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Challenges Encountered by Community Health Workers in The Provision of Primary Health Care Services in Geographically Isolated and Disadvantaged Areas Area of Catanduanes

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RESEARCH ARTICLE

Abstract

Community Health Workers (CHWs) are essential in bridging the gap between underserved communities and healthcare services. They provide basic health services, educate communities on health matters, and refer individuals requiring specialized care. The goal of this study is to identify the challenges encountered by Community Health Care Workers along geographical and environmental, sociocultural, and resource and support, and to identify the issues within the healthcare system in the provision of primary healthcare services in the Geographically Isolated and Disadvantaged Areas of Catanduanes. A descriptive-correlational method was used, and a self-made questionnaire was used as the main data-gathering tool. A total enumeration was used to determine the Community Health Care Workers operating in the municipalities of Catanduanes. Results revealed that most respondents were female and demonstrated high proficiency in primary healthcare principles and clinical skills; they encountered significant challenges arising from geographical, environmental, sociocultural, and resource limitations. Systemic issues within the healthcare system, such as insufficient medical supplies and equipment, further exacerbated these challenges. By implementing comprehensive strategies that focus on securing funding to enhance healthcare accessibility and promoting professional development, infrastructure improvements, policy reforms, and community involvement, policymakers and healthcare providers can effectively address these multifaceted challenges.

Keywords: Community Health Workers; Primary Health Services; Geographically Isolated Area

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1 INTRODUCTION

The delivery of primary health care (PHC) services in geographically isolated and disadvantaged areas (GIDA) of Catanduanes is fraught with challenges that threaten the efficacy and equity of healthcare provision. Community Health Workers (CHWs) are often at the forefront of efforts to provide essential health services in these underserved areas, where access to healthcare is limited due to various barriers such as geographical isolation, resource constraints, and sociocultural factors (Gonzales et al., 2024). Understanding and addressing the challenges Community Health Care Workers face in these regions is crucial for improving health outcomes and reducing disparities in healthcare delivery (Rodriguez, 2022).

The significance of this study lies in its potential to inform policy and practice in the delivery of primary healthcare services in Geographically Isolated and Disadvantaged Areas. By identifying and analyzing the challenges faced by Community Health Care Workers, the study aims to provide insights that can lead to the development of targeted interventions to support Community Health Care Workers and enhance the quality and accessibility of healthcare in these regions (Medina et al., 2022). The study's findings are expected to be valuable to a range of stakeholders, including local government officials, Department of Health (DOH) administrators, and rural health unit personnel, who play critical roles in the planning, implementation, and evaluation of healthcare services in remote and isolated areas (Dar, 2024).

This research is particularly important in the context of the Philippine government's efforts to achieve universal health coverage (UHC) as mandated by the Universal Health Care Act (UHCA) of 2019 (World Health Organization, 2025). The UHCA emphasizes the need for equitable access to quality healthcare services for all Filipinos, regardless of their location or socio-economic status. In Geographically Isolated and Disadvantaged Areas, where healthcare infrastructure and resources are often limited, Community Health Care Workers are essential in bridging the gap between the health system and the communities they serve (Cabral and Cuevas, 2020). However, the challenges they face in carrying out their duties can undermine the effectiveness of healthcare delivery, making it imperative to address these issues through targeted research and intervention (Yabut, 2022).

The scope of this study is limited to the experiences of 35 Community healthcare workers working in the Geographically Isolated and Disadvantaged Areas of Catanduanes, including nurses, midwives, and participants in the Nurse Deployment Program and Rural Health Midwife Placement Program (RHMPP) (Department of Health, n.d.). The study focuses on profiling these Community Health Care Workers based on demographic characteristics such as age, sex, religion, civil status, educational attainment, length of service, and monthly family income (Rodriguez, 2022). It also examines their challenges in providing primary health care services, specifically focusing on geographical and environmental factors, sociocultural barriers, and resource limitations (Gonzales et al., 2024). Additionally, the study explores the broader health system-related issues that affect the provision of primary healthcare services in Geographically Isolated and Disadvantaged Areas to develop a comprehensive mitigation plan to support Community Health Care Workers in their roles (Medina et al., 2022)

