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IDENTIFICATION OF THE INDICATORS OF THE HEALTH OF UKRAINE'S POPULATION ON THE BASIS OF MARKETING RESEARCHES (MODEL OF MENTALIZATION)

ІДЕНТИФІКАЦІЯ ПОКАЗНИКІВ СТАНУ ЗДОРОВ'Я НАСЕЛЕННЯ УКРАЇНИ НА ОСНОВІ МАРКЕТИНГОВИХ ДОСЛІДЖЕНЬ (МОДЕЛЬ САМООЦІНКИ)

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Abstract*. Human health is the most important socio-economic value of any state. The condition of health of the population is one of the most important indicators of the well-being of the nation.*

The sphere of public health is one of the priority directions of state policy and national security in general. Important directions of modern health care reform are optimization of management, rational distribution of limited financial resources, efficient use of material resources, introduction of health insurance, restructuring of medical and preventive care to the population.

The summation of socio-economic relations in the health care sector forms the market of medical services. In this area, marketing can be defined as a complex process of planning, economic substantiation and management of the process of provision of medical services, the formation of a pricing policy for the treatment and prevention process, ensuring effective communication with patients.

Marketing studies are the most important components of the analysis of any market, including the market of medical services. In this market, their conduct is complicated in terms of the very methodology of conducting and analyzing the results, in particular with the aim of formulating proposals for the effective activity of the subjects on it, as well as identifying health indicators of the population of Ukraine.

The purpose of the study is to identify the health status of the population and determine the factors of demand for medical services and their demand.

The main task set before market research on identifying the health of the population based on the model of self-esteem is the formation and provision of benefits to consumers that meet their needs for qualified medical care and improve the quality of life of each patient in particular.

The research methods used in the work are based on a probabilistic, stratified, quota, representative sample for the entire population in Ivano-Frankivsk, Ukraine.

The obtained results form the realistic representation of the main tendencies in the field of

medical services in Ukraine and allow identification of the indicators of the health status of the population based on the model of self-evaluation, assessment of the potential of socio-economic adaptation of the population in the context of the economic crisis in obtaining medical services.

Keywords: *marketing research, medical service, population health, sampling, identification, self-esteem.*

Introduction. The right of every citizen of Ukraine to protect health, medical care and health insurance is enshrined in the Constitution (Article 49 [1]). It established that in state and communal health care facilities, medical care is provided free of charge (Part 3 of Article 49 [1]). The meaning of the concept of "medical service" in the Constitution, as well as in other regulatory documents, which regulates the health sphere, is not disclosed, so when interpreting this concept, it is often identified with the term "medical care". Conceptual uncertainty has not been eliminated until today not only in nominative documents, but also in medical, economic literature.

Questions of self-esteem by the population of their level of health as an indicator of the real connection "life-death" were researched in the works of a number of scholars, namely Mossey J.M. and Shapiro E. (1982) [2], Kaplan G.A. and Camacho T. (1983) [3], Eriksson I., Unden A.-L. and Elofsson S. (2001) [4], Nicholson A., Bobak M., Murphy M., Rose R. and Marmont M. (2005) [5], Jylha M. (2009) [6] , Monden CWS and Uunk W.J.G. (2011) [7], Au N. and Johnston D.W. (2014) [8], Jefferson P.N. and Pryor F.L. (2014) [9] and others. However, certain issues, in particular, regarding the identification of the health status of Ukraine on the basis of the model of self-esteem in these works, were not considered.

We believe that the concept of "medical care" is much broader than its content and scope of activities for the concept of "medical activity", which is understood as a complex of measures aimed at health protection, preservation of human life and quality, prevention of diseases that are being carried out workers of health care institutions of any form of ownership, or medical workers who provide their services on a fee basis, engaging in private practice. That is, the meaning of the term "medical service" is included in the term "medical care".

The medical service has all the specific characteristics of the services: immarterial (absence of commodity-material embodiment), unsecure (can not be obtained for the purpose of inflation savings), inseparability from the source of the provision of services (organized place of medical services on the basis of a license for the activity of the subject of management), as well significant dependence on the human factor. In addition, the quality of medical services depends on the existing material and technical base, innovative technological solutions, staffing, qualifications of medical staff, and psychological mood of the patient. The result of the activity of medical services is the effect of preservation and strengthening of health, physiological and psychological comfort of the individual.

During the last decade in Ukraine, there is a milder of cases of diseases and the first diagnosis in life. In 2017, a general indicator of the structure, prevalence of classes of diseases and individual diseases among the population of Ukraine during visits to health care facilities amounted to 171 376 cases per 100,000 people [10]. However, the negative dynamics of the health of the Ukrainian population is

accompanied by a gradual (from 2005) decrease in mortality [11, 12], which can to some extent characterize the attitude of the population to their health as a matter of indifference.

Table 1.

Indicators of mortality rates in Ukraine [12]

Year	Total dead	Mortality rate (per 1000 people)	The country's population
2005	781 961	16,6	47280811
2006	758 092	16,2	46929598
2007	762 877	16,4	46646097
2008	754 460	16,3	46372799
2009	706 739	15,3	46143714
2010	698 235	15,2	45962947
2011	664 588	14,5	45778534
2012	663 139	14,5	45633637
2013	662 368	14,5	45553047
2014*	632296	13,9	45426249
2015*	594796	13,8	42929298
2016*	583631	13,6	42760516
2017*	574123	13,4	42584542
2018 *			42386403

** For 2014-2017, the data is provided without the temporarily occupied territory of the Autonomous Republic of Crimea, the city of Sevastopol and part of the temporarily occupied territories in the Donetsk and Luhansk oblasts*

According to The World Factbook [5] prepared by the CIA for use by US officials, Crude death rate is a demographic indicator that shows the ratio of deaths to the number of available population for a certain period in Ukraine, one of the highest mortality rates in Europe (the highest is observed only in Bulgaria and Lithuania) (Table 2). This indicator is not related to the war.

Table 2.

The ranking of countries according to the overall mortality rate, 2016 (compiled by authors on the basis of [13])

№	Country	Death rate (annual deaths/1,000 persons)
1	Lesotho	14.9
2	Bulgaria	14.5
3	Lithuania	14.5
4	Ukraine	14.4
5	Latvia	14.4
6	Guinea-Bissau	14.1
7	Chad	14.0
8	Afghanistan	13.7
9	Serbia	13.6
10	Russia	13.6

It should be noted that due to the protracted population mortality crisis, a conservative (archaic) structure of causes of death has been formed in Ukraine, in which a high mortality rate from endogenous causes (circulatory and neoplastic

diseases) is combined with a no less significant mortality rate from exogenous pathologies (respiratory diseases, digestion , infectious and parasitic diseases, external causes). On average, 73.3% of all fatal cases in Ukraine today fall into three main causes of death: circulatory system diseases, external causes of death and 26 tumors. In the hierarchy of causes of death of the population of our country in 2016, as in previous years, the first five places have been occupied by the following classes: illnesses of the circulatory system, neoplasms, external causes of death, diseases of the digestive system and respiratory diseases [14].

