

# A Study on the Awareness of Community Public Health Project among the Employees in The Public Health Center

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## Abstract

**Background/Objectives:** This study aims to select the priority projects for the community inhabitants considered by the employees of the public health center and to enhance the inhabitants' health and their satisfaction level on the usage of public health center.

**Methods/Statistical analysis:** The questionnaire survey of 152 employees working at G health center in Gyeongsangbuk-do conducted a survey on projects that should be conducted as a priority level among residents' public health center for local residents. The survey items were composed of 4 - point Likert scale for health care project, health promotion project, and health care for the elderly.

**Findings:** Chronic disease control ( $3.40 \pm 0.97$ ) was rated as the most needed project with respect to the questionnaire on the priority of public health service projects for the elderly, followed by operation of the center for the elderly with dementia ( $3.34 \pm 0.91$ ) and visiting health control ( $3.21 \pm 0.88$ ). Medical rounding for silver center ( $2.82 \pm 0.92$ ) and bathing project for the disabled elderly ( $2.93 \pm 0.88$ ) were rated as the least needed.

**Improvements/Applications:** This study was conducted to utilize it as a basic data to prepare improvement plans for improving the health of local residents and activating the functions of public health center.

**Keywords:** *Public health center, Public health project, Health control, Health enhancement, Chronic disease*

## Introduction

Public health center try to improve the quality of public health services and to enhance the health of the inhabitants by establishing the public health service projects to meet the community requirements and developing community public health service plans to cope with the needs of the inhabitants<sup>[1-4]</sup>. According to Article 3 of Community Public Health Act, it was determined that the heads of local governments should establish and prepare the plans of community public health services to submit to the Minister of Health and Welfare so as to contribute the disease diagnosis and health enhancement of the inhabitants<sup>[5,6]</sup>.

Rapid increase of the elderly population, chronic and degenerative-centric changes of diseases, and initiation of local government era affected the significant changes of public health environments<sup>[7-9]</sup>. Upon the changes of public health environments, demands of public health services from the community inhabitants have been expressed variously and actively. However, priority setting among community public health services in the communities and overall establishments of public health service projects independently are needed to meet the dynamic needs of public health services from the inhabitants within the limited scope of public health service resources such as human resources, facilities, budget and so on, in the communities<sup>[10-13]</sup>.

Plans of community public health services should be prepared not only by the persons in charge in the public health center but also by the related institutions such as local governments, local councils, and so on, as well as inhabitants upon their participations in the planning in multiple ways<sup>[14-16]</sup>. When planning the community public health services, participations of multiple stakeholders and

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harmonious communication will enhance the reliability of the plans upon applications of various opinions to the plans<sup>[17,18]</sup>. Securing the balance by adjusting interests of different parties, it is expected to enhance the feasibility of the projects and to raise the inhabitants' interests and participations in the public health service institutions<sup>[19,20]</sup>. Although it is important to prepare the plans of community public health services, the interest level in the planning process and implementation of the plans has been raised, which requires the suggestions of objective guidelines to apply these interests<sup>[21,22]</sup>. Therefore, it is very critical process to establish both mid-to-long-term plans and annual short-term plans and to evaluate their outcomes so as to maximize the utilization effects of the project plans<sup>[23,24]</sup>.

Accordingly, the research purposes are as follows;

Priority setting among community public health services in the communities and overall establishments of public health service projects independently are needed to meet the dynamic needs of public health services from the inhabitants within the limited scope of public health service resources such as human resources, facilities, budget and so on, in the communities. This study aims to select the priority projects for the community inhabitants considered by the employees of the public health center and to enhance the inhabitants' health and their satisfaction level on the usage of public health center.

**Method**

The questionnaire survey of 152 employees working at G health center in Gyeongsangbuk-do conducted a survey on projects that should be conducted as a priority level among residents' public health center for local residents.

The questionnaire was distributed and the method of writing was explained. The survey items were composed of 4 - point Likert scale for health care project, health promotion project, and health care for the elderly as seen in [Figure 1]. The statistical program of SPSS version 18.0 was used for data analysis.

