

The Role of Public Health in Reducing Health Disparities

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ABSTRACT

Health inequalities, defined as systematic discrepancies in health outcomes across distinct social, economic, and ethnic groups, are a persistent global issue. Public health plays an important role in reducing inequities by promoting equitable access to healthcare and adopting community-based interventions. This paper investigates the multifaceted role of public health in reducing health disparities through policy lobbying, education, and preventative care programs. By focusing on socioeconomic determinants of health, public health practitioners may reduce inequities and promote healthier communities. To reduce health inequities, the review emphasizes the importance of interdisciplinary teamwork, novel public health policies, and increased investment in public health infrastructure.

Keywords: Health disparities, public health, social determinants of health, health equity, community-based interventions.

INTRODUCTION

Public health is needed to reduce health disparities between different groups of people within the same nation or county. They are called systematic differences in health status between different social, racial, and economic groups within communities, or between two different communities. Health disparities are not naturally occurring; they are created by different social, economic, racial, and other types of policies, which are termed Systematic Social, Economic, and Political Exclusion or Systemic Inequality Creation Policies. Public health engages itself to address and promote health disparities among different social, racial, and economic groups by offering a variety of services at national, county, community, and healthcare organization levels with the purpose of providing quality, accessible, equitable, and culturally tailored health and healthcare services [1]. This review aims to offer public health professionals a variety of approaches to address the health disparities that exist among poor, racial, and other groups. To address health disparities, it is important to focus on health promotion and quality improvement actions at (a) the national level, (b) the individual healthcare organization level, and (c) the community health department level. In this review, additional information is provided to describe the different roles of public health in healthcare organizations. Public health provides community education and services, reducing lifestyle risk factors. It offers all-inclusive basic preventive and treatment care services, as well as health insurance protection. Public health promotes informed food choices and permits communities to make healthy choices. The review provides additional information on the different departments and characteristics of public health. Public health provides guidelines on pain management, increasing opioid treatment, and educating the community and healthcare providers about opioid dependence. It integrates new educational resources into public and healthcare organizations and connects these resources to healthcare organizations. Public health is seen as a group of people who want to help and serve all individuals. The importance of this review is to describe public health intervention strategies at the national, state, and governmental levels [2].

Understanding Health Disparities

Health disparities can be understood as inequitable and preventable differences in health outcomes between certain demographic or social groups. A comprehensive defining framework for health disparities includes differences that occur in early life, are distributed systematically across various dimensions of social advantage and disadvantage (e.g., socioeconomic status, age, gender, race and ethnicity, education, income, disability, living in residential institutions, and rural or metropolitan location), are closely linked with social, economic, and environmental disadvantage, lead to health inequity, and are considered unjust

or actionable from an ethical perspective. In the United States, the group embodiments of health disparities have been shown to be African Americans, Asians, Hispanics, Native Americans, the poor, and those with lower educational levels, as well as women and children, among other groups [3]. The social determinants of health are defined as the social, economic, and political conditions that distribute human populations in ways that influence their health. These determinants or conditions include education, income, occupation, housing, social and physical environments, access to food, and previous health care, and also encompass personal health behaviors, which are significantly affected by levels of collective and individual income, education, and quality of community resources. Broad disparities in health due to these determinants, rather than group-specific genetic or inherent factors, are well documented. Within the United States, differences in mortality rates exist across numerous factors that define social disadvantage, including lack of education, low income, and racial and ethnic minority status. For example, within a single city, disparities in life expectancy by American Indian, Black, and Latino racial or ethnic designations ranged from 17 to 24 years, with African American males experiencing the greatest health disadvantage at 64 years of age. Maine data show that foreign-born and Black residents today have a similar life expectancy as white adults had in 1940, reflecting some of the historical trends in United States mortality patterns [4].

Public Health Interventions

Public health interventions can be an effective way to legitimately address health disparities. Thus, public health professionals should advocate for health policies that are specifically targeted at reducing health disparities in existing populations. These policies will necessarily advocate for equitable access to healthcare resources or seek to diminish the wide variance in available resources. Strategies that public health professionals may advocate include running public health educational campaigns to increase health literacy in marginalized populations or implementing a system of preventive care, perhaps in a mental health setting, that strategically targets vulnerable or minority populations. Equity in healthcare resources may be a desirable goal, but public health professionals must also be mindful that the health funding they receive may be used to address, at least in part, the problems that present an upstream contributory factor [5]. On the programmatic level, there are a variety of successful and effective community-based intervention initiatives that are targeted at reducing various health disparities. This review also argues for the viability of community-driven evidence-based practice approaches that are centered on notions of empowerment and social justice. Public health interventions should target health disparities. Public health initiatives like these are critical because they empower the community and enable the local movement to develop its abilities to increase their resilience in health and to build healthy societies. These types of interventions require the application of evidence-based knowledge. Instead, personal health disparities that begin with the existing locally available epidemiological data are also suitable for the design as coverage is universal. Public health programs should focus on the space between public exposure and outcomes. That may include education, behavioral change, public relations, community development, advocacy, and research [6].