This study investigates the challenges Community Health Care Workers encounter in providing primary healthcare services in the Geographically Isolated and Disadvantaged Areas of Catanduanes. Specifically, it seeks to answer the following questions: (1) What is the profile of respondents in terms of age, sex, religion, civil status, educational attainment, length of service, and family monthly income? (2) What is the extent of the challenges encountered by Community Health Care Workers in the provision of primary healthcare services along geographical, environmental, sociocultural, and resource-related dimensions? (3) What health system-related issues affect the provision of primary health care services by Community Health Care Workers in Geographically Isolated and Disadvantaged Areas? (4) Is there a correlation between the demographic profile of the participants and the challenges they encounter? (5) What strategies can be proposed to mitigate Community Health Care Workers' challenges in providing primary healthcare services in Geographically Isolated and Disadvantaged Areas?

2 METHODOLOGY

The methodology employed a quantitative descriptive correlational design, utilizing total enumeration sampling to encompass all Community Health Care Workers operating in the specified areas. The study's respondents are community health workers, including nurses, midwives, the Nurse Deployment Program, and RHMPP. A total of 35 respondents worked in geographically isolated communities in the different municipalities of Catanduanes. A total enumeration approach was utilized, ensuring that all Community Health Care Workers in the identified communities were included in the study. This method grants equal chances for every

Community Health Care Worker to be selected as a respondent, eliminating bias or predetermined choices.

A self-made questionnaire was used to collect data, targeting the Community Health Workers stationed in geographically isolated and disadvantaged areas. The questionnaire was constructed based on the research objectives and a comprehensive review of relevant literature, ensuring the questions are clear and concise. The validation process of the questionnaire involved a thorough examination by experts, including content review, testing with a sample during a dry run, and reliability checks. The dry run engaged 10 participants, former Nurse Deployment Program and RHMPPs working in Geographically Isolated and Disadvantaged Areas, whose feedback was crucial for refining the questionnaire. The questionnaire was distributed among the respondents. Before the instrument's administration, a formal permission letter was sent to designated point persons, the Municipal Mayor, and the Municipal Health Officer of the different municipalities. A comprehensive overview of the study to ensure a clear understanding of its purpose. The collected responses were carefully checked for completeness, followed by a thorough analysis of the compiled data to unveil valuable insights into the challenges and issues encountered by Community Health Workers. Some questionnaires were administered online through Google Forms to reach participants who prefer or are more accessible through digital platforms. The collected questionnaires, both online and in-person, were promptly retrieved for further analysis.

The study utilized the percentage technique, weighted mean, and chi-square as statistical tools. The scale was employed to identify challenges encountered by Community Health Workers in providing primary health care services across environmental, geographical, sociocultural, and resource and support domains. The verbal interpretation for the scale values is as follows: Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1). For exploring issues within the health care system, the following scale was used: Critical Issue (5), Major Issue (4), Moderate Issue (3), Minimal Issue (2), and Not an Issue (1).

3 RESULTS AND DISCUSSION

3.1 Respondents Profile

Table 1 shows the distribution of respondents in terms of their profiles as follows:

a. Age

Of the 35 respondents, 25, or 71 percent, belonged to the 31-40 age group; 6, or 17 percent, belonged to the 21-30 years old; and 4, or 12 percent, were within the age bracket of 51-60. This implies that some experienced professionals and a potentially strong workforce can be established to meet primary healthcare needs in remote and deprived areas. This demographic distribution aligns with findings from studies by [Hazlett-Stevens et al. \(2019\)](#), which also noted a concentration of healthcare professionals, highlighting the importance of succession planning and retention strategies.

b. Sex

Of the respondents, 28 or 80 percent were female, while 7 or 20 percent were male. This implies that women in health care play a vital role in delivering basic services to the community. Consequently, this gender gap might influence what kind of health issues are given more attention, with potentially higher emphasis on mother-child illnesses because it is most likely that these are their areas of interest. This gender distribution mirrors trends observed in healthcare workforce studies conducted by [Moradali et al. \(2023\)](#) and [Cho and Kim \(2022\)](#), underscoring the predominance of females in the healthcare sector and its implications for workforce dynamics and gender equity initiatives. Recognizing the gender composition of the healthcare workforce can guide initiatives to promote diversity and inclusion and address gender-based disparities in leadership opportunities and pay scales.

