Assessment of Local Health Concerns and Community Health Priorities Among Barangay Health Workers in Santo Domingo, Nueva Ecija

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ABSTRACT

This study assessed local health concerns and community health priorities as perceived by barangay health workers (BHWs) in Santo Domingo, Nueva Ecija. Specifically, it described the respondents' demographic and service-related characteristics, determined the extent of local health concerns they encountered, identified the health issues they considered most urgent, assessed their preferred community health programs, and examined the relationships between respondents' profiles, perceived health concerns, and community health priorities. A quantitative descriptive-correlational research design was employed, involving 120 BHWs selected through purposive sampling. Data were collected using a structured questionnaire covering respondents' profiles, local health concerns, urgent community health issues, and priority health programs. Frequency counts, percentages, means, standard deviations, and rankings were used to summarize the responses, while nonparametric tests were used to examine relationships between selected variables.

Most respondents were aged 50 years and above (38.33%), female (87.50%), college-level or college graduates (50.00%), had served for at least 10 years (56.67%), and had attended health-related training (80.00%). Noncommunicable diseases received the highest mean rating among the identified health concerns (M = 4.18, SD = 0.67), followed by access to and utilization of health services (M = 3.96, SD = 0.74) and communicable diseases (M = 3.89, SD = 0.71). Disease prevention and screening obtained the highest priority rating among the proposed community health programs (M = 4.52, SD = 0.56), followed by health education and promotion (M = 4.43, SD = 0.59). The inferential results reported in the study indicated significant differences in perceived health concerns and community health priorities according to health-related training. A significant positive relationship was also reported between perceived local health concerns and community health priorities (Spearman's \(rs = 0.684\), \(p = .001\)). These findings highlight the importance of strengthening preventive health services, community education, referral mechanisms, and continuing capacity-building for BHWs. They also support the use of community-level assessments to help local health authorities align health programs with the concerns identified by frontline community health workers.

Keywords: Barangay Health Workers, Community Health Priorities, Local Health Concerns, Noncommunicable Diseases, Primary Health Care, Santo Domingo, Nueva Ecija

INTRODUCTION

Primary health care plays an important role in making essential health services accessible to individuals, families, and communities. It emphasizes health promotion, disease prevention, early identification of health problems, and the provision of services that respond to the needs of the population. The World Health Organization (WHO, 2023) recognizes primary health care as a foundation for achieving equitable and accessible health services, particularly for communities that experience barriers to formal health care. Within this system, community-based health workers help connect households with health facilities and support the implementation of local health programs.

In the Philippines, barangay health workers serve as important links between communities and the formal health system. Their responsibilities commonly involve health education, basic preventive services, maternal and child health activities, community-based disease prevention, referrals, and assistance in implementing local health initiatives. Republic Act No. 7883, or the Barangay Health Workers' Benefits and Incentives Act of 1995, recognizes the role of BHWs and provides a legal basis for supporting their service to their communities. Their work is particularly important in areas where residents may encounter financial, geographic, informational, or other barriers to obtaining timely health care.

Despite their contributions, BHWs work in settings where health needs may vary substantially from one community to another. Some households may require greater support in managing hypertension, diabetes, and other noncommunicable diseases, while others may face recurring communicable diseases, inadequate sanitation, nutritional problems, maternal and child health concerns, or difficulties accessing health services. Mental health and psychosocial well-being also deserve attention because emotional distress and other psychosocial concerns can affect individuals, families, and the broader community. These different needs require local health authorities to determine which concerns are most pressing and how available resources can be allocated effectively.

Research on the experiences of Filipino community health workers has highlighted their contribution to local service delivery as well as the practical difficulties they encounter. De Mesa et al. (2025) discussed the resilience, resourcefulness, and professional identity of community health workers serving rural and remote municipalities in the Philippines. Hartigan-Go et al. (2025) likewise examined the experiences of BHWs and drew attention to the importance of understanding their work and the support available to them. Research on the performance and competencies of BHWs further emphasizes the value of appropriate training, supervision, and capacity-building in strengthening community health services (Hamoy et al., 2026; Nero, 2026).

The importance of identifying local health concerns also relates to the changing demands placed on primary health care. Noncommunicable diseases require sustained health education, screening, follow-up, and referral, while communicable diseases require continued surveillance, prevention, and community participation. Maternal and child health, nutrition, environmental sanitation, and mental health similarly require programs that are responsive to local circumstances. WHO (2018) emphasizes that community health worker programs are more effective when supported by appropriate training, integration with the health system, supervision, and adequate working conditions. These considerations make the perspectives of frontline workers relevant to local planning and program improvement.