The mortality rate, as well as on another demographic, is influenced by a whole range of factors: demographic, socio-economic, medical, natural-biological, political, ecological, ethnic, type of person's behavior, in particular, physical activity, alcohol consumption, smoking. Alcohol poisoning is one of the most common causes of premature death of Ukrainians. According to statistics, Ukrainians are more likely to die of alcohol poisoning and alcohol-related illness than to perish in road accidents

Often, the causes of high mortality are accused of the health system of Ukraine, but only a small number of deaths can be avoided by relying entirely on it and on the achievement of medicine in general.

The list of reasons for the death of which is the responsibility of the health sector, formed by E.Nolte and M.McKee [15], is given in Table 3. The low or zero indicator of the mortality index that can be avoided serves as a indicator of the quality work of the medical system maintenance and public policy directed at public health in the relevant field.

As it follows from the table, death for these reasons is considered to be avoidable only when it occurs within the specified age category. Causes that can be prevented by public policy measures include cancer of the trachea, bronchi and lungs (since it is primarily associated with smoking), road injuries [16].

Concerning the expediency of using this method, it can be noted that the selection of causes / diseases, which can be avoided through medical treatment, disease prevention, depends on national priorities, availability of medical services and medicines, material well-being of citizens, state preventive measures, method thinking and life of the individual. So some of the deaths that today could be avoided in a developed country could not have been so half a century ago.

Today, in the globalized world, most medical technologies and drugs, research and expert opinions are de facto available on the market. Less developed countries do not use advanced technology precisely because of the lack of resources or other state priorities, rather than the availability of their own technologies [16].

Summing up, one can express the view that the avoidable mortality rate is a much more accurate outcome for the country for the functioning of existing institutions (health care development, health policy) that have a positive impact on the health of the population than total mortality rate.

It is important to emphasize that according to this method, statistical surveys have been conducted since 2005, the level of avoidable mortality is significantly underestimated, since in 2012, since Ukraine has not provided WHO mortality statistics. The countries of Europe continue to use this technique, Amenable and Predetermined deaths statistics Statistics Explained (June 2018) [17].

Table 3.

Causes that can be avoided through medical treatment (Nolte and McKee, 2004) [15]

Group name	Age
1. Intestinal infections	0-14
2. Tuberculosis	0-74
3. Other infections (diphtheria, tetanus, poliomyelitis)	0-74
4. Pertussis	0-14
5. Sepsis	0-74
6. Rubella	1-14
7. Malignant tumor of the colon and rectum	0-74
8. Malignant tumor of the skin	0-74
9. Malignant tumor of the breast	0-74
10. Malignant tumor of the cervix	0-74
11. Malignant tumor of the cervix and the body of the uterus	0-44
12. Malignant tumor of the testicle	0-74
13. Hodgkin's lymphoma	0-74
14. Leukemia	0-44
15. Diseases of the thyroid gland	0-74
16. Diabetes mellitus	0-49
17. Epilepsy	0-74
18. Chronic rheumatic heart disease	0-74
19. Hypertonic disease	0-74
20. Coronary heart disease	0-74
21. Cerebrovascular disease	0-74
22. All respiratory diseases (with the exception of pneumonia / influenza)	1-14
23. Influenza	0-74
24. Pneumonia	0-74
25. Gastric ulcer	0-74
26. Appendicitis	0-74
27. Abdominal hernia	0-74
28. Gallbladder disease and cholecystitis	0-74
29. Nephritis and nephrosis	0-74
30. Benign hyperplasia of the prostate gland	0-74
31. Maternal death	Any
32. Congenital cardiovascular anomalies	0-74
33. Perinatal death for any reason	Any
34. Accidents during surgical operations and medical care	Any

The demand that has emerged in paid medical services in recent years is evidence of a change in the beliefs of Ukrainians about their health, moreover, it signals the dissatisfaction of people with the services provided by public health care facilities (Table 4). Table 4 shows the presence of private medical institutions in Ivano-Frankivsk (population 243.9 thousand people), Ukraine, for the period from 2005 to 2017.

Table 4.

Private medical institutions in Ivano-Frankivsk for 2005-2017, Ukraine

	Privat medical institutions / Departments	Ginecology	Urology	Proctology	Therapy	Pediatry	Dermatology	Cosmetology	Phlebology	Surgery	Ultrasound	Cardiology	Neurology	Gastroenterology	Otolaryngology	Mammology	Stomatology	Vertebrology	Traumatology, reabilitology	Endocrynology	Allergology	Immunology	Ophtalmology	Psychotherapy
1	Oxford Medical Precarpathian	+	+	+	+	+	+	+	+	+	+	+	+	+	+									
2	Med-Atlant	+	+		+						+	+	+											
3	Gal Diagnost	+									+													
4	MDC «Святого Луки» (Holy Luke)	+	+		+						+	+	+	+	+					+			+	
5	Ekstramed	+	+								+													
6	Clinically-Diagnostic Center	+	+		+	+		+		+	+					+	+							
7	Altmed	+	+	+	+	+		+			+	+	+		+		+	+	+	+	+			
8	Simedgroup	+	+							+	+	+	+	+			+			+	+	+		
9	Medservice	+	+		+		+				+		+			+	+						+	+
10	MedHouse	+	+	+	+	+	+	+		+	+			+	+				+					
11	Medex	+	+	+	+	+	+				+		+		+		+							
12	Vita		+									+		+	+		+							+
13	Asclepius	+	+		+		+				+		+		+		+		+	+			+	
14	Arnika	+	+		+		+	+			+	+	+	+	+					+				
15	Veramed Plus	+	+								+	+	+					+	+	+				+
16	Bras	+			+	+	+	+		+														
17	Euromed	+	+		+			+			+		+					+						
18	Zhyttja (Life)								+	+	+													
19	Repobona LTD	+			+						+						+							
20	Dialik										+	+					+							
21	Damia	+	+			+					+													
22	Eurodiagnostic	+	+								+			+						+				
23	Ukrainian-Polish rehabilitation Centre Votum				+		+			+	+		+		+				+				+	+

Analyzing the situation on the market of private medical services in 2017 compared to 2015 and 2016 (according to preliminary research of authors) - the market is expanding and competition on it grows. At the moment, patients are most interested in the quality of service, staff qualification, individual approach, faultless service (previous appointment, early warning notice in the form of a call or SMS, a visit to the doctor without queues, the opportunity to pass all laboratory, diagnostic and therapeutic procedures in one place, clear plan of treatment). Thus, Table 1 shows that demand for private health care facilities has increased, with demand rising - the proposal has increased.

With the aim of identifying indicators of the state of health of Ukraine's population based on a model of self-esteem through market research, the authors of the study implemented it in stages.

First, they considered the state of health as a factor determining the attitude of the population towards the use of medical services in a number of parameters, in

particular, on the benefits of dejacion (nonconsumer) or private (paid) medical care.

Secondly, we considered the relationship between self-esteem of health, defined as an adequate indicator of health status, and some socio-demographic characteristics of respondents (gender, age group, education level and income level).

Third, they analyzed the relationship between self-esteem health and the frequency of visits to the doctor during the year, including for the purpose of preventive examinations. It also established the relationship between health status and the frequency of appeals for medical assistance, including the cost of medical services.

As an empirical basis, data from a marketing study on the state of health of the population from February 2013 to March 2017 and the database of the Oxford Medical Center Ivano-Frankivsk Medical Center were used.

