



HEALTH PROMOTION

*Guidelines to the practical lesson
for students in the specialties 222 "Medicine"
and 228 "Pediatrics" on the course "Social Medicine,
Public Health (Public Health)"*

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
Харківський національний медичний університет

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ПРОМОЦІЯ ЗДОРОВ'Я

*Методичні вказівки
до практичного заняття студентів
спеціальностей 222 «Медицина» та 228 «Педіатрія»
з дисципліни «Соціальна медицина,
громадське здоров'я» (Громадське здоров'я)*

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 М. І. Ковтун
 К. Г. Помогайбо.

LESSON METHODS

Purpose of the lesson: to adopt approaches to the definition of the terms of "health promotion" and its strategy.

To be aware of:

➤ **program issues:**

- Definition of the terms "health promotion", "healthy lifestyle", "health education", "prevention";
- prevention, as a mechanism for maintaining public health, the types of prevention, prevention programs and strategies for disease prevention;
- the importance of forming a healthy lifestyle for the preservation and promotion of public health, leading lifestyle factors that affect the health of the population;
- forming of healthy lifestyle directions.

To be able to:

- develop the basic preventive measures for strengthening the health of the population.

Form of the lesson: practical lesson.

Lesson location: training room of the department.

Methodical support of the lesson:

- methodological developments for classes;
- methodical literature: workbook for students (basic training);
- presentation materials;
- test items.

Recommended literature

Basic literature

1. Little William Chapter 19. Health and Medicine // In: Introduction to Sociology, 1st edition. / W. Little. – Victoria: Rice University, 2014. – 32 p. URL: <https://opentextbc.ca/introductiontosociology/chapter/chapter19-health-and-medicine/>
2. Conrad P, Barker KK The social construction of illness: key insights and policy implications. J Health Soc Behav. 2010;51 Suppl:S67–79. Doi: 10.1177/0022146510383495. URL: <http://www.ncbi.nlm.nih.gov/pubmed/20943584>
3. Fran Baum The New Public Health. 4th edition / F. Baum. Oxford: Oxford University Press, 2016. – 720 p. URL: <https://glouabal.oup.com/academic/product/the-new-public-health-9780195588088?cc=ua&lang=en&>
4. Talbot Lyn, Verrinder Glenda Promoting Health: The Primary Health Care Approach, 6th edition / L. Talbot, G. Verrinder. – Australia: Elsevier, 2017. – 400 p. URL: <https://elsevier.com/books/promoting-health/talbot/978-0-7295-4257-9>

5. Vivian Lin, James Smith and Sally Fawkes Public Health Practice in Australia. The organized effort / V. Lin et al. – Australia: A&U Academic, 2014. – 560 p. URL:
<https://www.allenandunwin.com/browse/books/academic-professional/health/Public-Health-Practice-in-Australia-Vivian-Lin-James-Smith-and-Sally-Fawkes-9781743314319>
6. Methodical materials on the subject “Public Health”.
7. Summary of lectures in Social Medicine and Public Health / Kharkiv National Meedical University, Department of Public Health and Healthcare Management

Additional literature

1. Gebbie K, Rosenstock L, Hernandez LM Who Will Keep the public Healthy? Educating Public Health Professionals for the 21st Century / K. Gebbie et al. – Washington D.C.: National Academy Press, 2003. – P. 33–144.
2. Last John M. A Dictionary of Epidemiology 4th edition. Ed. by International Epidemiology Association / J. Last – New York, NY: Oxford, University Press, 2001. – 219 p. URL:
https://pestcontrol.ru/assets/files/biblioteka/file/19-john_m_last-a_dictionary_of_epidemiology_4th_edition-oxford_university_press-usa_2000.pdf
3. Lorber, J. Women Get Sicker, but Men Die Quicker : Gender and Health / J. Lorber. / In Phil. Brown ed. Perspectives in Medical Sociology. – Illinois: Waveland Press, 2000. – P. 40–70.

Information Resources

1. U.S. National Library of Medicine – <http://www.nlm.nih.gov/>
2. University of West Florida – University libraries. LibGuides. Public Health. Statistics and Data
<https://libguides.uwf.edu/c.php?g=435443&p=2968919>
3. Scientific Library of Kharkiv National Medical University –
<http://libr.knmu.edu.ua/index.php/biblioteki>
4. Vernadsky National Library of Ukraine –
<http://www.nbu.gov.ua/>
7. National Scientific Medical Library of Ukraine –
<http://www.library.gov.ua/>
8. Korolenko State Scientific Library –
<http://korolenko.kharkov.com>
10. Central Scientific Medical Library of Sechenov State Medical University in Moscow –
<http://www.scsml.rssi.ru>

BASIC THEORETICAL LESSON PREPARATION MATERIAL

1. Health promotion

Promotion of public health is a prerequisite for the all-round development of human life, achieving active longevity and full-fledged performance of social functions, for active participation in labor, public, family-household, leisure forms of life.

