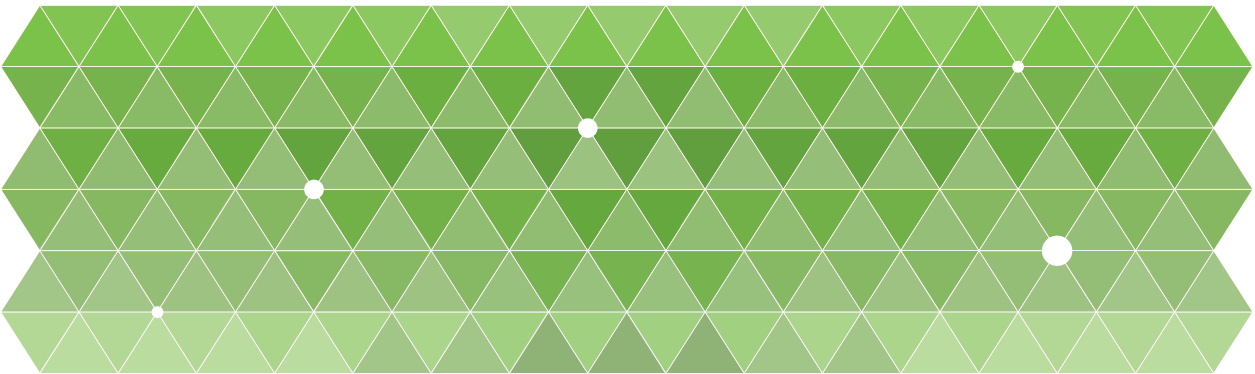


GUIDELINES FOR DEBATE


PUBLIC HEALTH: BEYOND HEALTH, A PATH TOWARDS DEVELOPMENT





BY SANDRA C. GALLEGOS LECONA

The aim of the series **GUIDELINES FOR DEBATE** is to influence the formulation, implementation and evaluation of programs and policies through guidelines that foster the debate of ideas from a progressive approach. The collection features a cool exchange of data and theoretical and methodological tools for analysis and action aimed at emerging political generations.



OFF WE GO

PUBLIC HEALTH FROM THE PERSPECTIVE OF YOUNG PEOPLE WHO WORK IN IT...

"Public health actions need more support and budget allocation because until we address health for the broad society, it will be very difficult to work with individuals."

Ricardo Baruch, political scientist, activist and student of the Master of Public Health

"For me, to be a public health professional in training involves having the opportunity to influence the future positively for everyone. With it, I gain a more comprehensive approach from the social determinants."

Dew Alvarado, nutritionist, student of the Master of Public Health

"Public Health is the discipline that is responsible for maintaining the health of the population, it is based in other areas of knowledge: biology, veterinary medicine, nutrition, nursing, sociology, statistics, epidemiology, among others."

Abraham Espinoza, physician and student of the Master of Public Health

"For me health is the most precious thing any human being can have as it is the vehicle for people to navigate and to exercise freedom in their lives. However, in a world full of inequalities, access to health is not guaranteed. This is why public

health plays a pivotal role in the development of any society, because it allows us to combat inequalities and serves as an engine of economic growth.

Begoña Sagastuy, internationalist and Project Assistant, PAHO / WHO Mexico

THE HEALTH-DISEASE PROCESS

During the 70s, the economic, political and social crisis experiences around the world fostered people to become more critical of all decisions made by those who hold power. It was in this context that we began to see **DISEASES NOT JUST AS SOMETHING BORN OUT OF BIOLOGICAL GENESIS**, but also of various social events that affect people's health.

The biological-individual paradigm that had dominated the field of health was questioned and began to perceive the health-disease process as one that is both collective and multifactorial. Thus, it became clear that traditional clinical medicine may not have all the answers as to explain health related problems and needs of the population, and therefore it was needed to consider the health-disease process as a social one.

But what is the health-disease process? This process comes out of a historical construction in which diseases are defined by the space-time of societies, considering the important roles of not only human biology, but also the environment, lifestyles and care that health organizations play. Therefore, we find that each social group in each community has a different pathology, and each society gets sick with different things depending on the time in which it is contextualized.

Mexico is currently undergoing an “**EPIDEMIOLOGICAL TRANSITION**”. This means that the population —mainly in the lower socioeconomic groups- is still facing diseases such as dengue, leprosy and tuberculosis, as well as problems related to reproductive

health (maternal mortality) and malnutrition. Besides these problems related to poverty and marginalization, we find new challenges through diseases not directly related to underdevelopment such as obesity and diabetes, and injuries caused by traffic accidents or violence. Here is where we find **THE NEW CHALLENGE** for the National Health System of Mexico.²

WHAT IS PUBLIC HEALTH?

'Public health' is a discipline that seeks to protect and improve the health of a population. While clinical medicine seeks individual health through diagnosis and treatment to cure a person, public health seeks population health through prevention and health promotion, research and adequate systems of information. In the year 1990, Milton Terris³ defines 'public health' as:

"...The science and art of preventing diseases and disabilities, prolonging life and promoting health and physical and mental efficiency through organized community efforts to clean up the environment, control infectious and noninfectious diseases, as well as injuries, educate the individual in principles of personal hygiene, organize services for the diagnosis and treatment of diseases and rehabilitation, as well as developing the social structure that ensures every member of the community a standard of living adequate for health maintenance..."⁴

Thus, public health analyzes phenomena in the process of health and illness in populations, with the fundamental interests to change reality and to prevent conditions that endanger the health of the population. It is also an interdisciplinary knowledge area, where the participation of different groups of experts—doctors, demographers, economists, administrators, sociologists, anthropologists, political scientists—enrich the work in order to promote more effective health interventions.

