

Role and Future of Public Health in the European Context

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SUMMARY

This article presents the necessity of systematic enhancement of Public Health in the Czech Republic. Theoretical outlines of the basic development of medicine and health care are given, along with a definition of Public Health and thesis of the EUPHA document (European Public Health Association), which concern developmental priorities for Public Health in Europe.

Key words: health, health care, public health, health of the population, development of medicine.

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At the present busy time are everyday questions concerning mainly urgent problems. Long lasting considerations are not an obvious priority. There is no doubt that it is not sufficient to pay attention only to immediate health care problems. It is essential to focus also on problems needing years and decades to reach a good health care better people's health. The tool of achieving this aim is a long lasting attention to health care problems and other health determinants.

It is necessary to take into account people's behavior, their environment, nutrition, habits, culture, income and social status, education, policy, legislation and many other factors.

At first sight they are not medical problems. Should physicians be interested in it? Is it a competence of the health professionals? Undoubtedly the physicians should be involved in solving problems concerning people's health. The history of medicine presents that the physicians have always been interested in all the circumstances which have considerable impacts on health and illness.

THEORETICAL BACKGROUNDS

Medical practice traditionally placed an emphasis on care for individual patients. Even though prevention, diagnostics, therapy and rehabilitation are part of common medical methods, its main mission was care for people and treatment or at least alleviation of difficulties caused by disease. The doctor-patient relationship dominated. This approach, along with the scientific orientation of medicine and gradual specialization, has brought exceedingly valuable results. However, historical experience realistically illustrates that we cannot work towards increasing people's standards of health only with methods of clinical medicine. It is not sufficient to concentrate on diseases and their control at an individual level. More and more people are aware of the fact that far greater attention should be paid, partly to health and its related circumstances and partly to a population approach, which enables better to recognize health risk and protective factors and to find ways of influencing them favourably.

The situation is presented rather simply in Figure 1. Rectangular axes symbolize partly interest in health and disease and partly orientation on an individual and population. Field of action of medicine is symbolized by a ring in scheme conceived like this.

Four basic ways of development are marked in the figure, namely development of clinical medicine (A) (e.g. improving of diagnostics and therapy in hospital wards), consolidation of health of individuals (B) (e.g. health education oriented to individual), development of support of population health (C) (e.g. population health-care programs) and the necessity of population strategy of medicine (D) (e.g. healthcare programs aimed at particular diagnoses, possibly even at determined diagnostic groups). The European health strategy, known as Health 21 (1), which intention is to improve the health of people by means of comprehensive health care, can be cited as an example of a way of strengthening all mentioned development trends.

It is indeed obvious that none of these ways is unidirectional. If any effort is to be successful, it is necessary to take into account other branches support and relationships to politicians and the general public. Arrows pointing to each defined quadrant symbolize this.

PUBLIC HEALTH

An ellipse symbolizing the sphere of activity of *Public Health* is added to the scheme in Fig. 2. It is a branch oriented partly to health problems at population level (*public*) and partly to health (*health*) of both individual and population. It is also significant that this branch is not restricted only to health care problems; it is an open system which, as far as the health of the population is concerned, goes beyond the bounds of standard health care.

Public Health is a traditional and fully respected branch of medicine, especially in English speaking countries. Its contribution is unquestionable. The basis for its successful development was established more than four centuries ago. It concerned mainly the effort to limit spread of dangerous mass diseases occurring on

