

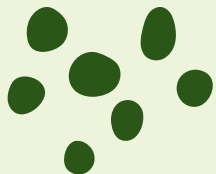
Empowering Communities through University Partnerships in Public Health



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- **Dr. Kamal Raj Devkota**, Tribhuvan University, Nepal (online)
- **Prof. Teresa Tricia Bautista, MD** University of Santo Tomas, Philippines (online)

Our Team

Nepal	Philippines	U.K
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Researchers		
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Research Assistants		
Ms. Ambika Thapa Pachya Ms. Sudha Ghimire	Mr. Adonis Basa Dr. Philina Pasicolan	Dr. Laura Burke



Project Bases



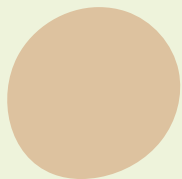
Tribhuvan University

Kathmandu, Nepal



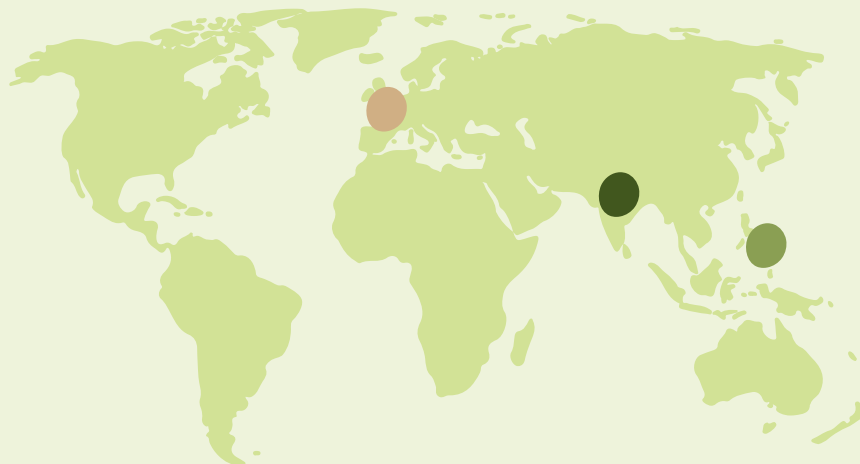
**University of Santo
Tomas**

Manila, Philippines



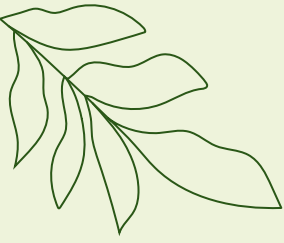
**University of
Sussex**

Sussex, United Kingdom



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Health Intervention Development (PHIND)





Origins of the project

Two UEA UNESCO Chair projects:

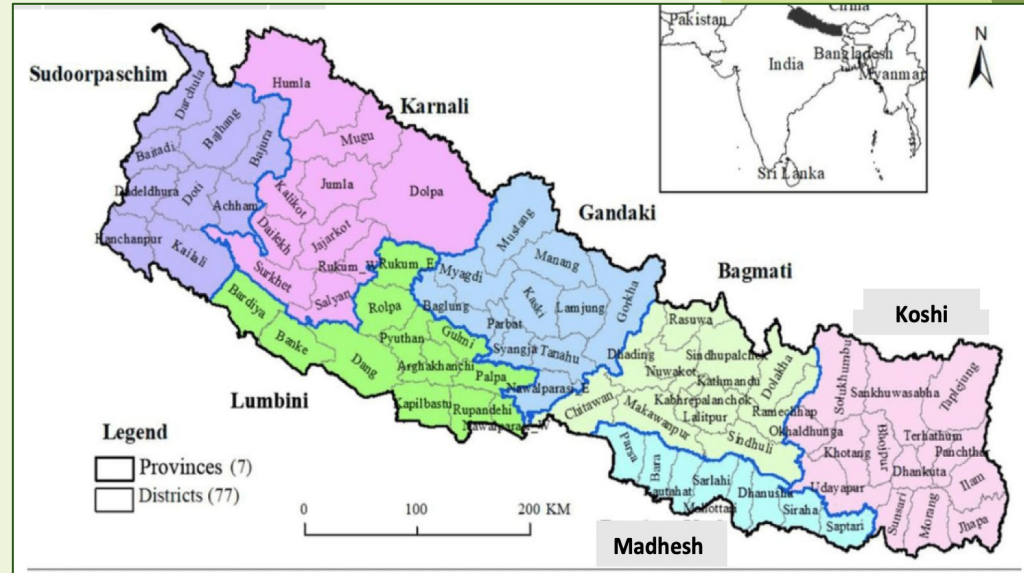
- Family literacy, indigenous Learning and Sustainable Development
- Health literacy, indigenous practices and family learning in the time of COVID-19

