

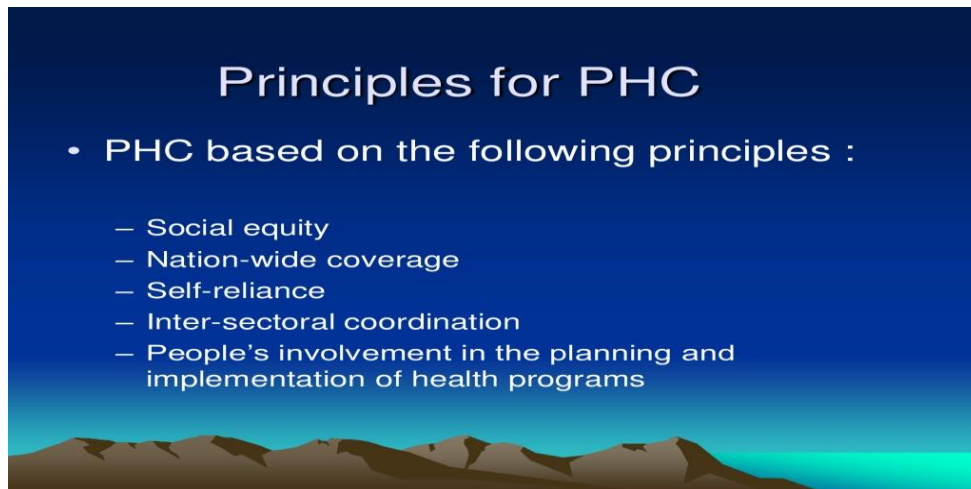
Community medicine

-sheet no: 3

-refer to slide no:1

-Last time we have talked about primary health care, its services by being **one of the most important health promotion** and we talked about its preventions.

- So primary health care level is **mainly** for health promotion and prevention.
- Curative part of it should not be more than **10% -20%** of the services of primary health care
- **what are the principles of primary health care?**



-**Social equity** : it should be affordable and accessible for poor and low social class more than wealthy people so the ones that gain advantages from primary health care should be the whole community members from the poorest to the wealthiest.

-**Inter- sectoral coordination** : it is not only related to medical section but it should be medical, educational, agricultural, industrial and management.

- **When did primary health care started?**

-It started in Russia in WHO alma-ata that was held in 1978.

❖ Extra note : WHO alma-ata is a name of a conference

Principles of PHC

The 1978 Declaration of Alma-Ata proposed a set of PRINCIPLES for primary health care. PHC should:

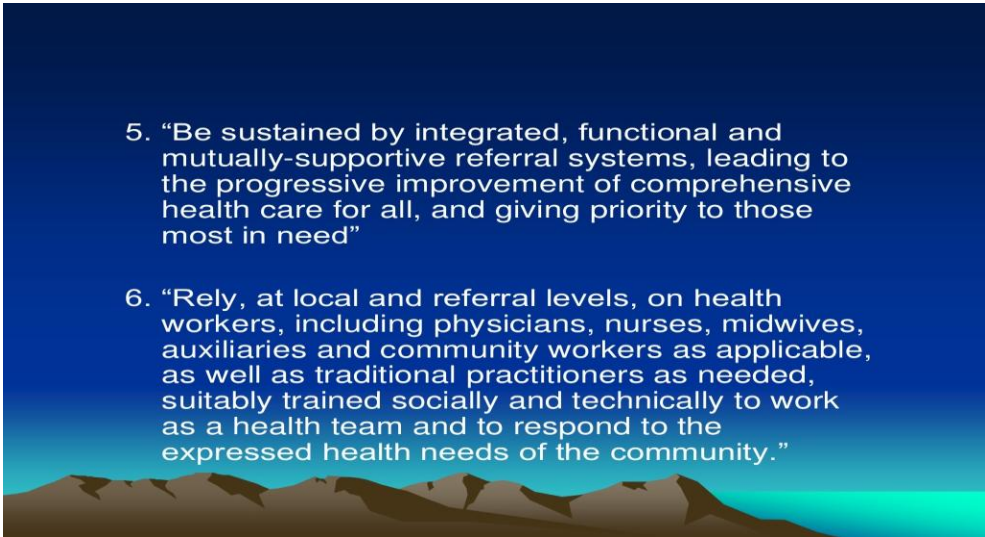
1. "Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities, and be based on the application of the relevant results of social, biomedical and health services research and public health experience"
2. "Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly"

