



DOCTOR 2019 | MEDICINE | JU

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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 provision in Jordan.
4. Identify the causes of death in Jordan.
5. Understand the significance of health education as a basic element in the context of PHC.



PHC (primary healthcare team)?

- **A team** : A group of people who make different contribution towards the achievement of common goal.

Another definition: limited number of people whose complementary skills that are committed to a common aim performance goals and a proposer. They consider themselves to be mutually accountable form.



Composition of PHC team

→the PHC difference from one region to another as it depends on many determines such as the needs of the community.

→The composition of PHC should adapt to the specific characteristic system and the community in which it provide care, that's why there is no universal models that are suitable for all communities and settings

a)Family health services, which are administered by Family Health Service Authorities (FHSAs), and include the four practitioner services:

1. GPs. (general practitioners)
2. Dental practitioners.
3. Pharmacists.
4. Opticians: a technical practitioner that designs, fits and dispenses corrective lenses for the correction of a person vision.



PHC team?

b)Community health services, which include:

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

→ Chiropody: related to treatment of feet.



PHC team?

- c) Counseling social workers, psychologists, and psychotherapists.
- d) Administrative **staff**
- e) Reception of clients/ for making appointments
- f) 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

(close to developed countries which refers to good healthcare)



- Ranging from 57 in developing countries to 78 years in developed countries).
- The increase in life expectancy in Jordan indicates that there is improvement in the quality of health services provided to patients.



- **b. Infant mortality**
- Infant mortality: The probability of dying between birth and the first birthday.
- We speak about infant mortality because it's a critical period that needs special care.
- 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.
(this indicates good care, let's say maternal and childhood healthcare which is a basic element of primary healthcare)



- **C.** Total fertility rate (what you need to know that there is a decrease in it)

5 Total fertility rate dropped from 7 to 5.6 to 3.7 to 3.6 to 3.5 to 2.7 on 1988 and 1994 and 2002, 2007, 2012, 2017 respectively.

- **d.** SmallPox was eradicated and eliminated on 1979

other diseases Measles, polio prevalence rates were decreased a lot other rates will be mentioned later.



Selected Indicators 2017

- Total Population 10,053.0
- 2.4 Population Growth Rate indicates fertility and mortality rate (%)
- Population Doubling Time (years) 29 (it has a relationship with the population growth rate, as it increases the population growth rate decreases and vice versa)
- 34.3 Population Less Than 15 Year of Age (%)
- 3.7 Population Age 65+years(%)
- 90.3 Urban Population (%)
- 73.5 Life Expectancy at Birth (year) 72.8 Male , 74.2 Female
- Singulate mean age of females at first marriage is 26.3 years (impact the fertility rate which is decreasing)



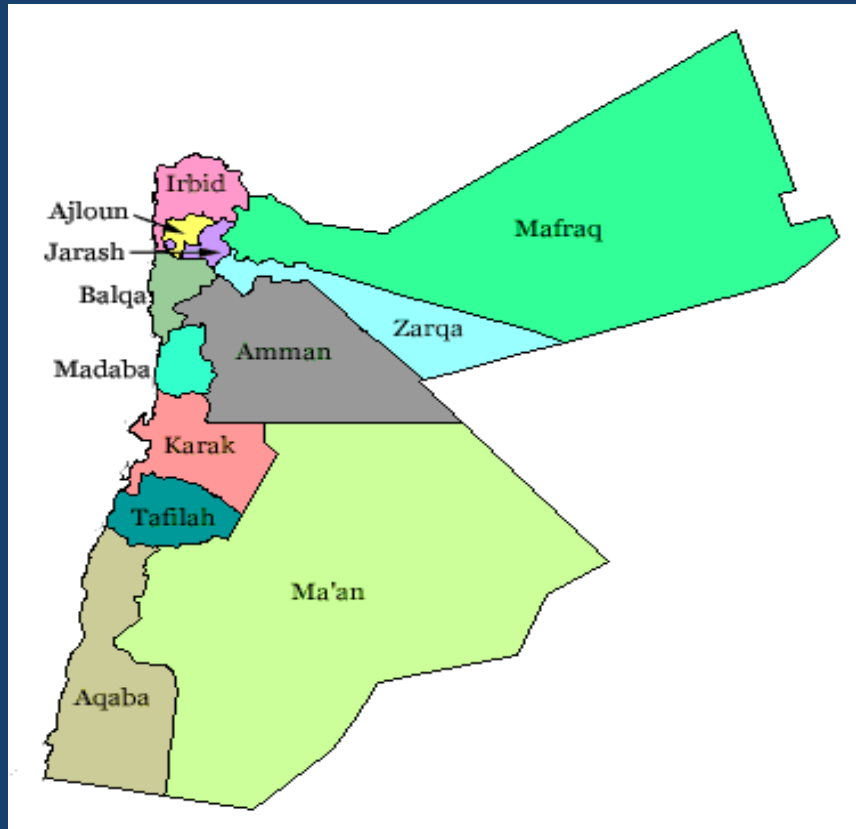
Primary Health Care Provision in Jordan: Summary and Update



