



**HEALTH  
PROBLEMS  
IN UKRAINE  
AND POLAND**

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The authors assume full responsibility for the contents of chapters.

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## 5. Information basis for health management

In the community the family is a primary social center where an individual is being formed. It is this stage of social stratification which lays down the heredity for health of the future generation. The principles of its physical and sexual development, the major elements of lifestyle concerning behavior, which will determine the quality of the individual's health during its life, are being formed.

There is still no constructive scheme of information support for the superior decision-making in the healthcare. It doesn't exist for general practice which is being developed in the country. The main reason is the continuous lack of a system analysis of relevant concepts.

It is known that to determine the population health emphasis is placed on the statistical characteristics of the birth rate, mortality and average life expectancy, physical development, morbidity, disability, where the average values are used for the quantitative assessment.

Attempts to use the same indicators for the family health assessment were vain and incorrect. The reason is the lack of definitions for the "family health" concept, the determination of appropriate links between the individual's health and a group of people – the population. Traditional sanitary and medical statistics didn't have such indicators, there were no valid theories and methods.

Consequently, the way out of this situation had to be sought in the explanation of the systemic content of "family health" concept, taking into account living circumstances and conditions for the health preservation of all family members.

To define the basic guided parameters of family health, in order to create a functioning state system of management.

In this paper we used statistical materials on rural families' health (birth rate, morbidity, mortality) processed with methods derivated from the population law of survival and the law of the health preservation in the population. The existing designs of the 90s the 20<sup>th</sup> century served as a theoretical basis [5.1, 5.2].

The following systemic definition of "family health" was proposed on the basis of the determined generic concept of "health" [5.1].

"Family health" is an invariant of the organization of a purposefully acting reproductive group of people (family), which reflects the unity of its morphological, functional and genetic aspects, as well as the ability to solve problems of parenting, family preservation and other problems of social communication, arising in front of it.

The above-mentioned definition considers the obligatory highlighting of morphological, functional and genetic aspects and corresponding features of family health. This can be done on the ground of disclosing the principal features of health as a system – its understanding, modification and ability to guarantee something. Regarding family health in terms of understanding means the definition of social reconciliation concerns in the family (aesthetic, psychological and general interests). Reviewing the modification – this is when each family member “sacrifices” (adherence to each other, amity, mutual understanding). That means the communicative relationship in the group with determination of persons responsible for particular issues. The ability to guarantee represents the “creation of a communicative microclimate in the family” that enables birth and education of a child (children), preservation of its (their) health. Besides, it creates for family members the conditions maintaining their work ability and increasing their life expectancy with long-term “healthy” part of life.

This social view of the family, major in terms of its health evaluation, as well as the essential commonality of all three aspects and their common action provides a guaranteed outcome from the family health protection. The assessment of the latter depends on the implementation of the leading social role of the family – reproduction and education of a healthy child. All the other family functions are secondary, which are guided by the unity of resources, knowledge, skills, etc. “The psychics of family relationships” binds social and biological aspects of family activities and links the congenital and acquired skills; it integrately reflects the psyche of each family member.

Depending on the major function the families can be divided into different types with particular qualities, but the dominant function in all types will always be reproductive. In future, classes of families can be grouped on the valid basis by the psychics of family relationship, composition, etc.

Under this theoretical ground a list of personal (differentiated) and common indicators for dynamic monitoring of family health was determined: indicators of mental adaptation intensity, medical component of lifestyle, indicators of family’s applicability to life and its stability in life (taking into account situation characteristics dependent on area of residence), illnesses’ prevalence and course rates, as well as the length of family members’ life divided into “healthy” and “unhealthy” parts, health and life risks based on sex and age (insurance risks). All the above-mentioned were determined by specially designed chart methods for monitoring of the investigated objects’ health dynamics.

1. The systemic problem solution led to the development of separate system blocks of current control and health monitoring of families and systems of their protection. Within the framework of this design a subsystem of the information support for general practice management was developed. It organizes the activity of Primary Medical

and Sanitary Care (PMSC) centers. It doesn't differ significantly from the general system for control and management of population health. This system consists of the following elements:

1. The separation of the general practice sets within the existing healthcare system;
2. The allocation of information carriers on the family health state and factors influencing the health of its members, which correspond to management objectives (in separate blocks);
3. The isolation of the analysis system of these units combination with the existing division of public institutions' activities in preserving the people's health;
4. The selection of methods for assessing primary information; creation of appropriate charts for monitoring the families' health and the system of health protection;
5. The allocation of decision-making forms and methods on the basis of these charts' data.

In order to determine the regional peculiarities of family health and the efficiency of general practice established in the examined areas, a three-layer stratification of relevant information was introduced:

- the set of "external" data which reflects the characteristics of the families' places of residence, family composition dependent on "external" factors, availability and quality of care;
- the set of "internal" data, which represents the content and qualitative parameters of the "external" influence on the family health (on fixed grounds);
- the set of analytical methods for establishing the link between "external" and "internal" factors, conditions and mechanisms of the equivalence of these relationships.

Observation of the arranged system of general practice effectiveness was structured according to the sets of primary, secondary and tertiary prevention; which has its own peculiarities of the organizational, sanitary, ecological, social and clinical system. Information on the function of these units is collected and analyzed by the information and analytical service supervised by the head specialists in the region. Isolation of a "general practice management" into a separate block is considered to be inappropriate at present; the system requires a detailed verification within 3-4 years.

1. The experimental information system for the comprehensive monitoring of family health was set up to address the issues of general practice management within the framework of PMSC centers.

2. The accessible list of leading indicators, representing integral information on the dynamics of people's health during life, is determined.

3. The three-layer system information stratification by families and their health was proposed. It acts in coordination with the theory of survival, health resource preservation and efficiency of the medical system existing in the investigated areas.

4. The experimental information system for monitoring of the family health and general practice efficiency requires practical validation in urban and rural conditions in Ukraine.

#### Areas of Further Research

Verification of the reliability and accuracy of the designed information system, its improvement for implementation into healthcare practice in Ukraine.



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