

Peer, Consumers and Community Leaders Evaluation of the Koje Community Health Project

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요 약

巨濟 地域社會 開發 保健院이 목적하는 바대로 사업이 진전되고 있는지, 바람직한 지역사회학 사업을 수행하고 있는지를 평가하는 일은 필요하다고 생각한다. 이러한 평가의 하나로서 프로젝트에 영향력을 줄 수 있는 세 그룹 즉 지역사회학의 유지, 프로젝트를 이용하는 주민 그리고 의료문제에 관심이 있는 사람들 중 프로젝트에 다녀간 일이 있는 사람에 대해서 그들이 이 사업에 대해 이해하고 있는 바 또는 태도 등을 알아 보았다.

거제 지역사회 개발 보건원에 대한 반응은 긍정적이었

다. 즉 저렴한 수가로 농촌 보건사업을 하고 있고, 간단한 치료사업과 예방의학 사업을 하고 있으며, 한국에서 지역사회학의 교육을 발전시키는 데 자극적인 역할을 하고 아울러 지역사회학의 개발을 위한 자극을 주었다고 하였다.

문제점으로 지적된 것은 위치가 거제군 전체의 의료를 위해서는 적합하지 못하며, 국내 의료인이나 지역주민의 참여가 불충분하였고, 보건소 사업과의 협조가 덜 이루어지고 있다는 점 등이었다. 한편 사업의 목적이나 계획 및 운영면이 약하지 않은가 하는 것도 우려하였다.

The purposes and the activities of the Koje Community Health Project have been described elsewhere^(1,2). The project's primary goal is to become a self sustaining model of community medicine. Several types of evaluations are necessary to assess progress toward this goal. One of them is to estimate the impact of the project upon those whom it should be influencing, by eliciting their attitudes and knowledge about it. There are three groups which the project should be influencing: peers, consumers and community leaders.

Peers include those foreigners and Koreans who are interested in health care activities, particularly those health care activities of missions, churches or governments. However, this survey was restricted only to those who had visited the project site, thus ignoring the majority of the peer group whom it should be influencing.

Consumers include both those directly receiving services from the project and also those receiving

the secondary benefits of the project's activities in their communities. However, the present survey was restricted only to those consumers who were visiting the project's outpatient clinic, either as patients or accompanying patients. Thus those potential consumers who were not already committed to actively seeking medical care from the project were omitted.

Community leaders should include those in both official and unofficial leadership roles. However, this survey primarily focused upon those in official (local government) leadership roles.

Peer Evaluation Survey

A self-administered mail questionnaire (in English) was sent to visitors who had registered in the project director's "Guest Book" during the preceeding six months, other peers known to have a special interest in the project, and foreign and Korean professional and administrative staff of the project. Eighty-three questionnaire were distribu-

ted, but only fifty-four were returned. Most of those contacted, who did not return the questionnaire, stated it was because either they did not feel qualified to answer it or that it was too difficult to answer. It can be assumed that normal reluctance to give unpleasant criticism was also a factor contributing to the high(34%) non-return rate.

Characteristics of Peer Evaluators

Their professions were: 22 physicians, 8 teachers or social workers, 7 nurses, 7 other scientists or social scientists, 4 others, 3 administrators or politicians, 2 ministers, and 1 M.P.H. student.

Their occupations were: 30 in public health, preventive medicine, family planning, social medicine or community medicine, 10 in other medical or health care, 5 in the ministry, missionary or related work, 5 others, 2 in other community development or social work, 1 in other teaching, and 1 student.

Their institutional affiliations were: 19 with universities, 17 with a mission or church, 6 with the project, 5 with an official agency(Peace Corps; W.H.O., etc.), 4 with other voluntary agency (Family Planning Association, etc.), and 3 others.

Their nationalities were: 28 others, and 26 Koreans.

Their religions were: 46 christians, and, 8 others.

