

POSTERS

HEALTH-EXPRESS

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Purpose

Only a very small amount of the Danish pupils eats the recommended amount of vegetables. The total daily intake of sugar has increased, and reports show that three out of four schoolchildren eat too much sugar compared to the recommended quantity.

Furthermore the amount of physical activity has fallen dramatically, which will lead to higher risk of overweight among the schoolchildren.

The high intake of calories and a minimum amount of physical activity can result in lifestyle diseases such as metabolic disorder, diabetes, some kinds of cancer and cardiovascular problems. Furthermore some suffer from anorexia, which is relatively common among children. All these illnesses can lead to physical, psychological and social problems. By having this organisation we hope to prevent the diseases and promote a healthy lifestyle

We seek to develop and sustain healthy lifestyle among Danish children from 11 to 14 years by improving their knowledge to healthy food and physical activity. We hope that our teaching will inspire the pupils to realize a health policy for the schools.

Introduction

The “Health express” is an organisation that wants to improve children’s health.

The purpose of this organisation is to improve schoolchildren’s health by focusing on healthy food and a greater amount of physical activity.

Methods and materials

We want to teach the pupils at their schools for one day (about three to four hours). By using interactive games we want to inspire the schoolchildren – and hopefully the parents – to have a healthier lifestyle. The plan is to visit 10 schools each semester during the next years.

This project is mainly based on fundraising. We have until now only received a very small amount of money.

The “Health-express” was started by Danish public health students in 2003 and is run on a volunteer basis by students.

Results

We have taught three classes, and the evaluation from these lessons were very positive. During the coming semester we need training to be able to teach more pupils and we need more people to join the organization.

Discussion and conclusion

Keywords: Health promotion, healthy food, physical activity, schoolchildren.

EXPENDITURES FOR HEALTH CARE IN KAZAKHSTAN

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Purpose

This study aimed to provide comparison of expenditures for health care in different population groups.

Background

Modern economic of Kazakhstan is undergoing a new stage of its development. However, it does not reduce the urgency of such social problems as unemployment and poverty. These problems are the outcome of economic recession that took place in 1990-1995. As in other countries with transitional economies inequality in income distribution has increased in Kazakhstan. According to the State Agency of Statistics, in 2003 20% of population with the highest income held 40% of all incomes. Remaining 80% of population held 60% of all incomes. Based on poverty estimate of 4.30 USD established by the World Bank about one third of population in Kazakhstan lives below poverty line. Big gap in income distribution of different population groups determines difference in population access to health care.

Study population

Data were collected by Kazakh School of Public Health as part of the World Health Survey conducted by the WHO in 2002. Questionnaires were filled out by 4484 respondents. For the purpose of this study two population groups were defined: workers and nonworkers. First group included 3258 (72.54%) persons: 456 (10.15%) were state employees, 2122 (47.25%) -not-state employees, 574 (12.78%) - self-employed, 106 (2.36%) - employers. Second group included 1226 (27.35%) persons: 329 (7.35%) were housewives, 255(5.69 %) - unemployed, 4 (0.09%) - volunteers, 69 (1.54%) - students, 454 (10.12%) - retirees, 83 (1.85%) - people with poor health, 32 (0.7%) - other.

Results

Average expenditures for health care in first group were 12,8 USD per month. In second group they totaled 16,0 USD per month. In first group expenditures were as followed: state employees spent 13.4 USD, non-state employees - 12.3 USD, self-employed – 11.5 USD, employers – 29.5 USD. In second group: housewives spent 14.9 USD, unemployed – 10.7 USD, volunteers – 8.2 USD, students – 13.6 USD, retirees – 18.6 USD; people with weak health – 25.6 USD; others – 12.8 USD. Comparative analysis showed that expenditures for health care were approximately the same in first group with the exception of employers who had the highest expenditures of 29.5 USD. However, it did not significantly influence monthly expenditures estimate of first group since the total number of employers was only 2.36%. In nonworkers group the least expenditures were made by unemployed and volunteers: 10.7 USD and 8.2 USD per month respectively. The biggest expenditures were made by retirees and people with weak health.

Discussion

Low expenditures in unemployed and volunteers do not indicate good health but rather reflect financial inaccessibility of health care as the result of lack of stable source of income. High expenditures in retirees and people with weak health can be explained not only by poor health but also by hardship allowance and pension benefits that they receive from the state.

Keywords: Population, expenditures for health care, Kazakhstan.

BASELINE QUALITY OF LIFE SURVEY FOR THE EVALUATION OF SUPPORT TO MOBILE MEDICAL TEAMS PROGRAM IN LORI AND GEGHARKUNIK, ARMENIA 2004

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Purpose

This study assesses pre-program level of health related quality of life of population in those regions where Medical Mobile Teams (MMT) program is implemented.

Introduction

Support to Mobile Medical Teams is a five year program to provide access to primary health care for isolated communities in Lori, Gegharkunik, Tavush and Syunik through Mobile Medical Teams, strengthening village level health structures and building links to district hospital for improved referrals.

MMT project strives to improve quality of care it provides through continuous comparisons of health care outcomes data over time. During the past decade, one of the more important achievements in the health care field has been the identification of the value of the patient point of view in monitoring the quality of medical care outcomes.

Methods and materials

A baseline Quality of Life (QOL) survey of 300 households in each region in 14 Lori and 12 Gegharkunik MMT villages was conducted in September-October 2004. The follow-up survey will be conducted in four years (at the end of the program) to measure the effectiveness of the program in improving functional status, well-being and overall quality of life of population served by MMTs.

A pre-post independent sample design was utilized. A weighted Simple Random Sampling stratified by residence and age was used. MMT population census records for each village were used as the sampling frame. The study participants were men and women aged 18 and older.

This study used International Quality of Life Assessment (IQOLA) SF-36 Armenian Standard Version as survey instrument. Information was obtained during interviewer-administered interviews.

Data were analyzed using SPSS 11.0 software. Data analysis was performed based on the guidelines developed by Health Assessment Laboratory (HAL)

Results

A total of 603 people participated in survey, 304 in Lori and 299 in Gegharkunik. The mean age of participants in Lori was 45 years and in Gegharkunik was 45.5.

In both regions quality of life indexes decreased with aging. In Lori population mean scores for all health domains were higher in women compared men, except physical functioning score. While in Gegharkunik population mean scores for all health domains, as well as both summary measures (Physical Component Summary (PCS) and Mental Component Summary (MCS) scores) were higher in men compared to women.

Comparing populations from two surveyed regions, mean score of mental health, social functioning, and bodily pain were significantly higher in Gegharkunik population, while vitality mean score was higher in Lori population. Assessment of physical status by residence revealed the lower PCS mean score for Gegharkunik population, while assessment of mental status showed the lower MCS mean score for Lori population.

Quality of life components in surveyed population were compared to the norms for the US general population. The mean transformed scores for all health domains were significantly higher in US general population.

