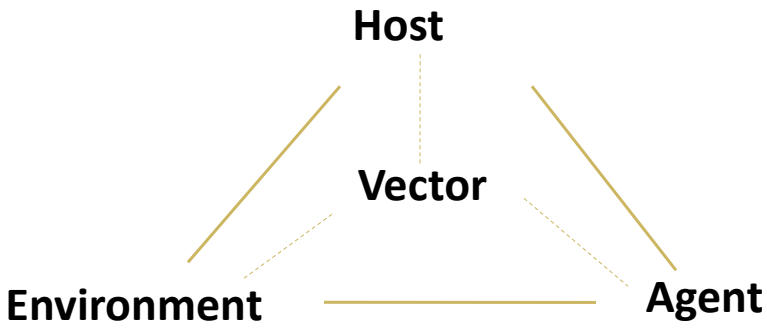
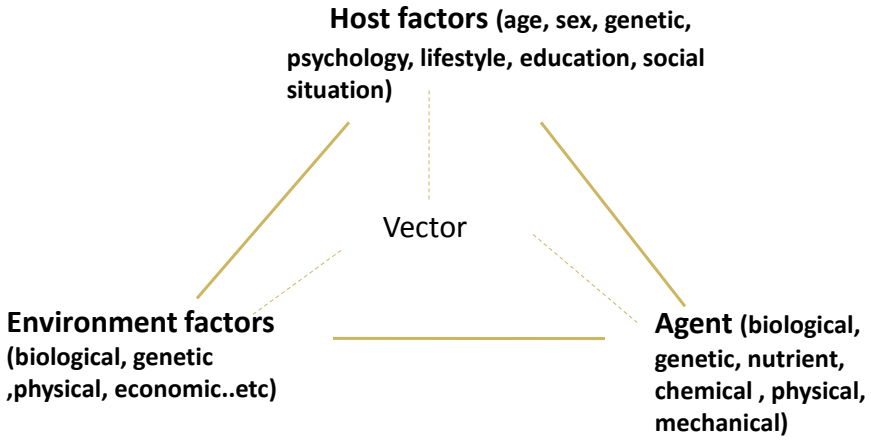
Expanding the concept of Public Health

Host-agent-environment paradigm



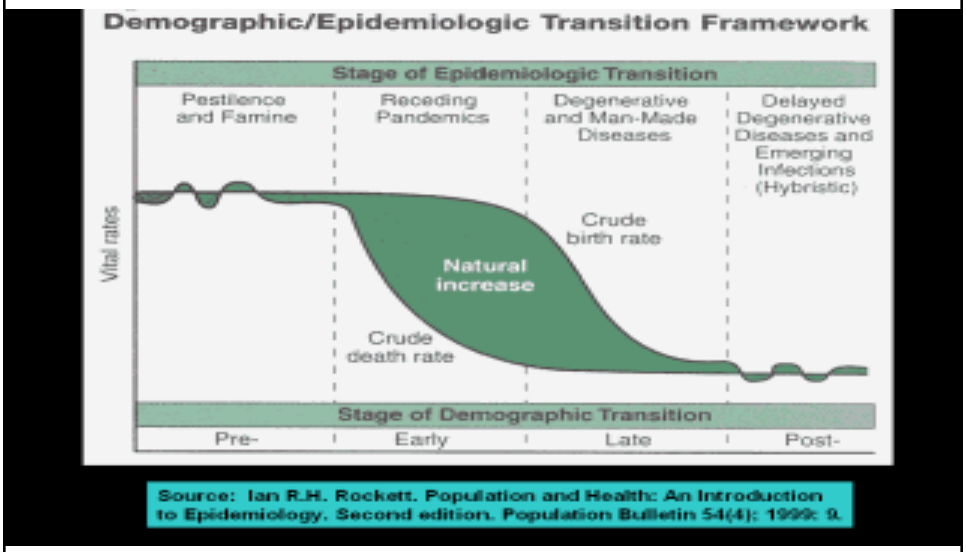
Joins together the Miasma and germ theories of disease causation

Expanded Host-agent-environment paradigm



Public Health has evolved as a multidisciplinary field that includes the use of basic and applied science , education, the social sciences, economics, management, and communication skills to promote the welfare of the individual and the community.

