

Community health needs assessment essay sample

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I. Introduction

Background

Barangay Culiat is part of the VI district of Quezon city, and one of Quezon City's many barangays. It was created in March 26, 1962. With a population of 83, 003, it is also one of the most populous of barangays too. The barangay encompasses all the land and airspace between Congressional Avenue, Luzon Avenue, the boundary line between UP Diliman, and the Pasong Tamo River near Visayas Avenue.

Rationale

The reason behind making a Community Health Needs Assessment is that every community has health assets as well as health issues, and it is important to take them into account, evaluate on how to solve these issues using these assets, and then prioritizing on what needs to be done. The assessment may be vital to the community workers who may be able to detect the health issues in the community and do something about it, with the help of this Community Help Needs Assessment. I've personally chosen this barangay not only because it is where I currently reside with my tit, but also because I see it as a diverse barangay wherein there are religions such as Iglesia Ni Kristo and Muslim that are very prominent in this community. It would be interesting to get at least a small picture on their health and maybe compare it to ours.

Aims and Objectives

The Community Health Needs Assessment aims to develop a general and comprehensive community profile of the health status, health assets, as well as health issues of the residents of the whole Barangay Culiati. It also aims to use this community profile to prioritize the health issues that need to be met by the community, so as to organize an intervention for the community.

Methodologies Used

To understand the health needs of the community, certain methodologies were employed to collect both quantitative and qualitative data on the community's health resources and needs. These methodologies were based on our lecture on Community Health Needs Assessment. There were three types of methodologies used for this assessment: survey, interview, as well as a secondary analysis of existing data. These methodologies were chosen because of the limited amount of time, the relative ease of use, accuracy, and in my opinion, the effectiveness of these methodologies. These resources presented are as consistent, reliable, and accurate as possible.

The first method used is a survey, which was used in the collecting phase. This health survey inquires a representative small group of people, or participants, within the barangay on their perception of their health needs and issues. The survey was given in a checklist format, so that it would be easier to analyze the data than if the answers were different and much harder to analyze. The survey was written in Tagalog, since it is the most commonly used language in the barangay. Inquiries made by the survey included the following:

- * Gender of participant
- * Age of participant
- * Barangay where the participant resides
- * Participant's perception of his/her own health
- * Whether or not the participant has health insurance
- * Health issues the participant thinks are affecting his/her community *
- Where the participant goes to receive medical treatment * Where the participant receives information on health
- * What health topics are important for the participant and his/her own family

The Last 4 questions were answered in a checklist manner, so as not to limit the participant's answer to the question. There were 30 surveys given out, due to the limited time and person available to conduct the survey. The survey was given in 6 places inside the barangay, so that a broader picture may be seen. These places are: my neighborhood; the basketball court; the day care center; near the local chapel; in front of the barangay hall and inside the health center. The second method used is interviewing key informants, which was also used in the collecting phase. This method uses a semi-structured interview questionnaire, or an Interview guided by an outline. The questions used were to give a clear view on what the key informant sees and perceives to be the health of her community.

The third method used is secondary analysis of existing data. Based on the data given directly from the Barangay Health Center, we can analyze existing data from valid sources while under reduced time and financial constraints.

Key Informants

The two key informants were Ma'am Luchie Delia Ybanez and Ma'am Marivic Oracion, both workers of the barangay health center. Ma'am Luchie is the nurse in the barangay health center while Ma'am Marivic is the midwife. Both are of Visayan descent, yet they were kind enough to allow me to interview them in English.

Both of these Barangay Health Workers serve 50-200 citizens of Barangay Culiati every weekday from 8-5. They, along with 10 other health workers in their health center collaborate with each other to ensure that each of the barangay's citizens health needs are met. II. Community Profile

Description of the Community

Barangay Culiati is a part of Quezon City's District VI. The boundaries are as follows: to the north until Congressional Avenue; to the east until Luzon Avenue; to the west until boundary line of UP Diliman; and south along Pasong Tamo River near Visayas Avenue. The barangay has a total land area of 261.486 hectares.

The barangay is highly urbanized, due to the high population density, lack of agriculture, and presence of infrastructures. There are 31 subdivisions in the area and there are 16 areas that are classified as depressed areas. There are 2 public schools: Culiati Elementary and Culiati High School, as well as 15 private schools.

