

OPPORTUNITIES FOR HEALTH PROMOTION IN THE CONTEXT OF THE PRESENT HEALTH REALITY IN BULGARIA PART I

E. Karaslavova

Summary. The social-health aims, tasks and activities set in the current work are complied in priority with certain peculiarities of the inherent situation in Bulgaria which require not only control over the basic cardiovascular risk factors but also considerable improvement of our environment of living. The new theoretic concept and strategy of the practical healthcare “health promotion” puts the challenge to the “medicalization of health”. The promotional ideas underline the influence of the social and economic indicators over health and welfare both of the individual and society and reflect the changes in priorities of the health activities.

Key words: health promotion, social and economic indicators, cardiovascular risk factors

For the last two decades during the transition period, about two thirds of all death reasons in Bulgaria are due to cardiovascular diseases (CVD), which imposes the fight with them to be led on primary and national level, actively including all institutions and citizens in the country. Similarly to a number of states having achieved considerable decrease of illness and death of CVD, development and improvement of the therapeutic approach is necessary to be continued but with chief priority – taking out the health promotion and prophylactics of CVD on level of state policy.

The social-health aims, tasks and activities set in the current work are complied in priority with certain peculiarities of the inherent situation in Bulgaria which require not only control over the basic cardiovascular risk factors but also **considerable improvement of our environment of living**. Due to the unfavourable socio-economic status of the population in the years of transition, the necessity of prophylactic activities is highly narrowed as a result of social uncertainty and persistent long-term sociostressgens: fast and considerable impoverishment of large part of the society, economic and social instability, total disorganization of society,

lowering to the utmost limit the regulatory and protective role of the state, the unsuccessful health reform etc. The promotional and prophylactic activities are necessary to be directed mainly to the age of 12-30 years, when (des) adaptive problems most strongly stimulate the risk behaviour. A number of tests prove that when the individual is under strong stress or in distress he chooses the "self-destructing" behaviour. Sociostressgens lead to growing of stress-related diseases: cardiovascular, psychic, hormonal disorders, migraine etc., with the psychic factors playing key role acting as a mediator for the influence of the social factors over the somatic processes.

Chief aims of health promotion in Bulgaria

1. Making state policy priority orientated to the health promotion and cardiovascular diseases, prophylactics through creating healthy environment for living and correcting the complex of socio-clinical risk factors.

2. Reducing illness and death of CVD with no less than 10% till 2015.

There are several suggestions for changes and activities on population level with some of them presented below:

ON POPULATION LEVEL

Aim

Socio-economic policy, providing health-protective living environment.

Tasks

– Acknowledgement on behalf of the country and society the immense ethiologic role of psycho-social-economic stress for emergence of CVD and other socially significant diseases;

– Attaining **high standard of living of people.**

Activities

– Real and regular increase of the incomes of people corresponding to the inflation processes in the country;

– The structures responsible for the citizens' protection to optimize their activity effectively providing their safety and rights.

Tasks

– Easy access to drug treatment for all strata of society.

Activities

– Real government regulation of medicaments' price, recovery and stimulation of the cheaper domestic pharmacy production.

Tasks

– Optimizing the intrasectoral cooperation for positive interactions aiming at improving the health-social activities.

Activities

– Building electronic information system for getting people informed about: health indicators for CVD; risk factors and their prevention; treatment; rehabilitation; the activities of number of important institutions (Territorial Expert Medical Commission, Court, Ministry of Domestic Affairs, Social Assistance, municipal administration etc.) helping the citizens.

Tasks

– Reporting the increase of the vascular incidents in women (for acute myocardial infarction, AMI, the men:women ratio is 1,7:1, while for cerebral insult the ratio is just the opposite according to data by National Health Information Center for 2006 with special accent on **women health**).

Activities

– Real (comparable with the EU states) financial assistance for maternity;
– Building legislatively statutory and electronic connected effective communication (electronic program) among health, social, legal and other types of institutions for optimal assisting women with children up to 18 years old (the priority access to the program to be realized through the child's single identification number (SIN));

– Accepting a number of legislative measures, facilitating mothers in labour-professional, economical, health and social aspects. Getting the young women acquainted with the activity of the state regarding the maternity protection.

Aim: *creating ecologically clean environment. Building healthy microenvironment through uniting the strengths of a multitude of institutions.*

Tasks

– Increased control over quality of foodstuffs, water and air.

