

Primary Health Care and Community Organization

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I . Introduction

Ten years ago, the international conference on primary health care took place in Alma-Ata. As the key to achieving "Health for all by the year 2000", primary health care (PHC) in the form of permanent activities and campaigns to tackle health problems was initiated at the first level of contact between the people and the health system.

Korea has achieved her economic development and social progress during last two decades. She is making every effort to adapt the primary health care strategy to her citizens in this context for achieving the goal of "Health for all by the year 2000".

Health of the people in poor areas is constantly threatened by their inherent adverse circumstances : poor living environment, physical and psychological stress, and inappropriate nutrition and health care due to ignorance and low income.

Now, ten years later Alma-Ata, we can see the heartening changes in attitudes to health care. The Korea government has emphasized the importance of PHC. Many community health practitioners (CHPs) as the community health workers have worked for community people to reach the goal of self-reliance since 1981. There have been concrete achievements.

They are the health manpower who can provide the people with comprehensive care, being qualified for promoting health. They are assigned in remote rural areas with an average population of 3,000, ranging from 1,000 to 5,000, after training for 6 months. Though the community health practitioner has contributed to the treatment service for the people, it cannot be said she has performed the preventive service as well as expected.

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So it is necessary that they carry out the preventive health program for the people through community organization. Even though CHPs have been put in place, early enthusiasm and high expectations have not always been well founded. We experience the maldistribution of health resources, lopsided health care delivery system and increase of medical cost. If these problems are to be solved then over the next decade, the emphasis must be put on organizational issues.

Accordingly, community health practitioners should endeavor to help community organization. It will then provide more support and supervision for their activities in return.

Community organization will be achieved through the infrastructural cooperation. The district health infrastructure should be developed; from village health post to hospital; from village leader to district officer; and from community health practitioner to people. And the involvement of the people in health care can contribute to an effective way of community organization for "self-care". Now, we stand at an important point in time having the next ten years to achieve health for all. This paper describes briefly the approaches to community organization and the roles of community health practitioner for PHC.

II . Objective

Community Health Practitioners should provide the community people with promotion of health as well as development of community. The community development is to search for the way of approaching people for their self-realization. One of the ways is community organization.

The objective of community organization is for the community people to realize their real health situation relating with political, economic, social and cultural aspects.

Therefore, the community health practitioner should find out the root of the people's health problems. And then she can approach people for community organization.

Community organization is a tool of the process of social change and formulating an alternative health program. In this point of view, health is an entry point of community organization.

III . Community Health Practitioner's Activities

1. Status of CHP's Activities

In Song's study ('88)¹⁾, the activities of the CHP were found to be not effective in the preve-

1) Kun-Yong Song et al., *Net Effect of Posting the Community Health Practitioners in Rural Areas in Korea*, Korea Institute for Population and Health, 1988, pp. 85~91.

ntive health service from 1981 to 1987. Especially, the CHP has little to contribute to the attitude of MCH and the status of service utilization for the MCH target people. Their activities for vaccination including DPT, Polio and BCG were not outstanding during the same period. The activity of family planning did not affect its practice rate. It means that they have emphasized the treatment services rather than the preventive services.

2. Factors Affecting CHP's Activities

The CHP's activities are affected positively by the length of the CHP's working period and the close relationship with PHC council²⁾. This study showed that the CHP has no longer the first enthusiasm and effort. But CHPs are actually the operating body of PHC in rural settings in Korea. At the beginning of the CHP program, her roles were the promotion of health as well as development of community. The CHP can realize them through community organization. Community organization comes from community involvement contributing to its self-reliance.

In other words, as an essential component of PHC, special emphasis is attached to the idea of community involvement and self-reliance.

3. Main Issues on CHP's Activities

The main issues on CHP's activities are as follows:

- 1) CHP's activities are supported by the Primary Health Care Council in community. The council is administered by a self-controlling operating committee which consist of village chiefs, and community development members. But it is concerned with the treatment services rather than the preventive services.³⁾
- 2) The CHP lacks administrative and logistic support from the Public Health Center.
- 3) CHP's enthusiasm for the community gets cool as their career develops. They don't work well for the planning and evaluation of preventive services.
- 4) The guideline of CHP's activities is over-standardized, regardless of each different community which has its own situation.

2) Kun-Yong Song et al., *op. cit.*

3) Kun-Yong Song and Jin-Soon Kim, *An Intensified Plan of CHP's Preventive Health Services in Korea*, Korea Institute for Population and Health, 1989, pp.1~12.

