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COMMUNITY-BASED HEALTH CAMP AT CHALTHAN VILLAGE, SURAT DISTRICT: A REPORT ON MEDICAL STUDENT-LED SCREENING AND REFERRAL ACTIVITIES		KEY WORDS: Community Screening, Health Camp, Non-Communicable Diseases
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ABSTRACT	Introduction: Health camps serve as vital platforms for early screening, health education, and improving access to care in underserved areas. Involving medical students enhances their practical learning and community engagement. Aim and Objectives: To assess the health status of residents attending a community-based health camp in Chalthan village and to identify individuals requiring further medical evaluation or referrals. Materials and Methods: A health camp was conducted on 21st February 2025 in Chalthan village, Surat district, Gujarat, under the coordination of the Department of Community Medicine, Government Medical College, Surat. Students, residents, faculty, and support staff carried out health assessments, including demographic data collection, anthropometry, blood pressure, blood sugar screening, laboratory investigations, and referral services. Results: A total of 179 patients were evaluated. The majority were female, and the mean age was 34.2 years. Over 40% of adults screened were hypertensive, and 10% were diabetic. Around 37% of individuals required referral to a higher center for further care. Anaemia was identified in more than half of those tested. Conclusion: The health camp demonstrated the effectiveness of collaborative, student-led field interventions in rural health care delivery. It enabled early identification of health issues and ensured linkage to appropriate services.	
INTRODUCTION The National Medical Commission (NMC), formerly the Medical Council of India (MCI), works tirelessly to appoint qualified physicians to rural India to deliver excellent health care to achieve Health for All goals by filling up the existing curricular gaps pertaining to a lack of real-world experience by the physician. (Arulmohi et al., 2017) The Re-orientation of Medical Education (ROME) program, though largely discontinued, is still followed by a few institutions. Such successful models make the public active stakeholders, rather than limiting it to a charity activity. (Yalamanchili et al., 2023) The Family Adoption Program (FAP) by the National Medical Commission (NMC) is a strategic initiative to integrate family-centred care and longitudinal patient relationships into medical education. (Bajpai & Sheth, 2024) FAP was conceptualized upon "Sewagram model" by Mahatma Gandhi Institute of Medical Sciences, Sewagram (MGIMS).		FAP starts with the first professional phase and continues throughout the course, and is executed under the department of community medicine. (Arulmohi et al., 2017) Health camps serve as vital platforms for early screening, health education, and improving access to care in underserved areas. Regular health camps will be organized to provide holistic healthcare services to the adopted families. These camps will include detailed health assessments, necessary treatments, and coordinated follow-up care to ensure continuity of medical support. (Bajpai & Sheth, 2024)
Materials and Methods Study Site A community-based health camp was organised on 21st February 2025 at Chalthan village, under PHC Talodra, Surat district, Gujarat.		

Preparatory Activities
 Prior to the camp, a planning meeting was held involving departmental faculty, residents, and PHC staff. Consultations with Medical Officers, CHO, ASHA workers, Anganwadi workers, and the local governing body helped identify community health needs and finalise logistics.

Pamphlets were distributed to mobilise community participation. The community hall in the Panchayat building was chosen as the campsite. Logistics, including medicines, equipment, and diagnostic kits, were arranged through the Government Medical College's central stores with appropriate administrative approvals.

Camp Day Operations
 A total of six buses transported approximately 240 students, along with faculty members, residents, interns, laboratory technicians, and a pharmacist, to the village. The healthcare team included members from Community Medicine, Paediatrics, Medicine, Dermatology, and Physiotherapy departments.

At the campsite, individuals underwent registration and were screened for various health conditions. Data collected included:

- Demographic details (age, sex, religion, family type)
- Anthropometric measurements (height, weight, BMI)
- Blood pressure (classified using JNC-8 criteria)
- Capillary blood glucose levels
- Basic laboratory tests

Health talks on anaemia, vision care, and adolescent health were conducted for school-aged boys and girls.