During the survey on the identification of the health status of respondents, self-assessment of health is used. During the survey, 2600 respondents were interviewed who gave their own assessment of their health, the distribution of the results is presented in Figure 1.

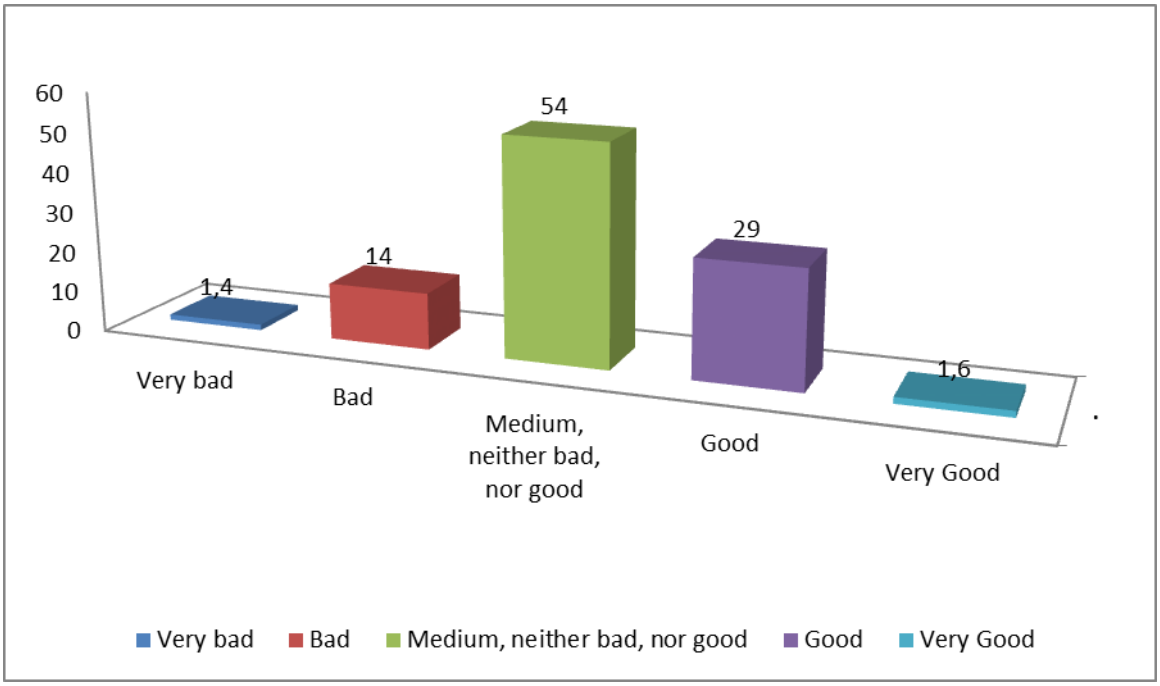

Fig. 1. Identification of health status of respondents on the basis of self-assessment of health status, %

A little more than half of the respondents, namely 54% (1404 respondents), assessed their health and well-being as mediocre, which did not correlate it with either good or bad. Some respondents, namely 14% (364 respondents), rated their health and well-being as bad; and 29% (754 respondents) - as well. Approximately equal proportions were distributed among those who identified their health as very poor - 1.4% (36 respondents) and very good - 1.6% (42 respondents).

If we compare the subjective self-esteem of a state of health with a number of objective indicators indicating the presence of chronic diseases, disabilities or nerve disorders, it becomes obvious that self-esteem improves as the proportion of

respondents suffering from chronic diseases, nerve disorders or depression, as well as respondents with disabilities. Let's consider how the identification of respondents' health indicators depends on self-esteem from socio-demographic indicators.

Regarding the indicator of self-esteem of health, in a sample with a change in age parameter, it is expected to increase the proportion of respondents who rate their health as unsatisfactory (bad and very bad), as compared to younger respondents. According to the survey, respondents aged 18 to 35 years assessed their health as unsatisfactory in 2% of cases, respondents aged 36 to 60 years old - in 10% of cases, respondents over the age of 60 - in 30% of cases (see Fig. 2).

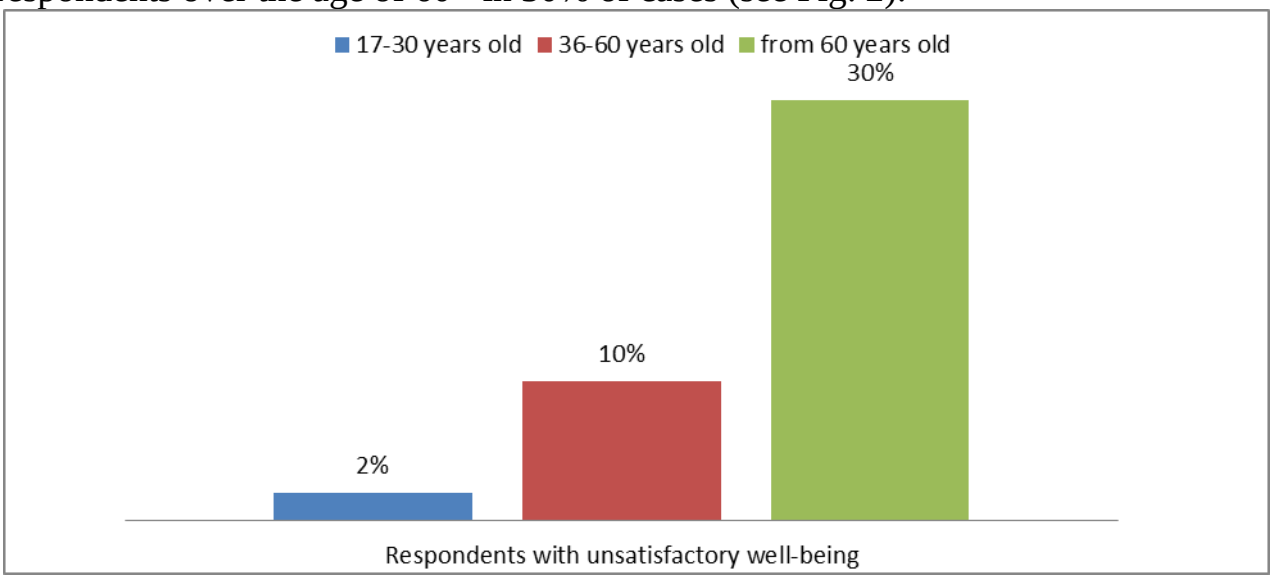

Fig. 2. Distribution of respondents by age on the basis of self-assessment of the state of health as unsatisfactory (very bad)

Moreover, in the age group of respondents over the age of 60 there is the highest percentage of people with a very negative self-esteem of health - 8%. It is expected that the highest self-esteem of health is characteristic for the youngest group of respondents: 55% of respondents aged 18 to 35 years evaluate their health as well (of which 5% - as very good or excellent). For example, only 5% of the population over the age of 60 years evaluate their health as good, and less than 1% as excellent (very good). It should be noted that the sample was 2,600 people.

As for the division into gender identity (Figure 4), men evaluate their health more than women. The proportions of men who evaluate their health as good or very good make up 40% and 2.5%, respectively, women - 30% and 1.5% respectively. On the contrary, women often determine their health as poor and very poor (15 and 3% respectively) compared with men (8 and 1.3% respectively).

