



PUBLIC HEALTH CONCEPTS

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THIS CHAPTER WILL INCLUDE A REVIEW OF:

- Development and poverty
- Health and health systems
- Public health
- Primary health care (PHC)
- Primary eye care (PEC)
- Health promotion

DEVELOPMENT AND POVERTY

The dire poverty many developing countries are confronted with has drastic implications for blindness, visual impairment and eye care services in general (Naidoo, 2007). The demand for broader strategies that seek sustainable integrated solutions, transcending the boundaries of eye care to encompass social, political and economic solutions, is thus elevated.

A focus on a development agenda rather than a narrow prevention agenda has led to numerous debates and discussions. A development agenda highlights the need to emphasize the link between poverty, social development and health care. Blindness, disabling visual impairment and the overall lack of eye-care services are too often the result of social, economic and developmental challenges of the developing world. Sachs (2001) captured this eloquently when he stated health is a priority goal in its own right, as well as a central input into economic development and poverty reduction.

Further there is an increasing recognition of the need to highlight the link between poverty, development and health care. Under their initiative on Global Health and Foreign Policy, the Ministers of Foreign Affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand issued a statement in Oslo in March 2007 stating the following:

“In today's era of globalisation and interdependence there is an urgent need to broaden the scope of foreign policy. Together, we face a number of pressing challenges that require concerted responses and collaborative efforts. We must encourage new ideas, seek and develop new partnerships and mechanisms, and create new paradigms of cooperation. We believe that health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time. Life and health are our most precious assets. There is a growing awareness that investment in health is fundamental to economic growth and development.” (Amorim *et al*, 2007)

HEALTH AND HEALTH SYSTEMS

DEFINITION OF HEALTH

The World Health Organization (WHO) is an agency of the United Nations, which acts as a coordinating authority on international public health. The WHO's main decision making body is the World Health Assembly to which member states appoint delegations.

The World Health Organisation (WHO, 1948) defined 'health' as: "A state of complete physical, mental and social well being and not merely the absence of disease or infirmity". This definition broadened the concept of health beyond just the presence or absence of disease and has subsequently broadened the health care agenda beyond just clinical management of patients to include the influence of social and ecological aspects.

DETERMINANTS OF HEALTH

The health of an individual or community is impacted on by many different factors including sociological, biological, behavioural and physical factors. Unless all of these factors are considered in addressing the health of an individual, quality health care will remain elusive (see Fig.1-1).

