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Community Health Practitioners And Community Health Practice In The Domain Of Public Health

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Abstract: ***This review paper is intended to bring to focus the spectrum of roles and responsibilities of Community Health Practitioners in health services delivery in the overall context of the public health domain. Community Health Practice is essentially the application of simple but scientifically sound and culturally acceptable methods and skills in the prevention, promotion, rehabilitation and or treatment of health conditions in the population or community in reference. Prominent of such methods include among others- Community Mobilization and Participation, Community Diagnosis and Situation Analysis as well as prompt detection and treatment of commonly occurring health conditions and injuries using the Standing orders, which are hinged on the concept of Primary Health Care as propounded at Alma-Ata in U.S.S.R. in 1978. Health systems are networks of private and public sector organizations, working at all levels of the society to detect, control, prevent, and respond to the full spectrum of health threats. The public health system is an important component of the health system, serving as a partner in prevention, surveillance, policy, and response with hospital and clinic networks, and other sectors of society that impact overall health and disease prevention. "Community Health Practitioners and Community Health Practice in the Domain of Public Health" within the framework of this paper implies the spectrum of Community Health Practitioners' roles and responsibilities in health services delivery in the overall context of the public health domain that work together to ensure reduction in the occurrence and or halting the spread of diseases in the population. This paper equally examines some overbearing issues in community health practice in Nigeria vis-à-vis public health and to outline some prospects for public health officers and Community Health Practitioners in the current trend and dynamism in health care delivery in Nigeria. Home-Based Care Programme as an innovative health care delivery strategy adopted in 2012, had in about two (2years) of implementation by Community Health Practitioners in the piloted Local Government Areas, surpassed the set target for 2015 by over 15% for children under 5 years having access to services. Referral services and knowledge on danger signs had led to improvement in health outcome. In conclusion, development of capacities of Community Health Practitioners in the realities of community health specialty in the domain of public health, in conventional universities is sine-qua-non for facilitating the expansion and consolidation of career opportunities in public health through collective and collaborative efforts of all stakeholders in public health.***

Keywords; Health, Community Health, Community Health Practice, Community, Primary Health Care, Public Health, Community Health Practitioners, Community Mobilization, Community Participation, Community Diagnosis, Promotion, Prevention, Curative, Rehabilitation, Standing Orders.

I. BACKGROUND

Meaningful health status as a drive towards wealth creation had ever been a complex entity in human population, most often defined as community. These complexities are basically due to differences in community's understandings, structures, languages, beliefs, culture, practices, and resources among others that direct the path of activities toward attainment of health of the people. Community health practice; principally aimed at harmonizing the various diversities,

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characteristics and or features through formulated strategic framework of interventions in the context of the community as to ensure early diagnosis of diseases, recognition of environmental and occupational hazards to good health and prevention of diseases in the community.

The quest for effective and efficient health care delivery in the community bring to bear correlated factors and or components that are harnessed adequately in a synergistic manner to achieve gains of health care as viewed in its dynamic terms of Promotive, Preventive, Curative and Rehabilitative health care services.

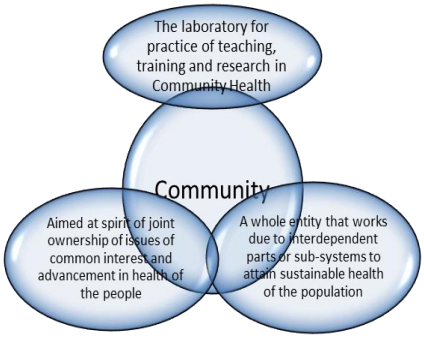

Figure 1: Concept of Community in Health Care Delivery

Figure 1 represents a pictorial illustration of the expected outcome of various strategic frameworks of health care interventions within the purview of concept of community in health care delivery to attain improved health status of the population.

The concept of community as the centre of health services delivery was initiated as far back as 1960s. This provided the platform for the first attempt at wider coverage of population in health care delivery via the Basic Health Services Scheme, which eventually gave birth to Primary Health Care as the corner stone of the health care system. In this regard, the principle of health services in relation to availability, accessibility, acceptability and appropriateness became important considerations in WHO health policy from the late 1960s and into the 1970s (Walt, 1982). The goal of Primary Health Care (PHC) was to provide accessible health for all by the year 2000 and beyond. Unfortunately, this is yet to be achieved in Nigeria and seems to be unrealistic in the next decade if the basic essence of the Universal Health Coverage within the relaunched Primary Health Care, aimed at revitalizing the health system to making health care more accessible, available and affordable to rural poor is ignored to whatever extent.

