THE IMPORTANCE OF PUBLIC PRIMARY HEALTH CARE IN ADDRESSING INFANT MORBIDITY IN BUENOS AIRES, ARGENTINA:

A CASE STUDY OF THE PRIMARY CARE CENTER "LA ESMERALDA" IN FLORENCIO VARELA

by

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A THESIS

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A case study of primary health care center of "La Esmeralda" in Florencio Varela

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Kristin E. Yarris

Infant morbidity is an important indicator of the health status of infants within a population, and furthermore serves as an indicator of socioeconomic stability of a particular population. It is defined as both communicable and non-communicable disease impact on infants of one year of age and under. Often times, infant morbidity is caused by lack of access to basic and adequate living conditions. Through the collection of statistics on infant morbidity within specific populations, a framework is constructed to develop healthcare practices specific to the health problems faced in individual regions. In Argentina, many issues of infant morbidity are solved within the primary level of the public sector of healthcare. By focusing on the primary level of public healthcare in Argentina (opposed to the secondary and tertiary levels), one is able to develop an understanding of many basic health issues, which communities face

everyday that lead to infant morbidity. For these aforementioned reasons, my thesis case study was conducted in Florencio Varela, a municipal outside of the autonomous city of Buenos Aires. Specifically, this project focused on the primary public center of health (CAPS) by the name of La Esmeralda, which serves the population in the barrios of La Esmeralda, Santa Rosa, Libertad, Villa Susana, and a few new barrios that have not yet established official names. Many people in this area live in precarious conditions without access to electricity, gas, clean water, sound living establishments, and other basic conditions. For these reasons, problems with infant morbidity are very predominant, and are often addressed by the center of La Esmeralda. Interviews were conducted with five different staff members of this center and other professionals who have studied or contributed to the study of the primary level of care in Argentina. This thesis discusses results and analyzes data from interviews, observation, and research on the health care system of Argentina, including a brief discussion on the history, development, and importance of public health practices in the world today.

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Preface

At the University of Oregon, I have come to complete my studies in Global Health and Latin America within the Department of International Studies. Having this major rewarded me with the opportunity to take many classes with a focus in global health. Throughout the years, I have come to gain in interest specifically in the application and importance of public health within global health context since public health prevention has gained popularity in the most recent decades in the application of health practices internationally. The topic of public health is also a particularly relevant issue with in our own country right now, and I find myself following public health efforts in the news all the time with out much of an answer as to what public health models could look like for our country. This made me feel as though my thesis on the importance of public health could add context to the research done on benefits relating to these practices.

With this passion and eagerness to get hands on experience in the global health field, I applied for a public health program in Buenos Aires, Argentina that focused on the study of public health practices within urban populations. As a part of this program I had the opportunity to create my own independent study project on any facet of the public health system. Keeping this in mind, I realized an important aspect of public health is the collection and epidemiologic study of statistics on communicable diseases or other health issues within target populations.

Because I had two months to create and complete this project, I chose to focus solely on the primary level of attention's efforts to preventing infant morbidity. I also

knew that if I wanted to have a project that could translate into my thesis, a personal connection was going to be my best motivation. Having lost one of my own sisters to an unknown cause of death as an infant, I was more than motivated to create a project related to the prevention of infant illness that could be translated into a professional paper.

Introduction

At first, the idea was to solely focus within the autonomous city of Buenos Aires, but through interviews and connections in my program, it was much more feasible to study infant morbidity in Florencio Varela, a municipality located about an hour outside of the autonomous city of Buenos Aires. Florencio Varela is part of the province of Buenos Aires composed of sixteen and a half million people, but not a part of the autonomous city of Buenos Aires, which is composed of three million people. It is also one of the poorer regions in the Buenos Aires province, and lack of access to basic resources often caused problems with infant's health. Specifically, this project was focused on the primary center of health by the name of La Esmeralda, which provides primary care to the barrio of Esmeralda in Florencio Varela and surrounding barrios when necessary (including barrios Santa Rosa, Libertad, and Villa Susana). Because this CAPS (centros de atención primaria de salud) addressed many different barrios and I only had a few weeks to conduct interviews, it was most plausible to just focus on this one health center of Florencio Varela. Even though there was some hesitancy from my academic board to allow me to travel to this area by myself, we were able to work out a safe system to get me to and from Buenos Aires and Florencio Varela.[1]

My general objective was to study public primary level health in Argentina and understand the role of this level in the prevention of infant morbidity. Under this, I had four specific objectives:

[1] With the poverty of Florencio Varela comes a heavy rate of crime. Blending in and working within/respecting societal norms was a very important part within my research, and for that reason it felt important to address the level of dedication and consciousness it took to complete this field-work. I often ran into cultural obstacles, proving to be a huge part of my experience. This will be addressed later in the *Limits of the Investigation* section.

1) Identify predominant problems of infant morbidity are in Florencio Varela and what conditions, as seen by the professional health worker, cause these issues.

2) Comprehend how health workers within the primary level of public care work within the communities to prevent Infant morbidity.

3) Understand the relationships and impact that the primary health workers develop within their communities and with other levels of public health care.

4) Understand what methods are exercised and practiced within this level of care to specifically address infant morbidity.

Fieldwork was conducted between October 30th and November 20th in 2014 through a series of interviews with professionals and key players in the primary level of care in Argentina. This included an interview with Paula Estrella, a professional who wrote her thesis on the importance of agentes sanitarios[2]; Nora Aller, coordinator of agentes sanitarios within the autonomous city of Buenos Aires (and two young agentes themselves, Cristian and Marisela), interviews with two pediatricians who work in La Esmeralda, the director/general family of the center of La Esmeralda, and the two agentes sanitarios who work at the center of La Esmeralda. agentes sanitarios are defined as public health care workers who are not professional health care providers, but act as important "liaisons" between the community and the primary public health centers. The promoters usually originate and reside in the community where they work, and vary in age from early twenties to late fifties. Promotores are not recognized as professionals by health practice standards by the Minesterio de Salud, and there is no way to receive formal schooling on becoming an agente sanitario through a high school, college, or university.

[2] Also referred to as Promotores de Salud in this thesis. They will be intermittently referred to as "agentes sanitarios" and "promotores de salud" as they are interchangeably used in Argentina.

This is a controversial topic for the agentes themselves, and a topic often discussed within the public health system of Argentina as will be seen later in my research.

Before conducting these interviews, each person who participated was given a consent form that included a brief description of the project, declaration of their rights, ethics strategies to be taken in order to protect their identity if they so wished, including the option to terminate the interviews or projects at any time they felt uncomfortable[3]. Each of these actors provided specific opinions, information, and perspectives on the importance of the work of primary health workers in Argentina, and specifically in terms of infant illness. All of these interviews helped amplify the profile of Florencio Varela and Argentina based on the close relationships that many of these key actors had within the population aided. Also, secondary sources were used to develop a better background of the issue at hand.

Results:

The interviews with agentes sanitarios and professionals, like Paula Estrella and Nora Aller, unveiled the lack of formality and respect that agentes sanitarios receive from the government and many health figures. But interestingly enough, my fieldwork also solidified the importance of these primary care actors, and other primary level care positions in preventing infant morbidity by promoting healthier living practices through their close relationships developed with the community, their efforts of health education, and their help with disease prevention. Interviews with the doctors of the center of La Esmeralda helped to explain the network of the implementation of government resources in prevention and treatment of infant morbidity. Even more

[3]After returning to Oregon, a re-consent form that was approved by the IRB board of ethics was sent to all participants interviewed and resigned. All this can be seen in the appendix

importantly, these interviews unveiled the strength and importance of the “fuerte” dynamic between the community, the center, and the social organizations in enhancing conditions for the population of Florencio Varela, an aspect that made me realize that primary care centers in Argentina go further to address health than just by their medical obligations. Accumulated, all of these results lead to the conclusion that infant morbidity is overall caused by the lack of access to basic living conditions and lack of education within Florencio Varela. Furthermore, these results also suggested that there needs to be a change of the lack of respect of agentes sanitarios and the primary level of care in Argentina, specifically within the city municipal. In terms of relating these findings to my secondary research on Florencio Varela, the Argentine health system, and concept of public health, I concluded from this thesis that even though the primary health actors cannot change the conditions and access to resources of the community single handedly, the primary level of health care in the public health system of Argentina is vital to communities in order to prevent infant morbidity and many other basic health needs. This is possible through their ability to apply common primary health practices with a focus on prevention, like providing information about healthy lifestyles, providing educational resources, trusting relationships, by treating common illnesses through government supplemented affordable medication, and much more. Ultimately, I found that the implementation of public health practices in the center of Florencio Varela could serve as a model for other public health practices globally.

Infant morbidity is often mistaken for infant mortality, but it is technically not referring to statistics about death, morbidity is related to illness (which can lead to death). As defined by the U.S. department of Human Health Services, “Morbidity is a

measure of disease, illness or injury within a population. Like infant mortality, conditions resulting from prematurity and low birth weight are strongly associated with infant morbidity. Infant morbidity can be measured by the presence of diagnosed conditions, such as respiratory distress and hyperbilirubinemia (or jaundice), as well as by service utilization indicators, including admission to a neonatal intensive care unit (NICU) and length of hospital stay."[4] (www.mchb.hrsa.gov, 2013). Infant diseases are often related to lack of access to basic resources such as clean water, a nutritional diet, proper living situations, educated parents on raising a child, etc. Because these health issues are usually caused by lack of access to basic resources, they are often addressed within the primary level of public health care attention in Argentina and solved through primary care practices, which tend to aid in fixing the problems causing the illness before treatment.

