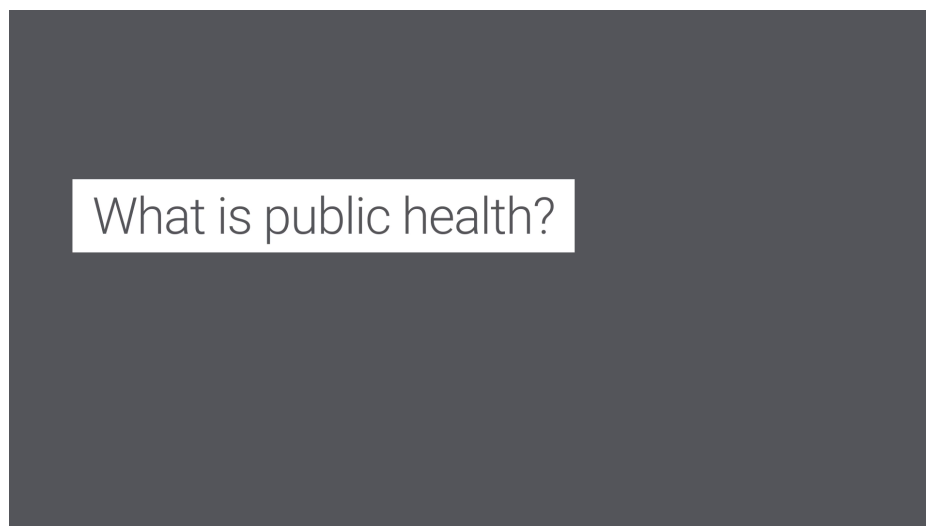# Topic 2: What is public health?

## What is public health?

The World Health Organization defines public health as 'the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society'. Public health is not only concerned with preventing disease in the biomedical sense, it is also concerned with preventing causes of, and causes of the causes of, poor health, with a focus on determinants of health.

### What is public health? [4:31 mins]

Watch this short video on what is public health by Melissa Graham from the teaching team.



[Transcript]

### What is public health? [5:34 mins]

This short video talks about what is public health. Note, in this video the definition of health and public health as proposed by the WHO is adopted. The video also discusses the different perspectives of health and how public health is different to clinical approaches to health, who is responsible for public health, the three key core concepts of public health (protection, prevention and promotion) and the importance of the enabling functions (governance, advocacy, capacity, information).



### Addressing the complexity of public health [10:22 mins]

And now watch this TEDX talk which discusses the complexity of public health and the need for a multi-disciplinary systems approach to addressing public health problems. The issue of obesity as a public health problem is raised.



Addressing the Complexity of Public Health | Chris Dickey | TEDxNYU

You should now have an understanding of what public health is and is not, noting one of the defining features of public health is its focus on populations rather than individuals. Both approaches to health are important but when designing public health approaches we are more concerned with population issues rather than the biomedical ones primarily designed to cure individuals when they are sick. To demonstrate the difference in these approaches take the example of smoking. Smoking is a risk factor for many illnesses and a major cause of ill health across the world. From an individual health perspective, we might ask, 'how can we stop people from smoking'? This is a valid question but focuses very much on what the individual can do and their behaviour. From a public health perspective, we might ask how can we change the social and economic environment so that it discourages smoking (Baum 2016)?

## Disciplines public health draws on

Public health is a discipline but it draws on a number of other disciplines as it seeks to solve complex problems and propose useful solutions to those problems. Public health practice draws on anthropology, psychology, biostatistics, data analytics, economics, epidemiology, history, management and public administration, political science, population health sciences, health promotion, research, and sociology (just to name a few). This allows public health students and practitioners to have a varied toolbox of theories and approaches to help them to develop and design solutions. To help us understand the evolution of public health as a discipline, let's now examine some key historical foundations and success of public health.

## Historical foundations of public health

There are many different schools of thought about the historical developments of public health. While some argue that the public heath movement originally arose in response to the appalling living and working conditions that affected a high proportion of the working class in the industrialised world in the nineteenth century (Baum 2016), historical accounts of public health show that some form of collective public health measures have always been implemented by societies (Rosen 1958; Lewis 2003). Examples of early public health measures include Roman public baths, laws governing burial of the dead, inoculation against smallpox, and the isolation of people with leprosy in Europe in the Middle Ages (Baum 2016). In the nineteenth century public health reforms were a response to disease and dislocation that came from rapid growth which created many issues including overcrowding, severe poverty and lack of basic sanitation. Prior to this time, theories of disease causation centred on the 'miasma' theory. Proponents of this theory believed that disease resulted from inhaling bad smells from filth and squalor that was found in early industrial cities (Baum 2008; 2016).

