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Universidad Nacional del Centro
de la Provincia de Buenos Aires



**ESCUELA SUPERIOR DE
CIENCIAS DE LA SALUD**

UNCPBA

A Proposal to improve Primary Health Care effectiveness

Gustavo H. Marin

Alma Ata : objectives

- Equality in the health services access.
- Efficacy in health care

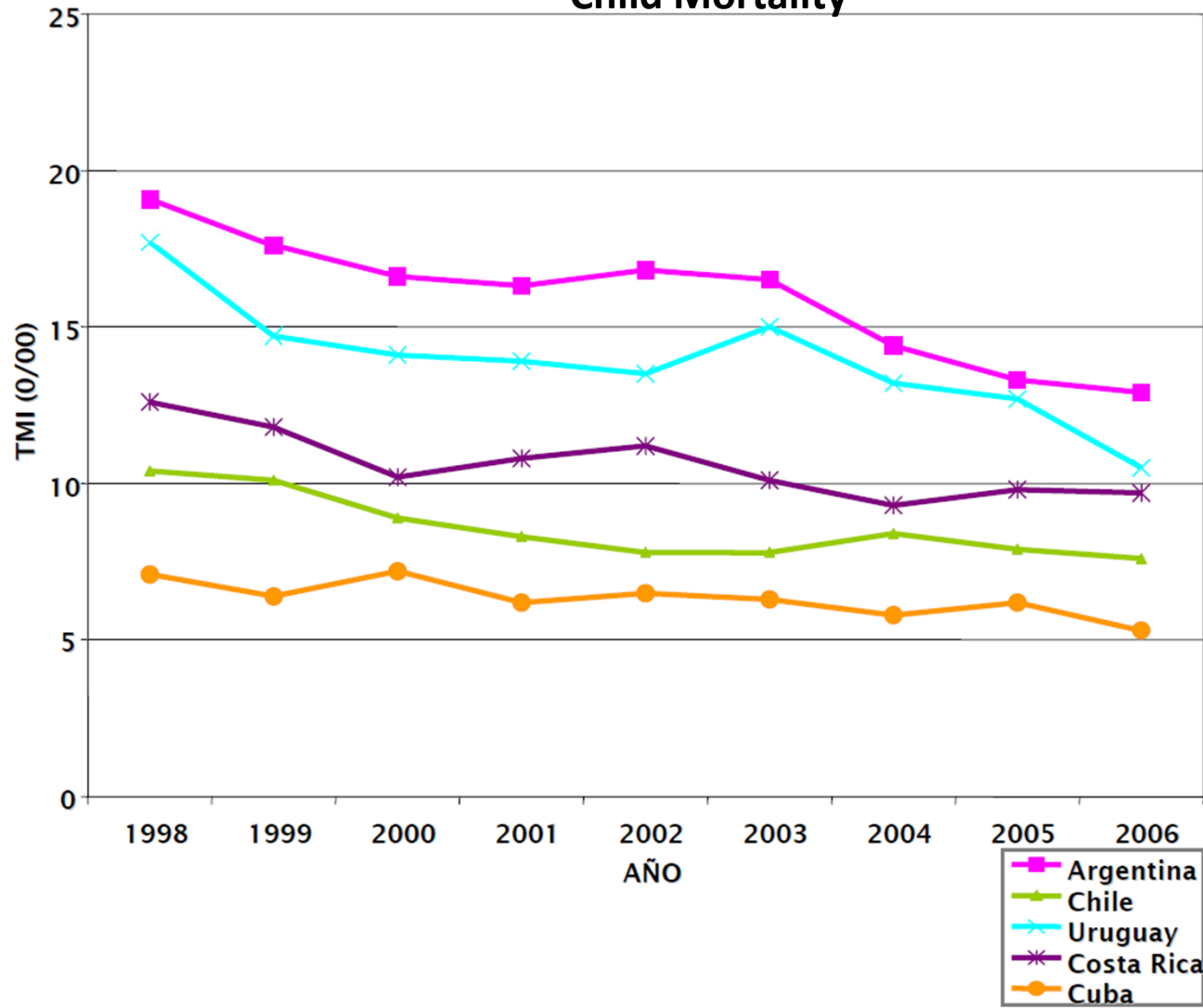


Health Politics

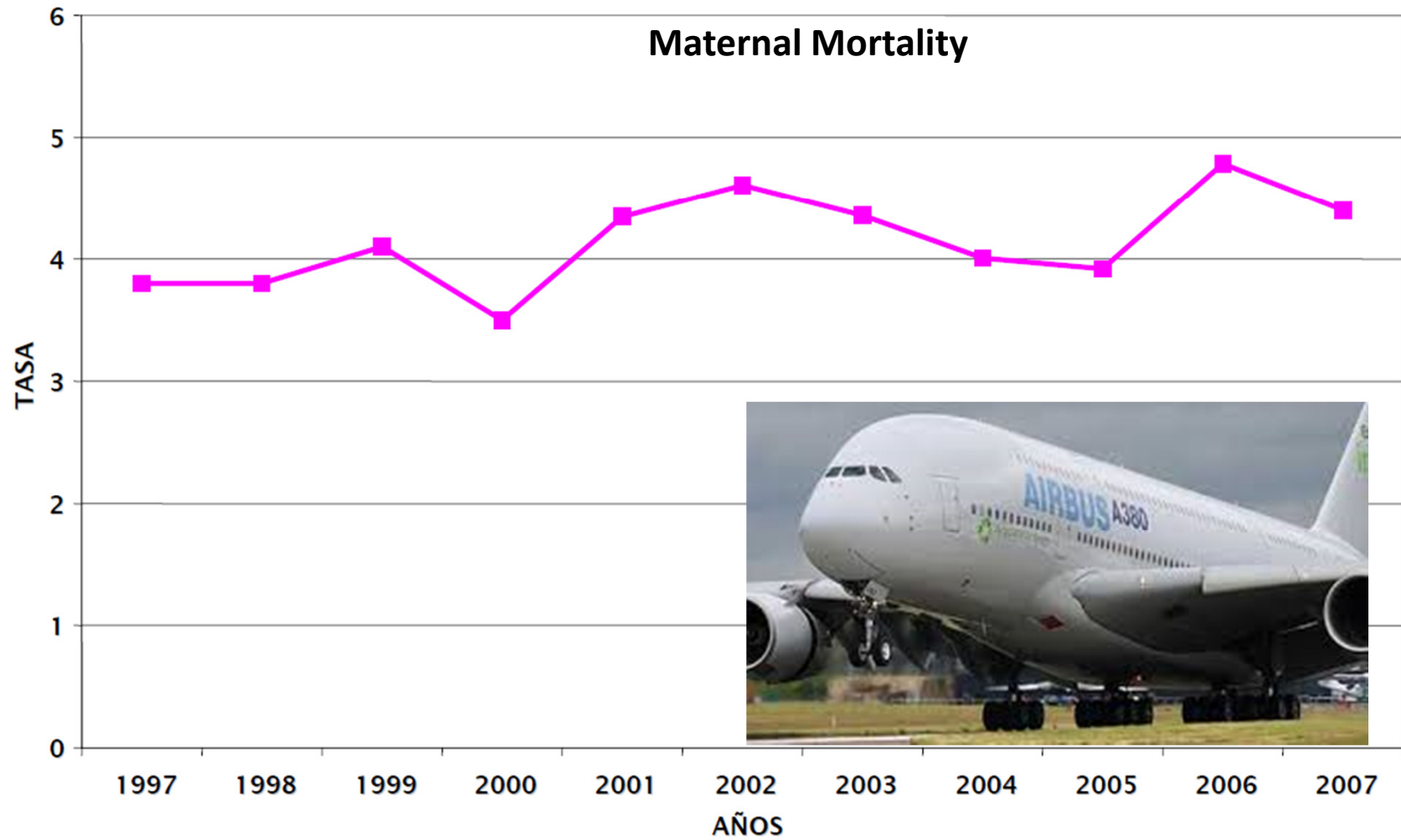
- Almost every country based their health politic, policies, and programmes in PHC principles.
- The goverments & citizens accepts that PHC is the best strategy to provide health care
- But... when we test PHC with relevant indicators,

