

Empowering Barangay Health Workers Through the UpToDate Club

Bridging Knowledge Gaps in Rural Healthcare

Proceedings of the 2024 UpToDate Club Meetings



BHW UpTODate Club

Wolters Kluwer Partnership

25 April 2024–5 December 2024

Enhancing Clinical Competency
Empowering Health Counselors



UNIVERSITY OF THE PHILIPPINES
CENTER FOR
INTEGRATIVE AND
DEVELOPMENT
STUDIES

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"Rural healthcare workers participating in a session of the Barangay Health Workers (BHW) UpToDate Club, utilizing the UpToDate clinical decision support tool for continuous professional development."

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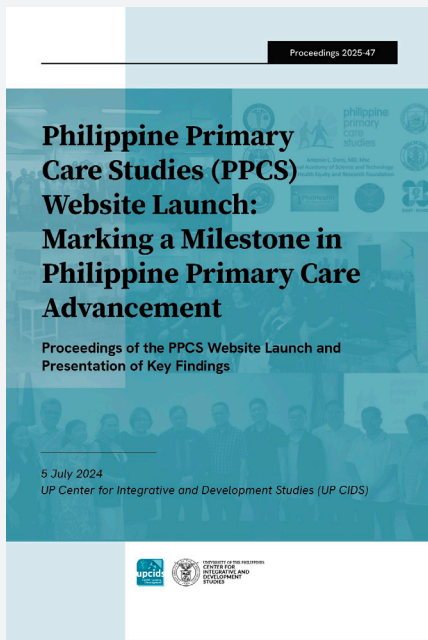
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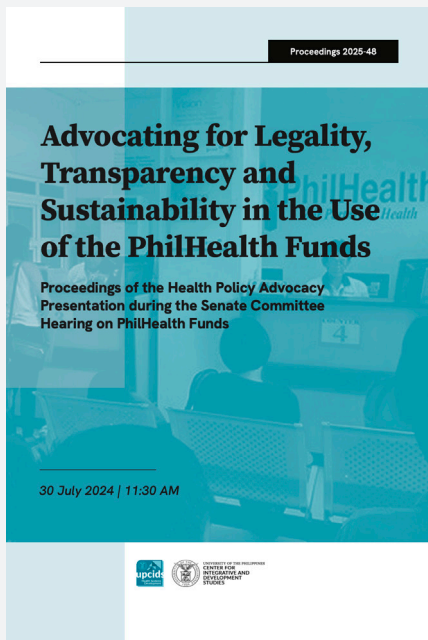
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Background and Rationale

CONDUCTING A BIWEEKLY UPTODATE CLUB: A STRUCTURED APPROACH TO PROFESSIONAL DEVELOPMENT FOR RURAL HEALTH WORKERS

The Barangay Health Workers (BHW) UpToDate Club was established to address the need for accessible, up-to-date clinical information among rural healthcare providers in the Philippines. This initiative is structured to support continuous professional development (CPD) for Barangay Health Workers, nurses, midwives, medical technologists, and physicians, who often encounter challenges in accessing current medical information and formal training. The program was made possible through a partnership with Wolters Kluwer, which enabled the provision of free subscriptions to the UpToDate app, an evidence-based clinical decision support tool that rural healthcare workers could utilize in their practice. The initial implementation targeted Philippine Primary Care Studies (PPCS) sites, including the University of the Philippines Health Service (UPHS) and healthcare centers in the municipalities of Samal, Bataan and Bulusan, Sorsogon.

The program's design was based on the challenges inherent in traditional Continuing Medical Education (CME) programs, which typically require healthcare workers to attend sessions in the National Capital Region (NCR), leading to considerable time away from their daily responsibilities in rural areas. By providing structured, flexible online learning, the UpToDate Club enables healthcare workers to strengthen their clinical knowledge and skills without leaving their communities. This format seeks to enhance the accessibility and continuity of training for rural healthcare providers.

OBJECTIVES OF THE BHW UPTODATE CLUB

The BHW UpToDate Club was founded with three principal objectives:

1. **Enhancing Clinical Competency:** The program's foremost aim is to furnish rural healthcare workers with evidence-based knowledge and skills to manage a range of health conditions prevalent in their communities. This objective aligns with the broader goal of equipping healthcare providers with information that supports effective, informed decision-making.
2. **Empowering BHWs as Community Health Counselors:** Given their role as initial points of contact for community health concerns, BHWs frequently counsel patients and their families. The UpToDate Club provides resources that strengthen the BHWs' ability to communicate accurate health information, thereby enhancing their role in patient education and community health support.
3. **Ensuring Relevance Through Real-World Applications:** To ensure applicability, the club focuses on case-based learning, where topics are chosen based on actual patient cases encountered by participants in their barangays. This focus on real-life scenarios aims to make the learning experience directly relevant and responsive to the unique challenges of rural healthcare.

