









Working title: INNOVATIVE HEALTH AND CARE SYSTEMS

Formal title: HEALTH AND MEDIINE IN SOCIETY

General **elective course** offered to **all students of bachelor programs** of NaUKMA 3rd year of the study

Implementing university:
National University of Kyiv-Mohyla Academy

4 credits (40 academic hours)

Course coordinator: Tetiana Stepurko

<u>Duration:</u> 2 months January-February 2018 <u>Classes:</u> two meetings (8 h) per week

Expected number of students: ab. 30 students per group

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1. Introduction

This course is designed to sensitize the students (of various Bachelor programs) with the issues of health and care services¹. The course is focused on innovative, modern and very practical decisions and approaches in health and care globally and regionally. This course is a newly introduced additional unit to the Sociology of Health BA academic cycle that offers insight into a series of complex issues dealing with the interface between the society and human physical and mental well-being. Throughout the duration of the course we focus on practicalities as well as consider some theoretical perspectives. In particular, we discuss myths and truth in health and care

¹ Here we refer to health and care system, however in Ukrainian we use 'health and medicine' words, since we refer to health and health care services and there is no proper concept to reflect connectivity of health and medical assistance

services as well as the importance of intersectorial approach while considering health. The weekly meetings will also include discussions of the essential components of the health care system of Ukraine and of significant political, economic, contextual and historical influences on the shaping of the Ukrainian health and care system. Revealed within focus-groups with bachelor program students, the course materials include topics on *various aspects of health*, i.e. vision of computer users, immunization, stomach health and self-treatment, *care services* (communication with doctor, quality and satisfaction with the services and medicines consumption) and *system-related topics* on financing. The course employs innovative (modern and evidence-based and the latter is already innovation for Ukrainian audience) knowledge and educational format, however we do not specifically go deeper in innovations due to the basic level of the course content.

2. Theoretical perspective

The course is developed with a focus on practical skills and shaping behavior and views of the students with regard to relevant for them health matters. At the same time, health inequalities are one of the main dimensions in understanding health and care, therefore the course includes the problem of health inequalities and innovative ways to address these challenges.

3. Course goals and objectives

The goal of the course is to sensitize the issues of health and care service among students, their families and Ukrainian society. This course is considered as a second step towards health and care service literacy (the first has taken place in schools etc.), that at the same time it eliminates unreliable information. Since we rely on the questions of the students on health and care services and involve professionals in the relevant fields, the course might lack consequence and logical bridges between the meetings.

Taking into account vision of Kyiv-Mohyla Academy that the future leaders are graduated from our university, we believe that this course has an impact (in long-term perspective) on prioritizing health and care matters in the organizational and policy

agenda (where NaUKMA graduates are involved). Also, future professionals will have a good ground of understanding evidence-informed decisions and for intersectorial collaboration in health and care.

Principal core objectives of the course include:

- Recognition of evidence-based principles in health care
- Classifying existing knowledge and skills in health and care into myths and truth
- Openness for interdisciplinary knowledge in the area of health and care
- Understanding of the rationale of health care reform in Ukraine
- Employing a modern concepts and approaches in health and care in a routine life

During this course the participants will achieve the following:

With the regard to knowledge and insights

- Understand major trends in public health and health care and relate them to current events nationally and internationally.
- Recognize difference between public health, health care; patient, consumer, user and client.
- To identify pros and cons of various health interventions, e.g. immunization etc.
- To identify complexity of factors influencing health status, including life style, genetics etc.

With the regard to applicability of knowledge and insights:

- Differentiate between evidence-based and non-evidence based health and care.
- Understand the core elements of health policy-making including the roles of government and major stakeholders and major statutes affecting health care.

- Analyze available and reliable sources of information, critically review the information obtained and present personal position concerning the topic to the audience
- Describe key components of social gradient in health.

With regard to the formulation of judgements:

• Explain the complexity of the components of health care systems and how the components work together, or fail to work together, to address population health issues.

4. How these goals will be reached (methodology and learning approaches)

The main learning outcome of the course is seen in making students aware of the key contemporary concepts in the area of health and care services. Students will operate in discussions with these key concepts and provide arguments for and against in line with the available knowledge and evidences. Therefore, most of the seminar classes are focused on the discussion and not only reporting on the findings. So, cases, problems are to be offered to the students who will work in small groups (one big group (30 participants) is to be divided into 4 groups). Also, classes will engage such activities as watching video short readings coupled with discussion afterwards. Mixture of different educational approaches are expected to keep students interested in the discussion as well as to stimulate sharing their opinion based on the solid evidences.

Methods of teaching to be used: traditional and interactive lectures, case studying, discussion of video stories, simulation, self-study, group presentations.