Infant morbidity is also globally studied by comparing statistics of different diseases in infants under a year within specific regions, countries, social classes, and other varying population groups. It is a statistic related more to disease prevention than mortality prevention. For example, just because there are high rates of Tuberculosis in a certain population does not necessarily mean that there will be high mortality rates from Tuberculosis if treatment of this disease, potentially due to good access to facilities, is preventing death in that particular area. For me, it is a very interesting statistic that does not technically measure cultural practices and habits, but can hint at how cultural norms and living situations contribute to the health profiles of populations. Furthermore, the

[4] Infant morbidity is also defined as ""the different determinants of infant morbidity and mortality are age, sex, plurality, mode of delivery, gestational age, birth weight, maternal parity, immunization, maternal education, age, the spacing and socioeconomic conditions." (Habib et. Al, 2009). This definition helps in elaborating in other key factors that contribute to morbidity such as immunization and nutrition statistics.

health of a child can determine their health for the rest of their lives. According to the World Health Organization:

> The future of human societies depends on children being able to achieve their optimal physical growth and psychological development. Never before has there been so much knowledge to assist families and societies in their desire to raise children to meet their potential. (WHO, 2015)

Clearly, work done on the infant mortality and morbidity in a population is key to the future generation of the nation, and the future depends on the success of children's health in early stages of development.

Overall, I narrowed my project down to address the public primary health efforts in addressing infant morbidity within one CAPS located in the poverty stricken municipality of Florencio Varela.

Mark of reference:

History and Importance of Public Health

Before discussing the health system of Argentina, it is important to have an understanding of the development of public health efforts and define what public health actually encompasses. It is foremost important to understand that the concept of public health is not just the study of public governmental health models. In terms of its global health importance, one of the founding moments of public health was the Alma-Ata International Conference on Primary Health Care in 1978 held in the USSR and attended by important leaders worldwide to address "the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people in the world…" (Alma-Alta Declaration, 1978). The goal of this conference was to try and create a plan to achieve "health for all" by the year 2000 by providing more adequate health access to vulnerable and impoverished populations, and try to create systems to stop illnesses before they happened not only through medical efforts, but also through social, political, and economic efforts, or what soon came to be defined as public health efforts[5]. Furthering the importance of public health within the global health spectrum, the declaration states in its second amendment: "The existing gross inequality in the health status of people particularly between developed and developing countries as well as within countries is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries." (Alma-Ata Declaration, 1978). This addressed the stark reality that the status of one's health is not only an issue of how healthy you are biologically, but how social,

[5] Alma-Ata also defined health as a state of complete physical, mental, and social wellbeing.

political, and economic realities tend to affect one's status of health. The declaration also addressed the importance of primary health care practice in a public health model because it "evolves from the economic conditions and sociocultural and political characteristics of a country and its communities and is based on the application of the relevant results of social, biomedical, and health services research and public health experience [through] promotive, preventative, curative, and rehabilitative services accordingly." (Alma-Ata 1978). Basically, Alma-Ata proposed that public health was supposed to be focused on providing resources to individual's worldwide in a productive and economically sound manner and through the re-evaluation of societal structures of health resources. This called for many countries to re-define their idea of health as a right instead of a privilege or luxury that a citizen has to pay for. Because Argentina was amidst a brutal military regime, the country supported Alma Ata, but it took time for public health reform to actually happen (after the regime). "Some Latin American authoritarian regimes, such as the military regime in Argentina, formally endorsed the Alma-Ata Declaration but did not implement in any tangible reform" (Cueto, 2004). Even though the goal of health for all by 2000 was not reached, many important ideas about public health resulted from this global conference.

Since this conference, the idea of public health has evolved and continued. Paul Farmer[6], one of the founders of Partners in Health and a teacher of public health at Harvard University, is considered one of the most influential and well-versed individuals in the public health field within the past thirty years. He fittingly addresses public health as "[The] focus on the health of populations, while medicine focuses on

[6] Paul E. Farmer, Ph.D., M.D. is a professor of global health and social medicine at Harvard, founder of Partners in Health, and author of many global health books including the popular *Mountains Beyond Mountains.* He is considered a pioneer in the modern day global health field.

the health of individuals… We believe both clinical medicine and public health must utilize the re-socializing disciplines to address fundamentally biosocial nature[7] of global health problems." (Farmer et. Al. 2013). As discussed at Alma-Ata, unlike just the study of medicine, public health takes social factors into consideration, and also the effect of factors on the social profile of specific populations. The World Health Organization defines social determinants of health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels." (WHO.org, 2011). This social determinants can impact an individuals health dramatically.

The questions that are often addressed through public health needs that help develop important health profiles of communities include: What ethnicities compose the population being studied? What does the socioeconomic profile look like? Are there diseases/health problems that are specific to these areas? What social factors could be contributing to these illnesses? What are economically available ways to address these health problems? Questions like these help develop strategies to incorporate the best models of care specific to each individual society.

The World Health Organization also provides the current definition:

> Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease. The three main public health functions are:

> -The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.
>
> -The formulation of public policies designed to solve identified local and national health problems and priorities.
>
> -To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.
> (www.who.org)

Unlike treatment that comes after a patient has experienced symptoms, disease prevention and health promotion strive to educate individuals about safe health practices, and work within communities specific to their profiles to promote healthy living habits in order to avoid sickness in the first place. In fact, health promotion and prevention were the driving efforts that I encountered in my case study of Florencio Varela.

Overall, the study of public health does not define health solely by medical, scientific, and biological standards, but addresses issues of health through more personal and community oriented methods. Specifically, this is often done through the practice of primary care, which was the type of care exercised at the first public level of care in the center of La Esmeralda.

Argentina's Health system and the role of the primary level

Argentinian health care is consists of four types of health coverage: private health sector, health care for the retired, health care provided under social security, and the public health sector (Langsam, 2014). Each of these systems has it's own complex structure, and Argentines cross-mix between systems. To talk about all of these models would be extremely complicated and would draw away from the focus on public health.

For the purpose of this project, only the public health sector will be discussed, the sector that provides free medical attention to all citizens of Argentina. The primary level is composed of CAPS and CESACS (the same as CAPS but only in the city of Buenos Aires). The primary level of attention mainly integrates primary care practices through the treatment of a variety of basic illnesses, work done within social setting of the community and its members, prevention of illnesses, promotion of healthy lifestyles, and rehabilitation services (PMC, N.D.). This level solely focuses on the very basic necessities of each community (Langsam M, 2014). For example, if bronchitis in infants is prevalent in one barrio, it is likely that the CAPS within that barrio generally cater to that specific health issue[8]. In the intermediate (second) level of attention exist bigger locations or hospitals with the ability to address specific, serious, and complex diseases. This second level of attention is mainly composed of treatment options and plans for patients instead of simply basic care. Often times, if the primary level of care cannot help a patient with his or her illness through the practice of primary health care interventions, they will direct their patient to the secondary level of attention within the network of their immediate surrounding area (Langsam, 2014). The third level of public health is modeled the same as the second level, but it may be a governmental hospital that has all the advanced resources to tend to an array of complex medical issues. On a geographic scale, there are different responsibilities of national health regulation and provincial regulation. Both national and provincial portions of the government work

[8] At this level of attention, primary health care services are practiced. The WHO uses the Alma Ata definition of primary health care as the practice of "Reducing exclusion and social disparities in health (universal coverage reforms), organizing health services around people's needs and expectations (service delivery reforms), integrating health into all sectors (public policy reforms), pursuing collaborative models of policy dialogue (leadership reforms), and increasing stakeholder participation." (WHO.org, 2015)

together to provide necessary resources for each geographical province of the country based on their specific needs (Arce, H. E., 2012). Each public level addresses different problems based on their access to resources. The primary level has access to the resources provided to them (mostly by governmental programs or plans)[9], and there are very few specialists who are usually selected to work in this level based on what the community's needs are, while the second and third level address more serious and specific issues through treatment because these cases are passed the point of basic prevention (Langsam, 2014).

Importance of primary care

The importance of primary care was already discussed in the framework of public health, but the actual implementation of this concept was not discussed. Unlike the more complex levels of health care (the second and third level), the primary level tends to have more basic resources to prevent illnesses and health risk through the promotion of good health and basic medicine such as vaccination, check- ups, nutrition programs, etc. Paula Estrella divides primary health care into four areas: "1) The promotion of health 2) The prevention of illness/disease 3) Recovery of the sick and 4) Rehabilitation" (Estrella, 2012). In terms of this project, wellbeing was developed through the relationships acquired on a personal level in the primary health sector between patient and professional. "Health workers have to care for people throughout the course of their lives, as individuals and as members of a family and a community." (World Health Report, 2008). Because of this, a focus on the primary level of care unveils very raw realities and hardships in communities. I was able to develop an

[9] These resources often include powdered milk for infants, basic medication, inhalers to prevent bronchitis, etc. Refer to the "Plan Remediar" list of resources in the list of figures.

informed understanding of the Florencio Varela profile through the voices and eyes of the health care professionals. Over all, health promotion and disease prevention does not happen over-night, but through practices over a longer period of time, it can have major beneficial impacts on the health of populations.