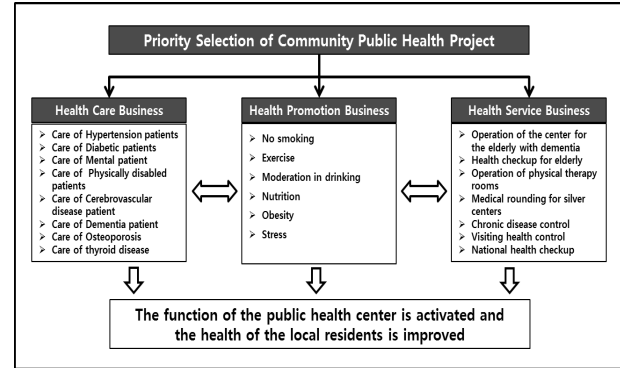


Figure 1. Priority selection of community public health project

**Result**

**1. General characteristics of the subjects**

With respect to the functions of 152 study subjects, technical functions were 38.2%, nursing and medical service were 35.5%, and public health administration was 26.3%. For the gender of the subjects, 24.7% were males and 75.3% were females. As for the age groups, 32.9% were 50s or older, 31.6% were 30s, 23.7% were 40s, and 11.8% were 20s. In terms of education level, 40.1% were university graduates, 39.5% were college graduates, 10.5% were graduate school graduates, and 9.9% were high school graduates as seen in [Table 1].

Table 1. General characteristics of subjects

Unit: person (%)

Classification	Nursing, medical	Public health	Technical functions	Total
Gender				
Males	3(5.6)	13(32.5)	21(36.2)	37(24.7)
Females	51(94.4)	27(67.5)	37(63.8)	115(75.3)
Age				
20 ~ 29	6(11.1)	4(10.0)	8(13.8)	18(11.8)
30 ~ 39	17(31.5)	10(25.0)	21(36.2)	48(31.6)
40 ~ 49	13(24.1)	8(20.0)	15(25.9)	36(23.7)
50 and older	18(33.3)	18(45.0)	14(24.1)	50(32.9)

**Cont... Table 1. General characteristics of subjects****Unit: person (%)**

Education				
High school	4(7.4)	3(7.5)	8(13.8)	15(9.9)
College	19(35.2)	17(42.5)	24(41.4)	60(39.5)
University	24(44.4)	14(35.0)	23(39.6)	61(40.1)
Graduate	7(13.0)	6(15.0)	3(5.2)	16(10.5)
Total	54(100.0) (35.5)	40(100.0) (26.3)	58(100.0) (38.2)	152(100.0) (100.0)

## 2. Necessity in health care business

In the question about health care business for public health center employees, Care of dementia patients( $3.52\pm 0.85$ ) was the highest priority. And care of hypertension patients ( $3.46\pm 0.91$ ), and care of diabetes patients ( $3.32\pm 1.02$ ). Care of thyroid disease( $2.87\pm 0.93$ ) appeared to be the lowest business ranking as seen in [Table 2].

## 3. Necessity in health care business

In the question of health promotion projects for public health center employees, smoking cessation( $3.47\pm 0.77$ ) was the most important. And it appeared as the priority business necessary in order of obesity( $3.36\pm 0.93$ ) and

exercise( $3.28\pm 1.12$ ). The project for stress ( $3.12\pm 1.15$ ) was ranked lowest as seen in [Table 3].

## 4. Needs of public health service projects for the elderly

Chronic disease control ( $3.40\pm 0.97$ ) was rated as the most needed project with respect to the questionnaire on the priority of public health service projects for the elderly, followed by operation of the center for the elderly with dementia ( $3.34\pm 0.91$ ) and visiting health control ( $3.21\pm 0.88$ ). Medical rounding for silver centers ( $2.82\pm 0.92$ ) and bathing project for the disabled elderly ( $2.93\pm 0.88$ ) were rated as the least needed ones as seen in [Table 4].

**Table 2. Questions about necessity in health care business****Unit: person (%)**

Contents	Very Necessary	Necessary	Unnecessary	Very Unnecessary	Mean $\pm$ S.D.
Care of Hypertension patients	46(30.3)	99(65.1)	3(2.0)	1(0.7)	3.26 $\pm$ 0.91
Care of Diabetic patients	51(33.6)	94(61.8)	4(2.6)	0(0)	3.30 $\pm$ 1.02
Care of Mental patient	44(28.9)	81(53.5)	22(14.5)	2(1.3)	3.16 $\pm$ 0.93
Care of Physically disabled patients	26(17.1)	94(61.8)	24(15.8)	2(1.3)	3.12 $\pm$ 0.89
Care of Cerebrovascular disease patient	40(26.3)	91(59.9)	17(11.2)	0(0)	3.21 $\pm$ 0.94
Care of Dementia patient	59(38.3)	73(48.0)	19(12.5)	0(0)	3.23 $\pm$ 0.85
Care of Osteoporosis	20(13.2)	94(61.8)	28(8.4)	6(3.9)	3.05 $\pm$ 1.04
Care of thyroid disease	10(6.6)	79(52.0)	54(35.5)	5(3.3)	2.97 $\pm$ 0.93