The health services, based on PHC, include among other things: education concerning prevailing health problems and the methods of preventing and controlling them, promotion of food supply and proper nutrition, maternal and child health care, including family planning, immunization against the major infectious diseases, prevention and control of locally endemic and epidemic diseases, provision of essential drugs and supplies as well as provision of community mental health program and community dental health care. These are also termed elements or components of primary health care which are the major trust of service delivery for the Community Health Practitioners. According to Ibama and Dotimi, (2014), Community Health Practitioners are multi-skilled Primary Health Care Professionals who had undertaken a standard training program and passed the examinations set by the training institution and national regulatory body meant for the cadre and licensed.

According to CDC, (2012), health systems are networks of private and public sector organizations, working at all levels of society to detect, control, prevent, and respond to the full spectrum of health threats. The public health system is an important component of the health system, serving as a partner in prevention, surveillance, policy, and response with hospital and clinic networks, and other sectors of society that impact overall health and disease prevention. Therefore, the "Community Health Practitioners and Community Health Practice in the Domain of Public Health" within the framework of this presentation implies the spectrum of Community Health Practitioners' roles and responsibilities in health services delivery in the overall context of the public health domain that work together to ensure reduction in the occurrence and or halting the spread of diseases in the population.

This paper also examines some overbearing issues in community health practice in Nigeria vis-à-vis public health and to outline some prospects for public health officers and Community Health Practitioners in the current trend and dynamism in health care delivery in Nigeria. To bring up these issues clearly and more understandably, we seek to look at; meaning of community health, why community health in Nigeria, how community oriented health manpower in Nigerian health system was introduced, roles and responsibilities of community health practitioners, resources for community health practice, and interplay between community health and public health, then we draw our conclusion.

II. WHAT IS COMMUNITY HEALTH?

Several erudite scholars had given meaning, explanations and or description to the concept of Community Health in several texts on Preventive and Social Medicine, Public Health, Primary Health Care/Health Management among others. We do not intend to go through all of that, but to concentrate on our consideration of what Community Health implies.

Community Health is viewed as the branch of medicine directed at achieving the health of the entire population and the prevention and treatment of diseases from which it suffers. Community Health could also be seen as the application of simple but scientifically sound and culturally acceptable methods and skills in the prevention, promotion, rehabilitation and or treatment of health conditions in the population or community in reference. Prominent of such methods include among others- Community Mobilization and Participation, Community Diagnosis and Situation Analysis as well as prompt detection and treatment of commonly occurring health conditions and injuries using the Standing orders, which are hinged on the concept of Primary Health Care as propounded at Alma-Ata in U.S.S.R. in 1978.

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III. REASONS FOR COMMUNITY HEALTH PRACTICE IN NIGERIA

Community health practice was invoked in Nigeria consequent upon the adoption of the Basic Health Services Scheme (BHSS) in the late 70s which provided the basis for the establishment of health centers at the community level in order for trained personnel, most of whom are the Community Health Practitioners to work with the community members. This was basically because, the previous system of health care was hospital based and comprised of curative care and so was unable to adequately cater for other dimensions of health. Community Health Practice therefore adopts holistic approach to health care that covers among others;

- ✓ The whole field of human biology including sociological and attitudinal problems such as the HIV/AIDS pandemic as well as other diseases/health condition/s which are more of socio-behavioral context.
- ✓ Health services utilization e.t.c.

However, the BHSS was transformed into Primary Health Care upon the global adoption of its concept at Alma-Ata in U.S.S.R in September, 1978, which was subsequently adopted in Nigeria in 1988 via her National Health Policy with the aim of bringing health care as close as possible to where people live and work and constituting the first element of continuing health care process.

Nevertheless, the obvious challenges at primary level in establishing a health care system that will touch the lives of every citizen and tackle the conditions that cause the highest mortality and morbidity make it imperative, the bringing in of the concept of Community Health Practice. This is because the system must be organized for the grass root and woven into the fabrics of the community through the process of Community mobilization and Participation.

