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# The Medical Mission Program of Nursing Community Extension Services of Cit-University: A CIPP Evaluation

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**Abstract** -This research evaluates the efficiency of the "Kapwa Ko, Mahal Ko" medical mission program in supporting the Nursing Community Extension Services (NCES) by identifying its strengths and weaknesses. The study, titled "The Medical Mission Program of Nursing Community Extension Services of CIT-University: A CIPP Evaluation," examines the collaboration between CIT University and Barangay Labangon as part of the university's commitment to community service. Medical missions, a key initiative under this program, foster community involvement and promote innovative solutions to societal health issues. Using Stufflebeam's CIPP Evaluation Model, the study employed heterogeneous purposive sampling to collect data from multiple sources. Methods included interviews with NCES officers and coordinators, analysis of existing documentation from Barangay Labangon and NCES, and surveys administered to medical mission recipients. Findings reveal that the program depends on resources from sponsors, partners, volunteers, and medical supply donations. It operates on the first and third Saturdays of each month, monitored by NCES and Barangay Labangon. Free consultations are the most in-demand service, with cough-related illnesses being the most common health concern. Additionally, the program enhances recipients' medical knowledge and alleviates financial burdens. In conclusion, the "Kapwa Ko, Mahal Ko" program has significantly improved the community's health by providing accessible medical care. By eliminating financial barriers, it has enhanced both the well-being and quality of life of participants, effectively fulfilling its objectives.

**Keywords:** medical mission, nursing community extension services, CIPP evaluation

## Introduction

Community extension services connect the community, the university, and the people. (Wilkins, 2000). These programs aim to lend a hand, not just to meet people's needs but also to

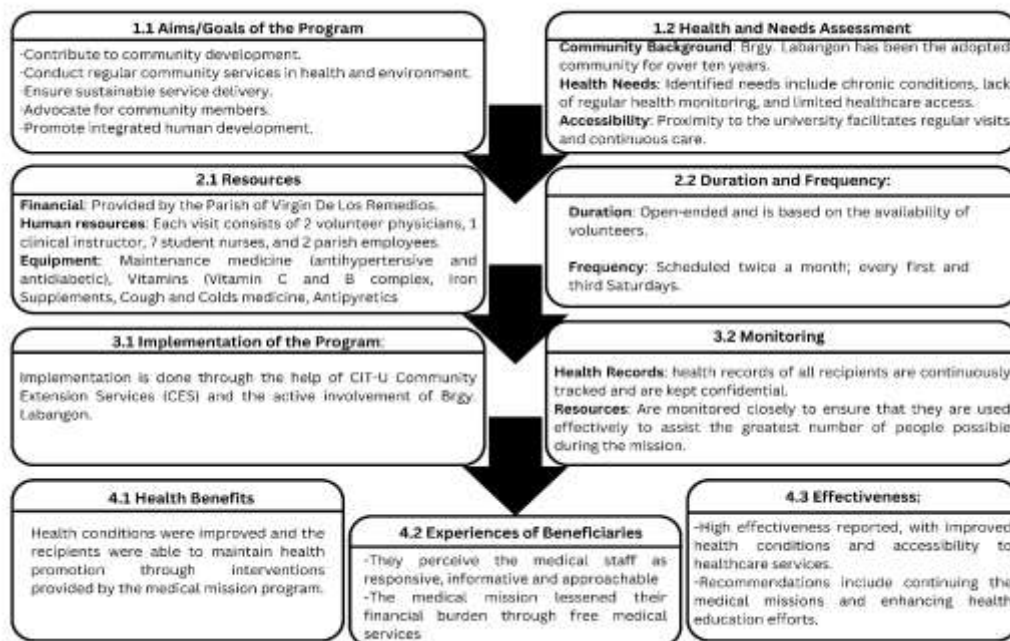
boost them with workshops and teaching sessions. The CIT-University College of Nursing, which extends help to others through service, has run these community help programs for years. They often do medical outreach with the theme: "Kapwa ko, Mahal ko." The Nursing Community Extension Services organization and members lead this, and it is scheduled on the first and third Saturday of every month at Don Remedios Parish Church in Barangay Labangon. They serve the community by following nursing's three main goals: health promotion, disease prevention, and restoration. This is done by checking people's vital signs, handing out vitamins and medicines, and providing health education. The organization and the school also stick to their top goals: teaching, studying, and community work. They believe being part of the community is important in higher education.

Community extension programs are based on community needs and are aimed at helping residents develop their health independence and skills (Corpuz, 2022). According to the study by Nanagas et al. (2002), most organizations aim to provide community service or conduct medical missions as part of their overall program. These projects are designed to reach out to people in poverty and alleviate their health issues. However, these objectives are frequently combined with other reasons, such as promoting the goodwill of the sponsoring institution or executing a program with a non-governmental organization in an outreach community. In this study, little attention was paid to the long-term viability of community empowerment activities launched by educational institutions. A CIPP evaluation tracks implementations and advances to get valuable insights into the project's feasibility and long-term benefits. It is vital to understand how the college's activities contribute to the long-term health of the partner communities. As future healthcare workers, they are committed to carrying out their responsibilities with integrity and giving the best possible care to the community. Some of the projects undertaken by the NCES are health education, medical missions, Basic Life Support Training (BLS), launching clean-up campaigns, and giving basic needs to people in rural and disaster-affected areas of Cebu.

As student nurses and advocates of the academe, this research contributes to evaluating and assessing the efficacy of nursing community extension programs, specifically, the Medical Mission: Kapwa ko, Mahal ko program. Members and leaders of organizations can improve the general standard services given to marginalized communities by identifying their areas of strength and areas that require improvement. A CIPP evaluation design study can assist organizations with resource optimization, ensuring that budget, manpower, and other resources are allocated to the community positive impact.

### **Conceptual Framework**

This research utilized Daniel Stufflebeam's CIPP model. This method consists of four parts: Context, Input, Process, and Product assessments. The study went through the program's targets in the Context evaluation to better grasp its top purposes. The input segment tackled essential resources, finances, and key choices regarding medical missions' timing and regularity. The Process section examined the rollout of the program and the splitting of services and supplies across medical ventures. The Product part focused on tangible outcomes. It checked the health progress in the beneficiary community, gains from the health missions, feedback from those who help, and local views on how well the program works.