Definition/ Context of Agentes Sanitarios in Argentina

Because the role of *agentes sanitarios* was a major component of my project, it is important to define what these health workers actually contribute to the primary level of public health care in Argentina. Under the APHA, a community health worker is defined as: "A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW[10] to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." (Apha.org). In terms of CHW's in America, the APHA provides volunteers and councilors as examples of CHW's, yet agentes sanitatrios go far beyond these descriptions. This role will be discussed in depth later in this thesis. Their roles include: tracking and recording specific diseases and illnesses of each family in the neighborhood, improving vaccination rates in their community, controlling the spread of infectious diseases by promotion of healthy practices, and promoting breast feeding in children (Erno Harzheim, 2008). Furthermore, they help lessen the gap of inequality in the health sector between different socio-economic divisions of the population by promoting the use of public health services in their assigned communities. (Erno

[10] Community Health Worker

Harzheim, 2008). According to Estrella, these specific actors have an important job in the primary level of public health care in Argentina as the mediator between the community and the health center. Estrella also pointed out that the role of agentes sanitarios in the city of Buenos Aires tend to be very different from the role they play in more rural regions of Argentina. Even though they receive income, agentes sanitarios are not taken as seriously because their career is not a "formal" major at university in Argentina that a person can go take for this career, and they do not have a formal meeting place to convene and meet with agentes sanitarios of other barrios (Estrella, 2014). To combat this issue, the Ministerio de Salud has recently supported the creation of two programs geared toward the efforts of these actors: Promoción Comunitaria en Salud and Programa Médicos Comunitarios (created in 2013) (Estrella, 2014). These programs have created Facebook groups and have initiated meetings with coordinator Nora Aller, to create contact between workers of different communities around Buenos Aires, and to promote a better network of resources. Therefore, part of the purpose of this project is to provide more concrete context to address disrespect of health promoters (Programa de Promoción Comunitaria en Salud, 2013).

Infant morbidity

As infant morbidity was defined above, this section focuses on the secondary data found in terms of infant morbidity and mortality within Argentina and compared to the United States. To provide one more definition, "Infant mortality rate (IMR), [is defined as] the rate of death of children before their first year of life per births that year, and is usually considered one of the most accurate reflections of development of society and the living conditions of its members."(Sachhi, 1997). Causes of mortality in

Argentina in 2012 compared to the causes of mortality in the United States of America, according to the Pan American Health Organization, are shown in Table 1.

Table 1:

Cause of Mortality	**Argentina**	**United States of America**
Low birth weight proportion	7.2%	8.2%
Tuberculosis Incidence (per 100,000 people of the total population)	21.3%	4.2%
AIDS incidence (per 100,000 people of the total population)	2.3%	9.6%
Annual proportion of registered deaths under 5 years of age due to Acute Respiratory Infections (ARI) (per 100,000 people of the total population)	3.5%	1.4%
Annual proportion of registered deaths under 5 years of age due to intestinal infectious diseases (ADD)	0.9%	0.1%

(Pan American Health Organization, & World Health Organization, 2012)

In 2012 there was a considerable number of deaths occurring within the infant population of Argentina. Many of the diseases that led to infant mortality are caused by factors of morbidity that had not been prevented or treated. These factors are often addressed in the primary level of care within Argentina, including Tuberculosis, birth weight proportion, and respiratory infections. The comparison with the United States was made to address the fact that both these populations have issues with infant mortality, but there are clearly different factors affecting these statistics. Through this project, I wanted to develop context to address this issue and discover what issues are

causing this mortality, specific to Florencio Varela by conducting a study of the CAPS, La Esmeralda.

Population and location of investigation

Florencio Varela is a municipality of the province of Buenos Aires. Outside the city of Buenos Aires, people live under very different conditions. Poverty rates are higher and living conditions much lower (statistics will be discussed later on in thesis). There are two hospitals ("El Cruce" and "Mi Pueblo") and forty different CAPS located in Florencio Varela. Through the help of connections of SIT, plans were made for me to work in a CAPS called La Esmeralda located at 2332 Avenida de Novak, a particularly poor location of Florencio Varela. This CAPS is composed of three pediatricians, two promotores de salud (also called agentes sanitarios), one gynecologist, two obstetricians, one adult psychologist, and one general family doctor. In my study abroad program, I learned that the number of health workers varies based on the number of people within the population that the center attends to. The larger the population, the greater the number of health workers. The average patient population varies based on what region the CAPS is located. In more urban areas, populations tend to be larger whereas in more rural areas, such as Mendoza, there might only be twenty people that the CAPS attends to. The opportunity to work with this CAPS allowed me to conduct interviews with many different health workers who specialized in the primary level of care, and helped me put a physical profile to all of the secondary data that I collected.

In terms of this project, by developing a background of the primary level, interviewing professionals who work in the primary level, and observing what is carried out through this level, a profile of the population, which uses the resources of the CAPS

La Esmeralda as their primary center for attention was constructed. Specific to Florencio Varela in comparison to the municipality of the city of Buenos Aires, the Ministerio de Salud of Argentina provides these results:

Table (s) 2:

Florencio Varela Health profile (2012)

Municipal	Population	Registered births (2012)	Deaths (under 1 year of age)	Deaths (1-4 years)	Maternal Deaths
Florencio Varela	438,805	9,314	109	17	6

Buenos Aires Health Profile (2012):

Municipal	Population	Registered births (2012)	Deaths (under 1 year of age)	Deaths (1-4 years of age)	Maternal Deaths
City of Buenos Aires	3,072,426	43,733	365	59	7

Argentina Profile (2012)

Country	Population	Registered Births (2012)	Deaths (under 1 year of age)	Deaths (1-4 years of age)	Maternal Deaths
Argentina	41,281,631	738,318	8,277	2,686	258

In comparison to the city of Buenos Aires, Florencio Varela is much smaller, this can be seen through their population numbers. But, Florencio Varela is still a significant portion of the population of the province of Buenos Aires. In Figure 4 of the appendix, you can see the municipal of Florencia Varela in geographical relation to the municipal city of Buenos Aires, both within the Province of Buenos Aires. For example, the population of CABA is seven times the size of Florencio Varela, but deaths under one year of age are only three times smaller in Florencio Varela. After looking at these results, there must be something preventing that mortality through treatment of illnesses to keep that percentage low; the rate of mortality in Florencio Varela 1.2% of registered births (caused by factors of morbidity) within the first year of an infants death. Through my primary research, I hoped to discover what these public health efforts of prevention looked like to support this data. After conducting one interview with Nora Aller, a coordinator for agentes sanitarios, she made it very clear that infant morbidity was more easily studied in poorer areas outside of the autonomous city, where basic conditions are usually at a much lower standard. Only an hour outside of the city, the evident socioeconomic contrast of Florencio Varela in comparison to the city was somewhat shocking.

To support my qualitative results through my interviews and my understanding of the socioeconomic situation in Florencio Varela, I conducted some secondary research on Florencio Varela. Particularly, I wanted to find information that would put the age distribution of the population into perspective so I could understand the number of infants within the population in comparison to other age groups:

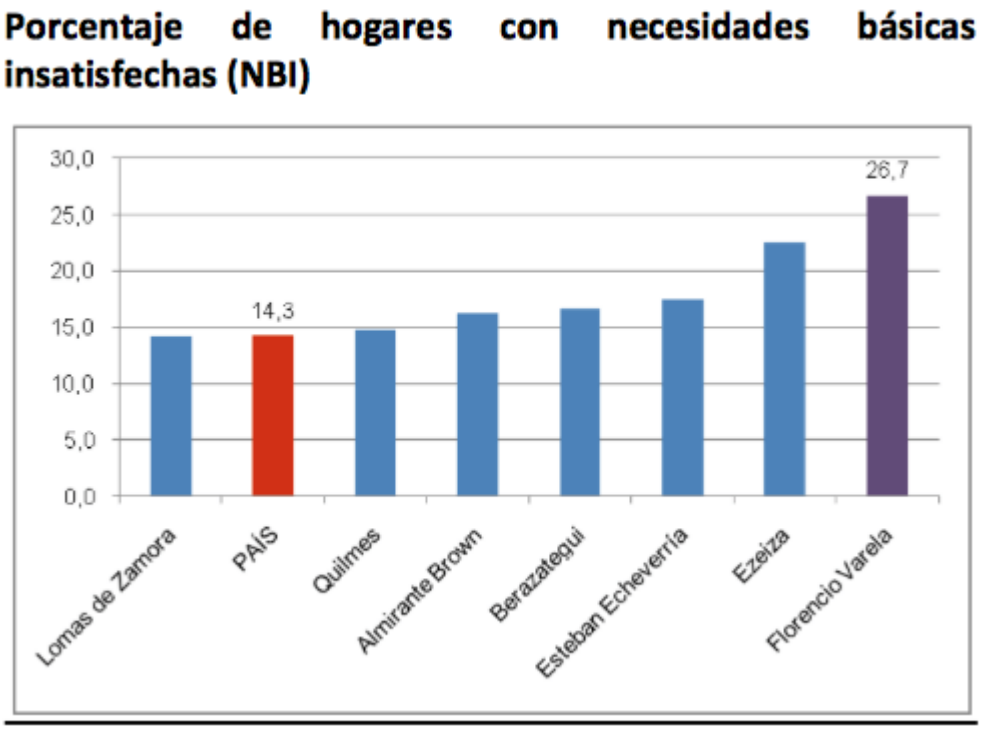
Table 3: Population census of Florencio Varela in 2010:

Grupos de edad	FLORENCIO VARELA		
	Población total	*País de nacimiento*	
		Argentina	*Otros*
Total	**426.005**	**396.714**	**29.291**
0-4	43.223	42.835	388
5-9	42.189	41.260	929
10-14	43.936	42.740	1.196
15-19	43.067	41.331	1.736
20-24	38.434	35.983	2.451
25-29	34.934	31.905	3.029
30-34	33.188	30.591	2.597
35-39	29.324	26.663	2.661
40-44	24.283	21.649	2.634
45-49	20.809	18.583	2.226
50-54	18.100	16.304	1.796
55-59	16.072	14.224	1.848
60-64	13.021	11.199	1.822
65-69	9.753	8.296	1.457
70-74	6.830	5.805	1.025
75-79	4.680	4.024	656
80 y mas	4.162	3.322	840
Fuente: *INDEC. Censo Nacional de Población, Hogares y Viviendas 2010.*			

(OIADS, 2013)

As shown in Table 3, there is quite the distribution of ages within its population, with higher numbers of the young population. Also, Florencio Varela has the highest number of unsatisfied basic needs i.e. clean water, plumbing, access to computers, gas, energy, etc. in comparison to the surrounding municipalities:

Figure 1: Percentage of homes with unsatisfactory basic resources



(OIADS, 2013)

Even though some of these other municipalities have common economic situations, Florencio Varela is statistically the worst. In relation to my project, lack of access to basic resources or unsatisfactory living conditions is what often causes infant illness. Even further, these demographic inequalities adversely influence the health profile of the population, often times for the worst. This data illustrates the importance of an investigation into how the primary level of health care helps a population that struggles with so many basic necessities. Furthermore, this project illustrates how primary public health centers to combat health issues related that accompany individuals who don't have access to basic resources (OIADS, 2013).