IV. ANTECEDENT FACTORS FOR COMMUNITY ORIENTED HEALTH MANPOWER IN NIGERIAN HEALTH SYSTEM

We shall consider this issue in the perspective of interfacing entities between the state of health manpower pre-PHC adoption and the introduction of the community oriented manpower as a matter of necessity.

A. THE STATE OF CLINICAL ORIENTED HEALTH MANPOWER PRE-PHC ADOPTION

The works of Ransome-Kuti et al, (1999), revealed that prior the PHC concept adoption globally in 1978, Nigeria had exceeded the World Health Organization (WHO) standard for the African region of one doctor per 10,000 people. Just that health manpower of such category was mal-distributed, with concentration in the urban areas and southern states. There are communities that have never seen a doctor, while others have a ratio of one doctor to 200,000 populations. Efforts put in place to making doctors to accept postings to serve in the disadvantaged areas of the country failed principally because of a medical education that does not equip doctors with the skills to work with a community. Second reason was lack of amenities such as water, electricity, and schools in rural areas. Quite important also was the lingering beliefs that in some states doctors face discrimination in appointments and postings to comfortable stations.

The same source equally indicated that Nurses were five (5) times more than doctors but they were also mal-distributed. However, many rural health centers throughout the country were manned by nurses who provide health care to the best of their ability. Furthermore, in the early seventies, studies indicated that nurses, like doctors, were ill-equipped to deliver primary health services, and a major adjustment in the curriculum was required. Even, when this was done, the change never removed the overwhelming bias towards hospital-based or individual health care services, but it did increase considerably the content on primary health care nursing.

B. INTRODUCTION OF COMMUNITY HEALTH PRACTITIONERS IN NIGERIAN HEALTH SYSTEM

In the light of the foregoing antecedence, in 1978, a new crop of Primary Health Care workers was introduced in Nigerian Health System to man the Primary Health Care services to bridge the gap in the mal-distribution of health personnel which favored the urban areas. These were the family of Community Health Practitioners, comprising:

Community Health Officers,

Community Health Supervisors which training was stopped in 1990,

Community Health Assistants (now Community Health Extension Workers (CHEWs), and

Community Health Aides (now Junior Community Health Extension Workers (JCHEWs).

Who are Community Health Practitioners?					
Multi-cadre Primary Health Care Professionals	"Core" polyvalent (skilled) workers of the Nigerian Primary Health Care System	Frontline Primary Health Care Professionals	The gatekeepers of the Nigerian Health System	Architects of Community Participation - a prerequite for transforming a Community from its traditional past to age of science	Agents of change and the link between the Community and the Health Facilities

Table 1: Qualifying terms for Community Health Practitioners in Nigerian Health System

a. *MAJOR HISTORICAL MILESTONE OF ENTRY QUALIFICATION FOR TRAINING INTO THE PROFESSION*

1978-1987

- ✓ First school leaving certificate for serving ward maid/orderly and S.75 for direct entry for Community Health Aide Cadre for One year training and on completion of training placed on salary grade level 3 – 5.
- ✓ School Certificate attempted or G4 for direct entry into Community Health Assistant cadre or a serving

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Community Health Aide for not less than 2 years field experience for two years training and on completion runs a salary grade level 4 – 8.

- ✓ Community Health Supervisor cadre only for serving Community Health Assistants with at least 2 years field experience, for a training duration of 18 months.
- ✓ Community Health Officer Cadre only for serving Community Health Supervisors and other Health Officers for a training duration of one year.

Challenges Associated with the Period;

- ✓ Poor career progression in service.
- ✓ Poor academic progression to move with the dynamism of the society for recognition due to absence of similar course or program in other conventional higher institution in the country.
- ✓ Absence of statutory body for the regulation and practice of the profession.
- ✓ Absence of sincere and genuine coordinating body to pursue welfare of Community Health Practitioners at the work place.
- ✓ Certificates and Diplomas issued by the Ministry of Health without adequate measures for regulation of the practice by law.
- ✓ Certificates and Diplomas issued on completion of training were not quantified and qualified in line with set standard of educational policy of the country, thereby subjecting it to varied interpretations Etc. Etc.

However, these challenges faded away as the days go by through relentless struggle.