5. Relation of the course to the other modules in the education programme

Since it is a general elective course, we do not find possible to describe the link of this course to individual plan of each student, however it can be placed in line with university obligatory courses (culture, sociology, philosophy, English, basics of

economics etc.) which are considered to be an important ground for human development and obtaining further professional knowledge and personal growth.

6. Assessment:

Maximum points -100, which consist of:

Final presentation -15 points (max) and

Final test assignment -15 points (max)

Work during trimester -70 points.

Work during trimester is measured as:

Participation in the seminar discussions (based on the suggested sources-literature, videos) – (10 seminars+10 interactive lectures)*2 points = 40

Other supplementary tasks, e.g. home assignments, quizzes: 6 assignments * 5 points = 30

To complete the course successfully, student must participate in not less than 50% of classes and to collect up to the final presentation not less than 30 points.

7. Final presentation:

Students will be provided with a list of the most important issues in health and care service domain, e.g. antibiotic resistance, TB, GMO, measurement of health outcomes, quality of health care, communication for development.

Taking into account difference in the background of students (culture studies, ecology etc), students can also choose the topic they are more interested in, but then it should be approved by the course coordinator or relevant educators.

Students prepare their final presentation in small groups of two people. During the first week of the course they define their area of interest and claim the topic and the group composition (till Feb 1, 2018).

Students' task is to read the literature (also partially suggested by the educators) as well as to explore the issue via studying other sources of information – video, newspaper articles as well as via personal communication with several stakeholders.

The presentation will comprise basics of the understanding, global trends in the topic as well as situation in Ukraine. Students should be very careful with the literature – the information should be taken only from the reliable sources (WHO, WB, CDC, scientific publications, national reports), however, the problems can be illustrated by the news lines and videos.

The presentation is seen as examination and therefore it is obligatory for each student. Presentation's duration is to be not more than 8 minutes and 5 minutes are given for the questions.

There will be three prizes for the best three presentations (defined based on the (a) voting and (b) educator assessment.

List of the topics for the final presentation:

- 1. Diabetes
- 2. Stroke
- 3. Cancer
- 4. HIV/AIDS
- 5 TB
- 6. Antimicrobial resistance
- 7. Quality of health care services
- 8. Clinical protocols
- 9. Patient-centered care
- 10. Vegetarians
- 11. Traditional medicine.
- 12. Ageing.

- 13. Health promotion.
- 14. Public health, global health, international health.
- 15. Breastfeeding.
- 16. Depression.
- 17. Obesity.
- 18. E-health
- 19. Emergency
- 20. Health workforce.
- 21. Sustainable development goals (health-related)
- 22. Patient safety

- 23. Primary health care
- 24. Transplantation
- 25. Corruption in health care
- 26. Bribes and gifts to medical doctors
- 27. Health statistics
- 28. Reproduction
- 29. ARTs
- 30. Genetic screening
- 31. Selective abortion

8. TOPICS/ Schedule OF THE COURSE

Week#	Type of class	Topic
Week 1-1	Seminar 1 (preseminar)	Introduction to the course (including main sources of information introduction).
	Lecture 1	Basic concepts in health and care systems

	Lecture 2	Health disparities in modern societies: New data and new issues
Week 1-1		Kateryna Maltseva
	Seminar 2	Health index. Ukraine
		Tetiana Stepurko
	Lecture 3	Patient – physician communication: life hacks and myths
Week 2-1		Olena Ihnaschuk
week 2-1		Health of your stomach to diet or not to diet
	Seminar 3	Olena Ihnaschuk
	Lecture 4	Basics of evidence-based medicine
W 1 2 2	Lecture 4	Olena Ihnaschuk
Week 2-2		You ask – we answer: myths and truth about your health
	Seminar 4	Olena Ihnaschuk
	Lecture 5	Health care system: organization and financing
W. 1 2 1		Tetiana Stepurko
Week 3-1		Health care reform in Ukraine
	Seminar 5	Oleksander Zhyginas, Ministry of Health of Ukraine
	Lecture 6	The burden of mental illness Society's response to disease: Vulnerable populations and
Week 3-2	Samina (effects of stigma and discrimination on health
	Seminar 6	Kateryna Maltseva
	Lecture 7	
Week 4-1		Immunization in Ukraine
-	Lecture 8	UNICEF guest lecture / Kateryna Bulavinova
Week 4-2	Lecture 9	Vision and today's electronic environment
W CCK 4-2	Lecture 10	Nataliia Malachkova
		Social stratification and health. Inequality and life expectancy, morbidity, mortality.
Week 7-1	Seminar 7	
		Svitlana Oksamytna
-	a :	
Week 7-1	Seminar 8	Presentations -1

Week 7-2	Seminar 9 -10	Presentations -2 Summary of the course
Week 7	Bonus meeting	Meeting outside of the university – Museum of medicine

Planning group

NaUKMA:

Tetiana Stepurko – course coordinator Kateryna Maltseva Svitlana Oksamytna Kateryna Malachkova

VNMU:

Olena Ihnashchuk Natalia Malachkova

9. Course topics and outlines for discussion sections (meetings in groups)

Week 1-1. Proseminar - 1. Introduction to the course, introduction of the topics, assessment and speakers.