Epidemiologic transition



Epidemiologic transition

Past

Deficiency diseases
Infectious diseases

Short latent period,single cause

→

Present

Chronic diseases
Cancer, CVD,diabetes

long latent period, multiple causes

Demographic transition

3 stages:

From

High stable stationary stage: stable high birth and death rates.

Through

Transitional stage: sustained birth rates and falling death rates – population increases

To

Low stable stationary stage: low birth and death rates

Epidemiological transition

From: stable high birth and death rates

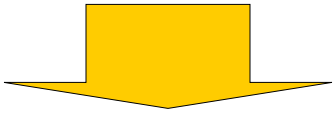
Communicable diseases- median age at death: low- easly preventable, cheap to treat

To: Low birth and death rates

Degenerative and ”man-made” diseases. Median age at death: high. Difficult to prevent (age at death closer to ”biological maximum” and expensive to treat.

Epidemiologic transition

- **Countries where large differences in S-E status: different strata of the population are actually simultaneously at 2 different stages of the demographic and epidemiological transitions!**



- **Fight at two fronts: Cheap –to-prevent/treat communicable diseases (of children) vs. Expensive to prevent/treat degenerative diseases of elderly.**

Challenges to Public Health

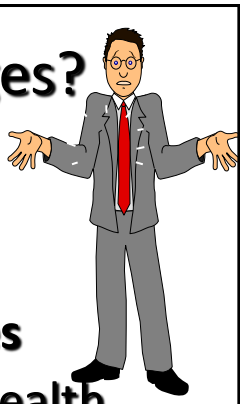
What are the Challenges ?

Think ahead and not backwards.

Let's prevent the next health "crisis"

And NOT just plan to combat the last one

What are the Challenges?



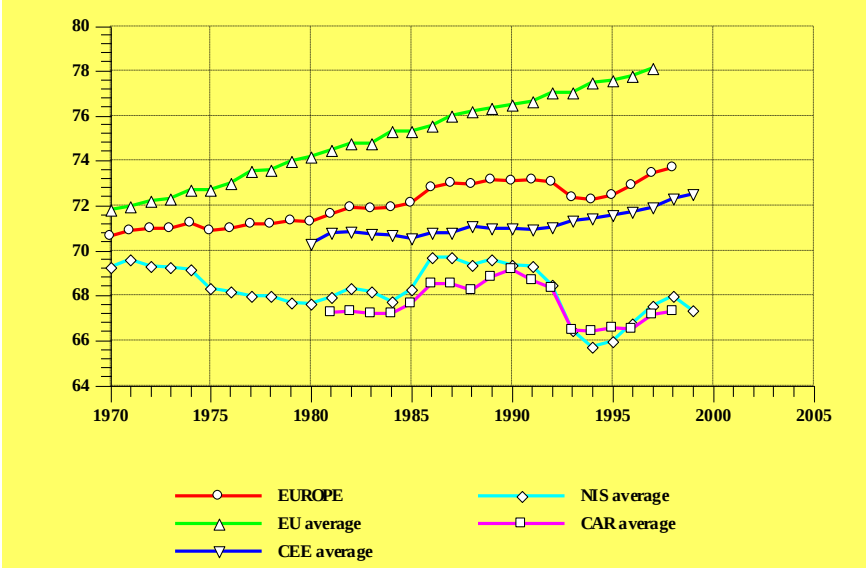
Poverty:

Social & Health Inequalities

How do we handle the public health effects of poverty and

especially the health implications of the growing gap between the HAVES and HAVE-NOTS?

