

Health Care Management :-

Lecture - 3

10 Jan
The prevention, treatment and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Primary Health Care :-

approach to provide everyday health services that focus on patients, clients; families and communities working with a team of health professionals.

PHC should be physically accessible where people can go without any constraint.

Ultimate goal of primary health care is better health for all.

WHO identified 5 key elements to achieve these goals -

- reducing exclusion and social disparities in health (universal coverage reforms).

- organizing health services around people's needs and expectations (service delivery reforms). services should be according to need of people.
 - integrating health into all sectors (public policy reforms).
 - pursuing collaborative models of policy dialogue (leadership reforms)
 - increasing stakeholder participation.
 ↓
 the person who has say in something
- Primary health care should be delivered close to the people thus should rely on maximum use of both lay and professional health care practitioners.
- It includes following eight components-
- Education for the identification and prevention / control of prevailing health challenges.
 - proper food supplies and nutrition ; adequate supply of safe water and basic sanitation.
 - maternal and child care , including family planning.
 - Immunisation against major infectious diseases.
 - Prevention and control of locally endemic diseases.
 - Appropriate treatment of common diseases using appropriate technology.
 - Promotion of mental, emotional and spiritual health.
 Anti-depression pill not always are good for mental health.
 - provision of essential drugs.

Health Disparity

Health disparities are differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups.

↑
how many people fall sick ↑
how long disease is prevailing

of diseases and other adverse health conditions that exist among specific population groups.

Types -

The Health Resources and Service Administration defines health disparities as population-specific differences in -

- presence of disease.
- health outcomes.
- quality of health care.
- access to health care services.

In developed countries there is less health disparity, because quality of health care do not vary much.

These factors are population specific.

11th Jan 21

Lecture - 4

many different populations are affected by disparities. These include -

- Racial and ethnic minorities
- Residents of rural areas
- Rural places do not have so much health facilities compared to urban areas. Also if these facilities are available people are not aware of these.
- Women, children, the elderly.
- Persons with disabilities
- Social stigma, discrimination ~~is~~ is faced by person with disabilities.

Causes of Health disparities:

Health facilities disparities result from multiple factors including -

- Poverty
- Environmental threat
- Place which are more prone to natural calamities are vulnerable.

Ayushman Bharat Scheme

A health cover of 5 lakhs is provided ~~for~~ to people below poverty line

- Inadequate access to health care
- Individual and behavioural factors
- Educational inequalities.

Education creates awareness among the people. People who are aware can detect a health problem. Early diagnosis can be done to prevent the condition from becoming worse.

Health Disparities In India :-

- Regional variations among states.
- Place of residence. People who live in slums in urban areas are also devoid of health facilities.
- Age and sex group of population

[Warehouse of diseases]

malnutrition in rural areas
obesity in urban areas

42% children in India are malnourished

COP / ICDS

Integrated Child Development Programme.

To reduce mortality and malnourishment among the children of age group 0-6 yrs.

Health equity :- [Solution of health disparity]

Equity in health is the absence of systematic disparities in health.

Everyone could attain their full potential and no one should be disadvantaged to access health facilities.

Health equity is achieving the highest level of health for all people.

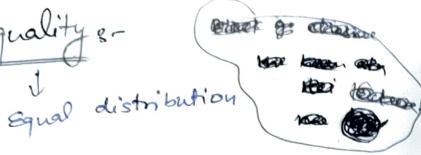
Health equity entails focused societal efforts to address avoidable inequalities by equalizing the condition for health for all groups, especially for those who have experienced socioeconomic advantage.

Essential elements of various definition of health equity :-

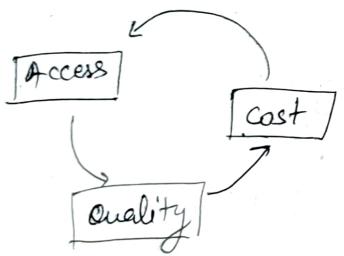
- Health inequities are unjust, unnatural, avoidable differences in health status.
- They are beyond the control of individuals meaning they are systematic problems.
- They are sustained over time and generations and are beyond the control of individuals.

