

**STATISTIC: ROLE IN A PUBLIC HEALTH ACTIVITIES.**

Department of Social Medicine, Organization and  
Economics of Healthcare with Biostatistics

UMSA

# UMSA

# 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

**20% Internal  
Gross  
Product**

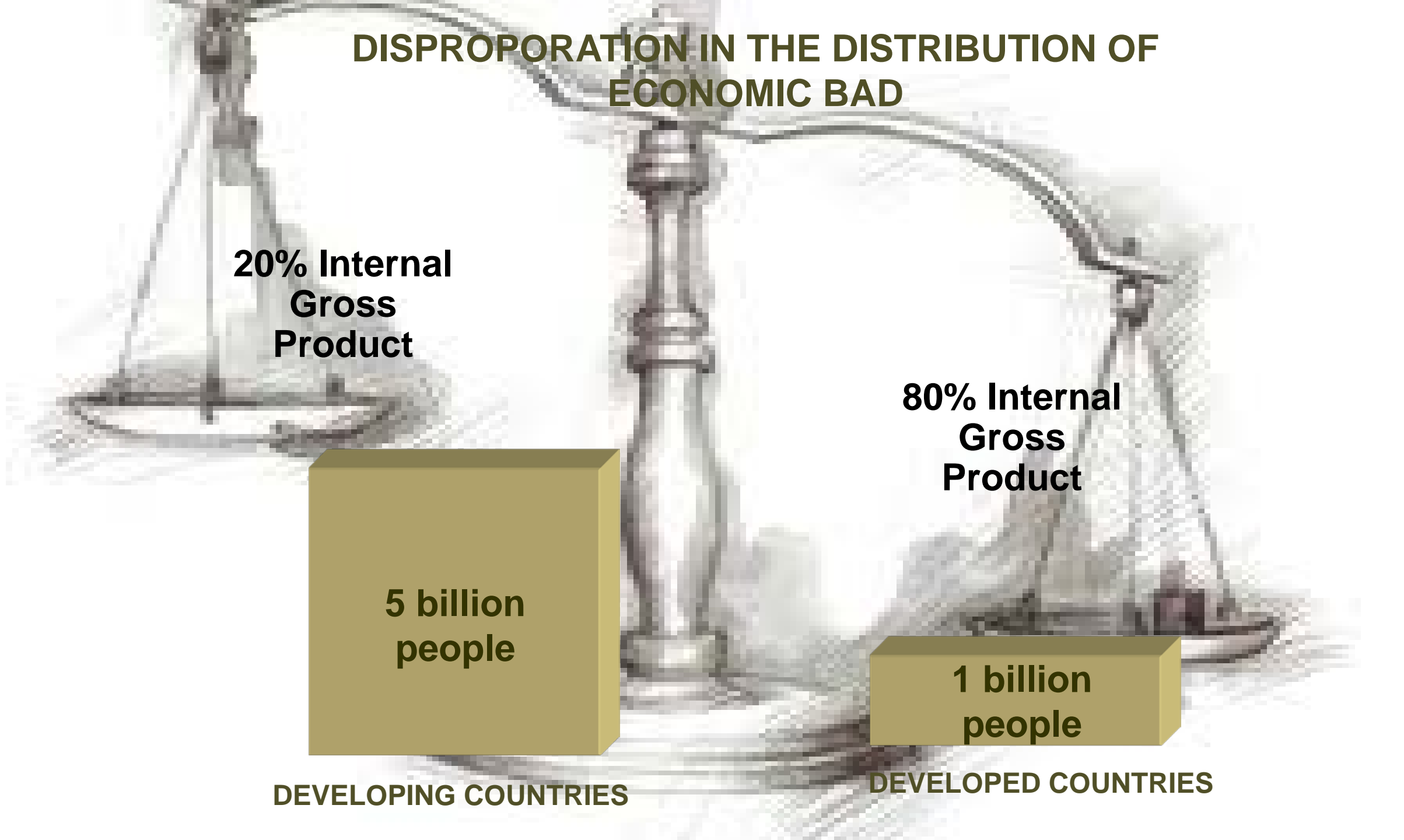
**5 billion  
people**