Jordan Governorates

Syria

Iraq



West
Bank

Saudi Arabia



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.



Some reasons of reduction in Fertility rate

1) Difficult economic conditions, that causes:

High rates of young people unemployment, that make difficulties for them to have a housing unit to establish a family upon marriage, which has contributed to marriage delay.

So, marriage delay increases the rate of marriage age for both genders, which maybe one cause for reduction in fertility rate in Jordan.

→ Note: Marriage delay doesn't cause reduction in fertility rate in western countries; as they have other conditions rather than marriage for child-bearing, that are forbidden in our religion.



2) High educational levels of women, as having high levels need studying for years. Also, studying and marriage at the same time seem to be difficult in point of view of some people.

→ In the middle east and north Africa regions in general, and particularly in Jordan.

3) Higher use of contraception and family planning advices, for better childhood health and woman participation in the work force.



- **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.



- The **urban population increased** by 14 percent between 1980 and 1994, increasing from 70 to 79 percent. (JPFHS, 2002) to 82.6 % 2012) to **90.3% in 2017.**
- Remember: Total population growth rate has increased in 2017, due to high level of immigrants to Jordan and maybe Syrian refugees in the last 3 to 4 years.
- 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.** (because of the good healthcare of elder patients and to the population in general).



- **The Ministry of Health (MOH), through its Maternal and Child Health Centers (MCH), provided optional and predominantly free family planning services** as an unofficial and indirect intervention in the population policy.
- The efforts made by the **Jordan Association of Family Planning and Protection (JAFPP)**, as well as by some voluntary nongovernmental organizations, were invaluable in this regard.



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.



primary Health Care Initiatives Project

- 380 PHC clinics
- Renovation and provision of furniture and specialized medical equipment.
- Clinical training of service providers.



Continue primary Health Care Initiatives Project

- Establishment of performance improvement review systems. (an approach to the making continuous investigations and improvement of the processes of providing health care services to meet the needs of the patients).
- Improvement of the management information system. And incorporating of the health informatics of the fields of the health care in general and primary health care in particular.



Primary Health Care in Jordan

- It follows that for a community like JORDAN were:
- The population is small and highly urbanized.
- Highly qualified medical personnel are abundant.
- Intermediately qualified paramedical staff are scarce .
- Piped water and safe waste disposal are almost universal



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

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

→ The sum is more than 50%

→ When we study the reasons for that people visit PHC we can direct our resources to direct certain issues (direct our resources such as respiratory diseases, infectious and parasitic diseases and digestive diseases from the informations up)

→ Note: Resources in any place of the world are limited

Remember: the importance of PHC is to make prevention of diseases, promotion of health and making health education to reduce the demand complex interventions (complex for example medical and surgical procedures)



