UNIVERSITY OF COPENHAGEN
FACULTY OF HEALTH AND MEDICAL SCIENCES

Department of Public Health – 25 years

Emergence, development and future of public health at the University of Copenhagen

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LAYOUT AND PRINT:
EKS-SKOLENS TRYKKERI
PUBLISHED: 2022

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Preface

Anyone who has worked or studied at a university will be likely to agree that 'universities are very special institutions'. One of the reasons is that universities by their nature continuously wish to develop new ideas that through research may lead to new knowledge, and subsequently they want to push it into use – whether in teaching or interactions with the outside world. Another reason is that the people who are part of universities range from students, who spend some of their most formative years there, to senior researchers and educators, all with the goal of driving our shared understanding of the world forward. In short: so much happens at a university department during 25 years.

This is certainly true in our Department of Public Health, which now embraces a wealth of activities. Our research goes from basic research to implementing innovations in society, clinics, and literally in citizens' homes. Our scientific fields span from the humanities to data science, but all with the common theme that we ultimately want to advance public health. Moreover, our partners include NGOs, local municipalities, government, industry, and the media – both nationally and globally. The department hosts the educations in Public Health Science and Global Health, as well as Health & Informatics, and postgraduate master programs in Disaster Management and Public Health. As a core department at the Faculty of Health and Medical Sciences, we also provide a large proportion of the medical education in Copenhagen, as well as contributing to almost all the study programmes offered by the faculty.

With so much going on it can be hard to see the greater trends through our department's development over the last 25 years. I am therefore so happy that in this publication we can provide perspectives on the emergence and development of the department since our creation on 1 January 1997. In the final chapter, I offer my thoughts for the coming years. Personally, I find that understanding the people who developed our scientific fields and the environment in which they worked is one of the things that makes working within research truly special. I hope a lot of you will take this opportunity to learn a bit more about where the department comes from as we together shape where we are going next.

God læselyst/Happy reading.
Theis Lange, Head of Department

Public Health – not a new approach to health

Efforts to improve the health of the general population have a long history. During recent decades these efforts have increased, and research and education at the Department of Public Health now contribute with a knowledge base to this work.

Compared to medicine, the focus of public health is on populations, rather than individuals, and on preventing disease and promoting health, rather than curing and caring. None of this is new. About 2,400 years ago Hippocrates gave people advice about how to keep healthy and avoid disease, and governments throughout history have tried to prevent the spread of contagious diseases such as plague, leprosy and cholera.

From the end of the 18th century many European governments, including that of Denmark, began to see a large, healthy, and industrious population as crucial for the wealth of a country. This inspired many efforts, which we would now call public health policies, e.g. vaccination against smallpox, provision of clean water, sewage disposal, control of the food and work environment, and health education; as well as the development of healthcare, taking care of the poor and ensuring healthy environments.

> "Health authorities have increased their ambition to help people live healthier lives through campaigns, guidance, and changes in the physical environment …"

Public health remained on the health agenda thereafter, but not always in a high position. After World War II curative medicine developed immensely, and received much more attention and financing than measures intended to prevent people from falling ill. This is still the case, but during recent decades politicians have increasingly considered public health to be important. Legislation concerning the environment, harmful chemicals, seat belts, smoking, etc. have been implemented. Health authorities have increased their ambition to help people live healthier lives through campaigns, guidance, and changes in the physical environment, and to avoid unhealthy behaviour through taxes, restrictions, and other obstacles. They have interfered in people's lives to an ever greater extent with the aim of creating good lives, as they define them.

> "Public health has historically provided important insights into determinants of infectious diseases and has played a significant role in preventing and fighting epidemics."

Since World War II the focus of preventive efforts has changed from infectious diseases to non-communicable diseases. Public health has historically provided important insights into determinants of infectious diseases and has played a significant role in preventing and fighting epidemics. Since the 1950s public health research has also been able to identify important determinants for some of the major non-communicable diseases, with an increasing impact on population health, and has thereby contributed to new kinds of preventive

efforts. However, with the recent COVID-19 pandemic, infection suddenly returned as a high priority for public health policy and research.

A focus on health inequalities has always been a feature of public health. From the 1970s Danish public health researchers have increasingly taken an interest in studies of social inequalities in health and their causes, such as working conditions, poverty, and behaviour. These topics have had a very strong revival in the international public health community since the 1990s with a focus on the impact of social factors, gender, ethnicity etc. on health inequalities. Politicians today often discuss this as a problem to be dealt with, but in practice little has been done so far.

Most Danish politicians focus on people's behaviour – smoking, alcohol consumption, diet, and physical exercise – while researchers in public health also often look at a much broader range of risk factors. Politically, disease prevention and health promotion sometimes have less appeal because it is not as easy to identify those individuals who do not fall ill as an effect of the interventions, as it is to identify those who are ill and need treatment. It is a major task for public health as an academic discipline to expand the vision beyond these boundaries.

The establishment of the Department of Public Health was one step in a long and challenging national and international process aiming at creating better insights into factors determining the health of populations, and supporting policies and actions for better public health.

Hippókrates

The least viable population

The insight that Denmark was lagging behind other Western European countries in mean life expectancy was a motivator for the establishment of the Department of Public Health and the education it provides.

Many Danes were likely to have been surprised when on the morning news in April 1991 they heard this: 'in three or four years Danes will be the least viable population in the whole of the OECD, that is who live shortest – maybe except for Turkey'. This comparison pleased neither politicians nor many others. In 1960 Denmark was number 6 in Western Europe, now it was number 17. In contrast to many other countries, the mean life expectancy of men had hardly increased at all, in spite of an immense increase in both the general standard of living and in the costs of the healthcare sector. The self-image of the Danes, believing that we were among the best, was rocked.