Discussion and conclusion

Baseline QOL survey revealed that quality of life scores in Lori and Gegharkunik populations were low. Comparison of quality of life scores in both surveyed region showed that Lori population was more prone to frequent psychological distress, substantial social and role disability due to emotional problems. While Gegharkunik population was more prone to limitations in self care, physical activities, as well as to frequent tiredness.

Comparison of the main components of quality of life of surveyed population with the US general population norms revealed that population in surveyed regions had more problems with work or other daily activities as a result of both physical and emotional problems.

Keywords: SF-36, quality of life, general population

TITLE: MIDWIVES' SUPPORTIVE ROLE IN PREVENTION OF POSTPARTUM DEPRESSION

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Purpose

This research was conducted to determine the supportive role of the midwives in prevention of postpartum depression

Introduction

Postpartum depression is a mood disorder in women's reproductive period that has adverse effects on the mother- baby relationships, well as relationships between couples.

With respect to postpartum depression unpleasant effects, prevention from this disorder seems essential and practical and effective preventive ways should be detected. This research was conducted to determine the supportive role of the midwives in prevention of postpartum depression

Methods

This research is a quasi experimental study and the samples of this research were composed of 100 primiparus women in the Beheshty hospital of Isfahan. The sampling method was systemic randomization.

The subjects filled out a questionnaire consisting from two parts. The first part was related to demographic specifications and the second part was the Edinburgh postpartum depression inventory. Data analysis has been done by SPSS statistical soft ware.

Results

Mean depression scores in the two groups (supported and unsupported) were determined. Mean score of depression in the supported group was 9.439 and for unsupported group was 12.60 having a significant statistical difference. ($P=0.004$).

Discussion

According to the findings, support is a very effective factor in the prevention of postpartum depression in the participants and the midwives' supportive care significantly reduces postpartum depression.

Keywords: Key words: Supportive role of Midwives. Prevention, Postpartum depression.

COMPARATIVE STUDY ON THE EFFECT OF OCCUPATION AND SOCIO-ECONOMIC STATUS OF MOTHERS ON THEIR CHILDREN'S HEALTH TREND

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Purpose

Comparative Study on the effect of Occupation and Socio-economic Status of Mothers on their Children's health trend.

Introduction

Nowadays woman play active major roles in scientific, artistic, social, economical and political fields of life as well as other domains of human life.

Regarding their important responsibilities in the society pregnant women's health as well as their infant's as a susceptible class of society look crucial especially for those mothers working out of home with double hard responsibilities.

Low weight infants and premature delivery as noticeable problems of this century can both cause mortality, IQ changes, nervous complications in children or even mental retardation, behavioural disorders, cerebral plays and visual and audial disorders.

Former Studies have reported working pregnant mothers with Socioeconomic problems may have low weight infants or early delivery. So the researchers decided to carry out a research in which the effect of mothers, occupation and socioeconomic status on the weight and time of delivery in women between 14 to 49 years of age referring to all hospitals in Isfahan city of Iran in 2004 was investigated.

Methods and materials

This is an analytic cohort study on 2101 subjects randomly selected from women aged 15-49 years referring to delivery wards in all hospitals in Isfahan from march 20, 2004 till August 22, 2004.

There were five groups of study as 1- group one, 1611 housewives, 2- group two, mental physical occupations, 94 subjects, 3- group three, hard physical occupations, 38 subjects, 4 group four, mental occupations, 219 subjects, 5- group five, easy occupations 139 subjects.

Data collection tool

All medical files, interviews, observations, filled questionnaires were used to analysis the data by descriptive statistical method one way ANOVA , multi variable Regression analysis and logistic Regression Test, etc.

Results

There was a significant difference between the infants' mean birth weight in group 2, 4 and 5 comparing group 1.

- There was a significant difference between the birth age in group 4 comparing group 1. (Table 1,2,3)
- There was an invert significant association between birth weight and mothers' educational degree ($p=0.008$).

- There was a significant difference between the variables as type of mothers' occupation ($P < 0.001$), working shift ($p = 0.001$), working type (mental, physical, both $p < 0.001$), mothers' socioeconomic status ($p = 0.001$) and birth age and weight. (Table 4, 5).

Discussion and conclusion

Regarding the finding of this study, the average mean of working time for women working in physical and mental occupations is recommended to be decreased;

Working in different shifts is recommended to be omitted for pregnant women due to its negative effects on birth age and weight. A longer leave with no payment decrease is recommended for pregnant women during their pregnancy to diminish their occupational stress pregnant women are recommended to be supported with enough maternal care concerning appropriate nutrition and a better fetus weight gain.

Keywords: socioeconomic, fetus weight, occupation

A REVIEW OF QUALITY ASSURANCE IN THE GERMAN HEALTH SYSTEM: A COMPLEX TRANSITION PROCESS

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Purpose

The interest in quality assurance and management in health care has increased in the last decades as the financial crises in most health systems generated the need for solutions to contain costs while maintaining quality of care. In Germany the development of quality assurance and management procedures has been closely linked with health care reforms. Starting in the early nineties quality assurance and management issues gained momentum in reform legislation only 10 years later.

This review summarizes recent developments in medical quality assurance as related to the federal reform legislation in Germany. It provides an overview on the infrastructure and actors and of the current discussion concerning quality assurance in medical care.

Germany had to catch up on implementing quality assurance and management in the health system compared to other countries. Considerable progress has been made, however, it is recognized that the full integration of quality assurance and management will require long-term commitment in developing methods, instruments and communication procedures. The most ambitious project at present is the development of a comprehensive comparative quality assurance system for hospitals at national level, including public reporting. For the time being medical quality assurance in Germany is dealt with as a technical and professional issue while the aspects of patient orientation and transparency need further advancement.

Keywords: Quality assurance, quality management, medical quality, German health system

A REVIEW OF THE EVIDENCE FOR LONG-TERM USE OF NICOTINE REPLACEMENT THERAPY (NRT)

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Purpose

The aim of this review is to assess the prevalence of long-term use of NRT ≥ 1 year, and the average daily doses of NRT at twelve month after smoking cessation.

Introduction

Smoking is the greatest cause of preventable morbidity and mortality in the western world, making smoking cessation an urgent priority. In 1984, nicotine gum became the first medication approved by Food and Drug Administration (FDA) for smoking cessation.

Little is known about how common long-term gum use is in routine clinic programs. This information is somewhat difficult to come by.

The accessibility of NRT products are increased in Denmark during the last years. According to Lgemiddelkataloget we can expect prolonged use of NRT amongst 1-2 % whereas a cross-sectional survey finds 23 % long-term users. Therefore it seems relevant to look at the prevalence of this long-term NRT use.

Methods and materials

The clinical trials of NRT are identified by using four search strategies. Fifteen peer-reviewed articles are selected and examined.