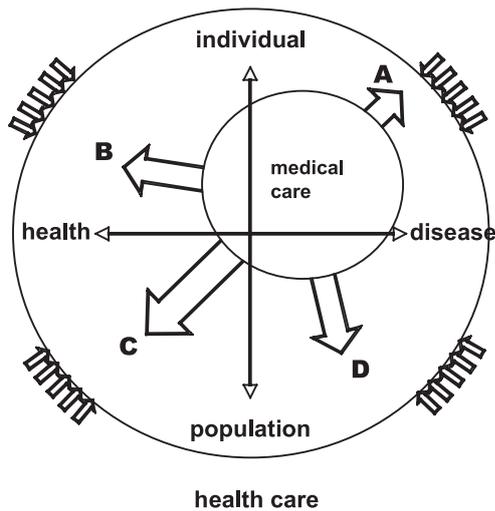


Fig. 1. Four basic ways of development of medical care

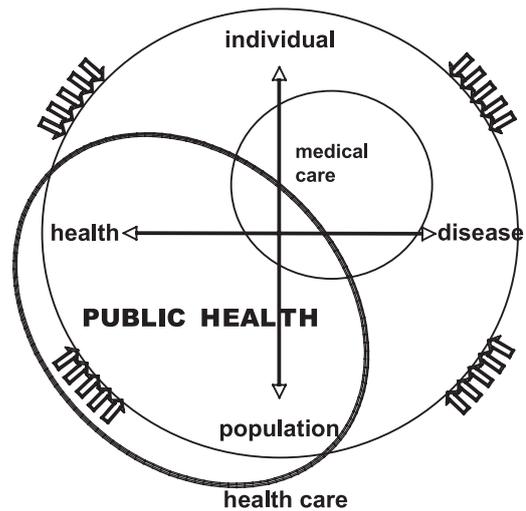


Fig. 2. Sphere of Public Health in relation to medical care

a large scale. *Public Health* gradually expanded the sphere of its activity and devoted its attention not only to prevention and disease control but also to questions concerning the protection, strengthening and development of people's health. Simply formulated - *Public Health* is a complex of organised social activities whose intention is to improve people's health.

A new conception, called New Public Health, started to appear in English literature in the late 20th century. It was interpreted as an investment leading to the better life quality of populations, partial social groups and individuals. More importance was placed on social determinants of health, mainly on behaviour of people in their common social environment. In contrast to the traditional prevention of diseases, systematic attention is paid to all circumstances that influence health and to finding ways to protect, develop and strengthen health. It gradually develops, not only addressing common life habits and qualities of environment, but also attempting to strengthen self-confidence, dignity and autonomy.

There is no point in distinguishing *Public Health* and *New Public Health*. It seems more useful to perceive the historical development of mentioned sphere, to respect changing people's life conditions and to think about the future of *Public Health* and how to improve it.

TERMINOLOGICAL ANNOTATION

The term *Public Health* is used in this text because of there is no satisfactory Czech translation. *Public Health* is well defined in specialist literature as an (2) "organized effort by society to protect, promote and restore the people's health. It is the combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of all the people through collective or social actions. The programs, services, and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Public health activities change with changing technology and social values, but the goals remain the same: to reduce the amount of disease, premature death, an disease-produced discomfort and disability in the population. *Public health* is thus a social institution, a discipline, and a practice."

The term "Public Health" does not correspond with its verbal translation (public health) in Czech. Perhaps the term public health system as a part of public government implementing the knowledge of hygiene, and social medicine is the closest to it (3). The term

health care could, in a particular context, correspond with a wide range of *Public Health* in the Czech Republic.

Several individual branches represent *Public Health* as a branch. These are Hygiene, Preventive Medicine, Social Medicine, Public Health System and Epidemiology. Medical management and economy of health care, possibly medical law and legislation (even though we can judge that it is a part of Social Medicine and Public Health System) are sometimes separated. Some technical branches dealing with quality and distribution of drinking water, sewerage and refuse utilization belong to *Public Health* in a wider aspect.

If the term *Public Health* occurs in an English text, it is helpful to remember that it refers to organization of health care, medical management, social medicine, hygienic service, medical education or perhaps sanitation.

The situation is further slightly complicated by the fact that activities coming under *Public Health* competence are institutionalised and have their own historical development and continuity with other professional terms. It seems that the most understandable approach is to use the original term *Public Health* in scientific literature because this term is well defined in many textbooks and monographies and is commonly used in the European context.

THE NECESSITY OF ENHANCEMENT OF PUBLIC HEALTH

It is generally admitted that unilateral clinical orientation of medicine leads to rapid increase in costs of health care. Although there is no dispute about necessity to develop biomedical knowledge and pharmacotherapy and medical technology concurring on it, it is also obvious that such development has own financial limits.

It is today apparent that the useful activity of people going to health has no boundaries. The point is that it is necessary to motivate, ease and develop interest in health and responsibility for health, particularly at the level of individuals and small groups as well as in bigger population groups. One of the most promising ways of enhancement of *Public Health* is *Health Promotion*. It may be admitted that not even in this case is the Czech translation "health promotion" fully understandable. The historical foundation of *Health Promotion* is health education, which is still very important.

