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PREVENTION AS A COMPLEX OF SOCIAL PRACTICES AND COMPONENT OF THE SOCIAL INSTITUTE FOR HEALTHCARE

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Keywords: social institutes, social policy, healthcare, health, healthy lifestyle, health-preserving technologies, healthcare system.

ABSTRACT

There is currently a controversy between the accepted healthcare model and those professional, organizational, material and communication resources that are available for its implementation. These are discrepant models of how to manage and implement institutes for health and social policy and healthy living social practice.

The article presents original complex and sociological studies conducted from 2016 to 2017 (interview, expert survey, statistical document analysis), and the results obtained by the Russian Public Opinion Research Center, Levada-Centre (2014).

The studies resulted in finding the basic trends of prevention as a social policy, actions in the healthy living system implemented as individual behavioral strategies were described, basic components of healthy living social institute were determined. It was established that basic factors that formed behavioral strategies in the sphere of healthcare were determined by a person's inner circle (family, educational institutions, close friends). In this case, medical institutions are of lesser importance. The basic paradigm must include understanding of the fact that prevention of diseases can't be addressed through the lens of medical manipulations only, as preventive healthcare is integrity of economic, social, political and spiritual measures.

Keywords: social institutes, social policy, healthcare, health, healthy lifestyle, health-preserving technologies, healthcare system.

INTRODUCTION

The issue of preserving and improving the parameters of individual and public health and preventing negative changes in the health status of the Russian citizens is

considered as one of the most pressing issues in modern Russia both by the highest-level leaders and experts who conduct studies in this field.

In the 1990s, health-related issues of the Russian citizens were taken as the national safety concerns. According to the Russian monitoring survey of economic status and health for 2017, all social groups (children, young people, active age population and the elderly) belong to risk groups for medical reasons.

The study is relevant due to the objective needs of the society in health preservation and promotion, improvement of life quality under modern conditions and expansion of the healthcare social role.

Prevention of diseases, especially the ones that are of a great medical and social value, is a top priority task both for the healthcare system, and entire society, as the real positive effect of prevention of diseases and improvement of health depends on agreed actions of different society sectors and state policy in this field.

Prevention of health-related negative changes that preserves a person's physical, intellectual and social activity as long as possible acquires a greater importance replacing treatment of diseases and life support.

In spite of the fact that Russian healthcare has always taken prevention of diseases as a top priority, the situation faced in the system of health protection today requires to solve a number of problems in the sphere of prevention organization and practical implementation.

The Russian government took the model with prioritized primary medical aid aimed at the prevention of chronic diseases as the basis for healthcare development. The model operates upon a condition that primary care facilities provide a sufficient volume of both preventive and therapeutic services and that people are preventively active and understand the necessity of timely medical aid. Nowadays the conditions are not observed. Medical personnel is not prepared to provide professional preventive services and not motivated to deal with it in economic terms. Moreover, the preventive activity fails to correspond to standards as it is done for therapeutic services. The instrumental value of health is predominating. It casts aside health care and prevention-related activity in a patient's consciousness and behavior if other problems are available. Low affordability of medical services is of no little interest.

The measures implemented during the preventive activity (especially the ones used following destruction of the single state system of preventive activities, health survey and public health education) are fragmentary and virtually limited to the prevention of mass infectious diseases and poisoning.

According to institutional analysis, any social practices are generated and implemented sufficiently when a component of the social institute of any social subsystem has been formed. Fundamental social practices that determine people's actions are implemented on the basis of social organizations, specially created interaction grounds which determine institutionalization of any social phenomenon. Social acts depend on the formality extent of the latter. One of our purposes is to

determine to which extent some social practices in the sphere of healthcare and healthy living are formed.

In modern sociological works, health is treated as a social resource whereas healthy living is taken as a social practice (or a system of social practices which are in some cases referred to as social institutes) (A.S.Akopyan, V.S.Golubev, M.L.Berger) 1. Healthy living as a social institute includes the following social practices: observance of physiologically optimal regimen of labor, rest, rational nutrition, sufficient level of physical activity, observing the rules of personal and public hygiene, environmental protection, leisure activity useful for a person, and following the rules of psychohygiene. However, these constituents are universal, and their content can be different in various social systems. The informative constituent of healthy living practices can be determined using complex sociological studies, collection of social information and performing a subsequent analysis.

There is a controversy between the accepted healthcare model and those professional, organizational, material and communication resources available for its implementation. Theoretically, this can be explained by unmatched models that manage and implement institutes of social policy in healthcare and social practice of healthy living among population.

MATERIALS AND METHODS

Empirical basis for the research includes as follows:

- statistical data of the Ministry of Health of Russia, Ministry of Health of the Republic of Bashkortostan, Russian Federal Service of the State Statistics, regional office of the Federal Service of the State Statistics in the Republic of Bashkortostan;
- data obtained in a sociological study entitled ‘Health of the people in the Republic of Bashkortostan’ conducted in 2016 at the department of sociology and working with the youth of the Bashkir State University. The sample was 1,112 people aged 18 or older.
- data of a sociological study entitled ‘The Russians about the healthcare system’. The interview was held on November 7-8, 2014 by the Russian Public Opinion Research Center. The sample was 1,600 people.
- data of a sociological study estimating the effectiveness of the communication campaign devoted to the formation of healthy life style in Russia conducted by the Russian Public Opinion Research Center. The sample was 1,600 people.
- data of ‘Healthcare’ sociological study. The interview was conducted on September 21-24, 2013 by Levada-Center using the representative sample of municipal and rural population (1,601 people aged 18 and older).
- data of a sociological study entitled ‘Examination of awareness when implementing the ‘Health’ Priority National Project’ conducted in 2012-2013 by the Russian Humanitarian and Social University.
- data of an original sociological study entitled ‘Prevention of health at the Republic of Bashkortostan’ conducted in March 2017. 1,000 people were interviewed.

[1] Nevolina V.V., Belonovskaya I. D., Baranov V.V. Strategies of developing health institutes among the students of the Orenburg region // Bulleting of the Orenburg State University.– 2017. – No. 10. – P. 116 – 119.

Quota sample was based on statistical data regarding social and demographic characteristics of the republic 2. Quota signs included gender, age and education.

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data of an original pilot study entitled 'Prevention policy in healthcare in the Republic of Bashkortostan' conducted by experts in March 2017. 70 people were interviewed including supervisors and medical staff of RB medical institutions (Bashkir Center of Medical Prevention, Ufa Municipal Center of Medical Prevention, Healthcare Department of Ufa, Health Centers of Ufa). Profession was taken as respondent's quota.

Modern literature defines the term 'social policy' in many ways.

According to T. Parsons methodology, 'policy' is a targeted, modifying activity associated with mobilization and use of some public resources.3 A social policy is a targeted activity of a state aimed at the redistribution of resources among its citizens to achieve welfare. Modern interpretations of 'a social policy' do not differ from the one offered by T. Parsons much.

In practical terms, social policy is a system of certain measures and activities aimed at the life support of people. Depending on their principal initiator, there are respective types of social policy such as state, regional, corporate, etc. This terminological approach has a right to exist and can't be excluded. However, it doesn't provide for a deeper understanding of the social phenomenon. The narrow interpretation of social policy (e.g. lack of measures and activities) implies a total lack of social policy.4

According to A. N. Averin, social policy content consists in the activity of the state and other political institutions that manage social sphere development, and in the determination of its content, basic trends in development and functioning. A state is one of political social institutions as traditional stable forms of managing the cooperative vital activity of people. Among the institutions, a state has occupied a leading position in the political life of the society since its origin. 5
Healthcare is a branch of state social policy. Healthcare system optimization is an important part of social and economic state policy. Healthcare is treated as a state system with single purposes, interaction and succession of therapeutic and prevention services, universal accessibility of qualified medical aid and true humanistic tendency.6

A specific branch of sociology studies healthcare-related issues. 'Healthcare sociology is a branch of sociology that unities the studies of social phenomena and facts, social issues and social relations characterizing the peculiarities of medical service and health protection'. 7

[2] Population: official statistics [Electronic resource] // Territorial body of the Federal State Statistics Service for the Republic of Bashkortostan: official site. [cited on January 13, 2015]. Access method: http://bashstat.gks.ru/wps/wcm/connect/rosstat_ts/bashstat/ru/statistics/population/.
[3]Parsons T. The system of modern societies. M.: Aspect Press. 1998.
[4]Volgin N.A. Social policy. – Moscow, 2003. - P. 146.
[5]Averin A. N. Social policy of federal authority. - M.: RAGS, 2008. - P. 32
[6] Sheyman I. Approaches to the creation of the integrated system of medical aid provision and financing // Medical insurance. 2009. V.12. – CP.156-161.
[7] The modern dictionary of sociology / Authors: A.A.Gritsanov, V.L.Abushenko, G.M.Evelkin, G.N.Sokolova, O.V.Tereshchenko. – Mn.: Knizhnyi Dom, 2010. – P.1034.

Studying of healthcare sociology has three principal trends:

- study of healthcare as a part of social institution;
- study of healthcare as a social institution;
- study of health and attitude to health as a social and cultural phenomena.8

Activity of healthcare as a part of society social sphere is associated with the reproduction of real daily life of people, development and self-fulfillment of social subjects.

Healthcare institutional approach is based on the ideas of traditional representatives of structural functionalism of R. Merton, T. Parsons. 9

According to the institutional approach, healthcare is 'a unity of professionals with mainly medical education created to strengthen and support public health, the activity of which is regulated with social norms'.10

It is necessary to differentiate between the institutes of policy in healthcare that include the entire system of institutions, social areas that intentionally implement health saving strategies and behavioral models of subjects and implemented social practices of healthy living. This is a complex phenomenon that can't be considered separately; all together they constitute health institutes in the society. However, these are different components of healthy lifestyle institute as their functioning and formation origin is different. Broadly speaking, healthcare is a social system as people, their norm and interrelations form its basic elements. In other words, healthcare can be considered according to T. Parsons as 'a system of social interrelation of numerous subjects', but not just a system of professional medical aid provision. 11

Totally, health social institute components can be presented as follows (table 2.2.2):

Table 2.2.2
Structural components of HL and health care as a social institute

Social and communication subsystem (T. Parsons)	Healthcare and HL as a social institute: structure	HL and healthcare components	How the components are manifested
Personality, policy	Models and strategies of behavior in health promotion – ways to influence the environment that enable to obtain a	Healthcare system	How the formed system of institutions functions (therapeutic institutions, preventive institutions, pharmacy chain, financing, etc.). Function: goal achievement

[8]In the same place – P. 1035.