c. Religion

Data showed that of the 35 respondents, 34 or 97 percent were Roman Catholics, while 1 or 3 percent belonged to the Seventh Day Adventists. This implies that such a close alignment with the beliefs of most localities may create more trust and cooperation with those living in areas of predominantly Catholic faith, especially when working closely with churches and religious leadership. However, it also creates a significant need for cultural competence training so all health workers can serve minorities effectively, regardless of their religious affiliations. This finding is consistent with Fleischmann (2022), which emphasized the influence of religious affiliation on healthcare practices and decision-making processes, highlighting the need for cultural competence training among healthcare professionals.

d. Civil Status

Among the 35 respondents, 20, or 57 percent, were single, while 15, or 43 percent, were married. This implies that single Community Health Care Workers likely suggest more workforce mobility, meaning these individuals are probably not constrained by family responsibilities to the same extent as married employees. Therefore, these Community Health Care Workers are more likely to be available for shift work and more easily redeployed to other locations when needed.

e. Educational Attainment

Of the 35 respondents, 29, or 82 percent, hold a Bachelor's degree, while 6, or 18 percent, hold a Diploma in Midwifery. This implies that most respondents received formal education about the theoretical and practical aspects of the field, which will enhance the quality of care being rendered and contribute to evidence-based practice. This observation is consistent with research by Braine and Wray (2018), which underscored the prevalence of advanced educational qualifications among healthcare professionals and their correlation with enhanced clinical competencies and professional development opportunities.

Table 1. Profile of the Respondents

Indicator	Frequency	Percentage
21-30 years old	6	17
31-40 years old	25	71
51-60 years old	4	12
Male	7	20
Female	28	80
Seventh Day Adventist	1	3
Roman Catholic	34	97
Single	20	57
Married	15	43
Bachelor's degree in a related field	29	82
Diploma in Midwifery	6	18
Less than one year	3	9
1- 5 years	5	14
5- 10 years	17	49
10 years and above	10	29
Php 20,001 – 30,0001	13	37
Php 30,001 – 40,000	15	43
Php 40,001 – 50,000	7	20
Total	35	100

f. Length of Service

Data revealed that 17 or 49 percent had worked for 5 to 10 years, 10 or 29 percent had worked for 10 years and above, 5 or 14 percent had been in service for 1 to 5 years, and 3 or 9 percent had worked for less than one year. This implies that Community Health

Care Workers with longer work experience suggest a mature workforce with significant on-the-job experience and expertise. These workers are likely to have a deep understanding of community health needs and effective service delivery strategies; they are, therefore, obvious choices for supervisory and leadership roles. The study by Singh et al. (2021) aligns well with the diversity of experience levels among healthcare workers, as indicated in the table. As highlighted in the data, the diverse range of experience levels among respondents reflects the multi-generational workforce within healthcare teams.

g. Family Monthly Income

Data showed that 15 or 43 percent have an income between Php 30,001 -Php 40,000, 13 or 37 percent have an income of Php 20,001- Php 30,000, and seven or 20 percent have Php 40,001 -Php 50,000 monthly income. This implies that discrepancies in pay and benefits could enhance job satisfaction and financial security among healthcare professionals. This aligns with research by Kiarashi et al. (2021), which emphasized the impact of salary disparities on healthcare professionals' morale and retention rates, emphasizing the need for fair compensation structures and incentives to promote workforce stability and well-being.

3.2 Challenges Encountered by Community Health Workers in the Provision of Primary Health

Challenges along Geographical and Environmental by Community Health Workers in providing Primary Health Care Services in Geographically Isolated and Disadvantaged Areas of Catanduanes.

Table 2 shows the challenges and geographical and environmental issues that community health workers face when providing primary health care services in the geographically isolated and disadvantaged Catanduanes areas. The results revealed that all indicators were interpreted as Strongly Agree. The results imply that comprehensive and personalized solutions are needed to address issues related to geography and the local environment in healthcare services. These should focus on disaster preparedness, infrastructure development, workforce retention, and innovations to improve healthcare access, equity, and reliability in far-flung and isolated areas.