STRUCTURE AND IMPLEMENTATION: A CASE-BASED LEARNING MODEL

UptoDate Club Meeting General Program

TIME	ACTIVITY	DESCRIPTION	SPEAKER/ FACILITATOR
4:00–4:05 P.M.	Introduction	The moderator from CIDS–PHSD introduces participants, the speaker/s, and resource person/s.	Moderator
4:05–4:15 P.M.	Case Presentation	Presentation of a patient case with a specific health condition.	Speaker (Barangay Health Worker)

TIME	ACTIVITY	DESCRIPTION	SPEAKER/ FACILITATOR
4:15–4:30 P.M.	Discussion of the Health Condition using UpToDate	Presentation about the health condition using information from UpToDate.	Speaker (Barangay Health Worker)
4:30–4:45 P.M.	Open Forum	Participants (BHWs) can ask any questions about the case or share their own experience. The resource person/s invited by CIDS PHSD can answer and clarify these concerns.	Participants and Resource Persons
4:45–4:55 P.M.	Additional Reminders/ Information	The resource person/s may emphasize any additional information or reminders to support the practice of the BHWs.	Resource Persons
4:55–5:00 P.M.	Closing	The moderator from CIDS–PHSD takes a group photo and closes the session.	Moderator

Session Format and Topic Selection

Each session of the UpToDate Club follows a structured, interactive format that encourages active participation and knowledge sharing among healthcare workers. Conducted biweekly on every other Thursday via Zoom, the sessions are designed to provide regular, ongoing professional development while accommodating participants’ schedules. The use of case-based learning enables healthcare workers to engage with practical scenarios relevant to their daily practice.

Topics are chosen by volunteer presenters from within the community, who select cases that reflect the health challenges commonly encountered in barangays. This approach ensures that the training content is relevant to the participants’ experiences and allows them to contextualize clinical knowledge within their own practice. Each session begins with a case presentation by a healthcare worker, who describes how they utilized UpToDate to guide clinical decisions for a specific patient case. This format supports a practical understanding of medical conditions and treatment strategies, offering participants insights into effective patient management.

Interactive Peer Support and Professional Recognition

Following the case presentation, a discussion period allows for a deeper exploration of the medical condition, with information sourced from UpToDate providing a reference framework. The session concludes with an open question-and-answer segment, where participants share experiences, discuss case management approaches, and address clinical uncertainties. This format creates an interactive learning environment, where peer support and shared experiences contribute to a broader understanding of patient care. Site coordinators assist in organizing session logistics and issue certificates of attendance, which serve as documentation of CPD and professional engagement for participants.

Summary of UpToDate Club Meetings Conducted in 2024

From 25 April to 5 December 2024, 15 UpToDate Club Meetings were held by UP CIDS-PHSD, covering topics covering health conditions ranging from infectious diseases to chronic and lifestyle diseases commonly encountered by BHWs in the community. Discussions often included clarification of misconceptions and myths, preventive measures, risk communication, and procedural information such as what to do in certain situations.

Each UpToDate Club Meeting has been summarized below:

MEETING 1: TUBERCULOSIS IN ADULTS <i>25 April 2024 4:00 P.M.</i>	
RESOURCE PERSON	Dr. Antonio Dans <i>Internal Medicine, St. Luke's Medical Center, Quezon City</i>
LECTURER/ PRESENTER	Elena Baluyot <i>BHW-San Juan, Samal, Bataan</i>
SYNOPSIS OF PRESENTATION	Symptoms of tuberculosis in adults are long coughs, fever, sweating during the evening, and weight loss. It can be treated by taking medication for months.
Q AND A	<ul style="list-style-type: none">■ <i>What if the patient takes inadequate medication?</i> Patients should take complete medication consistently.
ADDITIONAL COMMENTARIES OF RESOURCE PERSONS	It is important that medication is continuous. One of the biggest problems of the Philippines in controlling tuberculosis is the development of resistance to certain medicines due to inadequate and inconsistent use of medication. If the doctor said that the medicine should be taken for six months, the patient should follow the doctor's advice and take the medicine for the specified period.

