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Community Health Development Impact of the Field Practice Program, Institute of Public Health

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Field Practice, a three-unit course required of graduate students of the Institute of Public Health, University of the Philippines System, is a practicum whereby the students apply the basic knowledge and skills gained to actual community situations by integrating with the community and other health workers. Undoubtedly, the course has made a significant impact on the students, the faculty, and the community. Exposure of the students to actual health problems has rounded up their formal academic training and has developed in them an understanding of the challenges and demands of health care delivery. To the faculty preceptors, field practicum has enriched their teaching repertoire. And to the community—the recipients of health service—the course has generated in them a positive concern with their health needs and a commitment to improve their quality of life.

Introduction

Public Health Administration 280 is the field practice course in the Master of Public Health (M.P.H.) program of the Institute of Public Health (IPH), University of the Philippines. The course title and description are: FIELD PRACTICE—Advanced practice in the field of public health. The 3-unit course, required for all M.P.H. candidates, is scheduled for from six to eight weeks during the last quarter of the school year after the core courses have been taken.

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Course Objectives

The objectives of the practicum as listed in the Field Practice Handbook are as follows:

"The students should demonstrate skills in:

(1) applying public health theories, principles, and methods in community diagnosis and program-planning, implementation, and evaluation.

(2) working with the health team and the people in the community.

(3) mobilizing the community in the identification and solution of health problems."

The objectives, therefore, are to apply and test basic knowledge, concepts, and tools of public health to actual community situations in collaboration with the local health staff, other govern-

ment officials and personnel, private groups, and the family heads and members. This is in essence the philosophy of the present day emphasis on health care service delivery—networking with community groups, both public and private, and promoting positive grassroots participation among the end users of the health services. The end in view is to develop self-reliance in the local community.

These objectives actually go beyond what appears as the course expectations in rounding up the student's formal academic training in public health. The prescribed and printed course objectives may be student-oriented (as may be expected). However, such field experience also contributes to the development of the faculty, the local health and related staff, the community leaders and the population as a whole. It is hoped that after graduation, the students will apply knowledge and skills acquired to whatever work environment they may be placed.

Prescribed Activities

An outline of activities which students engage in in their field exercise is given below. In carrying out these activities, there is emphasis on active involvement of the staff of the local health unit, local public officials and community leaders as well as family heads.

Study of the Community and Health Situation

(1) Confer with provincial, municipal staff, and barangay "gatekeepers" for general orientation on:
   (a) Objectives of the IPH Field Practice and expectations of local government and health officials.
   (b) Organizational structure of the Provincial Health Office, Rural Health Unit, and ongoing health programs of these units.
   (c) Socio-cultural characteristics of the people.
   (d) Problems met and/or anticipated in the delivery of health care.

(2) Review avaiable annual reports, records and demographic data, vital statistics, survey results from government and voluntary agencies.

(3) Interview key informants in the community such as the barangay officials, local government workers, parish priest, medical, civic, neighborhood and youth leaders, and other community development workers for information on the following:
   (a) perceived health problems and unmet needs
   (b) customs, mores, beliefs, traditions, attitudes particularly related to health and disease
   (c) power structure in the community
   (d) channels of information and communication used by the people
   (e) attitudes or experiences of people towards past health programs
   (f) climatic conditions, seasonal variations, geography and their effect on customs and practices related to health.

(4) Conduct an ocular survey of the community and construct a social

spot map to facilitate familiarity of locale and resources.

(5) Observe and participate in selected rural health unit activities like identification of health problems, utilization of staff and other community resources and management of programs and activities.

(6) Conduct limited special field or laboratory studies whenever indicated for the purpose of community diagnosis.

Planning for Health Activities and Organizing the Community for Health Action

(1) Collate, present, and analyze data from community diagnostic procedures.

(2) Hold meetings with small groups concerned (i.e., school people, church representatives, community development workers, neighborhood leaders, and barangay leaders) with health problems to plan possible activities based on needs.

(3) Define activities and controls.

(4) Organize special task forces or working committees to ensure greater participation.

(5) Conduct community assemblies and small group discussions utilizing appropriate educational methods and materials to create public awareness and interest and enlist cooperation and support for health projects.

