

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

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Summary. The social-health aims, tasks and activities set in the current study are complied in priority with the 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” put 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 the priorities of the health activities.

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

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 morbidity and mortality from CVD by no less than 10% till 2015.

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

Aim: *Optimizing healthcare system which shows a number of difficulties and gaps in the activity of the healthcare service ensuing from the unclear points in the carried out healthcare reform.*

Tasks:

- establishing a competing healthcare service for patients and healthcare workers;

- optimizing the activity of the healthcare service;
- more effective (and civil control) on the expenses in healthcare sector.

Activities:

- demonopolization of the health insurance company, through realizing a competitive mechanism in the health insurance system (e.g. forming several healthcare insurance companies);
- establishing equal value of the Union of Physicians and the National Health Insurance Fund – patient structures (according to the type of disease), nurse structures and medical specialties structures that will be real partners in signing National Framework Contract; to the patient structures (from a certain class of disease) to be assigned leaders by the ill people for a period of 2-4 years and if they do not defend the interests of the rest, to be dismissed in the shortest period.
- adequate medical and social care for adults and people with enduring harms, through establishing special state funds, enough in number nursing homes, hospices, specialists in geriatrics etc.;
- introducing personal healthcare accounts that will allow each citizen to control the size of incomes and expenditures in them. The individual accounts will increase the personal responsibility for keeping and preserving the personal health;
- reforming of the non-used hospital base in:
 - hospices
 - medical institutions for prolonged treatment and rehabilitation;
 - departments for geriatric help;
 - centers for health education of the population;
 - centers for prequalification of people with enduring harms;
- full and independent control over the activity of the healthcare centers and the medical institutions.
- adequate legal actions against committed medical mistakes;
- stimulating the associations for volunteer health insurance playing a key role of a significant corrective and an alternative of the compulsory health insurance;
- overall/thorough revision of the health legislation regarding the reforming and mechanical translation of the principles and matter of the Trade Law over the Medical Institutions Law;
- prevention of society medicalization (overuse of medicaments).

Aim: *Creating a health keeping labour environment.*

Tasks:

Effective and legally regulated improvement of the conditions of the professional labour environment – physical, psycho-emotional, reasonable remuneration etc.

Activities:

- priority access to the places for recreation and tourism;

- strict keeping the regulated time for a leave and state subsidizing of the employers for providing the optimal recreation of the employees and workers;
- citizens who perform active sports activities and are non-smokers to take advantage when applying for a job position.
- working out real methods for estimation of the risk on the work place taking in mind the estimate for the risk of stress and distress and providing for compulsory periodical testing of the workers through standardized tests. Storing the tests data (both by employers and employees) and undertaking actual activities on behalf of the employers for preventing from high-risk work practices;
- written notifications to all concerned parts regarding the actions undertaken for work environment optimizing.

Aim: *The family – an environment for recovering and increasing its members' health;*

Tasks:

- admitting the great influence of the environment since early childhood on the health status and later in time on the individual, and popularization of this knowledge;
- carrying out a state policy for creating a favourable family environment.

Activities:

- real institutional help for the family – considerable increase of the financial assistance in raising children;
- introducing a proportional decreased working day for women depending on their age and number of their children;
- carrying out short “crisis interventions” with people or families with psycho-traumatic problems and/or other problems;
- special training courses for pregnant women and their families regarding the role of early knowing what a healthy life is by the young man and his mother's contribution to its assimilating; explaining the future cardiovascular risk from the low weight of newborn babies and the artificial breastfeeding;
- financial assistance for pregnant women aiming at prevention from deficit feeding during the pregnancy time.

Aim: *Reorientation of health institutions and medical personnel in health promoters.*

Tasks:

- motivating medical professionals for preventing their patients from getting ill;
- each health institution to make plans for health promotion and cardiovascular diseases prophylactics regularly, complied with the services contingent, its territory and the available medical staff etc.

