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A REVIEW OF HEALTH EDUCATION IN PANAMA

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I would also like to extend my appreciation to the various regional health leaders, promoters, and professional health educators who frankly discussed the problems of and prospects for health education in Panama. Their comments are the basis for the recommendations included in this report.

My last conference with Dr. Jaime Arroyo S., Vice Minister of Health, was most rewarding. His comments on the future role of educators and their efforts to ensure the success of health programs in Panama were most helpful, and his support of certain recommendations in this report was most gratifying.

I gratefully acknowledge the clerical and professional support of the staff of the USAID mission. Special thanks are due to Mr. Herbert Caudill, who arranged the consultation, and to Mr. Pedro Martiz, a former student of mine when I taught public health at the University of California; Berkeley, who served as my key advisor during the consultancy.

Finally, I would like to thank the staff of the American Public Health Association (APHA), and particularly Dr. Barry Karlin, who helped make this consultation possible.

I. BACKGROUND

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Introduction

The continuing development of successful programs to improve the status of health in Panama is well documented in several surveys and special studies published by the Ministry of Health. All of the data on accepted indicators of general public health show a definite trend toward improved health status. The crude death rate in Panama is 4.1/1,000; the life expectancy is approximately 70 years; and the infant mortality rate is 24.8/1,000 live births. These are but three of the critical vital rates on which the health systems and social and economic improvement have had a direct impact.

The goals for the immediate future include 100 percent coverage of the population in basic environmental sanitation programs, that is, potable water supplies and sewage disposal; community gardens, where feasible, to improve nutrition; and the delivery by well trained health assistants of primary health services to villages. Marginal population groups, both urban and rural, whose health status is less favorable, are specific targets for health programs.

Panama's programs have been successful. Therefore, at this time, the country faces a dual challenge: solving health problems that are similar to the health problems in all developing countries and solving the health problems of the developed world.

The Ministry of Health and the community have recognized that health education is an essential component of any health program. Community participation in planning, conducting, and evaluating health programs continues to be one of the goals of the Ministry. Approximately 1,000 health committees have been organized throughout the country. This is a good indication of the importance in Panama of community participation. Community organization for health is a major health education function; traditionally it has been the most effective method for promoting the community's, family's, and individual's responsibility for health. Continued improvement of health status in Panama will depend to a great extent on the success of educational efforts in reducing the public's dependency on clinical curative services and in encouraging an educated citizenry to institute preventive measures.

In several countries where the governments fund health services, providers of medical care are rewarded for keeping people well. This concept of health maintenance is receiving increased support, and educational programs designed to achieve higher levels of "wellness" through activities not common to most health care systems are being implemented. In the United States, for example, more and more professional health educators are being employed in programs that promote "wellness" and health maintenance. Education programs for patients with heart disease, arthritis, diabetes, or other diseases have been quite successful in reducing the need for hospital care and encouraging appropriate use of clinical services. These programs are not only cost-effective; they also help those who are ill to achieve an optimal level of health and independence.

Recent studies in the United States show that a very high percentage of visits to doctors and clinical facilities are unnecessary and that most illnesses can be treated by a reasonably well educated person in his own home. New self-help health education programs are being designed and developed by health maintenance organizations and hospital outpatient services. In these programs, a person can phone a nurse or some other trained worker for guidance in home care.

These examples illustrate the trend toward shifting the responsibility for health from the medical and clinical institutions to the individual and family through health education. The institution of health education to prevent disease, maintain health, promote wellness, and encourage common sense self-treatment for minor illness is bringing about changes in health services delivery systems. The educational efforts of all health personnel to effect these changes are essential to the achievement of improved health status.

The Status of Health Education in Panama

As its philosophical statements and policies indicate, the Ministry of Health strongly supports the concept of health education. But there are few professionally trained health educators at the national, provincial, or regional level. There are only eight trained professional health educators in the Ministry. Several members of this small professional group are nearing retirement; most are earning the top salary and have reached the highest level of status in their chosen field of work. Conditions have become static, and apparently few traditional public health programs are being conducted.