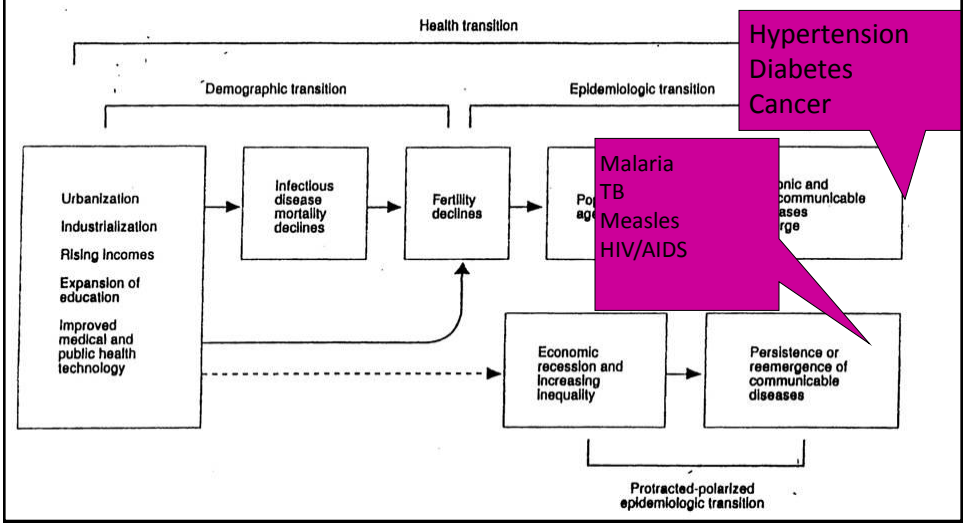
Life Expectancy at Birth, in Years

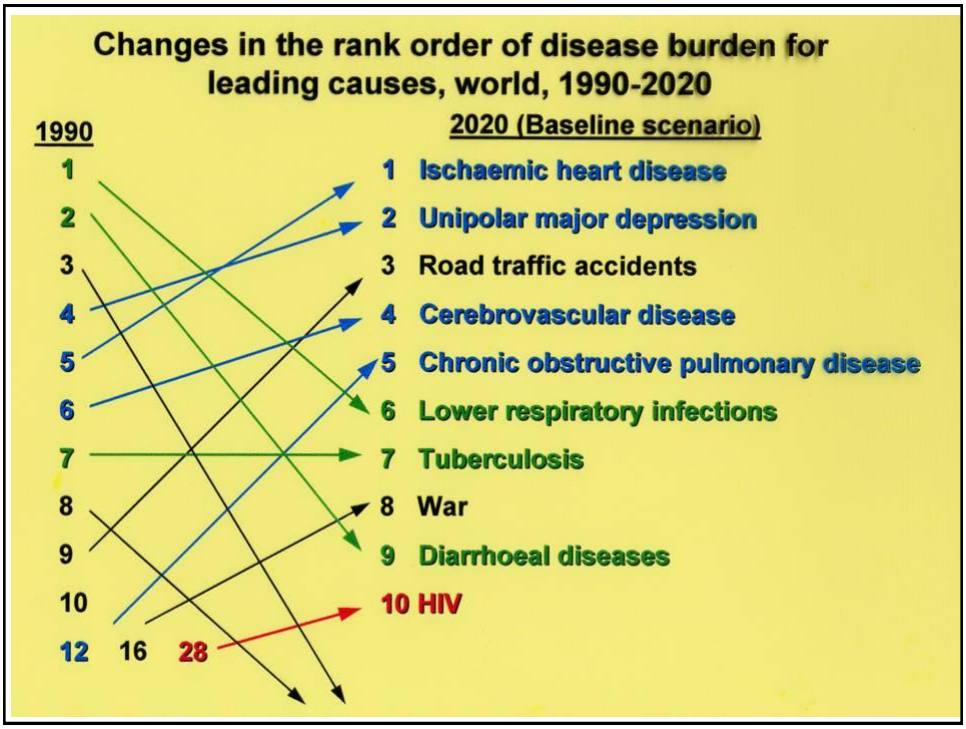


What are the Challenges ?