[9] Merton R. K. Social theory and social structure. AST KHRANITEL, 2006.; Parsons T. About the structure of social action. M.: Academician Project, 2000.

[10] Chudinova I.E. Healthcare in the changing society. M. 2003. – P.25.

[11] The system of action coordinates and general theory of action systems. Functional theory of a change. The notion of a society // American sociology thought. M.: International University of Business and Management, 1996. – P.156.

Social and communication subsystem (T. Parsons)	Healthcare and HL as a social institute: structure	HL and healthcare components	How the components are manifested
	necessary result		
Adaptation, economy	Resource provision of health – ways of adaptation to the environmental conditions	Environment	Environment, ecological environment (apartment, streets, transportation, nature, etc.). Function: adaptation
Society, social control	Healthy lifestyle non-formal environment – stabilization and coordination of actions	Non-formal social environment	Life regimen (labor and rest, sleep and wake, work rhythm, close social environment) Function: control
Culture, ideology	System of values determining an attitude to health and healthy lifestyle – ways to preserve health and support its balance	The system of values	Determining valuable personal priorities in relation to health and health saving behavior

The studies conducted among the students from Saratov-based universities have shown that young people (aged 18-24) consider non-formal social environment as the basic factor that determines HL success (over 80% of the respondents) 12. This indicates at the valuable understanding of health as a social subsystem component (family, school); basic formation of health saving technologies occurs within non-formal social environment (small social groups).

[12] Shmatova S.S. Social determinants of health-preservation behavior (by the example of students of higher educational institutions) // Saratov University Review - 2017. – No.1. – P. 56 - 58

Certain components make it possible to conduct a complex sociological institutional analysis of healthcare practices, health saving behavior and healthy living.

Taking into account a narrow understanding of healthcare policy (provision of medical services), it is still necessary to include preventive measures, efforts associated with the environmental change, pharmaceutical and consultation services, regulation of prices for alternative medicine.13

Russian researchers of health system challenges conclude that the modern Russian health system is characterized by high inequality in the distribution of chances for health among citizens and social layers, conflict of ideas of justice between the state and society, erosion of purposes and tasks of state policy in health. The works by I.B. Nazarov, L. V. Panova, N. L. Rusinova, A. V. Reshetnikova address the problems faced by the Russian health system.14

The results of sociological surveys related to the problems of health protection system reformation are examined by a number of intergovernmental organizations such as European Commission, European Organization for Economic Cooperation and Development publishing a collection entitled 'Medical Data', research structures and international non-governmental organizations (Picker Institute Europe, Indicator, International Alliance of Patient Organizations (IAPO)). They study patients' opinions to offer how to update the policy of effective health management.

Among a number of published materials, a major study conducted by Picker Institute Europe (United Kingdom) and representatives of health ministries, medical associations and research centers located at eight European countries several years ago, attracts special attention. The article studies not only opinions of patients from different countries regarding their current satisfaction with the health system, but also what they expect of the perspective branch development and ways to promote reforms.

A Coulter and H. Magee presented a comparative analysis of opinions of patients from Great Britain, Germany, Spain, Italy, Poland, Slovenia, Sweden and Swiss regarding the most pressing issues of health system reforming in their book 'European patient of the future' issued in Great Britain.15 15 Authors of the study examined the patients' opinions on such key aspects of reforming as availability and quality of medical aid; new professional functions of doctors, nurses, pharmacists; bio- and information technology regulation; implementation and protection of their rights; society participation in solving the pressing health issues.
A.

[13] Chomyakova V.V. Is it good when doctors are in charge? Professionals and politics (based on the book by K. Blakemore 'Social policy: an introduction') // Healthcare management. 2001. No. 4. – P. 98–99.
[14] Nazarova I.B. Health protection reforms// Collection: Health and healthcare under the conditions of market economy. M.: IS RAN, 2005; Reshetnikov A.V. Medical and sociological ideas of the models of diseases and health // Sociology of medicine. 2004. No. 2.; Reshetnikov A.V. Evolution and issues of modern medicine // Healthcare economy. No. 5,6/45. 2003. – P.57-59; Panova L.V., Rusinova N.L. Access to healthcare services: methodological approaches and methods of measurement // Journal of Sociology and Social Anthropology. 2002. No. 4. – P.147-163.
[15] Coulter A., Magee H. The European patient of the future. Great Britain, 2004.

B.G. Akchurin, I. Yu. Karelin, A. A. Kulagina, A. Ya. Kryukova, G.D.Minin, R.M. Khalfin, etc. deal with political issues in the sphere of health.16

However, in spite of a great scope of works related to health and health saving policy, many of them are of a fragmentary nature. They do not reflect the regional specifics of healthcare policy. Many researchers use social and cultural terms, terms of medicine, social work and, to some extent, terms of law but do not analyze sociological indicators of healthcare system development in Russia and Bashkortostan.

RESULTS

When working on a Master's degree research paper, 2 original sociological studies were carried out:

1. 'Prevention of Health in the Republic of Bashkortostan' original sociological study conducted in March 2017. 1,000 people were interviewed. Quota sample was based on statistical data regarding social and demographic features of the people17. Limited by quota features included gender, age and education.

2. 'Prevention Policy in Healthcare in the Republic of Bashkortostan' original pilot study that was conducted among experts in March 2017. 70 people were interviewed including medical supervisors and staff of heath institutions of the RB (Bashkir Center of Medical Prevention, Ufa Municipal Center of Medical Prevention, Ufa Health Department, Ufa Health Centers). Profession served as a feature limited by quota.

No document about the health promotion strategy was developed on the legislation level; according to 75% of experts who participated in the interview, however, a set of activities associated with health promotion was united using a uniform strategy. Among these, only 35.3% said it had been implemented completely whereas 55% claimed its partial implementation.

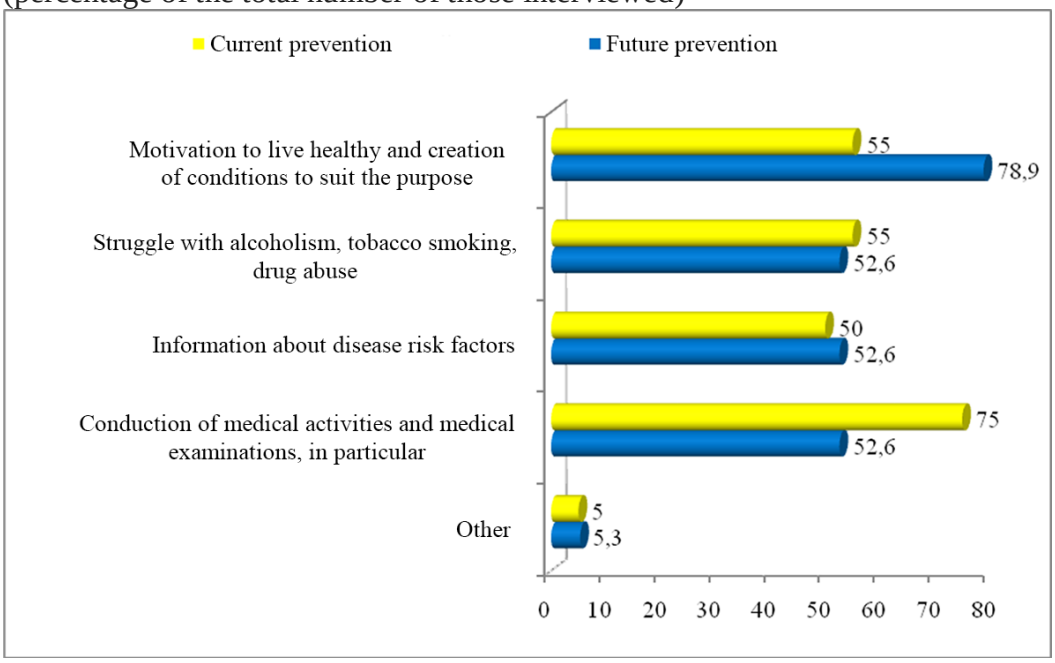
In the Republic of Bashkortostan, a modern strategy of disease prevention is mainly limited to medical activities in respect of population. According to the majority of experts (75%), the policy is predominantly represented by medical activities and medical examinations, in particular. Nevertheless, the state policy implementation parties (78.9%) admit that a strategy of the future must motivate the people to lead a healthy lifestyle, on the one hand, and create conditions for such a life, on the other hand (Diagram 2.2.1). It must be underlined that conditions for a healthy lifestyle include generation of not only medical conditions to prevent diseases, but also of social and economic infrastructure of health improvement, hygienic culture promotion and, as a consequence, caring attitude of a person to his/her health.

[16] Akchurin B.G. Spiritual and historical, social and cultural basis for a human health. Ufa: Gilem, 2006.; Kulagina A.A. Healthcare and medical science development in the Republic of Bashkortostan and ways of their perfection: a scientific report for a PhD thesis. Ufa: Immunopreparat, 2002.; Karelin I.Y. Estimation of a human capital. Ufa: BAGSU, 2011.; Social development of the Republic of Bashkortostan until 2015/Use of materials prepared by Degtuyaryov A.N., Solodilova N.Z.//Economy and management. 2004. No. 6.; Minin G.D. Aims and tasks of the Russian Federation Oversight Committee for Sanitation and Epidemiology in the formation of health and healthy lifestyle among population. Ufa, 2003.; Kryukova A.Y. Medical and social aspects of the formation of a healthy lifestyle among young people. Ufa, 2003.; Khalfin R.M. Mechanisms of formation and directions of health improvement. Ufa, 2003.

[17] Population: official statistics [Electronic resource] // Territorial body of the Federal State Statistics Service for the Republic of Bashkortostan: official site. [cited on January 13, 2015]. Access method: http://bashstat.gks.ru/wps/wcm/connect/rosstat_ts/bashstat/ru/statistics/population/.

Diagram 2.2.1

Tendencies to implement health promotion policy in the Republic of Bashkortostan (percentage of the total number of those interviewed)



Source: the diagram was based on the data retrieved during an original sociological study.