> "The self-image of the Danes, believing that we were among the best, was rocked."

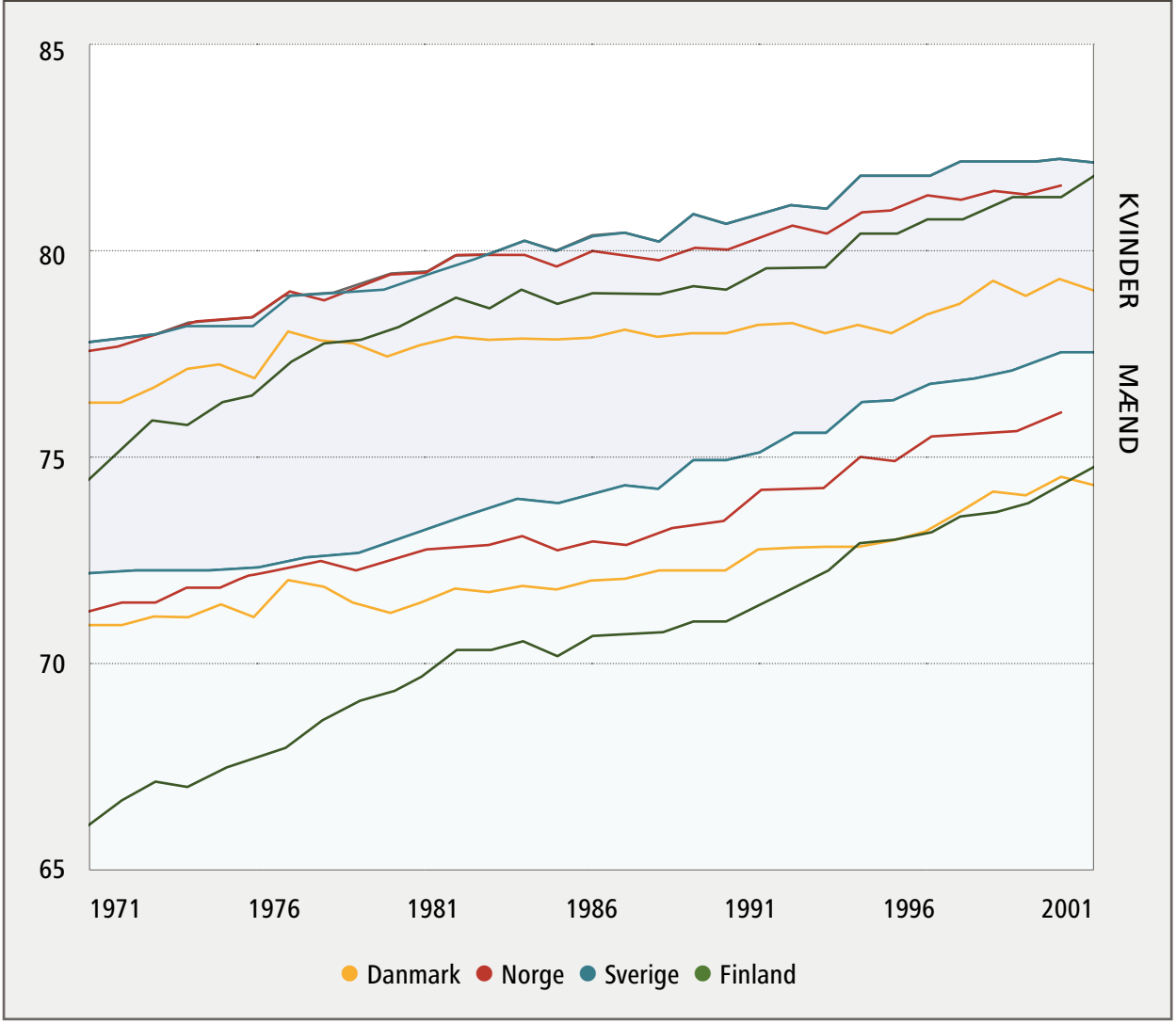
The politicians reacted by establishing a Mean Life Expectancy Committee, which within a couple of years produced 14 reports, explaining these developments and pointing towards possible means to improve the viability of the population. The reports came to many conclusions, one of which was that behaviour, smoking in particular, might have been one of the most important causes of the slowdown. This might have encouraged the politicians to enforce further restrictions when it came to smoking. Another important conclusion was that even though the healthcare sector has an important effect on people's health and quality of life, it probably only has a minor effect on the life expectancy of the population, which is mainly driven by the incidence of fatal diseases.

Attention to population health, disease prevention and health promotion also increased among politicians in the government and the parliament. The ground was already fertile. The very strong focus on curative medicine, which dominated the preceding decades, had been slightly weakened by concerns about the skyrocketing costs, and the hope was that disease prevention could counteract this. Internationally, more attention was also given to disease prevention, not least through World Health Organization (WHO)'s declaration in 1981 about 'Health for all in year 2000', which advocated policies to reduce health inequalities in and between countries. Denmark was also affected by this wake-up call towards public health measures.

> "The news about the stagnating life expectancy created a strong political momentum for launching these initiatives, seen from both inside and outside the university."

The news that Denmark was lagging seriously behind otherwise comparable countries had already been published in 1989 by DIKE (Dansk Institut for Klinisk Epidemiologi, now the National Institute of Public Health). The results did not receive much attention then, but two years later the newspaper Mandag Morgen had more success in spreading the message. It also elicited a public debate, in which a calculation of the number of deaths among adults occurring before retirement age in Denmark, above those in the other Nordic countries – about 6000 per year, corresponding to 20 annual flight crashes with 300 passengers in each aircraft – illustrated the seriousness of the problem.

