

Enhancing Community Access to Health Resources through Student-Driven Mapping and Engagement in Bajo Boulogne, Argentina

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Abstract

This paper describes a community-based educational experience in Bajo Boulogne, a disadvantaged neighborhood in the wealthy municipality of San Isidro, Greater Buenos Aires. Within the framework of the Community-Oriented Primary Care (APOC) program at the Hospital Italiano University, a group of medical students carried out weekly coursework over three years in a local educational support center. By engaging directly with children, families, and teachers, they identified key health and social problems and co-developed interventions such as dengue prevention campaigns, violence prevention workshops, and health communication channels. A central outcome was the creation of a comprehensive resource guide that mapped over 20 local services, including health centers, pharmacies, mental health facilities, and social programs, which significantly improved community access and utilization. The initiative fostered student learning grounded in practice, while dismantling prejudices and enhancing understanding of accessibility and acceptability in health care. Ultimately, this project illustrates how socially accountable medical education and social

innovation can strengthen community capacity, expand equity in health, and prepare future professionals not only for today's health system but for building the health system that communities truly need.

Introduction

Bajo Boulogne is a disadvantaged neighborhood within the municipality of San Isidro, one of the wealthiest areas in the northern region of Greater Buenos Aires. This contrast makes its social and health inequities particularly striking, as marginalized communities coexist alongside affluent districts within the same municipal boundaries. The most prevalent challenges in Bajo Boulogne include limited access to the healthcare system, lack of employment opportunities, violence and insecurity, and problematic substance use, among others.^{i,ii}

In most scenarios like this, the main challenge is the lack of health resources. However, in Bajo Boulogne, many services did exist—yet they remained unknown and therefore underutilized by much of the local population. This reality came to light through a project carried out by medical students in the Community-Oriented Primary Care (COPC) program at the University of the Hospital Italiano de Buenos Aires (UHIBA).

This initiative can be understood within the framework of social innovation in health. Social innovation emerges from the recognition that, despite scientific advances and strong intentions, millions of people—especially in low- and middle-income countries—still lack access to quality, affordable health services. It applies interdisciplinary approaches to complex social problems, aiming not only to create tangible solutions but also to transform social relations, power dynamics, and governance structures. Social innovation is driven by the goal of meeting a social need, through participatory processes that promote inclusion and reshape relationships—particularly with groups previously excluded from political, cultural, or economic engagement.ⁱⁱⁱ

Social innovations often do not involve something entirely new; rather, they creatively combine existing ideas, theories, or practices into new configurations that address entrenched challenges. In Bajo Boulogne, what began as a student-led effort to map health resources evolved into a participatory process that embodies these principles—combining local knowledge, community engagement, and academic resources to respond to a pressing need, and in doing so, fostering a different way of organizing health relationships in the community.

What Was Done

A group of 10 undergraduate medical students worked continuously for three years in Bajo Boulogne. Unlike the usual arrangement—where students take courses at the university in Buenos Aires and only occasionally travel to the field—this group held their weekly classes at a community-based educational support center located on the grounds of the Santa María de los Ángeles parish, in the heart of the neighborhood. The center receives children who attend outside regular school hours, where teachers help them complete their homework.

By spending their academic time within the support center rather than in the university, the students developed closer, everyday relationships with the children, teachers, directors, and

families. This allowed them to conduct interviews, hold meetings, and listen to diverse perspectives on the community's main problems. As expected, the issues identified varied depending on whom they spoke with. Throughout this process, the students detected several key challenges and began addressing them through different interventions, for example:

Dengue prevention: Given the frequency of this vector-borne disease in metropolitan Buenos Aires, students organized awareness campaigns and mosquito control activities (descacharrización).

Child health education: They provided information on common viral illnesses in children, including warning signs and basic approaches for families.

Health communication: A WhatsApp group was created with parents, teachers, and students, where families could ask questions about how to handle common health problems.

