

PHC team, PHC in Jordan and Health Education



Learning Objectives



By the end of this lecture, you should be able to:

1. Identify the healthcare professionals who are involved in the PHC team.
2. Identify essential characteristics of teamwork.
3. Describe the status of PHC in Jordan.
4. Understand the significance of health education as a basic element in the context of PHC.



PHC team?

- **A team** : A group of people who make different contribution towards the achievement of common goal.
- **Composition of PHC team:**
 - Family health services, which are administered by Family Health Service Authorities (FHSAs), and include the four practitioner services:
 1. GPs.
 2. Dental practitioners.
 3. Pharmacists.
 4. Opticians.



PHC team?

- Community health services, which include:
 - Community doctors
 - Dentists
 - Nurses, midwives, and health visitors
 - Other allied professions such as chiropody and physiotherapy



PHC team?

- Counseling social workers, psychologists, and psycho-therapists.
- Administrative
 - - Reception of clients/ for making appointments
 - - Secretarial / clerical work



Essential characteristics of teamwork

- The members of a team share a common purpose which binds them together and guides their actions.
- Each member of the team has a clear understanding of his own functions and recognizes common interests.
- The team works by pooling knowledge skills, and resources: and all members share the responsibility for outcome.



Current health status and health care in Jordan according to population and family health survey ...

- 1- Health status has improved significantly during the past quarter century. Some important indexes to go with that are:
 - a. Life expectancy at birth increased from 49 years in 1965 to 66 years in 1990 to 72 in 2004 to 73 (71.6 males and 74.4 females) in 2012

73.5 (72.8 males and 74.2 females) in 2017

- Ranging from 57 in developing countries to 78 years in developed countries).



- b. Infant mortality decreased from 130 in 1960 to 35 per 1000 live births in 1992 to 22 in 2002 to 19 in 2007 to 17 in 2012
- Stayed 17 per 1000 live births in 2017.

Infant mortality: The probability of dying between birth and the first birthday.



- c. Smallpox was eradicated on 1979
Measles, polio prevalence rates were decreased.



Primary Health Care Provision in Jordan: Summary and Update



A country in demographic and fertility transition

- Over the next 50 years, Jordan's **demographics will change dramatically** – This will pose great challenges for the country (resources and services).
- The country's population is growing rapidly, doubling over the last 20 years and likely to double again by 2029. However, it is undergoing a demographic transition moves from high fertility and mortality, to low fertility and mortality (David Bloom, [“Demographic Transition and Economic Opportunity: The Case of Jordan,”](#) April 2001).



Fertility rate

- The fertility rate is the average number of children borne by one woman while being of child-bearing age.
- **Fertility declines** in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to **2.8** percent in 2002 (JPFHS, 2002) to 2.2 % in 2012.
- Latest 2.4% increased in population growth rate in 2017 due to increased in immigrants.



- Results of the 1994 census indicate that **the age structure of the population** has changed considerably since 1979 – the result of changes in fertility, mortality, and migration dynamics.



- The proportion of the population under 15 years of age **declined from 51 percent in 1979 to 39 percent by 2002 to 37.3% by 2012 to 34.3 by 2017**, while the proportion of those age 65 and over has been rising from 2.1% (JPFHS, 2002) to 3.2 % by the year 2012 to **3.7% by the year 2017.**



Challenges

- While low infant mortality rates and high life expectancy - are among the best in the region, the population growth rate continues to be a major development constraint - especially when analyzed in light of the **quantity and quality of services to be provided** to accommodate this rapid increase in population.



Three main reasons for PHC in Jordan 1986 MOH study visits are

- a. 33% respiratory diseases.
- b. 14% infectious and parasitic diseases.
- c. 10% digestive diseases.