**DEVELOPING COUNTRIES**

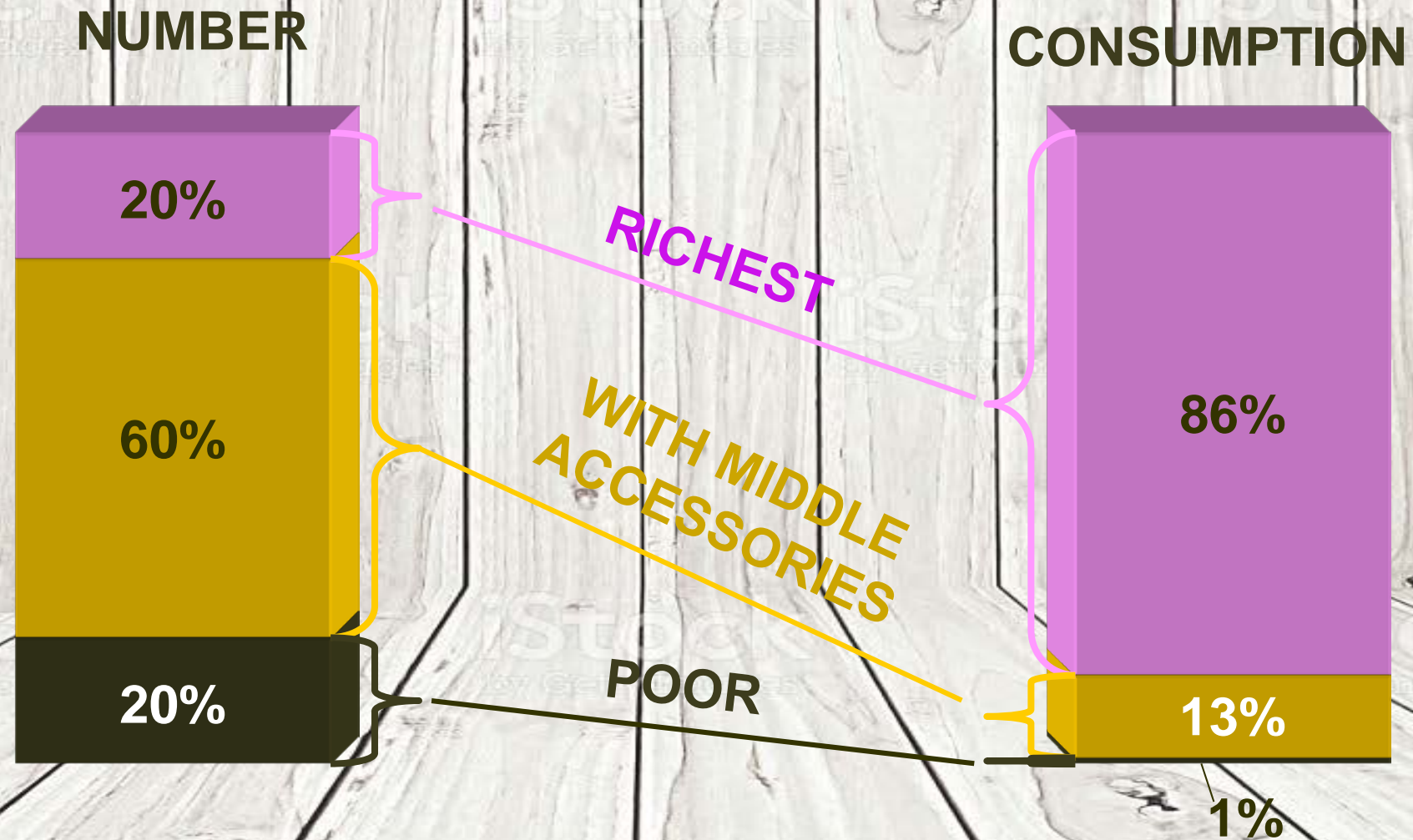
**80% Internal  
Gross  
Product**

**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 PROMOTION

Health promotion is an activity that is essential to the health of all people on the planet; enhances people's ability to support and improve health.



