PHC team, PHC in Jordan and health education

Lecture 3

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 team?

A 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.

PHC team?

Community health services, which include:

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

PHC team?

- Counseling social workers, psychologists, and psycho-therapists.

Administrative

- Reception of clients/ for making appointments

- 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

- 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. 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 on 1979
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 (%)

Population Doubling Time (years) 29

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**

Primary Health Care Provision in Jordan: Summary and Update

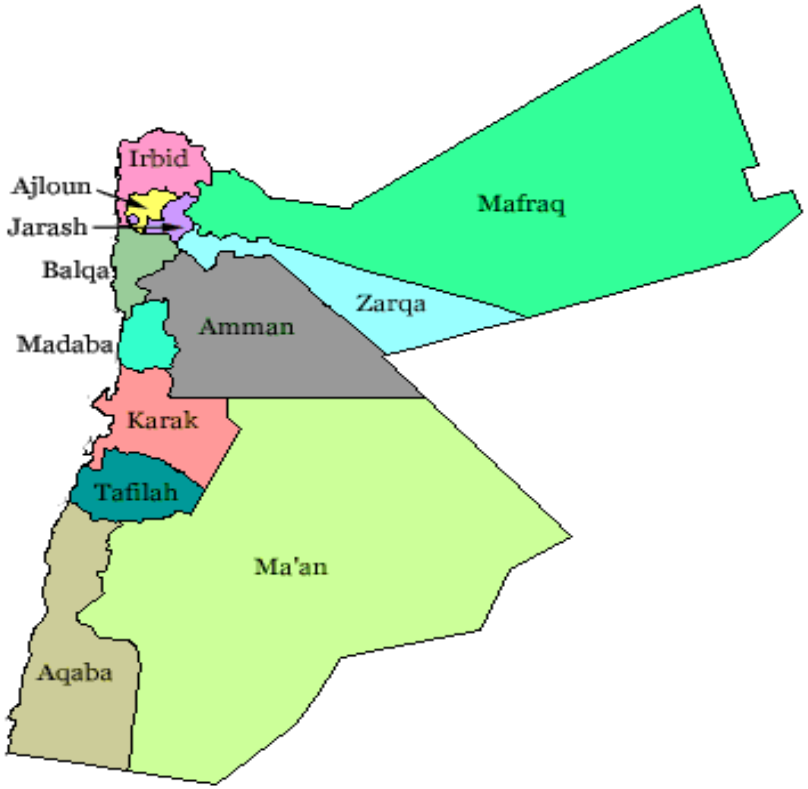
Jordan Governorates

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.

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.**

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.**

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.

Establishment of performance improvement review systems.

Improvement of the management information system.

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

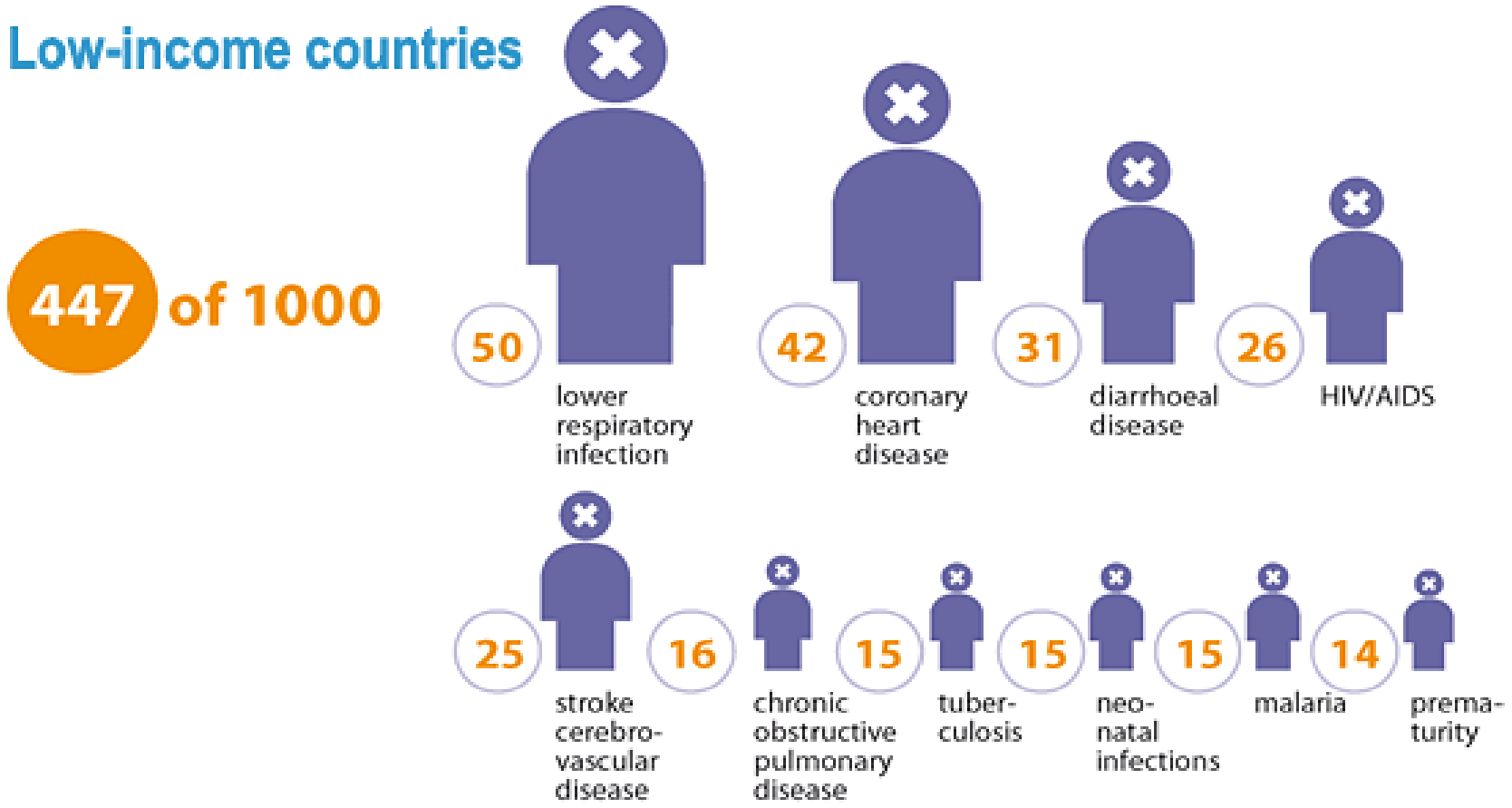
Three main reasons for PHC in Jordan 1986 MOH study visits are

