

MAKING A DIFFERENCE

An Interview of Jaime Gofin, a Promoter of COPC



For almost three decades Dr Jaime Gofin practiced and taught Community Oriented Primary Care (COPC) at the Hebrew University – Hadassah School of Public Health and Community Medicine in Jerusalem. Alone or sometimes with his wife and colleague, Dr Rosa Gofin, he has also been teaching COPC and the integration of medicine and public health in other parts of the world. This abridged, edited interview is based on my interview with Dr J. Gofin at the Network: TUFH Annual Conference in Vietnam in November, 2005, as well as subsequent email communications with him.

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What drew you into medicine and teaching?

I was born and educated in Uruguay. I wanted to help other people. My dilemma was between medicine and architecture.

Our family had scarce economic means. However, thanks to Uruguay's policy of providing free education, including university education, my brother, my sister and I were able to study medicine and receive our medical degrees at the Universidad de la República in Montevideo.

In Uruguay it was possible to be a lecturer while you were a medical student. I was already inclined toward teaching, so for 5 years I taught in the Department of Hygiene and Preventive Medicine of the medical school.

In 1969 (my third year of teaching) the medical school changed from the traditional program to an innovative new curriculum. In the “New Plan” the class of about 300 first year students was divided into groups of 38 students each. The students didn’t start their medical studies with classes in anatomy, physiology, and biochemistry and much later do clinical work, as I had done. Instead each group of students immediately began working in the community on a particular health problem. Each group was supervised by a team of five pairs of teachers (10 teachers). Each pair of teachers represented one of the following five perspectives: biology, psychology, statistics, English or social medicine. In our team, I taught social medicine. All of the faculty teams supervised two groups of students.

Early in your career you were exposed to innovative teaching and learning. Yes, in preparation for the New Plan, I participated in various short courses and seminars about education. Also, as Vice President of the International Federation of Medical Students Association (IFMSA), I was involved in medical education in Uruguay and other Latin American countries.

You went to Israel in the early 1970s. How did that come about?

In 1972 I received my MD. I continued teaching in the medical school but I felt a need for further training in public health. I got a scholarship to participate in the International MPH program in the Hebrew University and Hadassah School of Public Health in Jerusalem. I started my MPH in October 1972. I was to finish the intensive one-year course in October 1973. In the middle of my studies I got a phone call from a friend in Montevideo. He told me that, along with other people, my name was in the newspapers. An announcement said that if I wanted to maintain my job as a teacher in the medical school, I had to return to Montevideo in three days! I decided to finish my MPH in Jerusalem.

Dramatic and terrible things were happening in the political situation in Uruguay. The army had recently taken over the government. One of the first things they did was to close the university. All the elected authorities of the university were dismissed. Friends and colleagues disappeared or were taken to jail. Then the new authorities re-opened the university and returned to the traditional curriculum.

How scary and sad. Did you finish your MPH course on October?

No. October 1973 was the Yom Kippur War in Israel. Many things related to our course were postponed, so we didn’t finish until April 1974.

At that moment Sidney Kark, who is well known for his pioneering work in COPC, offered me the option to work as an instructor in the Department of

Social Medicine at Hadassah Medical School of the Hebrew University. Kark was head of the department and responsible for teaching public health. That was the beginning of our life in Israel.

You said, “our life”. Were you and Rosa married at that time?

Yes, Rosa and I had been married for 3 years. A few months after I began my course in Jerusalem, she joined me. After the completion of my MPH, things changed drastically. Because we had thought that we’d only be in Israel a year, we each had only one suitcase. When we decided to stay, Rosa’s parents, who were still in Uruguay, sent all of our belongings to us. So we started a new life as immigrants. Rosa did her MPH after I did it. Later she was invited to be part of the Department of Social Medicine.

Did you and Rosa go to medical school together in Uruguay?

Yes, but not in the same class. She was younger than me. After she came to Israel, Rosa started learning Hebrew while I was working on my MPH.

Our three children were born in Jerusalem. We grew in number, in personal and professional options, and in quality of life.

In 1975 I started working in the school’s health center with Professor Sidney Kark. When he retired in 1981, I took over his responsibility for teaching COPC in the school. The COPC model was developed there and is applied in many places today.

Then I became the director of the community health center where we were teaching. I continued in the department in different roles with responsibilities in service, research and teaching. Throughout the 30 years of practice, research and teaching of COPC, I had the privilege of exposing around 3,000 students to COPC and to our method of teaching.

