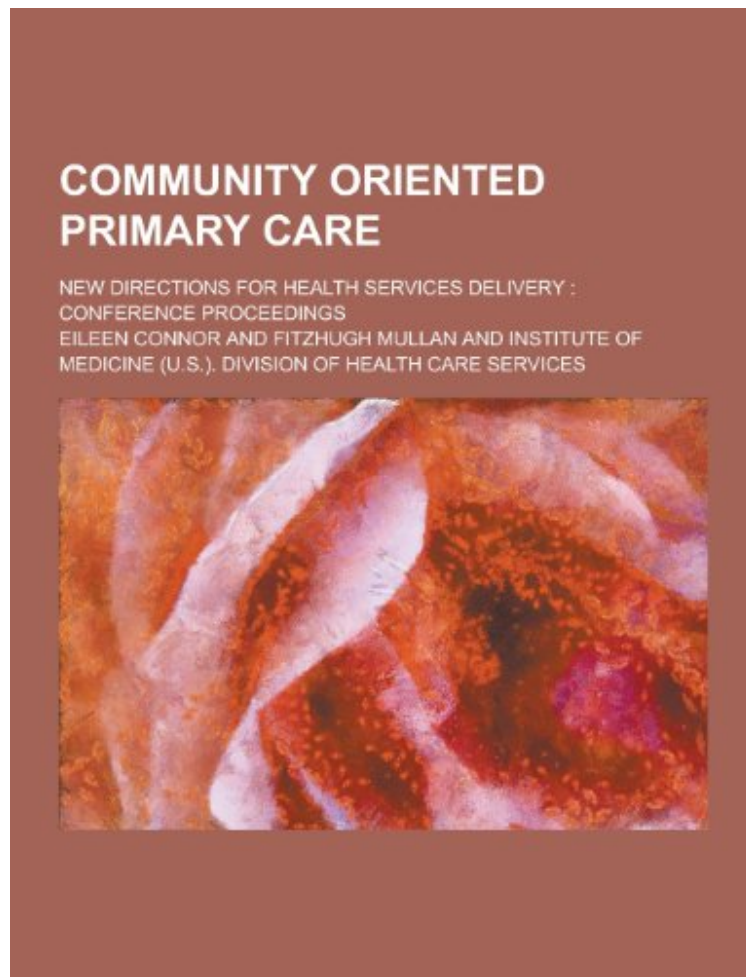


[E-BOOK] Community Oriented Primary Care; New Directions for Health Services Delivery: Conference Proceedings

## Community Oriented Primary Care; New Directions for Health Services Delivery: Conference Proceedings

*Eileen Connor*

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quality of relationships and the degree of social support we receive from those who are closest to us.<sup>1</sup><sup>5</sup> Therefore, is it reasonable to believe that significant advance health can be achieved without the involvement of community people and without attention paid to the patterns of relationships between and among those who are members of the community? Planners in societies structured as differently as the Peoples' Republic of China and our own have come to realize the limitations of traditional responses to the challenges of rapid change in an increasingly interdependent world. Activists and planners with skills in community organization have followed the direction of redefining traditional roles and relationships. Barefoot doctors, cholera control agents, outreach workers, nurse practitioners, sanitation aides, health educators, and many many others are performing roles as old and new as man himself. Their functions are to be responsive to human needs, and as needs change so will their roles. Health status is more an indicator and a symptom of inequality than its cause. We agree with Dr. Sidney Kark that "changes in the environment, standards of education, and social status as determined by occupation, education, and income exert greater influence than does the medical care system on favorable mortality and morbidity trends, as well as on improvements in health."<sup>6</sup> If we as professionals committed to the practice of community oriented primary care (COPC) agree with these statements, then what exactly is the charge of the COPC health team? And more specifically, what is expected of community health workers? Perhaps it would be best to begin with some widely held assumptions that tend to impede development of COPC. Given these...