Throughout this period the 'germ' or contagion theory was also emerging whereby people believed that pathogens (air or waterborne) were responsible for disease. Two classic waterborne sanitation diseases, cholera and typhoid, unknown in Britain before the nineteenth century, became major causes of death during this time. Pioneering social reformers like Edwin Chadwick and John Snow identified the need to improve the living and working conditions of the poor to promote the health of the public (determinants approach). This resulted in the Public Health Act being passed in 1848.

One very early example of a public health approach to dealing with disease was in response to a cholera outbreak in London in 1875. John Snow, a local doctor, identified that cholera was a waterborne disease by mapping the outbreak to a single water source (a pump located in Broad Street). He removed the handle from the pump and the epidemic was controlled. The mapping undertaken by Dr Snow is what we call an epidemiological assessment of the problem (Baum 2008). You will learn more about epidemiology in PHE5HDD Health Data for Decision Making: Epidemiology and Biostatistics; however, throughout this subject we draw on some of the key epidemiological contributions to our understanding public health.

In the Australian context there are seven distinct periods in the development of public health thinking and practice that have culminated in what is now widely known as the New Public Health. The following table is a summary of historical periods of public health, the dominant theories and typical intervention models adopted. This table can be found on pages 19 and 20 in Baum, F 2015, *The new public health*, ProQuest Ebook Central.

History and development of public health in Australia

| Period | Dominant policies and ideologies | Typical intervention models |
|---|---|---|
| Era of Indigenous control (estimated to be in excess of 40 000 years) | Strong links with land, traditional healers, emphasis on spirituality and integration of health and life. | Practice part of accepted culture handed on through oral tradition. |
| Colonial era (from white invasion until 1890s) | Control of infectious disease main aim. Strongly influenced by British practices. Emphasis on sanitary measures. | Quarantine Acts. Public Health Acts in colonies. Provision of clean water and sanitation. |
| Nation-building era (1890–1940s) | State action to improve the health of the nation. Seeking to 'improve the race'. Health linked to ideas of vitality, efficiency, purity and virtue. | Formation of Commonwealth Department of Health. Organised exercise programs to improve national physique, medical inspection of children, hygiene advice to the population. |
| Affluence, medicine and infrastructure (1950s–early 1970s) | Economic affluence and interventionist governments committed to improving quality of life. Considerable developments in clinical medicine, which led to a belief that finally medicine would conquer disease. | Considerable state intervention in areas that have an impact on health, such as housing and education. Health services associated with more and more sophisticated medical technology (e.g. organ transplants). Growth of hospitals and expanding health service budgets — little focus on public health. |
| Lifestyle era (late 1960s–mid-1980s) | Focus on effects of affluence in terms of chronic disease. Rediscovery of philosophy of prevention reflecting a desire to control costs of health services. Focus on individual behaviour. Epidemiological methods developed. | Lifestyle programs modelled on North American Heart Health programs, such as the North Coast lifestyle program, 'Life — be in it' campaign. Population surveys of risk factors. Some challenge to this era and foreshadowing of new public health by Community Health Program and women's and Aboriginal health movements. |
| New public health era (mid-1980s– mid-1990s) | Influenced by World Health Organization policies, especially the Alma Ata Declaration of Health for All (1978) and the Ottawa Charter (1986). Focus on collective measures, especially policy. Emphasis on poverty and social justice in public health policies. Economic recession and cutbacks in state expenditure. Imposition of structural adjustment policies in low income countries. | Development of healthy public policy (e.g. legislation to control sale and use of tobacco, drinkdrive legislative controls). Policy support for community involvement in health promotion. 'Settings' approaches to health promotion (e.g. Healthy Cities, Healthy Schools, Healthy Worksites, Healthy Hospitals) |

| Period | Dominant policies and ideologies | Typical intervention models |
|---|---|---|
| Global new public health (mid-1990s to twenty-first century) | Continued development of the settings approach but increasing recognition that the progress these might make is limited by the powerful forces of economic globalisation. This era is characterised by increased recognition of the impact of the policies and practices of international financial institutions on health, by the shrinking of the state and subsequent privatisation in so many parts of the world. The revolution in communications has led to a vibrant civil society (for example the People's Health Movement) that is opposing many aspects of economic globalisation. Calls for public health to be seen as a global public good and to be protected by international treaties and laws. | Increased focus on measures against terrorism including bioterrorism. Increased fear and preparation for pandemic disease including bird flu, SARS and Ebola. Calls for interventions to ensure trade treaties support health. Health impact assessment of a wide range of issues including infrastructure developments, welfare policies and transnational corporations. |