- 1- Health involves physical, psychological, social and emotional dimensions and the primary health care should involve all these aspects.
- 2- 80% of the primary health care services are promotion and prevention, the other 20% is curative services and rehabilitation.
-a patient with certain complications for example having stroke and paralysis this person has to come back for primary health care -after getting the appropriate cure and treatment- for rehabilitation and follow up .

3. "Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works,
4. "Promote maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develop through appropriate education the ability of communities to participate"

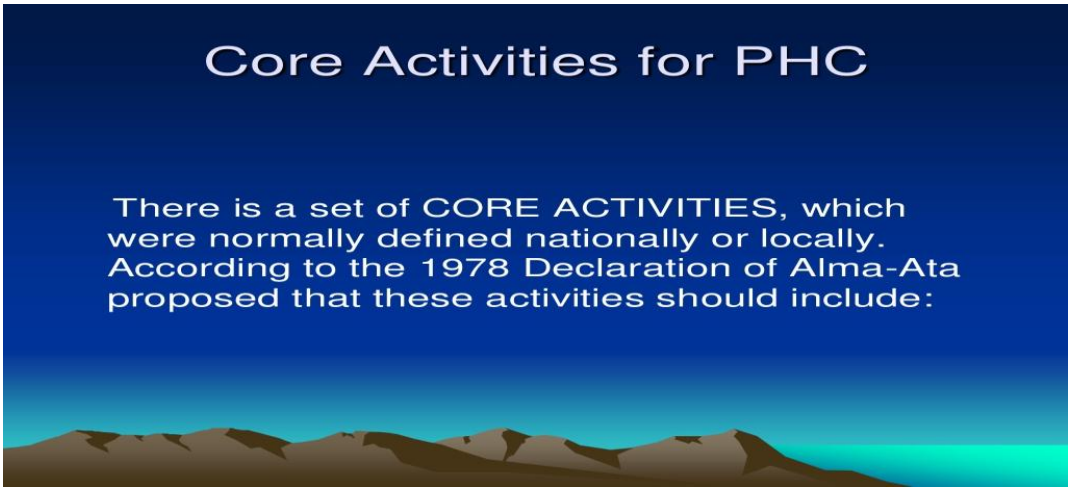
- 3- All these aspects enter under the umbrella of primary health care because they deal with the health of human being as a whole.

- 4- These are all definitions evoked in Alma-Ata and the concept is that we are dealing with health as a social, psychological and physical working.

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5. "Be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need"
 6. "Rely, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community."

- 5- We should not treat the patient in primary health care and stop there by knowing nothing about him after that, but instead he should be referred to PHC if anything new has happened or if he was cured then he should be followed up every now and then.
- 6- This is the team of primary health care including physicians (family physicians who are specialized general practitioners), nurses, midwives, auxiliaries, community workers and traditional practitioners.

