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Main Directions for Improving the Regional Public Health Protection System.

Esaulenko IE, Petrova TN*, Goncharov AY, Popov VI, and Chernov AV.

N.N. Burdenko Voronezh State Medical University, 10 Studencheskaia Str.,Voronezh, 394036, Russian Federation

ABSTRACT

The article describes the current state, trends and problems of public health at the regional level. The strategic directions of solving the identified problems are substantiated. Improvement of the public health protection system will improve the effectiveness of measures to protect health, prevent and form a healthy lifestyle of the population, and as a consequence, the level of public health.

Keywords: public health, protection system, lifestyle.

Corresponding author

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INTRODUCTION

The level of public health is an important factor in regional development and one of the main conditions for sustainable economic growth in any country. Today the level of health of the population of Russia is extremely low, and health protection is one of the most problematic spheres of public life [2,3,5]. In the course of the reforms, it became clear that the tasks of health care are being addressed primarily within the framework of a narrow-sectoral approach, i.e. structures of the health care system. Whereas, in modern conditions, a broader task should be set - raising the nation's health level, as the main factor in the formation of "human capital" and all sectors of society are involved in its solution. From this perspective, there is a need to develop a coherent theory of policy-making in the sphere of health care and management of the health care system and its practical application at the federal, regional and municipal levels [1,4]. The organization of health care at the regional level, as a result of decentralization, determines the importance of the regional dimension in the formation of public health policies and an effective health system, which determines the relevance of this study.

MATERIALS AND METHODS

The research program included a comprehensive socio-hygienic and medical-organizational study of the health status of the population. The analysis was subject to accounting and reporting documentation, characterizing the incidence of the population, as well as the activities of health institutions in the Voronezh region. The incidence rates were analyzed in dynamics, in terms of age groups and main causes. In order to study the actual volume of medical care provided to the population, information was collected on the network of medical organizations and their activities. A special statistical toolkit was presented by maps of material collection, expert evaluation and questionnaires for conducting a survey of health managers, patients and doctors of medical organizations. A special retrospective study of the process of modernizing health care and introducing innovative technologies was carried out, with special attention paid to the organization of preventive work.

RESULTS AND DISCUSSION

Analysis of the dynamics of morbidity rates in the Voronezh region revealed an increase in primary morbidity by 13.1%, amounting to 56 463.5 cases (per 100 000 population) in 2016, and a total morbidity rate - by 34.4%, to 142 825 , 5 cases. It should be noted that the number of all registered diseases in the region in 2016 was lower than the average Russian by 11.1%, and the number of registered diseases for the first time in life was 29.6%.

In addition, there is a significant difference between the incidence rates of the urban population and the rural population of the Voronezh region. However, lower levels of general and primary incidence in rural areas, compared to the city, do not indicate a higher level of health, but rather are due to less access to a number of specialized types of medical care for the rural population.

It was revealed that the structure of morbidity in all age groups remains unchanged for a number of years. Thus, in the structure of the overall morbidity in 2016, as well as during the last 5 years, respiratory diseases, 21.1%, continued to occupy the first place, in the second place - diseases of the circulatory system - 18.0%, the third and fourth places shared diseases of the musculoskeletal system - 7.9% and digestive organs - 7.0%.

The structure of primary morbidity in the region is somewhat different from the general one: they are also leading in the frequency of registration of respiratory diseases, whose proportion is 40.3% and is caused mainly by acute infections of the upper respiratory tract. In the second place - injuries and poisonings - 9.8%, the third and fourth positions were taken by diseases of the genitourinary system - 5.9% and diseases of the skin and subcutaneous tissue - 5.7%, while circulatory system diseases reached only the fifth place, amounting to 5.1%.

In general, higher than in Russia, the incidence of general morbidity in the following classes: tumors - by 15.4%, diseases of the endocrine system - 4.4%, mental disorders - 27.0%, diseases of the circulatory system - by 14.2%. Among the indicators of primary morbidity in the region, the indicators for such classes as

psychiatric disorders - by 52.4%, circulatory system diseases - by 9.2% and by 1.9 times - symptoms, signs and deviations from the norm, exceed the average Russian values.