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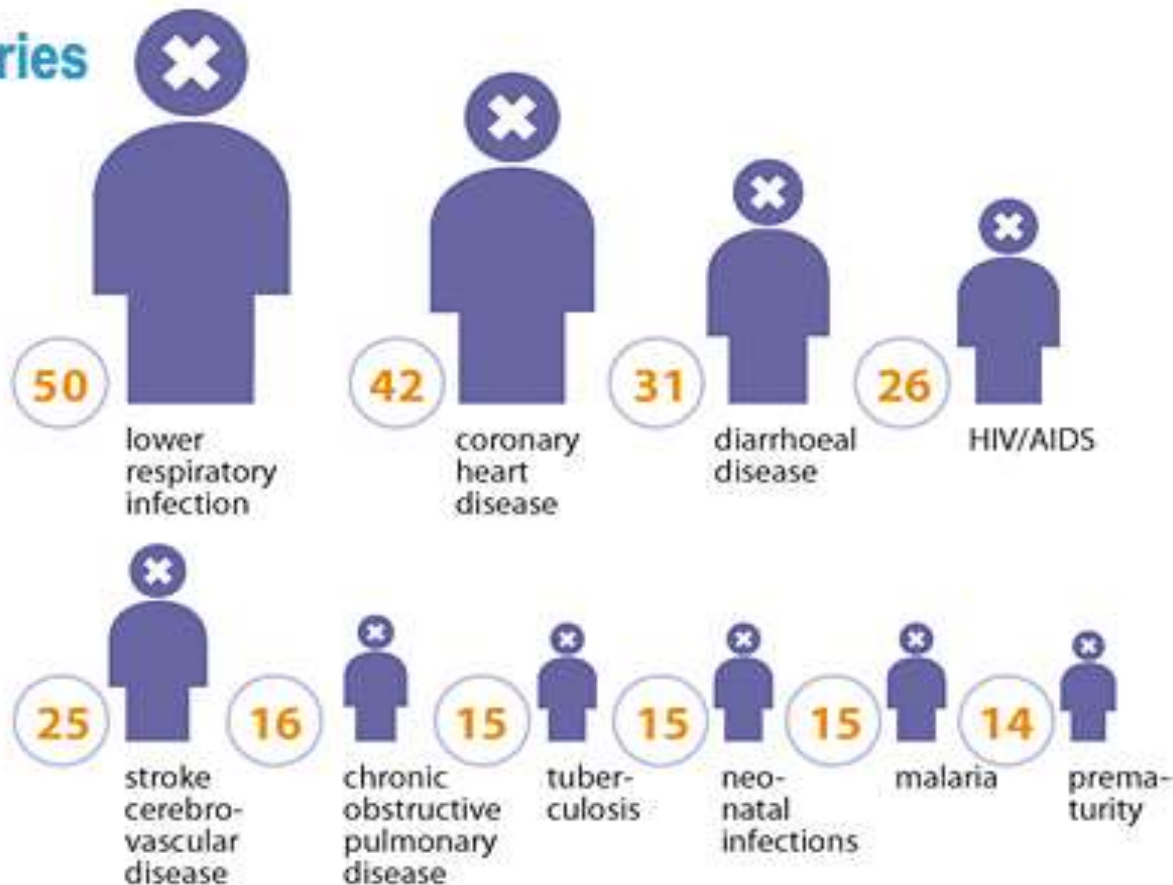
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الصحة المدرسية	الهندسة الصحية	الملاريا والبلهارسيا	
رعاية الامومة والطفولة	رقابة البيئة	الامراض الصدرية	قسم التدرن
التغذية	الصحة الصناعية	التطعيم	
التثقيف الصحي		الاستقصاء الوبائي والصحة العامة	
تمريض الصحة العامة		شعبة الاسهالات والكوليرا	
شعبة الطب الرياضي		برنامج الايدز الوطني	



What would be the top 10 causes of their deaths?

