FAMILY MEDICINE IN EAST AFRICA

- Universal Personal Relationship with health care givers
- Biggest Issue to address- People to be taught
  - Q: at what level?
- Community Health Care Workers have trust with community
- Medical Students train with (CHCW)
- Resources from business idea- team building, leadership training
- Training at hospital level due to infrastructure
- Gov. Buy-in
  - Outcome/definition of success
- Communication method patient/hospital/community healthcare worker
- Start in public system or private system to show it works
- No medical school- has residency and care system

Proposed Communication Solution

2 cell phones- connect CHCW and Disp.

Graduate student to help with database

Message to CHCW that patient did not show up

Train workers on how to use technology

Encourage Disp. To work w/health care worker

Measureable Outcome- compliance with health care worker decrease in hospital usage
  - Access
  - Continuity
  - Team care
  - Follow-up

Can duplicate in SLC with public health/comm. faces referrals?

Would communication project be a valuable project for residents?
Ongoing projects- referrals, immunizations, diabetes management

- Grain of Sand Project *

Add hospitals: Centers to feedback loop in case Disp. is unable to solve medical prob.

Things to Consider

- Cost for cell phones
- Functionality on the ground in Kenya
- Define Impact

Project outline (budget, software, size, etc.) by Sept. 2016.

- Student from U of U in Public Health
- Donation app
- How does it fit into family medicine @AKU