Evolución de la Tasa de Mortalidad Infantil (por 1000 nv) en países seleccionados
Años 1998-2006.

Child Mortality



**Tasa de Mortalidad Materna (cada 10.000 nacidos vivos). República Argentina.
Años 1997-2007. 2008 - 2015**



35 years after Alma Ata



Which could be the main problems for the PHC expectations failure?



In Buenos Aires State (15 millions inhabitants)

25% noticed that their were ill (source: Marin G.H Ministry of Health surveyy)

From those people only 50,6% went to the health system
50.6% (source: Marin G.H Ministry of Health surveyy)

Conclusion:

From 100 people with health risks or sickness, only 13 will arrive to consultation

Demand vs. Necessity

(Example: Buenos Aires) testing tracer diseases

- According to the official data (in Buenos Aires).: *9,41% of the population had anemia:*)
- When we explored a randomized sample of 18000 homes in the State and test their members: *36.7% were anemic*)

ORIGINALES



Estudio poblacional de prevalencia de anemia en población adulta de Buenos Aires, Argentina

Gustavo Horacio Marín^a, Patricia Rivadulla^b, Laura Negro^c, Marta Gelemur^c, Graciela Etchegoyen^a y GIS*

Objetivo. Establecer la prevalencia de anemia en población adulta y determinar los factores asociados.

Diseño. Estudio poblacional de corte transversal, con etapa descriptiva y analítica.

Emplazamiento. Estudio realizado en La Plata, Argentina.

Participantes. Muestra aleatoria, con estratificación trietápica considerando área geográfica, aspectos sanitarios y nivel socioeconómico de adultos mayores

POPULATION STUDY OF THE PREVALENCE OF ANAEMIA IN THE ADULT POPULATION OF BUENOS AIRES, ARGENTINA

Objective. To determine the prevalence and causes of anaemia among adults in Buenos Aires, Argentina.

Design. Community-based, cross-sectional, quantitative study, with descriptive and analytic stages.

SALUD PÚBLICA Y ADMINISTRACIÓN SANITARIA

Proyecto de acción interdisciplinaria en salud (PAIS): un modelo de atención centrado en el hogar hace la diferencia

Interdisciplinary health project: a model based in home care makes the difference

G.H. Marín¹, P. Rivadulla², A. Vázquez³, D. Juárez³, Grupo Interdisciplinario para la Salud* (GIS)

RESUMEN

Objetivo. Proponer un abordaje interdisciplinario de la atención de la salud centrado en los hogares u

Disease detected in 11.000 homes took under domiciliary care for 24 months were compared with the reason for consultation of those same people in local health institutions 1 year before the experience. Conclusion: Main problems detected at homes : HTA, DBT, etc. vs Asma crisis, dermatitis, hurts, pain from health institutions.

Después del diagnóstico inicial, se realizó una

ABSTRACT

Objective. To propose an interdisciplinary approach in Community Health through a model based

d in two tion fol- problems were ran- laborato- th prob- ook care g and ill- patients were not ; mainly rolemia, hypertriglyceridemia, and anemia. none of these problems were listed as the main causes of consultation in

So:

Although PHC strategy is known as the best care model; in these past 35 years we based the strategy in people that spontaneously arrived to the system .

That could be the main problem to the lack of success.

To succeed, we have to focus our efforts in the entire population, specially in those that do not consult by themselves to the health's services

Some Experiences based on a change of Model of Care

(all of them validated by the Buenos Aires Ministry of Health and the National University of La Plata and Central University of Buenos Aires, Argentina)

Programa de Atención Personalizada y Nominal de la Salud-PANDELAS Buenos Aires, Argentina, 2006

A personalised health care programme (PANDELAS) operating in Buenos Aires, Argentina, during 2006

