



10 Statements on the Future of Public Health in Europe

EUPHA report 2004-1

The European Public Health Association (EUPHA) is an umbrella organisation for public health associations in Europe. At the moment, EUPHA has 47 members from 38 countries and includes more than 10'000 public health experts in Europe. This network is a great tool to find out more about public health problems in Europe and different national policies and practices to deal with these problems.

The present report is a first in a series of reports where EUPHA provides overviews of current public health issues in Europe. These reports are set up using our extensive network and organising workshops and email exchange on selected issues.

The future of public health in Europe

The notion of public health started some 400 years ago with disease control to prevent the further spread of diseases. Since then, public health has evolved and includes health promotion as well as health protection. Public health is an organised effort of society to improve the health of a population. The term new public health is coming up. New public health defines health as an investment factor for a good life of a community. It focuses on the behaviour of individuals in their present environment and the conditions of life that influence behaviour. Public health work is about promoting physical and mental health of individuals. This includes influencing living habits and living conditions, but also promoting self-esteem, human dignity and respect. If this new public health is the future of public health, the questions where we stand now and how we are going to achieve this new public health need answering.

This report summarizes the conclusions of the discussions in five consecutive workshops, which were organised by EUPHA from November 2002 to November 2003.

1. FUTURE PUBLIC HEALTH CAN ONLY BE ACHIEVED IF THE WHOLE SOCIETY INVESTS IN IT: BUILDING PARTNERSHIPS IS ESSENTIAL HERE

*White paper "Prescriptions for a healthier Norway":
"Public health is about mobilising the whole society for what matters for health. It means building partnerships, for the professionals and the voluntary actors, between the medical sectors and social services."*

Public health is and should be seen as an integrated problem as it touches all aspects of society. An unhealthy population has a serious impact on the economy of a country. To effectively deal with this integrated problem, integrated solutions should be sought. This means that public health should be included in all levels, settings and aspects of a society. New public health goes far beyond the health profession and health settings and therefore requires a new way of mobilisation. Bridges are necessary not only between policy, practice and research, but especially between different disciplines.

Future public health policy should aim to reorient health systems' capacities to improve population health by harnessing the creativity and energy of diverse sectors of society, such as transport, tourism and business, to promote public health. The role of public health professionals should also be expanded to include an advisory function for other sectors. These professionals need to go to policymakers, politicians and practitioners in all sectors of society and advise them on how to promote public health throughout society.

2. THE LONG TERM BENEFITS OF PUBLIC HEALTH SHOULD BE TAKEN SERIOUSLY BY POLICYMAKERS

*Marc Danzon, Director-General of WHO/EURO:
"We know that, if we apply resources in ways that secure positive health and well-being, then this in turn brings social and economic benefits for the whole of society. However, this learning is not systematically applied in health policy development in our continent."*

Public health has been on the agenda of policymakers for a long time, but is not seen as a priority. This is mainly due to the long-term focus of public health: the benefits of any intervention/policy cannot be measured in the near future. For instance, the effects of an active anti-smoking campaign will only

be visible as a decrease of mortality due to lung cancer years after the intervention was started. Furthermore, the public health intervention may not even be seen as the reason for the decrease.

New public health should therefore encourage researchers to examine the long-term benefits of public health interventions. Evidence-based research could be a basis for this. Another basis could be long-term morbidity and mortality studies. Policymakers should combine different complimentary strategies to achieve one goal. Investment for the long-term benefits of such strategies should not be subject to short-term budget cuts.

3. PUBLIC HEALTH SHOULD FORM AN INTEGRAL PART OF THE POLITICAL AGENDA IN ALL FIELDS

Dagfinn Hoybraten, former Minister of Health, Norway: "Our own choices and the way we jointly organise and adapt society in a number of different areas play an important role for people's health."

Public health should be included and form an integral part in all policy decisions. Population health should be presented as human capital, which is the basis for a solid economy and a happy population. Public health is subjective and long-term and it is important not to focus on short-term economic costs in the planning of public health initiatives. The burden of disease could be an important factor in the decision-making process, as it will show the cost-effectiveness of public health policy (e.g. Health as human resource).

