

***Sheet no. : 4***

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We talked last time about what was before introducing primary health care in Jordan, and we compared the health services before and after, and how is it reflected,( by infant mortality rate , life expectancy, eradication of small pox , and many other indicators.)

Also , we talked about total **fertility rate** , which if increases indicates the less service we have ( less fertility= less population=more resources available). In some communities they ask for taxes if the parents give birth for more than two, that was put as a policy in order to control fertility.

We want to control fertility, in order to have balance between resources and population, in order to afford health care and education for free, and to afford housing for those who cannot afford, because these are from the basics of health requirements.

In Jordan , fertility rate used to be one of the highest, the rate of growth **(7.4 in 1988 and dropped to 3.5 in 2012) (imp.#).**

**Demographic health survey (المسح الصحي )** : it's done every 5 years here in Jordan, started from 1992, 1997,2002,2007,2012 "the doctor said that she cares the most about surveys done in 2012, but sometimes , and for the sake of comparing , we might have to go back to earlier surveys". If we want to compare the one that has been done in 2007 and 2012, we'll see the difference "we have better indicators now" , one of the important indicators is: infant mortality , life expectancy ; elderly percentage of the population (increase in it means a better health services and a longer life expectancy)

>> the latest demographic health survey has been done in 2012 , the next one will be in 2017 Insha'a Allah.

Why every 5 years? Because it costs a lot, and usually funded by the USAID.

These indicators that we are about to mention are so important **(indicators of 2012)** , because they reflect nowadays health services' level :

1. **Population growth rate :** if the rate increases this means that fertility is high , percentage of children is high, less elderly percentage (high mortality). Keep in mind that {fertility "low" means mortality "low" which means "longer" life span, fertility "high" infant mortality "high" means "shorter" life span} . The population growth rate = 2.2 " each year increase by 2.2 compared to the previous year." , and that's good to some extent, it used to be 2.7, 2.8.
2. **Population doubling time :** the time needed for the population to be doubled in number. It may reach 70-100 years in developed world, but here in Jordan , it used to be 25 , but nowadays, and due to the decrease in fertility rate, it's 31.5 years. **SO, developed countries have higher population doubling time in comparison with developing countries.**
3. **Population less than 15 years :** whenever we want to see the statistics of a population, we need to know how much we have children under 15, how much elderly,and how much women in age of pregnancy , in order to distribute health services depending on the priority of the population. E.g. if the ,majority was under 15, I need to give the priority to this category. **So, to well distribute health care,**  **we depend on the distribution of the population and the need of each category.** In 2012's survey they found that population less than 15 years 37.3 , even though in 80s it was more than 50% ( it decreased in about 13%) , which means that we are working in the right way, we are providing the right services.

**Remember**: PHC should be affordable, reachable, accessible, good quality…etc, but the hardest is to settle a proper primary health care suiting the community **.**

1. **Population of age above 65 :** in developed countries we'll find it around 10-15% , here in Jordan , in 80s it didn't exceed 1.5% , but nowadays it's 3.2% ( slower growing population and a longer life span).

**Community medicine is : what are the indicators that reflects the general health of population, it's all about figures, statistics, numbers. yeah, we should memorize it all.**

1. **Urban population :** percentage of who live in cities. The more developed are the services the more distributed they are. If urbanization is high, this means that we need to distribute our services more, in order to avoid crowding in the center with other places spared. Jordan is one of the countries that are highly urbanized, which we have to change by time. in 80s more than 85-90% were urbanized, and only 10% lived in countryside, nowadays in 2012 , they found it to be 82.6%, which is high to some extent, in developed world you can barely find it exceeding 60%, but as you see , we are (in Jordan) working on it (it dropped from 85 to 82.6%), there are more services provided to those who live in countryside.
2. **Life expectancy:** in early 60s (the dr. said in early 60s,then she repeat it as in early 80s!) , it was ***49 (imp. #)***, but in 2012 it became 73 ( 74.4 for females "more" , 71.6 for males). These are the latest.

In general there are some statistics that are done almost every year , but the most accurate are ( demographic health surveys which are done every 5 years).

In a community like Jordan, where **population is small and high urbanized**, we're talking about 6 millions, almost 80% live in cities.

Highly qualified medical personnel are abundant. Specialists are highly abundant ( cardiologists , podiatrists…). we do care about who are working in the medical field, which reflects the level of health care, and family medicine specialists who are supposed to cover the majority of PHC are so rare. Recently we are increasing these numbers in order to decrease the cost of health services. Family physician will lead the patient where to go and he will know 80% of the problem.

\*\*What dose family physician mean?

For ex. If a person has stomach ache ,why to go to a specialized doctor in internal medicine ,he may have stomach ache with another problem in another place “in kidneys or liver ..” ,so why to have high cost( by going to specialist dr.) . the patient is supposed to go to a specialized primary health care who can really cover a comprehensive care of the pt ,and he will tell him what’s the problem he has ,he’s supposed to be able to solve 80% of the problem ,and accordingly the rest 20% of the problem will be referred to a specialist if it’s a serious condition ,,but at least he will lead the pt that he have stomach pain due to liver disease for ex.