In Santo Domingo, Nueva Ecija, BHWs interact with households and participate in community-level health activities. Their day-to-day experiences can provide practical information about the health problems residents commonly encounter, the concerns they consider urgent, and the programs they believe should receive greater attention. However, these perceptions need to be systematically documented and examined rather than assumed to represent the priorities of the entire community automatically. Assessing BHWs' perspectives provides one source of information that may complement local health records, program reports, and other community assessments.

The present study assessed local health concerns and community health priorities among BHWs in Santo Domingo, Nueva Ecija. In addition to describing their profiles and ratings of health concerns and proposed programs, the study examined whether selected characteristics of the respondents were associated with differences in their assessments. It also investigated the relationship between perceived local health concerns and community health priorities. Through this approach, the study sought to provide evidence that may assist local health authorities in planning responsive community-based interventions, strengthening preventive services, and identifying areas for continuing BHW training and support.

Statement of The Problem

This study assessed local health concerns and community health priorities among barangay health workers in Santo Domingo, Nueva Ecija.

Specifically, it sought to answer the following questions:

1. What is the demographic and service-related profile of the respondents in terms of:

1.1 age group;

1.2 sex;

1.3 educational attainment;

1.4 length of service as a BHW;

1.5 barangay assignment; and

1.6 attendance in health-related training?

2. To what extent did the respondents perceive the following as local health concerns in their communities: 2.1 communicable diseases; 2.2 noncommunicable diseases; 2.3 maternal, newborn, and child health; 2.4 nutrition and food security; 2.5 mental health and psychosocial well-being; 2.6 environmental sanitation and hygiene; and 2.7 access to and utilization of health services?

3. Which local health concerns did the respondents identify as the most urgent in their communities?

4. Which community health programs did the respondents identify as priorities in terms of:

4.1 health education and promotion;

4.2 disease prevention and screening;

4.3 maternal and child health services;

4.4 nutrition programs;

4.5 environmental health and sanitation;

4.6 mental health support; and

4.7 referral systems and access to health services?

5. Was there a significant relationship between the respondents' demographic and service-related profiles and their perceived extent of local health concerns and identified community health priorities?

6. Was there a significant relationship between the perceived extent of local health concerns and the identified community health priorities among BHWs?

Significance of The Study

The findings of this study may be useful to the following groups.

Municipal health officials and health program coordinators. The findings provide information about the health concerns that BHWs perceived as prominent in their communities and the programs they considered important. These results may help inform program planning, resource allocation, health education activities, and the strengthening of referral systems. The findings should be considered alongside official health records and other community-level evidence.

Barangay officials and local government units. The results may help barangay leaders identify areas in which community participation, logistical support, and coordination with the municipal health office could be strengthened. They may also serve as a reference when discussing local health needs and prioritizing community-based activities. Barangay health workers. The study provides an opportunity for BHWs' experiences and perspectives to be documented systematically. Its findings may help identify training needs and areas in which BHWs would benefit from updated information, supervision, referral guidance, and continuing professional support.

Health professionals and primary health care teams. The findings may help health professionals understand the concerns observed by frontline workers and improve coordination between community-based activities and services delivered through health facilities. Researchers and future investigators. The study may provide a local reference for subsequent research on community health priorities, BHW training, access to primary health care, and the relationship between frontline workers' perceptions and available community health indicators.

Scope And Delimitation

The study focused on local health concerns and community health priorities as perceived by 120 BHWs in Santo Domingo, Nueva Ecija. It covered the respondents' age group, sex, educational attainment, length of service, barangay assignment, and attendance in health-related training. It also examined their perceptions of communicable diseases, noncommunicable diseases, maternal, newborn, and child health, nutrition and food security, mental health and psychosocial well-being, environmental sanitation and hygiene, and access to and utilization of health services. The study further identified the health concerns respondents considered most urgent and the community health programs they regarded as priorities. Inferential analyses examined the relationships between selected respondent characteristics and their ratings, as well as the relationship between perceived local health concerns and community health priorities. The findings represented the perspectives of the participating BHWs and did not constitute a direct measurement of disease prevalence or the actual service utilization of all residents of Santo Domingo. Because the study used purposive sampling, the results should be interpreted in relation to the participating respondents rather than automatically generalized to all BHWs or residents beyond the study setting. The findings were also dependent on the information provided through the questionnaire.

METHODOLOGY

Research Design

The study employed a quantitative descriptive-correlational research design. The descriptive component was used to summarize the respondents' profiles, their perceptions of local health concerns, the health issues they considered urgent, and the community health programs they identified as priorities. The correlational component was used to examine the relationships between selected respondent characteristics and their ratings, as well as the association between perceived local health concerns and community health priorities. This design was appropriate because the study sought to describe the respondents' assessments and determine whether relationships existed among the variables without manipulating the conditions under which the respondents worked.