It is noteworthy that the decrease in the proportion of bad and very poor health is observed with an increase in education (Fig. 4). Of respondents with general secondary education - the proportion of bad and poor health status in the aggregate is 17.3%, of respondents with secondary specialized education - 12.1%, of respondents with higher education - 6.8%. At the same time, the proportion of respondents evaluating their health as good or very good, reaches 32.5% in the group with education in general secondary education, 33.6% in the group with secondary specialized education, 36.1% in the group with higher education.

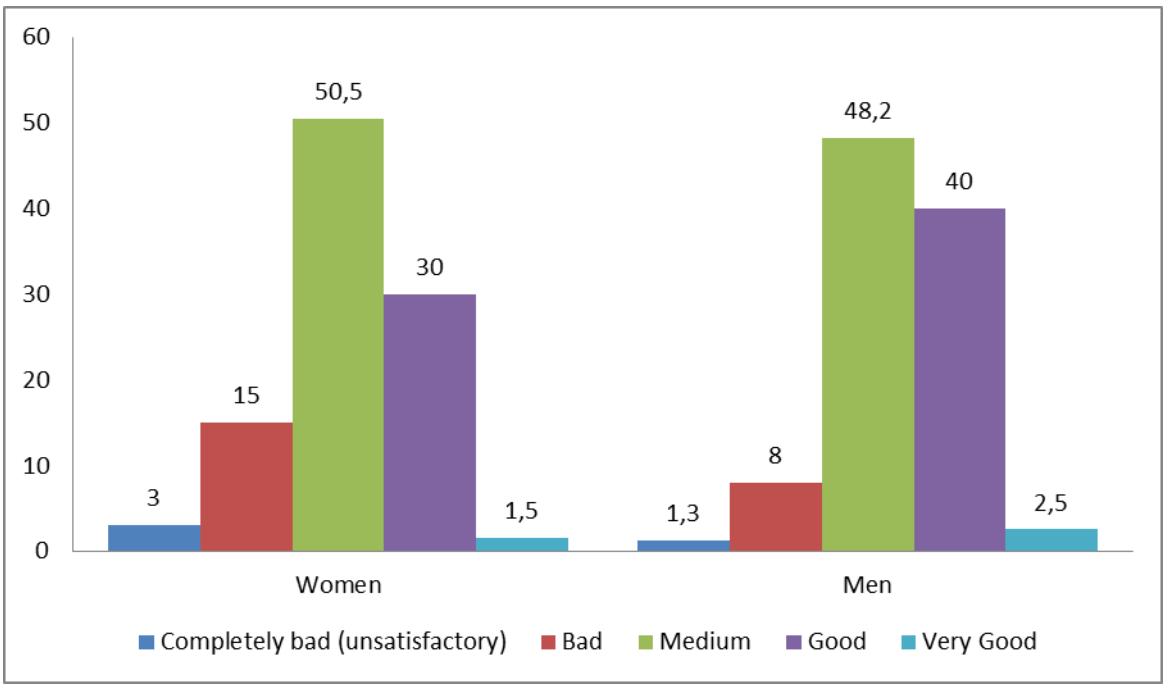

Fig. 3. Indicators of the population's health based on self-esteem according to gender, %

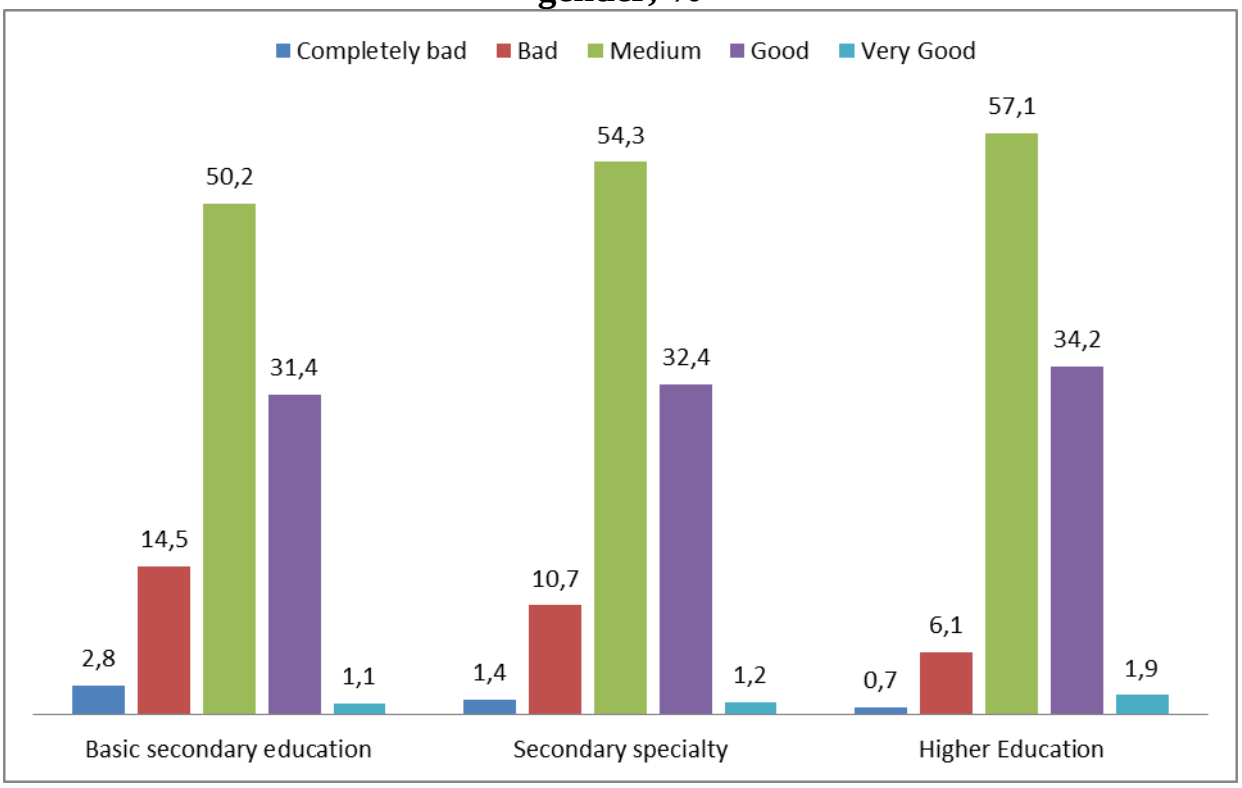

Fig. 4. Indicators of the level of health of the population on the basis of self-esteem, depending on the level of education

Thus, the younger age, male sex and the availability of higher education allow respondents to more positively and optimistic about their health.

Turning to the socio-economic parameter, the distribution of the income level of the population by quintile is taken. The bottom quintile includes 20% of the least well-off respondents, the top - 20% of the richest respondents. Significant differences in self-esteem, depending on the level of personal income, are not observed (Fig. 5).

It should be noted the increase in the proportion of those who assessed their health as mediocre with an increase in personal income. Also, we can talk about a decrease in the proportion of respondents with a positive assessment of their own health to the middle quintile and its further growth.

