# DE LA SALLE UNIVERSITY

## THE DEVELOPMENT OF A HEALTH CARE DELIVERY SYSTEM MODEL THAT WOULD BEST MEET THE HEALTH NEEDS OF THE RURAL COMMUNITIES IN CAVITE

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## ABSTRACT

The study sought to develop a model of health care delivery system (HCDS) that would best meet the health needs of the rural communities in Cavite, namely: the lowland, the upland, and the resettlement areas.

Specifically, the study sought to determine the following:

1. the characteristics of the population in the selected communities as recipients of health care in terms of health needs and coping abilities;

2. the characteristics of the existing HCDS according to the health care recipients (HCRs) and health care providers (HCPs);

3. if there are significant differences among the existing characteristics of the HCDS as perceived by the HCRs and HCPs;

4. if there are significant differences in the roles performed by each of the different HCPs as assessed by themselves and by their HCRs;

5. the existing involvement in the management of the HCDS of the community, rural health units (RHUs), colleges, parish and non-government organizations (NGOs);

6. the level of effectiveness of the HCDS using community based indicators

7. the possible effects to the proposed model of HCDS by the existing HCDS; the development and implementation of the medical, nursing and midwifery curricula; programs of the Parish; and programs of the NGOs.

The study combined the descriptive and developmental methods of research. It dealt with several groups of respondents, namely: representative households; RHU staff of the

selected municipalities; health staff of the NGOs having health programs in the selected areas; and faculty members of the Colleges of Medicine, Nursing and Midwifery.

The study used a three-stage stratified random sampling scheme using a 10% margin of error. Two sets of questionnaires were prepared by the researcher, one for the HCRs and one for the HCPs. This was supplemented with interview, records review, key informant panel and the actual experiences and observations of the writer. The main statistical treatment used were mean, t-test, Analysis of Variance (ANOVA) and Least Significant Difference (LSD).

Based on the records review, there exist a poor health situation and poor environmental condition in the community in general as proven by the presence of communicable and preventable diseases. However, with regard to the rest of the situations presented, no concrete information can be obtained from the records.

1. A validation from the respondents was done through questionnaires and it was found out that, on the average, these respondents agreed that majority of the families have more than four children (mean = 3.70), but they were not sure of other health situations.

Using the LSD, a significant difference was noted between the perception of the lowland communities and the upland communities, and between the upland communities and the resettlement communities in terms of the health needs, with the exception of one situation which showed that the communities are not active in religious activities.

The three groups of respondents agreed that they have coping abilities. The highest level of agreement (mean= 3.98) was noted in the upland, followed by the resettlement (mean= 3.92), and the least was in the lowland (mean 3.67).

In terms of physical resources, no significant difference was noted between the perceptions of the HCRs and the HCPs in the lowland and the resettlement communities except in terms of supplies and equipment. However, in the resettlement areas, a significant difference was observed in all aspects.

In terms of human resources, a significant difference was noted between the HCRs and the HCP in the three communities.

5. In the existing HCDS, the roles performed by the HCPs according to the HCRs, was mainly that of service providers which were performed best by the RHU.

5.1. In the overall finding, it was found out that there was no significant difference in the role performed in the three agroecosystems which can be coordinated in the future.

6. The HCRs did not see themselves involved in the management of the HCDS in the three agroecosystems.

The HCPs were generally preoccupied with gathering barangay health information, specifically in the lowland and the resettlement communities. In the upland communities, the HCPs role was more of analyzing health data and planning health programs. In the lowland, the HCPs perceived that the RHU was more involved in the management of the HCDS while in the upland and the resettlement areas, it was the College that was involved.

7. The HCRs perceived that the HCDS was effective, especially the health education. With the exception of this particular health service, all the rest showed significant differences. The RHU was revealed to be the most effective provider of care in the

lowland and in the upland, while for the resettlement, it was the NGO. Maternal care was considered the most effective health services delivered by the HCPs.

Physical resources were revealed to be effective in the three agroecosystems. The NGOs in the lowland and the resettlement were observed to have the most effective physical resources while in the upland, it was the RHU.

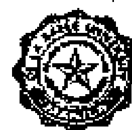
In terms of human resources, significant differences were noted among the three agroecosystems where the NGO was considered to have the most effective health personnel in the lowland communities; in the upland it was the RHU and in the resettlement areas, it was the College.

While the above findings showed the effectiveness of HCDS, this however contradict the findings where the HCRs and the HCPs had differed significantly in their perceptions on the existing characteristics of the HCDS. Aside from this, the presence of poor health condition proved that the HCDS was not really effective.

In the light of the findings of this study, the following conclusions are:

1. The significant difference in the perceptions among the HCRs in the three agroecosystems regarding the characteristics of their communities in terms of health needs and coping abilities show that different approaches to health care should be applied.

2. The significant difference in the perceptions of the HCRs and HCPs regarding the characteristics of the HCDS show that the HCPs are not meeting the needs of the HCRs holistically.



3. The significant difference in perceptions on the characteristics of the HCDS in the three agroecosystems implies that the HCPs do not have any coordination in terms of the activities that they were implementing in each of the community.

4. There are significant differences between the perceptions of the HCRs and HCPs regarding the characteristics of the HCDS, thus validating the first hypothesis. The programs implemented were based on the agenda or priorities of the institution, thus the real situation of each of the community they were dealing with were not considered.

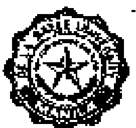
5. There is no significant difference in the overall perceptions of the HCRs and the HCPs in the roles performed by the latter, thus rejecting the second hypothesis. This shows that the roles performed by the different groups of health care providers are overlapping.

6. The HCRs themselves perceive that they are not involved in the management of the HCDS. This shows that social mobilization is still far off.

On the part of the HCPs, the personnel are basically involved in all the aspects of management of the HCDS. The RHU is found to be strongly involved only in the lowland area, while the College is more involved in the upland and in the resettlement communities.

7. The HCRs reveal that the HCDS is effective despite their weaknesses as earlier mentioned. This implies that the HCRs' dissatisfaction of the existing HCDS was due to their lack of awareness of the actual health situations.

8. Based on the foregoing statement, there is really a need to modify the kind of HCDS.



Based on the findings and conclusions, the following recommendations are forwarded.

1. There is a need to develop a better and holistic information system on the community health situations.

2. There is also a need to develop and strengthen the attitude of concern and coordination among the people to enhance their interpersonal relationships.

3. There is a need to develop and strengthen a mental health program considering that this was the least of all the health services delivered in all the three agroecosystems.

4. There is a need for all the HCPs to convene in order to discuss their strengths and weaknesses with the end view of establishing closer coordination and identification of complementary roles.

5. There is a need to make critical studies on the HCRs' own concept of involvement.

6. A more comprehensive study can be done to further reclassify the agroecosystems; replicating the study involving wider population, either regionally or nationwide.

7. The educational managers of the health sciences may consider the implementation of the proposed model to determine its effectiveness. Other models of HCDS could be developed which would be able to respond to the varying needs of the community .