Сприяння покращенню здоров'я - діяльність, яка необхідна для забезпечення здоров'я всіх людей планети; збільшує можливості людей як у підтримці здоров'я, так і у його покращенні.

# Chronological map of the stages of forming the concept of health promotion.

## 1974-1986 - the first stage

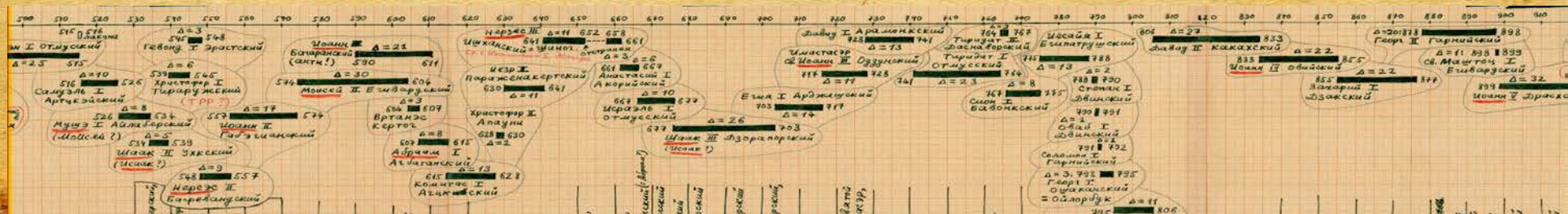
1974 – Lalond's Report  
1977 - World Health Assembly.  
1977 - International Conference on Priority Action on Health in Alma-Ata  
1980 – Strategy of Global Health for All for 2000  
1980-1986 - developing theories and techniques for shaping healthy lifestyles

## 1986-1997 - the second stage

1986 - International Conference on Healthy Living in Ottawa (Canada)

## 1997-2006 - the third stage

1998 - The adoption of the World Health Declaration  
2000 - Millennium Development Goals  
2005 - Bangkok Charter for Health Promotion in a Globalized World  
2005 - European Strategy for the Health and Development of Children and Adolescents



# 1974-1986 - the first stage

1974 – “Report of Lalond”.

Canada's Health and Welfare Minister Lalond's report "A New Approach to Healthcare for Canadians" for the first time in the world has stated at government level that medicine in general, and the traditional health care system in particular, do not play a major role in the complex of determinants human health.

It has been shown to the state and society that the level of development of the health care system has little effect on the state of public and individual health.

# 1977 - World Health Assembly

WHO initiated the Health for All campaign, which began the process of collecting and organizing information on existing health threats.

**For the first time at the world level,  
the concept of achieving health  
for all has been made public.**



**World Health  
Organization**

1977 - International Conference on  
Priority Action on Health in Alma-Ata

The **Alma-Ata Declaration**  
proclaimed the concept of  
achieving health for all as a  
global WHO-sponsored  
movement.

**1980 – Strategy of  
Global Health for All for  
2000**

Based on the  
concept of  
achieving health  
for all.

Defines 38 tasks to  
achieve 10 global  
goals.

**1980-1986 - developing  
theories and techniques  
for shaping healthy  
lifestyles**

Based on individual studies  
and actions in different  
countries to improve public  
health

Theories and techniques for  
shaping healthy lifestyles as a  
defined systemic activity that  
is an effective means of  
averting global health threats  
and achieving goals health  
strategies for all.

# 1986-1997 - the second stage

1986 - International Conference on Healthy  
Living in Ottawa (Canada)



Endorsed the  
Ottawa Charter, the  
main points of  
which are becoming  
programmatic  
imperatives for the  
world community to  
work on improving  
public health.

# 1997-2006 - the third stage

## 1998 - The adoption of the World Health Declaration

Called on all nations and institutions to adopt and implement the concept of Health for All in the 21st Century.

