

DEVELOPMENT OF A COMMUNITY PUBLIC HEALTH/HEALTH EDUCATOR

REASON

- Many patients attend the hospital or health centre to see a doctor, for themselves or for their children, for advice on the management of complaints such as constipation, mild diarrhea and mild fever. They appear to have little confidence managing these conditions themselves.
- Patients also usually expect to receive medication for these minor complaints, leading to the over use of medication, even though the complaint could be effectively managed by diet or by other appropriate home management methods.
- This over prescribing, in addition to the problems caused by the over use of antibiotics, is very expensive to the health service.

Patients also request/demand various investigations and laboratory tests, many of which the doctors do not feel they need. This seems to be because there is no real understanding about the need for the investigations or laboratory tests, or their frequency. This is also an expense to the health service.

- However the health service, being free at the point of delivery, is seen as 'their right'.
- It is difficult for the overseas doctors to refuse patient requests because if patients are unhappy and complain it could jeopardize the contract of the doctor.
- When a patient is unwell, or upset at not having requests met, he is less likely to be receptive to health education advice.

Patients do not usually look to the nurse for health information and advice.

- The overseas doctors do not usually speak enough of the local language to conduct the consultations without an interpreter. Working through an interpreter understandably means that much understanding is lost, both from the patient and from the doctor. The doctors also do not fully understand the traditions and culture of the local people.

PROPOSAL

- For registered Maldivian nurses to undertake advanced training to become Community Public Health/Health Educators.

- This nurse would work mainly in the community, but would have a close working relationship with the hospital/health centre and the doctors.
- The main aim would be to establish the health status of each family, working to identify and prioritise their health needs. In addition to individual health issues discussion would include social concerns and public health issues. There would be the opportunity for giving information on how to stay healthy, giving positive feedback on good practice, and reinforcing health education messages. It would also be the opportunity to advise on and agree the frequency of any necessary recommended health checks and investigations.
- This would start to help families take more responsibility for, and make informed decisions about, their health and the services available. Involving families in this partnership way of working will also improve their confidence and improve the status of the nurse.
- This advanced trained nurse would be responsible for developing the community nurses and the midwives; have responsibility for co-ordinating local in service training and for helping with teaching when based near to a nurse training school.

PROGRAMME OF TRAINING

A post graduate module of about 6 months. This could be done in Male, but would probably best be done partly in Male and partly at Regional Hospitals and via the internet. There would also need to be the opportunity for ongoing discussion, support and supervision.

The training would need to cover such things as:-

- What motivates/demotivates people about making healthy life choices.
- How to manage resistance and how to empower.
- Personal assertiveness.
- Health economics and statistics.
- Public health/health education messages around:-
 - Vector control.
 - Water supply and sanitation.
 - Food preparation and storage.
 - Dealing with waste products.
 - Intermarriage and potential inherited problems.
 - Abuse in the family, particularly child sexual abuse.
 - Illicit drug taking, signs and symptoms and early management.
 - Thalassaemia.
 - Problems around the inappropriate use of medications.

There would also need to be more in depth training around:-

- Management of minor ailments.
- Diet and the illnesses caused by inadequate diets.

Intestinal worms, causes and management.
Reasons for and frequency of routine health checks and investigations.

Consideration could be given to this nurse being able to prescribe some medications and to do simple health checks, i.e. ear examination.

HOW WOULD IT WORK IN PRACTICE?

- The nurse would head a team of community workers and midwives.
- The family health plan would be developed with the family, by the Community Public Health/Health Educator, in the home by arrangement.
- The nurse would work to agreed protocols with regard to the frequency of routine investigations for such things as cholesterol, and would be able to prepare request forms. (Protocols and guidelines would need to be developed by the Health Ministry).
- The plan would be formally reviewed yearly, but for more complex families it would have a 3 or 6 month review, possibly done by the community workers.
- At each visit there would be a review of any visits to the hospital, giving the opportunity to discuss the need and the outcome.
- Initial priorities for implementation would be families known to be frequent hospital attenders, families with young children, families with old people, poor families, families with teenage children.

The role of the Community Workers and Traditional Midwives

- They would work under the direction of the Community Public Health/Health Educator.
- They would continue to undertake the routine work already undertaken, such as school health checks, post natal care, immunizations etc.
- They would develop their role and be more active in health education and in promoting healthy lifestyles. For instance they could do regular cooking demonstrations, perhaps in nursery after parents have brought their children, on such things as foods to eat to prevent constipation, maximizing vitamin intake, dental health etc.
- They would be responsible for recording and monitoring the actions agreed in the family health plans and to inform the nurse of any compliance.
- They would do some of the interim home visits to review the family health plans.
- They would prepare, and give out at appropriate times, laboratory request forms for agreed tests.
- They could monitor blood pressure, weights, etc.

POSITIVE SPIN OFFS

- A career opportunity for the registered Maldivian nurse, one which will positively raise her status and recognition in the community.
- This nurse will be seen as someone with valuable skills and knowledge and will start to shift the focus from the current dependency on hospital services and doctors.

- Makes more equal, the power between the patient, the nurse and the doctor.
- Reduces cost to the health service of necessary investigations and medicines as minor illnesses are self managed effectively and tests and investigations are undertaken appropriately.
- There is a reduction in antibiotic usage.
- There is a reduction in preventable diseases and health is improved as public health measures are better understood and implemented.
- Consistent health messages and advice are given by the Maldivian nurse and her team and the foreign doctors.
- The demand currently made on the foreign doctors is reduced, with the doctors having the support of the agreed protocols, the Maldivian nurse and the family health plan.
- Major public health issues, which will need to be addressed by the government in the Maldives, are clearly identified.
- As demand changes, there will be pressure on shopkeepers to stock healthier foods.

FOR THIS TO WORK THERE NEEDS TO BE

- Agreement for, and investment in, the proposal from the Department of Nursing in Male.
- The development of a training programme.
- Identification of trainers and students for the programme.
- Contractual agreement that the trained nurse will spend a specified amount of time working with communities on the islands.
- Agreement to an appropriate pay structure for this nurse.
- The development of a proforma for a family health plan.
- The development of protocols and guidelines for routine investigations.
- Widespread circulation of the agreed protocols and guidelines and the role of the nurse.
- Commitment to ongoing support and supervision and training.

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