Their relationships to the project were: 26 as others, 12 as regular consultants, board of trustees, advisory board etc., 10 as staff of project, 4 with supporting agencies of the project, and 2 other citizen of Koje island.

Their places of residence were: 35 in Korea other than Koje 12 on Koje and 7 elsewhere.

Their last visits to the project had been: 27 within the last three months, 18 four to six months ago, and 9 over six months ago.

The time they had spent on Koje during the last six months were: none=7, two days or less=16, one week or less=12, one month or less=6, three months or less=2, and over three

months=11.

Peer Responses to Multiple Choice Questions

The questionnaire and the number of responses for each answer to the 17 multiple choice questions are presented below.

"Please answer the following questions according to your own criteria regarding Korea, medical care, missions, christianity, etc."

Question # 11- If it were your decision, which one of these projects should receive over U.S. \$ 50, 000. 00(Korean Won 19, 000, 000) per year, for the next three years?

	# of responses
The KCHP at its present location	32
The KCHP at another site on Koje	9
Another community health project in Korea	6
A different kind of project in Korea	1
Another community health project in another country	2
A different kind of project in another country	0
Other than above	2
No answer	2

Question # 12- It is the KCHP (Koje Community Health Project) ?

Success	11
Probably will succeed	33
Probably will fail	4
Unknown	6

Question # 27- Is the KCHP a stimulus for increasing the Koje Church's concern for the community?

Yes=24, Probably=13, Doubtful=8, No=1, Unknown=6, No answer=2

Question # 28- Is the KCHP a stimulus for increasing the Korean Churches' concern for the community?

Yes=11, Probably=11, Doubtful=21, No=2 Unknown=6, No answer=3

Question # 29- Is the KCHP a model which other medical missions will follow?

Yes=15, probably=20, Doubtful=7,
No=3, Unknown=7, No answer=2

Question # 30-Is the KCHP community centered?

Yes=18, Probably=10, Doubtful=12,
No=7, Unknown=5, No answer=2

Question # 31-Can the KCHP continue to deliver the present services and become self-supporting? (presently it is about 1/3 self-supporting) Yes=4, Probably=11, Doubtful=22, No=5, Unknown=10, No answer=2

Question # 32-Is the KCHP influencing the development of community medicine education in Korean medical schools?

Yes=26, Probably=18, doubtful=3,
No=0 Unknown=5, No answer=2

Question # 33-Does the KCHP efficiently use the resources at its disposal?

Yes=16, Probably=18, Doubtful=12,
No=1, Unknown=5, No answer=2.

Peer Responses to Open-ended Questions

The respondents were requested to answer five open-ended questions about the project, according to their own criteria regarding Korea, medical care, missions, christianity, etc. Most of their comments could be easily classified into common groups. The open ended questions and those group which contained four or more responses are presented below.

Question # 13: "What are the three main problems of KCHP?"

	# of responses
Lack and Korean counterparts (physician leadership)	26
Difficult local accessibility	17
Isolated site (from the rest of Korea)	13
Poor relations with government agencies	13
Weak community relations	11
Inadequate goals and/or planning	10
Weak administration	8
No referral system for patients	4
A "foreign" project	4
Others	20
Total	126

Question # 14: "What three important changes should be made in the KCHP now?"

	# of responses
Improve government relations	20
Obtain Korean counterparts (physician leadership)	16
Obtain community involvement	14
Improve administration	12
Improve public health & preventive medicine	8
Improve (or define) plans and goals	7
Move to a better site	5
Increase use of para-medics	4
Develop satellite units	4
Others	14
Total	104

Question # 15: "Originally, when the KCHP first started, what three important things should have been done differently?"

	# of responses
More planning and organizing before starting	16
Better local site selected	15
Increased government participation	13
Korean co-developer obtained	12
Less isolated(from the rest of Korea) site	5
More Korean church involvement obtained	4
More university involvement obtained	4
Other	17
Total	97

Question # 16: "What have been the three most important contributions of the KCHP?"

