

NATIONAL UNIVERSITY OF PUBLIC SERVICE
Doctorial School of Military Sciences

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**The health promotion goals defining of
yearly medical check up results based in
the Hungarian Defence Forces' military personnel**

A Resumee of PhD Thesis

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1. FRAMING OF THE SCIENTIFIC PROBLEM

These days, there is a global epidemic of chronic, non-contagious diseases, bringing unpredictable social and economic consequences to participants seeking for solutions.

Due to a well-functioning occupational, aptitude and medical check up system, the Hungarian Defence Forces (HDF) personnel's health status shows a better picture than the civilian population's epidemiological data however risk factors among the ranks also occur at high levels. Research conducted over the past decades in the army, illustrate that even though problems have been accurately detected from the 1980's, a comprehensive and effective solution could not be found.

Effective functioning of the defence sector in terms of prevention is the key role of human resources' undue and premature deterioration, the ability to perform military duties without doing harm to the combat capability, namely preserving and maintaining both.

Nowadays, when the military personnel significant strength serve in the rotation system, they will have to deploy in extreme climatic and natural emergency or disaster conditions. The key component of the adaptability and operationally is the high level of health and excellent physical condition of the ranks.

From the part of the military staff the claim appears increasingly sharp, that by going through the national and international liabilities, they should be able to serve with such up-to date information about the current health state of the military personnel, which could be used for the preparation of military operations in the course of percussive planning.

It is essential to build up an adequate monitoring system to follow the soldiers' health, and health status characteristics. Results, data, and analyses are based on the monitoring system to plan health promotion and disease prevention interventions directly aimed at the health disparities reduction. An effective integrated military health information system is necessary to the success of public health and health promotion activities.

2. RESEARCH AIMS

- a) In the course of defence health and medical support system I present and localize the health promotion activities, whereas I make a suggestion to reorganization the structure of the specialty according to the new challenges.
- b) I summarize the history and current practice of the armed forces' primary and secondary prevention activities and in possession of research data I give suggestions to defining further directions.
- c) I intend to reveal the adaptability of databases created by using different data collecting methods, as well as introducing the main differences between these methods.
- d) I observe if the currently used medical check up datasheet and the data recording system built on it, is suitable for creating such a knowledgebase that is able to give prognosis by applying epidemiological methods.
- e) I estimate the health behavior indexes of military personnel, along with the Hungarian Defense Forces' own inner standards then in comparison to this I will show the inequalities between the health behaviors of soldiers serving at different base.
- f) Based on the summary of the research carried out I will prepare the health risk map of the Hungarian Defense Forces and define the health promotion goals for the all base.
- g) I draw a conclusion and give recommendations on further research courses, as well as the continuation of scientific work.

3. RESEARCH HYPOTHESES

- a) Based on former analyses and ratings I would like to prove that from 2004, only certain data recording programs have generated databases, which are suited for statistical data analysis.
- b) I intend to verify that the newly introduced yearly medical check up datasheet and the data recording program built on it, is cut out for measuring the relevant indexes of the ranks' state of health, just as detecting any changes.
- c) I would like to prove that the morbidity index of the military personnel is low due to the well-functioning medical check up system; however physical inactivity and overweight problems are prevailing among the ranks.
- d) I assume that different health behavior indexes show diverse rates in various bases.
- e) I am about to confirm that certain health behavior factors are improving by age (number of smokers is decreasing, healthy nutrition comes into view),

while other factors are getting worse with ageing (appropriate amount of physical activities, fluid intake).

4. RESEARCH METHODS

- a) According to the regulations of Doctorial School of Military Sciences, I started to prepare research activity with creating my own research program that I've been updating since, semester by semester during the years, after acquiring new results, regarding scientific and research methodological advice.
- b) I have been focusing on medical check up data collection and analysis since 2004.
- c) In the course of my research, I categorized, rated and observed related special literature and professional regulations either from national or from international as well.
- d) Professional education, trainings, own mission experience, meetings and professional conferences helped me to acquire relevant information and use it as a base of my thesis.
- e) While collecting sources, I organized health themed doctoral dissertations focusing on the military sciences. After gathering enough information I processed these data and built them in my scientific publications.
- f) From theory logic methods I operated with analysis and synthesis, together with comparisons. I used statistical analysis from mathematical methodology.
- g) By analyzing medical check up data I applied correctional statistics method, while for eliminating the distortional impacts of ageing I used indirect standardization. I tested the statistical significance of diversions from the average with 'z - tests'.

