

Perspectives on the New Public Health and challenges in health assessment

Statements from the 10th Colloquium of FIHS

6th August 2011, Tokyo



Fukai Institute of
Health Science

Perspectives on the New Public Health and challenges in oral health assessment

Kakuhiro Fukai, D.D.S., Ph.D.

Director, Fukai Institute of Health Science

Introduction

Public health has made an important contribution to the improvement of human health since the 18th century. In modern times, comprehensive health care systems have been developed in order to ensure that public health promotes individual health care as well as disease prevention and health promotion at the community level. This new concept of linking community and individual health is ever more important in order to meet the current health needs of the 21st century. Under these conditions, it will be essential to carry out health assessment based on measurements of both personal and community health.

History and Definition of Public Health

In the earliest stages of the history of public health, empirical quarantines were begun in the middle ages, when it was thought that epidemics were caused by miasma. In the 19th century, Koch R (1843-1910) et al. found that epidemics were caused by microorganism. Prior to this, Snou J (1813-1853) examined cholera (1853) and dealt with it. Meanwhile, from viewpoint of a public health system, Frank P (1745-1821) started the idea of medical police, suggesting that health problems needed to prevent at the social level rather than blamed on individuals. Then, from the 18th to 19th century, the Industrial Revolution brought rapid movement of people into urban areas. Gathering people in limited areas caused the vicious cycle of “unsanitary – disease – poverty” and made people’s health worse. In response to this situation in England, the Public Health Law drafted by Chadwick E (1800-1890) was enacted in 1848. Then, Rumsey H (1809-1876), and Simon J (1816-1904) et al. continued this work after the establishment of the law in England¹⁾.

The most widely-accepted definition of Public Health (1920), originally formulated by Winslow CEA (1877-1957), can be stated as follows: “the science and art of disease prevention, prolonging life, and promoting health and well-being through organized community effort for the sanitation of the environment, the control of

community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health²⁾ ”.. According to the Acheson Report, in England public health is currently defined simply as: “the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society”³⁾ .

“New Public Health”: A Paradigm which Encompasses Community and Individuality

In the past, public health activities have resulted in the reduction of infectious diseases and an increase in the average life span. The 20th century was characterized as a period of dramatic progress in medicine and medical care. At the same time, it was an era during which societies developed a better understanding of individual and social health promotion within the context of various social, economic, and cultural backgrounds, as represented by the Alma Ata Declaration (1978) and Ottawa Charter (1986)⁴⁾ . Considering the perspective of social determinants for health (Marmao M, 1999)⁵⁾ , it was time to develop the theoretical basis for a new way of thinking about public health.

In the 21st century, however, we face phenomena such as an aging population, an increase in chronic diseases, new types of infections, and skyrocketing medical expenses in both industrially advanced nations and developing countries. As a result, a new concept of public health has developed, which is based on the “organized community”. Specifically, personal health problems should be addressed with medical care, while community health is dealt with through public health and health education. Under this system, medical care should be seen as one part of a larger concept of public health the two should be closely connected. This is a new paradigm for public health, and it would entail providing comprehensive coverage of individual healthcare. Set against this background, the concept of “New Public Health” has been proposed as an attempt to rebuild a comprehensive concept of the arts and sciences which encompasses disease prevention, prolonging of life, and health promotion⁶⁻⁷⁾ . This would involve a reconfirmation of the personal health education proposed by Winslow, in a way that answers the needs of modern society.

Oral Health Assessment

Health professionals need to improve health assessment⁸⁻⁹⁾ and begin measuring health in a way that is consistent with this new concept of public health, a comprehensive notion which includes and integrates both individual and community health. Personal cognition and living environment influences one's activities of daily living as well as impairment which is triggered by weakness of individual physical function. Indeed, from the perspective of improvement of daily living and health behavior, cognition of personal health values is an essential consideration. A common indicator of health assessment will be an indispensable tool for supporting and encouraging individual behavior change, community health, and improvement of disease control measures. This will require changes in medical systems as well. Considering the elderly, for example, assessment indicators covering disease and disability have been proposed in Japan, such as the Comprehensive Geriatric Assessment (CGA)¹⁰⁾. From the viewpoint of lifestyle health, however, there is still insufficient research concerning the subjective individual assessment of disease and health, objective assessment by health professionals, and comprehensive indicators covering both community and individual health, all of which are important when considering the health of young children and adults.

Oral health is strongly related to lifelong health and survival as well as personal quality of life (QOL). According to previous studies, oral health-related quality of life is comprised of four factors: (1) functional, (2) psychological, (3) social, and (4) discomfort symptoms such as pain⁸⁾. Further studies are needed to examine how oral health impacts physical, psychological, and social health. What is urgently needed is for medical health professionals to come to an agreement on the elements which compose oral health.