The challenges professional health workers face when providing basic medical care in disadvantaged and remote areas are similar to those identified by Abelsen et al. (2020) and Streeter et al. (2020). They stress how important it is for everyone to receive high-quality primary health care. For example, your plan includes keeping and hiring workers, improving facilities, and working with people from different backgrounds. Some of these ideas are related to the issues that professional health workers raise about the environment and geography. Another thing Streeter et al. (2020) shows is how the location of primary care Health Professional Shortage Areas (pcHPSAs) affects social determinants of health (SDOH). They stress how difficult it is to get care due to medical, financial, and physical problems. They found that many people are in at-risk groups, so it is important to look broadly at healthcare availability and the social factors of health.

Table 2. Challenges along Geographical and Environmental by Community Health Workers in the Provision of Primary Health Care Services in GIDA of Catanduanes

Indicator	Mean	Description	Rank
1. Accessibility to remote areas poses a significant challenge in reaching patients needing healthcare services.	4.63	Strongly Agree	3

2. Harsh environmental conditions, such as extreme weather, hinder the delivery of health services to remote communities.	4.66	Strongly Agree	2
3. Limited infrastructure, such as roads and transportation, impedes the timely delivery of medical supplies and personnel to remote areas.	4.46	Strongly Agree	8.5
4. Geographical barriers, such as rugged terrain or water bodies, present obstacles to accessing remote communities for healthcare delivery.	4.46	Strongly Agree	8.5
5. Seasonal variations, such as monsoons or floods, disrupt healthcare services and pose risks to community health in remote areas.	4.57	Strongly Agree	4
6. Remote communities located in disaster-prone regions face additional challenges in maintaining the continuity of healthcare during emergencies.	4.69	Strongly Agree	1
7. Geographic isolation exacerbates the difficulty of recruiting and retaining healthcare professionals in remote areas.	4.46	Strongly Agree	8.5
8. Lack of telecommunications infrastructure in remote regions hampers communication and coordination for healthcare delivery.	4.49	Strongly Agree	5.5
9. Geographic dispersion of populations in remote areas complicates efforts to provide comprehensive healthcare coverage to all residents.	4.49	Strongly Agree	5.5
10. Inaccessible or unreliable transportation options limit the mobility of healthcare workers and patients in remote regions.	4.49	Strongly Agree	5.5
Overall Mean	4.48	Strongly Agree	

1-1.80 for strongly disagree, 1.81-2.60 for disagree, 2.61-3.40 for neutral, 3.41-4.20 for agree, and 4.21-5 for strongly agree

Challenges along sociocultural lines by community health workers in providing primary health care services in GIDA of Catanduanes.

Table 3 shows Community Health Workers' challenges in providing primary health care services in geographically isolated and disadvantaged areas in Catanduanes, along sociocultural. The overall mean is 4.23, which is strongly agree.

Table 3. Challenges along Sociocultural by Community Health Workers in the provision of Primary Health Care Services in GIDA of Catanduanes

Indicator	Mean	Description	Rank
1. Language barriers between health workers and community members affect health education and communication effectiveness.	4.14	Agree	8
2. Deep-rooted cultural beliefs and practices influence the acceptance and utilization of modern healthcare services.	4.43	Strongly Agree	1
3. Lack of trust in formal healthcare systems deters community members from seeking timely medical attention.	4.17	Agree	7
4. Gender norms and social hierarchies within communities impact access to healthcare services, particularly for marginalized groups.	4.11	Agree	9
5. Stigma surrounding certain health conditions or seeking medical help discourages individuals from seeking timely care in remote areas.	4.23	Strongly Agree	5
6. Religious beliefs and practices may influence community members' health-seeking behaviors and treatment preferences.	4.34	Strongly Agree	3
7. Traditional healers and alternative medicine practices compete with modern healthcare services, affecting healthcare utilization.	4.2	Strongly Agree	6
8. Socio-economic disparities contribute to unequal access to healthcare resources and services in remote communities.	4.37	Strongly Agree	2
9. Lack of community trust in external healthcare providers or government-led initiatives undermines healthcare interventions.	4.09	Agree	10
10. Cultural taboos and sensitivities regarding certain health topics inhibit remote areas' open communication and education efforts.	4.26	Strongly Agree	4
Overall Mean	4.23	Strongly Agree	

1-1.80 for strongly disagree, 1.81-2.60 for disagree, 2.61-3.40 for neutral, 3.41-4.20 for agree, and 4.21-5 for strongly agree

This implies that language barriers, lack of trust toward officials in the healthcare system, the stigma attached to some health issues, and relying on traditional healers show how important it is to provide healthcare in a culturally sensitive manner. There are a lot of similarities between the poll results and the study by Rammela (2020) about how sociocultural factors affect people's use of basic healthcare services. In the research, sociocultural factors are one of the main themes that show how access to good basic healthcare services is affected in some of South Africa's Sekhukhune District towns. Some of these factors are language hurdles, cultural views and practices, a lack of trust in official healthcare systems, gender roles, and differences in income, all

of which align with the study's findings.