The New Public Health approach has refocused attention on the political, economic and environmental impacts on health and wellbeing. There is more emphasis on developing policy responses to create more health promoting environments. These historical developments of public health, both internationally and in Australia, have led us to a number of successful public health campaigns. For example, the following campaigns and changes over the past 50 years have had an enormous positive impact in the health of populations: vaccinations that are freely available, safer and healthier foods, healthier mothers and babies, family planning and contraceptive services to name a few (Lin, Smith & Fawkes 2014, p. 11, box 1.6).

One way to think about the importance of public health is to consider some of the natural disasters (and some not quite so natural) that we have had over the past decade (floods, hurricanes, wildfires, landslides, war etc.). These can remind us of some of the things that we learned from the history of public health. What is the first response of public health workers and disaster management authorities when the basic necessities of everyday life such as clean drinking water, fresh food, electricity, gas, basic medical supplies, garbage collection and a functioning sewerage system become inaccessible? This is basic public health and if we don't get these things right the consequences can be catastrophic on a local and a global scale.

Today we have a thriving public health movement with many international associations of public health that all provide a range of good quality resources for students and practitioners. Below are the links to four (of many) associations. Take some time to have a look at these websites and notice the differences (and similarities) in their definitions of public health.

- Australia https://www.phaa.net.au/about-us/who-we-are
- Unites States https://www.apha.org/
- Canada https://cpha.ca/
- Europe https://eupha.org/

# Charters and declarations

### 50th anniversary – milestones of public health [13:33 mins]

We have learned much from history and there have been many new public health challenges in more recent times. In this short video, public health professionals from around the globe talk about the most important milestones in public health over the past 50 years. Throughout this subject and across your course, you will learn more about these important milestones and how they were achieved.

50th Anniversary - Milestones of Public Health

As you heard in the video, important milestones in public health are not only related to the eradication of some diseases, prevention of poor health and the promotion of good health but also the development and adoption of declarations, charters and calls for action to improve health. Understanding the purpose of these declarations, charters and calls to action is important to understanding public health and public health practice. In particular, attention should be placed to the Alma Ata Declaration (1978) and Ottawa Charter (1986) as they are the most widely used health promotion frameworks both within Australia and internationally.

The Alma Ata Declaration (1978) referred to comprehensive primary health care (PHC) as an underpinning philosophy for the development of public health approaches. At the time, primary health care was seen as a way to deal with inadequate illness management systems that focused on treating disease rather than preventing it (Talbot & Verrinder 2018). The PHC approach was based on a 'system of treatment, disease prevention and health promotion through affordable, accessible and appropriate services' (Talbot & Verrinder 2018, p.viii). By taking this approach to health care it was envisaged that action to deal some of the major inequalities in health both within and between countries would be able to be addressed. While there have been many health gains made, sadly this is not the case for all people and many continue to experience poor health outcomes (we will explore some more of this in Week 2 in regard to cervical screening rates).

International milestones in public health

| Declaration of Alma-Ata | 1978 | Action by all health care workers, governments, and the world community to protect and promote the health of all the people of the world through primary health care. |
|---|---|---|
| Health for All by the Year 2000 | 1981 | A series of health goals and targets developed by the World Health Organization to foster health promotion. |
| Ottawa Charter for Health Promotion | 1986 | Defined health promotion, identified pre-requisites for health, three key strategies (enable, mediate, and advocate), and action areas (building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health care services toward prevention of illness and promotion of health). |
| Adelaide Recommendations on Healthy Public Policy | 1988 | Focused on the need to build healthy public policy. |
| Sundsvall Statement on Supportive Environments for Health | 1991 | Focused on calling for active engagement in creating supportive environments to promote health. |

