

The Impact of Public Health on Health Promotion

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ABSTRACT

Public health influences health promotion by emphasizing disease prevention and the promotion of healthy habits across populations. This paper investigates the historical development of public health and how it intersects with health promotion activities. It emphasizes the three stages of health promotion (primary, secondary, and tertiary), as well as the role of epidemiology and disease surveillance in establishing effective public health initiatives. Community-based treatments and legislative legislation are highlighted as critical tools for advancing health promotion efforts. The paper also discusses issues like health inequities, chronic disease management, and the future of public health programs. The study suggests an integrated approach to improving global health outcomes, focusing on the interconnectivity of socioeconomic determinants, community participation, and policy.

Keywords: Public health, health promotion, disease prevention, epidemiology, social determinants of health.

INTRODUCTION

Public health is concerned with promoting and protecting health and preventing disease in populations using knowledge from a variety of different disciplines and working with other departments. It encompasses a broad array of public interests, from the promotion of healthy lifestyles to the formulation of policies designed to reduce the incidence of disease. For about 170 years, these have been located in local and national government. The public health workforce brings their community development and other strategic leadership roles to health promotion partnerships. In this way, public health informs and influences health promotion activities. The history of public health and official medicine is scientifically rich, illuminating the way they help understand a wide range of concepts such as epidemiology, modernity, prevention, promotion, health, and illness. This is briefly addressed in the first section of this chapter. The second section articulates the relationship between health promotion and public health. Several keywords used in public health are clarified before posing the question of how people understand health and illness, which continues to influence health-enabling interventions. The review concludes by proposing a public health continuum that links health education about healthy lifestyles for individuals with state policy investment in the social determinants of health and case studies [1].

The Role of Public Health in Preventive Medicine

One important role of public health is its significant contribution to preventive medicine. The prevention of illness is rarely the outcome of individual health behaviors. The larger culture and the historical period in which people are socialized largely shape individual behaviors. The way to prevent illness is, at best, found in changes to the social environment where people live, and at the very least, found in the change of the individual's environment. It is not reasonable to expect an individual to maintain healthy facilitation in an unhealthy supportive environment. Therefore, theorize that both the health of the individual and their environments need to be addressed to promote health [2]. Health promotion, a common principle in the practice of public health, occurs at three levels: primary, secondary, and tertiary. Primary refers to health promotion activities that affect populations; secondary refers to individuals who have the potential for developing chronic diseases; and tertiary refers to individuals with disease management. Public health is largely a science of illness prevention conducted at the primary level. Health promotion is closely related to the concept of salutogenesis, which describes the origin of health. Health is best understood as a

continuous striving for a sense of coherence by which an individual can use available resources to solve emerging problems, as well as recreate health, no matter the degree of wellness. Integrating concepts such as the environment, social determinants of health, primary prevention, public health, and health promotion is a difficult and controversial process but critical if mending the gaps in the healthcare system is to be successful [3].

Epidemiology and Disease Surveillance

An epidemiologist studies how diseases affect the health of populations. Most epidemiologists today are generalists and possess a broad perspective on varied health challenges in the developed and developing world. Collectively, the activities of epidemiologists in the discipline are known as epidemiology. Those epidemiologists who have a primary interest in studying infectious disease dynamics are also known as disease detectives because of their efforts to conduct disease surveillance [4]. Disease surveillance, the scrutiny of disease patterns in populations, is a fundamental part of what many epidemiologists do. Today, the field of disease surveillance spans a range of activities such as data collection, analysis, problem-solving, and the dissemination of information to appropriate decision-makers. There are a variety of surveillance applications, but all rely on the availability of suitable data that can provide signals of potential public health problems. Epidemiologists are known as 'disease detectives' because it is their job to track disease outbreaks and to operate as quickly and efficiently as possible. Developing good public health strategies for solving population health problems depends on good information about those problems. Data are the basic resource of population health. Public health leaders can make better decisions when they have good data to support those decisions [5].