Violence and conflict resolution: Students identified high rates of naturalized violence in schools, streets, and homes. To foster alternative forms of problem-solving, they facilitated workshops with children and families using reading activities and games that required setting common rules, as well as activities to strengthen emotional intelligence, effective communication, and healthy relationships.

During this journey, the team was struck by how many health problems were linked to barriers in accessing existing services. For instance, during a "Health Olympics" activity—where children rotated through stations on dental hygiene, physical activity, vaccination, growth monitoring, and nutrition—many were found to have oral health problems. Families explained they had no access to dentists, as none were perceived to exist in the neighborhood. Yet, upon further inquiry, the students discovered a primary care center with dental services only 10 blocks away.

This realization—that the community was often unaware of existing health resources—inspired the idea of conducting a comprehensive mapping of local services. The students compiled information on health centers, available professionals, schedules, pharmacies, municipal services, and emergency contacts, producing a resource guide ("recurso"). Their aim was to make this guide available both in printed form at the support center and digitally through the parents' WhatsApp group.

To complete this task, they systematically searched for information online, contacted institutions by phone and email, and held meetings with local health centers and the Municipal Hospital of Boulogne. Resources that were unresponsive or did not meet minimum accessibility criteria were excluded. The students also began forging partnerships to address unmet needs, such as a lack of pediatric, psychological, dental, and speech therapy services. They engaged with the Universidad Abierta Interamericana (UAI) to plan future dental interventions, and with the residency program in Speech Therapy at the Hospital Italiano to involve near-graduated professionals in supporting children with language difficulties.

These actions aimed not only to increase awareness of existing resources but also to create a health network, defined as a voluntary, cooperative strategy that strengthens integration and the resolution of community needs. As Martínez Nogueira highlights, belonging to a social network fosters identity and integration by reinforcing exchanges among different actors.^{iv} In

Bajo Boulogne, this translated into reciprocal benefits: students gained practice opportunities, universities secured meaningful training environments, and the community achieved better access to healthcare services.

Results

The initiative yielded a wide range of outcomes at both community and educational levels:

Identification of resources: Students identified and systematized more than 20 local health resources. These were organized by type, including health centers, community pharmacies (some of which provide free or low-cost access to chronic medications), and mental health centers. They also included guidance on how to obtain the local “tarjeta ciudadana,” which grants access to sports fields, cultural centers, courses, social assistance, and facilitates appointment management within the health system. You can find some of the resources in *Appendix 1*.

Distribution of information: This resource guide was shared with both the authorities of the educational support center and the families of the children who attend it.

Perceived impact in the community: While quantitative data are not yet available, interviews with parents and school staff revealed that the information enabled them to address health problems that previously went unattended. Families also reported accessing new workshops and courses that opened doors for future opportunities. Interviewees emphasized the value of finding solutions within their own neighborhood instead of traveling long distances.

Impact on local services: Conversations with several local providers included in the guide confirmed an increased flow of patients from the neighborhood. Many expressed satisfaction that their efforts were now reaching more people, making their contribution to the community more meaningful.

Capacity building in the community: Teachers, parents, and children acquired practical knowledge on disease prevention, emotional management, and conflict resolution strategies, which they could integrate into daily life.

Student learning outcomes: Students felt that their learning became more situated and practical, rather than purely theoretical and abstract. One student reflected: *“Are they teaching us to be good human beings? To avoid judging, to listen carefully to what others are going through without prioritizing what we think—because in the end, the problem belongs to the one who suffers. This course taught me that access to health care can cure a disease but not prevent it, and that working in the field changes your head, makes you more empathetic, and shows you realities you never imagined.”* Such reflections illustrate how these experiences helped dismantle prejudices, which in turn can enhance future acceptability of care provided by health professionals.

Sustainability and continuity: Partnerships initiated with universities and residency programs opened pathways for sustained interventions in dentistry and speech therapy, ensuring benefits beyond the initial project timeline.

In summary, this initiative improved access and utilization of resources, strengthened networks, and enriched the training of future professionals by fostering humility, empathy, and a deeper understanding of accessibility and acceptability in health care.