How to Handle the Changing Communicable Disease/ Chronic Disease Mix ?

Relationships Among Demographic, Epidemiologic and Health Transitions





What are the Challenges ?

Move from treatment to promotion and prevention

and

from hospital to community

What are the Challenges ?

The epidemics of the new century:

- Violence
- Accidents
- **HIV / AIDS (& TB)**

What are the Challenges ?

The epidemics of the new century:

- Violence
- Accidents

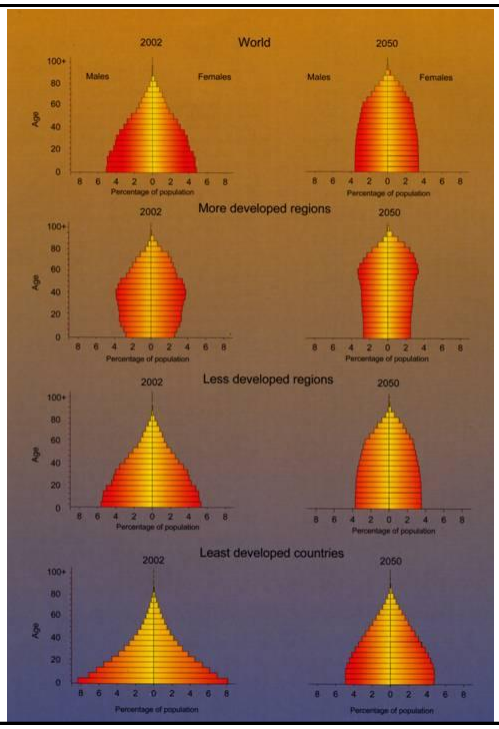
- HIV / AIDS (& TB)
- Lifestyle aberrations (alcohol, .drugs)