| | | |
|---|---|---|
| Jakarta Declaration on Leading Health Promotion into the 21st Century | 1997 | A vision and focus for health promotion into the 21st century. It confirms the Ottawa Charter and focuses on future challenges, namely health determinants, and identifies priorities for health promotion in the 21st century including: promote social responsibility for health; increase investments for health development; consolidate and expand partnerships for health; increase community capacity and empower the individual; and secure an infrastructure for health promotion. |
| Millennium Development Goals | 2000 | The United Nations Millennium Development Goals are eight goals that all 191 United Nations member states agreed to try to achieve by the year 2015, including to: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; and develop a global partnership for development. http://www.un.org/millenniumgoals/ |
| People's Charter for Health | 2000 | This Charter builds on perspectives of people whose voices have rarely been heard before, if at all. It encourages people to develop their own solutions and to hold accountable local authorities, national governments, international organisations and corporations. |
| Mexico Ministerial Statement for the Promotion of Health | 2000 | Focused on bridging the equity gap within and between countries with countrywide plans for action to monitor progress on promoting health. |
| Bangkok Charter for Health Promotion in a Globalized World | 2005 | A focus on addressing the determinants of health, in the context of a globalised world, through health promotion. |
| Nairobi Call to Action | 2009 | Identified key strategies and commitments required to close the implementation gap in health through health promotion. |
| The Istanbul Declaration | 2009 | Called for health as the first human right. |
| Rio Political Declaration on Social Determinants of Health | 2011 | Focused on global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. |
| The Addis Ababa Declaration | 2012 | Called for action to not only promote, but also to achieve health equity for all. |
| Health in All Policies (HiAP): Framework for Country Action | 2013 | Focused on the HiAP and produced a framework for country implementation. Calls on governments to commit to health and health equity as a political priority; ensure effective structures, processes and resources; strengthen the capacity of Ministries of Health to engage other sectors of government; build institutional capacity and skills; adopt transparent audit and accountability mechanisms; establish conflict of interest measures; and include communities, social movements and civil society in the development, implementation and monitoring of HiAP, building health literacy in the population. |
| The Kolkata Call to Action | 2015 | Focused on a call for action to address and mitigate environmental conditions that are contributing to the deaths and diseases. |

| | | |
|---|---|---|
| Sustainable Development Goals (SDGs) | 2015 | A call to action by all countries to address the 17 Sustainable Development Goals (SDGs), in a global partnership. The SDGs are: end poverty in all its forms everywhere; end hunger, achieve food security and improved nutrition and promote sustainable agriculture; ensure healthy lives and promote well-being for all at all ages; ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; achieve gender equality and empower all women and girls; ensure availability and sustainable management of water and sanitation for all; ensure access to affordable, reliable, sustainable and modern energy for all; promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation; reduce inequality within and among countries; make cities and human settlements inclusive, safe, resilient and sustainable; ensure sustainable consumption and production patterns; take urgent action to combat climate change and its impacts; conserve and sustainably use the oceans, seas and marine resources for sustainable development; protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss; promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; and strengthen the means of implementation and revitalise the global partnership for sustainable development. https://sustainabledevelopment.un.org/post2015/summit |
| Shanghai Declaration on Health Promotion | 2016 | Focused on promoting health through action on the sustainable development goals. |
| Melbourne Demand for Action | 2017 | Focuses on systems rather than health issues or the determinants of health to address these conditions. |

# Review of 10 initiatives that contributed to Victoria's public health success

The Public Health Association of Australia recently released a report titled 'Public Health in Victoria: ten successes to guide a healthier future'. It was launched on August 2022 and outlines the following public health successes:

- Reducing tobacco use
- Improving road safety
- Improving oral health though water fluoridation
- Introducing medically supervised injecting rooms
- Preventing skin cancer
- Providing quality maternal child health services
- Reducing incidence og HIV/AIDS
- Improving workplace safety
- Establishing the Victorian Health Promotion Foundation (VicHealth)
- Progressing towards the elimination of cervical cancer

# Prevention as an international concern

The World Health Organization is the 'health' arm of the United Nations and was established in 1948 to improve the health of the world's people. The United Nations is currently made up of 194 member states. In Week 1 we introduced some of the landmark documents developed by the WHO that laid the foundation for disease prevention and control and health promotion (Alma Ata 1978; Ottawa Charter 1986) and we reaffirmed with more recent declarations like the Rio Political Declaration of the Social Determinants of Health 2011) that concern the factors underpinning health patterns in societies. These documents are outcomes of the ongoing global project to understand how to prevent health problems and help people to maximise their health and wellbeing. The 1948 World Health Organization constitution outlines the following principles:

- *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*
- *The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*
- *The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.*
- *The achievement of any State in the promotion and protection of health is of value to all.*
- *Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.*
- *Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.*
- *The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.*
- *Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.*
- *Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.*

(from https://www.who.int/about/governance/constitution)

These fundamental principles are shared with the goals of prevention which are central to public health action.