Activities:

- Increasing the knowledge and education in preventive medicine in the medical universities and in the post-graduate studies;

- early presenting the plan for promotion and prophylactics of cardiovascular diseases of each medical institution, including the following:
 - yearly giving lectures in schools, companies and enterprises etc;
 - articles writing, participating in TV programmes etc.;
 - considering the personal example of the medical staff for leading a healthy life etc.
- regulated positives for medical professionals performing promotional activities.

Tasks:

- average medical staff – a main resource in the activities for long-term servicing of people suffering from cardiovascular diseases, disabled people and others with chronic non-infectious diseases.

Activities:

- Increasing the number and qualification of the average medical staff intended for long-term servicing of people suffering from cardiovascular diseases, disabled people and others with chronic non-infectious diseases.
 - significant correction in remuneration, and allowing a number of privileges for the average medical staff;
 - provided by the state long-term and regular home nursing care for ill people suffering from cardiovascular incidents;
 - the competences of the nurses to exceed the pure medical care and to include also social powers, legal knowledge, psychological interventions etc.

Tasks:

Optimizing of and control over the activity of the managing health authorities for more effective use of the available medical base.

Activities:

- the selection of medical manager of the medical institutions should be made anonymously by the employees of the medical institutions, not by the ministry of healthcare;
 - the selection or the pre-selection should be valid for a short period of time (2-3 years). Thus the control will be realized “from bottom to top” and the short mandate will “cure out the negatives from the lifelong service”.
 - the control over the healthcare insurance service to be done by an independent controlling body. The controlling bodies should be based on a rotative principle, heterogeneous staff of specialists (including foreigners);
 - uniting the clinical specialties (against the extremely high fragmentation);
 - the human organism should be regarded as one whole rather than separate parts having no connection between them, and not to be allowed the treatment of one organ to harm another;
 - establishing funds (state, private, mixed type) for providing long-term care in serious accidents;
 - taking out the hospitals for follow-up treatment near the rural regions – thus will be improved the health service for the rural population;

– overall/thorough revision of the health legislation (reforming the inadequate and mechanical translation of the principles and matter of the Trade Law over the Medical Institutions Law.

Medico-social activities for adults

Aim: *Increasing their quality of life and adequate application of medico-social care for them regarding their specific needs.*

Activities:

– establishing special state funds for financial providing for their needs in long-term treatment or disabilization;

– establishing state hospices, almost entirely subsidized by the budget;

– daily hospitals;

– more nursing homes;

– home nursing care.

Restructuring of “excess” hospital beds and non-used hospital wings;

– establishing hospices – with % participation by the state;

– establishing psychiatric medical departments;

– establishing medical institutions for prolonged treatment and follow-up treatment and rehabilitation;

– departments for geriatric care;

– centers for health education of the population;

– centers for prequalification of people with enduring harms.

On individual level

Aim: *Everyone has to make a personal choice and to lead a healthy life.*

Tasks:

– accepting a personal responsibility for the health status;

– active increasing of health knowledge in/at medico-social and psychological factors for cardio-vascular diseases and an attempt to convey it to other people.

Activities:

– leading a healthy life:

– Moderate and regular physical activity;

– Rational eating

– Fight against smoking, obesity and alcohol misuse;

– Searching for and realizing of individual methods for effective surmounting of stress and/or distress.

– opportunity for self-assessment of the personal socio-economic and psychological risk and pertaining to a personality type “A”;”B” etc.

– preliminary acquainting with the activity of the institutions, that can help for decreasing the socio-economic risk factors.

The suggestions made in this article do not aim at surmounting all the negatives in the current situation in Bulgaria. The presented ideas probably need a

number of corrections, additions, commentary or accepting and realizing part of them. The author “opens the door” not only for deliberation on the current and future legislative initiatives and for society activation as a whole for an overall change in the beliefs, habits and behaviour of the individuals, but also towards the living environment optimizing.

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