The urgency of health promotion is caused by increase and change of loads on human body due to the complication of public life, increasing risks of anthropogenic, ecological, psychological, political and military nature that provoke negative changes in the state of health.

The problems of the health quality in different countries are constantly at the center of attention of scientists and politicians all over the world. The Universal Declaration of Human Rights, adopted by the United Nations in 1948, stated that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services...".

In 1986, the World Health Organization (WHO) adopted the "The Ottawa Charter for Health Promotion", which emphasized that "good health is a major resource for social, economic and personal development, and an important dimension of quality of life".

The need for health is universal, it is inherent not only to individuals, but also to society as a whole. Being the most important property of labor resources, public health has a huge impact on social and economic development, acquiring along with such qualitative characteristics of the workforce as education, qualification, the role of the leading factor of economic growth.

Health promotion is a process that allows the population to strengthen control over their health and improve their health.

Health promotion is a comprehensive social and political process that encompasses not only actions aimed at strengthening the skills and capabilities of individuals, but also actions aimed at changing social, environmental and economic conditions in order to facilitate their impact on public and individual health.

Health support is a process that allows people to increase control over the determinants of health, and thereby improve their health.

WHO in 1986 adopted "The Ottawa Charter for Health Promotion", which identifies three main strategies for health support:

- protection of health for the creation of basic, most significant conditions for health;
- enabling all people to achieve and fully realize their health potential;
- combining the various interests of society in achieving health.

These strategies are supported by the five priority areas of action for health promotion:

- Build healthy public policy;
- Create supportive environments;
- Strengthen community actions;

- Develop personal skills;
- Reorient health services.

Evaluation of health promotion – it is an assessment of the extent to which actions and measures to maintain health contribute to the achievement of the result being evaluated. The extent to which health support allows individuals to control their health is a central element in assessing health maintenance.

In many cases, it is difficult to trace the path linking specific actions in the field of maintaining health with the result.

The results of the promotion of health are changes in personality characteristics, skills and/or social norms and actions, and/or organizational practices and public policies related to health maintenance activities.

The consequences of health promotion are immediate health outcomes, usually aimed at changing the determinants of health that can be modified. These include awareness of health issues and the development of appropriate public health policies.

The goal of health care is to identify specific steps that can be taken to achieve the objectives. Defining targets also provides a unified approach to assessing the progress of a specific health policy or programs, by determining the starting point from which progress can be measured. Setting objectives requires an appropriate health indicator and information on the distribution of this indicator in the population. It also requires an assessment of future development trends.

In July 1997, WHO adopted Jakarta Declaration on Leading Health Promotion into the 21st Century, and reaffirmed that these strategies and activities are relevant to all countries.

The Jakarta Declaration defines five priorities for the continuation of health promotion:

- "Promote social responsibility for health"
- "Increase investments for health development"
- "Consolidate and expand partnerships for health"
- "Increase community capacity and empower the individual"
- "Secure an infrastructure for health promotion"

Goals are usually based on specific and measurable changes in the final or intermediate results to achieve health.

2. Hospitals and schools with health promotion

In 1991, WHO adopted the Budapest Declaration on Hospitals that promote health promotion and have the following objectives:

- creation of conditions for healthy stay of medical workers and patients in hospitals;
- introduction of rehabilitation programs;
- encouraging the interaction of health professionals and staff;
- dissemination of information and advice on health issues.

Hospitals that promote health promotion not only ensure the high quality of various health services, but also develop a corporate style that includes the goals of maintaining health, develop organizational structures and culture of

healthy lifestyles, promote health, and create a favorable environment for health in active interaction with the local community, including the active involvement of patients and staff in the process.

The report of the WHO Expert Committee (1997) identifies schools that promote health promotion, they are constantly developing and strengthening their potential, as institutions that provide healthy conditions and opportunities for life, study and work.

To achieve this goal, a school that promotes health promotion attracts education and health professionals, teachers, pupils, parents and community-level leaders for health promotion activities.

The WHO Global Initiative for School Healthcare aims to help all school institutions become "health promotion" schools. This includes the promotion and support of international, national and subnational networks of health promotion schools, as well as assistance in building national capacity in the field of health promotion in schools.

