**HEALTH INDEX, BETTER LIVING CONDITIONS & COMMUNITY HEALTH CENTERS**

**INTRODUCTION**

Man is a dynamic being and society never remains static. Change is the law of nature; social change refers to modification in the life patterns of people. Science has been functioning as an instrument of change; there has been tremendous improvement in fields such as communication, production, medicine etc. thus man is compelled to change his behaviour pattern to meet the changes in the society. Teaching of biological sciences has to take up this challenge faced by the society.

Scientific and technological development has made life comfortable and raised the standard of living. There are tremendous improvement with respect to human comfort, longevity and security. Science has shrunk the world and has broken the barriers of distance and social structure. Learners of science develop facilities through reasoning and experimentation.

The development of any country is linked with the health of its people. With the advancement of medical science, more and more newer and powerful medicines and more and more new methods of treatment of diseases have been developed. The deadly diseases like plague, smallpox, etc. have almost disappeared. Transplantation of organs and replacement of artificial limbs are common today. Standard of living is generally measured by standards such as real income per person and poverty rate.

**HEALTH INDEX**

Health Index shows the level of health of people. It shows the mortality and morbidity rates of people, health profile, and people free from diseases, etc. The students of biological science should know the laws of health and hygiene and be given training in healthy living. They should be taught to improve their surroundings and thereby standard of living. Teaching of biology should be oriented in such a way that the learners internalize attitudes and skills oriented towards a life style that maintain high standards, good health, and higher earnings and regulated consumptions.

The goals of health index are as follows:

* Providing access to multiple biomedical databases and information representing all health models and paradigms worldwide
* Fostering better understanding and exchange between health care providers of different disciplines
* And conveying valuable free information related to health and to keep to a minimum the subscription charge for royalty based biomedical indexes.

**BETTER LIVING CONDITIONS**

Standard of living of a community is also judged by the housing pattern. The provision of cheap and decent housing accommodation is the basic necessity of a human being because it provides the worker healthy, fit and cheerful atmosphere. In order to create better living conditions in the urban as well as in the rural areas, various housing schemes such as construction of houses for the landless agricultural workers in rural area; construction of houses for government employees; low income group housing scheme; middle income group housing scheme; village housing project scheme, etc. are being implemented by the Government.

To make further improvement in the living standard of rural people the government introduced the Model Village Scheme in 1969-70 and Integrated Rural Development Programme in 1978-79. To accelerate the pace of development in rural areas especially to create better living conditions, the Sunder Gram Scheme` was started in the State in 1991-92 but during the same year the scheme was renamed as `Unat Gram Scheme`. The scheme envisaged the all round development of the village with regard to the pavement of streets, construction of drains, metalling of approach roads and construction of *phirnis*, etc.

**Prices and Wages**

The comparative study of wages and prices is important to judge the economic condition of the people belonging to a particular region. The level of prices has a bearing both on the real income and standard of living of the people because it is not the money income but purchases therefore that matter.

* **Prices**

The forces of demand and supply affect the price level. The impact of prices is felt on the entire economy of a region and is reflected on the levels of living of the people of that region. A steep price rise inhibits growth, distorts all economic calculations, seriously affects the poor and transfers the income from the poor to the rich. It leads to inequality in income and wealth. As a result of this savings and investments get a serious setback and capital formation suffers.

* **Wages**

Wages are the remunerations paid to a worker in lieu of work done by him. The wage level over a period of time had undergone somewhat similar fluctuations as the price level. Variations in prices on account of fiscal policies and other factors such as the rise in demand, storage of goods, insufficient production, etc. generally influence the wage level. In the early days especially in the agricultural sector wages were determined by the customs and traditions. The agricultural labourers and artisans were generally paid in kind sometimes for some special work in cash. But with the passage of time the payment of wages in cash has become more and more prevalent, especially in the case of industrial and other non-agricultural labourers. Wages has shown a rising trend since Independence. In order to safeguard the interests of the workers the Government has fixed the minimum wages of industrial workers under the Minimum Wages Act.

**Standard of Living**

 Economic prosperity of a region mainly depends upon the social set up of that area along with the social infrastructure. The standard of living of the people of any particular area is an indicator of their economic prosperity. Another method to judge the standard of living of the people is to survey the income and expenditure of various people engaged in different occupations. The size and composition of the family, its tastes and preferences also determines the standard of living.