Equity and Equality :-

Distribution according to needs.



- Equity involves people trying to understand and give people what they need to enjoy full, healthy lives.
- Equality aims to ensure that everyone gets the same things in order to enjoy full, healthy lives.



- PDS system
- Quality of grains is bad
- Black marketing is very often

16th Jan 2024 :-

Lecture - 5

Determinants of Health :-

- What makes people healthy or unhealthy??
- How can we create a society in which everyone has a chance to live long healthy life??

- The range of personal, social, economic, and environmental factors that influence health status are known as determinants of health.

Demographic Characteristics

Social Characteristics

Economic Characteristics

Demographic characteristics :-

Population size
Growth Rates



Population distribution

Age Structure
Sex Structure



Population composition

Population Changes

factors that influence population change-

- Fertility
- Mortality
- Migration

change of residential address

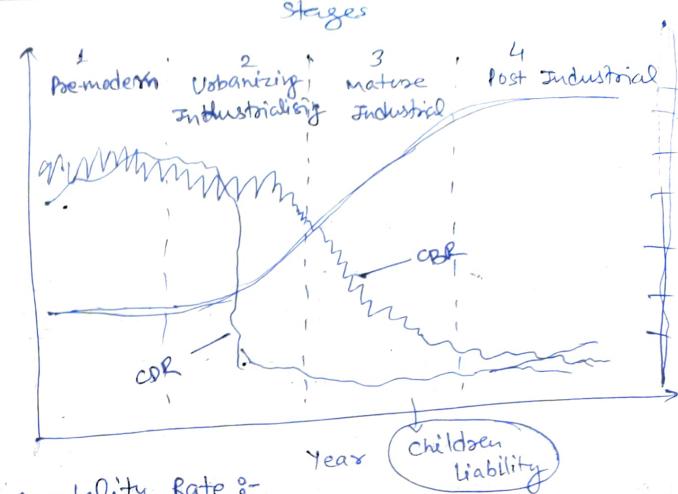
99 dots - Every strip of medicine : at back there is a number.

- Within 24 hr if medicine is not taken a reminder is sent to remind to take medicine

Demographic Transition Theory :-

It is a model that describes the population change over time.

It represents the transition from high birth and death rates to low birth and death rates as a country develops from a pre-industrial to an industrialized economic system.



Infant Mortality Rate :-

↓
children died within 1 year of birth per thousand new borns

Contd

It do not consider migration as a factor of population change.

Population Pyramid

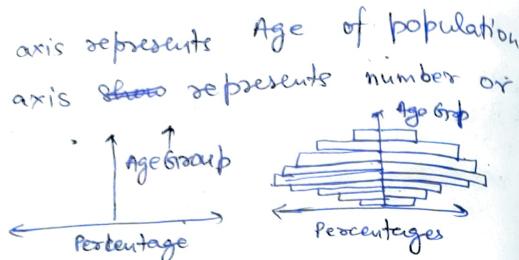
diagrammatic representation of age and sex of population.

Population Pyramids

AGE and SE ×

Biologically woman is stronger sex.

- The vertical axis represents percentage.
- Horizontal percentage.



SEX RATIO - Number of females per thousands males

India - 1020 females per 1000 males

Uttar Pradesh - 92/1000

943/1000
(2011)

Dependency Ratio - Population below 15 years and above 65 years, who are dependent on the working population.

Demographic Dividend :- Advantage of having a young population.

$$\text{Dependency Ratio} = \frac{P_{<15} + P_{>65}}{P_{15-65}}$$

Implications of health status :-

- India contributes to a fifth of the world's share of diseases.
- National Commission on Macroeconomics and health (2005) has classified health conditions as-
 - communicable diseases
 - maternal and child health conditions
 - Non-communicable diseases

Age distribution of prevalence is different for different diseases

- Asthma and Tuberculosis
- Jaundice and Malaria
- Reproductive health.
- HIV / AIDS
- Cardiovascular diseases

• Kerala has highest sex ratio - 1084 females per 1000 males.