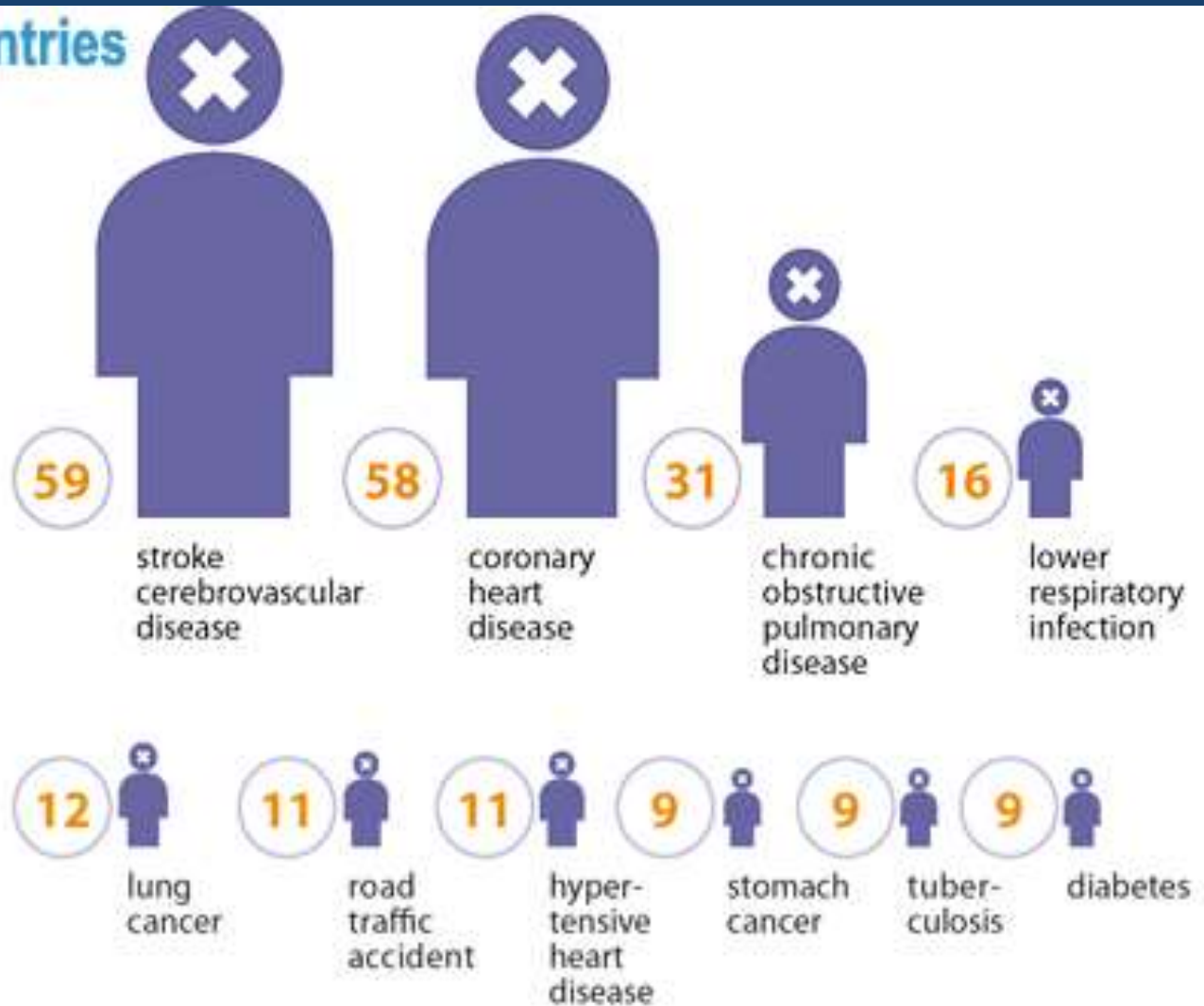
Low-income countries

447 of 1000



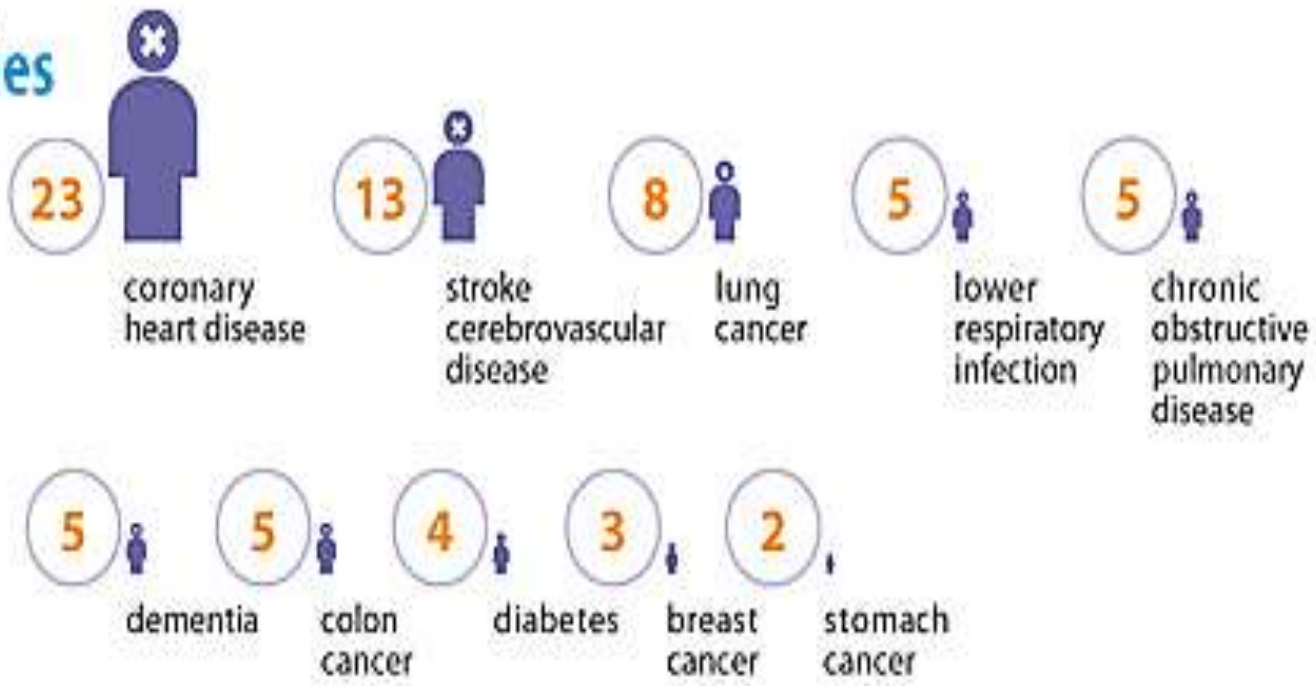
Middle-income countries

415 of 1000



High-income countries

138 of 1000



Top 10 Causes of Death in Jordan center for disease control and prevention (CDC 2010)

1. Ischemic Heart Disease	18%	6. Chronic Kidney Disease	4%
2. Cancer	15%	7. Road injuries	4%
3. Stroke	12%	8. Lower-Respiratory infection	3%
4. Diabetes	7%	9. Pre-Term Birth Complications	2%
5. Congenital Abnormalities	4%	10. Chronic Obstructive Pulmonary Disease	2%



Health Education

- First line of Prevention
- Skeleton of primary health care services.
- Essential for Health Promotion and Preventive Services.
- Helping people to understand their behavior and how it may affect their health.



Main goal of health education is:

- **To improve the quality of life individual and Community in all aspects: health, social, economic and political, taking in consideration that health is a state of complete physical, psychological and social well being and not the mere absence of diseases.**



Health promotion

- Health promotion encompasses a variety of activities aiming at improving the health status of the individual and the community .
- And if successful, it will affect the lives of people, so health promoters should be equipped with practical skills, and should understand the values and ethics implicit in their work.



Who is the health educator?

- Specialist : person who is especially trained to do health education work.
- Any health worker who is concerned with helping people to improve their health knowledge and skills.
- 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.



Approaches of HE

- Specialists in the field of health promotion identify five approaches that can be used individually or in combination to achieve the desired goal:

1- The medical approach involves medical intervention to prevent ill health using a persuasive method and expects patients to comply with the recommended intervention.



Approaches of HE

- **The educational approach** provides information and helps people to explore their values and make their own decisions.
- **The change in behavior approach** involves changing people's attitudes so that they adopt healthy lifestyles as defined by the health promoters. This approach can be applied using locally available methods and media such as leaflets and posters.



- **The individual -centered approach** considered the individual to have a right to control his own health, so he should be helped to identify his concerns, and gain the knowledge he needs to make changes happen.