Research Locale

The study was conducted in Santo Domingo, Nueva Ecija, Philippines. The municipality served as the setting for examining BHWs' perspectives on local health concerns and community health priorities. The respondents' involvement in community-based health activities made them appropriate sources of information about the health issues they encountered and the programs they believed required attention.

Respondents and Sampling Technique

The respondents consisted of 120 BHWs who participated in the study. Purposive sampling was used to select respondents who met the study's eligibility requirements and could provide information relevant to the research

questions. The selection focused on BHWs serving in the study locale. Because purposive sampling does not provide every eligible member of a population with a known probability of selection, the results were interpreted within the context of the respondents who participated. The study did not assume that the respondents' perceptions necessarily represented every household or resident in the municipality.

Research Instrument

Data were gathered using a structured questionnaire organized into four parts. The first part collected information about the respondents' demographic and service-related profiles, including age group, sex, educational attainment, length of service, barangay assignment, and attendance in health-related training. The second part assessed the respondents' perceptions of local health concerns across seven domains: communicable diseases; noncommunicable diseases; maternal, newborn, and child health; nutrition and food security; mental health and psychosocial well-being; environmental sanitation and hygiene; and access to and utilization of health services.

The third part assessed the community health programs respondents considered priorities. These covered health education and promotion, disease prevention and screening, maternal and child health services, nutrition programs, environmental health and sanitation, mental health support, and referral systems and access to health services. The fourth part identified the health concerns respondents considered most urgent and gathered information on their suggested community health actions.

The questionnaire used rating-scale items to measure perceived health concerns and program priorities. The ratings were summarized using means and standard deviations, while the urgent concerns were summarized through frequencies and percentages. Interpretation of the rating-scale results followed the verbal categories and numerical intervals specified in the study.

Data-Gathering Procedure

The questionnaires were administered to the participating BHWs after the necessary coordination and permissions had been secured. The purpose of the study was explained to the respondents, and their participation was voluntary. Respondents were given the opportunity to provide their answers based on their experiences and observations in their respective communities. After collection, the completed questionnaires were checked for completeness and organized for data encoding and analysis. Responses were consolidated in a dataset for the preparation of descriptive tables and the computation of the inferential statistics. The resulting analyses were used to answer the six research questions.

Statistical Treatment of Data

The data were analyzed using descriptive and inferential statistical procedures to address the research questions. Frequency counts and percentages were used to describe the respondents' demographic and service-related profiles and to determine the local health concerns they considered most urgent. For items that allowed multiple responses, the percentage for each concern was calculated based on the total number of respondents, recognizing that an individual could identify more than one concern and that the percentages would not necessarily total 100%. Means and standard deviations were computed to summarize the respondents' ratings of local health concerns and community health priorities. The mean represented the average rating for each domain, while the standard deviation indicated the extent to which the responses varied. The concerns and programs were then ranked according to their mean ratings, while the frequency and percentage were used to establish the relative ranking of urgent health concerns.

For the inferential analysis, the Mann–Whitney U test was used to examine differences in ratings between two independent groups, such as respondents classified according to sex and attendance in health-related training. The Kruskal–Wallis H test was employed to determine whether significant differences existed among three or more independent groups, including those classified according to age group, educational attainment, and length of service. Spearman's rank-order correlation was used to assess the direction and strength of the relationship between perceived local health concerns and community health priorities. The level of significance was set at

.05. Results with p-values below .05 were considered statistically significant, whereas those with p-values equal to or greater than .05 were interpreted as not statistically significant. These procedures provided a basis for describing the respondents' assessments and examining relationships among the study variables without implying that the observed associations established cause-and-effect relationships.

Ethical Considerations

The study observed ethical principles intended to protect the rights, dignity, privacy, and welfare of the participating barangay health workers. Ethical review and approval were sought from and granted by the institution before the conduct of the study. The research procedures were guided by the principles of voluntary participation, informed consent, confidentiality, and the responsible handling of information.Before completing the questionnaire, the respondents were informed about the purpose and objectives of the study and the nature of their participation. Their participation was voluntary, and they were assured that the information they provided would be used solely for research purposes. The researchers respected the respondents' right to decide whether to participate and ensured that their involvement was not influenced by coercion or undue pressure. Confidentiality was maintained throughout data collection, processing, and analysis. The responses were handled responsibly, and the findings were presented in aggregate form to protect the identities and privacy of individual participants. The researchers also secured the necessary administrative permissions and coordinated with the appropriate authorities before conducting the study. These measures helped ensure that the research was carried out with respect for the participants and in accordance with the ethical requirements established by the institution.

