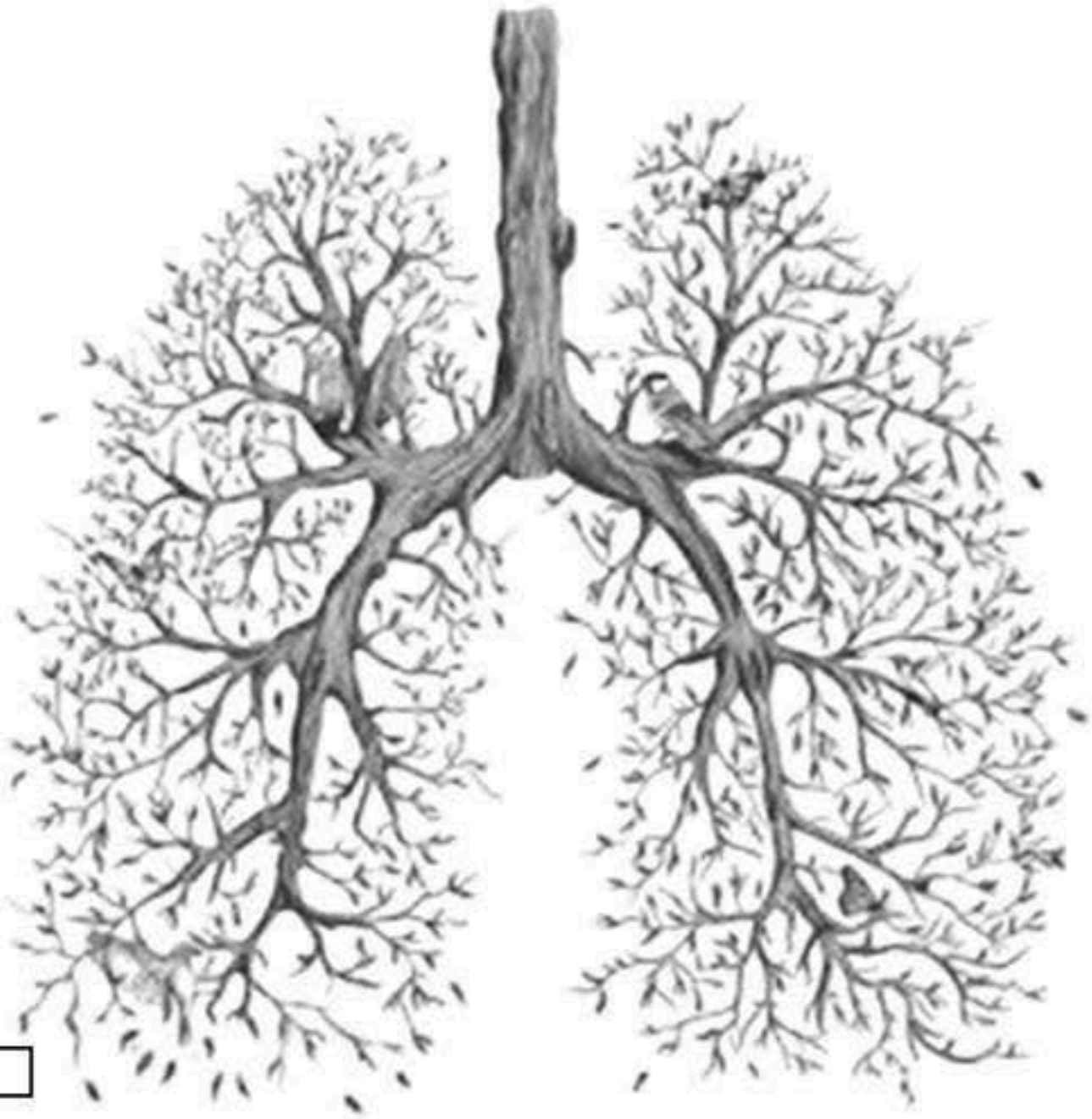


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Medical Committee  
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# Community Medicine



Slides

Sheet

Lecture # 4

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## Community Medicine (#4)

Revision :)

We started defining primary health care (PHC) after defining health and different dimensions of health and we said that it started in Alma-Ata in Russia in where they get definition of health and then they accordingly established what are the elements of primary health care. And we talked about the elements, the characters, and the principles of PHC .

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NOW we will talk about primary health care in Jordan, what are the drawbacks in Jordan and how to work on it to improve the service of primary health care in Jordan .

- ✚ It was established in Jordan in 1985 although they started to define what is the PHC in 1978. and then they started to conduct studies about the quality of services, patient satisfaction, the number of centres, the equipments of the centres..etc
- ✚ There are certain points in Jordan that we will mention before we start talking about the general PHC in Jordan. But there are certain indicators that usually reflect the PHC services or the health services in general “particularly PHC” .

## ❖ WHAT are these indicators ?

**1-Morbidity rate** : its value is more than the mortality rate because not all people who have diseases will die except those who are suffering from severe and complicated cases.