Figur 1. Middellevetiden for mænd og kvinder i Danmark sammenlignet med tre nordiske lande, 1971-2001



One result of the political attention towards the stagnating Danish life expectancy was that it paved the way for explicitly focusing on how our Faculty of Health Sciences could contribute to mitigating these problems. It became the motivation for a series of mutually related initiatives to enhance the university-based activities in the public health arena. This implied a renewal of the structure and composition of the institute, the establishment of new educations in public health (Master of Public Health, MPH, and the full 3+2 years bachelor and master education in public health science), a PhD School and planning for the Centre for Health and Society (Center for Sundhed og Samfund), in the empty buildings of the old municipal hospital. Even the international public health perspectives were fertilized, leading to the new Master of International Health programme.

The news about the stagnating life expectancy created a strong political momentum for launching these initiatives, seen from both inside and outside the university. There was some more or less clearly expressed resistance to them, perhaps looking down upon them as a 'cuckoo in the nest' at the faculty. However, the arguments in favour raised considerable strong and unambiguous external political and societal support.

From 'IABVS' to a Department of Public Health

Towards a powerful university unit, comparable to the best schools of public health abroad, with all the main disciplines of public health, offering a range of public health educational programmes.

In 1995 there was no Department of Public Health at the University of Copenhagen. Since 1969, developing from the old Institute of of Hygiene (Hygiejnisk Institut), a stepwise but slow growth of new institutes, relevant to public health, took place. Eventually, these were assembled in an 'Institute of General Practice, Biostatistics, Theory of Science, Social Medicine' called IABVS (Institut for almen medicin, biostatistik, videnskabsteori og socialmedicin), jokingly called 'Department of everything'.

In 1995, the Dean of the Faculty of Health Sciences, Professor Thorkild I.A. Sørensen, decided to start planning a new Department of Public Health, building on the existing units and external collaborations, but with the ambition of forming a bigger institution with responsibilities for covering a broader area of public health, both in research and education.

> "The Danish Language Committee (Dansk Sprognævn) suggested 'folkesundhedsvidenskab' for the new common discipline, which was accepted."

This was clearly motivated by recent international developments in public health research and training, and a recent international evaluation report looking into the need for improvement of the public health activities at the University of Copenhagen. The evaluation was positive, emphasizing the potential, but it also recommended stronger multidisciplinary collaboration and new educational initiatives, with a focus on population health. The recent report on the stagnation in life expectancy in Denmark enhanced the motivation for such initiatives by demonstrating the national need for new policies, experts and evidence.

A committee, chaired by Professor Allan Krasnik, at that time head of IABVS, outlined the framework and content of the department and made a proposal to the faculty for the establishment of a public health institute. Subcommittees covered: 1) epidemiology and biostatistics, 2) social and behavioral sciences, 3) health services research (including health policy and health economics), 4) environmental health and 5) international health, later supplemented by 6) general medicine, 7) medical gender studies and 8) community dental health.

The Danish Language Committee (Dansk Sprognævn) suggested 'folkesundhedsvidenskab' for the new common discipline, which was accepted. After nine meetings and consultations with stakeholders and potential collaborators, the chair delivered an 82 page long report and eight subcommittee reports, considering the academic, scientific, educational, organisational and financial aspects, to the Dean, Professor Hans Hultborn, in May 1996. The new department was established on 1st January, 1997.

The vision of the report was to establish a powerful university unit, comparable to the best schools of public health abroad, including all the main disciplines of public health, and offering a range of public health educational programmes at the pre- and postgraduate levels. This would ensure a financial basis for increasing the

scientific staff from 34 to about 70 positions, with an administrative staff of 50.

> "The vision of the report was to establish a powerful university unit, comparable to the best schools of public health abroad…"

The plan suggested the establishment of nine sections, three made up of the previously existing sections (general practice, biostatistics, and theory of science (with medical ethics)), four more by dividing social medicine into psychosocial health, health services research, environmental and occupational health, and medical gender research; with in addition two later established sections of epidemiology and international health. Health psychology was included as part of another section. The previously independent museum for medical history ('Medicinsk-Historisk Museum') later became an integral part of the department and renamed Medical Museion.

This vision became reality within a few years thanks to the finances derived from the establishment of the new educational programmes. The exceptional financial opportunities for growth facilitated a creative environment, with multidisciplinary collaboration within and across sections and educational programmes. The department also became a powerful player in the faculty and a fast-growing youngster with a need for more space. A new future emerged regarding both physical location and scientific and societal impact of public health at the University of Copenhagen. Later an international evaluation panel confirmed that the ambition to become a leading Danish and international 'school of public health' was fulfilled.

The MPH programme – a prolonged birth

'There is a clear need for an interdisciplinary training of staff in health promotion and disease prevention leading to the degree of Master of Public Health'.

Internationally, public health had for many years been considered a significant profession, from the early 20th century often based on well-established further education in the form of Master of Public Health (MPH) programmes. But not yet in Denmark – besides the Danish share in the MPH programme at the Nordic School of Public Health. In 1988, the first initiative came from the Danish Society for Social and Administrative Medicine (DSSAM) with a view to establishing a Danish MPH education.

This report showed why a Danish education, with a focus on the need for competencies regarding health promotion, disease prevention, management and planning, was needed. Educational elements were identified from existing MPH courses in other countries. A minimum of an 18-month full-time interdisciplinary course with theory and project work was suggested. These main points were taken forward to later reports and proposals, and to the final design of the MPH education in Denmark. In 1990 a report from the Faculty of Health Sciences at the University of Copenhagen presented a concrete plan, but there was still no action.