	# of responses
An experimental example of a working community health project	25
Delivering medical care locally	25
Delivering public health & preventive medicine locally	17
Medical education program and influence	13
Example of christian concern and creativity	13
Stimulus to the Korean medical community	8
Focus upon rural health needs	7
Local community development	7
Example for the church	4
Stimulus to the Korean Government	4
Others	14
Total	137

Question #17 "What are the three most important strengths of the KCHP?"

	# of responses
Staff dedication and morale	20
Leadership (Dr. & Mrs. Sibley)	13
Ample funds	11
University support	11
Community relations	5
Others	34
Total	94

Consumers and Community Leaders Evaluation Survey

The consumers and community leaders were both administered the same survey in Korean. A pre-test indicated that this multiple choice question-

naire could not be satisfactorily self-administered; therefore, it was administered through interviews by the project's local nurse aids. All patients or parents of patients coming to the clinic during two days in April were selected for interview to represent the consumers. Community leaders representing Ha chung Myun (the township immediately surrounding the project site) were the official chiefs of the myun's 25 villages. Community leaders representing the remainder of the island were chosen from a list of official and non-official community leaders, with five chosen from each of the other nine myuns. The consumers were interviewed at the clinic and the community leaders were interviewed in their homes or offices.

Characteristics of Consumers and Community Leaders

The characteristics of those respondents representing the consumers and the community leaders are given below.

	All	Consumers	Community Leaders
Total number	141	71	70
Sex:			
Male	106	43	63
Female	35	28	7
Age:			
15-19 years old	5	5	0
20-24	18	15	3
25-34	32	17	15
35-44	46	19	27
45-59	38	14	24
60 years old or older	2	1	1
Marital status:			
Unmarried	27	22	5
Married	108	47	61
Widowed, divorced or separated	4	2	2
No response	2	0	2
Children living at home:			
Not applicable (unmarried)	27	22	5
None	16	7	9
One child	25	13	22
Two children	21	10	11

	All	Consumers	Community Leaders
Three	26	8	18
Four	15	6	9
Five	8	4	4
Six	1	0	1
No response	2	1	1
Occupation (self or husband):			
Agriculture	46	28	18
Fishing	18	14	4
Merchant	1	1	0
Government official	50	8	42
None	16	12	4
Other	10	8	2
Religion:			
Christian	28	16	22
Buddist	12	7	5
Other	8	4	4
None	92	44	48
No response	1	0	1
Place of residence:			
Zone 1 (Hachung Myun)	55	30	25
Zone 2 (Yoncho or Changmok Myun)	30	20	10
Zone 3 & 4 (remainder of Koje island)	53	19	34
Other than Koje island	2	2	0
No response	1	0	1
School of level completed:			
None	17	14	3
Primary school	36	23	13
Middle school	33	18	15
High school	40	14	26
College	14	1	13
No response	1	1	0

Responses of Consumers and Community Leaders

Questions and the responses of these representing the consumers and the community leaders are presented below. Where applicable, the responses are categorized by respondents' classification as consumer or community leader, or by place of residence. Zone I refers to Hachung Myun, the "township" surrounding the project; Zone II refers to Yoncho and Changmok Myuns, the two myuns adjacent to Hachung Myun; and Zone III refers to the remainder of Koje island. There were 3 respondents who either did not identify their zone, or else lived elsewhere.

Question #9: Have you heard of the Koje Christian Hospital?
 (Asked to community leaders only) Yes=59, No=10, No response=1.

Question #10 : When was the last time you were in the Koje Christian Hospital as a patient or with one of your relatives as a patient? (Asked to community leaders only.) Never=26, Today=1, Within the last three months=20, Before the last three months=20, No response=3.