**2-Mortality Rate** : and mainly infant mortality because it is more sensitive indicator and the more sensitive of the infant mortality will be the neonatal mortality rate (mortality rate in the first month) and the more specific and sensitive is the perinatal mortality “early neonatal death” which indicates the week before birth and the week after birth . (we are going to talk about it in the infant mortality )

**3-Fertility rate**

**4-life span** : usually in the developed world fertility decreases and life span increases while in the developing world fertility increases and the life span decreases “mortality increases in younger ages”

➤ Therefore the more developed the country is, the longer the life span of the community members. In Jordan, the lifespan in the mid 60s was as low as 49 While nowadays it reaches 73 “according to the last survey in 2012” (not 74 as written in the slides)

✚ SO all these indicators will reflect the PHC services including the primary health care preventive services because with a better primary health care services the mortality will decrease generally and specifically the infant mortality.

**5- The coverage of vaccination in community, which is the main service that prevents the infectious diseases.** The better it is, the higher the quality of PHC services .

- ✓ In some of the developing world the coverage of vaccination doesn't go further than 20-30 % while in the developed world it reaches 100%. In Jordan for example the coverage is up to 95% which is very close to the developed world.

**6- Eradication of the infectious disease :** when the society gets rid of a disease which has been discovered a long time ago “more than 10 years for example” like in Jordan the **only** eradicated disease is the Small-Pox which was eradicated in 1979 .

**7- Coverage of services in general (antenatal )**

- percentage of pregnant women that visit the antenatal clinic is another important indicator
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- ✚ life expectancy is ranging from 57 years in developing countries to 76 years in average in the developed countries “it reaches 80 and 82 years in some countries”

**The doctor said to correct the slide that has the title “current health status and health care in Jordan” in the life expectancy we should correct 74 in 2009 TO 73 in 2012 which is 71.6 for males and 74.4 for females .**

- ✓ Life expectancy in Jordan is close to the developed world, in 1965 it was 49, in 1990 it was 66, 72 in 2004 and most recently 73 in 2012.
- ✓ Life expectancy ranges in the developing world from as low as 57 and in developed countries with an average of 76 and can reach 82 in some countries.
- ✓ 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 .
- ✓ You should memorize that infant mortality drops from 130 in 1960 to 17 in 2012.

❖ Notice that in the last readings it has Not dropped a lot, WHY ?

Because services almost didn't differ. While they differed significantly from 1960 to 2002 because of the preventive services.

❖ What is the most important preventive service for children ?

In addition to vaccination, The well baby clinic "which monitors the child and their health and physical growth "it is an important preventive service clinic (we will talk about it when we talk about infant and child health).

- ✚ Total fertility has dropped from 7(7.2) to 5.6 to 3.7 to 3.6 to 3.5 on 1988 & 1994 & 2002 & 2007 & 2012 respectively.(the doctor has corrected the order of the years, it is wrong in the slides )

✓ The doctor said that it was 7.2 in 1985 and it dropped to 3.5 in 2012,  
So almost it become halved.

➤ Again you should memorize the first and the last numbers

❖ Notice here also that the fertility has Not dropped a lot from 2002 to 2012,

### WHY?

Because of the same services and due to cultural habits so usually the family in Jordan prepare to have from 3 to 4 children and doesn't settle for one child or so even if the services were available. [service acceptability]

➤ These readings are demographic health survey "family and population health survey" which is done here in Jordan every 5 years.

❖ What are the chronic and degenerative diseases ?

Examples: hypertension , diabetes , coronary heart diseases , heart diseases in general , CNS diseases :Alzheimer ,Parkinson, dementia .. all these diseases are:

1- **degenerative** degeneration of certain cells in the body then a disease rise up, that's why its shown in elderly more because the body's cells and organs are degenerating.

2- **chronic**

✚ These diseases and non communicable diseases are the main causes of death specially in the developed world and including Jordan. While in some poor countries and the developing world, infectious diseases are still considered as the main causes of death ./

- ✚ In Jordan there are certain things that we should focus on when we set up proper PHC ..this setting is very difficult because you need to see the needs of the community, and it depends on the finance of the country and accordingly we give the priority of the services. In Jordan we have to consider that it is a small population but highly urbanised (most of them live in cities) about 82.6% of the Jordanian population live in cities.
- ✚ As we said that the model primary health care services must be distributed in the country equally .. BUT in Jordan we must focus on cities because of the high percentage of Jordanian population that lives in cities. So after redistributing the population we can distribute the health centres equally in the country . Also, the growth rate of population in Jordan is rapid. In early 60's the population in Jordan was 600,000, while now they are 6.5 millions . Though we're decreasing the fertility rate which affects the growth rate causing it to drop. The high growth rate gives concerns about the resources, we have to have enough resources for the population otherwise we will have problems.
- ✚ Highly qualified medical personal are abundant like cardiologist , surgeon , kidney specialist while paramedical staff, general practitioners (medical not paramedical) also called "family physicians or GP doctor" (specialized in general practices) are scarce.
- ✚ The environmental health is universal in Jordan; piped water and safe waste disposal are almost universal in Jordan. That's why we don't have environmental disasters in general, they're all controlled.