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

مديرية الرعاية الصحية الاساسية

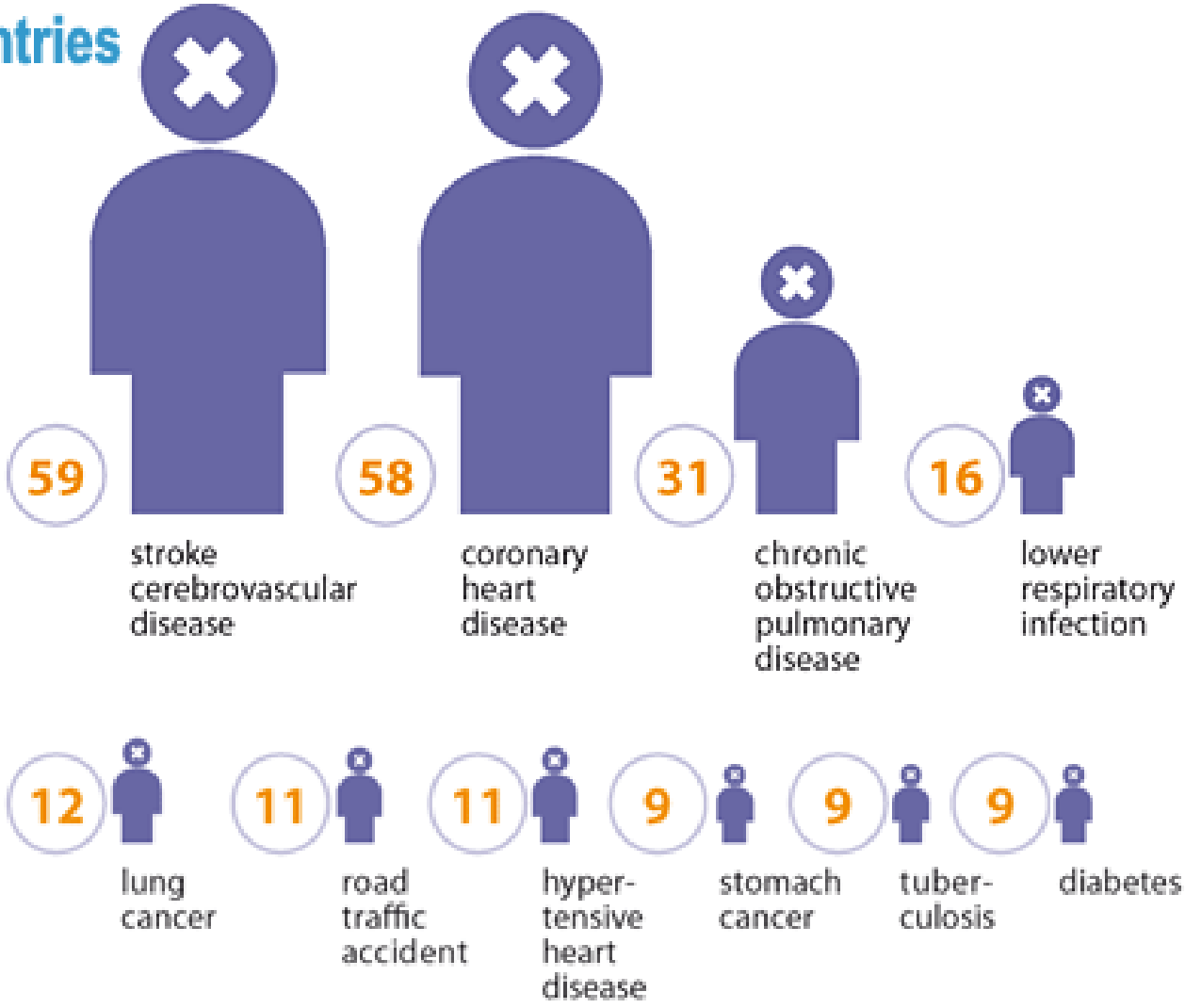
قسم النهوض بالصحة العامة	قسم صحة البيئة	قسم مكافحة الامراض السارية	قسم العيادات ومراكز الرعاية الصحية الاولية
الصحة المدرسية	الهندسة الصحية	الملاريا والبلهارسيا	
رعاية الامومة والطفولة	رقابة البيئة	الامراض الصدرية	قسم التدرن
التغذية	الصحة الصناعية	التطعيم	
التثقيف الصحي		الاستقصاء الوبائي والصحة العامة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