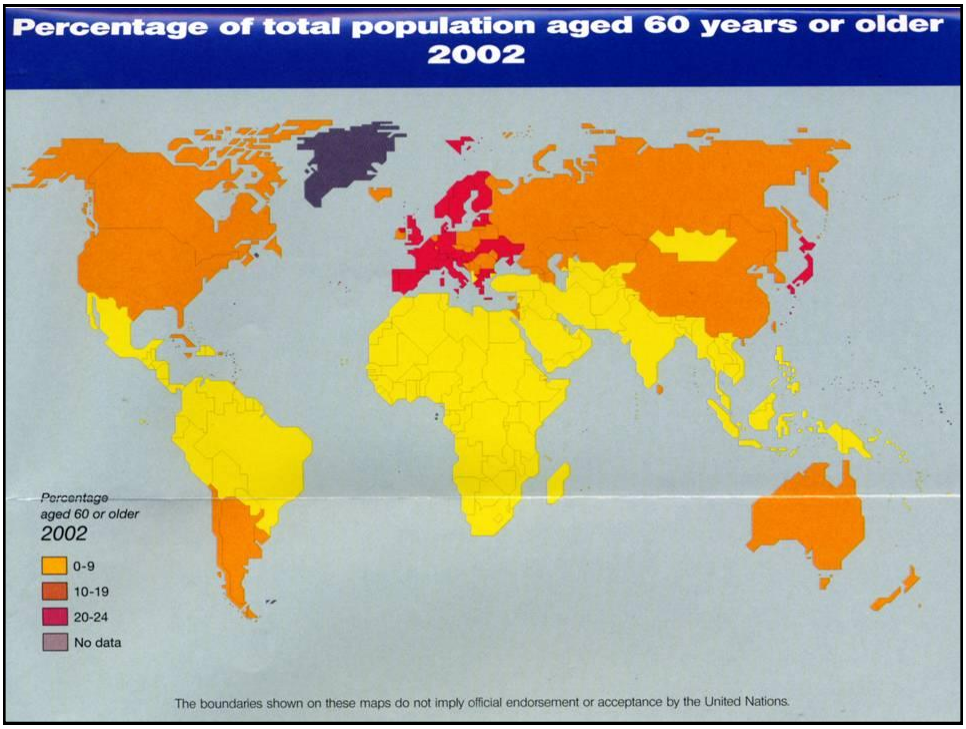
- Environmental hazards

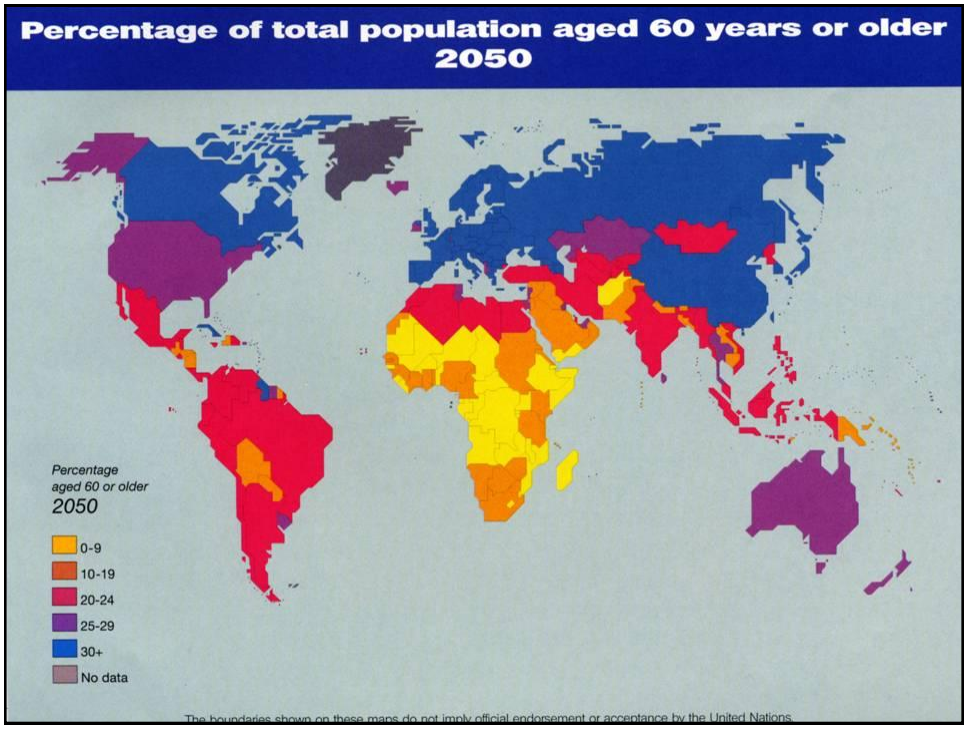
What are the Challenges ?

The Next "Explosions"

Aging/Population Growth


2002
World
2050
Males
Females
Age
Percentage of population
More developed regions
Less developed regions
Least developed countries


Percentage of total population aged 60 years or older
2002
Percentage aged 60 or older
2002
0-9
10-19
20-24
No data
The boundaries shown on these maps do not imply official endorsement or acceptance by the United Nations.



What are the Challenges ?

The Relative Role of Public Health

- Intersectoral responsibility & collaboration
- Equal access to quality primary health care and health care in general
- Resources - quantity, allocation and utilization

What are the Challenges ?

Globalisation

What are the Challenges ?

GLOBALISATION

Various interrelated processes of global interconnectedness

1. Economic globalization

2. Rise of deregulated markets in international trade and investment

McMichael & Beaglehole, Lancet August 2000

What are the Challenges ?