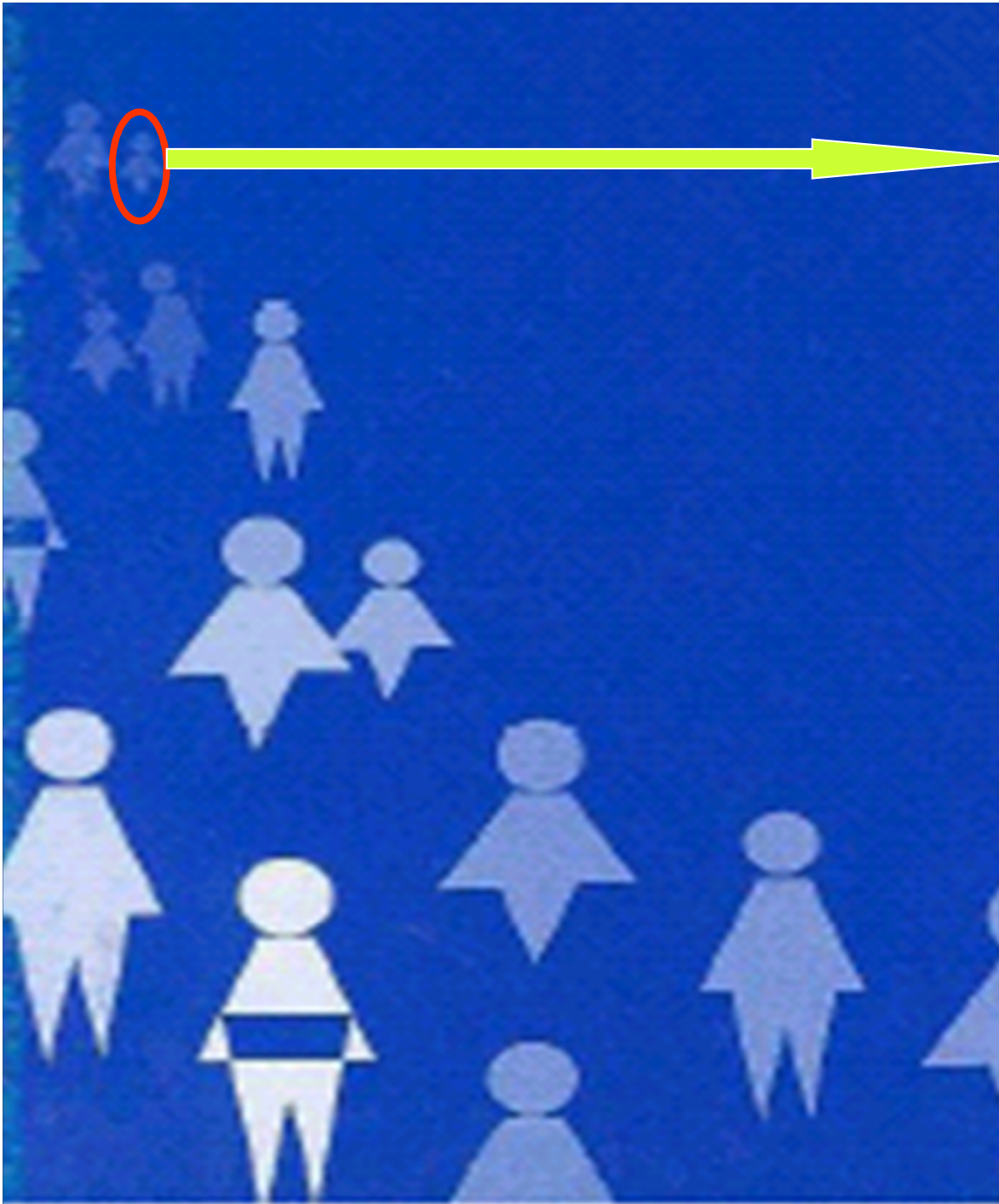
Gustavo Marín^{1,2}, Martín Silberman^{1,2}, Graciela Etchegoyen²

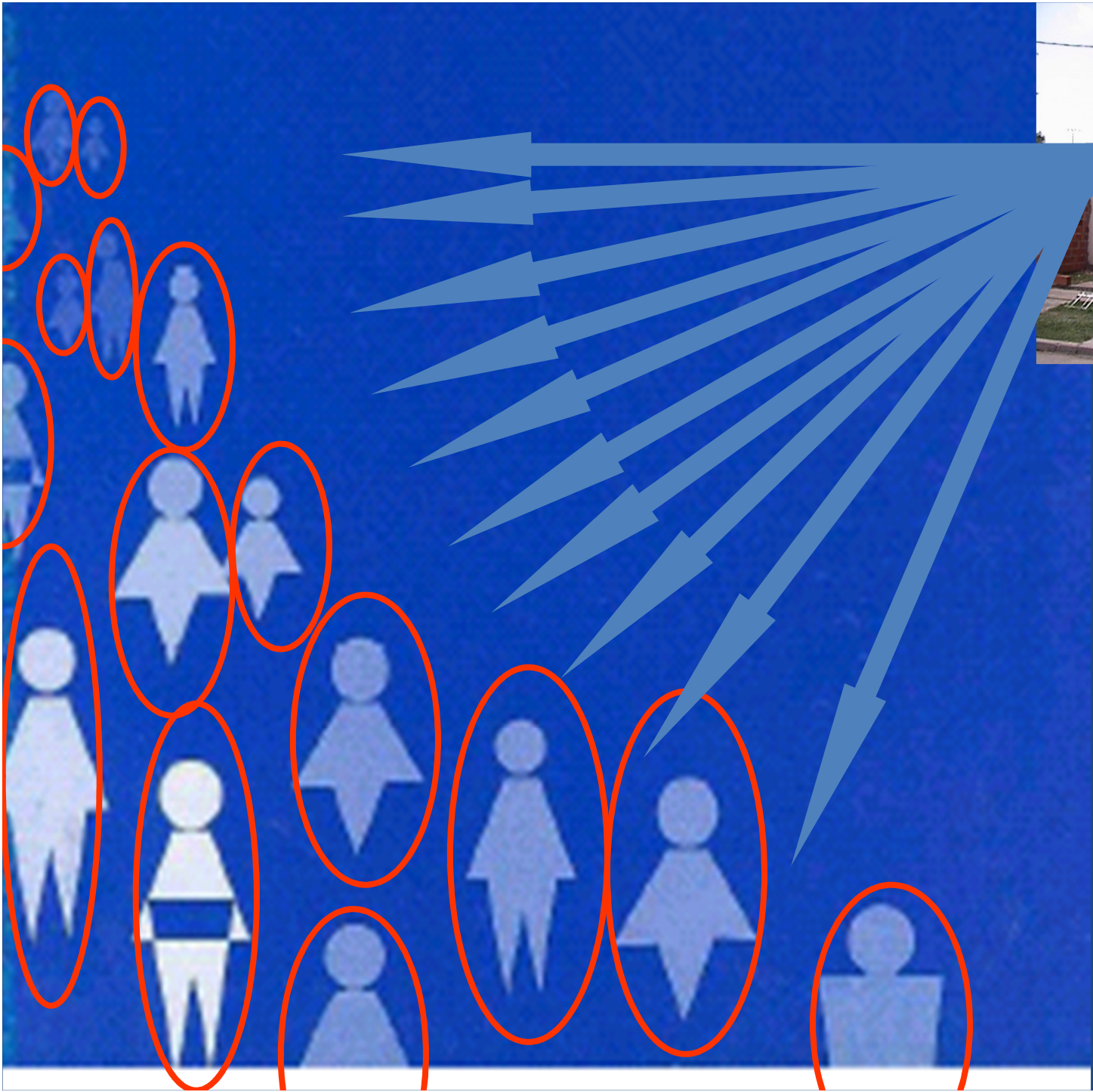
1 Ministerio de Salud de la Provincia de Buenos Aires, Argentina. gmarin@netverk.com.ar