5. A BRIEF DESCRIPTION OF THE CARRIED OUT RESEARCH

In the first chapter I list all health endangering factors that are mainly caused by the intense strain of military service in the course of the Hungarian Defense Forces' national and missionary activities. Estimating and decreasing these factors is the priority duty of preventive medicine. The chronic, non-contagious diseases that have been spreading throughout the world since decades have reached not only the civil population, but military personnel's as well, who's state of health is crucial for their duties to be completed properly. After summarizing plenty of epidemiology related survey and study from earlier years, I concluded that even though the trends had been detected in the military from the 1980's, it's solution is a lot more complicated than it could have been predicted during the last few decades.

In the second chapter I specify the research related terminology that is crucial for the topic's clear interpretation. I determine the taxonomic classification based on the interdisciplinary field of science classified as military and health, as it deals with both issues. In the task system of medical support I localize the preventive medicine's field, along with presenting the basic tasks of NATO's force health protection, and the HDF Health Centre that is its equivalent. At the end of the chapter I summarize the progress and results of the new health promotion methods began nearly twenty years ago, which is a key element in the domestic military-health care and became part of the public consciousness.

In the third chapter I review the operation and survey results of the medical check up system in the military from 1954, after that I survey the "Csapathadtáp Htp/16" professional manual controlled check up activities, as well as the theoretical background of changes in science studies. I describe the results of the 2000's military health monitoring research in detail, priority as the result of the chance of disease development of predictive models for Risk Assessment. Besides demonstrating the current medical check up system, I discuss the changes of the new medical check up sheet's practical usability, and I present the main findings of the check up tests carried out between 2010 and 2012.

In the fourth chapter health behavior factors are presented by age group prevalence values based on the HDF' 2011th and 2012th yearly medical check up data base. These factors are the following: smoking, the quantity and quality of nutrition, fluid intake, physical activity, overweight, perceived health and psychosomatic symptoms. I determined the Hungarian Army's own internal standard of health behavior by using indirect standardization method and compared it to the indicators of different formations. I summarized the results in a risk-map of the HDF that show significant differences. Based on this I defining the priority goals of health promotion activities related to each base.

In order to develop effective workplace health promotion activities, in the fifth chapter I review the theoretical framework for determining approaches to health promotion, health development and health behaviors. I present the pros and cons of this and based on the main steps of the design forces in health plans for individual and organizational development approach in occupational health. I present the pros and cons of the occupational health development plans on an individual and organizational level, based on this I point out the main steps of health plan development of ranks. By describing the complex lifestyle change prevention program model, I outline a multi-stage prevention program applicable in practice as well that is suitable to treat and prevent diseases of public health importance and their behavioral risk factors effectively. Reviewing the tasks faced by the health

promotion activities, and living up to the growing expectations for professional demand, I believe reorganizing of the military health promotion specialty is inevitable, that is presented at the end of the chapter.

The sixth chapter summarizes the scientific thesis, while I present the results of my new scientific and their practical adaptability, and I also suggest directions for further research.

6. CONCLUSION

The Hungarian Defense Forces is undergoing a constant change during these years while it is becoming modernized. This continuous change takes place in organizational transformation, which in itself requires a strong adaptability of the members of each organization. In addition, the new challenge of the armed forces expeditionary-based activities is strengthening, as the participation in the international tasks and offerings of the NATO requires excellent health, and high level of physical and mental state. According to this principle, maintain the health of the ranks is a primary interest of the organization, but not by underestimating the individual interests.

I presented the multi level of the medical check up system, it's progression and the development of the associated data collection system. Based on medical check up data in recent years, it is ascertainable that even among the "higher health potential" ranks by aging, a higher risk level, premorbid population is developing. That is why it is necessary to maintain continuous health monitoring system, as well as estimating patient turnover data, and check up data, along with the practical application of the individual risk assessment model. Evaluation of the patient turnover and screening data allows the prospective, predictive, diagnostic and therapeutic purposes orientated intervention.