The number of cases of temporary disability in 2016 was 73.3 (a decrease of 15.2% over 9 years), and the number of days of incapacity for work was 957.4 for workers (a decrease of 28.5%). The index of primary disability of the adult population of the region in 2016 was 172.6 cases per 10 thousand adults (2006 - 108.6). Thus, its volumes grew by 10.8 years to 58.9%. Based on the data obtained, we can conclude that the health of the population of the Voronezh region is characterized by a steady increase in the total and primary morbidity according to the availability of treatment in almost all classes of diseases and in all age groups of the population. This means that the heavy burden of disease, especially chronic noncommunicable diseases, has a sharp negative impact on the labor market and labor productivity, thus causing significant direct and indirect economic damage, both for the health system itself and for the regional economy. The productivity of labor decreases, absenteeism increases due to illness, the demand for social benefits increases. Costly medical interventions lead to an increase in the cost of care for chronic diseases and multiple combined pathologies (the prevalence of which is increasing). In addition, such diseases and the resulting persistent life limitations reduce the life chances and opportunities for the sick. Disorders of health are a source of inequalities in employment opportunities and in earnings.

Meanwhile, the results of numerous scientific studies show that many costs could be avoided by promoting health and improving the well-being of society (including actions aimed at eliminating common health risk factors) and by investing in disease prevention (including reorientation and improved system integration medical care at the primary level). Actions aimed at strengthening health and disease prevention can be given a sound economic justification. At the same time, the reality is that the state spends, at best, only a small portion of the health budget for prevention (about 3% of total health expenditure). Whereas, the share of health expenditures in the consolidated budget of the region is 13.0%, and in the social sector budget - 30.0%. The main flow of funds (54.7%) is directed to the financing of inpatient care, and to the ATS - only 26.6%, to the NSR - 4.6%, to the inpatient care - 3.4%, to other types of medical care - 10, 7%. The share of paid medical services in the total funding amounted to 7.3% (2010 - 5.9%). The totality of this information can provide arguments in favor of more rational investment in health protection and the health system.

Increasing the efficiency and efficiency of the invested funds can be achieved within the health systems themselves, through the reconfiguration of services and functions. This could be, for example, improving coordination of care, wider involvement of patients themselves with chronic diseases in addressing their treatment issues, and optimizing the use of new technologies to support these processes. Health information systems and research on health systems, including their regional integration and harmonization, are of great importance.

However, today's health problems are complex for resolution because of their complex nature and the rapidly changing conditions and requirements for the organization of medical care. So, against the backdrop of negative dynamics of the health of the population over the last 5 years in the region as a whole, the network of medical organizations continued to decline. The number of institutions providing outpatient and outpatient care decreased 3.6 times. This happened at the expense of out-patient polyclinic institutions that make up the hospitals - their number decreased 2.6 times, independent institutions 11 times, out of them all 141 independent outpatient clinics legally became part of the Republic of Belarus. Thus, the average planned capacity of one conditional outpatient clinic has grown from 133.6 (in 2006) to 499.8 (2016) visits per shift (3.7 times).

It should be noted that as a result of a number of measures, first of all, the material stimulation of responsibility, the role and volumes of rendering medical care to the population by primary care physicians in the system of outpatient care, there was a principled redistribution of the volumes between physicians of the primary level working in medical organizations. Thus, the proportion of visits to general practitioners increased significantly, from 2.4% to 15.4%, making the most massive in the structure of all visits by the population of the region; as well as to district pediatricians - from 8.9% to 13.0%, but the percentage of visits to therapists as a whole decreased from 24.0% to 14.5%, including therapists - 14.3% up to 13.1%. At the same time, the share of visits to pediatricians in general, as well as to medical specialists in 2016, remained practically unchanged. Based on the constantly increasing burden on doctors, polyclinics allow many shortcomings in the organization of medical care. Analysis of the timing of the examination in general practitioners and district therapists in

urban polyclinics based on expert assessment in the current situation showed that on average only a third of the patients (32.2%) were examined within the first three days of treatment, and the rest (67, 8%) - in terms of more than three days, of which: on 4 - 5 day - 29,1%, 6 - 7 day - 18,9%, 8 - 9 day - 14,8%.

