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Is Jordan ready to adopt evidence based practices in pediatric primary prevention?

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Statement of the Problem: Primary prevention is a key component not only for the health of the individual but for the health of the community at large. While primary prevention and wellness check-ups are a major component of health services in the US and Western Europe they have not been readily adopted in Jordan. It may in part be due to a cultural knowledge gap in the community as well as due to the limited clinical training physicians receive towards primary prevention services.

Methodology & Theoretical Orientation: The research focused on assessing family readiness to adopt the use of primary prevention and well child check-ups in Jordan, and which primary prevention programs families were more likely to participate in. Using a prospective study design, parents attending a regional government hospital for pediatric visits participated in a short personal interview, then parents were told about 3 evidence based programs they could choose to participate in that day during their wait with medical students.

Findings: Of 505 families surveyed 66.7% expressed a desire for child primary prevention visits, with 63.8% wanting to have access 1-2 times annually. However, only 35.6% chose to participate in a primary prevention class during their waiting time. Of those who participated the majority chose a child development program, followed by nutrition and lastly injury prevention.

Conclusion & Significance: There appears to be an expressed interest in pediatric prevention visits for families in Jordan and a recognized need for them. However there is still a gap between this desire and access/utilization to such services.

Recommendations: Programs need to be developed that increase awareness and access to pediatric primary prevention services and regional medical schools should adopt new ways of integrating primary prevention into their clinical training, and increasing the opportunities for families to have access.

Recent Publications

1. Dev Peters, R Petrunka, K Khan, S Howell-Moneta, A Nelson, G Pancer M and Loomis C (2015) Cost saving analysis of the better beginnings, better futures community based project for children and their families: a 10 year follow-up. *Prevention Science*
2. Beaglehole R, Jordan J, Patel V, Chopra M, Ebrahim D, Kidd M and Haines A (2008). Improving the prevention and management of chronic disease in low-income and middle-income countries: a priority for primary health care *The Lancet* 372(9642):940-949.
3. Mond JM (2016). Optimizing prevention programs and maximizing public health impact are not the same. *Eating Disorders*, 24(1):20-28.
4. Parbhoo A, Louw Q A and Gimmer-Somers K (2010). Burn prevention programs for children in developing countries require urgent attention a targeted literature review. *Burns*, 36:164-175.
5. Mercy J A and Saul J (2009). Creating a healthier future through early interventions for children *Jama*, 301(21):2262-2264.

Biography

Muna Kilani has completed her Graduation at University of Jordan in 1996. Then she finished a Pediatric Residency at Case Western Reserve (Metro Health Medical Centre) in Cleveland, USA in 2001, from there she went on to finish a Pediatric Pulmonology Fellowship at Indiana University (Riley Hospital for Children), in 2004. She worked as a Clinical Assistant Professor at Riley Hospital for Children for five years before moving on to work at CGH Medical Centre in Sterling Illinois. In 2016, she moved to Jordan and joined the faculty of medicine at Hashemite University. She is interested in integrating evidence-based medicine into the medical field in Jordan as well as incorporating primary preventive pediatric medical care into the Jordanian health system, both the public and the private sectors.

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