The leadership structure of the barangay starts on top with Jaime P. Garcia, the barangay captain. Next, there are 7 kagawads, namely: Diana P. Esteban, Eliseo S. Cuadra, Jr., Rolando G. Bondad, Corazon V. Zipagan, Jose A. Pael, Jerrylin “ Beng” Alonzo, and Ma. Edelfa C. Diaz. The SK Chairwoman is Royce Allen L. Gomez. The barangay secretary is Marichu B. Monthermoso. The barangay treasurer is Joselito G. Gonzalo. The administrator is Conchita S. Santos.

Description of the Target Population

From 49, 639 citizens (2007 NSO Survey), Barangay Culiat has a current population of 83, 003. The total number of households is 19, 824. The total number of registered voters is 24, 523, and there are 841 registered SK voters.

A significant number of these citizens are part of the Church of Christ, or Iglesia Ni Kristo. They are mostly made of economically challenged families, who live in the New Era Village and send their kids to New Era schools within the vicinity.

Another prominent group is the people who live in Salamun Compound. The people who live there are Muslims, and they have been known in the community to cause chaos because of their drug abuse and sovereignty.

Description of Health Issues/Needs In the Community

My first impression of the general health of the people of Barangay Culiat was underwhelming, to say the least. This is because I equate socioeconomic

status with health, and a large portion of Barangay Culiati is economically challenged. The weather is mostly tropical, and the amount of waste pollution is below average thanks to disciplined recycling methods, regular cleanups and ordinances from the Quezon City Health Department.

I. Secondary Analysis of Existing Data

Based on the Community Health Center's Barangay Health Profile, these are the morbidity and mortality statistics of Barangay Culiati:

The first graph presents the top 5 leading causes of morbidity in 2011 and 2012. It shows that pneumonia is the consistent leading cause of sickness within the barangay. In the second graph, we see that the top 5 leading causes of mortality within the barangay. It shows that Acute MI/ Heart Attack and Pneumonia are the top 2 leading causes of death within the community during 2012.

II. Results of the Survey

Table 1: Number of Participants Based on Gender

Gender	Number of Participants
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Male	12
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Female	18
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Total	30
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Table 2: Number of Participants Based on Age

Age	Number of Participants
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Less than 18	3
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18-25	7
26-35	9
36-45	8
46-55	2
56-65	1
65+	0
Total	30

Table 3: Participants' Perceptions of Own Health

Perception Of Own Health	Number of Participants
Very Healthy	13
Healthy	15
Fair	2
Poor	0
Total	30

Table 4: Number of Participant's With Health Insurance

Possesses Health Insurance?	Number of Participants
Yes	14
No	16
Total	30

Table 5: Perception of Participants on Which Issues are Affecting the Community Health Issues Affecting The Community| Number of Participants

Who Answered	Men's Health	11
	Women's Health	14
	Stress	21(1st)

Obesity| 5|
Domestic Violence| 9|
HIV/AIDS| 7|
Parenting Issues| 11|
Malnutrition| 16(2nd)|
Teenage Pregnancy| 13|
Cancer| 6|
Asthma| 8|
Diabetes| 7|
Dental Health| 4|
Lack of Work/Job| 16(2nd)|
Absence of Health Insurance| 8|
Lack of Housing| 4|
Drug Abuse| 15(3rd)|
Alcohol Abuse| 14|
Violence| 11|
Trauma| 6|

Table 6: Places Where the Participants Seek for Medical Care Place| Number
of Participants Seeking Medical Care Here|

Doctor/Medical Professional| 21(1st)|
Emergency Room| 0|
Neighbor's Clinic| 6(3rd)|
Urgent Care Center| 4|
Other Medical Care| 8(2nd)|
I Don't Look For Medical Care| 4|

