

Public Health challenges and how to address them: the valuable contribution of the social and behavioural sciences

Sónia Dias

National School of Public Health, NOVA University Lisbon, Portugal

Public Health is a complex, multifaceted concept with several definitions put forward. One of the most commonly cited definitions of public health dates back to the late 1980s, but is still

considered valid today, defining public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Azari & Borish, 2023). Indeed, public health is the backbone of global health, playing a vital role in disease prevention and control, promotion of health equity, and strengthening of health systems, thereby protecting and improving the well-being of populations worldwide (Kickbusch & Reddy, 2015).

Despite the global health achievements and significant improvements in the population's health status in the past decades, complex challenges represent concerns for public health today, as highlighted by the World Health Organization (WHO). Global phenomena like the climate change and its impact on health and well-being, the ageing population, the high burden of chronic diseases, loneliness, mental health needs, and increasing antimicrobial resistance, outline a new demographic and disease profile worldwide, that ultimately puts growing pressure on the health systems and compromise the vision of a healthy equitable society.

It is clear that many leading causes of illness, disability and premature death are preventable, calling for a paradigm shift in healthcare - from reactive, purely curative treatment responses,

towards efforts focused on proactively attaining and maintaining people's health. This draws the attention to the comprehensive view of health as the product of social, economic and environmental determinants that provide conditions and barriers to attain individuals and communities' health. In fact, the social, economic, political, and structural conditions and contexts in which people are born, live, learn, work and age greatly influence physical, mental, and social health throughout life.

In this regard, the social and behavioural sciences have played a fundamental role in informing the development of policies, programs, and interventions that create health-promoting environments, ensuring equitable access to healthy options, promoting the adoption of healthy behaviours and reduce exposure to risk factors, ultimately leading to improved health and well-being. Behavioural science is an interdisciplinary approach that embraces the study of human behaviour and its determinants to understand the way people think, act, make decisions and the design of strategies to change it. Social sciences expand the analysis of individual human behaviour to the broader social and cultural context (Adhikari, 2016; Altieri et al, 2021; Glanz, Rimer & Viswanath, 2015). These scientific fields are key to comprehensively understand human actions, their determinants and dynamics, to address the root causes of behaviours that impact health outcomes, to design interventions that consider behaviours, cultural norms and socioeconomic factors and to identify implementation barriers and facilitators. Ultimately, social and behavioural sciences can

help address the questions ‘How best to promote health and well-being at all ages?’ and ‘How to effectively tackle social determinants and reduce health inequities?’. But, while employing social and behavioural insights into public health policies and interventions is gaining momentum, challenges to effectively address populations’ health needs and improve health remain.

It is known that disease is not distributed equally across the population. Individuals experience differences in exposure and vulnerability that contribute to variations in health and risks for disease development. Still, policy and practice efforts to improve populations’ health are based on the available evidence, which is commonly drawn from health surveillance mechanisms and studies involving representative samples of the general population but that fail to reach all segments of the population. Indeed, a critical issue has been to gather information from populations who frequently are underrepresented in traditional research – paradoxically, understudied populations are the ones who tend to experience more vulnerabilities and be underserved. As a result, the policies and actions developed based on the evidence produced may not reach or benefit those for whom they are intended. So, relevant questions arise for public health policymakers, professionals and researchers: Are we reaching the population subgroups who are most in need? Are we able to study the health needs of different population subgroups? Public health research can help understand and address health inequalities, informing the design of more effective policies that promote inclusion and equity, and improve outcomes for groups experiencing disadvantage.

It is important to place people at the centre of the efforts to identify and meet their priorities, health needs and resources, especially of the most disadvantaged and socially excluded populations. In this context, participatory and co-creation approaches have been valuable to support this

process and unveil the real needs of most vulnerable, understudied and underserved subgroups and the contexts that increase their vulnerability, along with ensuring communities’ engagement and local ownership in addressing public health challenges. Identifying health needs and generating health-promoting solutions collaboratively, as well as having the active participation of populations in implementing these solutions, ensures more context-appropriate and acceptable interventions for the target populations, with a positive impact on health outcomes and sustainability. Evaluating strategies and interventions with the involvement of key stakeholders is also crucial. It is increasingly recognised that we need to bridge the gap between knowledge, action, and its impacts in populations health. In this context, it is necessary to understand which interventions work, how, why, and for whom, and develop strategies to improve their implementation process to increase effectiveness and sustainability. Incorporating the perspectives of end-users and other relevant stakeholders into solution design and improvement is vital. But this is not exempt from difficulties. It implies new “ways of knowing” through renewed power dynamics (i.e., ensuring meaningful participation of communities along with researchers in the research process, where knowledge sharing and co-learning become key elements to generate new insights and work together for collective action). This is particularly important in research on the most vulnerable populations’ health. A recent article published in the *Lancet Regional Health Europe* highlights the relevance of normalising participatory health research approaches for communities regarded as vulnerable or disadvantaged, like refugee and migrant populations (MacFarlane et al., 2024). The relevance of undertaking a participatory approach in efforts to understand and address current public health challenges has also been acknowledged by international agencies such as the WHO. At the

latest WHO World Health Assembly, Member States endorsed an unprecedented resolution to implement, strengthen and sustain regular and meaningful social participation, including of people, communities and civil society, in decision-making processes that affect health, across the policy cycle and at all levels of the system.

To design more effective public health policies and interventions it is also essential to take a holistic and systemic perspective, beyond an individualistic one. As an example, health literacy is often seen as a solely individual resource for empowering people to make informed and positive health choices, navigate the health system effectively, be active partners in their care, and act as health promoters in their communities. But developing health literacy implies going beyond the individual sphere and strengthening the responsiveness of professionals, services, systems, and policies across multiple sectors to create environments that optimise equitable access to and use of health information and services, and enable people to improve their health literacy skills, considering the context and demands of individuals' daily lives.

Within this perspective, employing social and behavioural insights into public health efforts can boost the creation of health-promoting environments and empower people, communities and organizations to take action and engage in the implementation of effective and sustained interventions, thus contributing to "leaving no one behind", which is the motto to achieve the global goals for sustainable development integrated in the 2030 Agenda. Nevertheless, public health practice requires constant adaptation and refinement based on context and continuous generation of evidence for translating behavioural insights across contexts. This implies a multidisciplinary and multi-method evidence-based approach, which is often resource-intensive and lacks support from funders.

In conclusion, the role of Public Health in the global health achievements so far is indisputable.

Throughout history, the evolution of Public Health has always involved paradigm shifts - in the conception of health, its relationship with several multilevel factors, and the role of various actors in health protection - seeking to overcome the numerous emerging societal challenges. The sociobehavioural science has gaining ground and playing a central role in the evolution of Public Health by contributing to enhance the social impact and health gains resulting from evidence-based policies, programs, and interventions. However, reinforcing the sociobehavioural perspective requires more research, investment, capacity building, and experimentation. It demands the adoption of a transdisciplinary approach, rather than focusing on individual disciplines, calling upon professionals with diverse backgrounds and experiences to collaborate in addressing the complex and dynamic challenges of global public health of the present and future.

References

- Adhikari, D. (2016). Exploring the differences between social and behavioral science. *Behavioral Development Bulletin*, 21(2), 128–135. <https://doi.org/10.1037/bdb0000029>
- Altieri, E., Grove, J., Davies, O. L., Habersaat, K. B., Okeibunor, J., Samhour, D., & Bezbaruah, S. (2021). Harnessing the power of behavioural science to improve health. *Bulletin of the World Health Organization*, 99(11), 754–754A. <https://doi.org/10.2471/BLT.21.287375>
- Azari, R., & Borisch, B. (2023). What is public health? a scoping review. *Archives of Public Health*, 81(1), 86. <https://doi.org/10.1186/s13690-023-01091-6>
- Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.
- Kickbusch, I., & Reddy, K. S. (2015). Global health

governance - the next political revolution.

Public health, 129(7), 838–842. <https://doi.org/10.1016/j.puhe.2015.04.014>

MacFarlane, A., Huschke, S., Marques, M. J., Gama, A., Kinaan, W., Hassan, A., Pappan, A., Phelan, H., Severoni, S., Kumar, B., & Dias, S. (2024).

Normalising participatory health research approaches in the WHO European region for refugee and migrant health: a paradigm shift.

The Lancet regional health. Europe, 41, 100837. <https://doi.org/10.1016/j.lanepe.2024.100837>



Sónia Dias

Dean & Full Professor, National School of Public Health, NOVA University Lisbon, Portugal

sonia.dias@ensp.unl.pt