MEETING 2: HYPERTENSION

9 May 2024 | 4:00 P.M.

RESOURCE PERSON

Dr. Antonio Dans
Internal Medicine, St. Luke's Medical Center, Quezon City

LECTURER/ PRESENTER

Greta Theo

SYNOPSIS OF PRESENTATION

Symptoms of hypertension include headache, chest pain, dizziness, difficulty in breathing, vomiting, poor eyesight, and anxiety. It can be prevented by reducing salt in the diet, reducing weight if you are overweight, avoiding drinking too much alcohol, stopping smoking, and exercising at least 30 minutes every day.

Q AND A

- *Do you need to take a blood test every day?*
You don't need to do blood tests frequently, especially if it's not an emergency.
- *Is it advisable to drink pineapple juice?*
It is not effective.
- *What is the normal BP range for seniors with or without comorbidities?*
For diabetic seniors, we lower the range to less than 130/80. For those without comorbidities, 140/90.
- *Is a health stroke a sign of high blood pressure?*
It's different, but it can worsen the condition of someone with hypertension. Blood pressure can increase.

ADDITIONAL COMMENTARIES OF RESOURCE PERSONS

There are three requirements before taking blood pressure:

- Patients should not be experiencing any health conditions.
- Patients should be able to rest for at least 10 minutes before checking.
- Patients should be awake for at least one hour before checking.

MEETING 3: DIABETES MELLITUS

30 May 2024 | 4:00 P.M.

RESOURCE PERSON	Dr. Iris Thiele Isip-Tan <i>Endocrinologist, UP-Philippine General Hospital (PGH)</i>
LECTURER/ PRESENTER	Ellen Abella-Vidal <i>BHW-Brgy. Lalawigan</i>
SYNOPSIS OF PRESENTATION	Symptoms of diabetes mellitus include frequent urination, dehydration, and poor eyesight. It can be treated by taking tablets that increase insulin and taking insulin shots. This can be prevented by eating healthy foods, engaging in physical activities, quitting smoking, and getting vaccinations for COVID-19 and other diseases.
Q AND A	<ul style="list-style-type: none">■ <i>Can I stop taking medication once I reach the target?</i> No, medication should be continuous. The target was reached because of the medication. Monitoring should be regular as well.■ <i>What is the difference between type 1 and type 2 diabetes?</i> Type 1 is a complete shutdown of the pancreas. This means that the pancreas does not produce insulin. For Type 2, the pancreas still produces insulin, but it is not enough.■ <i>Can I practice a healthy diet instead of taking medication?</i> Medication should be given immediately once diagnosed with diabetes. A healthy diet without medication is advisable for prediabetic people.■ <i>What should I do if my sugar level is on the borderline?</i> Take a healthy diet, do regular exercise, and monitor sugar levels.

MEETING 4: COMMON COLDS

20 June 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Carol Stephanie Tan-Lim
Associate Professor, UP College of Medicine

**LECTURER/
PRESENTER**

Nora Oliveros
BHW-Brgy. Sapa

**SYNOPSIS OF
PRESENTATION**

Symptoms include sneezing, coughing, sore throat, and fever. It is caused by a viral upper respiratory infection. It can be treated by consuming over-the-counter medication. This can be prevented by resting well, drinking plenty of liquids, using saline nose drops or spray, avoiding smoking, washing hands, covering your mouth when coughing, staying in your house, and using a face mask.

Q AND A

- *Why does some mucus come out of the ears?*
Our nose is connected to our ears. There is a small tube where air passes through. That's why if the nose is clogged, the ears are affected, too.
- *How can we know if it is only an allergy and not a common cold?*
We also have what we call allergic rhinitis, which is caused by an allergy, not infection. Allergic rhinitis usually has a trigger like pollen or dust. If it is an infection, sometimes it lasts for a couple of days.
- *What temperature range do we give paracetamol?*
We give it when the temperature of the patient exceeds 37.5 degrees Celsius.

**ADDITIONAL
COMMENTARIES
OF RESOURCE
PERSONS**

Some over-the-counter medications, such as cough suppressants, cough expectorants, and nasal decongestants, should not be given to children less than six years old.

MEETING 5: ASTHMA

27 June 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Carmela Kasala
Pediatrician, The Medical City

**LECTURER/
PRESENTER**

Florida Robles

**SYNOPSIS OF
PRESENTATION**

Symptoms of asthma include coughing, wheezing, and difficulty breathing. It can be treated by using an inhaler or nebulizer. This can be prevented by getting the COVID-19 vaccine, flu shot every year, regular checkups, and avoiding triggers such as smoke, pollen, dust, and chemicals with a strong odor.

Q AND A

- *Can asthma become a skin allergy?*
Asthma is a lung condition, not a skin condition.