2 Facultad de Ciencias Médicas, Universidad Nacional de La Plata, Argentina

Tabla 1. Patologías detectadas en la población encuestada

Patología referida	Población afectada (%)
Hipertensión	14,6
Enfermedades respiratorias	14,4
Alergias	13,6
Enfermedades osteoarticulares	12,7
Alteraciones oftalmológicas	10,7
Alteraciones dermatológicas	6,7









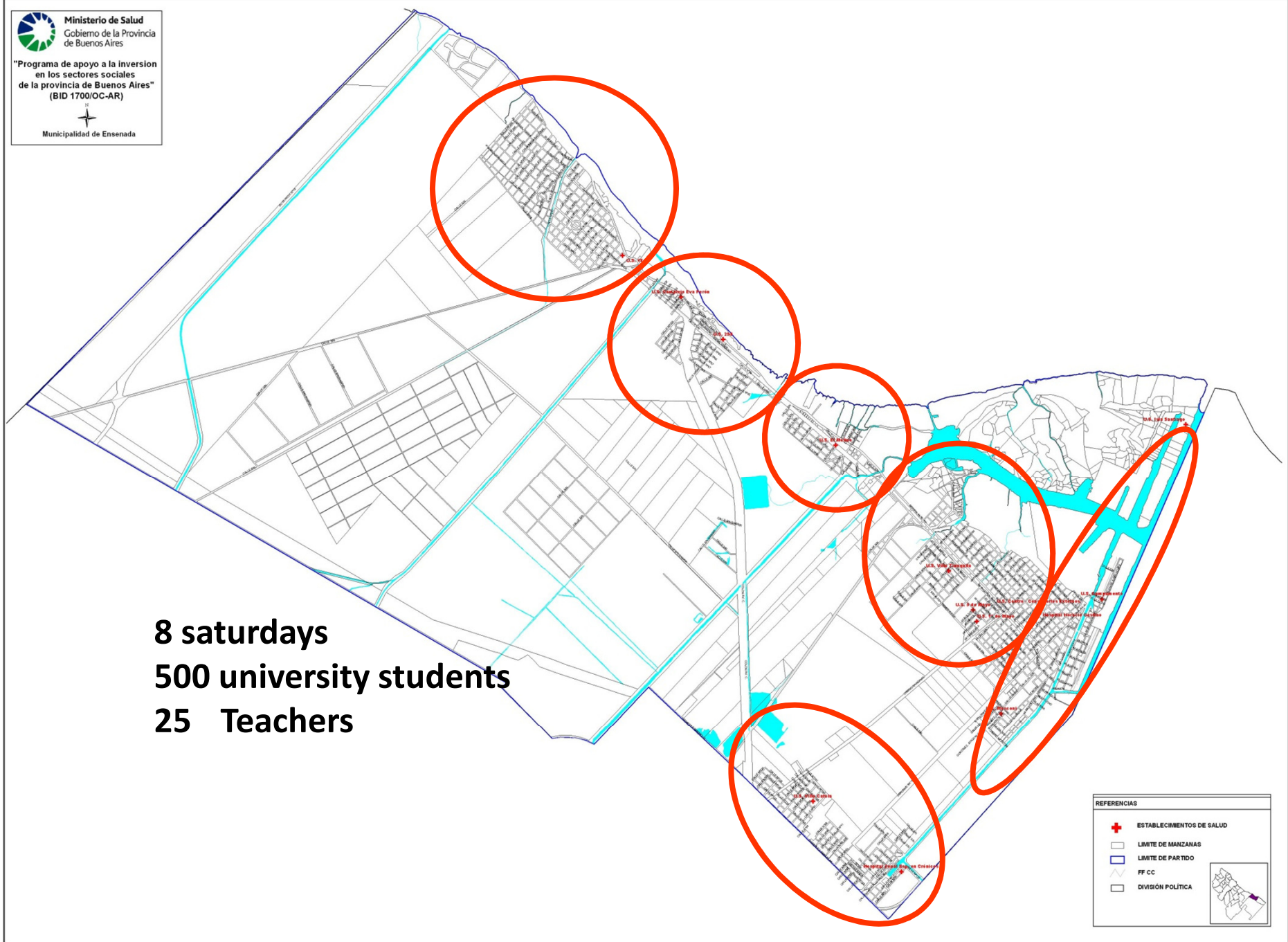
Ministerio de Salud
Gobierno de la Provincia
de Buenos Aires

"Programa de apoyo a la inversión
en los sectores sociales
de la provincia de Buenos Aires"
(BID 1700/OC-AR)



Municipalidad de Ensenada

8 saturdays
500 university students
25 Teachers



REFERENCIAS

- ESTABLECIMIENTOS DE SALUD
- LIMITE DE MANZANAS
- LIMITE DE PARTIDO
- FF CC
- DIVISION POLITICA



U.S. Villa Catela

Hospital Zonal Esp.

PROYECTO PANDELAS

LLENAR CON LETRA CLARA MAYÚSCULA E IMPRENTA
PARTIDO: ENSENADA MANZANA FRACCIÓN: Fecha: /...../.....
RADIO VIVIENDA
DIRECCIÓN CALLE N° O REFERENCIA:
UNIDAD SANITARIA DE REFERENCIA:

ENTREVISTA REALIZADA SI NO

MOTIVO: MORADORES AUSENTES
DESCUPADA
SE NIEGA A RESPONDER

I. TIPO DE VIVIENDA PARTICULAR (a partir de la observación)
Casa rancho o casilla departamento local
inquilinato pensión u hotel vivienda móvil

(PARA SER RESPONDIDO POR UN ADULTO RESPONSABLE: (preferentemente la mujer a cargo de la casa)

1. Cantidad de individuos que habitan permanentemente:
2. Cantidad de habitaciones para dormir:

II. CONDICIONES SANITARIAS:
1. Agua potable: No SI
2. Descarga de inodoro: No SI red cloacal Pozo
3. Luz eléctrica No SI
4. Gas: No SI Natural Tubo