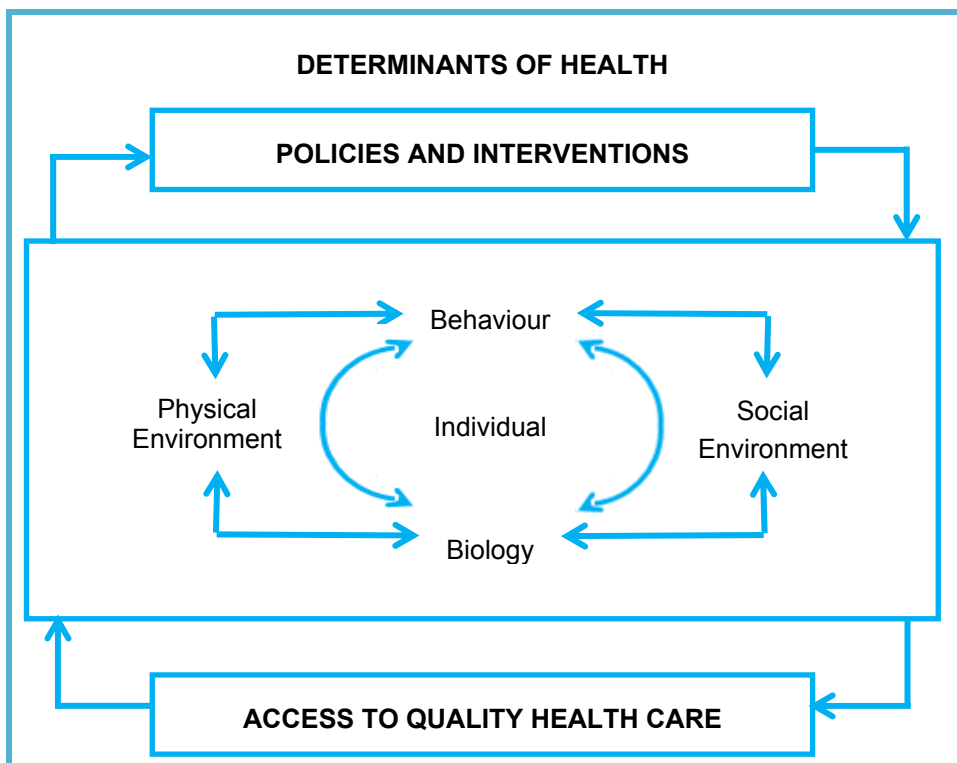


Figure 1-1: Determinants of health

OBJECTIVES OF THE HEALTH CARE SYSTEM

- Alleviate pain and suffering
- Alleviate anxiety
- Limit disability
- Promote adaptation
- Prevent disease
- Prevent death
- Create and disseminate new information

HEALTH AND HEALTH SYSTEMS(CONT.)

ATTRIBUTES OF A GOOD HEALTH CARE SYSTEM

- Accessible
- Continuous
- Comprehensive
- Accountable
- Self-renewing
- Efficient
- Socially and culturally relevant
- Individualized
- High quality

DYNAMIC SHIFTS IN THE HEALTH CARE SYSTEM

Table 1-1 highlights the difference in the health care system from previous to present day, dynamic shifts are evident.

Table 1-1: *Dynamic shifts in health care system*

PREVIOUS	PRESENT
Acute problems	Chronic problems
Curative	Preventive
Hospital-based	Ambulatory
Specialized	Primary care
Somatic	Psycho-social
Personal	Environmental
Fee-for-service	Third-party
Provider-oriented	Consumer-oriented
Health care as privilege	Health care as a right
Professionalism	Commercialism

PUBLIC HEALTH

DEFINITION OF PUBLIC HEALTH

There have been various definitions of public health:

- CEA Winslow (1920) defined public health as the science and art of preventing disease and promoting health and efficiency through organized community effort. According to Winslow the functions of public health are: sanitation, education of individuals in personal hygiene, control of community infections, organization of medical and nursing service for early diagnosis and preventive treatment, development of "social machinery"
- Public health is "...what we, as a society, do collectively to assure the conditions in which people can be healthy." (Institute of Medicine, 1988)
- Public health is one of the efforts organised by society to protect, promote and restore the people's health. It is a combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of all people through collective or social actions. The programs, services and institutions emphasise the prevention of disease and the health needs of the population as a whole (Last, 1995)

PUBLIC HEALTH(CONT.)

- Public health thus focuses on the health of society as opposed to individuals and is a comprehensive strategy that targets all determinants of disease and ill health by utilising medical, biological, social and environmental strategies to improve the health and well being of society

OVER-ARCHING PRINCIPLES IN PUBLIC HEALTH

1. The highest duty of public health, which is the duty of government, is to protect populations from risks and dangers to health. It includes the performance of basic public health functions such as ensuring the quality of medicines and the safety of food, water, and blood supplies. It also includes a responsibility to ensure that populations have the information and the means to protect their health. Needless to say, this duty of government includes regulatory functions and requires the investment of public funds
2. The highest ethical principle of public health is equity. This simply means that people should not be denied access to life-saving or health-promoting interventions for unfair reasons, including those with economic or social causes
3. The greatest power of public health is prevention. Medicine focuses on the patient, but public health seeks to address the causes of ill health in ways that provide population-wide protection

CHARACTERISTICS OF PUBLIC HEALTH

- **Organised** – directed and focused effort, by the public for the public
- Contributions from a wide range of people from diverse professions
- **Societal** – the health of populations is prioritized over that of specific individuals
- Success measured by overall health of populations or groups
- **Focused** – on prevention, promotion and protection
- Could have a broad focus (on underlying social and economic determinants) or narrow focus (on clinical conditions and scientific interventions)

According to the Public Health in America (1994) statement, public health:

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviours
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services.

PUBLIC HEALTH(CONT.)