## Methods and Materials

This study applied the CIPP Evaluation Model (Stufflebeam, 2003) to assess the feasibility of the Nursing Community Extension Services (NCES) in enhancing community members' independence and self-care practices. This model supports decision-making by evaluating programs, projects, institutions, and systems (Fitzpatrick et al., 2011). A non-probability purposive sampling approach, specifically a heterogeneous model, was used to ensure diverse perspectives. Respondents were selected based on their relevance to the study's objectives rather than random sampling. By incorporating a range of viewpoints, the study aimed to capture the complex dynamics of community involvement in medical missions and their impact on overall well-being.

Data collection involved document analysis, interviews, and surveys. Existing records from Barangay Labangon and NCES provided foundational data, while interviews with NCES officers and coordinators helped validate findings. Additionally, survey questionnaires were distributed to medical mission beneficiaries to gain further insights into their experiences.

The study was conducted at Virgin Delos Remedios Parish Church in Labangon, Cebu City, where CIT University has been engaged in community outreach for over a decade. With permission from barangay officials and parish coordinators, the church's waiting area served as the primary site for data collection. Additional data from NCES officers and coordinators were gathered at CIT University's College of Nursing.

The research followed a structured data collection procedure. Preliminary preparation involved sending formal request letters to Dr. Judith D. Ismael (Dean of the College of Nursing and Allied Health Sciences), Dr. Luni Villacastin (University Head of CES), Mr. Jason R. Lim (NCES Adviser), and Dicelou S. Lasaca (NCES President) to gain access to program documentation and conduct interviews. Permissions were also requested from the barangay captain and Dr. Daisy S. Villa (City Health Officer) to review morbidity records and involve beneficiaries.

Once approvals were secured, researchers proceeded with the scheduling of interviews, coordinating with participants based on their availability. Before conducting the interviews, informed consent was obtained by explaining the study's purpose, potential risks, and benefits. Participants were assured that their involvement was voluntary, with the option to withdraw at any time without consequences.

For data collection, researchers conducted face-to-face unstructured interviews with the NCES Adviser and President, allowing flexibility in question delivery and clarification. A 14-item open-ended questionnaire was also administered to beneficiaries to gather further insights. Lastly, data analysis and interpretation involved documentary analysis aligned with specific research objectives, using NCES records as secondary data sources. In-depth discussions were conducted to contextualize beneficiaries' experiences and provide a comprehensive understanding of the findings.

By employing this comprehensive methodology, the study aimed to evaluate the effectiveness of the "Kapwa Ko, Mahal Ko" medical mission program in improving community health and self-care practices.

## **Results and Discussion**

This section presents the findings of this study based on the CIPP Evaluation Model (Context, Input, Process, and Product). This model provides a structured approach to assessing the "Kapwa Ko, Mahal Ko" medical mission program by examining its relevance, resource allocation, implementation, and overall impact on the community. The Context evaluation explores the healthcare needs of Barangay Labangon and the program's alignment with these needs. The Input evaluation assesses the resources, stakeholders, and logistical support contributing to the program's execution. The Process evaluation examines how effectively the program is implemented, including its operational structure and service delivery. Finally, the Product evaluation analyzes the program's outcomes, particularly its influence on beneficiaries' health and well-being. By systematically discussing these components, the study provides a comprehensive understanding of the program's effectiveness and areas for potential improvement.

### **Context of the Program**

The Nursing Community Extension Services is an organization of nursing students that promotes the Vision, Mission, and Goals of the Community Extension Services office and provides an avenue for nursing students to practice volunteerism in the community while honing their nursing and social skills relevant to the nursing profession.

**Aims/Goals:**

- To contribute to the overall development of the adopted community.
- To conduct programmatic and regular community extension services in the areas of health and environment
- To develop the sustainability of delivery of services to the adopted community.
- To be an advocate of the people in the community
- To promote integrated development of the people that enhances their total human development.

Based on the data collected, the organization's aims and goals are closely aligned with the medical mission program to enable the organization to efficiently implement the three pillars of nursing practice: health promotion, disease prevention, and health restoration. The organization integrates health promotion through health education, such as living a healthy lifestyle, understanding the value of nutrition, hygiene, regular exercise, and making informed health decisions. For disease prevention, they put a lot of effort into finding problems. They do this by offering screenings and checkups often when they visit places to give medical help. Spotting health issues can stop them from getting worse and can cut down on health dangers.

The organization provides adequate medical interventions for health restoration, including vitamins, medications, and other treatments suited to the patient's health concerns. These restorative activities attempt to regain the patient's health and help them recover. The medical mission serves as a vessel for the organization to apply and practice these fundamental nursing principles by providing healthcare services that meet current medical needs while also contributing to the community's health and well-being.

***Health and Needs Assessment.***

According to Kocot and Szetela (2020), in implementing medical mission activities, it is critical to examine the health and needs of the target population. This guarantees that the medical services supplied meet their individual needs. As a result, multiple studies have been done to investigate various health evaluation methods and determine the specific health-related needs of recipients in these programs. Winters (2018) conducted a study that emphasized the need to enhance the available data on the health status, needs, and access to healthcare of migrants. Comprehending the challenges and hindrances migrants encounter enables healthcare providers to tailor interventions and services to match their unique needs more effectively. CIT-University is renowned for encouraging students to learn via experience and positively impacting the community's and university's overall development. Brgy and the university have a long history together. It has lived in Labangon, its adopted village, for around ten years. This connection precedes the present student cohort and is based on continuous mutual participation and support.

The choice to choose Brgy. Labangon as a long-term partner arose from a thorough evaluation of different variables, including:

**Identified Health Needs:** The university's initial and subsequent health assessments have revealed major health needs in the community that were well-suited to the university's resources and expertise: high prevalence of chronic conditions, lack of access to regular monitoring, and limited access to healthcare facilities and professionals.

**Proximity and Accessibility:** The geographical location of Brgy. Labangon to the university enables regular visits, follow-ups, and continuity of care.

### Input of the Program

In the input phase, the program "Medical Mission: “Kapwa Ko, Mahal Ko” initiates the need to address strategic resources, financial issues, medical missions, and time and intervals for such missions. Identifying the objectives, goals, and activities of the program as well as selecting stakeholders for involvement is a crucial step in the process, as it serves to set a strong ground for the program to build upon and ensures its feasibility and long-term viability.

#### Resources

There is adequate proof that financial sources, manpower, and Equipment are some of the factors that are determinants of successful medical missions according to Chimwaza et al. (2014). Where enough funding is available, medical missions might obtain emergency stock and medicines and address other operating costs, which include transport and rental of facilities (Lahariya, 2013).