### Recommended reflection

You can read the full report here:

- Public Health Association Australia 2022, *Public Health in Victoria: Ten Successes to Guide a Healthier Future*, Melbourne: PHAA Victoria Branch, 2022.

After reviewing this list, reflect on the following question:

What impact have these successes in public health had on your experience of health and the health of your families, communities and your country?

Record your reflection in the following padlet

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## 2023 PHE5PUH T2 Week 1, Topic 2: Successes in public health

Reflect: What impact have the outlined successes in public health had on your experience of health and the health of your families, communities and your country?

⋮

Smoking

🔴 Priyanka Chahal 16d
Smoking

I am from India.One of my friend smoke 10 times a day and he passed away at the age of 18 due to lung cancer.My another friend is

Made with :Padlet

# Public health and occupational health

The fields of occupational health and safety (OHS) and public health are perhaps thought of by some as separate; however, these two fields are closely interconnected. Work forms a significant part of many people's lives, and can affect many aspects of people's lives, and workplaces in turn provide opportunities to address public health problems. The reading by Quinn (2003), while quite old now, nicely explains how the separation came about and the benefit of addressing both OHS and public health when attempting to improve health.

The reading by Ellis (2012) builds on this and describes how work has been consistently identified as an important determinant of health in the field of health promotion. The chapter goes on to explain levels of prevention and the scope of occupational health. Importantly, the chapter discusses that occupational health has often been neglected, in favour of occupational safety, although this is changing as there is recognition of the value of workplaces in addressing broader public health issues, such as chronic disease. Also important is recognition of the multifactorial nature of many disease and illness, necessitating that OHS and health promotion activities be combined. Finally, the chapter introduces a simple model of workplace health promotion, illustrating the multifactorial influences on health outcomes, along with an introduction to different sources of occupational health expertise that will be help you understand how different practitioners and professions can contribute to both OHS and public health.

## Work and health [42:50 mins]

Watch the below video from Dr Rwth Stuckey on work and health in public health.

[Transcript]

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### Required reading

The following readings will expand on and reinforce your understanding about the history and evolution of public health.

- Chapter 2: 'The History of Public Health' in Baum, F 2016, *The new public health*, 4th edn, Oxford University Press, South Melbourne.
- Chapter 3: 'The New Public Health Evolves' in Baum, F 2016, *The new public health*, 4th edn, Oxford University Press, South Melbourne.

This reading by Quinn (2003) provides an explanation of why occupational health and safety (OHS) and public health have become separated, but stresses the importance of their integration. After reading this chapter, you should understand the importance and relevance of OHS to public health, and vice versa.

- Quinn, MM 2003, 'Occupational health, public health, worker health', *American Journal of Public Health*, vol. 93, no. 4.

Ellis (2012) outlines important ideas which underpin the practice of occupational health through consideration of key definitions. Differences to safety science are emphasised. The scope of contemporary occupational health services is discussed, and an integrated model in which OHS and workplace health promotion come together to improve health is presented. After reading this chapter, you should understand the importance of taking a holistic view of the factors that contribute to health and the importance of the workplace as both a determinant of health and a potential avenue of intervention.

- Ellis, N 2012, 'Global concept: Health', in Health and Safety Professionals Alliance, ed., *Core body of knowledge for the generalist OHS professional*, Safety Institute of Australia.

### Recommended reading

- The 10 essential public health operation, WHO Europe.

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### Recommended activity: Create a timeline

In this discussion you will identify different types of inequality in each of the three domains explored in this topic: access; opportunity; impacts and outcomes.

**Your task**

1. Create a timeline of the history and development of public health incorporating key historical events in public health, charters and declarations and the top 20 public health successes.

2. Reflect on and evaluate how these historical touchpoints have led to the role public health plays today.

3. Post your response to the padlet below.

4. At the end of the week, review your classmates' responses.

**Guidelines**

- This activity is not graded but is an essential part of your learning. Your submission will be reviewed by your tutor, though you may not receive specific feedback.

- You should spend 20–30 minutes on this activity.

- Complete this activity by Thursday before 12:00 midday (AEST).

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## 2023 PHE5PUH T2 Week 1, Topic 2: Create a timeline

Create a timeline of the history and development of public health incorporating key historical events in public health, charters and declarations and the top 20 public health successes. Reflect on and evaluate how these historical touch-points have led to the role public health plays today.

⋮

Empty

Soraya Burrows
(she/they) 24d

Brief Reflective Timeline

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