

## **Public Health Challenges in the 21<sup>st</sup> Century**

Throughout the 20<sup>th</sup> century many achievements have been made in the area of Public Health (1, 2). Some examples include: Immunisations, control of many infectious diseases, decline in deaths from heart disease and stroke, safer and healthier foods, healthier mothers and babies, family planning, fluoridation, tobacco seen as a health hazard, motor-vehicle safety, workplace safety etc.

Nowadays, people in Europe live longer and lead healthier lifestyles than ever before. However, this does not give grounds for complacency. One in five citizens still dies at early age, often due to preventable disease, and there are disturbing inequalities in health status between social classes and across geographical areas.

Health systems in Europe are subject to a number of conflicting pressures. Health promotion and prevention is often not given political and economical priority compared to medical treatment. Demographic changes, new technologies and increased public expectations all create pressure. Urbanisation, structural reforms and the need for improving the efficiency and effectiveness of health systems will create other kinds of challenges for public health in the future.

### **Urbanisation and Public Health**

Urbanisation is an on-going process in the world today, having a profound impact on people's livelihood and health status. The globalisation of markets, increased use of communication and new information technologies are the driving forces behind this process. It is estimated that by 2025 about 60 percent of the world's population will live in urban centres. Migration and immigration thus have an impact on social inequalities in health. In Europe, where already 74 percent of the population live in urban areas, urbanisation still takes place and it is expected that the percentage of urban dwellers will rise to 83 percent by 2025. The continued growth of cities in Europe is partly due to rural-urban migration and partly due to an influx of migrants from the Third World. The latter

phenomenon adds to the multi-ethnic composition of the cities, which brings up migration and racism on the health agenda. The urbanisation process has also marked effects on the natural and cultural environment, on housing arrangements and social networks, as well as on work and employment patterns, not only in cities, but also in rural areas. Access to health care, social services and cultural activities are generally often better in the cities, but usually access is not evenly distributed among the population.

The most prominent feature of urbanisation and its relation to health is change in lifestyle, both in the urban and rural context. Changes in food habits, physical activity, work patterns, smoking and alcohol consumption cause transitions in patterns of disease and mortality. Shifts in social networks and living arrangements may lead to changes in mental health. Urbanisation seems to lead to greater inequalities among population groups in regard to distribution of risk factors to health, both within the urban areas as well as due to rural-urban differences.

These rapid processes of change represent a challenge to public health policy and services within health promotion and prevention. Public health policy and practice, therefore, should focus not only on factors causing disease and injuries (patogenesis), but also factors promoting health (salutogenesis) in the perspective of health promotion and prevention in different settings. Today's health care system has mainly focused on pathogenic (illness causing) factors as the basis for treatment. Tomorrow's society will most probably focus more on factors that strengthen health, namely the salutogenic (health causing) factors as described by Antonovsky (3). Examples of such arenas are local communities, hospitals, workplaces, schools, colleges and universities.

### **Health promotion and the way forward**

During the last 15 - 20 years a modern, international public health movement termed health promotion has emerged out of the historical need for a fundamental change in strategy for achieving and maintaining health (4). In former times, social action against principal public health problems consisted largely of erecting physical barriers to the transmission of disease agents and providing immunisations. In the recent history of public health, recognition has

grown that the behaviour of individuals in their present milieu and the conditions of life that influence such behaviour, constitute the major health issue. The social environment, especially access and encouragement to indulge in tobacco, excessive alcohol, over-eating and too little physical exercise, has become more significant for health than physical environmental hazards. That is the reason for the profound shift in health strategies. The shaping of health promoting settings at work, in hospitals, schools and in local communities, therefore has been significantly supported by the World Health Organisation.

Achieving good health is one of the major concerns of contemporary societies. People are now called upon to play their part in creating a "healthier" and more "ecologically sustainable" environment through attention to lifestyle and involvement in collective efforts to manage risk. These strategies are the mainstay of the so-called "new public health" (5).

### **Creation of a new approach to health promotion**

Salutogenic activities raise us and enrich us, build us up and make us more robust, by for instance strengthening the immuno-defense system. Examples of Nature-Culture-Health (NaCuHeal) activities that can be used in different health promoting settings are: dance, music, art, physical activity, nature walks, hiking, gardening or contact with pets (6,7). Such NaCuHeal-activities and participation may increase our functional ability and give an indirect effect with feelings of zest for life, inspiration and desire for rehabilitation (8).

Therefore, there is reason to believe that there is an untapped potential for improving public health by employing health-promoting nature and cultural activities. This is also a great challenge to our new multicultural and urban society. The goal is increased ability to cope, productivity and prosperity to all people, i.e. not only the affluent members of society, but also the ones who are in danger of becoming permanently incapable of working.

The challenge is to get various interest groups, i.e. public agencies, private businesses, voluntary organisations and pioneers to co-operate in order to develop this idea to be realised in health promoting settings.

## **EUPHA and the Public Health Challenges**

The European Public Health Association ([www.eupha.org](http://www.eupha.org)) is a multidisciplinary scientific society. Its aim is improving public health in Europe through the exchange of information and by offering a platform for debate between researchers, policy-makers and practitioners in the field of Public Health and health services research in Europe. Currently, EUPHA has 45 member organisations from 36 countries.

The 2004 annual EUPHA conference will be held in Oslo, 6 - 9 October. The conference has as its main theme "Urbanisation and Public Health: New Challenges in Health Promotion and Prevention". Until recently this topic has had far too little attention in the public discourse, both in Europe and internationally. Special sessions on "WHO's Global strategy on Diet, Physical Activity and Health" are now part of the EUPHA programme.

The 2005 EUPHA conference will be held in Graz, Austria 10 - 12 November. The main theme is "Linking health promotion and health care: perspectives, policies, research and training".

## **References**

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