Challenges Community Health Workers encounter in providing Primary Health Care services in Geographically Isolated and Disadvantaged Areas of Catanduanes, along with Resources and Support.

Table 4 shows the challenges that Community Health Workers face in delivering primary health care services in geographically isolated and disadvantaged areas in Catanduanes, along with resources and support.

The overall mean for the challenges along Resources and Support is 4.23, verbally interpreted as Strongly Agree. These results imply a need for improvement in healthcare access, fairness, and quality in rural areas. Adequate funds, staffing, training, equipment, and policy support are needed to create strong healthcare systems that can meet the various needs of rural areas. In addition, encouraging community involvement and interaction can make healthcare measures more relevant, acceptable, and sustainable, empowering communities to take ownership of their health, which yields positive outcomes. The research by Lam et al. (2018) shows that the health staff is not the same in poor urban and rural places. It says there are not enough health workers and suggests that basic healthcare centers hire more people. This fits with the results from Streeter et al. (2020), which show how medically, economically, and geographically fragile groups are spread out.

Table 4. Challenges of Resources and Support by Community Health Workers in the Provision of Primary Health Care Services in GIDA of Catanduanes

Indicator	Mean	Description	Rank
1. Inadequate funding and budget allocation limit the availability of essential medical equipment and supplies in remote health facilities.	4.57	Strongly Agree	2.5
2. Insufficient staffing and high workload contribute to burnout and reduced quality of care among health workers in geographically isolated areas.	4.54	Strongly Agree	4.5
3. Limited access to training and professional development opportunities hinders the capacity-building of health workers in remote communities.	4.37	Strongly Agree	8
4. Shortage of specialized healthcare professionals, such as doctors and nurses, in remote areas compromises healthcare delivery.	4.54	Strongly Agree	4.5
5. Lack of robust referral systems and tertiary care facilities in remote regions impedes access to advanced medical treatment.	4.49	Strongly Agree	6
6. Inadequate housing and living conditions for healthcare workers in remote areas affect their well-being and retention.	4.34	Strongly Agree	9.5
7. Absence of telemedicine infrastructure limits remote diagnosis and consultation options for healthcare providers.	4.43	Strongly Agree	7

8. Limited access to pharmaceuticals and medical supplies leads to stockouts and delays in treatment for patients in remote communities.	4.69	Strongly Agree	1
9. Insufficient government support and policy frameworks hinder the development and sustainability of healthcare initiatives in remote areas.	4.57	Strongly Agree	2.5
10. Lack of community engagement and participation in healthcare decision-making processes undermines the effectiveness of interventions in remote regions.	4.34	Strongly Agree	9.5
Overall Mean	4.23	Strongly Agree	

3.3 Issues affecting the provision of Primary Health Care Services by Community Health Workers in Geographically Isolated and Disadvantaged Areas of Catanduanes

Table 5 shows the issues affecting the provision of Primary Health Care Services in Geographically Isolated and Disadvantaged Areas of Catanduanes. Respondents rated the Issues affecting the provision of primary health care services in geographically isolated and disadvantaged areas as a major issue, with indicators along lack of government training, shortage of healthcare personnel, insufficient medical supplies and equipment, and inadequate infrastructure.