(6) Write and present the proposed health program to participating agencies/groups prior to implementation.

Implementing and Evaluating Proposed Health Action Programs

(1) Hold meetings to report on progress of work, obstacles encountered and results obtained.

(2) Conduct a community assembly to give feedback on the health project undertaken by the community leaders with the assistance of the students to get people's commitment to pursue programs/projects started.

(3) Hold a final conference with local government and health officials to report on community diagnosis, action programs started and implemented, and recommendations for follow-up.

Participants

The Students

The students are candidates for the Master of Public Health (M.P.H.) program who are mostly employed in health care delivery, teachers of public health/preventive medicine/community health from medical, dental, nursing, and medical technology schools as well as researchers and research assistants. A few are private practitioners or individuals. Admission requirements call for at least a Bachelor's degree and two years of public health and related experience. Their professions/positions are as follows:

(1) Physicians/Medical Officers/Health Officers
(2) Dentists
(3) Nurses
(4) Sanitary Engineers
(5) Veterinarians
(6) Health Educators

(7) Pharmacists, Medical Technologists, Nutritionists
(8) Social Workers.

The majority are employed in the Ministry of Health, while others are from the Ministry of Education and Culture, the Armed Forces, and other government entities. The Institute of Public Health is the main academic institution for public health training of the Ministry of Health.

There are also foreign students most of whom are fellows of the South East Asia Ministries of Education Organization (SEAMEO) and from the World Health Organization. They come from Thailand, Indonesia, Malaysia, India, Sri Lanka, some Western Pacific islands, and some African countries. Occasionally, other foreign nationals are enrolled as private students.

For the field practicum, the students are divided into multi-disciplinary teams of five to six members and assigned to municipalities around Metro Manila. Each student team is usually based with the local rural health unit.

Faculty Preceptors

The conduct of the course each year is planned and arranged by a regular faculty committee of the Institute. Faculty members representing the specialty disciplines of public health from the various departments of the Institute provide guidance/supervision for the students. There are usually two faculty members acting as preceptors for each student team.

Field Preceptors

The rural/municipal health officers of the local health units are designated as field preceptors. They provide some of the local logistic support including liaison with local officials, private groups, and civic/community leaders.

The Provincial Health Officer and staff of the Provincial Health Office also provide assistance and guidance.

Field Practice Areas

Student teams are assigned with rural health units in municipalities easily accessible to Metro Manila—one of the criteria for the selection of placement areas. For the last four years, municipalities in Bulacan had been utilized for the practicum. Previously, municipalities of the provinces of Rizal and Laguna were also used as field areas. In the implementation of special projects by the students, a barangay that is far from the main health center in the poblacion and which relatively has greater or more challenging needs is selected usually upon the recommendation of the local health officer.

Since the Institute does not have a "demonstration" or training center nor an area directly under its control where established standards for observation/practice can be experienced, the Field Practice Committee has to utilize available areas especially where the provincial health officer has extended invitation to the Institute.

Another factor influencing the choice of the present practice areas is the problem of the increasing cost of living and transport which the students have to meet, not to mention the "pinch" of energy conservation on the transport facilities of the Institute.

Logistics

There is very little assistance from internal and external sources for the conduct of the program. As mentioned earlier, students shoulder the cost of transportation and additional expenses for room and board in cases where they decide to stay temporarily at their places of assignment. They also shoulder the cost of materials needed for preparing their reports and visual aids used in their dialogue with the local health staff and the community. Most of the foreign students on fellowship status, however, get additional allowance from their sponsoring agencies.

Faculty preceptors are allowed the government-prescribed meal allowance of merely six pesos and twenty-five centavos (P6.25) each time they go out (about once a week) to follow up progress of their assigned student groups. They spend practically the whole day for their field visit riding on vehicles of the Institute of Public Health with three or four other teams of preceptors who schedule their visits to allow use of only one transport to cover adjacent towns. The cost of gasoline used by the faculty members using their private cars are not reimbursed.

Accomplishments/Outputs

An outline of the prescribed activities by the students for their practicum was presented at the beginning.

