**BACHELOR OF SCIENCE IN NURSING:**

**COMMUNITY HEALTH NURSING I**

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| **COURSE MODULE** | **COURSE TOPIC** | **WEEK** |
| 1 | 3 | 3 |
| **PRIMARY HEALTH CARE** | | |

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* Read course and unit objectives
* Read study guide prior to class attendance
* Read required learning resources; refer to unit terminologies for jargons
* Proactively participate in classroom/online discussions
* Participate in weekly discussion board (Canvas)
* Answer and submit course unit tasks

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* Module, Reference Books, Laptop, Internet, Headset
* Books: Nursing Care of the Community “A comprehensive text on community and public health nursing in the Philippines” 1st Edition Zenaida Famorca

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At the end of this unit, the students are expected to:

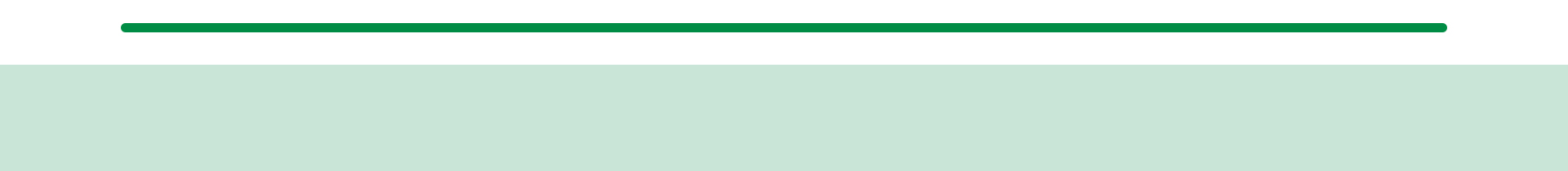
**Cognitive**

* Discuss appropriate health care delivery system and actions holistically and comprehensively.
* Understand the Health Care Delivery System
* Differentiate the different facilities in the health care delivery system

**Affective**

* Integrate relevant principles of social, physical, natural and health sciences and humanities in a given health and nursing situation in the community.
* Value the importance of the Health Care Delivery System
* Relate the importance of alternative medicine

**Psychomotor**

* Model professional behavior as a community health nurse.
* Participate actively during class discussions and group activities
* Express opinion and thoughts during class
* Create a health program in line with UHC
* Create a video about medicinal plants



**PRIMARY HEALTH CARE**

##### **Brief History and Legal Basis**

* May 1977 -30th World Health Assembly decided that the main health target of the government and WHO is the attainment of a level of health that would permit them to lead a socially and economically productive life by the year 2000.
* September 6-12, 1978 – First International Conference on PHC in Alma Ata, Russia (USSR) The Alma Ata Declaration stated that PHC was the key to attain the **“health for all”** goal
* October 19, 1979 – **Letter of Instruction (LOI) 949,** the legal basis of PHC was signed by Pres. Ferdinand E. Marcos, which adopted PHC as an approach towards the design, development and implementation of programs focusing on health development at community level.

##### **Rationale for Adopting Primary Health Care**

* Magnitude of Health Problems
* Inadequate and unequal distribution of health resources
* Increasing cost of medical care
* Isolation of health care activities from other development activities

##### **Definition of Primary Health Care**

* *essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at cost that the community can afford at every stage of development.*
* a practical approach to making health benefits within the reach of all people.
* an approach to health development, which is carried out through a set of activities and whose ultimate aim is the continuous improvement and maintenance of health status

##### **Goal of Primary Health Care**

* *HEALTH FOR ALL FILIPINOS by the year 2000 AND HEALTH IN THE HANDS OF THE PEOPLE by the year 2020.*
* An improved state of health and quality of life for all people attained through SELF RELIANCE.

##### **Key Strategy to Achieve the Goal:**

*Partnership with and Empowerment of the people* – permeate as the core strategy in the effective provision of essential health services that are community based, accessible, acceptable, and sustainable, at a cost, which the community and the government can afford.

##### **Objectives of Primary Health Care**

* Improvement in the level of health care of the community
* Favorable population growth structure
* Reduction in the prevalence of preventable, communicable and other disease.
* Reduction in morbidity and mortality rates especially among infants and children.
* Extension of essential health services with priority given to the underserved sectors.
* Improvement in Basic Sanitation
* Development of the capability of the community aimed at self- reliance.
* Maximizing the contribution of the other sectors for the social and economic development of the community.

##### **Mission**

* To strengthen the health care system by increasing opportunities and supporting the conditions wherein people will manage their own health care.