Question #11 : When you attended the Koje Christian Hospital, was the staff:

	All	Consumers	Leaders
Kind to you?	80	48	32
Indifferent to you?	18	11	7
Unkind to you?	2	1	1
Unknown?	7	4	3

Question #12 : When you attended the Koje Christian Hospital were the charges:

	All	Consumers	Leaders
Inexpensive?	65	38	27
About right?	19	10	9
Expensive?	3	1	2
Unknown?	25	18	7

Question #13 : When you attended the Koje Christian Hospital was getting there and back home again:

	All	Zone I	Zone II	Zone III
Easy?	41	24	10	6
Expensive but not difficult?	3	0	0	2
Difficult and expensive?	10	0	2	8
Difficult but not expensive?	56	23	13	19

Question #14 : When you attended the Koje Christian Hospital was the medical treatment you received:

	All	Consumers	Leaders
Helpful?	64	30	34
Ineffective?	12	7	5
Harmful:	1	1	0
Unknown?	20	17	3

Question #15 : Have you or your family had an illness in the last month?

(Asked to community leaders only.)

Yes, but did not go to the Koje Christian Hospital	20
Yes and did go to the Koje Christian Hospital	15
No illness	32

Question #16 : If you had an illness and did not go to the Koje Christian Hospital why not?

(Multiple responses possible.)

The illness was not serious enough	10
It would have been too expensive	2
It was too difficult to go.	8
The treatment would not have helped.	3
Don't like the Koje Christian Hospital.	1
Other.	2

Question #17: If you did not go to the Kojé Christian Hospital for treatment, which of the following did you do?

No treatment	1
Simple home treatment	3
Used medicines from a drug outlet	13
Consulted another medical doctor (Western type).	5
Used Chinese medicine from a herbalist	1
Other	2
Consulted a traditional doctor (Chinese type).	0
Went to the mainland for treatment	0

Question #18: Has the Kojé Christian Hospital ever had an immunization clinic in your villages?

	Zone I	Zone II	Zone III
Yes	37	17	1
No	4	6	36
Unknown	13	7	14
No response	1	0	2
Correct answer	Yes	Yes or No	No

Question #19: If there was an immunization clinic in your village, did you take your child?

Yes=30, No=9, No eligible children=21.

Question #20: If you did not take your child to the village immunization clinic, why not?

Did not hear of it in time	1
Was not home then	3
The time was not convenient	1
Child was already vaccinated	2
Unknown	1
Other	1
It would cost too much	0
Vaccinations are not good	0

Question #21: Would you rather have vaccinations given in your village one time a year for free or four times a year at cost; about ₩150 per shot of DPT and Polio?

	All	Zone I	Zone II	Zone III
One time per year for free	11	6	3	2
Four times per year at cost	113	42	25	43
Don't care	15	6	1	8
No response	2	1	1	0

There was no difference in the responses of the consumers and of the community leaders to question #21.

Question #22: Has anyone from the Kojé Christian Hospital ever given a health education lecture or class in your village or nearby?

Yes=36, No=70, Unknown=33, No response=2.

Question #23: If you attended a health education lecture given by the Kojé Christian Hospital staff, do you think it was:

Helpful=22, Not helpful=1, So-so=1, Unknown=10, No response=2.

Question #24 : If you did not attend a health education class in your village, why not?

Did not hear of it in time	7
Was not home then	10
Time was not convenient	8
Was not interested	0
Unknown	1
Other	2

Question #25 : Would you like to have an opportunity to attend health education classes?

Yes=126, No=4, Don't care=11.

Question #26 : Which do you think is most important for the Koje Christian Hospital to offer?

	All	Consumers	Leaders	Z. I	Z. II	Z. III
Better medical care	13	8	5	9	2	2
More public health	40	16	24	16	8	15
More medical care & public health	75	37	38	23	18	33
Unknown	11	9	2	5	2	3
No response	2	1	1	2	0	0

Question #27 : Do you think the Koje Christian Hospital is in a good location?

(C=Consumers, L=Community Leaders)

	All	Zone I		Zone II		Zone III	
		C	L	C	L	C	L
Yes	76	24	20	15	4	9	2
No	52	2	3	4	4	8	31
Unknown	11	3	0	1	2	2	1
No response	2	1	0	0	0	0	0

Question #28 : If you do not think that it is in a good location, then where should it be?

