



**FACULTY OF  
PUBLIC HEALTH**

# The value of the public health practitioner workforce

Professor John Middleton  
President of Faculty of Public Health



# Who we are and what we do

- The United Kingdom Faculty of Public Health is a faculty of the three Royal Colleges of Physicians of London, Edinburgh and Glasgow (Physicians and Surgeons)
- FPH is a membership organisation for nearly 4,000 public health professionals across the UK and around the world
- We also have a growing number of student, associate and international members in more than 80 different countries

**To improve and protect the public's health: through standards, advocacy, training and knowledge**

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# BRILLIANT!

Public  
'ealth



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YEARS

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Health,  
hygiene and  
councils ...

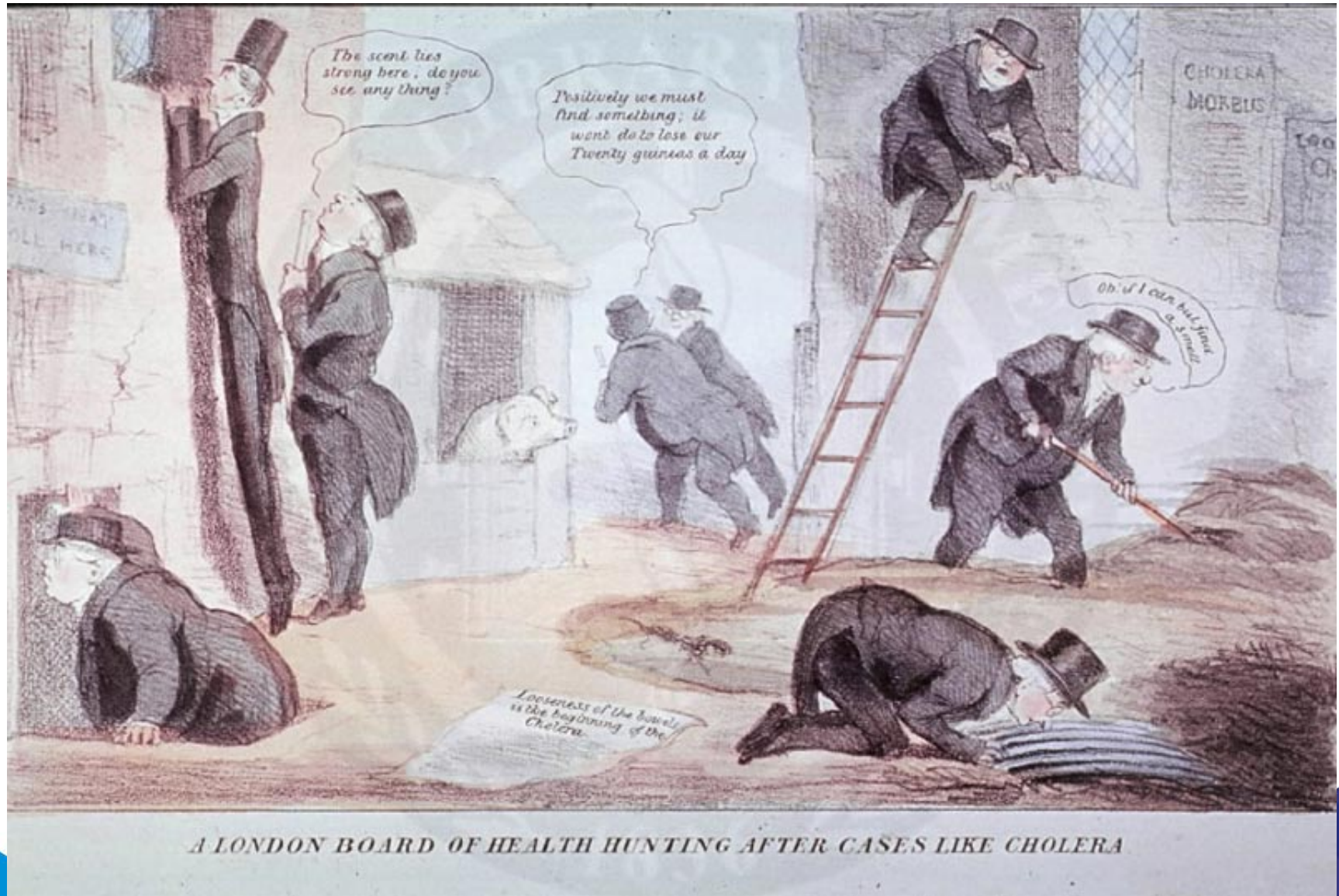


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# What is public health?

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# What is public health?