Results

The prevalence of long-term gum users (≥ 1 year) shows that 20 to 25% of those who remain free of tobacco for one year may continue to use the gum. The average daily dose of gum at twelve month after smoking cessation is two to seven pieces 2 mg. gum. pr day. And the number of doses used pr day is stable over time even up to one year. These results, however, may be less informative for real-world situation. A Cross-sectional survey shows that long-term use of NRT is expected for 23 % and at the same level as for former smokers, irrespective of a success with smoke cessation

Discussion and conclusion

There is a fair identity between the results found in the literature for the extent of long-term use of NRT at the level of 20 to 25 % for those who remain free of tobacco. Also the daily doses of two to seven pieces gum are broadly supported. The studies however show a great numbers of loss to follow-up. There is clearly a need for more research in the area of the long-term use of NRT for treating tobacco dependence and preventing relapse. NRT is well tolerated when used for the short term, but more data are necessary on the safety of their long-term use.

Keywords: Smoking Cessation, Long-term use of NRT

**DEVELOPMENT OF AN USEFUL EVALUATION METHOD OF SHORT-TERM POST-EDUCATION COURSES FOR HEALTH PROFESSIONALS.
SYSTEMATIC EFFORTS IN HEALTH COUNSELLING A POST-EDUCATION COURSE FROM THE CLINICAL UNIT OF HEALTH PROMOTION IN HOSPITALS**

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Purpose

The purpose of this project is to find the best method of evaluation, which is possible for The Clinical Unit of Health promotion in hospitals, to use in the daily clinical work, to evaluate the post-education, SEH. The purpose was partly to evaluate if the post-education course was in agreement with the purpose for the education, and partly to research how a multiple choice test can be used as an evaluation tool, to evaluate if the participants expand their knowledge.

Introduction

There is no tradition for evaluation of short-term post-education courses for health professionals. The evaluations performed today evaluate/measure how those who participate in the course react to it.

The Clinical Unit of Health Promotion in Hospitals, Copenhagen, has developed post-education courses for health-professionals. One course, the Unit offers, is Systematic efforts in health counselling (SEH). The purpose of this post-education course is to develop the competence of the health professionals to carry out health counselling with patients and to expand the knowledge of the health professionals within clinical health promotion.

Theory

In 1959 Donald Kirkpatrick developed the evaluation-model The Four Levels. It describes four different levels of measuring effects of an educational course: The Reaction-, Learning-, Behaviour- and Result-level. It is one of the most used evaluation models in industrial organisation, where the employers are post-educated. According to Kirkpatrick, there is a one way causal connection between the levels, from the Reaction-level to the Result-level. The evaluator can also decide only to evaluate effects on one level.

The evaluation model is useful for evaluating the effects on SEH, but it has some limitation. The model does not take personal and contextual factors into account.

Method

Using the The Four Levels we chose to evaluate the effects on the Learning level. We chose only to evaluate the effect of expanded knowledge and we found that the most validated tool was a multiple choice test.

The other half of the project accounts the development of the concrete multiple choice test we used for the post-education SEH. We made a pilot-test of the multiple choice test to see how it performed in practice. We chose to give the multiple choice test as a post-test. We had a control group to measure the general knowledge of health professionals, who have not participated in the course.

Results

The results of the pilot-test showed that evaluation works in practice with a multiple choice test. All the participants filled in the multiple choice test. But the answers of the participants and the control group were alike and the proportion of correct answers was very high in both groups.

Conclusion

To evaluate the knowledge of participants with a multiple choice test as a post-test works in practice, but the contents of the test as well as the pilot test-design have to be adjusted, before The Clinical Unit of Health Promotion in Hospitals can use the test in the daily clinical work. A long-term goal will be that the multiple choice test will be implemented in the post-education course SEH and the use of the test will be expanded to other post-education courses for health professionals.

Keywords: Evaluation, Clinical post-education, multiple choice test

THE EXPERIENCE OF DEVELOPMENT OF EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES

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Purpose

In 2000 the Expert Committee of leading specialists in various branches of medicine has been organized by the HealthCare Agency of the RK. The purpose of Committee's activity is development of evidence-based clinical guidelines.

Introduction

Within the framework of this project the group of methodologists for the collecting and the analysis of existing scientific researches was organized in the field of developed clinical guidelines.

Methods and materials

The Expert Committee defined five diseases (myocardial infarction, stroke, pre-eclampsia, acute appendicitis, tonsillitis) on the basis of parameters of level of morbidity, hospitalization, mortality of the population, cost and expenses of treatment. The development of clinical guidelines on chosen themes has been started.

Results

The primary goal was systematic search of information. We performed the review of existing randomized-controlled trials, cohort and cross-sectional studies, meta-analyses, case – control studies, evidence-based clinical practice guidelines, systematic reviews.

During search the following Internet databases were used: Cochrane Collaboration, PubMed library and the specialized thematic Web-sites.

About 200 specialized databases were overlooked and 60 clinical guidelines, about 300 randomized-controlled trials executed since 1992 were selected. Full text of 45 clinical guidelines and 30 randomized-controlled trials were received.

Discussion and conclusion

The appraisal of each selected scientific work was carried out on the basis of Evidence Table Templates designed by Scottish Intercollegiate Guidelines Network.

Thus, at present time the development of National clinical guidelines is at a stage of critical appraisal of the selected scientific data.

Keywords: EBM practice guidelines

**DENTAL PUBLIC HEALTH AND ORAL HYGIENE AMONG THE YOUNGEST
POPULATION IN MACEDONIA INCORPORATED IN THE TEACHEING CURRICULUM
BY THE MINISTRY OF EDUCATION**

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Purpose

Enhancing public, especially parents and children awareness of the extremely low quality of oral hygiene and the urgent need to improve the youngest children interest for their health thus the dental health as part of it promotes new healthy dental habits, which in a way is the purpose of this study.

Introduction

Research taken from January to February 2005 shows that the oral hygiene among the youngest was on a satisfactory level (almost 90% of them brushing teeth and learning to floss) only in the biggest cities, while the results in the smallest towns and the rural surroundings were very disappointing. Only 17% of the children had their own tooth brush, 20 it% was shearing with the other siblings or the parents but only 3-7 % were using it on an everyday basis. Using the authority of the Ministries of Health and Education and the growing linkage between them and the School for public health, a voluntary based dental health promotion was introduced in 5 kindergartens and 3 elementary school as a pilot program

Methods and materials

A small pilot program was launched in which we used the drawings of the students from the elementary school (on oral hygiene themes) to promote dental health in the kindergartens also using big plaster models (jaws, tooth, etc) and huge tooth brush to show the proper way to brush the teeth. We organized small competition "the whitest tooth" and gave presents such as small tooth paste and tooth brushes. We were supported by both Ministries (of health and Education) with leaflets and approval. For the students from the elementary school a visit to the dentist was organised were the check- up their teeth and try doing it to one another.

