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 48 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 the 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.

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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 community life. It focuses on the behaviour of individuals in their present environment and the conditions of life that influence behaviour. Apart from the classic preventing disease, 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 (see annex 1 for details).

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"[1]: "The Government seeks to strengthen public health work in all social sectors through active partnerships which places responsibility, bind and inspire action."

Public health is and should be seen as an integrated challenge 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 sectors 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 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[2]: "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."

[1] Ministry of Health. *Prescriptions for a healthier Norway: a broad policy for public health.* Report no. 16 to the Storting (2002-2003), short version, 2004, p.6.
[2] Press backgrounder EURO 03/2000: Copenhagen, 4 July 2000: *Rethinking health – The Verona Initiative grows.*

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 decades after the intervention was started. Furthermore, the public health intervention may not even be recognised as the cause of 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 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 SECTORS

Dagfinn Hoybraten, former Minister of Health,

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,[4] "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 and health promotion.

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

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[3] Statement made at the International Conference celebrating the 400th anniversary of Public Health Services in Norway, 16 June 2004.
[4] High Committee on Public Health: *Health in France, 1994-1998*, p.12.

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":[5] "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. As a supplement qualitative research and intervention studies can give useful information. 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 as well as the connection between our genes and the environment.

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

WHO/EURO[6]: "Traditionally, public health researchers have not been very interested in designing their research to meet the needs of policy makers….. what is needed is a new type of alliance between policy-makers and the research community. An effective strategy demands that policy-makers and researchers help each other to fulfil their complementary roles."

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

[5] *Public Health in Europe: 10 years EUPHA*. W. Kirch, editor, Springer Verlag: p. 62.
[6] WHO/EURO and Centre for Public Health Research in Karlstad, publication 1994: Cited in *Public Health in Europe: 10 years EUPHA*. W. Kirch, editor, Springer Verlag: p. 52.

practitioners and researchers should learn to translate their research findings into recommendations for the solution of practical or policy problems.

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

Gro Harlem Brundtland, former director-general WHO[7]: "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 research on the 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 translate policy problems into research questions.

8. INNOVATIVE WAYS TO PROMOTE HEALTH SHOULD BE ENCOURAGED

Maurice Mittelmark in Research and practice in public health – new approaches[8]: "the tasks of the new public health require innovative thinking in the public health research community, and social science approaches and methods that could strengthen public health research's capacity to innovate."

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 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:

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[7] Statement made at the International Conference celebrating the 400th anniversary of Public Health Services in Norway, 16 June 2004.

[8] Mittelmark MB: *New objectives in public health: health promotion and the research methods in social sciences*. In Michael vol.1/3/2004. Research and practice in public health – new approaches: proceedings from a pre-seminar on the occasion of the International EUPHA conference in Oslo, October 2004, p. 219.

- 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 (= integrated approach).
- Public health should go beyond the focus on human behaviour and changing that behaviour, but should also create a supportive environment.
- 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

WHO/EURO in Healthy Cities and the City

promoting health there is a delicate balance between working on a micro and a macro level. This vital balance will ensure that local needs are met but that broader, macro-level changes will also be sustained. In addition, others suggest amending this statement so as to ensure that we think globally and locally together and then act accordingly."

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"[10]: "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

[9] WHO/Regional office for Europe. L.J. Duhl and a.K. Sanchez, authors. *Healthy cities and the city planning process: a background document on links between health and urban planning.* EUR/ICP/CHDV 030403, 1999, p. 21.
[10] *Public Health in Europe: 10 years EUPHA*. W. Kirch, editor, Springer Verlag: p. 8.

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 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 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.

Annex 1: Methods used

The project was set up by organising 5 workshops for different public health groups (policymakers, researchers, practitioners). The question on the future of public health in Europe is twofold. First, there is uncertainty about which public health issues will be(come) important in the future (e.g. obesity, mental health, elderly). Second, there is the issue of how public health will be implemented/practised and researched in the future. It is this second question the project looked at in detail.

The kick-off workshop was held in November 2002 in Dresden, Germany during the EUPHA annual conference. The aims of this workshop were to clarify the questions to be taken into account in this project, to get our members interested and involved in the project and to identify key persons for the following workshops. About 80 public health experts participated in this workshop. The following presentations were given:

- The history of public health: Prof. Gunnar Tellnes, Norway
- The problems on implementing public health: Dr Ineke Thien, the Netherlands
- Public health in the future: Prof. Jan-Maarten Boot, the Netherlands

The second workshop was organised on 10 May 2003 in Utrecht, the Netherlands and addressed the theme of bridging the gap between research and policy & practice. The aim was to arrive at practical recommendations: for public health researchers on how to be more effective in communicating and implementing their results; for EUPHA on how to facilitate the dissemination and actual use of public health research. Ten experts participated in this workshop. The following presentations were given:

- Evidence-based management in health care: what can public health learn from clinical practice?: Prof. Kieran Walshe, United Kingdom
- The research-policy interface: implications for public health research: Dr Loek Stokx, the Netherlands

The third workshop was held on 15 June 2003 in Bergen, Norway and looked at the future of public health in Europe from the policymaker's point of view. The aim was to identify future health problems and directions in dealing with public health for policymakers. This workshop was organised as a satellite workshop to the International Health Conference 400 years of Public Health in Norway. Around 100 experts participated in this workshop. The following presentations were given:

- Investment for Health: lessons, opportunities and challenges for public health: Dr. Erio Ziglio, WHO Europe
- How do we turn policy into practical public health work?: Dr. Bjorn-Inge Larsen, Norway
- Should Public Health efforts be integrated in other sectors and political areas, or should it be a separate part of society's tasks and policies?: Dr. Geir Sverre Braut, Norway

The fourth workshop "Public health practice in Europe – perspectives and challenges" was held on 20 November 2003 in Rome, Italy during the 11th EUPHA annual conference. In this workshop, organised by the EUPHA Section on Public Health Practice and Policy, the outcome of a survey of public health services in European countries, as reported by EUPHA advisers, was presented. The following presentations were given:

- HP source : the Health Promotion Discovery Tool: Dr Spencer Hagard and Dr Jackie Robinson, International Union for Health Promotion and Education
- Public Health Practice and Training in UK: Dr Sian Griffiths, United Kingdom
- What is European Public Health Practice?: Prof. Mark McCarthy, United Kingdom

The fifth and last workshop was also organised in Rome, Italy, during the 11th annual EUPHA conference. In this final workshop, the preliminary outcomes of the project were presented, followed by a critical analysis and a general discussion. The following presentations were given:

- The preliminary results of the EUPHA project on the future of public health in Europe. Dr D. Zeegers Paget, EUPHA
- A first critical analysis of the EUPHA report, Dr A.W. Kalis, Dutch Ministry of Health, the Netherlands

Around 20 participants actively participated in the discussion of the preliminary results.

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Ten statements on the future of public health in Europe