> "…a 'locomotive that could develop and change the cultures that are crucial for the health of the Danish population'."

The initiators worked to raise the issue as a political theme. In 1991, the Socialist People's Party (SF) submitted a proposal for a parliamentary resolution calling for the establishment of an interdisciplinary committee to assess content, location and costs, and the parliament approved it. The committee became very large – no less than 23 members, with a very broad professional composition.

The final report, presented in 1994, had the unanimous conclusion: 'There is a clear need for an interdisciplinary training of staff in health promotion and disease prevention leading to the degree of Master of Public Health'. The committee pointed out that there was a need for a powerhouse for interdisciplinary education and research in the field, in the form of a 'locomotive that could develop and change the cultures that are crucial for the health of the Danish population'. The education was proposed as a high-level 2-year programme with admission requirements corresponding to a master degree or comparable qualifications. The considerations of location and organization, however, gave rise to many discussions in the report.

The basis was now created for the final decision, but at the same time a door was opened for a dispute about where and how the education should be organized. The University of Copenhagen offered to host the education. This was supported by the Ministry of Education, on the condition that both the University of Copenhagen and the University of Aarhus would run the programme, with contributions from the University of Southern Denmark. With this Solomonic solution, the ministry decided to establish a programme under the Open Education Act, and the battle for geographical and organizational location as well as funding was concluded.

It was decided that a curriculum of 18 months for a postgraduate, interdisciplinary education leading to the MPH degree should be offered. It should provide the

graduate qualifications independently and on a scientific basis to contribute to the improvement of the health of the population and population groups through a) initiating, participating in and evaluating preventive and health promotion programmes, and b) participating in the planning and management of health care.

> "The MPH education became the first of a series of new public health educations, and an important step towards the professionalization of public health in Denmark."

The participants should have an academic degree or equivalent and work experience from the health or social sectors. The education created a funding basis at the University of Copenhagen for four new scientific staff in the department as well as part-time lecturers. A large proportion of the students were nurses. However, the fee of DKK 90,000 was a clear barrier for many potential applicants. In the beginning these 'older' MPH students recieved favours such as their own teaching room, book collection, coffee machine etc. that others had to envy.

The MPH education became the first of a series of new public health educations, and an important step towards the professionalization of public health in Denmark. The education also became an important building block in the new, rapidly growing Department of Public Health at the University of Copenhagen.

From Danish to international and global health

As a core part of the public health discipline, a section of international health was built, developing and hosting international collaborative research activities and educations, the Master of International Health (MIH) and the Master of Science in Global Health (MSCGH)

International health (IH) was not new to the faculty. Since 1964, medical students in the International Medical Cooperation Committee have been offered an optional 4-6 week course in tropical medicine, later 'International Health'.

> "Time has shown that medical anthropology and qualitative research methodologies are part and parcel of IH, later called global health (GH)."

In 1998 a Professor of IH, Ib Bygbjerg, was appointed to build a section for IH. During the early years, both the academic and administrative staff of the section grew, often sharing their positions with other sections to cover the disciplines most in need: economics and management, epidemiology, human rights and health, including reproductive rights, and culture and concepts of health and health systems. The professor shocked his colleagues by first choosing an anthropologist. Time has shown that medical anthropology and qualitative research methodologies are part and parcel of IH, later called global health (GH). Most researchers were part of a network, Enhancement of Research Capacity in Developing Countries (ENRECA). It was supported by the Danida programme (originally Danish International Development Agency), which also funded much of the research.

Two years earlier, in 1996, a meeting had been arranged at the Ministry of Foreign Affairs with the participation of the rector, the dean and representatives from Danida to discuss the establishment of a Master degree in International Health (MIH). An interdisciplinary steering committee with representatives from the university, Danida, and the Statens Serum Institut began planning the programme, and three years later, in 1999, the first students were admitted.

The purpose of the MIH was to train graduates in how to improve efforts in the fields of health and development, with a focus on African countries, and to qualify for interdisciplinary collaboration internationally, regionally and at local levels. Thus, the MIH was primarily for graduates from developing countries, where they would subsequently work with disease problems in the populations and help establish social and healthcare systems.

> "The purpose of the MIH was to train graduates in how to improve efforts in the fields of health and development, with a focus on African countries…"

A wide range of research activities in international health in related subjects in the institutions involved, including also Rigshospitalet and Statens Serum Institut, was a prerequisite for building the education. The programme would take 12 months: 8 for a joint course for all students, 1 for optional special courses, 1 for self-study and 2 for preparation of the final assignment, evaluation and exam.

The graduates' qualifications could be roughly summarized as an ability to address issues related to public health, including prevention and health control, and disease systems in poor countries; planning and administration of health systems and programmes, including assistance programmes and disaster relief; and to understand the interplay between public health and societal issues broadly, and the interplay between a country's health policy and economic framework with implications for health strategies; and to contribute to health promotion, preventive, and treatment-oriented programmes in low and middle-income countries; and to cooperate with health and other authorities for education, communication and scientific dissemination.

In 2009, a School of Global Health was established by the section to coordinate the university's educational initiatives, employability, study environment and communication within GH. The MIH ended in 2016. All over the world IH was replaced by GH, and a new 2-year Master of Science in Global Health (MSCGH) began in 2013.

Education in public health science – near sinking, but saved

Development of a complete bachelor and master university education was an essential contribution to building public health science as an academic research-based discipline, but it was not without serious obstacles, and it took four years to plan and launch it.

The head of IABVS, Professor Allan Krasnik, proposed to add the bachelor and master education together with the MPH programme as cornerstones in the faculty's contribution to improving the health of Danish people. The planning began in 1995. After a long, peaceful, and constructive development, launching of the education in 1998 suddenly met an unforeseen storm, which almost destroyed the ship, but forceful contributions from many parties saved it from sinking, and allowed the launch in 1999.

