

CURRENT INFORMATION ON PUBLIC HEALTH AND HEALTH PROMOTION

healthy *europe*

IN CONVERSATION WITH

**“ Health
is political. ”**

EVELYNE DE LEEUW,
INTERNATIONALLY
RENOWNED HEALTH
RESEARCHER



EPH Conference 2016

All for Health –
Health for All

30 years of the Ottawa Charter

How health promotion
has developed
since 1986

Interviews

Thomas Dorner
Armin Fidler
Allan Krasnik
Thomas Plochg

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public health and health promotion in Europe,
presenting people and conveying
content from the worlds of politics and
science, as well as practical issues.

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"Built environment" has a major influence on our health.



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Dear Readers,



Photos: EUPHA

All for Health – Health for All” is the theme of the 9th European Public Health (EPH) Conference in Vienna which is organised by the EPH Conference Foundation in collaboration with the European Public Health Association (EUPHA) and the Austrian Public Health Association (ÖGPH). This edition of “Healthy Europe” is dedicated to the Vienna 2016 conference. On the one hand, the title of the conference draws attention to the fact that all people should be able to make use of their health potential. On the other, it is about creating the best possible prerequisites for a healthy life. This requires commitment from all social areas and scientific disciplines, and also from each and every one of us. The theme of the conference is based on the Ottawa Charter, the fundamental document for international health promotion. As the Charter is celebrating its 30th anniversary this year, one of our interview partners for this issue of “Healthy Europe” is *Ilona Kickbusch*, who was responsible for the first health promotion conference for the World Health Organization (WHO) in 1986 which was held in the Canadian capital. The cover story is dedicated to one of the youngest participants at the Ottawa conference: *Evelyn de Leeuw*, who was 26 years old at the time. She points out that above all “health is political”. *Natasha Azzopardi Muscat*, who follows *Martin McKee* as President of EUPHA, shares this opinion. She explains in the article on health promotion in Europe that she intends to focus on the greater integration and visibility of public health practitioners within EUPHA. The article on pages 20 and 21 explores why the health differences between various population groups are currently on the rise in many European countries. It also discusses the best strategies for reducing this health inequality. Last but not least, in this issue of “Healthy Europe” we have also included an abridged version of the “Vienna Declaration”, where the principles of the Ottawa Charter are reiterated and renewed.

This magazine for the EPH Conference 2016 was made possible by collaboration between EUPHA, ÖGPH and the Austrian health fund Fonds Gesundes Österreich (FGÖ). We hope that you will find it an informative and stimulating read and a source of inspiration for your work.

Dineke Zeegers Paget, Executive Director of EUPHA,
and *Floris Barnhoorn*, Deputy Director of EUPHA

“ Still as relevant today as 30 years ago ”

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"Public health is primarily concerned with political strategies."

**NATASHA AZZOPARDI MUSCAT,
PRESIDENT OF THE EUROPEAN PUBLIC
HEALTH ASSOCIATION**

Natasha Azzopardi Muscat was born in August 1973 in Attard on Malta, where she also now-days lives with her husband and three children Aidan (15), Sereena (11) and Nathan (6). She studied medicine and public health at the University of Malta, after which she graduated with distinction in health services management at the London School of Hygiene and Tropical Medicine and the London School of Economics and Political Science. From 2001 Natasha Azzopardi Muscat occupied various senior positions at the Maltese Ministry of Health. She was the person responsible for the area of health when Malta joined the European Union in 2004. From 2011 she was the island's Chief Medical Officer. Since 2014 she has held the post of Consultant in Public Health Medicine at the Directorate for Health Information and Research. She has taught the subjects of health policy and health systems at the University of Malta for the past 17 years. "Public health is primarily concerned with political strategies. This is the key message that I try to get across to my students," says Natasha Azzopardi Muscat, who has been active in non-governmental organisations since her student days. Her past functions have included President of the National Youth Council and President of the Malta Association of Public Health Medicine, which she helped found in 1999. As of November 2016 Natasha Azzopardi Muscat is President of the European Public Health Association.

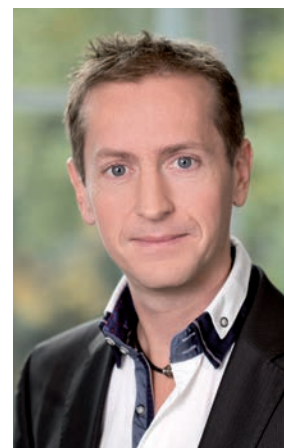
**THOMAS DORNER,
CHAIR OF THE EPH
CONFERENCE 2016 IN VIENNA**

"Health promotion can benefit more people than therapy."

Thomas Dorner (41) is Chair of the European Public Health Conference 2016 in Vienna. He comes from Markt St. Martin in Burgenland, studied medicine in Vienna and completed his clinical training as a foundation doctor at the geriatric hospital "Haus der Barmherzigkeit" and Kaiser Franz Josef Hospital in the Austrian capital city, among others. Thomas Dorner graduated in public health studies at the University of Vienna and the Medical University of Vienna. In 2008 he took up a post at the Institute of Social Medicine and Epidemiology at the Medical University of Graz. Since 2009 he has been

working at the Centre for Public Health at the Medical University of Vienna and has been Associate Professor there for the last two years. In 2012 he was elected President of the Austrian Public Health Association.

"I started to study medicine because I was interested in people – and everything that makes us what we are," Thomas Dorner recalls, and continues: "The fact that I specialised in public health medicine later on was a logical development for me. In this sector we really deal with a person as a whole – and look not just at an individual, but instead at large sections of



the population that should gain advantages from our work. Health promotion and prevention can benefit more people than therapy, I am convinced of that."



"I was aware of the limits of repair medicine at an early stage."

**ARMIN FIDLER, LONG-STANDING CHIEF ADVISER
ON HEALTH ISSUES FOR THE WORLD BANK**

Armin Fidler was born in Innsbruck in 1958. He attended high school in Bregenz and then studied medicine in Innsbruck and Hamburg. He trained as a general practitioner at Bregenz state hospital and then as a tropical medicine physician at the Bernhard Nocht Institute in Hamburg. He subsequently attended the master's course

on public health and also health policy and management at the Harvard School of Public Health and the Kennedy School of Government in the USA. From 1990 Armin Fidler worked for the World Health Organization (WHO) in Mexico City. In 1993 he joined the World Bank as a manager and worked as their chief adviser on health issues from 2007 to 2015. Since March 2015 he has been employed at the Management Center Innsbruck and teaches the European Master in Health Economics and Management course.

"I come from a family of doctors: my father was a GP, my mother was a paediatrician," Armin Fidler reveals, and adds that he may have been aware of the limits of repair medicine at an early stage for that reason: "I always wanted to focus on something that would enable more to be achieved for the entire population, and for me that was public health, health economics and the topic of health in all policy fields." Armin Fidler has a partner, lives in Hörbranz in Vorarlberg and has three children aged 20, 16 and two years old.

Better health for everyone in Europe

EUROPEAN PUBLIC HEALTH ASSOCIATION

Together with the European Public Health Conference Foundation, the European Public Health Association (EUPHA) and the Austrian Public Health Association are organising the ninth European Public Health Conference in Vienna. Founded in 1992, EUPHA is the umbrella organisation for 71 public health associations, institutes and other members from a total of 41

European countries. Within the framework of EUPHA, 17,000 experts work together and share their know-how with one another. The four pillars of the European umbrella organisation's work are research, policy, practice and public health workforce and leadership. EUPHA aims to improve the health and well-being of all people in Europe and to narrow health inequalities. It has 21 "sections" that specialise in different thematic areas, ranging from child and adolescent public health to urban

public health. *Martin McKee*, Professor for European Public Health at the London School of Hygiene & Tropical Medicine, was appointed President of EUPHA in 2014. *Natasha Azzopardi Muscat*, former Chief Medical Officer of Malta, is his successor as of November 2016. The new President of EUPHA declares: "I would like to carry on the commendable work of my predecessors and to focus even more on integrating public health practitioners within our organisation."



Martin McKee – Professor for European Public Health

Photo: EUPHA

Promoting the sharing of know-how



Photo: private

AUSTRIAN PUBLIC HEALTH ASSOCIATION

The Austrian Public Health Association (Österreichische Gesellschaft für Public Health – ÖGPH) is organising the ninth European Public Health Conference in Vienna together with the European Public Health Association. Originally founded in 1995 by a group of around 30 public health experts, ÖGPH now has some 250 members. As well as researchers and academics, its members include practitioners such as employees of Austrian social security funds. ÖGPH has seven competence

Günter Diem: "We are firmly committed to safeguarding the quality of public health training and education at all levels."

groups: "Preventing obesity", "Promoting primary healthcare in Austria", "Gerontology", "Physical activity", "Public mental health", "Screening" and "Sexual and gender diversity". At regional level, the organisation also has its own public health group in the federal state of Styria. ÖGPH aims to strengthen the public health community in Austria and, among other things, works to ensure that health aspects are taken into account in all areas of policy. It also aims to improve structures for researching health and care and to encourage the sharing of health-related know-how across disciplines. "We are also firmly committed to safeguarding the quality of public health training and education at all levels and for various professions in Austria," emphasises *Günter Diem*, Deputy President of the Austrian Public Health Association and a general practitioner.