For readers who aren’t familiar with COPC, could you please summarize what it is?

The idea is to integrate individual care with community medicine. We take responsibility for the care of the state of health of a defined population, including users and non-users of the healthcare system. First we assess the health needs of the population. We respond to their particular health needs with a multidisciplinary team. We provide outreach services and take care of the sick and healthy people with community involvement and intersectorial work. Epidemiology plays an essential role in the service.

Who is on the team?

Wherever COPC is applied, as much as possible the team should be multidisciplinary because we are taking care of different needs that require different knowledge, experience, and disciplines. The disciplines depend on the needs and resources of the particular population. In some places it could be a

physician and a nurse. In other places it could be a community health worker with volunteers. But the same principles are used.

How did COPC begin?

In a rural area of South Africa in 1940, Sidney Kark started to practice what was to become COPC. He was able to reproduce this model in 40 health centers throughout South Africa. Then, because of the political situation (the apartheid), the community health centers were closed. In the late 1950s, Sidney and his wife, Emily, and the family came to Israel. (Sidney's wife was also a physician and they worked together in South Africa and Israel.)

Sidney began working at the Hadassah health center in Jerusalem. He introduced the conceptual and methodological elements of community dimension, as an addition to the family care already practiced at the center. The team included Israelis, other South Africans and, later, people from Latin America like us. Together the team developed what today is known as COPC.

How did you and your colleagues teach COPC?

We conducted a core course of almost 100 hours to MPH students. We taught the course as a workshop in Hebrew for the Israeli MPH students and in English for international MPH students. (I took the course for international students when I first came to Israel.) The workshop was (and still is) based on small groups that resemble a health team. Working with a tutor, the students prepared a proposal for the development of a COPC program in their communities. The proposal was based on the analysis and elaboration of the data that students brought from their countries. Today we're still in contact with many of the more than 600 graduates of the International MPH Program who are from 85 countries. Many are applying COPC principles in their countries. In 1983 we were asked to do a workshop for family medicine residents in our school. The length of time for the family medicine residents was shorter (7 days over the course of 7 weeks). We developed a new type of workshop, but we used the same principles. Residents focused on a particular problem in the community in which they were working.

Please describe the work that you and Rosa have been doing in Spain.

In 1986 WHO started to consider that Israel might be part of the European region. To make that decision a WHO delegation came to Israel to learn about the programs and services. They visited us because we were a model academic health center.

After our session with the delegates, one of them mentioned to me that our work might be of interest to Spanish medical educators who were trying to reform primary care in Spain. Later there was a meeting of European medical school deans in Jerusalem. We invited the deans from Spain to come to our health center. A relationship began.

The next year I presented one of our programs at an international meeting of social medicine in Madrid. Knowing about my trip to Spain, one of the Spanish deans who had visited our center, invited me to do a 3-hour seminar at the Institute of Studies of Health in Barcelona, which he headed. The institute is a government organization charged with providing continuous education to all health professions in the Catalonia region of Spain.

At that seminar, 5 young doctors, who were members of the Catalan Society of Family and Community Medicine, asked Rosa and me to meet with them. They felt that community medicine should be present in family medicine. They knew about COPC and Sidney Kark. They knew that some of his articles were with the authorship of Gofin, but they didn't know that "the Gofins speak Spanish".

The next year they asked me to collaborate on a teaching activity. Based on our previous experience, I started with a new type of workshop – 5 days, 8 hours per day in one week. We did almost 20 workshops in Spain, mostly in Barcelona. (Rosa joined me for some of them.)

Following our suggestion, the young doctors became a working group on COPC. They began testing COPC in some of the places where they were working. In later workshops, they became tutors with me. Still later, they did shorter workshops by themselves, using the same principles. The working group continued developing activities. We have maintained close contact throughout all these years.

Today COPC is part of the curriculum of the family and community medicine residency program for the whole of Spain. In Catalonia, there are more than 25 health centers that are applying COPC, and there are 8 pilot projects in COPC that are working to be demonstration programs for residents in family and community medicine.

That's exciting. Have there been other promising spin-offs from your work in Spain?

Yes. A book on COPC (Kark *et al.*, 1994) was published in Spanish.