> "Realizing that public health science is truly cross-disciplinary, the rector put together a planning group with 12 colleagues representing all the faculties of the university (except for theology)…"

Postgraduate education in public health had existed in other countries for almost 100 years, but pre-graduate education emerged much later. One of the few formal educations was at the University of Maastricht, which had offered a 4-year programme since 1980, and it became the inspiration for the Danish programme. While their programme divided the students after the first year into different lines, each ending with a master thesis, the Danish programme avoided this split. It planned for a 'classic' combined bachelor and master education of 3 plus 2 years, in common for all students (including some optional courses), with the last half year being allocated for the master thesis.

Realizing that public health science is truly cross-disciplinary, the rector put together a planning group with 12 colleagues representing all the faculties of the university (except for theology), chaired by Vice Dean Nils-Erik Fiehn from the Faculty of Health Sciences. Their work was expected to end by May 1996, leading to the launch of the programme in 1997. The group delivered a report on time, encompassing a broad panel of issues pertinent to running the programme: assessment of needs for the programme, admission criteria, disciplinary profile, content and sequence and sizes of subjects, evaluation, the staff required and their teaching and research competences, student uptake, space and resources requirements, organization, and employment opportunities.

Whereas various elements of the education were already present in several other educational programmes across the university, in particular at the Faculty of Health Sciences, synthesizing and expanding these elements was a major feature of the new programme. The planning was directed by the type of jobs and tasks that the candidates might get, whether in the public or private sector. The expectation was that the candi-

dates should be capable of entering into various types of advanced administrative tasks, performing analyses, development, planning, and advisory functions in the health sector of our society. A particular focus was on analyses of population health and environments, of management and planning in the healthcare sector, evaluation of health programmes, and development of educational programmes and teaching competences within public health.

> "The expectation was that the candidates should be capable of entering into various types of advanced administrative tasks, performing analyses, development, planning, and advisory functions in the health sector of our society."

The planning group estimated that an annual admission of 50 students would generate 30-35 candidates. Using standard equations for teaching requirements at the time, the programme would eventually require around 25 academic positions and 24 technical-administrative positions. Estimates of the requirements for physical facilities were 4,800 m^2 for both the department and the teaching rooms. The Faculty of Health Sciences should be fully in charge of running the programme, however, with a few teachers employed at other faculties.

The governmental standard support would cover the main costs of the educational programme, while assuming coverage of minor missing parts by the faculty budget. This, and possible concerns about the power balance within the faculty politics, delayed the implementation of the plan and eventually led Rector Kjeld Møllgård and Dean Hans Hultborn to stop the launch of the education just after it had been publicly announced to all Danish high schools in the spring of 1998 – calling for applications to enter the programme the same autumn. This decision caused a lot of disturbance and intense debate, also outside the university, which soon after led the University Board (Konsistorium) to request that the rector and dean re-launch the education, which, however, could only be done with a six-month delay. ●

Public Health as a coherent discipline

'I recall being pushed to near maximum in epidemiology, demography, statistics, human biology, qualitative methods, and health policy analyses' (Katrine Strandberg-Larsen).

It was also clear for us students that the pre-graduate Public Health programme from the University of Maastricht had served as an inspiration at the University of Copenhagen. I recall that there were regular references to this programme and frequent articulations of the big ambitions and expectations for the future graduates. We should improve population health, particularly the health of the Danish population, including aiming at fixing the challenges of the stagnation in life expectancy.

The job prospects were that some of us would end up as hospital directors, but to my knowledge none of us have ever held this position. However, we ended up in jobs in both the private and public sector, with tasks that contribute to the health of the population – recently very visibly during the pandemic. Here our tasks spanned from educating the population, securing supply of essential medicines, estimating the progress of the pandemic and collateral damage of the lockdown, and translating expert input into political acts, e.g. the long-term reopening – to highlight just a few.

> "We should improve population health, particularly the health of the Danish population, including aiming at fixing the challenges of the stagnation in life expectancy."

In the earliest years, our teaching was in the Panum Institute, in facilities in the basement auditoriums without any windows, and class teaching predominantly took place in the two newly decorated 'computer' rooms, each with 20+ 'old fashioned' computers, which we used for statistics. We looked between or above the big bank of screens to see our teachers.

> "All teachers had a pioneer spirit devoted to building up this interdisciplinary discipline.... Together this fostered an engaging learning environment, with strong student-teacher interaction..."

All teachers had a pioneer spirit devoted to building up this interdisciplinary discipline. Almost all the lecturers were professors, and all of them believed that their discipline was 'the core' of public health. Thus, the ambition on every course was extremely high. Seemingly, none of the course directors used the norms of working hours per ECTS-points in their courses, but instead were driven by the skills they envisioned were required in our future jobs. Furthermore, the number of teaching hours was high in comparison with other educations, especially in social science programmes.

Together this fostered an engaging learning environment, with strong student-teacher interaction, and I recall being pushed to near maximum in epidemiology, demography, statistics, human biology, qualitative methods, and health policy analyses. Advanced courses in health economics and health law were not part of the curriculum, and some of us were encouraged to take courses like this in other places.

The Institute Board included students of public health science, and thereby gave us direct opportunities to influence the department and thereby also the education, which was evolving while running. There was still some work in translating the big ideas into reality, and the department and the Study Board heard and implemented many of our opinions and wishes. Personally, for me it has been fun this year, now 20+ years later, to once again occupy a seat in the Department leadership, but this time as acting Head of Section of Epidemiology. This demonstrates that I, like several of my peers, have specialized in one of the sub-disciplines.

