

**SOCIAL MEDICINE AND
HEALTHCARE ORGANIZATION
AS A SCIENCE.**

**SUBJECT, METHODS,
SIGNIFICANCE FOR HEALTH
PRACTICE.**

***Social medicine and
healthcare organization - a
science that studies social
patterns of human health
and justifies ways to
improve it through a
rational healthcare
organization.***

**UNLIKE CLINICAL DISCIPLINES,
SOCIAL MEDICINE IS BEING STUDIED:**

is not individual
health

but



the health of social
groups and society
in general

HUMAN HEALTH (in the WHO statute)

is interpreted as a
state of complete
social, mental and
biological well-
being, and not just
the absence of
diseases and
physical defects!



UNLIKE CLINICAL DISCIPLINES,
SOCIAL MEDICINE

ESTABLISHES A CONNECTION

CONDITIONS AND
LIFESTYLE OF
THE POPULATION

HEALTH



SINCE PUBLIC HEALTH IS MULTIFACTORIAL IN NATURE, THIS SCIENCE EXPLORES THE IMPACT:

social

economical

ecological

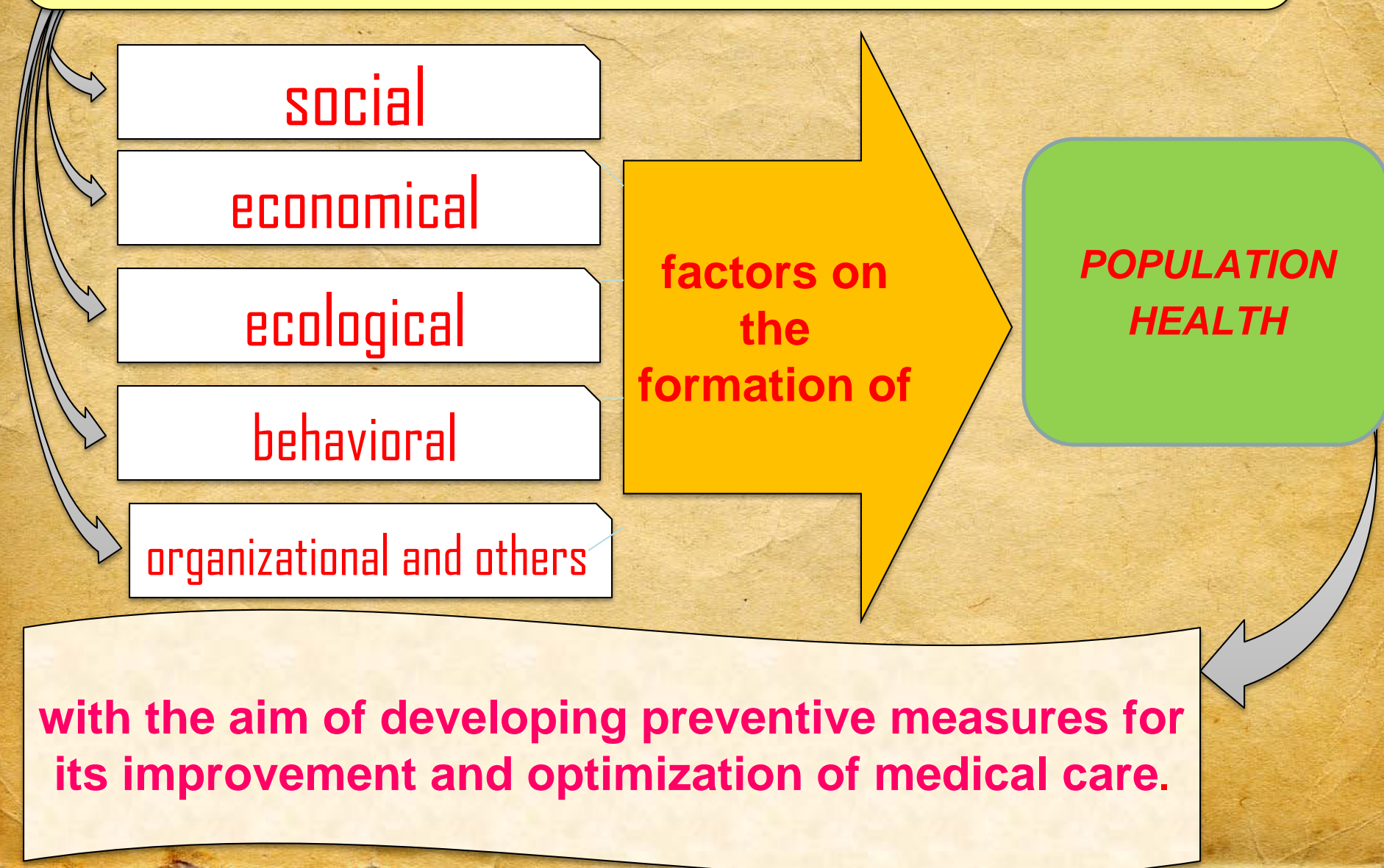
behavioral

organizational and others

**factors on
the
formation of**

***POPULATION
HEALTH***

with the aim of developing preventive measures for its improvement and optimization of medical care.



SOCIAL MEDICINE

is a science that studies

**patterns of
formation of
public health**

**the
organization
and operation
of the health
care system**

*for
development*

**methods of ensuring the high potential of public health as a decisive
factor in the development of society**

The object of studying of "social medicine"

**Health of different
population groups**



**HEALTHCARE
SYSTEM**





Healthcare - a system of state, community and individual measures and facilities that promote health, prevent diseases and prevent premature death, provide active livelihoods and work capacity of a person. It includes a set of measures and means relevant to public health.



Medical care - a system of special medical measures and facilities that promote health, to ensure active livelihoods and the ability to work.

The main objective is the study of social medicine is

study of the state of health of the population in the relationship to

- the factors of life,
- the quality and accessibility of medical care
and developing recommendations with:
 - 1) *elimination of the harmful influence of risk factors*
 - 2) *improvement of high level of medical care.*

Sections of Social Medicine and Healthcare Organizations

1. **MEDICAL STATISTICS** (general statistics, health statistics, healthcare statistics);
