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### **Modern Public Health**

#### *Abstract*

*Die "Multidisziplin" Public Health (Gesundheitswissenschaft und Gesundheitsversorgung) befasst sich mit der wissenschaftlichen Erforschung gesundheitlicher Entwicklungen und mit der politischen und organisatorischen Gestaltung des Gesundheitssystems. Sozialphilosophische Grundlagen dieser Aufgabe sind in den fortgeschrittenen Industrieländern ein überwiegend individualistischer Begriff von Öffentlichkeit und eine negative Begriffsauffassung von Gesundheit (d.h. Krankheit). Heutige Gesundheitssysteme sind mit außerordentlichen Herausforderungen konfrontiert. Sie können sich prinzipiell in zwei Richtungen weiterentwickeln - in Richtung einer umfassenderen Krankheitsprävention und Krankenversorgung (realistische Variante) und in Richtung einer kommunalen Gesundheitsförderung und integrierten gesundheitlichen Versorgung (Zukunftsvision). Beide Varianten erfordern nachhaltige Investitionen in die Versorgungs- und Gesundheitsforschung, wirksame Organisations- und Kommunikationsstrukturen sowie angemessene Finanzierungs- und Anreizsysteme. Zugleich sind zahlreiche qualifizierte Führungs- und Fachkräfte sowie Dokumentations- und Informationssysteme erforderlich. Die 13. Jahrestagung der European Public Health Association (EUPHA) vom 10. - 12. November 2005 in Graz ist diesen Themen und Aufgaben gewidmet. Ihr Ziel ist es, einen Beitrag zur Entwicklung eines modernen Public-Health-Systems in Europa zu leisten.*

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The vast majority of Europeans live longer and are healthier than ever before. Despite the unprecedented increase in life expectancy and quality of life over the last hundred years, inequalities in health have not changed and remain at an unacceptably high level. The use of health services has continued to grow and health care expenditure has increased even at times when demographic ageing was very low. In the light of these trends the public health community is faced with the challenge of informing the public and advising political leaders about the options available to develop policies for a sustained population-wide improvement in health standards. The public health community is, however, insufficiently prepared to confront this challenge [3, 4, 10, 17] because it lacks clear orientation and a sense of direction and does not have sufficient problem-solving capacity or a supporting infrastructure.

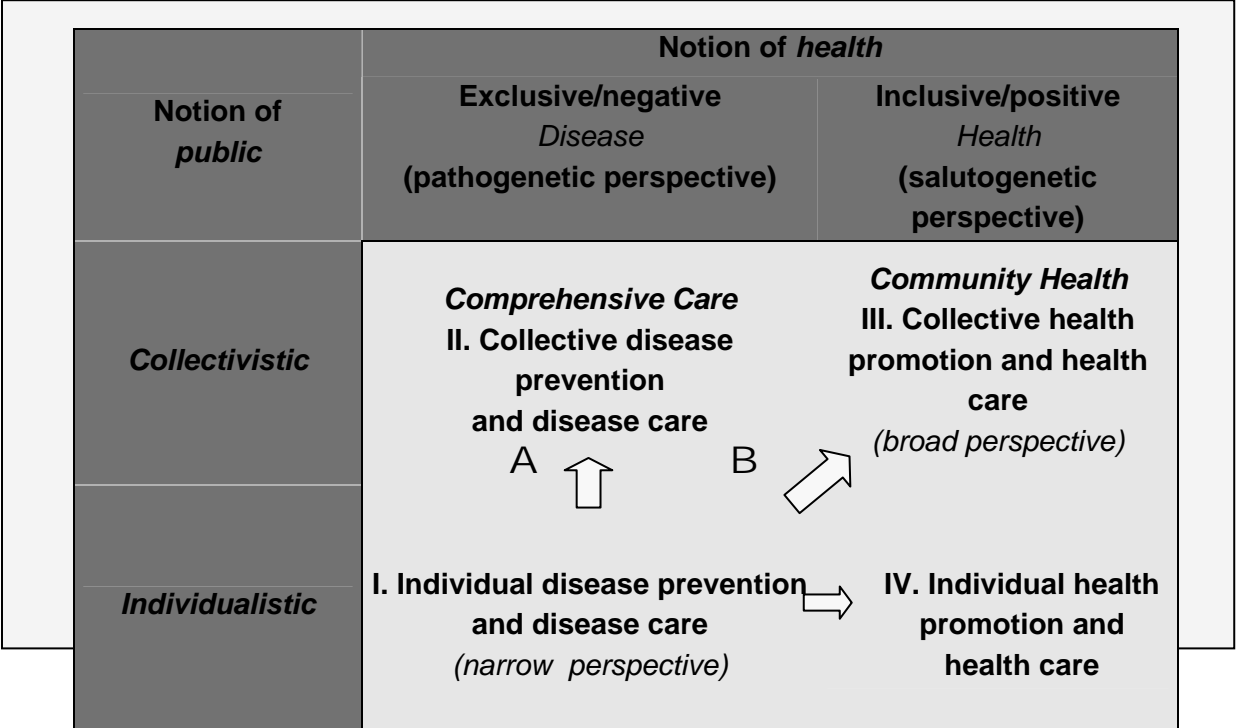
A common perspective towards public health and a strong knowledge base guiding public health action is required to develop these goals.

