

Primary Health Centres in the 21st century

*Cells of Health and
Health Culture*

Evangelos CHRYSAFIDIS

chrysafides@yahoo.gr



keywords
environment
place organization
distribution scheme
Health Education
Health Culture

Introduction

Health, as defined by the World Health Organization (W.H.O.), is *"a state of complete physical, mental and social well being and merely the absence of disease or infirmity"*. An extension of this view, defines health as the ability to *"adapt"* physical, mental and social challenges throughout life, something declaring the relationship of health with the environment (natural, technological, social etc) human beings live, and of course the connection of health with all human systems.

Twenty first century is bringing us towards radical changes. Global homogeneous environmental changes and pollution, do not

give anymore the privilege, even to the developed countries to feel safe.

The uncontrollable mobility of huge industries for example, which search for places where the labour is cheap, created environmental pollution, downgrading the local health conditions.

The pollution of these industries is spreading by the wind thousand of miles far, forcing virgin areas to accept illnesses derived from an unknown civilization. Additionally, population growth, the new immigration wave, *"pure nutrition"*, globalization and the new unprecedented global economic uncertainty already brought us the first wave of changes that will affect humanity.

So, are we just talking about a casual crisis, in the current global reality, or maybe all the indications are leading us to **the end of an era** that has been characterized by over-consumption, disastrous global economic management, social tension, cultural ambiguity and environmental degradation? Should we insist in the existing model of economy, **or should we establish new directions in global development?**

A development, where objectives will respect human beings and environment and they will face together, rather than separate, all the issues concerning health of the person, the family, the community and the international society.

The global reality in Health Facilities

Nowadays health facilities are becoming apparent in the health care field mainly under two trends.

The **first trend** is towards concentration, reinforcing the creation of hyper modern hospitals marked by the leaps and bounds of progress in the medical science, technology and the organisation and management techniques.

The **second trend** is towards forms of care “outside” the hospital, with services and facilities situated in the community. Despite the worldwide trend towards the development of primary care, hospitals continue to impose and to intensify their dominance over health care systems.

This means that society, by giving emphasis on enormous and complicated health care systems, like hospitals are, actually is investing on choices that create the “disease”. It is remarkable that a huge “health industry” is providing in third-world and developing countries, drugs, technology and nursing building systems, by a “**copy-paste**” process. This simplicity creates a “plastic” reality that already is causing significant effects upon life. Society is using “health systems and products” without any knowledge about them which seems that we are “**blind consumers**” of products, **an uncontrollable civilization is producing.**

This, of course means lack of education and lack of culture about health and life and of course it means Dependence.

Primary Health Care Centres of the 21st Century - Cells of Health Education and Culture

In this study we will focus on the planning and design of Health Care Systems related to Primary Health Care. The study team believes that a great part of facilities offering health education and health culture, has to be situated inside primary health care systems. These systems are not complicated and they are more flexible in transformations than “heavy” technological ones. They are much cheaper in construction, operation and maintenance than facilities like i.e. hospitals. They operate under a human environment which is reinforcing their social character, while huge infirmaries cannot.

It is very easy to situate them anywhere. So, the primitive target of the study is to reorganise primary health care with activities that will reinforce the consciousness of **health education and health culture inside the community**. The health centers with the role described above will be called “Centers for Health Education and Culture”.

Architects-planners and designers- will propose and create environments, that will be friendly and accessible for all kind of users, and of course the brief that will give directions to the design process, and will be flexible according to the specific characteristics of the catchment area in which the “centre” will operate.

For example it will be different to plan and operate a such centre in rural areas than in urban areas. Also, in areas with balances in population (touristic areas) during summer and winter.

The functional aspect of the centre is going to be considered inside the existing health care system, which means, new orientations in the referral system and reorganization of outpatient and inpatient health care infrastructures. Initially, the planning team will provide an outlined description of the brief.

This, because it is of great interest and importance to configurate such programs upon the users’ need and society’s participation. It is proposed that health centre is going to include the following services:

- a) **Primary medical care** (consultation, examination and treatment), mainly for the elderly, the mother and the child. Specialist services may be planned on a weekly basis according to community needs;
- b) **Administration** that will undertake the management of the centre and also will coordinate health programs’ inside the community (i.e. health activities and programs taking place in schools, in working areas etc.;
- c) **education-connected** with services for social and other events;
- d) **services for recreation** and specific services for children’s and elderly recreation;
- e) **commercial services**;
- f) **supporting services**.

The centre will also be “open” in programs and seminars for alternative approaches in health, such as music therapy, art therapy, and respiration therapy. The centre will also offer physical education and gymnastic programs, for all ages, to support the relationship between body and mind. The centre will be connected with other primary, secondary and tertiary health facilities and also with private specialists and thus its users will have all information of how to use the entire health care system.

SPACE PROGRAM

A. Supportive Space (m² min)

- A1. Main Entrance, information, central waiting (36 m²)
- A2. Coffee and recreation area (72 m²)
- A3. WC visitors and staff (maybe situated in different areas); WC for disable (42 m²); Stores for dirty and stores for clear (12 m²).

B. Medical Spaces - Spaces for Health Practice (m² min)

- B1. Consultation-Exam. (c/e) rooms-Pediatrics (one room 18 m², Waiting area and WC 18 m²) (36 m²); Geriatrics (one room 18 m², Waiting area and WC 18 m²) (36 m²); Gynaecology (one room 18 m², Waiting area and WC 18 m²) (36 m²); Multiuse c/e spaces 3 rooms (54 m²); Alternative medicine spaces (36 m²); Spaces for physiotherapy (54 m²);
- B2. Laboratories (extra waiting space) Microbiology (18 m²); X-Ray (portable) (6 m²).

C. Administration, Edification, Event Planning Centre-Area (m² min)

- C1. Administration offices (including WC) (18 m²);
- C2. Event Planning offices (18 m²);
- C3. Multiuse area (area for different activities) including WC (216m²);

- C4. Library (36m²);
- C5. Stores and commodities for alternative medicine-exhibition (36m²);
- C6. Staff (18m²);
- C7. Maintenance office (18m²).

Total area 798 m²

Notices

The above program is "open" for additions and changes. Functional Areas could be organized according to the organizational philosophy of design team. Surfaces are the min and "clear" sqm. Designers have to account another percentage (about 1/3 of the clear surfaces) for corridors and staircases.

All the centre is going to have amenities for all kind of users (disable, kids, elderly etc).

Environmental standards, and standards for fire protection are also will be used.

The external and internal environment of the centre has to be friendly and human.