Public health is :

The science and art of promoting health, preventing disease and prolonging life through the organised efforts of society

Acheson 1988, after Winslow 1920, WHO 1948

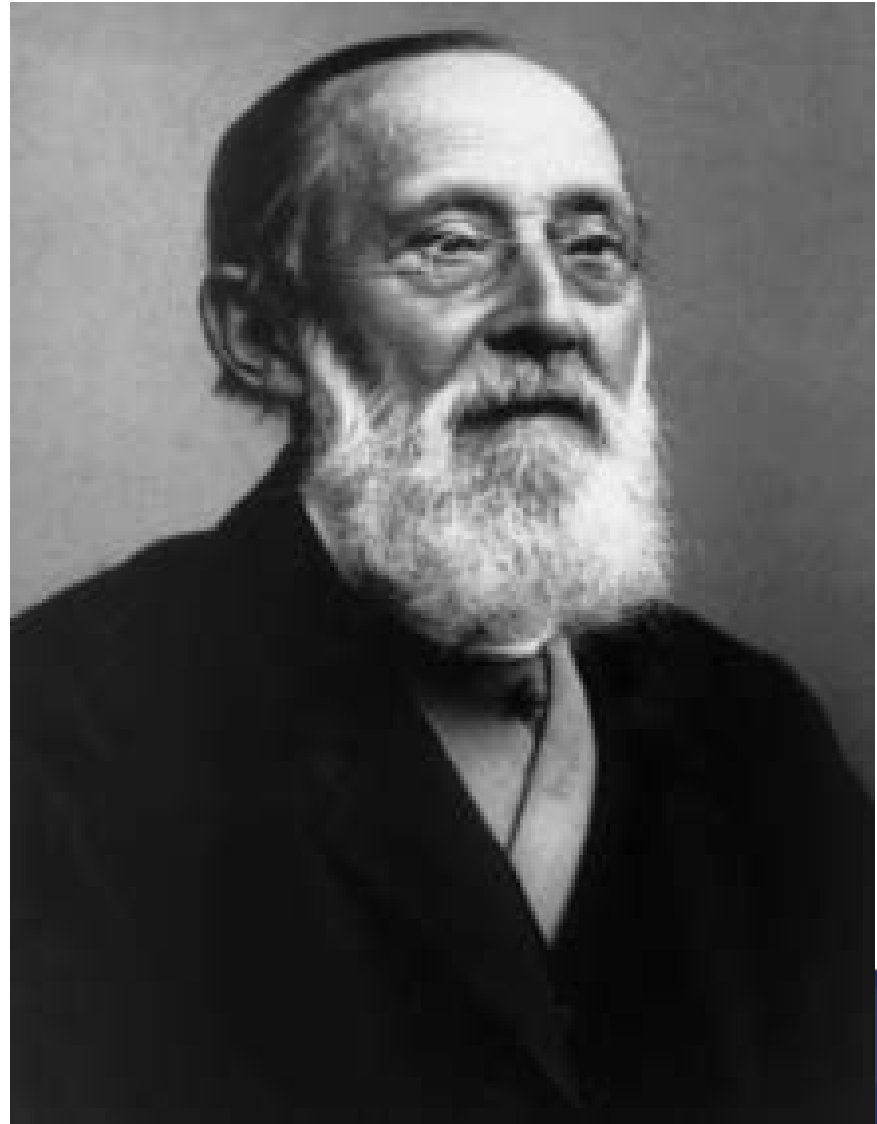




**“ Medicine is a social science and politics is nothing else but medicine on a large scale.**

“Medicine as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution; the politician, the practical anthropologist, must find the means for their actual solution”

Rudolf Virchow





## John Snow on cholera

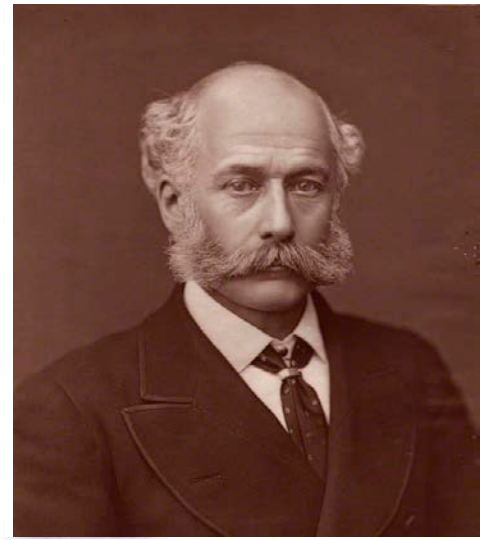




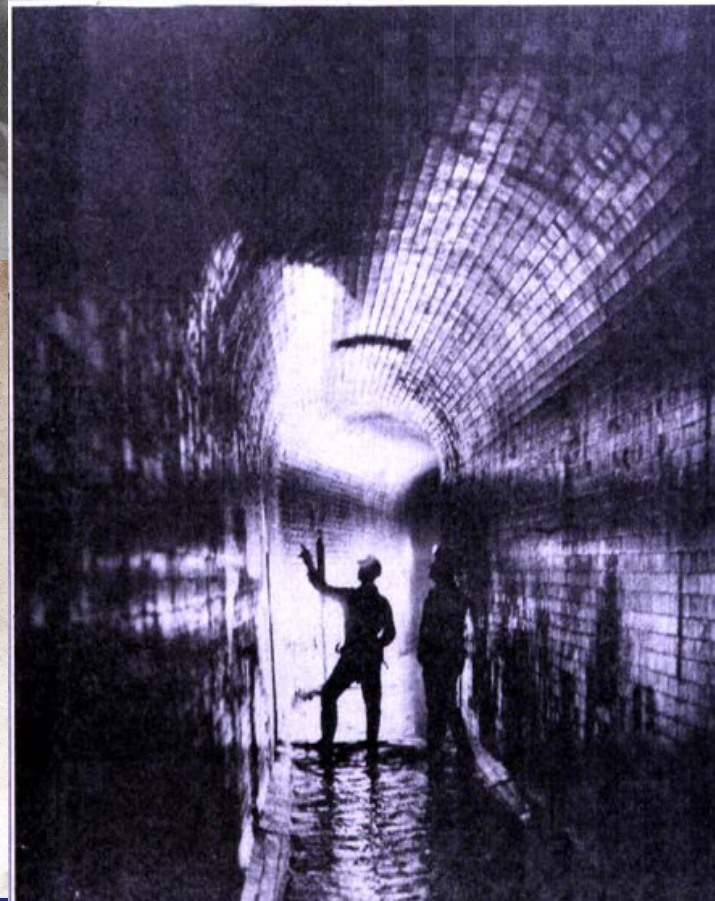
The Times in 1856: *‘The doctor is no better than the meanest herbalist, the product of the longest conversation with a doctor is simply to reinforce the uselessness of medicine’.*