2. **THE DOCTRINE OF PUBLIC HEALTH** (methods and criteria for studying and assessing health and the laws of its changes, social factors of health, methods of social prevention);
3. **ORGANIZATION OF MEDICAL ASSISTANCE TO THE POPULATION:**

Planning of the activity of the medical-preventive institution
(funding closely related to it);

work record and reporting;

organization and assessment of the activities of medical
institutions;

economics, finance and marketing in the health sector.

The main tasks of social medicine

- studying the state of health of the population and the processes of its reproduction;
- providing a comprehensive description of the shifts (dynamics) occurring in the indicators of health of the population of the country as a whole, as well as at regional levels, socio-economic, ecological-geographical zones, settlements, individual groups;

The main tasks of social medicine

- scientific disclosure of conditions and factors that lead to positive and negative deviations in the health of various social, age-sex and other population groups;
- development of directions for improvement of the population and determination of the principles of the health care system, its theoretical and organizational foundations;

The main tasks of social medicine

- *an analysis of the activity* of bodies and institutions of health care, creation of their rational structures and scientific substantiation of the most appropriate forms of organization of work, reforming and restructuring;
- *creation of multi-year forecasts and plans for the development of health care system* with the purpose of conducting purposeful measures to maintain the proper level of health of the population.



***“VALETUDO
MAGNUM BONUM
EST!”***

Life and health are the highest human values, and health is the greatest natural benefit of man.

The health of the population is estimated on the basis of the analysis of the complex of medical indicators:



DEMOGRAPHIC

MORBIDITY

DISABILITY

**PHYSICAL
DEVELOPMENT**

The health of a person depends on many factors, the determining factors of which are:

- **natural**
- **public (social)**
- **genetic.**



It is an integral part of the harmonious development of people and an indicator of the level of socio-economic and cultural development of society.

The most important determinants of health are **related to socio-economic conditions in which people are born, live, work and are getting older.**

In the world there are striking differences in health related to socio-economic determinants.