##### **Two Levels of Primary Health Care Workers**

1. Barangay Health Workers – trained community health workers or health auxiliary volunteers or traditional birth attendants or healers.
2. Intermediate level health workers- include the Public Health Nurse, Rural Sanitary Inspector and midwives.

##### **Principles of Primary Health Care**

1. 4 A’s = Accessibility, Availability, Affordability & Acceptability, Appropriateness of health services.

* The health services should be present where the supposed recipients are. They should make use of the available resources within the community, wherein the focus would be more on health promotion and prevention of illness.

2. Community Participation

* heart and soul of PHC

3.People are the center, object and subject of development.

* Thus, the success of any undertaking that aims at serving the people is dependent on people’s participation at all levels of decision-making; planning, implementing, monitoring and evaluating. Any undertaking must also be based on the people’s needs and problems (PCF, 1990)
* Part of the people’s participation is the partnership between the community and the agencies found in the community; social mobilization and decentralization.
* In general, health work should start from where the people are and building on what they have. Example: Scheduling of Barangay Health Workers in the health center

*Barriers of Community Involvement*

* + Lack of motivation
  + Attitude
  + Resistance to change
  + Dependence on the part of community people
  + Lack of managerial skills

4. Self-reliance

* Through community participation and cohesiveness of people’s organization they can generate support for health care through social mobilization, networking and mobilization of local resources. Leadership and management skills should be developed among these people. Existence of sustained health care facilities managed by the people is some of the major indicators that the community is leading to self-reliance.

5. Partnership between the community and the health agencies in the provision of quality of life.

* Providing linkages between the government and the nongovernment organization and people’s organization.

6. Recognition of interrelationship between the health and development

* Health- Is not merely the absence of disease. Neither is it only a state of physical and mental well-being. Health being a social phenomenon recognizes the interplay of political, socio-cultural and economic factors as its determinant. Good Health therefore, is manifested by the progressive improvements in the living conditions and quality of life enjoyed by the community residents
* Development- is the quest for an improved quality of life for all. Development is multidimensional. It has political, social, cultural, institutional and environmental dimensions (Gonzales 1994). Therefore, it is measured by the ability of people to satisfy their basic needs.

7. Social Mobilization

* It enhances people participation or governance, support system provided by the Government, networking and developing secondary leaders.

8. Decentralization

* This ensures empowerment and that empowerment can only be facilitated if the administrative structure provides local level political structures with more substantive responsibilities for development initiators. This also facilities proper allocation of budgetary resources.

##### **Elements of Primary Health Care**

1. Education for Health

* Is one of the potent methodologies for information dissemination. It promotes the partnership of both the family members and health workers in the promotion of health as well as prevention of illness.

2. Locally Endemic Disease Control

* The control of endemic disease focuses on the prevention of its occurrence to reduce morbidity rate. Example Malaria Control and Schistosomiasis Control

3. Expanded Program on Immunization

* This program exists to control the occurrence of preventable illnesses especially of children below 6 years old. Immunizations on poliomyelitis, measles, tetanus, diphtheria and other preventable disease are given for free by the government and ongoing program of the DOH

4. Maternal and Child Health and Family Planning

* The mother and child are the most delicate members of the community. So the protection of the mother and child to illness and other risks would ensure good health for the community. The goal of Family Planning includes spacing of children and responsible parenthood.

5. Environmental Sanitation and Promotion of Safe Water Supply

* Environmental Sanitation is defined as the study of all factors in the man’s environment, which exercise or may exercise deleterious effect on his well-being and survival. Water is a basic need for life and one factor in man’s environment. Water is necessary for the maintenance of healthy lifestyle. Safe Water and Sanitation is necessary for basic promotion of health.

6. Nutrition and Promotion of Adequate Food Supply

* One basic need of the family is food. And if food is properly prepared then, one may be assured healthy family. There are many food resources found in the communities but because of faulty preparation and lack of knowledge regarding proper food planning, Malnutrition is one of the problems that we have in the country.

7. Treatment of Communicable Diseases and Common Illness

* The diseases spread through direct contact pose a great risk to those who can be infected. Tuberculosis is one of the communicable diseases continuously occupies the top ten causes of death. Most communicable diseases are also preventable. The Government focuses on the prevention, control and treatment of these illnesses.

8. Supply of Essential Drugs

* This focuses on the information campaign on the utilization and acquisition of drugs.
* In response to this campaign, the GENERIC ACT of the Philippines is enacted. It includes the following drugs: Cotrimoxazole, Paracetamol, Amoxycillin, Oresol, Nifedipine, Rifampicin, INH (isoniazid) and Pyrazinamide,Ethambutol, Streptomycin,Albendazole,Quinine

##### **Major Strategies of Primary Health Care**

1. Elevating Health to a Comprehensive and Sustained National Effort.

* Attaining Health for all Filipino will require expanding participation in health and health related programs whether as service provider or beneficiary. Empowerment to parents, families and communities to make decisions of their health is really the desired outcome.
* Advocacy must be directed to National and Local policy making to elicit support and commitment to major health concerns through legislations, budgetary and logistical considerations.