There have been a number of important successes in *Public Health* in the Czech Republic. Traditional conception of hygiene extended distinctively. Preventive Medicine was established at medical faculties, while Social Medicine - which is among others devo-

ted to medical economy, informatics, legislation and organization of health care system.

A number of practical problems connected with function of health service attract the attention of experts and wide public and motivate discussion about the structure and activity of the health system, funding of health service, responsibility and powers of particular levels of management and others. Scientific research, education, professional training and control practice namely on political and scientific levels are still not successfully linked. The situation is further complicated by the fact that verbal translation of *Public Health*, public health, is not a branch of medicine in the Czech Republic. Public health is a health status of population and its groups according to the law No. 258/2000 Coll. "About the protection of public health and about change of some related laws" (Head 1, §2).

Demands for the quality of the system of health care as a whole should also address the increasing demand for quality of health service and for work of medical facilities. The future of *Public Health* in the Czech Republic should be sensitively formulated on the basis of existing experience, mainly from European countries. It is unquestionable that *Public Health* should play a key role in improving people's health in the Czech Republic and in the whole of Europe. It is urgent conceptual, political and medical task.

TEN STATEMENTS ORIENTED ON DEVELOPMENT OF PUBLIC HEALTH IN EUROPE

The text entitled "10 Statements on the future of Public Health in Europe" prepared by EUPHA – European Public Health Association is among the most remarkable materials dealing with conceptual questions of further development of *Public Health*. Statements were prepared during five seminars on EUPHA in the years 2002-2003. They were gradually corrected, concretized and annotated. They became a part of EUPHA annual report 2004 and were published in 2005 (4).

It is worth recalling particular statements and commenting on them in detail because this indicates the necessary steps to enhance *Public Health* in Europe and hopefully in the Czech Republic.

The term *Public Health* could be incorrectly narrowly understood in some definitions (e.g. like one of medical branches) because of wide conception of *Public Health* in Europe. That is why the term *Public Health* is translated in some statements as "health care (PH)". When *Public Health* is understood mainly from the professional medical point of view, the term "Public Health (PH)" is used. Perhaps it will contribute to comprehensibility and understanding of expanding sphere of *Public Health* action.

1. The future of public health (PH) can only be achieved if the whole society invests in it: building partnership is essential here.

Public health (PH) is an integrated challenge for the whole society, since it affects all people. An unhealthy population has a serious impact on the economy of a country. To effectively deal with this extensive problem, integrated solutions should be sought. This means that public health (PH) should be included in all activities at all levels of management and all sectors of a society. New public health goes far beyond the health profession and health settings. Bridges are necessary not only among policy, practice and research, but especially among different disciplines.

Future public health (PH) policy should be aimed at health aspects in all sectors, such as transport, tourism and business. The role of public health (PH) professionals should be of advisors for particular sectors, also advising politicians on how to promote public health throughout society.

2. The long-term benefits of public health (PH) should be taken seriously by policymakers.

Public health (PH) has been on the agenda of policymakers for a long time, but in most cases it is not seen as a priority. This is mainly due to the fact that the evident benefits can be measured only after a longer period. The long-term scientific studies and motivation and encouragement of interests of public could help.

3. Public health (PH) should form an integral part of the political agenda in all sectors.

Public health should be included in all policy decisions in all sectors. Population health should be presented as human capital, which is the basis for a solid economy and a happy population and also as an important human value (individual and social).

4. Public health (PH) policy should be based on assets rather than diseases.

Health policy is based on fight against diseases at the moment. The attention of policymakers is more directed towards acute illnesses and therapeutic interventions. Only marginal interest is paid to prevention and health promotion. The activity of the public should be oriented on improving of environment for individuals (e.g. sport facilities and recreation) and on increase in life quality.

5. Research remains a solid basis for the development of public health (PH).

As in the past, research, especially epidemiological, should be the basis for preventive measures. Qualitative research and intervention studies can give useful information. Long-term longitudinal studies are permanent contribution as they help to identify risk factors and therefore also show the impact of prevention measures. Comparative studies facilitate a clear picture of public health in the different European countries and a consideration of the possibilities of integration of health policy. In contrast, research on differences in health between particular social and ethnic groups can lead to proposal of concrete measures for improving the health of disadvantaged population groups. Studies focused on consequences of disease and on ways to prevent them need to be developed. Gene studies enable to understand the relation between environment and genetic potential of population.

