

FIVE YEAR PARTICIPATORY MASS HEALTH SCREENING IN BARANGAY
TABA-AO, KAPANGAN, BENGUET PROVINCE, PHILIPPINES

Lillian M. LARUAN*, Kijo DEURA**

*Municipal Health Office, Kapangan, Benguet Province, Philippines

**Dept of International Health, Saku Central Hospital, Nagano, Japan

Theme: Health Status of Tribal & Indigenous People, by Oral Presentation

Key Words: PMHS, Health Promotion, Community Participation

Contact Address: Tel: +63-9215530478, E-mail:drlillianlaruan@yahoo.com

Aims: A five year Participatory Mass Health Screening (PMHS) had been conducted from 2002 to 2006 at Taba-ao, Kapangan, Benguet, the Philippines. The PMHS was conceptualized to diagnose asymptomatic and early stage diseases; to provide health education and counseling, referral service, and follow-up; to intensify awareness on the importance of a yearly health check up; and to consolidate efforts of the different government, non-government and people's organizations.

Results: Almost fifty percents of target population received mass health screening in every year. The five year average results are the following: 937 beneficiaries had a complete physical examination. 432 are pediatric and 505 are medical beneficiaries. 593 availed of dental examinations, 726 visual acuity test, 280 breast examination, 183 pap smearing, 70 rectal examination, 845 hemoglobin and hematocrit determination, 842 urinalysis, 289 random blood sugar. The leading causes of morbidity among the pediatric group were dental caries, impacted cerumen, iron deficiency anemia, upper respiratory tract infections, Genito-urinary tract infections, pediculosis capitis, goiter, acute tonsillo-pharyngitis, primary complex, rhinitis, lower respiratory tract infection, impetigo, musculo-skeletal strain, and migraine/tension headaches. In the medical group, the leading causes of morbidity were genito-urinary tract infection, hypertension, musculo-skeletal strain, pterygium, anemia, error of refraction, acid related disorders, osteoarthritis, upper respiratory tract infections, impacted cerumen, and low back pain syndrome.

The implementers come from 28 organizations: 20 government, 6 non-government, and two foreign organizations.

Lessons learned: The PMHS determined the health status of the community revealing the prevalence of infectious and non-infectious diseases. It promoted health by increasing the awareness on the importance of health check-ups, adoption of healthy lifestyles, early diagnosis and management of asymptomatic illnesses, lessened magnitude and sequelae of illnesses, improved management of fatal illnesses decreasing mortality, and strengthened the referral system. It had been replicated by other government organizations, and institutionalized among indigents enrolled in PhilHealth. Moreover, it improved program management, strengthened partnership, shared resources and knowledge among stakeholders. In addition, the PMHS leads to and facilitated community activities such as CBHPP and village pharmacy (Botika) by the coops. The impact survey of the 5 years' PMHS will be conducted and reported at the conference.

(This study is granted in part with the International Medical Cooperation Study Group of IMCJ, the Tateno Group, to strengthen social development skill and community health system in the developing countries)