IV. Approaches

1. What is Community?

There is a progression from a crowd to a community which is determined by common knowledge or identity and purpose. Common knowledge and purpose are found in a limited number of members who constitute a group. A larger entity than a group is an organization or society whose identity and purpose are common but centred around certain definite and restricted goals⁴⁾.

A community is much wider in its identity and purpose. It is a large group of people who really know and understand one another and pursue a common goal in a spirit of love and solidarity.

The community poses a challenge to each member to help build up a spirit of solidarity. It imposes a responsibility on each person to his fellow citizens and to himself, for it is only by actively sharing the life and work of a community that he can fully develop his own personality.

2. What is a Community Organizer?

A community health worker is the community organizer as an agent of social transformation. He does not work with individuals but with groups, so that he helps the people take up the leadership or responsibility into their own hands. He identifies himself with the people. The identification implies that the community health worker becomes equal with people. This equality with the people is not easy. People always look up to someone who comes from the educated class.

It is rather difficult to break people away from the influence of hierarchies and undemocratic methods of functioning in their own traditional institutions.

Unfortunately, community health workers and community leaders tend to succumb to the temptation of power and prestige, and many of them tend to enjoy superior roles as guides or teachers.

Therefore he must start inculcating new values, new methods of functioning and new ways of relating to the people.

Everybody has an ideology, whether good or not, relevant or irrelevant, effective or not. An ideology is not static, but must be deepened with time and experience. Even though the comm-

4) Desmond A. D'Abreo, *From Development Worker to Activist*, DEEDS, Mangalore, India, 1989, p. 255

unity health worker may have a good understanding of real health problems around him, he must not think that he has all the answers. Reality is always changing. His ideas should always be open to verification and redefinition, if necessary.

3. Community Health Practitioner as a Community Organizer?

In December 1980, the Korea government enacted the Special Law for PHC covering farming and fishing villages, contributed not only promotion of health but development of the community.

Until the end of 1988, 2,630 CHPs who completed training, were stationed at 2,038 CHP posts.

In 1988, according to the report published by Korea Institute for Population and Health, CHPs have contributed to the increase of health utilization for their people. By the way, a community health practitioner is not a substitute for a doctor. She is a community health worker as a community organizer who has to approach people by the comprehensive service, not by the first-aid treatment.