Strategies For Health Promotion

Based on stakeholder and issue analysis, public health would then need to develop health interventions that promote the health of particular populations. A number of strategies may be used to promote health. These range from informing people to helping them manage the physical and social determinants that lead to ill health. As people and communities have diverse health needs, it is common to use a number of interventions in combination to meet national, regional, and local health promotion needs. This can involve having specific, focused interventions, combined with broader, wider-ranging efforts such as media campaigns, specific education and information provision, and advocacy [6]. Many models and frameworks for planning and delivering health interventions have been put forward to help those working in the field. Models looked at in this module are multifactorial because they suggest that there is a range of factors that determine a person's health; for example, there is a global model for what helps prevent or promote chronic diseases. The Ottawa Charter is probably the most widely used framework for health promotion. The five strategies that it lists as helpful are: Building Healthy Policy, creating Supportive Environments, Strengthening Community Action, Developing Personal Skills, and Reorienting Health Services. Several other well-known models could also have been used here, such as the extent to which education and information provision can begin to change people's attitudes. Many interventions that are put into place contain an 'educational' element [7]. Making opportunities for healthy choices within society, particularly about both exercise and diet, is often considered the most effective way to promote health among people. Most of those who decide to change their eating or exercise habits benefit from education and information that encourages healthy behaviors. New services such as cafés in shopping malls and supermarkets are often added by towns and cities in the aim that they will help encourage people to change. Evaluation is concerned with assessing how well the aims and objectives of a program have been met. It shows in measuring the effects of the health promotion program. These could be, but are not confined to, changes in attitudes and knowledge, in behavior, policy, and environment. The evaluation of activity helps to show differences in people's lives which can be observed over time. In addition, the purpose is to determine the effectiveness of health promotion efforts and whether the set objectives are met. Results from evaluations show not only the success of a program but also aspects that may need to be changed to improve future health interventions [8]. The outcomes of this phase are often highly visible changes of a diverse nature. Case studies may cover completing or reclaiming an area, and implementation through physical putting into place from another stage as well as strategies, partnership building, and long-term change. In addition, good practice is highlighted. It is especially important to have evaluation lessons learned, which will highlight areas that have been successful or need further work; and long-term policies or approaches that will sustain the healthy environment created. Communities for Health Plans mustn't be based on a 'one-size-fits-all' because each community has different strengths, weaknesses, opportunities, and threats. There is no single correct way of planning and it should be tailored to suit individual units. Working with all branches of the government and alongside researchers and policy advisors from a variety of non-governmental organizations, the most successful approach is to tackle efficient programs across all these areas [9].

Community-Based Interventions

Community-based interventions are a primary approach in health promotion efforts. They allow for the participation of those most affected by strategies to develop and implement them. In addition, communities also have important resources—social, economic, and otherwise—that are essential to the mobilization and administration of health strategies. Furthermore, many successful prevention initiatives have been structured, in large part, on the experience of local communities. Some examples include smoke-free initiatives in many towns and cities across the nation, community interventions to reduce childhood obesity, and community leaders who are working with major healthcare providers to develop more effective strategies to prevent colorectal cancer [10]. Health messages are best delivered in ways that understand, respect and appreciate various cultural, racial, and geographic communities. There are many challenges in developing the collaborations and partnerships that link researchers at three major universities with participants in approximately 150 communities. Barriers to collaboration and partnerships include competing university demands, lack of support in tenure and promotion decisions for participating faculty, and cost; resource concerns, including the time it takes to build the relationships necessary for this kind of work, the need for money and reliable, sustaining support, both now and into the future, for a variety of support services, as well as the need for a common set of indicators and approaches for program evaluation. Despite these barriers, findings to date suggest that results from community-based projects and programs have made a substantial impact on the health of community residents as they reduce health-related disparities and population risks in communities. Such results can assist when we seek additional resources to continue programs or start new programs. It is indeed hard to re-create a community if you move to implement a successful program or model somewhere else. It is best easier and less expensive if the community is transformed into a place that brings health to everyone. Given the potentially synergistic effects of partnerships and volunteerism, strategies that promote both should be a part of local intervention initiatives. Interventions can also be designed to promote local leadership. Such strategies give stakeholders a chance to expand their roles and responsibilities. In communities where there are inadequate resources for paid employees, volunteer and leadership strategies are especially important [11].

