

Who Needs Public Health – Or Even Understands It?

John Scott

Five stages in the history of Public Health

- Health Protection
- Preventive Medicine
- Health Education
- Healthy Public Policy
- Community Empowerment

D'Arcy Holman

Are our tools sharp, are they safe, do we have a plan?

Health Protection

- ***Enforced regulation of human behaviour to protect the health of the individual and fellow human beings***
- Clean air, occupational health and safety, transport, food, hazardous substances, dangerous animals, firearms, sports, fluoridation, immunisation, smoking, sexual health, infectious diseases etc
- A “bedrock” approach
- Plethora of custodians – not Health, State v C’wealth etc
- Risk of message being lost in process
- Often a power struggle with commercial interests
- Civil libertarians (and often the public) see “State control”
- Regulators portrayed as supporting vested interests
- A pawn in a broader game
- “Bungling Bureaucrats”
- A case – Food Regulation

Preventive Medicine

- ***Advances in scientific knowledge about causation and natural history of disease should enable discrete medical interventions to prevent onset or stall progress of illness and disease***
- Immunisation, smoking cessation, dietary deficiencies, control of specific diseases, isolation, antibiotics, screening of populations, minimising complications of disease eg diabetes
- Only rarely allied with health protection eg immunisation
- Appropriate education an important co-strategy if effectively managed and resourced
- Integral part of properly practised primary health care
- Needs proper evaluation and pilot before introduction
- “Feels good” and is difficult to criticise – “neat things for neat people”
- Must be properly targeted for equity and effectiveness vs “vested interest control”
- A case - Breast screening

Health Education

- ***Provision of learning experiences that facilitate voluntary adaptations of behaviour conducive to health***
- Smoking, good nutrition, physical activity, oral health
- Initially to remove ignorance, now “encourages attitudes”
- Becoming personal choice vs personal responsibility
- Social marketing introduced in 1970’s as well as health behaviour change
- Applied collectively or individually
- “Victim blaming” vs structural causes – “Just say ‘no’”
- Structural and behavioural = Health Promotion??
- Widens the “haves-have nots” gap
- Politically attractive – no need to explicitly pursue comprehensive policies
- A case – Bouncing Chairs and physical activity

Do not drop cigarette ends
on the floor, as they burn the
hands and knees
of customers as they leave.

NOTICE-PUBLIC BAR

OUR PUBLIC BAR IS PRESENTLY
NOT OPEN BECAUSE IT IS
CLOSED. MANAGER

Healthy Public Policy

- ***Seeks to create a social, economic and physical environment that assists and encourages people to voluntarily make healthy choices - “Healthy choice the easy choice”?***
- Unemployment programmes, minimum wages, SEAL, remote stores
- Developed from welfare state theory and practice but “wandered” into urban planning and intersectoral action
- Promoted by the Ottawa Charter
- Two central themes – “health is everybody’s business” and “responsibility for change largely with the system” so requires collective investment but individual choice
- Can be costly, can be slow
- Requires “brave” policy makers – are winners and losers
- A “nanny state”
- Promotes “system blaming” and emotive headlines
- Needs follow-through from policy to implementation/evaluation and must be “joined up”
- A case – needle and syringe programmes

Community Empowerment

- ***Aims to improve the capacity of a community, or individuals in a community, to identify, respond to and resolve their problems***
- Involves community development, social action and social planning – “strengthen community action, develop personal skills”
- Can lack “expert” input or “accountability”
- Can be hijacked by local self-interest eg service providers
- Can create local friction or conflict with elected leadership eg local government
- Can lack consistent direction and commitment
- Can be seen as meddling by supporters/funders
- May not attract disadvantaged groups
- A few cases – community development experiences

The message...