- *Is chocolate or dalandan prohibited for those with asthma?*
It is not prohibited if the patient has no allergies to chocolate or dalandan.

MEETING 6: CHICKENPOX

11 July 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Anna Ong-Lim
Pediatrician, UP-PGH

**LECTURER/
PRESENTER**

Carolina Siasat
BHW-Ibaba

**SYNOPSIS OF
PRESENTATION**

Symptoms of chickenpox include fever, vomiting, pain in the throat, and no appetite to eat food. It can be caused by direct contact with someone who has chickenpox. For older kids, it can be treated with valacyclovir or acyclovir. This can be prevented by giving the first dose of varicella vaccination for kids aged 12–15 months and the second dose for kids aged 4–6 years old.

Q AND A	<ul style="list-style-type: none"> ■ <i>How is chickenpox on the mouth treated?</i> Apply cream. ■ <i>Is it prohibited to take a bath if one has chickenpox?</i> If one has no fever, the person can take a bath using warm water to prevent infection. ■ <i>Can I get chickenpox again?</i> It is possible for those with weak immune systems.
ADDITIONAL COMMENTARIES OF RESOURCE PERSONS	Chickenpox can be infectious even if the rash is not yet noticeable or visible.

MEETING 7: DENGUE	
<i>18 July 2024 4:00 P.M.</i>	
RESOURCE PERSON	Dr. Anna Ong-Lim <i>Pediatrician, UP-PGH</i>
LECTURER/ PRESENTER	Mebel Gaurino <i>BHW-Brgy. San Vicente</i>
SYNOPSIS OF PRESENTATION	Symptoms of dengue include fever, headache, tiredness, stomachache, cough, and purple spots on the skin. There is no treatment for the virus, but symptoms can be treated. Dengue can be prevented by staying indoors, wearing shoes, long sleeves, and pants when outside, wearing bug spray or cream containing DEET, and using bug repellent with permethrin on your clothes and things.
Q AND A	<ul style="list-style-type: none"> ■ <i>What are the warning signs that patients should stay at the hospital?</i> Abdominal pain, persistent vomiting, clinical fluid accumulation, mucosal bleed, lethargy, liver enlargement of more than 2 cm, increase in HCT concurrent with a rapid increase in platelet count.

- *Can Tawa-Tawa (Euphorbia hirta) leaves cure dengue?*

There is no definite evidence that shows that tawa-tawa increases platelet count. Studies show that it has a harmful effect on a person's liver.

- *When will someone who has dengue fully recover, and can I still get dengue?*

Typically, someone who has had dengue can fully recover within one week, although you can still get dengue again.

**ADDITIONAL
COMMENTARIES
OF RESOURCE
PERSONS**

If the patient no longer has fever, continue to monitor in the next 48 hours, especially the plate count.

MEETING 8: UTI IN PREGNANT WOMEN

1 August 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Marissa Alejandria
Clinical Epidemiologist, UP College of Medicine

**LECTURER/
PRESENTER**

Corazon Reyes
BHW-San Juan

**SYNOPSIS OF
PRESENTATION**

Symptoms of UTI include pain while urinating, frequent urination, sudden urination, and blood in the urine. UTI can be treated by taking antibiotics. This can be prevented by drinking many liquids.

Q AND A

- *If a pregnant woman has UTI, will her baby be affected?*

It can affect her baby if not treated.

- *Why do women have a higher chance of getting UTI?*

Women have shorter urethras.

<p>ADDITIONAL COMMENTARIES OF RESOURCE PERSONS</p>	<ul style="list-style-type: none"> ■ <i>Can I eat salty food?</i> It is not prohibited. Just don't eat too much salty food. <p>Wash your private area thoroughly.</p>
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MEETING 9: DIARRHEA
15 August 2024 | 4:00 P.M.

<p>RESOURCE PERSON</p>	<p>Dr. Juliet Sio-Aguilar <i>Pediatrician, St. Luke's Medical Center</i></p>
<p>LECTURER/ PRESENTER</p>	<p>Renelda Rodrigo</p>
<p>SYNOPSIS OF PRESENTATION</p>	<p>Symptoms of diarrhea include watery waste, tiredness, dehydration, dizziness, and yellow urine. Diarrhea can be caused by viruses, bacteria found in food or water, parasites such as small worms, side effects from some medicines, problems in digesting some kinds of food, and diseases that can harm the digestive system. It can be treated by taking antibiotics or medication such as loperamide. This can be prevented by regular handwashing and ensuring the safety of the food you eat.</p>
<p>Q AND A</p>	<ul style="list-style-type: none"> ■ <i>Is Pocari Sweat effective for those with diarrhea?</i> It is not intended for diarrhea, and taking too much sugar can worsen diarrhea. ■ <i>Can aerosol be mixed with Sprite?</i> Sugar can worsen diarrhea. ■ <i>Can you eat salty food?</i> Yes, but not too salty food.
<p>ADDITIONAL COMMENTARIES OF RESOURCE PERSONS</p>	<p>Diarrhea is more common in kids than in adults.</p>