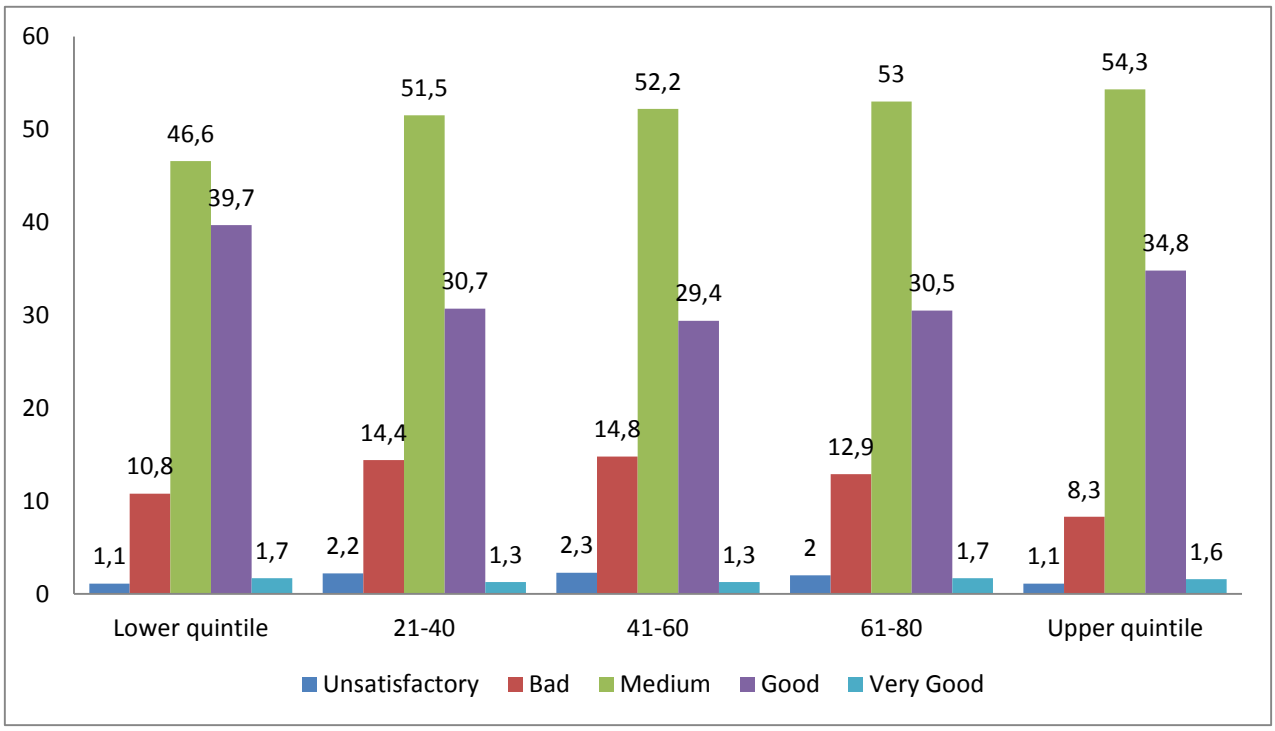

Fig. 5. Indicators of the level of health of the population on the basis of self-assessment, depending on the level of income

The dependence of the frequency of visits to doctors, depending on the person's personal health status, is considered. As a rule, people who are completely satisfied with their health, are much less likely to be in health care settings than those who do not consider their health to be perfect. According to preliminary data (Fig. 6), in 2013-2017,

The highest percentage of persons - 26% (676 people) who visited medical institutions several times a month, recorded among respondents with very poor (unsatisfactory) self-esteem health.

This figure is more than twice the proportion of people with poor health who visit doctors with the same frequency - 11% (286 people). As the health self-assessment continues to improve, this indicator continues to decline and is 2.6% (65 people) for respondents with a mediocre self-esteem of their own health; 0,6% (16 people) - for respondents with a good self-esteem of health and 0.1% (2 persons) - for respondents with a high self-esteem of health.

A similar trend is observed with the frequency of visits to doctors once a month, however, in this case, the proportion of people with very poor and just poor health is 25 and 11% respectively. In another, the tendency to decrease the share of medical facilities visitors once a month in the general way repeats the above-described trend. Individuals for identifying the state of health as mediocre - apply for medical assistance once a month in 3.5% of cases, the person identifying health as good - in 0.6% of cases, a person with a distinct self-esteem of health - at 0, 1% of cases.

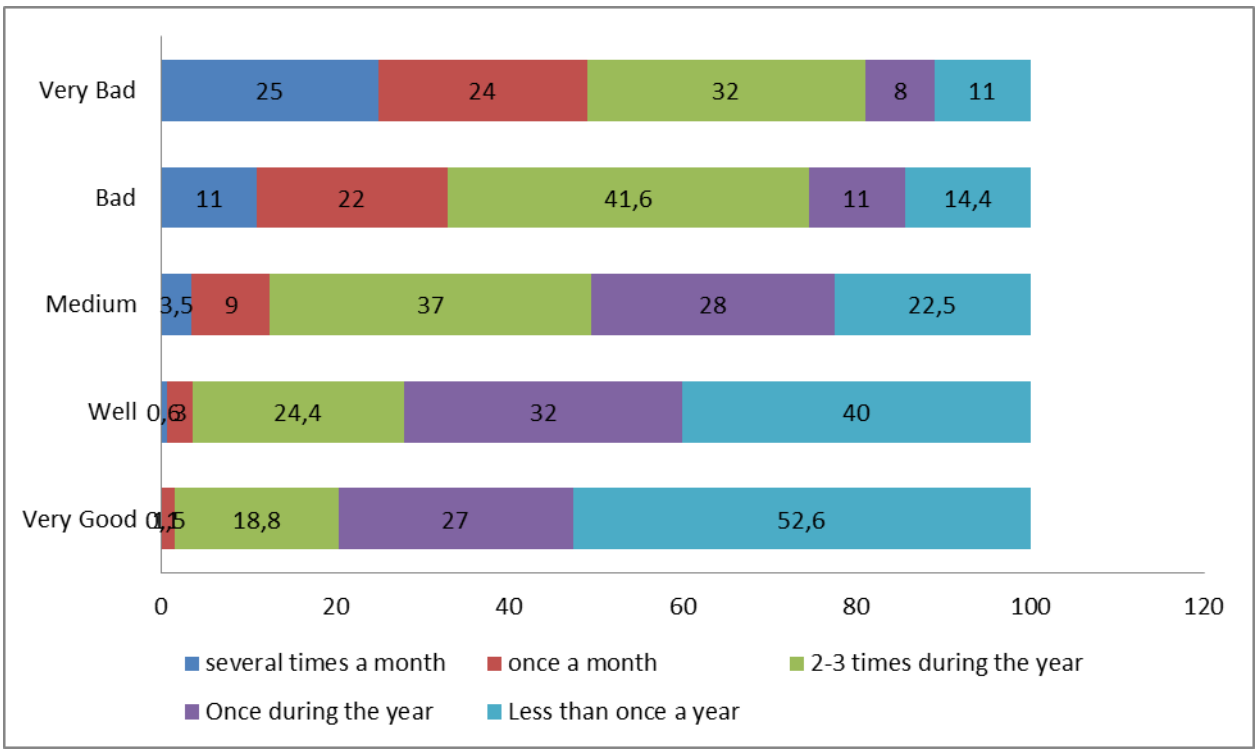

Fig. 6. Annual frequency of visits to doctors with different health status, %

With the decrease in the frequency of visits to doctors during the year, the proportion of people with very poor and poor health (according to their own self-esteem) is reduced, and the percentage of those who consider their health very good and just good, on the contrary, increases. Among respondents with very poor and poor health, there are 8% and 11% of the attending physicians once a year; at the same time, respondents with good and very good health refer to medical institutions once a year at 34% and 27% % of cases respectively. Those who evaluate their health as mediocre, often visit doctors two or three times a year (35% of cases).