Table 5. Issues affecting the provision of Primary Health Services in GIDA of Catanduanes

Indicator	Mean	Description	Rank
1. Lack of Government Funding	4.17	Major Issue	2.5
2. Shortage of Healthcare Personnel	4.03	Major Issue	4
3. Insufficient Medical Supplies and Equipment	4.34	Major Issue	1
4. Inadequate Infrastructure (roads, transportation)	4.17	Major Issue	2.5
5. Limited Access to Training and Professional Development Opportunities	3.83	Moderate Issue	6
6. Bureaucratic Red Tape in Healthcare Administration	3.71	Moderate Issue	8
7. Inadequate Communication and Coordination among Healthcare Providers	3.37	Moderate Issue	10
8. Lack of Community Engagement and Participation	3.51	Moderate Issue	9
9. Insufficient Government Policies and Support for Rural Healthcare	3.83	Moderate Issue	6
10. Difficulty in Accessing Referral Services and Specialized Care	3.83	Moderate Issue	6
Overall Mean	3.88	Moderate Issue	

1-1.80 for not an issue, 1.81-2.60 for minor issues, 2.61-3.40 for moderate issues, 3.41-4.20 for major issues, and 4.21-5 for critical issues

3.4 Correlation Between the Profile of the Respondents and the Challenges Encountered by the Community Health Workers In the Provision of Primary Health Services In GIDA Of Catanduanes.

Correlation between the Profile and Profilellenges encountered by the Community Health Workers In the Provision of Primary Health Care Services in Geographically Isolated and Disadvantaged Areas of Catanduanes along Geographical and Environmental.

Table 6 presents the correlation between demographic profiles and the geographical and environmental challenges in providing primary health care services in Geographically Isolated and Disadvantaged Areas of Catanduanes. The findings indicate that the profile of tProfileondents has no significant relationship with the challenges encountered by Community Health Workers in the provision of primary health care services since the computed p-values ranging from 0.152 to 0.999 indicate that these correlations are not statistically significant at the typical significance level of 0.05. Therefore, the null hypothesis was accepted for all variables, suggesting that demographic characteristics such as age, sex, religion, marital status, educational attainment, length of service, and family monthly income do not significantly correlate with the challenges related to geographical and environmental factors.

Table 6. Correlation between the Profile and the Geographical and Environmental Challenges

Indicators	Computed χ^2 value	p-value @ 0.05	Decision on H_o	Interpretation
Age	28.869	0.584	Accepted	Not Significant
Sex	16.919	0.699	Accepted	Not Significant
Religion	16.919	0.999	Accepted	Not Significant
Marital Status	16.919	0.856	Accepted	Not Significant
Educational Attainment	28.869	0.152	Accepted	Not Significant
Years in Service	40.113	0.692	Accepted	Not Significant
Monthly Family Income	28.869	0.602	Accepted	Not Significant

While some variables exhibit relatively strong correlation coefficients, these correlations lack statistical significance. These findings imply that addressing geographical and environmental challenges may necessitate broader interventions beyond individual demographic characteristics.

Correlation between the Profile and Profileiocultural challenges encountered by the Community Health Workers In the provision of Primary Health Care services in GIDA of Catanduanes.

Table 7 presents the correlation between demographic profiles and challenges along sociocultural in the provision of primary health care services in Geographically Isolated and Disadvantaged Areas of Catanduanes since the computed p-values ranging from 0.379 to 0.953 exceeded the typical significance level of 0.05; thus, the null hypothesis was accepted for all variables, indicating that there is no significant correlation between demographic characteristics and challenges associated with sociocultural. While some variables exhibit relatively higher p-values, these correlations lack statistical significance. These results imply that individual demographic characteristics do not significantly influence the sociocultural challenges Community Health Care Workers encounter. Therefore, addressing these challenges may require interventions focusing on cultural competence training, community engagement strategies, and interdisciplinary collaboration rather than individual demographic characteristics.

Table 7. Correlation between the Profile and the Challenges along Sociocultural Challenges

Variables	Chi-square tabular value	p-value	Decision	Interpretation
Age	0.727	0.727	Accepted	Not Significant

Sex	0.763	0.763	Accepted	Not Significant
Religion	0.379	0.379	Accepted	Not Significant
Marital Status	0.738	0.738	Accepted	Not Significant
Educational Attainment	0.877	0.877	Accepted	Not Significant
Years in Service	0.763	0.763	Accepted	Not Significant
Monthly Family Income	0.953	0.953	Accepted	Not Significant

Correlation between the Profile and Profilellenges encountered by the Community Health Workers in providing Primary Health Care services in GIDA of Catanduanes along with Resources and Support.