8 Jan 2024

Lecture-6

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow up, live, work and age and the systems put in place to deal with illness.

These circumstances are in turn shaped by a wider set of forces: economic, social policies and politics at global, national and local levels.

Place and Health :-

A group of family who cook and eat from single kitchen

Hostels, prison - institutional households

Neighbourhood-

↓ who share common facilities
People that

Gated community

↓
used to provide more security.

In gated communities, facilities like general stores, gyms, gardens, parks for children and other different facilities are provided.

Women in close proximities, the places where they know each other well off, are reluctant to go to doctor or access other facilities. Social factors affect the people's thinking and thoughts.

The type of amenities that are available in poor neighbourhood are different from rich neighbourhood.

For eg- fast food facilities, restaurants are more common in rich neighbourhood. Fresh vegetable stores, fruit stalls are more common in less rich neighbourhoods.

Determinants of health -

- (i) Place and health
- (ii) Educational status,
- (iii) Quality of health
- (iv) Ethnic composition.

→ Jan 2021
23

(i) Educational status.

- People with no education ~~free~~
- Expired Medicine intake

(ii) Quality of education

(iii) Ethnic composition

↓
Health status varies among communities, tribes due to different lifestyle practices.

(iv) Linguistic composition

↓
The language we speak

→ Health condition can be best explained in mother tongue. If a doctor having different linguistic background, the doctor will not be able to diagnose the disease completely.



(v) Religion :-

Jews and muslims have a concept of marrying within the same family, so there are certain hereditary diseases that are common among the members of family.

Religious practices like Yoga, ~~meditation~~ meditation have a good impact on mental and physical health.

Dervash - Vaithnath Dham - Medical healing

It is due to the type of lifestyle followed there, the type of food habit and other lifestyle activities affect health of a person.

Calm atmosphere also help to improve mental health.

Some of religious practices oppose the use of contraceptive measures, it affects health of ~~men~~ and individuals.

More prominent in churches S

o Measles and Sheetla Mata

(VII) Caste :-

Social divisions made within a community
Many caste offer caste service consumers are often
reluctant to take services from
lower caste service provider.

Eg - sometimes doctors refuse to treat
people of lower caste.

24th Jan 24

Lecture-8

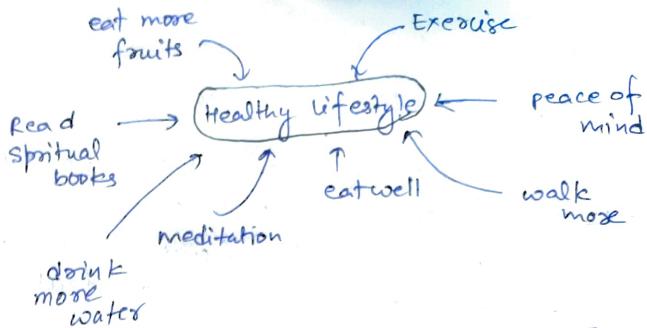
(VIII) Culture : (+ food habits)

Ideas, customs, and social behaviour of a particular people or society.

In some of cultures alcohol consumption is common. It is very normal for some communities.

Food pattern also affect health of an individual.

Consumption of raw meat and fish may cause health problems because raw meat and fish may have harmful and infectious micro-organisms.



Culture also influences our health seeking behaviour.

⇒

Japanese people drink luke warm water. It enhances the metabolism and removes digestive problems.

⇒

* Disciplined lifestyle

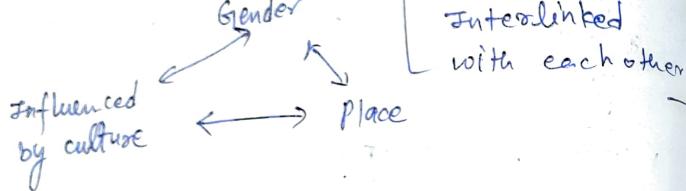
(IX) Gender :

↓
Gender is a social construction whereas sex is a biological classification/ identifier.