I propose six elements which comprise the concept of oral health: (1) oral health condition, (2) oral function, (3) QOL, (4) health behavior, (5) supportive environment, and (6) age characteristics. It has been emphasized that these indicators need to be shared with health professionals as well as residents and patients themselves¹¹⁻¹²⁾. Further studies are needed in order to accumulate more evidence, as is further discussion as to whether this classification is best and how to improve the indicators in order to assess personal elements.

References

1. Minowa M: The history of public health, Monthly seminar of dental epidemiology, Fukai Institute of Health Science, 31 March 2011.
2. Winslow CEA: The Untilled Fields of Public Health, *Science*, n.s. 1920: 51, 23.
3. Department of Health, Public Health in England: Report of the Committee of Inquiry into the Future Development of the Public Health Function. London: Department of Health, 1988.
4. Kickbusch I: The contribution of the world health organization to a new public health and health promotion, *American Journal of Public Health* 2003: 93, 383-388.
5. Marmot M and Wilkinson GW edited: Social determinant of health, Oxford University Press, London, 1999.
6. Tulchinsky T and Varavikova EA: The New Public Health, 2nd ed. Elsevier Inc. London, 2009.
7. Kihara M: Public health with scientific analysis of society and health (1). A major topic for the 21 Century and new public health, *Nihon Kosshu Eisei Zasshi* 57(12), 1094-1097, 2010.
8. World Health Organization: Measuring health and disability Manual for WHO Disability Assessment Schedule (WHODAS 2.0), 2010.
9. McDowell I: Measuring health a guide to rating scales and questionnaires, 3rd ed. Oxford University Press, London, 2006.
10. Toba K.: The guideline for comprehensive geriatric assessment, *Nihon Ronen Igakkai Zasshi*. 42(2), 177-180, 2005.
11. Fukai K: The concept of a new oral health indicator and the approach of health promotion and improving oral health, *Health Science and Health Care* 7(1), 1-3, 2007.
12. Fukai K: Subjective health assessment in oral health, *Health Science and Health Care* 9(2), 43-44, 2009.

深井保健科学研究所第10回コロキウム

「新しい公衆衛生」と健康度評価の課題 Perspectives on the New Public Health and challenges in health assessment

■ 開催趣旨

公衆衛生は、18世紀以降、人々の健康課題の解決に貢献してきた。しかしながら21世紀になって、この公衆衛生に、集団の疾病予防・健康増進にとどまらず、個人を対象とした医療・介護・健康づくりを包括したシステムが求められるようになってきた。このような個人と集団を結ぶ新しい枠組みは、現在のヘルスニーズに添えていくためのものであり、そのなかで、個人と地域の健康度測定の問題は大きい。今回のコロキウムでは、公衆衛生をめぐるこれまでの歴史的な経緯を踏まえ、これからの公衆衛生と健康度評価の展開について議論を深めたい。

■ 日程：2011年8月6日（土）12時受付

■ 会場：日仏会館（東京・恵比寿）1階ホール
〒150-0013 東京都渋谷区恵比寿3-9-25

■ 主催：深井保健科学研究所

■ プログラム

12:00 受付開始

12:30-14:00 基調講演

深井 穂博(深井保健科学研究所) 「新しい公衆衛生における口腔保健の課題」

神原 正樹(大阪歯科大学) 「DMFTから見えてくる口腔保健」

花田 信弘(鶴見大学) 「健康は測れるか? (仮)」

14:00-14:30 ディスカッション

「新しい公衆衛生」と健康度評価

14:30-17:30 健康をめぐる諸課題 (予定)

瀧口 徹(新潟医療福祉大学), 岡本悦司(国立保健医療科学院)

中村修一(九州歯科大学), 安藤雄一(国立保健医療科学院)

簗輪真澄(元国立保健医療科学院), 俣木志朗(東京医科歯科大学)

鶴本明久(鶴見大学), 佐々木健(北海道庁) ほか

17:30-19:30 懇親会(レスパス日仏会館1F)

■ 参加費 (予定)

コロキウム: 3,000円 懇親会費: 3,500円

■ 参加申し込み

下記にFAX, Email, Web (<http://www.fih.org/subscrip.html>)

いずれかの方法で事前申し込みが必要

■ 問合せ先

〒341-0003 埼玉県三郷市彦成3-86 深井保健科学研究所 所長 深井穂博

TEL&FAX 048-957-3315 Email: fukaik@fih.org



【交通機関】
JR山手線：恵比寿駅東口下車、恵比寿ガーデンプレイス方面へ徒歩10分
東京メトロ日比谷線：恵比寿駅1番出口アトシ・JR恵比寿駅東口を経由 徒歩12分