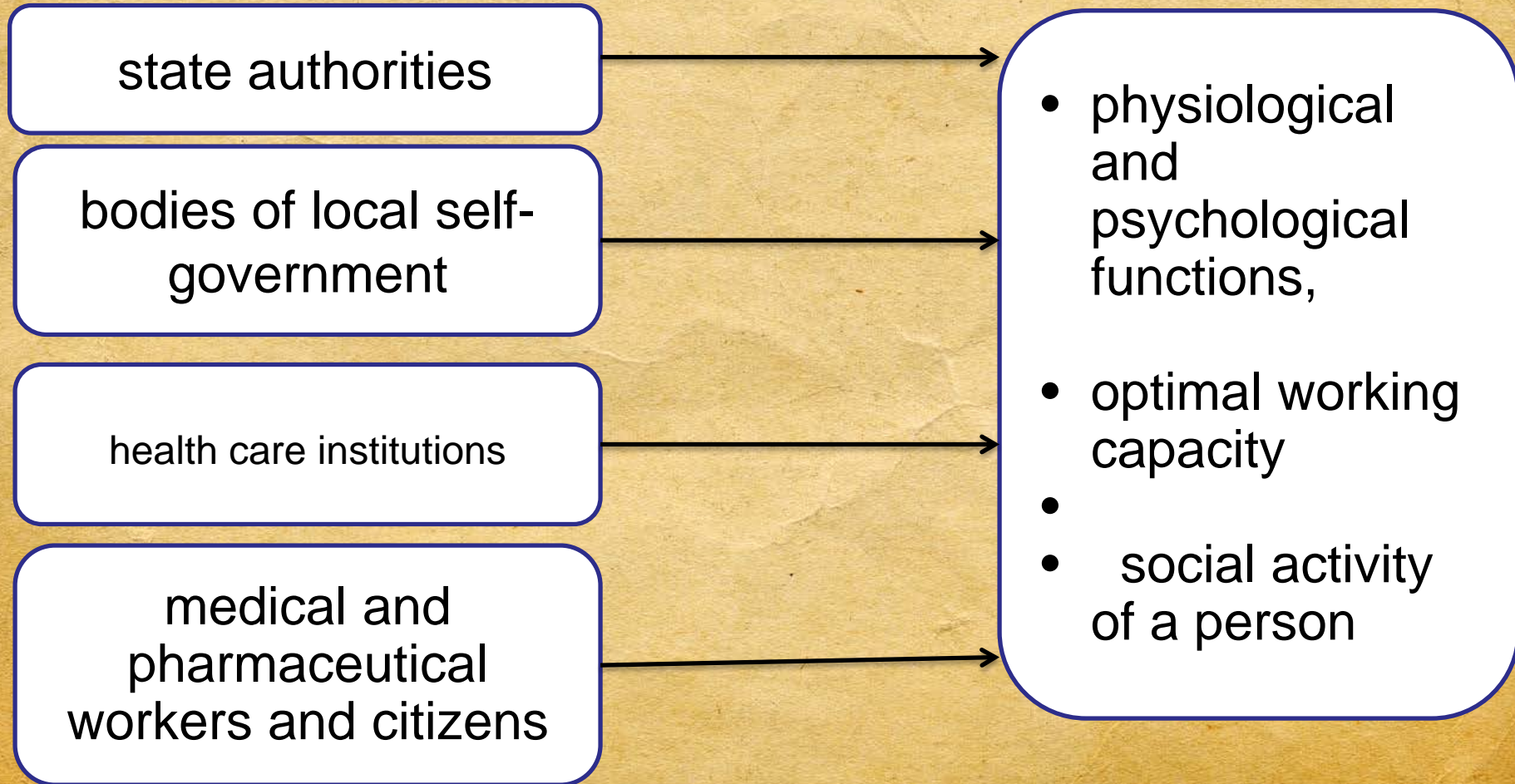
These differences are not a verdict of fate, but evidence of ineffective policies.

They are unacceptable and require decisive action from the governments of the countries to reduce them.