Results

The results were excellent. The children continued with their competitions and the use of the tooth brush becomes a routine. Only few (6) among the students from the elementary school didn't use the brush but the result from the kindergarten was 100% use.

Discussion and conclusion

Although it was conducted among very small and closed group of population, it was obvious that the habits are learned and easily accepted while young. The support from the policy makers is essential for the success of any program. Incorporating such health promoting programs in the children and students everyday' routine is of benefit both for them as well as for the community.

Keywords: dental, policy, link

THE RELATION BETWEEN RESEARCH AND POLICY ON DRUGS – HOW WAS AND HOW COULD BE

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Purpose

The goals of the study are:

To analyze the history of policy and research development in the area of drugs in Romania, to explain the evolution of it, to consult the experts in the field to give their insight, understanding and perspective about the process itself in which are involved, to show that the policy process cannot be evidenced based if do not exist an awareness about the importance, benefit of relying the decision making process on such approach, an active and continuous connection efforts bringing together various type of professionals and a willingness to pay research.

This target can be reached building the institutional capacity to create, motivate professional teams, adding in training process beside the technical aspects, the understanding about how global, deeply interconnected and determined are the different levels of society. Facilitating and strengthening this perspective, public health can harmonize his roles of knowledge driven, problem solving and social interaction

Introduction

It is assumed that the policy-making is better if it is research- informed but for this the existence of appropriate mechanisms and networks is essentially needed.

Methods and materials

Case study including: document analysis on main laws, formal papers of policy and strategy issued in the field of drug policy in Romania; in depth interview with key-informants represented by decision makers, researchers, providers of services, journalists; focus group with researchers and public health trainers, review of scientific reports elaborated in this area.

Results

From chronological perspective the research in the area came when structures and functions already existed. The theories and models dominating the interventions were imported and the training and gaining expertise were mostly assured by international agencies. The funds allocated to research were generally limited and received with delay accordingly with data collection requirements; institutions providing research made in kind efforts at financial, human and technical resources. The dissemination of findings remained limited. The policy makers – beyond the lack of continuity of their position influenced by election and professional dynamic dislike the delay till the launching of the final report, the hermetic style of data, and the fact that the information is not translated in answer to policy questions. The scientific world, showed reluctance towards the attempts of providing findings in a more “friendly” manner accusing diminished accuracy. The researchers experienced beyond research process related difficulties (lack of appropriate soft, of sufficient human resources) an attitude of indifference, hostility and methodological prejudices. Some findings were not accepted from political or social point of view. It is perceived the need about searching and analyzing more the reality of drugs phenomenon, the distance between formal and informal data but there is no real support in providing data.

Discussion and conclusion

To increase the national research input in national policy development, specific connection should exist between various institutions and more clarification about everyone role. The public health training should enlarge, complete the curriculum, the audience; the understanding about political, social interfaces of different phenomena should be taught before or simultaneously with others disciplines and promoted as basic knowledge not as advanced. Researchers working in the area of public health should learn to make the decision makers their allied, to acquire the capacity of involving and impressing more the decision makers. Specific features and limitations of research in drug fields (sampling, data collection), the speech and argumentation technique, communication skills should be developed. A general awareness about the importance of need assessment and intervention evaluation should be built. Not in the last, when international expertise is offered, the national institutions should pay more attention in creating and assuring the further sustainability.

Keywords: policy, research, drugs

CARDIOPROTECTIVE MEDICATION USE IN POST MYOCARDIAL INFARCTION PATIENTS AT NORK-MARASH MEDICAL CENTER

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Purpose

The purpose of the study was to evaluate the level of adherence to the existing treatment guidelines for prescription of different groups of cardioprotective drugs to post-myocardial infarction patients and to identify factors predicting the prescription of cardioprotectors to post-myocardial infarction patients at the Adult Cardiology Clinic.

Introduction

Patients with a history of myocardial infarction remain at high risk for recurrent cardiovascular events and mortality. Secondary prevention improves survival and decreases the risk of recurrent events in these patients. Recent treatment guidelines recommend universal prescription of antithrombotic agents, beta-blockers, angiotensin-converting enzyme inhibitors (ACEI), and statins to all patients with a history of myocardial infarction unless contraindications exist. This study was conducted in the scope of American University of Armenia and Nork-Marash Medical Center (NMMC) collaborative Quality Assurance Project to assess the situation with prescription of cardioprotective medication in post-myocardial infarction patients at NMMC.

Methods and materials

A cross-sectional record-review study of cardioprotective medication prescription in post-myocardial infarction (MI) patients was conducted at the Adult Cardiology Clinic (ACC) of the NMMC. The inclusion criteria were patients diagnosed with coronary artery disease with an acute myocardial infarction or a history of prior myocardial infarction. Records of all 133 patients with myocardial infarction whose primary visit to ACC was during 2004 were reviewed. The prescription rates were calculated with inclusion of only those patients having no contraindication for the given group of medication. For each group of medications, the factors significantly associated with prescription rates were found through logistic regression analysis using STATA 7.0 software.

Results

The prescription rate for aspirin was 96.1%, beta-blockers 60.8%, angiotensin-converting enzyme inhibitors 60.2%, and statins 13.6 %. The prescription patterns of statins were improved as compared to the available data from 2003 (6.3%, $p=0.03$). The only factor significantly associated with aspirin prescription patterns was gender of patients with less frequent prescription in women. No significant predictors were found for prescription of beta-blockers. Hypertension and ejection fraction < 40 were significant predictors for ACEI prescription. Stent placement and cholesterol testing were significantly associated with prescription of statins.

Discussion and conclusion

In terms of adherence to the existing treatment guidelines for post-MI patients, the study revealed a considerable treatment gap for statin prescription. The rates of ACEI and beta-blockers prescription were higher, but still lower than the recommended levels. The highest extent of adherence to guidelines was observed for aspirin prescription. Comparison of prescription rates of cardiovascular drugs in post-MI patients across different institutions showed higher prescription rates for beta-blockers and ACEI at NMMC as compared to several western outpatient clinics. The rates of statin prescription were lower than that reported from the majority of western outpatient settings. Several

hypothesis were suggested to explain the treatment gaps of cardioprotective medication prescription, such as low affordability of drugs, focus of ACC providers on invasive procedures, and unsatisfactory exposure of providers to recent evidence-based guidelines recommending broader indications for cardioprotective medication prescription.

Keywords: cardioprotective medication, myocardial infarction, prescription

RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF ATOPIC DERMATITIS AMONG CHILDREN IN YEREVAN: A CASE-CONTROL STUDY

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Purpose

This study identifies the possible relationship between exclusive breastfeeding, early solid food diet, family history of atopy, and antibiotics exposure during the first year of life and clinical manifestation of AD in children.

Introduction

A number of studies show that breastfeeding offers a safe and effective mode of protection against Atopic Dermatitis (AD) during the first years of life. However, the issue of protective effect of breastfeeding remains controversial. Therefore, further research is needed to confirm these associations.