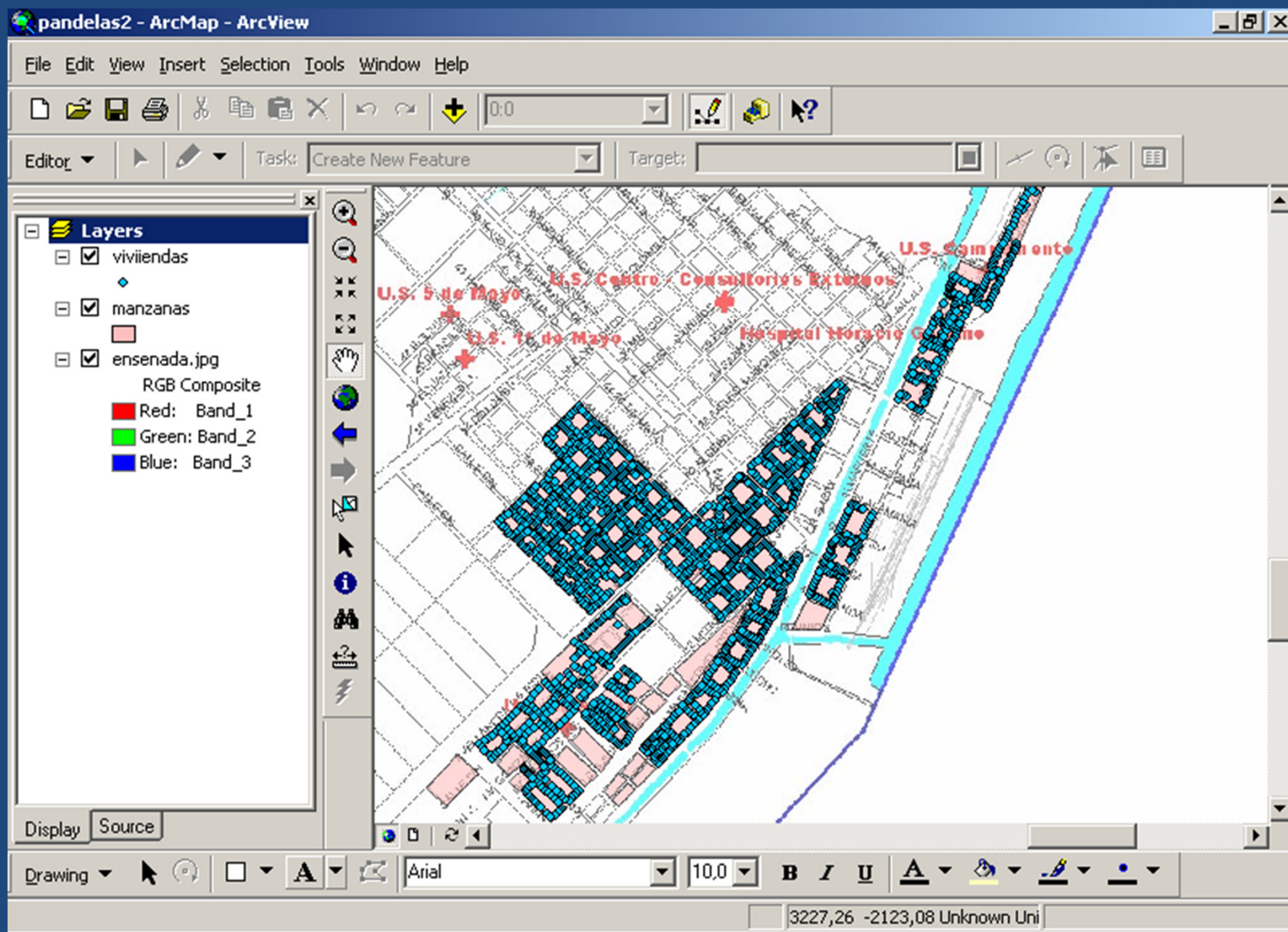
III. CARACTERÍSTICAS DE LOS MORADORES En la vivienda hay algún habitante con las siguientes características:

Niño menor de 1 año	
Niño de 1 a 5 años	
Menor de 17 años que no concurre a la escuela	
Mayor de 21 años que no trabaja y busca trabajo	
Adulto mayor de 70 años	
Discapacitado (discapacidad física o mental)	
Mujer embarazada	
¿Se controla?	
Donde? Médico particular <input type="checkbox"/> Hospital <input type="checkbox"/> Unidad sanitaria <input type="checkbox"/> Clínica Privada <input type="checkbox"/> Ensenada <input type="checkbox"/> La Plata <input type="checkbox"/>	

