Public health: are we there yet?

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Published online: 6 September 2013
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In November 2013, the European Public Health Community will put forward a fundamental question: “Health in Europe—are we there yet?” The aim of this forthcoming exchange between researchers, public health professionals and policy-makers at the EUPHA conference will be to learn from the past to design the future.

Facing societal and economic challenges, demographic changes, an increasing prevalence of chronic diseases and rising health-care expenditures, the sustainability of health systems is endangered to various extents across countries. Besides social unrest due to increasing unemployment and poverty, both causing adverse health effects, the (real or virtual) fear of deteriorating health care has been tackled by political strategies. Therefore, ensuring sustainability of health (care) systems will remain, or at least become, a high political priority to win elections, but this public pressure may also offer a chance for re-designing public health. Thus, public health researchers are called upon to develop appropriate tools for these new challenges. By addressing the epidemiology of diseases, the economic impact of preventative and curative services, health promotion and disease prevention strategies, authors of this issue of the *Journal of Public Health* contribute to this process and the following articles will provide answers to the question “Are we there yet?”—even far beyond the borders of Europe.

Both **Ladhani et al.** and **Rousseau et al.** used registry data to analyse epidemiological issues of diseases. Ladhani et al. aimed to assess the contribution of *Haemophilus influenzae* disease to childhood deaths in England. They concluded that this contribution cannot be accurately determined by current

death registrations data due to the lack of detailed clinical follow-up of reported cases, which would be essential to estimate the actual burden of disease. Rousseau et al. analysed clusters in terms of incidence of Crohn’s Disease in northern France and detected time-constant as well as time-varying clusters, suggesting that variations in the distribution of environmental risk factors still influence the incidence of Crohn’s disease.

Two surveys from Germany assessed health-enhancing behaviour and opinions. **Jekauc et al.** detected that more than half of German children and adolescents members in a sports club and exercised on average 4 h/week, but membership was dependant on gender, socioeconomic status, migration background and ZIP code. **Salzmann et al.** surveyed German citizens which preventative services should be given priority to in funding. The majority of the respondents opted for expanding non-medical primary preventative services (e.g. health education and counselling) and secondary preventative services like cancer screening.

Two articles discuss financial issues of different preventative or health-care measures. **Tchouaket et al.** analysed the cost-effectiveness of Quebec’s water fluoridation programme which aims at preventing caries and reducing oral health inequalities. The authors concluded that the programme produced substantial cost savings. **Gonen et al.** addressed economic implications of in vitro fertilization by determining the willingness to pay for fertility treatments among actual patients and the general public in Israel and found out that both groups would be willing to pay more than the actual average treatment cost.

Among the original articles, the one from Haiti is geographically furthest from Europe and consequently faces completely different health challenges. **Contzen et al.** analysed the impact of various promotional channels on hand-washing behaviour in the post-earthquake emergency context where the risk for diarrhoeal disease is elevated.

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They found that some promotional channels were positively associated with hand-washing behaviour, whereas others even had a detrimental effect on hygiene.

Finally, two articles address child health from completely different perspectives—from developing as well as developed countries. **Rai et al.** analysed infant and child mortality rates in different regions of India and found substantial declines since 1990. They calculated the annual rates of reductions that would be necessary to achieve the Millennium Development Goal-4 (an overall two-third reduction in under-five mortality) and identified regions which may nearly achieve the set goal. **Winkler et al.** analysed health threats for pregnant women and children in Austria and concluded that the current primarily ‘medically oriented’ preventive care programme might not be able to identify particular populations at high risk of socio-medical health threats. Therefore a re-orientation of the programme may require changes in the health-care delivery pro-

cess, e.g. the consideration of health visiting programmes which provide ‘easy-to-access’ services.

So, are we there yet?

Well, it depends on the perspective. Articles in the current issue highlight the variety of public health challenges we are facing. While some countries are still struggling with the identification or implementation of effective measures to prevent the spread of infectious diseases or to avert child mortality, others are confronted with new health threats (e.g. environmental risk factors, adverse life-style patterns, socioeconomically disadvantaged subgroups of the population) or new expectations regarding services the public health care system should cover (e.g. health promotion and preventative measures, fertility services).

However, these challenges are, cynically speaking, “good news” for public health researches around the world: we will not become superfluous. While one problem seems to be solved, others emerge. Lots of work is still ahead to promote the public’s health....