Methods and materials

A case-control study was conducted among children aged from one to seven years in Yerevan. Cases were selected from Allergy Department of Republican Children's hospital in Yerevan. Controls were selected from pediatric district polyclinics in Yerevan. Information regarding infant and family history and infant-feeding pattern was obtained from the mothers of children during telephone interviews. Eighty-five cases and 155 controls were interviewed. Descriptive analysis was used to determine characteristics of cases and controls. Multivariate logistic regression was used to examine the relationship between AD and study variables and control for potential confounding and effect modification. Scoring system was created for risk factors of AD. Odds ratios and 95 % confidence intervals were calculated by logistic regression to investigate the relationship between risk factors' scores and the development of AD.

Results

The adjusted OR for exclusive breastfeeding less than 3 months and solid food introduction after 4 months of age was 1.16 (95 % CI 0.46-2.97), for exclusive breastfeeding for more than 2 months and solid food initiation during the first four months of life was 1.43 (95 % CI 0.47-4.32), and for exclusive breastfeeding less than three months and solid food initiation during the first four months of life was 10.99 (95 % CI 2.93-41.29) compared to exclusive breastfeeding for more than four months.

Family history of atopy, surroundings without parks or gardens and antibiotics exposure were strong risk factors for AD. Allergy of father seemed to be stronger risk factor for the development of AD in children than allergy of mother. Highest risk (OR=17.92; 95% CI 3.18-100.90) for AD was for children from families with double atopic risk. We found potential effect modification between allergy in mothers and antibiotics exposure during the first year of life.

The risk of development of AD increased with increasing of final risk factors' score. The odds ratio increased from 3.4 (95 % CI 1.43-9.56) for lowest score to 43.76 (95 % CI 14.57-131.49) for highest score.

Discussion and conclusion

This study indicates that not early cessation of exclusive breastfeeding and nor early initiation of solid food separately could be the risk factors for the development of AD during the first seven years of life. The combination of these two factors increases the risk of AD almost ten times.

Exclusive breastfeeding for at least 3 months should be recommended for all infants to prevent development of AD. When exclusive breastfeeding is impossible solid food should be avoided during the first 4 months of life.

For children from families with atopic risk exclusive breastfeeding at least 3 months and avoidance of antibiotics exposure become particularly crucial. General practitioners should avoid baseless prescription of antibiotics to children with family history of atopy.

Keywords: atopy, children, breastfeeding

A MULTIDISCIPLINARY TEAM EVALUATES THE POTENTIAL EFFECTS OF LOCAL PROGRAMS ON THE HEALTH OF THE POPULATION THROUGH HEALTH IMPACT ASSESSMENT (HIA)

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Purpose

To assess the potential effects of local policies and programs on the health of the population, on that of the environment and of animals, through a multidisciplinary team approach, providing to local politicians the scientific evidence on which to base their decisions.

Introduction

Politicians and administrators generally proclaim that citizens and their well-being are at the heart of their work but often this is not the case. HIA offers an innovative approach for evaluating policies and programs based on scientific evidence and congruent with the population comprehensive health needs. Regardless of the sectors they originate from, HIA assesses decisions influence on the health and on the quality of life of the target population.

Methods and materials

CEFPAS, the Centre for Training and Research in Public Health of the Sicilian Regional Government, is implementing a HIA initiative in the province of ragusa, Sicily. This 2 year project evaluates province and town determinations that may have an impact on local populations health.

The project focuses on the integration of individual and public health interventions and uses operational platforms placed at community level that become natural bases for alliance negotiation and synergy development. The multidisciplinary team is composed of politicians, economists, GPs, hygienists, specialists, veterinarians, farmers, environmentalists, representatives of citizens groups and CEFPAS personnel. The population representatives have a proactive role in the management of the assessment process and in the use of its results.

The project is composed of 5 main stages:

- screening: creation of the instrument
- scooping: definition of the assessment process
- assessing: evaluation was carried out
- reporting: elaboration of the recommendations
- monitoring: evaluation of HIA influenced on the decision making process and in its sustainability.

A preliminary stage was carried out in order to flowchart the detailed steps used to approve local determinations. This was necessary in order to decide on the most appropriate time to intervene with the HIA. The instrument of analysis was tested and validated through retrospective assessments.

Results

A set of instruments was developed tested and validated and was used to carry out the first retrospective assessment.

A retrospective evaluation was carried out on two deliberations dealing with:

- waste disposal
- purchase of an electromixer

A document with recommendations was produced and presented to the Mayor and to the City Councillors. Concerning the waste disposal, it was suggested that a safe system to store the special waste laying near the industrial sheds was necessary as the one currently used was considered unhealthy for the population.

The purchase of an electromixer to substitute the existing one in the city purification plant received a positive note from the HIA team because, with this deliberation, the municipality prevented possible negative effects to the environment and to population health. The Mayor welcomed with enthusiasm the initiative and committed himself to continue to support this co-operation asking the HIA team to undertake prospective evaluations on emerging issues.

Discussion and conclusion

Through HIA, politicians and administrators are now concerned about the various health determinants - not only about those strictly related to health services. They also start to appreciate the possibility of carrying out evidence-based decision-making putting the health of the population at the centre of their work.

Public health professionals are enthusiastic to take part in truly preventive efforts in their communities.

The population starts to recognise the benefit of evidence-based information for possible lobbying purposes, to protect their personal as well as their community's health.

Keywords: HIA, managing health policy, alliance and negotiation.

TOWARDS UNITY FOR HEALTH

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Purpose

To diminish fragmentation promoting multi-professional integration in services and care delivery.

Introduction

In Sicily collaboration among different health professionals hasn't been very effective. Cefpas is implementing this project in the Ragusa Province. It was developed in response to the preoccupations expressed by WHO of the heavy fragmentation in services delivery with consequent non co-ordinated, ineffective/inefficient results.

Methods and material

The project consists of 3 micro-projects:

- 1) Sustainable partnership between Hospital Specialists and General Practitioners to rationalize GPs requests of hospital services, satisfy population's needs, reduce wastes, optimize resources and improve the quality of services.
- 2) Prevention/control of Brucellosis through a sustainable partnership among health professionals and empowered Animal Breeders.
- 3) Health Impact Assessment (HIA): to assess the potential effects of local policy/programs on the health of the population, through a multidisciplinary team approach, providing local politicians with the scientific evidence on which to base their decisions effectively.

For integrating individual and public health interventions, operational platforms at community level are used as natural bases for alliance negotiation and synergy development.