If enough skilled and committed health staff join medical missions in whatever country, they can also cater to all needs and address disasters. In addition, owning a piece of proper medical equipment can also aid in properly diagnosing the health issues of a person. Moreover, the positive attitude that the public should portray toward the medical mission team and the tools needed to help them deliver quality healthcare.

Based on the data gathered, the resources needed for the implementation (financial contributions, medical supplies, Equipment, and volunteer support) of the medical mission program were mostly obtained from the organization's sponsors and partners.

**Table 1: Resources allocated during the medical mission program.**

Financial Resources	<b>Sponsor/Partner:</b> Virgin De Los Remedios Parish
Manpower	2 volunteer doctors per visit 1 Clinical instructor from CIT-U per visit 7 Student nurses from CIT-U per visit 2 Parish Staff from Brgy. Labangon per visit
Medical supplies and Equipment	<b>Medications:</b> Antihypertensives, Antidiabetics, Cough and cold medicines, Antipyretics <b>Vitamins and Supplements:</b> Vitamin C, Vitamin B complex, Iron supplements <b>Medical Apparatus:</b> Stethoscope, B.P. apparatus, Thermometer



### *Duration of the Program*

There is no standard timeframe for the program. The "The Medical Mission: The “Kapwa Ko, Mahal Ko” initiative is not finite and only depends on the availability of the volunteers as evidenced by the research data. Unlike other health camps, this medical mission is not a one time affair. As the program is ongoing and does not have a fixed time frame, it becomes flexible and adaptable to the needs of the community as well as the available resources.

Frequency of visits (A.Y. 2023-2024)

The Medical Mission: Kapwa ko, Mahal Ko Program is scheduled monthly, specifically on the first and third Saturdays of the month. This ensures that communities can anticipate and rely on these services consistently. Furthermore, the schedule of visits is as follows:

Visit no.	Date of visits	No. of hours
1.	July 15, 2023	8
2.	August 05, 2023	8
3.	September 8, 2023	8
4.	October 21, 2023	8
5.	November 18, 2023	8
6.	December 2, 2023	8
7.	December 16, 2023	8
8.	February 03, 2024	8
9.	February 17, 2024	8
10.	March 2, 2024	8
11.	March 16, 2024	8
12.	April 6, 2024	8
13.	April 20, 2024	8
14.	May 4, 2024	8
15.	May 18, 2024	8

### **Process of the Program**

#### *Implementation of the program*

The NCES organization has been under the supervision of the CIT U Community Extension Services (CES) on the interment of the medical mission program. Duly, CIT U CES helps to sustain the stability of the program and properly manage the existing resources and capacities. This partnership affords the NCES organization what it needs to effectively deliver nursing services, which focuses on three core facets of nursing. Through these guidelines, CIT U CES has maximized the overall potential of the program and specific expectations concerning outreach goals and outcomes in the community.

The barangay has been selected as CIT University's adopted community, signifying the university's commitment to directing its resources and efforts towards this barangay. By adopting Barangay Labangon, CIT-University has formed a long-term partnership that will enable continuous healthcare interventions and persisting improvement in the community's health. This commitment entails routine visits, health promotion activities, and continuous healthcare support

from the organization and its partners. The commitment of Barangay Labangon and NCES organization to the "KAPWA KO, MAHAL KO PROGRAM" illustrates a strong community-university collaboration aimed at enhancing the entire health and well-being of Barangay Labangon residents.

Program monitoring in a medical mission is critical to assure its efficacy and efficiency; it entails systematic tracking and evaluation of many mission areas. In the "Medical Mission; Kapwa Ko, Mahal Ko" initiative this procedure is systematically conducted in collaboration, between the Nursing Community Extension Services (NCES) and Brgy. Labangon. As per the collected information, all beneficiaries' medical histories are consistent. Maintained confidentially. Additionally, the allocation and utilization of resources are overseen to assess their effectiveness during the mission, guaranteeing use to reach several individuals.

Monitoring ensures that quality assurance and improvement activities are in place and taken to medical mission programs. Meanwhile, Lee and Martinez (2017) pointed out that it is also important for practitioners to recognize when the system and performance have no efficiency and worst outcomes to perform activities to enhance the services and conditions of patients. Therefore, systematized observation of the mission operations makes it possible to understand the bones as well as issues that exist for one to make the right improvements that can enhance the efficiency of the operations with room for better success. Monitoring the overall health status of the target groups is crucial in determining the effects or further necessity of medical missions among the recipient groups. Pre- and post-medical missions' cross-sectional health and physical assessment surveys (Garcia et al., 2020) reveal the overall immunization, disease prevalence, and health behaviors of the culturally identified groups of the community.

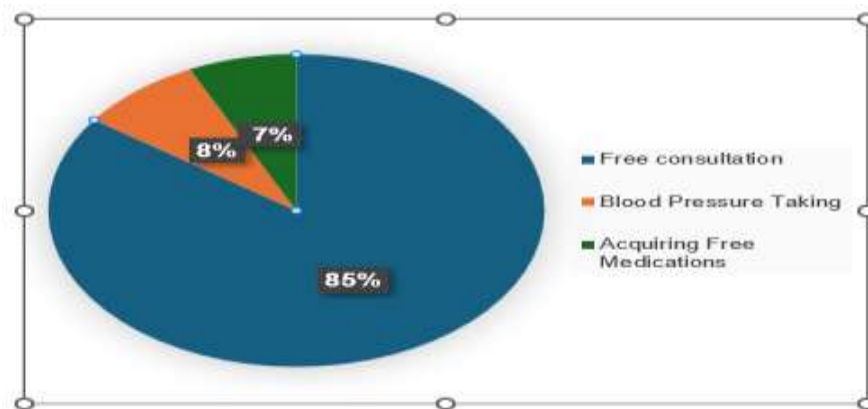
Monitoring health outcomes enables mission organizers to evaluate interventions' efficacy and pinpoint improvement areas. Program monitoring helps in better utilization of the resources that are involved in medical missions. Johnson et al. (2018) argued that day-to-day resources like the medical, manpower, and fiscal resources that are required for a mission, including medicals, must be tracked to ensure accountability for their use and distribution during a mission. So, suppose the mission organizers track them persistently. In that case, they will be able to identify resource gaps and then allocate resources to increase the impact that results from the missions.