Framework for health promotion



Nicoline Tamsma
– President of EuroHealthNet.

EUROHEALTHNET

"Exactly 30 years ago the Ottawa Charter was published – the fundamental document for health promotion. We have been prompted by this anniversary to prepare a concept that outlines the direction in which health promotion should develop in the years leading up to 2030 and the priorities that we want to assign," says *Nicoline Tamsma* – President of EuroHealthNet, the European network of health promotion organisations and

institutions, which is headquartered in Brussels. EuroHealthNet has therefore drawn up a clear framework entitled "Rejuvenate" which describes ten stages that are intended to advance health promotion in the future. "The 17 Sustainable Development Goals specified by the United Nations contain many points for us to build on where we can incorporate the values and methods of health promotion. The same applies to the Pillar of Social Rights planned for the European Union," says *Nicoline Tamsma*. The EuroHealthNet future concept for health promotion and well-being focusses on how knowledge is gathered and applied, and also how the healthcare systems can be designed to promote health to a greater degree, among other areas. The full text can be found at eurohealthnet.eu.

Photo: Moritz Wüstinger

Returning home with fresh enthusiasm

*Knowledge exchange is important, as is networking, says **Thomas Dorner**, Chair of the European Public Health Conference in Vienna. Ample opportunities for both of these will therefore be available at the conference.*

HEALTHY EUROPE

Professor Dorner, how many participants are you expecting at the European Public Health (EPH) Conference in Vienna?

Thomas Dorner: We are anticipating that roughly 1,600 participants will attend the scientific conference over the four days. It is a very good number of visitors compared to previous events. The participants are coming from all over Europe, and also from many non-European countries. The spectrum ranges from researchers in the areas of healthcare and health promotion, epidemiologists and health economists, to civil servants on a national, regional and local level, and also representatives from social security funds.

HEALTHY EUROPE

How would you describe the EPH Conference programme, in brief?

We have chosen “All for Health – Health for All” as our overriding topic. As I see it, this illustrates that we need to overcome hurdles in order to achieve the best possible health for all people in Europe. I am referring to the boundaries between the different disciplines and social areas just as much as those between

sections of the population and also different countries. In other words, it is about promoting interdisciplinary and intersectoral cooperation and also the international exchange of experiences as the basis for the best possible health of all population groups. Specifically, there are 16 thematic tracks for lectures and workshops at the EPH Conference in Vienna, ranging from “European Public Health” to “Health at the Workplace” (see also page 7 with information on the “16 thematic tracks of the EPH Conference 2016 in Vienna”).

HEALTHY EUROPE

At the EPH Conference 2016 in Vienna, 18 skill building workshops will take place as well. What will actually happen there?

We are very pleased that the conference will be attended by so many participants who are still at the very beginning of their professional careers in public health. The skill building workshops are designed specifically with them in mind and are intended to convey practical knowledge: the know-how that is necessary in order to write academic articles and the proficiency required for implementing health promotion in practice. A “speed dating” session

will provide an opportunity for intensive networking. Around 60 academics will be given time to find out information about each other. First one person, then the other, will have one minute to introduce themselves briefly – and then they move on to the next contact.

HEALTHY EUROPE

What are the other highlights of the accompanying programme for the EPH Conference 2016 in Vienna?

Networking activities are at the very least equally important as pure knowledge transfer. The accompanying programme of events therefore includes the welcome reception in Vienna City Hall and also the gala dinner in the Rathauskeller restaurant on the following day, with Vienna’s party band “graVity”. Four activity areas will offer opportunities for physical exercise at the conference, and we have invited 80 students from schools in Vienna to come to the conference and explore the topic of healthy exercise together with the participants. People who enjoy singing can also join the conference choir, which will rehearse every day and perform at the closing session of the conference, where an initial energetic outlook on the 2017 EPH Conference in Stockholm will be given.

HEALTHY EUROPE

What are your expectations for the conference?

By communicating knowledge and also by creating opportunities for becoming better acquainted with one another personally, we would like to give the participants fresh inspiration for their work in the public health sector. So they can return home with fresh enthusiasm.



“Networking activities are as important as pure knowledge transfer.”

THOMAS DORNER,
CHAIR OF THE EUROPEAN PUBLIC HEALTH CONFERENCE 2016 IN VIENNA

The main topics of the EPH Conference

The 9th European Public Health Conference in the Austria Center Vienna has 16 thematic tracks that cover the broad range of public health issues in Europe.



The 9th European Public Health Conference is taking place in the Austria Center Vienna.

A All for health

Health is everyone's concern and everyone should be concerned about health.

B Health for all

All segments of the population should have a right to health.

C European public health

Collaboration on health, especially on cross-border issues, is essential.

D Health promotion

A health-promoting environment is essential for achieving health for all.

E Lifestyles

An individual can and must contribute to health by adopting a healthy lifestyle.

F Chronic and non-communicable diseases

An ever-increasing problem in public health.

G Health of migrants and ethnic minorities

Health for all with specific emphasis on the most vulnerable groups.

H Child and adolescent public health

Early intervention and awareness: practice makes perfect.

I Mental health

An increasing problem due to the economic crisis and the new fast-moving society.

K Health information and control of infectious diseases

The importance of being informed and prepared for epidemics.

L Inequalities and social empowerment

There is an increase in inequalities among population groups. Social empowerment can be an important tool for overcoming this.

M Health services and systems research

The ageing population, costs and rapid technological development have an impact on sustaining health systems.

N Health and care: research, policy and practice

A well-trained workforce and a focus on patients are achievable through research, policy and practice.

O Health data, methodology, monitoring and reporting

A good research base remains the cornerstone for planning public health activities.

P Communication in public health

The importance of timely, accurate and understandable communication is essential for successful public health.

Q Workforce development and the workplace

A professional, well-trained workforce is needed.

Health is political

Internationally renowned researcher Evelyn de Leeuw talks to us about what she has learned from 30 years of health promotion in accordance with the Ottawa Charter and about the challenges for the future. Text: Dietmar Schobel

HEALTHY EUROPE

How important is the Charter that was developed jointly in 1986 at the World Health Organization's first ever conference on health promotion in Ottawa?

Evelyn de Leeuw: The Ottawa Charter changed the world. It describes a new way for people to get and stay healthy. Health is no longer viewed as something that solely concerns each person individually. Rather, there is a new perspective indicating a relation above all with social and environmental factors. This innovative concept was expressed so clearly and simply in just two pages that it was taken on board by many people in all countries and ultimately changed their way of thinking.

HEALTHY EUROPE

From a global perspective, which developments were triggered by the Ottawa Charter?

The ideas outlined in the Ottawa Charter were embraced in many countries in the first ten years after being published – in Canada, in many European countries, and as far afield as Thailand and Australia. We also suffered setbacks in the years following this, which can in no small part be attributed to the rise in neoliberal political tendencies. In some countries, health policy once again focussed only on medical care, stressing that people are responsible for their own health choice and behaviour. In many cases, health is again seen as being merely a question of lifestyle. However, the

Ottawa Charter concept has been enjoying something of a second wind over the last few years. More and more people are once again recognising that promoting health involves more than merely aiming to change people's behaviour. Above all, we need to change the circumstances that shape our lives.

HEALTHY EUROPE

Is health promotion a luxury that only rich countries can afford?

No – quite the opposite, in fact. It is low and medium income countries in particular that can also benefit from this. At the WHO's 7th conference on health promotion in Nairobi in 2009, it was possible to establish a clear connection between the principles of the Ottawa Charter on the one hand,

PROFILE: EVELYN DE LEEUW

Born on 25 June 1960 in Haarlem

Star sign: Cancer

I live in two different places at the moment: in Summer Hill, a suburb of Sydney where I work and then around 1,000 km away in Drumcondra in the state of Victoria, which is where the rest of my family live – my girlfriend and my dog. Hopefully they will be moving to Sydney next year.

My hobby is thinking. Apart from this, I like to go for walks to experience the world in all its glorious diversity.

I like to go on holiday to Provence in France, or anywhere with mountains.

I like to eat all kinds of cheese and really love cheese fondue, occasionally with a glass of Chasselas white wine.