# Multidisciplinary public health



- **19<sup>th</sup> Century: early practitioners were multidisciplinary:** John Snow (Surgeon/Anaesthetist), Florence Nightingale (Nurse); Edwin Chadwick (Lawyer); Joseph Bazalgette (Engineer); Mary Seacole (nurse)







## London children fainting in class because parents are too poor to feed them



Hunger: There is a growing demand for food banks and free school

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### Views And Reviews

## The UK's current health problems should be treated with urgency

BMJ 2017; 359 doi: <https://doi.org/10.1136/bmj.j4526> (Published 02 October 2017) Cite this as: BMJ 2017;359:j4526

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Health inequalities, the slow-down in life expectancy, and the north-south divide all need tackling

Alarm about the nation's health is a rational response to recent evidence. Current national health problems should be treated with as much urgency as a winter bed crisis in the NHS. The recent evidence has three components that are probably linked: improvement in life expectancy, going on for 100 years, has slowed since 2010; health inequalities, which probably reduced during the 2000s, have grown again since about 2012; and the persistent north-south divide in health—particularly marked among younger people.

### Life expectancy

Between 1920 and 2010, life expectancy increased from 55 to 78 in men, and from 59 to 82 in women. We simply got much healthier as a society, remarkably quickly. Over this period, life expectancy increased by about one year every four years. To see how remarkable that is, think that if you rose at 6 in the morning, by noon you still have as long to live as you did when you woke—six hours every 24 hours. There was, however, a marked slowing of the rise after 2010. From 2011 to 2016 life expectancy increased by about one year for every 6.5 years in men and one year for 10 in women.



Wicky Cunningham and her son, Oliver James, are on the cusp of poverty in West Yorkshire. (Elizabeth Duggan)



## Jobless youth are 'public health time bomb', says WHO

By James Gallagher  
Health and science reporter, BBC News



Youth unemployment in the UK is a "public health time bomb waiting to explode", according to a review by the World Health Organization.

Related Stories



## Global burden of disease study, 2017

Globally, mortality rates have decreased across all age groups over the past five decades, with the largest improvements occurring among children younger than 5 years. However, at the national level, considerable heterogeneity remains in terms of both level and rate of changes in age-specific mortality; increases in mortality for certain age groups occurred in some locations.

Countries have saved more lives over the past decade, especially among children under age 5, but persistent health problems, such as obesity, conflict, and mental illness, comprise a “triad of troubles,” and prevent people from living long, healthy lives.

Total deaths in children younger than 5 years decreased from 1970 to 2016, and slower decreases occurred at ages 5–24 years. By contrast, numbers of adult deaths increased in each 5-year age bracket above the age of 25 years.