The general public is well aware that politicians, the academic community, health insurance bodies as well as professional organisations and medical industries, all hold widely diverse views on public health. These views depend on the notions they share of the defining terms of the field, *public* and *health*. Influenced by long-standing socio-philosophical traditions, the notions of these terms may vary between:

- an exclusive (negative) and an inclusive (positive) concept of *health*,
- an individualistic and a collectivistic concept of *public*.

By combining these four categories of health and disease we obtain a conceptual framework, or a “*model of modern public health*” (Figure 1). According to this model four distinct perspectives of public health can be distinguished: I. Individual disease prevention and disease care, II. Collective disease prevention and disease care (*Collective care*), III. Collective health promotion and health care (*Community health*), IV. Individual health promotion and health care.

Figure 1: Modern public health



In most countries the dominant public health culture is a narrow perspective of individual disease prevention and disease care (field I in Figure 1). Health care systems combining an individualistic notion of *public* and a negative notion of *health* tend to work on the basis of the pathogenetic model. Advances in medical science and technology produce a growing volume of medical diagnoses and interventions, a process leading to a sustained specialisation and fragmentation of individualised disease prevention and care. Psychosocial and lifestyle problems that traditionally fell into the responsibility of the individual person or the family have become medical cases. Medicalisation of unpleasant or stressful aspects of

daily life may add to an already large amount of *over-treatment* and expansion of health care costs. Medicalisation may also be detrimental to the development of personal and social capacities to cope with and learn from experiences of psychosocial tension and ill-health. However, providers of medical care frequently organise some individual health services according to principles of a wider perspective of individual health promotion and health care (*field IV* in Figure 1).

According to the proposed model of modern public health (Figure 1), countries or regions have two distinct options to modernise their public health systems. They may move towards one of the following directions:

- A. *Comprehensive Care*. This direction implies organised collective efforts to prevent and treat disease or injuries (*field 2* in Figure 1). Examples are integrated, population-wide health programmes to reduce the incidence and prevalence of chronic conditions such as cardiovascular disease, obesity and type 2 diabetes, breast cancer and bowel cancer, back pain and muscular-skeletal disease, depression and suicide, as well as the incidence of accidental or sports accidents and injuries. Other well-established approaches are community efforts to reduce environmental hazards and risk factors. More recently implemented interventions are disease management programmes based on clinical guidelines and the principles of evidence-based medicine.
- B. *Community Health*. This direction implies organised collective efforts to promote health and prevent and treat disease within a comprehensive health promotion and health care programme in local or regional communities (*field 3* in Figure 1). Today, health promotion as defined by the Ottawa Charter of WHO (1986) is a key public health function. It tackles the cultural, social and environmental as well as the economic and political determinants of health. Health promotion is equity-driven and facilitates dialogue and cooperation between sectors. Effective health promotion efforts combine strategies for information and education, for participation and individual or community empowerment, towards community or organisational development in villages and cities and other social settings, schools and workplaces.

