COMMUNITY ORGANIZING PARTICIPATORY ACTION RESEARCH (COPAR)

COPAR

- A process that transforms apathetic, individualistic, and voiceless poor into a participatory and responsive community that mobilizes to resolve their own problems.

Three Approaches of Development:

- Welfare
- Modernization
- Participatory/Transformatory (the core of COPAR)

The Four Phases of COPAR

The community organizing process is divided into four main phases:

1. Preparatory Phase
2. Organizational Phase
3. Education & Training Phase
4. Sustenance-Maintenance Phase

Phase 1: Preparatory Phase

The initial phase of the organizing process where the community organizer looks for communities to serve and help.

Components:
Area Selection: Setting design criteria and actual site selection.

1. **Community Profiling**:
   - **Purpose**: To determine the approach and method of organizing using a bottom-up approach.
   - Finding a contact person who helps involve others to assist the Public Health Nurse (PHN).
   - Content includes an overview of community characteristics (population, health facilities/services, community details).

2. **Entry/Integration**:
   - **Purpose**: To build rapport and truly understand their problems by experiencing their hardships.
   - Involves knowing their culture/lifestyle, making a courtesy call, and living with the people.

Guidelines for Integration: Adapt their lifestyle, live in modest dwellings, avoid raising false expectations, participate in the production process, make house calls, and participate in social activities.

Phase 2: Organizational Phase

Steps: Social Preparation → Spotting/Developing Potential Leaders → Core Group Formation → Setting Up Community Organization.

1. **Social Preparation**:
   - Sensitizing people to critical events in their lives, sharing ideas on managing problems, and motivating collective action.
   - **Methods**: Small group meetings → action-reflection-action cycles → groundwork
   - **Purpose**: Deepens ties with the community.

2. **Spotting/Developing Potential Leaders**:
   - Look for individuals who are respected, understand the problem, are willing, and are typically not overly affluent or formally elite.

3. **Core Group Formation**:
   - Composed of identified potential leaders representing diverse characteristics (youth, women, workers).

   Tasks of the Core Group:
   - Practicing democratic and collective leadership
   - Planning tasks
   - Resolving conflicts
   - Engaging in critical thinking/decision-making

4. **Setting Up Community-Wide Organization**: Involves wider participation of members and designing an organizational structure with a clear vision and mission.

Phase 3: Education & Training Phase

Purpose: Strengthen community organization (CO) by developing capabilities to address basic health-care needs.

Steps:

1. Conduct Community Diagnosis (Dx): Data serves as the basis for health programs.
2. Training of Health Workers: Utilizes TNA (Training Needs Assessment).
3. Health Service / Mobilization: Undertaking collective work and activities to solve health problems.

Phase 4: Sustenance-Maintenance Phase

Components:

1. **Leadership-Formation Activities (Continuous Process)**: Learning through actual organizational activities (meetings, planning), project/program management, and formal leadership training (e.g., financial management).

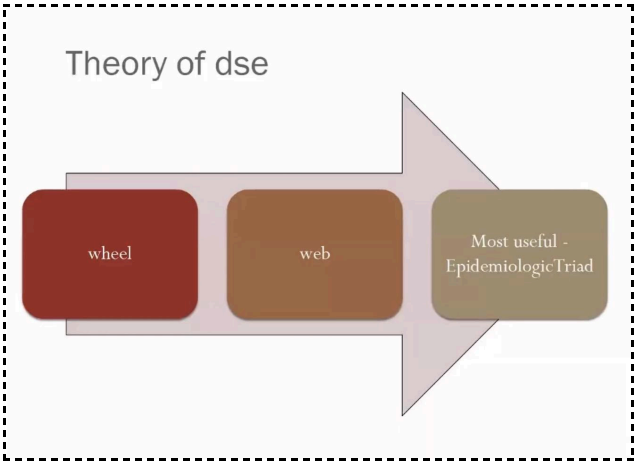
2. **Intersectoral Collaboration Phase**: Sourcing resources externally through networks/linkages, coordinating with key people, institutions, and agencies, and seeking external support/assistance.

3. **Phase-Out**:
   - **Purpose**: To allow the community to practice full independence.
   - Involves ongoing plan monitoring and follow-ups.

