



MEETING OF DIRECTORS OR REPRESENTATIVES  
OF SCHOOLS OF PUBLIC HEALTH

Alexandria, 13-17 October 1969  
Agenda Item No. 6

EM/MTG.DIR.SCHLS.PH/6.2  
6 October 1969

ENGLISH ONLY

NEW DEVELOPMENTS AND STUDIES IN PUBLIC HEALTH PRACTICE  
Institute of Hygiene, University of the Philippines

by

Dr. Benjamin D. Cabrera\*

1. Introduction

Ours is an exciting age marked by spectacular advances in science. As Neil Armstrong has put it - "one small step of man; one giant leap for mankind". Concurrent with these scientific triumphs however, the age is characterized with unease, dissensions, dissatisfaction and demands for more change. Caught in this climate is the field of public health. Its approaches to planning, staffing pattern, service; its timeworn programmes and activities; the competencies of its personnel and their training are being reexamined. The over-changing man-environment relationship has posed new challenges and it becomes imperative that Schools of Public Health respond to these challenges.

The Institute of Hygiene, inspite of its limited resources, has made modest attempts to meet the new demands and has instituted some changes in its curriculum within the recent past.

2. New Developments in the Institute of Hygiene

Among the noteworthy developments may be mentioned the following:

2.1 The Concept of National Health Planning: While this concept of

---

\* Dean, Institute of Hygiene, University of the Philippines.

planning health programmes as an integral part of overall national development rather than in isolation has been long conceived, its application in developing countries is relatively new. In line with this new orientation, the Institute of Hygiene with technical and financial support from WHO and in collaboration with other units of the University is and will be actively participating in the planning and conducting of regional national health planning seminars for the Western Pacific area. This necessarily involves the recruitment and development of faculty, the provision of physical plant and instructional facilities and the planning of course content. It is anticipated that in the near future the responsibility for this programme will be fully borne by the Institute of Hygiene; that the courses will be integrated into the regular Institute of Hygiene curriculum or may become a phase of a continuing education programme for its alumni and other Department of Health personnel. Meanwhile, the concept is now being emphasized in public health administration courses as an important consideration in the planning of public health programmes and will be demonstrated in a field practice area that is being developed. (For details of the course content of the seminar, please refer to Annex "A".)

- 2.2 The Concept of Comprehensive Community Health Care. - In an attempt to demonstrate this concept, the University of the Philippines, particularly the College of Medicine, entered into an agreement with the Governor of Laguna Province to launch a demonstration project at Bay, Laguna, with Rockefeller Foundation assistance. This has recently been expanded to include Victoria, a neighboring municipality. The Institute of Hygiene has been given the responsibility of serving in a consultative capacity in the development of these areas in so far as the public health components are concerned especially in their development as field practice areas for undergraduate and

graduate public health students. (Annex "B")

2.3 Institution of Courses in Population Dynamics (Family Planning) -

The Philippine population is now growing at an annual rate of 3.5%. Only a few countries of the world have a higher growth rate. In view of this the problems facing the Philippines are:

- How can economic growth be accelerated to meet the increasing demands of a rapidly growing population? and
- How can population growth be adjusted to economic growth?

There has been growing recognition and concern about these problems and consequently an increasing interest in family planning technology and services. Clearly, there is need to train personnel to carry on this added responsibility in anticipation of the future demands for such services. The Institute of Hygiene has therefore instituted courses in this field and will necessarily need practice areas for this. (Annex "C")

2.4 Expansion of Dental Public Health - Republic Act 3814 passed in

1963 creating the Bureau of Dental Health Services and fully implemented in 1966 created a number of positions for dental health workers. This Act resulted in the centralization of dental health services throughout the country, the realignment of dental health personnel and the redirection of programmes putting greater emphasis on dental public health rather than clinical dentistry. This provided greater impetus to dental public health research and education and created greater demand for better trained dental public health personnel.