Lecture 1.

Definition of health, public health and health care. Factors that have the greatest impact on health: genetics, lifestyle, the environment and health. Patient, client and consumer. Paternalism.

Group work (4 groups):

Compile the list of (a) myths with regard to health and health care services and (b) your life hacks.

Hometask #1:

- 1) Write the questions which you have with regard to health and health care.
- 2) Identify the goal with regard to your health and healthy lifestyle

Literature:

- 1. Кутузова Д., Степурко Т., Ковтонюк П. (2015). Пацієнт, споживач чи клієнт? як називати тих, хто по цей бік лікарні?. Наукові записки НаУКМА. Соціологічні науки.
- 2. Откровенный разговор о женском здоровье. Просто о главном. Наталия Лелюх http://www.yakaboo.ua/otkrovennyj-razgovor-o-zhenskom-zdorov-e-prosto-o-glavnom.html
- 3. Brown, T. M., Cueto, M., & Fee, E. (2006). The World Health Organization and the transition from "international" to "global" public health. American journal of public health, 96(1), 62-72.

Video:

- Public health in the 21st century / WHO Regional Office for Europe \
 https://www.youtube.com/watch?time_continue=10&v=8maFVItzDTY
- Перша студія. Доктор Комаровський і Катерина Булавінова https://www.youtube.com/watch?v=j0Cv kSndLc
- European health report 2015 / WHO Regional Office for Europe / https://www.youtube.com/watch?v=tH179ToqeIU

Week 1-2. Health disparities in modern societies: New data and new issues (Lecture, 2 h.).

Dr.Kateryna Maltseva

Distribution of health and illness in society. Inequality's effects on human condition: mental and physical health. Social gradient in health. Traditional explanatory models and new data from various social sciences: interdisciplinary perspective on disparities' effects on morbidity and mortality. Health disparities and welfare state. Data-driven explanations of persistence of health disparities.

Assignment 1. Case Study: The Power of Class

Below is presented a case study (from Michael Cockerham's *Social Causes of Health and Disease*) describing the same event (cardiac attack) in the same location (New York) experienced by three different individuals. Please read the excerpt carefully and after a group discussion (1) present your understanding of causal relationships involving class that appear in each storyline, and (2) ponder in which ways the effects of SES-related variables override the influence of other demographics (e.g., age, gender...). Appendix Week 4.

Literature:

- 1. Blaxter, Mildred (2010) How is health related to social systems? In: Blaxter, Mildred. *Health*, 2nd Edition, Ch.5. Polity. Pp. 96-127.
- 2. Cockerham, W. C. (2012) The social demography of health. *Medical Sociology*, 12th edn. Upper Saddle River, NJ: Prentice Hall. Ch.3 (Class), Ch. 4 (Race, age, gender). Pp.48-96.
- 3. Weitz, R. (2006) The social distribution of illness. In: *The Sociology of Health, Illness and Health Care*. Ch. 3. Pp.56-63 (age, gender), 64-70 (class),71-88 (race).

Recommended further readings:

- 1. Cockerham, W. Age, gender, and race/ethnicity as structural variables. In Cockerham, W. *Social Causes of Health and Disease*, Ch. 6. Polity, 2012.
- 2. Cockerham, W. (2012) The power of class. In: Cockerham, W. Social Causes of Health and Disease, Ch.4. Polity, 2012. Pp.85-113.
- 3. Cockerham, W. (2012) Class and health: Explaining the relationship. In: Cockerham, W. *Social Causes of Health and Disease*, Ch.5. Polity, 2012. Pp. 114-138.
- 4. Hollingshead, August B. and Frederick C. Redlich (1958) *Social Class and Mental Illness: A Community Study*. New York: John Wiley.
- 5. Link, Bruce G. and Jo Phelan (1995) Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, Extra Issue: 80–94.
- 6. Marmot, M. (2005) Some are more equal than others. In: Marmot, M. *The Status Syndrome: How Social Standing Affects Our Health and Longevity*. NY: Henry Holt and Company, pp.13-37.
- 7. Nettleton, S. (2013) Social inequalities and health status. In: *The Sociology of Mental Health and Illness*. Polity. Ch. 7. Pp. 150-181.
- 8. Phelan, Jo C., Bruce G. Link, Ana Diez-Roux, Ichiro Kawachi, and Bruce Levin (2004) Fundamental causes of social inequalities in mortality: A test of the theory. *Journal of Health and Social Behavior* 45: 265–85.
- 9. Weitz, R. (2006) Health behaviors, social stress, and illness. In: The Sociology of Health, Illness and Healthcare. Pp.47-51.