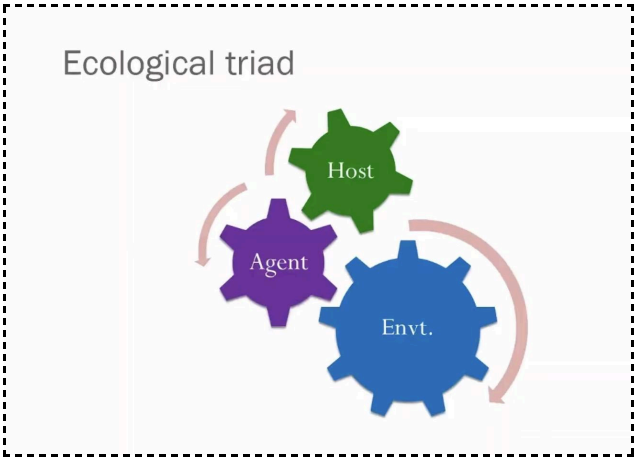
EPIDEMIOLOGY

Epidemiology
- Study of disease occurrence & frequency

Theory of Disease:



Ecological Triad:



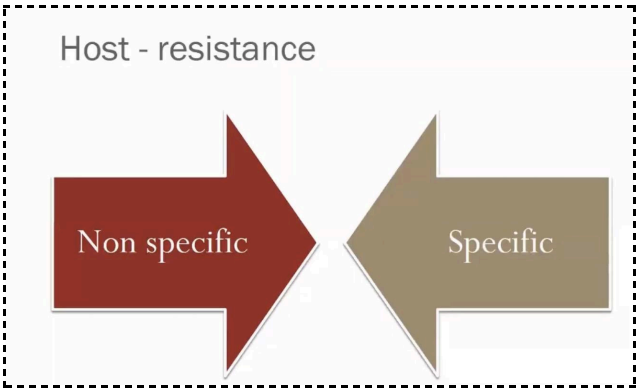
Web of Causation
- Shows the relationship between different multiple factors that contribute to the disease.

Iceberg Principle
- Describes situations where a health problem is subclinical, unreported, or hidden from view.
- Only the tip of the iceberg is known.

Screening:
- Active search or process of detection for disease or disorders among apparently healthy people.
- **Aim**: Identify risk factors or disease at an early stage.
- **Examples**: Pap smear, mammogram, clinical breast exam, blood pressure determination, cholesterol level, eye examination/vision test, and urinalysis.

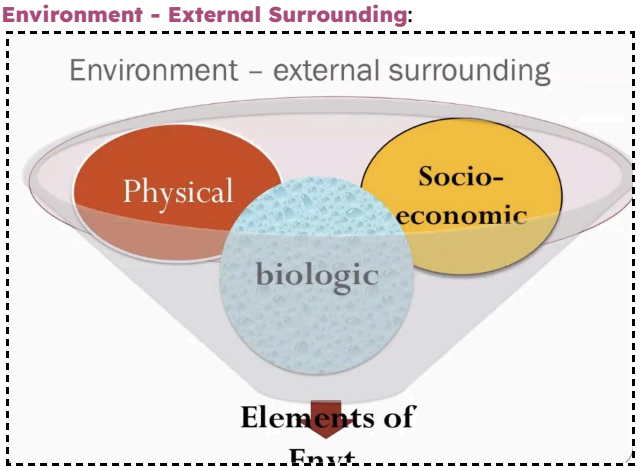
Surveillance:
- Systematic, ongoing, and analytic process of monitoring to scrutinize disease conditions.
- Categorized into:
  - **Indicator-based surveillance**: Routine reporting of cases of disease (e.g., notifiable disease surveillance systems).
  - **Event-based surveillance**: For rapid detection, notification, verification, and assessment of public events (e.g., clusters of disease, rumors of unexplained disease).

Host Resistance:



- **Non-specific resistance** (Innate barriers like skin, mucous membranes, phagocytes)
- **Specific resistance** (Adaptive immunity, antibodies, T-cells)

Environment - External Surrounding:



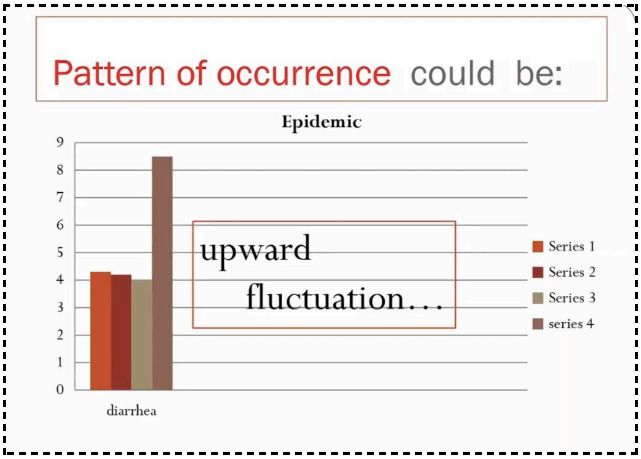
Agent:
- Factor or force that precipitates disease occurrence.
- Can be virulent or increase in number.
- Classified as biologic, nutritive, chemical, or physical.

