

# The Smoking Epidemiologic Control across the Primary Health Service

Fé Fernández Hernández, Efraín Sánchez González

Faculty of Medical Science "10 de Octubre", University of Medical Science of Havana, Havana, Cuba

#### **ABSTRACT**

**Background:** Primary health services play a decisive role in the social policy about health attention. This public health level attends the largest patient numbers. The economic resources are always limited. Smoking carries to higher spend from public health agree with the tobacco consumption and the smokers' number. Then, the economic smoking control since the primary health services must be a priority for the health policy. Objective: The objective of the study was to describe the primary public health server in epidemiologic smoking control. **Materials and Methods:** Theoretic methods: Comparative, inductive – deductive. Empiric methods: Bibliographic research. **Results:** The primary public health server must be agreed with capability and limitations from the public health level where it works. Thus, it should be possible to optimize the patient's number applying for health services in superior levels. **Conclusions:** The smoking epidemiologic control across the primary public health services carries to reduce the smoking impact over social health and public health management.

Key words: Control, primary attention, smoking

### **BACKGROUND**

The primary health services play a decisive role for the social policy about health attention. This level of health services concentrates on the higher number of patients.<sup>[1]</sup>

Economic resources are always limited. The viability of these resources is determining the capability of attention in the different levels. Going up across the health attention levels, public health services become more complex and expensive too. Then, the appropriate role of the primary health services is determinant for the optimization of public health services.<sup>[2]</sup>

Smoking carries to big spend from the public health budget agree with tobacco consumption and the smokers' number. That's why smoking economic control since primary health services must be a priority of the health policy.<sup>[3-5]</sup>

The role of a health services dispenser is vital. This person is who must be a leader for the community making actions for reduce the tobacco consumption and the smoking economic impact too.<sup>[6]</sup>

The health services dispenser for the primary health services must be sufficient since the knowledge point of view. This means that for appropriate smoking control, the health services dispenser must be the protagonist for all activities about smoking control. Furthermore, it also must assume several roles to obtain this objective.<sup>[7]</sup>

### Objective

The objective of the study was to describe the primary public health server in the epidemiologic smoking control.

### MATERIALS AND METHODS

Theoretic methods: Comparative and inductive – deductive. Empiric methods: Bibliographic research.

### **RESULTS**

# The health services dispenser researching the information

The collection and selection of the information for the smoking economic burden research are very important.

**Address for correspondence:** Fé Fernández Hernández, Faculty of Medical Science "10 de Octubre", University of Medical Science of Havana, Havana, Cuba.

© 2020 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY) 4.0 license.

The available and trustable information obtained from the research will determine the quality of future researches that use this information.<sup>[8]</sup>

The health services dispenser for primary health services is the main responsible of these actions. It must be sufficiently capacitated in front of this information research to obtain the appropriate information.<sup>[9]</sup>

The health services dispenser for primary health services must save a trustable and whole record about the whole population demanding the primary health services. This means that the health services dispenser must know and understand what, how, where, when, and why research. All these elements will be the reference for an opportune description of the health state from the population.<sup>[10]</sup>

The health services dispenser must understand that the information research must not be limited to the medical epidemiologic point of view. The health determinants are several and the obtained information must be minimally sufficient to get a trustable economic valuation from smoking over the community health.<sup>[11]</sup>

The health services dispenser must understand, which are the main variables to explain the smoking economic impact over each public health level and the relation saved from the population researched with each public health level.<sup>[12]</sup>

The variables to measure in each population may be determined by particular interests. However, respect to the smoking economic burden for the public health, it is important to identify for each patient the tobacco consumption intensity, the morbidity causes related with smoking who caused the health services demand, the frequency from the health services demand, and the health costs related to each service dispensed. [13-16]

### The health services dispenser as researcher

Once time obtained the whole information, the health services dispenser must assume the researcher's role. In this case, the health services dispenser must be impartial and critical with the whole information. It must evaluate a priori the availability of possible researches based on the obtained information. Thus, it will be possible to make a better evaluation for including secondary information from other researches.<sup>[17]</sup>

The health services dispenser must use several research methods agreeing with the specific objectives of the research. The health services dispenser must be knower from the population demanding the health services and the morbidity causes causing the health service demand.<sup>[10]</sup>

The use of statistical tools must be a priority describing the smoking economic impact over the community health services. The health services dispenser must be sufficient to delimitate the frequency of the health services demand from a single patient by different causes. Thus, it will be possible to research the smoking economic impact since the multimorbidity and consequences.<sup>[18]</sup>

This research activity must be reflexive too. The health services dispenser as a researcher must understand the self-capacity for researching based on the viability of economic and intellectual resources for smoking economic research. Thus, it will be possible to identify objective limitations against the research making. [19]

As part of the researching process, it is important the publication of scientific results. This action supports similar research about smoking economic burden over public health and similar.<sup>[20,21]</sup>