- We work in a divided discipline with little (perhaps developing) cross-strategy understanding or respect and with no clear, effective voice
- We work with a large number of partners, many of who don't know our issues or see them as their core business
- We are often involved in power plays with vested interests, many of who are better resourced than us
- We can be seen as controlling at best, bungling at worst
- We can spend a lot of money often without a clear link to individuals with a health problem
- Some of our strategies have long lead times and may appear as wasteful of time and resources
- We can appear as indecisive apologists for people who can't make their own decisions
- Our business can require us to be critical of those who employ us and we may have to tell them they need to risk losing their jobs to do what we suggest
- Our business may risk dividing communities and separating families

CAUTION

**THIS SIGN HAS
SHARP EDGES**

DO NOT TOUCH THE EDGES OF THIS SIGN



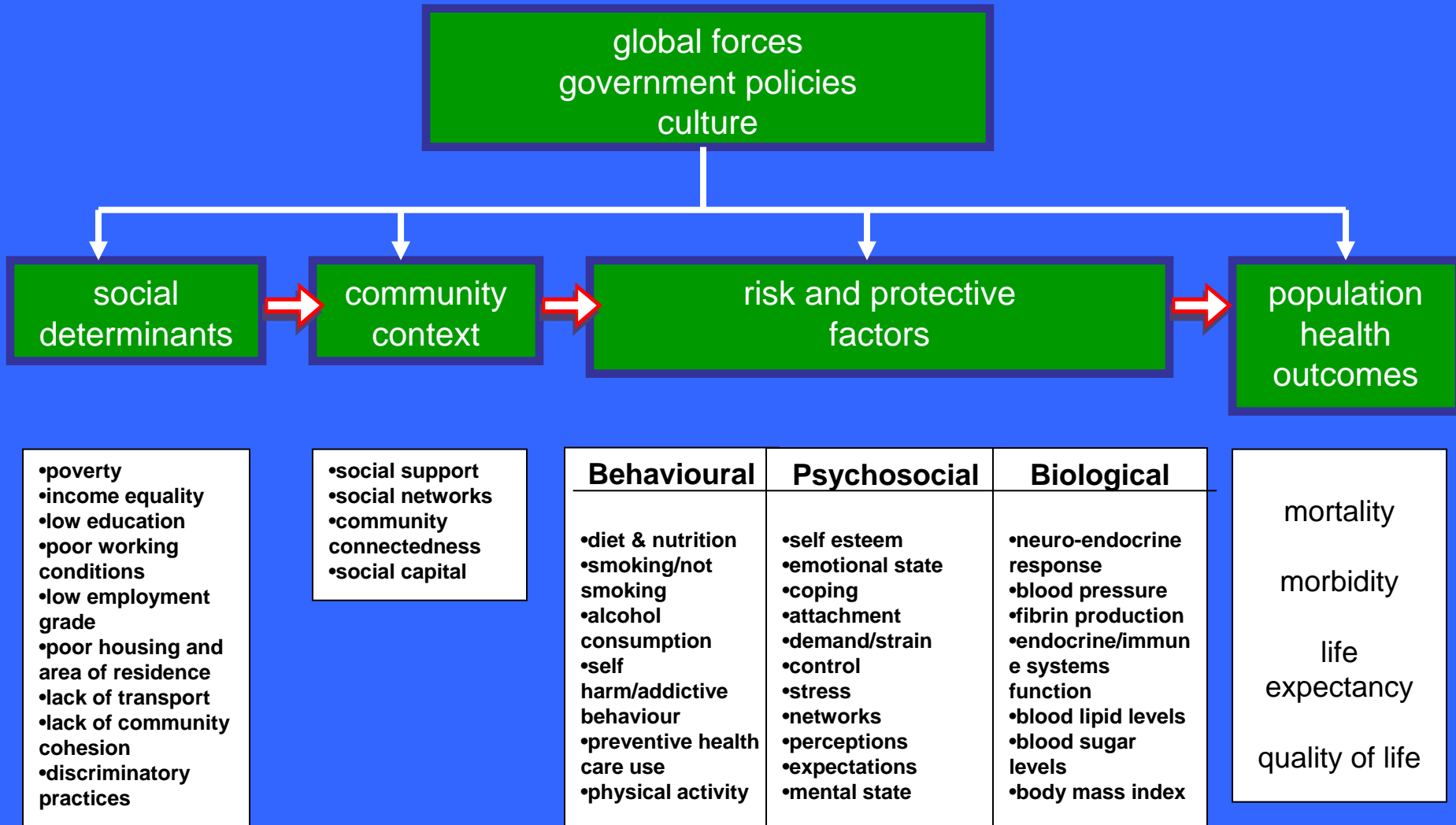
ALSO, THE BRIDGE IS OUT AHEAD



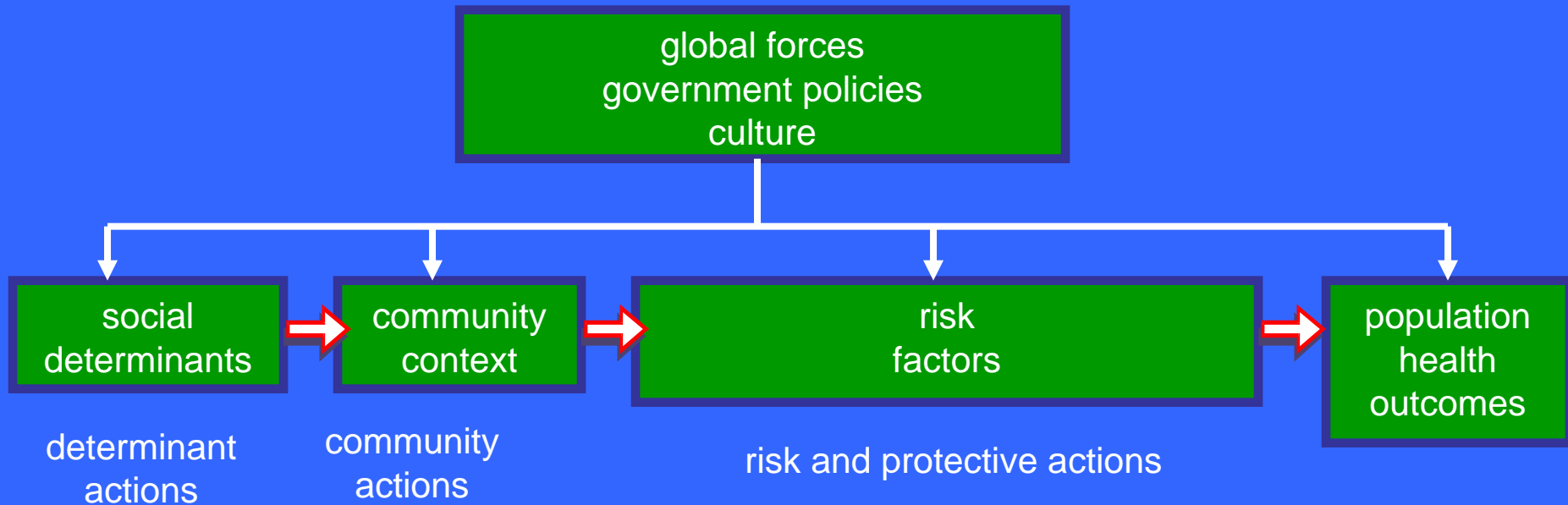
What's In A Name? We Know Who We Are, Don't We

- **Disease control services** – preventive medicine, health education, healthy public policy, community empowerment
