

Acupuncture Training: Guatemalan Community Health Workers Experience



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What is the **Guatemala Acupuncture and Medical Aid Project** **GUAMAP?**

US-Guatemala, volunteer-based effort, for training Acupuncture, to lay health promoters in rural community health clinics

GUAMAP formed as a non profit organization in 1994 to assist refugees returning to Guatemala from Mexico and Honduras



Background:

After 13 years in Exile, Mayan indigenous who live in the Peten often demonstrate symptoms of war related trauma

Health Promoters were one of several skilled populations targeted by the military during the civil war.



36 years of Guatemalan civil war ended with the Peace Accords in 1996.

The UN and Catholic Church concluded targeting was part of a strategy to destroy Mayan communities through state terrorism

Health Environment

Rural Communities are :

60% of Guatemala's population

Indigenous Maya and Ladino

Typically 500 people or less

Extremely poor (53% of Peten)

**Health Promoters provide most
preventive and primary care:**

**Laboratories and pharmacies are a
half a day's journey or more**

**There are 9 doctors for every 10,000
Guatemalans**

Two urban hospitals serve rural Peten



Why Acupuncture?

Poor indigenous need viable health care delivered in their health environment

Acupuncture is available, affordable, and effective as a low cost, low technology alternative to medicine

Acupuncture treatments fit well with traditional Maya medicine; both classify herbal formulas and treat based on similar principles



Where is the program being implemented?

In Peten:

Level II Health Promoters in Five Communities:

- La Quetzal
- Santa Amelia
- Santa Rosa
- San Miguel El Alto I, II
- Nuevos Horizontes

Level I Health Promoters from 12 Communities in two Municipalities:

- Poptún
- San Luis



How does GUAMAP work?

GUAMAP:

Recruits and supports volunteer acupuncturists to train health promoters

Supplies acupuncture needles and equipment to community clinics

Receives donated needles and equipment from US suppliers

Funds training workshops and monitoring program

ASECSA -Asociación de Servicios Comunitarios de Salud:

Provides logistical support for trainers and Health Promoters

Recruits participants and organizes trainings

Provides administrative support for monitoring health promoters

Health Promoters Become Trainers

Since 1995 GUAMAP's
volunteers have trained
125 health promoters
from *22 communities*



Five Levels of Training:

Introductory:

concepts and acupressure taught b
health promoters

First Level A&B: 10 Treatments

Second Level A&B: 20 Treatments

Third Level: (2005)

33 Treatments

Zhong Fu and Diagnostics

Fourth Level: (2005)

Certification in:

- Teaching each Levels I, II,III
- Training Workshop Preparation
- Monitoring Health Promoters

Curriculum Development

Method

Participants, trainers and NGO collaborator evaluate Acupuncture Workshops

Review by GUAMAP Working Group on Acupuncture

Curriculum is changed to meet emergent needs



Materials

Acupuntura para Promotores de Salud (Thompson 1997)

La Acupuntura en las Emergencias Médicas (Rosen 2000)

Traditional Chinese Medicine charts & visuals in Spanish and in Q'eqchi Maya

Course Outlines

Competency based certifications

Monitoring Acupuncture Treatments

Monitor:

Visits communities bimonthly to distribute needles, review, correct, and recommend treatments

Covers 13 health promoters in accordance with standards set by GUAMAP's Acupuncture Working Group

Sends patient records to GUAMAP for outcomes study

Expands monitoring to cover 24 health promoters in 2005

Traditional Chinese Medicine: Diagnosis

Traditional Chinese Medicine diagnosis is grounded in concepts of Zhong Fu.

Patient diagnosis focuses on:

- **Medical history interview**
- **Tongue diagnosis**
- **Pulses**
- **Patient examination**



Results

Preliminary Cost Comparison

Biomedicine: Cost ~ 5 to 7 days wage
for typical 1 lab test and
prescribed biomedicine

-versus-

Acupuncture: Cost ~ 3 days or less wage
for 3 acupuncture Treatments

Ten Main Diagnosis: Acupuncture Practice, Peten, Guatemala 2001 - 2004

<u>Syndrome</u>	<u>Frequency</u>	<u>Percent</u>
Gastrointestinal	283	25.9
Back Pain	119	10.9
Arthritis	110	10.1
Limb pain	97	8.9
Head ache	93	8.5
Acute respiratory	90	8.2
Gyneco-obstetric	54	4.9
Neuro-mental	52	4.8
Fever	32	2.9
Malaria	31	2.8
Other syndromes	130	11.9
Total	1091	

Patients by Age and Gender: Acupuncture Practice, Peten, Guatemala, 2001-2004

• <u>Age</u>	<u>Gender</u>		<u>Total</u>
	<u>Male</u>	<u>Female</u>	
• < 5 y	4	3	7
• 5-9y	7	3	10
• 10-19 y	37	31	68
• 20-29 y	58	69	127
• 30-39 y	68	70	138
• 40-49 y	75	51	126
• 50-59 y	59	60	119
• 60 + y	38	33	71
• Total	316	296	612

Diagnosis by Number of Treatments, Peten, Guatemala, 2001-2004

<u>Syndrome</u>	<u>1st tx</u>	<u>2nd tx</u>	<u>3rd tx</u>	<u>4+ tx</u>	<u>Total</u>
Gastrointestinal	92	53	37	32	214
Back pain	52	25	16	8	101
Arthritis	48	21	16	19	104
Acute respiratory	36	20	14	4	74
Limb pain	28	20	10	9	67
Head ache	27	8	5	4	44
Gynecoobstetric	27	11	4	2	44
Neuromental	18	11	6	10	45
Fever	15	6	2	0	23
Malaria	14	7	7	2	26
Other syndromes	36	20	12	17	85
Total	393	202	125	107	827

Limitations:

Acupuncture treatment protocols are difficult to track accurately

Diagnosis of individuals often requires treatment points for additional underlying conditions



Exchange of patient records for new needles

Scope of study represents 23% of trained communities

Economic difficulties of health promoters affect their retention

Discussion

Health Promoters are Certified by GUAMAP in acupuncture

Labor Ministry recognizes acupuncture as profession, issues annual license

Health Ministry added complementary and alternative health division in 2002

Restricts access to funds for community health Programs



How To Contact GUAMAP



(520) 623-6620

www.guamap.org

guamap@theriver.com

Resource: WHO 2002

**Acupuncture: Review and Analysis
Reports on Controlled Clinical Trials**

[http://www.who.int/medicines/library/trm/acupuncture/acupuncture trials.doc](http://www.who.int/medicines/library/trm/acupuncture/acupuncture%20trials.doc)