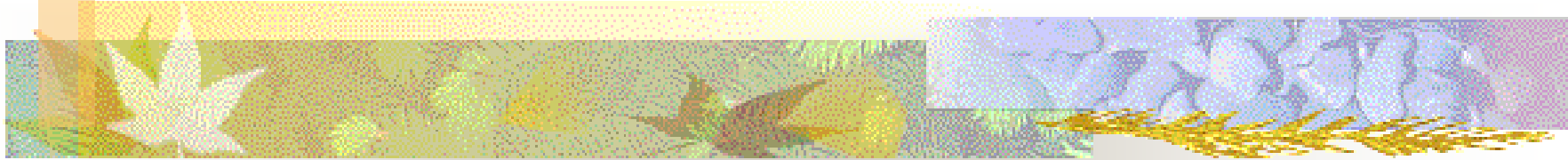
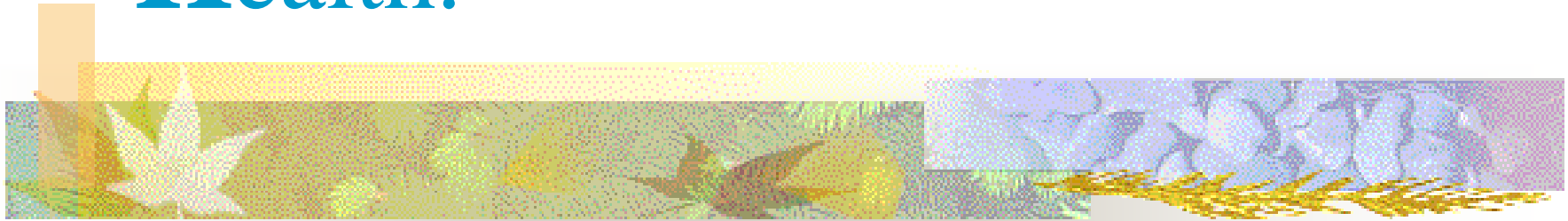


D Y PATIL DENTAL SCHOOL



DEPARTMENT OF
PUBLIC HEALTH DENTISTRY

Changing Concepts Of public Health.



DATE: 8-02-07

DURATION: 30 MINUTES

TARGET GROUP: POST GRADUATE STUDENTS



Introduction.

- From time immemorial man is interested in treating the disease. The medicine man, priest, herbalists, magician all undertook various ways to cure disease.
- In the crucible of time, medicine has evolved itself into to a social system heavily bureaucratized and politicised. the explosion of knowledge during 20th century has made medicine more complex.



Introduction

- Public Health, as an organized effort to protect the well being of the human race, is a development of many centuries standing. The individual patient is not the sole object of study. The entire community is in focus.



Definition of Health

'Health' is the condition of being sound in body, mind or spirit, especially freedom from physical disease or pain.

- Webster



WHO DEFINITION

- “ Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity”

In recent years this statement has been amplified to include the ability to lead a “ socially and economically productive life.”



Definition of public health


- Public health is defined as the science and art of Preventing disease, prolonging life and promoting health and efficiency Through organized community measures such as control of infection ,sanitation, health education,health services and legislation.

Winslow



NEW PHILOSOPHIES OF HEALTH

- Health is a fundamental human right
- Health is the essence of productive life and not of ever increasing expenditure on medical care.
- Health is intersectoral.
- Health is an integral part of development.

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- Health is central to the concept of quality of life.
 - Health involves individuals, state and individual responsibility.
 - Health and its maintenance is a major social investment.
 - Health is a world wide social goal.



CHANGING CONCEPTS

1. DISEASE CONTROL PHASE (1880- 1920)
2. HEALTH PROMOTIONAL PHASE (1920-1960)
3. SOCIAL ENGINEERING PHASE (1960-1980)
4. HEALTH FOR ALL PHASES (1981- 2000 A.D.)




DISEASE CONTROL PHASE

- In the 19th century, public health was largely a matter of sanitary legislation and sanitary reforms aimed at control of man's physical environment eg. Water supply, sewage disposal, etc.
- These measures were not aimed at control of a specific diseases, for want of the needed technical knowledge.
- These measures improved the health of the people due to disease and death control.




HEALTH PROMOTIONAL PHASE

- In the 20th century it was realised that Public Health had neglected citizen as an individual, and that the state was responsible for health of the individual.
- Consequently, health promotion of an individual was added as a goal to public health.
- Public health departments began expanding their programmes towards health promotional activities.

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- Since state assumed direct responsibility of the health of an individual, movements that were initiated were :
 - Provision of “basic health sciences” through medium of Primary Health Centers and sub centers for rural and urban areas.

The concept of health was first noted in 1920 by Lord Dawson in England


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- The second great movement was the Community Developmental Programme to promote village development through the active participants of the whole community and on the initiative of the community.


The infrastructure of health sciences was provided by Primary Health Centers and sub centers.



SOCIAL ENGINEERING PHASE.