Gender also affect the health because of resource allocation.

One of the study on ~~Gender~~ of health shows that -
In a family or household, a man with a health problem is given priority.

Transgender people are outclassed and therefore they can't many-at-times they do not have access to health facilities. Even today there are ~~no~~ separate sanitation facilities & for transgender people. There are no separate wards for these people in hospitals or health care centres.



③ Exposure to crime, violence and social disorder

Public safety

People who feel safe have a longer lifespan.

④ Standard of living :-

- More hygienic condition.
- Better sanitation facilities.

• Transportation options :-

- Overcrowded trains - chances of being infected by & communicable diseases.
- Reckless driving

• Social supports

support that we get from our peers, parents, loved ones
Nuclear families vs. Joint families.

- Social norms and attitudes
- Availability of resources to meet daily needs
- Exposure to mass media and emerging technologies.
- Access of health care services

25th Jan 24

Lecture - 9

Broad categorisation of SDHs :-

1. Neighbourhood and built environment
2. Health and healthcare
3. Social and community context.
4. Education
5. Economic stability

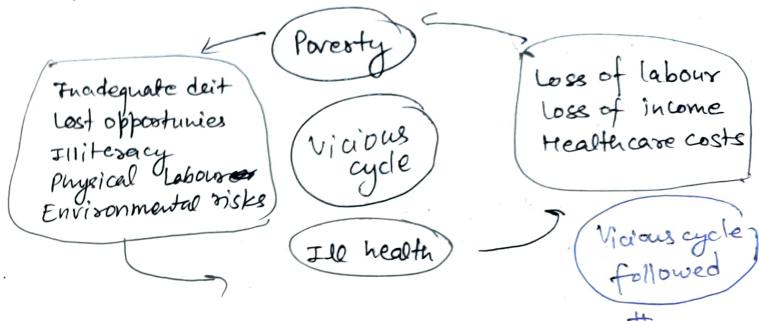
Economic determinant of health :-

- There is a persistent correlation world-wide between low income and poor health.
- The financially worst-off experience the highest rates of illness and death.
- This applies when different measures of health are considered
 - death rates
 - disease rates
 - health service use
 - hospital admissions and
 - self rated health.

Poverty :-

Poverty has long been recognised as an important determinant of ill health.

\$1.99



Income distribution :-

Greater income inequality is associated with increased mortality.

Main factor determining adequate income is participation in paid employment

Employment is important determinant of health.

Occupational health :-

Occupation is the type of activity that we do to earn living.

occupational health deals with the health of workers has several determinants, including risk factors at the workplace leading to various health hazards.

- cancers.
- accidents.
- respiratory diseases.
- hearing loss.
- circulatory diseases.
- stress related disorder.
- communicable diseases.

Employment and working conditions in the formal and informal economy embrace other important determinants.

- working hours
- salary

formal economy ← [Job security]

↑
These are governed by set of laws and rules.

Informal employment

- no fix wage
- no fixed working hours.

→ workplace policies concerning maternity leave, health promotion and protection provisions etc.

Primary Activities :-

1. Agriculture
2. Construction work
3. Farming
4. Ragpicking.

• Skin diseases
• Infection
• Risks are more related to environmental factor.