Community Diagnosis

A situational analysis of the practice area (municipality) is a common activity required of all teams undertaken at the start of the practice period immediately after the usual courtesy calls on the municipal executives.

Most of the data are gathered from the records of the local health units, the local civil registrar, and the provincial health office. In the course of this activity, deficiencies, errors, and conflicting figures are brought to light and the findings, including identified health problems, are usually discussed with the health officer and his staff. In this way, health information of the rural health unit is improved.

From the health problems so identified, a decision is made with the local health staff on the selection of a deserving area/barangay for implementation of a simple health project to be undertaken by the student teams.

Special Health Project

With the assistance of the local health staff, the barangay leaders are contacted and the findings of the community diagnosis are presented. With the concurrence of these leaders, a decision is made as to the choice of a health project and the approaches or activities to be undertaken in the area to improve the situation. In these community-based health projects, the consumers of health services along with the providers and local leaders, including those of the private sector, take active roles. External resources are also tapped for needed logistics for the various activities undertaken.

Examples of the health projects and activities undertaken during the years are briefly presented:

(1) Those intended to help improve/strengthen health care delivery:

(a) Seminar-workshops for local health staff conducted by student teams with the assistance of resource persons

from various agencies and institutions. Topics taken up include some general basic management concepts and skills as well as techniques and procedures used in basic health services.

(b) Developing intra-agency and inter-agency coordination and collaboration for more effective health and other community development activities.

(c) Strenthening/organizing of municipal health councils and barangay health brigades. Some municipalities either have inactive councils or have none at all.

(2) Those intended to promote community health or reduce/prevent ill-health.

In these activities and projects, the students endeavor to involve the local health staff in motivating consumers of health services to develop interest in their health problems and situations and to accept and assume greater participation/responsibility and self-reliance in the solution of their problems and needs.

(a) Knowledge, attitudes, and practices (K.A.P.) surveys on certain aspects of health and public health to provide a basis for special projects.

(b) Toilet construction and utilization, in conjunction with deworming programs, usually of children, and health education. This is the more common project since diarrheal diseases are usually identified as major disease problems which are brought about to a large extent by inadequate or poor waste disposal.

(c) Protection/improvement of local water supplies. The relationships of poor waste disposal, as well as other factors, like malnutrition and poor hygienic practices, contribute to the high prevalence of diarrheal diseases.

(d) Nutrition projects, with special attention to second and third degree malnutrition in young children, include, among others, feeding programs for malnourished children (with private sponsorships) and mother's classes with emphasis on nutrition. One student group, with full local support from the municipal council and barangay leader and with the assurance of sustained support from benevolent sponsors for some six months, undertook a feeding program for a group of third-degree malnourished children. Better-off residents were invited to sponsor malnourished children (serving as "ninong" and "ninang"). These same students also were able, again with local support to organize and operate a mobile nutrition kitchen for this pilot barangay.

(e) Organization of barangay health councils and of health brigades and a local election of "purok" health leaders to

serve as active liaison workers with local health teams.

(f) Training of barangay health workers.

(g) In one municipality, hypertension was a health problem, identified from a Development Academy of the Philippines survey. The physician-proprietor of the local private hospital and school of nursing and midwifery and other local private practitioners were organized to launch a blood-pressure consciousness drive highlighted by community assemblies and clinics manned by them and specialists from the Philippine Heart Center invited as resource specialists.

The interest and support of the private practitioners for the community health program undertaken by the local health unit and the students can be the beginning of other organized health efforts in the municipality.

(4) Medical and nursing members of the student teams conducted clinics in the main health centers whenever possible to demonstrate (in a subtle manner) to the local health staff some standard procedures and skills taken up at the Institute.

Benefits/Impacts of the Practice

The course objectives are satisfactorily attained insofar as the students are concerned. Equally important are the intangible benefits and impacts of the program not only to this group but also to the communities served and to those who get involved and contribute to making the field exercise worth experiencing.

The Students

The students had ample opportunity to apply and test principles/concepts/theories taken up in the formal academic courses at the Institute to actual work operations and community situations and problems. Working as multidisciplinary teams, they developed stronger understanding among themselves as members of a health team and of the challenges posed by down-to-earth situations in the field of health care delivery.