I listen to classical music, for example Chopin or Rachmaninoff. But I also love the sounds of the 70s like the Electric Light Orchestra or modern French electro like Air and Daft Punk.

On my bedside table there is, among other things, a copy of "Letter to Father" ("Brief aan Vader"), the latest book by Maarten Biesheuvel. In my opinion, he deserves to win the Nobel Prize for Literature. Apart from that, I have a set of radio speakers that allows me

to hear radio stations from all over the world.

I keep healthy by using public transport and, as a consequence, walking a lot as well and by taking good care of myself – for example by eating a balanced diet and getting enough sleep.

What causes illness is having to witness injustice or stupidity and not being able to do anything about it.

These three characteristics describe me best:

I am a thinker, a very reliable friend and sometimes impatient – with other people and with myself.

"The Ottawa Charter changed the world."

EVELYNE DE LEEUW, INTERNATIONALLY
RENOWNED HEALTH PROMOTION EXPERT



and economic and infrastructural and human development on the other. Involving people is particularly important. At first glance, it may seem simpler to invest only in vaccines, pills or doctors rather than interacting with everyday people, but this is every bit as important. For example, a sufficient vaccination coverage for a country can only be achieved if the government implements a strategy for this and if the vaccines are available. However, at the end of the day, people must also be convinced that they need to be vaccinated.

HEALTHY EUROPE

Five areas of action are described in the Ottawa Charter. What experiences

have been recorded in each of these?

The first area of action is "Building healthy public policy". At a national level, only initial approaches have been made so far, such as the national health objectives in Austria. At a local level, however, this often works very well, for instance in thousands of cities that are involved in the WHO's "Healthy Cities" initiative. Great progress has been and is still being made with regard to the area of "Strengthening community action". Similarly, extensive know-how has since been accumulated in the area of "Developing personal skills" and there are many good examples of how this can be implemented in practice. This involves above all

increasing people's health literacy and self-efficacy. There has also been progress in the area of "Creating supportive environments". The relation between health on the one hand and living, working and leisure conditions on the other is generally recognised today and practical initiatives have helped to make schools and workplaces into healthier environments. However, hardly any significant improvements have been made in the fifth area of action, "Reorienting health services".

HEALTHY EUROPE

Why not?

There is a lot of talk about involving patients in decisions but it rarely

INTERVIEW

Evelyne de Leeuw:

"Knowledge does not lead to change. That is true for individual as well as political choices."

A BRIEF CAREER RUNDOWN

Evelyne de Leeuw was born on 25 June 1960 in the Dutch city of Haarlem and "grew up all over the world". As she explains: "I have lived in many countries and cities, from the USA and Canada to France, Denmark and Australia. In all of these places there were influences that were important to me and people who inspired me." Her overriding memories of primary and secondary school were of being bored there. After this, she discovered an interest in health sciences, which she studied in Maastricht from 1981 to 1985. Following this, she graduated with a Master of Public Health from the University of California in Berkeley. In 1989 she successfully defended her PhD thesis.

Since 1989, Evelyne de Leeuw has acted as adviser at the Healthy Cities project of office for the European region of the WHO and was General Secretary of the Association of Schools of Public Health in the European Region (ASPHER) between 1992 and 1998. From 1992 to 2001, the much-travelled academic became Director of the World Health Organization Collaborating Centre for Research on "Healthy Cities" at the University of Maastricht. In 2000 she set up the public health programme at Syddansk Universitet in Esbjerg, Denmark, which was followed by a position at Deakin University in Victoria, Australia, from 2005 to 2013.

Since October 2015, Evelyne de Leeuw has been Director of the Centre for Health Equity Training Research and Evaluation (CHETRE) at the University of New South Wales in Australia. Here, the work undertaken together with her 25-strong team includes theoretical and practical research into Indigenous health and socially disadvantaged people, and applying and refining health decision support systems, including Health Impact Assessment. Evelyne de Leeuw is also Editor-in-Chief of the renowned international peer-reviewed journal "Health Promotion International".



amounts to more than empty buzzwords. The fact is that healthcare systems are still geared towards treating sick people in such a way that they can leave the system again as quickly as possible. How long they remain healthy after that does not seem to enter the equation.

HEALTHY EUROPE

What have you learned from your experience to date with health promotion in accordance with the Ottawa Charter?

Knowing about health is not enough on its own. For example, it is by no means enough just to tell someone that they should switch to a healthier diet and what such a diet consists of. We need to work together with people and with the communities they belong to. We need to listen to them, to respect them and to get them on board at the outset so that we can develop health-oriented community action together. As well as this, we need to structure their everyday environment in such a way that it is easier to opt for health – the healthier choice should be the easier choice.

HEALTHY EUROPE

What are the greatest challenges for the future in the field of health promotion?

Needless to say, where health is concerned, there is always an individual component as well. But first and

foremost health is political and is directly related to systems. Because of this, health promotion is concerned with systems and today we know better how we need to change these in order to ensure a healthier population. This is by no means easy. But that shouldn't stop us from analysing it very closely and communicating it to people in the simplest possible terms. After all, life itself is complicated as well. But that doesn't mean that we shouldn't be able to cope with it effectively.

HEALTHY EUROPE

What personal memories do you associate with the WHO conference on health promotion in Ottawa in 1986?

Aged 26, I was one of the very youngest participants and I realised only in hindsight what a high-level conference it was. One thing I still recollect very clearly is sitting for three hours in a restaurant with a group of 15 women having a heated discussion about whether the Charter met our expectations as women. We felt that two sentences needed to be added at all costs, scribbled them down on a napkin and delivered them to *Ilona Kickbusch*, the initiator of the Charter, in the middle of the night. One of the two sentences was actually included in the Charter and I am still quite proud of this today. It read: 'This must apply equally to women and men.'

Education is more valuable than better rescue helicopters

*The health of the population can only improve if there is cooperation between all policy areas, states **Armin Fidler**, one of the main speakers at the 9th European Public Health Conference in Vienna, in conversation with “Healthy Europe”.*

HEALTHY EUROPE

“All for Health – Health for All” is the main topic at the 9th European Public Health Conference in Vienna. What do you associate with this theme, Mr Fidler?

Armin Fidler: We have known for a long time from numerous studies that all areas of society, such as the education system, infrastructure and the economy, have important influences on health. In comparison, the health system itself only makes a small contribution to keeping us healthy. Neither the population nor our politicians have recognised this, however. There are even experts who work in public health yet still believe that the health system is the only health contributor. One consequence of this way of thinking is an inefficient use of resources. After all, it has been proven that multi-sector activities are more beneficial than clinical intervention. For example, when it comes to improving health on average, then – to put it somewhat simply – every euro spent on better education is more usefully invested than a euro spent on an even faster rescue helicopter.

HEALTHY EUROPE

What could help us take a step closer to this goal?

Generally, it is necessary for all areas of society to work together across the board. This means that all departments and policy levels must be integrated and there must be clear targets. In practice, this can mean collaboration between the Ministries of Education, Transport and Health in order to reduce the number of road accidents. Another goal could be achieved, for example, if at least half of all schoolchildren were able to either walk or cycle to school safely within



“We still need to make improvements in the same areas as 30 years ago.”

ARMIN FIDLER, FORMER CHIEF ADVISER
ON HEALTH ISSUES AT THE WORLD BANK

a certain time frame, to counteract increased obesity in young people. Or we could strive to teach children at school how to shop, cook and eat healthily – this is educational content that is at least as important as mathematics or other subjects.

HEALTHY EUROPE

What influence does the economy have on health?

I am convinced that everybody's health improves as a result of economic progress, which I interpret to be economic growth that is ecologically sustainable and in coordination with social policy that is focussed primarily on eliminating poverty. Targeted multi-sector strategies that advance the health and social status of the population strata with the worst social position reap the greatest benefits. It is then of marginal importance if the number of millionaires increases or decreases by one or two at the same time. History has shown that absolute equality must not necessarily be pursued.

HEALTHY EUROPE

Multi-sector activities were already demanded in the Ottawa Charter for

Health Promotion from the World Health Organization in 1986. What has been achieved since then?

We have done a lot and now know in theory how health is generated and what areas have to be fine-tuned in order to improve health. At the same time, we still need to make improvements in the same areas as 30 years ago because there is a lack of the political willingness that is necessary for implementing this knowledge in practice. It is also due to the fact that the economic value of health is regularly overlooked. And the world of politics usually only thinks in short-term results. This issue is all about change, however, and the effects may only be felt a generation later.

PROFILE

Medical expert **Armin Fidler** (57) was chief adviser on health issues at the World Bank until 2015. Since then he has taught the European Master in Health Economics and Management course at the Management Center Innsbruck (see also profile on page 4).