- **The change in society approach** aims at changing the society rather than the individual by putting health on the political agenda at all levels, and by shaping the environment so that it becomes conducive to health.



- Unfortunately , the traditional health education approach used in Jordan , and many other countries, was aimed solely at changing people to fit the environment, and did little to make the environment a healthier place to live in.



Target groups for health education programs

- **Women**: since all groups of Community, especially women, children, students.
- women have the role of raising children and teaching them practices and concepts as the personal hygiene and nutrition. also women must be aware of the basics of preventive of health services. E.g. A.N.C., W.B.C, etc.
- **Children**: any concept learned in childhood will affect behavior in adult life major subjects in health education for children are sanitation, nutrition, personal hygiene and environment.
- **Elderly.**



Current Programs

- Psychological Counseling
- Cancer
- Diabetes
- Education and Support Groups
- Fitness and Exercise
- Health Screenings
- Nutrition and Weight Management
- Older Adults
- Parent Education



Personal Health and Wellness

- **Pregnancy and Childbirth**
- **Programs for Families**
- **Programs for Men**
- **Programs for Women**
- **Safety and CPR**
- **Sleep Disorders**
- **Special Programs**
- **Stress Busters**



Conclusions

- Health education is the translation of health knowledge into desirable individual and Community behavioral patterns by means of educational process.
- Health education is the skeleton of PHC system –since no other activity can be performed without health education.
- The needs and interests of individuals, families, groups, organizations and communities are at the heart of health education program.
- Health education can boost a community's economy by reducing healthcare spending and lost productivity due to preventable illness.
- Health education is the responsibility of every person in the Community.



Conclusions

- Primary health care is the first point of contact between a community and its country's health system.
- The World Bank estimates that 90% of all health needs can be met at the primary health care level.
- Investment in primary health care is a cost-effective investment – it helps reduce the need for more costly, complex care by preventing illness and promoting general health



Thank you