Methodology/ Fieldwork

The work I conducted within the field was done through eight interviews. Each interview was tailored to the specific focus of each actor, with questions about work they encountered in their everyday, challenges they observed within the population that they worked with, what they could tell me about infant morbidity, etc. The interview with Paula was conducted in her office of the institute of Gino Germani; the interview with Nora, coordinator of “Programa de Promoción Comunitaria en Salud” was conducted in The Ministerio de Salud, while the interviews with the two pediatricians and coordinator of La Esmeralda were conducted within the center of La Esmeralda. Finally, the last two interviews with the two promotores de salud were conducted in a cafe within Florencio Varela.

Interviews

After combining the results from secondary sources and the results from interviews, there are clearly many predominant causes of infant morbidity within Florencio Varela mainly due to lack of access to basic resources, as well as the influence of limited education. At the same time, I found that the primary level of care has a very positive influence on the prevention of infant morbidity through health workers' personal relationships with the members of the community, complex understanding of the conditions of the community, and network they have developed with other influential social entities within Florencio Varela.

Interview with Paula and interview Nora Aller, Cristian, and Marisela

Before any of my research was conducted, I met with Paula Estrella, my assigned advisor for this research project. Paula works at the Ministry of Health of Argentina and she also wrote her thesis specifically on the role of agentes sanitarios in Neuquén, Argentina. For this reason, the topic of infant morbidity was not addressed in this interview; rather a focus on agentes sanitarios was explained and elaborated. From this interview, I came away understanding the lack of respect and formality that exists for the career of agentes sanitarios, and I better understood what issues they faced within the city population in comparison to the dynamic of agentes within areas further outside the atoms city of Buenos Aires.

Paula first explained the basic principles of agente sanitarios: their role is to act as a promoter of health, which includes "many different jobs" (Estrella, 2014), including visiting each house in the community at least once or twice per year to check

up on families, helping get individuals to go into the health centers, and aid with very basic health needs throughout the community (Estrella, 2014). Specifically in terms of working with infant morbidity, she said "they check to make sure all of the babies have their vaccinations needed to that day, which should all be written in their government provided health-notebook"[11] She went on to explain that the importance of the relationship between agente sanitarios and the community greatly affects the success of the agentes work. When a community knows these actors for a long time, which is generally the case in rural areas, the communities are more likely to trust, respect, and accept the help of agentes sanitarios.

But Paula pointed out, there is not a very strong network or governmental acknowledgement of agentes sanitarios within the city of Buenos Aires, and most agentes sanitarios who work in the city have not been working in the communities for very long. This is due to the fact that promotores de salud have just not been in the primary health care model of the city for very long. Paula said their job did not seem as important in the city because there were so many health resources and promotions conducted directly by the government in the city, and there are not such detrimental issues of poverty in this region. For example, the city uses media efforts to promote healthy choices, and most people who reside in the city have access to basic resources within, or very close to, their homes, work, schools, etc. Paula explained "[in the city] there is not a clear governmental organization that works with all of the agentes

[11] Translated to English. Also, these health notebooks are a government provided document that all citizens must keep and record their vaccinations and visits to any public health entity if they wish to receive service.

sanitarios in the health system"[12], meaning that there is not a formal network in place for agentes sanitarios (Estrella, 2014). Most agentes do not really work with one specific CAPS (centro de atención primaria de salud) like they might outside the municipality; instead they work in non-formal centers and meet where there is available space. Because of this, the relationships between the communities that do have agentes sanitarios within the city are not as established and mature as the relationships in more rural areas where, in general, agentes sanitarios have been a part of the primary level of care for a long time and have established formal meeting areas. Furthermore, lack of respect for the role of agentes sanitarios exists because, according to Paula, "There is no formal major or study of agentes sanitarios [in school]….there are no formal courses that can be taken, or a formal career to become an agente sanitario in any provincial or national level."[13] (Estrella, 2014). For this reason, the role of agentes sanitarios is sometimes not formally respected since they are not considered trained professionals. When I asked why there was not a formal major in university for agentes sanitarios or a formal education to become an agente, Paula responded, "Because it is not yet discussed whether these roles of agentes sanitarios are necessary figures in the city. This is a complicated question that I am not sure can be answered because it is a very big conversation that I am not familiar with… [They] would like to say that [agentes sanitarios] are not professionals because they are not allowed to do the same things as health professionals and are not paid as much" (Estrella, 2014). For these aforementioned reasons, the dynamic of primary health care is very different within the

[12] "[En la ciudad] no hay tampoco organización claro del sistema de salud [de agentes sanitarios]"
[13] Translated to English from interview

city of Buenos Aires. This is not to say that the role of agentes sanitarios does not exist in the autonomous city of Buenos Aires, just that the networking and roles of these workers is very different in comparison to most municipals outside the city.
But Paula did explain that there was a newer organization of agentes sanitarios that had recently been formed within the city, one by the name of “programa de promoción comunitaria en salud” (Paula y Aller, 2014).

This lead me to my second interview with Nora Aller, (the coordinator of this program), and two young agentes sanitarios, Cristian and Marisela, who were participating within the program. This interview took place on the seventh floor of the Minter de Salud after a meeting with all of the agentes sanitarios of Nora’s program, “Promotores de Salud”. Nora explained that the two agentes sanitarios, Cristian and Marisela, had received scholarships through the program to work with the program and become trained as agentes sanitarios within the city (particularly their barrios). They explained that they worked in precarious barrios including villa 20, villa 15, villa 34, villa 24, and barrio independencia de San Martín (Paula y Aller, 2014). They also explained that the main center where they worked was a SUM o “Salon de usos multiples” that was primarily a fire station, but was used for other communal organizations/workers such as agentes sanitarios (Marisela, 2014). Furthermore, when asked why they decided to work as agentes sanitarios, they said it was for the purpose of serving their community and creating a strong bond with people by helping them receive necessary health care. This interview proved to provide an example of what the situation is for agente sanitarios within the city: these young agentes sanitarios provided the same care as agentes did outside the city, but their relationships within the

community were just being established and they did not really have a formal location that was primarily connected to the primary attention of care.

Interviews with Pediatricians of La Esmeralda

I conducted two interviews with La Esmeralda's main pediatrician, Dr. Ana Maria Fernandez; the first one took place one-on-one with her in her office and the second one was a conversation between her, Dr. Virginia Estela (the other pediatrician who worked in La Esmeralda), and myself. During the first interview, Dr. Fernandez explained that she had been working as a pediatrician in La Esmeralda for twenty-seven years and was nearing retirement. Every week, she works forty-eight hours five days a week at La Esmeralda. She has also worked in other sectors throughout her career, but explained that she has formed a strong bond and understanding of Florencio Varela throughout this time. During the second interview, I asked why she decided to work in Florencio Varela. She explained that she wanted to work to aid a more vulnerable population, and found that in public health system of Florencio Varela. She also wanted a job where she could feel like a part of the community instead of just being the family doctor who worked in a private health care practice that saw the families occasionally. She defined her relationship with the community as incredibly strong because patients confide in her and the other members of La Esmeralda. I also asked Dr. Fernandez about problems that existed between her and patients. She said that problems don't really exist unless, rarely, they encounter a case of a patient that they have never met before (Fernandez, 2014). Because the patients know their care is free to them, they rarely complain and most always co-operate. During my conversation with Dr. Estela

and Dr. Fernandez, Dr. Fernandez said “Dr. Estela and I know the families, we know all their cases, we know their past mothers, and we know all the information about their lives”[14] clearly solidifying the fact that their relationships with their patients, and the community of La Esmeralda go far beyond giving them medical attention (Fernandez and Estela, 2014). They know some families as far back as four generations! For this reason, these two pediatricians know how problems of infant morbidity are developed and how to address them in terms of each family due to their family history, family living conditions, whether or not the patients have been coming to all of their appointments to receive necessary medication, etc. Without the strength of these relationships, the pediatricians may not be able to understand actual individual cases of each family that cause specific types of infant morbidity. By having this deep understanding of the families, they can work towards instilling preventative efforts such as teaching the mothers how to properly take care of their infants who will teach their children and so on.