The frequency of visits to doctors is directly related to visits to health facilities for the purpose of preventive examination (Fig. 7). Respondents who conduct preventive examinations regularly - 21.5% of their total number; respondents who ignore preventive examinations - 18.5% and 60% - the proportion of respondents who occasionally visit irregular prophylactic examinations. In general, 45% of those who underwent prophylactic reviews regularly did not find any problems.

Of the 570 respondents from the quota sample, which used the database of the private medical center "Oxford Medical Precarpathian", Ivano-Frankivsk, to the question of whether they had health problems over the past thirty days - 45% (256 people) indicated the presence of similar problems. Health problems described by respondents were classified according to the international classification of diseases; the classification results are presented in Table 2. It should be noted that the classification [10] did not include all the health problems reported by the respondents (39 people), since some of them were described too blurred and unambiguous identification, some were faster a number of symptoms for which it was impossible to identify the disease. Thus, 531 samples of this sample were classified.

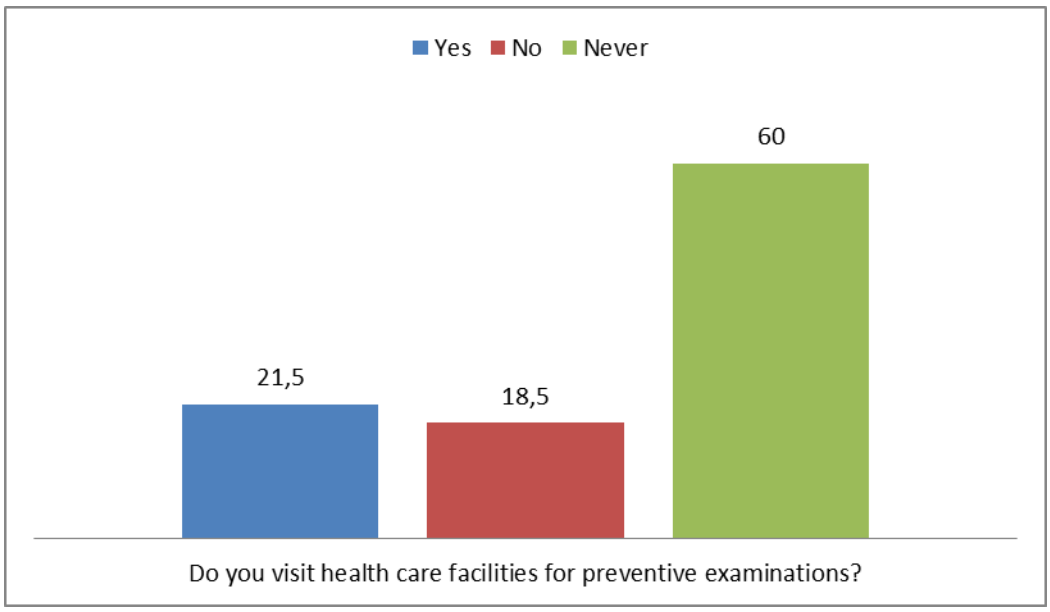

Fig.7. Distribution of respondents on the frequency of preventive examinations

Table 5.

Distribution of respondents' requests according to the International Classifier of Diseases (N-570)

International Classification of Diseases	Number	%
Infectious and parasitic diseases	6	1,1
Oncological Disease	1	0,1
Diseases of the blood	7	1,3
Diseases of the endocrine system are dietary disorders and metabolic disorders	12	2,3
Mental disorders and behavioral disorders	11	2,1
Diseases of the nervous system	7	1,4
Diseases of the eye	1	0,1
Diseases of the ear	29	5,4
Diseases of the cardiovascular system	118	22,4
Diseases of the respiratory system	94	17,5
Diseases of the digestive system	67	12,7
Diseases of the skin	87	16,3
Diseases of the genitourinary system	90	17,1
Problems associated with pregnancy, childbirth and the postpartum period	1	0,2
Other	39	
Total	570	100

As can be seen from the table. 4, the largest proportion of diseases belongs to the class of diseases of cardiovascular diseases (22,4%). Further, according to the rating - respiratory diseases (17,5%), diseases of the genitourinary system (17,1%) and skin diseases (16,3%), diseases of the digestive system (12,7%).

Distribution of respondents according to the degree of complexity (incurable, difficult to learn) of disease states and the level of self-assessment of health are presented in Fig. 8. Respondents evaluated for their health, whose disease was classified, amounted to 531 people, hence the sample will be the same. The

proportion of respondents suffering from incurable and seriously ill diseases, as well as diseases with pain symptoms or a long period of treatment, decreases with the increase of the index of health status to positive. In total, the proportion of such diseases is reduced in 31% of the people with the lowest self-esteem of health to 3.1% of the people with the highest self-esteem of health, and in the last group of respondents, complicated diseases were not detected at all. The highest proportion of respondents with minor illnesses among those who evaluate their health as well (81%). Of the 531 respondents who had a health problem during the previous thirty days, 35% were seeking help from medical institutions. Moreover, the worse was the self-esteem of health, the more often the respondents sought medical assistance.