Budget of the activities planned by the republican target programs on health promotion forms the economic basis for the implementation of healthcare state policy. According to experts, funding the activities on the prevention of tobacco smoking, drug addiction, tuberculosis, hepatitis B and C, preventive vaccination, prevention of diabetes mellitus and diseases accompanied with high blood pressure is sufficient. Opinions of experts about sufficient funding of the activities on the formation of healthy lifestyle and alcohol abuse are divided. Such trends as suicides, malignant tumors, mental disorders and behavioral disorders, infections with a predominantly sexual mode of transmission are insufficiently funded (Table 2.2.3).

Table 2.2.3.
Funding prevention activities in healthcare in the Republic of Bashkortostan (percentage of the total number of interviewed experts)

	Sufficient	Insufficient
1. Formation of a healthy lifestyle	50.0	50.0
2. Alcohol abuse	50.0	50.0
3. Tobacco smoking	55.0	45.0
4. Drug addiction	55.0	45.0
5. Suicides	45.0	55.0
6. Malignant tumors	40.0	60.0
7. Mental and behavioral disorders	40.0	60.0
8. Tuberculosis	75.0	25.0

9. Hepatitis B, C	70.0	30.0
10. Infections with a predominantly sexual mode of transmission	45.0	55.0
10. Preventive vaccination	80.0	20.0
11. Diabetes mellitus	65.0	35.0
12. Diseases accompanied with a high blood pressure	60.0	40.0

Source: the table is based on the data retrieved during an original sociological study.

Advanced training of health care workers.

Health care system workers and supervisors are engaged in immediate implementation of health promotion. Thus, the quality of preventive activity will depend on the level of knowledge, skills and abilities i.e. their competence.

According to table 2.2.2, the level of education of those working at the medical institutions of health promotion is high (55% of people have higher education, 45% of people – advanced education). The modern information society wishes its specialists to continue their education on a constant basis: 65% of the interviewed health care supervisors and workers have attended advanced training courses during the last three years whereas 35% have not. On the average, every interviewed expert has attended advanced training courses approximately twice during the last three years (average number of courses is - 1.69) (Table 2.2.4). Meanwhile, in spite of male and female ratio in sample 2, we observe gender- and age-related asymmetry in further training. All interviewed men attended further training courses within the last three years. Among women, the indicator is much lower as every second women attended the courses. The courses are mainly attended by experts aged 35-54. Young experts aged under 24 are probably included into the educational system including postgraduate education. Every 4th expert aged 25-34 and every 2nd expert aged 55-65 continued their training within the last three years (Diagram 2.2.2).

According to 73.3% experts, the continuing training courses were basically aimed at medical proficiency testing and covering general medical issues. Medical proficiency testing is a compulsory qualifying examination for all health care workers which has to be passed twice a decade. Every 4th expert studied the issues of medical prevention; every 3rd expert went through the issues of healthy living formation among population; every 5th expert dealt with provision of aid to people wishing to give up bad habits (Table 2.2.5).

Table 2.2.5.

Continuing education courses attended by supervisors and medical health workers (percentage of the total number of interviewed experts)

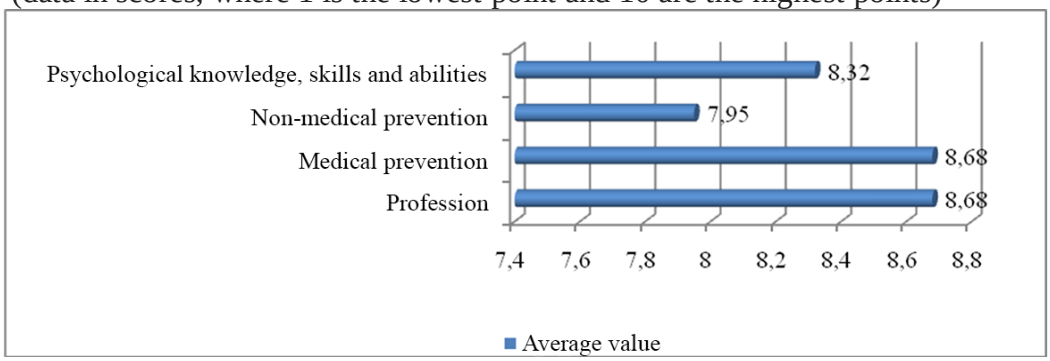
Medical proficiency testing	73,3
General issues of medicine	73,3
First medical aid rendering	46,7
Medical prevention	26,7
Вопросам работы с населением по формированию здорового образа жизни Promotion of healthy life style among population	33,3
Вопросам помощи населению в отказе от вредных	20,0

привычек Helping population to give up bad habits	

Source: The table was based on the data retrieved from an original study.

Though the incidence of health promotion courses is low, the average expert subjective estimation of whether the further training courses are useful is rather high and amounts to 4.41 points on a 5-point scale (Table 2.2.6).
The level of professional knowledge, skills and abilities of health care workers. Daily activity of medical supervisors and health care workers, the quality of which depends on the level of their professional knowledge, skills and abilities, is of a great importance for population health promotion. The experts interviewed by us are prone to highly estimate their competence in the considered areas. Experts also believe they are not that good at using the methods of non-medical prevention (Diagram 2.2.3).

Diagram 2.2.3.
Subjective evaluation by experts of their level of professional knowledge, skills and abilities
(data in scores, where 1 is the lowest point and 10 are the highest points)



Source: The diagram was based on the data retrieved from an original sociological study.

Self-education and self-activity of health care workers. Within preventive health care, the activity of health care supervisors and workers is also characterized by such features as self-education and self-activity. 75% of interviewed experts are involved in self-education one way or another; they read general literature on the issues of prevention. During an interview it was found out that a half of experts read specialized literature whereas one third of those interviewed read about the methods of work with population (Table 2.2.7).

Table 2.2.7.
Potential activity of health care workers associated with the promotion of health in the Republic (percentage of the total amount of interviewed experts)

Read general literature	75.0
Discuss healthy lifestyle	75.0
Read specialized medical literature	50.0
Read about the methods of work with population	30.0
Consult on the issues of quitting bad habits	15.0
Form hygienic culture of population	10.0
Aware of modern methods of non-medical prevention	5.0

Source: The table was based on the data retrieved from an original sociological study.

In our opinion, self-activity of health care workers during health promotion consists in discussing healthy life style, methods of non-medical prevention, consulting on the issues of quitting bad habits, and formation of hygienic culture among population.

Time of appointment at health care institutions is often strictly scheduled. Medical staff (doctors, nurses) is required to fill in many papers (medical history, vaccination consent forms, prescriptions, etc.) and electronic database containing information about appointments. Thus, the appointment is of a technological nature. Medical personnel can't focus on a patient properly and advocate a healthy life style. Thus, only three fourth of experts stated that they discussed the issue (Table 2.2.7).

Knowing the modern methods of non-medical prevention is a self-activity of persons who implement the state policy of health promotion. It happens because the methods of health promotion are regulated only with a number of medical manipulations on the legislative, organizational and financial level due to inclusion of medical staff into the health care system.

During an interview, a misbalance between the subjective assessment of the level of professional knowledge, skills and abilities in non-medical prevention by experts (average value – 7.95 according to 10-point scale (Diagram 2.2.3)) and knowing the modern methods of non-medical prevention is observed (Table 2.2.7)). In our opinion, this is due to the fact that experts usually highly estimate their level of professional knowledge, skills and abilities as this is a sphere of subjective evaluation. In practice, it is found out that only an insignificant part of medical staff knows and uses the methods of non-medical health protection.

Consulting on the issues of quitting bad habits are also of a great importance in health promotion. On the one hand, the activity of Health Centers is aimed at revealing the health risk factors; Bashkir Center of Medical Prevention and Ufa Municipal Center of Medical Prevention are mainly engaged in distribution of leaflets, booklets and checklists about a healthy life style. On the other hand, it can be noted that it is possible to obtain a consultation on those issues during a medical examination at the Health Centers. Professional qualification of those working at the centers is low as only 15% of interviewed experts consulted on the issues of quitting bad habits. There is no doubt that these consultations must be based on the comprehension of not only the medical mechanism of dependencies but also of social and economic conditions of bad habit formation (Table 2.2.7).

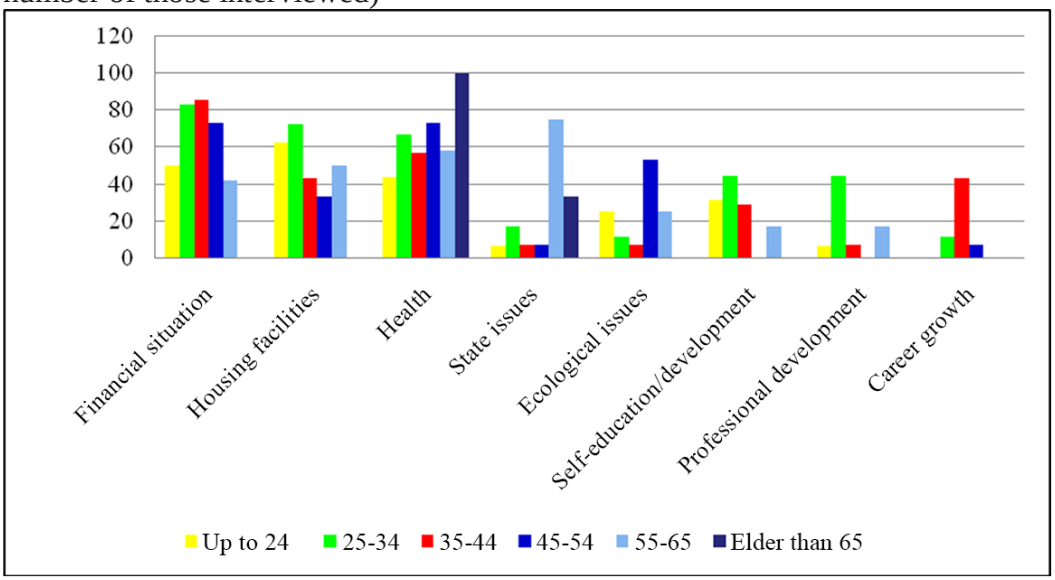
Formation of hygienic culture of population means that health care workers are aware of the social function of their activity (formation of the basic factor of health promotion), caring attitude and health responsibility. Only 10% of those interviewed are aware of the function (Table 2.2.7).

