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## A Case Report on Public Health Managers in Philippine Rural Communities —A New Career Path for Graduates with a Bachelor of Science in Public Health—

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### ABSTRACT

A program called the Public Health Manager Placement Program (PHMPP) was developed and implemented in several municipalities in the Philippines. The program aimed to complement the scarce health human resources in selected rural communities. We reviewed the perceived usefulness and relevance of the Bachelor of Science in Public Health (BSPH) curriculum vis-à-vis the work of a Public Health Manager (PHM). These findings can be used for curricular enhancement and/or serve as the basis for possible replication of the program within the Asia-Pacific Region. The objective of this case study was to document the usefulness and relevance of the BSPH curriculum to the roles and responsibilities of a PHM in rural areas. This case report was prepared through an in-depth interview with two PHMs assigned in the Bicol Region. Both PHMs felt that the BSPH curriculum was useful and relevant to their PHM roles and responsibilities because they were able to apply the competencies gained during their third and fourth years to rural communities. These skills included doing a thorough situational analysis, proper data collection, and recording and analysis of health data that were used in developing a health plan for the Municipal Health Office. Strategies/activities in public health that they learned from the courses were used to implement the health plan. Both PHMs were actively involved in training the health center staff on data analysis, presentation, and preparation of monthly reports and vendors on food safety. PHMs also coordinated with other agencies to ensure water portability in the community. There were minor issues related to the communication of the role and responsibilities of the PHMs to the local government unit as well as a need for training on budgeting. Overall, the BSPH curriculum was useful and relevant to the PHMPP of the Department of Health. This is another career path that graduates with a BSPH can pursue in the future. *Ryukyu Med. J., 30(1~4)49~54, 2011*

Key words: public health managers, public health managers placement program, public health services, Barangays/Villages

### INTRODUCTION

Public Health Manager (PHM) is a position that was developed out of the collaborative effort between the University of the Philippines College of Public Health and the Department of Health (DOH) to complement limited human resources

for healthcare in Philippine rural communities<sup>1)</sup>. In 2008, this position became part of the Public Health Managers Placement Program (PHMPP) of the DOH. The program brought to fore a new avenue that a graduate with a Bachelor of Science in Public Health (BSPH) degree can pursue apart from going into the college of medicine, practicing

as a medical technologist, or working in research. The program was designed to attract BSPH graduates from the University of Philippines to support the Doctors to the Barrios/Municipal Health Officers (DTTBs/MHOs) in the delivery of public health services. After developing competency as a PHM or specialist with adequate knowledge, attitudes, and skills in the management of public health programs, providers are expected to contribute to the improvement of the delivery of quality healthcare services in rural areas. By allowing the PHM to assume certain management functions from the DTTBs/MHOs, it allows physicians to allocate more time and effort to the clinical aspect of health service delivery.

In the Philippines, a province is made up of municipalities/towns and cities. Based on Internal Revenue Allotment, a municipality-consisting of Barangays/Villages and the Capital, can be classified based on annual income. Thus a first-class municipality would have the highest annual income (more than \$1.15MUS) and a sixth-class municipality would have the lowest annual income (less than \$233,000US)<sup>2,3)</sup>. The term of the contract of PHMs in a given municipality is 2 years. PHMs have worked as new members of the rural health team in the Philippines since 2008 as part of the PHMPP. Five PHMs were deployed to either fourth- to sixth-class municipalities in 2008 and 2009. The PHMPP later on blossomed into a more encompassing program called the Rural Health Team Placement Program (RHTPP), which deployed a team of health workers that included doctors, dentists, nutritionists, midwives, and PHMs in areas where they are needed most. Deployment is based on the income of the municipalities such that those with low incomes, such as fifth- and sixth-class municipalities, will be the government's priority for deployment because these municipalities do not have adequate resources to hire sufficient manpower. In 2010, the RHTPP deployed the third group of PHMs, which included seven BSPH graduates from the University of the Philippines Manila-College of Public Health and the University of the Philippines Visayas. This case report was undertaken to document the perceived usefulness and relevance of the BSPH curriculum to the roles and responsibilities of a PHM. The results of the study can

also be used to plan support for PHMPP regarding their work in rural communities as well as to serve as a model that can be replicated in the Asia-Pacific region.

## METHODS and RESPONDENTS

This is a case report documenting the work experiences of two PHMs of the DOH assigned to fourth- and fifth-class municipalities from two provinces in the Philippines. In-depth interviews were used to collect data. Using a topic guide, the two PHMs were queried as to their perception of the usefulness and relevance of the BSPH curriculum on their current roles/responsibilities as PHMs as well as issues or problems that impede their work. Both PHMs were deployed with the third group of the PHMPP and were working separately in their respective rural communities at the time of the interview. The two PHMs were requested to present a situational analysis of their respective areas before they were interviewed. Fig. 1 shows the organizational chart of the rural health unit. The interview was carried out by one of the authors in a private and neutral location. Upon obtaining permission from the PHMs, the interview was recorded using an IC recorder and later on transcribed and analyzed.

