Bull Pan Am Health Organ 13(4), 1979.

COMMUNITY PARTICIPATION AT A COMMUNITY HEALTH OUTPOST[1,2]

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Experience with a primary health care outpost operating in a poor Rio de Janeiro neighborhood indicates that accessible, low-cost primary health care can be provided in this kind of setting. But it also indicates that active community participation is required.

Introduction

In 1972 the Ministers of Health of the Americas expressed their concern about health conditions in the Hemisphere and recommended "total coverage of the population by the health service systems in all countries of the Region" by 1982 (*1*). Such coverage, however, can only be provided through organized, efficient services operating continuously and accessible to the entire population—accessibility implying having facilities near the people served that are acceptable to them. Since the socioeconomic requirements and characteristics of the countries and areas involved vary, no "model" formula for extending health services is adaptable to all circumstances. Various approaches to primary health care delivery have been tested, however, one of these (in the case of Brazil) being that employed by the community health system of São José do Murialdo in Porto Alegre, Rio Grande do Sul (*2*). The present article describes a possible approach for establishing a community health outpost, one used in a low-income area of Rio de Janeiro, Brazil, that places major emphasis on community involvement and participation.

In 1973 initial contact between the Friends' Association of Escondidinho Hill[5] and the Pedro Alcântara Hospital (located in the III Administrative Region of Rio de Janeiro) was made through a health auxiliary living in the vicinity. Subsequently, after four years of studies by the association and the hospital on how to achieve better health care in the area, the first Escondidinho Community Health Outpost was established to serve the neighborhood's population (*3*). The post's long-term objective was to provide low-cost comprehensive health care to the local population—care based upon community collaboration and integration of the post with the area's official health services and local schools.

The Area Served

The densely populated Escondidinho area, containing between 6,000 and 8,000 residents, is located on the slopes of a hill with the same name. Most of the houses, which are very close together and line winding streets about two meters wide, are built of wood or bricks and provided with electrical services. Most of the streets are paved; portions of the area's open sewer system run along the streets. Water, pro-

[1]Also appearing in Portuguese in the *Boletín de la Oficina Sanitaria Panamericana*, 1979.

[2]The study reported here was made at the Escondidinho Community Health Outpost of the Pedro Alcântara Hospital, Rio de Janeiro, Brazil.

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[5]An association founded in 1964 by residents of the Escondidinho community seeking to obtain electric light for their area.

vided by the municipality, is initially collected in rather unhygienic cisterns located on the slopes of the hill. By and large these water and sewer systems are in poor conditions. There are four public schools in the general region, all of them about 30 minutes' walking time away. Public transportation facilities for reaching shopping centers, schools, and hospitals are inadequate. Detailed data on Escondidinho's population and environment are still lacking.

The Post

Physical Location

The Escondidinho Community Health Post is located on the first floor of a brick building belonging to Friends' Association. Access to the two-room facility is provided by a steep staircase with 12 concrete steps. One of the rooms, the waiting room, is divided into two sections—one for patient screening and the other for administrative work. The furnishings include a blackboard and health education posters on the wall and a few small community-donated benches. The consulting room, which is separated from the waiting room by a sliding door, has a window, a cupboard for storing drugs and office supplies, a faucet (cold-water outlet), and an examination table. The facility also has a bathroom with a nonflushing toilet.

Staff Members and Working Hours

The post's team of community health workers consists of six volunteers residing in the area who have received on-the-job training at the Pedro Alcântara Hospital and at the post itself. Three of these workers play a very active part in the post's health work and programs. Three times a week, at regular fixed hours, the post receives technical assistance from a physician and nurse. The nurse also returns twice a week to give continuity to supplemental training for the community health workers and to lead group discussions on specific health issues. The post is open day and night, and one community health worker is always on duty to answer questions and deal with emergencies.