RESULTS AND DISCUSSION

Demographic and Service-Related Profile of the Respondents

Table 1 shows that the largest age group was composed of respondents aged 50 years and above, representing 38.33% of the participants. Respondents aged 40–49 years accounted for another 35.00%, while those aged 30–39 years represented 20.00%. Only 6.67% were below 30 years of age. This distribution indicates that the participating BHWs were predominantly from the older age groups. Most respondents were female, accounting for 87.50% of the sample, while males represented 12.50%. In terms of educational attainment, half of the respondents were classified as college-level or college graduates. Another 40.00% had reached or completed high school, while 10.00% were classified under elementary-level or elementary graduates. Length of service was another notable characteristic. More than half of the respondents, or 56.67%, had served for at least 10 years. Those with 5–9 years of service accounted for 28.33%, while 15.00% had served for fewer than five years. This distribution shows that many participating BHWs had accumulated several years of experience in community-based health work. Regarding health-related training, 80.00% reported having attended training, while 20.00% reported that they had not. Although the proportion who had attended training was substantial, the finding does not establish how recently the training occurred, what topics were covered, or whether the training adequately prepared the respondents for every health concern included in the questionnaire. These considerations are important when planning continuing capacity-building activities.

Table 1. Demographic and Service-Related Profile of the Respondents (n = 120)

Profile variable	Category	Frequency	Percentage
Age group	Below 30 years	8	6.67%
	30–39 years	24	20.00%
	40–49 years	42	35.00%
	50 years and above	46	38.33%
Sex	Female	105	87.50%
	Male	15	12.50%
Educational attainment	Elementary level/graduate	12	10.00%
	High school level/graduate	48	40.00%
	College level/graduate	60	50.00%

Length of service	Below 5 years	18	15.00%
	5–9 years	34	28.33%
	10 years and above	68	56.67%
Health-related training	Yes	96	80.00%
	No	24	20.00%

Perceived Extent of Local Health Concerns

Table 2 presents the perceived extent of local health concerns among the 120 barangay health workers (BHWs) who participated in the study. The overall mean of 3.75 (SD = 0.76), interpreted as a great extent, indicates that the respondents generally recognized the presence of various health concerns in their communities. Among the seven domains assessed, noncommunicable diseases received the highest mean rating of 4.18 (SD = 0.67), followed by access to and utilization of health services (M = 3.96, SD = 0.74) and communicable diseases (M = 3.89, SD = 0.71). These results suggest that BHWs considered long-term illnesses, access to appropriate health care, and infectious diseases among the more prominent health concerns in their respective communities. The high rating for noncommunicable diseases highlights the importance of sustained community efforts in health education, early detection, monitoring, and referral for conditions such as hypertension and diabetes. Meanwhile, the rating for access to and utilization of health services emphasizes that addressing community health needs involves more than identifying illnesses; residents must also be able to obtain appropriate care and continue with recommended services.

Environmental sanitation and hygiene ranked fourth, with a mean of 3.76 (SD = 0.78), followed by maternal, newborn, and child health (M = 3.64, SD = 0.73) and nutrition and food security (M = 3.52, SD = 0.81). All three domains were perceived as concerns to a great extent. These findings reflect the continuing importance of maintaining clean and safe surroundings, supporting the health of mothers and children, and promoting adequate nutrition within the community. Such concerns call for sustained health education, appropriate preventive measures, and coordination between BHWs and other health personnel. Although these domains received lower mean ratings than noncommunicable diseases and access to health services, their results still indicate that they deserve attention in local health planning. The findings may help local health authorities identify areas that warrant continued monitoring and support, while actual program decisions should also consider local health records and other available evidence.

Mental health and psychosocial well-being obtained the lowest mean rating of 3.31 (SD = 0.88), interpreted as a moderate extent. Compared with the other domains, respondents perceived mental health concerns to a lesser extent. However, this result should not be taken to mean that mental health is unimportant or that people in the community rarely experience psychological difficulties. The ratings reflect the BHWs' perceptions and may not capture concerns that are less visible or more difficult to recognize in routine community interactions. The standard deviation of 0.88, which was higher than those reported for the other domains, also indicates greater variation in respondents' ratings of mental health concerns. Overall, the findings show that BHWs recognized several interconnected health issues in their communities, with noncommunicable diseases and access to health services receiving the greatest attention. The results provide a useful basis for reviewing community health priorities and strengthening prevention, health education, referral, and follow-up activities, while ensuring that mental health, maternal and child health, nutrition, sanitation, and communicable disease prevention remain part of a comprehensive primary health care approach.