Adopted by the WHO Regional Office for Europe - Health - 21: Foundations of a Health Policy for All in the WHO European Region - adopted by the 21st Century.

## 2000 - Millennium Development Goals

(approved at Millennium Summit, 2000, signed by 189 UN member states)

## 2005 - Bangkok Charter for Health Promotion in a Globalized World

The Bangkok Charter complements and builds on the values, principles and strategies of health promotion activities identified by the Ottawa Charter on Health Promotion.

The Bangkok Charter has identified the measures, commitments and vows needed to promote health in a globalized world by contributing to its improvement.

## 2005 - European Strategy for the Health and Development of Children and Adolescents

Health promotion is a multifaceted, comprehensive social and political process that covers not only actions aimed at enhancing people's skills, abilities and potentials, but also actions aimed at changing social, environmental and economic conditions to facilitate their impact on health. the health of the population, the community and the health of individuals.

The process of promoting health is based on the principles of emancipation and positivity, capacity building, participation, networking / social reinforcement, responsibility, partnership, adaptation.

# The principle of emancipation

The principle of emancipation means self-determination in health matters and is results-oriented.

In order to achieve health, a person or group of people must be able to define and fulfill their desires (expectations), meet needs, change the environment or adapt to it.

Health promotion is inextricably linked to the political, economic, social, biological, and psychological conditions of human existence.

# The principle of activating potential

The principle of activating potential means empowering a person's vital self-determination, establishing control over his or her own consciousness and lifestyle.

In the strategy of activating the potential, the following components are distinguished: constant reinforcement of an active and positive worldview; development of abilities and resources aimed at achieving individual and social goals; acquiring knowledge and skills that contribute to well-being

# The principle of participation

The principle of participation involves the involvement of individuals, groups, communities in the planning, preparation and evaluation of programs and activities to promote health.

Public participation - active legal action by citizens to promote the realization of human rights for health and the achievement of general well-being.

# The principle of network interaction

The basis of the principle of network interaction (social reinforcement) is the interaction between individuals.

Social networks provide affective, instrumental, and cognitive reinforcement, help preserve social identity, and facilitate social networking.

This principle provides multidimensional reinforcement, which can be expressed in material support; information support; reinforced self-esteem; emotional reinforcement.

# The principle of responsibility

The principle of responsibility implies personal and social responsibility for actions, decisions taken by a person, an organization regarding health problems.

Implemented by public and private sectors policy / strategy and practice, the actions of the individual should avoid causing harm to human health; promote environmental protection and ensure the rational and rational use of resources.

# The principle of adaptation

The principle of adaptation means that programs that are implemented must be tailored to the needs of the people, be based on identifying health factors and take into account local characteristics.

# The principle of partnership

The principle of partnership is to unite the efforts of different partners to promote better health.

A partnership is a voluntary agreement or arrangement between two or more partners to work together to achieve a number of common and shared outcomes with health partners.

# AREAS (SPHERES) OF HEALTH

The **physical sphere** reveals the individual features of the human body, its beauty, strength and endurance, genetic inheritance, the level of physical development of organs and functional systems of the body, the absence or presence of bodily defects or ailments.

# AREAS (SPHERES) OF HEALTH

The **social sphere** is defined by the ability of a person to build and maintain positive relationships with other people, the level of comfort of his well-being among others, the number of loved ones, whom he can count on in difficult situations.

# AREAS (SPHERES) OF HEALTH

The **spiritual sphere** implies the perception of the spiritual culture of mankind - education, science, art, religion, morality, ethics, which determines, in particular, the values of man, his faith, ideals, principles, rules, worldview, beliefs, etc .; in addition, it is important not only to be aware of them or to proclaim them, but also to actively implement them.

# AREAS (SPHERES) OF HEALTH

The **ecological sphere** consists of the attitude of man to nature, its impact on the environment, as well as the impact of this environment on man himself.

The **psychological sphere** reflects a person's ability to adapt to changing conditions of life, to develop and to improve himself.