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

- 1- **Health education:** the consciousness and education of the society is important to promote health and to maintain a healthy life style as well , health education is considered the base and the skeleton of the primary health care services and without it there will be no consciousness about healthy life style nor reviews to the PHC services. So, it is very important because it is the first contact service between the human being and health services .
 - ❖ Examples in education that would lead to healthier life style, such as: stop smoking, diet, hygiene, water, living standards and physical exercise etc.
- 2- **Identifying and controlling prevailing health problems:** sometimes we may have common prevalence or common diseases in the community such as outbreaks and those should be controlled.
- 3- **Nutrition and environmental factors** ex: water.
- 4- **Maternal and child health and planning:** very important esp. In growing countries like Jordan since they(the mothers that are able to procreate and the children under the age 15) constitute 50-60% of the population.
- 5- **Immunization:** prevention of infectious diseases.
- 6- **Prevention and control of endemic diseases:** if there are any disease in the community we have to treat , prevent and control it !
- 7- **Appropriate treatment of common diseases:** we should have basic medications that should be supported by government and should also be provided to all the community members .
- 8- **Promotion of mental health:** part of primary health care including the neurological diseases, CNS diseases and mental health psychiatry.
- 9- **Provision of essential drugs .**



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

- Which is Very important part of primary health care.



4. Maternal and child health care, including family planning

5. Immunization against the major infectious diseases

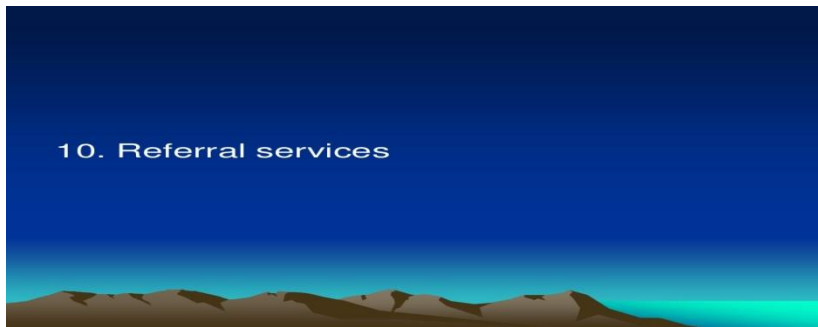
6. Prevention and control of locally endemic diseases

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.

- Training is very important, so in order to have a good system we should not only have good equipment, but we should have also a good trained staff ,so we should train the health assistant and health workers.



- We should always have a source to refer to if needed as a secondary or tertiary care of treatment .



- Elderly is an important part of the community and we should not ignore them especially in the developing countries where the % is increasing , In Jordan the % it is still around 3.6 which is less than 5% . however 10 yrs back, it was not more than 1 % of people above the age of **65** .
- ❖ The more developed services, community ,economical will and health, the more the % of elderly .
- ❖ Jordan is considered a growing population In which we have high number of children, high fertility and the elderly % is still less than 5 % (according to **2012** studies it was 3.6% of elderly **above 65** years old)**
- ❖ The more the % of elderly, the better the health services provided especially primary health care, so this is an important percentage as a follow up reflecting the development of services especially the primary health care as we already have mentioned !

WHO Strategies of PHC

1. Reducing excess mortality of poor marginalized populations:

PHC must ensure access to health services for the most disadvantaged populations, and focus on interventions which will directly impact on the major causes of mortality, morbidity and disability for those populations.

2. Reducing the leading risk factors to human health:

PHC, through its preventative and health promotion roles, must address those known risk factors, which are the major determinants of health outcomes for local populations.

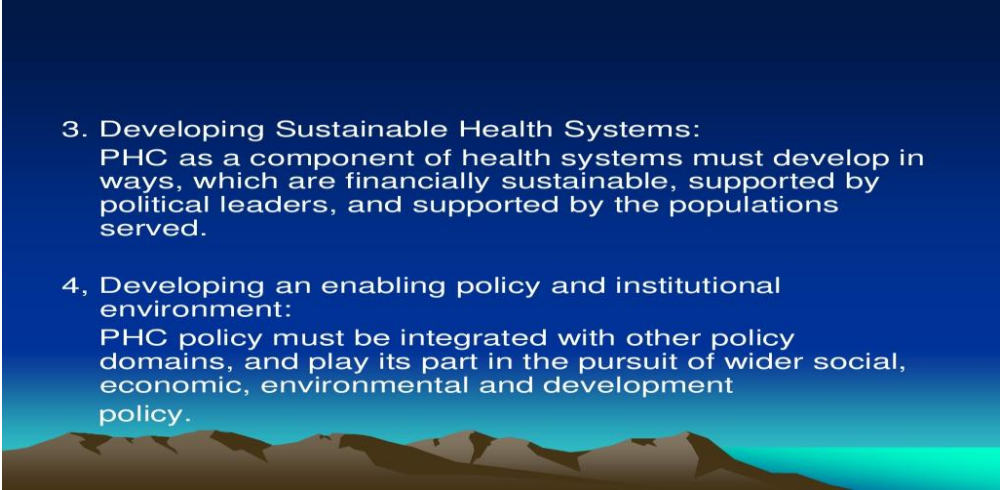
1. Primary health care should be accessible and this is one of its most important principles (the more accessible, the better the services)