Final Reflections

Having students conduct their coursework at the educational support center, rather than within the university, fostered what Maritza Montero defines as “familiarización”—a process of mutual acquaintance among actors that lays the groundwork for future collaboration.^v This familiarity created a solid foundation on which meaningful projects could be built, allowing students, teachers, families, and community members to move forward from a shared base of trust and understanding.

Equally important were the lessons around accessibility and the dismantling of prejudice. Accessibility has long been analyzed mainly in terms of geography and supply-demand issues. In recent years, however, the concept has expanded to include acceptability—the extent to which people are willing to use available services. Even the closest, best-resourced health center will remain underutilized if patients feel disrespected or mistreated. Community-Based Education experiences such as this one can play a key role in preparing future professionals to deliver care that is not only geographically and economically accessible, but also acceptable, respectful, and attuned to the lived realities of the people they serve.^{vi}


This experience demonstrates that meaningful health innovation does not always require new infrastructure or technology, but can emerge from reorganizing and making visible what already exists. It also shows how socially accountable education can contribute to both student learning and community well-being.

Through COPC, medical students are not only exposed to community realities but also actively involved in co-creating solutions with local actors. In this way, the university becomes a socially responsible institution that walks alongside the community, learning with and from it.

Finally, this initiative highlights an essential idea: students engaged in these projects are not simply being trained to fit into today’s health system—they are being prepared to help build the health system we need: equitable, inclusive, and rooted in community participation.

APPENDIX 1:

RECURSERO



CENTROS DE SALUD

HOSPITAL MUNICIPAL CIUDAD DE BOULOGNE

 Avenida A. Rolón 2315, Boulogne Sur Mer.

 +54 11 4513 7832

 hmcbsanisidro.gov.ar

Servicios:

- Clínica Médica
- Cirugía
- Emergencia
- Odontología
- Pediatría
- Salud mental
- Enfermería
- Oncología

Horario de atención:
No disponemos de información precisa.

LA RIBERA (CAP)

 Cnel. Rosales 1194, Bajo de San Isidro.

 4512-3150

 capslariberaesanisidro.gov.ar

Servicios:

- Clínica médica
- Ginecología
- Obstetricia
- Odontología
- Pediatría
- Psicología
- Vacunación
- Nutrición
- Estimulación Temprana
- Violencia de Género
- Testeos rápidos de HIV

Horario de atención:
Lunes a viernes de 8:00 a 16:00
Sábados de 8:00 a 12:00

BAJO BOULOGNE (CAP)

 Camino Real Morón 902, Bajo Boulogne.

 4513-7824

 capsbajoboulogneesanisidro.gov.ar

Servicios:

- Nutrición
- Estimulación temprana
- Clínica médica
- Ginecología
- Obstetricia
- Odontología
- Pediatría
- Psicología
- Vacunación
- Violencia de Género/Servicio Social
- Testeos rápidos de HIV

Horario de atención:
Lunes a viernes de 8:00 a 16:00
Sábados de 8:00 a 12:00

SAN PANTALEÓN (CAP)

 Bernardo de Yrigoyen 2140, Bajo Boulogne.

 11-5615-6340

 secretariaesanpantaleon.org.ar

Servicios:

- Trabajo Social
- Nutrición
- Odontología
- Obstetricia
- Ginecología
- Puericultura
- Médicos de Familia

Horario de atención:
Lunes a viernes de 8:00 a 16:00



SALUD MENTAL

HOSPITAL MUNICIPAL CIUDAD DE BOULOGNE

 **Avenida A. Rolón 2315, Boulogne Sur Mer.**

 +54 11 4513 7832

 hmcbsanisidro.gov.ar

Primera consulta

- **Niños** (6 a 12 años) y
- **Adolescentes** (13 a 17 años)

Turnos:
Solicitar el **último viernes de cada mes** a las **7:30 am** en **mostrador de turnos.**