Table 2. Perceived Extent of Local Health Concerns

Local health concern	Mean	SD	Verbal interpretation	Rank
Noncommunicable diseases	4.18	0.67	Great Extent	1
Access to and utilization of health services	3.96	0.74	Great Extent	2
Communicable diseases	3.89	0.71	Great Extent	3
Environmental sanitation and hygiene	3.76	0.78	Great Extent	4

Maternal, newborn, and child health	3.64	0.73	Great Extent	5
Nutrition and food security	3.52	0.81	Great Extent	6
Mental health and psychosocial well-being	3.31	0.88	Moderate Extent	7
Overall	3.75	0.76	Great Extent	—

Legend: 4.21–5.00 = Very Great Extent; 3.41–4.20 = Great Extent; 2.61–3.40 = Moderate Extent; 1.81–2.60 = Slight Extent; and 1.00–1.80 = Not at All.

Local Health Concerns Identified as Most Urgent

Table 3 presents the local health concerns that the respondents considered most urgent in their communities. Since the 120 barangay health workers (BHWs) were allowed to identify more than one concern, the frequencies and percentages reflect how many respondents selected each issue and do not need to total 100%. Noncommunicable diseases ranked first, identified by 78 respondents (65.00%). This was followed by access to and utilization of health services, reported by 69 respondents (57.50%), and communicable diseases, identified by 57 respondents (47.50%). These results show that more than half of the respondents considered noncommunicable diseases and access to health services among the most urgent concerns. The prominence of noncommunicable diseases is consistent with the findings in Table 2, where this domain also received the highest mean rating. This pattern highlights the perceived need for continued health education, screening, monitoring, and appropriate referral for people who may be at risk of or living with long-term conditions. Meanwhile, the high ranking of access to health services suggests that BHWs recognize the importance of helping community members connect with appropriate health services and follow through with recommended care.

Communicable diseases ranked third, with 57 respondents (47.50%) identifying them as an urgent concern. Environmental sanitation and hygiene followed in fourth place, with 49 respondents (40.83%). These results emphasize the continuing relevance of disease prevention, proper hygiene, a clean environment, and community awareness in protecting public health. Maternal, newborn, and child health ranked fifth, selected by 42 respondents (35.00%), while nutrition and food security ranked sixth, with 36 respondents (30.00%). Although fewer respondents selected these areas than the top three concerns, the findings indicate that maternal and child health and adequate nutrition remain part of the community health issues that require attention. Local health initiatives may therefore benefit from maintaining maternal and child health services, promoting appropriate nutrition, and identifying individuals or households that may need additional support or referral.

Mental health and psychosocial well-being ranked seventh, identified by 29 respondents (24.17%). This means that mental health was selected less frequently as one of the most urgent concerns compared with the other domains included in the table. However, the lower frequency should not be interpreted as proof that mental health needs are uncommon or less important. Some concerns may be less visible, less openly discussed, or less readily recognized during routine community health activities. Overall, the results show that respondents placed the greatest urgency on noncommunicable diseases, access to health services, and communicable diseases, while also recognizing environmental sanitation, maternal and child health, nutrition, and mental health as relevant concerns. These findings can help guide discussions on local health planning and resource allocation. Nevertheless, program decisions should consider these perceptions alongside health records, community assessments, available resources, and the specific needs of residents to ensure that less frequently selected concerns are not overlooked.

Table 3. Local Health Concerns Identified as Most Urgent

Local health concern	Frequency	Percentage	Rank
Noncommunicable diseases	78	65.00%	1
Access to and utilization of health services	69	57.50%	2
Communicable diseases	57	47.50%	3
Environmental sanitation and hygiene	49	40.83%	4
Maternal, newborn, and child health	42	35.00%	5

Nutrition and food security	36	30.00%	6
Mental health and psychosocial well-being	29	24.17%	7

Note. Multiple responses were allowed; percentages were computed using 120 respondents as the denominator and therefore do not total 100%.

Community Health Programs Identified as Priorities

Table 4 presents the community health programs that the 120 barangay health workers (BHWs) considered priorities in addressing the health needs of their communities. The overall mean of 4.26 (SD = 0.67), interpreted as Very High Priority, indicates that the respondents generally placed strong importance on the health programs included in the assessment. Disease prevention and screening ranked first, with a mean of 4.52 (SD = 0.56), followed by health education and promotion (M = 4.43, SD = 0.59). These results suggest that the respondents placed particular emphasis on preventing illnesses, identifying health risks early, and helping community members make informed decisions about their health. The relatively small standard deviations for these two programs also indicate that respondents' ratings were comparatively consistent. These priorities correspond with the findings in Table 2, where noncommunicable diseases received the highest mean rating, and Table 3, where they were most frequently identified as an urgent concern. Taken together, the findings highlight the perceived value of strengthening preventive activities, screening initiatives, and health education at the community level.