GLOBALISATION

Various interrelated processes of global interconnectedness

3. Technological globalisation

4. Cultural globalisation (US & English language domination)

McMichael & Beaglehole, Lancet August 2000

A web of trade, investment, diplomacy, grassroots action, and telecommunications is forging a global village from which our sense of commitment to the other half is strengthened"

Yach & Bettcher, AJPH 1998

Globalization and liberalization are a fast, new express train and countries have been told that all they need to do was to get on board…… Those that fail to get aboard will find themselves marginalised in the world community and in the world economy"

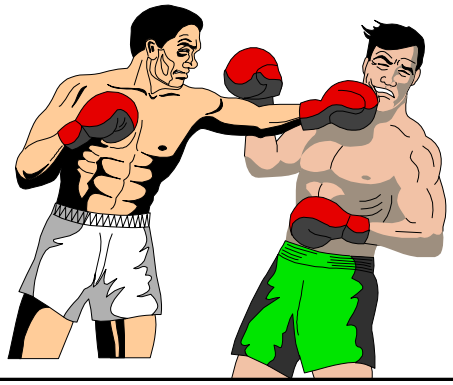
Yach & Bettcher, AJPH 1998

Globalisation is good for your health, mostly

Feacham, BMJ, Sept. 2001

The struggle for public health and against economic globalisation go hand in hand

Woodcock, BMJ, Sept. 2001



Globalization - the Results

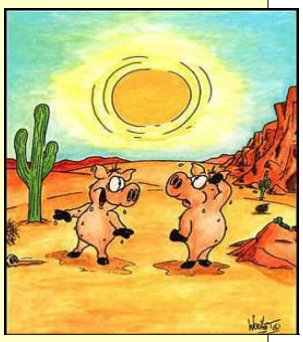
GNP

- GNP rises and this is associated with better health
- Cultural globalization may be positive eg foot binding, female circumcision
- Positive effects of Internet communication on health

Feacham, BMJ Sept 2001

Globalization - the Results

- Job insecurity leading to unemployment
- Global environmental their consequences



McMichael & Beaglehole, Lancet August 2000

Globalization - the Results

- Tobacco industry globalizes the market / rise in smoking related diseases

- Patent rights limiting availability of technologies to poor
- Diseases of dietary excesses with marketing of "images"
- Widespread rise in urban obesity

Globalization - the Results

- Expansion of international drug trade
- World-wide travel & spread of infectious diseases
- Increasing prevalence of depression & mental disorders in aging & socially fragmented urban society

McMichael & Beaglehole, Lancet August 2000

EQUITY IN HEALTH

A fair chance for all

TARGET 1
Equity in Health

By the year 2000, the actual differences in health status between countries and between groups within countries should be reduced by at least 25%, by improving the level of health of disadvantaged nations and groups.

Why is equity in health so important?

- **There is consistent evidence that disadvantaged groups have poorer survival chances.**
- **There are great differences in the experience of illness. Disadvantaged groups not only suffer a heavier burden of illness than others but also experience the onset of chronic illness and disability at younger ages.**
- **Economic point of view: can any country afford to have the talent and performance of sizeable sections of the population stunted to such an extent?**

What are the differences between:

- **Health Disparities**
- **Health Inequities**
- **Health Equity**
- **Social Determinants Of Health**

Health Disparities

- Differences in the incidence and prevalence of health conditions and health status between groups, based on:
  - Race/ethnicity
  - Socioeconomic status
  - Sexual orientation
  - Gender
  - Disability status
  - Geographic location
  - Combination of these

Health Inequities

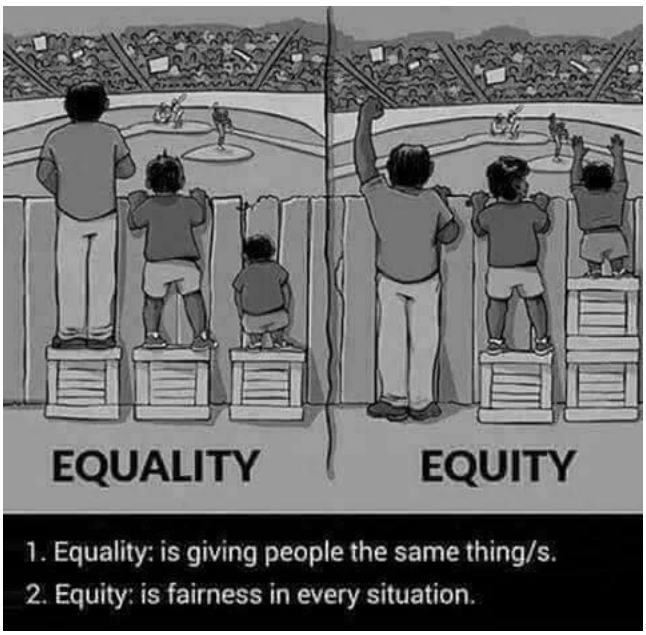
- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
  - Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
  - Unequal employment opportunities and pay/income
  - Discrimination based upon social status/other factors