	All	Zone I	Zone II	Zone III
Center of Hachung Myun	2	1	1	0
// Yoncho Myun	5	1	2	2
// Changmok Myun	1	0	1	0
// Changseungpo	4	1	1	2
// Shinhyun Myun*	29	2	3	24
// Sadeung Myun	4	0	0	4
// Doonduk Myun	1	0	0	1
// Koje Myun	2	0	0	2
// Iloon Myun	1	0	0	1
// Dongboo Myun	2	0	0	2
Other area	1	0	0	1

*Shinhyun Myun is the geographic, government, transportation, and population center of the island. The Government Health Center is located there.

Question #29 : The Koje Christian Hospital has been run by foreign medical missionaries. Who do you think should operate it in the future? (Multiple answers possible.)

	All	Consumers	Leaders
The community leaders	11	7	4
The government (provincial or county)	9	1	8
A private physician	4	1	3
The Medical College of SNU* or Yonsei Univ.	40	21	19
Pusan Gospel Hospital	40	22	18
Pusan University Medical College	24	11	13
Korean National Red Cross	38	14	24
Other	26	16	10
No response	6	4	2

*SNU=Seoul National University

Question #30 : Do you think people would continue to use the Koje Christian Hospital if it must increase its charges in order to continue to operate?

	All	Consumers	Leaders
People would continue to use it about the same.	85	44	41
A few people would stop.	35	16	19
Most people would stop.	1	0	1
All people would stop using it.	0	0	0
Unknown	19	10	9
No response	1	1	0

Question #31 : How helpful has the Koje Christian Hospital been for the community?

Very helpful=131, Helpful=0, Not helpful=1, A problem for the community=1, Unknown=6.

Question #32 : Which of the following services do you think the Koje Christian Hospital offers?
(Multiple choices possible)

	Correct Answer	Percent Responding Correctly						
		All	Zone C	Zone I L	Zone II C	Zone II L	Zone III C	Zone III L
Simple medical care	Yes	61%	63%	72%	45%	60%	43%	61%
Complicated medical care	No	65	67	72	60	70	62	51
Inpatient treatment	Yes	67	70	80	55	40	62	71
Village medical care	No	65	47	72	75	70	71	57
Home nursing care	Yes	27	20	32	25	30	24	31
Simple surgery	Yes	65	70	72	65	60	43	66
Complicated surgery	No	73	67	84	75	80	71	60
Delivery care	Yes	38	30	48	30	10	43	49
Family planning	Yes	53	63	76	50	40	52	34
Induced abortions	No	76	80	64	80	90	67	71
Clinic immunizations	Yes	55	57	64	40	50	43	60
Village immunizations	Yes	61	73	92	55	50	38	46
School & community health education	Yes	56	53	76	45	90	48	49
Tuberculosis control	Yes	75	87	88	60	80	62	63
Dental services	No	65	60	40	80	70	81	60
Average correct		60	60	69	56	59	54	55
Number of respondents		141	30	25	20	10	21	35

(C=Consumers; L=Community Leaders.)

Comments

Although, the responses to most of the questions lend themselves to rather straight forward interpretation, there are several questions with their responses which have special significance only to those familiar with special features of the project, the survey method or the population.

Question #28, Page 142 : Obviously most of the peer respondents do not think the project is influencing the Korean Church very much, which is in marked contrast to their evaluation of its influence upon various components of the Korean medical care system. The most probable reasons for this difference in their evaluations is: (1) most of the peer group are not closely enough associated with the Korean Church to give accurate evaluations, or (2) whereas there has been an active "change agent" of the project working within the Korean medical education circles, publicizing both the project and the general concept of community medicine, there has not been any comparable agent working within the Church. In fact, explanation #1 above is the direct product of explanation #2, as there were almost no Korean churchmen who have visited the project to send questionnaires in contrast to the fair number of Korean physicians who have visited it.