➤ How could it be accessible?

- By distributing the primary health care centers all over the kingdom, and it should be reached easily (easy transportation), and this is obvious and well applied in the United Kingdom where there are primary health care centers and services in every district.


2. Whenever we talk about primary health care and a better life style, we have to know the risk factors of the diseases because we have many diseases with idiopathic risk factors esp. the chronic diseases so we concentrate on studying the risk factors more than the causes, ex: diabetes : its major risk factor is obesity

Cardiovascular diseases: the most important cause of mortality in Jordan and many of the developing countries and upon talking about the CVD we have to know its risk factors such as: smoking- obesity-diabetes-hypercholesterolemia and hypertension.

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3. Developing Sustainable Health Systems:
PHC as a component of health systems must develop in ways, which are financially sustainable, supported by political leaders, and supported by the populations served.
4. Developing an enabling policy and institutional environment:
PHC policy must be integrated with other policy domains, and play its part in the pursuit of wider social, economic, environmental and development policy.

3- Those are definitions that was set by WHO, they are not important and just know the concepts and what the dr. says.

4- Policy is very important part and can prevent lots of diseases, ex: prevent smoking, vaccination card on school entry one of the most important policies that has promoted more coverage of vaccinations.



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

- **Appropriate** and **suitable** to the population, environment and community.

- One of the most important insurance of primary health care is to see **the acceptance** of the patient and if whether it is well or poorly accepted for example in case of antenatal care or vaccination or nutritional assessment, if the patient is not satisfied with the services, he will not come back again since they aren't ill and they only come for prevention purposes that cost 80% of the PHC services. Therefore satisfactory is highly important.
- **Affordable:** one of the most important coverage of governmental support is that for the primary health care services ,and it should be accessible and affordable to all community members.
- **Comprehensive** : includes every thing
- **Continuity:** the patient should be followed up with the health services regardless visiting a specialist but should always refer to and followed up with PHC.



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.

- Always, in any setting of PHC, we should have **priorities** depending on the need of community members. For ex : AIDS is not a priority in Jordan however in Africa or developing countries it is one of the most common killing or sexual transmitted diseases. In case of malaria, in Jordan it has not been seen in the last **30-40** years but in Sudan it is placed on the top of priorities, so the priorities are arranged depending on the needs of the community in the presence of a certain endemic disease .
- To be **appropriate**, the staff or personnel should be trained properly to do these services .

Adequacy

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

-**Adequacy** means how much the PHC is covering, how much is required and available from these services. For example in Jordan, we still have high % of fertility, however in the last 20 years it has dropped down into half (7.4 to 3.6) by having an adequate planning services that are applied nowadays .

And recent studies inform that it has dropped to reach 3.2

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.

- In case of open heart surgery (tertiary care) and we don't have specialized centers for it then it is a problem so at least, it should be available in the form of PHC.
- ❖ PHC services **is the base of pyramid** of health services.

Assessability

- Assessability means that medical care can be readily evaluated.

- **Assessability** is to evaluate the medical care every now and then (quality assurance of the services) including patient satisfaction, staff, training, equipments and facilities to PHC.