Discussion of disturbing issues for experts and people of the Republic of Bashkortostan. Health, housing facilities and financial situation belong to the priority issues that disturb experts and people in the Republic of Bashkortostan.

Male experts pay special attention to ecological problems which take on greater importance for the examined issue due to their influence on the formation and promotion of health.

As far as age goes, the issues of health seem interesting mainly to adults aged 45-54 and above 65. They do not seem that exciting to young people aged under 24 (Diagram 2.2.4). We suggest that younger people do not worry about their health that much as well. Thus, state policy must be primarily targeted at young people.

Diagram 2.2.4.
Dependence of population-disturbing issues on their age (percentage of the total number of those interviewed)



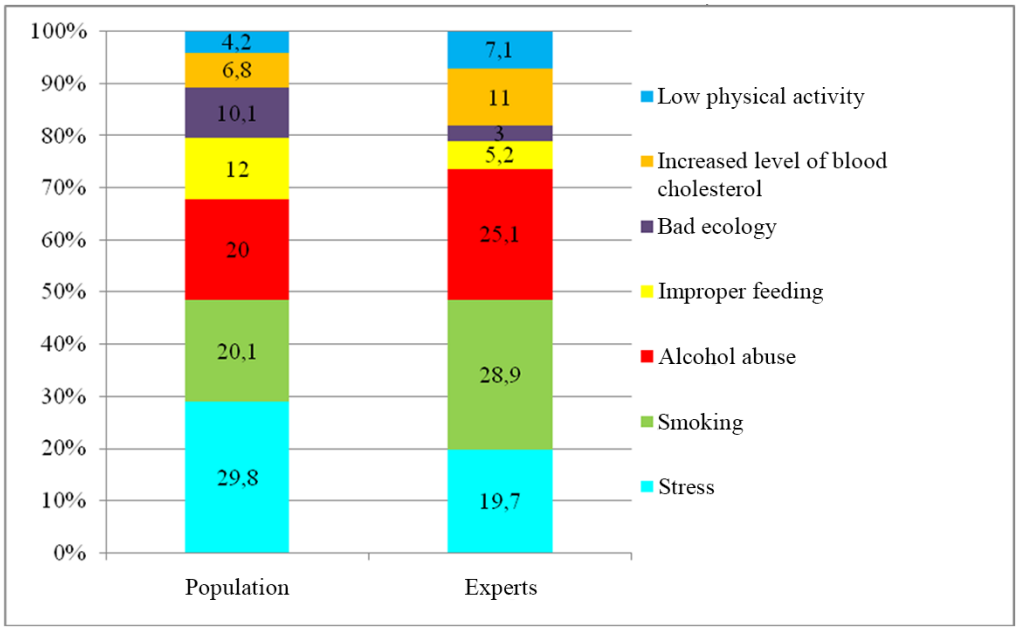
Source: The diagram was based on the data retrieved from an original study.

Risk factors. Understanding the risks for health is important for health promotion. People awareness of the influence of risk factors is a crucial indicator displaying a responsible attitude to health promotion. It is the basis for the formation of patterns in the selection of methods to treat various diseases. According to WHO, a risk factor is 'any characteristic or feature of a human or effect hereon that increase the probability of a disease or trauma'18

Следующими по уровню актуальности стали курение (20,1%), алкоголизм (20%) и неправильное питание (18%). An estimation of health-related risk factors has shown that stress (29.8% of those interviewed from sample 1) is of a primary importance in the negative influence produced on health (Diagram 2.2.5).

Diagram 2.2.5.
Priority of risk factors mentioned by population and experts (percentage of the total number of the interviewed)

[18]Human health factors: valeology //Grandars : encyclopedia. [Cited on April 22, 2015]. Access method: http://www.grandars.ru/college/medicina/faktory-zdorovya.html

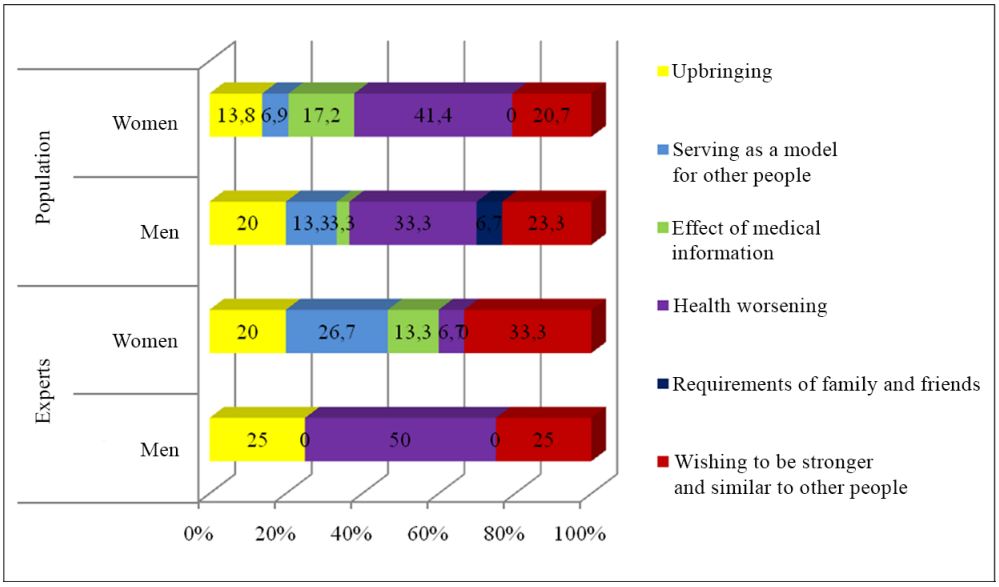


Source: The diagram was based on the data retrieved from an original study.

Experts believe that smoking and alcohol abuse are the most dangerous risk factors (28.9% and 25.1%). The next positions listed in a decreasing order include stress, high blood cholesterol, low physical activity, improper feeding and bad ecology.

Reasons for health/lack of health concerns. 'You do not know what you have until it's gone', the proverb can characterize the reasons for health concern. 33.3% of men and 41.4% of women (sample 1), and 50% of men (sample 2) take care of their health only after it gets worsened. The relevant reason for health concern (effect produced by medical information) influences just a small part of women from the both samples (Diagram 2.2.6). The analyzed data show that these are women elder than 55. We believe that as the women are on a pension, they have more free time and can pay more attention to medical information.

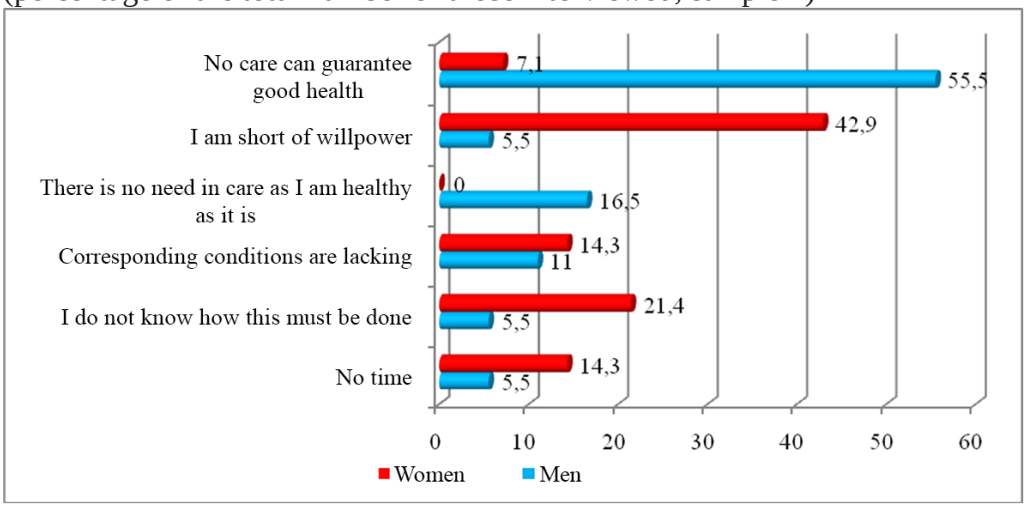
Diagram 2.2.6.
The reasons for health concern*
(percentage of the total number of those interviewed)



Source: The diagram was based on the data retrieved from an original study.

Meanwhile, there is another group in the society that states it does not take care of its health. Out of those claiming that they do not take care of their health, 55.5% of men believe that no care can guarantee that a person is healthy, and 42.9% of women lack willpower (Diagram 2.2.7). The most important thing is that one fifth of women aged 34 do not how to take good care of their health.

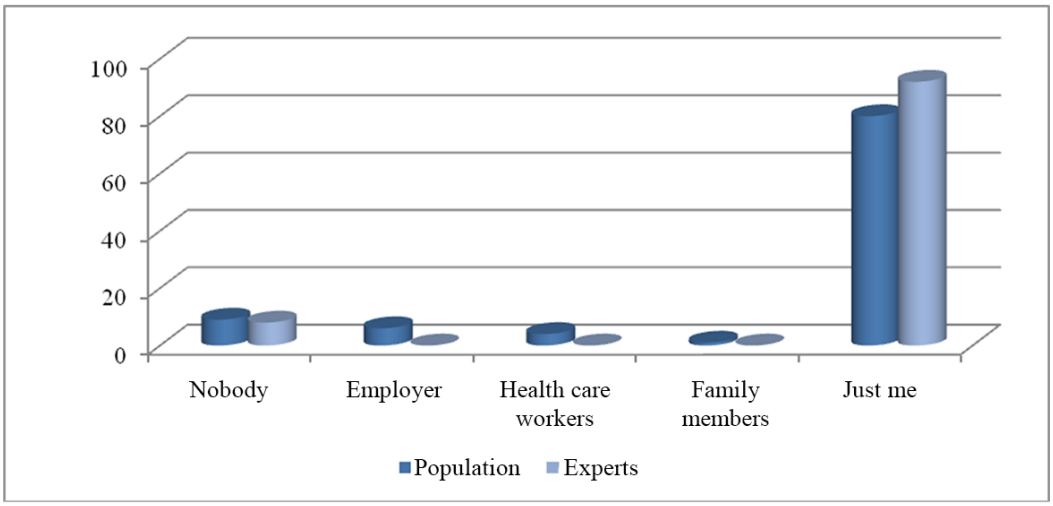
Diagram 2.2.7.
The reasons for the lack of health concerns
(percentage of the total number of those interviewed, sample 1)



Source: The table was based on the data retrieved from an original study.

