



# SNS COLLEGE OF PHARMACY AND HEALTH SCIENCES Coimbatore -641035

COURSE NAME : SOCIAL PHARMACY (ER20-15T)
I YEAR

TOPIC 1: Introduction to Social Pharmacy

SUB TOPIC :Concept of Health - WHO Definition, various dimensions, determinants, and health indicators.





#### INTRODUCTION

- Social Pharmacy is the multidisciplinary field studying how social, behavioral, and economic factors influence the role, provision, and use of medicines within society.
- Its scope includes understanding patient adherence, medication behaviors, <u>healthcare delivery systems</u>, patient-provider interactions, and pharmaceutical ethics.
- In improving public health, social pharmacy contributes by optimizing medication use, developing public health programs, promoting patient education and safety, and advocating for policies that ensure equitable access to and responsible use of medicines for populations.

  Introduction to Social Pharmacy/ Dr. Justin SAJI ABRAHAM/SNSCPHS

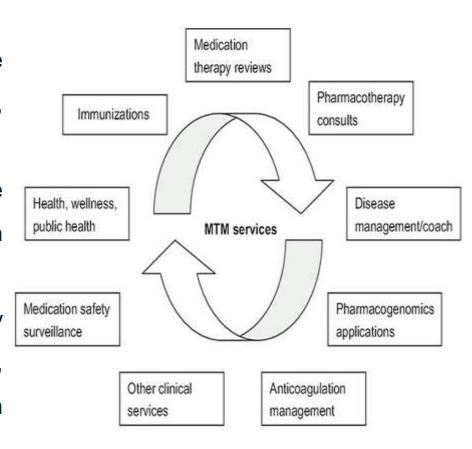






#### **Role of Pharmacists in Public Health**

- Pharmacists play a vital role in public health by acting as accessible healthcare providers who offer immunizations, disease screening, and health education.
- They also promote wellness through lifestyle counseling, manage chronic diseases, and advocate for safe and effective medication use to prevent adverse drug reactions and medication errors.
- Furthermore, pharmacists contribute to population-level efforts by participating in public health policy and emergency preparedness, ensuring the public has access to necessary medications and health information.







### The World Health Organization (WHO)

- The World Health Organization sets standards for disease control, health care, and medicines; conducts education and research programs; and publishes scientific papers and reports.
- A major goal is to improve access to health care for people in developing countries and in groups who do not get good health care.







#### **Dimensions of Health**

• **Physical**: Pertains to the proper functioning of the body's structure and physiology, encompassing strength, endurance, and mobility.

• Mental/Intellectual: Involves mental flexibility, a sense of purpose, and the ability to learn and

expand knowledge.

• **Emotional**: Related to understanding and managing one's feelings and being aware of the feelings of others.

- **Social**: Focuses on the quality of one's relationships and connections with others and the community.
- Spiritual: Involves seeking meaning and purpose in life and connecting with one's values.
- **Environmental**: Considers the impact of your environment on your well-being and your responsibility to protect the world.







### **Indicators of Health**

- 1. Mortality indicators
- 2. Morbidity indicators
- 3. Disability rates
- 4. Nutritional status indicators
- 5. Healthy care delivery indicators
- 6. Utilization rates
- 7. Indicators of social & mental health
- 8. Environmental indicators
- 9. Socio-economic indicators
- 10. Healthy policy indicators
- 11. Indicators of quality of life.
- 12. Other indicators.



# **Mortality Indicators**



### These includes:-

- Crude Death Rate
- Expectation of Life
- Maternal Mortality Rate
- Infant Mortality Rate
- Child Mortality Rate
- Under 5 proportionate mortality rate
- Disease Specific Mortality
- Proportional Mortality Rate







# **Morbidity Indicators**

- Used to supplement mortality data.
- Morbidity rates used for assessing ill health in community are:
- > Incidence
- > Prevalence
- ➤ Notification rate
- ➤ Attendance rate at OPDs, health centres etc.
- > Admission, readmission and discharge rates
- > Spells of sickness.





# **Disability Rates**

- Based on premises or portion that health implies a full range of daily activities.
- • Two groups:
- Event type indicators:
- – Number of days of restricted activity
- Bed disability days
- Work-loss days within a specified period
- Person-type indicators:
- – Limitation of mobility
- Limitation of activity (ADL)





- Sullivan's Index
- Expectation of life free of disability.
- **HALE** (Health Adjusted Life Expectancy)
- The equivalent number of years in full health that a newborn can expect to live based on current rates of ill-health and mortality.
- **DALY** (Disability Adjusted Life Year)
- Number of years lost due to ill-health, disability or ill-health.
- QALY (Quality adjusted life year)
- Number of years of life that would be added by a medical intervention.





### **Nutritional Status Indicators**

### It includes :-

- Anthropometric measurement of pre- school children.
- Height of children at school entry.
- Prevalence of low birth weight.

### **Health Care Delivery Indicators**

### It includes:-

- Doctor : population ratio
- Doctor : nurse ratio
- Population : bed ratio



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### **Utilization Rate**



#### Indirect measures

- It includes indicators of social pathology:-
- ✓ Suicide
- ✓ Homicide
- ✓ Other crime etc.
- ✓ Other acts of violence
- ✓ Alcohol and drug abuse, etc.

