

**DOCTOR 2019 | MEDICINE | JU**

# Summary for PRIMARY HEALTH CARE

## Public health

Public health is defined as “the science of protecting and improving the health of people and their communities.”

**Note:** Community medicine is considered as a subsection of public health.

- Its primary objective is: **prevention of disease** and **promotion of health.**

- **The spectrum of health**
- Health is a dynamic phenomenon
- Transition between states is often gradual



- Just a reminder ^^ :



- **Social Determinants of health**

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

**They include:**

- Income and social status
- Stress – control over our life.
- Early childhood development and education
- Employment and work conditions
- Social support
- Addiction
- Physical environment
- Exercise and transport
- Diet and lifestyle choices

- **Health for all**

- It means that health is to be brought within reach of everyone in a given country.
- implies the removal of the obstacles to health.

- **The contents of the Alma-Ata conference**

- Health is a fundamental human right and goal.
- The existing gross inequality in the health status of the people is unacceptable.
- Economic and social development, based on (NIEO), is of basic importance to the fullest attainment of health for all.
- People's participation individually and collectively in the planning and implementation of their health care is an important issue.
- provision of adequate health from the government by virtue of its responsibility for the health of the people
- All government should formulate national policies and strategies to sustain primary health care.
- All countries should cooperate to ensure PHC for all people.

- **The difference between primary care and primary healthcare**

**Primary care** is essentially about care of individual's **illness** in the community, it is often based around medical care, but **Primary health** care involves a more **social** view of health.

- **The holistic concept of health**

it means that if we improve medical care only, we are not going to achieve health for all.

## Health care

It is conventionally regarded as an **important determinant** in **promoting** the general **physical and mental health** and **well-being** of people around the world.

- The delivery of health care depends on groups of **trained professionals**,  
→ who systematically provide personal and population-based preventive, curative and rehabilitative care services.

- **Primary care**

refers to the work of health professionals who act as **a first** point of consultation for all patients within the health care system.

- It can be provided in different settings, such as Urgent (primary) care centers.
- Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins and patients with all types of acute and chronic physical, mental and social health issues.
  - provides **preventive** and **educational** healthcare facilities.
- Depending on the nature of the health condition, patients may be referred for secondary or tertiary care.

- **Secondary care**

- It includes acute care: necessary treatment for a short period of time for a brief but serious (more complex than primary) illness, injury, or other health condition.
- Provides curative healthcare facilities.
- This care is often found in a hospital emergency department.
- The term "secondary care" is sometimes used synonymously with "hospital care".

- **Tertiary care**

- is specialized consultative health care, usually for particular patients and on referral from a primary or secondary health professional.

- in a facility that has personnel and facilities for **advanced curative** treatment
- Examples of tertiary care services are plastic surgery, treatment for severe burns.
- Depending on the organization and policies of the national health system, patients may be required to see primary and secondary care providers for a referral before they can access tertiary care.

**\*Primary Health Care**, or PHC refers to "essential health care".

- based on **scientifically sound** and socially **acceptable methods** and technology.

**NOTE:** scientifically sound means "adhering to the requirements of best available science".

- PHC allows for the full participation of community members.
- Services are provided at a cost that the community and the country can afford.

***\* The functions of primary health care:***

- 1- to provide continuous and comprehensive care.
- 2- to refer to specialists and/or hospital services.
- 3- to co-ordinate health services for the patient.
- 4- to guide the patient within the network of social welfare and public health services.
- 5- to provide the best possible health and social services in the light of economic considerations.

***\* Principles for PHC:***

- 1- social equity: everyone can have it.
- 2- nation-wide coverage: **it means reducing exclusion in health**  
(not to focus on Amman at the expense of Tafila for example.)
- 3- self-reliance.
- 4- Inter-sectoral coordination: **it means integrating health into all sectors.**
- 5- People's involvement in the planning and implementation of health programs.

***\*Keep in mind that:***

**mental health** is related to psychiatric illnesses like schizophrenia, depression.

**physical handicaps**: it means that there should be specialized foundations for physiotherapy & rehabilitative facilities.

### ***\*basic requirements for sound PHC***

#### **1-Appropriateness:**

The service should be properly selected & and carried out in the proper way.

#### **2. Adequacy:**

There should be a Sufficient volume of care to meet the need and demand of the community.

