present, there is no Public Health study regarding the different strategies of health care promotion directed by NGOs, nor regarding the role of CHW as participants in interventions, nor their function as a link between institutions and the community. Despite the fact that their role as agents of social change in the communities in which they work is increasingly recognized, to date there has been little investigation regarding the education and community work of CHW.

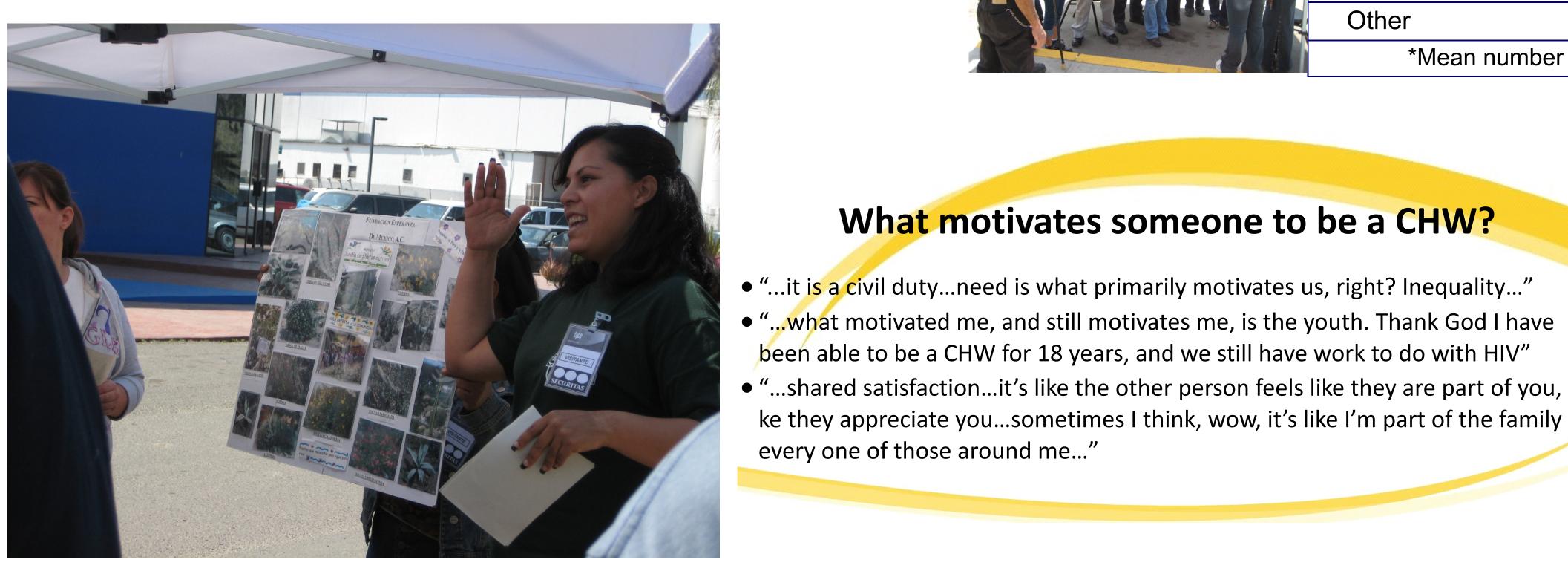
Objectives

- To illustrate the type of structure and health interventions performed by non-governmental health organizations that utilize community health workers in a border city of Mexico.
- To describe characteristics and motivation of women that work as community health workers, and the personal development and empowerment they achieve.