- The pattern of diseases began to change as trends in medicine advanced.
- Most acute illness problems were brought under control.
- New problems in form of chronic health diseases began to emerge
e.g cancer, diabetes, hypertension
- A new concept of “ Risk Factors” as determinants of these diseases came into existence


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- Public health entered a new phase in 1960 described as ‘Social Engineering Phase’.
 - Public health moved into preventive and rehabilitation aspects of chronic diseases and behavioral problems.
 - Thus, although the term ‘Public Health’ is still used, the original meaning has changed.
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- Now, the term “Community Health” has been preferred by readers in Public Health.
 - Community health incorporates services to the population at large as opposed to preventive or social medicine.




HEALTH FOR ALL PHASE

- Despite advances in medicine, the glaring contrast in the picture of health in developed and developing countries came into sharper focus.
- In developed countries, most people enjoy all determinants of good health – adequate income, nutrition, education, sanitation, safe drinking water and comprehensive health care.


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- In contrast only 10% to 20% of the population in developing countries enjoy ready access to health services of any kind.
 - “Large members of the world’s people, perhaps more than half, have no access to health care at all, and for many of the rest the care they receive does not answer the problem they have.


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- It is conceded that the neglected 80% of the world's population too have an equal claim to health care, to protection from killer diseases of childhood, to primary health care for mothers and children, to treatment for those ills that mankind has learnt to control, if not cure.

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- In 1981, the members of W.H.O. pledged themselves to an ambitious target to provide “Health for all” by the year 2000, that is attainment of a level of health that will permit all people “to lead a socially and economically productive life”.
 - Currently, public health, along with other medical sciences and other health related sectors is engaged in this broad field of effort.



MILLENNIUM DEVELOPMENTAL GOALS AND HEALTH TARGETS

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- The Millennium Development Goals were derived from the United Nations Millennium Declaration, adopted by 189 nations in 2000.
 - Most of the goals and targets were set to be achieved by the year 2015 on the basis of the global situation during the 1990s.
 - It was during that decade that a number of global conferences had taken place and the main objectives of the development agenda had been defined. The baseline for the assessment of progress is therefore 1990 for most of the MDG targets.



Many of the indicators — for example, on child mortality and malnutrition, malaria prevention and treatment, and knowledge of and behavior related to HIV/AIDS — are derived from surveys sponsored and carried out by international agencies. These include, most importantly, the Multiple Indicator Cluster Surveys and the Demographic and Health Surveys, which help fill the frequent data gaps that exist.




Values of Targets

- Time limited targets are valuable in facilitating coordinated action, mobilizing resources, and promoting a sense of urgency.
- Failure to reach health targets means the economic, social and epidemiological burden of disease continues to exert a profoundly negative influence on communities and countries, and may lead to skepticism and fatalism in policy makers, donors and health workers.



Goals And Targets

- Goal 1 : Eradicate extreme poverty and hunger.
 - Target 1 : Halve between 1990 and 2015, the proportion of people whose income is less than 1 dollar/day
 - Target 2 : Halve between 1990 and 2015, the proportion of people who suffer from hunger.

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- **Goal 2 : Achieve universal primary education.**
 - Target 3 : Ensure that, by 2015 children everywhere, boys and girls alike, will be able to complete their primary schooling.
 - **Goal 3 : Promote gender equality and empower women.**
 - Target 4 : Eliminate gender disparity in primary and secondary education by 2005 and till all levels by 2015.



■ **Goal 4 : Reduce childhood mortality.**

➤ Target 5 : Reduce by $2/3^{\text{rd}}$, between 1990 and 2015, the under 5 mortality rate.

■ **Goal 5 : Improve maternal health.**

➤ Target 6 : Reduce by $3/4^{\text{th}}$, between 1990 and 2015, the maternal mortality ratio.



■ Goal 6 : Combat HIV/AIDS, Malaria and other diseases.

- Target 7 : Have halted by 2015 and begun to reverse ; the spread of HIV/AIDS.
- Target 8 : Have halted by 2015, and begun to reverse the incidence of malaria and major diseases.




■ Goal 7 : Ensure Environmental Sustainability


- Target 9 : Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- Target 10 : Have, by 2015, the proportion of people without sustainable access to safe drinking water.
- Target 11 : By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.



■ Goal 8 : Develop a Global Partnership for Development.

- Target 12 : Develop further an open, rule based, predictable, non discriminatory trading and financial system.
- Target 13 : Address, the special needs of the least developed countries.
- Target 14 : Address, the special needs of landlocked countries and small island developing states.

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- Target 15 : Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.
 - Target 16 : In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

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- Target 17 : In cooperation with pharmaceutical companies provide access to affordable, essential drugs in developing countries.
 - Target 18 : In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.



Conclusion

- Contemporary medicine is no longer the art and science for diagnosis and treatment of diseases. It is also the science for prevention of disease, promoting health and improving quality of life.
- Concepts of health have evolved over the years after series of trials and errors. There is a bound to be changes in the future and one can have an opportunity to reject the existing and take advantage of new knowledge and skills. Whatever the new technological developments one saying is sure to stay Health is wealth...



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THANK YOU