## **Product**

### ***Health Benefits, Experiences and Effectiveness As Perceived By The Adopted Community.***

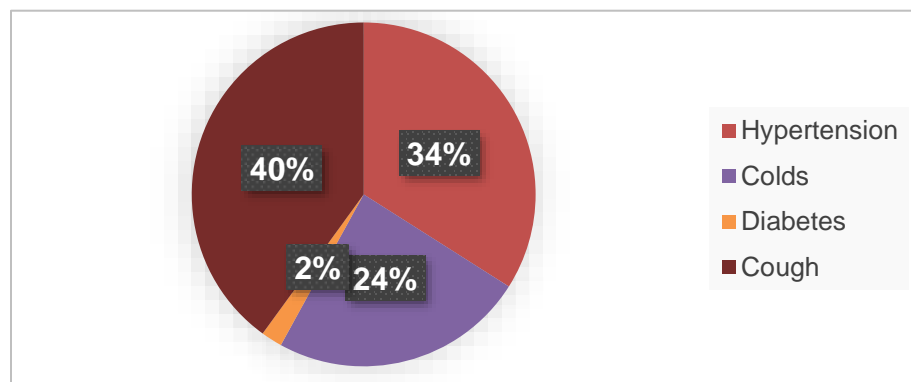
To achieve the said objectives, a survey questionnaire was used to collect specific data. The responses included 30 residents of Brgy. Labangon, all beneficiaries of the medical mission program, ranging from age 30 to 80. To show a detailed presentation of the responses, a pie graph will be utilized.



**Figure 1. Services Acquired by The Recipients**

Among respondents, the most acquired service during the medical mission program was free consultation (85%), which was followed by blood pressure checking (8%) and free medications given to the patient (7%). Service accessibility revealed that the most popular service offered by online doctors (85% of the cases) is a free consultation, signaling the clients' major need for primary health care and their possible no-regular-access category. Through medical missions, Africans gain access to healthcare services that some of them cannot afford in other circumstances.

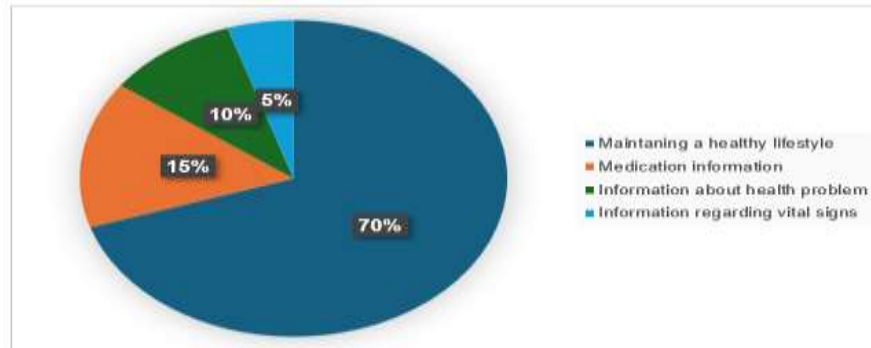
These programs facilitate the pairing of volunteer health care professionals to serve areas where needed, thus making sure that health care is offered to those whom it may not reach otherwise (National et al. (US), 1988). Money makes the world go around, and therefore, available resources can limit one in achieving his or her goals in terms of seeking medical services. Because of this, patients residing in poor households may lack the fare to get to clinics, the money needed for consultations, or the cost of the medications (Banaag et al. et al., 2019).

**Figure 2. Health Concerns of the Recipients**

The health concerns of the recipients are quite apparent, given the conditions under which they live and the limited access to medical care that they have. Among the recipients of the medical mission program, cough, which is symptomatic of a respiratory illness, ranked high, with 40 percent having it. The illnesses that came next to cough include hypertension at 34%, cold = 24%, diabetes = 2%. Some ailments realized among adult patients include hypertension and various cardiac issues; conversely, children mainly present symptoms related to acute illnesses such as simple colds (Lee et al. et al., 2020).

Some medical missions concentrate on the treatment of patients with chronic diseases and basic health care intervention through delivering health checkups, immunizations, and health promotion campaigns among the targeted communities. These play a very important role in reducing the effects of the rising incidence of chronic diseases that are apparent in our world today; this plays a significant part in treatment and in passing more information on prevention than health education.

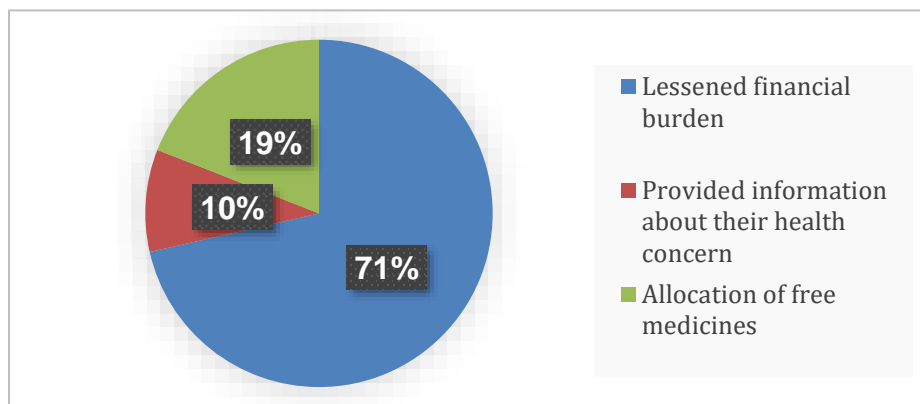
**Figure 3. Health Information obtained by the recipients during the medical mission**



Health Information obtained by the recipients during the medical mission The most valuable information for recipients of the medical mission program was on maintaining a healthy lifestyle (70%). This was followed by medication information medications (15%), information about health problems (10%), and information regarding medications. At present, some people may not be very picky with specific products but are more focused on diseases and general rules that require the inhabitants of a certain country to follow a healthy lifestyle.

This can, therefore, imply a need to keep away diseases and the subsequent management of health in the long run. However, these medical missions are not only aimed at practicing doctorship, and sharing knowledge and supplies, but also at giving the recipients an outlook on health and delivering to them health-informing and educating materials (Chapman, 2020). Doing the things that help enhance the recipients' quality of existence fosters their agency to engage independently in enhancing quality health, too (Etherton et al., 2021). As stated in the past learning, the health information received by recipients during an outreach mission may influence the health knowledge, attitude, and intentions of the recipients' signs (5%).