[Link to Projects, Podcasts and Films](https://healthliteracy.ust.edu.ph) at healthliteracy.ust.edu.ph



Nepal Health Context

- Federal and provincial governments develop policy and plans. Local government implements policies and programs in communities.
- Health services provided at community level - Besides modern health practices, people also follow indigenous health practices and Ayurveda.
- Female Community Health Volunteers (FCHVs) and mothers' groups work at local communities mainly targeting maternal health and care.

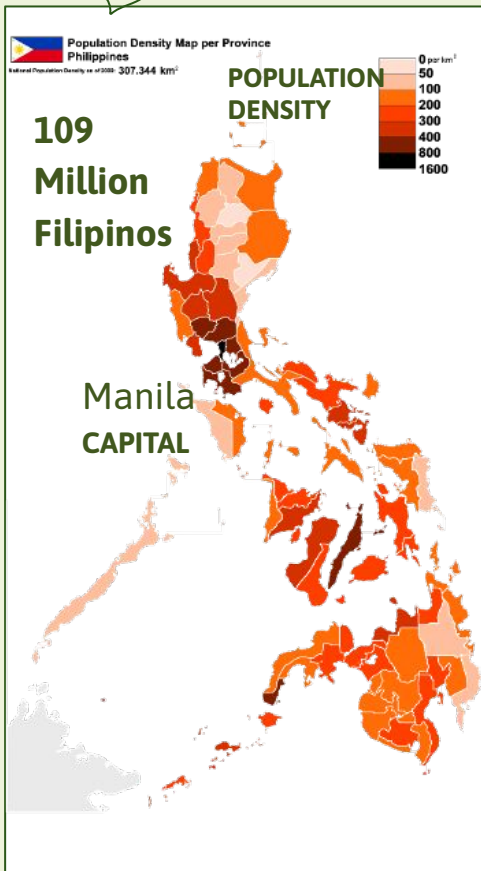


Gaps/Issues

- Lack of better management of health sector
- Poor health facilities due to inadequate resources; marginalised and poor communities receive poor health facilities
- Local indigenous knowledge systems are not integrated in modern health practices



Philippines Health Context



TOP 5 ISSUES FILIPINOS CARE ABOUT (Kantar, 2018)



1. POVERTY 2. EDUCATION 3. HEALTH & WELL-BEING 4. HUNGER 5. WORK/ECONOMY

Prevalence of Limited Health Literacy in the Philippines:
First National Survey

51.5%

(Tolabing et.al 2022)

Higher Risk for Communicable & Non-communicable Diseases



Rising Healthcare Costs
20% increase over 2 years (since 2015)