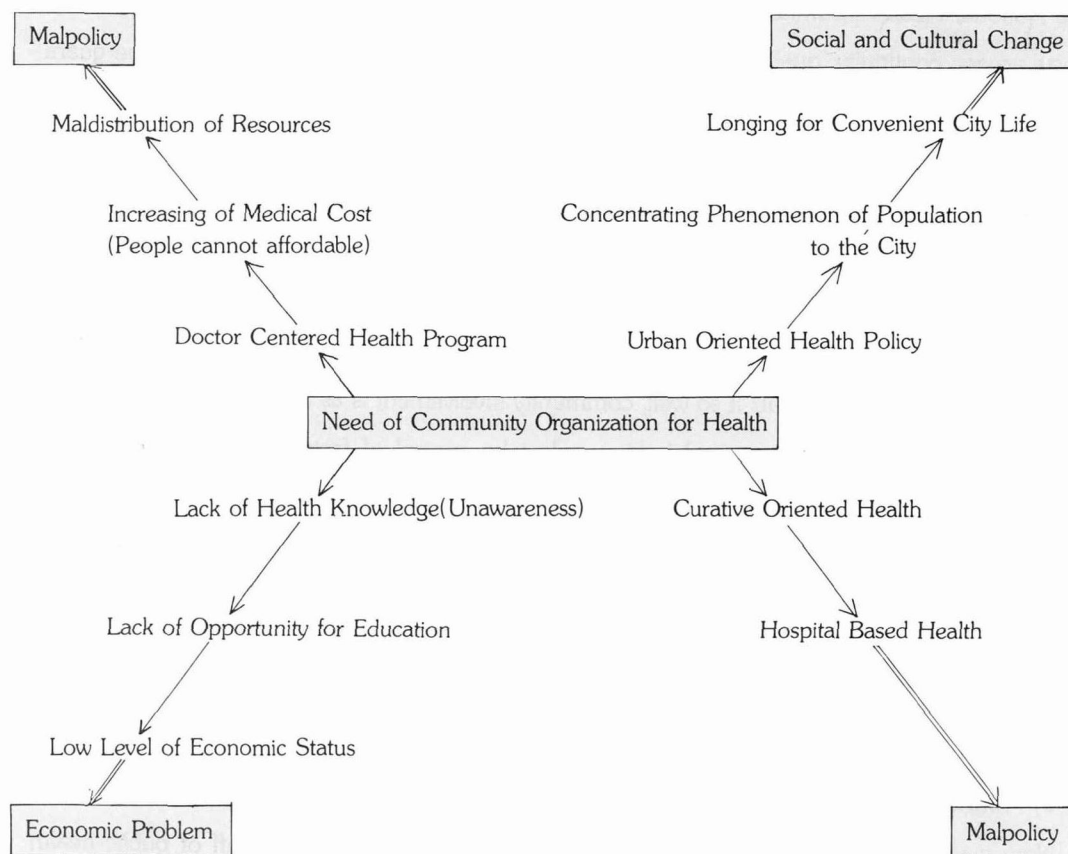
4. Health and Community Development

Community involvement in primary health care can be initiated by the community health practitioner. They seek the support of elected village leaders who coordinate all development activities. They initiate a community self-survey of problems and priorities. A self-help plan is then worked out with the help of the community health practitioner.

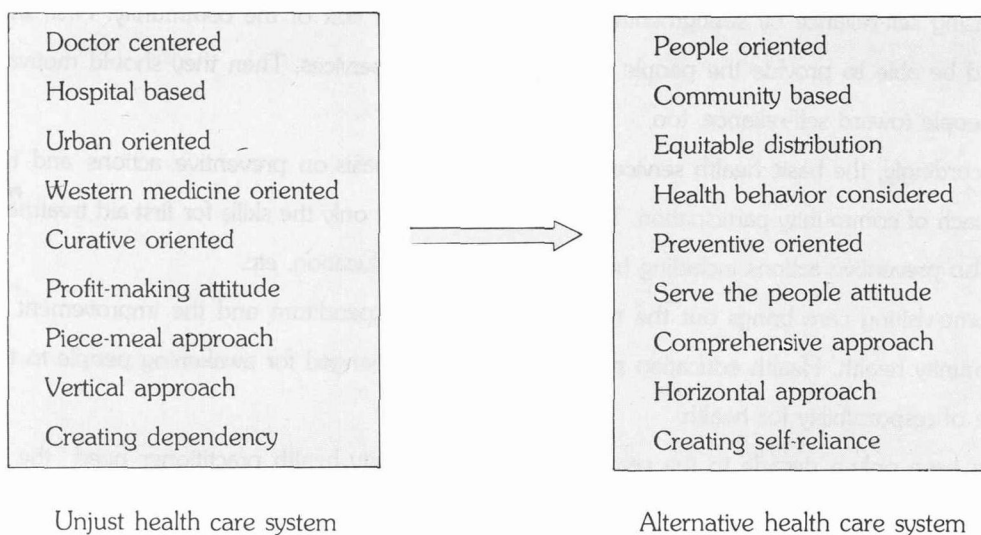
Health problems are related with not only health but also other aspects of life. So we must consider all aspects of people's reality in community development. This is a web-chart of community situation.

In Figure 1, health situation is complicated with each other. Health community organization should be considered in all aspects. Health care service system must be changed as follows.

Figure 1. A Web-Chart of Community Situation



Health Care Service: Present vs Alternative



The most important thing is self-reliance of community people. Since recently Korea started the National Health Insurance(NHI) System for the entire population, so that equity, efficiency, access, continuity, quality, comprehensiveness and cost in health service should be guaranteed. It is essential that the health service be not a commodity traded in commercial market but a kind of social right which requires a deliberate scheme.

As the implementation of NHI, it is expected the increase of health expenditure. Now is the time of emphasis on community organization for self-care of people. Community participation leads to self-realization of people and contribute to equity in health. What is community involvement? It means very different things to different communities.

As organizing for health puts it so well, community involvement is as a way to change structure of society to redistribute power and help people take control of factors affecting their health. Community should be involved in: making decision, analyzing the health situation, implementing actions and evaluation, etc.

5. Role of Community Health Practitioner

1) Awakening the people to self-reliance

Now many community health workers are working in village. CHP and staff of public health center are more important health resources. Especially, the CHP is a guard of community. The community health practitioner must create appropriate mechanism for providing support and increasing self-reliance by strengthening the knowledge and skill of the community. First, they should be able to provide the people with the basic health services. Then they should motivate the people toward self-reliance, too.

Accordingly, the basic health services must be put emphasis on preventive actions and the approach of community participation. They have to have not only the skills for first-aid treatment but also preventive actions including home-visiting, health education, etc.

