Promoting health: A powerful tool for global health

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ABSTRACT

Today, health promotion is really important. Health and social wellbeing are determined by a variety of factors outside the health system, such as socioeconomic conditions, patterns of communication and food consumption, demographic trends, family dynamics, learning environments, and the cultural and social fabric of societies. These factors also include sociopolitical and economic changes, such as those related to trade and commercialization, as well as environmental changes on a global scale. Health issues in such a situation can be effectively addressed by taking a holistic approach that encourages leadership for public health, empowers individuals and communities to take charge of their own health, encourages intersectoral action to build healthy public policies in all sectors, and fosters the development of sustainable health systems. Although not a novel idea, the Alma Ata proclamation gave health promotion a boost. It has recently developed as a result of a number of international conferences, the first of which was held in Canada and resulted in the creation of the renowned Ottawa charter. Specific health issues may be the focus of efforts to promote health, which also include measures at the individual and community levels, strengthening of the health system, and multispectral partnerships. In order to improve health in certain environments like schools, hospitals, workplaces, residential neighborhoods, etc., it should also contain a settings-based strategy. All policies must incorporate health promotion, which, when used effectively, will produce favorable health results.

Key Words: *Mainstreaming Health Promotion; Issue based Approach; Health Promotion; Healthy public policy*

INTRODUCTION

Today, more than ever, public health issues require the use of health promotion. The global health situation is at a critical crossroads as a result of the unfinished business of communicable diseases, newly developing and reemerging diseases, as well as the extraordinary development of chronic no communicable diseases. The advancement of technology and other factors that promote progress and development in the modern world, such as urbanization, trade globalization, accessibility to international travel, etc., have a double-edged effect on health outcomes by encouraging sedentary behaviors and unhealthy eating habits, while also increasing vulnerability to poor health. High tobacco use rates, an increase in bad eating habits, and a decline in physical activity all increase biological risk factors, which in turn raise the incidence of no communicable illnesses.

According to the World Health Organization (WHO), health is the whole state of physical, social, and mental well-being and is not merely the absence of sickness or disability. One of every human being's fundamental rights is the enjoyment of the best possible level of health. There has been a growing understanding over the past few decades that biological treatments cannot always result in improved health. Factors outside the purview of the health sector, including social, economic, and political pressures, have a significant impact on health. These factors significantly influence how individuals develop, live, work, and age, as well as the systems put in place to address healthcare demands, which ultimately results in health disparities between and within nations. A complete, holistic strategy that goes beyond traditional curative care and involves communities, health providers, and other stakeholders is, therefore, necessary to achieve the highest level of health. In addition to fostering leadership for public health, fostering intersectoral action to build healthy public policies, and promoting the development of sustainable health systems in society, this holistic approach should enable individuals and communities to take responsibility for their health. These components perfectly encapsulate the goal of "health promotion," which is to empower individuals to take charge of their health and its determinants in order to enhance it. It comprises actions taken at the individual, group, organizational, social, and governmental levels to encourage changes (in behavior, the environment, etc.) that promote or safeguard health.

Methods for promoting health

Priority health issues that affect a large population and encourage the use of several interventions can be the focus of health promotion activities. The issue-based strategy will function most effectively when combined with settings-based designs. The settings-based designs, which take into account the complex health determinants like behaviors, cultural beliefs, practices, etc. that operate in the places where people live and work, can be implemented in schools, workplaces, markets, residential areas, etc. to address priority health problems. With respect to the local conditions already in place, the settings-based design also makes it easier to integrate health promotion interventions into social activities. It considers the needs of the entire populace. Four categories can be used to categorize the population for any disease: (1) the healthy population, (2) the population with risk factors, (3) the population with symptoms, and (4) the population with the disease or disorder. To effectively address the needs of the entire population, specialized interventions must be made for each of these four population groups. In a nutshell, it included everything from primary prevention for the population that was healthy to curative and rehabilitative care for the population that was ill. Primordial prevention aims to create and maintain environments that reduce health risks. It entails taking steps to prevent the development of environmental, economic, social, and behavioral conditions as well as cultural lifestyle patterns that are known to raise the risk of disease.

Several priority diseases, both communicable and no communicable, are frequently the focus of health promotion initiatives. Certain important health issues had been identified by the Millennium Development Goals (MDGs) and it was understood that their improvement was essential to development. Maternal and child health, malaria, TB, HIV, and other health factors are among these concerns. Despite not being mentioned at the Millennium Summit and not being addressed by the MDGs, NCDs have emerged during the past 20 years as the leading cause of disease burden and mortality worldwide. Effective and practical public health initiatives can significantly reduce the risk of NCDs by addressing their main modifiable risk factors: cigarette use, poor food, inactivity, and alcohol abuse. Eliminating major risk factors, such as a poor diet, inactivity, and smoking can prevent 40% of malignancies, 80% of diabetes, heart disease, and stroke. In light of this, one of the most important interventions in the fight against NCDs is health promotion, which is defined as "the science and art of assisting people in changing their lifestyle to move toward a state of optimal health." The implementation of an issue-based approach to health promotion is demonstrated in the following paragraphs using infectious and Non Communicable Diseases (NCDs) as examples and capturing the elements of community and individual empowerment, health system strengthening, and partnership creation.