Still as relevant today as 30 years ago

The World Health Organization's Ottawa Charter for Health Promotion was developed in 1986 and fundamentally changed the way we thought about health. **Text:** Dietmar Schobel

The weather was ideal. At least ideal for a conference – thanks to the fog, cold and snowstorms that held sway in November 1986, the 300-odd participants at the WHO's first-ever conference on health promotion rarely ventured outside the conference hotel in Ottawa. Instead, they devoted themselves even more intensively to the joint meetings and workshops that would ultimately lead to the document that outlined the foundation of health promotion. The Ottawa Charter defined – in clear, simple language – the three basic strategies for health promotion and the five areas of action (see also box: “The three basic strategies and five areas of action for health promotion”). All conference participants in Ottawa

had the chance to make an active contribution to the document. “It was especially important for us to have the widest possible participation – we even set up boxes to collect comments. It was quite common for notes with handwritten comments on the latest version of the Charter to be pushed under my bedroom door in the middle of the night,” recalls consultant and renowned global health expert *Ilona Kickbusch*, who initiated the conference. A team of writers worked through the night to produce a new, revised version of the document every day, then circulate it among all participants the following morning. At the close of the five-day conference in Ottawa, the final version of the Charter was read out before the assembled participants. “We



THE THREE BASIC STRATEGIES AND FIVE AREAS OF ACTION FOR HEALTH PROMOTION

According to the World Health Organization's Ottawa Charter, health promotion is “the process of enabling people to increase control over, and to improve, their health”. Three basic strategies and five areas of action are outlined in this connection. The three basic strategies are:

Advocate

Environmental and behavioural factors can all be either conducive or detrimental to health. Health promotion aims to influence these factors through advocacy for health.

Enable

Health promotion focusses on reducing existing health differences owing to social factors. It aims to enable all people to achieve their fullest health potential.

Mediate

The health sector alone is not capable of ensuring good health. Rather, health promotion calls for coordinated action by all social areas and institutions.

The five main areas of action for health promotion are:

- 1 Build healthy public policy
- 2 Create supportive environments
- 3 Strengthen community action
- 4 Develop personal skills
- 5 Reorient health services

The complete wording of the Ottawa Charter can be found online at the following link: <http://www.euro.who.int/de/publications/policy-documents/ottawa-charter-for-health-promotion,-1986>

all had the feeling of having created something truly innovative,” says *Gauden Galea* – today, Dr Galea is Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course at the WHO’s Regional Office for Europe, but at the time he was one of the youngest participants, aged just 26.

A new way of thinking

“The Ottawa Charter completely changed the way we think about health,” emphasises *Bosse Pettersson*, Vice President of EuroHealthNet, the Brussels-based European network of health promotion organisations and institutions, who also attended the conference in Canada. Rather than merely



THE SETTINGS APPROACH HAS BECOME COMMON PROPERTY

In the Ottawa Charter of 1986, the settings approach was defined as a core strategy for health promotion. “Settings” are distinct socio-spatial systems in which people live and which have an influence on the health of individuals and groups. The aim should be to design healthier overall settings rather than merely seeking to change individual behaviour by means of health promotion. The first settings for health promotion were defined by the WHO as companies, schools, towns/cities, regions, prisons, colleges/universities and hospitals. “The settings approach has since become common property,” explains *Christiane Stock*, Professor of Health Promotion at Syddansk Universitet in Esbjerg, Denmark, and President of the EUPHA Section on Health Promotion.

“In Austria, we have around 30 years of experience in working with this concept and many new settings have been added as well,” explains *Gerlinde Rohrauer-Näf*, health adviser at FGÖ, the national centre of competence for health promotion and prevention. Among the projects supported by FGÖ, these include municipalities, child daycare centres, educational or training establishments, social and healthcare institutions such as residential or nursing homes, consulting institutions, and families and communities, such as those of people with a migration background. Practical experience shows that the following conditions in particular must be met in order for health promotion to be actually integrated in a setting.

- The entire setting should be analysed to begin with – and not just the health problems of the people in the setting
- People should be assisted in making their setting more conducive to good health; this process should be overseen by experts if necessary
- Health promotion must also include improving the core functions of the setting, e.g. education in the case of schools or working processes at the workplace
- Any action taken must address conditions and also individual conduct to the same extent, i.e. at several of the five intervention levels defined by the Ottawa Charter.



Sabine Oberhauser:

“In many countries, health promotion has established itself as an important pillar of the health system.”



Klaus Ropin:

“We are always faced with new challenges.”



Gerlinde Rohrauer-Näf:

“In Austria, we have around 30 years of experience in working with the concept of ‘settings’.”



Ilona Kickbusch:
"It was especially important for us to have the widest possible participation."



Gauden Galea:
"We all had the feeling of having created something truly innovative."



Bosse Pettersson:
"The Ottawa Charter completely changed the way we think about health."

reflecting on how illnesses can be avoided, the document examined for the very first time how health can be positively influenced and strengthened.

A CONCEPT FOR ALL CONTINENTS

Since Ottawa, seven more international WHO conferences on health promotion have taken place and have further developed, deepened and enriched the concept with new elements. The individual conference venues were chosen by the WHO to enable the idea of health promotion to be gradually "carried around the world". The host countries were usually nations that had already showed commitment to health promotion and were regarded as pioneers in the area. This being the case, the second international conference was held in Adelaide, Australia. This was followed by Sundsvall in Sweden and the Indonesian capital Jakarta in Southeast Asia. The fifth conference took place in Mexico City, the sixth in Bangkok. In 2009 Kenya's capital city Nairobi was chosen as the venue, followed by Helsinki in Finland in 2013. Shanghai is to host the ninth global conference on health promotion between 21 and 24 November 2016. This event will focus above all on the correlations between health promotion and the 17 Sustainable Development Goals that the United Nations has set for 2030.

This meant that the focus was no longer merely on individual behaviour but above all on everyday "settings", the influence of social and environmental factors and the responsibility of state and society for the health of the people. The Ottawa Charter states that health is created where people "learn, work, play and love". Over the course of time, this concept found its way into the health policies of many countries on all continents – sometimes to a greater and sometimes to a lesser degree, depending on the overall political situation in the country in question. Bosse Pettersson: "Looking at the overall picture, the Ottawa Charter definitely had an enormous influence."



Ottawa: The 1st international conference for health promotion of the World Health Organization in 1986 took place in Ottawa.

A pillar of the health system

These sentiments are echoed by Austrian Minister for Health *Sabine Oberhauser*: "In many countries, health promotion has established itself as an important pillar of the health system. Over the past decades, it has developed from a series of dedicated individual initiatives into an area with extensive support at policy-making level." In Sabine Oberhauser's view, the Ottawa Charter shows that people need more than medical care to stay healthy – for example, they also need good living conditions, supportive social networks, safe food and drinking water, good education and employee protection: "For policymakers, that means ensuring that all living environments offer the best possible health opportunities for the population. This can only come about by different departments working together."

Gauden Galea also points out that the ideas underlying the Ottawa Charter have already become common knowledge among academics in the field: "Today, it is difficult to imagine anyone giving a lecture on public health without citing the importance of social determinants such as income and education on health or without referring to the health differences between different social groups."

Klaus Ropin, head of Austrian health fund Fonds Gesundes Österreich (FGÖ), stresses: "Great progress has been made in science and research in the field of health promotion over the past 30 years, and extensive practical know-how has been accumulated as well. These days, we know more about which measures are effective and how they can be implemented in practice. Which is precisely why the Ottawa Charter is every bit as relevant today as it was 30 years ago. After all, we are still a long way from achieving its objectives and we need to channel our new findings into renewed efforts to achieve them now. And in doing so, we are always faced with new challenges."

"Health for All" – utopian dream or real world?

Is the main goal of health promotion still relevant as described in the Ottawa Charter from 1986? We asked four experts from Switzerland, Slovenia and Austria about the strategies that are suitable for achieving "Health for All" in today's world.

Pamela Rendi-Wagner

Head of the Public Health and Medical Affairs Section, Austrian Ministry of Health

The World Health Organization defines health as a "state of complete physical, mental and social well-being". This is naturally a utopian dream. A more realistic definition is the attempt to achieve the best possible health, depending on the starting situation. A wheelchair user is faced with a different situation to that of a top athlete. We have done quite well in approaching this goal so far: the quality of life in Austria is high when compared internationally, and life expectancy is continuing to rise. The situation could be less optimistic for our children and grandchildren: malnourishment, a lack of exercise and the abuse of stimulants promote an increase in chronic illnesses. Climate change, deregulation of the economy and international conflicts lead to added environmental pollution, to fears, worries and an erosion of social solidarity, and also to an increase in the risk of poverty with the familiar detrimental consequences for health. In order for the goal of achieving the best possible health to remain realistic for everyone, we must address those in particular who are most affected by these developments.