Video:

- Sir Michael Marmot: Social Determinants of Health (2014 WORLD.MINDS) https://www.youtube.com/watch?v=h-2bf205upQ
- The secret of living longer may be your social life. Ted Talks.

 https://www.ted.com/talks/susan_pinker_the_secret_to_living_longer_may_be_your_social_life?utm_
 campaign=social&utm_medium=referral&utm_source=facebook.com&utm_content=talk&utm_term=
 science

Health index. Ukraine: illustration of socio-economic disparities (Seminar, 2 h.).

Source of information: health-index.com.ua

Fruit consumption. BMI index. Self-perceived health. Attitude towards immunization. Smoking. Drinking. Chronic diseases and socio-economic status. Sources of the data. Health outcomes. Logic framework – output, outcome, impact; inputs

Literature:

1. Euro Health consumer index. https://healthpowerhouse.com/

Hometask #2:

Describe epidemiological profile of Ukraine. Do not forget to add the reference of data. Preferably, compare the profile with other country.

Week 2-1. Guest lecturer Olena Ihnaschuk, VNMU

Communication between the patient and physician. Interactive lecture – discussion (2 h)

Basics of communication between the consumer and the provider of health services. Ethics and deontology in medical practice, Oath of Hippocrates. Establishing trust between doctor and patient. Openness in communicating with a doctor and medical secret.

Literature:

- 0. Генрі Марш. Історії про життя, смерть та нейрохірургію.
- 1. Kaba, R., & Sooriakumaran, P. (2007). The evolution of the doctor-patient relationship. *International Journal of Surgery*, *5*(1), 57-65.

http://www.sciencedirect.com/science/article/pii/S1743919106000094

2. Goold, S. D., & Lipkin, M. (1999). The Doctor–Patient Relationship: Challenges, Opportunities, and Strategies. *Journal of General Internal Medicine*, *14*(Suppl 1), S26–S33. http://doi.org/10.1046/j.1525-1497.1999.00267.x

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496871/pdf/jgi 267.pdf

- 3. Эффективная коммуникация: пособие для слушателей (2015 г.), BO3. http://apps.who.int/iris/bitstream/10665/249241/2/9789246509461-rus.pdf
- 4. Ong LML, de Haes JC, Hoos AM, et al. Doctor-patient communication: a review of the literature. Soc Sci Med. 1995;40(7):903–918. http://tusk.tufts.edu/auth/pdf/529179.pdf
- 5. Curtis, K., Tzannes, A., & Rudge, T. (2011). How to talk to doctors—a guide for effective communication. *International Nursing Review*, 58(1), 13-20. http://onlinelibrary.wiley.com/doi/10.1111/j.1466-7657.2010.00847.x/pdf
- 6. How to work as a team with your doctor and pharmacist, Pfizer inc., 2009 http://www.pfizer.ca/sites/g/files/g10017036/f/201410/FINAL_PF-2954_HCP_Brochure.pdf
- 7. Fischer, M., & Ereaut, G. (2012). *When doctors and patients talk*. The Health Foundation. http://www.health.org.uk/sites/health/files/WhenDoctorsAndPatientsTalkMakingSenseOfTheConsultation.pdf

Video:

Abraham Verghese: A doctor's touch https://www.youtube.com/watch?v=sxnlvwprf c

TEDxMaastricht - Bas Bloem - "From God to Guide"

https://www.youtube.com/watch?v=LnDWt10Maf8

Week 2-2. Guest lecturer Olena Ihnaschuk, VNMU

<u>Evidence-based health care.</u> Interactive lecture – discussion (2 h) and

Session on Questions - answers.

What is evidence-based medicine. Historical aspects (what was before and lack of effectiveness). Basic Principles of Evidence-based Practices in Public Health. Clinical trials, systematic reviews and meta-analyzes, as the basis of evidence-based medicine, what are level evidence. Where to find evidence and how to interpret it.

Literature:

- 1. Haynes R. B. What kind of evidence is it that Evidence-Based Medicine advocates want health care providers and consumers to pay attention to? //BMC Health Services Research. 2002. T. 2. № 1. C. 3.
- 2. Rosenberg W., Donald A. Evidence based medicine: an approach to clinical problem-solving //BMJ: British Medical Journal. − 1995. − T. 310. − №. 6987. − C. 1122.
- 3. Haynes R. B., Devereaux P. J., Guyatt G. H. Clinical expertise in the era of evidence-based medicine and patient choice //Evidence-Based Medicine. − 2002. − T. 7. − № 2. − C. 36-38.
- 4. Straus S. E., McAlister F. A. Evidence-based medicine: a commentary on common criticisms //Canadian Medical Association Journal. − 2000. − T. 163. − №. 7. − C. 837-841.
- 5. Bates D. W. et al. Ten commandments for effective clinical decision support: making the practice of evidence-based medicine a reality //Journal of the American Medical Informatics Association. − 2003. − T. 10. − № 6. − C. 523-530.
- 6. McColl A. et al. General practitioners9 perceptions of the route to evidence based medicine: a questionnaire survey //Bmj. − 1998. − T. 316. − №. 7128. − C. 361-365.
- 7. Greenhalgh T. How to read a paper: the basics of evidence-based medicine. John Wiley & Sons, 2014.
- 8. Fritsche L. et al. Do short courses in evidence based medicine improve knowledge and skills? Validation of Berlin questionnaire and before and after study of courses in evidence based medicine //Bmj. − 2002. − T. 325. − №. 7376. − C. 1338-1341.
- 9. Mallett S., Clarke M. How many Cochrane reviews are needed to cover existing evidence on the effects of healthcare interventions? //Evidence-Based Medicine. − 2003. − T. 8. − №. 4. − C. 100-101.
- 10. Guyatt G. et al. (ed.). Users' guides to the medical literature: a manual for evidence-based clinical practice. Chicago, IL: AMA press, 2002. T. 20.

Video:

- Understanding clinical trials https://www.youtube.com/watch?v=bctaWQTYHJc
- EBM explained https://www.youtube.com/watch?v=Z_yiUf3f92s
- How (not) to practice EBM https://www.youtube.com/watch?v=GUUF UI4OrU
- Intro to Systematic Reviews & Meta-Analyses https://www.youtube.com/watch?v=WB9pbHqUs5c
- How to ask a clinical question in PICO format https://www.youtube.com/watch?v=GznHcoPTpoE
- PubMed Advanced Search Builder https://www.voutube.com/watch?v=dncRQ1cobdc&feature=relmfu

PubMed Evidence Based Searching https://www.youtube.com/watch?v=qQzpED6ZcJs

Week 3-1. Health care system in Ukraine: challenges and experiences (Lecture, 2h. and seminar, 2h.)

Health care system of Ukraine from the perspective of consumers and providers. Satisfaction and barriers to health care services. Access, quality and efficiency. Health care system goals. Tries and fails in health care reformation. Recent positive changes in health care.

Health care financing. Tax- and insurance-based systems. Basic package. Pooling.

Provision of the universal health coverage with introducing social health insurance in Ukraine: what are the main goals, conditions and prerequisites? Is it possible and what is supposed to be done to introduce social health insurance? Provision of the equity in access and efficiency of health services. Examples of the countries with health systems that are working on the basis of the social health insurance. Pros and cons.

Health and health care services. 80/20 principle. Resources needed for health care service provision. Main values of the service systems. Primary, secondary and tertiary health care.

Discussion of the interviews with representatives of different stakeholders:

News in social health insurance introduction:

 $http://zik.ua/news/2016/09/02/derzhavne_medychne_strahuvannya_mozhe_zyavytysya_v_uk \\ raini_z_2017_roku_moz_830312$

Literature:

- 1. Гроот В. Інвестування в охорону здоров'я [Інавгурац. Лекція почес. професора Нац. унту «Києво-Могилян. акад.», 1 верес. 2004 р.]. К.: Вид. дім «Києво-Могилянська академія», 2004. 46 с.
 - a. http://www.ekmair.ukma.kiev.ua/xmlui/bitstream/handle/123456789/3093/Groot.pdf?s equence=3 .
- 2. Як вона працює? Новий підхід до аналізу і оцінки процесів управління в системі охорони здоров'я в Україні / http://fisco-id.com/?module=an&action=preview&id=136
- 3. Олександр Лінчевський, заступник міністра охорони здоров'я, торакальний хірург, відповідальний хірург відділення політравми КМКЛ № 17 / Смерть пацієнта. Як цьому запобітти/ http://life.pravda.com.ua/columns/2018/01/18/228531/
- 4. Павло Ковтонюк, заступник міністра охорони здоров'я України / Чому ми повинні сплачувати за медичні послуги? / https://life.pravda.com.ua/columns/2017/06/16/224765/
- 5. Реформа охорони здоровя. PПР http://rpr.org.ua/groups-rpr/13reforma-systemy-ohorony-zdorovja/
- 6. Kutzin, J. (2010) Chapter 1 Conceptual framework for analysing health financing systems and the effects of reforms. In Implementing health financing reform.
- 7. Wagstaff, A. (2009). Social health insurance vs. tax-financed health systems-evidence from the OECD. World Bank Policy Research Working Paper, (4821).
- 8. Health financing http://www.euro.who.int/ data/assets/pdf_file/0005/108842/FHCApolicybriefr.pdf
- 9. Welcome to Ukraine, the most corrupt nation in Europe https://www.theguardian.com/news/2015/feb/04/welcome-to-the-most-corrupt-nation-in-europe-ukraine
- 10. Nick Black, Reinhold Gruen. Understanding health services. Open university press, 2005. 243p. (p.141-190).