Health education meets all of the criteria of a profession. It is based on a unique body of knowledge rooted in the social sciences and on evolving principles of practice. The application of these principles to the behavioral aspects of health problems is theoretically sound. No profession can develop completely unless a critical corps of active members exists. The organization should encourage and provide for upward mobility and access to leadership positions in the health team.

Certainly, the less well educated health education assistants (similar to those employed in Panama) have a role in health education programs, but they should not be expected to perform at the same level as other health professionals. In most countries they constitute an auxiliary force. They are supervised collectively by a professional health educator (similar to an auxiliary nurse or an assistant sanitarian). They are also supervised in their specific areas of work.

The 40 health education assistants in Panama should be encouraged to continue their formal education. They should be given such incentives as flexible time schedules, salary adjustments to reflect newly acquired skills, etc., so that they will pursue advanced training in health education and be eligible for promotion as positions become available. The position of education assistant could be maintained as the first rung on the career ladder in "areas sanitarias", provinces, hospitals, national organizations and agencies, and other appropriate institutions and programs.

II. A REVIEW OF PRIORITIES

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The Ministry of Health was reorganized recently, and a new unit for health education was created. That unit is responsible for training, health promotion and education, and social work. Most of the plans for the unit's work have not been completed, but three priority tasks have been identified: the development of a continuing education program for all levels of MOH staff; the revitalization of professional health education through the recruitment of licenciado-level graduates for in-country training Panama and employment in various levels of MOH programs;* and special health education projects in marginal rural and urban areas.

Continuing Education

Plans to strengthen the training capability at the national level and initially in four provinces are being implemented. A Director of Training has been named, and other key positions in human relations, organizational development, audio visual development and environmental health will be filled while reorganization continues.

The training program and the health education unit will be replicated in each of the nine provinces so that provincial- and lower-level staff can participate in training and continuing education programs.

In Colon, for example, the Director of SIS specifically mentioned the need for training in administration, management, and health education. Such courses could be provided if national and provincial training and health education staff jointly planned a curriculum taught by both internal and external faculty.

One group that should be targeted for additional training is the health education assistants, who received six months of training several years ago, but were never followed up or supervised by health educators. The functional role of these workers has not been adequately defined. This has led to confusion and the assignment of a variety of tasks that are not necessarily related to health education.

Before this group is retrained, a specific job description should be prepared and a functional task analysis made to identify knowledge, skills, and resources needed to achieve specific measurable educational objectives.

Several other topics in continuing education have been mentioned; however, no specific plans for curriculum development in these areas have been prepared.

Continuing education in public health is a traditional and essential element in continued staff development, institutional change, and promotion of personnel. Several countries have institutionalized this function within their respective ministries; other have done so in universities or special institutes.

* It is hoped that several "becas" (scholarships) will be made available for long-term training in other countries.

In Panama, a basic structure exists at the national level, and this structure is being developed at the provincial level within the Ministry of Health. It appears that this structure will be able to accommodate the continuing education component.

Revitalization of Professional Health Education

It is clear that Panama should look to the immediate future when considering the priority for health education. It is doubtful that at this time the Ministry of Health is ready to expand health coverage of the population by educating the public in nutrition, prevention of food and water-borne diseases (even with potable water and sewage disposal), and newer priorities in patient education programs in alcoholism, drug abuse, and simplified home care. There are not enough trained personnel in health education, and the priority for prevention through education is quite low. Panama's health system still emphasizes curative medical care (which is provided by health assistants and higher-level staff). Few countries have managed to achieve Panama's level of health status solely through planned governmental programs. Certainly, the same skilled personnel can now begin to shift their attention to emerging health problems that require behavioral change effected primarily through education. It is for those reasons that health education should be revitalized as soon as possible.

The Ministry should train and employ licenciados and higher-level health educators at the national, provincial, and "area sanitaria" levels of the Ministry. Approximately 30 health educators would be needed to improve the educational component of health programs.

The Director of Health Education believes it would be feasible to recruit candidates for the proposed positions primarily from existing staff. Priority would be given to those who have served as health education assistants ("promotoras") and who have completed a licenciado-level education. Approximately five "promotoras" would be eligible for training. Nine social workers with an interest in community organization could also be recruited.