1988-Date

- ✓ Senior Secondary Certificate (SSCE/NECO/GCE) with pass in at least five (5) relevant subjects in not more than two (2) sittings including Mathematics, English, Biology or Health Science, Chemistry and any one (1) subject among Economics, Physics, or Geography for direct entry into Junior Community Health Extension Worker cadre for two years training in Colleges of Health Science and Technology and on completion award of JCHEW Certificate (Certificate in Community Health) and runs a salary grade level 5 – 8.
- ✓ At least five (5) credit level passes at the Senior Secondary Certificate (SSCE/NECO/GCE) examinations in English Language, Biology or Health Science, Chemistry, Mathematics and any one of Physics, Geography or Economics, in not more than two (2) sittings for direct entry into Community Health Extension Worker Cadre (National Diploma in Community Health) program for a three year training for fresh candidates, but two (2) years training for serving/graduate Junior Community Health Extension Worker (holder of Certificate in Community Health in addition to a valid practice license) in Colleges of Health Science and Technology and on completion of training bags an award of CHEW Certificate (National Diploma in Community Health), that allows such graduate to run a salary grade level 7-14.
- ✓ At least five (5) credit level passes as in 2 above for holders of CHEW Certificate (National Diploma in Community Health) and valid practice license for two (2) years training in the University Teaching Hospital Community Health Officers' Training Program for the award of Community Health Officers' Diploma (Higher Diploma in Community Health).
- ✓ At least five (5) credit level passes as in (2) above for holders of CHEW Certificate (National Diploma in Community Health) and valid practice license for direct entry at 200 levels for B.Sc in Public Health Degree of the National Open University of Nigeria. This is subject to review.
- ✓ At least five (5) credit level passes as in 2 above for holders of Community Health Officers' Diploma (Higher Diploma in Community Health) and valid practice license for direct entry at 300 level for B.Sc in Public Health Degree of the National Open University of Nigeria.
- ✓ Higher Diploma in Community Health (Community Health Officers' Diploma), valid Community Health Practice License, in addition to at least credit level passes at the Senior Secondary Certificate (SSCE/NECO/GCE) examinations in English Language, Biology, Chemistry, Mathematics and Physics, in not more than two (2) sittings for the Postgraduate Diploma in Public Health.
- ✓ Higher Diploma in Community Health (Community Health Officers' Diploma), valid Community Health Practice License, in addition to at least credit level passes at the Senior Secondary Certificate (SSCE/NECO/GCE) examinations in English Language, Biology or Health Science, Chemistry, Mathematics and any one of Physics, Geography or Economics, in not more than two (2) sittings for the Postgraduate Diploma in Community Health.
- ✓ Postgraduate Diploma in Community Health or Postgraduate Diploma in Public Health, in addition to Higher Diploma in Community Health (Community Health Officers' Diploma), or a Degree in Community Health or Public Health (Community Health Option) not lower than Second Class Lower with valid Community Health practice License, in addition to at least credit level passes in Senior Secondary Certificate (SSCE/NECO/GCE) examinations as in (6) above, for the Master of Public Health Degree.
- ✓ Postgraduate Diploma in Community Health or Postgraduate Diploma in Public Health, in addition to Higher Diploma in Community Health (Community Health Officers' Diploma), or a Degree in Community Health or Public Health (Community Health Option) not lower than Second Class Lower with valid Community Health practice License, in addition to at least credit level passes in Senior Secondary Certificate (SSCE/NECO/GCE) examinations as in (7) above, for the Master of Science Degree in Community Health.
- ✓ Master of Public Health Degree or Master of Science Degree in Community Health with Postgraduate Diploma in Community Health or Postgraduate Diploma in Public Health, in addition to Higher Diploma in Community Health (Community Health Officers' Diploma), or a Degree in Community Health or Public Health

(Community Health Option) not lower than Second Class Lower with valid Community Health practice License, in addition to at least credit level passes in Senior Secondary Certificate (SSCE/NECO/GCE) examinations as in (6) or (7) above, for Doctor of Philosophy (PhD) in Public Health Degree or Doctor of Philosophy (PhD) in Community Health Degree.