The Institute of Hygiene to meet this demand instituted a course in dental public health in 1963 which has been expanded to include more courses in 1969. (Annex "D")

2.5 Introduction of a Continuing Education Programme - To avoid professional obsolescence in the face of new and complex problems that constantly confront public health workers a continuing

education programme is being developed. This is intended to "retool" health workers in breadth and in depth. Because of the continuing trend towards urbanization and industrialization the priority areas have been occupational health and training "trainers" in family planning. Other areas such as medical care, environmental health, comprehensive health care, health planning and others are envisioned.

2.6 Participation in the SEAMES Programme - The Institute of Hygiene now serves as the National Centre for Tropical Medicine for the SEAMES in the Philippines. It is also the SEAMES regional training centre for graduate students in public health. As a result, the Institute of Hygiene admits a number of foreign students sponsored by the SEAMES. It becomes obvious that the curriculum needs to be adapted to the needs of these students.

2.7 Participation in the Philippine Health Manpower Development Programme under the sponsorship of the National Science Development Board. Scholars purported to develop medical manpower for medical schools are sent to the Institute. It falls upon the lot of the Institute to provide professional preparation in public health to these scholars.

### 3. New Developments in Field Practice

With all of the foregoing developments, the need for a practice area where the new concepts may be tested and applied became more acute. As has been previously reported in the 1967 Conference of Directors of Schools of Public Health, the Institute of Hygiene has always subscribed to the idea of providing field practice experience to its students. As early as 1928 two field training centres had been organized (one rural and one urban) with Rockefeller Foundation assistance which were operated till the outbreak of World War II. In 1949, another field area was developed with the cooperation of the Department of Health and with WHO/UNICEF assistance. This was eventually absorbed by the Department of Health and was used as a model in the development of its five regional centres which opened their doors to the students of the Institute of Hygiene.

Of late, however, in view of the newer developments in the public health field, there was a stronger need to develop more suitable field practice areas over which the Institute of Hygiene would have some control in so far as the quality of service is concerned and in which the administrative climate would be conducive to critical and evaluative assessment of new and on-going public health activities.

With renewed vigor the field practice programme was planned. Job functions were identified, followed by a breakdown of the tasks that our graduates are expected to assume in their future jobs within the context of the changing public health milieu. From these, specific objectives of the field practice were set forth which then determined the desired experiences that the students should have during the field practice according to their respective disciplines. Field practice areas and preceptors were then selected according to certain criteria set. (Annex "E").

The last two academic years, 1967-68 and 1968-69, the Institute of Hygiene utilized the resources of the Comprehensive Community Health Care Project in Laguna and of surrounding selected areas. In the light of our expanded programme, these areas are no longer sufficient and adequate.

3.1 The Institute of Hygiene - Rizal Province Health Development Project - Faced with the above problem, the Institute of Hygiene explored the possibility of developing one whole province as a field practice area. Taking into account such factors as proximity and accessibility, receptivity of the administration and the health personnel, availability of financial and other resources and presence of different types of communities (rural, urban, suburban) the province of Rizal was selected. The Institute of Hygiene presented a project proposal to the Governor of said province (See Annex "F") which ultimately led to the signing of a contract of agreement with the Dean, Institute of Hygiene, the Governor of Rizal and the Secretary of Health as signatories. This was signed with the understanding that WHO will give some form of technical assistance.

3.2 The Victoria Field Practice Development Project - Concomitant to the Rizal Project is the development of Victoria, Laguna, plans for which are shown in Annex "G".

4. Evaluation of the Field Practice Programme

The development and implementation of these field practice areas have not been without any problems. The fact remains that the Institute of Hygiene has not been able to secure additional funds to lend logistic support to the programme, hence many were the times when the faculty members were faced with transportation problems, per diems, etc. Also, this programme is being undertaken without any increase in manpower.