مديرية الرعاية الصحية الاساسية

قسم النهوض بالصحة العامة	قسم صحة البيئة	قسم مكافحة الامراض السارية	قسم العيادات ومراكز الرعاية الصحية الاولى
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	



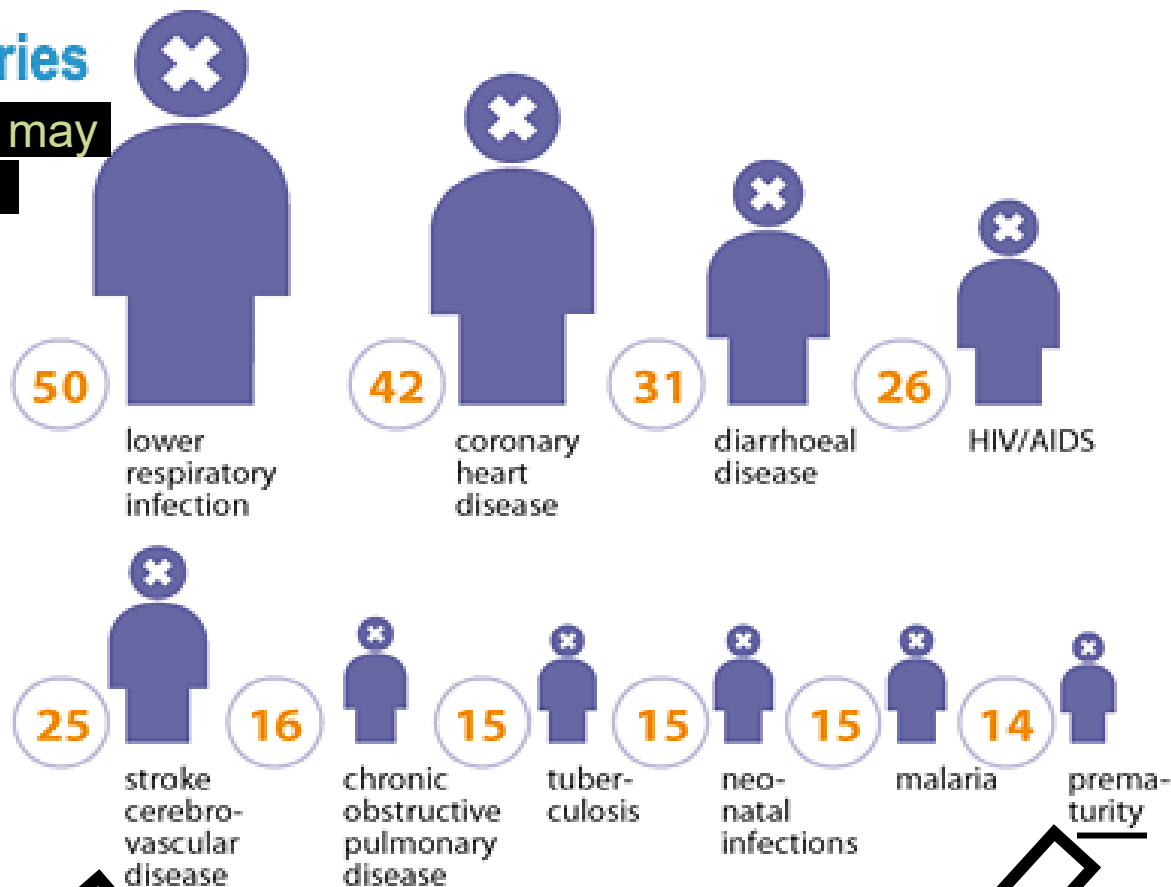
What would be the top 10 causes of their deaths?