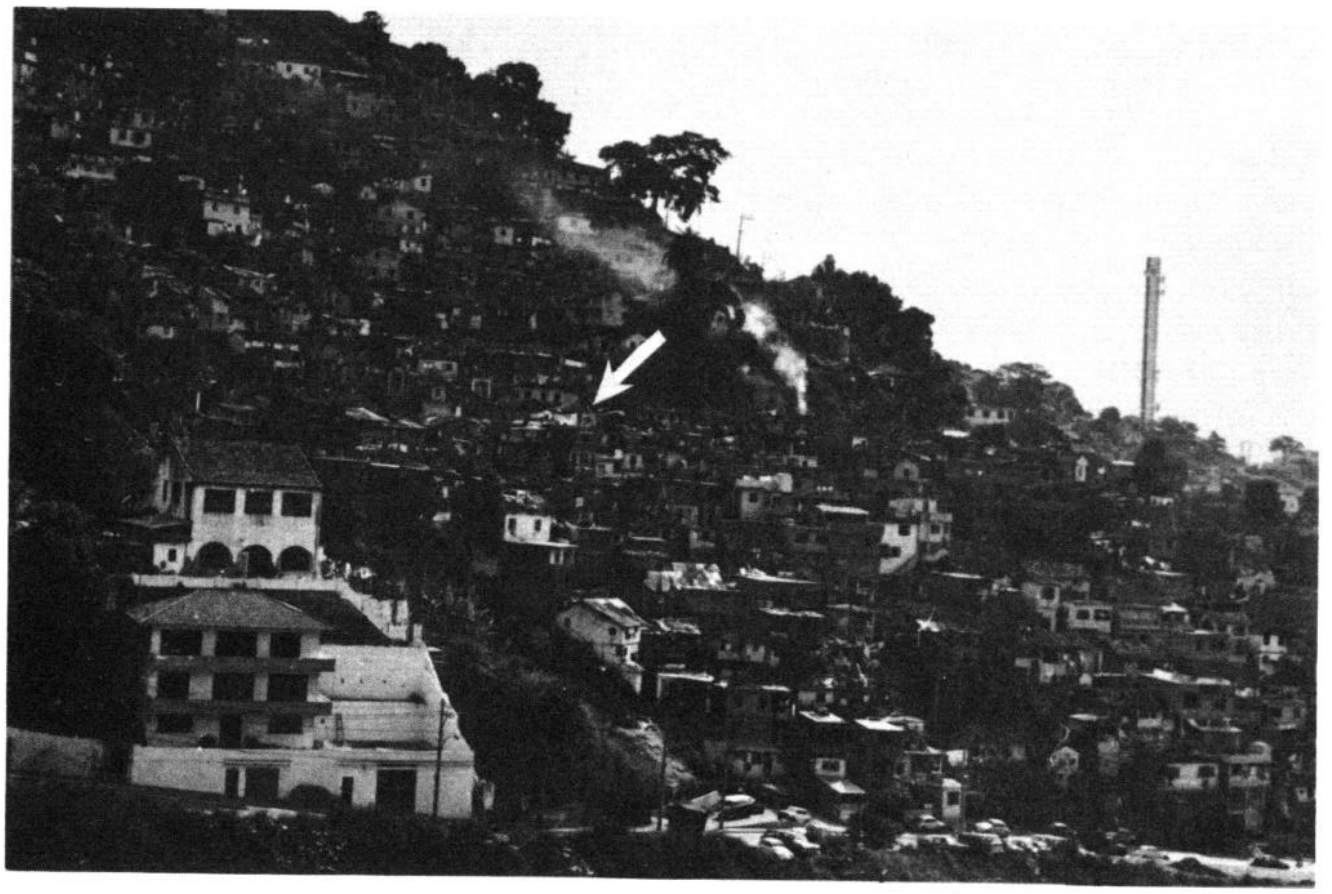
Administration

One community health worker is responsible for administration. An identity card is issued and a file opened for each patient who visits the post. These two items are given the same number. The waiting patient also receives a numbered card, and this number is put on the outside of his or her file—a procedure that makes it easier for all health team members to identify patients and call them by name.

The health worker discusses the problem with the patient, and together they decide which member of the health team should conduct an examination. Great emphasis is placed on courtesy in dealing with the patients. For example, children who show fear or cry, or people showing any sign of contagious disease, are dealt with first, after asking the permission of the other patients waiting to be seen.

Whenever it is deemed necessary for a patient to return to the health post, the patient's name and number are recorded in the consultation register by the attending health team member. Follow-up notes are made in the running medical record. Should a patient fail to appear on the designated day, the worker responsible for administration establishes contact through a reminder notice or home visit. If necessary, a new post appointment date is set and entered in the consultation register.

A record of health post or home visits is entered by the health team member in attendance, and a record of disease classifications made is provided by the nurse or physician. The PAHO/WHO manual on



View of part of the Escondidinho area. Arrow indicates location of the health post.

In front of the Escondidinho health post before making a home visit. A voluntary health worker receives instructions.

international classification of diseases (*4*) is used for this purpose to facilitate future statistical analysis.

When necessary, the patient is referred to the second health care level—if possible to the nearest specialized hospital or outpatient service. A point always emphasized is that the patient or a family member should return to the post to discuss the results of the referral with health team members. All community health workers receive thorough instruction on the referral system—so that they can take appropriate action in dealing with accident, dehydration, psychiatric, and other potential referral cases in the absence of the nurse and physician.

Equipment

The equipment used at the post is as follows: three sphygmomanometers, one scale for weighing adults, one ruler for measuring children, one scale for weighing children, and one thermometer.

