Community Mentor Guide

This short document will explain your suggested role as a community mentor in NextGenU’s Community-Oriented Primary Care (COPC) training. Your role will be adapted based on the community’s needs, the student’s needs, and your own needs. This document will also summarize COPC’s approach to primary care and community health with its emphasis on the needs and resources of identified communities.

The Community Mentor: Your Role

The COPC mentor serves primarily as guide for your trainee and as a liaison between your trainee and the community. You do not have to know about COPC to be a community mentor, but you should be involved in health services in the community, have an understanding of your community’s needs and resources, and be willing to introduce the trainee to other potentially insightful community members.

Our definition of health aligns with that of the World Health Organization (WHO): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Therefore, some community health concerns go beyond the scope of traditional primary care. COPC acknowledges the social, economic, and environmental determinants of health (such as poverty, water and sanitation, violence against women, or underage drinking and drug use, for example) as well as sickness and disease. If you would like more information on the social determinants of health there are resources provided below.

As a community mentor, your trainee will interview you on several occasions about your experience with the community and its health concerns and about your opinions regarding community health. Your trainee will ask you to give her or him a tour of the community and to provide introductions to key community members for further interviews. You will be asked to confirm that the trainee has done certain activities and to fill out a questionnaire at the end of the course. You will not be asked to implement a project, but the trainee will provide you with a detailed assessment of the community and a project proposal for a COPC initiative. The trainee will not have time within the course to implement the project, but the project is likely to be of interest to your community. In a neighborhood or village setting, COPC projects can encourage community involvement in health initiatives and improve the overall quality of life in the community. In a clinical context, COPC can increase the effects of clinical care on patient health and well-being.
A Brief Introduction to COPC

COPC is a comprehensive, systematic approach to health that is implemented within a defined population and with community participation. The contemporary principles and practice of COPC draw on a variety of fields, including epidemiology, primary care, preventive medicine, and health promotion. Sydney and Emily Kark coined COPC in South Africa in the 1940s. Sydney Kark used the term to describe his efforts at the Pholela Health Center, where he was appointed by the South African government to develop a “comprehensive, curative, and preventive service.” The Karks utilized an interdisciplinary team to collect information on health status, demographics, the environment, community behaviors, and local concepts about health and disease. The first problems to be addressed were nutrition, sanitation, and soil erosion. The Karks went on to develop programs in Israel, and proponents of their approach have developed COPC programs all over the world.

The defining features of their efforts included what has evolved into the five principles of COPC today:

1. Responsibility for a defined population
2. Care based on identified health needs at the population level
3. Prioritization of health needs
4. Implementation of an intervention program covering all stages of the health/illness continuum and impacting on the prioritized conditions
5. Community involvement

Community involvement is key at all steps of the COPC process - this is why a community mentor is necessary. The six steps of COPC are:

1. Community definition
2. Community characterization
3. Prioritization
4. Detailed assessment of the selected health problem
5. Intervention
6. Evaluation

If you have any questions about COPC, please ask your trainee and/or visit the resources listed below.

- DC Area Health Education Center (United States) “The Conceptual Framework of COPC.”
- “A Practice of Social Medicine” by Sydney and Emily Kark.
● “On ‘A Practice of Social Medicine’ by Sidney and Emily Kark” by Jaime Gofin.

● “Community Oriented Primary Care: Historical Perspective” by S.K. Longlett et al.

● More information about the social determinants of health can be found from the WHO and The Community Tool Box.