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The Role of Public Health in Reducing Health Inequalities

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ABSTRACT

Health disparities exist across demographic groups, despite major global advancements in public health. This paper investigates how public health approaches can reduce gaps in health outcomes by evaluating important public health principles and their applications. It examines how socioeconomic determinants of health, systemic inequality, and community engagement might help resolve health disparities. The essay demonstrates how focused interventions might promote health equity by examining current public health frameworks. Finally, the article calls for new policies and long-term efforts to address the structural and social causes of health disparities.

Keywords: Public health, Health inequalities, Social determinants of health, Health equity, Community engagement.

INTRODUCTION

While vast improvements have been made to Australians' health, disparities between population groups still exist. Regarding health improvement and health inequality amelioration, public health has a critical role. Public health was defined as 'the science and art of preventing disease, prolonging life, and promoting health through the organized efforts of society.' This review aims to investigate how public health approaches can contribute to reducing health inequalities between different population groups. To this end, the essay structures conversations around four foci. It remains somewhat unclear what the mechanism or scope of public health is in addressing inequality; consequently, the first focus is on public health principles that may be important in addressing health disparity. In a more practical sense, two contemporary public health frameworks are currently in use in the reduction of health inequity in the Beacon Communities [1, 2]. It is widely thought to be important to have systems where all citizens have equal access to leading an active, dignified, healthy life; it has been argued that access to health care should also be equitable. These access systems are based on beliefs such as the Universal Declaration of Human Rights or the Alma Ata WHO and are underpinned by the current global public health charter. Health effects between populations in a region may differ owing in part to the social determinants of health, resulting in a health disadvantage to some communities. As one 'consequence of the system in which we are operating,' health inequities may exist, which ultimately suggest unfairness. Addressing unjust inequities between groups of people is a key public health role in the reduction of health disparities. Similar to health as a concept, inequality is a difficult problem to define in that it has both positive and normative contextual relevance. A common public health definition has been 'differences or variations in health that can be defined by characteristics such as age, sex, income, or education.' Persistent interventions are necessary to tackle these differences in health and their core determinants. The health disparities approach suggests overcoming these problems [3, 4].

Understanding Health Inequalities

The United Kingdom's National Health Service defines health inequalities as differences in health status or the distribution of health determinants between different population groups. These determinants might include things such as income and social status. Overall, it warns that health inequalities can affect everyone and lead to lower average life expectancy, not least because they make it harder for public health interventions to work. Some disaggregate these differences by country, ethnicity, age, educational level, wealth, and so on. Rather than income inequality, health inequality is not uniform across different continents, countries, societies, and communities [5, 6]. Health inequalities result from interrelated factors. These are individual or personal characteristics, known as individual factors, such as age, sex, and

genetic makeup, but also include physical and mental ability, educational level, socioeconomic position, income and wealth, as well as occupation and job employment. Inequalities can also be produced by system factors such as public policies, patterns of economic and political organization, and social norms. It is, however, not only the poor who suffer from avoidable disease, early death, and morbidity but also the many people who suffer miscarriages of justice. The adverse health impacts of serious environmental pollution are also, it seems, unrelated to social class. The worse the socioeconomic status, the worse the health. In developed countries, even the middle classes because of their economic reliance on and political status in relation to those above them actually suffer worse health. But frequently, it is those at the bottom of the heap who ultimately suffer the worst health, often through greater occupational, environmental, residential, and lifestyle health hazards and less responsiveness and access to primary health care [7, 8].

Public Health Interventions and Policies

Tackling the social determinants of health that are rooted in poverty, from conception to older age, alongside interventions to treat the consequences, requires a broad public health approach and cross-government action. This might include targeted programs, for example, to address the nutritional needs of pregnant women and underweight babies, alongside wider policies to tackle poverty. All policies, whether universal or targeted, need to be sensitive to the needs of different groups, such as deprived communities, in order to be effective and to avoid exacerbating existing inequalities. The implementation of public health policies or interventions to reduce health inequalities, to be acceptable, needs to be evidence-based and based on a strong and genuine understanding of the needs of the population [9, 3]. There is an increasing body of evidence that public health programs that are based on evidence have made an impact on health outcomes for specific population groups. These outcomes include reductions in mortality and morbidity from a range of diseases, increased life expectancy, and improvements in behavior, attitudes, and living conditions. Different organizational strategies are used to deliver such interventions, by central and local governments through their agencies, and by non-governmental organizations working with these agencies, who may act as providers or advocates, or both. Population-based interventions are located within the core functions of public health. Surveillance has a crucial role in identifying groups with special healthcare needs resulting from poverty and recognizing specific health problems related to poverty. This will assist in identifying the geographical areas in greatest need. The data collection mechanisms may be strengthened to enhance geographic capture [10, 11].