At a meeting that involved providers of care, academics, government authorities, managers, and stakeholders, public support was given to extending the teaching of COPC to undergraduates. The Institute of Studies of Health wanted to be involved and so created a 6-member working group on teaching family medicine/community oriented primary care to undergraduates and postgraduates. I'm an advisor to that group. They already have had two international seminars. Arthur Kaufman and I were both invited to the first one. One outcome of the first seminar was a monograph (Gofin, 2004) published by the Institute.

There is a website in Spanish <www.apoc-copc.org/home.htm>. Now APOC (Atención Primaria Orientada a la Comunidad, which is Spanish for COPC) is part of the jargon not only in Spain but also in Latin America.

Atencion Primaria (Primary Care) (Zurro & Perez, 2003) is a major text in Spain and Latin America. It includes everything that a primary care doctor

needs to know. For the fifth edition, the editors asked us to prepare a chapter on COPC (Foz, Gofin, & Montaner, 2003).

Currently, one of the physicians from our COPC working group is coordinating a process in Catalonia that involves creating an Agency of Public Health that integrates primary care and public health services at the community level. The process resembles the COPC approach.

Haven't you also worked in Great Britain?

In 1991, Jo Boufford, who was then Director of the King's Fund College in London, attended one of our workshops in Barcelona. She knew about our work in Spain through Sidney Kark. She was enthusiastic about COPC and the workshop. That led to four workshops in different areas of the UK, mainly in London. We adapted the course to the local situation of the National Health Service.

What about your involvement in COPC in the United States?

In 1992 I met with Professor Richard Riegelman, the Founding Dean of the School of Public Health and Health Services at George Washington University in Washington DC. The next year he invited me to make a presentation on COPC at a symposium, marking the 10th year of the program. In 1994 I conducted a workshop with general practitioners and public health professionals of the DC area.

In 1997 Rosa and I spent three months in DC preparing a one-year certificate program in COPC distance learning for GW (George Washington University). In June 1998, we started GW's international program. Participants were from the US, Argentina, Israel, the Palestinian Authority, and South Africa. The program started with a 10-day workshop in Jerusalem. Dr. Fitzhugh Mullan from GW and I were the co-directors. After the workshop, participants went back to their countries. There they participated in distance-learning courses with GW, while preparing and implementing a COPC project in their primary care setting. At the end of the year, the participants presented their work in DC.

Later at GW, under the leadership of Riegelman, the decision was made to create a MPH COPC track. Since then Rosa and I have been participating yearly. We have appointments as Adjunct Professors in the Department of Prevention and Community Health of GW.

Have you conducted COPC workshops in Latin America?

In 1997 we did 40-hour workshops in Uruguay and Argentina. In Uruguay we did it with the 18 directors of public health of the 18 provinces. In Argentina the workshop was an update for 17 graduates of our MPH international course from the Hebrew University and Hadassah. Seventeen other public health practitioners from 15 different Latin America countries also attended the course.

What was it like to return to Uruguay?

I first returned in 1994 as a consultant of PAHO (Pan American Health Organization). For a month I helped prepare primary care practitioners for the introduction of COPC into the primary care services of Uruguay. It was rewarding to come back and contribute in a modest way to the process of improving the health services in Uruguay. And it was rewarding to see that things were returning to the way they used to be.

In 2000 the Minister of Health of Uruguay invited me to do a one-day seminar on prevention as a component of quality of life. Now the new government is proposing a type of national health insurance. One of the main components is a model of primary care that is close to COPC. We have been invited in 2006 to train primary care practitioners in the new model.

I imagine that will be exciting.

I'm excited and cautious.

Before The Network: TUFH conference in Atlanta, USA in 2004, you were invited to chair the task force for integrating medicine and public health. You have written a position paper and run workshops for The Network: TUFH on COPC. What are your hopes for the future of The Network: TUFH and COPC?

During its first 20 years, the Network focused on new ideas, methods, and concepts of how to teach medicine. From a pedagogical point of view, that was a big achievement. The Network should keep and improve what it has already been doing but add more actions in healthcare practice.

Now through the joint efforts of Network and TUFH, there are possibilities for something totally new. Integrating medicine and public health should be part of the policy of the Network:TUFH. To do this, we suggest that COPC be one of the approaches. COPC is an implemented, evaluated, published, taught model with evidence of effectiveness in different types of health systems. People can adopt the principles and adapt the model for the local condition. In each country it is necessary to identify first if there is a need for a community orientation and then whether it's feasible to implement the COPC approach in their system.

Thanks very much for sharing your thoughts.

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For further reading

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