Ajialouna:

Mission and Service

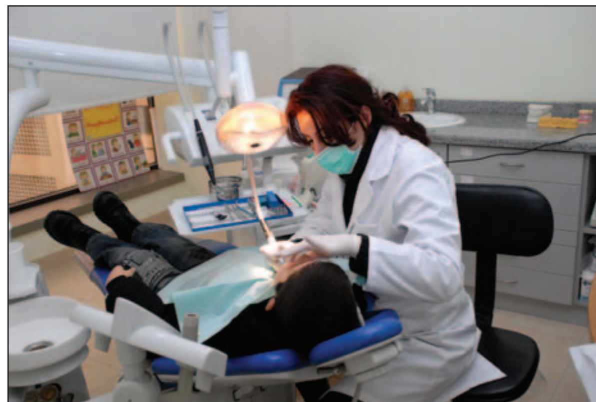
Ajialouna: Organization Overview

Ajialouna is a non profit organization established in Beirut on March 1, 1995. Its mission is to realize social, medical, educational and cultural projects, in order to serve the diverse Lebanese society. Ajialouna's largest target population is school-aged children. Addressing this population is based on Ajialouna's mission and tradition of fostering healthy educated youth who would lead healthy educated communities. In this article we present to you the healthcare and health awareness services managed by Ajialouna.

Ajialouna's Health Services Department

The School Health Program

The School Health Program was launched in 1995. Steadily, the program expanded its services to cover, in 2008-2009 more than 16,000 students in 64 public elementary schools in Beirut, Tripoli and Iqlim Al-Kharroub, through 7 district-based clinics, 2 dentistry clinics, 2 mobile clinics and 2 outpatient departments in Beirut and Tripoli. In addition, 12,372 medicine boxes were given to the School Health Program beneficiaries. It is noteworthy that all of the mentioned expenses are totally covered by Ajialouna.



The Medical Center

In case medical treatment cannot be provided during school health visits, students are referred to Ajialouna Medical Center in Beirut or Tripoli. In 2008, 3,595 cases were treated in the Medical Center, and medicine has been provided free of charge.

Medical center services include:

- Family Medicine
- Pediatric Clinic
- Diabetic & Endocrinology Clinic
- Dermatology Clinic
- Orthopedic Clinic
- Physiotherapy Center
- Dentistry Center
- ENT Clinic
- Ophthalmology Clinic
- Pulmonary Clinic
- Geriatric Clinic
- Cardiology Clinic
- Pharmacy
- Audiogram Center
- Echo and Ultra Sound Center
- Psychotherapy and Social counseling.

Additional healthcare services and funds include:

Outsourced Medical Support

The External Medical Support office manages the Surgery Aid Fund created to help cover surgery and hospitalization fees. This fund helps more than 40 beneficiaries every month.

Children's Cancer Therapy Fund

It is a newly developed fund which aims at covering fees of pediatric cancer surgeries. In agreement with Rafic Hariri University Hospital, Ajialouna covers surgery fees in excess of the Ministry of Public Health contribution.

In other hospitals, Ajialouna cuurently funds only the medical treatment of pediatric cancer.

Contributions are received at: Ajialouna's Audi Bank account (all branches): 99764801.

Walk-In Medical Care Funds

Economically-challenged patients receive walk-in health care services at no cost. Services include: medical checkup, medications, radiology, lab tests, physiotherapy, psychotherapy, and nutritional screening.

Mobile Clinic

It provides primary healthcare services to public preschool and elementary students of Iqlim Al-Kharoub and other remote areas.

Ajialouna's Awareness Programs

Ajialouna believes that "prevention is better than cure", thus, awareness programs have been created to shed light on current health issues and concerns. These programs include:

Ana Kabirt: Puberty awareness program for girls

The project started in 2001and is still ongoing, in collaboration with Procter and Gamble and the Ministry of National Education. It aims at raising awareness among girls aged 11-14 years on puberty and its accompanying psychological and physiological changes.

Dental Sealant Project

In October 2009, Ajialouna is launching a Dental Sealant application project for school children aged 6 to 12 years in 56 public schools. A generous grant from the National Arab American Medical Association (NAAMA) will fund this project.
The yearly school-based screening exams held by Ajialouna, revealed a significant number of oral and dental cases, exceeding 65% of the student population. Therefore, the use of dental sealants was urgently needed.
The use of sealants aims at saving time, money and discomfort associated with dental treatment procedures.

"Ibtissama": Clowns for hospitalized children

Story

The concept of Ibtissama: Clowns for hospitalized children, is the same as that of the Swiss Theodora Foundation. The idea was brought by Mr. Ali and Mrs. Roula Mouhanna, who had connections with Theodora Foundation in Switzerland. They presented the concept to Ajialouna who, in turn, adopted the idea and is managing its implementation in Lebanon.
Representatives from Theodora Foundation helped recruit and train Clown Doctors of Lebanon. The candidates underwent practical, theoretical, and psychological training. A year after the first batch of Clown Doctors was recruited and trained, Ajialouna officially launched Ibtissama on July 4, 2009.

Mission

The mission of Ibtissama is to bring smiles, fun and laughter to hospitalized children in Lebanon, especially those with chronic illnesses, through visits held by specialized "Clown Doctors".