CORE FUNCTIONS OF PUBLIC HEALTH

The core functions of public health, as defined by Lawson and Bauman (2001), are listed in table 1-2.

Table 1-2: Core tasks of public health

CATEGORY	EXAMPLES
HEALTH PROMOTION AND DISEASE PREVENTION	<ul style="list-style-type: none"> • Immunisation • Breast cancer screening • Tobacco control
TRADITIONAL PUBLIC HEALTH FUNCTIONS	<ul style="list-style-type: none"> • Water quality (monitoring, improvement) • Sewage and sanitation • Food inspection and control • Investigation of infectious disease outbreaks
MONITORING AND SURVEILLANCE	<ul style="list-style-type: none"> • Population surveys • Notification of infectious diseases • Identifying health risk factors in a population
PUBLIC HEALTH POLICY	<ul style="list-style-type: none"> • Development of policy to support the above functions • Advocacy for public health changes, redistribution of health resources

The Centre for Disease Control and Prevention (2008) selected the following ten as the greatest public health achievements in the United States of America (USA) from 1900 to 1999:

1. **Vaccination** – which resulted in eradication of smallpox and poliomyelitis, and control of diseases such as measles, rubella, diphtheria and tetanus
2. **Motor-vehicle safety** – which have contributed to large reductions in motor-vehicle-related deaths
3. **Safer workplaces** – have resulted in a reduction of almost 40% in the rate of fatal occupational injuries
4. **Control of infectious diseases** – infections such as typhoid and cholera, which are transmitted by contaminated water, have been reduced dramatically by improved sanitation. The discovery of anti-microbial therapy has led to successful control of infections like tuberculosis and sexually transmitted diseases
5. **Decline in deaths from coronary heart disease and stroke** – resulting from risk-factor modification, combined with improved access to early detection and better treatment
6. **Safer and healthier foods** – major nutritional deficiency diseases such as rickets, goitre and pellagra have virtually been eliminated in the USA
7. **Healthier mothers and babies** – since 1900, infant mortality in the USA has decreased by 90% and maternal mortality by 99%
8. **Family planning** – has altered the social and economic roles of women. Also resulted in smaller families, fewer infant and maternal deaths, prevention of Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Diseases (STDs)
9. **Fluoridation of drinking water** – benefiting both children and adults by effectively preventing tooth decay and subsequent tooth loss
10. **Recognition of tobacco use as a health hazard** – since the 1964 Surgeon General's report on the health risks of smoking, the prevalence of smoking among adults in the USA has decreased, and millions of smoking-related deaths have been prevented

PRIMARY HEALTH CARE

The Primary Health Care Approach is a philosophy and a conceptual model for an ideal health system. It formed the basis of the Declaration of the Alma-Ata which was formally proposed at the International Conference on Primary Health Care Primary health care Union of Soviet Socialist Republics (USSR), 6-12 September 1978. The declaration defines primary health care as:

“.....essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first elements of a continuing health care process.” (WHO & UNICEF, 1978)

Primary health care is fully participatory and as such involves the community in all aspects of health and its subsequent action (Anderson & McFarlane, 2000; Wass, 2000; WHO, 1999). It intersects with social justice and equality. Primary Health Care includes social uplift of the community as a whole and it propagates provision of services at the community level and referral to the more sophisticated level of health care provision when needed.

COMPONENTS OF PRIMARY HEALTH CARE

Primary health care needs to be delivered close to the people; thus, should rely on maximum use of both lay and professional health care practitioners and includes the following eight essential components (WHO & Unicef, 1978):

1. Education for the identification and prevention/control of prevailing health challenges
2. Proper food supplies and nutrition; adequate supply of safe water and basic sanitation
3. Maternal and child care, including family planning
4. Immunization against the major infectious diseases
5. Prevention and control of locally endemic diseases
6. Appropriate treatment of common diseases using appropriate technology
7. Promotion of mental, emotional and spiritual health
8. Provision of essential drugs

PRIMARY EYE CARE (PEC)

Eye care is an integral component of health care and as such primary eye care is an integral component of primary health care.