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DISCUSSION

Increasing the usage of Insecticide-Treated bed Nets (ITNs) to fight malaria ITNs are advised in malaria-endemic areas as a crucial individual intervention in avoiding malaria by reducing human-mosquito contact. (1) Making ITNs available and encouraging their regular and proper usage every night from sunset till dawn would be the individual level health promotion measure. The available data indicates that social marketing activities to increase demand for ITNs are the most effective way to accomplish this. The messaging ought to be adjusted to cultural norms, such as the notion held by some populations that mosquitoes play no part in the etiology of malaria. (2) The community empowerment initiatives, a joint effort to comprehend cultural beliefs and behaviors, and education on the disease would result in favorable outcomes. The development of family malaria protection plans, the dissemination of malaria education to community members, the implementation of mosquito-control measures in a campaign, the escalation of the use of insecticide-treated bed nets, the implementation of malaria control among migrant laborers, as well as activities to generate income for their families, are all examples of how women in a community empowerment program in Thailand developed family malaria protection plans. A different initiative in Papua New Guinea gave locals the capacity to manage the purchase, distribution, and effective use of bed nets in their community, which significantly reduced the incidence of malaria-related mortality and morbidity. (3) Strengthen health systems; when compared to new vertical initiatives, the integration of malaria vector control and personal protection into the health system is anticipated to result in strong synergies, economies, and more rapid health system strengthening. Combining the distribution of ITNs with prenatal care or measles and polio vaccination programs are effective examples of this. (4) Because so many different sectors are involved in the fight against malaria, partnerships are essential. To remove obstacles to the adoption of malaria prevention techniques, efforts outside the health sector have included campaigning for reduced or waived taxes and tariffs on mosquito nets, netting materials, and insecticides as well as supporting regional ITN enterprises.

Two ground-breaking studies in NCDs deserve special attention. The Framingham Heart Study, which began in 1951, and the British doctor smoking study, which began in 1948, have both contributed to our understanding of the relationship between lifestyle and numerous NCDs. According to a study done by British doctors, smoking cigarettes continuously starting in adolescence increased age-specific mortality. Smoking-related vascular, neoplastic, and respiratory illnesses made up the majority of the extra mortality that was linked to smoking. Major CVD risk factors such as blood pressure, blood triglyceride and cholesterol levels, age, gender, and psychological difficulties have been identified as a result of the Framingham Heart Study (Framingham Heart Study).

Health-promoting schools

Based on the understanding that health is crucial for learning and development, schools that promote health integrate health into every element of life in the school and community. To advance this idea, the WHO and other UN agencies created the "Focusing Resources on Effective School Health (FRESH)" initiative. It focuses on the benefits to health and education of having school health policies implemented in all schools, a healthy school environment-safe water and sanitation being necessary first step-healthy school environments, skill-based health education, and school-based health and nutrition services.

Clean workplaces

Currently, it is estimated that two million people die annually due to occupational accidents, illnesses, or injuries and that 160 million new cases of work-related illness occur each year. Additionally, 268 million nonfatal workplace accidents result in an average loss of three workdays per casualty. Healthy workplaces aim to create a healthy workforce and give them a healthy work environment. Greater health outcomes for employees and better business results for firms are directly correlated with healthy workplaces.

India's health promotion

All national health programs have substantial health promotion components that are intended to be implemented through the primary healthcare system and are founded on the concepts of equitable distribution, community involvement, intersectoral coordination, and appropriate technology. Nevertheless, compared to clinical care, it has received less focus. In order to increase the accessibility of health care services, the government has long worked to address the issue of informational gaps, which is a significant barrier. The National Rural Health Mission (NRHM) advocated for a synergistic approach by linking health to factors that affect it, such as portions of nutrition, sanitation, hygiene, and access to safe drinking water, as well as by reviving regional customs and mainstreaming the Ayurveda, Unani, Siddha, and homeopathic medical systems to improve access to care. Through microplanning within the district planning process, NRHM presents a fantastic chance to target and reach every beneficiary with the right interventions.

Using straightforward, affordable, creative, culturally and geographically appropriate models that combine issue-based and settings-based designs and ensure community involvement, the health promotion component needs to be increased. It is important to evaluate how easily effective health promotion programs and national and international best practices can be implemented elsewhere. Healthy environments have previously been built in places like schools, hospitals, workplaces, etc

CONCLUSION

Inequities caused by socioeconomic and political factors, new patterns of food and communication consumption, demographic changes that affect working conditions, learning environments, family patterns, the culture and social fabric of societies, socio-political and economic changes, including commercialization, are just a few of the factors that influence people's health and social well-being today. Health promotion has become a crucial tool for addressing issues brought on by shifting circumstances, including demographic and epidemiological transition, urbanization, climate change, food insecurity, economic crisis, etc. However, the need for fresher, more creative approaches cannot be overstated. To effectively change the complex socioeconomic determinants of health, we urgently need a multisectoral, sufficiently funded, evidence-based health promotion program with community participation that focuses on the complicated socioeconomic and cultural changes at the family and community levels.