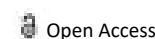




PERSPECTIVE



Strategies for Public Health

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Introduction

Definitions of public health have long been criticized as either overly broad in material or too narrow operational. Nonetheless, the challenge to public health doesn't center on its goals. Protecting and promoting the health of populations has always been, and remains, a widely accepted and valued mission and is at the middle of all mainstream definitions of public health

This challenge is 2-fold. First, public health has inexorably shifted its focus to the operational aspects of disease surveillance and control without sufficient recognition of the aspirational, population-health, purpose-driven mission. Maintenance of core functions and activities cannot constitute the future; rather it suggests doing more of what worked within the last century during a different, rapidly changing environment.

The average age of the world's population is increasing at an unprecedented rate, and this increase is changing the world. From 2010 to 2040, the planet population ≥ 65 years aged will double from about 506 million in 2008 to 1.3 billion by 2040, accounting for 14% of the world's total population; Those aged 80 or older is projected to double from 2010 until 2050. Developing nations will experience the most rapid increase in the older adult population. This explosion will affect the planet and can cause a greater number of people with osteoporosis and increasing number of fractures. It is estimated that a minimum of 50% of hip fractures worldwide will occur in Asia by 2050. This projected number may actually be underestimated, because while hip fracture rates are declining in the United States and Canada rates in Asia may actually be increasing.

About the study

It has been suggested, for instance, that public health should "expand its past successes to further reduce tobacco and alcohol use, control persistent infectious diseases, increase physical activity, improve nutrition, and reduce harms from injuries and other environmental risks."³

Second, exacerbating this challenge, in high-income coun-

tries, the "easy" work of public health is done-sanitation; vaccination and response to epidemics that form the bedrock of a healthy society are largely in place and have been successful. The health problems of the 21st century, including the increased prevalence of chronic illnesses and therefore the challenges of healthy aging, are more complex. These problems require solutions at the interstices of social, political, cultural and economic domains where public health's role shifts from acting alone to engaging as a coordinator and motivator of various, sometimes unusual, partners in sectors indirectly liable for health. This suggests that an agenda that focuses on core operations of traditional public health functions has become too narrow and is responsible for public health losing ground to medical concerns in the national conversation.

The prevalence of osteoporosis (Score ≤ -2.5) was estimated at 2% for non-Hispanic white men. (All Scores were calculated using non-Hispanic white women because the referent group). Overall, 19.3% of U.S. men and 30.8% of U.S. women aged 50 or older met the 2008 National Osteoporosis Foundation treatment thresholds. Low bone mineral density is related to most fractures even traumatic fractures, widening the public health impact of osteoporosis. In a meta-analysis of 9,891 men and 29,082 women from 12 cohorts, the relative risk of all fractures per 1 SD decrease in the Score was 1.45.

Conclusion

Public health's bold population health improvement goals will never be met, or maybe taken seriously, if public health shifts its attention faraway from these goals. To invigorate what public health already does well and nudge the sector into areas of innovation, public health should strive to satisfy 2 major aspirations that are informed by the state of the sector; the challenges public health faces, and therefore the current and future threats to public health.

Public health must engage the social, political and economic foundations that determine population health, the conditions that make people healthy often are outside what have

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historically been considered the remit of the health professions: health improvement now requires participation in politics and social structures. Such engagement is far more perilous than traditional efforts to take care of population health like sanitation, food safety, and response to epidemics. Operationally, engaging issues like segregation in housing and education requires clarity of advocacy by the general

public health professionals who must, to be effective, work with media, business, and academia, also as within the governmental public health infrastructure. This will require a boldness on the a part of public health, and therefore the reliance on agents of public health action, like universities, that are less beholden to political pressures in establishing their budgets and their educational and research agendas.