Lack of Healthcare Providers
Private > Gov't Hospitals



Regulatory Drivers

Universal Health Care Act 2019

eHealth Bill, 2022



Theoretical starting points



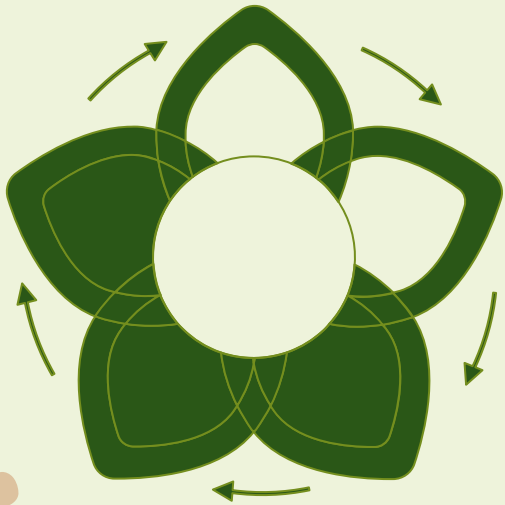
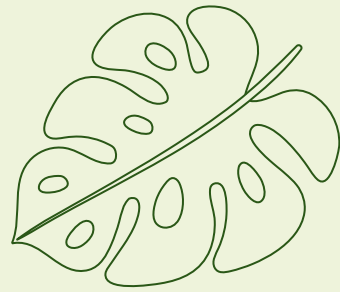
Literacies and health

From 'health literacy' to 'health and literacies': ideological model of literacy (Street 1984), situated literacies (Barton, Hamilton, Ivanic, 1999)

Indigenizing/Decolonising Health

From Indigenous Knowledge (IK) (Sillitoe 1998) to Decolonising Health and 'Indigenizing Health' (Handmarch and Hiller 2022)

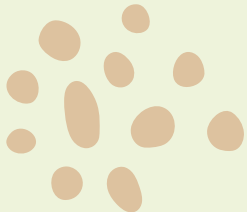
Empowering Communities through University Partnerships in Public Health

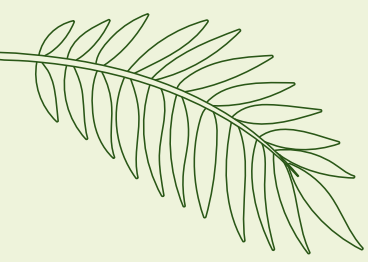


Objective:

To pilot a more democratic model of partnership in public health between medical institutions and local communities

How best can universities engage communities in a mutually respectful and equal partnership to advance public health education?





Rationale

Problem

- Communities have little voice in Public Health initiatives
- Top down 'preaching' approach
- Everyday realities ignored

This research explores:

How to create a more democratic community partnership by;

- Recognising local health knowledge and beliefs
- Building on existing community assessment
- Addressing demarginalization of communities
- Using PAR and ethnographic methods



Stages of Project

01. Inception Stage

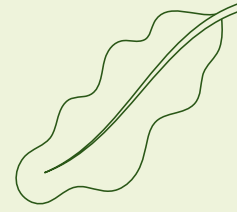
02. Understanding existing
Community-University
Partnerships

03. Community focused study
on food and health

04. Participatory Action
Research to develop
intervention

05. National/international
dissemination of
intervention and final
evaluation

Methods



Participatory Action Research (PAR) and Ethnography



Research sites - Nepal

- **Site I: Institute of Medicine of Tribhuvan University** targeting the course/curriculum and student participation and reflection in *community health diagnosis*
 - interviews with the teaching faculty, admin staff and students
 - focus group discussions (FGDs) with students of both Bachelor of Public Health (BPH) and Bachelor of Medicine and Bachelor of Surgery (MBBS)
- These departments place students in different municipalities for one-month long *community health diagnosis*.
- *Community Health Diagnosis*: a practical course which requires the students (both BPH and MBBS) to be placed in a community for one month and investigate health issues such as family health, nutrition, maternal health, environmental health, social-cultural factors and impacts on health, and health situation, etc.
- BPH and MBBS have similar content areas and assignments to fulfil the requirements of this course.