Healthcare

- system of measures to be implemented:

for the purpose of preservation and restoration



SUPERNESS OF THE MODERN WORLD

**THE UNPRECEDENTED LEVEL
OF RICHES**

POORNESS

**AVAILABILITY OF
SIGNIFICANT RESOURCES**

POVERTY

TECHNOLOGICAL EXPERIENCE

isolation

**BAGGAGE SCIENTIFIC AND
MEDICAL KNOWLEDGE**

DISEASE

DEMOCRACY

**INDEPENDENCE TO ACCESS TO
SOCIAL ADVANTAGES**

THE RULE OF LAW

UNEMPLOYMENT



DISPROPORTION IN THE DISTRIBUTION OF ECONOMIC BAD

A background image of a balance scale. The left pan is lower and contains a large, dark, rectangular weight. The right pan is higher and contains a much smaller, dark, rectangular weight. The scale's beam is tilted, with the left side being lower. The scale is made of metal and has a central pivot point.

**20% Internal
Gross
Product**

**5 billion
people**

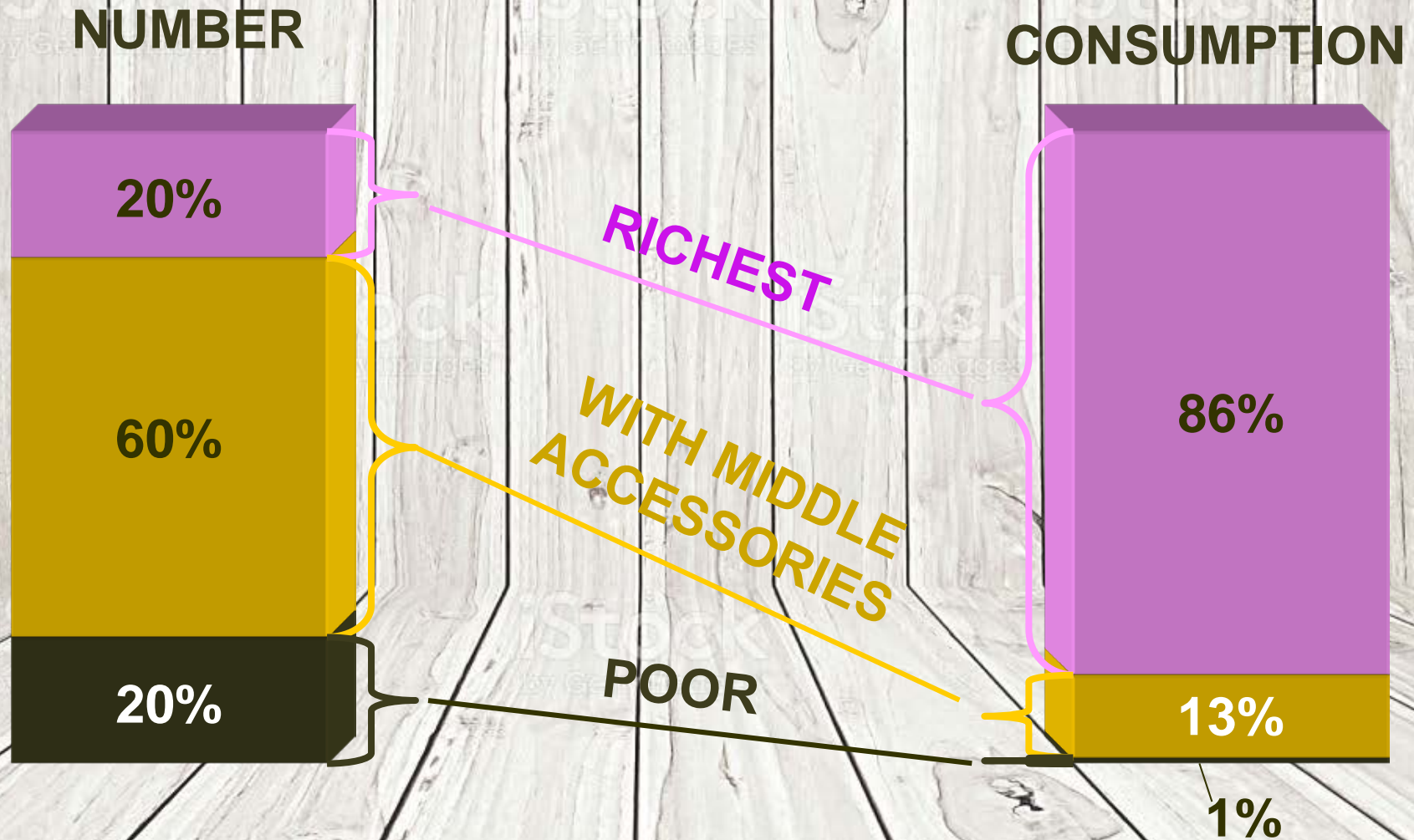
DEVELOPING COUNTRIES

**80% Internal
Gross
Product**

**1 billion
people**

DEVELOPED COUNTRIES

DISPROPORTION IN THE DISTRIBUTION OF ECONOMIC BAD



INFLUENCE OF HEALTH INCOME LEVEL

POOR COUNTRIES

- 170 million children have a lower body weight
- over 3 million children die from malnutrition



RICH COUNTRIES

- 1 billion with excess body weight
- 300 million - obesity
- 0.5 million die from the causes of obesity





HEALTH IS DETERMINED BY TWO LARGE GROUPS OF FACTORS (INDICATORS):

INTERNAL (genetic features of an organism, its constitution - a phenotype in the broad sense of the word).

EXTERNAL, caused by the influence of climate, ethnic traditions, eating habits, ecological prosperity of the environment, influence of harmful factors of production and others.





FULL COMPLIANCE WITH
EXTERNAL AND INTERNAL
FACTORS IS AN IDEAL BASIS FOR
THE FORMATION AND
PRESERVATION OF HEALTH.

Constantly occurring violations of this equilibrium are causes of health disorders, especially in cases where deviations in the external environment go beyond the adaptive, compensatory capacities of the organism or population.

FACTORS THAT DETERMINE HEALTH

- ❖ Lifestyle – 50-55%
- ❖ Influence of the external environment – 20-25%;
- ❖ The effect of hereditary (genetic) factors – 20%;
- ❖ Functioning of health care – 8-10%



LIFESTYLE COMPONENTS

