Decreasing Health Disparities in Guatemala

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Theory Application Paper: Decreasing Health Disparities in Guatemala

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NURS 501: Theoretical Foundations of Advanced Nursing

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Background

There are so many stories to tell, but the issue that stirs my heart is poverty; specifically in medically underserved countries. For the sake of clarity, “underserved countries” and “developing countries” will fall within the definition of “areas or populations as having too few primary care providers, high infant mortality, high poverty or a high elderly population within a defined geographic location” (Health Resources and Services Administration, 2020, May). The story that illustrates this most obviously in my own experience would be from Guatemala in 2014. It was our first trip as a married couple to an underserved country, and we were there to help build a school for the community of San Martin Jilotepeque. At the time, I was a graphic designer and had been to a few developing countries for mission work. The community had collected 6,500 plastic bottles and over two tons of trash in the course of two years to prepare for us to come and build a “bottle school” for their community. It was such an inspirational project to see the community unite and be such a monumental part of improving the education for the children in their community. These bottle schools provide education for the children, empower the community to learn skills, and foster a sense of unity throughout the community. Within the first few days of our arrival, it became very apparent that they were living in less than ideal conditions, and as a result often suffered from medical conditions that are preventable in the United States. My heart was so torn throughout our time getting to know the people of San Martin, and my desire to help led me to pursue a career in healthcare when we returned home in hopes of returning one day and contributing to better health outcomes.

Improving access to healthcare knowledge and services in developing countries is a multi-faceted approach. I specifically want to research health promotion in young people (under the age of 25) and the impact it makes on social determinants of health. This sometimes seems like an overwhelming and daunting subject to research, but while I am in school I really find it important to discover the most helpful ways to serve developing countries so that when I graduate, I am confident in moving forward in
action to help. Health inequalities exist and are often related to income and various socio-economic factors. However, I want to focus on what change I can implement as a primary health care provider to positively impact social determinants of health and empower the individual and in doing so also serve the communities in these countries. As a primary care provider, addressing key lifestyle issues such as promotion of proper nutrition, non-communicable diseases and maternal health are areas necessary to educate and ultimately empower young people to take ownership of lifestyle choices that impact health throughout the lifespan. Once young people are able to take responsibility and ownership for their health, their role, in part, as community members has a ripple effect in promoting social determinants of health in other individuals throughout the community. The end result is hopefully a self-sufficient model for communities to sustain health promotion and education. My hope is that in education surrounding prevailing health problems, communities will begin to actively engage in their personal role to prevent and control them and foster healthier lifestyles.

**Frameworks**

The frameworks I would like to focus on is Rothman and Tropman’s Model of Community Organization, and the Centers for Disease Control and Prevention (CDC) framework for Community Health Improvement. My desire is twofold: empowerment of the community in engagement and education to move forward in positive health outcomes for the community and identifying relevant factors that influence the development of promotion of health in underserved countries. Education is the foundation from which the other concepts fall under; specifically, education on common diseases within underserved countries and methods of prevention (as well as control if already present within a community). In addition, I would like further education in areas of proper nutrition, and maternal health (i.e., major immunizations, and prevention and treatment of common diseases). Each of these frameworks address how to approach complex community issues such as these. Both of the frameworks are based on community medicine with sociological and nursing perspectives; and aide in efforts to
practically implement steps within underserved communities to address change at the ground level and incorporate tools for successful interventions and outcomes.

First, the Model of Community Organization. This model was developed by sociologist Jack Rothman in 1970, describing the three models of community organization as change being brought forth through community participation and in doing so increase community empowerment and participation. This model identifies community practice at a macro level,

<table>
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<td>Collect data; choose the best plan</td>
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Table 1.

focusing on change at the community level by three methods: social planning, social action, and community development (Hitchcock, J., et al., 2003), as seen in table 1. Of the three methods, community development is of interest. In this model, the community is empowered to take an active role in learning and participation for better health outcomes within the community they live in. Our role as practitioners are facilitators and teachers rather than implementing short stays to aide in
immunizations without education; this does little to impact health competence in a positive way in the community.

Rothman’s Model for Community Organization Framework: Diagnosis and Treatment of HIV and STI

In the community development model, practitioners teach and train the community necessary skills to implement health promotion within the community; promoting self-reliance, health competence, and unity within the population. Table 2 shows an example of how the model of community organization is played out with a community disease such as HIV. The limitations to such a model are the lack of definitive timelines where quantifiable measures can be compared, and the potential for conflict or lack of desire within a community for change.