Methods

- All health related NGOs employing CHW were included
- Semi-structured interviews were held with directors of non-governmental health organizations to study the type of organizational structure, infrastructure, and financial, human and material resources, as well as stakeholders and evaluation methods.
- A 40-item survey was administered to CHW from all the organizations to identify sociodemographic characteristics, self-care, education level and type of health care interventions
- Motivation and empowerment of CHW were achieved through two Focus Group sessions with a 33-question guide
- Quantitative data was analyzed using SPSS V13 software, and qualitative data with Atlas Ti

Proportion of CHW surveyed by NGO				
Organization	Area of Intervention Priority	Total CHW	CHW sampled	
Medicina Social	Tuberculosis	30	83 %	
Comunitaria				
Fronteras Unidas	Sexual and reproductive health	30	63 %	
Prosalud				
Fundación CODET	Prevention and treatment of Blindness	35	57 %	
Centro de Promoción y Servicios Esperanza	Diabetes detection and General Health	16	62 %	
Fundación Los Niños de Baja California	Nutrition	44	39 %	
Fundación Esperanza de México	Environmental Health	10	70 %	
Colectivo	Environmental Health	15	67 %	
Chilpancingo				
Casa San Eugenio	Dental and General Health	11	45 %	



US \$92

69.4%

49.6%

61.2%

n=121

Age in Years (Median)

Non-salaried employee

Primary occupation is CHW

Gender, female

mes per month

Weekly family income (Median)

Had 9 years or less of education

Marital status: married/common law marriage

Partial or complete certification course of "Education and

Development Program for Community Health Workers"

Have attended workshops or classes for CHW 1 to 2 ti-

Centro Comunitario UIA Environmental and General

What motivates someone to be a CHW?

- "...it is a civil duty...need is what primarily motivates us, right? Inequality..."
- been able to be a CHW for 18 years, and we still have work to do with HIV"
- "...shared satisfaction...it's like the other person feels like they are part of you, like they appreciate you...sometimes I think, wow, it's like I'm part of the family of every one of those around me..."

Remuneration for community work			
Dedicate 1 to 5 hours per week to work as CHW	61%		
Always receive supervision on the part of the Organization	50%		
Always or nearly always receive some type of compensation from the Organization	52%		
Receive economic compensation	43%		

46 %

38%

38%

36%

24%

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What has been the impact in their personal life?

- "Becoming a CHW, for me is like a revolution..."
- "...In my case I learned to take care of what we have in order to maintain a higher quality of life...
- "I believe that we value each other, we teach each other mutual respect."



Health concerns in which

CHW intervene

n= 107

Nutrition

Diabetes

STD-HIV

Vision

Other

Breast Cancer

Tuberculosis

Family Planning

Family Violence

Arterial Hypertension

Environmental Health

Cervical-Uterine cancer

What do they get back for doing community work?

"...it is knowing that I can provide, help another peson... that is what satisfies me, and I believe it is greater than any payment or whatever else they can give you. It is feeling that I can help another person, and that makes me feel good about myself."



How do they describe their relationship with the Organization?

- "Without them, we have little value, just as they without us. I therefore think that we complement each other."
- "...they see things as numbers, statistics...and we are closer to reality."
- "We are like the 'voice of the people,' hahaha...because organizations work in administration, but who executes the organizational plan? We, the CHW, do."
- "...A lot of people lack information...regarding prevention programs, and often do not know where to look for help. Without CHW, the very organizations would not exist."

Family needs Personal needs Male chauvinism

Social isolation

Lack of skills

Commitment

- Collective needs
- Health and social problems

community,

- Health care organizations
- Resources

Conclusions

- In the studied NGOs diverse types of community interventions were observed, some focusing on direct care, others on community delopment, and yet others on health education.
- Community health workers are an important human resource for the NGOs, allowing them to achieve greater coverage of health careservices at reduced cost. The majority of these workers are volunteers, receiving no economic remuneration from the Organization.
- CHW promote informal support networks within the communities in which they operate, thereby increasing the social capital of sad communities.
- CHW recognize and greatly value the training received to achieve personal transformation, especially building of selfesteem and exercising civic duty.
- It is necessary that health care organizations consider including and preparing this human resources to extend their services to the community.

Personal life

 New learnings Personal development

Bigger workload

- Equity in marital or partner relationships
- Social recognition

Community life

- Detection and opportune treatment of diseases
- Positive impact on the environment
- Health rights promotion or advocacy
- Increased social capital