FGD with Public Health Students

Research sites - Fieldwork

- **Site II: Shahid Lakhani Municipality**

a rural municipality of central hill district named Gorkha in Nepal, accommodates different ethnic/caste groups (Newar, Magar, Brahman-Kshatriya, Dalits, Chepang)

Population: 23076 (Female - 12269)

Literacy: 67 percent

Rapid migration for job opportunities, education and modern facilities

- **Research activities undertaken so far**

- Interviews with chairperson and members of the local government,
- Interviews with the officials of the local health section, health posts, schools, sub-health posts, community learning centres,
- Interaction with teachers and students
- Observation and discussion with women groups from the Brahmin-Kshatriya and Magar communities particularly targeting their health practices and also food and nutritional practices relating their health.



Magar community in the Sahid Lakhani Rural Muni.



Magar women preparing for PAR on food and nutrition

Nepal Reflections

“During *community health diagnosis*, I got an opportunity to learn how ritual, cultural and indigenous practices of the people and communities are connected to their health practices. As a student of medical science, I found it very important, however, it is only for fulfilling the curricular requirement rather than doing community health diagnosis in real sense.”

Male student, MBBS

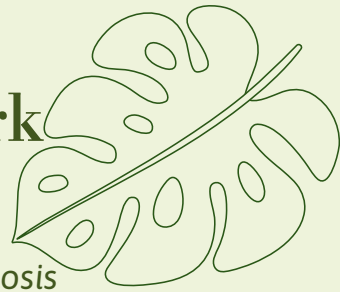
“Yes, they came to the municipality, submitted a letter of request, and conducted community survey... they also organized community awareness programs, and they went back, maybe completing their curricular requirements. This is only for their study, and community hardly gets benefits from such a practice. What I feel is university and community do not have any definite plan of collaboration. For example, communities have their own health practices, issues/problems, and indigenous beliefs for the treatment. The students hardly explore our food practices, health practices and the knowledge systems already we have in this regard.”

Chairperson of the Municipality


“In hospital, doctors see patients just to diagnose the causes of a disease, and proceed medical treatment. But, Community health diagnosis made us realise that there is far more than diagnosis and treatment. Community health diagnosis helped us to see financial, social impact of disease and obviously the impact of disease in family and society as well.”

Female student, BPH

Nepal: Themes and issues emerging from fieldwork



- Huge gap between the university's practice of placing students for *community health diagnosis* and related assignments to be undertaken in the community, and the community's expectations, health issues and challenges.
- Students feel they have insufficient knowledge to address people's health needs and problems and receive less support from the community.
- Students are less oriented to investigate local and indigenous health knowledge and practices and more focused on modern health practices.
- Women from different communities (Brahmin-Kshatriya, Newar and Magar) shared indigenous practices about food preservation and nutrition. However, their knowledge and skills have not been incorporated into public health policies and programmes.
- Students and faculty rely exclusively on surveys to assess health issues in the community, rather than participant observation or other qualitative tools.



Research site - Philippines

University of Santo Tomas

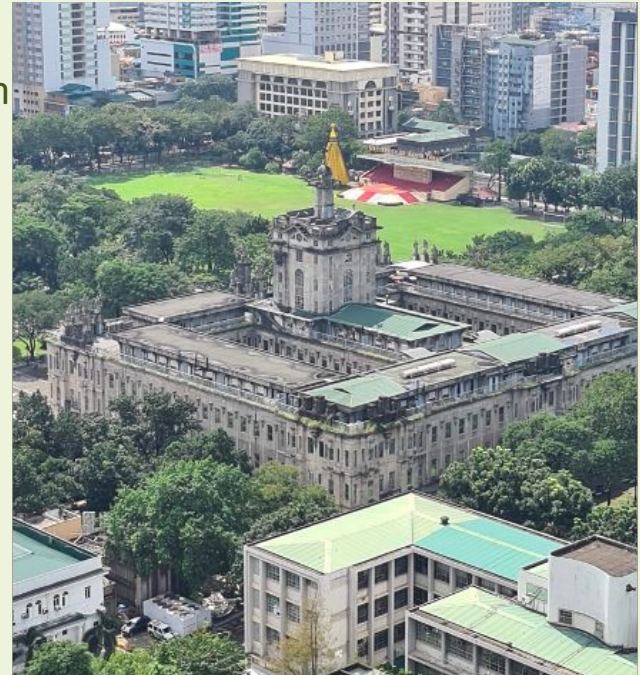
- Asia's oldest existing university
- the Pontifical, Royal and Catholic University of the Philippines committed to social transformation