#### **3. Affordability:**

The cost should be within the means and resources of the individual and the country

#### **4. Accessibility:** The service should be Available, reachable and convenient.

#### **5. Acceptability:** The service should be socially pleasing to the receiver.

#### **6-Availability:** The service can be obtained whenever needed.

#### **7-Assessebility:** Means that medical care can be readily evaluated.

#### **8. Accountability:**

- processes by which healthcare workers justify and take responsibility for their actions and activities
- it should be possible to review how the resources have been used to provide services to patients.

#### **9. Completeness:** It means the quality of being whole or perfect and having nothing missing.

#### **10. Comprehensiveness:** care is provided for all types of health problems.

#### **11- Continuity:** Management of patients care over time coordinated among providers as long as

Needed which is Important for chronic diseases.

<b>Medical model</b>	<b>PHC system</b>
Treatment	Health promotion
Illness	Health
Cure	Prevention, care, cure
Episodic care	Continuous care
Specific problems	Comprehensive care
Individual practitioners	Teams of practitioners
Health sector alone	Intersectoral collaboration
Professional dominance	Community participation

Passive reception	Joint responsibility
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- **PHC TEAM:**

**team:** A group of people who make different contribution towards the achievement of common goal.

It includes:

1. **Family health services** which are administered by FHSAs: GPs, dental practitioners, Pharmacists, **opticians** (who are required to measure the visual acuity for children and elderly).
2. **Community Health services** include: community doctors, dentists, nurses (midwives) and other allied professions such as chiropody and physiotherapy.
3. **Counseling**: social workers, psychologists, and **psycho-therapists** (very important for social and mental health).
4. **Administrative.**
5. **Reception**: for making appointments.
6. **Secretarial/** clerical work.

**\* Essential characteristics of team work:**

1. its members share one purpose.
2. there is a clear understanding and awareness of functions by each member.
3. pooling knowledge skills and resources is the responsibility of the team.

**\* Current health status and health care in Jordan:**

- Health status has improved significantly during the past 30 years. Some important indexes to go with:

- A. **Life expectancy** increased.
- B. **Infant mortality** decreased.
- C. **Total fertility rate** dropped. (because of work to control the rates of children per families)
- D. **Infectious diseases** decreased. (the proof is:
  - Small – Pox was eradicated on 1979.

- Measles and polio prevalence rates were decreased a lot but they weren't eradicated.)

- *Selected Indicators 2017*

**Population growth** (2.4%): Population growth reflects 2 things: the **fertility rates** and the **mortality rates**.

**Population Doubling Time** (29 years): the less the population growth the longer the population doubling time which is better

**Population Less Than 15 Year of Age** (34.3%)

**Population Age 65+ years** (3.7%)

**Urban Population (90.3%)**: in Jordan the population percentage is highly Urbanized.

**Life Expectancy at Birth (year)** 72.8 Male, 74.2 Female.

**Singulate mean age of females at first marriage** (26.3 years)

*\*A country in demographic and fertility transition:*

The country's population

- It is growing rapidly over the last 20 years.
- it is undergoing a demographic transition: moves from high fertility and mortality, to low fertility and mortality.
- **Fertility declines:**

in Jordan, Fertility declines have contributed to slowing the population growth rate

**NOTE:** Jordan Association of Family Planning and Protection (JAFPP) which is UN funded organization works mainly on family planning services by dropping the fertility to the half in the last 40 years.

- **The urban population:** it increased to 90.3% in 2017.
- **The Ministry of Health (MOH)**, through its Maternal and Child Health Centers (MCH), provided optional and predominantly **free family planning services** as an unofficial and indirect intervention in the population policy.

*\*Challenges encountering PHC in Jordan:*

- **high population growth rate:**
  - It affects PHC facilities especially when analyzed in light of the **quantity and quality** of services to be provided to accommodate this rapid increase in population.



### *\* Primary Health Care Initiatives Project:*

- We have 380 PHC clinics in Jordan
- Renovation and provision of furniture and specialized medical equipment
- Clinical training of service providers
- Establishment of performance improvement review systems
- Improvement of the management information system.

### *\* Primary Health Care in Jordan:*

\* It follows that for a community like JORDAN were:

- The population is small and highly urbanized.
- Highly qualified medical personnel are abundant.
- Intermediately qualified paramedical staff are scarce (*rare*)
- Piped water and safe waste disposal are almost universal.