MEETING 10: ATHLETE'S FOOT

29 August 2024 | 4:00 P.M.

RESOURCE PERSON	Dr. Lonabel Ancheta-Encarnacion <i>Dermatologist, St. Luke's Medical Center, Quezon City</i>
LECTURER/ PRESENTER	Loreta De Sosa and Maria Cristina Enriquez <i>BHW-Tabing Ilog</i>
SYNOPSIS OF PRESENTATION	Symptoms of diarrhea include watery waste, tiredness, dehydration, dizziness, and yellow urine. Diarrhea can be caused by viruses, bacteria found in food or water, parasites such as small worms, side effects from some medicines, problems in digesting some kinds of food, and diseases that can harm the digestive system. It can be treated by taking antibiotics or medication such as loperamide. This can be prevented by regular handwashing and ensuring the safety of the food you eat.
Q AND A	<ul style="list-style-type: none">■ <i>Is there any food that I should not eat if I have athlete's foot?</i> None. It is not an allergy. It is an infection.■ <i>Is it okay to put garlic on an athlete's foot?</i> It is not recommended because garlic can cause allergies.■ <i>Can I apply foot powder and warm water with salt?</i> It is advisable to apply foot powder during the early stage of the fungal infection and use warm water for cleansing.
ADDITIONAL COMMENTARIES OF RESOURCE PERSONS	Apply clotrimazole cream for two to four weeks. You can treat it for as long as three months. Wearing socks before wearing your underwear can prevent the spreading of athlete's foot to the groin area.

MEETING 11: CATARACT

12 September 2024 | 4:00 P.M.

RESOURCE PERSON

Dr. Aldous de Leon
Ophthalmologist, St. Luke's Medical Center, Quezon City

LECTURER/ PRESENTER

Merly Fulla
BHW-Brgy. Sabang

SYNOPSIS OF PRESENTATION

Symptoms of cataract include unclear vision, and headlights can be too bright. An ophthalmologist can conduct a comprehensive examination by checking how you perceive things near and far, measuring the pressure inside your eyes using a special apparatus, and checking your eyes to see if some veins are damaged. Cataracts can be treated by operation or surgery. It can be prevented by not smoking.

Q AND A

- *What is the difference between pterygium and cataract?*

The lens.

- *How long should I wear goggles after surgery?*

Ask the doctor. Usually, the goggles can be removed after 24 hours. Just avoid swimming.

- *After undergoing surgery, is there a possibility that my vision will worsen?*

It is possible to get a complication after a surgery, like infection, but this happens rarely.

ADDITIONAL COMMENTARIES OF RESOURCE PERSONS

People with diabetes, smokers have a higher risk of developing cataracts. Young people can get it too, especially those who consume steroids. Beware of scammers who offer free surgeries.

MEETING 12: GOUT

26 September 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Evelyn Salido
Adult Rheumatologist, Qualimed Clinic Manila

**LECTURER/
PRESENTER**

Christine H. Hapalla
BHW-Brgy. East Calaguiman

**SYNOPSIS OF
PRESENTATION**

Causes of gout include the formation of uric acid, crystals, and inflammation. Symptoms of gout include pain in your toes or knees, inflammation, and gout flares. Gout can be treated by taking NSAIDs, Colchicine, or steroids. It can be prevented by eating a balanced diet, monitoring your weight, and taking care of your health.

Q AND A

- *What food increases uric acid?*
All kinds of alcohol, especially beer, sweetened drinks like soft drinks, red meat, small fish like dilis, bagoong, fish sauce, and seafood with shells like oysters have high levels of uric acid. Foods such as mongo, beans, and nuts do not increase uric acid.
- *Are there medications that increase uric acid?*
Medications for TB, such as pyrazinamide and ethambutol can increase uric acid. It is better to advise patients to check if they have a history of gout.
- *What should be taken if I have arthritis—colchicine or allopurinol?*
Colchicine is an anti-inflammatory medication that removes pain and inflammation. Allopurinol helps in lowering levels of uric acid.
- *Are there scaleless fish that increase uric acid?*
Small fish like dilis (anchovies) and big fish like tuna increase uric acid. Scales have no connection.

