

Primary Healthcare (PHC)

*Community : A group of people living in the same place or having particular characteristics in common (such as geography, interests, experiences, concerns, or values).

*Community Medicine : “ A science and art of promoting health, preventing diseases and prolonging life by range of interventions (promotive, preventive, curative, rehabilitative and palliative) in close partnership or association with health care delivery system and **with active community participation and inter-sectoral coordination.**”

* Community Medicine primary objective is prevention of disease and promotion of health.

The provider of services in community medicine, at least in the US, can be a physician, advanced practice nurse or, in some settings, a physician’s assistant.

*The practice of Community Medicine requires a multidisciplinary approach.

- The core subjects in Community Medicine are: 1. Epidemiology, 2. health-care delivery system including primary health care. 3. Biostatistics. 4. Public health nutrition. 5. Social, behavioural, environmental, and management sciences.

Population to be served : Demography ----- Patterns of Health and disease : Epidemiology

Collection, compilation and analysis of data: Biostatistics

Behavioral factors and their effect on Health :Behavioral sciences

Control and prevention of diseases : Preventive Medicine - - - - The food people eat :Nutrition

Environmental factors and their effects on Health : Environmental Health

Delivery of Health Care : Health Administration and Planning

"Health is a state of complete Physical, mental & social well being & not merely the absence of disease or infirmity". (WHO) Recent definition: health is a dynamic state(cannot be defined as a state because it is everchanging) of complete physical, mental & social & spiritual well being & not merely the absence of disease & infirmity. (WHO)

- health is defined as a dynamic state (dynamic in part because of the many different factors that determines one health.)or condition of the human organism that is multidimensional in nature (i.e. physical, mental, emotional, social, spiritual, and environmental).
- Health results from a person interactions with and adaptations to his, her environment.
- Health status is determined by interaction of five domains:1. genetic makeup, 2. social circumstances (e.g. education, income, poverty),3. environmental conditions (toxic and microbial conditions),4. behavioral choices (diet, physical activity, substance use and abuse), 5.the availability of quality medical care.

HEALTH DIMENSIONS :

1.Physical dimension :Includes perfect body functioning, physical fitness, Activities of Daily Living (ADL), a state in which every cell and every organ is functioning at optimum level, and in perfect harmony with the rest of the body

2. Mental dimension : Ability to think clearly, reason objectively. A state of balance between the individual and surrounding world -.Free from internal conflict-Aware about himself-Having a good self control -Coping with stress

3.Emotional dimension: Self-efficacy and self-esteem

4.Social dimension: Ability to have satisfying relationships

5.spiritual dimension: Feeling as part of a greater spectrum of existence

6.Environmental dimension: Appreciation of the external environment and one's role in caring for it

Spectrum of Health -Positive health-Better health-Freedom from disease-Unrecognized disease-Mild disease-Sever disease-Death

SPECTRUM OF HEALTH | : This concept of health emphasizes that health of an individual is a dynamic phenomenon and a process of continuous change, subject to repeated, fine variations

- Transition from optimum health to ill health is often gradual, and where one state ends and other begins is a matter of judgment.

Different stages are positive health, better health, freedom from sickness, unrecognized sickness, mild sickness, severe sickness, and death

Health is influenced by many factors, which may be known as determinants of health. • The social determinants of health (SDOH) are defined by the World Health Organization as "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".

Social determinants of health (SDOH)

- 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

SDOH can be grouped into 5 domains: 1. Economic stability: Goal: Help people earn steady incomes that allow them to meet their health needs. • People with steady employment are less likely to live in poverty and more likely to be healthy.

2. Education access and quality : • Goal: Increase educational opportunities and help children and adolescents do well in school. • People with higher levels of education are more likely to be healthier and live longer

3. Healthcare access and quality : Goal: Increase access to comprehensive, high-quality health care services. • People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. • Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses

4. Neighborhood and Built Environment Goal: Create neighborhoods and environments that promote health and safety. • Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. • Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.

5. Social and community context Goal: Increase social and community support. • People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well being. • Healthy People 2030 focuses on helping people get the social support they need in the places where they live, work, learn, and play

- What is the difference between primary care and Primary Health Care?
- Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.
- Primary health care (PHC), as the key health system strategy for attaining optimal health, gained global prominence with the 1978 Alma Ata Declaration. • Its strategic role was reaffirmed 30 years later in the 2008 World Health Organization (WHO) World Health Report.
- The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following
- ALMA ATA DECLARATION • Health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal. • The existing gross inequality in the health status of the people particularly between developed and developing countries is politically, socially and economically unacceptable.
- Primary Health care
- The people have the right and duty to participate individually and collectively in the planning and implementation of their health care. October 2021 Primary Health Care
- • Government have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.
- • All government should formulate national policies, strategies and plans of action to launch and sustain primary health care.
- • All countries should cooperate in a spirit of partnership and service to ensure PHC for all people. October 2021 Primary Health Care
- • An acceptable level of health for all the people of the world by the year 2000 can be attained through a further and better use of the world's resources

