NICOLA NANTE

Harmonizing Public Health Culture and Practices

The Public Health' aim is to reach the maximum degree possible of good health for everyone. This embraces virtually all aspects of social and economic policies, from the tax code to environmental regulations and will include social welfare policies, the provisions of health services and the prevention of war, disasters and accidents (Rosen, 1994). In as much as health is the primary wealth of a person and of a community, promotion and care of the same are a primary political goal, rather than a technical one (Crovari, 2001).

Under a scientific aspect, Public Health is the science that studies solutions to obtain the best health conditions for most people possible in relation to available resources, to environmental and genetic chains.

The health arts, which the greek mythology attributed to *Aesculapius*, God of Medicine, and to his two daughters *Hygiea* (prevention) and *Panacea* (therapy), are the main instruments (Prof. Spinsanti, famous Italian bioethic , says that "*medicine is the closest science to politics"*), but not exclusive (Nante,1992).

The "*distributive*" aspect of health, ingrained in the concept of Public Health, is naturally associated with the activity of prevention, which can be traced in documents and regulatory rules dating back to ancient times.

The social equity (supported by the French revolution) and the right of the individual to health care (developed in the 20th century) emphasizes the importance of integration between medical sciences and psychological-social disciplines.

N. D'Ancona already in 1889 said that "*Hygiene is the most comprehensive science from medicine to sociology, etc.: it is a universal science, that gains knowledge from all the positive subjects*" (Comodo 2003).

At the time when epidemic diseases were the main epidemiological problem (still present in many places of the world), the hygiene and its organized activities clashed with the concept of Public Health (Angelillo, 1993).

After the Industrial Revolution, through the birth of social insurances, (the Bismarck system and, more recently, the Beveridge one), the health care activities were gradually taken away from the market: the organizational sciences and the economic algorithms of efficiency and efficacy became more and more important. The growing number of disciplines joining Public Health, the existence of distinct and

isolated research cultures with diverse scientific philosophies, traditions, rules and methods create the problem of a mutual understanding and cooperation (Faltermaier, 1997).

The WHO complains that Public Health is still functionally and institutionally weak in many countries, often confined in the classic role of contagious diseases control and of health statistics production. A total vision is necessary, creating innovative links among different parties. Public Health needs professionals able to coordinate the different parties, alliances and contributions (WHO 1999); the same epidemiological technique (the main instrument in public health) needs integrations: it is not a methodology for "rerum cognoscere causas". It played a critical role in the control of infectious diseases and in the discovery of causes of cancer, cardiovascular and other chronic diseases. It became a basic discipline for clinical medicine (Nante, 1992; Faltermaier, 1997); the leading medical journals publish a substantial number of epidemiological papers (Adami, 1999).

The health needs assessment and outcome evaluation of health activities, are epidemiological contributions in the economic analysis and planning.

As an integration to the traditional "*QUANTITATIVE*" epidemiological approach measuring *exposures, follow-up and outcomes*, there is an increasing tendency to use a "*qualitative*" approach, which considers "the persons studied and their perceptions": this approach is typical of the social sciences (Faltermaier, 1997, Adami, 1999).

The Public Health practice, besides the epidemiological tools, social and economic algorithms needs organizing, communicating, educational methodologies, etc. (Renga 2000).

Prompt methods are necessary that allow verification of the impact of decisions made in different fields, from the urbanistic asset to hospital organization, from life styles to the adoption of new medicines, etc. (Modolo, 2003).

Figure 1 shows the wide and spread contribution of ideas and approaches to evolution of the culture of Public Health.

The health conditions, the distribution methods and organizative levels of health assistance are still very far from equal distribution in the world.

The WHO, inable to influence economical and political determinants, in order to increase the level of health, increases the distribution of cultural resource.

On a lower scale, in Europe, we may observe a great diversity under the epidemiological and organizational aspect too (McKee, 1998).

Nowadays that the European countries are reaching both political and economic assimilation, the multidisciplinary European Public Health Association (EUPHA) aims to contribute to the improvement

of Public Health by offering a means of exchanging information and a platform of debate for researchers, policy makers and practitioners.
From certain nations and their scientific societies (esp. GB, Italy) come important epidemiological and preventive cultural contributions, from others sociological (esp. Holland, Germany), and from others (Spain) economical contributions.
I think that the academic level at which these international and interdisciplinary exchanges take place leads, from one side to the fulfilling of Public Health knowledge, from the other to the production of homogenous professional competencies in this field.

4902 Zeichen

Bibliography

Adami H. O., Trichopoulos D.: "*Epidemiology, medicine and public health*"; International Journal of Epidemiology, 1005-1008, 1999

Comodo N.: "*La sanità pubblica dalla nascita ai nostri giorni*"; Lecture of the "Health Services Management"Master, University of Siena, 2003

Angelillo B., Crovari P., Gullotti A., Meloni C.: "*Manuale di Igiene.*" Ed. Masson, Milan, 1993

Crovari P.: "*Scopi e metodologie della sanità pubblica*"; Introduction to Advanced Course "Planning and Organizing Health Services", University of Siena, 2001

Detels R., Breslow L.: "*Current scope and concerns in public health*"; Oxford Textbook of Public Health, Oxford Medical Publications, 1, 3, 1997

Faltermaier T.: "*Why public health research needs qualitative approaches*"; European Journal of Public Health, 7: 357-363, 1997

Fee E.: "*The origins and development of public health in the United States*"; Oxford Textbook of Public Health, Oxford Medical Publications, 1, 35-51, 1997

McKee M.: "*An agenda for public health research in Europe*"; European Journal of Public Health, 8: 3-7, 1998

Modolo M. A.: "*Storia e prospettive della Sanità Pubblica*"; Lecture of the Advanced Course "Planning and Organizing Health Services", University of Siena, 2003

Nante N., Biale I, Ferrari F.: "*L'Igiene e la Sanità Pubblica verso l'Europa*"; Proceedings 35th Italian Hygiene Congress, 4-6, 1992
Renga G: "*La formazione degli operatori di Sanità Pubblica*"; Lecture of the Advanced Course "Management of Public Health Structures", University of Siena, 2000

Rosen, G: "*A history of public health*"; The Johns Hopkins University Press, Baltimore, MD, 1994
W.H.O."Health for all in the 21st century"; WHO Series, 6, Copenhagen, 1999.