Community Engagement and Empowerment

Initiatives to reduce inequalities in health outcomes that take a public health approach or population health approach to addressing conditions that affect whole populations must involve engaging with, and seeking to enhance the capacity of communities to engage with, issues that affect their health. This is often referred to as involving communities in the planning, implementation, and evaluation of such initiatives. From this perspective, engaging members of the wider community is seen as a means to ensure that health programs are effective in addressing the specific needs of different sectors of the community, and that interventions can more effectively take into account different lifestyles and cultural and social backgrounds [12, 13]. Empowerment plays a leading role in promoting the social conditions for their adoption and impact. No matter the strategy adopted, an important focus for public health action on the issue of community engagement and empowerment is to promote the building of social connections within communities. Organizations and researchers concerned with addressing health inequalities through engaging with communities often use processes that aim to develop community empowerment. Examples include strategies of community education about the social determinants of health, facilitating connections between individuals and community members to resources to resolve community-based determinants from alliance-building projects such as interagency networks through to research methodologies where decision-making is shared with community members either as consumer advocacy or as consumer participatory research. Evaluating initiatives to promote community empowerment is difficult because the kinds of processes instrumental in community empowerment – such as education, advocacy, and community empowerment themselves – are the objectives of the work. Several studies are cited using the social capital and social cognitive epidemiological framework as evidence that community empowerment has an inversely proportionate health impact. Some examples show community capacity has enhanced health outcomes. The key challenge for initiatives aimed at promoting community empowerment is that they are sustained over time and not allowed to dissipate in local community networks, especially when funding for community engagement and empowerment is withdrawn. Public health initiatives aimed at reducing health inequalities should consider community empowerment as an outcome measure. One concern with initiatives focused on a public health approach or population health approach to addressing conditions that affect whole populations is that they are unlikely to address the

potential for communities to develop the capacity to address fatalistic attitudes toward their everyday life and the impact it has on their health. There are several examples of both reducing individual fatalism and addressing the structural causes of fatalism within individuals that have been successful in non-health outcomes. A number of these programs have, as a byproduct, improved the health outcomes of the communities concerned. In most cases, empowering the community does not relate directly to individual lifestyle choices but rather to the collective community's capacity to address the individual factors promulgated by low socioeconomic status. Public health could thus aid in such initiatives by providing linkages with other health and welfare services and advocacy to politicians, the community, and the public about the inappropriateness of seeing the causes as being entirely lifestyle or genetic [14, 15].

Challenges and Future Directions

Ultimately, the health of our nation is in the hands of decision-makers. And because of that, we are dependent on them for our health. As long as the levers of power continue to act according to their interests, the health of Americans will never be entirely equitable. Eliminating health inequalities in American communities and beyond will require collaboration among multiple sectors: transportation, education, justice, housing, labor, etc. The problem of health inequalities is complex, transcends cities and states, and cannot be addressed by public health on its own. Not only are many things beyond the purview of public health, but existing statutes, regulations, rules, procedures, norms, and values limit what can be done in the public health sector [16, 17]. So, what do we do? We innovate. We strategize. We avoid the fads that attract more superficial conversations and rosier rhetoric instead of lifting the fates of those who stare into the heart of preventable death in this country. There has never been a more open time than now to force the conversation on health and equity. This mandate includes learning from the worlds of mental health, particularly trauma-informed and adversarial growth programs that explore the use of mindfulness, yoga, nutrition, and other practices for promoting both healing and well-being after trauma. Collaboration with behavioral science insights has largely gone unutilized in public health programming because many of us simply have not learned or been exposed to how humans make decisions and how that affects their behavior. Finally, we need to overhaul how we think about policy. Much of our work has been focused on education and advocacy for completely reworking policy from the top down. But what kind of power would we have if our nation and world had a clear, actionable roadmap or toolkit on how to create structural, policy, and/or environmental changes that advance health and equity? We must start advocating for much more than reform in small pockets and trends. Sustained governing attention and regulatory and policy reform are where our true measures of success lie. Let's continue to seek the kind of societal transformation that centers equity as an actionable priority, from cradle to community [18, 19].

CONCLUSION

Public health plays an important role in addressing health disparities by focusing on the social determinants and structural elements that contribute to them. Public health efforts that use evidence-based interventions and engage communities can enhance health equity. However, decreasing health disparities necessitates long-term political commitment, cross-sector collaboration, and novel approaches that tackle institutional constraints. Moving forward, incorporating a comprehensive, equity-centered strategy into public health policies is critical for attaining long-term health inequality reductions. Public health should continue to advocate for structural reforms that address the underlying causes of inequality.

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