LEVELS OF CARE : 1. PRIMARY : The tier of the healthcare

services that first comes into contact with a patient RESPONSIBILITY The tier of the healthcare services that first comes into contact with a patient

2. SECONDARY : The patients having various abnormalities are referred to the secondary healthcare facilities , RESPONS : Provides patients with the curative healthcare facilities

3. TERTIARY :When there are not enough facilities or specialized health care for the management of a particular patient they are referred to tertiary healthcare , RESPONS Provides patients with more advanced curative healthcare facilities

2ND FILE

**PHC is essential health care that is a socially appropriate, appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following: health promotion -illness prevention- care of the sick -advocacy- community development

**Primary healthcare is(EUAPC): -Essential healthcare (E) -Make universally acceptable to individuals (U) - Acceptable to them (A) - Through their full participation (P) - At a cost the community and country can afford (C).

**Primary healthcare (PHC) is, for most people, the first point of contact with the healthcare system, usually through a family physician.

- It is where short-term health issues are resolved, where the majority of chronic health conditions are managed, where health promotion and education efforts are undertaken and where patients in need of more specialized services are connected with care.

**

THE FUNCTIONS OF PRIMARY HEALTH CARE :1.To provide continuous and comprehensive care

.2To 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.

PHC based on the following principles: 1. Social equity. 2. Nationwide coverage 3. Self-reliance
4. Inter-sectoral coordination 5. People's involvement in the planning and implementation of health programs

Core Activities for PHC : There is a set of CORE ACTIVITIES, which were normally defined nationally or locally, According to the 1978 Declaration of Alma-Ata proposed that these activities should include :

BASIC ELEMENTS OF PRIMARY HEALTH CARE

- *Health education
- * Identifying & controlling prevailing health problems
- *Food supply and proper nutrition
- *Provision of safe water and basic sanitation
- *Maternal & child health care, including family planning
- *Immunization
- *Prevention and control of endemic disease
- *Appropriate treatment of common diseases and injuries
- *Promotion of mental health
- *Provision of essential drugs

Elements of PHC

1. Education concerning prevailing health problems and the methods of preventing and controlling them
2. Promotion of food supply and proper nutrition
3. An adequate supply of safe water and basic sanitation
4. Maternal and child health care, including family planning
5. Immunization against the major infectious diseases

6. Prevention and control of locally endemic diseases
7. Appropriate treatment of common diseases and injuries
8. Basic laboratory services and provision of essential drugs.
9. Training of health guides, health workers and health assistants.
10. Referral services

11.TREATMENT 12. DRUG AVAILABILITY

MENTAL HEALTH PHYSICAL HANDICAPS HEALTH AND SOCIAL CAR OF THE ELDERLY

Primary Health Care is different in each community depending upon:

- Needs of the residents;
- Economy of the country
- Availability of health care providers;
- The community's geographic location; &

The Basic Requirements for Sound PHC (the 8 A's and the 3 C's)

- Appropriateness Availability Adequacy Accessibility Acceptability Affordability
- Assessability Accountability
- Completeness • Comprehensiveness • Continuity

Appropriateness

Whether the service is needed at all in relation to essential human needs, priorities and policies.

The service has to be properly selected and carried out by trained personnel in the proper way.

Adequacy

The service proportionate to requirement. Sufficient volume of care to meet the need and demand of a community

Affordability

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

Accessibility

- Reachable, convenient services Geographic, economic, cultural accessibility

Acceptability

Acceptability of care depends on a variety of factors, including satisfactory communication between health care providers and the patients, whether the patients trust this care, and whether the patients believe in the confidentiality and privacy of information shared with the providers,

Availability

Availability of medical care means that care can be obtained whenever people need it.

Assessability

Assessebility means that medical care can be readily evaluated.

Accountability

Accountability implies the feasibility of regular review of financial records by certified public accountants,

Comprehensiveness

Comprehensiveness of care means that care is provided for all types of health problems.

Continuity

Continuity of care requires that the management of a patient's care over time be coordinated among providers.

To Summarize

Primary care is an approach that:

- ** Focuses on the person not the disease, considers all determinants of health
 - ** Integrates care when there is more than one problem
 - ** uses resources to narrow differences
 - ** forms the basis for other levels of health systems
 - ** Addresses most important problems in the community by providing preventive, curative, and rehabilitative services
 - ** Organizes deployment of resources aiming at promoting and maintaining health
 - ** PHC is rooted in contemporary conceptualizations of health as a bio-psycho social phenomenon and not simply the absence of disease.
- Intersectoral collaboration

Primary Health Care Reform

Primary Health Care Reform

Medical model

Primary Health Care

- | | | |
|----------------------------|---|-------------------------------|
| • 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 |

Comm 3rd file 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.