It appears that an excellent balance could be achieved by recruiting recent graduates in the various social sciences (e.g., sociology, psychology, education, anthropology) or other related fields and one or two physicians.

It is essential that this group receive at least one year of training and acquire direct experience in the field (on-the-job training). In addition, workshops and informal training should be provided, and library and classroom work in the theories and principles of health education should be required. (See Chapter III for a proposed strategy. USAID officials have shown an interest in receiving a proposal for a training project and would consider providing funds for direct training costs and short-term consultants.)

Health Education in Marginal Urban and Rural Areas

The solutions to a number of pressing health problems in marginal rural and urban areas depend heavily on health education. For example, "mothers'

groups" could be organized in the community and the women taught new health practices, such as home sanitation, infant nutrition, or oral rehydration for early diarrhea. The community's participation in this kind of health program would be broader and more intimate. Oral rehydration could be taught in areas with water and sewage services. Educational programs in the prevention of diarrhea, a major cause of morbidity and mortality, could also be instituted in those same areas.

Patient education programs in selected hospitals have also been proposed to demonstrate the impact of education on optimal health and appropriate use of medical facilities.

It has not been possible to determine exactly where such programs should be located or which problems should receive priority. Inputs from those most concerned in the Ministry and in the community will be essential for the final decisions.

Many of the activities essential to the implementation of the three proposed areas for health education development could be combined. For example, newly recruited health educators could plan, conduct, and evaluate health education programs in selected marginal areas, thus acquiring direct experience while being trained. The areas in which programs are implemented could be field practice/observation sites for professional and technical staff participating in continuing education activities.

The Ministry must prepare a detailed work plan for this proposed manpower development effort. The recommendations contained in this report are based on preliminary observations and should be thoroughly discussed.

III. SUMMARY AND RECOMMENDATIONS

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The following recommendations are based upon one week of field observations and on the comments of the health educators, social workers, and "promotoras" with whom the consultant met. Visits were made to provincial-level (SIS/Colon) programs and clinics in San Miguelito and Juan Diaz.

Many of the publications of the Ministry of Health and USAID/Panama provided useful information on socioeconomic, political, and cultural conditions and health programs in Panama.

Several recommendations are based on the opinions and experiences of the writer and may or may not be appropriate for Panama.

Policies

As its existing policy statements, goals, and expressed philosophies indicate, the Ministry of Health strongly supports health education and recognizes it as an essential component of health programs.

This support needs to be translated into action. The Ministry should provide the resources and administrative support needed to increase the number of trained professional health educators and to show that the educational approach can be used successfully to solve problems.

Administrative Reorganization

Full support should be given to the reorganization of the training and health education and promotion and social work units. A sufficient number of trained professionals is available to adequately staff the national unit and four provincial units. Cooperation and teamwork, however, are needed to make the effort a success. One health educator and a regional health educator should be assigned to each "area sanitaria."

Functional Job Analysis

Given the emphasis on community organization and education, the jobs of each health educator should be reviewed and their responsibilities in health education clearly defined. The job description is the basis for:

- the development of realistic, valid curricula for pre-service and continuing education;
- job motivation and satisfaction;
- career development;

- personnel evaluation; and,
- job classification and promotion.

New Health Education Programs

Panama's level of health is typical of that of a developed country. The use of health education will undoubtedly emerge as a high priority in new programs. For example, educational programs for those with chronic diseases will help eliminate the need for costly hospital and clinical services and increase the probability that those who are afflicted will attain optimal health. Public medical information systems using printed directories will guide individuals to appropriate health centers or tell them what they should do about a health problem.

Manpower Development in Health Education

Through recruitment within the Ministry and at the university a force of about 30 health educators should be developed. The group should include health educators, social workers, physicians, and social scientists. New positions should be created for professional health educators down to the "area sanitaria" level.

Continuing Education

Continuing education should be provided at the national and provincial level. All trainers should be trained so that only quality programs are offered.

Experienced-Based Training

All newly designated or newly recruited health educators should receive at least one year of on-the-job training. In addition, they should receive formal training in the theories and principles of health education. Training could be conducted in marginal rural and urban areas. The trainees could study and try to find solutions to the priority health education problems of the communities in which they are working.

Appendix
LIST OF CONTACTS

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