Table 7: Agents In Which the Participant Obtains Health Information Agent|

Number of Participants |

Friends/Family| 4|

Doctor/Medical Professional| 23(1st)|

TV/Radio/Internet| 11(2nd)|

Health Dept.| 8(3rd)|

Table 8: Health Topics Important to the Participant and his/her Own Family

Health Topic| Number of Participants Who See This Topic as Important|

Asthma| 1|

Diabetes| 9|

Cancer| 7|

Nutrition| 23(1st)|

Heart Pain| 8|

Smoking Cessation| 12|

Stress Relief| 23(1st)|

Blood Pressure| 11|

Flu| 2|

Healthy Pregnancy| 18(2nd)|

To summarize, the most number of participants by gender is female participants, with 18 out of 30. The most number of participants by age group is 26-35 with 9 out of 30. The most number of participants identified their health as “ healthy”, with 15 out of 30. The most number of participants that confided whether or not they had health insurance said “ No”, with 16 out of 30. The top causes for concern of health based on the survey would be stress, malnutrition, lack of work, and drug abuse, with 21, 16, 16, and 15

votes, respectively. The place where the participants mostly seek for medical care would be the doctors or a medical professional, with 21 out of 30. The agent in which the participants obtain health information would be the doctors or a medical professional, with 23 out of 30. The top 3 health topics which are important to the participant and his/her own family would be nutrition, stress relief, and a healthy pregnancy, with 23, 23, and 18 votes, respectively.

III. Interview of Key Informants

Based on the interview, the five most common health concerns of the health center are the following:

1. Teenage Pregnancy
2. Drug Abuse
3. Pneumonia
4. Cough and Colds
5. Tuberculosis

Description of Resources Available In the Community

Based from an interview with the Barangay Secretary Marichu B.

Montehermoso, these are the resources that exist within the barangay:

Physical Resources:

*

* Barangay Covered Court

* Primary Health Center

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- * Police Station
- * Fire Station
- * Basketball Court
- * Tennis Court
- * Barangay Hall
- * SK Office
- * Barangay Health Center
- * Livelihood Town Center
- * Multipurpose Hall

Organizational Resources:

- * Barangay Council
- * Sangguniang ng Kabataan
- * Health Care Workers

Individual Resources:

- * Doctor
- * Nurse
- * Midwife
- * Nutritionist
- * Police Officers
- * Firemen

Financial Resources:

- * The health budget for the barangay is P1, 000, 000. 00 per year. The money comes from the government, through people's taxes.

III. Prioritized Health Issues/Needs

Table 9: Inventory of Health Issues/Needs and Health Resources Related to the Health Issue or Needs and Analysis of Health Issues in Terms of Impact and Changeability

Health Issue/Need| Analysis of Severity and Impact| Analysis of Changeability| Stress| High; The survey results says that stress is the leading health concern.| High; with the proper motivation and knowledge on how to avoid stress, it's relatively easy to avoid it.| Malnutrition| High; Since Barangay Culiat has many depressed areas, many poor people suffer because of no money for good nutrition .| Mid; with the proper food projects and cheaper foods, there may be great promise in tackling this issue.| Lack of Job| High; the lack of people with a paying job is evident, especially when you observe men and women in the afternoon just staying inside their homes or hanging outside not doing anything productive.| Low, It's hard to find paying jobs for people with no working experience in this time of the economy, and it is hard to motivate people to work if they do not want to.

Pneumonia| High; Pneumonia is the leading cause of morbidity and mortality in the last 2 years.| High; there are pneumonia shots and vaccines for adults and kids.| Acute MI| Mid; Acute MI affects those not living a healthy lifestyle. It is hard to live a healthy lifestyle (though not impossible) if you are poor and at the same time working all day.| Mid; Lifestyle factors are a choice|

Teenage Pregnancy| High; Teenage pregnancy is rampant in the community.| High, because of increased awareness and access to information, it is easier for teenagers to be aware of the dangers of early

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pregnancy.| Drug Abuse| High; Many citizens, especially the impoverished, are taking drugs.| Mid; it takes sheer willpower and dedication on the part of the drug user to quit drugs, but there are many anti-smoking campaigns are currently ongoing.

Final List of Prioritized Health Issues/Needs

Based on the evaluation, I have come up with five prioritized Health Issues or Needs that can be changed effectively by those involved in the assessment:

- *
- * Stress
- * Malnutrition
- * Pneumonia
- * Teenage Pregnancy
- * Drug Abuse

I have chosen these issues because of their high impact within the community as well as how changeable they are, as describe in Table 9.