“In its dimension of applied science and field for action, public health seeks to identify the health needs of a population and its determinants, as well as the organizing of an integral response with population base.⁵ Access to public health can reduce vulnerability and have an impact on the quality of life of individuals and their families”⁶.

In 1994, Julio Frenk Mora explained that there are three substantive phenomena for research and implementation of public health, namely: 1) The health needs, 2) the services that meet these needs, and 3) The resources required for the production of such services.⁷ In this context, we mean ‘needs’ as those conditions in health and disease that require some type of attention.⁸

Frenk Mora also integrates the concept of organized social response, defined as: “the answer of society or population from the time when health issues are perceived as a need, where such community plans for improvement, implementing systems and demanding better services by health institutions”⁹.

The importance of a range of environmental, social, economic and political factors was reinforced by the creation of the Commission on Social Determinants of Health in 2005 by the World Health Organization (WHO). These determinants reflect the conditions in which people live and work.¹⁰

According to the level in which they operate, the social determinants can be classified into structural and intermediary. Structural determinants include the workplace, education level and income level. This is, the components of people’s social position. Meanwhile, intermediary determinants contemplate the material conditions, the social or psychosocial circumstances, biological factors and behavior, including also the health system. Together, these conditions indicate the degree of vulnerability of the individual from any health problem.

HEALTH DETERMINANTS

In 1974, Lalonde found that the health of members of a community depend not only on the health systems of the countries, but is also influenced by other factors, which are not only related to the biology of people. Thus, Lalonde grouped the determinants of health in four different categories: **LIFESTYLE**, **ENVIRONMENT**, **HEALTH SYSTEMS** and **HUMAN BIOLOGY**.

ESSENTIAL FUNCTIONS OF PUBLIC HEALTH

In 2000, the Pan American Health Organization in its Regional Committee Session defined 11 essential functions of public health in order to strengthen the health authorities of each of the countries in the region, making clear the concept and its utility.

LIFESTYLE	ENVIRONMENT	HEALTH SYSTEMS	HUMAN BIOLOGY
Are decisions taken by each individual on a personal level. In these factors the individual can exert control.	Are those factors external to the human body, over which the individual has little or no control.	Refers to the care given to the community. They take into account aspects like quality of services, accessibility, the quantity of inputs and health personnel, among others organizational aspects.	Refers to the facts related to physical and mental health that result as a consequence of the biology of each person.

Source: Lalonde, 1974.

1. Monitoring and analysis of the health situation of the community
2. Public health surveillance, investigation and control of risks and threats to public health
3. Health Promotion
4. Social participation and strengthening the power of citizens in health
5. Policy development, planning and management capacity to support public health efforts and contribute to the national health strategy
6. Regulation and Enforcement in Public Health
7. Evaluation and promotion of equitable access of the population to health services needed
8. Human resources development and training in public health
9. Quality assurance of individual and collective health services
10. Research, development and implementation of innovative solutions in public health
11. Reducing the impact of emergencies and disasters on health.¹¹

The public health approach aims to develop comprehensive interventions to change both the environment and individual behavior. This is complemented by the concept of “human security”, which aims to protect and fulfill three essential freedoms for individuals and communities: freedom from fear, freedom to live without lacking and the freedom to live with dignity. The basic insecurity is manifested in seven key dimensions: economic, food, health, environmental, physical, community and political.¹²

WHY PUBLIC HEALTH?

The most difficult piece to comply with public health is that to reach that state where the community is the least exposed to sickness and/or injuries, is it necessary for many areas related to development to converge. Only so can you get the assurance of a healthy living.

Furthermore, for public health actions to truly affect development, and therefore the health of a place, they must be adapted to the context of the population decided to impact. This is, understanding their customs, traditions, beliefs and of course their needs. You cannot create a program without actually knowing what happens within the target population. Thus, respect for their lifestyle contributes to the success of a program. This last was named “social responsibility” by the Fifth World Health Conference.

In most failed cases of intervention, outcomes are related to the lack of full inclusion of people from the community in the creation of the project. By contrast, when successful interventions are achieved, the health of the population and the development of a place better.

Its is worthy to also mention there are some health problems that require a focused approach to a particular sector of the population. When one looks at age groups, for example, road accidents are effectively prevented through interventions of health promotion focused on youth education. As demonstrated by researchers at the National Institute of Public Health, these interventions have favorable results when designed specifically for this group, using their language, materials, techniques, etc.

This conceptual framework—a collective approach to health—serves as a basis for analyzing phenomena as diverse as drug use, and the implications of various sexual practices or gender identities, and to examine the available evidence on these and other subjects.

Given the above, public health must include different approaches and disciplines in their actions, being also always looking for ethics and equality. It may sound obvious, but many times, consciously or unconsciously, people treat others differently depending on their cultural background, sexual orientation or socioeconomic status. These differences lead to huge disparities in the population that is discriminated, as well as in the ones that discriminates. These labels stigmatize people and hinder development and, of course, public health.

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The views expressed in the text, as well as the analyses and interpretations contained therein, have not been subjected to editorial review and are the sole responsibility of their authors. They do not necessarily reflect the views and stance of Espolea A.C.

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ISBN: 978-607-9162-18-4

First edition: 2013. Printed in Mexico. Design and Layout: Enrico Gianfranchi

Translation to English by: Guendalina Gianfranchi