When asked to describe the socioeconomic status of the population, which La Esmeralda tended to, Dr. Fernandez described the population as “indigentes”, which translates roughly into to “impoverished” in English. She went to further explain that often times in these neighborhoods, children leave their parent’s house at very young ages due to economic hardships and an unfortunate social tradition. Dr. Fernandez explained that starting as early as fourteen years old, children will drop out of school, find an open area around their neighborhood, and start building precarious shacks made of metal that will later become their home. These “shacks” are technically called

[14] “Dr. Estela y yo conocemos los familias, conocemos los casos, conocemos los madres pasada, sabemos todo la información de sus vidas”

"asentamientos". When I followed up with a question about why children dropped out of school to start their lives, she said it had become a custom of the culture within Florencio Varela; often times children did not have the luxury of continuing their education because they need to find employment since their families can no longer support them, and they have to move out (Fernandez, 2014. Because these shacks became permanent housing for families, these establishments have lack of access to clean drinking water, plumbing, electricity proper ventilation, etc. adding to the factors cause illnesses in infants.

During the second interview that included Dr. Estela, the lack of education was a very dominant topic. Often times patients do not follow the outlined instructions or prescription slips they receive, Dr. Estela mentioned "there is a huge part of the population that lives here that don't even finish primary school, there's a lot of illiteracy [present here]." [15]which Dr. Fernandez responded: "Yes. I am not ashamed to ask my patients 'can you read?'" [16](Fernandez and Estela, 2014). This educational lapse causes much miscommunication between patients and the center despite the efforts of the center to verbally explain diagnostics, and the fact that agentes sanitarios will make a visit to families' houses after a member has recently had an appointment or documented health issue to make sure that the patient is correctly following the instructions given (Fernandez and Estela, 2014). Really, this is out of the hands of the center. If a patient cannot understand or complete the instructions that they receive to prevent or treat health issues, there is only so much that the center can do to help.

[15] "hay mucha gente que viene acá si quiera termino a primera… mucho anafeltabismo"
[16] "Si. Yo no tengo la vergüenza para preguntar [a un paciente] 'sabes leer'?"

In terms of infant morbidity, Dr. Fernandez elaborated which problems are commonly addressed in the community of La Esmeralda. She explained that during the winter months, Bronchiolitis (swelling of the smallest air passages of the lungs) and Bronchitis (a problem related to mucus in the lungs) are very common among infants, within Florencio Varela, and also in all regions of Argentina. This is due to the fact that there is improper ventilation in many houses where infants reside. In the summer she explained there were more problems with Otitis (ear infections) and diarrhea due to less access to fresh water. All year long, she said there were predominantly respiratory problems in terms of health issues related to babies. When I asked if the prevalence of illnesses changed throughout the time she has worked as a pediatrician she explained "It has always been the same things that occurred in the past twenty-seven years" [17] (Fernandez, 2014), which lead me to think that the economic hardships of Florencio Varela and the environment had over all remained the same.

For prevention of these illnesses, the primary level provides medication through the governmental plan "Remediar", which includes a range of many different vaccinations, and preventative medication that can help prevent these issues from happening[18]. She also explained that they administer basic treatment for these issues, but when it comes to anything complex within the respiratory part of the body, the "lung expert" can be found in the second level of attention and serious cases are sent there for treatment. She elaborated that often times, there is miscommunication between herself and the provincial second level hospital where she send patients, which seems to be an internal issue of not translating action from what Dr. Fernandez prescribes, such

[17] "Casi siempre ocurrido lo mismo en veintisiete años"
[18] A list of medications of Plan Remediar can be found through the link in figure 3 in section of figures at then end of this thesis.

as the correct time for an appointment. This happens because there is not a specific individual who is assigned to receive the requests of her specific CAPS.

In terms of the community outside of the center of La Esmeralda, Dr. Fernandez illustrated that La Esmeralda had created a network with three local schools, three kindergarten/preschools, and two churches to provide care to the community; They work to provide education and instruction about health, along with a safe support system for the community when needed. Since this CAPS attends to more than twenty thousand individuals, this network is crucial to maintaining relationships and proactive measures to cater to the community's needs. When she talked about the role of the Agentes Sanitarios with Dr. Estela, they both said they were very important, but reiterated the fact that La Esmeralda only has two agentes to cater to over twenty thousand patients, "Only two agentes sanitarios work here, we need more"[19] (Fernandez, 2014). Finally at the end of the second conversation, Dr. Fernandez explained that in order to work in the public health system, specifically at the primary level, health workers need to have the passion to get to know the patients and their situations outside the walls of the hospital, because a job in the public system pays a lot less than it does in the private sector. Because of this dedication and passion she described, it was clear that this center, like others, goes far beyond basic medical treatment.

These two conversations proved to demonstrate the importance of the relationship between the pediatricians and other health actors of La Esmeralda. There are many different dynamics to the primary level of care including patient-doctor

[19] "solamente dos agentes sanitarios que trabajan acá, necesitamos más."

relationships, network of centers of care throughout the community, and access to resources, all of which exhibit the personalization and dedication of the primary level in understanding and catering to the needs of La Esmeralda that go far beyond simple treatment and prevention. I asked her if she thought that their efforts were helping the community at all, and she replied that without all of these public resources, the citizens would be at a loss. All of these factors play a key role in prevention of infant morbidity, and of general morbidity of each member in this particular community within Florencio Varela. Looking back at the 1.2% of the infants under one year of age who died in the year of 2012, I realized part of keeping this number low was through the efforts of centers like La Esmeralda which treated infant illness rigorously and specific to the conditions of the population.

Interview with Director and General Family Doctor of La Esmeralda

After my second interview with the two pediatricians, I conducted a one-on-one interview with Dr. Mario Maugeri, the director and general family doctor of La Esmeralda. Dr. Maugeri has worked ten years at La Esmeralda, and six months as the director, and therefore has experienced multiple positions within the public primary level of care. This interview provided a detailed profile of the area surrounding La Esmeralda. Like Dr. Fernandez, Dr. Maugeri explained what types of doctors and specialists worked at the center, different governmental plans they used, "Vacunas, Programa Salud-Sexual, Plan Remedial, Salud Materno-Infantil y muchas más" (Maugeri, personal communication, November 19th 2014). But Dr. Maugeri's description of the socioeconomic status of the community surrounding La Esmeralda, Dr. Maugeri was very enriching:

> "Well [the socioeconomic status'] is not all equal… on the other side of this avenue [points outside the window]; there are communities that don't have access to fresh water. They also don't have electricity, and illegally connect to electrical cables to receive electricity. Also, the people do this illegal connection personally and it is a very dangerous process. These residents don't have gas, many of the streets are made of dirt, and people who live there usually don't have jobs with a legitimate employer…we call it 'trabajo negro': it's the kind of work where you don't receive retirement, vacations, insurance, or things like that. These include jobs in construction, working on farms or in crop fields. All of the living conditions [on that side of the avenue] are pretty bad. On this side of the avenue, the living conditions are much better. They have better housing, better working conditions, and better conditions of the neighborhood. But these people also use our health services here at La Esmeralda. A lot of these people have health insurance through their work since their employers are legitimate; their work pays for coverage if they go to a specific "obra social" center. But these centers are very far away and people prefer to just come here, they have confidence in us here."[20]
>
> (Maugeri, November 19th 2014)

Clearly, there are different components and socioeconomic statuses that this center caters to, and while listening to Dr. Maugeri, it was clear that this information had accumulated through interactions with all the different areas of the community. This knowledge was extremely detailed, indicating Dr. Maugeri's extensive knowledge on the community, which he attended to. By understanding the dynamics, structure, and needs of the community, the center had developed an understanding as to the different issues and requests they might encounter.

[20] Translated to English from Spanish interview

Interview with Gustavo and Maria

Three days after my interviews with the two pediatricians and Dr. Mario Maugeri, I returned to Florencio Varela to conduct my interview with the two promotores de salud, Gustavo and Maria that worked through the center of La Esmeralda. Because agentes sanitarios serve as the official communicator between the community and the professionals of the primary level, they provided a volume of information about the reality of conditions encountered within the barrios, and how the center of La Esmeralda supplies necessary aid. Over coffee in a cafe in the center of Florencio Varela, Gustavo and Maria explained what their job really included. They also described different issues of health they encountered specifically in terms of illnesses in infants, what they did out side of their job as promotores to help the community, and provided an explanation of the system of coordination between all agents sanitarios of Florencio Varela and the officials of the Ministry of Health.

The first theme that was discussed was how Gustavo and Maria explain their job as promotores de salud. Maria has worked with La Esmeralda as a promotora de salud for nine years, and Gustavo has worked with La Esmeralda for the past three years. They both live within the neighborhoods that La Esmeralda tends to, and this fact proved to be the main reason why they both chose their profession. Gustavo enthusiastically explained that he chose to work as a promotor de salud in order to help his “neighbors who have less resources”(Gustavo, 2014). Furthermore, they both work in community centers that focus on prevention and education for adolescents, coordinate with schools, churches, and other dominant social structures in La Esmeralda. Gustavo explained, “We are references, we articulate with schools,

churches, high schools… we are connected with every part of the community." [21] (Gustavo, 2014)). Maria described their position as the "middle-man" between the center and the community; they work to get people to show up for their appointments, work with the doctors of the center to aid to specific family needs, follow up with patients after their appointments, etc. (Maria, 2014). Really, they are literal promoters of health in the sense that they not only work to act as a liaison for their communities with the CAPS, but they encourage and support healthy living standards and choices for community members by providing them with as many resources as possible.