### The health services dispenser as health promoter

The health services dispenser at the primary level must understand that previous described roles are continue process. The obtained results in previous researches must be utilized as primaries elements to design health promotion strategies to contribute to reduce and eliminate tobacco consumption as the main cause of the smoking economic impact over the public health services.<sup>[22]</sup>

These strategies must be evaluated constantly. This means that all previous roles must be present at the same time for the health services dispenser. Each public health level plays specific functions. In the primary health services, cases are where are attended the largest patients number. The primary health services dispenser must be agreed with that and contribute to reduce the patient number demanding the health services for superior levels.<sup>[23]</sup>

The described roles do not finish when the patient is attended by superior levels from public health. The primary level is complemented with superior levels to give to the patient the whole service demanded agree with health service demand and actual capabilities.<sup>[24]</sup>

## **CONCLUSIONS**

The smoking epidemiologic control across the primary public health services carries to reduce the smoking impact over social health and public health management.

### REFERENCES

- Nivaldo LP. Application of population health focusing and the social determining in Cuba. Rev Cubana Salud Pública 2015;41:94.
- Fariñas AG, Araujo MM, López GJ, González AM, Crespo LH, Jiménez AR. Basic definitions and classifications for the

- costs research in health. INFODIR 2016;23:2.
- Hernández FF, González ES. Impacto del tabaquismo en el presupuesto sanitario de Cuba 1997-2014. Rev Hosp Psiquiátrico Habana 2017;14:1-6.
- Hernández FF, González ES. Epidemiologic burden vs economic burden from smoking by morbidity. Rev Cienc Méd 2017;21:60-6.
- González ES, Hernández FF. The fiscal authorities role in the smoking control. Rev Cienc Méd 2017;21:62-7.
- Gorbea MB, Pérez PV, La Rosa MC, Roche RG, Medina RS, de Oca NA, et al. III Encuesta de Factores de Riesgo y Actividades Preventivas de Enfermedades no Transmisibles. Cuba 2010-2011. La Habana: Editorial Ciencias Médicas; 2014
- Hernández FF, González ES. Diploma course: The social smoking cost in the national economy. A necessary and appliable tool. J Community Med Public Health Care 2019;6:52.
- Arredondo A, Recaman AL, Pinzon C, Azar A. Financial consequences from smoking-related diseases in middle-income countries: Evidence and lessons from Mexico. Int J Health Plan Manag 2018;33:e454-63.
- Román CA, Gutiérrez FC, Borges BV. Tobacco addiction from students of technician nursing. Rev Cubana Enferm 2017;33:1-5.
- Winston A, Ana L. Impact from the tobacco control policy in teenage populations in Uruguay. Salud Pública Méx 2017;59 Suppl 1:40-4.
- Menéndez RG. Tácticas Para Vencer las Drogas Blandas y Duras. Consejos de un Viejo Adictólogo. Santiago de Cuba: Editorial Oriente; 2017.
- Hernández FF, González ES. La Carga Económica del Tabaquismo. Barcelona: Editorial Académica Española; 2019.
- Hernández FF, González ES. Estimating the economic burden attributable to some risk factor. J Clin Investig Stud 2019;2:1-2.
- 14. Hernández FF, González ES. Productivity lose because of

- tobacco consumption in work time. Rev Cubana Salud Trab 2017;18:9-12.
- Hernández FF, González ES. Algorithm to calculate the smoking economical burden in active and passive smokers. MOJ Toxicol 2018;4:373-5.
- 16. Hernández FF, González ES. The socioeconomic inequity attributable to smoking. J Med Pract Rev 2019;3:559-62.
- 17. Rita MT, Odalys OC, Caridad CM, Roberto PD, Maricel MF. Prevalence of risk factor from no transmissible illness. Rev Cienc Méd 2013;17:2-12.
- González ES, Hernández FF. Relation between the tributary policy and the smoking control in Cuba. Crit Care Med 2018;22:238-49.
- Lightwood J, Glantz SA. The effect of the California tobacco control program on smoking prevalence, cigarette consumption, and healthcare costs: 1989-2008. PLoS One 2013;8:e47145.
- Ávila NL, Toledo SH, Lozano LA. Characterization from the publications about smoking in Cuban scientific journals (2005-2014). Rev Cubana Salud Pública 2016;42:375-84.
- Avelino PG, Gloria EG, Evelio CF, Carlos SC, Nieves NS. Tabaquismo: Valores e integralidad. Rev Med Electrón 2016;38:460-9.
- Geneviève P, Emmanuel GG, Guillermo P. Exposition to the tobacco publicity and the tobacco consumption in teenages from South America. Salud Pública Méx 2017;59:80-7.
- 23. Gonzalo VC. To the radical control from the respiratory illness: A stop in the way. Rev Chil Enferm Respir 2015;31:5-7.
- Carissa FE. Cuba to the universal health. Rev Panam Salud Pública 2018;42:e64.

**How to cite this article:** Hernández FF, González ES. The Smoking Epidemiologic Control across the Primary Health Service. Asclepius Med Res Rev 2020;3(2):1-3.