**Table 3. Questions about necessity of health promotion business****Unit: person (%)**

Contents	Very Necessary	Necessary	Unnecessary	Very Unnecessary	Mean ± S.D.
No smoking	71(46.7)	71(46.7)	95(9)	0(0)	3.42±0.77
Exercise	55(36.2)	81(53.3)	14(9.2)	0(0)	3.25±1.12
Moderation in drinking	51(33.6)	81(53.3)	14(9.2)	1(0.7)	3.22±0.86
Nutrition	49(32.2)	81(53.3)	15(9.9)	0(0)	3.20±0.95
Obesity	60(39.5)	80(52.6)	9(5.9)	1(0.7)	3.31±0.93
Stress	51(33.6)	81(53.3)	11(7.2)	4(2.6)	3.16±1.15

**Table 4. Questionnaires on the priorities of public health service projects for the elderly****Unit: person (%)**

Contents	Very Necessary	Necessary	Unnecessary	Very Unnecessary	Mean ± S.D.
Operation of the center for the elderly with dementia	53(34.9)	66(43.4)	27(17.8)	1(0.7)	3.34±0.91
Health checkup for the elderly	36(23.7)	77(50.7)	35(23.0)	1(0.7)	3.04±0.94
Operation of physical therapy rooms	30(19.7)	85(55.9)	32(1.1)	3(2.0)	3.01±1.05
Medical rounding for silver centers	21(13.8)	84(55.3)	36(23.7)	9(5.9)	2.82±0.92
Bathing project for the disabled elderly	38(25.0)	60(39.5)	44(28.9)	8(5.3)	2.93±0.88
Chronic disease control	47(30.9)	93(61.2)	8(5.3)	1(0.7)	3.40±0.97
Visiting health control	35(23.0)	93(61.2)	22(14.5)	1(0.7)	3.21±0.88
Managements of cancer patients	23(15.1)	84(55.3)	40(26.3)	3(2.0)	3.01±1.02
National health checkup	33(21.7)	78(51.3)	33(21.7)	6(3.9)	3.14±0.94

### Discussion

In Korea, the public health environment has been remarkably changed since the complete amendment of the Act of Community Public Health in 1995, and the position and roles of community public health services perceived passively have been expanded more and more.

With the establishment of local public health service planning, the works of public health center were activated and the collaborative system with local governments and healthcare professionals was established. In addition, collaborative relationships with private groups within the community were developed to perform the effective community public health project and they were utilized

as the useful data to establish the national public health service projects. Hence, the importance of preparation and utilization was empathized for the practical community public health service projects, and they tried to enhance the quality of medical services and health of the community inhabitants based on this.

The rapid increase of the elderly population and the change of disease pattern mainly focusing on chronic degenerative diseases are changing the health care environment in Korea. In addition, the opening of the era of full-scale local autonomy has a leading effect on the change of the health care environment. On the other hand, according to the change of the health care environment, the health care needs of residents are diversified and actively expressed. In order to meet the diverse health care needs of the community residents within the scope of health care resources such as limited manpower, facilities and budgets of the public health center, it is necessary to select the priority of community health care problems. Therefore, through this study, we will select priority projects for local residents that public health center employees think, and through this, we will increase the health promotion of local residents and the satisfaction of using public health center.

According to the results of the study, Among the health care projects for adults, the priority projects for the care of dementia patients(3.52±0.85), hypertension patients(3.46±0.91), and diabetes patients(3.32±1.02) were answered as the most necessary, and the demand for the smoking cessation(3.47±0.77) and obesity projects(3.36±0.93) was high in the health promotion projects(3.28±1.12). Chronic disease control (3.40±0.97) was rated as the most needed project with respect to the questionnaire on the priority of public health service projects for the elderly, followed by operation of the center for the elderly with dementia (3.34±0.91) and visiting health control (3.21±0.88). Therefore, we will carry out priority projects selected by public health center employees and select and manage the blood pressure recognition rate, blood sugar recognition rate, smoking rate, walking practice rate, and dementia test rate of local residents as performance indicators of public health center.

In order to successfully perform the health project, the competence and consciousness of the employees of the public health center are largely dependent on the results of the survey, so it is necessary to select the priority projects of the public health center for the local

residents and to improve the performance indicators for the project.

## Conclusion

This study was conducted by dividing priority projects for health promotion of local residents into health management projects, health promotion projects, and welfare projects for the elderly. Through this, this study was conducted to utilize it as a basic data to prepare improvement plans for improving the health of local residents and activating the functions of public health center. The results of the study are as follows. First, the health care project for local residents is carried out by care of dementia patients, care of hypertension patients, and care of diabetic patients. The performance index is improved by selecting blood pressure recognition rate, blood sugar recognition rate and dementia test rate. Second, the health promotion project for local residents is carried out with smoking cessation business and obesity business, and the performance index is managed by selecting the smoking rate and walking practice rate.

**Ethical Clearance:** Not required

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**Conflict of Interest:** Nil

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