A problem that both Gustavo and Maria found very prevalent was that many individuals do not take their health seriously. Gustavo explained that this was mainly predominant within the adolescent population. Maria explained that, "Encuentras este a muchas veces…con las parejas o chicas jóvenes que tienen bebés." "You encounter this many times with couples or young girls who have babies", when you girls either don't know, or simply do not have the maturity to take initiative for their health and their child's health (Maria, 2014). Maria also explained that many times it was these adolescents who would miss their health appointments at the center. When this occurs, Maria and Gustavo have to track down these individuals, ask them why they did not make it to their appointments, and work with them to find a solution. Frustrated, Maria said "We see many situations where the mother is with tuberculosis, the family is with tuberculosis, and well, the baby is close to all of them!" "Nos vemos muchas situaciones cuando la mamá está con tuberculosis, la familia esta con tuberculosis, y bueno y, la bebe esta cerca de todas!"(Maria, 2014), a clear violation of the prevention

[21] "nosotros somos referentes… nosotros articulamos con escuelas, iglesias, colegios, somos conectados con cada parte de los comunidades."

methods they teach to patients. This illustrated the fact that many times there is just not an understanding or respect of what precautions need to be taken to prevent infant morbidity because many times adolescents do not know any better. She also explained that they encounter many problems of infant morbidity related to dire (a disease caused by an Argentine insect), dengue, vomiting, and intestinal issues. In some parts of neighborhoods, they said they had even seen cases of cholera because the drinking water is of such poor condition.

Another important component of my conversation with Gustavo and Maria was information they provided about the networking of agentes sanitarios in Florencio Varela. Maria explained that every fifteen days, all fifty-four of the local promotores meet to discuss what is going on in their specific communities, talk about problems they have been encountering, etc. Authority figures from the Ministry of Health attend these meetings, but Maria felt that they were not really making any changes or taking any action to help the agentes with what they have requested, such as more resources to provide to the communities (Maria, 2014). I cannot make any assumptions that this is the reality without having more credibility to support this claim, but it does provide context to how the promotores feel they are treated by governmental figures that are the providers of funds for what the promotores implement.

Maria and Gustavo were also extremely passionate about all the work they do in the community that they also participate in outside of La Esmeralda. Both of them work in community centers “para chicos”, each with a different focus. But, both centers are for adolescents and are where these young adults receive support with social, family, health, or educational problems. This stood out to me as an example of a public health

resource that do not solely deal with the distribution of medical resources, but focus on overall wellbeing of the individual in terms of their social and mental health. There are eighteen different local centers that Maria and Gustavo know of. Maria and Gustavo are completely immersed in the issues of their community, immensely strengthening their comprehension, passion, and ability to prevent infant morbidity and other issues in ways that they perceive are best for the specific profile of Florencio Varela. Because they understand the profile of the community so well, they are able to apply methods of prevention and education that work best for the community, and work with La Esmeralda to provide the best professional care as well. This is essential to the success of providing adequate primary care.

Limits of the Investigation

As with any research investigation, there were many limits to what I was able to conduct. Aside from the fact that travel was quite difficult (and somewhat dangerous by myself), and the fact that I was conducting all interviews in Spanish, which is barely my second language, I ran into many problems including the strain of time I had to conduct this project, and working with the schedules of the professionals of the CAPS. For example, I went to visit La Esmeralda one day, and because it was raining extremely hard, there were no patients or agentes sanitarios present to interview, prompting me to have to return on another day to a different location to interview the agentes. Also because of the time constraint, I was not able to find another time to interview patients, which directed my work to focus solely on the workers of the primary level of care. But working with a population that was vulnerable (such as mother's and their infants) would have been complicated to complete and attain consent within the time constraint

I was working with. After combating these issues, I feel as though I received plenty of quality information to draw conclusions from about Florencio Varela, primary health care, and the situation of infant morbidity specific to this location.

Conclusion

After completing research through both primary and secondary sources, I have come to realize many different facets about infant morbidity and the role of the primary center of La Esmeralda in preventative methods. Two main causes of infant morbidity in Florencio Varela are lack of adequate resources and lack of education. But I also believe that primary care, like that provided by La Esmeralda, is crucial to reducing infant morbidity within a population through communal relationships, dedication to the community, and comprehension of the specific issues of the community developed through these relationships and accumulated over time. Just as Dr. Fernandez said, it is hard to imagine what these citizens would do about their health with out access to these public primary resources.

Lack of Education/Resources and what is being done to combat this issue

Through every interview I conducted in Florencio Varela, each person mentioned the main issue that caused infant morbidity was lack of access to adequate resources to provide the best environment for a baby. Many problems that the center encounters are usually owed to lack of clean water, infrastructure housing problems such as improper ventilation, direct child exposure to communicable illnesses, etc. It is not the job of primary care to change these conditions, but they do the best they can to work with the families to combat these issues through education on basic good health habits and choices. They also provide preventative medication for babies along with treatment to basic conditions, they instruct and explain to young mothers important practices of raising children, and follow up with house check ups through agentes

sanitarios to their best capacity. But lack of education of many patients often times inhibits the ability of the center to express and provide adequate care to their patients. If a patient does not know how to read their prescribed instructions, how can they implement them? If young girls have not been educated on how to raise their children, how will they avoid common causes of child illnesses? By working with the schools, churches, and providing education tactics at the center, they are doing their best to provide resources to combat this issue, but sometimes lack of education is a bigger issue than they are capable of addressing, even in a public primary care model.

La Esmeralda and importance of patient-doctor relationships

I want to make it clear that primary care like that administered at La Esmeralda cannot change the condition in which the community of Florencio Varela currently resides, which seem to be the main problems causing infant morbidity. They cannot provide better housing, or clean drinking water, nor is this their job. But what they can do is aid with prevention of infant morbidity with the resources and capacity they have. This to me stood out as a prime example of a center working towards “health for all”. No one was turned away based on his or her income, political affiliations, or social status, making health care access a right instead of a privilege. The most important aspect I found through my all of my interviews was the relationship that had been developed between each person at La Esmeralda and their patients; each of them knew the profile of the community, issues that were common within the area, which families had problems with specific illnesses, where families lived within the community, etc. These relationships developed the capacity for patients to trust in their doctors, follow

the instructions or prescriptions to the best of their ability, and have no fear in asking the center for any medical help they would need. A social comprehension of the area helped the health providers create the best model of care, yet another example of the importance of public health in impoverished areas. They work with the needs of each patient to the best of their ability. Even further, La Esmeralda is a part of a very strong network in the community that encompasses many different community facets to spread awareness about prevention of morbidity through high schools, churches, kindergartens, community centers, etc. This network strengthens the ability to prevent and educate about healthy habits, choices, and practices much further than the center could do on its own. Specifically, agentes sanitarios such as Maria and Gustavo have very important roles in connecting La Esmeralda to these community organizations, through using their position as a part of La Esmeralda and their positions as neighbors of the communities. They also help by making house visits to patients when they miss an appointment or need an annual house check-up. This goes beyond providing basic medical care and further into helping patients take initiative for their health, an important component of prevention of infant morbidity. But as Dr. Fernandez mentioned, the center of La Esmeralda, and other primary health centers for that matter, need more agentes sanitarios. Just having two agentes to visit and aid over twenty thousand residents is proportionally inadequate and the center needs the funds to provide more promotores, which clearly right now, they do not have.

At the end of this research, all of my objectives had been addressed; I now feel that I have an understanding what issues cause infant morbidity specific to the community of La Esmeralda, how actors in the primary level work to prevent infant

morbidity within the community/what methods are used to address infant morbidity, and the importance of the relationships developed between each person in La Esmeralda and the community to provide the best care possible. Through the primary center's strong relationship and educated understanding of the profile of different individual families in the community, they had not only developed medical health care methods that addressed the specific health needs of the community, but they had created a bond with the community that fostered trust, reliability, and binds for a lifetime. This motivated patients to take their health seriously and seek out help within the CAPS instead of avoiding health issues. Possibly one of the most important illustrations of this at La Esmeralda was that health care providers' work did not stop within the walls of the health care center, it continued through their efforts with in the community through educational programs and partnerships with other important community centers. This is an important step to lower infant morbidity, through awareness and education about healthy lifestyles.

The importance of this project goes further than just Argentina. The purpose of my research efforts were to illustrate that fact that primary care efforts are detrimental to the prevention of infant morbidity especially in regions where access to basic resources are prevalent. The methods used at La Esmeralda and the principles of primary care centers alike serve as a model for prevention of infant morbidity globally. As the United States struggles to come to a consensus as to whether it is the government's responsibility to provide health care to its citizens, I would urge those in Washington D.C. to use this type of public primary care practice as a cost-effective model to take care of basic health needs of our citizens. In the future, I believe it would

be beneficial to research more into the actors of health care in the United States and which actors seem to be the most like agente sanitarios. I hope that this thesis can provide an example of a primary care center that is successfully aiding an impoverished community through public means. Paul Farmer once said, “The idea that some lives matter less is the root of all that’s wrong with the world” (Pih.org, 2009). As far as humanity has come, I believe that infants should be born into this world with at least basic conditions to survive and that resources to provide these basic conditions should be available through the government. Instead of believing that access to health care is a privilege, America needs to come to the realization that it is a human right to have access to basic health security as a citizen and simply as a human being.

Appendix

Consent Forms

Original Consent Form provided to Participants Interviewed:

Original Consent From Spanish Version:

Mi llamo Emma y soy un estudiante de la Universidad de Oregón en los Estados Unidos. Estoy en Buenos Aires para participar en un programa académico de Salud Publica de SIT en la Universidad ISALUD. Como una parte de este programa, estoy se conducir un análisis cualitativo sobre las acciones y programas que llevan adelante los actores en el primer nivel de salud pública para prevenir enfermedades prevalentes en la primera infancia, con énfasis en el trabajo de agentes sanitarios en la ciudad de Buenos Aires.