Risks are due to physical factors

Manufacturing Activities :-

1. Eyesight problems.
2. Hearing issues
3. Accidents.
4. Respiratory diseases.

Service Sector Activities :-

1. Doctors
2. Employees in industrial sectors
3. Formal sector employees.

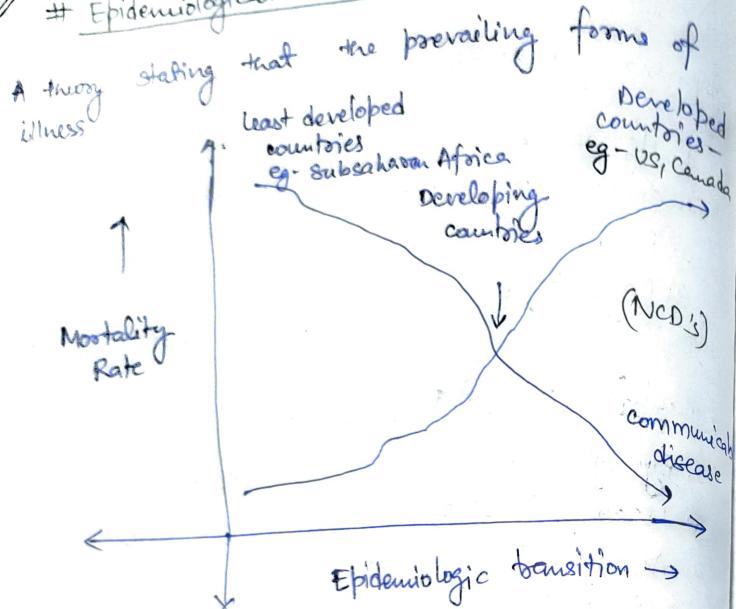
• Anxiety
• Depression
• Stress
• Body posture problems.

Risks are more ~~related~~ ^{due} to lifestyle practices.

3rd Jan 24

Lecture - 1

Epidemiological Transition :-



Lifestyle related chronic diseases (NCDs)
Diabetes, Obesity, hypertension, cardiovascular disease.

Mean age of Indian population - 26 yrs.

Era of health promotion :-

Health disparity - a major concern in public health.

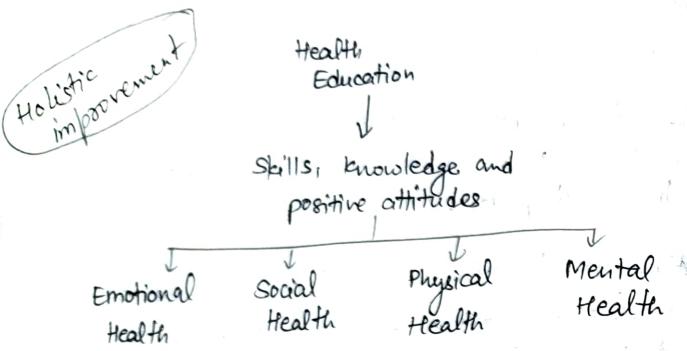
- Ottawa Charter in 1986 pioneered Health Promotion.
- Enable people to deal with their health issues and to overcome the existing health disparities.
- Aims at building capability of individuals by inculcating skills and confidence among them through health education.

Health Education :-

Education is most imp contributors to health.
Education provide information, knowledge and wisdom to people.

The purpose of health education is to positively influence health behaviour of individuals and communities as well as living and working conditions that influence their health.

Health education is often includes educational programs and skill building group or individual activities.



Health literacy to Health Consciousness :-

* Main component of health education is health literacy.

- "Personal characteristics, and social resources needed for individuals and communities to access, understand, appraise, and use information and services to make decisions about health" (WHO 2015)
- Relevance of critical literacy

• Paulo Freire's concept of "critical consciousness"
↓
what one feels that is right for him/her.

Amartya Sen's framework of health capabilities.

• Two important pillars of development are health and education.

Health Education In India :-

Inception of health education in India can be stressed back to 1956 establishment of CHEB
Centre for Health Education Board

Infrastructural attempts failed to bring desired results.

Tools used were ineffective pamphlets

Eg- If we are printing ~~textiles~~ and posters for illiterate, it is of no use. It is ineffective.

Motivational Manipulation

Training of health personnel at various stages like doctors, nurses, health staff should be trained to deal with cancer and to improve health education. Developing curriculum for the same

Push information - Information provided by service providers.

Pull information - this is according to recipients of services. What do they need?

NGO's employ different interventions measures for positive changes.

Information available about the availability of healthcare services

7th Feb '24

Lecture-11

World Cancer Day [4th February]

Close the Care Gap

- Everyone deserves access to cancer care

Myths -

- ① We don't need to talk about cancer.
- ② Cancer.... there are no signs or symptoms.
- ③ There is nothing I can do about cancer.
- ④ I don't have the right to cancer care.

