Community medicine 3

1) What is a team?

A group of people make different contributions to achieve a certain goal
Or a group of people who have complimentary skills & they aim to achieve a certain goal & consider themselves accountable

2) There's no universal model for the PHC
Why?

Because the composition of PCH should adapt to the characteristics of the system & the needs of the community.

3) The PCH team is composed of?

① Family health services, ② Community health services, ③ Counseling social workers

4) What are the practitioner services provided by the family health services?

General Practitioners, Dental practitioners Pharmacists and opticians.

5) Community health services include?

Community doctors, dentists, nurses, midwives Other allied professionals

6) Counseling social workers include?

Adminstrative staff, reception of clients, secretorial / clerical work.

7) What are the essential characteristics of teamwork?

① Same goal ② Each team member knows their role ③ work based on pooling knowledge skill & resources & all members are responsile of the outcome.

8) What indicated that the health status in Jordan has improved?

Life expectancy increased from 49 in 1965 to 73.5 in 2017

Infant mortality decreased from 130 in 1960 to 17 per 1000 in 2017

Total fertility rate decreased from 7 in 1988 to 2.7 in 2017

Also the total population, smallpox

9) What is infant mortality?

The probability of dying between birth and the first birthday.

10) What does the increased life expectancy in Jordan indicates?

Improvement in the quality of the provided health care [closer to that of developed countries]

11) Why does the decreased infant mortality indicates good care?

Because maternal and childhood healthcare is a basic element of PCH.

12) What is fertility rate?

The average number of children born by one woman while being in a child-bearing age.

13) What are the cause behind the reduction of fertility rate in Jordan?

1) Tough economic conditions
2) High educational levels for women
3) Higher use of contraception and family planining.

14) How did the difficult economic conditions affect the fertility rate?

High rate of unemployed young people, this delays marriage and increasing the avarage marriage age.

15) How did fertility rate contribute to the population growth rate in Jordan?

The decreased fertility rate has slowed down the rate of population growth.

16) Why did the age structure of the population change since 1979?

Changes in fertility, mortality and migration dynamics.

17) What happened to the portions of population in Jordan and why?

The percentage of people under 15 has decreased & the for people over 65 has increased due to the good healthcare of elder people.

18) Rapid population growth is considered a challange, why?

It affects the quantity & the quality of the provided services.

19) What does the primary healthcare project aim for?

establishments of performance improvement review system.
improvement of the management information system.

20) The PHC system in Jordan was established based on certain facts, what are they?

- A small & highly urbanised population
- Abundant highly qualified medical workers & a qualified paramedical staff.
- Safe water & waste disposals.

21) Why do we need to know the reasons people go to the PCH for?

Directiong our resources on improving the services & fixing the issues.

22) What are the reasons for the high death rates in poor countries?

Poor hygiene, poor environment, poor nutrition & poor treatment for diseases

23) What is the main cause of death in Jordan (1979):-

Diseases of circulatory system

24) What are the top 10 causes of death in Jordan (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%

25) What is the main goal of health education?

To improve the quality of life for each individual and for the community in all aspects

26) Why is health promotion essential & considered a main aspect of PHC?

Because it aims to improve people health status.

27) Who is the health educator?

A specialist trained to do health education work or any health worker who is concerned with people improving their knowledge and skill or anyone who participate in health education.

28) (HE) educators develop their plans based on what?

Priorities, community needs and information collected from different reports.

29) Specialists in the field of health promotion identified 5 approches to achieve a certain goal, one of them is the medical approach, what is based on?

Medical interrention to prevent illness. meaing it focuses on the absence of disease instead of promoting positive health. but it ignores the social & environmental aspects of health.

30) What are the (5) approaches mentioned previously?

Medical, educational, change in behaviour Individual-centred, change in society.

31) What is the difference between educational and chang in behaviour approaches?

Educational → Providing people with information to make them explore their values & it doesn't interfere with their decisions. While the change in behaviour approach involves changing people's attitude & they may not opt to do that.

32) Define:

The individual-centre approach

One has the complete right to control one's own life.

The change in society approach.

Changing the society's attitude toward health by putting it into political agenda.

33) What makes women and chidren the top targeted groups for HE programs?

Women → Responsible for raising children & must be aware of the concepts of hygiene & good nutrition

children → What they learn in their childhood will affect their behaviour in adult life.