

UNIT - 5

Community Health services

Points to be covered in this topic

- 1. COMMUNITY SERVICES IN RURAL
- 2. URBAN AND SCHOOL HEALTH
- 3. PHC AND FUNCTIONS OF PHC
- 4. IMPROVEMENT IN RURAL
SANITATION
- 5. NATIONAL URBAN HEALTH MISSION
- 6. HEALTH PROMOTION AND
EDUCATION IN SCHOOL

□ COMMUNITY HEALTH SERVICES

❖ COMMUNITY HEALTH

- **Community health** is a major field of study in the medical and clinical sciences that focuses on **the maintenance, protection and improvement** of public health status and community health groups.

- According to the **world health organization**, **community health** can be defined as **environmental, social and economic resources to sustain people's emotional and physical well being** in ways that advance their aspirations and satisfy their needs in their unique environment.



❖ CLASSIFICATION OF COMMUNITY HEALTH

- **Primary healthcare:** Primary healthcare programmes aim to decrease risk factors and improve the promotion of health.
- **Secondary healthcare:** Secondary healthcare is defined as **"hospital care"** where in a hospital department setting, acute care is provided.
- **Tertiary healthcare:** Tertiary healthcare is a highly specialized care that typically involves the management of disease or disability.

❖ PRINCIPLES OF COMMUNITY HEALTH SERVICES

- Programme should be planned on a **scientific priority basis**.
- Prevention and treatment of disease should be administratively combined.
- Before starting a program, the picture of complete plan must be made.
- Administration must be based on a **sound economic consideration**.
- **Provision must be made for desirable working conditions** for all members of the staff. There should not be **overlapping in rendering treatment** and prevention of disease.
- **Centralized direction and decentralized activity**.
- Evaluation of results is **major responsibility of the health administration**.
- When a special function is to be undertaken, it should be undertaken by or in cooperation with the official body.

❖ OBJECTIVES OF COMMUNITY HEALTH SERVICES

- Provide total health care to **improve quality of life.**
- Enhance the pace of adjustment of individual to his environment.
- **Develop health and manpower** to provide proper services to the community.
- Decrease **mortality and morbidity rates.**
- Enhance the average length of human life.
- Improving the individual's **physical, emotional and social well-being.**
- Develop health policies and their **periodic revision** from time to time.

❑ COMMUNITY SERVICES IN RURAL

- **Rural community is a natural phenomenon.** It is present in almost every society of the world and is characterized by low population rate, **simple culture, informal social life , high degree of homogeneity and lack of modern facilities.**
- In medicine, **rural health or rural medicine is the interdisciplinary study of health** and health care delivery in rural environments. The concept of rural health incorporates many fields, including **Wilderness medicine, geography, midwifery, nursing, sociology, economics, and telehealth or telemedicine.**

❖ COMMUNITY HEALTH CENTER

- One community health center in each block.
- In community health center there are four specialist doctors **i.e. Surgeon, Gynecologist, Physician and Pediatrician.**
- In community health center there are **3 to 4 PHC.**
- Community health center is managed by **four specialist doctors.**
- **Dental, Ear, Nose, Throat, Medicine, Gynecology. Pediatric and Surgery** services are available there in community health center.

❖ FUNCTIONS OF COMMUNITY HEALTH CENTER

- Implementation of all National Health Programmes with active participation.
- **Providing specialty services.**

- Caring and supervision of concerned (PHC's) Primary Health Centers.
- Referring patients to teaching hospitals and district hospitals.
- **Providing child health programmes.**
- **Provides all preventive health services.**

□ URBAN AND SCHOOL HEALTH

- School health service is an important aspect of community aspect of community health. It is possible **to increase the health level of community and achieve growth** in the health of future generation through school health service.
- School health service refers to need based **comprehensive service rendered to pupils**, teachers and other personnel in the school to promote, protect their health, prevent and control disease and maintain their health.

❖ OBJECTIVES OF SCHOOL HEALTH SERVICE

- **The promotion of positive health.**
- The prevention of diseases.
- Early diagnosis, treatment and follow up of defects.
- **Awakening health consciousness in children.**
- The provision of healthful environment.

