

Development of a Health Promotion and Its Impact on Health

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Description

There is a significant disparity in access to health care and public health initiatives between developed countries and developing countries, as well as within developing countries. In developing countries, public health infrastructures are still forming. There may not be enough trained health workers, monetary resources or, in some cases, sufficient knowledge to provide even a basic level of medical care and disease prevention. As a result, a large majority of disease and mortality in developing countries results from and contributes to extreme poverty. For example, many African governments spend less than US\$10 per person per year on health care, while, in the United States, the federal government spent approximately US \$4,500 per capita in 2000. However, expenditures on health care should not be confused with spending on public health. Public health measures may not generally be considered "health care" in the strictest sense. For example, mandating the use of seat belts in cars can save countless lives and contribute to the health of a population, but typically money spent enforcing this rule would not count as money spent on health care.

Large parts of the world remained plagued by largely preventable or treatable infectious diseases. In addition to this however, many developing countries are also experiencing an epidemiological shift and polarization in which populations are now experiencing more of the effects of chronic diseases as life expectancy increases, the poorer communities being heavily affected by both chronic and infectious diseases. Another major public health concern in the developing world is poor maternal and child health, exacerbated by malnutrition and poverty. The WHO reports that a lack of exclusive breastfeeding during the first six months of life contributes to over a million avoidable child deaths each year. Intermittent preventive therapy aimed at treating and preventing malaria episodes among pregnant women and young children is one public health measure in endemic countries.

Health aid to developing countries is an important source of public health funding for many developing countries. Health aid to developing countries has shown a significant increase after World War II as concerns over the spread of disease as a result of globalization increased and the HIV/AIDS epidemic in sub-Saharan Africa surfaced. From 1990 to 2010, total health aid from developed countries increased from 5.5 billion to 26.87 billion with wealthy countries continuously donating billions of

dollars every year with the goal of improving population health. Some efforts, however, receive a significantly larger proportion of funds such as HIV which received an increase in funds of over \$6 billion between 2000 and 2010 which was more than twice the increase seen in any other sector during those years. Health aid has seen an expansion through multiple channels including private philanthropy, non-governmental organizations, and private foundations such as the Bill & Melinda Gates Foundation, bilateral donors, and multilateral donors such as the World Bank or UNICEF.

Public Health

Public health, the art and science of preventing disease, prolonging life, and promoting physical and mental health, sanitation, personal hygiene, control of infectious diseases, and organization of health services. From the normal human interactions involved in dealing with the many problems of social life, there has emerged recognition of the importance of community action in the promotion of health and the prevention and treatment of disease, and this is expressed in the concept of public health.

Practice of Public Health

Comparable terms for public health medicine are social medicine and community medicine; the latter has been widely adopted in the United Kingdom, and the practitioners are called community physicians. The practice of public health draws heavily on medical science and philosophy and concentrates especially on manipulating and controlling the environment for the benefit of the public.

Debates exist questioning the efficacy of international health aid. Supporters of aid claim that health aid from wealthy countries is necessary in order for developing countries to escape the poverty trap. Opponents of health aid claim that international health aid actually disrupts developing countries' course of development, causes dependence on aid, and in many cases the aid fails to reach its recipients. For example, recently, health aid was funneled towards initiatives such as financing new technologies like antiretroviral medication, insecticide-treated mosquito nets, and new vaccines. The positive impacts of these initiatives can be seen in the eradication of smallpox and polio; however, critics claim that misuse or misplacement of

funds may cause many of these efforts to never come into achievement

The result has been a sharp rise in uncoordinated and fragmented funding of an ever-increasing number of initiatives and projects. To promote better strategic cooperation and coordination between partners, particularly among bilateral development agencies and funding organizations, the Swedish International Development Cooperation Agency (SIDCA) spearheaded the establishment of ESSENCE, an initiative to facilitate dialogue between donors/funders, allowing them to identify synergies. ESSENCE brings together a wide range of funding agencies to coordinate funding efforts.

Since the 1980s, the growing field of population health has broadened the focus of public health from individual behaviors and risk factors to population-level issues such as inequality,

poverty, and education. Modern public health is often concerned with addressing determinants of health across a population. There is recognition that health is affected by many factors including class, race, income, educational status, region of residence, and social relationships; these are known as "social determinants of health". The upstream drivers such as environment, education, employment, income, food security, housing, social inclusion and many others effect the distribution of health between and within populations and are often shaped by policy. A social gradient in health runs through society. The poorest generally suffer the worst health, but even the middle classes will generally have worse health outcomes than those of a higher social level. The new public health advocates for population-based policies that improve health in an equitable manner.