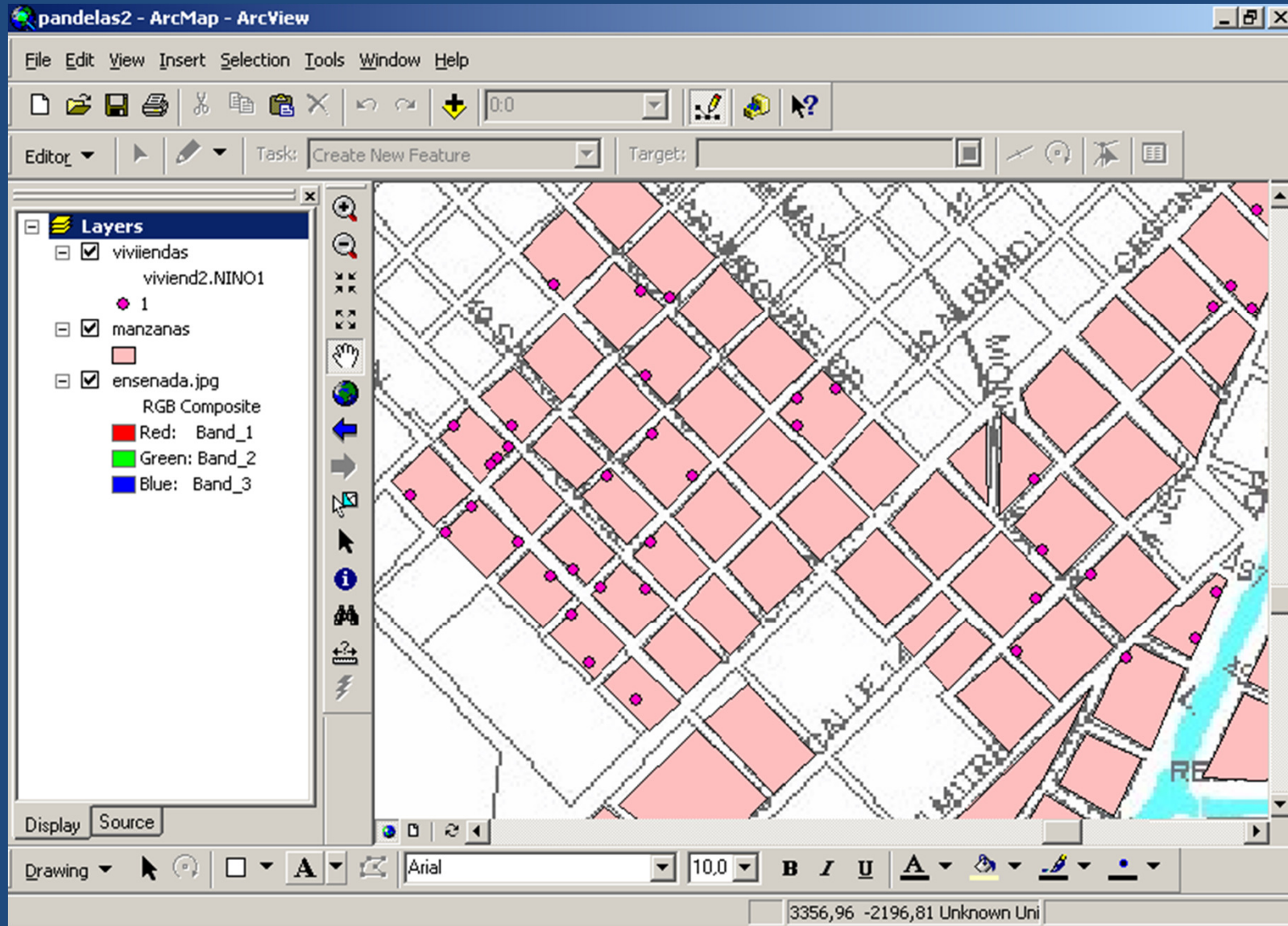
IV. ATENCIÓN MÉDICA:
1. Generalmente, cuando alguno se enferma: concurre a la Unidad sanitaria?
2. SI NO
2. ¿Por qué no? (no mencionar las posibles respuestas al entrevistado. Seleccionar la opción de acuerdo a lo que conteste)
No la conoce, no sabe dónde está
No le da confianza
No tiene costumbre de ir a la Unidad sanitaria
Le queda lejos
Pierde mucho tiempo para ser atendido
Problemas económicos
3. ¿Dónde concurre, entonces?
Médico particular Hospital Clínica Empírico No concurre