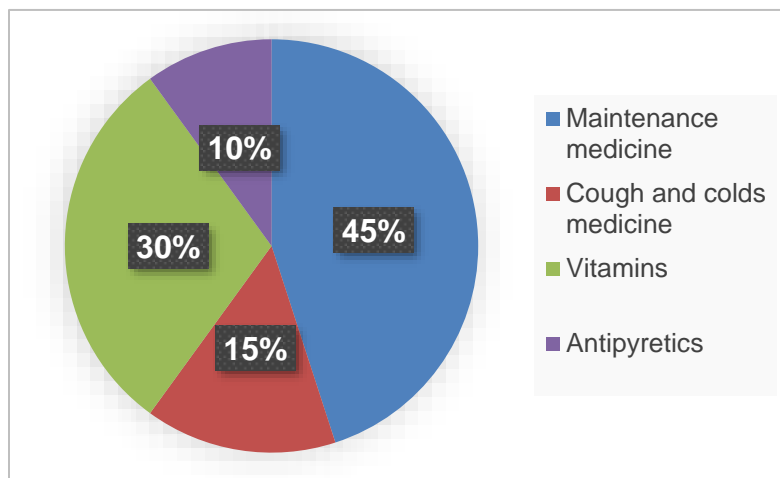
**Figure 4. Ways on how the program helped the recipients.**



The top way that the program helped the recipients is that it lessened their financial burden (71%). This is followed by allocating free medicines (19%) and providing information about their health concerns (10%). This highlights a significant issue of affordability of healthcare services and medications in the recipient community. The recipients need help paying for doctor visits, medications, or even transportation to healthcare facilities.

Difficulties hamper the affordability of healthcare in accessing medications, or essential medications might not be available, and even when they are, the cost can be out of reach (Lambojon, et al., 2020). Medical missions provide free or low-cost medical care to underserved populations who may not have access to affordable healthcare; otherwise, Medical mission teams often volunteer their time and cover their expenses, reducing the financial burden on patients (Petermann, et al., 2022)

**Figure 5. Medicines received during the medical mission.**

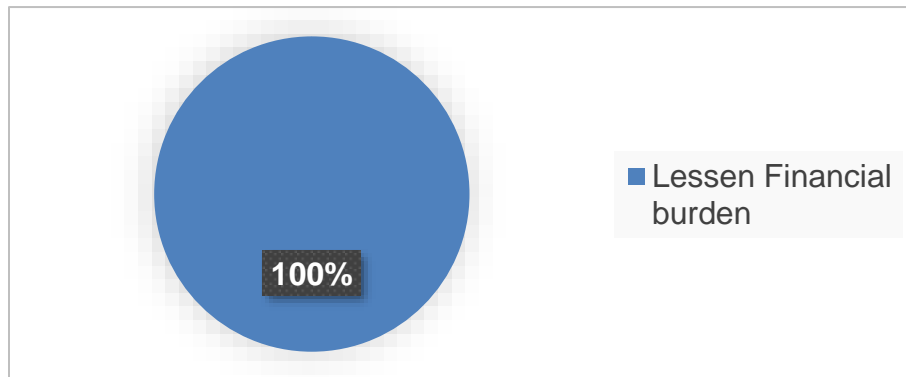


Providing maintenance medications were the primary focus of the medical mission (45%). The second highest was vitamins (30%), followed by cough and cold medicine (15%) and antipyretics (10%). A considerable percentage of the recipients, 45%, were on long-term medication to manage chronic illnesses. Key among them, high blood pressure, diabetes, or heart disease are possible causes for such drug use. This program could act as a maintenance-based support group for those who have these conditions. In some cases, patients depend on missions like this one to refill prescribed drugs that are expensive or not readily available every time.

Maintenance prescriptions given during medical missions usually consist of several essential drugs used in managing chronic conditions with regular health support for people living in underprivileged areas. Nevertheless, despite efforts such as the Cheaper Medicines Act or provisions promoting generic drug use, access to vital drugs is tenuous due to economic constraints and limitations of the healthcare system (Ramon & Llanto, 2017) the medical mission. Sustainable solutions, such as partnerships with local healthcare providers or medication donation programs, are needed to ensure long-term access to maintenance medications for those needing them. The most commonly distributed medications during medical missions include acetaminophen,

albendazole, NSAIDs, antihistamines, and antibiotics (MacDonald, M. et al., 2020). These medications are vital for addressing acute health issues and managing chronic conditions in populations with limited access to healthcare services.

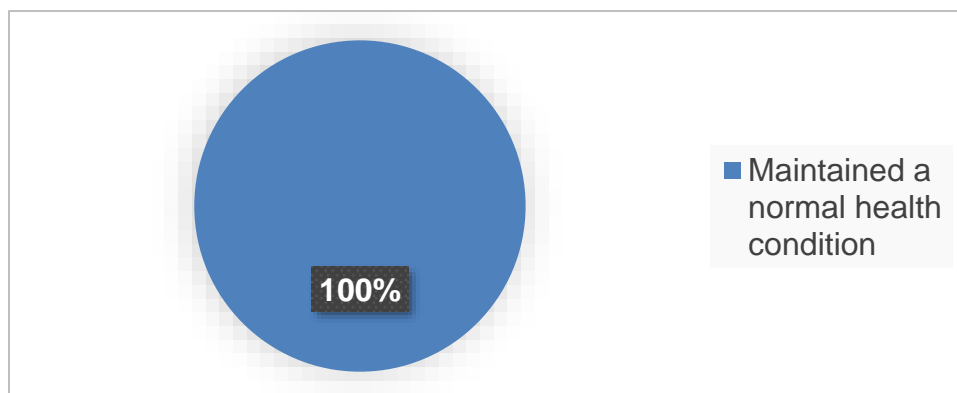
**Figure 6. Ways on how the free medicines helped the recipients.**



Recipients of the program all reported that receiving free medications lessened their financial burden. This finding emphasizes the significant financial burden associated with obtaining medications for the recipient population. This burden is eased by the organization's free medicine programs, which highlights the significance of such programs in ensuring healthcare accessibility to all. Low and middle-income countries face challenges in accessing medicines as part of SDGs' right to health. Life-saving drugs that are very expensive currently constitute a burden on people's lives and missions contribute to alleviating it through providing medication for free (Ozawa, et al., 2019).

