

# **A Bird's Eye View of Public Health**

Published in April 2003 by the  
Ministry of Health  
PO Box 5013, Wellington, New Zealand

ISBN 0-478-25639-6 (Booklet)  
ISBN 0-478-25640-X (Internet)  
HP 3631

This document is available on the Ministry of Health's website:  
<http://www.moh.govt.nz>



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# Acknowledgements

Thanks to all within the Ministry of Health for assistance in developing this document. Helpful comments received from District Health Boards New Zealand public health steering group are gratefully acknowledged.

This is a 'working document' able to be used for discussion on population health approaches.

It is the first of three documents written to assist public health and primary health care providers work more closely together and with the community on population-based programmes. The two other documents are:

- *Public Health in a Primary Health Care Setting*
- *A Guide to Developing Health Promotion Programmes in Primary Health Care Settings.*

They can be accessed on the Ministry of Health website: [www.moh.govt.nz/primaryhealthcare](http://www.moh.govt.nz/primaryhealthcare).

Further comments on these documents may be directed to Public Health Directorate Ministry of Health locality managers based in Auckland, Hamilton, Wellington and Dunedin.

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# Introduction

Major gains in the health of New Zealanders during the 20th century can be attributed largely to taking a population health approach rather than just to medical interventions. This includes implementing disease prevention programmes and linking health to social services, housing, education and economic development.

Achieving the goal of the New Zealand Health Strategy of 'improving the health of the population and reducing inequalities in health' will require building further on these gains and applying a population health approach to personal health care (Ministry of Health 2000). Worldwide, this is seen as an increasingly important way of improving the health status of the population, reducing health inequalities and achieving better use of health resources.

## What is public health?

Public health is defined as 'the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society' (Acheson 1988). The essential elements of modern public health include:

- a population perspective
- an emphasis on collective responsibility for health and prevention
- a focus on the underlying socio-economic determinants of health as well as disease
- a multidisciplinary basis incorporating quantitative as well as qualitative methods
- an emphasis on partnerships with populations served (Beaglehole and Bonita 1997).

## What is public health action?

This ranges over two broad areas – health protection and health promotion.

- Monitoring the environment to ensure risks to the health of the public are managed.
- Licensing organisations and premises as required by regulation.
- Enforcing public health legislation, including investigating complaints and taking appropriate action.
- Planning for emergencies so that action can be taken to protect health without delay.
- Providing environmental advice for Government and local bodies as required.
- Advocating for policy change at national, regional and local levels.
- Being involved in policy development at national, regional and local levels.
- Promoting the development of physical, social and cultural environments that are conducive to good health.

- Raising public awareness of health-related issues.
- Developing and managing population-based screening programmes.
- Working with communities and the wider health sector to develop and establish public health programmes.
- Assisting schools with the implementation of the Health and Physical Education curriculum and the development of a health-promoting environment.
- Working with the media on public health issues – locally and nationally.
- Running national media campaigns.
- Developing and distributing resources – pamphlets, posters videos.
- Training professionals, community workers and youth peer educators.

The Treaty of Waitangi is the founding document of New Zealand and describes the special relationship between Māori and the Crown. The Treaty relationship to date has been based on the principles of partnership, participation and protection. These can be applied to all areas of public health action (Ministry of Health 2002).

The Ottawa Charter for Health Promotion was developed in 1986 (WHO 1986). It is an international model on which public health planning is based to improve population health by considering more than just health services. The five strands of the Ottawa Charter are:

- building healthy public policy
- reorienting health services
- creating supportive environments
- strengthening community actions
- developing personal skills.

## What are public health services?

Public health services:

- are offered to populations rather than individuals
- aim to create or advocate for healthy social, physical and cultural environments
- are often ‘invisible’ and their value not appreciated until or unless they fail
- have positive outcomes that are often realised in the long term rather than immediately
- are considered a ‘public good’. To benefit the population, public health services must be freely available to all (Ministry of Health 2002).

Public health services are not the same as publicly funded personal health services. The Government funds both personal health services (to improve the health of individuals) and the public health services outlined above (to improve the health of populations). Both are necessary to improve the health of the population overall and complement each other. Neither is effective alone.

Public health, public health action and public health services together make up the organised efforts of society. There is a range of actions and approaches in public health designed to achieve health gain. Public health action is not confined to public health services. Personal health services can also use public health approaches to achieve health gain.

## Linkages

Effective public health services are planned, funded and delivered at international, national, regional and local levels. New Zealand is a signatory to a variety of international programmes related to public health activities (eg, disease surveillance). Within New Zealand the principles in the Treaty of Waitangi outline the specific responsibilities and obligations that can apply to the health sector. This is reflected in public health action by supporting participation of Māori at all levels, partnership in service delivery and protection and improvement of Māori health status. Public health has important linkages within the sector including primary and secondary care, mental health and disability support services. There are other links outside the health sector such as with government departments, territorial local authorities, regional councils, academic research units, and non-government organisations.

## Funding and people

Approximately 2 percent of Vote Health is spent on public health services (\$270 million). Providers include the 12 public health units within District Health Boards and non-government organisations such as the National Heart Foundation and the Cancer Society, who may provide services for specific population groups, specific issues or for the whole population (Ministry of Health 2002). Other endeavours include screening and immunisation programmes including the meningococcal B vaccination strategy.

The people who work in public health include health protection officers, health promoters, public health physicians, epidemiologists, policy analysts, social science researchers, community health workers and public health nurses (Ministry of Health 2002).

## Opportunities

The New Zealand Health Strategy and the Primary Health Care Strategy focus on improving the health of the population and reducing inequalities in health (Minister of

Health 2000; 2001). Primary health organisations are considered to be the most effective way of achieving these two goals with a central focus on the relationship between health professionals and the communities they serve. They must also focus on patient/community need, offer a comprehensive range of services from personal care to health promotion and establish meaningful engagement with their communities (Matheson 2002).

‘Primary care and public health are two facets of a complex system influencing personal, population and community health status’ (Welton 1997). Ultimately, the professional goals of public health and primary care are the same – improvement in the health of the populations they serve.

This common agenda includes:

- improving health and preventing disease
- effectiveness and efficiency of services
- assessing health need
- research programmes
- policy-making and implementation (Bhopal 1995).

To achieve this common agenda, vision, leadership, management skills and political will are needed to develop constructive and collaborative relationships between those working in public health and primary care.

## Summary

Public health and primary care have important points of interface in the area of primary health care. Collaboration between these two complementary paradigms is the most important conceptual reorientation of our health service for assuring population health gain over time. Primary health organisations are the vehicle. The task now is to turn the vision into a reality.

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