**ADDITIONAL
COMMENTARIES
OF RESOURCE
PERSONS**

- *Is colchicine harmful to the kidneys?*

No, but it is harmful if the one who will consume it is someone who has a kidney or liver condition.

Sometimes it is not enough to stop drinking alcohol. An increase in the levels of uric acid affects the blood.

MEETING 13: STROKE

18 October 2024 | 4:00 P.M.

**RESOURCE
PERSON**

Dr. Iris Thiele Isip-Tan
Endocrinologist, UP-PGH

**LECTURER/
PRESENTER**

Sarah Ganancial
BHW-Brgy. Madlawon

**SYNOPSIS OF
PRESENTATION**

Symptoms of stroke include getting out of balance, having poor eyesight, an uneven face, weak arm/s, and strange speech. It is caused by clogged arteries and bleeding. This can be treated by taking medication that can open your veins and stop taking medication that increases bleeding. Stroke can be prevented by stopping smoking, exercising regularly, reducing weight, eating a healthy diet rich in fruits and vegetables, and avoiding drinking.

Q AND A

- *Why did the patient's complexion become pale?*

It should not be the case because diabetes can be anemic if the patient has a kidney condition.

- *If the surgery is conducted on the brain, is there a chance that things will go back to normal?*

It depends on the part of the brain that was affected.

- *Why is the patient vomiting?*

It may be a sign that the pressure in the patient's brain is increasing. The patient should be taken to the hospital immediately.

<p>ADDITIONAL COMMENTARIES OF RESOURCE PERSONS</p>	<ul style="list-style-type: none"> ■ <i>Is colchicine harmful to the kidneys?</i> No, but it is harmful if the one who will consume it is someone who has a kidney or liver condition. <p>Blood pressure should be continuously monitored. Maintenance medication should not be stopped.</p>
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<p>MEETING 14: CHRONIC KIDNEY DISEASE <i>14 November 2024 4:00 P.M.</i></p>	
<p>RESOURCE PERSON</p>	<p>Dr. Benita Padilla <i>Adult Nephrologist, National Kidney and Transplant Institute</i></p> <p>Dr. Leonila Dans <i>Pediatric Rheumatologist, St. Luke's Medical Center, Quezon City</i></p>
<p>LECTURER/ PRESENTER</p>	<p>Angelica Asuncion <i>BHW-Brgy. Sapa</i></p>
<p>SYNOPSIS OF PRESENTATION</p>	<p>Symptoms of chronic kidney disease (CKD) include inflammation of the feet, high blood pressure, and tiredness. Chronic kidney disease can be treated by taking an ACE inhibitor or an angiotensin receptor blocker, undergoing dialysis, and/or a kidney transplant. CKD can be prevented by maintaining a healthy diet, stopping smoking, reducing weight if overweight, and avoiding NSAIDs such as ibuprofen and naproxen.</p>
<p>Q AND A</p>	<ul style="list-style-type: none"> ■ <i>Am I prohibited from eating any kind of food?</i> A low-protein diet is recommended for those with CKD. This means your meat intake should be limited. ■ <i>Is dialysis treatment for life?</i> For those with acute kidney injury, dialysis is not for life.

ADDITIONAL COMMENTARIES OF RESOURCE PERSONS	<ul style="list-style-type: none"> ■ <i>Can you use paracetamol as a pain reliever?</i> It is safe to give, but it should not be used frequently. <p>Medication should not be stopped once blood pressure decreases. It is important that the target blood pressure is reached. The patient should continue taking medication. Checking a patient's history is important—especially if the patient has hypertension and/or diabetes.</p>
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MEETING 15: GOITER <i>5 December 2024 4:00 P.M.</i>	
RESOURCE PERSON	<p>Dr. Ray Casile <i>Otolaryngologist, St. Luke's Medical Center, Global City</i></p> <p>Dr. Antonio Dans <i>Internal Medicine, St. Luke's Medical Center, Quezon City</i></p>
LECTURER/ PRESENTER	<p>Renelda Rodrigo <i>BHW-Brgy. Dapdap</i></p>
SYNOPSIS OF PRESENTATION	<p>Symptoms of goiter include lumps on neck, tiredness, getting thinner, increased heart rate, frequent defecation. Goiter can be treated with antithyroid medication like methimazole or radioiodine. For more serious cases, surgery may be needed to remove the nodular goiter.</p>
Q AND A	<ul style="list-style-type: none"> ■ <i>Is it normal for my voice to be hoarse after surgery?</i> It's normal. This is only temporary, and your voice will return to normal eventually. ■ <i>Is it prohibited to eat cabbage?</i> No, our body needs iodine. ■ <i>Is goiter hereditary?</i> Goiter may or may not be hereditary.