The obvious challenges of Community Health Practitioners, associated with the earlier period and the desire to progress form the inner impulse that brings to light the new face of Community Health Practitioners that seem to be a surprise to very many persons who were familiar with the roughness on the path of development of the profession. We shall look at the brief of the story that culminated to that development:

- ✓ Formation of National Association of Community Health Practitioners of Nigeria to vigorously pursue the welfare of members in their place of employment which yielded the following dividends;
- ✓ Establishment of the Community Health Practitioners Registration Board of Nigeria through Degree 61 of 1992 now LFN CAP C. 19 of 2004 to attain professional status.
- ✓ Upgrading of entry qualification and conditions for the various cadres in line with National Educational Policy for tertiary education and professional code of practice.
- ✓ Upgrading of the curriculum and duration of training in line with realities of National Educational Policy and Standard for professional practice.
- ✓ Introduction of new National Uniform to portray the identity and uniqueness of Community Health Practitioners.
- ✓ Enhanced Scheme of Service, comparable to similar professions in the health sector.
- ✓ Quantification of certificates and Diploma issued by the regulatory body on completion of training in line with existing standard for tertiary education in the country.
- ✓ Institution of degree program in Community Health in the Nigerian Universities. Etc. Etc.
- ✓ Our Regulatory body working in collaboration with International Non-Governmental Organizations to awarding scholarship to final year CHEWs and JCHEWs in Colleges of Health Technology across the States in the country, thereby giving more international recognition to the profession. Etc. Etc.

However, in the midst of these success stories the profession is still faced with challenges such as;

- ✓ Harmonization of Certificates and Diplomas issued to Community Health Practitioners occasioned by change in nomenclature for benefit of career progression as provided by the enhanced scheme of service.

V. SCOPE OF COMMUNITY HEALTH PRACTITIONERS' COMPETENCIES, SKILLS AND ACTIVITIES

COMPETENCIES AND SKILLS

The competencies and skills include among others:

- ✓ Skills in core population health competencies in planning, implementation and evaluating Community Health initiatives.
- ✓ Practical skills in responding to Community Health needs in urban and rural settings.
- ✓ Skills in promoting health at the Community level, deciding and directing on current issues in Community Health, that will portray the impact of health care reform on Community Health disparities.
- ✓ Proficiency in the development, implementation and evaluation of Community Health program and policies as well as management of health organizations and how to solve local health problems.
- ✓ Skills in conducting detail community diagnosis using the indicators of health prior to community intervention.
- ✓ In-depth skills in actively participating in community mobilization processes prior to implementation of community health programs.
- ✓ Skills in producing/managing Behaviour Change Communication (BCC) materials for health communication with community peculiarity.
- ✓ In-depth skills in planning and implementation of patient/client education and counseling on health consumer issues in the health facilities/clinic/hospital and community settings.
- ✓ In-depth skills in conducting immunization activities and performing nutrition assessment of infants, children of school age, adolescents and adults in the community.
- ✓ Skills in planning and implementation of school health program for substance abuse reduction, sexuality and nutrition issues with community peculiarity.
- ✓ Skills in planning and describing the details of epidemiology of prevailing diseases in the community.
- ✓ Skills in designing basic methods of investigation and control of disease outbreaks in the community.

PRACTICAL SKILLS

The Community Health Practitioners practical skills include:

- ✓ To organize communicable and non-communicable diseases campaign and surveillance.
- ✓ To interview, counsel and work with clients/patients in the clinics, communities and homes.
- ✓ To assess the health status of pregnant women and children and carry out systematic observations.
- ✓ To conduct anthropometric measurements of children 0-5years and school children 6 up to 18years and have the indices recorded, analyzed and graphed.
- ✓ To manage the resources (material and human) and keep appropriate and accurate records.
- ✓ To record and calculate simple and reliable indices of the outcome of maternal and child health services.
- ✓ To recognize emergency conditions and initiate immediate actions through appropriate referral system.
- ✓ To recognize community mental health problems and carry out appropriate management.
- ✓ To identify problems relating to the aged and the handicapped and refer as appropriate.

- ✓ To assess the health of a child with respect to growth, development, nutrition and immunization status and taking appropriate action.