Vesna Kerstin Petric

Head of the Division for Health Promotion and Prevention of Noncommunicable Diseases, Slovenian Ministry of Health

The goal "Health for All" is still as relevant as it was 30 years ago. It is also an essential part of the national strategy for the development of primary healthcare in Slovenia in the years leading up to 2025. The bigger component of primary healthcare is supplied by 64 community-level health centres which are equipped with teams of physicians and nurses. Health promotion units within the health centres are responsible for prevention and health promotion, including smoking cessation and slimming group counselling. Their services will be expanded significantly by involving community nurses and assuring collaboration with social services and schools, for example. By the year 2020 there will be health promotion units with these expanded services in 25 of the primary healthcare centres, and by 2025 they will be available in all centres. Also, in all 858 primary healthcare practices in Slovenia there will be part-time diploma nurses who will provide assistance for patients with chronic diseases and offer individual preventive services. Such nurses are already employed at 584 primary healthcare practices.

Josef Probst

General Director of the Main Association of Austrian Social Security Institutions

The central goal of health promotion – "Health for All" – is more relevant than ever. The fact that we witness a shift in the conditions for living, working and leisure activities within a society as the years pass is also expressly addressed in the Ottawa Charter, which states that the organisation of work, working conditions, environments and leisure time should be geared towards participation and well-being. In Austria we developed national health targets in 2012 and coordinated them with policy areas. Nine of these ten national health targets are objectives that promote health or address determinants for health. The tenth specifies the optimisation of medical treatment. We intend to counteract phenomena such as the erosion of solidarity and fragmentation with participation in the national health targets and their content. We advocate a general policy that promotes health: in other words, all policy areas must make their own contribution to the promotion of well-being and health, and direct our attention more closely to the social determinants of health.



Salome von Greyerz

Head of the Health Strategies Division in the Federal Office of Public Health, Switzerland

Yes, in Switzerland this goal is still relevant. It is all the more applicable in view of the demographic developments, the increasing influx of people from crisis regions, and also the pressure of globalisation with its economic consequences. In 2013 the Swiss government therefore approved the "Health 2020" strategy. A total of 36 measures in all areas of the health system are intended to safeguard the quality of life, strengthen equal opportunities, increase the quality of care and improve transparency in order to orient the Swiss health system ideally on the coming challenges while at the same time keeping it affordable. It is a matter of avoiding illnesses and the associated suffering through effective prevention, early detection and long-term care, increasing the competence for health issues in all population groups, avoiding unnecessary treatment and complications, but also tapping the full potential of efficiency reserves.

The Vienna Declaration - summary



EUPHA and ÖGPH together with many partners at the European Public Health Conference 2016 in Vienna are reiterating their commitment to the principles of the Ottawa Charter from the year 1986.

● The prerequisites for health

The ideas set out in the Ottawa Charter have stood the test of time. The Ottawa Charter identified five areas of action in the area of health promotion. As with so much of the Charter, these remain relevant today. However, as the world has changed, so the responses to this changing environment should adapt.

● Build healthy public policy

The Ottawa Charter has contributed greatly to the identification of obstacles to the adoption of healthy public policies in non-health sectors and the ways of removing them, with a much greater focus on the upstream, or social, commercial and political determinants of health. The public health community must now map what are often hidden influences on policy, coupled with attention to policies in all sectors, from the domestic, such as welfare reform, to the global, such as climate change and international trade.

● Create supportive environments

In many countries, the environments in which people live and work have become less supportive of health. In some of these, deindustrialisation, urban decay, depopulation and pollution have led to severe degradation. In others, property speculation and high rents have priced ordinary people out of the housing market.

The public health community must engage actively with those responsible for economic and employment policies and also with the officials responsible for urban planning.

● Strengthen community action

Despite great progress, there have been too many reversals since the Ottawa Charter. In many countries, citizens have lost trust in their governments and have disengaged from the political process.

The public health community must now advocate a process of civic renewal, which supports the empowerment of communities rather than undermining it.

● Develop personal skills

The Ottawa Charter placed a high priority on information, education for health, and enhancing life skills. Faced with the explosion of information provided by the Internet, the public health community needs to promote health literacy, for people of all ages, as part of an overall approach to developing healthy life skills.

● Reorient health services

Those providing personal health services increasingly recognise the importance of prevention and health promotion, while the increase in multi-morbidity has made a more holistic approach to the patient essential.

The public health community must engage with those delivering healthcare to ensure that preventive measures are given priority and that the care provided is equitable and effective.

● Public health functions

The Ottawa Charter identified a set of core health promotion functions, which are now updated and renewed in the Vienna Declaration.

● Information: using data to give voice to the weak

The public health community must base its actions on information about what works, and in what circumstances. Public health intervention should thus be evaluated using rigorous research methods, and the results disseminated. The public health community must also argue for safeguards in the use of such data.

The public health community must ensure that advances in the use of data do not further exclude the most vulnerable in society.

● Advocating change

The public health community has a duty to advocate healthy public policies while recognising that this often requires engagement with other sectors, remaining consistent with the concept of "Health in All Policies".

The public health community must recognise that advocacy requires specific skills in order to frame the narrative and communicate it effectively, as well as a commitment to rapid action.

● Good governance for the protection of health

The public health community must promote the concept of "Health in all Policies" at all levels of government. The public health community has a key role to play in holding governments at all levels to account for their actions.

● Capacity for triggering change

The public health community can only play an effective part in improving health if it has sufficient numbers of people with the requisite skills and with access to the relevant data. The public health community must call for a sustained and lifelong investment in training. Join us by signing our full Declaration on:

● <https://ephconference.eu/vienna-declaration-294>

Cultural diversity is an opportunity

Allan Krasnik in an interview on challenges in the areas of healthcare and health promotion for migrants and refugees.

HEALTHY EUROPE

Migration and flight are bringing challenges for the healthcare systems. How well can these challenges be mastered?

Allan Krasnik: The conflicts in Syria and neighbouring countries such as Afghanistan and Iraq have forced considerable numbers of people to flee to Europe in recent years. Some countries where particularly large amounts of people have sought protection, such as Sweden, were initially overwhelmed in some areas by the volume of asylum seekers. This was due above all to problems with coordination between the responsible authorities, though. When this coordination improved it was ultimately possible to take care of the refugees, especially also with regard to healthcare. And this is certainly conceivable in the European Member States. So far, Europe as a whole has taken in roughly as many refugees owing to the current conflicts as Lebanon, which is only small country yet is sheltering around one million people.

HEALTHY EUROPE

Are there any specific health problems among the refugees – infectious diseases, for example?

Infectious diseases are not much of a problem. However, many of those who are seeking protection have had to witness the death of close relatives or friends in wars or civil wars, or are traumatised by fear and abuse experienced on their journeys or by their situation while living in camps. Particular challenges are therefore faced in the area of mental health. We must attempt to recognise and treat psychological illness among refugees as early as possible, something which is frequently made more difficult by language and cultural barriers.



“Health promotion activities can contribute to improving social contacts.”

ALLAN KRASNIK, PRESIDENT OF THE EUPHA SECTION FOR MIGRANT AND ETHNIC MINORITY HEALTH

HEALTHY EUROPE

How can these barriers be overcome?

People who come here from a different country are unfamiliar with the healthcare system in their new home and are usually without relatives to help them if they are unsure. This means we need to organise our healthcare systems so that they are easily accessible for refugees as well, and also in general for the much larger group of migrants.

HEALTHY EUROPE

What does that mean, exactly?

It begins with larger organisations appointing a coordinator for the health of migrants. In addition, we need people who are familiar with the cultural differences and can act as mediators when conflicts arise. And finally we require interpreters who are present in person or are available via video transmission when necessary. In some countries – Denmark, for example – such translation services have already been established. In principle, we should see cultural diversity not as a problem, but instead as an opportunity: if we learn how to handle it, then we can benefit from our experiences and also put them to good use in the interests of patients who perhaps have been unable to make the most of the healthcare services for other reasons.

HEALTHY EUROPE

Should migrants and specifically refugees receive education on health promotion?

It would be wrong not to do that because it is simply assumed that migrants and especially refugees have different, existential worries. As these newcomers have to adapt to a changed situation in any case, this can also be a good opportunity to familiarise them with new behaviour patterns that promote health. The topic of health should be given more importance from a social point of view as well when it comes to the integration of migrants and in particular refugees. It is just as important as, for example, the areas of work or education. Health promotion activities can contribute a great deal to improving social contacts – between the migrants themselves, as well as between them and the existing population in each area.

PROFILE

Allan Krasnik, (70), is Professor of Public Health and Health Services Research at the University of Copenhagen and President of the EUPHA Section on Migrant and Ethnic Minority Health.