Table 8 shows the correlation between the profile and Profileources and support. The p-values associated with each variable range from 0.127 to 0.604, all exceeding the typical significance level of 0.05. Consequently, the null hypothesis was accepted for all variables, indicating no significant correlation between demographic characteristics and the challenges associated with resources and support in primary healthcare provision. These findings imply that individual demographic characteristics do not significantly impact the difficulties encountered by Community Health Care Workers in accessing resources and support systems. Systemic interventions such as improving resource allocation, strengthening support networks, and enhancing organizational capacities may be necessary to address these challenges effectively.

Table 8. Correlation between the Profile and Profilellenges encountered by the Community Health Workers In the provision of Primary Health Care services in GIDA of Catanduanes along Resources and Support

Indicators	Computed χ^2 value	p-value @ 0.05	Decision on H_o	Interpretation
Age	33.924	0.294	Accepted	Not Significant
Sex	19.675	0.352	Accepted	Not Significant
Religion	19.675	0.524	Accepted	Not Significant
Marital Status	19.675	0.390	Accepted	Not Significant
Educational Attainment	33.924	0.127	Accepted	Not Significant
Years in Service	47.399	0.217	Accepted	Not Significant
Monthly Family Income	33.924	0.604	Accepted	Not Significant

4 CONCLUSIONS

The demographic profile revealed that most respondents are 31–40 years old, female, single, Roman Catholic, with a Bachelor's degree in a health-related field, and have 5–10 years of service with a family income of Php 30,001–40,000. This profile provides insights into the characteristics of the healthcare workforce in the study area. The challenges identified—including geographical and environmental barriers, sociocultural differences, and resource limitations—underscore the complexity of delivering healthcare services in remote areas. Addressing these challenges is crucial for improving healthcare access and outcomes in underserved communities. Additionally, issues such as lack of government funding, shortage of healthcare personnel, and inadequate

infrastructure highlight systemic barriers that need to be addressed to improve the provision of primary healthcare services in Catanduanes's geographically isolated and disadvantaged areas. The lack of a significant correlation between respondent demographic characteristics and encountered challenges suggests that these challenges are pervasive across different demographic groups. Thus, addressing these challenges requires comprehensive and inclusive strategies. The proposed plan aims to address the extent of these challenges by enhancing access to healthcare, promoting cultural sensitivity, and strengthening resources and support systems for Community Health Workers. Implementing this plan could improve healthcare delivery and outcomes in the Geographically Isolated and Disadvantaged Areas of Catanduanes.

5 RECOMMENDATIONS

Based on the demographic profile shown, it is suggested that training programs be designed to meet the specific needs and problems of female Community Health Care Workers, as they comprise most of the workforce. Supportive programs for work-life balance, such as child care centers, flexible schedules, and family support groups, can help married Community Health Care Workers stay satisfied with their jobs. Moreover, encouraging cultural awareness and understanding among Community Health Care Workers, especially regarding faith variety, can lead to better relationships between patients and providers and improved health outcomes. A thorough method is needed to address the many problems that Community Health Care Workers face. Investments should be made in infrastructure, transportation, and disaster preparedness to improve accessibility. Culturally sensitive healthcare models must be developed to overcome challenges like language barriers, traditional beliefs, and mistrust of official healthcare systems. Additionally, more resources such as funding, staff, training, and medical supplies are needed to help Community Health Care Workers provide quality healthcare in rural areas.

To solve the issues identified in the healthcare system, it is important for government bodies, healthcare companies, non-governmental organizations, and community partners to work together. Advocating for policy changes to increase government funding, streamline routine tasks, and enhance healthcare infrastructure is crucial. Furthermore, community involvement programs that engage locals in decision-making and raise health literacy can foster a sense of ownership and responsibility for health outcomes. Since the challenges faced by Community Health Care Workers are structural, solutions should target the root causes rather than individual traits. Policies aimed at improving healthcare workers' hiring, training, and retention should be applied equitably across all groups. Projects that enhance access to resources, support networks, and professional development opportunities should be prioritized to ensure fair healthcare access in rural areas.

The proposed plan includes several actions to provide healthcare to people in remote areas. The most impactful actions include healthcare facility projects, training sessions, and policy support efforts. Collaboration among government agencies, non-profits, businesses, and local groups is essential for effective and sustainable implementation. Additionally, regular monitoring and review systems should be established to assess the effectiveness of these solutions and identify opportunities for improvement.

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