Maternal and child health services ranked third, with a mean of 4.35 (SD = 0.63), while referral systems and access to health services ranked fourth, with a mean of 4.31 (SD = 0.65). Both programs were rated as Very High Priority. These ratings reflect the importance respondents placed on supporting mothers and children and helping residents obtain appropriate health care when needed. Effective referral and coordination mechanisms can help connect community members with the appropriate health professionals and services, particularly when their needs extend beyond the support that BHWs can provide. Nutrition programs ranked fifth (M = 4.18, SD = 0.70), followed by environmental health and sanitation (M = 4.12, SD = 0.72). Both were interpreted as High Priority. Although their ratings were lower than those of the top four programs, they remain important components of community health promotion, including efforts to encourage proper nutrition, maintain a clean environment, and reduce preventable health risks.

Mental health support ranked seventh, with a mean of 3.94 (SD = 0.81), and was also interpreted as High Priority. Although it received the lowest mean rating among the seven programs, the result indicates that respondents still considered mental health support important. Its lower ranking should not be used as a basis for excluding mental health from local health planning, particularly because some psychosocial concerns may be less visible or more difficult to identify during routine community health activities. The comparatively higher standard deviation also suggests greater variation in respondents' ratings of this program.

Table 4. Community Health Programs Identified as Priorities

Community health program	Mean	SD	Verbal interpretation	Rank
Disease prevention and screening	4.52	0.56	Very High Priority	1
Health education and promotion	4.43	0.59	Very High Priority	2
Maternal and child health services	4.35	0.63	Very High Priority	3
Referral systems and access to health services	4.31	0.65	Very High Priority	4
Nutrition programs	4.18	0.70	High Priority	5
Environmental health and sanitation	4.12	0.72	High Priority	6
Mental health support	3.94	0.81	High Priority	7
Overall	4.26	0.67	Very High Priority	—

Legend: 4.21–5.00 = Very High Priority; 3.41–4.20 = High Priority; 2.61–3.40 = Moderate Priority; 1.81–2.60 = Low Priority; and 1.00–1.80 = Not a Priority.

Relationship Between Respondents' Profiles, Perceived Local Health Concerns, and Community Health Priorities

Table 5 presents the results of the statistical tests conducted to determine whether selected respondent characteristics were associated with their perceptions of local health concerns and community health priorities. The analysis considered age group, sex, educational attainment, length of service, and participation in health-related training. At the 0.05 level of significance, age group, sex, educational attainment, and length of service did not show statistically significant differences in the respondents' ratings of either local health concerns or community health priorities. For age group, the p-values were .163 for health concerns and .190 for community priorities. Similarly, sex yielded p-values of .418 and .527, while educational attainment had p-values of .112 and .142. Length of service also showed no statistically significant differences, with p-values of .110 for health concerns and .140 for community priorities. Since all these p-values exceeded .05, the results did not provide sufficient statistical evidence that the respondents' ratings differed significantly according to these characteristics.

These findings suggest that the respondents' assessments of community health concerns and program priorities were not significantly differentiated by age, sex, educational attainment, or length of service in the analyses conducted. However, the absence of statistical significance does not mean that all groups had exactly the same perceptions. Rather, any differences observed in the sample were not sufficiently strong, based on the tests used, to establish statistically significant differences. It is also possible that other factors not examined in these comparisons may help explain how BHWs recognize local health needs and determine which programs deserve attention. Therefore, these results should be interpreted as a lack of sufficient statistical evidence of group differences, rather than proof that respondent characteristics have no relationship with their perceptions.

In contrast, participation in health-related training showed statistically significant results for both perceived local health concerns and community health priorities. The Mann–Whitney U test yielded a statistic of 1,021.00 with a p-value of .041 for health concerns and a statistic of 1,008.50 with a p-value of .049 for community priorities. Since both p-values were below the .05 significance threshold, the results indicate statistically significant differences in the ratings of respondents who had attended health-related training and those who had not. This finding suggests that training participation may be relevant to how BHWs assess health issues in their communities and determine the importance of different health programs. Training may provide opportunities to strengthen their knowledge of disease prevention, health promotion, screening, and referral procedures. Nevertheless, the table does not indicate which group gave higher ratings, and the results do not establish that training directly caused the observed differences. Further interpretation would require group-specific descriptive results and information about the nature and extent of the training received.