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Location Global

Year 2016

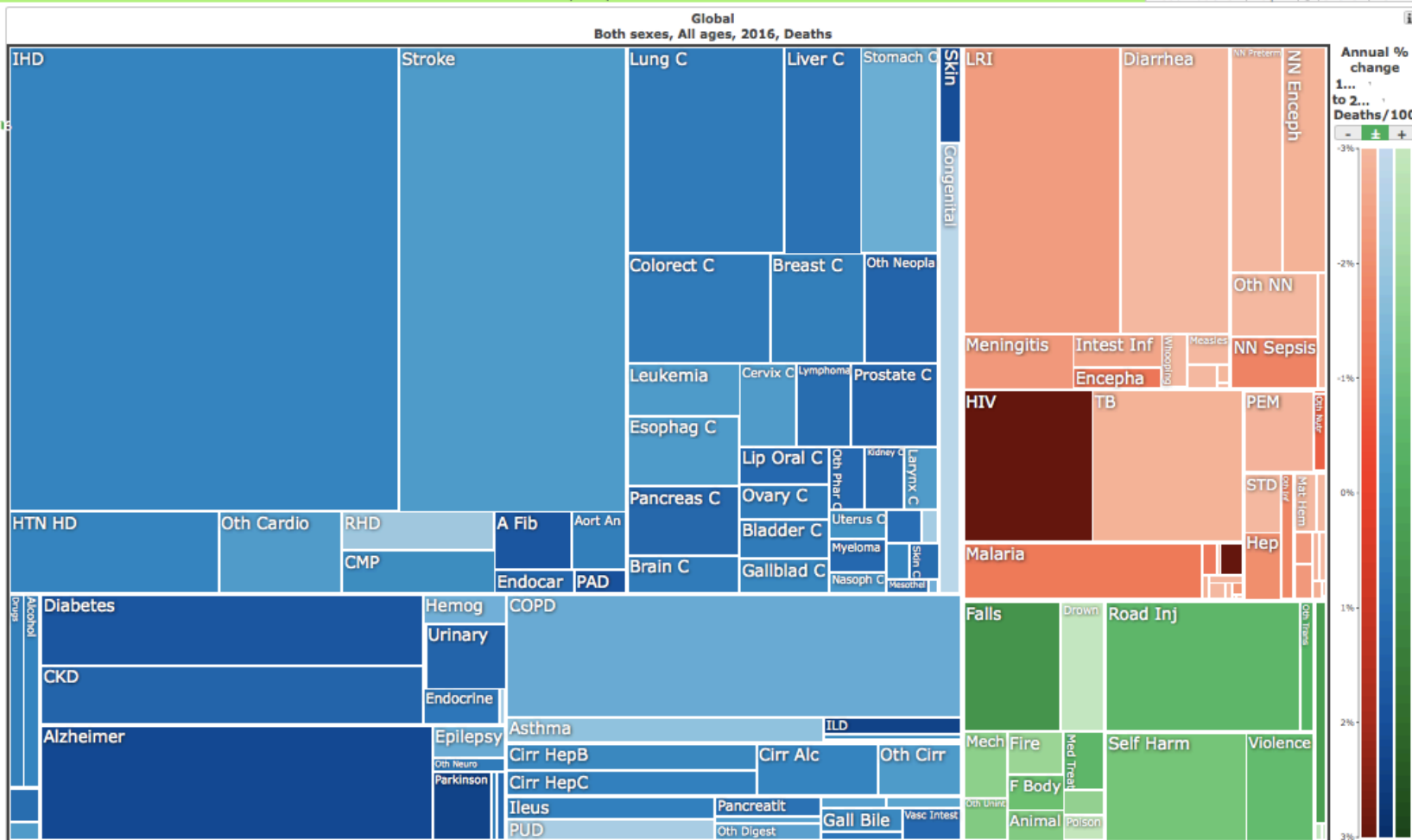
Age All &lt;5 5-14

15-49 50-69 70+

Sex Male Female Both

Take tour ▶

IHME

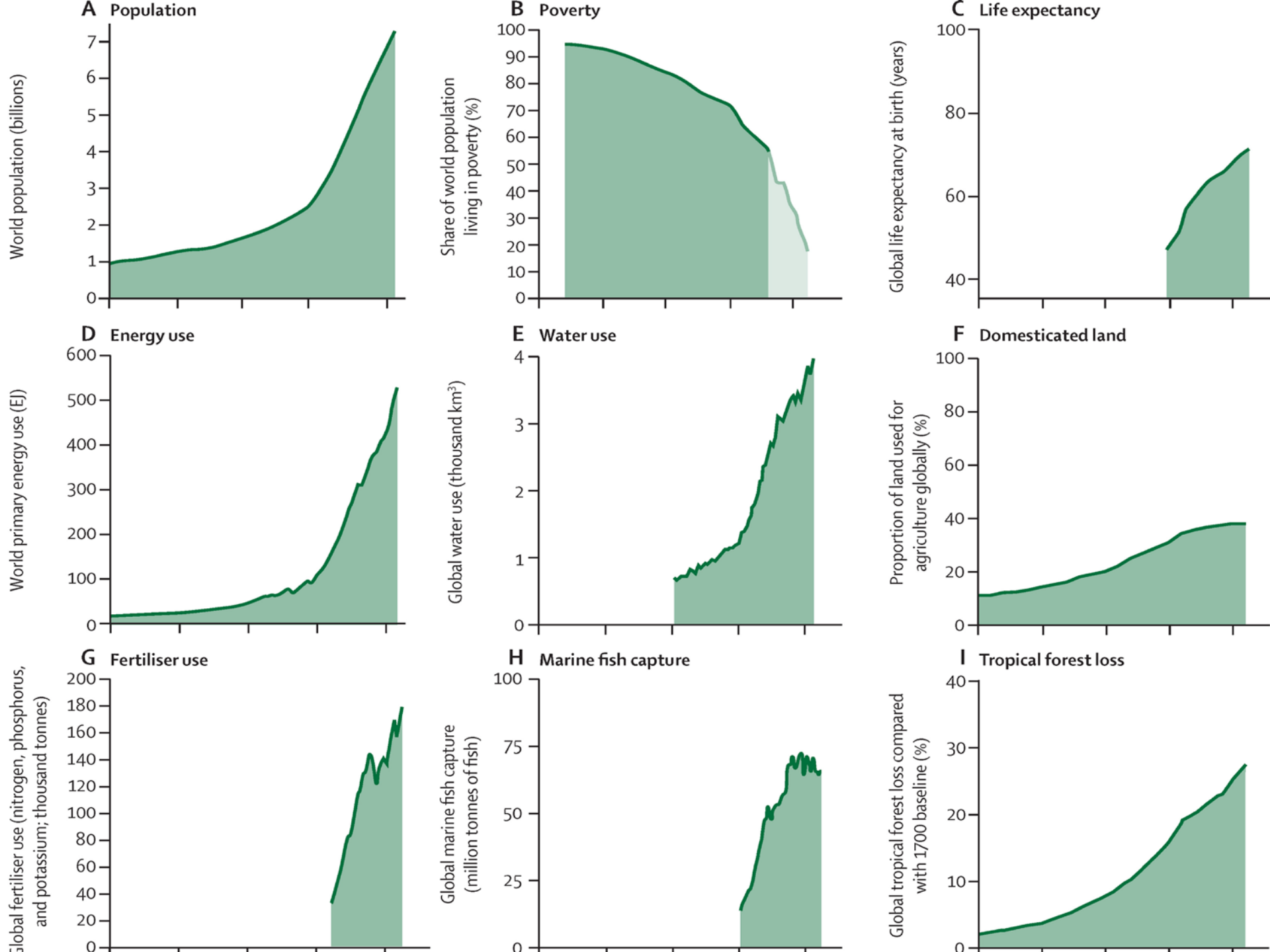


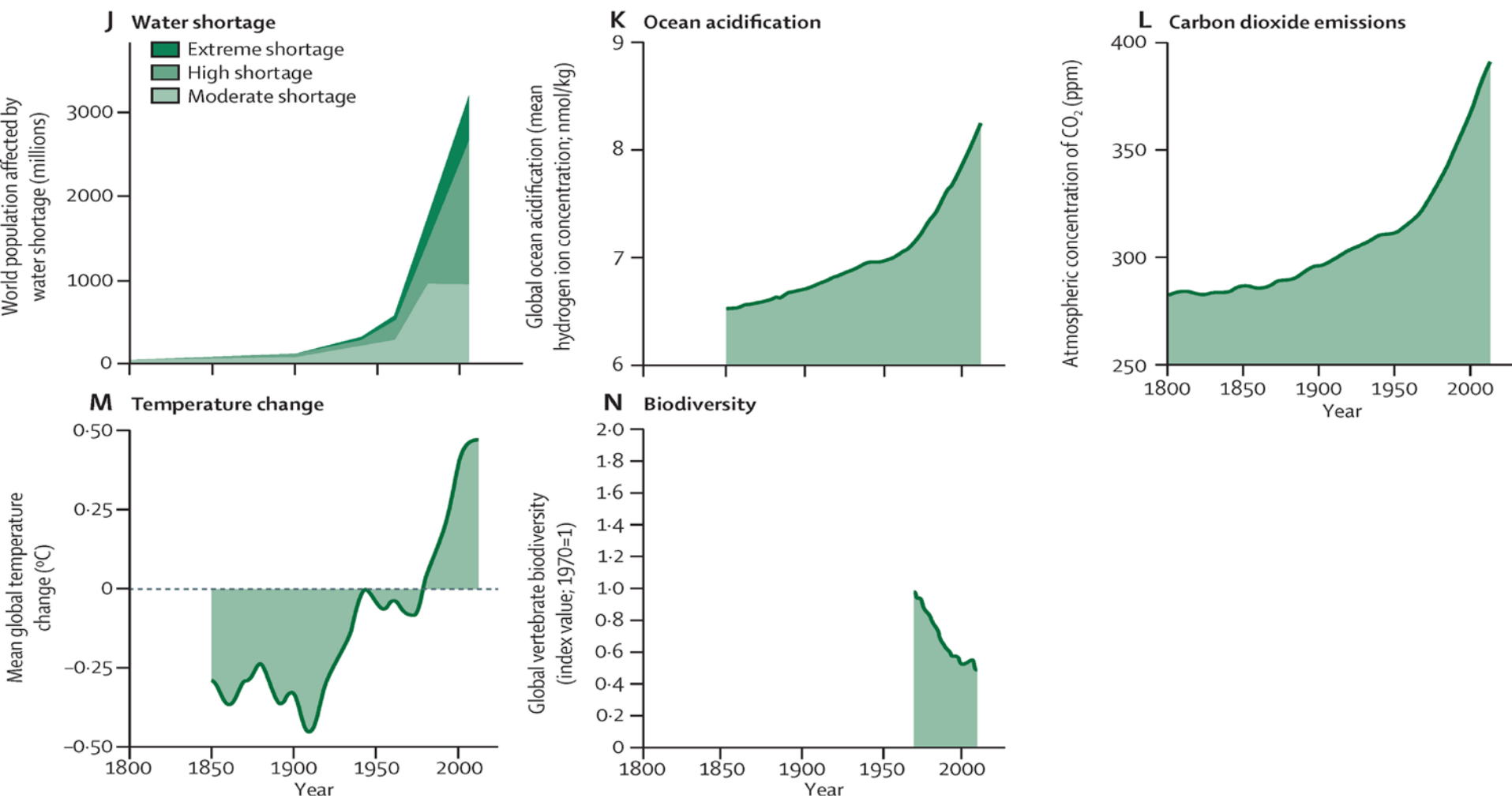


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Rockefeller Lancet  
Planetary Health  
commission





Lancet Rockefeller Commission on Planetary Health Lancet, 2015

The value of the public health practitioner workforce

## **Public health by 2040?**

**ISIS, crop failure and antimicrobial  
resistance**



<http://www.fph.org.uk/violence-like-an-infectious-disease-says-fph-report>

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working to improve the public's health



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## News



**Violence like an infectious disease, says FPH report**

## About FPH



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Interconnectness: Loss of agricultural land through global warming, crop failure, migration of farmers, food riots, Arab Spring, Syrian war

# Climate Change Helped Spark Syrian War, Study Says

Research provides first deep look at how global warming may already influence armed conflict.