**Employment Exchanges**

 For the maximum utilization of manpower resources and to avoid frictional unemployment, employment exchanges have been started at various places in the district. The main functions of an employment exchange are: to register applicants and to provide employment assistance; to impart vocational guidance to the youth and adults to choose a better career; to elicit employment market information to assess the employment trends, impact of Government plans on the employment situations and to collect employment statistics for the planning Commission of India.

* **Employment Market Information Scheme**

The Scheme is to tackle the unemployment problem. The main aim of the scheme is to watch the trends of employment in the State so as to make available to the Government and to the Planning Commission, information on the periodical expansion and contraction of employment in various industries and occupations in each district and in the State as a whole. The district employment exchange is responsible for collecting regular information about the employment situation in private as well as in public sectors. This is done by what is known as `Establishment Reporting System`. Under this scheme all establishments in the Public Sector and selected establishments in the private Sector engaged in non-agricultural activities are asked to give details regularly about the number of persons they are employing, the vacancies that have occurred and the type of persons they find to be in short supply. The information is collected from establishments in the public sector and those employing 25 or more persons in the private sector under the provisions of the Employment Exchanges (Compulsory Notification of Vacancies) Act, 1959.

**Vocational Guidance Scheme**

The aim of the scheme is to provide intensive vocational guidance to those who seek such assistance.The District Employment Officer is responsible for the efficient working and general supervision of the scheme in the district. The functions of a Vocational guidance is to provide employment counseling to youth (boys and girls) and adults (men and women) in groups as sell as individually; to assist in the placement of youth in institutions or training centers or in entry jobs; follow up and review the progress of guided youth and adults; to review the records of applicants on the live register and to give them such guidance as would lead to their early and suitable placement; to assist other sections of the exchanges in improving the quality of registration and submissions and also to assist the exchanges in the collection and compilation of up to date information, occupations, training facilities, educational courses, employment trends and employment outlook for youth and adults, available scholarships and source of financial assistance. The guidance procedure at an employment exchange, with a Vocational Guidance Unit, consists of group guidance comprising invitational talks, group discussions and invitational talk-cum-group discussions according to the needs of the groups.

**Rural Development**

 Development of the rural areas has been one of the paramount concern of the successive Five-Year Plans. Under the Community Development Programme launched in the early 1950’s a network of basic extension and development of services was established in the villages. The object of the Community Development is to improve the whole texture of rural life by organizing a self-generating process of change and growth. The main consideration of the authorities was the socio-economic development of the people; later on realizing that the benefits of various development programmes were being mostly taken away by those better endowed in terms of land resources, programmes specially designed for the development of small and marginal farmers and the landless and agricultural laborers were taken up in the seventies. A brief account of these programmes is given here under:

* **Integrated Rural Development Programme**

This scheme was launched on 1981 in the Faridkot District. Under the scheme the loans are provided for dairy, piggery, for setting up of flour mills, saw mills, repair and service shops and small business establishments. Maximum limit of loans provided under the scheme is up to Rs 35,000.  A Scheduled Castes beneficiary is provided subsidy up to Rs 6,000 and other yellow card holder is provided subsidy up to an amount of Rs 4,000 each by the District Rural Development Agency. To set up large-Scale units four or five beneficiaries are jointly provided loans through the banks, so that they can raise their income level.

* **Training of Rural Youth for Self Employment (TRYSEM)**

This Scheme is a part of Integrated Rural Development Programme. Under this scheme, training in various trades for self-employment varying from six months to one year is provided to the poor youth. It provides for payment of stipend to the trainees up to Rs 500 and expenses on tool kits, raw material, etc. On completion of training, trained persons are provided loans under the Integrated Rural Development Scheme to set up their own enterprises. Under this scheme, the rural women are also provided training of making carpets. On the completion of training each trained woman is provided tool kits up to Rs 6,000 as an incentive money.

* **Development of Women and Children of Rural Area (DWACRA)**

Development of women and children scheme is meant for the development of women and children residing in rural areas. Under the Scheme, 10 or 15 women belonging to yellow card holders’ families are united together and provided an assistance of Rs 1,000. Each utilize the fund for making different articles and handicrafts and can earn income by selling these articles in the market. After selling the articles, the sum is deposited with the bank in the revolving fund account and after three months, profit amount is distributed among the members. In this way, women and children are assisted to earn their livelihood and get income to raise their standard of living.