IV. Initial Action Plan / Recommendations

List of Proposed Strategies

Health Issue| Currently Being Done| Direction I Want to Pursue| Stress| Consultation| Programs aiming towards the reduction of stress, such as weekly fitness and zumba exercise wherein everyone is welcome and is something that people can look forward to.| Malnutrition| Consultation| Food Projects as well as campaigns for larger health budget allocation towards

giving the poor proper nutrition.| Pneumonia| Shots and Vaccines for Pneumonia| Information Dissemination; It is not enough that a vaccine is available, but people need to be aware of it and we must invite them to take the proper vaccines before it's too late. | Teenage Pregnancy| Reproductive Health lectures given in high schools| Parents should also be given lectures on how to prevent their sons and daughter from impregnating or becoming pregnant in an encouraging way.| Drug Abuse| Anti-Smoking Campaigns and Lectures given in high schools| Posters and other types of media that illustrate the dangers of smoking, similar to the ' Yosi-Kadiri' campaign previously discussed in our lecture.

V. Appendix

Sample of Methods Used

Sample Survey

Magandang araw! Maraming salamat sa pagsasagot nitong survey. Sa pamamagitan ng pagsagot ng survey nito, malalaman namin ang mga kalusugan pangangailangan ng komunidad. Ang impormasyon mo ay kompidensiyal at hindi ibabahagi nang wala ang iyong pahintulot.

1. Ano ang kasarian mo?

Babae Lalaki

2. Ano ang edad mo?

Mas bata kaysa sa 18 18-25 26-35 36-45 46-55 56-65 66+

3. Anong ag pangalan ng distrito?

4. Tanyahin mo ang pangkalahatang kalusugan mo.

Napakahusay Mahusay Makatarungan Mahina

5. May health insurance ka?

Meron Wala

6. Anong ang mga isiyu na makakaapekto ng komunidad natin? Tsek lahat na naaangkop.

Kalusugang panlalaki

Kalusugang pambabae

Stress

Labis na katabaan

Karahasan sa tahanan

HIV/AIDS

Mga isiyu tungkol sa pagiging magulang

Mahina na nutrisyon

Pagbubuntis ng kabataan

Kanser

Hika

Dyabetis

Kalusugan ng gipin

Kawalang ng trabaho

Kulang sa health insurance

- Walang bahay
- Umabuso ng droga
- Umabuso ng alcohol
- Karahasan
- Trauma

7. Saan ka pumupunta para sa pangangalagang medikal? Tsek lahat na naaangkop.

- Pangunahing manggagamot
- Kwartong pang-emerhensya
- Klinika ng kapitbahay
- 'Urgent Care Center'
- Ibang medical na propesyonal
- Hindi ako humahanap ng pang medical

8. Saan ka pumupunta para kumuha ng impormasyon tungkol sa kalusugan?

Tsek lahat na naaangkop. Mga

kaibigan/Pamilya Doktor/Manggagamot TV/Diyaryo/Internet

Health Dept.

9. Ano ang mga paksa tungkol sa kalusugan ay mahalaga sa iyo at sa iyong pamilya? Tsek lahat na naaangkop. Hika

- Dyabetis
- Kanser
- Nutriton
- Sakit sa puso

- Ihinto ang Paninigarilyo
- Pagangasiwa ng stress
- Presyon ng dugo
- Trangkaso
- Malusog na pagbubuntis

Transcript of Interviews

Interview with Ma'am Ybanez and Ma'am Oracion

Interviewer: Good Afternoon Ma'am, today I am going to interview you for my Community Health Needs Assessment for the barangay. To start off, what can

you say about the overall health of the community? Ma'am Ybanez: It is good. Ok naman yung overall health ng community. Interviewer: What are the most common health issues in this barangay? Let's start with girls.

Ma'am Ybanez: Oh, usually mga teenage pregnancy.

Interviewer: Ay weh? Meron palang mga teenage pregnancies sa barangay?

In our barangay, no less. Ma'am Ybanez: Oo, marami. Meron nga mga edad lang 12, buntis na. Interviewer: Awh...grabe. Eh how about sa boys po?