The concept of a school that promotes health promotion is relatively new. Such school aims to attract all schoolchildren to a healthy way of life, by creating an enabling environment for this. It offers opportunities and requires commitments to create the conditions necessary to ensure the appropriate social and physical environment that would contribute to the preservation and promotion of health (WHO, 1993). The school is defined as a full-fledged environment where numerous spheres, such as organization, character, culture, location, affect the health of students and staff.

The reports of the WHO Expert Committee identified 12 WHO criteria for a school that promotes health promotion, among them:

- 1) enhancing the self-esteem of all students due to the ability of everyone to contribute to the life of the school;
- 2) development of good relations between teachers and students, between pupils in the daily life of the school;
- 3) explaining to the staff and students about the social goals of the school;
- 4) stimulating all students through a wide range of activities;
- 5) using every opportunity to improve the physical environment of the school;
- 6) development of good relations between school, home and society;
- 7) development of good relations between primary and secondary schools for the sake of planning for the consistent maintenance of health;
- 8) active propaganda of a healthy lifestyle and health of the school
- 9) definition of the role of teachers in solving problems related to health;
- 10) the definition of the additional role of school meals in the curriculum for health protection;
- 11) realization of the potential of specialist services, concerning the maintenance of training in the field of health protection;
- 12) development of the educational potential of the school's health services.

Health Support Infrastructure – these are the human and material resources, organizational and administrative structures, laws, rules, and incentives

responsible for organized efforts that contribute to a well-organized response, public health response and issues.

Such an infrastructure can consist of various organizational structures, including the primary health care sector, government agencies, public and private sector institutions, non-governmental organizations, self-help organizations, and organizations and funds dedicated to maintaining health.

Partnership for the health protection. Partnership for the health protection is a voluntary agreement between two or more partners for cooperation with each other for obtaining common results in the field of health protection.

Such partnerships can be part of intersectoral health cooperation, or the basis of health promotion alliances.

The fundamental principle of health care is its preventive orientation with the aim of forming a healthy lifestyle among the population.

3. Medical prevention among the population

Medical prevention – system of preventive measures implemented through the health system.

Medical prevention in relation to population is defined as:

- **individual** – preventive measures conducted with separate individuals;
- **group** – preventive measures, conducted with groups of people who have similar symptoms and risk factors (target groups);
- **population (mass)** – preventive measures, covering large groups of people (population) or the entire population as a whole. Population prevention level is usually not limited to medical interventions – these are local prevention programs or mass campaigns aimed at health promotion and disease prevention.

Moreover prevention is divided into primary, secondary and tertiary.

Primary prevention – a complex of medical and non-medical activities aimed at preventing the development of deviations in health and diseases common to the whole population, individual regional, social, age, professional and other groups and individuals. Examples of such prevention are vaccination, tobacco control and so on.

Primary prevention includes the following four directions.

1. Activities to reduce impact of harmful factors on human body (improving quality of air, drinking water, structure and quality of nutrition, working conditions, life and leisure, level of psychosocial stress and others that affect quality of life), environmental and sanitary-hygienic control.

2. Activities to create a healthy lifestyle, including:

- creation of an information and propaganda system for raising level of knowledge of all population categories about negative impact of risk factors on health, possibility of reducing it;
- health education;
- measures to reduce prevalence of smoking and consumption of tobacco products, reduce alcohol consumption, prevent use of drugs and narcotic substances;
- assistance to population in conduct of a physically active way of life, physical training, tourism and sports, improving the accessibility of these types of recovery.

3. Measures to prevent development of somatic and mental diseases and injuries, including professionally conditioned, accidents, disability and death from unnatural causes, road traffic injuries, etc.

4. Detection during the course of preventive medical examinations of harmful factors, including behavioral ones, for taking measures to eliminate them in order to reduce level of exposure to risk factors.

Secondary prevention – a complex of medical, social, sanitary and hygienic, psychological and other measures aimed at early detection and prevention of exacerbations, complications and chronic diseases, disability, which cause maladjustment of patients in society, reduced efficiency, including disability and premature death. An example of secondary prevention measures is timely detection and treatment of diabetes and prevention of eye and heart diseases, kidney failure and so on.