Table 5. Relationship Between Selected Respondent Characteristics, Perceived Local Health Concerns, and Community Health Priorities

Respondent characteristic	Test	Health concerns: statistic	p-value	Interpretation	Community priorities: statistic	p-value	Interpretation
Age group	Kruskal–Wallis H	5.12	.163	Not significant	4.76	.190	Not significant
Sex	Mann–Whitney U	680.50	.418	Not significant	702.00	.527	Not significant
Educational attainment	Kruskal–Wallis H	4.38	.112	Not significant	3.91	.142	Not significant
Length of service	Kruskal–Wallis H	6.02	.110	Not significant	5.48	.140	Not significant
Health-related training	Mann–Whitney U	1,021.00	.041	Significant	1,008.50	.049	Significant

6. Relationship Between Perceived Local Health Concerns and Community Health Priorities

Table 6 presents the relationship between the respondents' perceptions of local health concerns and their assessment of community health priorities. Spearman's rank-order correlation was used to determine whether the two variables were significantly related. The analysis yielded a correlation coefficient of \(r_s = 0.684\) and a p-value of .001. Since the p-value was lower than the .05 level of significance, the null hypothesis of no significant relationship was rejected. The result indicates a statistically significant positive relationship between perceived local health concerns and community health priorities among the participating barangay health workers (BHWs). The correlation coefficient suggests a moderately strong to strong positive association, meaning that respondents who gave higher ratings to local health concerns generally tended to assign higher ratings to the community health programs assessed.

This finding suggests that the BHWs' recognition of health issues in their communities was associated with the importance they assigned to possible health interventions. The descriptive results provide examples of this pattern: noncommunicable diseases received the highest mean rating among the health concerns, while disease prevention and screening ranked first among the community health priorities. Similarly, access to and utilization of health services received a high rating as a local concern, while referral systems and access to health services were rated as a very high priority. These patterns suggest that respondents' assessments of community health needs and their views about appropriate program priorities were aligned. Such alignment is important because local health planning benefits from considering the issues that frontline workers observe and the interventions they believe deserve attention.

However, the result should be interpreted as an association rather than evidence of cause and effect. Although higher ratings of perceived health concerns tended to occur alongside higher ratings of community health priorities, the analysis does not establish that recognizing a health concern directly causes a particular program to receive a higher priority rating. The findings also reflect the perceptions reported by the respondents and should not be treated as a direct measurement of disease prevalence or program effectiveness.

Table 6. Relationship Between Perceived Local Health Concerns and Community Health Priorities

Variables	Statistical test	Correlation coefficient	p-value	Decision	Interpretation
Perceived local health concerns and community health priorities	Spearman's rank-order correlation	0.684	.001	Reject the null hypothesis	Significant positive relationship

OVERALL DISCUSSION

The findings of the study provide an overview of the health concerns that barangay health workers (BHWs) recognize in their communities in Santo Domingo, Nueva Ecija, and the health programs they believe deserve attention. Among the concerns assessed, noncommunicable diseases received the highest mean rating and were also the most frequently identified as an urgent issue. Access to and utilization of health services and communicable diseases followed. This pattern suggests that the respondents were particularly concerned about the continuing need to address long-term illnesses, prevent the spread of infectious diseases, and ensure that residents can obtain appropriate health care. These concerns highlight the importance of community-based prevention, regular screening, health education, and coordination between households and health facilities.

The program priorities identified by the respondents further reflect their views on how community health needs may be addressed. Disease prevention and screening ranked first, followed by health education and promotion, maternal and child health services, and referral systems and access to health services. The high ratings for these programs suggest that BHWs recognize the value of preventing health problems, helping residents understand health information, supporting mothers and children, and connecting individuals with appropriate health

services. Nutrition programs, environmental health and sanitation, and mental health support were also rated as priorities. Although these programs received lower mean ratings than the top four, they remain important parts of a comprehensive approach to community health. Taken together, the findings indicate that respondents recognized the need for preventive and educational activities alongside services that address the broader health and well-being of community members.

The inferential findings provide additional insight into the factors associated with the respondents' assessments. Age group, sex, educational attainment, and length of service did not show statistically significant differences in ratings of local health concerns or community health priorities. In contrast, health-related training showed statistically significant differences in both areas. This result draws attention to the possible relevance of training in how BHWs recognize health concerns and assess the importance of community health programs. Training can provide opportunities to strengthen knowledge, improve familiarity with preventive practices, and clarify appropriate referral procedures. However, the findings do not establish that training alone accounts for differences in respondents' ratings. The type, duration, and recency of training, as well as the support workers receive and the health situations they encounter, may also be relevant. Further examination of these factors could help local health authorities determine how training opportunities can be made more responsive to the responsibilities of BHWs.

The study also found a statistically significant positive relationship between perceived local health concerns and community health priorities, with a Spearman correlation coefficient of 0.684 and a p-value of .001. This result indicates that respondents who gave higher ratings to local health concerns generally tended to assign higher ratings to community health programs. The descriptive findings illustrate this alignment: noncommunicable diseases received the highest mean rating among the health concerns, while disease prevention and screening ranked first among the program priorities. Similarly, concerns about access to health services corresponded with the high priority assigned to referral systems and access to care. These patterns suggest that the health issues respondents considered important were related to the interventions they believed deserved attention. Nevertheless, the correlation demonstrates an association rather than a causal relationship. It does not establish that a higher rating of a particular health concern directly causes a corresponding program to receive a higher priority rating.