Public Health Policies and Legislation

It is said that "If you want to come to grips with what health promotion truly means and how it works, you must learn to walk about twenty-five miles upstream rather than spending all your time teaching people how to swim in the deep and often treacherous waters of that downstream part of the body river." When public health policies are viewed as riverbanks that define the rules and supports for promoting health and preventing disease and injury, the analogy becomes apparent [12]. Laws and regulations are the rules and guidelines for everyday life that influence health on all levels - from individual to population to global - directly and indirectly. Laws are the most authoritative tool available for governments to apply and enforce public health principles. Public health policies and legislation set the framework for every program or initiative designed to improve health conditions or prevent disease or injury [13]. A diverse number of stakeholders are involved in the development of public health policy. These include, but are not limited to, legislators, health professionals and researchers, consumer groups, members of the judiciary, administrators, and members of the public. In an integrated approach, they must work together in policy development and policy change. Some examples of major public health policies that have an impact on health promotion include food labeling and content regulations, sanitation measures, occupational health and safety regulations, and tobacco control laws [14]. Policy advocacy cannot ensure that the judiciary will uphold the law, nor can it guarantee that rules and regulations will be enforced. However, it is known that policies are passed in part due to advocacy and supporting research and that public health, as a field, rarely achieves major success in improving community health without strong public health policy as a foundation. There are also major trends in public health legislation strengthening many public health policies. Many anti-tobacco laws at the local, state, national, and international levels are restricting the sale, distribution, and use of tobacco products [15].

Challenges And Future Directions

Addressing health in a practical, non-stigmatizing manner and ensuring that advancements are sustainable and equitable, Medicaid is shaping up to be one of the most pressing challenges for any public health entity, including school-based nurse practitioners and other public health advocates. Moving forward, key challenges in the realm of health promotion in public health, as well as key future directions, are detailed [16].

CHALLENGES

- Addressing Disparities in Health Outcomes With increasing racial and socioeconomic disparities in health, however, major challenges are emerging for public health. Even with greater access to

- health insurance, poor and underprivileged groups are not only less likely to make health-promoting lifestyle choices, they are also less likely to have the resources to mitigate health-damaging effects of many day-to-day life experiences such as job and financial stresses, exposure to subpar living conditions, violence, environmental toxins, experiences with other forms of discrimination, and a lack of exposure to tangible educational resources such as excellent parenting or a community that values and supports good nutrition and physical activity [17].
- Addressing Chronic Disease at Home and Abroad The problems of cardiovascular disease are now emerging as some of the most pressing public health concerns in developing nations as well. Assistive technology communities based in high-income nations will be called upon to provide more personalized data and information to assess the severity of chronic diseases in less-developed nations in the near future. As poor people in the developing world transition from physically active, agriculture-based lives to lifestyle habits in urban areas that closely mirror Western standards of living, the translation of chronic disease prevention, including heart-healthy dietary changes, is one of the most pressing needs for global health. In addition, trans-fat-laden fast-food companies are targeting poor patrons in Asia and other regions in the Global South; tobacco and alcohol companies have performed similar marketing strategies in the developing world. We now need to actively address and attempt to mitigate these currently unfolding health threats [18].

CONCLUSION

Public health is integral to the success of health promotion, as it provides the infrastructure, data, and policy frameworks necessary to guide population-wide efforts toward disease prevention and healthy living. The relationship between public health and health promotion highlights the importance of both individual and environmental factors in shaping health outcomes. While public health has made significant strides, future challenges lie in addressing global health disparities and the increasing prevalence of chronic diseases. Sustainable health promotion strategies must focus on community engagement, multisectoral collaborations, and policies that address the broader social determinants of health to create lasting improvements in public well-being.