For a healthier Europe

Even though health promotion is an important political topic in all countries of the World Health Organization's (WHO) European Region, there is still a lack of practical implementation. Text: Dietmar Schobel

In recent decades, health promotion in Europe as described in the Ottawa Charter has made considerable progress. Today there are relevant institutions in every country, and both scientists and politicians have generally recognised the significance of health promotion", says *Natasha Azzopardi Muscat*, medical public health expert from Malta and the new President of the European Public Health Association. She points out that there have been repeated setbacks, however, and specifically the economic crisis in 2008 resulted in spending cuts that affected health promotion and prevention in some countries during subsequent years. She emphasises: "There should be clearer political commitment at a European and national level to the targeted implementation of health promotion and prevention."

Caroline Costongs, Managing Director of EuroHealthNet, the Brussels-based European network of health promotion organisations and institutions, also calls for recognised methods for health promotion to be applied more frequently within and beyond health systems. "In the past two years the current European Commission has not developed any new health strategies," criticises Caroline Costongs. And so she hopes that the EU initiative on a potential "European Pillar for Social Rights" will give rise to new opportunities for incorporating health promotion and strengthening the social determinants of health at



a European level. She urges: "There must also be increased investment in training, capacity building and the development of organisations in the public health sector," and adds that health promotion and public health experts should also step up their efforts on forming effective alliances with institutions and actors in other areas.

Pioneers for better health

Some countries – according to the experts interviewed by "Healthy Europe" – are already forerunners in the area of health promotion and public health. These include, for example, Norway, Sweden, Finland and Denmark, also England and the Netherlands, as well as currently

Slovenia and the Baltic States, specifically Latvia.

Austria is regarded around the world as a model for the "Health in all Policies" concept. Many different departments worked together to develop the ten national health targets approved in 2012 which aim to help ensure that the Austrians spend an average of two additional years in good health by the year 2032. Ireland was not only the first country in Europe to ban smoking in public places, but also introduced a programme entitled "Healthy Ireland" for the period between 2013 and 2025 which aspires to achieve a greater sense of well-being in its population, and also relies on both cooperation between



Natasha Azzopardi Muscat:
"We must create more political pressure for our concerns."



Caroline Costongs:
"In the past two years the current European Commission has not developed any new health strategies."



Reinhard Busse:
"Solutions at a national level are necessary. There is currently a deficit in the political courage needed for this."



Christiane Stock:
"Strategies and concepts for elderly people are going to play an increasing role."

several ministries and maximum participation by all groups in society. In Wales, the Well-being of Future Generations Act was passed in 2015. It obligates various public institutions to work together in pursuit of seven goals, for example to improve the feeling of togetherness within communities, to reduce inequalities and to improve the health of its citizens.

More political courage is needed

In Germany, a Prevention Act was passed last year which more than doubles health promotion and prevention services from the health insurance funds, and increases their expenditure to around 500 million euros. "It is an improvement, but more important than the question of money is the issue of looking for solutions at a national level in areas such as nutrition or alcohol consumption, in a similar way to the success that has been witnessed with smoking as a result of relevant laws and taxes. There is currently a deficit in the political courage needed for this," comments Reinhard Busse, Professor of Health Care Management at the Technical University of Berlin.

Christiane Stock is Professor of Health Promotion at Syddansk Universitet in Esbjerg, Denmark, and President of the EUPHA Section on Health

Promotion, which has around 2,000 members. A survey of these members was conducted recently which focussed on existing achievements in the five priority areas of the Ottawa Charter for Health Promotion. Christiane Stock sums up two interesting results: "The strategy of developing *personal skills* is pursued in almost every country. But on the other hand, the attempt to *achieve healthier public services* has gained the least success so far." In addition, the survey revealed that northern/western Europe is more successful than southern/eastern Europe when it comes to creating *supportive environments and strengthening communities*. A *healthy public policy*, on the other hand, is a topic that is found in all regions to the same extent, albeit at a relatively moderate level.

Perspectives for the future

How should health promotion in Europe develop in the future? "Owing to the growing proportion of elderly people in European countries, strategies and concepts for this section of population are going to play an increasing role," explains Christiane Stock. And the new EUPHA President Natasha Azzopardi Muscat points out that an attempt must also be made in the health promotion and public health sector

to find answers to the new challenges posed by the globalised economy and digital communication. She emphasises: "We must create more political pressure for our concerns. This requires simple and understandable language used in a manner that can be understood by everyone."

BENEFITS FOR THE ENVIRONMENT AND HEALTH

In January the project entitled INHERIT was launched. It will continue until December 2019 and is headed by Caroline Costongs, Managing Director of EuroHealthNet, the Brussels-based European network of health promotion organisations and institutions. INHERIT has been awarded around six million euros and involves 18 partner organisations from all over Europe in the areas of health, environment, equity, economics and technology. The project aims to examine how patterns for our lives, exercise and consumption have an effect on health and the environment. The goal is to find out how we can change our lifestyles and at the same time enable health and the environment to benefit as well. Further information can be found online at www.inherit.eu

Health inequality on the rise in Europe

Tell me where you live and I will tell you when you will die: Social inequality based on income, education and place of residence manifests itself in serious health differences. Text: Dietmar Schobel

28 years. This, according to a World Health Organization report, is the difference in life expectancy between newborn baby boys in two districts of Glasgow, just a few kilometres away from one another. While Calton is riven with poverty and unemployment, upmarket commuter suburb Lenzie is teeming with well-heeled residents. The health differences between different population groups are not as extreme elsewhere, but they do exist within all European regions and countries. "Health differences owing to social factors are unfair and avoidable. They relate to many factors, including income, wealth, ethnicity, legal status, and education," says *Martin McKee*, Professor for European Public Health at the London School of Hygiene &



Tropical Medicine and formerly President of the European Public Health Association (EUPHA).

exception of Germany, France, Italy and the UK, the last still an EU member at the time of writing.

DIFFERENCES IN HEALTH BETWEEN COUNTRIES

The difference in life expectancy at birth between the 53 countries of the World Health Organization's European Region – which stretches from Iceland in the north to Israel in the south and from Russia in the east to Portugal in the west – is twelve years for women and seventeen for men. This is shown by the report on health inequality in Europe published by the WHO in 2013. Women had the highest life expectancy in Spain with 85 years compared with 73 years in Kyrgyzstan. Similarly, men in Israel had a life expectancy of 80 years at birth compared with just 63 in Russia.

To take just one more example, the difference in life expectancy between men in Germany with very low incomes and those with very high incomes is eleven years – and eight years between their female counterparts. The groups with relatively poor health include financially and educationally disadvantaged people, including migrants, single mothers, elderly women living on their own, and unemployed people. According to a press release for the EU programme "Equity Action", the fact that socially disadvantaged people are more frequently ill and tend to die earlier costs EU countries an estimated €1.3 trillion every year. This is more than the entire annual gross national product in almost all individual EU countries – with the

The gap has widened further

However, in recent years and especially since the economic crisis of 2008, the social gap between rich and poor has widened further throughout Europe. In many countries, there has been an increase in the proportion of people who are "manifestly poor" and who cannot afford everyday necessities such as new clothing, children's school supplies or adequate home heating in the winter. Health differences owing to social factors have also increased. *Meri Koivusalo*, Senior Researcher at the National Institute for Health and Welfare in Finland, explains: "Seen overall, life expectancy has increased on average in recent years along with the number of years that we can expect to spend

in good health. However, while this change has been quicker to take effect in socio-economically privileged groups, it has often been slower among less socio-economically privileged groups. Furthermore, for example in Finland, life expectancy has stagnated for the lowest income group. This means that health inequality associated with social factors is on the rise."

To counter health inequality, it is first necessary to gather the required data carefully in order to identify especially disadvantaged groups. However, opinion is often divided as regards the right strategy for doing so. While some experts feel that the focus should be primarily or exclusively on the disadvantaged groups, others are in favour of undertaking measures at population level. "A mixture of these is likely to be best – in other words programmes and projects for the population of a country as a whole together with additional interventions geared specifically towards the ten or twenty per cent of people who are particularly disadvantaged from a health perspective," says *Angela Donkin*, Deputy Director at the Institute of Health Equity, University College London. Practical experience has also shown that, in many cases, these "vulnerable groups" are particularly difficult to reach. Because of this, suitable financial funding needs to be made available.

Measures at three levels

"Structurally speaking, interventions at a number of different levels are important for reducing health inequality," affirms *Gudrun Braunegger-Kallinger*, who is a health adviser for Austrian health fund Fonds Gesundes Österreich. At macro level, this could be in keeping with the "Health in all Policies" concept, for instance measures for improving educational opportunities for children from educationally disadvantaged households, or political interventions aiming to improve access to the labour market for vulnerable groups. At meso level, this might involve restructuring entire settings or environments – such as companies or schools – to make them more conducive to healthy living. At micro level, it is ultimately a question of how best to involve individual people. As *Gudrun Braunegger-Kallinger* emphasises: "The aim is ultimately to enable all people – and socially disadvantaged people in particular – to make use of their health potential as well."