Cancer → More of a lifestyle disease.

Leucemia

All cancers are not communicable. Some are communicable and some are non-communicable.

Eg - Cervical cancer - communicable.

7.6 million deaths → world
India has nearly 3 million cancer affected population.

Tobacco use → 22% of global cancer deaths
Main cause of [71% of global lung cancer deaths.]

1/5 th of all cancers worldwide are caused by a chronic infection.
For eg- human papillomavirus (HPV) causes cervical cancer.

Morbidity :-

The prevailing condition of disease in a population.

The frequency of disease, both its incidence [how diseases spread through a population over time] and its prevalence [how much ~~this~~ disease is encountered in a population at a given moment]

sources of Morbidity Data

- Surveillance systems and registries
- Health Survey.
- Causes-of-death report
↓
find under civil registration system.

Measuring Morbidity :-

Incidence rate?

The rate at which people are diagnosed with the illness

$$\text{Incidence rate} = \frac{\text{number of new cases}}{\text{population at risk.}}$$

- ① exclude child population.
② exclude old population.

Prevalence Rate :-

The number of people with a morbidity condition divided by the total population.

$$= \frac{n(\text{Morbidity condition})}{\text{Total population.}}$$

high incidence and high prevalence = in control.
 high incidence and low prevalence = in control.

Useful Definitions

Cohort : A group of people sharing a common demographic experience who are observed through time.

Ex- Birth cohorts.

Marriage cohorts.

School class cohorts. - enter job market at similar time
(similar experiences)

Cohort Analysis-

Observation of a cohort's demographic behaviour through life or through many periods. Rates derived from such cohort analysis are cohort measures.

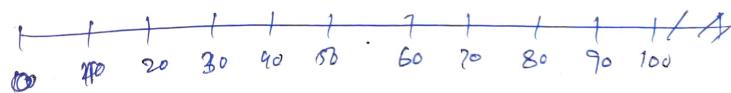
8th feb 2024

Lecture-12

The avg number of years that newborn could expect to live if he/she were to pass through life exposed to the age and sex-specific death rates prevailing at the time of his or her birth, for a specific year in a given country or geographic area.

What is proxy variable ?

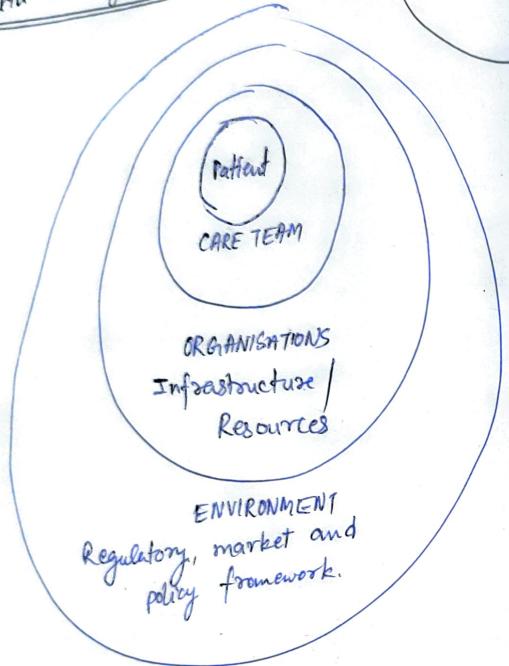
A model of a human life course.



9th Feb 24

Lecture 13

Health care system :-



Patient centred Health Care system

Patient as customer'

[Margaret Stacey] - Scholar

Gyms
Yoga studios
Zumba classes

Patient care :-

CARE TEAM :-

- ↓
 - Anybody can be a health care provider.
 - The various players are involved in a care team.
 - Changing dynamics of these players

Technology is more important where there is scarcity of labour.



THE ORGANISATIONS :-

- Hospitals, clinic, Nursing homes, Always private
 - Decision-making systems.
 - operating system.
 - Processes (financial, administrative, human-resource, and clinicals).
 - Business level.
 - Architecture of organisation
 - Accessibility
- Pairedly funded.
- More flexible in terms of working hours.