❖ PRINCIPLES OF SCHOOL HEALTH SERVICES

- It is based on health needs of school children
- It is planned in **co-ordination with school health personnel**, parents and community people.
- It emphasize on health education **to promote, protect, improve** and maintain health of children and staff.
- It emphasize on **promotive and preventive, aspects**
- It emphasize on learning through **active and desirable participation.**
- It is an ongoing and continuous program.
- It has an **effective system of record keeping and reporting.**

❑ PHC AND FUNCTIONS OF PHC

❖ PRIMARY HEALTH CENTER

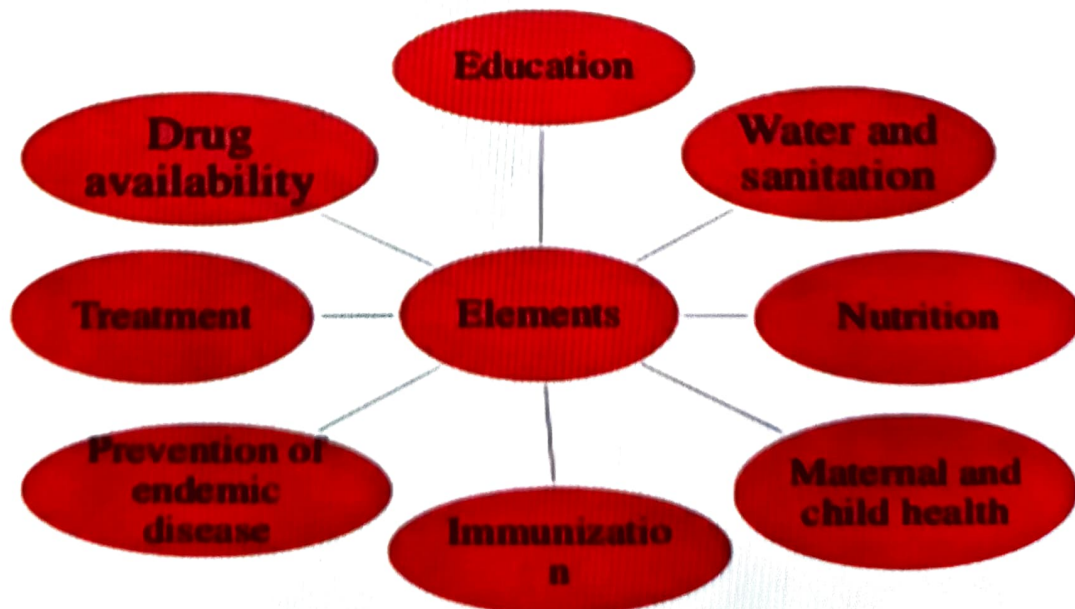
- Primary health center is basic functional unit of the public health services to provide **accessible, affordable and available primary health care** to people. The corner point of rural health care facilities is primary health centers. A main building and three sub-centers comprise the primary health care. There are **4 to 6 beds for patients** and some **diagnostic facilities** are also available.
- A population of about 30,000 in plain areas and **20,000 in hilly and tribal** areas is protected by the community health service. The corner point of rural health care facilities is primary health center.



❖ OBJECTIVES OF PRIMARY HEALTH CENTER

- To make services **more responsive and more sensitive** to the community's needs.
- To offer the community a comprehensive primary health care at Primary Health Centers.
- To attain and sustain an acceptable level of quality of treatment.

❖ ELEMENTS OF PRIMARY HEALTH CARE



❖ PRIMARY HEALTH CENTER SETUP

- In Primary Health Center, patient directly contact or meet the doctor.
- There are **four to six beds for patient.**
- Diagnostic facilities are available in PHC.
- Primary Health Center consists of **three sub-centers.**
- It covers a population of 30,000 in plain area and 20,000 in hilly area.

❖ PRINCIPLES OF PRIMARY HEALTH CARE

- Health prevention and promotion.
- The involvement of citizens in planning and implementing health services.
- **Inter-sectoral coordination.**
- Community participation.
- Population health.
- **Affordable.**
- **Appropriate technology.**
- **Equitable distribution.**
- Health workforce developments.
- To reduce **exclusion and social disparities** in health.
- Organizing health services around the needs and expectations of people.

