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Engaging and Giving: The Role of Health Professionals for Social Innovation and Care of Vulnerable Communities

By Alejandro Avelino Bonilla and Maria del Mar Moreno Gomez

Public health and epidemiology play a fundamental role in solving community health problems, since they allow for the creation of effective strategies to improve the functioning of health systems; in this way, these branches of knowledge are fundamental in improving the quality of life of populations ¹. Similarly, as the region of the Americas and the Caribbean is the most unequal in the world ², with a high percentage of the population with multidimensional poverty and poor access to health; this field of action is essential in solving social inequities and optimizing resources and strategies that improve the living conditions of the region's inhabitants ³.

However, health professionals working in this area face multiple drawbacks, since they have few human resources, low remuneration, adverse conditions typical of each urban and rural population, and poor state support, all of which hinders their professional practice and directly affecting the standard of living of the population. Likewise, the lack of support for professionals means that the initiatives that emerge from the community based on their needs tend to lack an adequate scientific approach and therefore their implementation may not be feasible. It is considered necessary to create a link between the community and professionals in public health and epidemiology which is strengthened by the actions of educational institutions, student associations, government officials, and other professionals, with the aim of strengthening and articulating the initiatives that will most benefit the community.

GESPSS is the epidemiology, public health and health services group, which is made up of health professionals from different areas; specialists in epidemiology and public health who provide free support to stakeholders at the national (Colombia) and international (Latin America) level. Also, GESPSS provides a training space for students and professionals interested in public health. Through an alliance with The Network: TUFH and WONCA, we aim to provide additional support with international advisers. The research group stands out for providing free advice on community projects to stakeholders. Professionals provide this support for altruistic reasons, in exchange for acquiring knowledge and strengthening their professional profile. In this way, it is possible to improve the living conditions of the most vulnerable populations.

The objective of the research group is to ensure that all interested parties benefit; therefore, although the main resource has been the will of each of the actors, it has also been possible to manage local public resources from

¹ Serrate, "Conceptual Understanding and Intervening Factors in the Development of Inter-Sectoriality."

² Conceição et al., "Human Development Report 2019."

³ PAHO. Health in The Americas.



government entities. In addition, there has been the financial support of companies that benefited in the process, which has allowed for the improvement of the community's well-being in multiple aspects.

This is a simple model, which is based on the axis of:

- Professional volunteers.
- Communities.
- Stakeholders.

Innovation also consists of taking what exists and giving it a new use, in this case, an articulated one. On the one hand, the needs of the communities are always present and require support, as everyone is aware that these communities are making efforts to solve these problems. On the other hand, we, as professionals, must find space in our agendas to give back to these communities, regardless of whether we work in hospitals, offices, or universities, we can all contribute. Finally, many stakeholders have the will to contribute, but they also need technical support and justification to direct resources towards the solution of one problem or another.

What is proposed is simple, we who have the will and the knowledge, need to connect with the communities in an altruistic way to provide solutions. In the process, spaces are created to train students and other professionals in public health and primary care and in turn stakeholder support will come.

From GESPSS we have made progress by carrying out the following sequence of work which has taken us between one and two months:

- 1. Recruitment of interested parties.
- 2. Consolidation of the group and start of training (There is a wide range of free virtual courses on the internet, starting with the virtual classroom of the World Health Organization)
- 3. Database of events of interest (conferences, conferences, etc.) and of stakeholders known by the members.
- 4. Approach of possible communities to help.
- 5. Approach to communities.
- 6. Panel discussion on possible solutions and stakeholders that could be involved.
- 7. Contact with stakeholders and confirmation of their interest
- 8. Construction of proposals from the group.
- 9. Two meeting spaces between communities, stakeholders, and the group. The first, for everyone to introduce themselves and what they do, the second to present individual proposals and build a joint one.
- 10. Start of activities.

It is important to note that the financing of the group's personal expenses is covered by it, at least initially, while the stakeholders invest in the process. In any case, these expenses can be minimized by choosing nearby communities and making use of virtual platforms.

It is possible to add one last element and this the universities and educational institutions. Knowing the needs and orientations of the universities, that is, their social focus and area of influence, and having built an initial plan, it is possible to approach them to invite them to participate.



We highlight the need to create this type of space, where those interested in learning and contributing to rural, public health, can do so. We need to sensitize and train more professionals about the needs of vulnerable populations. Although many students may have contact with the community during undergraduate studies, it is necessary to continuously strengthen this training, including specialists, so that everyone contributes to the solution. Primary care must be a reality, but it will only be, insofar as it is applied daily.

Finally, what will be what we call in Latin America the "cherry on the cake" is the alliance with The Network: TUFH and WONCA, where local proposals will receive international advice and support with experts who are members of these organizations. This will be shared in more detail during the TUFH 2020⁴ virtual conference that will be held September 23 to 25.

So, we close this article, inviting you to get involved and participate in this and other similar initiatives. Together we will achieve the changes that we know humanity needs.

⁴ The Network Towards Unity for Health, https://tufh2020.com/