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Role of tertiary care institutions for preventive activities for positive health: an exploratory study among defence and civilian health care facilities of Bangalore

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ABSTRACT

Background: Health sector in India is facing several challenges. These can be attributed to population, poverty, illiteracy, poor social indices, poor patient to hospital ratio and inadequate government spending. Preventive activities for positive health by the various tertiary care institutions play a crucial role in mitigating some of the problems. The study was undertaken to assess the preventive services for positive health among tertiary care institutions of defence and civilian HCFs in Bangalore.

Methods: Study was conducted by interacting with the key respondents of defence, government and private tertiary care hospitals. Using structured checklist, activities pertaining to preventive services promoting positive health was assessed.

Results: Study shows that preventive health activities are being undertaken in all the sectors. There is varying degrees of effectiveness of implementation of the programs. Defence sector has maximised the service delivery and coverage, while Government sector delivers the preventive services through its outreach and national program implementation drive. In case of Private sector, though the focus is largely on curative care, preventive health services are being undertaken in a fragmented manner.

Conclusions: Preventive activities for positive health can be optimally utilized and implemented by having coordination and cross-sectorial linkages of services. All the teaching hospitals and government hospitals may undertake these programs in a more systematic manner. Sharing of experiences and research between sectors in optimum provision of preventive services, may help in curtailing the increasingly expensive healthcare costs and improve the health of the communities.

Keywords: Prevention, Positive Health, Defence, Government, Private

INTRODUCTION

India faces several problems in the current millennium pertaining to the healthcare sector including huge population, poor patient- to- hospital ratio and inadequate government spending. Preventive activities for positive health by the various tertiary care institutions will play a crucial role in mitigating some of the problems that we are currently facing. Health as per WHO is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As per Park (2015) preventive healthcare is the process of actions taken to prevent the onset of diseases and prevention of diseases is done more often on anticipatory actions that

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are categorised as primordial, primary, secondary and tertiary prevention activities.²

Literature pertaining to preventive care across different sectors reveals a grim picture. In this context the current study explores the involvement of different sectors for preventive healthcare in India.

Objectives

The main objective of this study was to assess the preventive services for positive health among tertiary care institutions of defence and civilian health care facilities (HCFs) in Bangalore.

METHODS

This exploratory study was undertaken in Bangalore city and was done between February 2017 to July 2017. After seeking appropriate permission and consents, using a prevalidated questionnaire, key respondent interviews were conducted with administrative heads of the institutions. Subsequently, using a structured checklist, activities pertaining to preventive services promoting positive health was assessed.

The study setting centres included the following:-

(a) Defence sector

The tertiary care hospital selected was Command Hospital (CH) Bangalore, a 500 bedded hospital which provides curative as well as preventive health services to all personnel and their dependents. They undertake preventive health activities in Bangalore in conjunction with its key subsidiary organisation the Station Health Organisation (SHO), Bangalore. The important preventive health activities carried out are periodical medical examinations of all personnel of the armed forces, mother and child health services, immunisation, health education, health surveillance activities and vector borne disease control.³

(b) Government sector

Victoria Hospital, a 1000 bedded teaching hospital for Bangalore Medical College & Research Institute (BMCRI), along with its subsidiary hospitals i.e. 350 bedded Ophthalmology hospital i.e. Minto hospital and 400 bedded Women and Child hospital i.e. Vani Vilas Hospital. Victoria hospital and its subsidiary hospitals provides wide spectrum of healthcare including all specialties, super - specialties and preventive health services to the individuals and communities.

(c) Private sector

Ramaiah Medical College Hospital (RMCH), a 750 bedded teaching hospital provides healthcare encompassing wide spectrum of specialities and super-

specialty medical treatment and support services to all sections of the society. The hospital undertakes various community preventive health services in collaboration with various non–governmental organizations (NGOs) that have tied up with the hospital. RMCH also offers immunization for vaccine preventable diseases and National blindness control programs. Additionally, with the department of community medicine and other specialities regular outreach programs are conducted in the field practice areas.

RESULTS

The study found that preventive health activities are being undertaken in all the sectors to varying degrees. From the study it was observed that the defence sector is providing preventive services in a comprehensive manner and has maximised the service delivery and coverage, while the government sector delivers the preventive services through its outreach and national program implementation drives. In case of private sector, though the focus is largely on curative care, preventive health services are being undertaken in a compartmental manner.

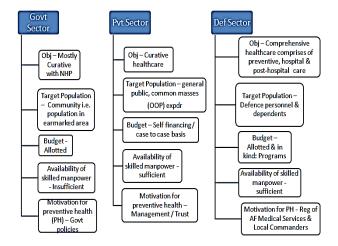


Figure 1: Preventive services for health in all sectors.

Figure 1 describes the important factors influencing the preventive health services in all the sectors. In the government sector the major objective is to provide largely curative services and undertake preventive health activities as part of the national health programs such as the national blindness prevention program. It is to be noted that in India, the three tier government healthcare system offers majority of preventive services through the primary health centres and sub centers at the primary level. Similarly in the private sector it is focussed on largely curative care and preventive health activities are done in compartmental manner. Whereas in the defence sector, comprehensive healthcare including curative and preventive health services are provided in proportional measures. The motivation for preventive health services in the government sector is mainly the government policies, in the private sector it is done based on the

directions of the management, while in the defence sector it is undertaken as per the Regulations of Armed Forces Medical Services manual and directions of the local commanders of the organisation.⁴

The target population in the government sector is the entire population of the earmarked districts or areas with no definite catchment areas, while in the private sector it is the target population of the nominated places in the rural areas. In the defence sector it is defined in terms of all defence personnel, their dependents, veterans and their dependents of the region. In the government sector the budget is allotted for all the national prevention programs, in private sector no budget is allotted, but the expenditure is reimbursed. In the defence sector the budget is given in kind and for specific preventive health programs the funding is given for that particular program. Qualified clinicians are available for national programs but for ad-hoc preventive programs there is shortage of staff in the government sector. In private sector clinicians are available in adequate numbers. In defence sector well qualified clinicians are posted for the specific purpose of preventive health services.