Le agradezco su disponibilidad y cooperación con este proyecto. Después de mis investigaciones, voy a juntar la información de las entrevistas en un documento. Para escribir ese informe me ayudaría mucho poder grabar esta entrevista, pero solamente si usted se siente cómodo y me lo permite.

Si en algún momento se siente incómodo/a, o no quiere contestar una pregunta, o quiere terminar la entrevista, por favor avísame y no tendré problema en hacerlo. Para proteger su privacidad, tenemos la opción de usar un pseudónimo y también podremos no hacer mención en el informe a cualquier información que le resulte sensible.

Otra vez, muchas gracias por su colaboración en esta investigación. Si usted lo desea, cuando termine mi trabajo puedo compartir con usted los resultados.

Translated English Version of Original Consent Form:

My name is Emma Dayney, I am a student at the University of Oregon in the United States. I'm in Buenos Aires to participate in an academic program SIT Public Health at the University ISALUD. As part of this program, I'm using qualitative analysis to investigate the actions and programs being implemented by the actors in the first level of public health to prevent diseases prevalent in infancy, with emphasis on the work of health workers in the city of Buenos Aires.

I appreciate your availability and cooperation with this project. After my research, I will gather information from interviews in a document. To write that report would help me a lot to record this interview, but only if you feel comfortable and I may.

If you feel uncomfortable at some point, or will not answer a question, or want to end the interview, please let me know and I will have problem doing. To protect your privacy, we have the option of using a pseudonym and we will not mention in the report any information that is sensible.

Again, thank you very much for your cooperation in this investigation. If you wish, when I finish my work I can share with you the results.

Re-consent form approved by University of Oregon IRB Board:

Consentimiento Informado bajo el ISP

Hola, me llamo Emma Dayney y soy una estudiante en la Universidad de Oregon en los Estados Unidos. Yo estaba en Buenos Aires por un semestre y participe en el programa académico SIT de Salud Pública en la Universidad ISALUD. Como parte de este programa, he usado análisis cualitativo para investigar las acciones y programas que se estén ejecutando por parte de los actores en el primer nivel de la salud pública para prevenir enfermedades prevalentes en la infancia, con énfasis especial en los agentes sanitarios de la salud en la ciudad de Buenos Aires.
Agradezco su disponibilidad y colaboración con este proyecto.

Después de mi regreso a los Estados Unidos, he encontrado a través de mi universidad que voy a necesitar el consentimiento de los participantes por razones logísticas. En el primer formulario de consentimiento, dije que si alguien ha tenido algún problema con su verdadero nombre, seudónimo sería utilizado. Ninguno de los participantes preguntaron para que sus nombres sean cambiado, pero como mi trabajo será publicado y abierto al público, puedo cambiar los nombres si es necesario. Tengo certificación de CITI para hacer investigación ética, y por eso necesito tu consentimiento para mi proyecto final.

Si usted se siente incómodo con el hecho de proporcionar su información, por favor házmelo saber y yo puedo resolver este problema. Para proteger su privacidad, tenemos la opción de usar un seudónimo y que no se mencionan en el informe cualquier información que es razonable. Las entrevistas, que fueron unos treinta minutos, fueron grabadas y soy la única persona que tiene una copia de las entrevistas. Hubo un mínimo riesgo asociado con mi investigación, y espero que esta labor se beneficiarán al centro de La Costa Esmeralda y a la labor realizada en la prevención de morbilidad infantil.

Una vez más, muchas gracias por su colaboración en esta investigación. Si lo desea, cuando termino mi trabajo puedo compartir con ustedes los resultados.

La información para contactarme y el parte de investigaciones de la Universidad de Oregon:

Emma:

Edayney@uoregon.edu

IRB de la Universidad de Oregon:

ResearchCompliance@uoregon.edu

Firmar aqui para proveer consentimiento:

Nombre _____ Fecha

_____

Por favor, imprime y firma este documento de consentimiento, firma y escanea una copia a mi dirección de correo electrónico edayney@uoregon.edu

Translated English Version of New Consent Form:

Consent Form
Informed Consent under the ISP

My name is Emma and I am a student at the University of Oregon in the United States. I was in Buenos Aires and participated in the academic program SIT Public Health at the University ISALUD. As part of this program, I used qualitative analysis to investigate the actions and programs being implemented by the actors in the first level of public health to prevent diseases prevalent in infancy, with emphasis on the work of health workers in the city of Buenos Aires.

I appreciate your availability and cooperation with this project. After my return to the United States, I found through my university that I would need re consent of participants for logistical reasons. In the first consent form, I mentioned that if anyone had a problem with using his or her real name, a pseudonym would be used. None of the participants asked for their names to be changed, but since my work will be published and be open to the public, I can still change names if need be. I went through an ethic training process upon my return through CITI

If you feel uncomfortable with providing your name, please let me know and I will have problem working around your issue. To protect your privacy, we have the option of using a pseudonym and we will not mention in the report any information that is sensible. The interviews, which were each about thirty minutes, were audio recorded and I am the only individual who has a copy of them. There was minimal risk associated with my research, and I hope this work will benefit the center of La Esmeralda and the work done towards the prevention of infant morbidity.
Again, thank you very much for your cooperation in this investigation. If you wish, when I finish my work I can share with you the results.

My own contact information:
edayney@uoregon.edu
Contact information for review board at University of Oregon:
ResearchCompliance@uoregon.edu

Name:_____ Date_____

Please print and sign this document for consent, sign it, and scan a copy back to my email address edayney@uoregon.edu

Interview Guides

Spanish Versions:

Entrevista para el Director de La Esmeralda:

1. Cuántos años trabajaste como director?
2. Donde trabajaste antes de este posición?
3. Puedes describir tu trabajo como director, que haces?
4. Cuál es tu relación con este comunidad?
5. cual es el perfil socioeconómico de esta comunidad?
6. Específicamente, que problemas de salud encuentras acá?
7. Tienes muchas problemas con morbilidad infantil?
8. Trabajas con otros actores para ayudar este población?
9. Tienes buena comunicación con los otros niveles de atención?
10. Qué obstáculos o problemas te presentan en su trabajo?

Entrevista para Agente Sanitario:

1) ¿Cuántos años trabajaste como Agente Sanitario?
2) ¿Dónde Trabajaste?
3) ¿Cómo es tu trabajo?
4) ¿Cómo es un día típico para vos?
5) ¿Qué tipo de recursos ofreces para prevenir la morbilidad?
6) ¿Cuál es una situación de vida típica para un niño en su casa? Por ejemplo: ¿dónde duerme?
7) ¿Las familias acá reciben bien su ayuda?
8) ¿Específicamente, qué problemas de salud encuentras en los niños en invierno?
9) ¿Que problemas encuentras en verano?
10) ¿Esta comunidad te confía su salud?
11) ¿Consideras que hay una falta de conocimientos en esta comunidad sobre métodos para prevenir casos de mortalidad infantil?

Entrevista para la Pediatra:

1) ¿Cuántos años vos trabajaste como Pediatra?
2) ¿Dónde trabajaste?
3) ¿Cuál es tu relación con la comunidad?
4) ¿Cuál es el perfil socioeconómico de esta comunidad?

5) ¿Específicamente, que problemas de salud encuentras en los infantes ?
7) ¿Estas enfermedades son comunes solamente en Florencio Varela o son comunes en toda Argentina también? Por qué?
8) ¿Qué recursos ofreces para prevenir enfermedades en infantes ?
9) ¿Tienes muchos recursos para ayudar a esta población?
9) ¿Trabajas con otros actores para ayudar a la población con problemas de morbilidad infantil?
10) ¿Piensas que este nivel de atención es crucial para ayudar con la morbilidad infantil?
11) ¿Hay una falta en la comunicación de los problemas y enfermedades infantiles con otros niveles de salud pública?

Entrevista con la Coordinadora de Agentes Sanitarios:

Nora Aller Agentes Sanitarios Cristian and Marisela November 9th, 2014
1)¿Cuánto tiempo hace que trabaja en el Programa de Salud?
¿Qué profesionales trabajan en el Programa?
2)¿En qué consiste el Programa? Cuál es su finalidad?
3)¿Cuáles son las responsabilidades de los promotores?
4)¿Cuál es el rol específicamente de los promotores en relación con la prevención?
5)¿Cuales son los problemas de salud más relevantes que identifica el Programa?
¿Cómo percibís el rol de los promotores en la comunidad?
7)¿Qué es la importancia de la participación comunitaria? ¿Pensás que los miembros de esta comunidad toman responsabilidad para con su salud?/ ¿Crees que los miembros/ vecinos de los barrios en los cuales trabajan los promotores tienen una actitud responsable con respecto a su salud?
8)¿Faltan recursos para que la tarea del agente se realice de modo adecuado? ¿Cuáles?
9)¿Querés agregar algo más?

<u>English Versions of Interviews:</u>

Interview for the Director of La Esmeralda

1)How many years have you worked as the director of this center?
2)Where did you work before this position?
3)Can you describe your work as a director?
4)What is your relationship with this community?
5)What is the socioeconomic profile of this community?
6)Specifically, what health problems you find here?
7)Do you encounter issues with infant morbidity?
8)Do you think your work helps this population?
9)Do you have good communication with other levels of care?
10)What obstacles or problems have you had to work around?

Interview for Health Promoters:

1) How many years have you worked as Health Agent?
2) Where do you work?
3) What is your job?
4) What is a typical day for you?
5) What kind of resources do you have for preventing morbidity offer?
6) What is a typical situation for a child living at home? For example: where do they sleep?
7) Do families receiving assistance here?
8) What are specific health problems for children in the winter?
9) What problems are in the summer?
10) Does this community you entrust you with their health?
11) Do you think that there is a lack of knowledge in this community on methods to prevent infant deaths?