In the community development model, practitioners teach and train the community necessary skills to implement health promotion within the community; promoting self-reliance, health competence, and unity within the population. Table 2 shows an example of how the model of community organization is played out with a community disease such as HIV. The limitations to such a model are the lack of definitive timelines where quantifiable measures can be compared, and the potential for conflict or lack of desire within a community for change.
The second model from the CDC is an in depth, five-step process that is based on four principles: working together, engaging the community, communication, and sustaining improvements. The five steps include “assessing needs and resources, choosing effective policies and programs, evaluating outcomes, focusing on what is important, and act on what is important” (CDC, 2015) as shown in table 3. This framework focuses on the importance of a common agenda within a community that encourages shared accountability and ownership within. A variety of concepts are included in this framework for successful outcomes and interventions based on evidence-based research. It recognizes the complexities of community problems and provides approaches to solving these complex social issues through a collective impact. Implementations of actions are performed from multiple facets; individual-based, environmental, and systems levels to address health behaviors and clinical care within a community. It also includes several other helpful tools to help “identify and bridge disparities” within community populations (CDC, 2015). These tools are practical interventions that can be applied to establish long-term successes within the changes communities are being educated around.
Addressing specific changes within a community in underserved populations from the CDC framework will help to narrow down strategic efforts in areas of education on proper nutrition, maternal health (i.e., major immunizations, and prevention and treatment of common diseases), and common diseases present within the community. Using community health improvement process as a guide as well as initiating implementation of Rothman & Tropman’s model of community organization.

for parameters for practitioners to implement should provide sustainable results for improvement of health competencies within the communities of underserved populations.

**Putting it all Together**

With these key concepts and propositions within Rothman & Tropman’s model of community organization as well as using the CDC framework; implementation of such systems within a community such as San Martin Jilotepeque in Guatemala could result in successful outcomes through educating the young people of the community to implement change and decrease health disparities throughout. Since there are macro and micro level frameworks, implementation of decreasing health disparities among the people of Guatemala would be to begin with the micro level intricacies using the CDC framework, and then maintain implementation and evaluation from the macro level with Rothman & Tropman’s model of community organization.

There are many areas to tackle with such a difficult undertaking, but I want to focus on four areas of the CDC framework that will guide the successful implementation of the two models with the idea of operating from Rothman & Tropman’s macro level model. The four areas of focus in the CDC framework are working together, engaging the community, communication, and sustainment of results.

Working together includes numerous facets, but training of healthcare workers is what is important first and foremost. Within the context of this theory application, it relies on building relationships within the community and using medical backgrounds to educate rather than formal training for preparation. It would be necessary for those involved to be passionate about change at the personal and community levels in hopes of seeing widespread change evolve from there. Another important factor includes building relationships and involving community members in the discussion of health disparities with the desire to educate and partner with the community to decrease issues such as malnutrition, non-communicable diseases and maternal health. Participatory Action Research (PAR) could also be an important measure in this stage to support community involvement and collaboration.
PAR approaches are designed to decrease health disparities through collaboration within the community and contribute to sustainable solutions by informing current disparities within the community (McEwen & Wills, 2019). With the people of the community identifying issues and concerns, this increases community engagement with problem recognition as well as motivation for change with taking an active role to implement such change. Again, the role of the health care worker is facilitator and teacher for the purpose of encouraging community engagement to solve problems and increase health competency. Once fostering connections with the community has been established, health care workers can then begin to train community members to continue education around and implementation of these measures; in hopes of creating a ripple effect that initiates a sustainable peer education model for reducing disparities by improving competency.

Community engagement involves education, empowerment, participation and increased health competency. This and communication go hand in hand. Engaging the community is one of the most important components of this model for successful implementation of reducing health disparities within the community and can foster connections between health care workers and the community members; as well as encourage the improvement of community-based efforts to decrease disparities. Community engagement includes health care workers building community relationships, assessing barriers, support and build the community capacity to act to address health disparities. Within the CDC framework there are step-by-step processes to successfully engage the community members to take part in effective, unified community-based implementation strategies to increase education and health competency. Success in these areas can be achieved through education from healthcare workers through increasing awareness and around immunizations, proper nutrition, and maternal health to reduce mortality rates surrounding it. Almost half of Guatemala’s population is under the age of 25 (Central Intelligence Agency, n.d.), presenting a perfect opportunity to address health disparities focused around proper nutrition, maternal health, and non-communicable diseases. Each of these issues play a major role in the
under 25 age group within Guatemala, and education around prevention and control of each could drastically reduce incidence and mortality rates associated with each. Specific measures to increase awareness and education among young people could include topics surrounding safe motherhood and hygiene, immunizations, self-reliance and empowerment, and even pamphlets on non-communicable diseases and prevention surrounding them. With proper education, the hope would be for the young people to feel empowered to make informed decisions and thus educate and inform others within the community; making education the most vital aspect of the community organization and communication components of these frameworks.

