“Ambiente limpio es ambiente sano”
(Clean environment is a healthy environment): Environmental health education in Ngäbe-Buglé Indigenous population

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Objectives

Demonstrate the application of community participation in the development of culturally sensitive material for health education.

Describe the outcomes of an environmental health education intervention.

Disclosures

Arlene Calvo, PhD

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Background

Exacerbating Factors for Poverty
- Growing Population
- Poor child health
- Extreme poverty
- Poor maternal health
- Access to services

The Ngäbe-Buglé is the largest indigenous population in Panama with 156,747 inhabitants. This rural population lives in extreme poverty with difficult mountainous geography that isolates and exacerbates health disparities. Lack of resources, information, and access to services contribute to inadequate management of community surrounding environment impacting public health outcomes.

Implementation

Formative research using qualitative and quantitative methods guided a train-the-trainer participatory process to educate community Promotores to disseminate education messages to their respective communities.
Implementación

Each health promoter trained completed pre-post testing questionnaires and received an educational kit (culturally appropriate flipchart, report forms, water-proof bag).

Health Promoters delivered health trainings in their communities for 6 months
(Avg. 2/month/promoter)

Promotores en Acción
(Health promoters in action)
Results

The environment as a health topic was the second most requested theme (44%).

Environment focused on indoor and outdoor sanitation, management of garbage and latrines, and accident prevention in the house.

78 lay Promotores reached a total of 7,000 community members educated over a one-year period.

2,238 received training focused on the topic of the environment and impact on health.

Post-knowledge evaluation resulted in improved measures regarding proper water storage and garbage disposal.
Intention measurement

Follow up with community

<table>
<thead>
<tr>
<th>Month</th>
<th>Theme</th>
<th>Total Persons Trained</th>
<th>No. of Promoters</th>
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<tbody>
<tr>
<td>January</td>
<td>Hygiene</td>
<td>450</td>
<td>35</td>
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<tr>
<td>February</td>
<td>Healthy Environment</td>
<td>960</td>
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<tr>
<td>March</td>
<td>Domestic Violence</td>
<td>780</td>
<td>35</td>
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<tr>
<td>April</td>
<td>Nutrition</td>
<td>640</td>
<td>42</td>
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<tr>
<td>May</td>
<td>Hygiene</td>
<td>640</td>
<td>32</td>
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<tr>
<td>June</td>
<td>Healthy Environment</td>
<td>660</td>
<td>45</td>
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</tbody>
</table>
Why does this project matter?

• The examination of important health themes as determined by community with training of health promoters using culturally appropriate material increased knowledge and community engagement to improve practiced norms in the community.

• The community involvement maximizes sustainability of efforts in combating specific health disparities in regions with limited resources and geographic difficulty.

Acknowledgments

Thanks