6. Research should focus on the needs of practice.

There is a significant gap between research and common general practice. This is due to researchers starting from research questions, whilst organization practice is under the pressure of urgent issues. The research is only to a small extent oriented to actual problems of practice, and its answers come in most cases to late.

7. Researchers should learn how to interact with politicians and practitioners.

It turns out that it is not sufficient to present final research results to policymakers. It is necessary for researchers and policymakers to find a common language and common solutions. Ongoing personal interaction between researchers and policymakers permits research to be focussed on priorities of health policy. Information presented by researchers should be concise for potential users. In this respect, policymakers and practitioners should be trained in how to interpret and how to translate research results into policy.

8. Innovative ways to promote public health (PH) should be encouraged.

One important aspect of developing public health (PH) is to be innovative. Public health should not just implement measures to kick a bad habit, but should take into account all circumstances determining health. And similarly it is not sufficient only to influence the behaviour of people, but also to respect interactions between environment and behaviour of particular population groups in full. Research for the further development of intervention strategies should go beyond basic research questions to include creative problem solving. Suitable balance between health protection (hard strategy) and health promotion (soft strategy) should be found.

9. The future public health (PH) practice: think globally, act locally.

Public health (PH) practice should be based on flexibility and pragmatism. Policies in public health (PH) should be trained in applying general principles at the local level. The exchange of experiences concerning local practice does not exist yet. Public health (PH) attention should not be limited to specific diseases or risk factors. Integrated approach to evaluation and improving of health situation should be strengthened. Criteria for good public health practice should be set up.

10. What can EUPHA do for Public Health?

Neither diseases nor health has ever been limited by borders. It does not concern borders among countries or among the European Union and other countries. It is also desirable to eliminate borders among theory and practice, between professional and policy approaches and between particular branches dealing with health of people. Integrated approach to social reality and health situation enables understanding and suitable usage of connections between health and its determinants.

EUPHA is becoming an important partner of the European Union and the European office of the World Health Organisation (WHO) because it helps to develop personal contacts among practitioners, politicians and researchers and other specialists in the European context.

CONTEMPORARY SOLUTIONS

The organizational effort of EUPHA cannot be omitted from the list of possible solutions. It holds conferences every year. There are submitted results of scientific work and programme documents for expert discussion. A number of work seminars, which enable the formation of working groups on a European scale, have held there.

There were held these EUPHA conferences: Maastricht (1993), Copenhagen (1994), Budapest (1995), London (1996), Pamplona (1997), Göteborg (1998), Prague (1999), Paris (2000), Brussels (2001), Dresden (2002), Rome (2003), Oslo (2004) and Graz (2005).

Subjects of particular sections of the last conference are a good illustration of broad attention that is paid to *Public Health*. The conference in Graz dealt with the following subjects: cooperation of EU and EUPHA, future of *Public Health*, health of population, health promotion – results and problems, health and diseases in specific historical conditions and in socio-cultural context, health care – research and needs, prevention and care for both chronic and infectious diseases, children and youth health and medical policy.

CONCLUSION

Much of the “media” information on the health services problems in the Czech Republic appears not to be a priority in the European context. But, at the same time it is obvious that coping the conceptual health problems is underestimated in this country, e.g. health policy, decentralization, regionalization, multi sector strategies, non adequate implementation of the market mechanism in health care and development of health care administration in the European context.

Should we compare the public health standards between Europe and the Czech Republic we can be sure that there is much to do. Prevailing topic of political disagreements and prejudice quarrels becomes partial problems. Long lasting underestimation both of theoretical and scientific work and professional training in *Public Health* is one of the causes of the present situation.

Prerequisite of the European level of health care administration is an excellent professional qualification, clear ethical framework and equity.

Public Health is in the period of many changes all over Europe and faces many serious problems in all countries at the same time.

In many European countries there is an open discussion concerning the problems, an effort to cope them and professionally skilled and well prepared groups of specialists participate in solving them.