Approaches in Epidemiology:
1. **Descriptive Epidemiology**
2. **Analytical Epidemiology**
3. **Experimental/Intervention Epidemiology**
   - Used to test whether or not a particular intervention (or drug) is effective against a particular health condition or disease.
   - A model to confirm causal relationships suggested by observational studies.
   - Three Main Types:
     1. **Randomized Control Trial** (RCT): Evaluates potential cure of a patient.
     2. **Field Trial**: Done in the field involving subjects free of disease.
     3. **Community Trial**: Involving the whole community as a unit of assignment.

4. **Evaluation Epidemiology**

Host Factors
- **Chance**: Number of sources of infection; location of source infection/host.
- **Exposure Rate/Contact Rate**: Depends on the frequency of contact.
- **Herd Immunity**: Depends on the number of immune individuals in the population.

Patterns of Disease Occurrence:



- **Epidemic**: Characterized by upward fluctuations in disease cases (e.g., sharp spikes in diarrhea outbreaks).
- **Sporadic**:
  - Occurs intermittently.
  - Occurrence is few, isolated, and unrelated in a locality with no apparent relationship.
  - Example: Rabies.
- **Pandemic**:
  - The simultaneous occurrence of epidemics of the same disease in several countries or continents.
  - An epidemic that has spread across several countries or continents, usually affecting a large number of persons.
- **Endemic**:
  - Disease present all throughout the year in a community.
  - Example: Malaria is present all year round in areas like Palawan.
- **Hyperendemic**: Persistent, high levels of disease occurrence.
- **Cluster**: An aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

Time Variations in Epidemiology

1. **Cyclical Variation**:
   - Fluctuation in incidence over a short period of time.
   - Due to seasonal changes.
   - **Example**: Measles (e.g., 2005: summer = increase, after summer = decrease; 2006 = same; 2007 = same; 2008 onwards).

2. **Secular Variation**:
   - Changes in the trend of disease occurrence over a long period of time.
   - **Example**: Communicable diseases (CD) decrease while degenerative diseases increase (1950s to 2000s).

3. **Short Time Fluctuations**:
   a. **Common Source Epidemic**: Simultaneous exposure of a large number of people to a common infectious agent.
   b. **Propagated Epidemic**: Person-to-person transmission.

Periods of Disease Process

1. **Prepathogenesis Period**:
   - Interrelations of agent, host, and environment.
   - Presence of factors (e.g., malnutrition) and stimulus.
2. **Pathogenesis Period**:
   - Reaction of the host to the stimulus.
   - Progresses through Early, Advanced, and Convalescence stages.

First Activities During an Epidemic
- Verify the presence of an epidemic.
- Casefinding/Screening:
  - Sensitivity = (+) result
  - Specificity = (-) result
- Correlate: Characteristics of group, person, place, and time.
- Outbreak Response Steps:
  1. LGU, regional, national response
  2. Division of labor/prepare materials
  3. Collection of additional data/laboratory work
  4. Vaccination
  5. Isolation/quarantine
  6. Treatment/referral
  7. Massive health teaching
  8. Environmental sanitation

School Health Nursing

Purpose:
- Support learning
- Ensure educational potential is not hampered by unmet health needs.

Focus:
- Health Promotion targeting:
  - Students
  - Teaching personnel
  - Non-teaching personnel

Functions:
1. **Clinic Management & Assessments**
   - Put up a functional school clinic (RA 124 for minor ailments and emergency needs).
   - **Health assessment**: Done 1x/year.
   - **Vision testing/Ear exam**: Refer if vision is 20/40 or worse.

2. **Measurements & Referrals**
   - Height & weight measurement at the beginning and end of the school year.
   - Administering the 120-day rice/noodles program.
   - Referral, handling emergency needs, and health counseling.

3. **Communicable Disease Control & Inspections**
   - **CD control**: Sending sick students home,

early detection, immunization.
- **Inspection**: School-wide and rapid inspection of students.

4. **Home Visits**
Conducted for:
   1. Malnourished students
   2. Students with communicable diseases
   3. Frequent absences due to health reasons
   4. Re-infection due to home conditions
   5. Students afraid of medical procedures

Roles When There Is No School Nurse
- **Clinic Teacher**: Allocated as 1 per school.
- **Responsibilities/Training**:
  - **Trained by**: School nurse.
  - **First Aid & Maintenance**: Administer first aid, maintain records, and manage the medicine cabinet.
  - **Reporting & Replenishment**: Report emergency cases and manage materials for replenishment.

COMMUNITY HEALTH NURSING PROCESS

Community
- A group of people, who may or may not be spatially connected, but share common interests, concerns, and identities.
- Key characteristics of a community include:
  - Interacting with one another
  - Having a sense of unity or belonging
  - Functioning collectively within a social structure to address common concerns

Dimensions of a Community
- **Location**: Geophysical community with geographic landmarks such as barangays and districts.
- **Social System**: Functional or phenomenological community where interactions of members fulfill special functions (e.g., a school).
- **Aggregate of People**:
  - *"People-factors"* (e.g., risk factors or health factors sharing a common predisposition to disease).
  - *"Community of Solution"* (desire to address a community problem until they disband).