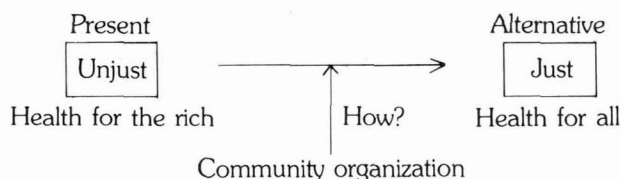
Home-visiting care brings out the reduction of health expenditure and the improvement of community health. Health education programs should be changed for awakening people to the sense of responsibility for health.

We have only a decade to the year 2000. The community health practitioner need the in-service(on-job) training toward the goal of health for all.

2) Community organization

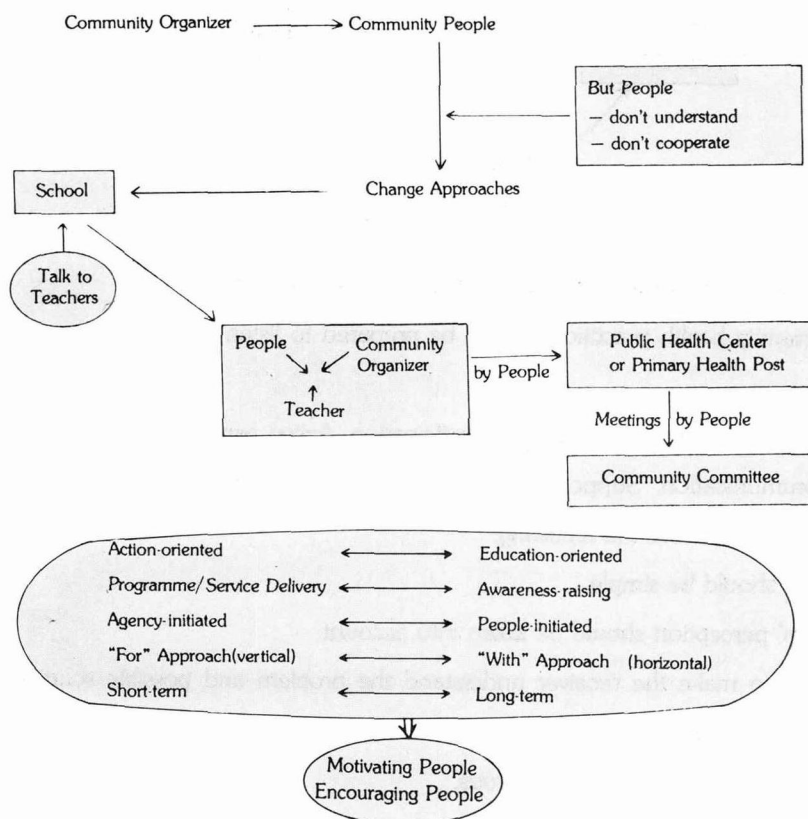
As mentioned above, the community health practitioner is the community organizer. They should build-up the rapport with people.

The approach is shown as follows.



But, if the people do not cooperate, they have to change the approach. They can use the local resources like school. School health programmes, run by school nurses, are also often an entry point of development in a community. School nurses or teachers can participate in health courses for community development.

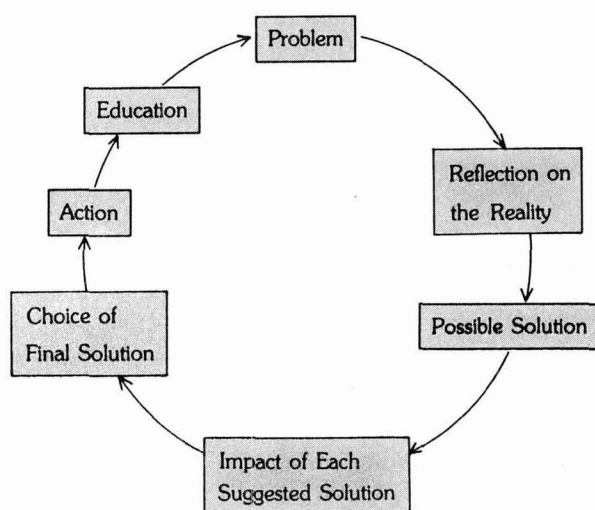
Figure 2. Approach to Community



When the community organizer approaches people, he should analyze the problem. Then he has to build the program with people and find out the solution. Also action and evaluation can come out. (Refer to Fig. 3)

As the program goes on in its process of reflecting on the sub-problems which are various aspects of the main issue, the community health practitioner will realize that the root of all these sub-problems are the same, that is, the injustice in the system. With this, the process will go much faster.

Figure 3. Problem Solving Process



3) Communication skills as tools for community organization

The community health practitioner must be prepared to listen not only with ears, but also to her heart.