Documentación necesaria:
Debe presentarse un **adulto responsable** con su **DNI y el DNI del menor.**

Primera consulta

- **Adultos** (mayores de 18 años)

Turnos:
Solicitar los días **martes** desde las **7:30 am** en **mostrador de turnos.**



FARMACIAS

FARMACIA NUEVA SANTA RITA

📍 HSE, Av. Sucre 431

☎ 01147352227

Horario de atención:

Lunes a miércoles de 8:30 a 21:00.
Jueves de 9:00 a 21:00.
Viernes de 8:30 a 21:00.
Sábados de 8:30 a 13:30, y de 16:00 a 20:30.

FARMACIA DIBILIO

📍 GAE, Rosario 1711

☎ 01147377798

Horario de atención:

Lunes a viernes de 8:30 a 12:30 y de 16:00 a 19:00.
Sábados de 8:30 a 13:00.

FARMACIA MORENO SALINAS

📍 Sarratea 364-376

☎ 01147290513

Horario de atención:

Lunes a sábados de 8:00 a 12:00, y de 16:00 a 20:00.

FARMACIA SAMBAN

📍 Sure Mer, Bernardo de Irigoyen 601

☎ 01147379946

Horario de atención:

Lunes a viernes de 8:30 a 12:30 y de 15:00 a 19:00.
Sábados de 8:30 a 13:00.

FARMACIA SARRATEA

📍 Sarratea 955

☎ 01147356362

Horario de atención:

Lunes a viernes de 8:30 a 20:00.
Sábados de 9:00 a 19:00.

FARMACIA CATANIA

📍 Bernardo de Irigoyen 1808

☎ 01167103038

Horario de atención:

Lunes a sábados de 8:30 a 20:00.



TARJETA CIUDADANA

¿CÓMO SE RENUEVA UNA VEZ VENCIDA?

Presencial

📍 Av. Centenario 77, Primer Subsuelo.

Horario de atención:

Lunes a viernes de 8:30 a 14:00.

Virtual

- Renovación/Modificación de datos/Nuevas solicitudes

☎ 45123567

✉ ciudadano@sanisidro.gob.ar

¿CÓMO LA TRAMITO?

Presencial

📍 Av. Centenario 77, Primer Subsuelo.

Horario de atención:

Lunes a viernes de 8:30 a 14:00.

Virtual

Ingresa a "sanisidro.gob.ar"

- Opción "Mis Trámites"
- Opción "Tarjeta Ciudadana"
- Opción "Portal Tarjeta Ciudadana"

¿QUÉ NECESITO PARA SOLICITARLA?

Tener **DNI con domicilio en el partido de San Isidro** y/o ser **titular del impuesto A.B.L.**



CONTACTOS IMPORTANTES

<p><u>Emergencias Médicas</u></p> <p>☎ 4512-3107</p>	<p><u>Patrulla Municipal</u></p> <p>☎ 4512-3333</p>
<p><u>Bomberos</u></p> <p>☎ 4747-2222</p>	<p><u>Defensa Civil</u></p> <p>☎ 4512-3103</p>
<p><u>MUJER - Línea de Asistencia y Prevención</u></p> <p>☎ 153-163-8969 o 144</p>	<p><u>Programa de Inserción Laboral</u></p> <p>📍 Don Bosco 411 1° piso, San Isidro</p> <p>☎ 4512-3176/8</p> <p>✉ empleo@sanisidro.gov.ar</p>

Endnotes:

ⁱ Instituto Universitario Hospital Italiano de Buenos Aires (IUHIBA). Carrera de Medicina. Atención Primaria Orientada a la Comunidad (APOC). Educación en Atención Primaria Orientada a la Comunidad: experiencias, balances y desafíos. [Internet]. [Buenos Aires]: delhospital ediciones; 2020 [citado AAAA MM DD] 166 p. Disponible en: <https://trovare.hospitalitaliano.org.ar/greenstone/collect/libros/index/assoc/D1647.dir/memoria-anual-apoc-2020.pdf>

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