My motive for this was a desire to be capable of making independent contributions. Then, fortuitously, following approximately 1-2 years of study, I was given the opportunity to be affiliated with the hospital-based Institute of Preventive Medicine, to conduct epidemiological analyses.

The training in Public Health Science in our programme is renowned for producing candidates that are methodologically strong, capable of understanding public health issues from several perspectives, and of navigating and negotiating between relevant distinct disciplines with concepts and methods important for public health in general. In a recent revision of the curriculum, we changed the order of courses and made courses mandatory that demand cross-disciplinary thinking and the integration of quantitative and qualitative methods. Our hope is that this will foster an even more coherent discipline, as well as making the coming generations of candidates even stronger in their interdisciplinary approach.

From an **old municipal hospital** to the Centre for Health and Society

The rapid development of public health acitivities needed space and interactions between different institutions in this broadly defined field, and the closing down of the old municipal hospital ('Kommunehospitalet') opened up the opportunity to assemble these institutions there.

The rapidly increasing political interest both within and outside the university in strengthening public health, following the recognition of the stagnation of life expectancy in the Danish population, also drew attention to the need for improved physical space. At that time, the IABVS resided in several localities in the Panum Institute, and relevant institutions outside the faculty, both in and outside the university, were widespread in various sites in the Copenhagen area.

> "Ideas about the use of the buildings flourished and included assembling there the institutions relevant for the new public health activities, and, at the same time, improving their individual local facilities."

There were no natural options for improved physical space for these activities until 1995, when a major reorganization of the hospital system in Copenhagen implied closing the functions in the old municipal hospital ('Kommunehospitalet'). This elicited massive protests from citizens and the formation of a new political party that gained one seat on the city council, but the economic state of the hospital system forced it to stay with the plans and put the buildings up for sale.

Ideas about the use of the buildings flourished and included assembling there the institutions relevant for the new public health activities, and, at the same time, improving their individual local facilities. In addition to the Department of Public Health these institutions included the National Institute of Public Health, the local Institute of Preventive Medicine, a university clinic for general medicine, and most of the departments of the Faculty of Social Sciences.

A major obstacle to what otherwise appeared to be the dream of a Centre for Health and Society was that the building would be sold to those presenting the highest bid. It was not clear where this money might come from. In view of the public governmental status of most of the institutes, it would be relevant to consider whether the government could buy it.

As a first step, the chair of the Health Committee of the Parliament, Yvonne Herløv Andersen (MP), who was very dedicated to promoting public health improvements, initiated the debate among the politicians and ministers. She eventually requested a thorough plan that she would then present to the parliament as an agenda, hoping for support from the parties and the government. After the presentation of the plan in the parliament, the speakers of all parties strongly supported it, but unfortunately the government, represented by the minister of health, Carsten Koch, and minister of research, Jan Trøiborg, concluded the debate by declining the proposal, justified by the lack of the approximately DKK 1,000 million that they supposed to be required to realize it.

There were six bids; three were true bids from private companies offering to purchase the buildings, and three others that were just proposals about how to use the buildings, including one presenting the plan for a public health centre, submitted by Professor Thorkild I.A. Sørensen.

> "…a subsequent protection classification of almost all the buildings made the two companies with the highest bids withdraw them, whereas the single remaining company had not put this as a constraint."

The management of the hospital system took forward only the three offers to buy the buildings. However, a subsequent protection classification of almost all the buildings made the two companies with the highest bids withdraw them, whereas the single remaining company had not put this as a constraint.

That company, 'Ejendomsselskabet Norden' (later Jeudan), had no plans for how to use the buildings. This created an opportunity to suggest to the company that they could adopt the plans for a public health centre, and they were immediately and genuinely interested. The various institutions were able to rent the parts they needed, and this made it an acceptable business for the company.

Following the settling of the external conditions for the centre, the university undertook the 8 years long detailed planning and implementation, together with users and the owner. There was a need for a new building with a big auditorium, the Christian Hansen auditorium, named after the architect who was in charge of construction of the municipal hospital which opened in 1863.

Inauguration of the new Centre for Health and Society took place in 2007 with the participation of various (including royal) officials. Later the university decided on the addition of one more large new building. Presently, it hosts the Department of Economics and several new auditoria.

Conflicting disciplines and fruitful developments

Many disciplines were united at the department and in the educational programmes that meant conflict about the means in and purposes of research, but also fruitful discussions and collaborations.

When public health science started as a formalised educational programme and a department at the University of Copenhagen, many different disciplines were involved – which were quite different when it came to their theories, topics, methods, and epistemologies. The disciplines were related to a natural or social science tradition, or the humanities, using both qualitative and quantitative methods, originating in a more positivistic or more social constructivist epistemology.