Though some people do not take care of their health, those interviewed and experts admit that it is only them who are responsible for their health (Diagram 2.2.8).

Diagram 2.2.8.
People's and experts' opinion about their health responsibility
(percentage of the total number of those interviewed, samples 1 and 2)



Source: The diagram was based on the data retrieved from an original study.

Search for health-related data. Medical communication and literacy in the sphere of health are important and essential conditions for human health promotion. In our opinion, data on diseases, their reasons and methods of treatment form the basis for health. The majority of interviewed men (64.1%) do not look for health promotion data, whereas every second women states that she looks for these data (Table 2.2.8).

Table 2.2.8.
Search of health-related data by population and experts
(percentage of the total number of those interviewed, samples 1 and 2)

Do you search for health promotion data?	Population		Experts	
	Men	Women	Men	Women
Yes	35.9	50.0	100.0	73.3
No	64.1	50.0	0.0	26.7

Source: The table was based on the data retrieved from an original study.

The basic sources of health-related information for people were represented by Internet search engines (36.5%), TV (35.1%), family members (32.5%), medical staff (31.1%), social networks and theme-based Web sites (23% each), leaflets and booklets (8.1%), social advertising (6.8%), and activities devoted to health protection and strengthening (2.7%), etc. Health schools and religious organizations were almost not used by those surveyed to obtain data. Experts using administrative resources state that medical personnel, and doctors in particular, and sanitary bulletins were used more frequently as a source of health data. The fifth part of surveyed experts use the Health School, Internet search engines, booklets and leaflets (Table 2.2.9). Thus, it can be concluded that the nearest social surrounding of the modern world is less responsible for health knowledge transfer whereas information technologies determine the quality and speed of getting the data.

Table 2.2.9.
Sources of health-related data used by population and experts
(percentage of the total number of those interviewed, samples 1 and 2)

Health-related data sources	Population	Experts
No use	17.6	16.7
Family members	32.5	16.7
Friends	23.0	5.6
Medical staff	31.1	77.8
Health school	0.0	22.2
Social networks on the Internet	23.0	38.9
Theme-based Web sites	23.0	11.1
Web searching engines	36.5	22.2
TV	35.1	44.4
Radio	1.4	0.0
Social advertising	6.8	0.0
Booklets and leaflets	8.1	22.2
Sanitary bulletin	2.7	50.0
Activities devoted to health protection and strengthening	2.7	5.6
Health lessons at regular schools	1.4	0.0
Lectures, meetings with practicing medical staff	2.7	11.1
Religious organizations	0.0	0.0

Source: The table was based on the data retrieved from an original study.

Men look for health promotion data less frequently than women. Both men, and women search for data on nutrition, physical activity, etc. (Table 2.2.10)

Table 2.2.10.
Health promotion data that are being searched for
(percentage of the total number of those interviewed, samples 1 and 2)

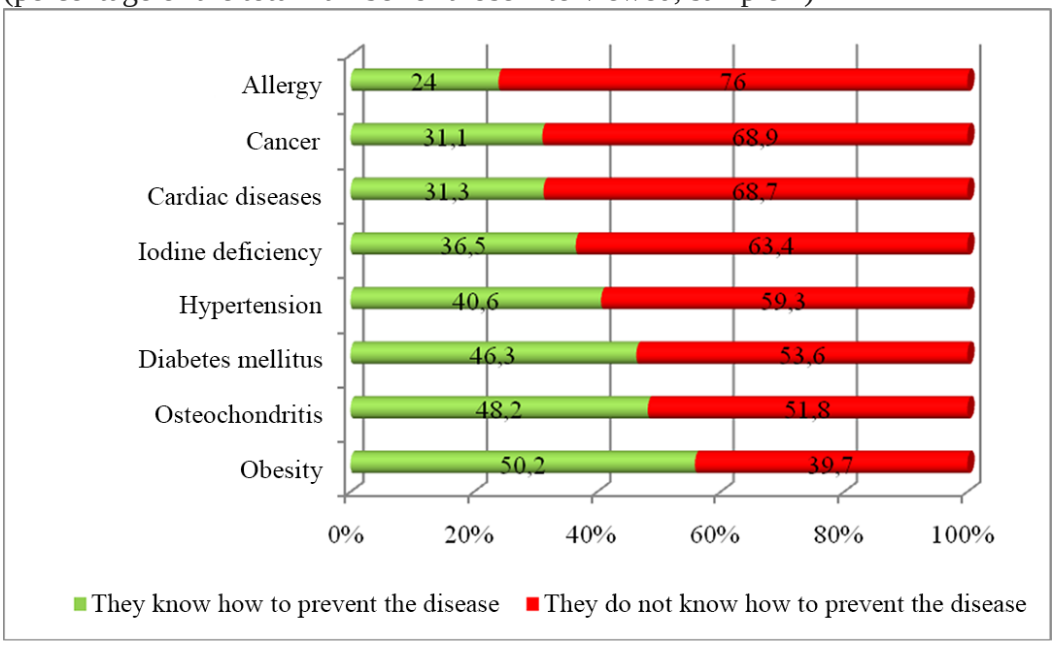
What health promotion data do you usually search for?	Population		Experts	
	Men	Women	Men	Women
I do not search for the data	44.4	20.5	50.0	21.4
Nutrition	38.9	66.7	50.0	42.9
Work and rest schedule	5.6	23.1	0.0	28.6
Physical activity	33.3	43.6	50.0	35.7
Immunization (vaccination)	11.1	15.4	0.0	35.7
Health survey	0.0	5.1	0.0	42.9
Health centers	5.6	2.6	25.0	7.1
Effect of smoking, alcohol and drug abuse	0.0	0.0	0.0	0.0

Quit smoking	0.0	2.6	0.0	0.0
Quit drinking alcohol	0.0	2.6	0.0	0.0
Quit taking drugs	0.0	0.0	0.0	0.0

Source: The table was based on the data retrieved from an original study.

How people estimate their knowledge on the prevention of diseases. A low level of knowledge on the prevention of diseases was found during a study. There are a higher proportion of people with higher education among those who know how to prevent diseases. A half of those surveyed show their awareness of such diseases as obesity (50.2%), osteochondritis (48.2%) and diabetes mellitus (46.3%). Subjective estimations are shifted towards doubts about the ways to prevent diseases such as allergy, cancer and cardiovascular diseases (Table 2.2.9). Lack of knowledge is the greatest danger as in the structure of the causes of death, the first place is occupied by cancer and cardiovascular diseases.

Diagram 2.2.9.
How people estimate their knowledge about disease prevention
(percentage of the total number of those interviewed, sample 1)



Source: The diagram was based on the data retrieved from an original study.

They claim that only 35.9% of men and 62.5% of women are engaged in health promotion (Table 2.2.11). The statistical data are significant at the level of 0.018, chi-square conditions are met. Thus, in this case the correlation between the gender of the surveyed and health promotion activity is significant.

Table 2.2.11.
An answer to the following question: 'Can you say that you are engaged in health promotion?'
(percentage of the total number of those interviewed, sample 1)

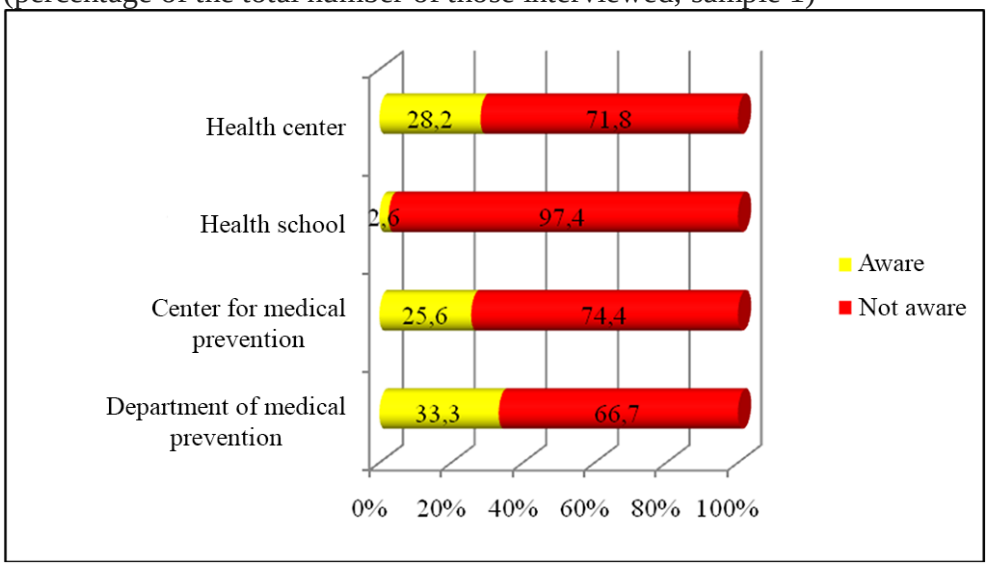
Can you say that you are engaged in health promotion?	Population	
	Men	Women
Yes	35.9%	62.5%

No	64.1%	37.5%

*Level of significance – 0.018

Sports activities. Only 16.9% of people go in for sports on a regular basis (at least 2-3 times a week). This share varies significantly depending on the age. Thus, the share of people who regularly go in for sports is significantly less among those aged 30 and older and particularly 40 and older (19.6% for 35-44 years old; 12.4% for 45-54 years old, 10.8% for 55-65 years old).
Health centers. Health centers initiated their activity in 2009. There is a low level of knowledge about where the health promotion centers are located. Thus, only one third of men and one third of women reported their awareness of where their community-based health center is located. The men and women were older than 55.

Diagram 2.2.10.
Knowing where health promotion medical centers are located
(percentage of the total number of those interviewed, sample 1)



Source: The diagram was based on the data retrieved from an original study.