Activities

– Implementing multi-stage monitoring (from the raw materials to the ready production storing) of food and water on behalf of the citizens. For the purpose, it is necessary to be opened additional labs for control in and outside the structures of the Regional inspectorate for protection and control of public health, where people against a small fee can check the products for toxic and cancerogenic matters, nitrates etc.;

– Introducing norms for quality and quantity contents of some of the components of main foods – salt, preservers, enhancers etc.;

– Requirement for compulsory indicating all the components quantity on the food and drinks labels;

– Conducting regular referendum, for discussing the possibility for ecological improvement of the environment.

Tasks

– Increasing the food and drinks quality – legislative requirement for enriching the main foods with vitamins and minerals.

Activities

- Introducing norms for the quality contents of some ingredients of the main foods – salt, preservers, enhancers etc.;
- Requirement for obligatory indicating all the content components on the food and drinks labels;
- State subsidy for value-added food with healthy ingredients – vitamins, minerals etc.;
- State control over the prices of main types of food: fruit, vegetables, dairy products, bread etc.

Opportunities for health promotion...

Tasks

- Reducing the harm emissions in the air;
- Creating prerequisites for surmounting the physical inactivity of the population;

Activities

- Enlarging the zones with denied access for cars in the centers of the towns;
- Building bike lanes parallel to the bigger streets;
- Organizing days without motor vehicles several times yearly;
- With written orders by the health institutions limiting or stopping from manufacturing vehicles damaging the environment;
- State and municipal subsidization for the “ecologization of the manufacturing technologies” activities – mass implementation of low-waste technologies, waste utilization etc.

Tasks

- Turning the optimal afforesting in the towns and villages into a state policy.

Activities

- Regular (monthly – one Saturday a month) planting and vegetation maintenance in and outside towns and villages;
- Involving students in this process aiming at upbringing and behaviour modeling in a coming generation for keeping and recovering the environment.

Tasks

Informing the population, the risk groups and the medical institutions about the unfavourable combination of meteorological factors and space and geophysical situation.

Activities

- The weather forecasts to be put under medico-biological estimation, completed by specialized medical weather forecasts;
- Warning the people and the medical institutions treating patients with cardio vascular diseases in case of specially unfavourable for the health situations

like a sudden change of weather, significant temperature decrease, increase of the relative humidity and the wind strength etc.;

- Medico-biological analysis of the daily space and geophysical situation as well as helio-geophysical forecast making;

- Warning the citizens and the medical institutions in case of unfavourable helio-geophysical forecasts: increase of the solar activity and geomagnetic pulsation;

- In unfavourable medico-meteorological and helio-geophysical days, a number of prophylactic activities to be taken on behalf of the medical institutions: staff preparation for increased number of patients suffering from CVD; change of the daily regime of the contingent with CVD in order to be cancelled the more complex procedures, manipulations and tests and operational interventions.

Tasks

Creating and planning prerequisites for overcoming obstacles (in the infrastructure of the towns and villages, the labour environment etc) of different nature in people with physical disabilities.

Activities

- Taking urgent measures, multiorientated for surmounting the restriction for movement of people with physical deficiency;

- State subsidy for activities connected with prequalification of people with physical constraints through creating multicenter structures for education.

Aim

- *Mass dissemination of health knowledge and assisting the opportunity for building up and maintaining healthy life style of each citizen; (strife for achieving high level of health culture of people);*

- *Schools – forming background of health preserving lifestyle early in life.*

Tasks

- Regular getting acquainted of the whole community with the disturbing health-demographic indicators and the broad gamut of cardiovascular risk factors: clinical, social, psychological etc;

- The health motivation and the protective behaviour of each person to be increased through enlarging the health knowledge of the population;

- All pedagogical cadres to acquire or increase their health-prophylactic knowledge and regularly to pass them to the students.