By **Craig Welch**, for National Geographic

PUBLISHED MON MAR 02 10:03:00 EST 2015

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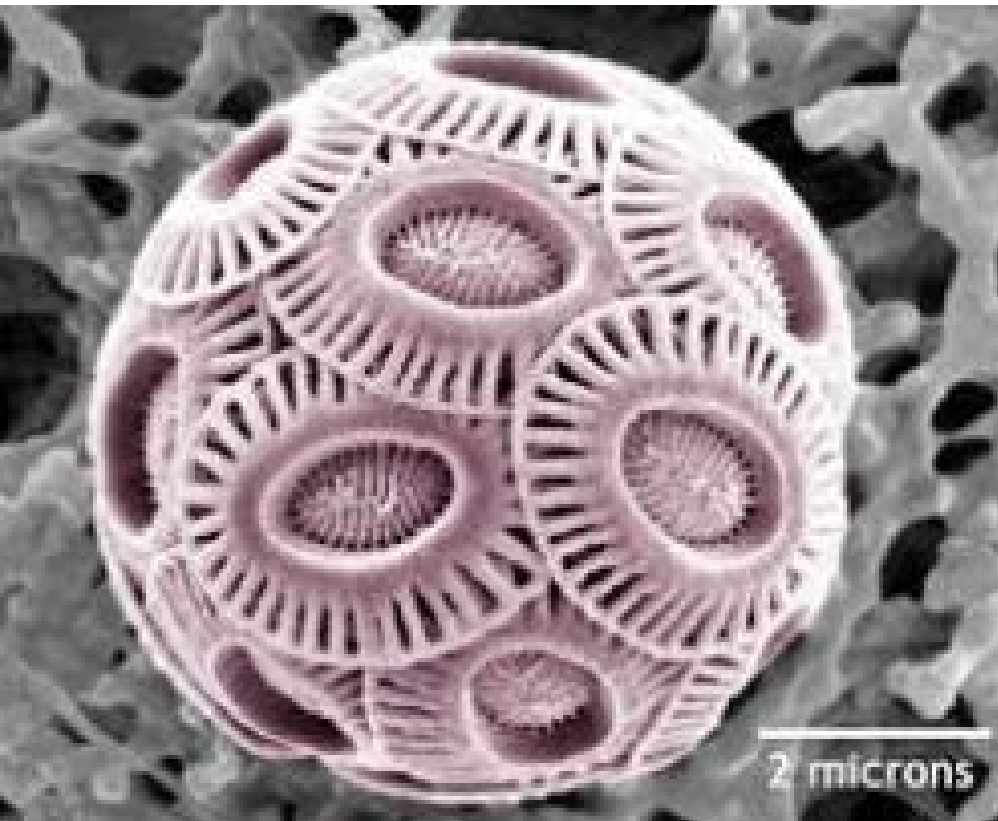
A sand tornado passes through as thousands of Kurds stream into Dikmetas, Turkey, from Syria in September 2014. Years after rural residents fleeing drought poured into Syria's cities, helping to spark a civil war, the region remains in turmoil.

**GET CLOSER  
TO THE EDGE**

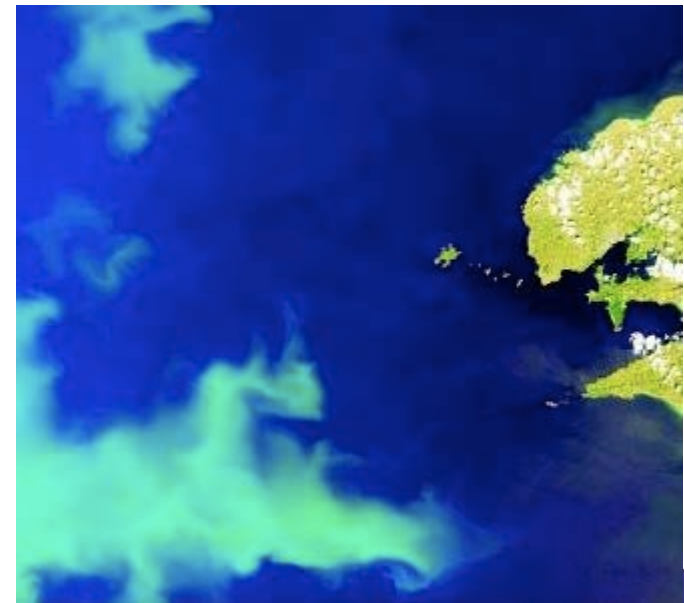
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Coccolithophore (diatom):  
Produces 50% of the world's  
oxygen





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Strategic alliances:

A 'one health' approach



**A future without antibiotics?**

**A future with only public health ?**



## EDITORIAL

# Tobacco giant wants to eliminate smoking...

...and pigs might fly

**T**he Foundation for a Smoke-Free World, an “independent” research funding body fully funded by tobacco company Philip Morris, launched on 13 September.<sup>1</sup> It will provide \$960m (£711m) over 12 years to help “eliminate smoking worldwide.” No benchmarks for this modest task have apparently yet been announced. This largesse is a mere \$80m a year from a company with global revenue in 2016 of \$26.7bn<sup>2</sup> and a marketing budget (in 2012) of \$7bn intended overwhelmingly to promote smoking.<sup>3</sup>

The long, deceptive, and failed history of tobacco harm reduction has seen filters (including crocidolite asbestos); misleading “reduced carcinogen” brands; and a wide range of breathlessly announced innovations.<sup>4</sup> Each had their academic touts. None reduced harms from

