

The Role of Public Health in Promoting Health Equity

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ABSTRACT

Health equality is an essential component of public health, ensuring that all people, regardless of socioeconomic status, have equal chances to reach their full health potential. Public health initiatives have shifted from addressing immediate health hazards to addressing the underlying socioeconomic and environmental drivers of health disparities. This article investigates how public health can promote health equality through strategic interventions such as community involvement, policy advocacy, and cross-sector collaboration. These initiatives are guided by the ideas of inclusivity, social justice, evidence-based action, and collaboration. Despite these efforts, major challenges persist, such as institutional disparities, political resistance, and the difficulty of dealing with interlocking health determinants. Public health may make significant progress toward reducing health disparities and fostering a better society for all by promoting equitable resource distribution and developing long-term programs.

Keywords: Public health, health equity, social determinants of health, health disparities, community engagement.

INTRODUCTION

Public health is the science and practice of protecting and improving the health of a population. The field of public health is built on the core concept of preventing disease and promoting health, with an emphasis on population health in addition to individual health. The nature of public health is such that public health professionals play a defining role in prioritizing health and creating and promoting policies and interventions to create positive health outcomes. Public health practices have evolved from the implementation of sanitary and hygienic measures to prevention and health promotion and changing the physical, social, cultural, and economic determinants that drive health disparities [1, 2]. Despite interventions, differences in health outcomes persist between groups of people. For example, certain populations still experience higher rates of diabetes and heart disease, some groups are less likely to have a regular health care provider and use mental health care services at nearly half the rate of others, and a significant percentage of people above the age of 60 living below a certain poverty level have not had a colorectal cancer screening in the past 10 years. These data reflect the interdependent networks of social determinants of health that are not being addressed and that drive outcomes. In these types of cases and beyond, public health identified the need and call for policies and services that prioritize and promote health equity by working to minimize and eliminate these differences. They frame this challenge through an understanding that social, economic, and environmental factors determine a large percentage of health outcomes. They see social justice, not just 'health' justice, as goals for improving the health of all people. Just as public health initiatives are working to address the social determinants that drive diseases and chronic stress, they can do the same to promote equitable health. That is, while they have historically been interconnected, it is important to make the connection explicit. This review addresses the concept of health equity and the role public and other population health institutions, protections, and services can play in reducing or even eliminating health disparities [3, 4].

Defining Health Equity

An important foundation of this issue begins with a clear understanding of us using the term "health equity." Precision in language matters, particularly when we are engaged in specific strategic actions

intended to impact the lives of people. Health equity is new in its implications for public health and its call to strive to make health, measured by the outcomes, everyone's health. In contrast, one of the goals of public health is to bring the science- and evidence-based best possible care and outcomes to each person or population we are tasked to serve. For public health, "everyone" is a diverse set of people who bring their environmental and socially driven health needs to us. In this issue, we strive to be led by a precise application of words [5, 6]. When we say health equity, we mean that everyone has the opportunity to use and enjoy the same equal sense of well-being, safety, and security and that the metrics most appropriate to the given society indicate that objective health status is the same for all. This is not a slight nuance because equality communicates sameness rather than the distribution of resources, and not everyone needs the same amount of a given resource. Balancing both real access to effective treatments and healthy cells demands equity of resource use. The exploration of the meaning of health equity carries forward as measurement principles are described. Distinguishing between a social justice perspective on the distribution of health-determined social resources and economic opportunity and a public health interpretation needs a standard definition. Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other genetically determined traits. The field of public health needs clarity on these linguistic nuances. Data needed for intervention implementation, as well as evidence accumulating for the system-wide contributors to disease outcomes, are policy relevant for intended leaders. We encourage dual perspectives that include the potential this literature review could usher in to sustain change for future health policies [7, 8].

Key Principles of Public Health in Promoting Health Equity

Access to core public health services that are provided with minimal or no out-of-pocket costs, efficiency and equity, and low-income inequality in general, are keys to good health. However, the effective distribution of these resources through public health services is a powerful determinant of health and a logical entry point for thinking about promoting health equity. Numerous principles guide public health initiatives toward such systems. Regardless of these specific principles, the forces driving local-level implementation are the same as those driving the implementation of policies at a national, state, county, and city level, including the political, economic, cultural, and religious context, and how history has shaped these factors [9, 10]. The first principle is inclusivity and community engagement. Relevant and effective public health approaches encompass and involve the community in efforts to promote health while removing barriers and increasing support for that effort. Involvement creates public awareness and legitimacy while soliciting needed inputs and increasing the relevance of decisions. Social justice is another key principle. Considering human rights and social values, including recognition of the diversity of beliefs and practices, should drive public health action. Public health must use diversion and uphold the principle of respect for diversity to avoid exacerbating existing disparities and creating a history of health disparities. Social justice principles suggest that public health must take and use barriers to protect the worst for the public. Public health can use its power to achieve that end. Public health reserves the right to bring actions of last resort. Evidence is the third guiding principle. Public health practice must be enacted within the best available evidence. In some cases, this might require the ability to take action even when scientific evidence is incomplete or uncertain. 'Second best' evidence, as informed by a best practice approach, is typically used when the precise depletion of available evidence is absent and where it is believed that achieving better and more complete evidence is difficult to enable action [11, 12]. Finally, collaboration across sectors and continuous evaluation of public health activities are essential guiding principles. Public health disciplines must work across a system that connects disciplines, organizations, and sectors. Consequently, a partnership approach is often required. Parallel to the requirement for evidence, all public health actions should be subject to public health surveillance. Evaluation and research into the effectiveness and outcomes of public health activity are critical, making it central to continuous improvement. Public health actions connect to a wide range of interventions and activities that – alone or together – contribute to addressing wider socio-economic influences on health. Such actions might take place in physical areas – for example, transport, planning, and housing. Health promotion and social marketing strategies combine. In addition to those dimensions, public health action typically incorporates a mix of policy, communication, the demands of communities, and broader interventions designed to address and reduce the main effects of the wider determinants that are present and look for public health action to address them [13].