I examined that at what level do certain dimensions of health behavior perform, and by comparing these to the results of soldiers serving in various base, I observed the differences. In order to resolve territorial inequalities in health status, I proposed to develop health plans for the formations, which's direct and indirect aims are to improve the health and quality of life of a particular military community. In terms of the basic principles, the health plan it is built around health, but it is not just a health care plan and it is even far beyond the scope of the medical service.

I explained that a person's health is mostly determined by his or her way of life and health behavior, which confirms the following statement: "Knowing the disease duration of medical injuries implies that the health service cannot further reduce the number of unserviceable days by therapeutic devices.

The critical personnel infrastructure of medical troop unit has been a problem for years, by now it has reached its efficiency limits. Coordination and implementation of the planned health development tasks and the development of the corps' health plan requires the formation of the prevention officer positions on the tactical level.

The abolition of the early retirement, after 25 years of service and by extending the active duty period will have serious results. In a few years ranks getting close to the age of 65 will need to face with general health problems, mental and physical challenges that could obstruct their daily serve, besides the burden of disease on the individual level.

In addition to individual treatment the military medical system is responsible for the interests and well-being of the HDF personnel by considering the results of health sciences. However, as we can see in the determination of health improvement and implementation of this policy, primary prevention is far beyond the scope of the medical service. It has an intersectoral policy, which means that the goal can only be achieved by top-level coordination and co-operation, causing specialist participating in the situation resolve.

7. NEW SCIENTIFIC RESULTS

1. I have summarized and gave a critical review of the Hungarian Defense Forces' health promotion activities that as a new approach started in 1996. I made a proposal in the focus of the current challenges facing the professional tasks and structure reorganization.
2. From 2004 I have collected and analyzed the Hungarian Defense Forces' ranks yearly medical check up data, and with the help of my professional management, IT professionals prepared the data capture program for the sake of further epidemiological processing in the health monitoring database. Creating a primary prevention program planning is essential to the scientific database.
3. I summarized the findings of earlier research and in its possession, taking the ranks' health behavior indexes into account, I requested the medical check up form to be revised. I suggested its expansion with internationally used scales that could be suitable to collate other NATO member states soldiers' data.
4. Based on the 2011th and 2012th yearly medical check up data, I determined the Hungarian military ranks valid standards concerning behavior dimensions of perceived health, smoking, nutrition, physical activity, body mass index, and psychosomatic diseases. Based upon which

I defined the main directions of the specific health promotion interventions thereby helping to improve the health of the military personnel.

8. RECOMMENDATIONS

In terms of the effective functioning of the military defense sector, prevention plays a key role. It is crucial from several points of view, such as the personnel unnecessary and premature deterioration, action against the formation of occupational diseases, as well as maintaining both the psychological and physical state. That is why I suggest a review to military leaders of any level, member of medical-, training- and logistic service, in short, to all who can contribute to improve the health level of the soldiers by their decisions resulting from their everyday work.

Attaining complex individual and organization-focused health promotion programs, which positively influence the readiness of soldiers, is - as we have seen - far beyond the competence of the medical service.

I consider it necessary and therefore I recommend studying these for staff who participate in legislative human resources policy concerning in administration of defence.

The research results can serve to achieve public health tasks involving the Ministry of Defence, and also to prepare the health policy decisions based on the long-term and inter-sectoral collaborations as well.

9. A PRACTICAL APPLICATION OF RESULTS

First I believe it's necessary to continue and complete those researches, the results of which could serve as a precedent for the civil sector. These researches are unique even in national, they are able to predict individual morbidity odds and are standing before the validation phase.

In order to improve the health of soldiers serving in various bases, I believe to develop and introduce the practice of health plans to be realistic.

I think it is important for human resource management, and to the development of health care to carry out cost-benefit analyses, which as indicators of the prevention interventions could assist in setting up the priority ratings.

I consider analyzing the mortality data of deceased professional and contract soldiers to be a crucial issue for further research (also soldiers' who retired from the system previously). Besides the analysis, the development of a longitudinal follow-up system would be necessary, which helps to explore and analyze the cause-specific mortality trends.