Week 11. The burden of mental illness (discussion section, 4 h.)

Kateryna Maltseva

Concepts of mental illness. DSM. Social epidemiology of mental illness. Burden of mental disorders in the world and in Ukraine. Stigmatization of mental health disorders. Mental disability. Community oriented policy in supporting people with mental disorders. Innovative approaches in mental care as a long-term condition.

Assignment #3. Informing the audience about the significance of mental illness in the context of global disease burden.

The students will work in dyads or triads to find information on social epidemiology or prevalence of various mental illnesses, to produce a graphic or tabulated quantitative representation illustrating the proportion of mental illness in federal budget, sick leave per annum, as well as a factor contributing to mortality.

Required readings:

- 1. Aneshensel, Carol S. and Jo C. Phelan (2006) The sociology of mental health: Surveying the field. In: *Handbook of the Sociology of Mental Health*, ed. by Carol S. Aneshensel and Jo C. Phelan. Springer, Ch.1. Pp. 3-18.
- 2. Weitz, R. (2006) The sociology of mental illness. In: *The Sociology of Health, Illness and Health Care*. Wadsworth, Ch. 7, Pp. 198-220.
- 3. Theodore H. Tulchinsky, Elena A. Varavikova. The new public health. 2nd edition, 2009. Elsevier inc. p.259-271

Recommended further readings:

- 1. Busfield, Joan (2011) Concepts and classifications. In: *Mental Illness*. Polity. Pp 7-39.
- 2. Horwitz, Allan V. (2002) *The Social Control of Mental Illness*. Percheron Press.
- 3. Pearlin, L. I., William R. Avison, and Elena M. Fazio (2007) Sociology, psychiatry, and the production of knowledge about mental illness and its treatment. In: *Mental Health, Social Mirror*, ed. by William R. Avison et al. Springer, Ch.2. Pp. 33-54.
- 4. Pescosolido, B. A., Jane D. McLeod, and William R. Avison (2007) Through the looking glass: The fortunes of the sociology of mental health. In: *Mental Health, Social Mirror*, ed. by William R. Avison et al. Springer, Ch.1. Pp.3-32.

Week 4-1. Immunization in Ukraine.

(Lecture 4 hours)

Anti-immunization campaign in Ukraine and its consequences. Basics of immunization. Public health and immunization. Evidence base of immunization. Trust to health care providers and to vaccines in Ukraine.

 $Questions-answers\ on\ immunization,\ e.g.\ recent\ polio\ and\ measles\ outbreaks\ in\ Ukraine.\ What\ is\ next?$

Guest interactive lecture (UNICEF). Group assignment (mini-groups).

"Imagine, you are the parents and you need to decide whether to immunize your child or not. Also, you need to understand and to learn about different types of immunization as well as the calendar of immunization. You are given materials that Ukrainian parents receive from health care service providers. What would you do – immunize or not" (Different types of vaccination for different groups.)

Literature:

- 1. Dr.Komarovskiy forum materials: http://articles.komarovskiy.net/privivki.html
- 2. MacDonald, N., & Hébert, P. C. (2010). Polio outbreak in Tajikistan is cause for alarm. Canadian Medical Association Journal, 182(10), 1013-1013.
- 3. Holt, E. (2013). Ukraine at risk of polio outbreak. The Lancet, 381(9885), 2244.
- 4. Video interview. 1st national. David Soldsberry and Kateryna Bulavinova https://www.youtube.com/watch?v=F9w3I7HEir0&index=32&list=PL9aDK_7u 4r7dGbKZF4OwHtPxZSrsMKEzN
- 5. Video interview. 1st national. Helen Owlton and Kateryna Bulavinova https://www.youtube.com/watch?v=f7FwsFD5ESE&index=35&list=PL9aDK_7 u4r7dGbKZF4OwHtPxZSrsMKEzN

Recommended further readings:

- 1. Andre F. E. et al. Vaccination greatly reduces disease, disability, death and inequity worldwide //Bulletin of the World Health Organization. − 2008. − T. 86. − №. 2. − C. 140-146
- 2. Atkinson P. et al. Large outbreak of measles in London: reversal of health inequalities //Archives of disease in childhood. -2005. -T. 90. -N. 4. -C. 424-425.
- 3. Blume S. Anti-vaccination movements and their interpretations //Social science & medicine. 2006. T. 62. №. 3. C. 628-642.
- 4. Craciun C., Baban A. "Who will take the blame?": Understanding the reasons why Romanian mothers decline HPV vaccination for their daughters //Vaccine. − 2012. − T. 30. − №. 48. − C. 6789-6793.
- 5. Data, statistics and graphics [Electronic resource] // World Health Organization. Mode of access: http://www.who.int/immunization/monitoring_surveillance/data/en/. Title from the screen.
- **6.** Hobson West P. 'Trusting blindly can be the biggest risk of all': organised resistance to childhood vaccination in the UK //Sociology of health & illness. 2007. T. 29. №. 2. C. 198-215

Week 4-2. Vision and today's electronic environment. (Lecture, 4h)

Why were more people wearing glasses (objective and subjective reasons)

How much time should be spent on gadgets during the day

Computer eye syndrome. The main complaints that can be seen as signs of the beginning of vision problems.