Communication is closely related with participation. Active participation tends to augment the effect of communication. Suppose that a community health practitioner communicates with people, she must consider the following:

- message should be simple
- receivers' perception should be taken into account
- methods to make the receiver understand the problem and possible solutions should be taken into account
- message should not be too-humorous.

IV. Conclusion

Primary Health Care is an entry point of community development. The community health practitioner can organize the community through PHC. The most essential issue for successful PHC is equity. The gaps must be reduced between those who have access to health care and income, education, food, employment and those who do not. Equity in health must be pursued in intersectoral cooperation.

In Korea, a community health practitioner is an important person who is a link with intersector to organize the community: people to public health center, people to hospital, people to primary health post and people to people. In that way, she should encourage the community participation to equity in health.

But, first of all, the community health practitioner should reflect themselves: Who am I? What am I? and What is the health problem? They should know the people's ideology. The goal of self-care can be achieved in this way. To qualify the community health practitioner who could be responsible as a guard of community, continuous education programs should be devised. And using health systems research as a tool of solving problems of the district health system, including financing and resource allocation, we may ensure that the basic tenets of PHC are reached: accessibility of health care and integration of prevention and promotion of health.

At first, it is suggested that the support and the guideline of preventive care services should be given to CHP under the consideration of each community situation for the goal of self-reliance. Secondly, CHPs should execute the comprehensive services through community organization. Thirdly, education and training programs of CHP's role and community organization should be operated continuously. Finally, continuous health systems research for the goal of "Health for all by the year 2000" is required.

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1次保健醫療와 地域社會組織

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10年前, 알마 아타에서 “西紀 2000년까지 모든 사람에게 健康成就”란 슬로우건이 제창된 이후, 各國에서의 1次保健醫療는 꾸준히 發展되어 왔다.

특히, 1981年以後 保健診療員制度를 도입한 韓國은 農村地域의 住民에게 醫療利用水準을 향상시켰다. 保健診療員은 地域住民에게 保健醫療서비스의 제공 뿐만이 아닌 地域社會開發의 역할을 가지고 있다. 各 地域의 保健診療員이 이와 같은 역할을 수행하기 위해서는 그 地域社會의 組織이 必要하다.

그런데, 保健問題란 단순히 疾病과 관련되어 있는 것이 아니라, 그 근본에는 政治·經濟·社會 및 文化的 측면과 모두 관련되어 있다. 또한 그 양상은 地域社會의 여건에 따라 다양하게 표출된다. 따라서 保健診療員은 그 地域의 특성에 따라 알맞는 접근방법으로 지역 주민에게 접근하여 그들 스스로 保健醫療에 대한 자조능력이 함양되도록 해야 할 것이다. 한편, 그렇게 되기 위해서는 地域住民의 자발적인 참여가 이루어지도록 動機化시켜야 한다.

지금 우리나라는 全國民醫療保險의 時代에 접어들었다. 全國民醫療保險은 國民에게 의료 서비스의 균점 실현이라는 대전제하에 國民의 의료이용수준을 향상시키는 반면에 의료비의 증가를 야기시킨다. 우리는 西紀 2000년까지, 지나온 10년만큼의 기간을 갖고 있다. 이제는 양적인 의료이용수준 뿐만이 아닌 전체주민의 건강수준 향상이 더 큰 과제이다. 그러므로 地域社會의 自助能力 開發을 위한 保健診療員 役割의 중요성이 더욱 강조되어야 한다.

1次保健醫療를 통한 地域社會組織은 醫療利用水準向上으로 인한 健康增進과 地域社會開發의 접점이 될 것이다. 이런 의미에서 保健診療員은 住民과 保健診療所, 住民과 保健所, 住民과 病院, 住民과 住民, 그리고 이들 모두를 서로서로 연결하는 機能을 가진다.

따라서 保健診療員이 地域社會住民에게 지속적이고 포괄적인 서비스를 제공하기 위해서는 役割과 機能의 재정립이 필요하다. 특히 예방보건서비스를 위한 프로그램이 꾸준히 進行되도록 해야 하며 家庭訪問 및 保健教育등은 1次診療서비스와 통합하여 운영되어야 한다.

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또한 그들에 대한 정기적인 보수교육과 예방사업지원 등으로 사기진작이 이루어져야 할 것이다.

保健診療員은 以上을 바탕으로 地域社會를 조직하고, 住民 스스로 地域社會 開發에 참여하도록 유도해야 하며 이러한 方向으로 保健診療員 프로그램이 개선되어야 할 것이다.