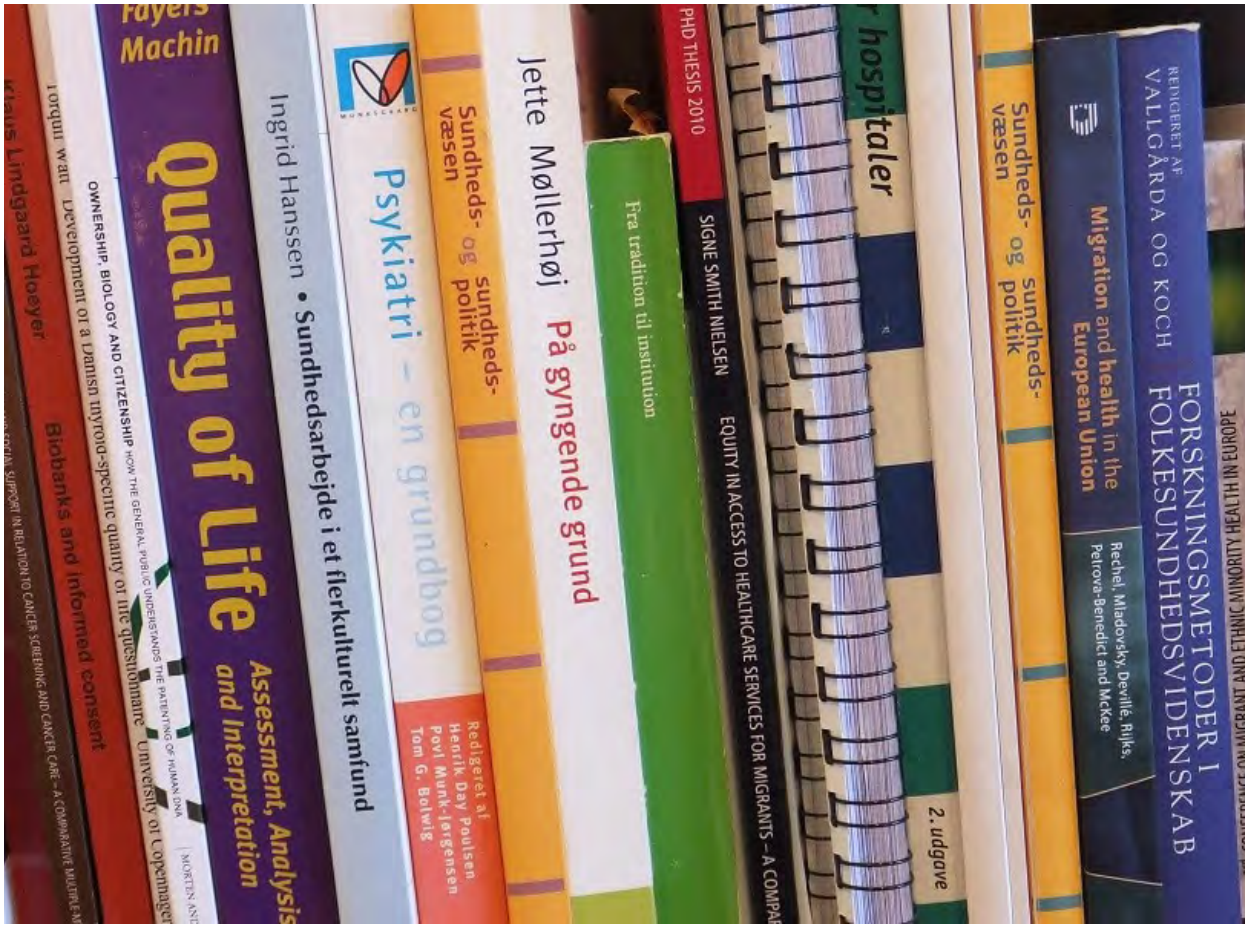
> "Representatives of the different disciplines found it easy to argue why their specific discipline was important…"

Sometimes, these differences caused conflicts and rivalry when it came to the composition of the curriculum. Representatives of the different disciplines found it easy to argue why their specific discipline was important, but although everyone was open to the importance and relevance of other disciplines, conflicts still arose. This was especially seen when it came to the issue of methodology, a conflict between the usefulness, relevance, and scientific value of qualitative versus quantitative methods. Sometimes even a lack of respect for the other approaches was expressed. Some of the questions that were posed went like this: Can qualitative methods produce proper research? Is it not subjective and impossible to verify? Can quantitative research really say something about more complex relations? Are the quantitative researchers aware of how much their research results depend on the choices and ideas of the researchers? As the educational programmes developed over time, and more and more researchers began to collaborate, most of the the conflicts evaporated.

Another discussion concerned the purpose of public health university research: Is it the task of the department's research and teaching to promote the health of the population, through providing knowledge about causes of diseases and the means of avoiding them, and through ensuring that the healthcare sector functions in the most efficient ways? Or is it the purpose of the department to question predominant ideas, expose ethical dilemmas in the doctor-patient relationship and in public health initiatives, and in the use of data? Shall the research create a basis for political reflections about what is going on in the healthcare sector and in the public health field? Few will probably subscribe exclusively to one or the other of these positions, but these examples illustrate the ongoing debate in the department.

> "The tensions and discussions which still exist have often led to new approaches in research and teaching…"

As time has passed, a common public health identity has emerged, and gradually more and more collaborations have taken place between researchers from different disciplines and theoretical/methodological positions. This has contributed to a greater mutual respect. The tensions and discussions which still exist have often



led to new approaches in research and teaching, and contributed to creating inspiring and fruitful research collaborations. Within the educational programmes teachers from different disciplines have developed joint courses and written textbooks together.

On the other hand, the growth of the department worked in the opposite direction. With the many specialised sections, the daily interactions between researchers from different disciplines became less intense. A department of public health science will undoubtedly have to bridge across very different methods, disciplines, and research agendas. The dilemmas of quantitative versus qualitative approaches, of natural versus social sciences versus humanities, of immediate usefulness of results versus societal reflections, will unavoidably arise. The challenge, however, is to take advantage of the dilemmas, and by utilizing their common potential to serve the university and society in a better way than by keeping them separate. ●

The next 25 years for the Department of Public Health

The department's mission is 'to provide the scientific foundation for improving public health, both nationally and globally, and to create greater insight into the links between health, the individual and society as well as the ethical, equity, sustainability, and political aspects'.