- **Preventive health services** – preventive medicine and health education
- **Health promotion** – structural and behavioural approaches to health education, healthy public policy....., community empowerment....ah, you know what I mean
- **Social and preventive medicine** – preventive medicine and healthy public policy
- **Community development** – community empowerment and healthy public policy
- **Primary health care** – community empowerment, healthy public policy, health education, preventive medicine plus clinical services
- **Prevention/promotion** – all of the above?
- **Population health** – an organised and fully integrated application of all effective knowledge and skills by society to the advancement of its health, utilising the comprehensive range of traditional and developing modalities – been trying to get this one up for ten years!!

The issues for advancing health are so simple....



And the actions are so simple...



SYSTEM ACTIONS

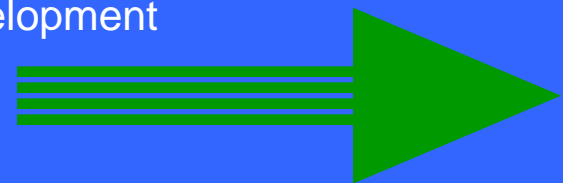
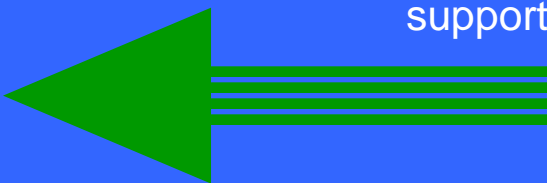
advocacy

whole of government interventions

partnership approaches

monitoring and surveillance

supporting community capacity development



The message...