## RESULTS

### 1. Perceived relevance of the PHMPP for those with a BSPH

The BSPH curriculum requires 82 credit units of general education courses (taken during the first 2 years, including two summer courses) and 70 credit units in public health courses (taken during the last 2 years). Public health courses include public health policy and administration, health promotion and education, epidemiology and biostatistics, microbiology and parasitology, nutrition, and environmental and occupation health. Application of the theories and strategies learned from these courses takes place during field practice before the end of the fourth year<sup>4,5)</sup>.

The above-mentioned curriculum aims to equip students with adequate knowledge, attitudes, and skills in planning, implementing, and evaluating health programs in selected barangays/villages. When asked about the perceived relevance

Table 1 **The Bachelor of Science in Public Health Curriculum**  
College of Public Health, University of the Philippines Manila

First Year			
<i>First Semester</i>	<i>Units</i>	<i>Second Semester</i>	<i>Units</i>
Arts and Humanities*	3	Arts and Humanities*	3
Mathematics, Science and Technology***	3	Social Sciences and Philosophy**	3
Math 17	5	Social Sciences and Philosophy**	3
Social Sciences and Philosophy**	3	Chemistry 14 (lecture)	3
Mathematics, Science and Technology***	3	Chemistry 14 (Lab)	1
Physical Education	(2)	Mathematics, Science and Technology***	3
National Service Training Program 1	(3)	Social Sciences and Philosophy**	3
Total	17	Physical Education	(2)
<i>Summer</i>		National Service Training Program 2	(3)
Chem 18 (lecture)	3	Total	19
Chem 18.1 (lab)	1		
Second Year			
<i>First Semester</i>	<i>Units</i>	<i>Second Semester</i>	<i>Units</i>
Arts and Humanities*	3	Arts and Humanities*	3
Arts and Humanities*	3	Chem 31 (lecture)	3
Chem 27 (lecture)	3	Chem 31 (lab)	2
Chem 27.1 (lab)	2	Zoology 10	5
Zoology 10	5	Social Sciences and Philosophy**	3
Physics 21	4	P1 100 Life & Works of Jose Rizal	3
Physical Examination 2	(2)	Physical Examination 2	(2)
Total	20	Total	19
<i>Summer</i>			
Mathematics, Science and Technology***	3		
Third Year			
<i>First Semester</i>	<i>Units</i>	<i>Second Semester</i>	<i>Units</i>
PH 121 Gross & Microscopic Anatomy	5	Mathematics, Science and Technology***	3
PH 131 Physiology	2.5	PH 122 General Pathology	5
PH 141 Biostatistics	4	PH 152 Medical & Public Health Microbio	5
PH 151 Principles of Microbiology	4	PH 162 Nutrition	3
PH 161 Biochemistry	2.5	PH 172 Med. Helminthology & Protozoology	4
Total	18	Total	20
Fourth Year			
<i>First Semester</i>	<i>Units</i>	<i>Second Semester</i>	<i>Units</i>
PH 136 Environmental Health	3	PH 137 Radiological Health	1
PH 146 Epidemiology	3	PH 147 Genetics	2
PH 156 Clinical Microscopy	4	PH 177 Medical Entomology	3
PH 166 Clinical Chemistry	4	PH 199 Special Studies and Research	3
PH 186 Public Health Admin & Health Edu	3	PH 197 Seminars	1
Total	17	PH 195 Public Health Practice	5
		Total	15

\*choices include Communications Skills, Literature, Society and Individual, Art, Man and Society

\*\*choices include Philippine History, Asia and the World, Kasaysayan (History) I & II. Foundation of Behavioral Sciences, Social, Economics and Political Thought, Philosophical Analysis, Asian Regions, Women in Philippine History, Health History in the Philippines

\*\*\*choices include Foundation of Natural Sciences I & II, Fundamental Concepts and Application of Math, Fundamental Concepts and Application of Math, Science, Technology and Society, The Earth: Our Habitat N.B. Numbers in parenthesis are not included in the computation of total numbers of credit units.