2. Promoting and Supporting Community Managed Health Care

* The health in the hands of the people brings the government closest to the people. It necessitates a process of capacity building of communities and organization to plan, implement and evaluate health programs at their levels.

3. Increasing Efficiencies in the Health Sector

* Using appropriate technology will make services and resources required for their delivery, effective, affordable, accessible and culturally acceptable. The development of human resources must correspond to the actual needs of the nation and the policies it upholds such as PHC. The DOH will continue to support and assist both public and private institutions particularly in faculty development, enhancement of relevant curricula and development of standard teaching materials.

4. Advancing Essential National Health Research

* Essential National Health Research (ENHR) is an integrated strategy for organizing and managing research using intersectoral, multi-disciplinary and scientific approach to health programming and delivery.

##### **Four Cornerstones/Pillars in Primary Health Care**

1. Active Community Participation
2. Intra and Inter-sectoral Linkages
3. Use of Appropriate Technology
4. Support mechanism made available

**R.A. 8423**- **Traditional and Alternative Medicine Act of 1997** (Juan Flavier)

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| Medicinal Plants | Use/indication | Preparation |
| *Lagundi* | Asthma, cough and colds, fever, dysentery, pain  Skin disease (scabies, ulcer, eczema), wounds | Decoction  Wash affected site with decoction |
| *Yerba Buena* | Headache, stomachache  Cough and colds  Rheumatism, Asthritis | Decoction  Infusion  Massage sap |
| *Sambong* | Antiedema/antiurolithiasis | Decoction |
| *Tsaang Gubat* | Diarrhea  Stomachache | Decoction |
| *Niyog-niyogan* | Antielminthic | Seeds are used |
| *Bayabas* | Washing wounds  Diarrhea, gargle, toothache | Decoction |
| *Akapulko* | Antifugal | Poultrice |
| *Ulasimang Bato/ Pansit-pansitan* | Lowers blood uric acid (rheumatism and gout) | Decoction  Eaten raw |
| *Bawang* | Hypertension, lowers blood cholesterol  Toothache | Eaten raw/fried  Apply on part |
| *Ampalaya* | Diabetes mellitus (mild non-insulin-dependent) | Decoction  Steamed |

Medicinal Plant Preparation

1. DECOCTION - boiling the plant material in water for 20 min.
2. INFUSION - plant material is soaked in hot water for 10 - 15 minutes.
3. POULTRICE - directly apply plant material on the affected part, usually in bruises, wounds and rashes.
4. TINCTURE - mix the plant material in alcohol.

**ALTERNATIVE HEALTH CARE MODALITIES**

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| Term | Definition |
| Acupressure | - application of pressure on acupuncture pts. w/o puncturing the skin |
| Acupuncture | - uses special needles to puncture and stimulate specific part of the body |
| Aromatherapy | - combines essential aromatic oils to then applied to the body |
| Nutritional therapy | -“nutritional healing”, this improves health by enhancing the nutritional value to reduce the risk of the disease |
| Pranic Healing | - follows the principle of balancing energy |
| Reflexology | - application of pressure on the body’s reflex joints to enhance body’s natural healing. |

**Health Promotion and Levels of Prevention**

* **Health promotion** - activities enhance resources directed at improving well-being.
* **Disease prevention** - activities protect people from disease and effects of disease.

**Leavell and Clark’s Three Levels of Prevention**

1. **Primary Prevention-** relates to activities directed at preventing a problem before it occurs by altering susceptibility or reducing exposure for susceptible individuals.
2. **Secondary Prevention**- early detection and prompt intervention during the period of early disease pathogenesis.

-implemented after a problem has begun but before signs and symptoms appear and targets populations who have risk factors (Keller).

1. **Tertiary prevention**- targets populations that have experienced disease or injury and focuses on limitations of disability and rehabilitation.

-aims to reduce the effects of disease and injury and to restore individuals to their optimum level of functioning.

**THE THREE LEVELS OF PREVENTION**

**HEALTH SECTOR REFORM: UNIVERSAL HEALTH CARE**

* Universal Health Care (UHC), also referred to as Kalusugan Pangkalahatan (KP), is the “provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public”
* The Aquino administration puts it as the availability and accessibility of health services and necessities for all Filipinos.
* It is a government mandate aiming to ensure that every Filipino shall receive affordable and quality health benefits. This involves providing adequate resources – health human resources, health facilities, and health financing.
* UHC was built upon strategies of two previous platforms of reform: the initial Health Sector Reform Agenda and FOURmula One for health.