Ma'am Ybanez: Usually mga drug abuse.

Interviewer: What may be the cause of these issues?

Ma'am Oracion: Yung teenage pregnancy, it is usually because of lack of information, as well as experimentation. Another factor may be early marriage. Interviewer: Why would their parents allow early marriage?

Ma'am Oracion: Example would be mga Muslims, doon sa may Salamun Compound. Nagkakaroon sila ng mga arranged marriages para sa mga bata nila. Interviewer: Ah, ok. And sa issue about drug abuse, I'm assuming it is because of peer pressure and a source of enjoyment and belongingness?

Ma'am Oracion: Correct. Marami ditong mga Muslims na gumagamit ng droga, eh wala kaming kapangyarihan sa compound nila dahil private property...Minsan nga may kaguluhan kasama ng pulis.

Interviewer: What strategies are currently being implemented to combat these issues?

Ma'am Ybanez: We have RH lectures in high schools, as well as anti-smoking lectures too. We also have anti-smoking campaigns.

Interviewer: How will you see yourself when you view the results of this Community Health Needs Assessment?

Ma'am Oracion: Baka may matutunan kami, and we will see if we can find a way to solve these problems. Letter Requesting For Permission to Perform a Community Health Needs Assessment In Barangay Culiati

Dr. Antonieta Inumerable

City Health Officer

Gate Five, City Hall Compound

Quezon City Hall, Elliptical Road

Dear Madam,

Please allow me, Glenn Gian M. Labrado, a resident of Barangay Culiati, a 2nd

year student of Occupational Therapy from the University of Santo Tomas that I be able to make a research on the data regarding the Community Health Needs Assessment of Barangay Culiat for my subject, Health Care Laboratory, on the topic of Community Health Care. This assessment aims to identify the health assets and health issues of my barangay through various methodologies (health assessment survey, interview of key informants within the community, etc.) , as well as evaluate these issues so that priorities could be set to meet these goals. I also request permission to obtain data regarding the community from the Barangay Culiat Health Center, as well as interview some of the staff of the health center. Hoping for your kind consideration.

Sincerely,

Glenn Gian M. Labrado

PICTURES

Barangay Health Center " Health Certificate" Me in front of the Barangay health Center

Me with Ma'am Marivic Oracion Me interviewing Ma'am Ybanez

Aerial View and Map of Barangay Culiat

Anti-Smoking Poster Health Center's Vision and Mission

Sources of Existing Data

Aerial View and Map of the Barangay - [http://wiki.worldflicks.](http://wiki.worldflicks.org/barangay_culiat,_quezon_city.html)

[org/barangay_culiat,_quezon_city.html](http://wiki.worldflicks.org/barangay_culiat,_quezon_city.html)

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Barangay Profile - <http://www.ligaqcchapter.com/site/index.php/barangay/157-barangay-culiat>

VI. Acknowledgement

Special thanks to Ma'am Luchie Delia Ybanez and Ma'am Marivic Oracion, who were kind enough to lend me their time to be interviewed and to help me obtain the right data for my community profile. Hopefully this Assessment may possibly be of use to them, to combat the health issues in our barangay.

Special thanks to my tita, who was kind enough to help me with the survey, and for taking pictures of me in the health center. She was kind enough to answer my call and went to me in my time of need. Her presence alone helped me tremendously and she was really a great help. Her expertise as a nurse also was a great asset towards building my assessment.

I would like to express my deepest gratitude to the lady in the Quezon City Health Department, for doing everything in her power to get the permission that I needed to perform this activity. I was stressed out when I found out they haven't given the letter yet to the proper authorities, and with the limited amount of time, I thought I had to choose another barangay outside of Quezon City. But thanks to this lady in the Evaluations Office, whom I spoke to about my problems, she pulled some strings and finally got my much needed permit. Without her, probably none of this would be possible (no exaggeration). I am blessed to have met her today.

And finally, a big special thanks to the Lord, for being with me every step of the way. Without him, I would not have the courage nor the strength to finish this paper. It is through his divine grace that I was empowered to finish this Community Health Needs Assessment to the best of my ability. Ad Majorem Dei Gloriam!