Source: College of Public Health, University of the Philippines Catalogue 2007-2010

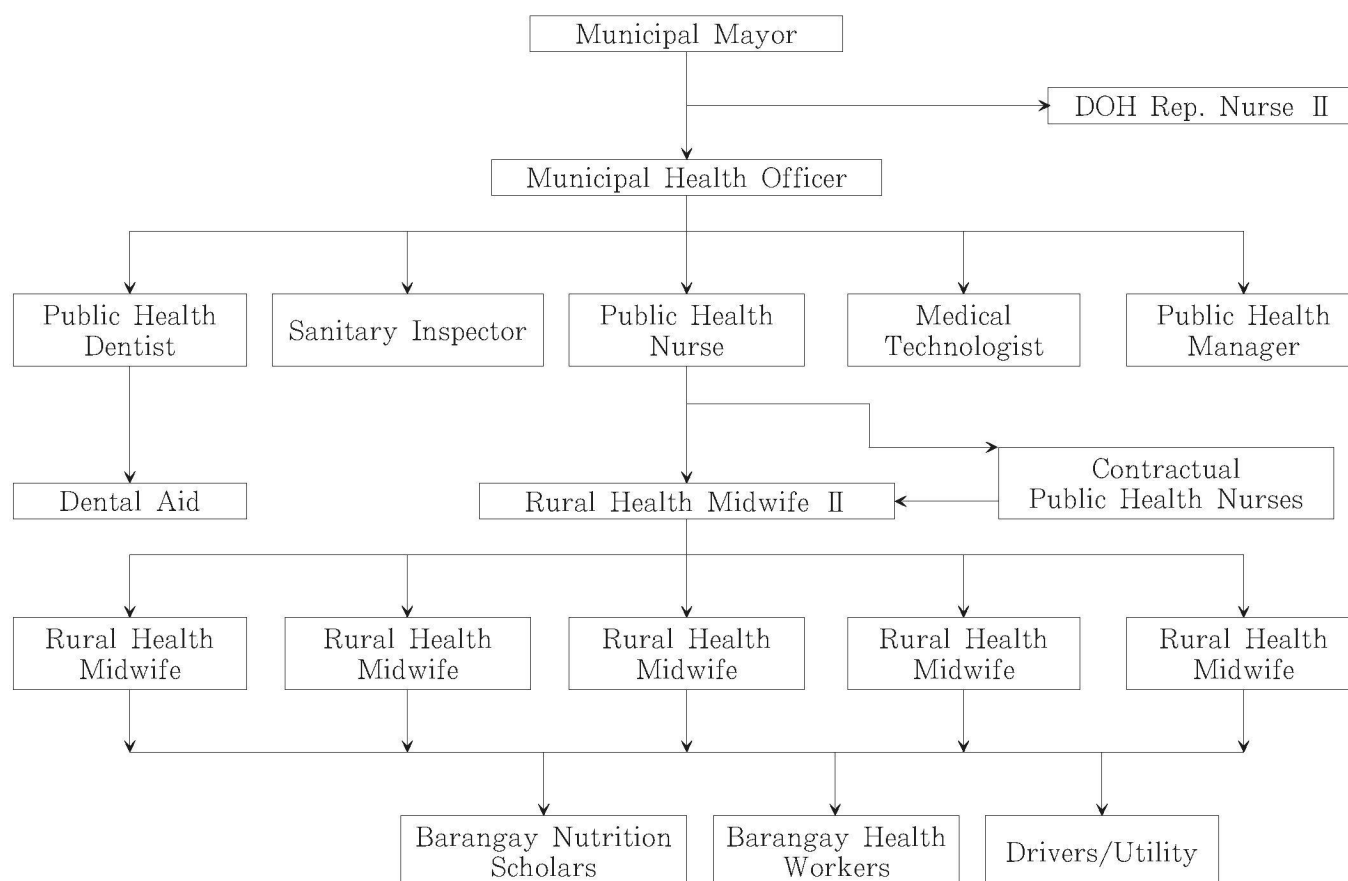


Fig. 1 **Organization Chart in Municipality.** This chart shows the chain of command in which the Public Health Manager works under the Municipal Health Officer.

of the BSPH curriculum to their PHM roles and responsibilities, both interviewees found the curriculum relevant because they were able to apply what they learned during their third-and fourth-year courses to rural communities. Several competencies were mentioned by interviewees as being very useful and relevant when they were asked to give examples of what they have done in the communities. These competencies included doing a thorough situational analysis; data collection, processing, analysis, and presentation; conducting training; outbreak investigation; water sanitation and food safety; and control of diarrheal disease.

## II. Perceptions of the roles/responsibilities of PHMs in administrative and preventive aspects of a health program

### *Administrative aspects*

One significant accomplishment of one PHM was the development of a system for improving medicine and supplies inventory and procurement.