UST Faculty of Medicine and Surgery

- 150+ years
- Largest medical school in the country
- 4-year subject with spiral curriculum on Preventive, Family and Community that culminates in a 1-month experiential learning in a primary care health center and the marginalized community it serves

University of Santo Tomas (UST)





Research sites - Sampaloc, Manila, Philippines

Geographic-based Healthcare Provider Network

Site I: Barangay 429 with 600 families



Site II: Barangay 458 with 900 families





Philippines Reflections

Themes from Faculty (F) and Student (S) Interviews

Positives

- Accessible health information through social networking sites (facebook, tiktok, youtube, etc.) (S)
- Creative delivery of information by the UST students enhancing health literacy (F/S)
- Opens up more collaborations/ partnerships with private sectors (F/S)
- Shared Resources - manpower and fixed assets (F/S)

Negatives

- Unverified and often misleading information from “influencers” with no scientific basis of their claims (S)
- Gap in theoretical vs practical
 - Treatment plans (F/S)
 - Language use (F/S)
 - Prescriptions, etc. (S)
- Continuity/ Sustainability of programs (F/S)
- Depletion of Resources (F/S)
- Community and leaders could be more active
- Religious/ Traditional beliefs/ practices (F/S)



Community Organizing



Health Screening & Programs



Family Home Care



Community Diagnosis



Health Management





Philippines Reflection

From faculty (F) and student (S) respondents

- “Politics” (rules, regulations) in the University and in the Local Community have direct impact on public health initiatives. (F/S)
- Strong Catholic stance on contraception limits options of medical students to promote freedom of choice in women’s health and wellness. (F/S)
- “Presence and sincerity are crucial when engaging with communities.” (F)
- It is essential to develop people with genuine passion for community building. (F)
- “Empower the communities to do more and be more; they are not mere recipients of help. They too possess the answer to their problems.” (S)
- “Ensure a strong program with good follow-up and impact evaluation.” (F)

Making broader connections...

What do existing University-Community engagements in public health look like?"

- How do communities perceive partnerships with universities?
- What health practices and knowledge can university partners learn from communities?
- How can medical schools apply this model in practice?



University-Community Partnerships in Health



Community as Partner

Shared commitment to population in education and practice (Anderson and McFarlane 1996)

Boundary Work and Objects

Co-constructing Object e.g. health surveys as mode of co-learning (Duigain et al 2020)

Institutional 'Readiness'

Who is ready? Who accommodates whom? Bourgeois and Palmer 2022)

Community Faces Model

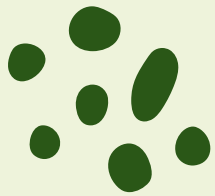
Local leadership, community interest, liaison and long-term sustainability (Drits-Esser et al 2019)

Decolonization of Health Training

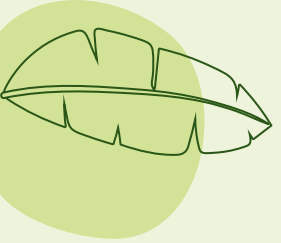
Rhetoric or Reality? How? Beyond the obvious? Whose Ethics? (Hindmarch and Hillier 2022)

Bioethnographic Collaboration

Making better health numbers together. Ethnography from the start (Roberts 2021)







Next Steps



Participatory Action Research

Teams conduct PAR research with communities including reflection and PhotoVoice

Exploring Curriculum and Teaching approaches

Review of Curricula in different field sites



International Hybrid Conference

Hosted by University of Santo Tomas, Philippines, April 25-26, 2024



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