Activities

- Getting solid knowledge and skills for giving first medical aid by everyone in all educational stages starting from early age;

- Regular health lections in schools given by medical workers with fragments of lectures delivered by **the very students** – *the self-initiativeness of the students to look for and learn new health knowledge and skills* should be encouraged this way;

- Sports classes in school to be at least 4 times a week; with regular organization of intraschool tournaments with adequate winners rewarding;
 - Introducing a school subject for acquiring life skills: habits building to control and manage difficult life situations, to solve problems and conflicts, to overcome stress and distress, to analyze situations causing tension – overwhelming informational, labour-rest improper alternating
- Opportunities for health promotion...*
- Mass inclusion of module-situated subjects in health promotion and prophylactics in all teaching institutions at accessible level;
 - Carrying out postgraduate courses in health promotion and prophylactics for the teachers/lecturers; the extent of knowledge mastering to be marked during examination.

Tasks

- **The programs of the medical universities** to be priority adapted to preventive medicine and to the changed demographic background in the country.

Activities

Differentiating new individual disciplines (or as part of other subjects) in the Medical Higher Institutions:

- Subject in “Health promotion and prophylactics of chronic noninfectious diseases”, starting at the beginning of the medical education and finishing as part of the state exams;
- Geriatrics – in connection with the *population ageing* and ensuing from this great number of medical, social and economic challenges. Ageing leads to increased *disability* setting new requirements for knowledge.

Accent on the knowledge for:

- The type, mechanism of influence on stress in human organism and methods for its overcoming;
- The influence of social-psychological and behavioural factors on human health;
- Specific medico-social problems, ensuing from the increased morbidity and disability of the population.

Tasks

- Popularizing/expanding the health knowledge through active participation in the national mass media and proclaiming the health-protective life style.

Activities

- Ban for tobacco and alcohol advertising in all kinds of media;
- Daily 2-4 min health educational programs in the most viewed time of the national televisions in which will be explained the clinical, social, and psychological risk factors for CVD, showing the ways for fight with the negative factors. Regular explaining to the population the symptoms in case of vascular incident and the urgent measures which must be taken: immediate call emergency etc.;

- Informing the population about the main acts in case of different disasters.

The active participation of citizens in the process of acquiring health knowledge to be encouraged through opportunity giving for shooting short video materials (and optionally – short oral commentary), showing risk factors of different nature – physical risk factors, social stressgens etc. accompanying our daily routine. Thus the public will be compassionate to the environment factors – positive or negative, and will self-initiate increase in health knowledge, active civil position on ecological issues etc.

Mass media to explain the use of regular physical activity which corrects favourably:

- Arterial pressure;
- Level of serum cholesterol;
- Psychic status;
- Overweight;
- Reducing the alcohol and cigarette consumption etc.

Tasks

The prominent politicians and statesmen to keep healthy regime and to serve as a personal example to the people of Bulgaria (the method of health upbringing – diffusion of innovations).

Activities

- Regular (weekly) broadcasts on national televisions, showing moments of the healthy activities and habits of our celebrities;
- Preparing compulsory minimal broadly advertised daily motion regime for the President of Republic of Bulgaria and the Prime-Minister;

Tasks

- Institutional initiation of creating structural units (clubs) for people with similar social-health problems and many-sided supporting their activity.

Activities

- Opening and developing (state subsidized) clubs of: coronary patients, insult patients, alcohol or nicotine addicted people, overweight people, heroin addicted, deserted parents etc, will help for exchanging experience as well as skills for surmounting the negative moods of their members.

Tasks

- The state assists the activities regarding the introducing of “mass” sport for the population.

Activities

- Subsidies for sports equipment and utilities manufacturing aiming at increasing their economical access;
- Bringing back to school the morning gymnastics with time and intensity increasing;

- Implementing optimal motion regime in the kindergartens;
- Storing and restoring the sports centers by the municipal and district structures, strong sanctions will be imposed in cases of neglect maintenance and impeding the free access of the citizens to them.

Aim: *improving the psychical status of the population*

Tasks

- Reporting before the society and the I *Opportunities for health promotion...* status of the population and the heavy consequences for the state from the large number of patients with mental disorders.

Activities

- Introducing the subject of psychosomatic medicine in the medical higher institutions;
- Differentiating the risk factors and the psychic diseases and mass acquainting the society with the negative prerequisites for mental disorders;
- Provoking compassion on behalf of the society and the institutions to the problems emerged as a result of the great number of mentally disordered people in Bulgaria through mass media;
- Accepting people with mental disorders as part of the society and surmounting the “rejection and negligence” of this problem both on behalf of the country and people living in that country.