### **Environmental Indicators**

Reflects quality of physical & biological environment.

- Proportion of population having access to safe water
- Proportion of population having access to sanitation facilities
- Indicators relating to pollution of air and water, radiation, solid wastes, noise





### **Socio Economic Indicators**

#### It Includes :-

- Rate of population decrease
- Per capita GNP
- Level of unemployment
- Dependency ratio etc.

### **Health Policy Indicators**

- Important Indicator of political commitment
- "Allocation of adequate resources"
- Proportion of GNP spent upon health services
- Proportion of GNP spent upon health-related activities
- Proportion of total health resources devoted to primary health care.





### **Other Indicators**

#### It Includes:-

- Social Indicators
- Basic Need Indicators
- Health For All Indicators





# Developed and Developing Regions

- Social and economic characteristics
- Demographic characteristics
- Contrast in health (Health Gap)





Variable	<b>Developing Countries</b>	<b>Developed Countries</b>
Place of residence	Mostly Rural	Mostly Urban
Major occupation	Agriculture	Industry
Standard of living	Low	High
GNP per capita	200 to 6,000 US \$	5,000 to 40,600 US \$
Adult literacy	Low	High
Women	Economically dependent	Economically independent



# Demographic characteristics



Variable	Developing Countries	Developed Countries	
<b>Growth Rate</b>	Above global GR (>1.3%)	Below global GR (<1.3%)	
Young population	28% - 38%	18%	
Elder population	6%	21%	



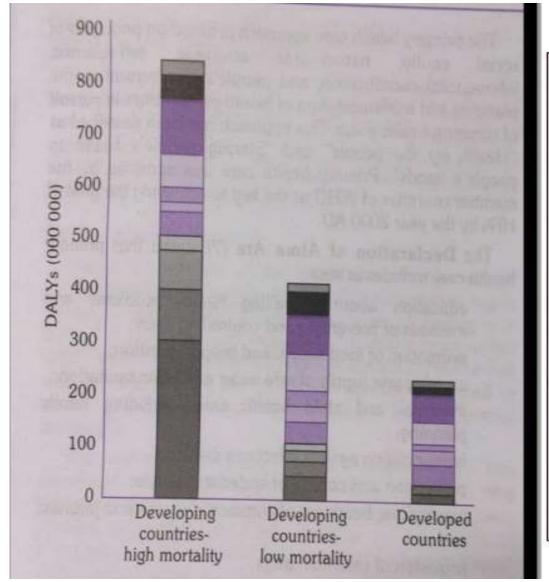
# **Contrast in health (Health Gap)**

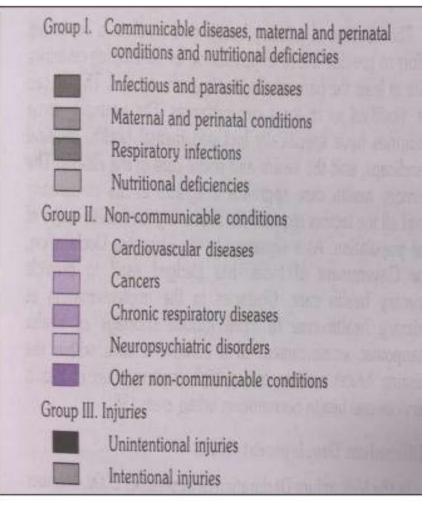


	Indicator	Least developed countries	Other developing countries	Developed countries
1.	Life expectancy at birth (2007)	55	67	79
2.	IMR (per 1000 live births) (2007)	84	51	5
3.	Under 5 mortality per 1000 live births (2007)	130	74	6
4.	Maternal mortality per 100,000 live births (2009)	650	180	9
5.	Doctor-population ratio per 10,000 (2000-09)	4	24	28
6.	Nurse-population ratio per 10,000 (2000-09)	10	40	81
7.	GNI, per capita (US \$) (2007)	491	2405	38579
8.	Per capita public expenditure on health, US \$ at average exchange rate (2007)	27	80	4405
9.	Adult literacy rate (%) (2007)	57	79	97
10	.Access to safe water (2006)% population	62	84	100
11	Access to adequate sanitation (2006) % population	33	53	100















- Multitude of services
  - rendered to individuals, families or communities
  - by the agents of the health service or professions,
  - for the purpose of promoting, maintaining, monitoring or restoring health.



### **Characteristics of Health Care**



- Appropriateness (relevance)
- Comprehensiveness
- Adequacy
- Availability
- Accessibility
- Affordability
- Feasibility





### **Levels of Health Care**

- Primary health care
- Secondary health care
- Tertiary health care





# Primary health care

- First level of contact between individual and health system
- Majority of prevailing health complaints and
- problems can be satisfactorily dealt with Primary health centres, Sub centres, Community participation





# Secondary health care

- Essentially curative services
- First referral level
- Community health centres & District hospitals





# Tertiary health care

- Super-specialist care,
- Planning and managerial skills,
- Teaching for specialized staff.
- Regional and central level institutions.





# **Health Team Concept**

- Professionals
- Auxiliary worker
- Team comprising of physicians, nurses, social workers, health assistants, trained dais, village health guides etc.



# THANK YOU