In defence sector adequate human resources are made available by mandate. The transport for preventive activities is adequate, with adequate supply of medicines and equipment to effectively carry out the preventive health activities of target population from own organisational resources. The feedback of the preventive activities is maintained and given to all concerned authorities along with reports periodically so as to monitor the preventive services in a systematic manner. The information, education and communication (IEC) programs are adequate for the conduct of the preventive health activities. The funding for the preventive services is not separate and is given in kind and for specific, regular preventive health programs funds are separately allotted.

In government sector, while the clinicians and staff for conduct of routine government programs are properly staffed, for the ad-hoc preventive programs staff is at times inadequate. The transport is limited and often not enough for conduct of screening camps. Medicines and equipment for government preventive health program are properly catered for and for other preventive programs it has to be organised from own resources. The reports and returns and feedback are done using the health information management systems. The monitoring is basic and done at different levels. The IEC programs are adequate for government sponsored programs and for other programs it is rather limited. The funding for the government earmarked preventive programs is done adequately and properly, however for other preventive health programs it is done from varied resources and is limited.

In private sector adequate number of clinicians and staff are earmarked for the preventive health services which are also done with the involvement of post graduate students. Transport for the preventive activities are done from own limited resources or hired. Medicines and equipment are partially provided for unless supported by government and NGOs. The feedback and reports & returns of the preventive activities conducted is very basic. Monitoring is not being done of the target population due to compartmental nature of preventive services being undertaken. IEC programs are not being done in a satisfactory manner. Often there is no separate funding being earmarked for conducting the preventive activities.

There are several bureaucratic hurdles in the government sector. In private sector, there are numerous stakeholders and tendency to execute the activities in a compartmental manner in the absence of laid down, written policies. Though intent, methods, execution and end results of preventive services are similar, there are no common benchmarks, leading to huge challenges in comparing all the sectors.

Manpower & Feedback & Sectors **Organisation Transport Funding** Monitoring resources 111 /// /// 111 Army // // Government 11 **Private**

Table 1: Mapping of health prevention activities.

The analysis of the three sectors prevention services shows that defence HCFs are strong in all parameters. Government and private tertiary care facilities are also undertaking preventive activities to certain extent in spite of various constraints in their given localities and giving significant preventive healthcare relief to the individuals and communities in the target areas through primary health care system. The analysis shows us the strong points and areas for improvement for all the sectors and

the mapping of key factors for preventive health activities are given at Table 1.

DISCUSSION

There is very limited research done on this subject matter but few relevant material that have been studied to understand the comparisons between defence and civilian health care facilities are as follows. Magnezi et al, in their study compared the healthcare (HC) systems of the defence forces of 14 countries.⁵ They found that HC facilities in developed and developing countries vary and the personnel are treated within the military systems network. Cost factor for the personnel has been studied, and found that defence personnel get more healthcare services than civilians in most countries.

Congressional budget office (CBO) report 2014 of USA, did a limited study of comparison of costs of Veterans health association (VHA) with costs of private healthcare sector. It highlights few aspects like differences between the systems used to deliver healthcare, input costs and financial incentives for healthcare providers that differ between these two sectors and the findings show that VHA is cheaper than private health sector but is difficult to conclusively prove it due to various uncertainties. Lando, compared the civilian health system to military health system by analysing the costing of facilities, medical services, manpower, training and health prevention programs. He found that defence forces had higher per capita costs and higher hospital utilisation in spite of lower morbidity rates.

The research of preventive health strategies around the world show that USA has in 2011 laid down a health prevention strategy for the nation and shows us the importance, especially being a developing country with poor healthcare and social indices in India. The effective use of resources, proper healthcare infrastructure, dedicated healthcare professionals and IEC campaign can greatly influence preventive strategy in India. Use of technology should be co-opted to leverage and provide preventive health services to the communities at affordable costs. 10,11

This exploratory study shows that the percentage of target population screened in some form or the other for various preventive activities conducted during the same period in the respective areas is more than 90% for the defence sector. In government sector it is a significant percentage in the nominated areas as they have a laid down schedule of outreach programs for preventive activities. In the private sector it is much lesser as the schedule and programs are not very strictly adhered to in the implementation of preventive activities.

The apex policymakers should lay down the broad preventive services policies and framework for the respective sectors. The respective organizations should have written policy and implement them. The feedback has to be given and the research analysis of data has to be done periodically. The sharing/ coordination among all the sectors at appropriate levels have to be periodically done so as to benefit from the respective experiences and undertake modifications to respective programs. Cross—sectoral adoption of best practices on regular basis has to be done by all the sectors at the community medicine department (heads) of the three tertiary care institutions.

CONCLUSION

The preventive activities for positive health can be optimally utilized and implemented by having coordination and lateral linkages of services across the sectors. All the teaching hospitals and government hospitals may undertake these programs in a more systematic and coordinated manner. This can further be streamlined over a period of time with experiences, research and in the long run will help in curtailing the increasingly expensive healthcare costs and improve the health of the individuals and communities, especially of the rural areas and urban poor.

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