❖ Why do we need to know the causes that lead to patients coming to the PHC ? “it was made as early as the PHC was established “

To know if people are coming for curative purposes or for preventive services.

- People should visit PHC as clients not as patients , because 90% of the purpose of the PHC is to provide preventive services , and 10% is for curative services. In 1985 they made a study “after they first established it “to know who visits the PHC.

>>They found that more than 60% are coming for curative services.

- If we make such a study in the coming years, we will find that more than 60-70% are coming for preventive services while 20-30% are coming for curative purposes.

✓ A model primary health care centre must be 90% for preventive services and 10% for curative services.

- The better established primary health care centres, the more preventive clients are coming , and the less developed community the more patients are coming.

>>So they found that 33% are coming for respiratory diseases , 14% for infectious and parasitic diseases, and 10% for digestive diseases ; so more than 50% are coming for curative services .

Hopefully, they make another study to know why people are coming NOW to PHC centres.



- For 10 years ago, percentage of patients that go to antenatal care (for pregnant women) aren't more than 50% BUT NOW (according to study of 2012) we find that above 95% of the women are coming to check their pregnancy ..the same for well baby clinic and for vaccination .
- ❖ Mention a policy that help to promote these services ?

you must be vaccinated to enter the school ; and because of this 95% of people are coming now for vaccination after it was about 60% Only . “it helps the vaccination coverage to increase”

✓ administration of primary health care:

It consists of many departments and we mentioned its importance in the elements of PHC .

>>Let's start with health promotion department which includes :

1- **school health**: it is very important because it covers members from 6-18 years old , so these 12 years are monitored by the school health which must be followed by the family physician outside the school; because some children suffer from chronic diseases like Asthma, diabetes, retardation, epilepsy so these diseases must be followed up by the family physician.

There are also behavioral and psychological problems (we will talk about them later on ).

2- **maternal-child health**: it covers children who are less than 15 years old

- about 20 years ago people who are less than 15 years old were more than 50-55% While now they dropped to 37.3%, it's a good indicator because it reflects how growing the community is.

- it is called maternal because the outcome of the health pregnancy is a healthy infant and the outcome of the poor pregnancy is a poor infant
- The pregnant women is under a physiological stress “she is not sick” where she must be followed up during her pregnancy.

### 3- Nutrition.

4- **Health education:** is probably in the top of the list because it is the skeleton of the PHC and it is the first contact between the human being and the health services. Because when you know about the services, you’ll go to use them and if you don’t, you won’t.

### 5- Public Health Nursing.

6- **Sport Medicine :** problems in joints , knees ..might need physiotherapy.

### 7- Environmental Health department

### 8- Communicable Disease Control department.

Many of these diseases **are not** found nowadays in Jordan **BUT** still they are found in the developing world like:

- Malaria & schistosomiasis (البلهارسيا)
- Respiratory diseases: the most important infectious respiratory disease is tuberculosis (مرض السل), it is still considered as the main cause of death, it needs 6–9 months to be treated by antibiotics.
- vaccination
- Epidemiological investigation and Public Health
- Diarrhea and cholera

- National programme for **AIDS**: in some developed countries this programme is nearly number 1 in the infectious diseases because AIDS still makes a big problem :/

## **9- Clinics and PHC Centres department**

- ❖ *We have to know the causes of Mortality in Jordan , So why do we started in 1979 and we are now in 2014 ?*

To compare and to notice the developments in PHC services and the preventive services.

\*Notice that these studies are very difficult as they are expensive.

**\*\*Please check the slides \*\***

- *Causes of mortality in 1979.*

Cardiovascular diseases occupies number 1 (23%) ,this has some bias because people actually -at that time- were not dying because of heart diseases, but because there were many diseases that were not diagnosed at that time.

A student asked: shall we memorize the schedules in the slides?

The dr. Said that we have to know the main causes and what happened after that (comparison), and the order of the diseases, but don't memorize the numbers 😊

✚ You should know that cardiovascular diseases were and still are number 1 (but the percentage changes and it is good to know that it was 23% and it becomes 43%)

➤ *The second study was at 1991 :*

1- Cardiovascular diseases still occupies number 1 but the percentage increased (39.7%) , infectious diseases decreased.

2- accidents as number 2 “because of technology”

3- malignant tumors as number 3

➤ *The last study :*

1-Cardiovascular diseases (42%)

2-cancers and neoplasm's, SO we should give a priority for cancer screening and awareness (breast cancer for females and colon cancer for males are the most common)

3- accidents ,so we should increase the awareness and put some principles like punishing people who :

- Aren't wearing seatbelt.
- Smoking during driving.
- Using mobiles during driving.

>>Notice that infectious diseases, pregnancy, childbirth come in the end, no more than 1%, because of the developed services.

*Best wishes ^\_^*

*Written by: Ola Abdullah*