How to organize a working process with the computer Is it worth doing a gymnastics and how to do it right.

Guest interactive lecture (Nataliia Malachkova, Vinnitsa National Medical University).

Mini-group and individual assignment. fill in a form questionnaire to identify predictors of complaints of eye pathologies, learn how to organize the workplace in accordance with the lighting, learn how to do eye exercises.

Literature:

- 1. D'Andrea, F. M., & Farrenkopf, C. (2000). Looking to learn: Promoting literacy for students with low vision. American Foundation for the Blind.
- 2. Wolffe, K., & Sacks, S. Z. (1997). The lifestyles of blind, low vision, and sighted youths: A quantitative comparison. Journal of Visual Impairment and Blindness, 91, 245-257.
- 3. Jones, D. L., & Zollman, D. (2014). Understanding vision: students? use of light and optics resources. European Journal of Physics, 35(5), 055023.

Week 7-1. Social stratification and health. Inequality and life expectancy, morbidity, mortality. (seminar)

Svitlana Oksamytna

Approaches to explain the link between inequality and health. The relations between social class/strata and health, morbidity, mortality. Education, income, class and status as major factors of behavior and health status in different countries.

Required readings:

- 1. Левчук Н.М. Соціальна диференціація стану здоровя і смертності в Україні // Демографія та соціальна економіка 2007. № 1. С. 12-27.
- 2. Русинова, Сафронов. Социальная стратификация здоровья в России // Социологический журнал. 2012. № 1. С. 28-46.
- 3. Carpiano R., Link B., PhelanJ. SocialInequalityandHealth // SocialClass: howdoesitwork? NewYork: RussellSageFoundation, 2008. P. 232-256.
- 4. Leigh A., Jencks K., Smeeding T. Health and Economic Inequality // The Oxford Handbook of Economic Inequality. 2009. P. 384-405.
- 5. Layte R., Whelan C.Explaining Social Class Inequalities in Smoking: The Role of Education, Self-Efficacy, and Deprivation // European Sociological Review. 2009. Volume 25, Number 4. P. 399-410.
- 6. TorssanderJ., EriksonR. Stratification and Mortality A Comparison of Education, Class, Status, and Income // European Sociological Review. 2010. V. 26. N. 4. P. 465–474.

Recommended further reading:

- 1. Г. Штайнкамп. Смерть, болезнь и социальное неравенство // Журнал социологии и социальной антропологии. 1999. Вып. 2. № 2.
- 2. Европейские стратегии по преодолению социального неравенства в отношении здоровья:Восходящее выравнивание. Часть 2.// http://www.euro.who.int/__data/assets/pdf_file/0019/103825/E89384R.pdf
- 3. Концепции и принципы преодоления социальногонеравенства в отношении здоровья:Восходящее выравнивание. Часть 1. // http://www.euro.who.int/ data/assets/pdf file/0011/74738/E89383R.pdf
- 4. Тапилина В.С. Социально-экономический статус и здоровье населения // Социологические исследования. 2004. № 3.
- 5. Lynch J. Income inequality and health: expending the debate // Social Science& Medicine. 2000. V. 51. P. 1001-1005.
- 6. Navarro V., Shi L. The political context of social inequality and health // Social Science& Medicine. 2001. V. 52. P. 481-491.
- 7. G. L. Albrecht, R. Fitzpatrick, Susan C. Scrimshaw. Handbook of social studies of health and medicine. Sage publications, 2000. 545 p.
- 8. Robert B. Wallace. Public Health and preventive medicine. The McGraw-Hill Companies, Inc. 15th edition, 2008. P. 1023-1040.
- 9. Health education: theoretical concepts, effective strategies and core competencies. World Health Organization, 2012, 79 p.

Week 7-1. Final presentations (4 academic hours)

Week 7-2. Stakeholders in the health and care system domain. Why international organizations are so pro-active in Ukrainian health care sector (seminar)

Providers, payers, employers, patients as a stakeholders in the health care, their needs and quality requests. Role of the Unicef, World Bank and World health organization in health care sector in Ukraine. Programs that they are running and the positive impact Context-driven innovations in relations and functions.

Procurement of medicines in Ukraine.