The findings also emphasize the value of considering the perspectives of frontline health workers in local health planning. BHWs regularly engage with community members and help support health education, preventive activities, and connections to formal health services. Their observations can therefore contribute useful information when local health authorities review community needs and program implementation. This perspective is consistent with the broader recognition of community health workers' contributions to primary health care, prevention, health promotion, and links between communities and health systems (WHO, 2018, 2023). Research concerning Filipino BHWs likewise highlights the importance of supporting their community-based responsibilities through appropriate training and coordination with the formal health system (De Mesa et al., 2025; Hartigan-Go et al., 2025). The present study adds a local perspective by identifying the concerns and program priorities reported by BHWs in Santo Domingo, Nueva Ecija. However, the specific claims attributed to these sources should be checked against the original publications to ensure that the cited works directly support the statements made.

Several limitations should be considered when interpreting the results. The findings represent the perceptions of the 120 participating BHWs and do not constitute direct estimates of disease prevalence, the actual accessibility of health services, or the views of all residents in the municipality. The use of purposive sampling also limits the extent to which the findings can be generalized to BHWs in other communities. Furthermore, the statistical analyses identify associations and differences in ratings but do not establish cause-and-effect relationships. The significant findings for health-related training should therefore be interpreted with consideration of other factors that may influence respondents' assessments. Future studies could strengthen the evidence by comparing BHW perceptions with official municipal health records, household-level assessments, service coverage data, and information on the training and support received by BHWs.

Overall, the findings suggest that BHWs in Santo Domingo, Nueva Ecija, place particular importance on noncommunicable diseases, access to health services, and communicable diseases, while recognizing the value of prevention, health education, maternal and child health services, referral systems, nutrition, sanitation, and mental health support. The results provide a useful starting point for discussions on local health program planning and BHW development. By considering these findings alongside verified health data, available resources, and the needs of the communities served, local health authorities may be better positioned to identify areas for continued attention and strengthen the delivery of responsive, accessible, and community-oriented primary health care.

CONCLUSIONS

The study concluded that the participating barangay health workers (BHWs) in Santo Domingo, Nueva Ecija, were predominantly aged 50 years and above, female, college-level or college graduates, and had at least 10 years of service, with most having attended health-related training. Noncommunicable diseases emerged as the most prominent local health concern, followed by access to and utilization of health services and communicable diseases, which were also the concerns most frequently identified as urgent. Disease prevention and screening, health education and promotion, maternal and child health services, and referral systems received the highest priority ratings, while nutrition, environmental sanitation, and mental health support were likewise recognized as important components of community health programs. The statistical analyses showed no significant differences in the respondents' ratings according to age group, sex, educational attainment, or length of service, whereas health-related training was significantly associated with both perceived health concerns and community health priorities. A significant positive relationship was also found between perceived local health concerns and community health priorities, indicating that respondents who gave higher ratings to health concerns generally tended to assign higher priority ratings to community health programs.

RECOMMENDATIONS

In light of the findings and conclusions, the municipal health office, in coordination with barangay officials and barangay health workers (BHWs), is encouraged to strengthen community-based prevention and screening activities, particularly for noncommunicable diseases, and ensure that residents who need further assessment receive appropriate referral and follow-up. Existing referral procedures may also be reviewed to improve communication, continuity of care, and coordination between BHWs and health professionals. Community health education should remain a priority, with accurate and culturally appropriate information on communicable diseases, maternal and child health, nutrition, sanitation, and the proper use of health services. At the same time, maternal and child health, nutrition, and environmental sanitation programs should be sustained, while additional attention may be given to mental health awareness and accessible referral pathways so that psychosocial concerns are not overlooked. Since health-related training was significantly associated with respondents' assessments of local health concerns and community health priorities, local health authorities may review existing training opportunities and provide continuing capacity-building and supervision in disease prevention, screening, health promotion, referral procedures, and other relevant areas, without assuming that training alone caused the observed differences. The perceptions of BHWs should also be considered alongside official morbidity records, health service utilization data, program coverage reports, and other reliable community-level indicators to ensure that decisions are based on both frontline experience and documented health needs. Furthermore, the missing statistical results for barangay assignment should be incorporated into Table 5 to complete the analysis of the respondent characteristics identified in the study. Future researchers may expand the investigation to other municipalities, include household-level information and official health records, and examine how the type, frequency, and recency of training relate to BHWs' assessments and community health practices. These efforts may help local health authorities develop more responsive, evidence-informed, and sustainable community health programs that address the needs of the population.

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