

Community Medicine \

Dr.Salwa Sh. Abdul-Wahid Lec. (4)

Primary Health Care ; Needs, Benefits & Referral System

Objectives :

- **Over all Aim :**
- **To assist students to understand the issues related to the implementation of PHC.**
- **Specific objectives :**
- **Understand the community needs and benefits of PHC.**
- **Discuss the need for primary health care reform and the limitations of the medical model.**

- **Review the strategies adopted for PHC approach.**
- **Understand the terms; Burden of disease , Determinants of diseases, levels of preventions and intervention strategies.**
- **Mention the basic elements of PHC.**

- **Discuss the importance of :-**
- **Adequate supply of safe water and basic sanitation**
- **Food supplementation and food fortification program**
- **Define Health education and explain :**
- **The importance and major objectives of proper health education program.**
- **Mention the types of health education.**
- **Discusses the proper ways of helping people in changing behavior.**

Primary Health Care; Needs

- **PHC is different in each community depending upon :**
- **Needs of the residents ,**
- **Availability of health care providers,**
- **The communities geographic location,**
- **Proximity to other health care services in the area.**

- **Primary Health Care; Benefits**
- **PHC focuses on keeping people healthy & addressing illness early to increase probability of cure.**
- **PHC is client focused.**
- **Individuals have access to appropriate care.**
- **Services are matched to community needs,**
- **Healthy communities with healthy people contribute to a vibrant & stable economy.**
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The PHC approach was based on the following strategies :


- The development of a basic health infra – structure,
- A competent two – way referral system between the various health services delivery levels.
- Development of human resources for health.
- Incorporating the traditional medical system.
- Ensuring inter-sectoral cooperation
- Empowering the community with health
- Cost effectiveness.

Referral system

- Ideally patients will be managed within the district health system using an integrated model of care.
- Patient with more complex problem or needing inpatient to hospital for investigation, diagnosis and treatment of their conditions,
- For chronic diseases such as TB mental diseases, hypertension initial assessment and treatment may be at hospital but continuity of care can be provided at the local health center, to be referred back to the hospital when the condition deteriorate.

- **The aim is that fewer people will self- refer to hospital, lessening the crowding out patient departments.**
- **In this way the hospital staff will have time to provide a quality services for those that need hospital care.**
- **Hospital staff will need to support PHC.**

- **For this to operate it is crucial that a good system of referral exists between the different health care providers.**
- **There must be :**
- **1- clearly defined routes of referral.**
- **2- clearly defined circumstances that need referral.**
- **3- A reliable way of passing information about patients between different health care workers in different facilities.**

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- **4- Functioning Recording System .**
 - **5- Good communication & transport system.**
 - **6. Feedback.**

Burden of Disease

- Which disease cause the most illness or death in population :

Clinician – patient	Public health – problem
Facts = history , examination, & investigation	Facts=statistics & Epidemiology
Treat the patient	Plan public health intervention

- **We are concerned with both mortality and morbidity,**
- **Morbidity = Disability (few days or yrs)**
- **Mortality = can be measured in terms of yrs or life lost.**
- **Disability – adjusted life year (DALY);**
- **Is a measure of the years of life lost following death together with the time spent suffering as compared with a full lifespan.**

The main Elements of PHC program:

- 1- health education
- 2- promotion of adequate nutrition
- 3- Immunization against
- 4 - Maternal and child care health care including family planning
- 5- Ensuring accessibility to safe and adequate

- **6- control of locally endemic diseases**
- **7- Treatment of common diseases and injuries**
- **8-Provision of essential drugs**
- **Other elements can be added, according to the health needs of community. E.g. promotion of mental health, school health services and oral health services. whatever the components are, health education is central to all PHC programs in any community. So PHC services are promotive, preventive, curative and rehabilitative.**

Accessibility to an adequate supply of safe water

- **Safe water:** is water that does not contain chemical substances and micro-organisms in concentration that could cause disease or illness in any form.
- **Adequate water supply :** is one that provides safe water in quantities sufficient for drinking and for domestic and other household purposes so as to make the personal hygiene of the members of that household possible.

Basic sanitation

- **Sanitation** : refers to the means of collecting and disposing of excreta and community liquid wastes in a hygienic way so as to endanger the health of individuals and the community as a whole.illion have no access to basic sanitation.
- **Safe excreta disposal** : should aim to prevent from coming into direct contact with man, contaminating ground or surface water, being accessible to animals or insects, coming into contact with food and creating public or private nuisance.
- It is estimated that 1.2 billion people in the world today have no access to safe water and that 1.9 billion have no access to basic sanitation.

Food supplementation

- **There are two forms of food supplementation :**
- **1- food supplements : these are directed to two target groups:**
- **1-Pregnant women at risk of delivering LBW infants: extra food supplements are given during the third trimester which is the period fetal growth. The aim is to reduce the risk of LBW. The amount given is 500 cal+ 10g protein / day. This will result in an additional average weight gain of 105 kg. which will be reflected in an average increase of BW by 300g.**



■ THANK YOU