Literature:

- 1. Аналіз політики охорони здоров'я. Т.Семигіна
- 2. Barnett, M., & Finnemore, M. (2004). Rules for the world: International organizations in global politics. Cornell University Press.
- 3. Sustainable development goals..
- 4. World Health Organization. (2004). The World health report: 2004: Changing history.
- 5. Brown, T. M., Cueto, M., & Fee, E. (2006). The World Health Organization and the transition from "international" to "global" public health. American journal of public health, 96(1), 62-72.

Week 7-2. Final presentations (2 academic hours)

Summary of the course. Course assessment.

A final session to wrap up and to check if the preferences changed

APPENDIX WEEK 1-2.

who survived a heart attack in New York City: a 66-year-old white male upper-middle-class architect, a 53-year-old black male middle-class transportation coordinator for the city's electric power company, and a 59-year-old white working-class female Polish immigrant who was a hotel maid. Their stories were reported in the New York Times in a special investigative series in 2005 on social class in America (Scott 2005). Does class matter in recovering from a heart attack? Yes, it does...

The architect collapsed on a city street in Midtown Manhattan after lunch with two colleagues. His friends ignored his request for them to call him a taxi and instead called for an ambulance. He was given a choice of going to one of two nearby major medical centers equipped with the latest technology in emergency cardiac care; he picked an academic hospital frequented by relatively affluent patients instead of a very busy city-run hospital. Within minutes, he was on an operating table in the hospital's cardiac catheterization laboratory where a potentially serious ventricular fibrillation (abnormal heart rhythm) was quickly fixed, followed by angioplasty to unclog an artery. Less than two hours after his first symptom, his artery had been reopened by an experienced cardiac surgeon and a stent implanted to keep it open. His brother, chairman of the board at another hospital, called his counterpart at the hospital where the architect was a patient to personally request his brother's treatment be closely monitored as a "professional courtesy," while his brother-in-law, a surgeon, referred him to a top specialist for follow-up care. The architect subsequently took several months off from work, adjusted his diet, lost weight, joined an exercise club near his home, and his blood pressure and cholesterol levels improved. His family was very supportive. The only unpleasant outcome was that his firm asked him to retire because of his long absence, which he did on his terms and before he started working from home as a consultant.

In contrast, the middle-class transportation coordinator had his heart attack in his fiancée's apartment. It was his second. Nevertheless, he thought at first he had heartburn. But his girlfriend insisted on calling an ambulance and he was given the choice of two nearby hospitals, neither of which was licensed for angioplasty. He selected a hospital other than the one that served the city's poor. He was given a drug to break up the clot clogging an artery. The clot reformed, so the next day he was transferred to another hospital in the city for angioplasty. The doctor doing the operation observed that it would have been better if he had been brought directly to him, since the earlier the procedure is performed, the better the recovery.

After his prior heart attack, his attempts at exercising and changing his ciet away from the fried chicken and pork chops he loved were half-hearted and he stopped seeing cardiologists when his doctor moved away and he found the new doctor's staff to be rude. This time, he tried to do better by improving his diet, although his fiancée noted that it was hard to find fresh vegetables and fish in their neighborhood and they weren't sure about the dietary benefits of some foods, like whole grains. He still ate fried shrimp on special occasions when he went to a favorite seafood chain restaurant, but took his medications regularly. He had to drive downtown to a cardiac rehabilitation exercise program, but stopped driving after parking problems and took the subway instead. He joined a health club and planned to retire in two years.

The maid had the most difficult experience of all. She suffered her heart attack at night at home and hesitated before letting her husband call an ambulance. She had to be talked into going to the hospital by the paramedics and was taken to one that served the poor without being asked. She was not seen by a physician in a busy emergency room for over two hours and when tests finally confirmed she was having a heart attack, she was given medication to remove a clot. She was transferred to another hospital the next day for an angiogram to assess the probability of a second heart attack. However, she came down with a fever that prevented her from being given the angiogram. Later it was found she had heart damage. She took public transportation to her doctor appointments and coped by herself with problems with her health insurance. This meant several phone calls, letters, and subway trips to the insurance company's office to resolve the situation. She went on a diet, but gave it up, as her husband refused to change his eating habits and she liked to indulge herself with sweets. She did stop smoking. She wanted to work part-time, but her employer refused and soon she was back on her old job schedule. Her husband was out of work for weeks because of pneumonia and the money from her job was important. She started gaining weight and her blood pressure and cholesterol reached dangerous levels, despite medication. Her doctor said she was becoming a full-time patient.

In each of these cases, class circumstances played a major role in either promoting or reducing risks to health. Prospects for the recovery of the three heart patients can be ranked from good to fair to poor in descending social order. However, promoting or reducing the prospects of survivability from a heart attack is not the same as causing it. The New York Times story focused on the aftermath of the heart attacks, rather than the prelude. Nevertheless, the article powerfully