For many Filipinos, especially those without universal health coverage, high drug prices have proven a major challenge. The government has made efforts to reduce the cost of medicines in the Philippines. President Ferdinand R. Marcos Jr. reported a 40% decrease in the price of essential medicines in the country, attributing this reduction to integrated primary care providers, local government units, and private stakeholders working together (PCO, 2023). Efforts have been made to address this situation; however, problems still exist, particularly among vulnerable populations who cannot afford life-saving treatments.

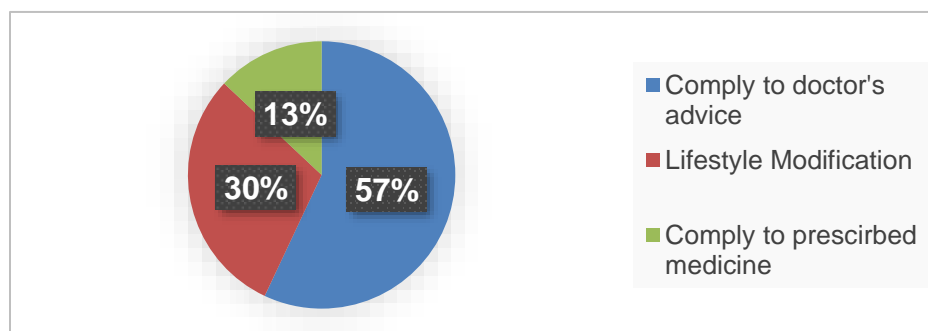
**Figure 7. Changes in health condition after receiving health care from the program**



Following the program's healthcare services, all recipients maintained normal health conditions. This suggests that the program's healthcare services effectively addressed the recipients' immediate health needs. They received appropriate treatment, medications, or consultations that helped them maintain good health.

Medical missions are crucial in providing healthcare in underserved areas, filling a gap in access to essential services (Melby, et al., 2016). In the adopted community, some of them have chronic conditions such as high blood pressure and diabetes are significant global health concerns. According to research, organized healthcare community programs can significantly enhance the way these disorders are managed. For example, participants in research by Smith et al. (2020) on a diabetes management program had significantly lower HbA1c values, indicating better blood sugar control and a lower risk of complications. Similar findings were made by Johnson et al. (2019), who discovered that a hypertension treatment program improved blood pressure control and reduced the frequency of hypertensive episodes of the community program participants.

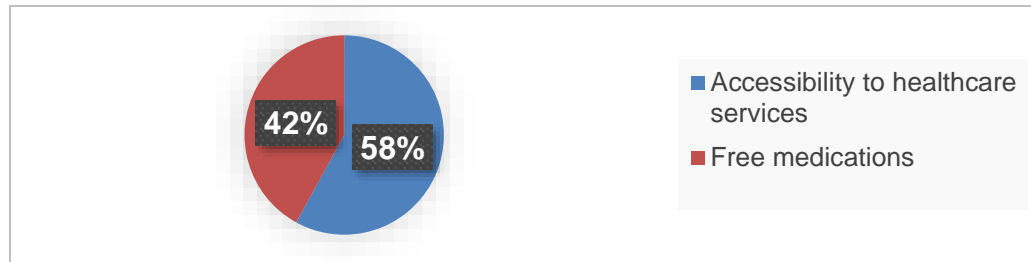
**Figure 8. Ways of recipients in maximizing the benefits received from the program**



For recipients of the medical mission program, the most important factor in maximizing their benefits was complying with prescribed medications (40%). This was followed by complying with the doctor's advice (16%) and lifestyle modifications (9%). This emphasizes the crucial role medication adherence plays in managing health conditions. Following the doctor's instructions and completing the medication regimen is essential for achieving positive health outcomes.

Medication adherence or following a doctor's orders regarding medication and lifestyle changes, is essential for managing health conditions. When patients take medications as prescribed and make recommended changes to diet, exercise, and habits, the treatment has a higher chance of success, and poor adherence can lead to worsened health and increased hospital visits. It creates a significant financial burden (Panahi, et al., 2022). Treatment adherence prevents diseases from worsening, which lowers the need for costly interventions and hospital admissions. A few examples of how this can be done are with medication. According to a study, patients with chronic conditions who take their medications as prescribed and follow the physician's health teaching about lifestyle modifications have found that they have lower healthcare costs than those who do not (Roebuck et al., 2011).

**Figure 9. Perceived benefits of the community**

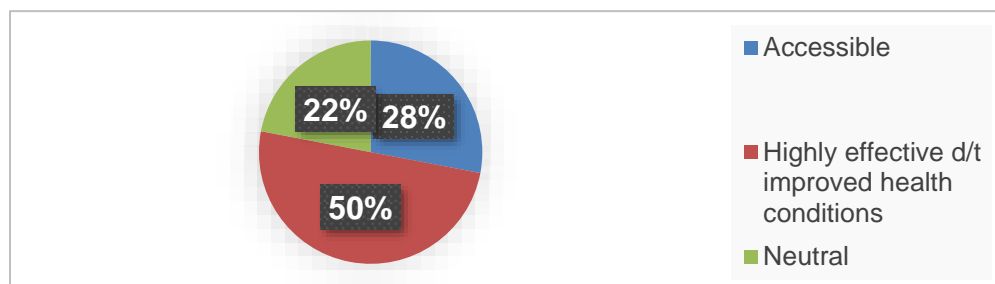


The figure above indicates that 58% of the recipients believe that healthcare services are easily accessible, while 42% see the availability of free medications as advantageous. This underscores the importance of ensuring people access cost-free services and medications for their healthcare needs.

Access to healthcare services plays a critical role in determining health results. Recent research has highlighted various access facets, such as physical availability, financial affordability, and informational accessibility. For instance, a study by Aday and Andersen (2019) updated the access framework, emphasizing that financial barriers, such as medication costs, pose a significant obstacle for many individuals. Another study by Keshavjee et al. (2020) revealed that providing free medications significantly enhances treatment adherence and health outcomes among economically disadvantaged groups.

The free or inexpensive services provided by many community health initiatives decrease financial obstacles to receiving care. Low-income patients have easier access to healthcare treatments because of their cost. Investigate Free Clinics There is a correlation between increasing healthcare consumption among low-income groups and free clinics and subsidized health services offered through community programs (Darnell, 2010). Patients who use these services frequently state that they think healthcare is more affordable.