Low-income countries

→ Infectious diseases may increase with puberty

447 of 1000

→ reasons of high death rate in poor countries are poor hygiene, poor environment, poor nutrition, poor treatment for these diseases



non-communicable Diseases

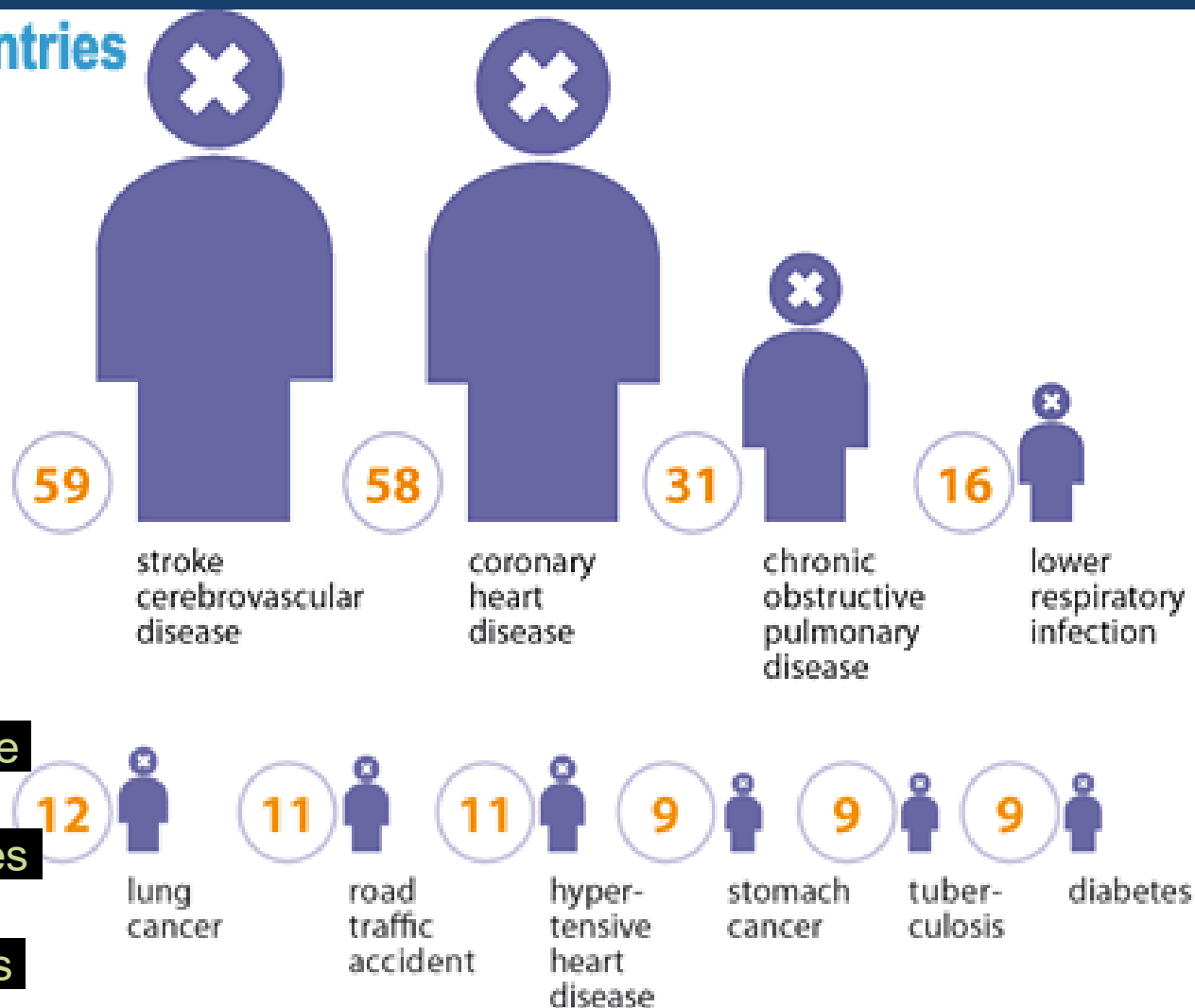
Non infection cause related to baby birth before 36 weeks