# AREAS (SPHERES) OF HEALTH

The **emotional sphere** reveals a person's ability to adequately experience everything that happens to him, to understand the emotions and feelings of other people, to manage his emotional state, to be emotionally balanced.

# AREAS (SPHERES) OF HEALTH

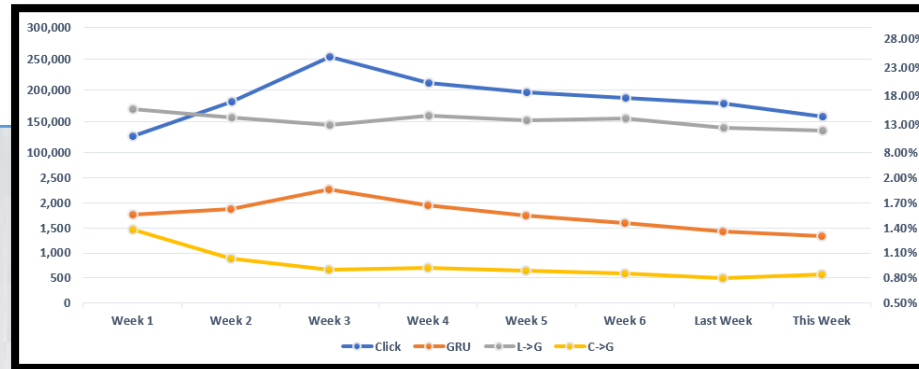
The **intellectual sphere** is determined by the ability of a person to find the information they need, to acquire new knowledge, to use it, in making certain life decisions.

# AREAS (SPHERES) OF HEALTH

The **professional sphere** is characterized by a professional self-determination of a person, a sense of being in "his place", self-realization in his chosen profession and satisfaction with what he does.

# PRACTICE AND STATISTICAL RESEARCH

In practical and research activities, the **doctor analyzes the results of his activities** not only at the individual level, but also **at the group and population levels.**



This is necessary for the doctor **to confirm the level of qualification**, as well as for further improvement and professional specialization.

THE ABILITY TO PROPERLY ORGANIZE AND CONDUCT A STATISTICAL RESEARCH IS **NECESSARY FOR ALL PHYSICIANS** OF DIFFERENT PROFILES, HEADS OF INSTITUTIONS AND HEALTH AUTHORITIES.

Such knowledge and skills contribute to the **improvement of the quality and effectiveness of medical care** for the population through continuous training of personnel (an essential element of resource support) and, thus, the competitiveness of health care institutions of various forms of ownership in a market economy.

Healthcare managers in operational and prognostic work **CONSTANTLY USE** statistical data.

**!!! ONLY A QUALIFIED ANALYSIS !!!**

of statistical data, an assessment of events and relevant conclusions allow us:

- \*to make the right managerial decision
- \*contribute to a better organization of work
- \*more accurate planning and forecasting

## Statistics helps to:

- ♪ monitor the activities of the institution
- ♪ manage it quickly
- ♪ evaluate the quality and effectiveness of treatment and prevention work

The heads of healthcare system in the preparation of current and future work plans should be based on the study and analysis of trends and patterns in the development of both health care and the health status of the population in their district, city, region, etc.