- **standard of living** (the possibility of acquiring material goods and using them);
- **way of life** (tradition, level and manifestations of social culture, a certain order of public life in a country / region);
- **lifestyle** (its activity - production, socio-political, cultural / educational /, household, etc.);
- **quality of life** (health, living conditions, work, food, rest, etc.).

DIFFERENCES IN THE LIFE OF RICH AND POOR PEOPLE OF THE POPULATION

INDICATOR	POOR	RICH
Physical activity (%)	14,6	35,8
Tobacco smoking (%)	66,2	32,5
Drinking alcohol 1-2 times a week (%)	43,0	25,0
Rest in sanatoria, boarding houses, rest houses(%)	5-18	64,0



LEADING RISK FACTORS FOR HEALTH (ACCORDING TO WHO)

- ☐ Reduced body mass
- ☐ Dangerous sex
- ☐ High blood pressure
- ☐ Tobacco
- ☐ Alcohol
- ☐ Dangerous water, poor sanitary conditions
- ☐ Smoke inside the premises from combustion of solid fuels
- ☐ Deficiency of iron
- ☐ Excessive body weight / obesity
- ☐ High cholesterol

METHODS OF SOCIAL MEDICINE

THE STATISTICAL METHOD is the main method of the social sciences is widely used in the field of public health.

It allows you to establish and objectively evaluate the changes in health status and to determine the effectiveness of the authorities and healthcare institutions.

Furthermore, it is widely used in medical research (hygiene, physiological, biochemical, clinical, and others.).

METHODS OF SOCIAL MEDICINE

THE METHOD OF EXPERT ESTIMATIONS

is in addition to the statistical, which main task is to define an indirect way of various correction factors.

Public Health uses quantitative measurements using statistics and epidemiological methods. This allows predictions based on previously formulated laws, for example, it is possible to predict future fertility, population size, mortality, mortality from cancer, etc.

THE METHOD OF EXPERT ESTIMATIONS

Методи проведення експертних оцінок

Індивідуальний

Інтерв'ювання

Аналітичний спосіб

Груповий

Метод Дельфі

Метод «Мозкової атаки»



METHODS OF SOCIAL MEDICINE

THE HISTORICAL METHOD is based on the study and analysis of public health and health care processes at different stages of human history. The historical method - is descriptive, descriptive method.