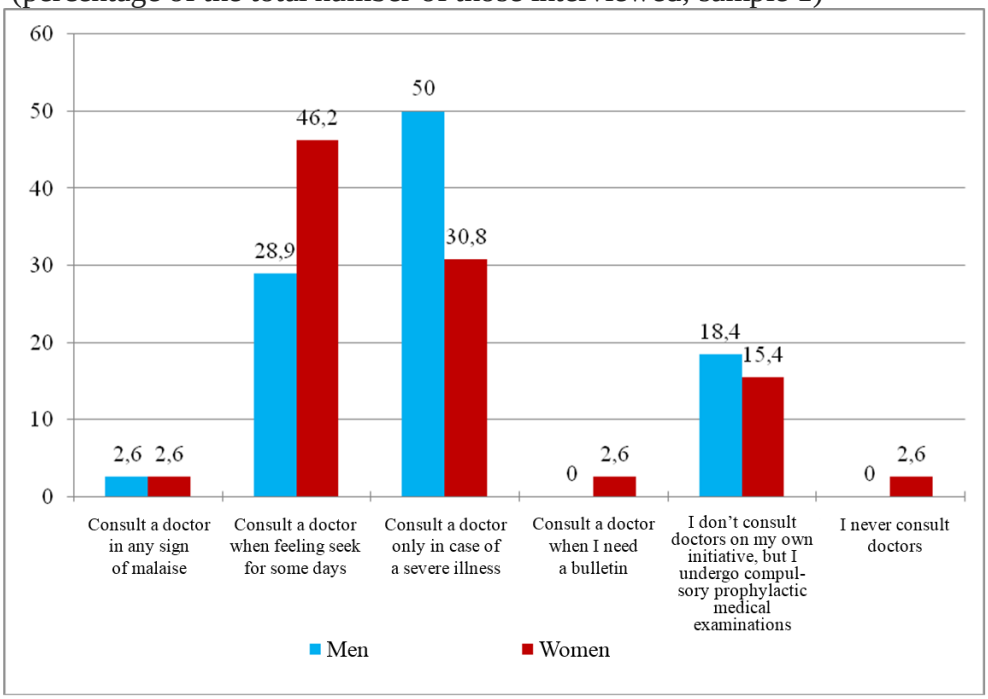
79.5% of men and 76.3% of women that belong to those knowing about the health centers do not go there. The level of self-preservation culture is determined by their awareness and those measures taken in respect to their health. During the study the author considers one aspect of a human life style such as medical activity.

The most important indicator of medical activity is timely referral for medical aid in case of a disease.

The strategy of seeking medical advice is different among men and women. Almost a half of women are more prone to ask for aid when they feel sick for a couple of days (46.2%), whereas a half of the interviewed men seek medical advice in case of a severe disease only (Diagram

2.2.11). It happens due to a higher self-rating of health in men as compared to women.

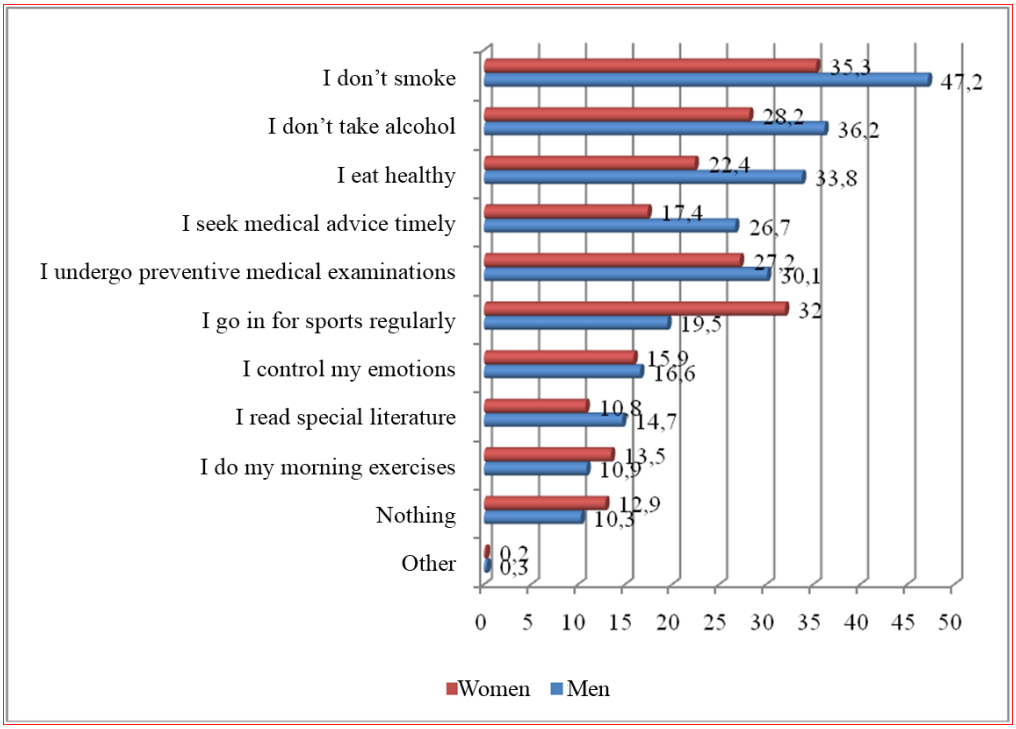
Diagram 2.2.11.
When people seek medical advice
(percentage of the total number of those interviewed, sample 1)



Source: The diagram was based on the data retrieved from an original study.

Health strengthening and promotion. During the study of prevention it is necessary to pay attention to the activities taken by a person to strengthen and promote his/her health. In our interview we asked respondents questions about the basic health activities. The question 'What do you do to promote your health?' was answered as follows. Every 2nd respondent said that he/she did not smoke; every 3rd person denied taking alcohol and said that he/she ate heathy; every 4th respondent went in for sports on a regular basis and sought timely medical advice.
Men and women have different types of health promotion activities: 35.3% of men and 47.2% of women avoid smoking; 28.2% of men and 36.2% of women do not take alcohol; 22.4% of men and 33.8% of women eat healthy. More women (26.7%) seek timely medical advice as compared to men. Nearly same number of men (15.9%) and women (16.6%) control their emotions. It is worth mentioning that 11.6% of people do nothing to promote their health (Diagram 2.2.12). It was found out that older people with higher levels of education participate in a larger amount of health-enhancing activities.

Diagram 2.2.12.
Health promotion measures
(percentage of the total number of those interviewed)



Source: The diagram was based on the data retrieved from an original study.

Health survey is a set of activities, including a medical examination by several doctors, and use of necessary methods of examination in respect of certain population groups according to the legislation of the Russian Federation[19].

During the study respondents were asked whether they knew that health survey had been carried out since 2016, including medical examinations once every 3 years (Diagram 2.2.13). Only 31% of people knew that, 25% heard about it, and 40% had learned about the health survey just during the interview. This shows the lack of a distinct interaction mechanism between the participants: population lacks active interaction with employers and awareness.

In an original study it was found out that 57% of those surveyed underwent a complete preventive examination. However, respondents have different opinions about health survey effectiveness. The effectiveness is considered lower by people than by experts. Thus, the majority of population (52.8%) thinks that health survey is not effective or rather not effective as compared with 32.9% of those surveyed (Diagram 2.2.14).

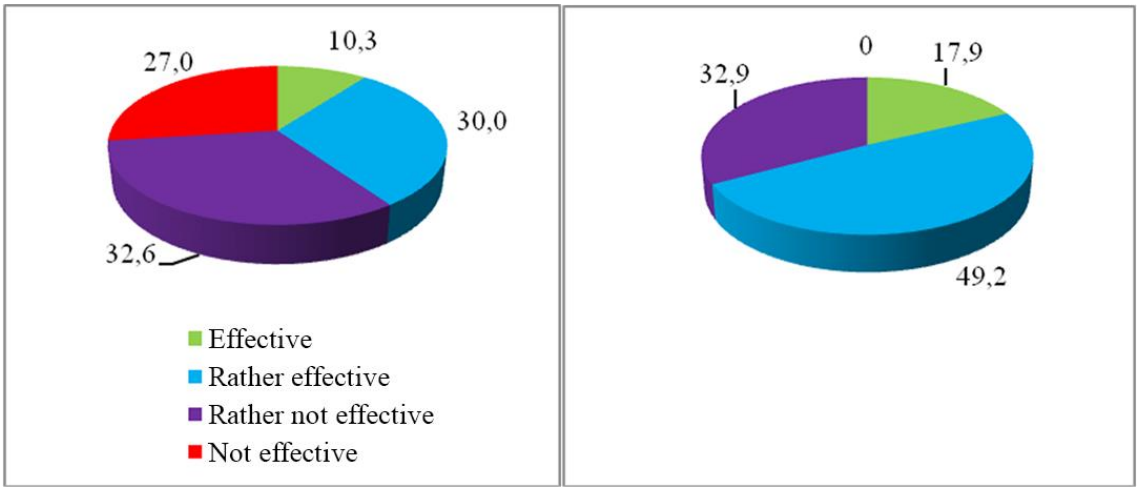
Diagram 2.2.14

Estimation of health survey effectiveness

(percentage of the total number of those interviewed, samples 1 and 2)

Population Experts

[19] On the approval of the order of health survey of certain groups of adults: order of the Healthcare Ministry of the RF dated February 3, 2015 No. 36ан // Garant: information and legal portal [cited on April 29, 2015]. Access method: http://base.garant.ru/70883132/#block_2#ixzz3bTgvwSPz.



Source: The diagrams were based on the data retrieved from an original study.

In general, health is estimated worse prior to health survey than it is today (Tables 2.2.14, 2.2.15).
Those who underwent health survey obtained data hereon mainly from their employers.
An average number of visits prior to health survey completeness amounted to 3.05 for population and 2.53 for experts. We believe that experts included into the health care system are better aware and prepared for the health survey (Table 2.2.16).
About one fifth of surveyed men and one third of surveyed women obtained a preventive consultation during the health survey (Table 2.2.17).