An important criterion for the quality of care is the satisfaction of patients with medical care. We conducted a survey of 117 patients served by district therapists (53 people) and general practitioners (64 people). To the question: "What attracts you in the work of the GP?" - the patients, in the first place, noted the knowledge and professionalism of the doctor as a specialist (SPM - 51.0, UT - 46.3 cases per 100 respondents); in the second - the organization in the work of a doctor (in GP - 44.3, in UT - 38.1); in the third - the versatility of the doctor (in GP - 41.9, in UT - 36.5), in the fourth - the qualification of the doctor (in GP - 20.5, in UT - 17.4). The answers of patients to the question of the reasons why they consider the activity of the GP effective are quite indicative. About half (47.5%) of respondents pay attention to the fact that there is no need to apply to different doctors, the fourth part (24.4%) of patients notes that the number of referrals for consultations to doctors of other specialties has decreased, the fifth part (20.2% %) of the respondents indicated a decrease in the number of laboratory and instrumental studies, and 7.9% of respondents noted that attention was paid to members of their families. According to the questionnaire, 90.7% of respondents were satisfied with the quality of work of general practitioners, 5.4% were dissatisfied, 3.9% refrained from responding, and the activities of the district therapist - 79.6%, 13.7% and respectively 6.7%.

Analysis of the structure of implemented measures has shown that among them new methods are predominant aimed at improving the quality of diagnosis and treatment (65.3%), fewer proposals are for improving the quality of preventive work (12.4%) and improving the organization of labor of medical personnel (6, 7%). Thus, the existing disproportions in the organization of medical care are contrary to the principle of the priority of the preventive focus in the work of the doctor, and the current problems in organizing preventive work at the primary level do not meet the requirements of the time.

CONCLUSION

Thus, the low level of public health, the formal attitude to prevention and the low effectiveness of traditional forms of "health education" as a form of preventive work require substantial reform. From a scientific point of view, a significant amount of knowledge has already been accumulated and continues to grow, allowing us to identify effective ways of building policies aimed at improving the health and welfare of the population. There are, for example, strong, objective arguments that factors such as control, empowerment, public resources and health literacy are key to the success of interventions, although they are not individually self-sufficient. In particular, it is important to assess more complex interventions in specific sets of measures that involve multiple actions aimed at promoting health and preventing chronic diseases such as changing the physical and social environment or tax and regulatory measures aimed at reducing major risk factors such as tobacco, alcohol, unhealthy diet and a sedentary lifestyle. It has been proven that such measures have the potential to significantly improve health indicators, with a very favorable cost-effectiveness ratio, but require the implementation of an integrated principle at the regional level.

Interventions should include lifelong learning: the accumulation and sharing of knowledge with the participation of all stakeholders, as well as the use of mechanisms that stimulate the rapid adjustment of policies. Strategic interventions in one area may cause unintended imbalances and consequences in another. To meet these challenges, such governance mechanisms are required that will ensure that both in the health sector and in other sectors, among public and private actors and citizens themselves, a commitment to joint efforts aimed at improving health and overall and equal responsibility for this work. These efforts can take different forms and approaches, based on the real needs of the region. Of course, this will require new systemic organizational principles, mechanisms and tools and, most importantly, strengthened capacity to implement and implement such approaches.

REFERENCES

[1] Goncharov A.Y. The concept of managing a balanced development of the region //Bulletin of Voronezh State University. - 2015, №4. - P.70-74.

[2] Esaulenko I.E. The experience of organizing a health-saving educational environment in a university / I.E. Esaulenko, V.I. Popov, T.N. Petrova. - Scientific and Medical Herald of the Central Chernozem Region. 2014. № 58. - P. 23-29.
[3] Monitoring the health status and quality of life of students at the regional level. V.I. Popov, I.E. Esaulenko, T.N. Petrova / Chapter in the book "Quality of life of the population and ecology" - Penza. 2014 - P. 5-22
[4] Sirotkina N.V., Goncharov A.Y., Vorontsova I.N. Factors and conditions for ensuring a balanced development of the region // Vestnik Voronezh State University: Series: Economics and Management. - Voronezh: VSU, 2014. № 4. - P. 93-100.
[5] Human ecology and preventive medicine / I.B. Ushakov, P.S. Turzin, N.A. Agadzhanyan, V.I. Popov, M.I. Chubirko, A.S. Faustov. - Voronezh: IPF "Voronezh", 2001 - 488 p.