METHODS OF SOCIAL MEDICINE

THE METHOD OF ECONOMIC RESEARCH makes it possible to establish the impact of the economy on health care and, on the contrary, the health on the economy of society. Health economics is an integral part of the economy. Health care in any country has certain material and technical base, which includes hospitals, clinics, institutes, clinics, and others. We study and analyze health financing sources, concerning the most efficient use of these funds.

This methods are used to study the effect of socio-economic factors on the health of the people employed in economic sciences. These methods find direct application in the study and development of health issues, such as accounting, planning, finance, health care management, rational use of material resources, scientific organization of labor in the organs and health-care facilities.

METHODS OF SOCIAL MEDICINE

THE EXPERIMENTAL METHOD - a method of finding new, more efficient forms and methods of work, the creation of models of care, implementation of best practices, testing projects, hypotheses, the establishment of experimental bases, medical centers, etc.

The experiment can be carried out not only in the natural but also the social sciences. In the public health experiment can not be used frequently because of related administrative and legal difficulties.

METHODS OF SOCIAL MEDICINE

THE MODELING METHOD developed in the field of health care organization, which is to create a model organization for experimental verification. In connection with the experimental method is more reliable assigned to the experimental areas and health centers, as well as pilot programs on specific issues. Experimental areas and centers can be called "field laboratories" for scientific health research. Depending on the objectives and issues for which they are created, these models vary considerably in size and organization, are temporary or permanent.

METHODS OF SOCIAL MEDICINE

THE METHOD OF OBSERVATION AND SURVEY.

To replenish and deepen, these data, special studies can be undertaken. For example, to obtain a deeper data, the incidence of certain professions use the results obtained from the medical examination of the contingent. To identify the nature and extent of the influence of socio - hygienic conditions on morbidity, mortality and physical development can be used survey methods (interview, questionnaire method) individuals, families or groups of people in a special program.

METHODS OF SOCIAL MEDICINE

EPIDEMIOLOGICAL METHOD. Prominent among epidemiological research methods covers epidemiological analysis. Epidemiological analysis is a set of methods for studying the characteristics of the epidemic process in order to clarify the reasons that contribute to the spread of this phenomenon in a given territory, and develop practical recommendations for optimization. From the point of view of public health methods, epidemiology is the application health statistics, which in this case It serves as the primary, substantially specific method.

EPIDEMIOLOGICAL METHOD

This is a collection of methodical techniques that help you study:

- *reasons*
- *conditions (risk factors)*
- *mechanisms of formation of morbidity among the population (aggregate, in groups, territories and in time)*

with the aim of substantiating preventive measures and assessing their effectiveness.

HISTORY OF SOCIAL MEDICATION

Collection of medical works

"Codex of Hippocrates"



HIPPOCRATIS
COI, MEDICORVM OMNIUM
longè principis, opera quæ ad nos extat
omnia: per Ianū Cornarium Medicum
Physicum latīna lingua conscripta, &
denuò ex toto recognita.

Addito Indice fecundissimo.



BASILEAE, ANNO
M. D. LIIII.

Cum gratia & priuilegio Imp Ma
restatis ad annos quinꝑ.

Aphorismi
HIPPOCRATIS.
Græcæ & Latine:
IUXTA
Optimam Editionem
THEODORI JANSSONII ab
Almeloveen; Med. Doct.
Amstelædami impressam, Anno 1685.
In usum IUVENTUTIS studiose.



EDINBURGI:
In Ædibus R. FLEMING, Sumptibus JOANNIS
PATON Bibliopole in Area Parliamentaria.
M. DCC. XXVI.

Significant stage of preparation for the formation of the state health system was the introduction of Zemsky reform.

Zemsky reform of 1864

The reform has created an active structure with polling station, outbound medical help, providing medical assistants, elements of gratuitousness.



FACTORY-MADE MEDICINE

(60-th years of XIX century)

Resolution of 1866 obliged owners of industrial enterprises at their own expense to organize and keep hospitals at the expense of one bed per 100 employees.