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

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

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.

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

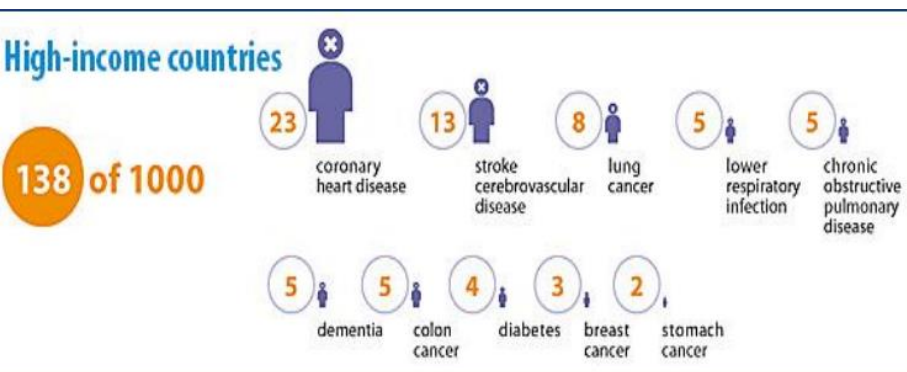
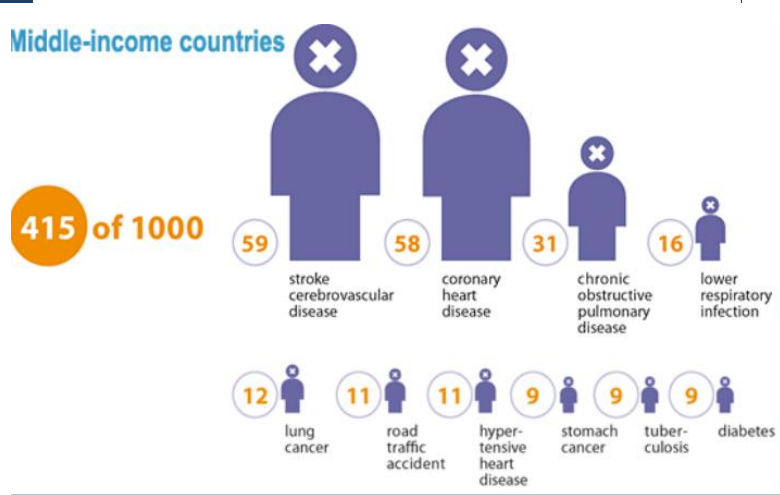
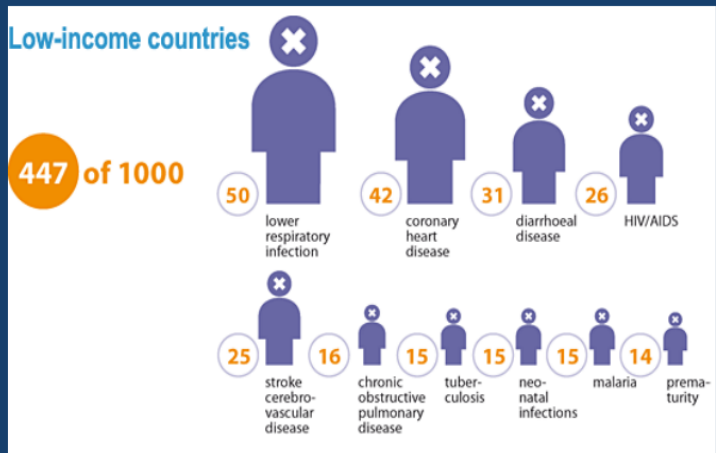
- The fertility rate is the average number of children borne by one woman while being of child-bearing age.
- Fertility declines in Jordan have contributed to slowing the population growth rate down to 3.2 percent in the second half of the 1990s, and to 2.8 percent in 2002 (JPFHS, 2002) to 2.2 % in 2012.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

What would be the top 10 causes of their deaths?



مديرية الرعاية الصحية الاساسية

قسم العيادات ومراكز الرعاية الصحية الأولية	قسم مكافحة الامراض السارية	قسم صحة البيئة	قسم النهوض بالصحة العامة
	الملازما والبلهارسيا	الهندسة الصحية	الصحة المدرسية
قسم التدرن	الامراض الصدرية	رقابة البيئة	رعاية الامومة والطفولة
	التطعيم	الصحة الصناعية	التغذية
	الاستقصاء الوبائي والصحة العامة		التثقيف الصحي
	شعبة الاسهالات والكوليرا		تمريض الصحة العامة
	برنامج الايدز الوطني		شعبة الطب الرياضي

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.

2.The educational approach provides information and helps people to explore their values and make their own decisions.

3.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.

4.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.

5.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.
- 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 .