Assessment of Tools and Data Collection
Prior to Data Collection
- Activities include ocular surveys/courtesy calls, spot maps, and small group meetings.

Tools for Community Assessment: Primary Data
- **Observation**: Through ocular or windshield surveys to observe the environment and general appearance of people.
  - **Participant Observer**: For the community organizer to observe formal and informal community activities in the life of the community.
- **Survey**: Time-consuming and expensive series of questions for systematic collection of information.
- **Informant Interview**: Interviews with key informants (formal/informal community leaders or persons with position and influence).
- **Community Forum**: Open meeting of community members (e.g., pulong-pulong sa barangay) to express views and influence decision-makers.
- **Focus Group**: Much smaller group consisting of 6–12 homogeneous members.

Tools for Community Assessment: Secondary Data Sources

Registry of Vital Events:
- Governed by **Act No. 3753** (Civil Registration Law) covering births, deaths, and marriages
- Handled by the **Local Civil Registrar (RA 7160)** and the central repository—now the Philippine Statistics Authority (PSA)/ Philippine Statistics Authority.
- Registered by the birth attendant within 30 days where the birth occurred.

Presidential Decree (PD) 856:
- Requires a death certificate before burial.
- Prepared by the physician who last attended, forwarded to the Municipal Health Officer (MHO) within 48 hours for certification of cause of death and direct registration.
- If no health officer is present, report to the Mayor, municipal secretary, or Sangguniang Bayan member to issue a death certificate for burial purposes. Registration must happen within 30 days of death at the Local Civil Registrar office where the death occurred (fetal deaths follow the same order).

Health Records and Reports:
- **FHSIS (Field Health Service Information System)**: Specified in Executive Order (E.O.) 352. It is the official recording and reporting system of the DOH and is used by the PSA to generate health statistics.
- Serves as the basis for LGU priority setting, planning and decision-making across levels (barangay to national), and monitoring & evaluation.

Census Data:
- Periodic government enumeration every 10 years mandated by Batas Pambansa Blg. 72, and every five years under E.O. 352.
- Can be De Jure (based on residence) or De Facto (based on actual physical location).
- PSA national census covers Filipino nationals residing in and out of the country, and foreign nationals whose usual residence is the Philippines.
- Nurses utilize this for demographic characteristics, household size, fertility data, mortality, and census info.

Community Diagnosis & Data Analysis
Types of Community Diagnosis

A. Comprehensive Community Diagnosis: Covers demography, socio-economic/culture data, health/illness patterns, health resources, and political patterns.
B. Problem-Oriented Community Diagnosis.

Data Collation, Tallying, and Presentation
Data Collation/Tallying:
- Gather all information. Generates numerical data (which can be counted) or descriptive data (narrated).
- Computing Frequency Distribution: Translates raw tally counts into percentages (e.g., HPN 7 out of 10 = 70%; UTI 3 out of 10 = 30%).

Data Presentation: Uses tables and charts (Pie graph, bar graph, line graph, scatter plot).

- **Bar graph**: Compare values across different categories.
- **Line graph**: Show trends in data over time or age.
- **Pie chart**: Show percentage distribution or composition of a variable (e.g., population or households).
- **Scatter plot**: Show correlation between two variables.

Data Analysis:

- 70% Hypertensive
- 40% Smokers
- 30% Alkantarilya Excreta Disposal
- 70% Children 0-5
- 60% Are Female, Reproductive Age

Priority Setting Criteria

Health Problems:

- **Health Status**: Illness, death, fertility
- **Health Resources**: Lack/No: 3 M
- **Health-related**: Other problems (economic, environment, social) induce health problems

When dealing with health problems (categorized into Health Status, Health Resources, and Health-Related problems), priority is set using specific scoring criteria:

1. **Nature of the Problem** (Weight: 1)
   - Health status = 3
   - Health resources = 2
   - Health-related = 1

2. **Modifiability of the Problem** (Weight: 4)
   Measures the probability of reducing, controlling, or eradicating the problem.
   - High = 3
   - Moderate = 2
   - Low = 1
   - Not = 0

3. **Preventive Potential** (Weight: 1)
   Measures the probability of controlling or reducing the effects posed by the problem.
   - High = 3
   - Moderate = 2
   - Low = 1

4. **Magnitude of the Problem** (Weight: 3)
   Refers to the severity of the problem measured by the proportion of the population affected.
   - 75% & above = 4
   - 50% - 74% = 3
   - 25% - 49% = 2
   - Below 25% = 1

5. **Social Concern** (Weight: 1)
   Refers to the perception of the population or community as they are affected by the problem.
   - Urgent community concern = 2
   - Recognized BUT not a health problem = 1
   - Not a concern = 0