Sustaining results for long-term success is an important aspect of community health improvement and the CDC framework contains a toolkit for planning to sustain such efforts. It includes goal clarification and organization, creating additional objectives, and identifying specific strategies to sustain the efforts made (CDC, 2015 as cited in Community Tool Box). Practically this could be the implementation of questionnaires of pre and post education for the community to evaluate if education efforts are successful. Other measures that could be implemented from the CDC framework to promote sustainability would be development of a community advisory committees with various members of the community that have been involved from the beginning of implementation; this could include local health care workers, volunteers, peer educators, and others to further promote community ownership of collaborative efforts.

This leads way for the discussion of potential strengths and weaknesses of both the CDC framework and Rothman & Tropman’s community organization framework. First, the benefits of these models in conjunction with serving the communities of Guatemala. The most obvious benefit would be the reduction of specific health disparities with decreasing rates of teen pregnancies, preventable mortalities, an increase in immunizations leading to a decrease in preventable diseases. In addition, since the health determinants have been discussed and the community involved in participation of
shared vision, personal meaning for the community members is increased and therefore members may be more motivated to participate in positive change. Although a limitation could include limited funding for such an undertaking, it is not to be overlooked that even though underserved countries suffer from limited resources, this often strengthens the bond within the community to find creative efforts to tackle the challenges they face; creating even more motivation for change and resulting in increased unity throughout the community as a whole. These are all very positive outcomes that could greatly affect the overall health competencies within the community, as well as promoting individual and community empowerment from increasing education and decreasing local health disparities.

Limitations include the lack of definitive timelines where quantifiable measures can be compared, thus making results difficult to gauge. This could also lead to other weaknesses such as lack of motivation from the community for continuation of the program after a given period of time, possibly from lack of definitive results or significant enough results to offer encouragement in continuance. Lack of motivation can also be seen in those who are most affected by the health disparities and thus may be hesitant or unwilling to participate. This is where community involvement and influence could play a role, as young adults often look to their peers and align behaviors accordingly. Furthermore, there has been found to be a positive relationship between peer influence resulting in protective factors for risk reduction (Mmari, K., & Blum, R., 2009), hopefully resulting in a decrease in health disparities. Other limitations could include the lack of desire for change within the chosen community. However, I think it is necessary to remember this specific community of Guatemala was willing and motivated to gather a considerable amount of trash over a two year time period to ensure a school to be built; this is encouraging in regards to this possible limitation and could also be considered a strength as motivation was evident previously.

Conclusion
Using Rothman & Tropman’s model for Community Organization from a macro level and incorporating the Centers for Disease Control and Preventions framework for Community Health Improvement could positively impact the communities of Guatemala in addressing key issues in young people under the age of 25. These include but are not limited to proper nutrition, non-communicable diseases and maternal health.

Malnutrition rates in Guatemala are the fourth highest among the world (International Relief Teams, 2017), and have the highest rate of maternal mortality in Latin America from lack of formal prenatal care and education (The World Bank, 2017). In addition, non-communicable diseases are a burden on the country and can be prevented or reduced with proper education surrounding such diseases. According to the World Health Organization, such preventable diseases within Guatemala include cardiovascular disease, diabetes, and respiratory diseases (World Health Organization, 2015). With implementation of these frameworks, the hope is a resulting sustainable peer education model that decreases health disparities, increases community involvement, unity and empowerment. Through specific measures outlined in the CDC framework, successful implementation of such a model includes working together, engaging the community, communication, and sustainment of results. These used in conjunction with other step-by-step implementations from the framework could increase sustainability efforts and unity within the community and decrease local health disparities within. Community engagement is the most important facet of these models, placing emphasis on community participation to contribute unique perspectives from within the community to increase motivation for improving competency. Implementation on a macro level from Rothman & Tropman’s Community Organization model would encourage health care workers to act as facilitators and educators to develop sustainable peer education models that encourage and empower the community members for continued change and long-term successes. All aspects of these frameworks used in conjunction with one another aid in the successful outcomes of such a project and each is necessary for the development of solutions.
Ultimately, the goal of this specific model is to create a ripple effect with the few where the many are influenced for change; resulting in communal change and resulting in community empowerment for better outcomes.
References:


