

Public Health – Shared Responsibility

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Minister of health, Jón Kristjánsson, ladies and gentlemen,

Welcome to the Eighth Nordic Public Health Conference, which is held on this occasion in Iceland. In addition to participants from the Nordic countries, we welcome visitors from the Baltic countries and from places such faraway as Cameroon and Nigeria. There are 250 registrant at this conference and we are really proud and happy to have so many interested. Preparations for the conference have been handled by representatives from the Nordic countries: the organising committee comprised the following people:

Erkki Vartiainen from Finland

Ewy Thornqvist from Sweden

Kristin Gudnason from Denmark and

Ole Trygve Stigen from Norway

On Iceland's behalf, the major responsibility rested on Bryndís Kristjánsdóttir, director of the Public Relations Division of the Public Health Institute, who is the chairperson to night and Anna Björg Aradóttir, chief nurse Officer at the Directorate of Health. I would like to thank them all for their hard and excellent work.

The theme of the conference; *Public Health – Shared Responsibility* have two concepts, which both are important and extensive, and there is much at stake when such a wide-ranging theme is to be discussed. The two parts of the title are in fact inseparable, because we cannot work in public health without the collaboration and shared responsibility of a whole society.

The concept of public health has been defined in various ways. The definition most used is that of the World Health Organisation, which is: **The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.**

Another body, the Institute of Medicine in Washington DC, defined public health in its seminal report on the Future of Public Health in 1988 as follows: **“Public health is what we, as a society, do collectively to assure the conditions for people to be healthy.”** This definition also fits well at a conference like this one.

Within countries and between countries we need good and powerful networks between different organizations, both governmental and non-governmental and not at least between different educational groups. Strong, empowered social capital is one of the most important resources of a community. So the motivation of the grass root is an important task for people working in the field of public health. At the same time it is necessary to encourage governments, municipalities and business leaders to contribute actively to a better health and well-being of the public.

Risk and risk assessment is a complex issue, but nonetheless vital. It is necessary to understand the factors that affect public health, whether they are the social determinants of health, such as poverty, education and social welfare, or the key behavioural determinants of health, such as smoking, physical inactivity, nutrition and use of alcohol. These determinants must be classified and prioritised, and appropriate actions applied to reduce their harmful effects.

At the same time it is essential that we have good and comparable monitoring systems, qualified researches and cooperation with Universities and other educational institutes. But it is not enough to collect data and information; we could be more effective in analyzing the data and use this information when making new public health policies.

A subject much discussed in public health is inequality, and its effect upon the health and well-being of nations, and also the massive difference in the health and well-being of the nations of the world. We must all join forces, if we are to succeed in reducing that inequality. We should apply all means at our disposal. Solidarity is a crucial factor here.

It is obvious to all that poverty is a huge and negative factor influencing health and well-being. In recent years, sadly, this huge gap has not been reduced. The Nordic countries must remain on the alert, because here too there are inequalities which should be counteracted. The objective of public health work is for every member of the society to enjoy good health, and not only a privileged minority.

As resources are limited, whether human or financial resources, projects must be prioritised. If we consider individual social groups, children should be given a high priority. These are individuals who are beginning their lives, the people on whom society will depend in the

future. They should be given good and equal opportunities to grow and learn, and to develop their own talents. Society will reap the benefits.

In debates about children, parents and their responsibility are often mentioned, and of course I recognise their importance. However, we can not forget that most parents also have other responsibilities in society, in addition to parenting. Most of them work in society, often making an important contribution to the development of a strong community. We should never forget that parents need support, to enable them to fulfil their parenting role as well as possible. Therefore strategies and interventions should focus on families and family life. The school system and workplaces must intertwine with each other in order to make live more family friendly. In this case government and employers have important responsibilities.

Interventions should be carried out in an open-minded and sensible manner. We can not not focus so much on the interventions themselves that we forget to carry them out at a reasonable cost. They must be cost-effective, and I feel that this factor is not given enough consideration when possible interventions are suggested to enhance public health.

But costs and cost-effectiveness are not the only factors to be considered. We should not forget the ethical aspects, because it is vital that actions do not cause an unacceptable burden on human rights.

We have many complex issues to deal with, and one thing is for sure, there are no simple answers in public health and we must constantly be seeking new methods, and responding to new factors that affect the peoples of the world.

Ladies and gentlemen, I'm looking forward to our exciting programme of lectures, workshops and companionship for the next two days at the Eighth Nordic Public Health Conference.

One interesting part is the workshop adventure. The Workshop Adventure – Public Health Actions will be held outside Reykjavík, at the Þingvellir National Park, which is the birth-place of democracy in Iceland, the place where the geographical boundaries between Europe and America dramatically meet. In this way we will experience for ourselves what it is to work together on projects, in variable conditions and quite unprepared. And we are also given the opportunity to stand up, get some exercise, and enjoy beautiful, unpolluted nature.

One thing is an unpredictable factor and that is the weather. In Iceland, you never know what the weather will be like, and we will have to deal with whatever weather there is but in fact there's no such thing as bad weather, just bad clothes. So remember to dress appropriately for the weather, and especially in good shoes and coats.

The conference organisers are not only taking us to Þingvellir. They also invite us to the swimming pool in Laugardalur every morning. I don't know if the Minister of health, Jón Kristjánsson, had anything to do with it, but I think I'm right in saying that he swims every morning. And his excellent state of health was confirmed a few weeks ago, by the Icelandic Heart Association risk calculator, on International Heart Day. So I'll hope to see you all in the pool, even if the weather isn't perfect. The swimming pools are warm and comfortable.

Once again, I sincerely welcome you, and hope that you will all have an enjoyable and enlightening time at the conference.

Thank you.