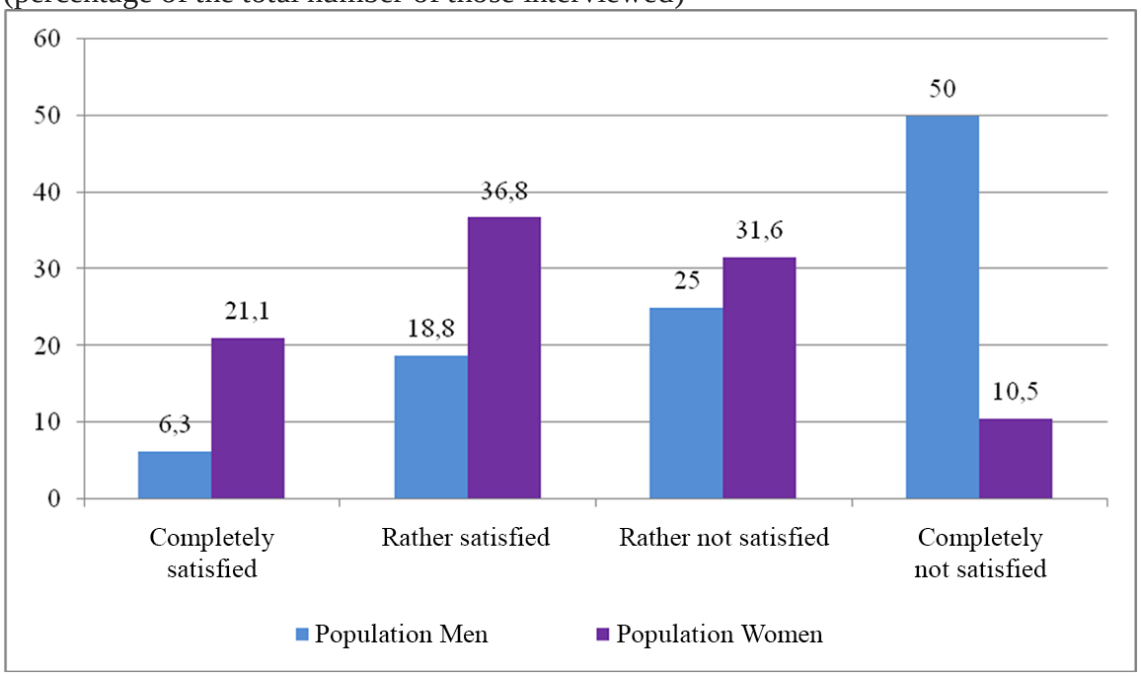
Table 2.2.17.
Preventive consultation during the health survey
(percentage of the total number of those interviewed, sample 1)

Did you have a preventive consultation during the health survey (discussion on a healthy life style)?	Population	
	Men	Women
I had no health survey	5.3	9.5
Yes	21.1	33.3
No	73.7	57.1

Source: The table was based on the data retrieved from an original study.
All of the aforesaid determines the general level of satisfaction with the health survey results. The majority of respondents (61%) are rather not satisfied with the diagnosis results, 21.7% had a negative impression of the performed health survey. Only 13.3% were completely satisfied with it; 24% were rather satisfied than not satisfied.

Meanwhile, a greater dissatisfaction with the examination results is found among men as compared to women. Experts are also not satisfied with the health survey results (Diagram 2.2.15).

Diagram 2.2.15.
Satisfaction with health survey results
(percentage of the total number of those interviewed)



Source: The diagram was based on the data retrieved from an original study.

We were also sorry to learn that 52.6% of the surveyed men and 42.1% of the surveyed women claim that no therapeutic and diagnostic doctor's instructions were obtained (Table 2.2.18).

Table 2.2.18
Planned compliance with instructions obtained during a health survey
(percentage of the total number of those interviewed, samples 1 and 2)

Are you planning to comply with therapeutic or additional diagnostic instructions of a doctor after the health survey?	Population		Experts	
	Men	Women	Men	Women
Yes	31.6	57.9	25.0	73.3
No	15.8	0.0	0.0	20.0
No instructions were obtained	52.6	42.1	75.0	6.7

Source: The table was based on the data retrieved from an original study.

Health responsibility enhancing factors. Men (sample 1), first and foremost, follow the pattern of parents; this is in a decreasing order followed by distribution of social advertising, active media coverage of healthy lifestyle, educational work at schools, explaining parents how to encourage healthy lifestyle in their children, and explanatory work with medical personnel. In women (sample 2), inclusion of Health Education in school curriculum occupied the first position. It was followed by the pattern of their parents, explanatory work with medical personnel and educational work at schools. Experts give a high appraisal of the role of medical staff at medical institutions (Table 2.2.19).

Table 2.2.19
Health responsibility enhancing factors
(percentage of the total number of those interviewed, samples 1 and 2)

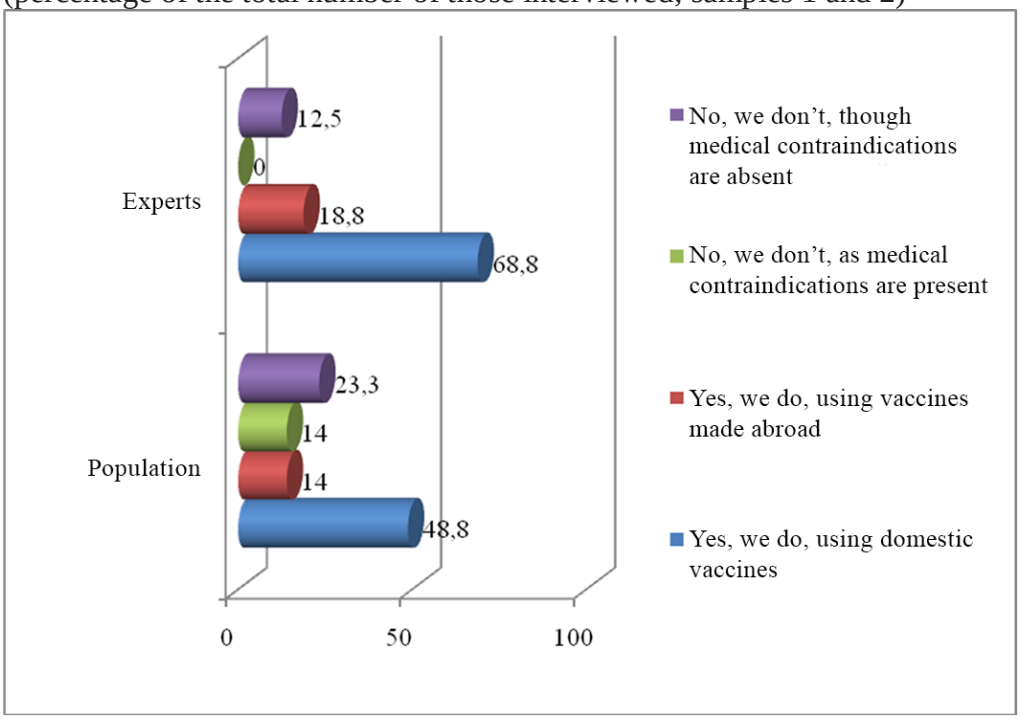
How can health responsibility of a person be enhanced, in your opinion?	Population		Experts	
	Men	Women	Men	Women
Explanatory work with medical personnel at medical institutions	25.0	43.6	100.0	60,0
Inclusion of Health Education in school curriculum	22.2	48.7	75.0	93.3
Explaining parents how to encourage healthy lifestyle in their children	27.8	17.9	75.0	53.3
Work of non-governmental organizations	8.3	10.3	50.0	33.3
Active media coverage of healthy lifestyle	33.3	25.6	50.0	26.7
Distribution of social advertising	36.1	20.5	50.0	26.7
Воспитательная работа в школах Educational work at schools	33.3	41.0	75.0	73.3
Following the pattern of parents	61.1	46.2	75.0	53.3

Source: The table was based on the data retrieved from an original study.

Children. An average amount of children is 1.77 among the surveyed population and 1.73 among experts. 48.8% of those surveyed vaccinate their children using domestic vaccines, 14% of them use vaccines made abroad. Almost one fourth part of those surveyed refuse from vaccination in spite of the lack of medical contraindications (Diagram 2.2.16) though state programs of health promotion are supposed to cover

96-98% of children who have to be vaccinated as per the national vaccination schedule.

Diagram 2.2.16.
An answer to the question: 'Do you vaccinate your children as per the national vaccination schedule in case of no medical contraindications?
(percentage of the total number of those interviewed, samples 1 and 2)



Source: The table was based on the data retrieved from an original study.

The basic reasons for refusal were as follows: 'vaccines have a wide range of side effects', 'I'm scared not to get timely medical aid, consultation in case of side effects', show that the reform of health care system, and of emergency care system, in particular, is necessary (Table 2.2.21).

Table 2.2.21.
Reasons for refusal from vaccination
(percentage of the total number of those interviewed, samples 1 and 2)

Why don't you vaccinate your children if contraindications are lacking?	Population	Experts
A body must independently produce antibodies to infectious diseases	27.3	75.0
Vaccines contain harmful substances	0.0	0.0
Vaccines have a wide spectrum of side effects	36.4	50.0
I'm scared not to get timely medical aid, consultation in case of side effects	36.4	0.0

Source: The table was based on the data retrieved from an original study.

The principal issues discussed with children include health and its promotion (Table 2.2.22). Parents engaged in the conversations are usually older than 50. Parents aged 34-54 don't participate in the process much.

Table 2.2.22.
A range of questions discussed with children
(percentage of the total number of those interviewed, samples 1 and 2)

	Population		Experts	
	Men	Women	Men	Women
I don't discuss anything with my children	0.0	0.0	0.0	0.0
Household issues	61.9	63.2	100.0	60.0
Friends	61.9	68.4	100.0	60.0
Studies	71.4	42.1	75.0	100.0
Extracurricular activities, study circles	23.8	26.3	100.0	70.0
Events that happen in the country or region	28.6	26.3	50.0	40.0
Health and its promotion	76.2	73.7	100.0	100.0
Other	0.0	0.0	0.0	0.0
No answer	0.0	0.0	0.0	0.0

Source: The table was based on the data retrieved from an original study.