❖ FUNCTIONS OF PRIMARY HEALTH CENTER

The functions of the primary health care in India cover all "essential" elements of PHO they are:

- Education about health.
- Safe supply of water and basic sanitation.
- **Medical care.**
- Improvement in environmental sanitation.
- Locally communicable disease prevention and control.
- **Collecting and reporting of vital statistics.**
- Basic required laboratory services.
- Training of health workers.
- **Nutritional services.**
- Basic **Immunization services.**

❖ STAFFING PATTERN IN PHC

The new PHC set-up should have:

- Medical Officer - 1
- Pharmacist - 1
- Lab Technician - 1
- Block Extension Educator - 1
- Nurse - 1
- Health Worker (Female) - 1
- Health Assistant (Male) - 1
- Health Assistant (Female)- 1
- Driver - 1
- Health Workers - 4

❑ IMPROVEMENT IN RURAL SANITATION

- There is a direct link between **water and health care**. The adequate availability of drinking water and proper sanitation are dependent on **individual health and hygiene**.
- **In 1986, the Central Rural Sanitation Programme** was launched with the goal of improving the quality of life of rural people and providing women with privacy and dignity. This term includes the **disposal of liquid and solid waste, food hygiene, domestic personal hygiene and environmental hygiene**. Unsafe drinking water consumption, improper disposal of human excreta, improper high infant mortality rates are also mainly attributed to poor sanitation.
- **The Central Rural Sanitation Campaign focuses more on knowledge, education and communication**, the creation of human capital, awareness-raising capacity development activities and the generation of demand for sanitation facilities. This will enhance the ability of people to choose suitable options to meet their demand- through alternate delivery mechanisms with **beneficiary participation**.
- With an emphasis on community and people-centered initiatives, the campaign is being implemented. **In April 1999**, the programme was

reconstructed again, concentrating steadily on a demand-driven strategy with a view to cover the broader spectrum of rural communities by the end of the **9th five-year plan**.

❖ **OBJECTIVES**

- The basic objective of this programme was to **improve rural women's quality of life** and to provide women with privacy and dignity.
- Covering schools with sanitation facilities in rural areas and promoting student sanitary habits.
- Enhancement of the general quality of life in rural areas.
- **Motivate communities and Panchayati Raj institutions** through awareness creation and health education to promote sustainable sanitation facilities.
- **Encourage cost effective sanitation facilities.**

❖ **RURAL SANITATION PROGRAMME**

- The important components of the programme are Information, Education and Communication (IEC). These are intended to generate demand for **sanitation facilities for households, schools, anganwadi, balwadi and women's complexes in rural areas.**
- The Various activities carried out under the portion should be unique to the region and should also include all parts of the rural population in a manner that **generates people's willingness to create latrines and maintain sanitation.**

❑ **NATIONAL URBAN HEALTH MISSION**

- The National Urban Health Mission (NUHM) was approved by the **cabinet on 1st May 2013**, as a submission to the **National Health Mission (NHM).**
- The National Urban Health Mission aims to address the urban poor's health issues by **promoting equal access to available health services by rationalizing and improving current**



- capacity of health care providers to enhance health status of urban poor
- **Implemented by the Housing and Urban Poverty Alleviation**, Human Resource Development, Urban Development and Women's and Child Development Ministries.
 - By facilitating their access to quality primary health care, **the National Urban Health Mission seeks to improve the health status of urban communities**, particularly slum dwellers and other vulnerable areas.

❖ **AIM**

The objective of the **National Urban Health Mission** would be to improve the health status of the general urban population, but in particular of the poor and other disadvantaged sectors, by **facilitating equitable access to quality health care** through a revised public health system, partnerships and community-based mechanisms, with the active participation of local urban authorities.

1. The availability of resources to provide the urban poor with essential primary health care.
2. To meet the diverse health care needs of the urban poor and other **unprotected industries**, a city-based specific urban health care system is required.
3. **Partnership with various NGOs.**
4. Promotion of healthier ways of living.
5. **To boost the urban population's health status.**
6. Thrust of public health on sanitation, safe drinking water, regulation of vectors, etc.
7. The poor urban population lives in slums that are listed and unlisted.

❖ **STRATEGIES**

Strategies may be introduced largely by the improvement of current public health programmes. Such strategies are:

1. Increasing health care access by models of community risk pooling and health insurance.
2. Ensuring quality outcomes in health care.

3. Improving public health efficiency.
4. **Public health reinforcement** through preventive action.
5. Public-Public Partnership partnerships with **railway hospitals**, hospitals for public sector companies, etc.
6. **Prioritizing the most vulnerable** amongst the poor.

❖ **OBJECTIVES**

1. **Health action plan:** Preparation of health action plans by panchayat as mechanism for involving community in health.
2. **ASHA:** Provision of trained and supported village health activist in underserved areas as per need ensuring quality and **close supervision of ASHA.**
3. **Reduction of infant mortality and maternal mortality.**
4. Population stabilizing, gender and **demographic balance.**
5. To achieve all targets of disease control programmes such as; National Iodine Deficiency Disorders Control Programme, etc.