Consumable everyday supplies—such as disposable syringes, alcohol, cotton, etc.—are provided by the Friends' Association of Escondidinho, and for that reason are used sparingly.

Cost

Assuming there are 1,250 family units in the area, estimates based on a CR$150,000[6] budget for 1978 would yield a monthly cost for the health services involved of CR$10.00 (67 US cents) per family unit.

Routine Procedures

A principal function of the nurse is to teach the health workers how to screen patients. In the course of this instruction the worker is taught to ask a certain number of standard questions and to enter the answers in the patient's medical record. Some typical standard questions are as follows:

1) What is the principal problem? (The answer is written down in quotation marks, using the patient's own words.)
2) When did the problem begin?
3) Has the problem been treated before? If so, what treatments were given and what drugs used in attempting to resolve it?
4) Have you any other problems?

A WHO publication entitled *The Primary Health Worker: Working Guide* (*5*), the text of which has been adapted somewhat to local conditions, is used to train the community health workers. Special forms have been designed for cases involving prenatal, postnatal, and neonatal care, as well as for initial pediatric and adult consultations. All children up to 12 years of age are weighed and measured. The blood pressure of all adults is routinely checked. The physician then regularly examines the children with substandard weight and the patients with abnormally high blood pressure.

Patients with similar problems are asked to return together on a specified day to receive group guidance, a procedure that helps save the team's time and permits the group to focus on shared problems that need in-depth discussion. Group meetings, which are led by the physician or nurse, are always attended by at least one of the community health workers—so that these workers can acquire the knowledge and skills needed to conduct other meetings.

Contacts

The health team and the Friends' Association work together closely in establishing essential contacts with the community, for which purpose regular informal meetings are held. These meetings are attended by the physician, the nurse, the health workers, community residents, and members of the association.

As a result of discussions at these meet-

[6] CR$15.00 = US$1.00.

ings, part of the area's open sewer system is being covered through community efforts. This is expected to considerably improve Escondidinho's sanitary conditions. In addition, the association is making a demographic survey and has plans for collecting a contribution of CR$10 from each family unit to be used for certain health post expenses and improvements.

Health team members give regular talks in the local schools, after which the schoolchildren's health problems are taken up by the health team members and school officials—a multidisciplinary group including personnel accustomed to dealing with health, education, and community problems—and possible solutions are considered. This work is expected to forge a closer contact with the schools and to encourage their participation in health activities.

In addition, contacts between the state environmental sanitation foundation and the Friends' Association of Escondidinho had led to preparation of a pilot project for ridding the area of rats. Unfortunately, this project was not carried out, due to the foundation's administrative problems.

The physician and the nurse maintain contact with nearby specialized hospitals and outpatient services to help facilitate referral and ensure continuity of patient follow-up. Particular emphasis is placed on keeping in close touch with the municipality's regional public health center. Agreements between that institution and the Friends' Association of Escondidinho are in the process of finalizing a joint activity that initially envisages immunization of school-age children in the Escondidinho area.

First-Year Results

As Table 1 indicates, from inauguration of the post in July 1977 until August 1978 the health team provided a total of 3,050 consultations. The numbers of home visits and of consultations performed by community health workers during that period were not recorded, but it is estimated that the health team attended approximately 3,500 patients during the post's first year of operation.

Looking at the quarterly breakdown provided in Table 1, it seems clear that the number of children seen in each quarter remained relatively steady throughout the year. The number of men consulted, however, rose considerably in the second half of the year. It should also be mentioned that many of these men came from the community's highest social strata, so that this trend suggests growing community acceptance of the post.

As indicated in Table 2, roughly 30 per cent of the patients visiting the post during the year were first-time visitors. The increase in the number of first-time visitors during the fourth quarter was due primar-

Table 1. Patients seen (by the physician or nurse) at the Escondidinho Community Health Post in Rio de Janeiro during its first year of operation.

Quarter	Men		Women		Children*		Total	
	No.	%	No.	%	No.	%	No.	%
First	96	10.7	323	36.1	477	53.2	896	100
Second	70	10.9	224	34.8	349	54.3	643	100
Third	101	15.7	194	30.1	349	54.2	644	100
Fourth	243	28.0	278	32.1	346	39.9	867	100
Total for the year	510	16.7	1,019	33.4	1,521	49.9	3,050	100

*Children are age 12 or under; men and women are over 12.

Table 2. Patients making first-time visits, by quarter.