They identified strengths and weaknesses in operations of the providers of health service: the rationale for improved networking with available community resources, both official and private; and the often rewarding, although at times somewhat frustrating experience of working with the recipients/consumers of health services in the attempt to make them identify for themselves their health needs and problems and to motivate them towards self-reliance in the solution of these problems and in the improvement of their health status.

Many students experienced satisfaction from sharing knowledge and experience with their health service counterparts, getting understood, and receiving active support and recognition in their endeavors from municipal officials, including barangay leaders, and getting enthusiastic response and positive cooperation from family members.

Foreign students openly expressed enrichment of their formal academic

training with more exposure and insight into Filipino culture and way of life after some eight months of school work considering that movements were limited mainly within the busy and the impersonal city life in Metro Manila.

The Faculty Preceptors

Those who had been involved in a number of student field practicum identified new problems and approaches related to their expertise from their experience in the field which undoubtedly enriched their teaching repertoire. The new and young faculty preceptors had their initial exposure to field operations and community health situations which they found useful in making their classroom teaching more relevant and practical.

The Field Preceptors

As previously mentioned, the open invitation by the Provincial Health Officer for the Institute to utilize the municipalities in the Province for the practicum is possibly meant to expose and favorably influence the local health staff in the practice areas so that they may absorb desirable knowledge, practices, and skills learned by the students and shared from faculty visitors from the Institute. There was very tactful (from the visitors) cross-fertilization in the sharing process. Even the students and faculty members picked up new ideas and approaches in dealing with local officials and service consumers.

There is no doubt that a six-to-eight-week stay of the students (not to mention the weekly visits of faculty members) could be an imposition on the hosts as many of them have to modify their routine activities. They sound sincere, however, in expressing acceptance of their roles as field preceptors and of personally and professionally enjoying the experience.

The Local Officials

Mayors, council members, and barangay leaders cooperated with and supported the health projects/activities of the students. It is highly possible that they realized the greater roles that the local health staff can play in creating better impact on community health and other community development activities through improved networking activities among public and private agencies and groups.

The Recipients/Consumers of Health Services

The "short" stay of student groups must have created an impact on the knowledge, attitudes, and practices of community members. The student groups created new awareness of health problems and services, especially in the barangay selected for implementation of health projects. Follow-up of some projects initiated by earlier groups shows that the activities have been carried even further.

That there was new interest among the service end-users can be borne out by the active cooperation and support they gave students although in some groups, students have had to struggle with the inertia and expectations rooted in some communities that providers of health services must also provide free medicines during clinic consultations (for the sick as well as for the well individuals).

The "dole outs" seem to be a principal motivating factor for those in need of

health services. This may be deduced from heavy attendance at clinics when free medicines are available and when stocks run out, few patients came. In general, however, the students were happy and satisfied with the response that the community members gave to their projects. There were indications of acceptance by these people as shown by their concern with their health needs and by assuming some responsibility to improve their lot.

It is safe to assume that working in the community for six to eight weeks created a reasonable degree of impact on the local health unit staff, municipal, and barangay officials and leaders, and the families where the projects were instituted. Interest was aroused; positive commitment and support from those exposed to the projects were elicited. How to sustain/maintain the interest and to expand the activities generated among the community members and the local officials, including the staff of the rural health units, remains a *challenge.*

Who will "carry the ball"?

Issues and Challenges

Faculty preceptors who have been in the program for a number of years have made assessments of the field practice program reviewing issues and problems. Somehow they have developed concern for the effectiveness of the course in terms of goals and objectives. They have in a way felt some ethical and moral responsibility for its outcomes and impact on students, the local providers of health services, and the communities involved and on the contribution of the Institute.

The Institute and Faculty

(1) There is agreement that the practicum satisfactorily meets the need for providing the needed field exercise to pull together the various courses in a team approach of actual community situations.

(2) The faculty can do a much better job of preceptorship with more adequate logistics. Student groups have expressed a need for more faculty support in the field. More frequent visits and longer time spent in the field would also allow for more opportunities for the faculty to get to know the communities better and create opportunities for a two-way exchange of benefits.