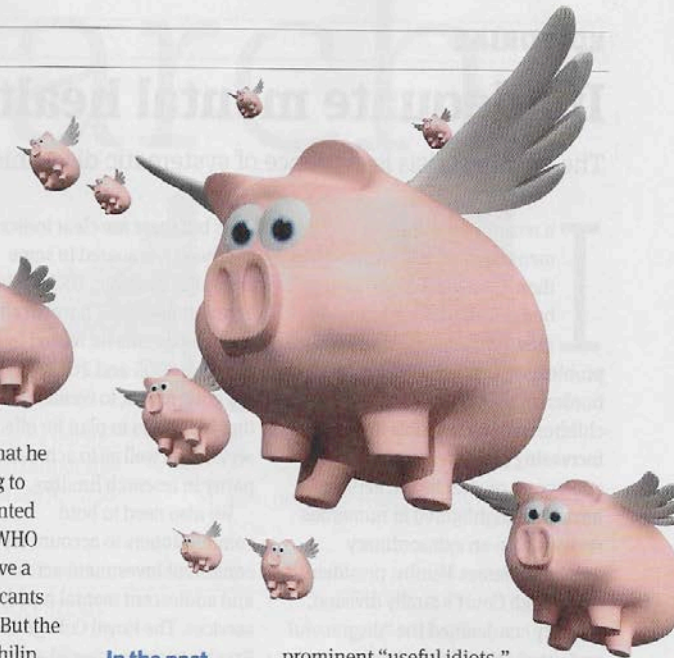
Will this be a modern Faustian tale, as many expect, or will Yach have the success with Philip Morris that he failed to experience in trying to turn Pepsi into a health oriented company for six of his post-WHO years?<sup>8</sup> Doubtless he will have a predictable coterie of supplicants for the foundation’s money. But the breathtaking arrogance of Philip Morris and Yach shunning WHO’s article 5.3 on industry interference in the Framework Convention on Tobacco Control<sup>9</sup> will surely steel the resolve of thousands of researchers to continue to shun money obtained from tobacco sales.

Nearly 120 health organisations have called on the company instead to simply stop selling cigarettes.<sup>10</sup>

**In the past, Philip Morris has publicised seductive research funding and courted prominent scientists**

prominent “useful idiots,” as Lenin might have called them,<sup>14</sup> formerly working in tobacco control, who now attend global tobacco industry meetings to cheer on their tobacco host’s “game changing” while doing nothing about this industrial vector’s daily efforts to promote smoking?

Disturbingly, the main task for



<http://www.bmj.com/content/358/bmj.j4443?sso=>

## My presidency



- Build local authority relationships
- Build relationships in health and public health services in four nations of the UK
- Do things jointly where possible - policy statements, conferences
- Implement new curriculum: personal effectiveness and values and ethics; rebuild health protection and health care public health
- Develop member involvement
- Ensure solid member services, build special interests
- Develop faculty governance
- Pursue 12 asks of the Manifesto

Planetary health

A Public health curriculum for young people

Brexit, drugs, air pollution, AMR, violence prevention

'Don't just fight for the profession of public health fight for the public's health'

The value of the public health practitioner workforce

Practitioners vital

Multidisciplinarity vital

Professional home vital

Public protection vital

Employers recognising need, and  
wanting to employ registered  
practitioners



## Future training modes ?

Asset-based community development, and public health generally

Address anti-health forces

Interprofessional learning

Ecological public health

Public health in all clinical specialties

Management training, leadership, personal effectiveness

Widen the base of public health recruitment

Strategic, global alliances

1. Stimulate curiosity : people in training who will not accept 'because I say so'
2. People who will take the initiative
3. People who make connections
4. Convey the big picture : social, economic and environmental vectors of disease
5. Know what you are up against: read the Economist, the Financial Times, the Wall Street Journal ; do your washing in the launderette and read the local paper maybe go to the football match every now and then... ??
6. Self confidence to comment in the press
7. Ground our training in human rights

After McKee, EJPH, October 2012





## EDITORIALS

## ELECTION 2017

**Time to put health at the heart of all policy making**

National government must become a public health government

John Middleton *president*

Faculty of Public Health, London, UK

Improving the health of people in the UK will improve the productivity of our nation, and enhancing our health and care industries will provide a platform for creating health related jobs: the "health dividend."<sup>1</sup> The next UK government therefore needs to make health central to all its policies.<sup>2</sup> And it must not surrender our rights to health in the post-Brexit era.<sup>3</sup>

Local authorities have recognised the opportunity of getting health into all policies, including education, environment, economy, licensing, leisure, and town planning, as they seek to become "public health councils."<sup>4</sup> National government must now become a public health government. The new government must think beyond its term of office and implement policies through which the UK grows the wellbeing of future generations.

**Unequal and divided**

We live in a divided UK, where gross inequalities in health and life chances persist or have increased.<sup>5,6</sup> Decades of science on inequalities in health require policies to reduce inequalities in income, improve early childhood development, and reduce other social, educational, and environmental disadvantages.<sup>5,7</sup> Inequalities in health cost £65bn (€74bn; \$83bn) in lost productivity and taxes and increased benefits payments plus £5.5bn for direct NHS treatment in 2010.<sup>8</sup> The next government must deliver real improvements in income, opportunity, and health for the poorest sections of our society.