Quarter	Adults		Children*		Total	
	No.	% of all patients	No.	% of all patients	No.	% of all patients
First	135	15.0	252	28.1	387	43.1
Second	81	12.6	55	8.5	136	21.1
Third	66	10.2	105	16.3	171	26.5
Fourth	159	18.3	104	12.0	263	30.3
Total for the year	441	14.5	516	16.9	957	31.4

*Children are age 12 or under; adults are over 12.

ily to the forementioned rise in the number of men attending the facility. The number of first-time visits is expected to decline in the future, because most members of the Escondidinho community are permanent (nontransient) residents. In addition to Escondidinho residents, a small number of people (mostly relatives of residents) came to the post from outside the community.

As Table 3 shows, most of the patients visited the post because of communicable diseases—principally respiratory illnesses, diseases of the digestive tract, or skin ailments. Cases of abnormal blood pressure were included within the circulatory problems category. The "other" category includes, among other things, accident and malnutrition cases as well as cases requiring prenatal and postnatal care. It was observed that patients with such problems as influenza or diarrhea later in the year visited the post at the first appearance of symptoms—a pattern probably due to information disseminated in the previous months.

Table 3. Types of health problems diagnosed at the Escondidinho post during its first year of operation.

Problems	% of total patients affected
Respiratory problems	26.9
Skin problems	13.3
Problems of the circulatory system	12.0
Intestinal infections (including worms)	11.1
Other problems of the digestive tract	5.4
Problems of the genitourinary apparatus	5.3
Eye and ear problems	5.3
Mental diseases	4.4
Other disorders	16.3
Total	100.0

Many of the patients seen were already receiving specialized care and were utilizing the post for periodic services such as monitoring weight or blood pressure and having dressings changed—or for discussion of treatment received at the secondary level with health team members. During visits of this latter kind the patient and/or family members are given information and instruction about any medications received and the specific health problems involved.

Discussion

The project started in a rather unusual way. Population data were scarce, and few planning details had been worked out before the project began. Though lack of detailed planning may have been an initial disadvantage, however, it did give the program great flexibility; in particular, it left considerable leeway for active community participation in project development. In the process, individuals and community groups had an opportunity to state

and discuss their needs as they saw them, and to relate those needs to their own socioeconomic and cultural conditions.

In the light of our own experience, we believe that primary health care at the community level can function in a simple setting with minimum equipment and at low cost. This type of health work, however, should employ a very flexible approach—so as to permit easy adjustment to continually changing community needs. (In the specific case of the Escondidinho post, for example, a need for greater emphasis on maternal and child care has already been noted.)

Technical and administrative processes must be kept as simple as possible. However, it is necessary to supervise and train personnel in order that those technical and administrative processes used be executed effectively. In this regard, it is advisable to prepare a manual of procedures adapted to the specific needs of the area served. This manual should be very detailed, should clearly define the community health worker's responsibilities, and should provide him with guidelines giving him the support and confidence he needs to work effectively within his limitations.

We also believe that emphasis should be placed on establishing a system of communication between the community and the health team that permits each to learn from the other. In this vein, the team should start out by hearing accounts of community health needs and understanding those needs as the community perceives them. Likewise, the community should learn how to express its health needs so that possible solutions can be found for existing problems. In general, this process should be directed at developing a less paternalistic attitude within the health system and at encouraging the community to play an increasingly active role in health matters, especially those concerned with improving basic sanitary conditions.

ACKNOWLEDGMENTS

We wish to thank Dr. Ellis Alindo D'Arrigo Busnello for his professional support and for reviewing the manuscript. We also wish to thank the community health workers involved, especially Mrs. Dalvonete de Oliveira Silva and Miss Goreth Oliveira Pereira, for their vital assistance and collaboration.

SUMMARY

This article describes the work of a primary health care outpost in a poor, densely populated neighborhood of Rio de Janeiro, Brazil. The post is manned around the clock by a team of community health workers and is visited several times a week by a nurse and physician.

Initial experience indicates that easily accessible low-cost primary health care can be provided for such an area in an acceptable manner. However, especially in the planning and execution phases, active community participation is required.

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KELLOGG FOUNDATION ANNOUNCES LECTURESHIP GRANTS TO NINE LATIN AMERICAN PROFESSIONAL GROUPS

Nine Latin American associations or organizations in the areas of health and agriculture have been awarded grants from the W.K. Kellogg Foundation of the United States for lectures or other presentations dealing with critical problems in society.

Titled the W.K. Kellogg Foundation 50th Anniversary Lectureships, the presentations will be made at the groups' annual conferences or in other important sessions during 1979 and 1980.

In announcing the grant program, Foundation President Russell G. Mawby said all of the lectures will consider contemporary ways of applying existing knowledge to current or emerging problems—a theme reflected in the Kellogg Foundation's half-century of support for pilot projects which focus on the application of knowledge to the problems of people.