From a social perspective, studies conducted by British researchers *Margaret Whitehead* and *Richard Wilkinson* indicate that, on average, people tend to be healthier in those states in which the differences between rich and poor are relatively small. As *Martin McKee* points out:

A HEALTHY LIFE IN A FAIR SOCIETY

What is most important when it comes to making a society fairer and, in turn, healthier as well? This question was explored by the Marmot Review, a commission chaired by British epidemiologist and public health expert *Michael Marmot* for the UK Secretary of State for Health. In a report published in 2010, the following six measures were recommended:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.

Source: Fair Society, Healthy Lives – The Marmot Review, England 2010, download at: www.ucl.ac.uk/marmotreview

"This means that a policy of redistribution can ensure better health for all. At the same time, we should not destroy incentives for entrepreneurship. What matters is that policies are fair."



Martin McKee:
"Health differences are unfair and avoidable."



Meri Koivusalo:
"Health inequality associated with social factors is on the rise."



Angela Donkin:
"A mixture of measures is likely to be best."



Gudrun Braunegger-Kallinger:
"The aim is to enable all people to make use of their health potential as well."

Putting in-depth knowledge into practice

There are major challenges in store for healthcare systems. High-quality public health training provides the knowledge needed to overcome these challenges at population level.



50 YEARS OF ASPHER

The Association of Schools of Public Health in the European Region (ASPHER) was founded in 1966 on the initiative of the World Health Organization (WHO). Today, 112 training institutions from 43 European countries are full members of the association, with a further 14 associated members from countries outside Europe. ASPHER works to help develop high-level study programmes for public health – from bachelor to doctorate level – and to promote ongoing professional training as well. It also founded the Agency for Public Health Education Accreditation together with the European Public Health Association, EuroHealthNet, the European Public Health Alliance and the European Health Management Association. This organisation aims to safeguard the quality of public health training at European level. Among other things, a list of criteria was drawn up for this purpose, together with a self-evaluation manual. Further information on public health training in Europe can be found online at www.aspher.org and www.aphea.net

Here in Europe, we need a good range of professional education and training courses on public health and we also need healthcare systems in which this area is of corresponding importance,” says *Jacqueline Müller-Nordhorn*, Professor of Public Health at the Berlin School of Public Health and President of the Association of Schools of Public Health in the European Region (ASPHER). Founded back in 1966, this association has worked to improve the quality of public health training in European countries by international cooperation and knowledge exchange (see box: “50 years of ASPHER”). This is also important given that the growing proportion of patients with chronic illnesses and rising cost pressure both constitute major challenges for European healthcare systems. Public health experts can help to overcome this problem by contributing their in-depth knowledge about how to improve health at total population level. As early as 2011, ASPHER published an article outlining the core competences with which public health experts should be equipped in order to meet this challenge. These include problem-

oriented and in-depth knowledge of epidemiology and demography, as well as of statistics, sociology, social psychology, anthropology and healthcare research. *Jacqueline Müller-Nordhorn*: “Above all, it is a matter of knowing which illnesses are frequent and which measures are most suitable for preventing them effectively.”

Professional education and training

Professional education and training is available in almost all countries in the World Health Organization’s European Region. Some of these are still geared mainly towards medicine, hygiene and healthcare research, while others are in the “new public health” vein, leaning more towards social medicine and the social sciences. A formal distinction must be made between the kind of training that focusses solely on public health and the kind in which it is just one of several important components. At universities and other higher-level institutions, public health is taught at postgraduate level as well as foundation courses and master’s degrees. However, public health is also a factor with regard to training nurses and carers, for instance.

Public health is of particular importance for physicians. *Anita Rieder*, Vice Rector for Education and Head of the Centre for Public Health at the Medical University of Vienna, explains: "At the Medical University of Vienna, for example, there is a six-year training course for public health physicians, organised on similar lines as in Switzerland and Germany. We feel that it is also very important for public health know-how to be covered in training for all of our students. This encourages systemic thinking, in terms of the parameters that need to be created in order to improve the health of the population as a whole."

How is this knowledge put into practice?

A key question is how public health knowledge can be put into practice. *Anita Rieder*: "It should start with decision-makers knowing which interventions are cost-effective and obtain results, regardless of whether they involve healthy food for schoolchildren, promoting exercise for senior citizens or measures for better emotional health, to name just a few." People who are in charge of implementing measures for improved health also require in-depth know-how ranging from problem

definition to planning and ultimately evaluating projects and programmes. Doctors, nurses, carers and therapists from various professions can pass on their prevention and health promotion expertise directly to patients. *Anita*

Rieder: "At population level and from a future public health perspective, we need to tackle the challenges arising from the fact that the proportion of older people and of people with a migration background are both growing."

INTERVIEW: HEALTH PROFESSIONS NEED TO FIND A NEW ORIENTATION

In an interview with Thomas Plochg, he explains why he feels that healthcare systems are fragmented and health professions overspecialised and in need of a new orientation.

HEALTHY EUROPE

Director Plochg, you are calling for a completely new orientation for health professions. Why is this?

Thomas Plochg: For health professions, training and practice are still almost exclusively geared towards acute individual illnesses – which have been and are still being treated with greater and greater success. However, these have dwindled in recent years, while there has been an increase in chronic conditions – from diabetes and cardiovascular diseases to chronic obstructive pulmonary disease and depression. In most OECD countries, chronic illnesses currently account for four-fifths of the overall disease burden, with around half of these patients classified as "multi-morbid", i.e. suffering from more than one chronic illness at the same time. Because of this, we will need more physicians and nurses with interdisciplinary knowledge who are well versed in treating patients with several illnesses.

HEALTHY EUROPE

Which role should prevention play in this regard?

Prevention and health promotion need to take a central role in both training and practice. These should no longer be the responsibility of specialised professions or institutes but should become second nature to everyone in the health sector.



Thomas Plochg (43) is Director of the Netherlands Public Health Federation and Assistant Professor for Public Health at Amsterdam University.

HEALTHY EUROPE

What impact do you expect this concept to have on healthcare systems?

These days, healthcare systems are increasingly fragmented and overspecialised. The growing cost pressure on healthcare systems means that fewer and fewer specialist personnel are expected to do more and more and to do it better and better. In many cases, this in turn prompts decision-makers to introduce a constant stream of control mechanisms that are supposed to increase efficiency – and which often mean more administrative work for healthcare professionals. Changing the orientation of health professions should therefore also lead to more sustainable and future-oriented healthcare systems.

HEALTHY EUROPE

How should this be implemented?

The first move should be made by political representatives and the remaining steps regulated from within the ranks of the healthcare professionals themselves.



Jacqueline Müller-Nordhorn: "Above all, it is a matter of knowing which measures are most suitable for prevention."



Anita Rieder: "Decision-makers should know which interventions are cost-effective."

We are what we build

“Built environment” has a major influence on our health. Because of this, cooperative efforts involving planners, architects and public health experts can be expected to yield positive effects.



We are constantly exposed to what is termed ‘built environment’, i.e. the way in which space is planned and buildings are erected. This affects our well-being to a great degree, and our emotional health in particular. Simply put: we are what we build,” explains *Jutta Lindert*, Professor of Public Health at the University of Applied Sciences in Emden, Germany, and President of the EUPHA Section on Public Mental Health. This is readily confirmed by *Stefano Capolongo* – architect, public health expert and professor at the

Politecnico di Milano: “Built environment is of central importance for both protecting and promoting health. The term refers to both urban agglomerations of buildings and infrastructure and to rural and natural spaces that are connected with one another through transport routes.”

Learning from mistakes

A 240-page report published by the World Health Organization (WHO) earlier this year deals in particular with health in urban areas and states that for the first time in human history,

more people are living in urban than in rural areas. According to United Nations statistics, this figure is even higher than 70 per cent in Europe. During the age of industrialisation and in many cases afterwards, urban growth was often unplanned and took its toll on the health of the population.

“However, we can learn from the mistakes of the past,” says *Arpana Verma*, Head of the Manchester Urban Collaboration on Health and President of the EUPHA Section on Urban

MEASURING THE HEALTH OF PEOPLE IN URBAN AREAS

In Phase 1 of the European Urban Health Indicators System (URHIS) – a project in which over 30 European countries participated – a system of 45 indicators for health in urban areas was developed beginning in 2006. In Phase 2, the data for the indicators in various European cities were collected and analysed between 2009 and 2012. Health profiles were also created for 26 of the participating cities – from Amsterdam (Netherlands), Kosiče (Slovakia) and Montpellier (France) to Tromsø (Norway). From 2014, URHIS was also implemented in China in a cooperation with Fudan University in Shanghai. Further information can be found at www.urhis.eu.