Pediatrician interview:

1) How many years have you worked as a pediatrician?
2) Where did you work?
3) What is your relationship with the community?
4) What is the socioeconomic profile of this community?
5) Specifically, what health problems you find in infants?
7) Are the above diseases are common only in Florencio Varela or are common through out Argentina too? Why?
8) What resources do you offer to prevent disease in infants?
9) What resources do you utilize to assist this population?
9) Do you work with others community organizations to help with problems of child morbidity?
10) Do you think that this level of care is crucial to help a sick child?
11) Is there a lack of communication with other levels of public health?

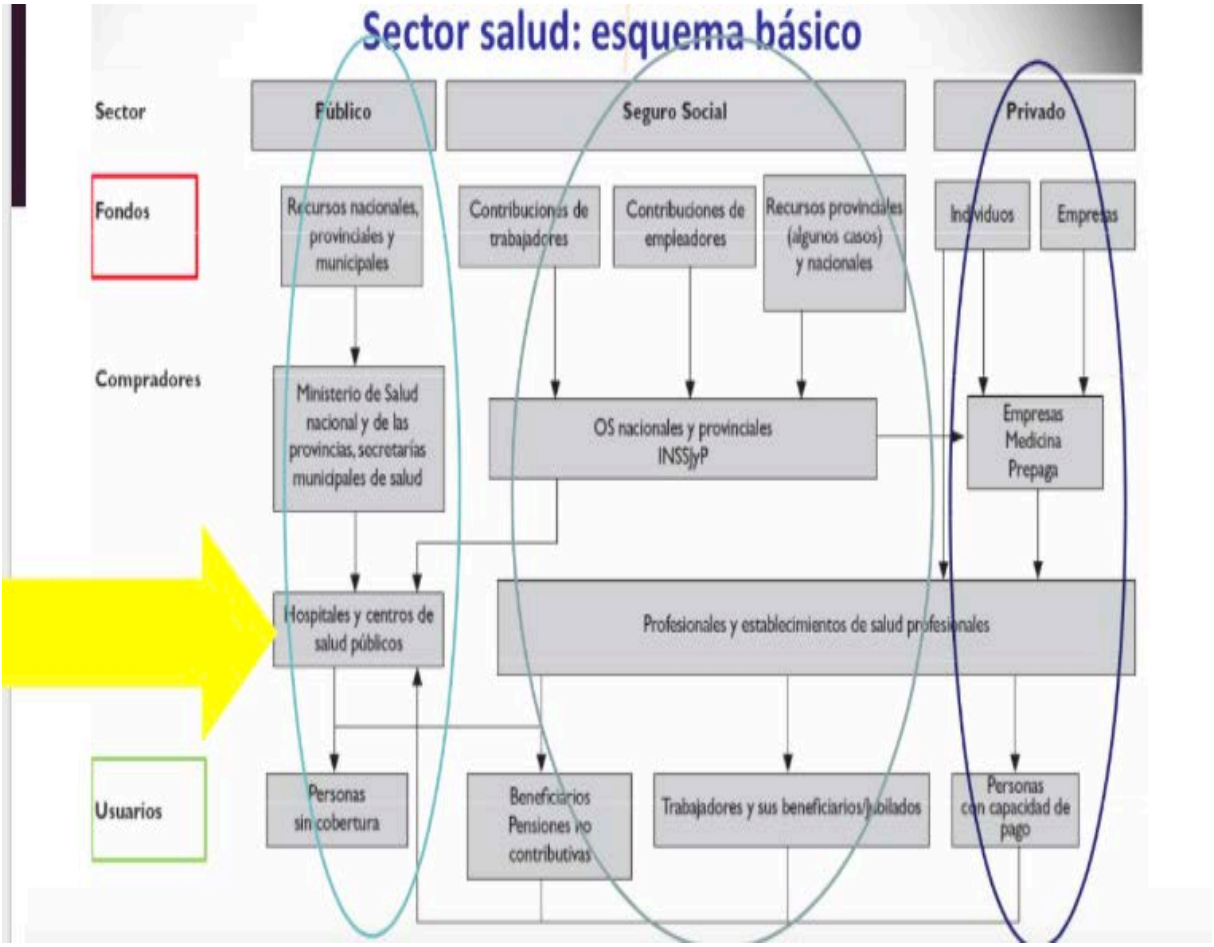
Coordinator:

Nora Aller Agents Cristian Health and Marisela November 9th, 2014
1)How long have you worked in the Health Programme?
What professionals working in the program?
2)What is the program? What is its purpose?
3) What are the responsibilities of the promoters?
4) What is the role of promoters specifically regarding prevention?
5) What are the most important health problems that identifies the program?
How do you perceive the role of promoters in the community?

6)What is the importance of community involvement? Do you think that members of this community take responsibility for your health? / Do you think members / residents of the neighborhoods in which they work the developers have a responsible attitude towards their health?
7) Required Resources for the task of the agent is performing adequately? What?
8)Would you like to add anything else?

Figures

Figure two: Health System of Argentina



(Langsam, 2014)[22]

[22] This table was taken from one of the presentations at Isalud (as referenced in my work cited) for this study abroad program.

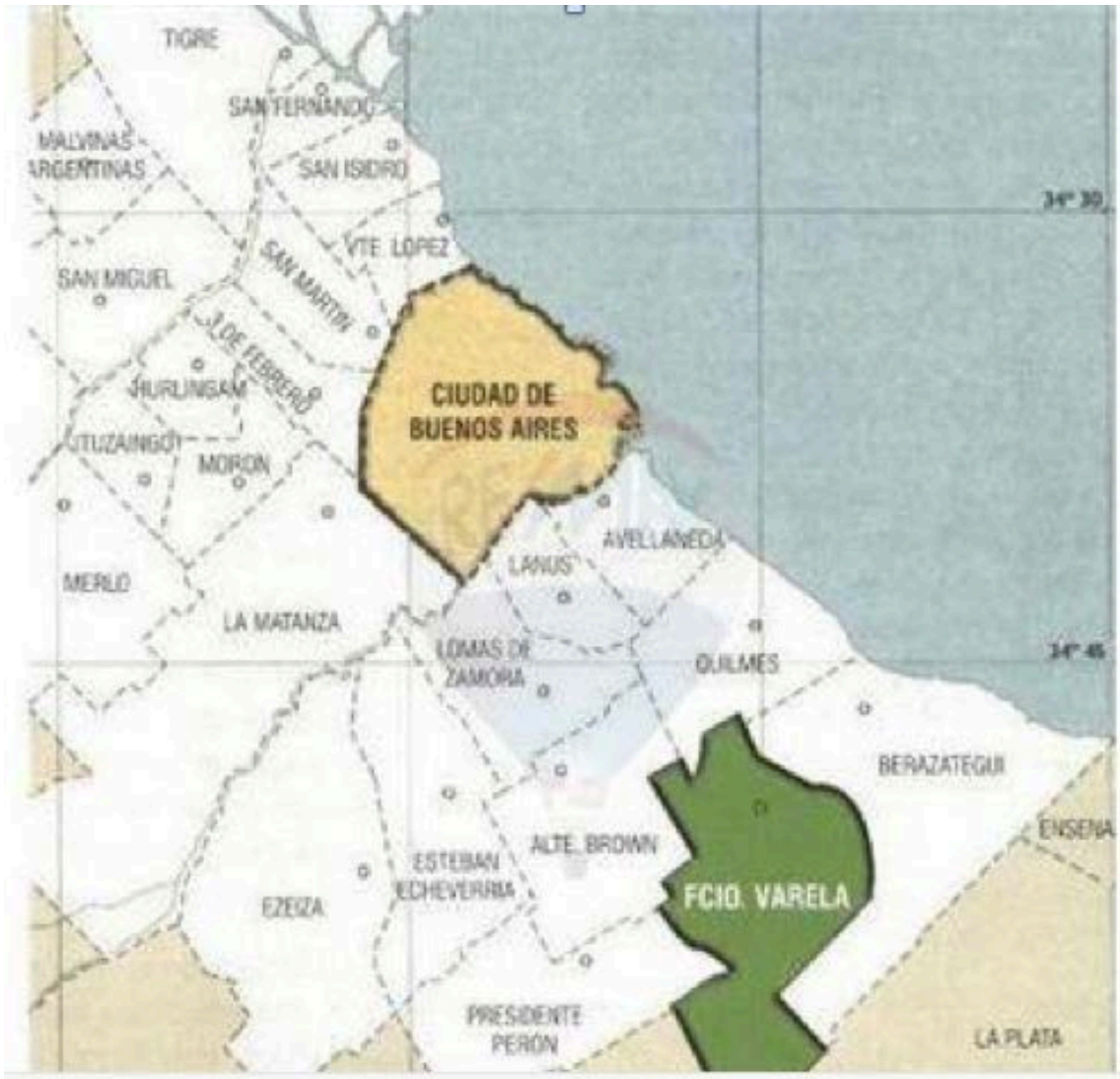
Figure three: Comparison of Argentina and The United States infant morbidity rates in Spanish

(PAHO, 2014)

Figure 4: List of Medicines under Plan Remediar in Argentina:

This image can be found at http://www.msal.gov.ar/images/stories/cofesa/2010/acta-06-10/anexo-8_medicamentos-esenciales-remediar.pdf.

Figure 5. Map of Florencio Varela in relation to the Province of Buenos Aires



(Minesterio de Salud 2014)

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