BEHAVIORAL ATTRIBUTES

Community Health Practitioners, with Community Health skills, spirit of service and understanding of team work, which stems from good interpersonal relationships, display attributes including confidentiality and sensitivity to the community belief and practices regarding their health in the context of their culture, structure and ways of life. These attributes also transcend to prudent resource management and display of culturally acceptable leadership qualities by example to win the community into the path of Community ownership of their own health. These behavioral attributes reflect in their ability to:

- ✓ Assess maternal and child health needs and resources in the community and assist in planning, implementation, maintenance and evaluation of services.
- ✓ Initiate and implement research findings to strengthen all areas of community health.
- ✓ Maintain good and adequate information and working relationship with community leadership, representatives of agencies and other health personnel.
- ✓ Participate in community development activities in conjunction with community leaders and representatives of appropriate agencies.
- ✓ Use standing orders to manage common ailments and promptly refer more serious conditions appropriately.
- ✓ Initiate and participate in reproductive health activities and advise on child spacing.
- ✓ Perform and supervise minor surgery processes such as circumcision, incision and draining etc.

It is important to state that these competencies, skills and attributes of Community Health Practitioners had been severally put into test in many community based programmes/interventions in Nigeria in addition to clinic based duties in static primary health facilities and/or static outreach post in the communities to enhance the health status of targeted population. Such community based programmes include; National Immunization Programmes, Maternal, Newborn and Child Health Week Programmes, School Health Driven Deworming Programme, Maternal and Neonatal Tetanus Elimination Programme, Community-Based Ivermectin Distribution Programme for the Control of Onchocerciasis, Community-based Long Lasting Insecticide Treated Net (LLITN) Distribution Programme in the Control of Malaria, and such other programmes with the intent of invoking high impact coverage of target population in support of routine health services activities.

VI. INNOVATIVE COMMUNITY HEALTH PRACTICE BY COMMUNITY HEALTH PRACTITIONERS

It is pertinent to mention that in the current trend and dynamism in health care delivery in Nigeria, the competencies, skills and attributes of Community Health Practitioners were brought to focus in the conception, formulation and implementation of Home-Based Care strategies for Integrated Maternal, Newborn and Child Health, piloted in three (3) local government areas (Ahoada West, Etche and Oyigbo) in Rivers State in 2012, targeting about 189,913 population in a continuum of care approach, with the aim of fast tracking the improvement in maternal and child health by 20% by 2015 in line with the Millennium Development Goals (MDG) 4 and 5. Figures 2 to 6 showed data on some targeted intervention packages of the programme.

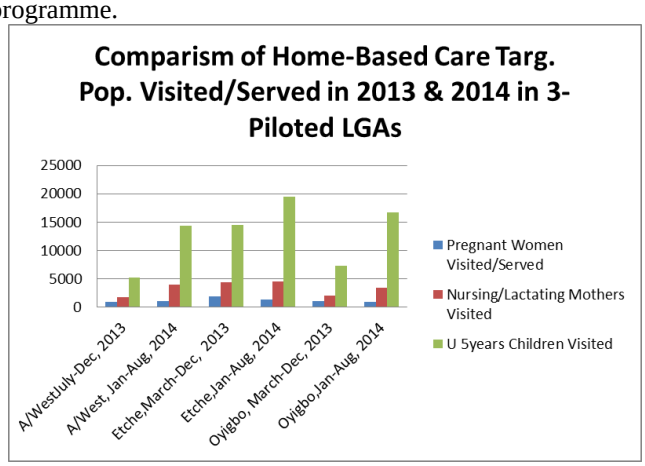
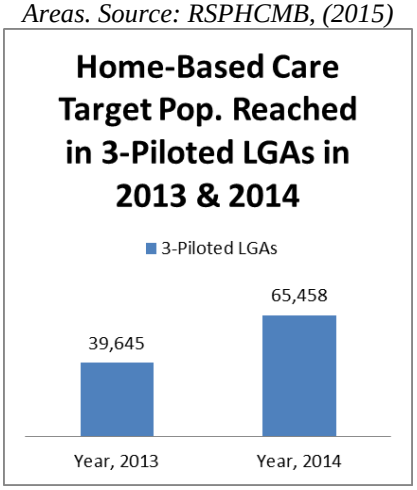
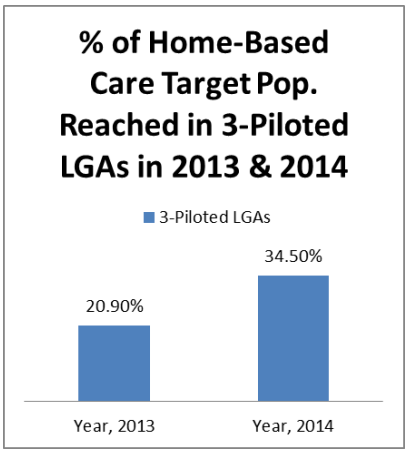