- We are working on a huge range of issues with an immense range of causes and determinants, often with little apparent connection to the problem, many with long timeframes for delivering solutions, usually for people who only have three or four years for an outcome
- We need our sphere of influence to range from national government and global forces to population-level attitudes and beliefs, to people's most private activities, and sometimes into their mother's womb
- We need to be absolutely clear and articulate as to why we do what we do, what we require of our partners, and what we will deliver when
- We need to "Keep It Simple"
- We need to "Say it and stop"
- We need to DELIVER

A case: Building Community Capacity

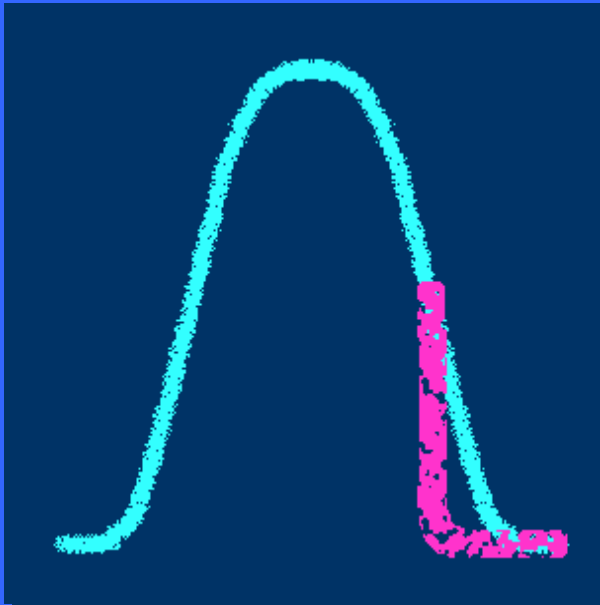
Community Capacity:

the quantum of resources or capital which, when combined, improve the ability of a community to recognise, assess and take action to address key issues. Made up of a variety of types of capital:

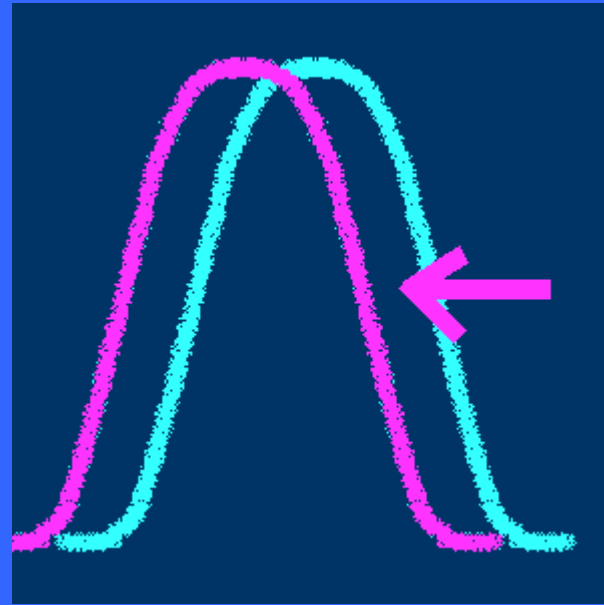
- financial capital
- human capital
- social capital
- physical capital
- environmental capital

Apply this to the health of Indigenous people in remote communities

Will we take a high risk approach or a population approach....



Truncate high risk end of exposure distribution (e.g. organise an obesity clinic). **Clinical approach to disease prevention.**



Reduce a small amount of risk in a large number of people (e.g. reduce fat a little in fast-food outlets). **Lifestyle change plus environmental approach.**

Relevant to our current approach to the health of Indigenous people in remote communities?