The system helped the health center keep track of their supplies, which resulted in improved planning and management of limited logistics. PHMs also contributed to the development of certain workflows at the health center that helped organize patient management for more efficient delivery of health services. PHMs also trained other rural health team members on how to properly collect, record, and analyze health data for a more systematic and evidence-based program planning using statistical software. Both PHMs were responsible for the preparation of the monthly report of their respective municipal health offices. The PHMs were also instrumental in the accreditation of the rural health unit by PhilHealth—a national health insurance system in the Philippines. Coordination with other agencies for technical help, such as the local water supplier to improve water sanitation, was also undertaken. On the other hand, both PHMs mentioned the need for training in preparing appropriate budgets for the

municipal health plan because they claimed that this had not been adequately discussed during their undergraduate study.

#### *Preventive aspects*

It was noted during the presentation of their situational analysis and validated by subsequent in-depth interviews that one of the strengths of the BSPH graduates was conducting a comprehensive situational analysis. The PHMs also developed a health plan for 2011 for cardiovascular disease prevention and control for diarrheal diseases. A training program for food handlers (food handling, waste storage and management) was also designed and implemented by one interviewee in close coordination with the sanitary inspector. Resource personnel included staff of the municipal health office and a sanitary inspector from a neighboring municipality. Skills in bacteriology and nutrition were found to be useful in ensuring water portability and food safety in the municipality.

### III. Problems that impeded the performance of PHMs

The PHMs deployment contract with the DOH and the local government is for 2 years, which was based on the term of DTBBs. The two interviewees felt that 2 years was not enough to help improve the health systems in their respective rural health units. PHMs also face different situations in their respective municipalities. There were municipalities that were supportive of the PHMPP as manifested by their own contribution to the program, whereas one area, because of the very early deployment of PHM, was unable to provide counterpart support for the program. This happened when deployment occurred before the counterpart budget was made available in the municipality. In general, counterpart budgets should be available before implementation of the program.

## DISCUSSION

The PHMPP in the rural area is a special program that was introduced by the central office of the DOH, Philippines. The purpose of the program was to delegate some administrative and prevention-related responsibilities of the DTTB to

PHMs at the rural health unit so that the former could concentrate more efforts on the curative services of the health center. Results of this case study revealed that the PHMs were useful in assuming these responsibilities. According to the interviewees, the MHO and other staff of the health centers often rely on PHMs as far as administrative and disease prevention-related roles are concerned. This was consistent with the results of the process evaluation conducted by University of the Philippines-CPH Manila in 2010, which documented the usefulness and relevance of the PHMs as perceived by the DTTBs/MHOs, Local Chief Executives, and PHMs themselves<sup>13</sup>. Just like other programs, the PHMPP is never without problems or issues. Issues on proper communication within the program, which may be due in part to the poorly developed healthcare delivery system, as well as need for roles clarification, were identified in this case report.

Based on the interview with the two PHMs in this case study, the following findings were highlighted. The PHMs role and responsibilities are now accepted in the rural health unit, but because the program is still new, some challenges related to administrative functions, such as budget preparation, are still present. Accreditation of the rural health unit by PhilHealth, as well as development of a health plan, were recognized as accomplishments of these two PHMs in their respective municipalities. The BSPH curriculum was generally relevant to PHMPP as shown by their involvement in preventive health aspects, such as development of a health plan. Strategies and activities used during implementation were carried out effectively.

The limited budget of the local government unit to support its health program is one of the major problems that was identified. The deployment of the PHM should be made before the budget preparation so that appropriate counterpart cost can be allocated to the PHMs in support of their accommodations and stipends.

The program, apart from relieving the DTTBs of some of their administrative and preventive functions, has contributed significantly in improving health systems in their respective municipalities. The outcome of the program was seen in systems improvement such as improving patient flow at the health center, and drug and

supplies inventory. Equally important was the development/strengthening of the capacity of other rural health team members in using statistical tools in providing faster and more accurate reporting and updating of data. This ensures that the system will continue even after the PHM has left the municipality.

### CONCLUSION

The PHMPP was perceived to be very useful and relevant in improving the public health systems in the rural areas of the Philippines. The BSPH curriculum has honed the BSPH graduates' education and helped them become highly competent PHMs in rural health units where there is scarcity of health human resources. Although the current program was in its third year at the time of the interview, improved healthcare systems where PHMs have contributed will remain with the health center and benefit the community. Furthermore, a new career path for BSPH graduates as a PHM has been integrated into the public health system.

### ABBREVIATION LIST

BSPH—Bachelor of Science in Public Health  
DOH—Department of Health  
DTTB—Doctor's to the Barrios  
MHO—Municipal Health Office/Officer  
PHM—Public Health Managers  
PHMPP—Public Health Managers Place Program

### CONSENT

Written informed consent was obtained from the two PHMs included in this study.

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