Figure 2: Comparism of Home-Based Care Target Population Visited/Served in 2013 & 2014 in 3-Piloted Local Government Areas. Source: RSPHCMB, (2015)



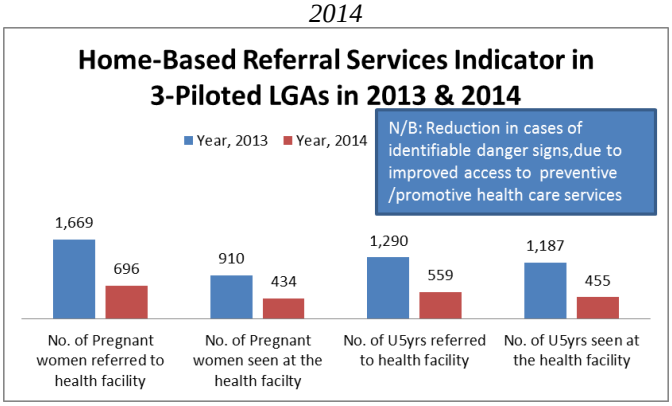
Source: RSPHCMB, (2015)

Figure 3: Home-Based Care Target Population Reached in 3-Piloted Local Government Areas in 2013 & 2014



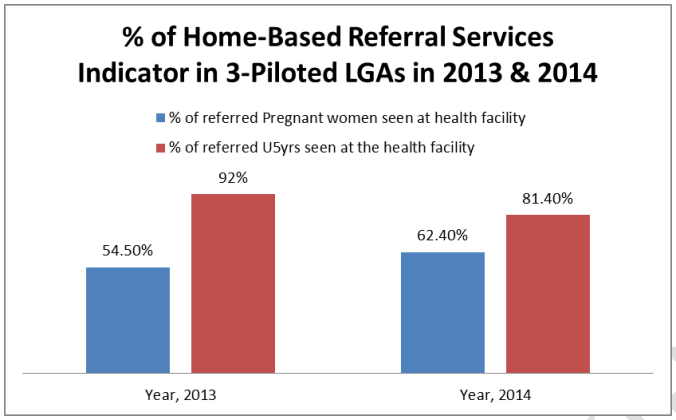
Source: RSPHCMB, (2015)

Figure 4: Percentage of Home-Based Care Target Population Reached in 3-Piloted Local Government Areas in 2013 & 2014



Source: RSPHCMB, (2015)

Figure 5: Home-Based Referral Services Indicators in 3-Piloted Local Government Areas in 2013 & 2014



Source: RSPHCMB, (2015)

Figure 6: Percentage of Home-Based Referral Services Indicators in 3-Piloted Local Government Areas in 2013 & 2014

In summary, the Home-Based Care Programme by August, 2014, within about two (2years) of implementation in the piloted Local Government Areas as shown in the several figures of intervention, had already surpassed the set target for 2015 by over 15% for children under 5 years having access to services. Referral services and knowledge on danger signs had led to improvement in health outcome (RSPHCMB, 2015).

VII. RESOURCES FOR COMMUNITY HEALTH PRACTICE

- ✓ Primary Health Facilities – Comprehensive Health Centre, Primary Health Centre, Primary Health Clinic and Primary Health Post/Outreach services.
- ✓ Community Linkage Committees and Referral System - Creating room for active participation, co-management of health care services and accessibility to care.
- ✓ Community Mobilization, Participation and Community Diagnosis Tools - Aimed at ensuring that the needed essential care in the context of community characteristics is provided.
- ✓ Community Cultural and Occupational Based Timing for Service Delivery- Aimed at ensuring that available health care services are utilized by the target population groups in the communities at service point/s.
- ✓ Community Health/PHC Team – To ensure effective and efficient health care delivery services through clearly defined roles and responsibilities of team members.
- ✓ Intersectoral Collaboration of relevant sectors - Aimed at averting duplication of effort to reducing cost of health services delivery.

VIII. INTERPLAY BETWEEN COMMUNITY HEALTH AND PUBLIC HEALTH

Community health is a specialty within the domain of public health that applies techniques and measures that are simple but scientifically sound clinical methods and culturally accepted interpersonal and mass communication health knowledge transfer within the context of community characteristics to improving their health using resources from within as much as possible. According to Okoronkwo, et al, (2015), the health characteristics of a community are often examined using geographic information system (GIS) software and public health datasets.