Middle-income countries

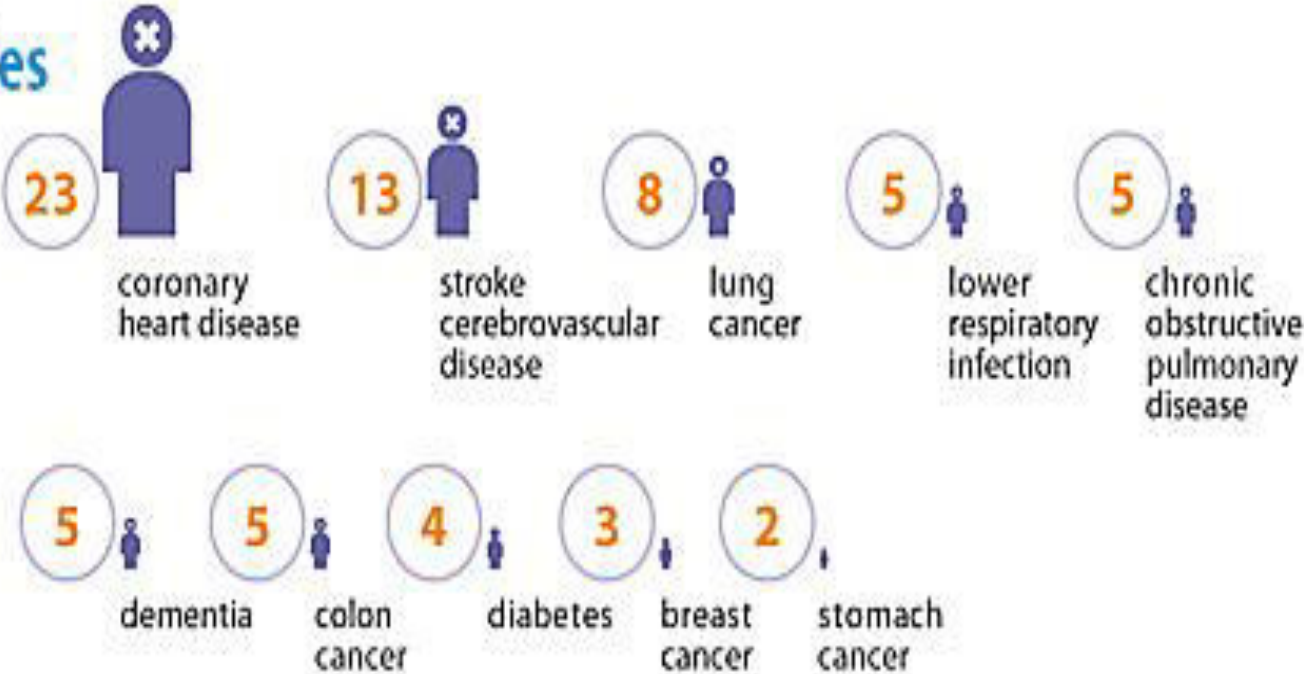
415 of 1000

→ Notice that there is increase in non-communicable Diseases and decrease in infections or communicable diseases compared to lower-income countries



High-income countries

138 of 1000



الاسباب الرئيسية للوفاة في الاردن

اما الاسباب الرئيسية للوفاة في الاردن لجميع الاعمار فقد كانت عام 1979 كما يلي (لا داعي لحفظ الأرقام، فقط معرفة الأسباب وكيف تغيرت زيادة أو نقصاناً) :-

المرض	النسبة المئوية %
<u>امراض القلب والدورة الدموية</u>	23
<u>امراض الجهاز التنفسي</u>	20
<u>الاسهالات (اللي تحتهم خط ركزت الدكتوراة عليهم)</u>	16
الحوادث	9
تعقيدات الحمل والولادة	6
السرطان	5
سوء التغذية	3
اخرى	19
المجموع	100