13 9:38 AM

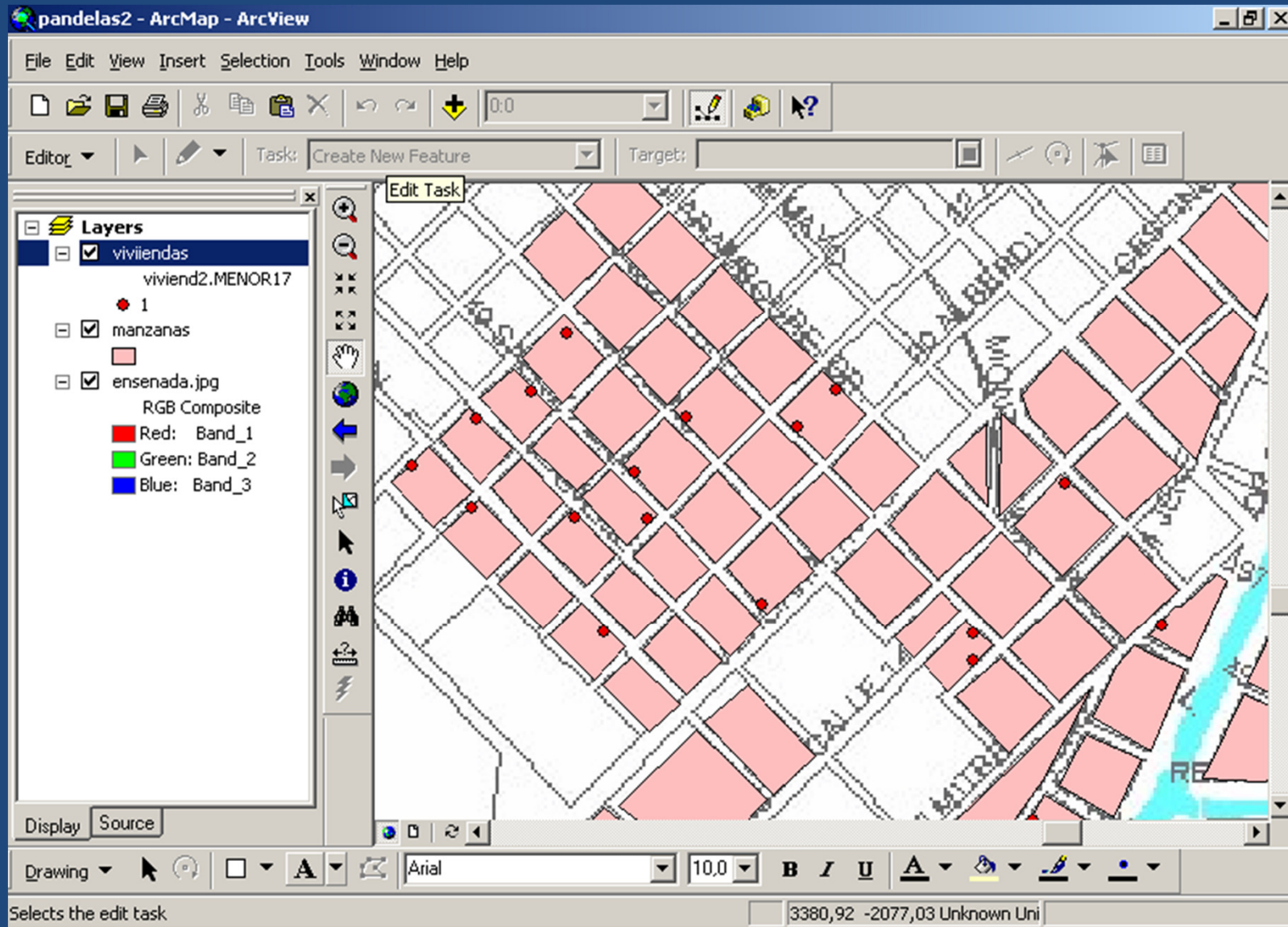
Total de Viviendas



Homes that had a member with hypertension without proper follow up or treatment



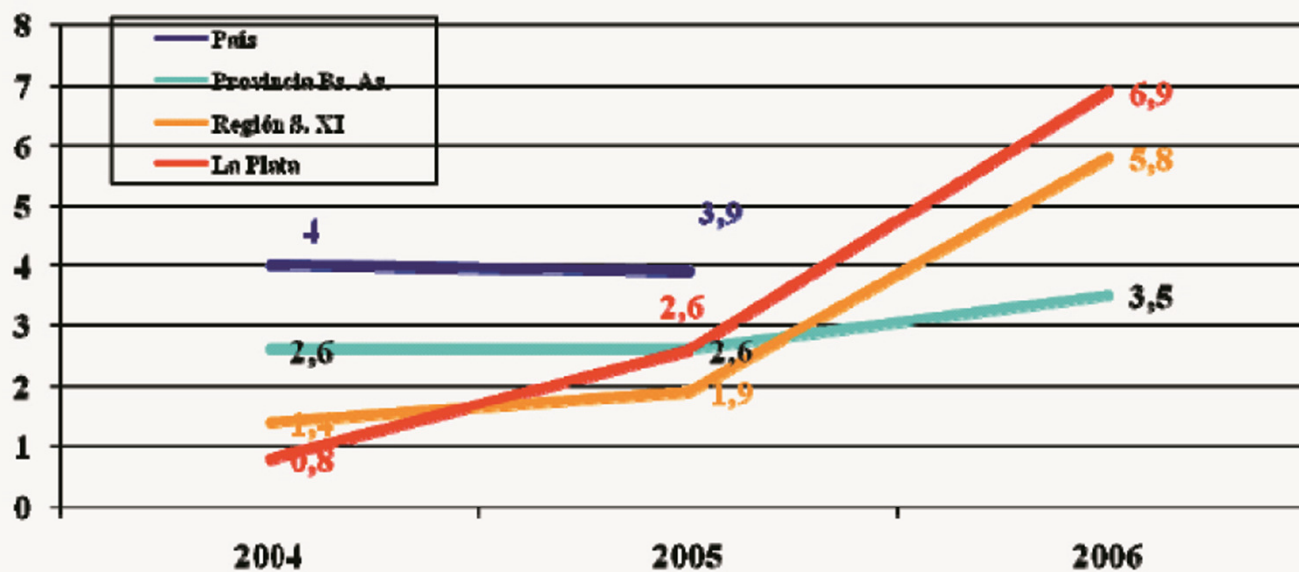
Diabetics that didn't ask their medicine this week



Realidad del Partido de La Plata

Mamá y
Bebé Sanos

Razón de mortalidad Materna según País, Pcia de Bs As, Región Sanitaria XI y Partido de La Plata – Años 2004/2006





Plan de atención
para embarazadas

Mamá y
Bebé Sanos



1 Health's professional responsible

COMUNIDAD

Proceso Detección de Embarazadas

Mamá y
Bebé Sanos

Checking each stage of the process

Monitoreo del Sistema
Contacto con la embarazada
que no concurre al control.



1. Consulta al CAPS

2. Detección por
Referente Comunitario

3. Consulta a Hospitales

Primer Encuentro
con Equipo
de Salud.
Hierro + Folato



Laboratorio

Controles
ulteriores

Ecografías

Derivación
Oportuna:
HOSPITALES



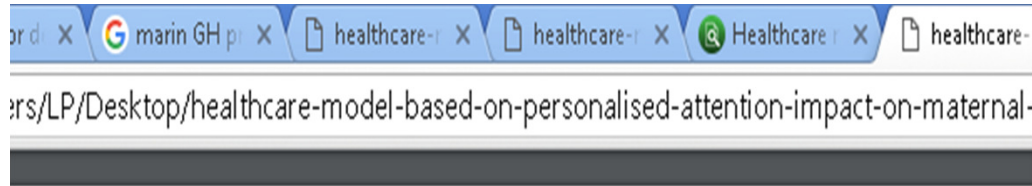
VOUCHER

Visita Domiciliaria
por Promotores
de Salud





Traditional Model of Care	Personalized Care
% pregnant womne with Health control: compleeted 62.3%	% pregnant womne with Health control: compleeted 98.8%%
Anti-D vaccination in mothers RH negatives : 41%	Anti-D vaccination in mothers RH negatives : 100%%
Folic acid administration in the 1st Trimester: 68.2%	Folic acid administration in the 1st Trimester: 95,7%
Access to iron treatment: 74%	Access to iron treatment : 98,6%%
Maternal mortality10.000 NV: 7 (in 2008)	Maternal mortality10.000 NV: 0 (in 2009)



Quality in Primary Care 2011;19:311-16

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Research paper

Healthcare model based on personalised attention: impact on maternal mortality and health system quality

Gustavo H Marin MD MEcon (Health Organizations)
MPH Specialist in Public Management

Martin Silberman MD MPH
Mg. in Public Health

Public Health System of La Plata, Argentina and National University, La Plata, Argentina

Adriana Uriarte MD
Specialist in Gynaecology

Monica Sarijulius MD
Head Statistician



Research & Reviews: Journal of Social Sciences

The Role of Midwives in the First Level Of Health Care System

Victoria Salsa and Gustavo H. Marin*

Universidad Nacional de la Plata Facultad de Ciencias Medicas, Argentina.

Research Article

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*For Correspondence

Gustavo H Marin, Universidad Nacional de la Plata, Facultad de Ciencias Medicas, Argentina.

E-mail: gmarin2009@gmail.com

Keywords: Midwives, Primary care, Role, Pregnancy.

ABSTRACT

Since the beginning of human history the process of childbirth has been acknowledged as a life event involving bio-physiological as well as socio-cultural and psychological aspects. All cultures throughout history have had strategies to assist and accompany women during labor and birth, being the image of a midwife present in current and past societies. In Argentina, as in many countries of Latin America, the official discourse assigns to midwifery a key role in primary health care. However, the absence of midwives in the first level of health care leaves pregnant women and newborns under the control of other professionals or at the hospital level care. In this paper we mention some successful experiences that were able to reduce maternal and child risk indicators only through the inclusion of midwives in the primary care health staff. The professional attitude of midwife's care during pregnancy, delivery and assistance to pregnant women during gestational period cannot be replaced by

Original

Evaluación del proyecto estatal de intervención para la mejora de la calidad de vida y la reducción de complicaciones asociadas al envejecimiento: «Agrega salud a tus años»

Gustavo Horacio Marín^{a,b,*}, Cecilia Homar^{a,b}, Germán Niedfeld^a, Graciela Matcovick^{b,c}, Mario Mamonde^a y GIS[♦]

^a Ministerio de Salud, Provincia de Buenos Aires, Argentina

^b Facultad de Ciencias Médicas, Universidad Nacional de La Plata, Argentina

^c Secretaría de Salud, Municipio de Berisso, Argentina

ELDERLY

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Promoción

Calidad de vida

Adulto mayor

Evaluación

RESUMEN

Objetivo: Evaluar la eficacia de un programa de promoción de salud y prevención de patologías asociadas al envejecimiento, para evitar complicaciones asociadas y mejorar la calidad de vida en adultos mayores.