Patients identified with medical issues were referred either to specialists on-site or to higher-level care at New Civil Hospital Surat (NCHS), depending on the complexity.

Data Analysis
 Data were entered in MS Excel 2021 and analysed using descriptive statistics (frequencies, percentages, means, and standard deviation) for relevant variables with the help of MS Excel 2021 and SPSS Version 26.

RESULTS AND DISCUSSION
 A total of 179 patients were evaluated at the camp. Descriptive statistics of demographic characteristics, BMI, socioeconomic status, ABHA ID possession, chronic disease burden, referral patterns, and laboratory findings are presented in Tables 1, 2, and 3.

Key observations included a relatively young patient population with a mean age of 34.21 years and higher female attendance. BMI findings indicated both undernutrition and overnutrition in the community. ABHA ID coverage was low.

More than 40% of adult participants had elevated blood pressure based on JNC-8 criteria, and over 10% had elevated random blood sugar levels. Laboratory screening for anaemia showed that a majority of the tested individuals were anaemic.

A total of 238 referrals were made on-site to general, medicine, dermatology, paediatric, and physiotherapy outpatient services. Furthermore, 67 patients were referred to NCHS for further evaluation, with ophthalmology, medicine, and dermatology being the most common departments.

Table 1. Sociodemographic Profile of Camp Attendees (n = 179)

Variable	Category	Frequency (%)
Gender	Female	109 (60.9)
	Male	70 (39.1)

Religion	Hindu	175 (97.8)
	Muslim	4 (2.2)
Type of Family	Nuclear	106 (59.2)
	Joint	66 (36.9)
	Three-generation	7 (3.9)

Table 2. Health and Screening Indicators

Indicator	Category	Frequency (%)
Socioeconomic Class (Modified BG Prasad)	Middle	71 (39.67)
	Upper middle	64 (35.75)
	Lower middle	18 (10.05)
	Lower	17 (9.50)
	Upper	9 (5.03)
BMI Category	Normal	61 (34.08)
	Underweight	57 (31.84)
	Overweight	36 (20.11)
	Obese	25 (13.97)
ABHA ID Possession	Yes	28 (15.6)
	No	151 (84.4)
Chronic Diseases (n=30)	Hypertension	14 (46.68)
	Diabetes	12 (40)
	Others (each)	1 (3.33)

Table 3. Referral and Lab Results

Variable	Category	Frequency (%)
Referral to NCHS	Yes	67 (37.4)
	No	112 (62.6)
NCHS Department (n=67)	Ophthalmology	26 (38.8)
	Medicine	16 (23.88)
	Dermatology	11 (16.42)
	Others	14 (20.9)
Camp Site Referrals (n=238)	General OPD	105 (44.12)
	Medicine	51 (21.43)
	Dermatology	34 (14.29)
	Paediatric	33 (13.86)
	Physiotherapy	15 (6.30)
Laboratory Screening (n=31)	Anaemia	18 (58.06)
	Low Platelets	4 (12.90)
	Disarranged TLC	3 (9.68)

The community health camp in Chalthan village successfully identified several health needs and gaps in preventive care. High levels of undiagnosed hypertension and the presence of diabetes among younger adults call for routine community screening programs.

The dual burden of malnutrition—evident from both underweight and obesity cases—reflects the nutritional transition common in peri-urban and rural India. The low coverage of ABHA IDs highlights a need to integrate digital health tools into primary healthcare strategies.

The large number of specialist referrals—both at the camp and to NCHS—demonstrates effective triaging and the importance of multi-departmental collaboration in field interventions. Health education, particularly among adolescents, complements clinical services by promoting preventive behaviors.

The camp also served as a valuable educational experience for students, encouraging a holistic understanding of healthcare delivery in a resource-limited setting.

CONCLUSION
 The health camp in Chalthan village demonstrated that structured, student-supported outreach activities can effectively identify and address key community health concerns. Timely screening and referrals helped bridge service gaps. Such camps represent a sustainable model for community engagement and field-based medical education.

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