**COMMUNITY HEALTH CENTERS**

A health center or community health center is a clinic staffed by a group of general practitioners and nurses. Typical services covered are family practice and dental care, but some clinics have expanded greatly and can include internal medicine, pediatric, women’s care, family planning, pharmacy, optometry, lab, and more.

Community health centres, also referred to as community health services (CHSs), operate across the state and aim to provide a broad range of services and health promotion activities to local populations, particularly those who have or are at risk of the poorest health and have the greatest economic and social needs.

CHSs are agencies that receive Community Health Program funding from the Department of Health.

The services available depend on the needs of individuals, families and the community living in the area. Most community health program funding supports flexibility in the delivery of services, and enables CHSs to develop models of care that meet the needs of their local communities. However, specific initiatives deliver particular services to vulnerable population groups.

Community health services focus on health promotion and disease prevention and management, which are designed to improve the health and well-being of local residents, as well as take pressure off the acute care health system.

**AIMS OF COMMUNITY HEALTH SERVICES**

Community health services aim to improve the health and well-being of local residents by:

* To organize lectures through audio- visual aids to guide people about the maintenance of environmental sanitation by providing safe drinking water, proper disposal of wastes and preventing air pollution.
* Encouraging people to actively participate in their own health care.
* To guide about family planning advices and services.
* To compel to send their wards, especially the girls to school.
* Working together with other primary health care providers such as general practitioners (GPs) to provide coordinated care.
* Liaising with other health agencies and service providers to fill service gaps.
* Encouraging individuals and community groups to actively participate in the centre’s activities, including service planning, fund raising and volunteer work.
* Promoting prevention of lifestyle-related diseases and conditions through vaccination and immunization.
* Developing health care programs and activities to improve social and physical environments in the community.

**SERVICES OFFERED**

The services offered vary between community health services, depending on the needs of the local area. Primary health services could include:

* Counseling and support services
* Health promotion activities ( National Health Programmes)
* Medical and nursing services
* Dental health
* OPD Services and IPD Services (general, medicine, surgery, gynaecology, paediatrics etc.)
* Allied health, including audiology, dietetics, exercise physiology, physiotherapy, podiatry, occupational therapy and speech therapy.

Other services and supports may include:

* Aged care services
* Alcohol and drug programs
* Maternal and child health services
* Mental health programs
* Disability services
* Outreach services
* Problem gambling programs
* Rehabilitation programs
* Support for self-help

Community health services are available to everyone. CHSs offer affordable health care, particularly for people on low incomes. Services are available to all local residents, regardless of income, although fees apply. These fees are charged for services according to the client’s ability to pay and can be negotiated or waived if payment is difficult. Health Care Card holders are charged a heavily discounted fee.

**CONCLUSION**

Science has played a tremendous role in raising the standard of living. Development of scientific technology has made the life very ease to be lived. Everything became accessible for people sitting anywhere in the world. It made the whole world under one umbrella. Today the barriers have been removed between the nations making the entire globe as a single village. But even though we say that the science have made a significant improvement in the living standards, the disparity between the poor and rich still exist even now. It prevailed years back and still now we continue this evil. Government has adopted many welfare measures for the prevention of such evil from the community. But the corruptions by our great authorities have always kept back our nation from becoming a developed nation.

 Health Index which depicts the health status of our nation like mortality rate, health profile, people free from diseases etc., is every much required for analyzing the standard of living. Based on this, Government adopts various activities for the better standard of living. The standard of living of the people is influenced by many factors such as wage, price, unemployment rate, employment exchange, purchasing power of people etc. Government has adopted various schemes to raise the standard of living. Community health centers are one such measure taken by Government to promote healthy life style for the people. Community health centres, also referred to as community health services (CHSs), operate across the state and aim to provide a broad range of services and health promotion activities to local populations, particularly those who have or are at risk of the poorest health and have the greatest economic and social needs. Various services are being offered by them irrespective of caste, religion, creed etc. To make the service available to every sectors of the community, the also provide service at the discounted rate for the economically backward sectors of nations. They also organize various awareness programmes for the betterment of our living at the district, state as well as at the international level.