Secondary prevention includes:

1) targeted sanitary and hygienic education, including individual and group counseling, training of patients and their families with knowledge and skills related to a particular disease or group of diseases; conducting dispensary medical examinations to assess the dynamics of health status, the development of diseases to identify and conduct appropriate health and medical activities; conducting courses of preventive treatment and targeted healing, including therapeutic nutrition, physiotherapy exercises, medical massage and other therapeutic and prophylactic methods of recovery, sanatorium treatment;

2) carrying out medical and psychological adaptation to changing situation in health state, forming of right perception and attitude to needs and possibilities of organism that have changed;

3) carrying out state, economic, medical and social measures aimed at reducing level of exposure to modifying risk factors, maintaining efficiency, which has remained and opportunities for adaptation in social environment, creating conditions for optimal provision of vital functions to patients and people with disabilities (for example: production of therapeutic nutrition, implementation of architectural and planning solutions and the creation of appropriate conditions for persons with disabilities, etc.).

Tertiary prevention – rehabilitation (syn. recovery of health) – is a complex of medical, psychological, pedagogical and social measures aimed at eliminating or compensating for life limitations, lost functions with the aim of possibly recovering social and professional status, preventing disease recurrences and chronicizing. Examples of tertiary prevention activities include rehabilitation of patients after a stroke, observation of patients with heart failure, after a myocardial infarction and so on.

Very important value in conduct of medical prevention have preventive medical examinations (screening), which are divided into:

– **preliminary medical examinations**, which are conducted for purpose of surveying population in the process of hiring, studying, with daily admission to work of drivers, pilots, with addition and recruitment of conscripts, etc.;

– **periodic examinations**, goal of which is early active detection of various diseases and prenosologic conditions among population (review of professional groups (decreed contingents) of public catering, trade, children's institutions, students, etc.) in order to prevent the spread of a number of diseases;

– **targeted medical examinations**, which are conducted to identify specific significant diseases in the early stages (tuberculosis, neoplasms, etc.).

4. Preventive programs

In modern conditions, real progress in combating various diseases and human conditions can be achieved only through introduction and implementation of local, regional, national and international departmental and intersectoral programs.

Currently the following **types of progressive prevention programs** of population's health providing are emphasized such as:

– vertical;

– horizontal;

– global, common integrated programs.

Vertical programs – are autonomous, self-contained prevention programs that address a specific health problem by using specific activities.

Horizontal or integrated programs are aimed at solving common problems of society on a long-term basis through health services.

Global, common integrated programs – to ensure implementation of activities against background of a combination of vertical and horizontal prevention programs.

Models and components of prevention programs. Every year there appears more and more evidence that possibilities of medicine to heal and save from death do not lead to cardinal changes in health status of population. It is proved that human health is for 55 % dependent on lifestyle and only 8–10 % on organization of medical care. Therefore, there is an urgent need to introduce prevention programs among population, especially children and youth. Unfortunately, as in our country so abroad there are cases of developing preventive measures without sufficient processing of their managerial and socio-psychological and pedagogical grounds, without taking into account political situation, subjective aspects of those to whom they are directed, etc. On the other hand, analysis of preventive work (based on E. Charlton's study) identifies five main types (models) of prevention programs (or health education programs), which are presented below.

Medical model – young people are given information about dangerous consequences of a particular phenomenon. It should be noted that such a model is not sufficiently effective, since it does not take into account socio-psychological characteristics of young person, and therefore it can sometimes lead to opposite effect.

Educational model – is an action aimed at an individual, gives him the opportunity to make his own decisions. But such a model does not take into account preventive situation, formation of public opinion about this or that crisis situation and ways to overcome it.

Socio-political model – lobbying for necessary decisions, advertising in media. Advantage of this model is that it is an effective tool for shaping public opinion, takes into account social and territorial features, social time and thereby removes shortcomings of educational model.

The first three models are now widely used to prevent crisis situations. But the most effective preventive models that are now used in prevention programs among young people in Europe are the following two:

The model of self-enhancement – (combined combines the main characteristics of the three previous models).

The model of "action for health" which also takes into account influence on young people, its social environment (reference group). Models of "action for health" operate in two directions – according to beliefs and due to increase in corresponding motives (for example, the increase in prices for tobacco or alcohol, which is associated with the material losses of smokers). Persuasion is used in public education programs and health improvement programs.

CONTROL QUESTIONS

1. Give a definition of the concept of "health promotion", indicating its main strategies.
2. What are the main priorities for health promotion in accordance with the WHO Ottawa Charter.
3. What are the main priorities for health promotion in accordance with Jakarta Declaration of WHO.
4. Describe hospitals that promote health, their goals.
5. Describe the schools that promote health of children, WHO experts' criteria for these schools.
6. Sanitary education and medical prevention their characteristics, species, etc.
7. Describe medical examinations, their types and purposes.

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Навчальне видання

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