Question #11, 12 and 14, Page 146 : Perhaps the favorable responses to these questions should be accepted with reservations, as the interviewers were permanent employees of the project and thus could have biased the respondents' replies. However, it should be noted that the respondents did not hesitate to identify their problems in getting to the project in question #13.

Question #13, Page 146 : In any rural area, the population will be dispersed and it will always be difficult for some of the clients to get to a single service facility. Therefore, it is not too surprising that 60% of the consumers and community leaders reported that transportation to and

from the clinic was difficult. It is a little surprising, though, that almost of the respondents from the surrounding area (zone I) also found it difficult to reach the clinic; unless one realizes that 40% of those zone I actually live on another island, Chilchundo, which does not have any roads, and that another 15% live on an almost equally unaccessible peninsula. Also note that only two respondents to Question #28, page 179, would change the project's location within Hachung Myun (zone I). However, the question still remains: "Is the project optimally located for the cliental it seeks to serve?"

Questions #27 and 28, Page 148 : Are an attempt to answer this question. Whereas, the majority of outpatients (consumers) think the project has a good location, only those community leaders from Zone I are so sure. The majority of community leaders from Zone III, outside the project's service areas, state that it should be located elsewhere. The single most popular choice for relocating the clinic is at Shinhyun Myun, the geographic, transportation, population and governmental center of the island. The conclusion to be drawn is that the optimum location for the clinic can only be determined after deciding upon its target population: the people throughout Koje island, or only those on the northern 1/4 of the island.

Questions #21 and 26, Pages 147 and 148 : Extensive pre-school immunization clinics have been conducted in Zone I since early in 1971. But the respondents from Zone I do not show significantly more accepting attitudes toward increased public health and preventive medicine work than those in the other Zones. However, a ceiling effect may be working here as it is probably difficult for anything to exceed the 80% positive attitudes existing in Zones II and III in Question #21. Also, contrary to many health care professionals' opinions, the rural people of Korea, as represented by this survey in Question #26, do have a higher

felt need for preventive medicine and public health services than for medical services.

Question # 29, Page 148 : Does not contain the option of continued foreign medical mission aries' operation of the project because the project was not intended to remain indefinitely a foreign medical mission project.

Question # 30, Page 148 : Twenty-five percent of the respondents indicated that a few people would stop using the clinic if the charges were increased. It is reasonable to interpret this to mean that, "I may stop using it or at least not use it so frequently."

Question # 32, Page 149 : Usually about 2/3 of the respondents' knowledge about the services offered by the project were correct. Their significantly different inaccurate knowledge about the home nursing care and delivery care services offered by the project parallel the project's difficulties in mounting effective programs in these areas. There is not a great deal of difference among the three zones' respondents knowledge about the project, which indicates that factors other than knowledge account for the exponential decrease in utilization rates with distance from the clinic, reported elsewhere⁽²⁾.

Conclusions

The Koje Community Health Project's total impact upon the respondents to these surveys was quite positive as judged by their responses.

The positive aspects of the project most commonly identified by the respondents were:

- 1- It has developed a low cost rural health care program, delivering both simple medical care and public health and preventive medicine services.
- 2- It is a stimulus for the development of community medicine education in Korea.
- 3- It is a local stimulus for church and community development.

The most commonly identified problems of the project were:

- 1- Its location upon the island is not optimum for the development of health services for the entire island.
- 2- There has not been Korean co-development of the project, as it has:
 - lacked Korean leadership;
 - not been integrated into the Government's health services; and,
 - not had significant community participation.
- 3- The goal, planning and administration of the project have been weak.

References

- 1- Sibley, J.R. *Koje Community Health Project*. Koje Health Reports Vol I, 1972.
- 2- Staff of Koje Community Health Project: *1971 Outpatient Clinic Data Report*. Koje Health Reports Vol I, 1972.