4.1 Student evaluation - Annex H is a summary of the students' evaluation of the field practice experience for the academic year 1968-69. The overall picture is that the experience was satisfying and useful although there is still room for improvement. Faculty evaluation - While field practice is rather demanding of faculty time and energy and requires a great deal of planning it has proved very rewarding. It has afforded the faculty the opportunity to keep in touch with problems and developments in the field which have enriched classroom instruction and opened avenues for research. It has also enabled the faculty to minimize the gap between theory and practice. Cooperating Agencies' Evaluation - The staff of the field practice area has found this experience stimulating and many have been very receptive to the suggestions and recommendations of students. They have also been able to find the students as additional hands in implementing some of their special health services. In some areas cooperation in this field practice experience has proved useful in the justification of an expanded health budget and in upgrading their services. Some health personnel, especially those who are not very well prepared, have found the experience rather threatening and have become very defensive. It is to be noted however, that as a consequence, there has developed a continuing staff development programme

either through sending the health personnel for a graduate programme or through on the job or in-service training.

By and large, the faculty feels that these developments are in the right direction and only time can tell the impact it can make on public health practice in the Philippines.

1. Demography and Statistics

Population Composition and Population Distribution

Accuracy and Error

Population Projections and Stable Population

2. Sociology

Folk Healing and Modern Medicine

The Problem of Social Tradition and Scientific Empiricism

Social and Psychological Factors in Health Planning

Communications and National Health Planning

3. Economics

Economic Choice

National Income and Product

Supply and Demand

Income Determination

Consumption and Production

Fiscal Policy

Interest, Capital and Prices

Prices and Monetary Policy

Theory of Growth

Economic Development

Plan Strategy

Development projects

Project Evaluation

Arithmetic of Planning

Goals of Economic Policy

4. Physical Planning

Approach in Locating Human Activities

Quality of the Human Environment

Models of Physical Planning

Land Use and Transportation Interaction



5. Social Planning
6. Operations Research
7. Public Administration

An Approach to Public Administration  
The Decision Maker and Administration  
Gauging Administrative Responsibility  
Human Relations in Organization  
Leadership Functions of Management  
Role of Planning in Administration  
Development the Key Goal  
Programme Budgeting

8. Comparative Health Planning Methodology
9. Health Manpower Planning
10. Health and Development
11. Planning Methodology
12. Analysis of Planning Process
13. Review and Evaluation of Course

(Annexes B, E, F, G, H will be distributed separately)

EM/MTG.DIR.SCHLS.PH/6.2

Annex C

INSTITUTION OF NEW COURSES IN FAMILY PLANNING

- Family Planning 201. - POPULATION PROBLEMS - A general view of the problems arising in health, social, economic and agricultural organization and development as a result of rapid increase in human population.  
24 hours lecture, Credit 1.5 Units.
- Family Planning 202. - FERTILITY REGULATION - Physiology, Methods and Current Status of Fertility regulation.  
Prerequisite: Consent of instructor.  
24 hours lecture, Credit 1.5 Units.
- Family Planning 203. - ADMINISTRATION OF FERTILITY REGULATION PROGRAMMES -  
Prerequisite: Population Dynamics 201 or consent of instructor.  
24 hours (12 hours lecture, 12 hours seminar),  
Credit 1.5 Units.
- Population Dynamics 290. - SPECIAL STUDY IN FAMILY PLANNING -  
Credit 2-4 Units.
- Population Dynamics 300. - MASTER'S THESIS -  
Credit 6 Units.

(Annexes E, F, G, H, will be distributed separately)

EM/MIG.DIR.SCHLS.PH/6.2

Annex D

- Dental Public Health 201. - PRINCIPLES AND METHODS IN DENTAL PUBLIC HEALTH - Objectives, concepts and scope of dental public health; application of technics in public health administration, epidemiology, statistics and health education to dental public health problems and services.  
50 hours (class), Credit 3 Units.
- Dental Public Health 202. - DENTAL ECOLOGY - The interaction between man and his environment (social, cultural, biological, physical) and the effects of his dental health status.  
Prerequisite: Public Health Administration 212  
16 hours (lecture and seminar), Credit 1 Unit.
- Dental Public Health 203. - SPECIAL PROBLEMS AND PROGRAMMES - Public health approaches to special dental diseases and conditions.  
32 hours (16 hours lecture, 16 hours seminar),  
Credit 2 Units.
- Dental Public Health 290. - SPECIAL STUDIES AND RESEARCH - Time and credit to be arranged with major professor  
Credit not to exceed 4 Units.