Accountability

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

Completeness

- Completeness of care requires adequate attention to all aspects of a medical problem, including prevention, early detection, diagnosis, treatment, follow up measures, and rehabilitation.

- ❖ Some diseases if not controlled, they have high risk of mortality and should be followed up and complete their management ex :TB, diabetes or hepatitis, hypertension ,renal failure, ischemic heart diseases

Comprehensiveness

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

- **Comprehensiveness** means it includes everything (شاملة)

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

-Integrates care when there is more than one problem : referring to the **comprehensiveness** of the primary health care !

-uses resources to narrow differences :referring to **the social equity** !

- 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.

-forms the basis for other levels of health system means that the primary health care is the base of the pyramid of the health services .

Primary Health Care Reform

Medical model

- Treatment →
- Illness →
- Cure →
- Episodic care →
- Specific problems →
- Individual practitioners →
- Health sector alone →
- Professional dominance →
- Passive reception →

Primary Health Care

- Health promotion
- Health
- Prevention, care, cure
- Continuous care
- Comprehensive care
- Teams of practitioners
- Intersectoral collaboration
- Community participation
- Joint responsibility

Barbara Starfield, Johns Hopkins University

- In this previous slide there is a comparison in between the medical model and the primary health care model .
- ❖ **Note** : before the presence of the Alma-ATA (before the year 1976) medical model was provided instead of the primary health care
 - Medical model is for treatment where as PHC is for health promotion !
 - Medical model is for illness , in comparison to the primary health care; the people are coming are healthy and 90% of them are coming for preventive and not curative services !
 - Medical model is for cure where as the PHC model is for prevention ,care and cure !
 - Episodic care means that the patient only seeks the medical care in the presence of disease or illness (when there is acute attack) ,where as the continuous care means that the patient or the client will always come and seek the PHC for health promotion services whether there is illness or not !
 - Patients that are coming for medical care they have specific problems for example : diarrhea,flu..etc ,but the primary health care deals with the patients in a comprehensive way
 - Intersectoral collaboration is important in primary health care including many aspects the industrial ,educational ,agricultural ..etc !
 - Joint responsibility :the responsibility should be joint including not only the client but also the community and the medical team as well(it's a group responsibility) !

Keep in mind that those who are coming for PHC are often normal human being (not suffering from illness or disease) so we prefer to call *them clients* rather than patients because usually they are attending for preventive care and services !!

Conclusion

Primary Health Care:
Working Together for Better Health



PHC team?

- **A team** : A group of people who make different contribution towards the achievement of common goal.
- Family health services, which are administered by FHSAs, and include the four practitioner services
 - GPs
 - Dental practitioners
 - Pharmacists
 - Opticians

-Sometimes working as a team is a special skill;not everyone can tolerate working or has the ability to work with others and as a member in a team and they only achieve their goals by working alone and this is something wrong and keeps is behind ,so in primary health system a team should be formed and work together in order to have the same goal and achievements!

- the team in the family health service (primary health care services) should include :

- 1.GPs =general practitioners**
- 2.dental practitioners .**
- 3.pharmacists.**

4.opticians NOT ophthalmologist: they measure the equity of the vision for example Nearsightedness, Farsightedness..etc

❖ **Note** :ophthalmologist is a specialist in medical and surgical eye problems.

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

- **Chiropody** : **the treatment of the feet** concerns with providing artificial limbs (legs,arms..etc)
- **Physiotherapy** العلاج الطبيعي:
the therapeutic use of physical agents or means, such as massage, exercises, etc.

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

-**counseling** is important in the primary health care.

-but here in jordan the counseling services are very poor and below the expected level ..and the only counseller is the doctor even the nurse can't do this necessary job and this

is a draw back in the primary health care services provided in jordan in which the dr is the only one who is providing these services alone (psycho-therapist,social,psychological,behavioral,nutritional) counseling

-so here in jordan we are lacking counseling in all its aspects (social,behavioral ..etc) ,and this should be kept under consideration when there is willing to improve the primary health care in jordan !