4. PUBLIC HEALTH POLICY SHOULD BE BASED ON ASSETS RATHER THAN DISEASE

High Committee on Public Health, report 1994, France, "It is not sufficient to put forward targets designed to minimize health problems. Conditions must also be arranged such that institutions and professionals may contribute to achieving targets, and such that individuals, families and communities may improve their health."

At the moment, health policy is based on disease. The attention of policymakers is more directed towards acute illness and direct interventions. These interventions are more based on care than on prevention.

In future public health, we should not base actions on deficiencies (= illness), but on assets (= good health). Communities rarely develop on the basis of their deficiencies; they develop on the basis of their assets. There should be a swift in the focus of policymakers: instead of looking at deficiencies (handicap, old age), look at what still can be done. One important factor to develop is the creation of a positive environment for individuals (e.g sport facilities, but also self-development possibilities).

5. RESEARCH REMAINS A SOLID BASIS FOR THE DEVELOPMENT OF PUBLIC HEALTH PRACTICE AND POLICY

Els Borst-Eilers, former minister of Health, the Netherlands, in "Public Health in Europe, 10 years EUPHA": "To my mind, the most important thing is to put into practice the knowledge we already possess. Knowledge about health determinants, the causes of unhealthiness and ways of avoiding it. This body of knowledge is growing all the time, but we are doing too little with it."

As in the past, good research is the basis of successful public health interventions. Especially epidemiological research helps to identify risk factors for disease as well the impact of health promotion measures. In the future, some fields of research will remain important or become more important:

- Long-term morbidity and mortality studies will show the impact of prevention measures and the general development of public health and at the same time identify risk factors. These studies have proven effective in the past and will remain the backbone of public health.
- Comparative studies between countries will increase in importance. In order to create a common public health policy, it is necessary to have a clear picture of public health research, practice and policy in the different European countries.
- Research on differences in health, both inequalities in access as between ethnic groups is also a field of research that will further develop.
- Studies on the burden of disease on a population (including not only attributable risks but also avoidable risks) need to be implemented.
- The impact of gene technology on individual behaviour needs to be researched.

6. RESEARCH SHOULD FOCUS ON THE NEEDS OF POLICY AND PRACTICE

Hans Stein, Ministry of Health, Germany, in "Public Health in Europe, 10 years EUPHA": "The existing disconnect between research and practice has to and can be overcome. The main obstacles such as funding by different institutions, general directorates or ministries and limited mechanisms to transmit policy relevant issues and research questions to research can be solved or at least improved by establishing new procedures for setting priorities in applied and policy related research, by improving problem oriented peer review and evaluation of project proposals and finding new ways of disseminating research results to decision makers."

There exists a significant gap between research on the one side and policy and practice on the other. This is due to several factors, such as:

- Research is not focussing on the actual questions within policy and practice and can therefore be too late, too little
- Researchers start from research questions, whilst politicians would like to see research based on policy questions.

A better interaction between policy/practice and research should be organised. This not only means that researchers should be open to policy/practice important aspects of research, but also that practitioners and researchers should learn to formulate their questions as research questions.

7. RESEARCHERS SHOULD LEARN HOW TO INTERACT WITH POLITICIANS AND PRACTITIONERS

Gro Harlem Brundtland, former director-general WHO: "Good science is the basis of good public health, but the challenge we face is to translate the best science into public policy."

Public health research is narrow in scope and broad in category. It has many different disciplines and includes epidemiology and burden of disease. It has an emerging role on the EU agenda. It is generally stated that research on public health is at a good quality and quantity level, but the translation from research results to policy and practice is lacking.