(3) A long felt-need by the faculty is for a field practice area (or areas) where the Institute can exercise more direct influence in service operations in order to provide desired learning experience for the students. What is taught in the classroom can thereby be much more easily demonstrated in these field practice areas. This may require employment by the University of field staff with faculty status who can teach at the Institute when the need arise.

For the Students (Trainees)

Students have expressed appreciation and satisfaction for the practicum as a concluding episode in their formal learning experience for their academic degrees. They had the rare opportunity of working out their field experience as members of a team with sufficiently long preparation for the assignment in the classrooms. It is hoped that they would make use of their newly acquired knowledge, skills, and field experience when they return to their own stations after graduation. Possibilities that

may arise for which provision for improvement/correction should be made are:

(1) A well-motivated graduate returns to his station and starts applying some of his newly-acquired "talents." By working in a favorable environment, he may easily succeed in instituting desired changes.

On the other hand, he may be met with frustrations from indifferent or even "hostile" officials who may succeed in negating the efforts of the well-intentioned young graduate.

(2) There is also the possibility that a graduate may have performed creditably during his stay at the Institute but may not be adequately committed to his work in the community. Unless there are guarantees for adequate supervision and leadership from above the graduate may not make good use of his training. Early guidance and motivation can be useful in minimizing a possible "backsliding" to old ways.

These are reasons why some faculty members feel a need for possible follow-up visits by faculty members of graduates. The feedback from these visits may help bridge gaps between knowledge and application.

The Field Practice Communities and Local Health Providers

Mention has been made earlier of faculty members developing moral and ethical responsibilities for outcomes of the field practice program. This extends to concern for its impact on the communities served and on the operations and effectiveness of the field preceptors and staffs of the local health units.

When well-intentioned external groups gain entry into rural communities and succeed in creating awareness of needs and possibly desire for and actually support development programs by the communities themselves, the following questions have to be answered:

(1) What happens when the outsiders pull out from the community after awakening local interest?

(2) What happens to the projects/activities undertaken as part of the field exercise?

(3) Who will take over the leadership for continuing these activities that are of proven values to the communities?

Worthwhile projects "die a natural death" after initiators withdraw from the area and communities revert to old ways for lack of sustained interest until another group of "change agents" come around. A series of awakening and re-awakening can work two ways—it may result in sustained interest for development, or hopefully not, the community may become frustrated with repeated "intrusions" from outsiders and develop a negative attitude towards change. Someone has to provide leadership to continue worthwhile activities and to prevent backsliding to old ways.

For health development activities at municipal and barangay levels, the most logical group to provide leadership would be the local health officer (the municipal or rural health physician) and his staff in the rural health unit. Working under certain constraints,

some health officers live up to expectations. One can sense in these workers a high degree of interest and commitment to service. They may have graduate degrees in public health. Unfortunately, in other areas, health officers and health workers lack dedication to their work for some reasons (like low salaries, small travel/gasoline allowance, or lack of transport facilities) which are not deterrents for the more conscientious ones. It is sad to note that a few graduates of the Institute of Public Health, where basic management concepts and skills are emphasized, do not seem to have benefited from their graduate training judging from their apparent lack of "drive."

An explanation put up by a ranking medical officer for "overlooking" shortcomings of local health officers is that there are no takers for the numerous vacant positions due partly to the low salary and apparent lack of glamour in the job. Any applicant is, thus, readily accepted and his inadequacies tolerated. This is certainly a lame excuse because there are others in the service who perform creditably despite the unattractive official incentives. Furthermore, the shortcomings can be minimized with better pre-service training and adequate supervision not to mention continued staff development programs.

In relation to the leadership role of the local health officer, an earlier listing of the projects undertaken by the students indicate the active support and cooperation of local private medical and related practitioners to the "operation hypertension." In the series of meetings with this group, these professionals expressed their readiness to cooperate in and support similar programs, as well as to do their share of submitting reports or other information required by the Ministry of Health, if only they would be asked by the health officer. This is an example where potential health resources are not tapped. This need not be a one-way sharing because facilities and resources of the local health unit can be made available to the private practitioners whenever possible and can result in greater community participation. This example of networking with local private groups can be developed in other areas as well.