REFERENCES

1. Schillinger D, Chittamuru D, Ramirez AS. From “infodemics” to health promotion: a novel framework for the role of social media in public health. *American journal of public health*. 2020 Sep;110(9):1393-6. aphapublications.org
2. Genco RJ, Sanz M. Clinical and public health implications of periodontal and systemic diseases: An overview. *Periodontology* 2000. 2020 Jun;83(1):7-13.
3. McKenzie JF, Neiger BL, Thackeray R. Planning, implementing and evaluating health promotion programs. Jones & Bartlett Learning; 2022 Jul 18.
4. Zhou B, Perel P, Mensah GA, Ezzati M. Global epidemiology, health burden and effective interventions for elevated blood pressure and hypertension. *Nature Reviews Cardiology*. 2021 Nov;18(11):785-802.
5. Mao K, Zhang K, Du W, Ali W, Feng X, Zhang H. The potential of wastewater-based epidemiology as surveillance and early warning of infectious disease outbreaks. *Current Opinion in Environmental Science & Health*. 2020 Oct 1;17:1-7. nih.gov
6. Walters R, Leslie SJ, Polson R, Cusack T, Gorely T. Establishing the efficacy of interventions to improve health literacy and health behaviours: a systematic review. *BMC public health*. 2020 Dec;20:1-7.
7. Corbin JH, Abdelaziz FB, Sørensen K, Kökény M, Krech R. Wellbeing as a policy framework for health promotion and sustainable development. *Health promotion international*. 2021 Dec 1;36(Supplement_1):i64-9. oup.com
8. Laar A, Barnes A, Aryeetey R, Tandoh A, Bash K, Mensah K, Zotor F, Vandevijvere S, Holdsworth M. Implementation of healthy food environment policies to prevent nutrition-related non-communicable diseases in Ghana: national experts' assessment of government action. *Food Policy*. 2020 May 1;93:101907. sciencedirect.com
9. Rämgård M, Ramji R, Kottorp A, Forss KS. ‘No one size fits all’—community trust-building as a strategy to reduce COVID-19-related health disparities. *BMC Public Health*. 2023 Jan 4;23(1):18.
10. Nickel S, von dem Knesebeck O. Do multiple community-based interventions on health promotion tackle health inequalities?. *International journal for equity in health*. 2020 Dec;19:1-3.

11. Yaya S, Yeboah H, Charles CH, Otu A, Labonte R. Ethnic and racial disparities in COVID-19-related deaths: counting the trees, hiding the forest. *BMJ global health*. 2020 Jun 1;5(6):e002913.
12. Sallis JF, Adlakha D, Oyeyemi A, Salvo D. An international physical activity and public health research agenda to inform coronavirus disease-2019 policies and practices. *Journal of sport and health science*. 2020 Jul 1;9(4):328-34. [sciencedirect.com](https://www.sciencedirect.com)
13. Ortega F, Orsini M. Governing COVID-19 without government in Brazil: Ignorance, neoliberal authoritarianism, and the collapse of public health leadership. *Global public health*. 2020 Sep 1;15(9):1257-77.
14. Wang Y, Zhao L, Gao L, Pan A, Xue H. Health policy and public health implications of obesity in China. *The lancet Diabetes & endocrinology*. 2021 Jul 1;9(7):446-61. [[HTML](#)]
15. Ogilvie D, Adams J, Bauman A, Gregg EW, Panter J, Siegel KR, Wareham NJ, White M. Using natural experimental studies to guide public health action: turning the evidence-based medicine paradigm on its head. *J Epidemiol Community Health*. 2020 Feb 1;74(2):203-8. [bmj.com](https://www.bmj.com)
16. Donohue JM, Cole ES, James CV, Jarlenski M, Michener JD, Roberts ET. The US Medicaid program: coverage, financing, reforms, and implications for health equity. *Jama*. 2022 Sep 20;328(11):1085-99. [[HTML](#)]
17. Ogunbamowo WB, Akeredolu AO, Ashon DO, Ligali LA, Ukpong IE. Perceived Influence Of Socio-Economic Factors On Health Promoting Life Style Of The Elderly In Lagos State. *Benin Journal of Educational Studies*. 2022;28(1):91-9. [beninjes.com](https://www.beninjes.com)
18. Yuyun MF, Sliwa K, Kengne AP, Mocumbi AO, Bukhman G. Cardiovascular diseases in sub-Saharan Africa compared to high-income countries: an epidemiological perspective. *Global heart*. 2020;15(1). [nih.gov](https://www.nih.gov)

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