Reference: Whitehead M. et al

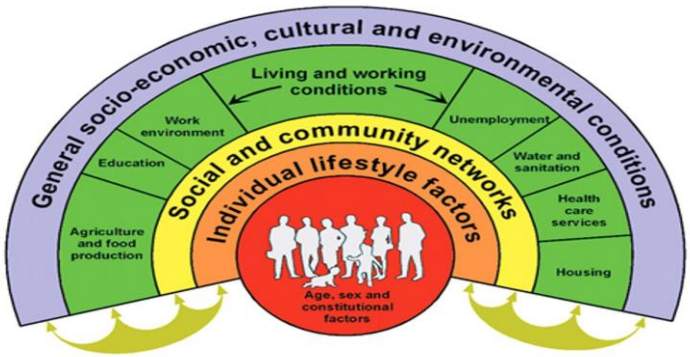
Health Equity

- The opportunity for everyone to attain his or her full health potential
- No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance.
- Distinct from health equality

Reference: Whitehead M. et al



Social Determinant Of Health

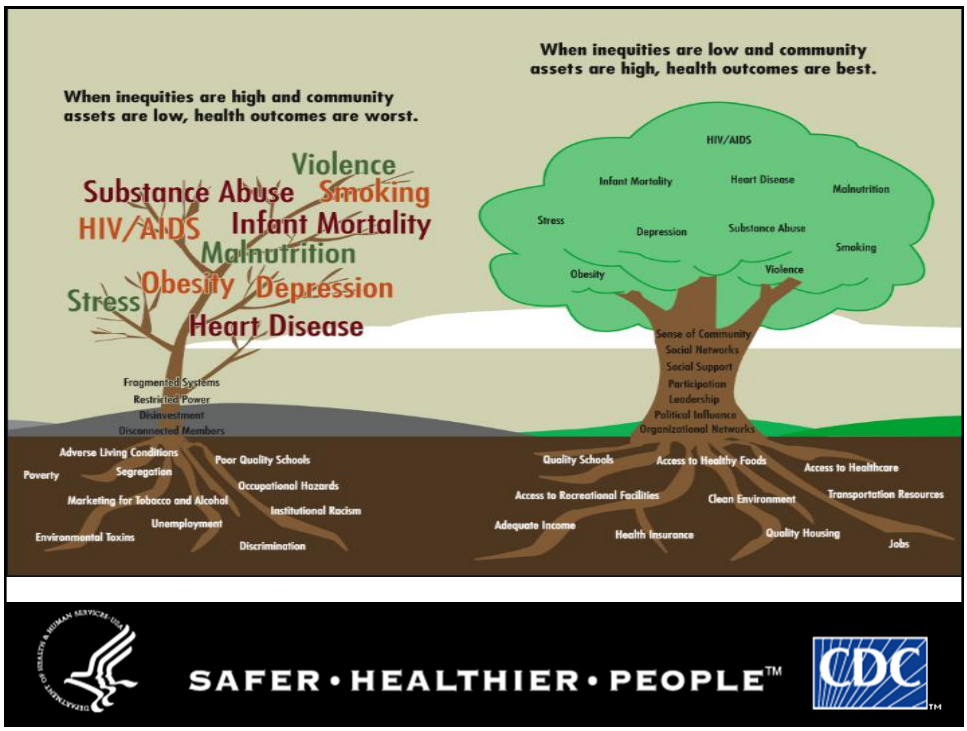


Social Determinants of Health

- Economic relationships
- Access to health care
- Access to resources
- Education
- Employment
- Environment
- Social relationships
- Income/Poverty
- Insurance Coverage
- Housing
- Racism/Discrimination
- Segregation
- Transportation
- Food supply