Strategies and Interventions for Achieving Health Equity

Immigrant girls participate in a girls' group that takes place at a center housing immigrants in Berlin, Germany. This center is based in a housing establishment, which provides children from different cultures, particularly those from poverty-stricken backgrounds, a safe environment. In response to the

growing problem of providing access to quality health care, the public health system is proposing measures to decrease health disparities among groups. Employing community-based interventions, public health has had some success by working with vulnerable populations to develop greater community capacity in negotiating improved access to resources. Strategies used have focused on changing delivery systems to provide primary care, increasing the number of health care providers for specific populations, building community coalitions, and moving public health interventions directly into the community. This approach is based on the perception that some differences in health outcomes occur as a result of behaviors and environmental exposures, which are heavily influenced by communities or are simply beyond the capacity of individuals to change on their own [14, 15]. The majority of public health professionals in the field of health disparities are using policy or advocacy approaches that go beyond direct service provision to address the systemic barriers that keep people from being healthy. Rather than working within communities to help them cope, public health wants to move toward developing and promoting programs and approaches that change the very system that is causing and perpetuating the disparities. Often, we need to bring a voice to the voiceless or mobilize collective action to ensure that all members of a community are treated as equal citizens with equal rights. These action-oriented public health strategies are designed to bring greater resources into the community and help to promote policies or help to lower or eliminate institutional racism. Public health is also looking at behavior change more traditionally. For example, we promote precisely targeted health education and health messaging programs designed to promote behaviors that have demonstrated an impact on health. Public health is also collecting and analyzing important data to help us identify disparities, monitor progress, or assist us in the targeting or advocacy framework for developing health disparities programs. Public health has also created partnerships between government, non-profits, academia, and activists to help develop joint strategies for reducing or eliminating disparities. For example, there are several successful case studies of collaborations that have assisted us in implementing effective strategies to give this group sessions of concern. These success stories are designed to inspire successful action toward making health equity a reality. The Health Improvement Project for Seniors is a multi-site, community-based initiative featuring partnerships between local community-based service providers and health care agencies, faith-based organizations, chambers of commerce, senior centers, social service practitioners, researchers from universities, city planners, experts in housing for low-income individuals, transportation organizations, compassionate programs for the dying, and governmental units concerned with aging, as well as legal aid for poor seniors [16, 17].

Challenges and Future Directions

We began this article by borrowing definitions of health equity and fairness from the fields of economics, law, and medicine; these emphasized that equity entails fairness and that what is fair or equitable can shift due to context. In making the case for public health to take a primary role in the promotion of health equity, we noted the limitations of county public health departments in reducing premature mortality at the lower end of the gradient in the acquired income model. In practice, efforts by public health to promote health equity in global, national, and local communities directly confront the multiple challenges to achieving fair society policies. The strength of the ethical arguments in favor of taking action on health equity gives public health and the public health community a strong footing in these efforts. The case for uptake of what are often largely political and economic interventions is bolstered by this ethical foundation, yet further brave leaps from evidence to action are needed in bridging the intersectoral gap. Challenges in furthering health equity across groups in public health practice include the numerous systemic problems often underpinning health disparities facing disadvantaged groups, including social inequities and systemic and structural inequities in job status and conditions, housing conditions, income, exposure to environmental contaminants, and access to healthy food and safe places to be physically active. Public health professionals also face the complexities of addressing determinants in a globalized world, as well as the political challenge of convincing risk-averse policymakers of the value of taking a broader population approach to preventing health disparities and injuries. Status factors are a challenge as well, particularly as they follow inter and intragenerational self-perpetuating patterns, according to research findings. Furthermore, developing solutions to some health disparities related to environmental or social determinants, such as stress, is complicated by multiple interrelated risk factors and social determinants of health. In addition, public health has to rely in policymaking on relatively few evidence-based interventions to reduce health disparities, and in some cases, interim solutions must suffice while waiting for better evidence. A standard priority in many public health institutions is to develop practices and policies in the absence of a strong clear evidence base; almost by definition, this is how the public health field has to operate in the absence of evidence for all of its practices and research-based recommendations. Health disparities must be considered in these solutions. Emotions can interfere or

disappear, rather than driving practical change, around the motivation to address these health and social inequities. Anger can interfere with how people perceive the motivation and capacities of research and programs. Societal apathy may drain resources away from considering whether there is potential for altering programs to achieve better outcomes for the most vulnerable. Systemic and individual ability to make progress towards equity may be stalled by these factors, depending on the level of public shock. The counterforce of reason and verbal jousting to rationalize society's inaction on commonsensically unfair conditions can also dilute advocacy action [18, 19].

CONCLUSION

Public health plays an important role in achieving health equity by addressing the social, economic, and environmental factors that contribute to health inequities. Public health initiatives can contribute to equitable health outcomes for all by fostering strategic partnerships, community involvement, and evidence-based policy. However, establishing health equity necessitates overcoming institutional barriers, lobbying for broader policy reforms, and ensuring that resources are allocated based on need rather than equality. Continuous evaluation and collaboration across sectors will be critical for accelerating progress and ensuring that all people, regardless of background, have access to the best possible health.

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