Primary eye care is usually the first point of interaction between the health care system and the patient needing eye care services. It is the provision of comprehensive eye care services that includes, health promotion and education, disease prevention, screening and initial assessment of eye problems, treatment of specific acute and chronic eye problems, and the overall management of an individual's or family's eye care services including the coordination of the referral to and accessing of other aspects of the health care and eye care system.

However it has to be acknowledged that primary eye care has different meanings and applications. It varies from country to country depending on how primary health care is organised in terms of personnel, their training, infrastructure, regulatory bodies and referral systems (Pararajasegaram, 2006).

In the developing world much of primary eye care is provided by primary health care nurses and in some cases by specific eye care trained cadres such as ophthalmic clinic officers. Optometrists provide service more at the secondary and tertiary level of care. In the developed world, e.g. in the United States or United Kingdom, optometrists are often the first line of service and are the primary eye care providers.



PRIMARY EYE CARE (PEC)(CONT.)

COMPONENTS OF PRIMARY EYE CARE⁴

- Health Education and counselling
- Clinical function
 - Treatment
 - Referral
 - Follow up
- Administrative functions
 - Keeping simple records and surveillance

There are fundamental elements that dictate the logic of using eye care as a primary health care service (Catania & Roberts, 1978).

- Virtually all people will need eye care at some point in their lives
- Eye care provides for the evaluation, assessment, and co-ordination of a broad spectrum of health care needs, including systemic disease, developmental, neurological, psychosocial, and other health related problems that affect the well-being of patients

READING

The Declaration of Alma-Ata. (WHO, 1978) (Retrieved 13 August 2012)

Source: http://www.who.int/publications/almaata_declaration_en.pdf

HEALTH PROMOTION

OTTAWA CHARTER

The Ottawa Charter for Health Promotion was produced by the World Health Organisation (WHO), and was launched at the first international conference for health promotion, held in Ottawa, Canada in 1986. The charter defines health promotion as the process of enabling people to increase control over, and to improve, their health:

“To reach a state of complete physical, mental and social well being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well being.” (WHO, 1986)

DEFINITION OF HEALTH PROMOTION

O'Donnell (1989) provided this definition of health promotion in The American Journal of Health promotion:

“Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behaviour and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change”.

The five key elements that is included in health promotion:

- Healthy public policy
- Personal skills development
- Community participation
- Healthy and supportive environments
- Re-organisation of health services

HEALTH PROMOTION(CONT.)

RELEVANCE OF HEALTH PROMOTION TO OPTOMETRY

Public Health Policy

- Involvement in the development of national eye care plans that define approaches, targets and outcomes.
- Ensure that health promotion strategies are incorporated into all blindness prevention activities
- Ensure that government policy enables the enhancement of refractive error and low vision in particular (and other causes of blindness in general) while incorporating health promotion into the overall strategy
- Research into impact of health promotion efforts, cost recovery programs and sustainable programs in refractive errors and low vision
- Monitoring and evaluation

Personal Skills Development

- Incorporating health promotion training into community eye health and public health programs at an undergraduate level.
- Health promotion workshops for optometrists to empower them to incorporate health promotion strategies into their programs

Community Participation

- Develop strategies to involve communities in the planning, implementation and evaluation of programmes
- Involvement of communities in eye care programmes such as running of optical shops, assisting with screening etc.

Additional benefits of community participation in health-related issues cited in relevant literature

- The increased sense of responsibility and control over individual health and that of the community
- Empowerment of individuals through increased knowledge, awareness and the development of new skills through participation
- Greater understanding of local conditions
- The appropriate and effective incorporation of traditional, indigenous experience in eye care service delivery

Supportive Environments

- Be part of efforts to create an environment that prevents eye diseases
- Support/Initiate efforts for the provision of running water to prevent trachoma and other infectious disease
- Support/Initiate efforts to reduce unnecessary exposure to Ultra Violet light

Re-Organisation of Health Services

- Ensure that optometric services are incorporated into existing public health services
- Contribute to the development of integrated eye care delivery systems that promote the effective use of limited resources and which incorporate the involvement of communities and the inclusion of efforts to promote good health

Health promotion affords optometrists an opportunity to break out of a narrow clinical approach to eye care and to recognise the team role in comprehensive eye care services, particularly the most important member of the team, the community

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Source: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

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