REFERENCES

1. Beaglehole, R. et R. Bonita. Basic Epidemiology. WHO, Geneva, 1993.
2. Borisov, V. et Ts. Vodenicharov. [Realities in Health Reform]. Sofia, 2000. (in Bulgarian)
3. Borisov, V., Z. Glutnikova et Ts. Vodenicharov. [New Public Healthcare]. Sofia, Aquagraphics, 1998, 542 p. (in Bulgarian).
4. Borisov, B. [Strategic Health Management: Philosophy and Practice]. Sofia, Filvest, 2006, 320 p. (in Bulgarian).
5. Geurts, S. et R. Grundemann. Workplace stress and stress prevention in Europe. – In: Kompier, M. et C. Cooper (eds.) Preventing Stress, Improving Productivity. London & New York, Routledge, 1999, 9-32.
6. Grabauskas, V., R. Prochorskas et I. Miseviciene. Risk factors as indicators of ill health. – In: Preventive Cardiology: Proceedings of the International Conference on Preventive Cardiology 1985 June 23-26, Moscow USSR. – Cardiology (Basel), **36**, 1985, № 5, 419-426.
7. Green, L. W., L. Richard et L. Potvin. Ecological foundation of health promotion. – Am. J. Health Promot., **10**, 1996, 314-328.
8. Ivanov, N. [Myocardial Infarction – Prophylactics]. Sofia, Princeps, 2002, 182. (in Bulgarian).
9. Ivanov, N. [Problems of Cardiological Rehabilitation in the Conditions of the Rehabilitation Center]. (Doctor's dissertation) Sofia, 1996. (in Bulgarian).

10. Leenen, H., J. Gevers et G. Pinet. The rights of patients in Europe – A comparative study. – In: Promotion of the Rights of Patients in Europe. Geneva, WHO, 1995.
11. Merdzhanov, Ch. [One Compromising Competition]. Sofia, University publisher house "St. Climent Ohridsky", 1995, 569 p. (in Bulgarian).
12. National Health Strategy. "Better Health for Better Future of Bulgaria". Sofia, 2001, 104 p. (in Bulgarian).
13. Poverty and health. Geneva, EOCED-WHO, 2003.
14. Prevention of coronary heart disease in clinical practice. Recommendations of the Second Joint Task Force. – Eur. Heart J., **9**, 1998, 1434-1503.
15. Shipkovenska, E. [Cardio-vascular risk. A problem with many unknown values]. Sofia, Filvest, 2004, 152 p. (in Bulgarian).
16. Shipkovenska, E. [Results from Epidemiologic Study: "Bulgaria Heart Study 1998"]. – National conference of Bulgarian National Academy of Medicine 1999, 18 October, Sofia. (in Bulgarian).
17. Shipkovenska, E. et al. [Modern Epidemiology with Medicine and Healthcare Based on Proofs]. Sofia, Filvest, 2008, 223 p. (in Bulgarian).
18. Shipkovenska, E. et Zh. Hristov. [Strategies and Policies for Stress Fighting – World Experience and Practice]. – National Tripartite Conference of the Bulgarian Society for Studying Stress Fighting, 2003, September 12-13; Plovdiv, 290-301 and 487. (in Bulgarian).
19. The World Health Report 2002. Reducing risks, promoting healthy life. WHO, Geneva 2002, 7- 26.
20. Tulchinski, T. et E. Varavikova. [New Public Healthcare – Introduction in XXI century]. Varna, Lotos, 2004, 804. (in Bulgarian).
21. WHO. Health 21 – Health for All in the 21st Century. Geneva, WHO, 1998.
22. WHO. MONICA PROJECT. Ecological analysis of the association between mortality and major risk factors of cardiovascular disease. – Int. J. Epidemiol., **23**, 1994, 505-516.
23. WHO. Prevention of coronary heart disease: report of a WHO Expert Committee. Geneva, WHO, 1996. (№ 727).
24. World Health Report 2002. Reducing risks, promoting healthy life. Annex – Table 2. Geneva, WHO, 2002.

✉ *Address for correspondence:*
 Senior assistant Dr. Emilia Karaslavova, DM
 Medical University – Plovdiv
 Social Medicine Department
 Disaster Medicine Section
 15A "Vasil Aprilov" bul.
 Plovdiv

☎ 032/602-555
 e-mail: e_karaslavova@yahoo.com