Community health practice by Community Health Practitioners applies primary clinical medicine principles through the use of standing orders to addressing secondary level of preventive measures in addition to primary level preventive strategies of public health. Standing orders is a set of specific guidelines arranged by age groups, disease conditions, findings, clinical judgments and actions which define how clients/patients should be cared for (National Primary Health Care Development Agency, 2010). They are designed to be used by Community Health Practitioners and should also be adhered to by Doctors and other health workers in Primary Health Care setting, unless there is valid reason to deviate from them. It provides the legal impetus to the Community Health Practitioners in the discharge of their clinical duties in any primary health care setting.

Public health is defined as the science and art of preventing diseases, prolonging life, promoting health and efficiencies through organized community effort. It is concerned with the health of the whole population and the prevention of disease from which it suffers. It is also one of the efforts organized by society to protect, promote, and restore the peoples' health. It is the combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of all the people through collective social actions (Okoronkwo, et al, 2015).

Public health according to Abanobi, (1999), is the field of health science and practice that seeks to achieve prevention of premature death, disability and disease through organized community efforts designed to assure the promotion of optimal health and functioning of members of a community in the context of their environment. This preventive measure is at three levels or methods;

PRIMARY METHOD OF PREVENTION

The concern here is to offset or prevent disease from occurring through some specific measures peculiar to the

disease condition that limit/elicit or ensure non-exposure to the disease causing agent/organism.

SECONDARY METHOD OF PREVENTION

This method of prevention and control is applied when primary preventive and control strategies are insufficient or ineffective. These methods which are applied at the early symptomatic stage are to limit or forestall the progression of the disease and prevent severe conditions (associated clinical complications).

TERTIARY METHOD OF PREVENTION

This method is applied late in the disease process after resultant disability or complication has been observed, with a view to achieving successful rehabilitation of disabled persons so that as much functional capacity as possible is regained.

It is important to state that, specific instances of application of these prevention methods are quite elaborated in most public health text for references.

IX. CAREER OPPORTUNITIES

A career in public health opens the door to diverse opportunities in a variety of sectors such as federal, private and non-governmental organizations. Public health experts play a key role in emergency preparedness and response. This may be why public health has become such a growing field in recent years (Okoronkwo, et al, 2015).

We say a career in community health of today consolidates and expands on the opportunities as elicited above, noting that basic curative services at primary level of health care which is the corner stone of the health care system is an all inclusive opportunity.

X. RECOMMENDATION/CONCLUSION

Development of capacities of Community Health Practitioners in the realities of community health specialty in the domain of public health in conventional universities is sine-qua-non for facilitating the expansion and consolidation of career opportunities in public health.

This we believe could be achieved easily through collective and collaborative efforts of all stakeholders in public health.

REFERENCES

[1] Abanobi, O. C. (1999). *Core Concepts in Epidemiology and Community Health Practice*. 1st ed., Nigeria. Opinion Research & Communications Inc. Owerri.
[2] Centers for Disease Control and Prevention (CDC), (2012). Global Health Strategy-(2012-2015).
[3] Ibama, A.S. and Dotimi, D.A. (2014). Cultural Practices and the Health of 0-15 years Children in Nigeria: The Role of Community Health Practitioners. *International Journal of Development Research vol. 4, Issue, 6, pp.1281-1284, June, 2014.*
[4] National Primary Health Care Development Agency, (2010). *National Standing Orders for Community Health Officers/Community Health Extension Workers*. Nigeria, Abuja.
[5] Okoronkwo, M., Anetor, G.O., Ibrahim, S. and Azubike, S. O. (2015). Introduction to Public Health. *National Open University Course Material*. Lagos, Nigeria.
[6] Ransome-kuti, O., Sorungbe, A. O., Oyegbite, K. S., & Bamisaiye, A. (1999). *Strengthening Primary Health Care at Local Government Level, The Nigerian Experience.* Nigeria. Academy Press Ltd. Lagos.
[7] Rivers State Primary Health Care Management Board (RSPHCMB), (2015). 2014 Annual Report. Port Harcourt.
[8] Walt, G. (1982). Primary Health Care Approach: How did it evolve? *Tropical Doctor*, 12:145-147.