MINISTRY OF HEALTH  
AND SOCIAL SECURITY



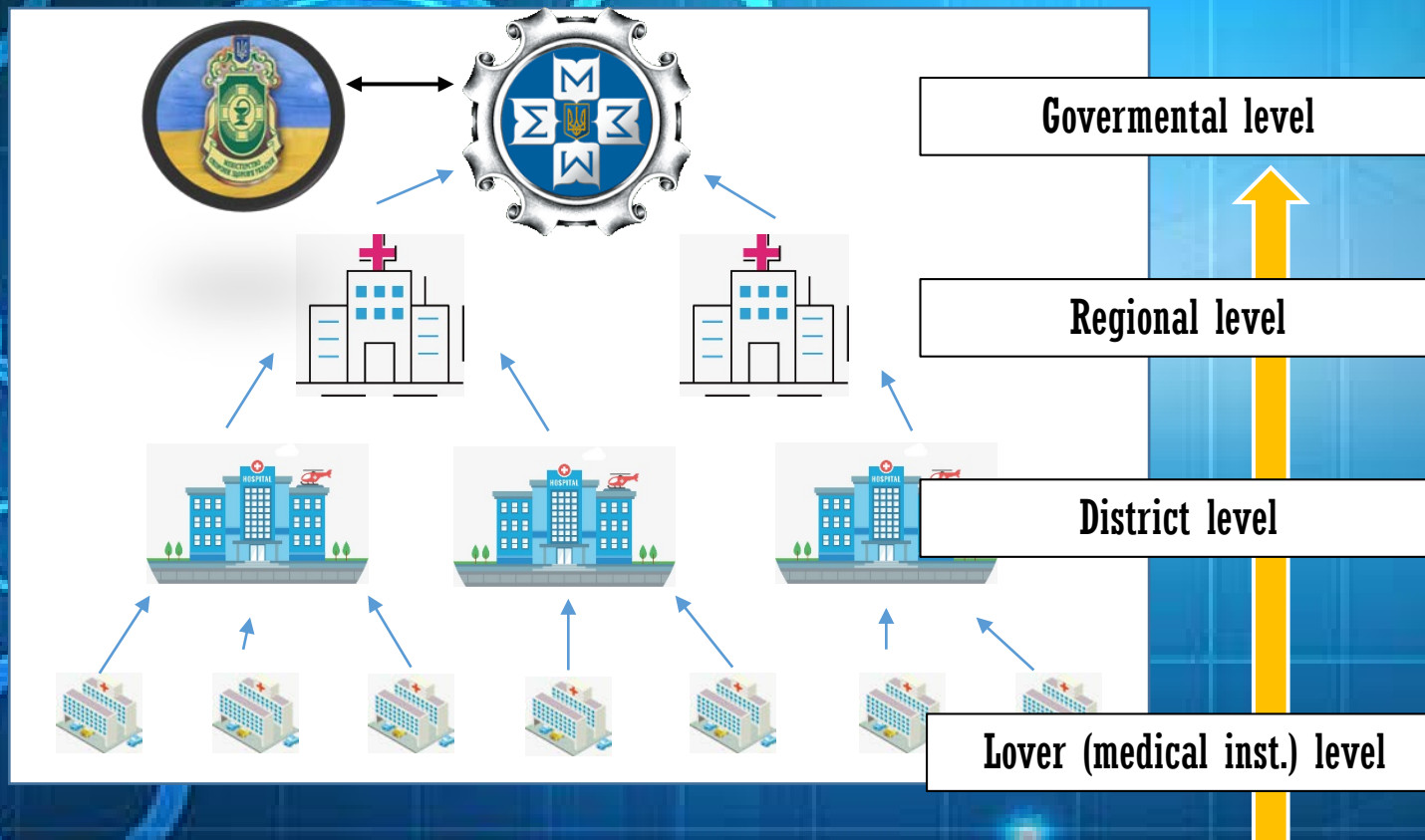
Ministry of Health



وزارة الصحة  
MINISTRY OF HEALTH



The traditional statistical system in health care is based on obtaining data in the form of reports that are compiled in lower level institutions and then summed up at intermediate and higher levels.



The reporting system has not only advantages (a single program, ensuring comparability, indicators of workload and use of resources, simplicity and low cost of collecting materials), but also certain disadvantages (low efficiency, rigidity, non-flexible program, limited information, uncontrolled accounting errors, etc.).

# PRACTICE AND STATISTICAL RESEARCH

Analysis of the work done should be carried out by doctors, not only on the basis of existing reporting documentation, but also through **pecially conducted selective statistical studies.**



## IMPORTANT

# METHODOLOGY OF STATISTICAL RESEARCH

***Statistics** is a social science that studies the quantitative side of mass social phenomena in close connection with their qualitative features..*

*The analysis of quantitative indicators allows to identify the most important patterns of various processes in society and thus learn the qualitative nature of phenomena in their relationship.*