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THE CONFERENCE PRESENTATION

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19. Az egészségmonitorozás gyakorlati haszna: a Magyar Honvédség rizikótérképe (társszerző Hornyák Beatrix), A rendvédelem és a honvédelem területén végzett orvosi és pszichológiai tevékenység kihívásai napjainkban, Belügyi Tudományos Tanács tudományos-szakmai konferencia, Budapest, 2013. nov. 8.
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PROFESSIONAL- SCOLARLY CURRICULUM VITAE

Qualifications

2012. Final Certificate, National University of Public Service, Doctoral School of Military Sciences
2005. Health Education Teacher, Semmelweis University, Faculty of Physical Education and Sport Sciences
1997. Medical Manager, Hajnal Imre Faculty of Health Sciences
1988. Inspector of Public Health, Faculty of Medical Institute of Health Sciences

Other Qualifications and Degrees

2012. Williams Life Skills Program facilitator, Selye János Hungarian Society of Behavioural Sciences and Medicine
2004. Neurolingvisztikai Program (NLP) practitioner, Hermann István trainer
1999. Personality Development, Drug and Alcohol Prevention Program instructor, Comprehensive Health Education Foundation (CHEF) Hungary
1999. Recreational Sport Instructor, Budapest City Hall Sport Division
1998. Health Education program supervisor, Soros Foundation
1996. Gordon personal efficiency training, instructor's training, Gordon School Foundation
1995. AIDS preventive instructor, Sexual Education Foundation
1994. Public Service Examination, Office (No.2) of the Hungarian Republic

Career History

- 2013.- Hungarian Defence Forces Medical Centre, Directorate for Defence Health Issues, Health Promotion Department, Head of Department
2012. Hungarian Defence Forces Military Hospital, Health Sanitary Authority and Military Defence Directorate, Institute for Health Promotion, Head of Institute
- 2008-2012. National Defence University, Institute for Defence Health Issues, Department of Applied Health Sciences, Assistant Professor
2007. Hungarian Defence Forces Dr. Radó György Military Medical Centre, Health Promotion and Recreation Department, Head of Department
2005. Medical Command of the Hungarian Defence Forces, Health Care Branch, Planning officer
1998. Institute for Health Protection of the Hungarian Defence Forces, Health Promotion Department, Medical Officer
1994. Hungarian Defence Forces, Institute for Public Health, Military Medicine and Research, Health Prevention Department, Inspector of Public Health
1991. National Public Health and Medical Officer Service Godollo Urban Institute, Public Health Inspector (Epidemiology Group)

Mission, commission

- 2001.-2002. HDF KFOR HQ Kosovo, Pristina, Theatre Preventive Medical Laboratory, Liaison Officer
- 1999.- HDF Drug Prevention Committee, Founding member

Language skills

2008. Russian for military purposes, A2.
2006. English for military purposes, B2.

Tutoring Experience

- 2012.-2013. Kodolányi János University College, Public Health Studies
- 2008.-2012. Zrínyi Miklós National Defence University, Health Education, drug prevention
- 2003.-2013. Semmelweis University, Department for Military and Disaster Medicine, accredited trainings

Associate Supervising, Thesis Consultation

- 2003-2013. Associate consultant in the following topics: drug prevention, health promotion, recreation, field practice coordinator

Postgrad Program Planning, Preparation for Accreditation

- 1999.-2012. Health promotion, addictions, health-conscious nutrition, physical training, drug screening system, the role of the troop unit team in readiness to serve

Research Experience

- 1997.-2011. Drug epidemiological studies, study of health behaviour factors of soldiers serving in multinational missions, Cardiovascular risk status mapping, nutritional and workplace eating habits survey, Preventive and predictive comparison, preliminary (pilot study) Risk Assessment model testing of health behaviour and quality of life risk factors, screening results based on comparative longitudinal study, Health behaviour studies, Analysis of the emotional state among the personnel of Hungarian Defence Forces

Scientific Society Memberships

2008. Hungarian Association of Hygienics
2008. Hungarian Society of Sport Science
2008. Hungarian Military Science Society
2008. Hungarian Military and Disaster Medicine Society
2009. Hungarian Society of Psychologists

Publications

In relevant journals published in Hungary, I note twenty-three Hungarian publications and two written in foreign languages. I published eight abstracts in Hungarian in the Book of Abstracts and one in foreign language in the Book of Abstracts of the 18th Annual Sport Science International Conference. I have five electronic publications one of which is in a foreign language. There are two Hungarian publications being published in the foreseeable future.