The objectives of Ibtissama are:

1- To create an encouraging environment for hospitalized children and their families.
2- To promote children's interactive skills as well as their families'.
3- To form concrete relationships with hospital administration and staff.
4- To provide professional and specialized

training to clown doctors in the theory and practice of Ibtissama.

What We Do

Ibtissama program is mainly about the weekly hospital visits that the Clown Doctors hold. Today, Ibtissama Clown Doctors are visiting 2 hospitals, namely, Rafic Hariri University Hospital and American University of Beirut Medical Center including the St. Jude-affiliated Children Cancer Center of Lebanon (CCCL). They use different communication techniques to approach different children.

Ibtissama Clown Doctors perform around 300 bedside visits each month. They have direct relations with hospital staff, and are considered complementary team members by nurses and doctors.

In the near future, Ibtissama will expand its coverage to reach 1 more hospital in 2009-2010, and with enough support, additional hospitals will be served; consistent with our aim to cover hospitals all over Lebanon.

Financial Resources

The sources of Ibtissama's funding are limited to the generous donations and in-kind support of Lebanese and Arab citizens and groups, as well as international institutions and corporations especially medical/ pharmaceutical industries.

For further information on Ibtissama:

Visit our website at www.ibtissama-lb.com or email us at awareness@ajialouna.org.

The American Way of Dentistry

In 2007, Americans spent $95.2 billion on dental care, or $315 per capita. That represents only 4.3 percent of the $2.2 trillion ($7,421 per capita) spent on health care overall. It's no wonder, then, that dentistry and dental costs tend to be overlooked when policymakers crunch numbers.

Still, most middle-class Americans-even those with health and dental insurance tend to be more aware of the price of dental treatment because they're more likely to have to pull out their checkbooks when they visit the dentist. Although dental-insurance premiums remained relatively steady over the last decade, especially when compared with skyrocketing medical-insurance premiums, between 1998 and 2008 the increase in the cost of dental services exceeded that of medical care and far exceeded the overall rate of inflation. (The 30-year trend shows medical-care prices rising slightly more than dental prices. The chart below shows the overall inflation rate compared with the dental and medical rates.) And although spending on dental services is less than 4.5 percent of health care expenditures, a greater percentage comes out of patients' pockets. Whereas only 10.3 percent of physician costs, 3.3 percent of hospital care, and 26.8 percent of nursing-care expenses were paid out-of-pocket in 2007, Americans paid 44.2 percent of dental bills themselves.

This is mostly due to the nature of the coverage. When designing benefits packages, private employers and the federal government put a low priority on dental coverage, especially since the cost of providing medical insurance has exploded. For employees, this means "cost sharing"-high co-payments even for people with "good" insurance plans. About 10 percent of private dental coverage isn't insurance at all, but, rather, a "discount plan" more analogous to shopping at Costco. Patients pay a membership fee, and when they go to a participating dentist they pay at a discounted rate. (Even the other 90 percent, some argue, doesn't fit the standard definition of insurance.) For low-income Americans enrolled in Medicaid, dental fees are set so low that many dentists won't treat them. Medicare doesn't cover dental care except under a few unusual circumstances.

During the 1950s, the American Dental Association ran an advertising campaign to encourage orthodontic treatment. Gradually, paying for braces became an expected investment, part of the price of raising children, like test prep and college fees. Even now, dental plans rarely cover orthodontia, and the lifetime reimbursement limit is much less than the cost of braces, but parents feel pressured to buy their kids the straight, white smile that is the clearest physical indication of prosperity.

Despite its many limitations, it's better to have dental coverage than to be without it. The National Association of Dental Plans found that the 152 million Americans who had dental insurance in 2007 were 49 percent more likely to have visited the dentist for a checkup or cleaning in the previous six months and 42 percent more likely to take their children to the dentist twice a year.

As with medical insurance, Americans currently rely on their employers to provide dental coverage: 97 percent of people with private dental benefits receive them through work. Of that group, employers cover at least part of the premiums or fees for 70 percent of beneficiaries (pretty much all companies that offer medical insurance contribute to the cost of premiums). Twenty-two percent of employers offering dental plans cover the full cost of premiums. It's much easier to find individual dental insurance than individual medical insurance, but most people choose to skip it because long waiting periods and high copes make it hard to justify the expense.

A key difference between medicine and dentistry is the degree of control a patient has about whether, how, and when to treat a dental problem. When my dentist diagnosed internal resumption as the cause of the symptoms I described at the beginning of this series, he presented the treatment options in a way that made it clear he understood my decision would be based on what I could afford and/or wished to pay. In declining order of expense, the choices were implant, bridge, or gaping hole. (In real life that last option was never explicitly mentioned.) It's hard to imagine a physician offering such a range of choices. But the reality that dental problems, even serious ones, usually don't represent health emergencies demanding a specific, immediate remedy has its drawbacks, too. Chief among these is that it encourages patients to create a false mental separation between the mouth and the rest of the body. People are much more likely to leave a dental problem untreated than they are to ignore a medical issue. At least two of my friends are currently postponing root canals for financial reasons; I doubt either of them would request a delay if a physician told them they needed an operation. Of course, if they had medical insurance, doctor's orders would usually mean the cost of the operation would be covered.