Results

- 1) The first data collection on GPs prescriptions shows:
 - hospitalizations requested by GPs: only 3% - to be increased as GPs should filter appropriate hospitalization demands;
 - appropriate hospitalizations: 96% - highly appropriate;
 - CAT scans for suspected neoplasia done within 7 days: 72% - to be increased;
 - protein electrophoresis: 18% - to be reduced.
- 2) 100 questionnaires were administered to animal breeders to acquire information on their knowledge and behaviour related to Brucellosis. Analysis is underway.
- 3) A retrospective evaluation was accomplished on deliberations dealing with:
 - Waste disposal
 - Electromixer purchasing

A document with recommendations was presented to the local Government.

Discussion and conclusion

Reducing fragmentation improves cost-effectiveness and contributes to overall health. This project was greeted with enthusiasm by all stakeholders, who have worked well together in an atmosphere of fruitful collaboration.

Keywords: Integration, reducing fragmentation, common platform

MANAHEALTH – EXTENSION AND PROMOTION OF EUROPEAN PUBLIC HEALTH AND MANAGEMENT TRAINING INITIATIVE

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Purpose

The objective of the presentation is to demonstrate the new EU project which has in view further promotion and dissemination of EUROPHAMILI training course.

Introduction

Three successful sessions of EUROPHAMILI course in 3 consecutive years (2002-2004) made possible to apply to European Commission for new Leonardo da Vinci grant. The main task for MANAHEALTH project is enlargement the group of countries participating in training procedure to enrich the transnationality. Academic/professional partnership and innovative permanent education for a European health management is demanding of time. Bringing closer together professionals in public health management and the actors who are in charge of their initial and continuing education, improving quality and access to professional continuing education by using innovative ways of teaching are the aim of new project

Methods and materials

Very important is also widening the application of Europhamili results through a transfer and adaptation of products, tools and methods towards new geographical zones and new publics. The programme has been built on enlargement of the European Network of Schools of Public Health AESCULAPIUS. That has to be done through including new partners from various origin countries. Among new participants there are Bulgaria, Lithuania, Spain and Ireland.

New teachers from all participating countries have to be included in the process of training.

Very important is also widening the application of Europhamili results through a transfer and adaptation of products, tools and methods towards new geographical zones and new publics.

The programme has been built on enlargement of the European Network of Schools of Public Health AESCULAPIUS. That has to be done through including new partners from various origin countries. Among new participants there are Bulgaria, Lithuania, Spain and Ireland.

Results

New teachers from all participating countries have to be included in the process of training. Therefore methodological session for this group of teachers has been organized to share the experience of former Europhamili staff and discuss all aspects of education. After that session all new teachers have been involved in Teaching Unit they were interested in starting 2005 session.

Discussion and conclusion

Europhamili project was the pilot initiative which requires further promotion. There is a great need for innovative and accessible training tools especially within an enlarged European Union and Easter and South Europe. Health systems are confronted with new needs and management skills to work in new environment are essential.

Keywords: public health, international training, health care management

THE FOUNDATION OF THE CENTRE-SCHOOL OF PUBLIC HEALTH IN BELGRADE IN 2005

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Purpose

The science and practice of new public health have the key role in promotion of people's health and the reform of the health care system. The development of the School within the Medical School and its connection with the University, will provide the School's autonomy on one side, and a multi-professional and interdisciplinary approach on the other side. The mission of the School of Public Health is to improve and preserve the health of people, prevent health disorders and provide an efficient and good-quality health care.

Introduction

The foundation of the Centre "School of Public Health" within the Medical School of Belgrade University is a precondition for the improvement of professional training in public health, provision of a wider scope of skills and a higher level of knowledge needed for solving health priority problems as stated in the Agreement on Cooperation and Understanding, concluded between the Medical School in Belgrade, European Agency for Reconstruction and the Ministry of Health of the Republic of Serbia.

Methods and materials

The evaluation of the programme is the key part of the School of Public Health which is inclined to the international standards and comparability. Thus the elements of internal and external evaluation will be incorporated into the process of the work of the school. The evaluation process will include the following elements: structure (building and the equipment), staff (number, education with the emphasis on the multi-professional skills and ability), contents (the number of courses during one year, ECTS for each course, as well as a detailed curriculum). An important component of the evaluation process will be the estimate of the satisfaction of the students, that is, the opinion of the students, as the key element on which the changes in way of improvement of contents of educational programmes and training will be based.

Results

The development of the School of Public Health will be monitored through a constant support of the panel of international experts and institutions. Development of partnership and joining the network are important elements of the School of Public Health's success. Cooperation with partners will be bilateral and multilateral, national and international, depending on the profile and potential of the institution with which the agreement on cooperation is being concluded. Major fields of cooperation are teaching, work on the theses, scientific-research work (projects, etc.), consultative services, as well as the work on programmes and health promotion activities.

Discussion and conclusion

The C-SPH has excellent chances to become a major centre of Public Health training and research.

Keywords: School of Public Health, Serbia

SIX UNIVERSITIES UNDER ONE ROOF. SSPH+

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Purpose

In Switzerland there are several postgraduate programmes in Public Health training. Currently the Swiss School of Public Health (SSPH+) is being founded. We propose presenting an informative poster on the current status of the development of the SSPH+.

Introduction

In the past decades many developments have occurred in the Swiss Public Health area. After professorships of Social and Preventive Medicine were first introduced at the Swiss universities in the 1960s, the following two decades showed a trend towards a comprehensive Public Health approach. Multidisciplinary contacts were increasingly maintained beyond the narrower field of Social and Preventive Medicine, in particular with the Social Sciences (Health Psychology, Medical Sociology), as well as Health Economics, and other fields of study. In 1990, the first postgraduate training programmes in Public Health began in Switzerland. During 2002-2004 the Network of Public Health and the Network of Health Economics were financed by the Swiss University Conference (CUS) with the aim of strengthening the position of Public Health as a research and training area. The networks developed the concept for a Swiss School of Public Health (SSPH+). Financially, the initiating process is being supported by the CUS during 2005 - 2007.

Methods and materials

The vision is to develop an organisation that will serve as a model for a successful national collaboration in Public Health and related areas in research as well as in scientific and professional training.

The goals of the SSPH+ include

- promoting and developing highest quality of postgraduate training for Public Health scientists, practitioners and leaders
- creating and developing a platform to support discussions, reflection and the diffusion of knowledge
- promoting a stimulating academic environment
- establishing new and strengthening existing collaborative partnerships
- positioning the SSPH+ as a resource to organisations that work on health issues
- organising events that promote the development of a Public Health culture in Switzerland

Keywords: Public Health training, postgraduate, partnerships

THE IMPORTANCE OF SUSTAINABLE PARTNERSHIPS

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Purpose

Cooperation among people and among countries is of utmost importance, especially in public health. Partnerships are the foundation for planning, delivering and evaluating public health. Therefore sustainable partnerships should be created (and maintained)

Introduction

The health research capacity will be enlarged by the strengthening of these international networks. Cooperation on a national level will increase the possibility of evidenced based practice and research capacity but by far not as much as cooperation on an international level will do. Combined knowledge and methodologies could lead to new outcomes and innovative new insights.