**Economic and industrial policy**

We need health, environment, education, and social usefulness to be the main drivers of a new industrial strategy.<sup>1,9</sup> Higher education is a major economic generator, and international students must be regarded as a resource for knowledge and international cooperation, not as a negative figure in net migration.<sup>8</sup> The NHS provides a platform for innovation, and the UK needs to retain and develop its global pre-eminence in biomedical science, health, and care technology. It is vital for jobs and trade,<sup>8</sup> but it also benefits international health, as we see with the drive on antimicrobial resistance.<sup>10</sup>

The next government must be a world leader for green technology, green energy systems, energy conservation, and a green economy.<sup>11</sup> Even if climate chaos wasn't happening, a fossil-free fuel policy would make sense now because of air pollution, escalating costs of fossil fuels, and fuel insecurity.<sup>12</sup>

**New approach to housing**

The next government also needs to ensure that the supply of affordable living spaces meets the level of need, and that the existing housing stock is restored, developed, and retrofitted to improve health. There are around 25 million housing units in the UK, and 27.1 million households (including 18.9 million family units). The price of housing greatly outstrips any rise in incomes. More needs to be done to reduce the ill health caused by cold homes and to improve home safety.<sup>12</sup> A carrot and stick approach is needed to make land and properties available for people at affordable prices, including encouraging holders of underused living space to relocate to more manageable homes.

**New food act**

In 2015, UK consumers spent £201bn on food, and the agri-food chain contributed £108bn gross to the national economy. Of this, only 9% went to farmers, while manufacturing took 25%, catering 27%, and retailing 30%. Even wholesalers made more (11%) than the people who grow the food.<sup>13,14</sup> UK horticulture is parlous and dependent on migrant labour. The UK balance of food payments is £28bn in deficit. Payments under the EU common agricultural policy support sugar beet growing in East Anglia, and now we have the sugar tax to control sugar consumption. Multinational sugar companies benefit most from the EU policy.<sup>14</sup> We waste 20% of our overpriced food and grow food banks for the hungry. We could pay our farmers more, build more jobs in food production and processing, and have slimmer children and a less poisoned environment. In the EU, or outside it, we need a new food act to secure these objectives.<sup>15</sup>

<http://www.bmj.com/content/357/bmj.j2676>

Inequalities in health cost  
£65bn (€74bn; \$83bn) in lost  
productivity and taxes and  
increased benefits payments  
plus  
£5.5bn for direct NHS  
treatment in 2010.5



The BMJ @bmj\_latest · 3h

Why we must put health at the heart of all policy making by @doctorblooz, president of @FPH [bmj.com/content/357/bmj...](http://bmj.com/content/357/bmj...)

MALCOLM WILLET



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she can't  
change her  
environment ...



but you can change her mind with

# SERENID-D

While corporate studies have shown that 90% of  
work-related frustration is attributable to office  
problems, the importance that is placed on solving  
problems in the workplace is so large, that it is  
increasing. Serenid-D helps to control and reduce  
symptoms such as, nervous, irritability, etc.  
rapidly and with minimal risk of dependence.  
In other words, Serenid-D helps to  
reduce anxiety and stress in the workplace.

*Figure 31 The ultimate  
technological fix?*

Thank you

Professor John Middleton

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[President@fph.org.uk](mailto:President@fph.org.uk)

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# Appendix

## The Faculty of Public Health



# Who we are and what we do

- The United Kingdom Faculty of Public Health is a faculty of the three Royal Colleges of Physicians of London, Edinburgh and Glasgow (Physicians and Surgeons)
- FPH is a membership organisation for nearly 4,000 public health professionals across the UK and around the world
- We also have a growing number of student, associate and international members in more than 80 different countries



# Who we are and what we do



**Our role is to improve the health and wellbeing of local communities and national populations. We do this in six ways:**

1. We support public health professionals through training and beyond
2. We enable members to meet up and share ideas and best practice
3. We give members the chance to discuss new policy ideas via our growing network of Special Interest Groups (SIGs). Each one specialises in a different issue, from mental health to housing

# Who we are and what we do



4. We seek to improve public health policy and practice at a local, national and international level
5. We campaign for change and work in partnership with local and national governments
6. We encourage and promote new research and understanding of public health via our Journal of Public Health, Public Health Today magazine, blog and events programme – and we're always looking for new stories!

# Our future



- We're determined to do even more to improve people's health and wellbeing and give everyone the best chance to live a healthy life, no matter who they or where they live.
- We want to continue to improve the training and development of public health professionals so that our members are even better equipped to tackle the many new health challenges facing our local communities
- And we want to play an even bigger role in shaping public health policy across the UK and around the world



- We can only realise our ambitions with the help and support of our members
- If you're already a member, get in touch to find out how you can join a Special Interest Group. If you're not a member, go to [www.fph.org.uk/fph\\_associates](http://www.fph.org.uk/fph_associates) to find out more or Tweet us @FPH
- From Student Membership to Fellowship and Membership by Distinction (which you can self-nominate for with two references!), there are different membership grades available



# Who we are and what we do

- FPH is a membership organisation for nearly 4,000 public health professionals across the UK and around the world
- We also have a growing number of student and international members in more than 80 different countries.
- We want everyone to have the best chance to live a healthy life, no matter who they are or where they live

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