❑ **HEALTH PROMOTION AND EDUCATION IN SCHOOL**

The promotion of health is a common function in public health. Public health is the science of health promotion, disease prevention and the **premature death of a population**, usually in the presence of limited financial resources, through the **systematic efforts of society**, communities or individuals. **It covers three key areas:**

1. **Health improvement or Promotion:** Promote health through education.
2. **Health care services:** Providing, analyzing, and improving health care services.
3. **Health Protection:** Protection against infectious diseases and contaminated environmental conditions.



❖ PRINCIPLES OF HEALTH PROMOTION

1. **Promote Social Responsibility for Health:** Involve the population in the content of their everyday life. Shift focus from people at risk for specific disease.
2. **Increase in community capacity and empower the individuals:** Individual communication and education, legislation, organizational and community development.
3. **Increase in investment and infrastructure for health development:** Action on the determinants of ill health or its causes. Sector-to-government co-operation.
4. **Expand partnership for health:** Involvement of variety of health professionals, particularly in primary care.
5. **Quality:** A quality health system is one that delivers the right treatment to the right individual at the right time in the right way.
6. **Sustainability:** To provide high quality service and encourage innovation an continuous improvement, the system must be long-lasting.



❖ HEALTH EDUCATION

Health education is the mechanism by which individuals and community of people learn to:

- Promote health
- Maintain health
- Restore health

❖ **HEALTH EDUCATION METHOD**

1. Provide more detailed information and guidelines.
2. Provide basic information.
3. Draw attention to a particular problem.
4. Guidelines focused on the behavior change .

1) Providing more detailed information and guidelines: Education focused on the change. attitude change by:

- Books
- Lectures
- Discussions
- Internet
- Brochures

2) Provide basic information: Basic information warning, recommendation, advices are provided by:

- Leaflets
- Calendars
- Articles in newspapers
- TV and radio broadcasts

3) Drawing attention to a particular problem:

- TV spots
- Posters
- Campaigns

4) Guidelines focused on the behavior change:

- Set of guidelines
- Interactive
- PC Programmes
- Manuals
- Exhibitions
- Courses and systematic educational plans

❖ **PRINCIPLES OF HEALTH EDUCATION**

- **Health education in school:** It is process of transferring health knowledge during a student's school. The definition of school health

education has evolved much throughout the **21st century**. School health education today is seen as a comprehensive curriculum for health. It is a mixture of society, schools and practices of patient care. Health education covers **continuum from disease, prevention and promotion of optimal health to treatment, rehabilitation** and longer-term care for detection of illness.



❖ **OBJECTIVES**

- To encourage behavior which **promotes and maintains health**.
- To make health an asset valued by the community.
- To keep the **child physically and mentally healthy**.
- To improve the immune system of the children.
- To make the children free from disease and hence, good performance in studies.
- To imbibe in children good manners which they can carry throughout their life.
- To describe the **importance of a healthy diet**.
- To increase knowledge of the **factors that affect health**.

❖ **AIM OF HEALTH EDUCATION**

- Health promotion and disease prevention.
- **Early diagnosis and management.**
- To provide the public with **accurate data on medical discoveries**.
- To facilitate the acceptance and proper usage of medical measures.
- To educate the general public about the principles of physical and mental hygiene and methods of **avoiding preventable diseases**.
- To create an informed body (social workers, teachers) of **opinion and knowledge**.

❖ PROMOTE HEALTHY LIFESTYLE IN SCHOOL

- Provide healthy environments in school.
- **Work for safer, healthier community environments.**
- Teach children to be **critical of media advertising.**
- Involve parents in supporting health education.
- Increase **health-related knowledge.**
- Increase physical activity and promote physical education for healthy life.

❖ SCHOOL HEALTH SERVICES

- School health services consist of **comprehensive, integrated, preventive, primitive and curative rehabilitative services** to the school teachers, all supportive staff and children which **provide remedial measures** and **referral services** when it is needed. School health is a primary practice and public health services to maintain health status of the school going children.

1) Health Education: The most significant component of the school health programme is health education. **School health education's main goal is:**

- Physical education
- Nutrition services
- Personal hygiene
- Physical activity during school
- Staff and family involvement in physical activity
- Environment hygiene

2) Immunization: An **immunization campaign against communicable diseases** should be planned. School children should be immunized. An adequate record of all immunizations should be kept.

3) Physical education: Physical education is the part of health education. **In school, physical education includes:**

- Games
- Physical training (Remedial exercise for minor physical defects)
- Social services

4) Daily Morning Inspection in Schools.

5) Health Education Knowledge, Skills and Positive Attitudes.