Second, health science is a broad field of study. The fields of mental health, social studies and biological research, these subjects are too extensive for one university. With the right partnerships a large field can be covered in an experiment and each university can become more specialized in a specific area.

Besides having the advantage of the best surroundings for the experiment, new ideas, opinions and different methods can be exchanged. These additional perspectives on a subject can be very helpful. The more perspectives and the more opportunities, the larger the number of experimental designs that can be researched.

The current international bachelor/master structure and the promoted mobility of students by the European Credit Transfer System (ECTS), enhances the possibilities for specialization. The bachelor is a more general study. To become more specialized in a field, the master is a perfect opportunity to focus on a smaller more detailed subject. With the right partnerships this research internship can be done at any most specialized university and the introduction of the ECTS made it easier for students to become mobile. The promotion of mobility will be profitable, for scientific research as well as for the students as for universities all over Europe.

The international community is more focused on well-trained and well-educated people working in the different departments of health science. Well-educated and well-trained health science students are necessary for the national and international community. Partnerships for educational purposes among international universities can provide a more diverse program for future employees. This increases the effective exercise of movement. More access to courses, training, teaching, and research possibilities. These extras can strengthen the position of students on the labour market.

Discussion and conclusion

How to reach these profitable outcomes? This will not be easy; it takes a lot of effort and time. That is why this conference is so important, new relations and new networks can be created and can evolve from the opportunity to discuss all the different views. With the help of modern technology communication becomes easier, faster and reaching a larger target group. On the internet different working approaches can be discussed, solutions found and more transparency created. It's in all our interest to work together.

Keywords: Students, Partnership

INTERNATIONAL COLLABORATION AS A SUCCESSFUL APPROACH IN MEETING CHALLENGES IN PUBLIC HEALTH

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Purpose

Application of knowledge and experience of Health Care professionals in community education and consequently increased awareness of Preventions as a crucial step in building healthy community in Balkan countries.

Introduction

Public Health in South East of Europe faces many challenges. In order to be able to follow modern requirements the whole health system in Serbia and Kosovo is changing rapidly. In this trend of changes, the role of Public Health sector is becoming even more important. Ability to meet and solve efficiently practical challenges such as reduction of smoking, prevention of AIDS and other diseases or environment protection is constantly requested.

Methods and materials

Cooperation with relevant institutions, interviews with health professionals, community members and comprehensive data analysis during period 2003.-2004.year.

Results

Several awareness campaigns were organized by matching the knowledge of local professionals and expertise of international organizations such UNICEF. Evaluation of the input Public Health awareness shared increased interest of community members in problems addressed in campaigns. This resulted in several discussions and questions raised seemed to be positive feed back for Public Health professionals and decision makers.

Discussion and conclusion

Balkan countries are passing through the period of fast changes and more than ever there is a need to use health prevention as effective tool in maintaining general community health.
What Public Health sector can do in transition period?

First of all, constant education of community on all levels is necessary. But besides traditional may such lectures, leaflets, more interactive approach is needed. This approach requires active involvement of each community member in discussions, workshops, trainings, in another words constant presence of Public Health sector in community life.

For successful realization of this approach world-wide experience is necessary. Therefore cooperation with relevant international organizations such as UNICEF, WHO etc. showed good results.

In conclusion, combination of local knowledge and international experience is efficient way to meet and solve the challenges in Public Health.

Keywords: cooperation, education, challenges

THE EFFECT OF THE STUDENT HEALTH EDUCATION ON THEIR FAMILY KNOWLEDGE AND PERFORMANCE

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Purpose

Determining the effect of the students health education on their family knowledge and performance.

Introduction

One of the most important issues in the educational system in the developing countries is health education and the role of the involvement and participation of individual and group in this matter and it is basic responsibility of community health nurses in the family health.

Methods and materials

This research is a quasi- experimental research with 80 pair parents whose children were guidance school students. The participants were selected in a random sampling manner and were divided into two groups as case and control groups. A community health nurse executed health education program for them. Then the knowledge and performance of the parents of the participants in the two groups were examined.

Results

The parents knowledge and performance in the case group was better than the control group ($p < .001$ in knowledge and $p < .04$ in performance)

Discussion and conclusion

Students health education can affect parents knowledge and performance. Community health nurses have a specific responsibility for performing this task.

Keywords: Family health, Health education, community health nurse

EXPERIENCE WITH UTILIZING E-LEARNING IN THE IMPLEMENTATION OF THE NATIONAL DRG SYSTEM

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Purpose

The Institute is an organisation that provides post-graduate education for doctors, pharmacologists and dentists. One of its 85 professional institutes is the School of Public Health. That, besides teaching the health care managers, also solves research assignments, implements projects, conducts health care analyses and develops conceptual materials.

In 2002 the Institute became responsible for the performance of the DRG Pilot project in the Czech Republic. The success of the entire project was preconditioned by educating a wide range of health care staff. The method of e-learning programmes in combination with classic classroom education was selected. The establishment of the project team and education of its members has become a crucial moment for the performance of a national e-learning project. The heterogenous nature of the team members' professional orientation is confirmed by their composition (authors, methodologist, graphics expert, executive editors, reviewers, editing board, administrator and course manager).

The execution of the project, naturally, encountered problems. Only during the performance of the project did the need for changes in the project team become obvious. Some of its members were external co-operators and their availability was restricted. Also, motivational problems occurred in the functioning of the team. Motivation was far from being merely associated with financial rewards and therefore it was necessary to find other motivational factors (social recognition, possibilities to communicate with domestic and foreign experts, formation of an independent department, retreats, etc.).

Despite the aforementioned problems, the project can be judged as being positive in hindsight. The main contributions can be assessed to be the possibility to individually select the programme, time and place of study, self-evaluation in the form of review tests and the possibility of electronic communication with the lecturers with a faster response rate than with classic personal consultations involving appointments.

Our experience with the national e-learning education system, then, is positive and yields the assumption that the method will be used more and more often, in other areas of postgraduate and life-long learning also (for example, in the area of urgent medicine, catastrophe medicine, medical law or when teaching practitioners, etc.).

Keywords: education, e-learning, Diagnosis Related Groups

TWO DAY TRAINING COURSES FOR THE VILLAGE AMBULATORY NURSES

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Introduction

The courses were organized by the Garo Meghriyan Eye Institute For Preventive Ophthalmology (GMEIPO) within the Center of Health Services Research and Development (CHSR) of the American University of Armenia (AUA) and were sponsored by the Jinishian Memorial Foundation (JMF) and the World Vision (WV/Armenia). The courses were held in Gegharkunik, Taush and Lori marzes.

Aim

Improve the knowledge and practical skills of the primary eye care personnel in marzes.