Metodología: Estudio desarrollado durante 12 meses (años 2006-2007) en 700 adultos mayores de Buenos Aires-Argentina, separados de forma aleatoria en 2 grupos: intervención y control. A todos se les realizaron mediciones pre y postintervención de peso, talla, tensión arterial, colesterol, triglicéridos, glucemia y problemas cardiovasculares (infarto, accidente vascular cerebral), osteoarticulares (fracturas), ingresos hospitalarios y calidad de vida evaluada con la Encuesta-SF12. La intervención consistió en actividad física periódica (bisemanal) destinada a fortalecer grupos musculares que otorgan autonomía de movimientos, así como actividades recreativas, talleres de nutrición y manipulación de alimentos. A cada individuo del grupo intervención se le asignó un estudiante de medicina que semanalmente lo visitó y acompañó en la

A grandson to each grandfather

1000 elderly people with same characteristics, divided into 2 equal groups of 500. 1 group was weekly contacted by one advanced student of medicine.

This group reduced in 35% the hospitalization, 31.6% cardiac events and 28.7% hip fractures

Quality of life
Promotion
Evaluation

improves the quality of life (QOL) in elderly adults (EA).

Methods: A 12 month intervention studies used 700 EA randomized in 2 groups: intervention and control. Each group was submitted to pre-post intervention measurements that included weight, height, blood pressure (BP), cholesterol, lipids, glycaemia, cardiovascular (infarct, stroke) and bone fractures events, hospitalization, and a QOL survey. Intervention consisted of periodic physical activity to fortify muscular groups, as well as recreational activities, nutritional and food manipulation training visits. A medical student was assigned to each participant from the intervention group to assure periodical contact and to share activities. The control group continued with their normal activities during observational period.

Results: The intervention group showed a significant reduction in the BP, lipids and cholesterol values compared to control group. Reduction on cardiovascular events (-31%), hip fractures (-18.2%) and number of hospital admittance (-21.1%) were obtained for group A in relation to B. The QOL survey showed 28.7% improvement for group A compared with 33.4% improvement compared with control group.

Conclusion: The health program with exhaustive follow-up administration, significantly reduced risk factors and complications associated with aging.

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Chronic Disease controlled by PHC



Latin American Journal of Pharmacy
(formerly *Acta Farmacéutica Bonaerense*)

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Original Article

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Utilización de Medicamentos del Programa REMEDIAR en la Provincia de Buenos Aires, Argentina

Gustavo H. MARÍN ^{*1,2}, Martín CAÑÁS ^{2,3}, Cecilia HOMAR ^{1,2} & Mariel PERROTTA ¹

¹ *Dirección de Atención Primaria de la Salud, Ministerio de Salud de la Provincia de Buenos Aires.*

Av. 60 y 120, 1900 La Plata, Argentina

**Only 0,23% of the Diabetic patient and 0.36% of the hypertensive patients have a perfect adherence to treatment following them in a year time.
(free medication is provided)**

Research Article

Treatment adherence by personalizing the drug dispensing for diabetic patients in social vulnerable situation

Gustavo H. Marin
National University of La Plata, Argentina

CONICET

Paula Risso
National University of La Plata, Argentina
CIC, Buenos Aires, Argentina

Daniela Sbatella
National University of La Plata, Argentina

Griselda Haag
National University of La Plata, Argentina

We divided 2000 diabetics in 2 exactly equal group. One group Was weekly checked in order if they got their controls and anti-DBT drugs from the Health system, and in they didn't , the professional responsible visit the patients home's and delivered the drugs or made the health control.

Those patients belonging to the "care group" had 61,7% less cardiac events and 59.1% reduction in hospitalizations.

Results: Adherence to oral agents in CG was 15.57% and 92.09% in IG ($p < 0.001$). Dose omissions represented the most prevalent form of non-adherence. Weight loss was greater in the intervention group than in the control group throughout the study (5.4% in overall weight reduction at study end). Hospital

for reducing the economical impact for health system caused by complications due to untreated diabetes

Key words: Diabetes, Personalized, Treatment, Adherence, Primary Health Care

Healthcare program for sex workers: a public health priority

Gustavo Marin^{1*}, Martin Silberman¹, Susana Martinez²
and Carlos Sanguinetti³

¹*School of Medicine, National University of La Plata, La Plata, Buenos Aires, Argentina*

²*Sexual Workers Union, AMMAR-CTA, La Plata, Buenos Aires, Argentina*

³*Health Services, Ministry of Health, La Plata, Buenos Aires, Argentina*

SUMMARY

Objective The objective of this study was to propose a model of health care for sexual workers (SWs) and transvestites (Ts) groups who were historically excluded from health

**Only 15,7 % used the Health system After the program:
That cares was given with regular health control & we obtained
99% of sifilis control. Reduction 78.3% of HIV in new workers**

Results Nine hundred and fifty SW–Ts were included. At baseline, 99.7% lacked health insurance and 90.1% had no access to the health care. These data were compared with those obtained after attention quadruplicated among SW because of the implementation of the program. Risky sexual behaviors were reduced by 25 times. SWs have their own leader of health institutions and coordinate themselves with the program's activities.

Conclusion Responsibility of the state's authorities on vulnerable groups must focus on their inclusion. To this end, health services must adapt themselves in order to attend those community groups with special needs. Active participation of the target population contributes to viability of this type of proposals, and it is essential for the project's success. Copyright © 2013 John Wiley & Sons, Ltd.

KEY WORDS: public health; sexual workers; HIV

CONCLUSION

- Personalized care should be included as a main topic in PHC strategy.
- Nominalization of the population that receives the care is important to programme the health's activities.
- We must change from a model of care based in the spontaneously consultation (demand of attention), to a one that bases the activities in the health workers searching for the community needs.

It is not only more effective but is cheaper

Gustavo H. Marin

Dr. in Medical Science & Mg. in Economic

- Director, Ministry of Science, Buenos Aires, Argentina
- Head Professor at National University of Central School of Medicine – UNICEN – Buenos Aires

gmail2009@gmail.com