**Figure 10. Quality of health services in the community in relation to the medical mission program**



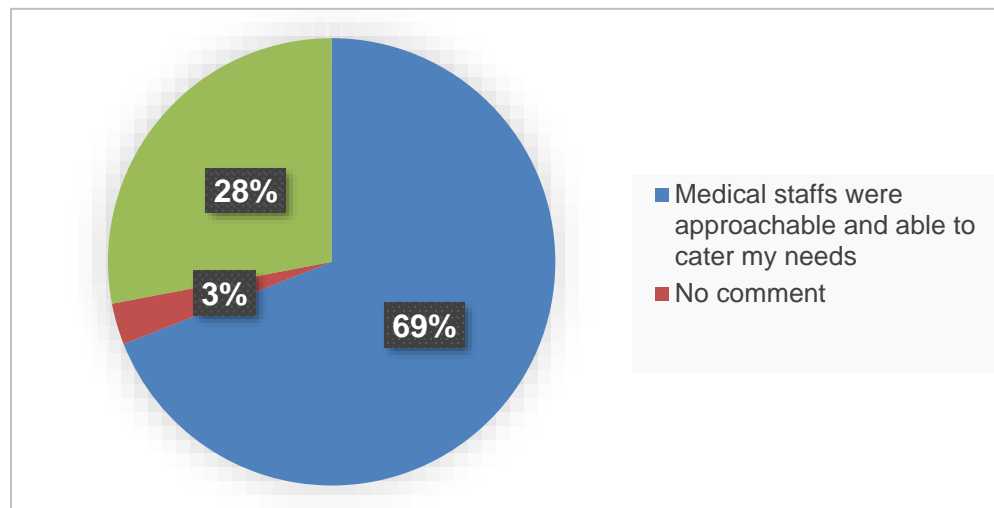
The graph indicates that 28% of respondents think health services are easily accessible, 50% think they are very effective, and 22% are neutral. This suggests that most people are satisfied with the quality and effectiveness of the treatment provided. Quality in healthcare is now assessed through a broader lens, incorporating patient-centered care, safety, efficiency, and equity.

According to a recent review by Levesque et al. (2019), effective healthcare services, as indicated by improved health conditions, are crucial for achieving desirable health outcomes. Additionally, the importance of accessibility in determining service quality is supported by findings from Kruk et al. (2018), who argue that accessible and effective healthcare services are fundamental for universal health coverage and improving community health. Additionally, the Institute for Healthcare Improvement's (IHI) Triple Aim framework aims to improve patient care experience, reduce per capita healthcare costs, and enhance population health, highlighting the



significance of these aspects. This model supports the idea that patient-centered care and efficient, accessible services lead to better health outcomes and increased patient satisfaction (Patient Safety in Surgery, 2023) (BioMed Central).

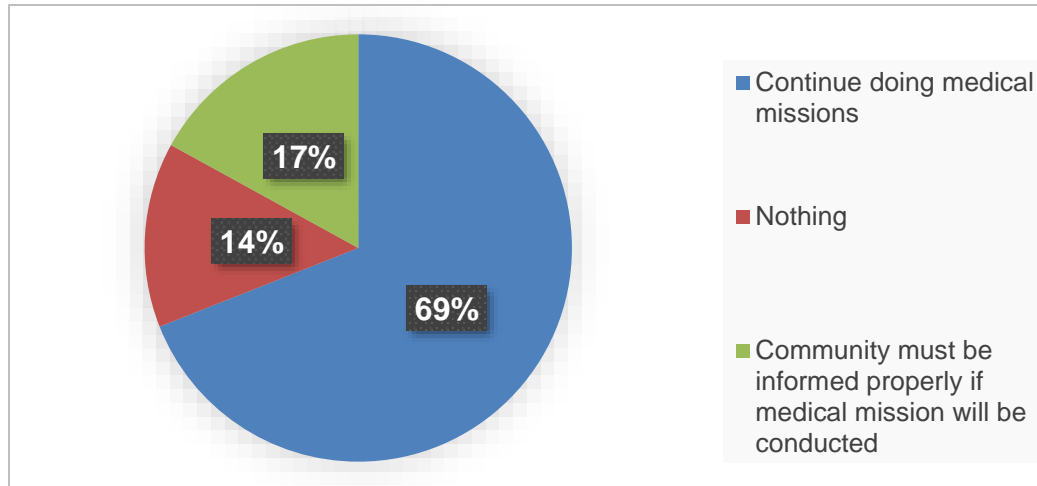
**Figure 11. Experience of recipients in interacting with the medical staff**



The figures from the diagram showed that 69% of the recipients who were surveyed approved of the medical staff being reachable or responsible for every patient's need, while some believed they had enough information about illness, which constituted 28% of all respondents. As few as three percent refused any comments, meaning that generally, healthcare providers positively treated them.

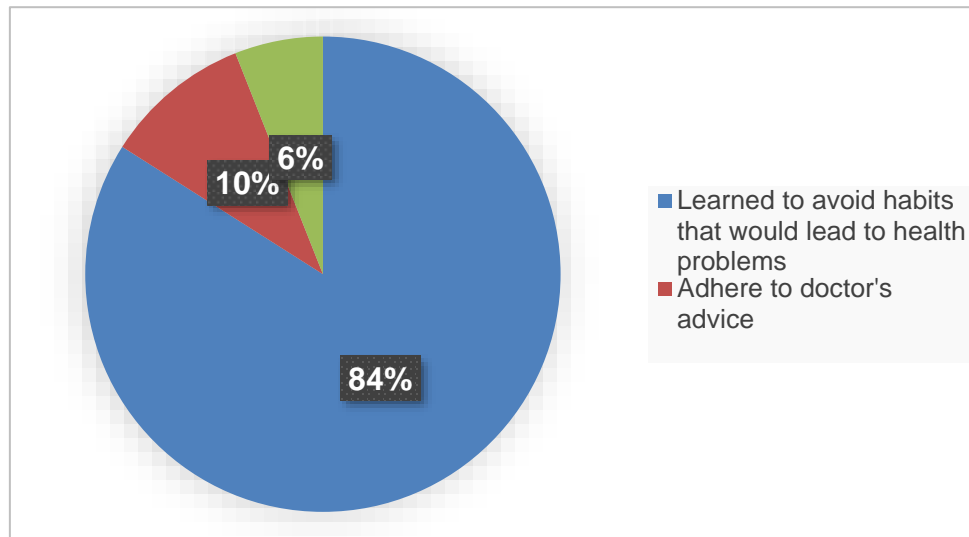
The importance of patient-centered communication has been emphasized by Wolf J (2021) where approachability and informativeness of doctors lead to higher patient satisfaction and health outcomes. Furthermore, Johnson et al. (2020) noted how effective communication affects patient trust and adherence to medical advice thus bringing out the significance of healthcare providers who offer quality services in this regard. According to research carried out by the Agency for Healthcare Research and Quality (AHRQ), it is evident that satisfactory communication with patients depends on good interactions between healthcare professionals and their clients, as well as ensuring safety (AHRQ). It also emphasizes that bad communication may lead to mistakes made by doctors, resulting in dangerous conditions. The establishment of trust and provision of an environment where patients feel listened to, heard, and understood can happen only through transparent, compassionate conversation, leading ultimately to improved health conditions (AHRQ, 2023).