What would be the top 10 causes of their deaths?



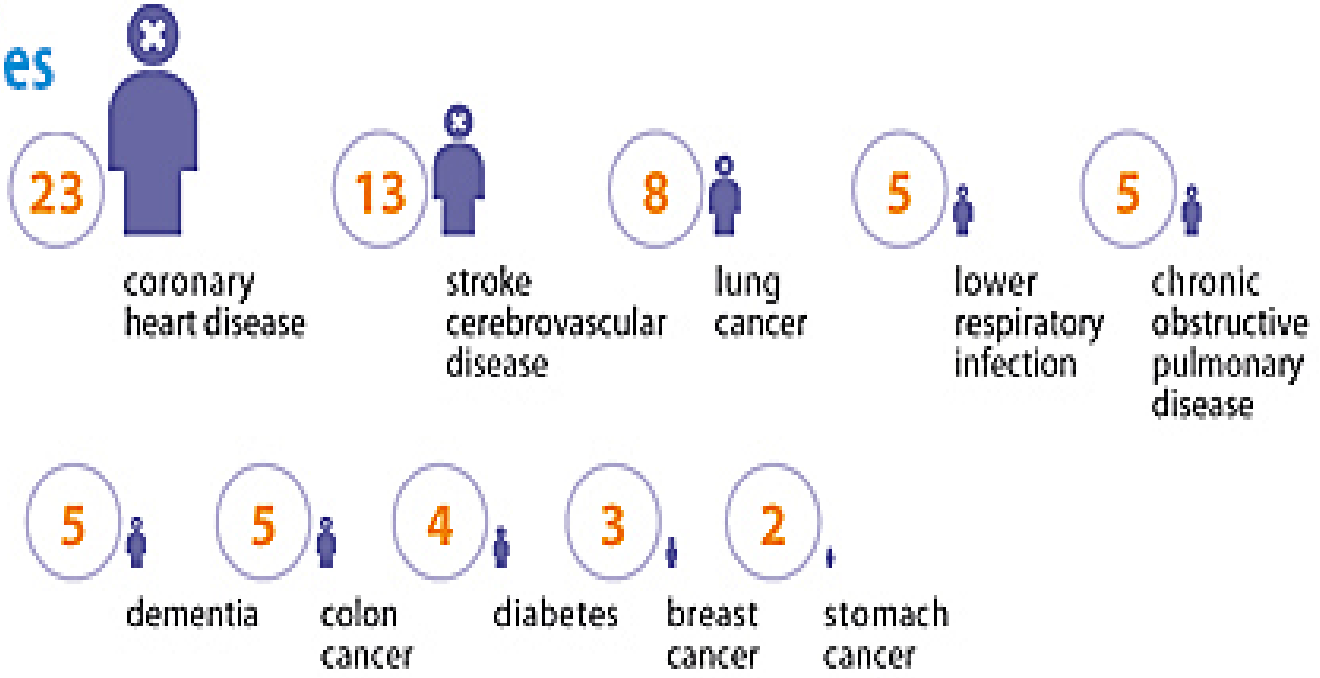
Middle-income countries

415 of 1000



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 :-

المرض	النسبة المئوية %
امراض القلب والدورة الدموية	23
امراض الجهاز التنفسي	20
الاسهالات	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

اسباب الوفاة	ذكور	النسبة	اناث	النسبة	المجموع	النسب
امراض القلب والشرايين وضغط الدم	2915	43.1	1555	34.5	4470	39.7
الحوادث بانواعها	706	15.4	303	6.7	1009	8.9
الاورام الخبيثة	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 origniating 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
III-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

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.**

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.

Approaches of HE

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

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.

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 conductive 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?

Thank you