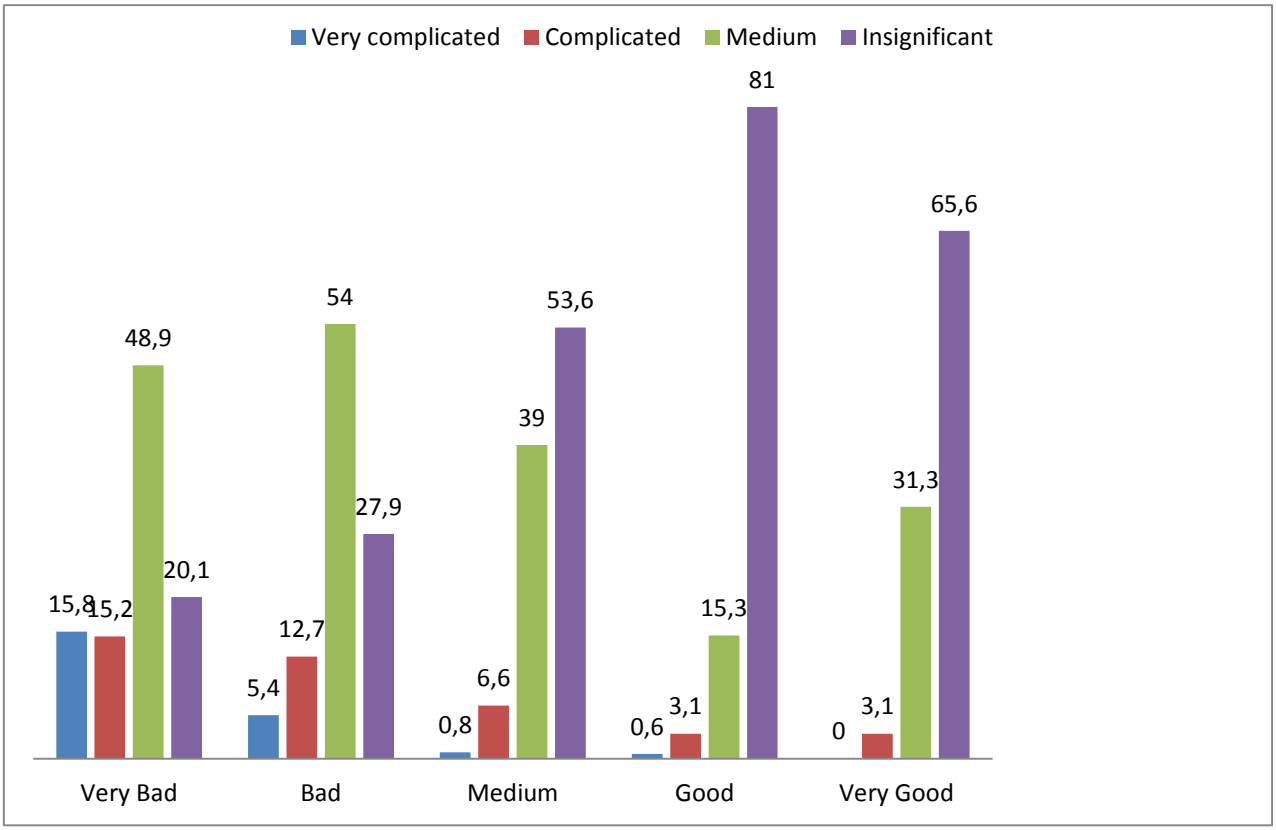

Fig. 8. Distribution of respondents according to the complications of the state of illness according to their own self-assessment of health (N – 531 persons)

Among those who defined their health as very poor (unsatisfactory) and poor, they visited the doctors accordingly - 52.4% and 44.7% of respondents. Respondents evaluating their health as well and very well, turned to doctors with approximately the same frequency, that is, in 26% of cases (Fig. 9).

One of the important questions for respondents was the following: "In the case of a health problem that you prefer to provide health care facilities?" The responses were as follows: to the state (outpatient clinics and outpatient departments of hospitals) - 37% apply, to private - 23 %, on the recommendation of friends, relatives - 40%. There are isolated cases when a person is resorting to a combination of services of private institutions, clinics and outpatient departments of hospitals, etc.

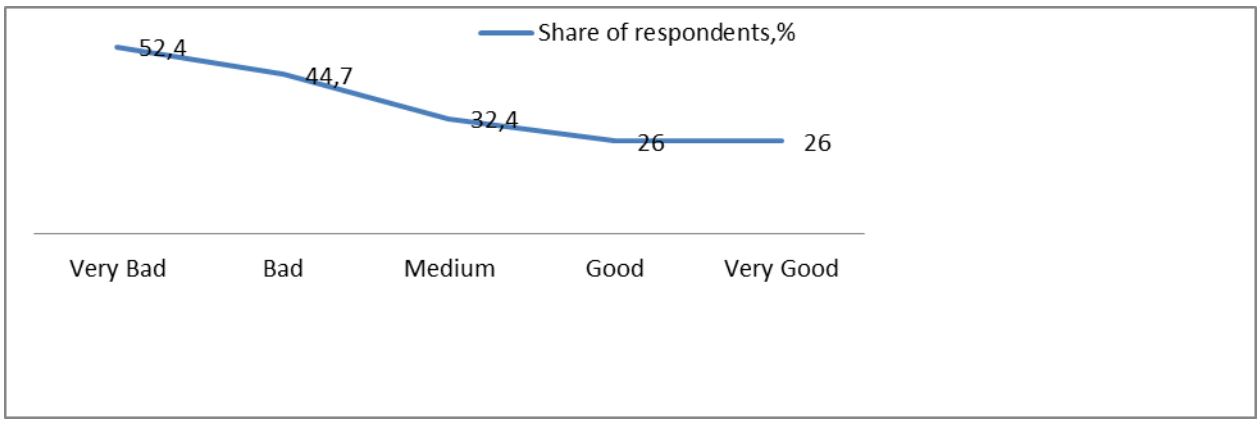

Fig. 9. Share of respondents who applied for health care in case of health problems

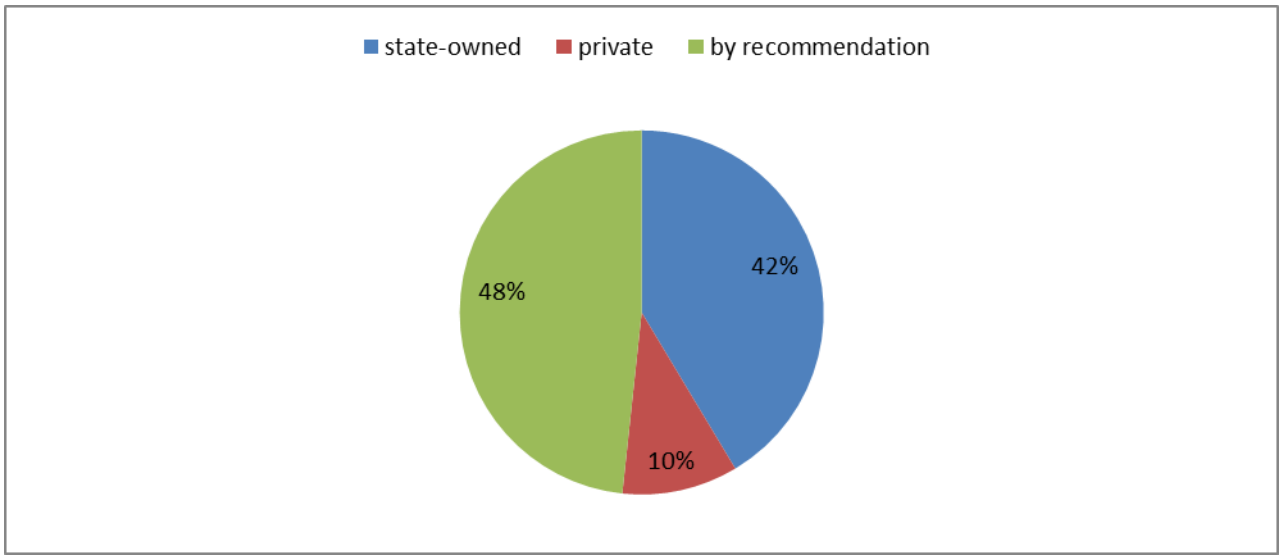

Fig. 10. Distribution of appeals for medical assistance to private and public institutions

It was important to determine why people chose this or that facility for medical care. Of the total number of respondents, 20.7% - answered that the chosen institution has better service; 31% answered that affordable prices; 6.9% - lack of queues; 41.4 - are convinced that they will receive better attention and appropriate treatment (Fig. 11).