Characteristics of each approach

High risk:

- Easier to contain costs and scope
- Easier to apply the strategies one-to-one
- Suits clinical service delivery
- Often relatively immediate outcomes
- Suits pharmaceutical companies etc
- Easier to launch and then becomes other people's problem
- Attractive to more powerful lobbies

Population:

- Larger population and scope
- Often requires population-level strategies
- Requires population-level service expertise
- More likely to deliver long-term
- More likely to require lifestyle change rather than therapeutic intervention
- Usually policy-based and government supported so stays with government
- More likely to take power from powerful lobbies

Decision makers in population approaches:

- Ministers' offices – Commonwealth and State
- Prime Minister's and Premier's offices
- Treasury officials
- Productivity Commission and other “government” efficiency experts
- Content experts convened by governments
- Health and other Departmental CEO's (AHMAC)
- National level bodies convened for a purpose eg NPHP, SCATSI, ANCD
- Finance and planning areas in Departments
- Vested interest lobby groups
- Service delivery or local level services eg local government

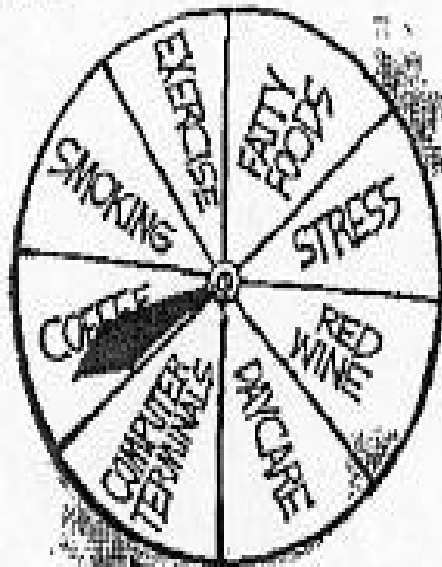
Usually with differing perspectives on most topics

Fortunately the decision-making science is relatively simple

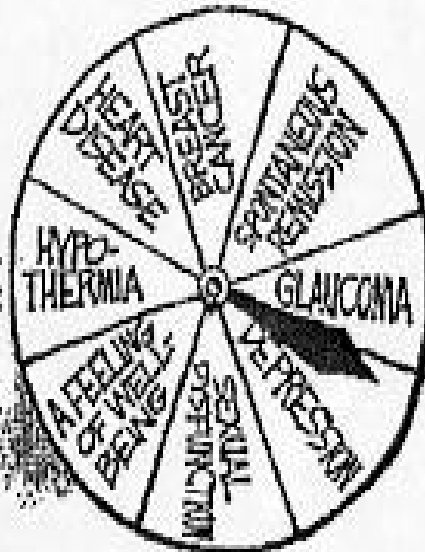
Today's Random Medical News

from the New England
Journal of
Panic-Inducing
Gobbledygook

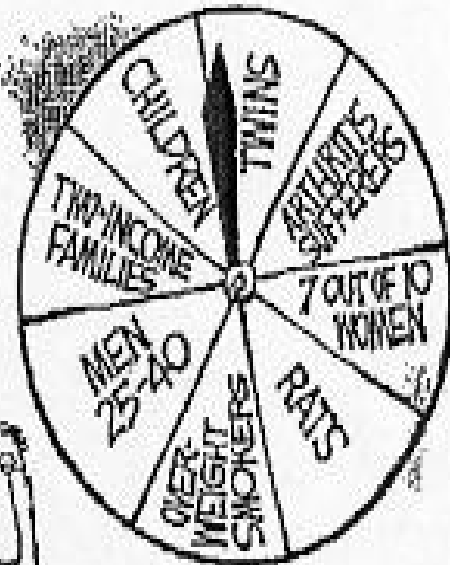
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CAN CAUSE



IN



ACCORDING TO A
REPORT RELEASED
TODAY...

NEWS

This is what politicians are responding to.....so the message is

- Decide if you want to work with one voice
- If yes, decide who or what that will be
- Identify your key issues and messages
- Identify your key contacts and influencers
- Decide how you want to manage relationships in the discipline
- Decide how you want to advocate for the issues and the solutions
- Take no prisoners – you have nothing to lose



Public
Health
Department

Or Do You?



Thank You