Assessing emergency care needs of an indigenous community in rural Guatemala

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Key role of emergency medicine in low and middle income countries (1)
There is a lack of data that characterizes emergency medical care in LMICs or interventions at the population level to improve emergency medical care (2)
Guatemala
– 16.5 million people
– Ranks poorly compared to other Latin American countries in various health metrics (3,4)
San Lucas Tolimán
– majority indigenous Mayan population
– 19 communities surround San Lucas Tolimán
– total population of the area is about 31,000 (5)

Purpose: Assess the current use and needs of the Emergency Department at the San Lucas Tolimán Hospital Obras Sociales through a retrospective chart review and qualitative focus group interviews.
Methods

- Study design: community based participatory research
- Mixed methods: quantitative chart review + qualitative interview data
- Retrospective chart review of the Hospital Obras Sociales Emergency Department in 2018
- Semi-structured interviews in the hospital and communities surrounding San Lucas (Fig. 2)
  – Community members, Promotores de Salud, and hospital staff
- Interview analysis used Grounded Theory methodology

Figure 2. Sample focus group conducted with community members.
Results

- 11 focus groups, 6 communities, 47 participants
- Commonly identified medical emergencies:
  - Respiratory disease
  - Gastrointestinal disease
- Higher frequency of surgical complaints in rural residents
- Factors impacting emergency care facility use:
  - Transportation
  - Patient perceptions of quality of care
  - Ability to pay for care
- Upstream determinants of health:
  - Socioeconomic status
  - Lack of health literacy

“Y este es siempre la costumbre que tenemos aquí en las comunidades, que esperamos hasta que la enfermedad está bien avanzado, hasta esto, a salir de emergencia por la situación. Que no se cuenta con recursos económicos. Muchas veces pasa esto,” –Promotora de Salud

“This is the tendency that we always have here in the communities, that we wait until the illness is very advanced, and from there, we are forced to go to the emergency room. Because we don’t have economic resources.”

“Pero lo malo es que la comunidad no cuenta con una emergencia. Hay que subir hasta San Lucas. Y si no encontramos vehículo luego el paciente… allí está,” –Xejuyu Community Member

“But what’s bad is that the community doesn’t have an emergency room. You have to go to San Lucas. And if we do not find a car, then the patient…there you have it.”

“Hay muchas personas que no tienen la educación necesaria para poder cuidarse, para saber qué tienen que hacer cuando se sienten mal. O qué es lo que deben hacer cuando hay algún tipo de accidente,” –Hospital Obras Sociales Nurse

“There are many people who do not have the necessary education to be able to take care of themselves, to know what they have to do when they feel badly. Or what they should do when there’s some kind of accident.”
Conclusions & Next Steps

• Current acute and emergency care use in San Lucas Tolimán involves complex decision making on the part of the patient.

• Potential interventions:
  – Increase access to transportation
  – Educate patients on medical emergencies

Questions?
References