The vast majority of respondents sought medical assistance within the framework of the state health care system, that is, on a free basis. Among those who identified their own health on the basis of self-esteem as very poor, there were 38%, bad - 33%, mediocre - 14%, good - 12%, and finally, very well - 3%.

Comparing the indicator of free medical treatment for the last two groups of respondents, it should be noted that the transition from the assessment of "good" to "very good" in the self-assessment of health is accompanied by the most significant decrease in the proportion of respondents using medical services within the state medical help.

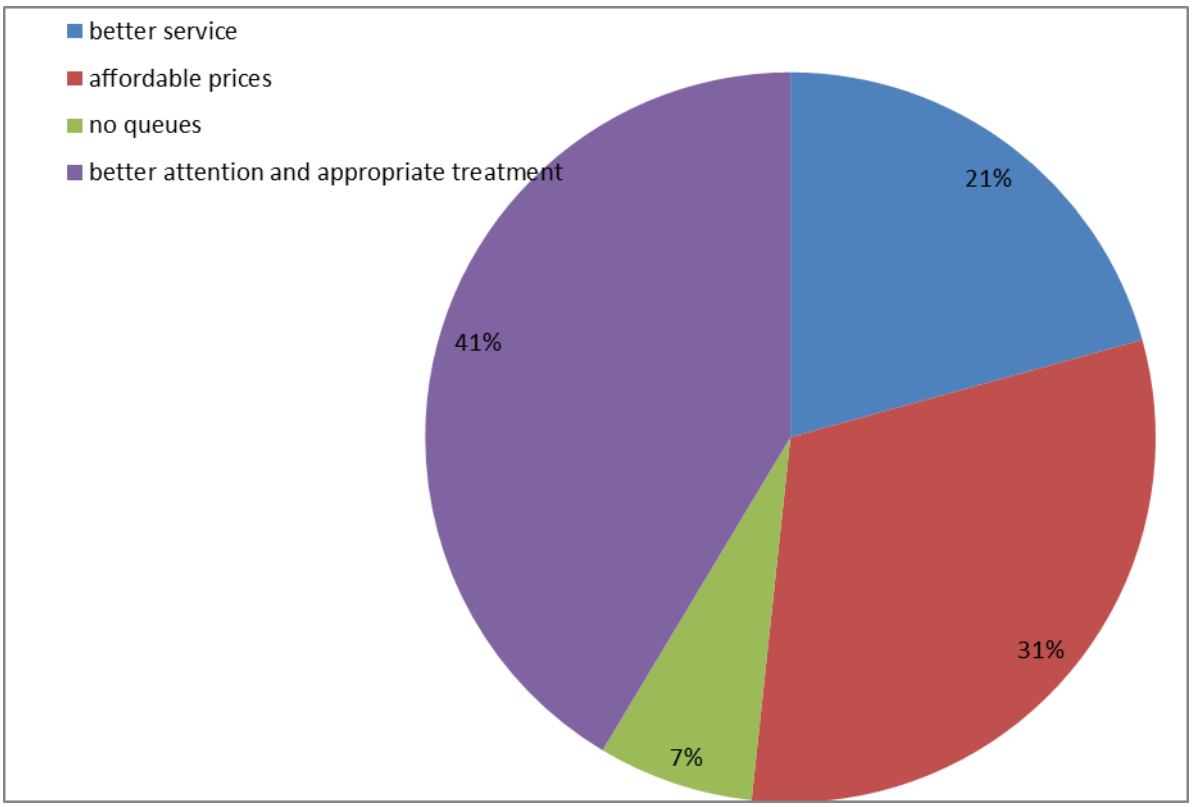

Fig. 11. Criteria for choosing a medical institution by respondents

Comparing the benefits of receiving health care services on a paid or free basis, the share of paid medical services is higher in the upper quintile, while the proportion of respondents who prefer to receive free medical care increases as the lower income groups move (Table 6).

Table 6.

Appeal to medical institutions per quintile of income per capita, %

Medical institutions	Quintile of income per capita				
	Lower 20	21-40	41-60	61-80	Upper 20
Only free	94,1	80,1	92,1	93,4	81,7
Only paid	1,6	4,8	3,3	1,4	11,4
Free and paid	4,3	5,3	4,7	7,0	6,9

Taking into account the results presented in the authors' data on the identification of health indicators of Ukraine on the basis of self-assessment by marketing research, the medical centers use their results in the practice of providing medical services to the population of Ivano-Frankivsk and other regions.

Conclusions.

The stages identified in this article for identifying indicators of the health of the population based on the model of self-esteem through market research can be further extended to the level of a complex methodology, the application of which will contribute not only to improving the efficiency of management of institutions providing medical services but also to continuous monitoring health indicators to optimize health care reform and rational allocation of budget resources.

The results of the study on the relationship between self-esteem health and the frequency of appeals for medical treatment illustrate the attitude of the population towards the use of medical services in a number of parameters for state (free) and private (paid) medical services, which will increase the level of provision of medical services.

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Анотація. *Здоров'я людини – найважливіша соціально-економічна цінність будь-якої держави. Стан здоров'я населення є одним із найважливіших показників благополуччя нації.*

Сфера охорони здоров'я є одним із пріоритетних напрямів державної політики та національної безпеки загалом. Важливими напрямками сучсних реформ охорони здоров'я є

оптимізація управління, раціональний розподіл обмежених фінансових ресурсів, ефективне використання матеріальної бази, впровадження медичного страхування, реструктуризація лікувально-профілактичної допомоги населенню.

Сукупність соціально-економічних відносин у сфері охорони здоров'я формують ринок медичних послуг. У цій сфері маркетинг можна визначити як комплексний процес планування, економічного обгрунтування та управління процесом надання медичних послуг, формування цінової політики лікувально-профілактичного процесу, забезпечення ефективної комунікації з пацієнтами.

Найважливішими складовими аналізу будь-якого ринку, в тому числі і ринку медичних послуг, є маркетингові дослідження. На даному ринку їх проведення є складним з точки зору самої метолології проведення та аналізу результатів, зокрема з метою формулювання пропозицій щодо ефективної діяльності суб'єктів на ньому, а також ідентифікації показників здоров'я населення України.

Мета дослідження - ідентифікація стану здоров'я населення та визначення факторів попиту на медичні послуги та їх затребуваність.

Основним завданням, яке ставилось перед проведенням маркетингових досліджень ідентифікації стану здоровя населення на підставі моделі самооцінки є формування і надання споживачам благ, які задовольняють їхні потреби в кваліфікованій медичній допомозі та підвищення якості життя кожного пацієнтв зокрема .

Методи дослідження, що використані в роботі, базуються на ймовірнісній, стратифікованій, квотній, репрезентативній вибірках для всього населення у місті Івано – Франківськ, Україна.

Отримані результати формують реалістичне відображення основних тенденцій на царині медичних послуг в Україні та дозволяють провести ідентифікацію показників стану здоров'я населення на підставі моделі самооцінки, оцінювання потенціалу соціально-економічної адаптації населення в умовах економічної кризи стосовно отримання медичних послуг.

Ключові слова: *Маркетингові дослідження, медична послуга, стан здоров'я населення, вибірка, ідентифікація, самооцінка.*