

## The Role of Universities in the WHO Strategies for "Health for All by the Year 2000"

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Administration expects from university science in general a sort of "watchers function" regarding civilizational risks in a context: Living in a "Healthy City", living in a risk society.

Healthy City Project does not influence predominantly psychosocial conditions people are living in, acting and reacting according to their individual ability to cope with stress in working conditions and in interpersonal relations with behavioural problems all influencing people's health status in general and in particular in a crisis in the course of life from infancy to old age. The coping strategies used are partly inherited with psychological skills of individual personality and her development status at the time of a crisis, partly taught by living in a social class, in a social surrounding with a certain amount of social support and by education.

Thus science has not to be seen anonymously but has to get a broader definition meaning:

- wisdom with emotional and literal quality
- giving place to hope and solidarity in a better quality of life
- more emphasis on the influence of social conditions on personality and behaviour
- the ability to answer untypical questions not asked by a user-oriented science
- handle hypotheses of outsiders critically.

Instead of science in the common sense administration's expectations towards university is deliberation in the processes of decision-making. There is also a great need for decision-makers to know about evaluation strategies and economics e.g. benefit-cost analysis, cost-effectiveness analysis and multiattribute utility theory.

From a view of health politics comes the search for priority of risks regarding the variety of health risks. This is a dangerous question.

Acceptance in society regarding prevention and standards of prevention have to meet two criteria:

- to be scientifically truly made
- to meet the will of people democratically.

The most important common point of both in this discussion is:

- to avoid a senseless burden to people.

Therefore administration expects from university in its discussion of health risks not to be overwhelmed by a risk priority searching but a begin to discuss the complex question of users priority.

Do we need tobacco?

Do we need a public relations strategy by the tobacco industry of nearly 500 million Deutschg Marks a year to sell 117 billion cigarettes?

Analyzing the toxicologic term "acceptable daily intake" in concern telling consumers not to be endangered in their health capacity the question arises: What is acceptable to whom? "Acceptable" is a term not to define scientifically but an expression meeting everybody's standards individually.

What is acceptable to a producer of cigarettes and alcoholics must not be acceptable to the users and normally is not acceptable to them but is being made acceptable to them by the influence of PR-strategies.

Living in a risk society requires community participation. Community participation means to accept a difference between scientific truth and practical truth by university science by starting to deal more with the practical problems in community and influence the priority setting in health risks. The priorities naturally do not depend only on scientific criteria but also on the organizational level of the community. Here the WHO concept of "Healthy City Project" and "Healthy Public Policy" have their central influences.

In this context health promotion on the community level is of greatest public interest and its complex questions will be answered by stronger cooperation between the administration and university.