STATE HEALTH CARE

(60-th years of XIX century)

management of medical, charitable and other institutions was transferred to the bodies of municipal self-government.



In 1737, in all provincial and largest county cities, the posts of city physicians were introduced.



"On the sources and use of statistical information"

D. P. Zhuravsky
written in 1846,
laid the foundations
of the scientific



- collection,
- processing
- analysis of statistical materials
- taking into account the social condition of social phenomena.

SANITARY SUPERVISION

One of the first
sanitary
organizations
was founded by
M.S. Uvarov in
the Kherson
region.



1891-92г. Санитарно-медицинский
персонал противоэпидемического
отряда на фоне изолятора

A comprehensive system of sanitary supervision over the cities was proposed by the professor V.A. Subbotin.





In the 80's years of XIX century City sanitary organizations are established in Kherson, Zhytomyr, Odessa, Poltava, Ekaterinoslav, Nikolaev, Yalta, Chernihiv and Simferopol.



The position of a medical doctor was elective, she was invited to the most experienced preventive measures.

DEPARTMENTS OF SOCIAL HYGIENE

At the beginning of the 20th century. in Germany, and then in other countries, a discipline that was called "social hygiene" was formed.



In 1920, the Department of Social Hygiene at the University of Berlin was first organized by Professor Alfred Grotian.



In the Kiev University of St. Volodymyr

The study of social and medical issues and statistics began with the creation in 1871 of the **Department of Hygiene, Medical Police, Medical Geography and Statistics.**



O. Korchak-Chepurkivsky was elected as a prize-assistant professor.

He was distinguished for his fruitful activity as a zemstvo doctor in various provinces, especially in Kherson.

from 1906 he read the course "Fundamentals of Social Hygiene and Public Medicine", starting to teach the subject both in Ukraine and in general in the Russian Empire.



MINISTRY OF PUBLIC HEALTH AND CARE

- was created in Ukraine in 1918, one of the first in the world
- The first Ukrainian Minister of Health was Vsevolod Y. Lubinsky.
- In the 20th century XX century Government bodies involved in the organization of health care are formed.

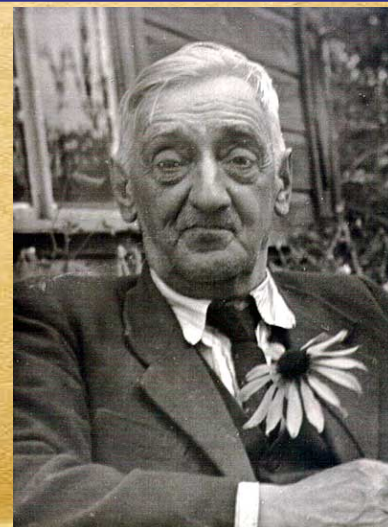


1920-1930 pp. two centers for the development of public health as a science have been formed in Ukraine

Київський центр, який очолював С. С. Каган, виховав Б. М. Шкляра, І. І. Овсієнко, К. Ф. Дупленка, Є. Я. Беліцьку, Л. Г. Лекарева та інших.



Харківський центр на чолі з С. А. Томіліним висунув М. Г. Гуревича, З. А. Гуревича, І. Арнольдї, А. М. Мєркова, П. Т. Петрова, С. М. Єкеля та інших.



In 1923 - 1924 years was organized by the departments of social medicine (hygiene)

- Kharkiv
- In Kiev
- Dnipropetrovsk medical institutes.



REPRESSES EVENTS OF 30 YEARS

- At the beginning of the 1930's he had gained considerable experience in the development of the theory and practice of social hygiene.
- But since the mid-30's, social hygiene as a science has become the subject of severe criticism of the then existing administrative-command system.
- Initially, all research institutes were closed, and in May 1941, the departments of "social hygiene" were renamed into the department of "health care organization", which determined the corresponding range of their tasks.
- For 25 years, it was forbidden not only to conduct socio-medical research, but also to teach such an object.

In 1966, social hygiene was restored as a science and subject of teaching,

Departments are renamed into the Department of Social Hygiene and Health Care Organization.

Our department originated from the first in Ukraine Department of Social Hygiene, Kharkiv Medical University.