**ADDITIONAL
COMMENTARIES
OF RESOURCE
PERSONS**

As a doctor, the first thing that I want to know is if the goiter is cancerous or not. If the lump is as hard as your elbow, it must be examined.

A Closer Look at the Discussions

The UpToDate Club meetings held in 2024 were tailored to empower barangay health workers (BHWs) by enhancing their knowledge, skills, and confidence in managing community health concerns. Beyond the specific medical conditions discussed, the questions raised during these meetings reveal the diverse areas where BHWs seek guidance. The following highlights the nature of questions commonly raised and how they contribute to their role in the community.

PROCEDURAL QUESTIONS

BHWs frequently sought clarity on medical and surgical procedures, reflecting their role in patient education and follow-up care:

- **Goiter:** Questions such as “What age is eligible for surgery?” and “Is it normal for my voice to be hoarse after surgery?” were addressed by Dr. Ray Casile during the 5 December 2024 session. Dr. Casile explained that hoarseness is temporary and highlighted the importance of early detection of cancerous goiters.
- **Cataracts:** During the 12 September 2024 session, Dr. Leonila Dans provided insights on post-surgical care in response to the question, “How long should I wear goggles after surgery?” She emphasized the need to avoid swimming and follow medical advice for optimal recovery.

KNOWLEDGE-BASED QUESTIONS

These questions reveal a quest for foundational knowledge to improve understanding of health conditions and treatments:

- **Hypertension:** On 9 May 2024, Dr. Antonio Dans clarified, “For diabetic seniors, we aim for less than 130/80 BP, while 140/90 is acceptable for

nondiabetics,” in response to inquiries about normal BP ranges for seniors with and without comorbidities.

- **Chronic Kidney Disease (CKD):** Questions like “Can you use paracetamol as a pain reliever?” were addressed by Dr. Benita Padilla during the 14 November 2024 session, who assured attendees that paracetamol is generally safe but should not be overused.

RISK COMMUNICATION AND PREVENTION

BHWs actively explored how to communicate risks and promote preventive measures effectively:

- **Dengue:** In the 18 July 2024 session, Dr. Anna Ong-Lim emphasized the importance of recognizing warning signs like persistent vomiting and abdominal pain, noting, “These symptoms indicate a need for immediate hospitalization.”
- **UTI in Pregnant Women:** During the 1 August 2024, session, Dr. Marissa Alejandria explained, “A UTI can affect the baby if untreated, but early antibiotic treatment is highly effective,” in response to concerns about maternal and child health.

CONTEXTUAL AND PRACTICAL APPLICATIONS

Questions often reflected real-life scenarios BHWs encounter, highlighting their hands-on involvement:

- **Athlete’s Foot:** Dr. Lonabel Ancheta-Encarnacion clarified during the 29 August 2024 session that “Foot powder can help during early stages of fungal infection, and warm water with salt can aid cleansing,” addressing practical remedies.
- **Chickenpox:** On 11 July 2024, Dr. Anna Ong-Lim reassured participants that bathing with warm water is safe for individuals without fever, dispelling common misconceptions about chickenpox care.

MYTHS AND MISCONCEPTIONS

Addressing myths is vital for BHWs to dispel misinformation in their communities:

- **Gout:** Questions like “Are there scaleless fishes that increase uric acid?” were discussed during the 26 September 2024 session. Dr. Evelyn Salido explained that uric acid levels depend more on dietary habits than the presence of scales on fish.
- **Diarrhea:** On 15 August 2024, resource persons corrected the misconception that Pocari Sweat is effective for diarrhea, noting that its sugar content can worsen the condition.

MONITORING AND MAINTENANCE

Questions also demonstrated an emphasis on long-term care and chronic disease management:

- **Diabetes Mellitus:** Dr. Iris Thiele Isip-Tan, during the 30 May 2024, session, stressed, “Medication must continue even after reaching target levels. Monitoring and regular consultations are key,” addressing questions about stopping medication after improvement.
- **Stroke:** In the 18 October 2024, session, Dr. Isip-Tan advised monitoring for complications such as brain pressure when participants asked, “Why is the patient vomiting?”

