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IN THE DEVELOPMENT OF HEALTH CARE IN THE AMERICAS

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ABSTRACTS
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HEALTH PROBLEMS IN THE REGION AND THE TRAINING
IN PUBLIC HEALTH

José R. Teruel
Department of Human Resources
Development
Pan American Health Organization
Washington, D.C.

(Will be distributed later)

THE TRAINING OF HUMAN HEALTH RESOURCES AND THE NEED FOR THEIR SERVICES

Aldo Carlos Neri
Escuela de Salud Pública
Universidad Nacional de Buenos Aires
Buenos Aires, Argentina

Focusing on total human health resources is not usual, nor are plans that have achieved consistent changes. To study the problem, we define as central its links with the organizational style of the system that absorbs the human resources and with the mechanisms that govern health personnel policies.

The role of several insufficiently well-known variables is noted with regard to the last point: (1) the power structure in the sector; (2) tendencies toward professionalization; (3) the population's spontaneous orientation toward the various disciplines.

In stating the need to influence such variables, we first note certain limitations in the Americas on planning: (1) its inadaptability to countries with a fragmented social administration; (2) the excessive prestige of numbers; (3) its prospective imprecision.

Next, we discuss several courses of possible action in our societies: (1) formalizing mechanisms suitable for the formulation of human resources policies, which must link their training with their use; (2) definition of a future organizational model of the system that will absorb them; (3) orientation of the population through discussion of the policies with

community organization; (4) preferring the internal diversification of a few professions to the creation of new and too ad-hoc disciplines.

Finally, we assign to public health schools an important role in promoting these changes through revision of their traditional responsibilities and participation in a coherent political effort to bring about change in the health system.

PUBLIC HEALTH SCHOOLS AND HEALTH CARE SYSTEM EFFECTIVENESS

Cecil G. Sheps
School of Health Sciences
The University of North Carolina
Chapel Hill, North Carolina

Public health schools, whose number, size, scope, and productivity have increased remarkably in recent years, generally constitute a major health care resource wherever they exist. Many of these schools are organized along interdisciplinary lines because their faculties recognize that disease prevention, the organization of health services, and the kind of change in society to which they are committed cannot take place unless the diverse influences in society that affect health and programs to promote it are acknowledged and dealt with in an integrated way.

Many public health schools have a close relationship with the ministry of health of the country in which they are located, and this relationship is beneficial to both school and ministry. From the school's viewpoint it provides an excellent opportunity for the faculty and students to become directly involved in field health activities, and from the ministry's it yields the benefits of the school's special knowledge and skills.

PROVISION OF HEALTH SERVICES: PUBLIC AND
HEALTH AGENCY EXPECTATIONS

John Hastings
Department of Health Administration
School of Hygiene, University of Toronto
Toronto, Canada

In most countries there has been a recent reawakening of interest in community health, largely for two reasons. The first is an increased emphasis on the total man, the family, and the community--on man as a part of society. This renewed emphasis on social or holistic medicine arises in part from epidemiologic evidence that improvements in socio-economic status, nutrition, and the control of environmental hazards have had considerably more influence on improving the health status of individuals and communities than have advances and improvements in medical care. And in medical care the most important factors have been mass preventive inoculations and the advent of specific drug therapy. Aside from greater application in these areas, which is still far from achievement even in many economically developed countries, further improvements in health status appear to be increasingly related to successful modification of personal and group living habits. The rates of population growth, alcoholism and drug addiction, accidents, mental illness, suicide, and delinquency, alienation among various groups in society, and the health status of the elderly are not solely or even primarily medical problems but are part of the broader problems facing people and society in a rapidly changing world.

Secondly, it is recognized that increasingly costly health services have not produced proportionate improvements in health care. In spite of the removal of major economic barriers in many countries, advancements in science and technology, and demonstrated innovations in forms of delivery, there are still many people and groups who are

not receiving the full benefits of existing services. More effective and efficient ways have to be found for the allocation and use of scarce resources of manpower, facilities, and money.

Most people rarely think about health care except in times of need. Then they want care promptly and in ways they understand and accept. They want someone to assure necessary continuity of care. In other words, they are concerned about availability, accessibility, acceptability, continuity, and the process of care. Growing public complaint can be related to deficiencies in these aspects in existing service patterns.

Health professionals, technologists, and allied personnel increasingly feel that their knowledge and skills are often not being used to full advantage. New sharing of functions and forms of relationship among the various types of personnel are sought. Unease is felt at the slow response of health service institutions and organizations to changing health needs, the imperatives of scientific and technologic advance, and society's expectations.

Governments and other health service organizations are increasingly aware of imbalances, inefficiencies, gaps, overlapping, and lack of coordination in the planning and delivery of services. Health care at some defined level has been recognized as a right in almost every country. Governments have a responsibility not merely to underwrite costs but also to insure that the system of resource allocation is directed towards the meeting of overall social needs.

Schools of public health must be active in defining needs (including the expectations of the public, health professionals, governments, and other agencies), in studying and proposing ways to improve the existing health status of people and communities, and in monitoring and evaluating the extent to which objectives are being met. They also play an important educational role in the initial training and continuing competence of many types of health services and executive health personnel.