Community health represents a *broad perspective* of public health. It is based on an inclusive theoretical framework of positive health and health development. A prominent example of this framework is the salutogenetic model proposed by the late Aaron Antonovsky [1]. This model attempts to explain why most people stay healthy in spite of their exposure to a large number of potentially harmful factors. An individual's temporary position on a theoretical health-disease continuum is understood as the outcome of a dynamic web of salutogenic processes. This results from his or her interaction with the cultural, social and economic and with the ecological and political environment.

To describe and understand the interaction process of individual persons with their living environment we have drawn from a theoretical debate within a group of European scientists about the socio-philosophical and the scientific foundations of modern public health. Summarising the key arguments of this debate, Laurent Van der Maesen and Harry Nijhuis [27] proposed the construct of *social quality* of living conditions or circumstances of social

systems (institutions, organisations, settings) as a concept for connecting the public (or collective) and the health (of individuals). Social quality is defined as

*“the extent to which citizens are able to participate in the social and economic life of their communities under conditions which enhance their well being and individual potential. In order to participate (or to enjoy at least a minimum level of social quality), citizens have (i) to have access to an accepted minimum level of economic security, (ii) to experience a basic level of social inclusion, (iii) to live in a community which exhibits social cohesion and (iv) to be empowered to develop their competencies” [27, p. 136].*

The community health perspective connects a collectivistic notion of public health and an inclusive notion of positive health. For this reason, the author proposes to expand the concept of social quality of life to a wider concept of *salutogenic quality* of life by adding an essential condition of health-related quality of life,

*(v) to have at their disposal a basic level of community health, health promotion and health care to enable them to share in a health-promoting (salutogenic) culture, live a healthy and productive life, and cope with ill-health and disability.*

The salutogenic quality of a social system (institution, organisation, setting) refers to the potential or capacity of this system to improve or, if lacking, undermine health. Social systems exhibiting a high degree of salutogenic quality typically value health as an important public good. They invest in health-sustaining efforts and provide opportunities to control the major determinants of health, and they build appropriate skills to prevent or treat disease and to protect or promote the health of all people. According to the broad perspective of public health, many societal sectors are involved in collective efforts towards sustained population-wide health improvement: industries and markets, social and personal services, the electronic and print media, the academic sector and public education, the political and the legal systems, and in particular health insurance bodies and the health care services.

*The conference of the European Public Health Association (EUPHA) held in Graz from 10 – 12 November 2005 offers a unique opportunity to analyse and discuss the basic concepts of the field, the concepts of public and health. The organisers hope that this opportunity will stimulate a process of communication and reflection revealing both the potential challenges and the risks of a narrow as well as of a broad perspective of public health.*

*The conference will provide a platform for analysis and debate of current public issues for researchers, policy makers and practitioners. Its aim is to contribute to the development of a modern public health in Europe. Participants are invited to exchange research findings and practical experience and to discuss ongoing or planned work related to five broad fields:*

- *the directions of public health policies and their impact on the development of health and health systems;*
- *health promotion and primary prevention programmes in local and social settings as they respond to changing needs of personal and social life and work;*
- *health care services as they react to the challenges in the fields of disease prevention, quality management and coordination of services at critical interfaces;*

- *organised efforts to link or integrate health promotion and health care strategies, especially in fields such as clinical prevention, disease management and rehabilitation;*
- *efforts to build structural and strategic capacities for a sustained population-wide improvement in health.*

The European Public Health Association (EUPHA) is a multidisciplinary scientific society. It aims to contribute to the improvement of public health in Europe by offering a means for exchanging information and a platform for debate for researchers, policy makers and practitioners in the field of public health and health services research in Europe. Currently, EUPHA has 47 public health organisations as members from 38 different countries, representing some 10,000 public health experts in total.

The EUPHA 2005 conference will take place in Graz from 10 – 12 November 2005. Title: Promoting the Public's Health - Reorienting health policies, linking health promotion and health care

Registration and further information: [www.eupha.org](http://www.eupha.org)

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