اسباب الوفاة الرئيسية للبالغين موزعة بنسب مئوية حسب الجنس خلال عام 1991م (لا داعي لحفظ الأرقام، فقط معرفة الأسباب وكيف تغيرت زيادة أو نقصاناً)

اسباب الوفاة	ذكور	النسبة	اناث	النسبة	المجموع	النسب
<u>امراض القلب</u> <u>والشرابين وضغط الدم</u>	2915	43.1	1555	34.5	4470	39.7
<u>الحوادث بانواعها</u>	706	15.4	303	6.7	1009	8.9
<u>Malignancies</u> <u>الاورام الخبيثة</u>	202	3	137	3	339	3
الالتهابات الرئوية	338	5	180	4	518	4.6
امراض الكلى	127	1.9	148	3.3	275	2.3
امراض الكبد	101	1.5	63	1.4	164	1.5
امراض سارية	17	3.	16	3.	33	3.
اسباب غير محددة	2352	34.8	2108	46.7	4460	39.6
المجموع	6758	%100	4510	%100	11268	%100



Proportionate Mortality Ratio by order of magnitude

Disease of circulatory system	41.97
Neoplasm's	13
Accidents and adverse effects	10.5
Conditions originating in the perinatal period	7.39
Disease of respiratory system	6.24
Congenital malformations, deformities and chromosomal abnormalities	4
Cause could not be determined	4.02
Cause of urinary system	3
Diseases of digestive system	3
Ill-defined and unknown causes	3
Infectious disease	2.4
Endocrine and metabolic disorders, diabetes	1.5
Diseases of the nervous system	0.6
Diseases of the blood and forming elements	0.2
Pregnancy , childbirth, and the puerperium	0.11



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 (important element in primary health care)

- 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.
- → It's purpose that's positively improvement the health behavior individuals and communities as well as living and working conditions the influence 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 .
- Recently the HE division was promoted to a full directorate, where qualified experts develop their HE plans, based on priorities, community needs, and information collected from different reports, surveys and studies. Their work also includes training of health workers and preparation of different HE media.



Each health directorate in the country sets

- its own HE programmed separately according to their needs and available resources in addition to the integrated HE resources in the primary health centers.



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 **without involving with the community or the individuals**



medical approach

so we can say that medical approach is conceptualize around the absence of disease so it does not need to promote positive health and can be criticized for ignoring the social and environmental dimensions of health with concentration on physical health.

→ medical approach can encourage also reliance of medical knowledge and remove health decisions by communities.



Approaches of HE

- **The educational approach** provides information and helps people to explore their values and make their own decisions by developing necessary skills.
- **The change in behavior approach** because 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.
(popular because it use health as a property of individuals)



Difference between educational approach and change in behavior choice

- **The change in the behavior approach may not be the preferred change for the educational approach (voluntary choice on patients) , while educational approach is just giving people their values without intervention in their decisions**



- **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 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



Self assessment

- What is the definition of team?
- What is the composition of PHC team?
- What are the different approaches to health education?
- We solved them in next slide!



Solve of Self assessment

1) A team : A group of people who make different contribution towards the achievement of common goal

2) a. Family health services, which are administered by Family Health Service Authorities (FHSAs)

b. Community health services

c. Counseling social workers, psychologists, and psychotherapists.

d. Administrative staff

e. Reception of clients/ for making appointments

f. Secretarial / clerical work

3) a. medical approach

b. educational approach

c. individual -centered approach

d. change in behavior approach

e. change in society approach





عَبْدُ الْعَزِيزِ بْنِ مَرْزُوقِ الطَّرِيفِيِّ

”

القرآن نور فمن لم يرَ طريق

الهداية به فعلى عقله غشاوة؛

كنور الشمس لا يتتفع به من غطى

عينيه ﴿وَأَنْزَلْنَا إِلَيْكُمْ نُورًا مُبِينًا﴾

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