Comparison of Definitions

Health Disparities	Health Inequities	Health Equity	SDOH
Differences in the incidence and prevalence of health conditions and health status between groups based on: •Race/ethnicity •Socioeconomic status •Sexual orientation •Gender •Disability status •Geographic location •Combination of these	Systematic and unjust distribution of social, economic, and environmental conditions needed for health. •Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats) •Unequal employment opportunities and pay/income •Discrimination based upon social status/other factors	The opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance. •Equal access to quality education, healthcare, housing, transportation, other resources •Equitable pay/income •Equal opportunity for employment •Absence of discrimination based upon social status/other factors	Life-enhancing resources whose distribution across populations effectively determines length and quality of life. •Food supply •Housing •Economic relationships •Social relationships •Transportation •Education •Health Care



What does equity in health mean?

- ***The term ”inequity” has a moral and ethical dimension. It refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust. So, in order to describe a certain situation as inequitable, the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society.***

Inevitable or unacceptable?

So which health differences are inevitable (unavoidable) and which are unnecessary and unfair?

7 main determinants of health differentials can be identified.

1. Natural biological variation.

Human beings vary in health as they do in every other attribute.

Difference in health in different age groups

Differences in health between men and women

Inevitable or unacceptable?

So which health differences are inevitable (unavoidable) and which are unnecessary and unfair?

7 main determinants of health differentials can be identified.

Natural biological variation.

2. Health-damaging behaviour if freely chosen, such as participation in certain sports and pastimes.

3. The transient health advanatge of one group over another when that group is first to adopt a health-promoting behaviour (as long as other groups have the means to catch up fairly soon.

Inevitable or unacceptable?

So which health differences are inevitable (unavoidable) and which are unnecessary and unfair?

4. Health damaging behaviour where the degree of choice of lifestyles is severely restricted.

5. Exposure to unhealthy, stressful living and working conditions.

6. Inadequate access to essential health and other public services.

7. Natural selection or health related social mobility involving the tendency for sick people to move down the social scale.

Inevitable or unacceptable?

- The crucial test of whether the resulting health differences are considered unfair seems to depend to a great extent on whether people chose the situation which caused the ill health or whether it was mainly out of their direct control.

Inevitable or unacceptable?

- Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential, if it can be avoided

Equity in health care

Equal access to available care for equal need.

Equal entitlement to the avilable services for everyone.

A fair distribution throughout the country based on health care needs and ease of access in each geographical area.

Removal of other barriers to access.

Equity in health care

Equal utilization for equal need

Further study is needed to find out why the utilization rates are different.

But... Where use of services is restricted by social or economic disadvantage, there is a case for aiming for equal utilization rates for equal need.

Equity in health care

Equal quality of care for all

Very important in many societies that every person has an equal opportunity of being selected for attention through a fair procedure based on need rather than social influence.

Rehabilitation services – biased in favour of people with jobs.

Everyone can expect the same high standard of professional care.

Conclusion

- Equity does not mean that everyone should have the same health status or consume the same amount of health service resources.
- Developing practical policies to reduce inequity is essential.
- Solving problems of inequity cannot be achieved by one level of organization or one sector but has to take place at all levels and involve everyone as partners in health to meet the challenges of the future!

Closing the gap in a generation: Health equity through action on the social determinants of health

The Final Report of the WHO Commission on Social Determinants of Health

28 August 2008

World Health Organization

Commission on Social Determinants of Health

For further information

www.who.int/social_determinants

World Health Organization