For this reason ,when we have more family physician, we will have better system, at the same time better feasibility (the pt will not go from a specialist to another).

Here in Jordan we are trying to increase family physicians more,, actually we have about 250 student when they graduate the majority of them will go for ex. 20 students to surgery ,20 to internal medicine ,others to gynecology.. etc ,,and only few of them “8-10 students” say that they want to be family medicine , but we should have the largest load on family physicians.

In America you are not allowed to go to specialist unless u see your family physician ,he should see u and diagnose u then u can go to a specialist.

\*\*Qualified medical personal are abundant but the intermediate qualified paramedical personal, for ex. Midwifes ,, (although we have graduated nurses but skill wise they are limited).

in England you will not wait for the obstetrician or for the specialist in family medicine to deliver the baby, 80% of delivery is achieved by midwifes, they are so skilled in normal delivery unless there is a problem “the lady has tumor or need cesarean section for ex.”

although graduated nurses increased in number ,,still the professional ones are rare.

Other paramedical personal : technician ,radiologist, psychotherapist, and we still need more of them for the health services team to be better .

\*\*Environmental factors such as water ,and waste disposal ,,approximately, universally they are in good standard (although we have some cases of water poisoning and pollution but in general its controllable ).

\*\*What are the main reasons for people “or clients” coming to the primary health care center?

it should be **for prevention and health promotion** (90% of population) like ,follow up of the elderly who are on chronic medication to blood pressure ,diabetes, or ischemic heart disease (they just need a follow up for curative purposes) ,and only (10%) for ex. a mother bring her son For vaccination and he’s febrile , or a person coming to control hypertension and we found that his blood pressure is very high.

**When we have higher number of people going to heath care centers for prevention, this mean we have better services, But when they come more for curative services this mean that preventive services are not very well provided.**

\*\* There’s a study that have been done in Jordan and they didn’t repeat it, but the dr. thinks that they need to repeat it to see how it has changed by all these years (it was done in 1986)

This statistical study was done when we first start the primary health care in Jordan, it involves primary health care clinics, why pts go to it ? (for preventive or curative services) ,and they found that more than 50% of them are coming for curative services >>this is poor. (if we have another study now “after 30 years” definitely this rate must be much less.)

In this study (at 1986) they found that:

● 33% are coming for respiratory disease “coughing, fever, tonsillitis..”

● 14% for infections and digestive problems “in the slides its written infections and parasitic problems, and I think it’s more logic “

●10% for digestive diseases “like stomach ulceration, Diarrhea”

>>so 57% are coming for curative purposes ,,but hopefully when we do another study now that it will be less,because these studies when done in developed world it will be not more than 10% , and when done on developing world u will find that 90% are coming for curative purpose.

\*\*practical health care compartment (مديرية الرعايه الصحية الأولية): it provide us with preventive and health promotion services

\*\*there’s a table in arabic in the slides ,u should know it in English ,,cause questions will be in English. for ex. the first column (قسم النهوض بالصحة العامة) health promotion services which involve :

1. (الصحة المدرسية) which include the child health from age of 4 – 18 year ,,which is very important “in some countries like in Jordan they depend on the school health ,they don’t have family physician or follow up ,only if he got diseased he will go to the dr.” >>so the school health is very important to follow up.
2. (رعايه الأمومه والطفوله) like: vaccination , **well baby clinic** “it is v.important” which monitor the growth, development and skills of the child , and **pregnancy clinic** “also v.important” here the pregnant women go to the clinic monthly or after 2 weeks according to what the dr. tell her (in Jordan pregnant ladies still go to specialists “which is wrong”, but in America and England for ex. it’s the family physicians or the midwife covers the follow up )
3. Nutrition (we will take about 4-5 lectures about it ) ,all the community will be affected by it ,but theres 3 subgroups are more important “need special nutrition”, and are most affected by nutrition is: **childrens** “because they are groing” ,**elderly** “when they have chronic disease” , **and pregnant women.**
4. Health education (التثقيف الصحي) :it should be the first point in the column “the most important one” because if u don’t know about the healthy lifestyle how can u apply it , **health education is knowledge and behavior**, it’s about how to change your behavior according to your knowledge ,knowledge alone is not enough “if u know that smoking is not healthy ,u should be away from it”
5. Community nursing (تمريض الصحه العامه)
6. Sport medicine (شعبة الطب الرياضي) , Physiotherapy..

other colums: (قسم الصحة والبيئة) health and environment ,(الهندسه الصحيه), (رقابة البيئه), (الصحة الصناعية) ,,we will take them later on in the community course.

(قسم مكافحة الامراض الساريه), the best way for prevention of communicable diseases is **vaccination.**

\*\*when we want to prove health services in any community we have to look for **reasons for death**

If we find for ex. that the most common cause for death in a community is infections ,this means it’s very poor .

If we find the major cause of death is in elderly due to cardiovascular and chronic diseases ,this is expected due to Alzheimer.. ,this means that we have prevented the communicable diseases ,and we have more non-communicable diseases.

In Jordan ,causes of death ,is nearly the same as developed world ,in where we have a good promotion.

Goog luck ☺