Joan’s second blog post from Uganda-February 5, 2013

Hello from Mbarrara, southwest of Kampala. This entry is for all you public health geeks out there and our community partners!

We gave the talk at the Mbarrara University of Science and Technology (MUST) community health program today. The Department has an undergrad and masters program and partnerships with several villages. As I mentioned yesterday, we were worried that with the much greater burden of disease in Uganda, we might have little in common. Once we got talking, that worry totally vanished.

They were astonished to learn that despite the incredible health care resources at MGH and throughout the US, many local communities still suffer from very poor health status. For example, although MGH Chelsea is a wonderful and comprehensive primary and specialty care center, the city of Chelsea still has among the worst health status indicators in the state. The lesson that was surprising to them was that you can provide the most excellent health care in the world, but if the conditions in communities - poverty, low educational attainment, etc. - are poor, health suffers.

Then they started asking questions and commenting and their questions and comments were so familiar, we could have been sitting in a conference room in Boston:

- How do you measure efficacy? (At least they have a comprehensive survey of national health status every five years to benchmark against!)
- What do you do when there is conflict between two agencies who want to work in the community? (We have never had that problem!)
- If you ask the community what they want to work on rather than tell them, they will buy in.
- Do your communities experience fatigue from too many surveys and projects agencies and researchers want them to do? (And they are referring to rural villages!)
- How do you create sustainability?
Then they told us how they conduct a community "diagnosis."
- go to the community leaders
- ask them what are the most pressing health issues for their community
- together decide what health challenges to tackle
- develop and implement interventions

Sound familiar to all of our community partners with whom we at CCHI just completed community health needs assessments?

Finally, they were fascinated to learn about community health workers from Sarah. They smiled when they saw photos of the diverse Community Health Improvement team in Chelsea who speak 23 different languages, and when they learned about the Africa patients - from Somalia, Burundi, and most recently, Eritrea.

Next project - find a way to host the leaders of the community health program at MUST in Boston!

We are off to the village for four days where there is limited internet. We'll be back in touch as soon as we can.