Health. “Countries with low and medium average incomes in particular will be able to benefit in future from the way their urban spaces are designed.” Arpana Verma, public health lecturer at The University of Manchester, was also at the helm of the European Urban Health Indicators System, an international project supported by the European Union (see also box: “Measuring the health of people in urban areas”).

What we know

In 2013, a symposium in Barcelona titled “Green Cities, Healthy People” examined the factors to be taken into account when designing urban areas to be conducive to good health. According to the report on this specialist event, there is in-depth knowledge that indicates that having more green areas improves health in general and emotional health in particular. For instance, there is evidence that this reduces the risk of obesity, cardiovascular conditions and respiratory diseases. Among other things, these positive effects can be attributed to the fact that having more green areas helps people to relax as well as facilitating social contact and physical exercise.

However, this subject has not been investigated in any great depth so far.

For example, relatively little is known at this stage about how individual population groups use green areas and about the needs that they have in this regard. Jutta Lindert: “In any case, it is safe to assume that it is generally more important for children and older people to have green areas and expanses of water within easy reach than it is for mobile adults in their middle years.” Similarly, little research has been conducted to date on the correlations between traffic infrastructure and health, and about how the aesthetic quality of a built environment affects people’s health. Finally, the focus of public health research should not be geared solely towards urban areas, but also on what is necessary in rural areas in order to create places for people to meet where they feel comfortable.

Champions for better health

In practice, according to Arpana Verma, interdisciplinary cooperation is the key to designing increasingly healthy spaces: “This means that public health experts must sit down together with decision-makers, urban planners and architects and – as ‘champions for better health’ – pool their know-how when structural decisions are on the agenda for cities and municipalities.” For instance, it is very important to ensure that people

can walk or cycle to school or work safely and to increase the quality of living in socially disadvantaged districts in order to help create increased health equity. Jutta Lindert concludes by making reference to the responsibility towards future generations: “The spaces that we are building today will still exist in decades to come. This means that we have to design them in a way that will enable as many people as possible to feel comfortable there.”



Jutta Lindert:

“The way in which space is planned and buildings are erected affects our well-being to a great degree.”



Stefano Capolongo:

“Built environment is of central importance for both protecting and promoting health.”



Arpana Verma:

“We can learn from the mistakes of the past.”

THE WHO HEALTHY CITIES NETWORK

Improving health in urban areas has been a key issue since as far back as 1986. Shortly after the World Health Organization’s Ottawa Charter for Health Promotion came into force, “Healthy Cities” was the first concrete initiative that it launched. Since then, thousands of cities and municipalities have become involved – from Isle-aux-Grues in Canada with 160 inhabitants to Shanghai, which is home to over 20 million people.



Peter Allebeck is Professor of Social Medicine at the Karolinska Institutet, Sweden, and Editor-in-Chief of the European Journal of Public Health.

Impact factor or impact?

Scientists and publishers must aim for societal impact with their knowledge, not only impact factors within the scientific community, writes Peter Allebeck in his guest article.

Everybody agrees that journal impact factors are a poor indicator of quality. But a high impact factor is nevertheless something everyone in the scientific community strives to achieve: scientific journals wish to attain a high impact factor, researchers wish to publish in journals with a high impact factor, and impact factors are used in allocation of resources to universities and research departments. Clearly, a high impact factor for a scientific journal means that many articles are read and cited by other scholars. But this does not provide any information on citation frequencies for individual articles, and it says even less about the impact of a journal or individual article outside the scientific world.

The European Journal of Public Health (EJPH), of which I am Editor-in-Chief, belongs to a category of journals without very high impact factors. But what about our societal impact? We only have anecdotal evidence that some articles are used by the authors themselves or on demand for policymaking, in public health practice, or in teaching. Sometimes our articles are cited in standard media and perhaps more often in social media. This area is gaining importance, and publishers, scholars, universities and research institutes should also award it greater significance. Altmetrics provides a method that is used

to measure the impact of scientific work outside the scientific community. It taps into the naming of articles on Facebook, Twitter and other social media.

The number of times that papers are downloaded also shows the importance of scientific work in practice. We therefore regularly check the downloading frequency for papers published in the EJPH. This has increased continually over recent years, specifically for the topics of mental health, socio-economic status, obesity and smoking.

Who pays for open access?

In order for scientific knowledge to be disseminated widely, open access to scientific publications is increasingly becoming mandatory for researchers funded by public agencies. It is easy to agree on a policy for open access to research findings, but there is still an issue of who pays for it. We are in a process of cost shifting for scientific publications from subscribers (libraries, institutions) to authors (mainly research funders). While publishers are being accused of “double dipping”, earning money from subscribers as well as authors, both tax-paid money, authors are often in a limbo with a requirement to publish on open access, but without being given the resources to pay the generally high fees for open access publishing. Policy documents at European and

national level tend to promote a movement towards purely author-paid open access journals, and discard hybrid journals. What these policies forget is the role of scientific societies. Many scientific journals are owned, wholly or in part, by scientific societies, usually in collaboration with a professional publisher.

Not only scientific articles

Now what does this have to do with impact? A scientific society is interested in more than just publishing scientific articles. Journals are used as a membership forum, and as a way to disseminate other types of information to a wider readership. Hybrid journals can incorporate editorials, news from the scientific society, as well as other news related to the journal’s field of interest, sections with debates, letters and comments. We know that many of our editorials and policy documents are used by authors and stakeholders in their contacts with the media and policymakers – and these texts and articles in particular therefore have a considerable “societal impact”. The debate on how scientific publishing can be “open” and who pays for it will continue. But we must pay more attention to dissemination and use of knowledge outside the scientific community. Scientists and publishers must aim for impact with their knowledge, not only impact factors.

Everybody will be in Stockholm

The end of one conference marks the beginning of another: the tenth European Public Health Conference will take place in early November 2017 in Sweden's capital city, Stockholm.

The tenth European Public Health (EPH) Conference will be held on 1-4 November 2017 in Stockholm. The central theme is: "Sustaining resilient and healthy communities". What were the reasons for choosing this motto? "Europe and the whole world are currently facing major social, economic and cultural challenges," explains *Birger Forsberg*, Head of the Unit for Health Development at Stockholm County Council, Associate Professor in Global Health at the Karolinska Institutet and Chair of the 10th European Public Health Conference. He adds: "Local authorities and companies therefore need resilience, in other words the ability to deal with stress while remaining able to continue with development, in order to achieve the best possible health for all." The word "sustaining" also indicates the strong influence of environmental factors and establishes a connection between the 17 Sustainable Development Goals specified by the 193 United Nations Member States in September 2015.

Sharing our common wealth

The following five sub-themes have already been defined for the tenth EPH Conference:

- With the title "Sharing our common wealth", there will be deliberations on how welfare policy can manage to maintain a balance between endeavours in the interests of efficiency and those espousing fairness and justness.
- "Public health in a globalised world" is another sub-theme. In this framework, discussions will concentrate on how Europe with its large number of highly different countries can meet the requirement of guarding against non-communicable diseases and preventing their increase.
- In many countries the significance of private organisations with a health focus is



The tenth EPH Conference will take place in Stockholm's exhibition centre.

also currently increasing: from yoga institutes to private clinics. This will be considered under the following sub-theme: "From public to private, from collective to individual: How can public health systems adapt to a changing world?"

- The fourth sub-topic examines how health systems respond to pressure owing to an ageing population and migration yet still retain solidarity and human rights.
- Finally, lectures, workshops and discus-

sions on the interaction of planetary boundaries and health will also be awarded sufficient scope at the conference in Stockholm.

Networks and personal contacts

"Naturally, the tenth EPH Conference will also provide good opportunities for the public health experts from Europe and all over the world to network and establish personal contacts, as well as a possibility to take a close-up look at the Swedish welfare system", emphasises Conference Chair *Birger Forsberg*. And so he is certain: "Everybody will be in Stockholm."



"The tenth EPH Conference will also provide good opportunities for taking a close-up look at the Swedish welfare system."

BIRGER FORSBERG IS CHAIR OF THE 10TH EUROPEAN PUBLIC HEALTH CONFERENCE IN NOVEMBER 2017 IN STOCKHOLM.

FOUR DAYS

PRE-CONFERENCES

MAIN CONFERENCE

NETWORKING

EXHIBITION

10th European Public Health Conference
Stockholmsmässan, Stockholm, Sweden

Sustaining resilient and healthy communities



Stockholm 2017
1 – 4 November



Abstract submission: 1 February to 1 May 2017
Registration: 1 April to 1 November 2017

www.ephconference.eu

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