Students and faculty preceptors cannot help but notice and regret the underutilization of health personnel time and low levels of quality performance in units which are mainly responsible for their low visibility in some barangays especially those far from main health centers and where there are no regular health stations. This situation again reflects on the managerial leadership of the health officer. Yet, a common gripe in many staff meetings is the lack of personnel and facilities. It is believed by some critics that even with the present available complement of personnel (despite unfilled/vacant positions, without increasing the numbers as often asked) outputs can be markedly increased and there can be greater coverage of families needing health care by organized dispersal of the workers and by utilizing temporary available quarters in the barrios to hold clinics and serve as health stations.

There is another area that deserves serious thinking. The concept of primary health care is not only to bring basic

health care as close as possible to the homes of those to be served but also to promote self-reliance among the people on matters affecting their health. The latter includes developing their awareness of their health needs and problems and doing something about these needs. It is a well-known fact that the great majority of the masses, when asked, will hardly think of health and disease as a prime concern (which are basically food, shelter, and clothing). It is about time that their thinking be modified.

A common observation during consultations conducted by rural health workers in the main health center or at barangay health stations is that when there is a fresh supply of free medicine available, there is a long queue of clients. Once the supply runs out, very few seek consultation.

In some ways, the people have been "spoiled" by dole-outs from government and other sources and they have come to expect the government to provide them with all their needs. In the course of their field practicum, the students noted this situation but in their work with the barangay people, the students succeeded in organizing family members into health-oriented groups to start something by themselves on matters concerning their lives. This, in a small way, is contributing to the spirit of community development which can be replicated in other areas.

Summary and General Recommendations

The course objectives of the field practice program for the graduate students (M.P.H.) are satisfactorily attained. However, in order to provide a more meaningful experience which will allow for greater opportunities to really establish good rapport with the community, a serious study should be made in scheduling the course to allow for uninterrupted field exposure free from formal courses at the Institute. Due to some elective courses which have to be scheduled in the fourth (and last) quarter, the field practice is conducted for only three successive days of the week with students spending the two other days at the Institute for the elective subjects. If the change in schedule is effected, the students would have the opportunity to live in the area (if they so choose) free from tensions of class work and examinations, and possibly create more impact on the community where they are assigned.

Aside from meeting the course requirements, the students (and faculty preceptors) unconsciously assume the role of change agents by utilizing the opportunity of sharing know-how and experience with their local counterparts hopefully favorably influencing attitudes and skills of the latter. The possibility of sponsoring agencies providing (additional) financial assistance to their students to help meet the additional expenses incurred by the latter should be explored. For the faculty, better logistics to include, among others, adequate transport facilities, would strengthen not only guidance for the students but also provide more opportunities for participation in the special health projects.

Working with local officials and leaders, as well as with the grassroots people, in getting to know the community and undertaking simple health projects with local participation, the students succeed in "energizing" the

community to be positively concerned with its health development. Awareness and interest in their health status and needs is stimulated and in many project areas positive steps towards improving their situation are taken by the consumers of health services (the community members). There are encouraging signs that health service recipients can, when properly motivated, accept increasing responsibility for solving their health needs and problems in partnership with the regular providers. This significant philosophy in health care delivery, which is basically a concept of community development, should be propagated. This calls for sustaining people's interest in the communities where the seed has taken roots—calling for a local leader to carry on the challenge to develop and promote self-reliance.

In the local health field, the local health unit (the rural unit), is the logical group that should take prime responsibility for leadership in organizing community efforts for public health. This is a challenge to the head of the unit, the health officer, who has to be helped to develop knowledge, skills, and attitudes needed for the job of energizing the community for health. His improved managerial skills would be very useful in getting more effective performance from his staff, as well as in getting positive cooperation and support from community leaders and family heads. For the other rural health personnel, more adequate supervision would help improve service efficiency.

Finally, the concept of networking with local government and other community agencies which the students applied during their practicum cannot be over-emphasized where resources are limited as in health care delivery for the "common man" in the barangay. The organized community effort for health can be the start of other collective endeavors for other needed community development projects.