-even in schools ,universities there should be counseling services provided by specialists in order to guide and examine the patient and decide if the medical intervention is necessary or not before sending him/her to the medical crew but unfortunately this is something we are lacking here in jordan where we expect the dr to educate ,examine ,counsel ,investigate and provide the appropriate treatment for the patient and this is something the dr can't co and it's above his capacity because per each patient he is giving approximatly 15 mins, so how he/she is expected to do all these previous tasks alone at that limited time ?

-so counseling is an important service that should be provided in order to get a better primary health care services !

-**administrative services**"الإدارة"(financial adminstaration ...etc) which are important in health centers (hospitals..etc)!

-**reception of clients and making appointments** are also one of the integral things that are considered part of the team work that must be provided by the PHC team in order to facilitate their job and the system of the work !

Essential characteristics of team work :

- - 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.

- **Team and the word pool** are highly correlated and connected to each other !so to have a good team their should be pooling of the knowledge skills and the team members should all have and share the same goal in order to accomplish it and have a good outcome !

Current health status and health care in Jordan

- 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 in 1965 to 66 years in 1990 to 72 in 2004 to 73 (71.6 males and 74.4 females) in 2012 Ranging from 57 in developing countries to 76 years in developed countries).

- There is some **indicators(indexes)** that reflect **the health status** in every country including jordan such as the **adults mortality rate ,children's mortality rate** which is more important than that of the adult's because children are more sensitive to the environmental infections and changes , and what is more important than these two **is the infant's mortality rate** (moratlity of the children less **than 1** year old **per 1000** live birth infants),and other indicators mentioned in the slides .
- ❖ **NOTE : these numbers are very important and you should memorize them well for the exam and notice the changes among different years !**
 - a-the better services and health care sysytem the country has and provides; the higher is **the life expectancy** as well as the number of community members more **than 65** years old .
 - notice the changes **of life expectancy** at birth and how it was as low as 49 year in 1965 and how it's increasing with time as the country is getting more developed and the services are well provided and the last research that was made in 2012 reflects higher life expectancy and again this is an indication of the better services supplied .
 - the life expectancy in the developing countries is still as low as 57 in contrast to the developed countries where it has reached the highest levels .

- 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.

b-Mortality rate in general ,**children mortality** in specific and more specifically **infant mortality rate** all are important indicators reflecting the level of the health services provided generally and the primary health care specifically .

- C. Total fertility rate dropped from 7 to 5.6 to 3.7 to 3.6 to 3.5 on 1994 and 1988 and 2002,2007,2012 respectively
- d. Small – Pox was eradicated on 1979 Measles, polio prevalence rates were decreased a lot other rates will be mentioned later

c-as the total fertility rate increases the diseases increase (this doesn't mean that the health care services provided are poor)and the demand on the services increase which lead to decrease in the available resources and services in all its aspects !
and by the decrease in the fertility rate the better the services are and we will have better indicators of health status (better life expectancy,morbidity,infant mortality, etc...)

d- **eradication of some infectious diseases** is considered as one of the indicators of health status ,and an example of this is the eradication of small pox on 1979 in jordan -the more developed and better health services are the longer life expectancy,and the higher incidence and prevalence of developing chronic diseases (non communicable diseases) in elder people ,where as lowering the incidence of developing communicable (infectious) diseases which effect the children mainly .. so as a conclusion the chronic disease has got higher and they became the main cause of death where as the communicable disease has no longer and no more causing death ... for example in the old days measles was a leading cause of death in certain countries but nowadays we don't hear that someone has died due to measles and this is an indication that infectious diseases have been eradicated and no more causing death nor mortality which can be caused nowadays due to non communicable diseases !

STUDY WELL EVERYONE AND MAKE SURE THAT YOU HAVE STUDIED THE SLIDES AND THE NUMBERS 😊

Done by : Dina musa

Jumana dalbah