The COVID-19 pandemic reminded us that good public health is a prerequisite for most other aspects of society. Indeed, most societal challenges (e.g., inequality, sustainability, immigration) are inherently also public health challenges. The prime minister illustrated this in her 2022 New Year Speech where she discussed the need to improve our healthcare system, close to the citizens ("det nære sundhedsvæsen"). These urgent as well as longer-term societal needs underscore the relevance of the department's mission, 'to provide the scientific foundation for improving public health, both nationally and globally, and to create greater insight into the links between health, the individual and society as well as the ethical, equity, sustainability, and political aspects'.

Every day all our staff deliver on this mission through high quality research and teaching, and through extensive interactions with a multitude of societal partners. Our department has a high ranking in international comparisons.

However, it is also clear that public health challenges are complex and continuously influenced by technological advances. For example, digitalization and the use of AI and machine learning is only just beginning to be understood and integrated into public health.

To meet the public health challenges of tomorrow, our department needs to be even better at harvesting the synergies from our broad field of scientific backgrounds and methodologies. A key goal is that we must ensure there is a circle from basic research, to co-creation of interventions, implementation, evidence generation, and back to basic research. This will require us to draw on all the capabilities of the department as well as connecting research with teaching, stakeholder engagement and science communication. It will also require deeper partnerships with societal partners beyond the university.

"To meet the public health challenges of tomorrow, our department needs to be even better at harvesting the synergies from our broad field of scientific backgrounds and methodologies."

The department's 2022 goals summarize this as follows:

- We aim to launch cross-departmental mini-centres both to harvest expertise across the department and to set the national agenda, while also contributing to the global agenda within our chosen fields. Such fields could include healthcare close to the citizens, and the green transition of our healthcare system, which need to be both just and sustainable. It could also be reducing social inequalities, or advancing complexity science to understand health across lifespan. In addition, we wish to further integrate our data-driven research with our lab-research and clinical specialties.

- In teaching, we wish to utilize the synergies between the different study programmes hosted at the department as well as increase opportunities for students to include practice-oriented elements. We will pay special attention here to digitalization and

patient needs, which are currently transforming the healthcare system.

- We wish to increase and deepen our partnerships with external stakeholders. This will contribute to innovation and impact, as well as funding. Themes for partnerships include advanced use of health data, digitalization, complex interventions and more. We will promote Medical Museion as a unique hub for co-creation in Denmark.

- Finally, as a workplace we will further develop an inclusive work culture with an emphasis on diversity. We will strive to ensure that we have the world-class technical and administrative personnel for supporting research and teaching.

> "We aim to launch cross-departmental mini-centres both to harvest expertise across the department and to set the national agenda, while also contributing to the global agenda…"

In conclusion, as the preceding chapters have shown, the department has been through a number of transitions, both to accommodate changes in society and to accommodate changes in the science of the field. Every time we have come out stronger. We have done so because of the dedication and skills of all our staff and students.

> "Every time we have come out stronger."

They have allowed us to move our scientific fields forward and challenge existing public health paradigms. The next 25 years will undoubtedly include multiple further challenges – known and unknown. I feel confident that they will also lead to a stronger and ever more relevant Department of Public Health in the years to come.

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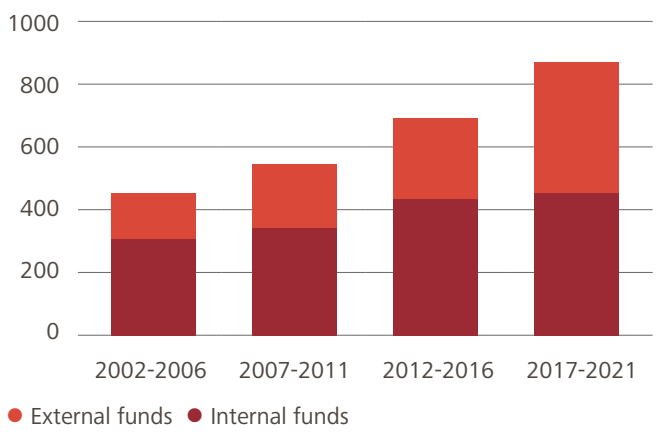
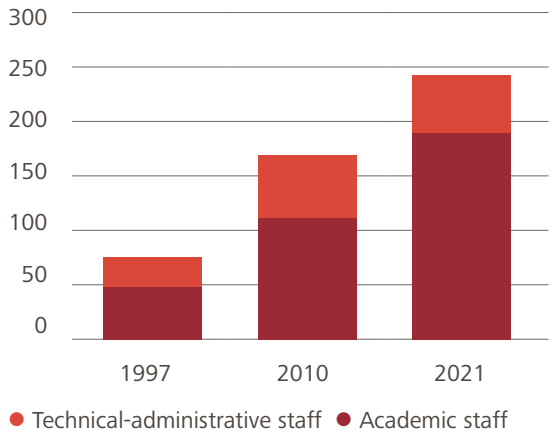
Indicators of **25 years of department activities**

Department of Public Health Funding
2002-2021 (DKK mil.) Data not available 1997-2001



Department of Public Health Staff
1997, 2010 and 2021 (full-time equivalents)



Publications, 1997-2021

Publications	1997-2001	2002-2006	2007-2011	2012-2016	2017-2021	Total
Scientific journal articles and contributions to books and anthologies	968	1352	2449	3458	4226	12453
Dissertations and books	80	86	147	180	159	652
Other publications	122	192	204	348	520	1386

Educational production, students graduated 1997-2021*

Education	Number of students	Note
Public Health Science	973	
Global Health	212	since 2015
Health & Informatics	147	since 2014
MPH and EPH**	398 and 93 = 491	(EPH: 2008-17)
Master of Disaster Management	212	since 2009
PhD Public Health	478	

**Students in the medical programme not included **EPH: European Public Health Master programme (Erasmus)*