Background

The primary eye care in marzes is in a poor level and in some places it is not yet developed. In many marzes there are neither primary nor secondary eye care specialists, in others the responsibilities of nurses are accomplished by not competent individuals (accountants, school teachers, etc.). Besides, in some regional units there are ophthalmic equipment (slit-lamps, ophthalmoscopes, etc.), which are not used due to lack of appropriate knowledge and practical skills of the medical personnel.

Due to all abovementioned the incidence of eye diseases and the blindness rate are very high in marzes. The 3.7% of blindness estimated in marzes exceeds the numbers reported for European countries. Cataract constitutes the major cause of blindness (69.7%) and is responsible for 76.1% of severe visual impairments. Absence of trained medical personnel, limited options on continuing medical education, financial constrains and lack of public awareness are the main barriers to reduction of blindness.

Taking into account all these, the GMEIPO organized trainings for the primary eye care personnel. Trainees were chosen from different villages according to the following criteria: distance of the village from the regional hospital and size of the population served by the nurse.

Course description

During the training course the nurses were acquainted with the basics of ophthalmology and learned practical skills to detect eye diseases in early stages of development. The theoretical part was presented by means of lectures and interactive sessions. Lectures on the visual organ anatomy, physiology and the main blinding diseases were covered. Different visual aids (colour atlases, charts, etc.) were used to assist the learning process.

The importance of the eye disorders early diagnostics and the role of the primary eye care personnel in blindness prevention were emphasized.

Handouts on blindness prevention activities in the scope of "VISION 2020 THE RIGHT TO SIGHT" were distributed to nurses. The handouts contained important data on global blindness and the main blinding diseases.

A separate session was dedicated to the patient referral systems and the role of primary, secondary and tertiary levels of eye care.

The practical skills were demonstrated during the lectures, thereafter, the nurses practiced the skills on each other.

By the end of the training, the nurses were provided with necessary supplies and medications, as well as received eyeglasses, to distribute among the village population.

One of the main constrains in the courses organization was transportation. There were villages far from the RP and nurses were late for the sessions. Some nurses did not participate in courses because their husbands did not allow them to participate.

Lack of basic knowledge in nursing was the third constrain. In many villages the responsibilities of nurses were accomplished by a school teacher or an accountant.

Conclusions

1. The active participation of nurses and their interest proved the importance of training courses.
2. The assessment test held on the second day of the course revealed that the knowledge and practical skills of nurses improved.
3. To improve the quality of primary eye care in marzes the trainings should be organized repeatedly and their duration be longer.

ORGANIZATION OF PEDIATRIC OPHTHALMIC SERVICE IN ARMENIA

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“Howard Karagheusian” medical benevolent social organization

Purpose

The purpose of the “Howard Karagheusian” medical benevolent social organization is to insure that the future of children of Armenia is in good physical and spiritual health.

Introduction

The organization was established in 1992 in Armenia. The initial focus was on dental care, then the board of directors of HKCC in New York decided to expand our efforts to cover other medical fields.

Methods and materials

In 2000, the foundation introduced a pilot program in Gyumri to provide basic eye examinations to all school children. Our foundation has established pediatric regional units to develop pediatric eye services in regions affected by the earthquake. Regional ophthalmic units were established in 2000 in Gyumri, 2001 in Vanadzor, 2003 in Stepanakert, 2004 in Yerevan (Nork Center, 2 units). In each of these units there is an ophthalmologist, nurse, examination room, room for treatment of refractive errors. We have developed special ambulatory record forms for patients as well as special daily, monthly and annual reporting forms regarding the activities performed by doctors and nurses.

Results

The activities of our foundation include:

- . Screening among children from 7 to 15 years of age in schools, colleges and boarding schools to reveal visual disorders (over 43000 schoolchildren).
- . Detailed eye examination of children with visual disorders. The examination includes anamnesis, visometria, skiascopy with wide pupils, cycloplegia, skiascopy with narrow pupils, biomicroscopy, ophthalmoscopy, ophthalmometry, cover test, observation of binocular function
- . Monitoring and dispensation (11000 patients)
- . Prescription of eyeglasses (over 4500 patients)
- . Medical treatment (over 2500 patients)
- . Treatment of amblyopia with special equipment
- . Correction with contact lens for the patients with anisometropia and severe myopia (45 patients)
- . Artificial eyes for patients with anophthalmia (10 patients)
- . Surgical treatment in special hospitals (150 patients).

Discussion and conclusion

The organization also supports educational, cultural, and social programs. Since 2001 HKCC provides capital improvement services in existing children facilities like boarding schools and orphanages; it also provides hearing devices and wheel-chairs to children in need.

Keywords: Health care, children

NEW COURSES ON DRUG MANAGEMENT TO MEET NEEDS OF PROFESSIONALS IN ARMENIA

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Purpose

Years of experiences through the world prove that the effective drug management allows to reach better public health outcomes and reduce expenditures. Rising pharmaceutical spending, an increasing number of counterfeit medicines and numerous reports on adverse drug reactions, as well as other challenges confirm that rational management of medicines is becoming increasingly valuable for public health. Nevertheless, the experience and knowledge in this area are often not available to many professionals. In Armenia policy-makers and decision-makers in the pharmaceutical sector are mainly pharmacists and physicians without a special training on managing drug supply and, correspondingly, appropriate knowledge. In addition, there are a lack of own experience in drug management under the conditions of a capitalist system and a poor access to information about world practice and current knowledge in this field.

The purpose of this work was to design Curricula for Courses on Drug Management for professional development of pharmacists corresponding to both current world approaches to education in this area and needs of Armenian professionals.

Methods and materials

Review of existing local and foreign programs in the area of drug management, publications and WHO recommendations has been implemented for designing curricula and teaching materials. Questionnaire has been developed and distributed in order to assess needs of post-graduate students (interns and residents) and public health specialists in the area of drug management and drug policy as well as their perception of the drug management situation in Armenia and the role of knowledge in its improvement.

Results

Some important gaps were defined in local undergraduate programs after comparing with content of training for Courses on drug management and drug policy in International Health offered by European and US institutions. The results of analyzing questionnaires show that the majority of respondents have been not familiar with or have a little knowledge on some important drug management issues. Key competencies have been developed on a publications review. Curriculum for post-graduate education Course (duration – 6 weeks) has been designed on the basis of needs identification and assessments. It has been discussed and approved by the Educational-Methodological Commission at the National Institute of Health (NIH). Some training materials have been developed for this Course. Another Curriculum has been designed for a short in-service training (duration – 1 week) for civil servants working in the area of public health. This Curriculum has been approved by the Commission on Education at the Drug Utilization Research Group (DURG). For the first time this training Course will be organized by DURG for selected professionals in autumn 2005.

Discussion and conclusion

There is a clear need in expanding and improving knowledge of local professionals in the area of drug management. Curricula designed for new Courses at NIH and DURG will provide the opportunity for pharmacists and other public health specialists to get an access to information on

world practice and gain knowledge necessary for effective drug management.

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Keywords: Medicines Management Courses