Based on the data obtained during an original sociological expert interview and using a comparative analysis of original study data and data of All-Russia sociological observations, the following conclusions were made in the qualifying paper:

1) No document on the strategy of healthcare prevention was developed in terms of legislation. However, according to 75% of experts who participated in the interview, healthcare prevention activities were united within a single strategy. Among the experts, only 35.3% said it was implemented completely whereas 55% pointed at its partial implementation.
2) The modern strategy of disease prevention in the Republic of Bashkortostan was mainly limited to medical activities in relation to population.
3) During the interview, a misbalance between the subjective estimation of professional knowledge, skills and abilities in the sphere of non-medical prevention (average value is 7.95 using 10-point scale) and knowing modern methods of non-medical prevention was revealed. A very small portion of healthcare workers know and use methods of non-medical health protection.
4) People display a low preventive activity and awareness of how to prevent some diseases. The majority of the surveyed men (64.1%) do not search for data on preventive health care, whereas every 2nd women states the opposite. Preventive health care activities differ for men and women. Thus, 35.3% of men and 47.2% of women avoid smoking, 28.2% of men and 36.2% of women do not take alcohol, 22.4% of men and 33.8% of women eat healthy food. More women (26.7%) seek timely medical advice as compared to men. It is worth mentioning that 11.6% of people do nothing to promote their health

5) However, respondents have different opinions about health survey effectiveness. Thus, health survey (one of basic prevention means) effectiveness is estimated lower by people than by experts. Thus, the majority of population (52.8%) thinks that health survey is not effective or rather not effective as compared with 32.9% of those surveyed.

DISCUSSION

According to the pilot study data and healthcare statistical data, the authors suggest that the key issues of preventive healthcare in the Republic of Bashkortostan were divided into the following groups:

Group 1 – social issues of healthcare prevention:
low health preventive activity of population and health awareness;
low motivation to a healthy lifestyle;
dissatisfaction of people with the healthcare system;
lack of partnership relations between a doctor and a patient;
insufficient knowledge and abilities of doctors regarding primary and secondary prevention;

group 2 – financial and economic issues:
rising cost resulting in the unequal access to medical services;
insufficient financing (based on the residual principle of preventive activities);

group 3 – organizational issues:
disunion of government departments and bodies responsible for health protection;
lack of an interdepartmental approach regarding preventive healthcare;

group 4 – regulatory issues:
complex regulatory and legal framework regarding preventive healthcare;
lack of uniform prevention strategy in the Republic;

group 5 – medical and biological issues:
high morbidity and disability among population;
growth of alcohol, tobacco and drug abuse, especially among young people;
chronization of diseases.

Prevention environment suggests the formation of infrastructure, information and educational, regulation and legal, tax and other conditions enabling people to lead a healthy lifestyle, on the one hand, and motivation of people to preserve their health and longevity, be responsible for preserving their own health and health of close people, on the other hand.

During an original study respondents were asked a question about those measures that need to be taken to make the healthcare prevention policy more perfect. Comparative estimation of recommendations given by population and experts is presented in table 2.3.1.

Table 2.3.1.
Comparative estimation of recommendations given by population and experts

Recommendations	Average score	Rank

	Population	Expert	Population	Expert
I. Population-related recommendations	7.19	8.04	III	III
1. Growth of motivation to healthy lifestyle	6.67	8.56	3	2
2. Improved awareness	8.39	8.14	1	3
3. Prevention of alcohol and drug abuse and other risk factors of diseases	7.34	8.72	2	1
4. Increased responsibility of patients for their failure to attend health survey	6.12	7.63	4	4
II. Healthcare-related recommendations	7.20	8.28	II	II
1. Advanced training of doctors and nurses	8.53	8.61	1	4
2. Economic encouragement of doctors in preventive work	7.94	8.75	3	3
3. Improved material and technical base of medical and preventive treatment facilities	7.99	8.97	2	1
4. Availability of modern medical literature and new methods of disease prevention	7.81	8.90	4	2
5. Better control of prevention quality	6.62	7.45	5	6
6. Better relations with higher educational establishments, research institutes and other institutions	6.07	7.98	7	5
7. Improved preventive healthcare regulatory and legal base	6.14	7.23	6	7
III. Recommendations regarding raising responsibility of the society, state, family	8.02	8.72	I	I
1. Rise of living standards	9.13	9.71	1	1
2. Increased family role in the health of a child and every family member	8.75	9.08	2	2
3. More active mass media participation in the coverage of preventive work	7.97	8.78	3	3

4. Improved ecological, sanitary and epidemiological environment	7.87	8.54	4	4

Source: The table was based on the data retrieved from an original study.

According to all surveyed groups (medical staff, population and healthcare management supervisors), raised responsibility of the society, state and family is the measure of healthcare prevention policy modernization of top priority. In this group of recommendations, rise of living standards occupied the first position according to all respondents. It was followed by the increased role of a family in the formation of health for a child and every family member, and more active mass media participation in preventive work coverage.

Healthcare-related recommendations are second-priority. According to experts, the issues that can be resolved using the healthcare system, call for special attention. They involve further training of doctors and nurses; economic encouragement of doctors and nurses in prevention; improved material and technical base of medical and preventive treatment facilities; availability of modern medical equipment and new methods of preventing and treating socially dangerous diseases; better control of prevention quality; better relations with higher educational establishments, research institutes and other institutions; improved organizational and methodological work on disease prevention.

Experts believe that working with people (7.02 points) is also of a great importance. It includes increased motivation to a healthy lifestyle (7.77 points), improved information awareness (6.91 points), etc.

Thus, the following recommendations can be offered based on the aforesaid:

3. The interdepartmental Preventive Healthcare Strategy must be accepted nationwide.

4. Such trends as suicides, malignant tumors, mental disorders and behavioral disorders, infections with a predominantly sexual mode of transmission may be primarily financed.

5. The policy must motivate people to a healthy lifestyle. Not just the Strategy, but the entire system of legislative, organizational, logistic support of the preventive process must generate the conditions for a healthy lifestyle.

6. The system of prevention quality control must be developed, the structure and quality of prevention personnel training must be reviewed. Preventive healthcare state policy implementation staffing requires further training in the area of medical and non-medical prevention, methods of formation of a healthy lifestyle among population, and aiding people to quit bad habits.

7. Raising the responsibility of medical workers for hygienic culture promotion must be performed at non-medical prevention professional courses.

8. State policy must be primarily aimed at young generation, motivation for a healthy lifestyle and understanding the responsibility for the health of not only the present, but also of the future generation. In our opinion, the promising direction of the younger generation’s health improvement is represented by the increased health awareness and urge to promote health. Influencing the self-preserving behavior of young people via health education could be an effective basis for preventive work and would produce certain positive results. The educational

system needs health education subjects that would show people how to take care of their health;

9. It is necessary to expand a complex of activities aimed at the improved health and healthcare literacy. This can be done through the fund of social advertising, issuing specialized printed media and their distribution at medical institutions, creation of TV and radio shows within municipal mass media to advocate a healthy lifestyle and discuss certain diseases, activity of municipal and republican medical institutions, etc.; launching information sites of Health centers with detailed data about disease prevention; introduce people to the activity of the Health centers via their employers;

10. To increase health survey effectiveness using preventive consultation such as discussion of a healthy lifestyle.

11. The necessary condition of preventive healthcare promising model formation in the region is represented by a systemic approach and monitoring of values that characterize health, risk factors, requirement and satisfaction of people with preventive aid, and estimation of its effectiveness.

CONCLUSION

Preventive healthcare is a priority area of healthcare state policy both in the Russian Federation, and the Republic of Bashkortostan.

In spite of the fact that our healthcare has always prioritized disease prevention, the currently faced situation requires to solve a number of issues related to prevention organization and practical implementation.

Preventive healthcare denotes a set of activities aimed at the promotion and strengthening of health, including formation of a healthy lifestyle, prevention of occurrence and (or) distribution of diseases, early detection of diseases, finding the reasons for and conditions of their occurrence and development, and aiming at the elimination of harmful influence on a human health and environmental factors.

According to WHO, there are three basic strategies of prevention such as population prevention strategy, prevention strategy to reveal high risk groups and correct risk factors in them, and secondary prevention (includes both therapeutic activities during exacerbation and therapeutic measures on their prevention).

The priority of preventive healthcare is done by:

- the development and implementation of the program of a healthy lifestyle formation;
- carrying out sanitary and epidemiological activities;
- carrying out activities on the prevention and early detection of diseases, including prevention of socially significant diseases and struggle with them;
- carrying out preventive and other medical examinations, health survey, dispensary observation;
- Carrying out life and health preservation activities of citizens in the process of their education and labor activity.

Social institutes such as family, education, and mass media play an important role in preventive healthcare. They play a leading role in health ideology formation.

The necessity of a healthy lifestyle formation, hygienic education of population, and monitoring of behavioral risk factors is not only regularly stressed by the public authority and declared in strategic and conceptual documents, but is also included into a number of functions of certain services. Meanwhile, the possibilities of effective

implementation of the functions are blocked with organizational, regulatory, financial and social issues.

Medical personnel are not professionally prepared for provision of prevention services and are not motivated for the activity from the economical point of view. Moreover, the prevention activity is not good. The instrumental value of health predominates. It pushes away health concern and preventive activity in the consciousness and behavior of a patient if other problems arise.

The preventive healthcare strategy must be accepted at the state level. Advanced experience of foreign countries must be utilized. The policy must motivate people to a healthy lifestyle. Not just the Strategy, but also the legislative, organizational, material and technical provision system must create conditions for a healthy lifestyle. The basic funding streams must be represented by such trends as prevention of malignant neoplasms, mental and behavioral disorders, and infections with a predominantly sexual mode of transmission.

Preventive healthcare state policy implementation staffing requires further training in the area of medical and non-medical prevention, methods of formation of a healthy lifestyle among population, and aiding people to quit bad habits. The culture of trust of medical workers aimed at the advocacy of hygienic culture within population must be improved.

The state policy must be primarily aimed at the young generation. The understanding of the fact that prevention of diseases must not be considered from the view of medical manipulations only must become essential, as preventive healthcare is also a unity of other (economic, social, political and spiritual) measures. The majority of those interviewed state that subjective health factors are the basic ones. Thus, it is necessary not only to advocate the ideas of a healthy lifestyle, but also to create social and economic conditions for it. They include taking environmental protection measures, improved effectiveness of medical aid, creation of conditions for physical exercises, advocating health care in case of any malaise, introduction of health education at schools, creation of information sites of Health centers presenting detailed data on preventive health care, introducing people to the activity of the Health centers with the help of employers, formation of the regimen of labor and rest, planning nutrition, proper choice of food, understanding that people can be motivated to a healthy lifestyle by a personal example; health survey effectiveness can be increased using preventive consultation such as discussion of a healthy lifestyle.

RECOMMENDATIONS

The article can be useful for health specialists, sociologists, professionals working with young people and professionals who develop state programs regarding the formation of measures to preserve and form self-preserving behavior of young people in modern conditions.

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