### *\* Causes of death:*

#### **Low – income countries:**

- Main causes of death in this class are: **Infectious diseases**
- To clarify why these infections are still considered a cause of death in low social class, we should take into consideration the:
  - a- Poor hygiene.
  - b- Poor environment.
  - c- Poor nutrition.
  - d- Poor vaccine coverage.

#### **The top 10 causes of their deaths:**

- 1- Lower respiratory infection – **The main cause.**
- 2- Coronary and other non-communicable diseases
- 3- Diarrhea (an **infectious disease**, transmitted from one person to another).
- 4- HIV (**infectious**).
- 5- Stroke and cerebrovascular diseases (**non-infectious**).
- 6- Chronic obstructive pulmonary disease.

- 7- Tuberculosis (infectious).
- 8- Neonatal infections.
- 9- Malaria (infectious).
- 10- Prematurity (non-infectious): babies born before 36 weeks of gestation.

### Middle – income countries

- Non-communicable diseases are becoming more on the top of the list of causes of death in this class.

### *\*Causes of deaths in this class:*

- 1- Stroke and cerebrovascular diseases.
- 2- Coronary heart disease.
- 3- Chronic obstructive pulmonary disease (COPD).
- 4- Infectious diseases including lower respiratory tract infection.
- 5- lung cancer
- 5- Road traffic accidents (non-communicable)
- 6- Hypertensive heart disease (non-communicable)
- 7- stomach cancer
- 8- tuber culosis
- 9- diabetes
- \*\* Note that the first 3 causes are non-communicable diseases.
- \*\* Infections are decreasing and non-communicable diseases are taking place.

### High – income countries:

- Non-communicable diseases are the major causes of death.

### *Causes of death in this class:*

Mainly, coronary heart diseases (CHD) are on the top of the list.

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- *By improving the medical services in Jordan, the causes of death started to change from infectious to non-infectious diseases*

➔ The first study was done in 1979:

Cardiovascular diseases were on the top of the list, Followed by respiratory diseases.

-> The second study was done in 1991:

- On the top of the list we still have cardiovascular diseases
- Accidents
- Cancer (non-communicable).

➔ Latest statistics; 2010:

\*\* note that studies about causes of death are not easy to be done, we can't do it every year. At least we need 10 years between them as they are expensive!

- Ischemic Heart Disease were on the top of the list.
- It is very important to note Diabetes in the list, which is considered a serious problem in Jordan.

## Health Education

- Health education is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process.
- It is the Skeleton of primary health care services.
- Main goal of it is to improve the quality of life individual and Community in all aspects; taking in consideration that health is a state of complete physical, psychological and social well-being and not the mere absence of diseases.
- It is essential for Health promotion that, if successful, will positively affect people lives.

health educator: is a specialist person who is especially trained to do health education work.

- It could be Any person in the community can participate in health education process, like teacher, mothers... etc.

## Health Education (HE) in Jordan

- In Jordan, health education (HE) is an important pillar of the work of the Ministry of health.

- Their (MOH) work also includes training of health workers and preparation of different HE media.
- Recently the HE division was promoted to a full directorate,  
**Note:** health directorate in the country sets its own HE programmed separately according to their needs and available resources in addition to the integrated HE resources in the primary health centers.

## *Approaches of HE*

### 1- The medical approach:

- It is conceptualized around absence of disease (focuses mainly on physical dimension).
- It encourages the reliance on medical knowledge.
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### 2- The educational approach

- educational approach is to provide knowledge and information & to develop the necessary skills so people can make informed choices about their health.

### 3- The individual-centered approach

considered the individual to have a right to control his own health, so he should be helped gain the knowledge he needs to make changes.

### 4- The change in society approach

aims at changing the society rather than the individual, by shaping the environment so that it becomes conducive to health.

#### **Note:**

- In Jordan we depend on educational approach which depends on changing people to fit the environment.

- Target groups for health education programs include: Women, children & elderly.
- Examples of Current HE Programs:
  1. Nutrition and weight management
  2. Older adults
  3. Parent education

It is never too late to mend! 🦋✳️

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دُعاء من القلب .. ولكم بالمثل ❁