Shared Experiences of Barangay Health Workers

Reflections on Impact and Practice

PARTICIPANT FEEDBACK AND PROFESSIONAL DEVELOPMENT

Feedback from healthcare workers has been generally positive, with many participants noting the program's contribution to their clinical knowledge and confidence. BHWs and other rural healthcare providers report that the information acquired through the program has improved their understanding of medical conditions, facilitating better communication with patients. Access to the UpToDate app has provided healthcare workers with a reliable source of evidence-based information, which supports their ongoing role in community health. Additionally, the case-based, practical approach to learning has allowed participants to apply acquired knowledge in real-world settings, which they describe as particularly valuable for practice in resource-limited environments.

ACCESSIBILITY AND COMMUNITY SUPPORT

For many participants, the UpToDate app represents an accessible and current medical resource that addresses some of the knowledge gaps in rural healthcare delivery. The online format of the sessions enables healthcare workers from different areas to participate in an interactive environment that emphasizes community and peer support. The sessions allow for open discussions of cases and management approaches, which participants view as beneficial to their practice. In addition, certificates of attendance contribute to their professional development, serving as records of CPD.

CHALLENGES IN PROGRAM IMPLEMENTATION

Several challenges have been encountered in the implementation of the BHW UpToDate Club. Internet connectivity remains a significant limitation in certain barangays, where unstable or restricted access can prevent healthcare workers from fully participating in online sessions. This infrastructure constraint has prompted considerations of alternative access options to ensure broader inclusion. Language has also presented challenges, as some English medical terms lack direct translations in local dialects, complicating comprehension for certain participants. Efforts to improve accessibility, such as localized translations of essential terms, are under consideration to support a more inclusive learning experience.

Lessons and Recommendations for Future Implementation

KEY INSIGHTS AND PROGRAM LEARNINGS

The BHW UpToDate Club has demonstrated the potential of accessible, evidence-based resources to support rural healthcare delivery and the professional development of healthcare providers. The case-based approach has proven beneficial, as it enables participants to apply knowledge in a context that aligns closely with their practice. This method reinforces the relevance of the content, allowing healthcare workers to draw meaningful connections between theoretical knowledge and real-world applications. The program's peer-supported environment also fosters a sense of mutual learning, contributing to a culture of collaboration and shared professional growth. The nature of discussions during these meetings also reflects the various roles of BHWs as health educators, risk communicators, and community advocates. By addressing procedural concerns, enhancing medical knowledge, and debunking myths, the sessions not only strengthen their ability to handle immediate health concerns but also build their capacity to promote healthier communities.

RECOMMENDATIONS FOR PROGRAM IMPROVEMENT

To enhance the effectiveness and reach of the UpToDate Club, several recommendations have been identified. First, addressing the limitations of internet access in rural areas is critical to facilitate wider participation. Partnerships with telecommunications providers or community organizations may help improve connectivity in underserved barangays.

Additionally, localized translations of key medical terms and concepts would support broader comprehension and engagement among participants. The exploration of offline or hybrid access models could also extend the program's reach to healthcare workers in areas with limited internet connectivity. Finally, expanding the program to additional barangays and healthcare providers may enhance its impact, making professional development opportunities accessible to a greater number of rural healthcare workers.

The BHW UpToDate Club offers a structured and practical model of professional development in rural healthcare, leveraging technology and evidence-based resources to support the capacity-building of healthcare workers in underserved communities. By focusing on accessibility, relevance, and inclusivity, the program contributes to the ongoing development of rural health systems, supporting healthcare workers in delivering informed, patient-centered care across communities in the Philippines.

In addition, CIDS-PHSD will further analyze the meeting discussions and questions raised during the meetings in scientific papers to develop a greater understanding of the training and information needs of community health workers in the barangay.

CENTER FOR INTEGRATIVE AND DEVELOPMENT STUDIES

Established in 1985 by University of the Philippines (UP) President Edgardo J. Angara, the UP Center for Integrative and Development Studies (UP CIDS) is the policy research unit of the University that connects disciplines and scholars across the several units of the UP System. It is mandated to encourage collaborative and rigorous research addressing issues of national significance by supporting scholars and securing funding, enabling them to produce outputs and recommendations for public policy.

The UP CIDS currently has twelve research programs that are clustered under the areas of education and capacity building, development, and social, political, and cultural studies. It publishes policy briefs, monographs, webinar/conference/forum proceedings, and the Philippine Journal for Public Policy, all of which can be downloaded free from the UP CIDS website.

THE PROGRAM

The **Program on Health Systems Development (PHSD)** investigates problems of and innovates solutions for health systems and hopes to bridge some of the persistent divides that have hampered health systems in the Philippines. These include, among others, barriers between public health and clinical-surgical medicine; among levels and types of health professionals; among the differing perspectives and sometimes opposing interests of patients, health professionals, health policymakers, and other stakeholders; and between the public and private sector.

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