**Figure 12. Recommendations of recipients for the medical mission team**



The data in the chart illustrates that 69% of individuals favor continuing medical missions, 17% recommend improved communication about future missions, and 14% do not provide specific recommendations. This indicates strong community support for ongoing medical missions with enhanced communication.

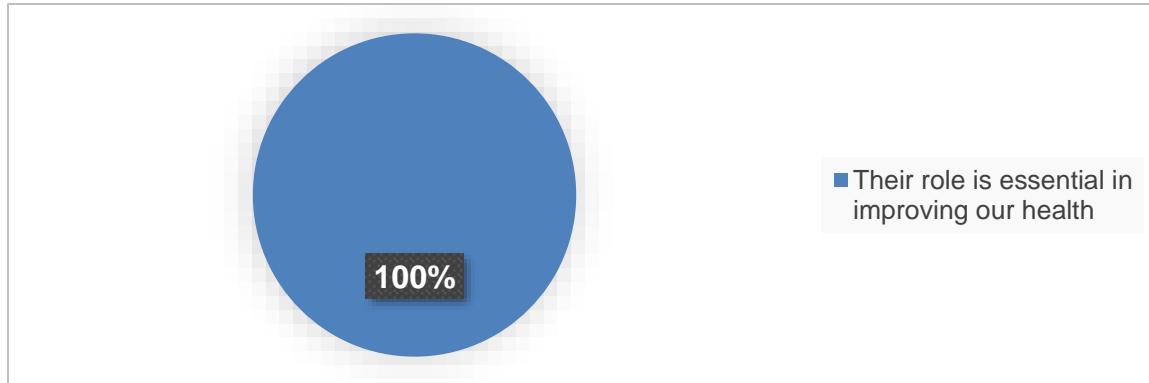
Medical missions and similar community health programs have shown great results in hard-to-reach areas. Perry et al. (2021) recently highlighted the benefits of medical missions on community health outcomes. Communication and community engagement are key to these programs, as Rasanathan et al. (2017) pointed out that informing and involving the community in health initiatives is crucial for sustainability and effectiveness. Through these, planning and execution of medical missions can yield both quick health benefits and construct health systems capable of withstanding the unfriendly environments of hard-to-reach societies. The cooperation of the community and the effectiveness of the communication strategies are, in fact, the strategies that would make the objectives realized, and the trust and collaboration among healthcare staff and the local population would be built with the mentioned success in view.

**Figure 13. Recipients' way of disease prevention**

The data in the chart illustrates that a large majority of respondents, 84%, have acquired knowledge to steer clear of unhealthy habits. Moreover, 10% of the respondents follow medical advice, and 6% adhere to the regimen of taking vitamins and medicines. On a broad scale, this study highlights the key role of health education in promoting health-promoting behavior. Health education has been a long-standing policy for disease prevention and treatment, and it is more evident today. The authors, such as Nutbeam et al. (2018), highlight the firm commitment that health literacy interventions have in educating individuals about the detrimental effects of unhealthy habits and encouraging them to adhere to the doctors' instructions to prevent diseases properly.

In addition, Kickbusch et al. (2020) suggest that enhancing health literacy results in improved health outcomes by empowering individuals to make well-informed decisions about their health. Community behavioral therapists guide people to adopt better habits that will make the old ones extinct. The behaviors targeted by programs include goal-setting, self-monitoring strategies, and motivational interviewing. Let me use an example to explain it further. Like, diet tablets if people do that. Research has already proven that lifestyle-based behavioral interventions that prompt professional health services can, given participants' establishing healthy eating and regular physical activity habits, lower the consumption of harmful foods and increase physical activity levels in them. (Greaves et al., 2011). The ability to make healthy living decisions is reported to have increased among the participants.

**Figure 14. Role of the program in health promotion of the community**



All recipients saw the medical mission program as essential for improving community health. Medical missions bridge the gap in healthcare access for underserved communities. They provide essential services and education, improving overall health outcomes by offering diagnosis, treatment, and preventive care (Mission Partners for Christ, 2023). Community members frequently consider the medical mission to be very important because of its ability to supply people with essential medical treatments and requirements. Johnson and colleague (2018) after doing academic research on trying to find the community perception of medical missions in the countryside, found that the majority of the informants consider these missions to be a necessity for them to get access to health services that were either impossible to get in town or costs were too high. The working of these missions builds hope and improves the interaction between the healthcare provider and the community. Based on the study by Lee and Martinez (2017), the aspect of social interaction in medical missions creates a synergy between the healthcare workers and the community; hence, the improvement in patient satisfaction and health interest among the patients is achieved.

## Conclusion

The "Kapwa Ko, Mahal Ko" program has played a crucial role in improving the health and well-being of the Barangay Labangon community by providing accessible and free medical care. Through regular medical missions, the program has addressed common health concerns, particularly respiratory illnesses, while also promoting health awareness and self-care practices among residents. By eliminating financial barriers, it has ensured that individuals, especially those from low-income households, can seek medical consultations and receive essential healthcare services without the burden of cost.

Beyond immediate health benefits, the program has fostered a stronger sense of community involvement, with volunteers, sponsors, and healthcare providers collaborating to sustain its operations. Its structured approach, conducted under the supervision of the Nursing Community Extension Services (NCES) and in partnership with Barangay Labangon, has ensured effective resource management, systematic implementation, and continuous program monitoring.

Overall, the "Kapwa Ko, Mahal Ko" medical mission program has successfully achieved its objectives by enhancing healthcare accessibility, improving health outcomes, and alleviating financial strain on beneficiaries. As a result, it has significantly contributed to the overall quality of life in the community, demonstrating the impact and importance of sustained medical outreach initiatives in addressing public health needs. Future recommendations may focus on expanding

services, increasing volunteer engagement, and integrating health education programs to further strengthen its long-term impact.

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