Linked to the statement 6, research should also adapt the way it is presenting its results. Results should be interesting for policymakers and practitioners, who are not interested in reading extensive documents listing all eventualities, limitations of the study, etc. Future public health research should take the following points into consideration:

- Researchers should interact continuously with policymakers and practitioners. Research may be too late if presenting the results is only done when final results are present. Ongoing interaction – preferable in person – should take place between the research community and policymakers and practitioners. This should include the possible adaptation of the research questions, following questions from policy/practice.
- Research should be presented not only short and concise, but also in a format which is attractive to policymakers and practitioners.
- Policymakers and practitioners should be trained in how to interpret research results and how to formulate research questions.

8. INNOVATIVE WAYS TO PROMOTE HEALTH SHOULD BE ENCOURAGED

*“Modernising Government” United Kingdom, 1999:
“We need social scientists to help determine what works and why, and what types of policy initiatives are likely to be most effective.”*

One important aspect of developing public health is to be innovative. What has been effective in the past (e.g. HIV prevention promoting condom use) may not be taken too seriously by a new generation (increase in unsafe sex and HIV infections). New ways of either sending the same message or sending a new message need to be developed continuously.

In the future, we should further develop these innovative ways:

- Public health should not just implement measures to kick a bad habit (e.g. smoking), but should take into account the situation (when does a person smoke and how can we change this situation). This means that we should develop both horizontal and vertical approaches. At the moment, we are only managing risk factors. In the future, we should also include management of conditions and assets.
- Public health should go beyond the focus on human behaviour and changing that behaviour, but should also create a supportive environment.
- The system now focuses on the management of risk interventions; in the future focus should also be on the management of systems (= integrated approach).
- Public health should not be limited to individuals' behaviour, but should be widened to include sectors and settings.
- Research for the further development of intervention strategies should go beyond basic research questions (does it work, how, under what conditions) to include creative problem solving.
- Public health policy should combine health protection (hard strategies) with health promotion (soft/encouraging strategies).
- An intervention should be flexible and go beyond a specific disease or a specific setting. The WHO campaign of “Think globally, act locally” could be applied here.

9. THE FUTURE PUBLIC HEALTH PRACTICE: THINK GLOBALLY, ACT LOCALLY

Public health practice should be based on flexibility and pragmatism. Policies are set up at a national or international level, the implementation is at the local level and should be adaptable to different situations. In order to follow the principle of think globally, act locally:

- Public health practitioners should be offered specific training.
- The exchange of experiences of local implementation/practice should be facilitated. At the moment, this exchange does not exist; there are no adequate descriptive studies.

- Public health practice should not be limited to specific diseases or specific settings, as is done now: public health encompasses all aspects and should be seen as such.
- Criteria for good public health practice should be set up.

10. WHAT CAN EUPHA DO?

Louise Gunning-Schepers, past president EUPHA, the Netherlands, in "Public Health in Europe, 10 years EUPHA": "Public health has never been limited by national borders. As the globalisation of our world continues and the borders within the European union become less and less important, it will be crucially important to develop a common European public health policy. However I am convinced that this should be initiated and supported by the public health community instead of EU directorate. The European Public Health Association has a crucial role to play in that. After a successful coming of age, it now needs to be a powerful advocate of the public health community, as it exists in the European Union, consisting both of public health researchers and practitioners."

The European Public Health Association has two major assets to become active in the development of the new public health:

- It is an European nongovernmental association of public health experts
- It consists of researchers, policymakers and practitioners.

Therefore, EUPHA can be a great boundary spanner, not only between policy, research and practice, but also between the different disciplines. It can easily use its network to collect information from different countries on policy, practice or research.

How can EUPHA achieve these goals?

- At the EUPHA conferences, we should further develop both the policy and the practice aspect of public health.
- EUPHA conferences (pre-conference meetings) can also be used to train both researchers (how to present research to policymakers) and policymakers/practitioners (how to formulate research questions and read the results). A first step in this direction may be implemented at the 2006 conference.
- Using our extensive network of public health experts, EUPHA should collate and summarize state-of-the-art of public health issues.
- EUPHA could be a partner in all comparative studies, such as research on public health practices, measures for ethnic minorities, etc.
- EUPHA should become an important partner for the EU and WHO/EURO and help in the setting up of the new public health policy.

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