European documents are good theoretically based and are also practical directions. But the needed changes can not be realized in the Czech Republic neither by the EUPHA, European Union nor by the WHO European Regional Office for Europe. It is an urgent challenge of the Czech medical professionals, politicians and all the relevant partners.

The source of our optimism is that in the European context a good competence and a qualified activity will have a good impact on health.

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Translation: R. Mikyšková

Commentary on paper by J. Holčík: „Role and Future of *Public Health* in the European Context“

Public health has made great progress at the control of infectious diseases since its origin and has managed to eliminate many historical health threats. Despite the persistent danger connected with developed or expected pandemics of infectious diseases such as AIDS or bird flu, people must cope with new threats in a constantly changing world. An increase in the incidence of diseases with other characteristics, diseases with multifactor origin and pathologic states with chronic character, has been recorded. Their therapy and prevention require different demands and different health-political strategies. Levels of these pathologies among indexes of mortality and morbidity are increasing. Cardiovascular diseases and malignant tumours are dominant among causes of death. The origin of these diseases is narrowly connected with proper organization of modern society. An unhealthy lifestyle participates in their origin and development. Therefore, uncompromising use of new ways of health protection and promotion and prevention of diseases based on an inter-disciplinary approach is a key solution in the fight against them.

Increasing understanding of health determinants clearly leads to the opinion that health is influenced by many different factors, some newly recognised, many of which lie outside the traditional field of public health. This complex approach is embodied by the World Health Organization (WHO), which emphasises the conception of health in its whole bio-psycho-social context. The socio-medical nature of problems connected with health leads to the necessity of trying to recognise these relationships as deeply as possible. This means in practise trying to determine and evaluate the influence of social, economic and cultural solutions on the health of inhabitants.

WHO emphasises these approaches and uses them for its activity. Principles of justice, health promotion, community participation, inter-disciplinary and international cooperation are promoted by means of its conception strategies "Health for all" and successive policy "Health 21". These programs are at the same time recommendations for governments of particular countries to establish their national variants of these programmes, taking into account basic problems and priorities of particular society. However, realizing these principles requires consolidation and orientation of public health in the desired direction.

"New Public Health" is understood in the context of WHO recommendation as a theoretical and practical base for the protection and promotion of health in a population in relation to these risks and pathologic states that are crucial for development of health at this time and in following years. Public health is understood by the World Health Organization as the science of prevention of diseases, life prolongation, and health promotion by means of socially organized forces. It is focused more on the whole population rather than on individuals and requires mobilization of local, regional, national and international resources to ensure conditions under which people can be healthy. The new facts approach, in addition to traditional conception of "Public Health", is health protection and promotion focused on all risks that socio-economic development brings in relation to the diseases typical of present image of health population status. Orientation on identification and evaluation of determinants of natural and social environment and health risks in relation to the developmental dependences and risk groups (children and youth, economically active population, seniors, social groups with endangered health). Promotion of medical surveillance – from naked monitoring and data collection to their analysis, evaluation and following of tendencies of their development, which would offer essential scientific data for planning, implementation, management and evaluation of services. It is also necessary to establish an education mechanism for public health workers and enable their professional growth.

I welcome the paper "Role and Future of *Public Health* in the European Context" surveying priorities of public health. The author has prepared the way for a detailed analysis of this subject enabling a better understanding of how governments can respond to health threats and offer possibility of medical choice to citizens.

Surely only due to the limited space, a detailed description of developments of conception of key subjects of *Public Health* in an international context (demonstrated by changes of subject priorities of relatively long array of EUPHA conferences), that would be certainly very interesting and useful, is missing there.

In conclusion, I will add some notes meant rather as perspective topics concerning situation in Czech Republic. Description of particular relevant home activities, organizations and institutions important for subject of paper (e.g. activities in the field of social pediatry, social psychiatry, social gynaecology, promotion and development of community care, social geriatrics and gerontology or evaluation of SZU, and non-governmental non-profit-making organizations working in the field of health promotion) would be certainly interesting for the reader of the paper. Long-term lack of consensus of jurisdictional, institutional and organizational setting of *Public Health* in the Czech Republic is also a very interesting subject. In this sense more clearly formulated recommendations for resolving the situation in the Czech republic would certainly be of high appreciated.

Translation: R. Mikyšková