**GOALS AND OBJECTIVES**

1. Better health outcomes
2. Sustained health financing, and
3. A responsive health system by ensuring that all Filipinos, especially the disadvantaged group, have equitable access to affordable health care.

**STRATEGIC THRUSTS**

The attainment of the goal of UHC is through the pursuit of three strategic thrusts:

1. Financial risk protection through expansion in NHIP enrollment and benefit delivery
2. Improved access to quality hospitals and health care facilities
3. attainment of the health-related MDGs

To achieve the three strategic thrusts, six strategic instruments shall be optimized:

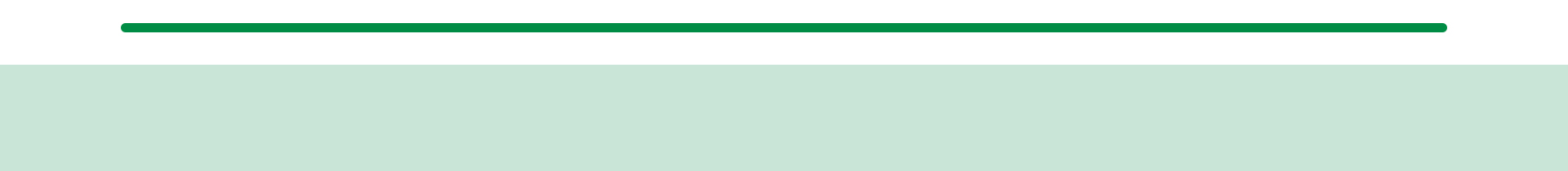
1. Health financing - instrument to increase resources for health that will be effectively allocated and utilized to improve the financial protection of the poor and the vulnerable sectors.
2. Service delivery – instrument to transform the health service delivery structure to address variations in health service utilization and health outcomes across socioeconomic variables.
3. Policy, standards, and regulation – instrument to ensure equitable access to health services, essential medicines, and technologies of assured quality, availability and safety.
4. Governance for health – instrument to establish the mechanisms for efficiency, transparency, and accountability, and prevent opportunities for fraud.
5. Human resources for health – instrument to ensure that all Filipinos have access to professional health care providers the appropriate level of care.
6. Health information – instrument to establish a modern information system that shall:
   1. Provide evidence for policy and program development;
   2. Support for immediate and efficient provision of health care and management of province-wide health systems.

**PUBLIC HEALTH PROGRAMS**

1. Reproductive and maternal health: pre-pregnancy services and care during pregnancy, delivery, and postpartum period
2. Expanded *Garantisadong Pambata*(child health): advocacy for exclusive breastfeeding in the first 6 months of life, newborn screening program, immunization, nutrition services, and integrated management of childhood illness.
3. Control of communicable disease such as tuberculosis, mosquito-borne diseases, rabies, schistosomiasis, and sexually transmitted infections
4. Control of noncommunicable or lifestyle diseases
5. Environmental health



Famorca, Z., Nies, M., & McEwen, M., (2013). Nursing Care of the Community. ELSEVIER MOSBY.



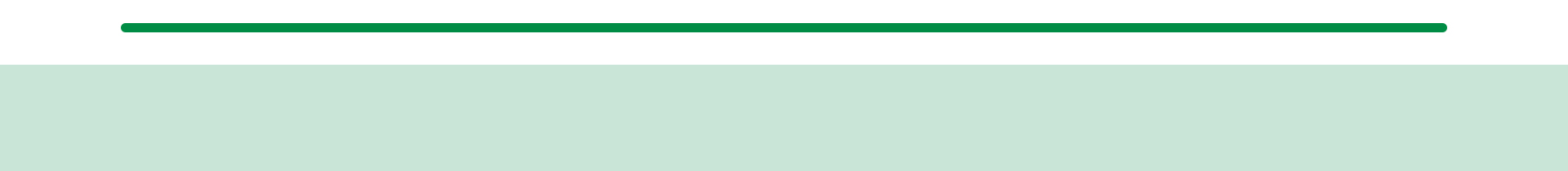


**Submit:** 1. Word File

2. Video File  
**Points:** 60pts

**Question:**

* + 1. (30 pts) With the current situation of our Health Care Delivery System during this Pandemic, create your own Health Program using the 6 Strategic Instruments in Universal Health Care.
    2. (30 pts) Create a Video about Medicinal Plants: Discuss the uses and indication and show us how to prepare your chosen medicinal plants in a 2-3 minutes video.



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