FROM PROBLEMS TO OPPORTUNITIES A SHIFT NEEDED FOR PUBLIC HEALTH

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ABSTRACT

Public health has in the past been a problem orientated discipline which has devoted its energies mainly to defining, prioritizing and trying to solve problems. This means paying attention to the short-term. If we examine the rises and falls of public health as a discipline with its successes and failures in gaining health, and if we compare public health with successful organisations, the need for changing the emphasis from problems to opportunities becomes apparent. In this endeavour for the future, strategic thinking and policy analysis seem appropriate new tools for public health professionals. The economic crisis and the weakness of the welfare state are presented as major opportunities for public health to achieve health gain in Europe.

THREE WAVES

If we look at public health history, its oscillating nature becomes apparent. The public and political trust in public health's ability to appropriately deal with health needs follow a non linear pattern (Ashton, 1993). In fact, we could identify three waves of public health leadership, the first one being the sanitary movement in the second half of the nineteenth century, the second the hygienist period around the twenties in this century and the new public health, the third and the most recent upward trend, which started at the end of the seventies with both the publication of the Lalonde report and the starting by the WHO of the Health for All strategy (Lalonde 1974, WHO 1978).

These three waves were produced when public health showed politicians and the public the competitive advantage of community approaches to dealing with health problems. On the other hand, the falls were produced by an increased expectation of the individual approach of clinical medicine, which replaced public health in gaining the public trust, so the germ theory won over the sanitary movement and the therapeutic era won over the hygienist period. The third wave was produced by the criticism of the effectiveness of medical care made by Thomas McKeown, Archiblad Cochrane and others, during the seventies (Álvarez-Dardet 1993, McKeown 1976, Cochrane 1972). Some authors have recently pointed out that molecular biology could take the lead in the future and receive the heritage of germs and antibiotics and reverse the trend producing the end of the new public health (Loomis, 1990).

Looking at these patterns from the perspective of public health as an organization in a competitive environment with others (mainly clinical medicine) a conclusion could be drawn.

> "Public health has been successful in taking advantage when the environment offered sufficient room for its developments but has had no control of the environment in the medium and long term".

This hypothesis could explain how in the interim periods public health as a scientific discipline and as an organization suffered severe damage which even affected its deeper identity (e.g. The names for public health have changed a lot in the last 150 years).

A PROBLEM ORIENTATED DISCIPLINE

The reasons for such as oscillating development could be found in the very nature of public health as a problem orientated discipline. Public Health has always dealt with surveillance, detection, prioritization and problem solving. And that means short term strategies, with narrow objectives, time limited and of a static nature.

Problems come and go. People worry about problems insofar as they exist and as long as greater ones do not arise to take their place. We know, and the public health practitioners have been historically aware of this fact, that there are two basic ways of dealing with problems, one way is the easier one and is just to respond to the symptoms. The other, which usually has more difficulties because of its complexities, is dealing with the underlying issues (Duhl 1986). Both approaches have a different rationale behind them. The short-term symptoms-orientated one, requires the classic resources in public health, that is: knowledge, technology, authority, money, power and time. If you have all the resources at the right time using this approach a great amount of credit could be obtained, but it is always limited on a time scale. A golden age can be created and enjoyed but the problem will evolve in the future, or somewhere else as Nancy Milio says "Only policies can perpetuate the effects: projects can create oases of Health but only policies can distribute and equalize the benefits" (Milio 1991).

The long-term approach, which has been underdeveloped until now, is orientated towards the application of the existing accumulated knowledge when opportunities appear and, based on the advantages obtained from past opportunities used to create new ones. This approach based on opportunities permits a higher degree of environmental control. To achieve this, public health needs new kinds of professional resources to understand the complexity of the underlying causes and try to modify them by adapting every action to a dynamic process. This means not a move from biological and medical sciences to social and strategic thinking, but an incorporation of the latter in our professional tools.

The case-mix of our current health problems is a logical consequence of the historic predominace of short term thinking over the long term approach. We face new problems like AIDS or the ageing population but also we face old ones such as cholera or diphtheria to avoid which we have for many years had sufficient knowledge and technology.

TURNING ON THE LIGHTS IN THE BLACK BOXES

According to Nancy Milio's model, policies (public or corporate) are of paramount importance for health, the range of individual behaviours is determined by public and corporate policies which have among them a hierarchical relationship ranging from local to global settings (Milio 1981).

In spite of their enormous importance for health, policies scarcely attract the interest of health-scientists. In fact a "black box" kind of mechanism is assumed. The public health literature is mainly concerned with description and prescription. 'More exercise', 'do not eat fat', 'do not smoke' and 'reduce inequalities in health' are good examples of the classical public health literature, concerned about "what" should be done, but elusive about "how" these things could be achieved.

Policy analysis could be an interesting tool for exploring opportunities for health gain in the public and the private sectors. Sadly, the amount of work done is still scant and mainly devoted to health services while the vast potential for health gain lies outside them.

Once the lights have been turned on by policy analysis we will need strategic thinking to select critical points for intervention. From the formulation, at the end of the seventies, of the concept of intersectorality applied to health matters until now a lot of wishful thinking has been formulated and some changes in the political rhetoric have really occurred. We have good examples of the so-called "policy documents" but we are lacking in real changes in policies, and there is not enough documentation about true stories useful to those trying to apply the health policy for Europe in their own region. Perhaps one of the most important tasks for this Regions for Health Network is supplying information mainly as case studies useful for action at the regional level. Otherwise we will have people continually reinventing the wheel throughout the whole of Europe.

OPPORTUNITIES FOR HEALTH GAIN IN EUROPE

Some economic and social trends affecting Europe could be considered as opportunities for health gain, if the health professionals take advantage of the situation: the most important one is the *economic crisis* which makes apparent the need for a more efficient use of public services including health services. Public health has had a long history of being against the introduction into routine practice of clinical procedures without a formal evaluation based on sound scientific standards. Many authors from René Dubois to Archibald Cochrane spread widely the idea of the lack of effectiveness of huge amounts of money spent in health services. The idea is well expressed by the following quotation from Cochrane's book *Effectiveness and Efficiency, Random Reflections on Health Services*.

> "I once asked a worker at a crematorium, who had a curiouly contented look on his face, what he found so satisfying about his work. He replied that what fascinated him was the way in which so much went in and so little came out. I thought of advising him to get a job in the National Health Service" (Pg. 12).

But these admonitions of the last twenty years have had a limited impact on the behaviour of scientists, and in health services policies (Álvarez-Dardet 1993). Medical power has resisted all over the world the classification of medical procedures into categories according to their effectiveness. Nevertheless in a context of economic crisis with an enormous pressure to reduce public expenditure the effectiveness of the procedures could be introduced more easily into the political agenda as a cut-off point for reducing expenditure.

Another trend which will offer important opportunities for health gain especially in Europe is the political *pressure against the welfare state* kind of public services. The potential, and eventually the realities of health gains outside the health sector could be considered as potentially important added value to public policies. Some politicians from non health sectors, like transport and agriculture, have started to understand the concept of Healthy Public Policies and use it as a political argument.

More opportunities could be identified: recently a list which includes the ones selected in this paper has been published (Ziglio 1993). But a lot of work is still needed, specially in developing methodologies for opportunities identification at the regional and local level. Perhaps this could be another task for the Regions for Health Network.

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