Policy And Advocacy

Policy and Advocacy I. Introduction Policy and advocacy are vital strategies for advancing public health initiatives. They involve influencing legislation to improve healthcare access, eradicate health disparities, and promote prevention and treatment efforts. Public policymaking at local, state, and national levels is crucial, with stakeholder engagement allowing health workers to present evidence for policy decisions. Advocacy in public health aims to ensure access to essential services and address healthcare access issues for marginalized groups. Advocacy settings include government, non-profit organizations, and volunteer health groups, where collaboration with other health professionals enhances efforts toward common goals. Engaging community members helps identify key health priorities and create supportive environments. However, advocacy faces barriers, such as political resistance and public misunderstanding of health disparities. Health groups need sufficient resources, including funding and membership, to influence legislative dialogue. Some public health agencies have successfully driven local policy changes. To ensure ongoing public health policy advancement, established protocols must be followed, linking surveillance systems with public policy to uphold public health mandates [7].

Community-Based Programs

Community-based programs are crucial for addressing health disparities in public health. These programs consider the community's context and tailor interventions to fit specific needs. For instance, cancer prevention strategies designed for Vietnamese adults may differ significantly from those for non-English-speaking adults in San Francisco from Argentina. Sociocultural programming at the community level addresses health-related needs by acknowledging unique sociocultural factors in intervention design. It emphasizes community involvement at every stage to enhance the relevance and impact of the

intervention. Numerous culturally competent community-based programs have significantly increased cancer screening rates and mitigated unhealthy behaviors among specific populations. Programs rooted in social marketing principles have effectively reduced health disparities within targeted groups. Success lies in partnerships among patients, community representatives, trusted organizations, and public health professionals. Successful community-level programs employ public health strategies in development, execution, and evaluation. The synergy between public health and community-based initiatives has proven effective. Public health targets broader macroenvironmental factors while community-based movements ensure program relevance. For strategies and findings to succeed, we must consistently apply the principles of capital-sustain-act. This book will highlight interventions at the systems, clinical organization, and individual levels to effectively implement these core solutions [8].

Challenges and Barriers

There are various barriers to reducing health disparities faced by both public health departments and other agencies and organizations working for health equity. One of the most immediate obstacles is a lack of sufficient resources resulting from funding constraints and, in some cases, political opposition. Relevant activities must often be accomplished on a very limited budget, if any, and compete with other funding priorities. A major additional barrier to significantly reducing health disparities is the fact that the determinants of health disparities are deeply systemic. It will require significant alteration to numerous systems and substantial resiliency to address those issues. Another obstacle is eradicating social determinants of health that have been in place and gathered strength for more than a hundred years. It is, arguably, more challenging to untangle the social, political, and economic systems that have been described as determinants of health [9]. Systemic barriers lead to a variation in access to quality medical care. Recent research describes treatment disparities affecting marginalized populations in broad-ranging systems from emergency care to mental health to low-income neighborhoods. Another significant challenge of reducing health disparities in today's world is related to regular communication, let alone listening and implementing new thoughts and directions, between different interest groups and different departments. The non-residential world is more of a public health challenge and concern. A basic principle for initiating reflection and discussion on health disparities is the increased awareness and understanding that a given population suffers from stereotyping, stigma, and/or social discrimination. Stigma, stereotypes, and social discrimination limit one's labor force participation, or educational or job opportunities, and these are economic consequences with the potential for feelings of helplessness and social fear and lack of aspiration for self-care and health or healthcare enabling health disparities [10, 11].

Future Directions

To advance the public health role in reducing disparities, stagnant approaches from the past are no longer sufficient. How the public health discipline must evolve remains an open question. Several promising directions can be considered. Insights from multiple disciplines are crucial. The pathways to health disparities are complex, requiring the expertise of sociologists, ethicists, epidemiologists, data scientists, and others to address them. Public health can become a natural hub for interdisciplinary teams working together to tackle these challenges. Technology and data analytics present significant opportunities. The use of omics data, social media, electronic health records, and other sources of big data has created the potential for targeted public health initiatives aimed at eliminating health disparities. Equally important is building connections between public health, healthcare systems, and organizations that promote the social determinants of good health, ensuring that all players are aligned in their efforts.

Several successful approaches that have expanded the reach of the public health system serve as models. First, education and training must become a central focus to build health equity and eliminate disparities. Preparing both new and existing workforces in public health and related fields to embrace these new directions and operate in multidisciplinary settings is critical [12].

Second, public health has played a vital role in reducing disparities by connecting high-risk patients with treatment. Developing similar programs will require continued investment in public health or, at the very least, public health-relevant systems. Finally, identifying—or inventing—new innovations in public health and policy is necessary. In particular, ending health disparities in the United States will require a shift toward addressing the social determinants of mental health and social well-being, not just the biomedical determinants of disease and mortality. Models suggest that substantial progress in reducing health disparities will depend on major reinvestments in public health. Long-term commitment and enthusiasm for public health are vital for transforming it into a tool for social betterment, potentially leading to a future where equity is the defining feature of the health system. The universality of good health, not just good medical treatment, can become a public goal [13].

CONCLUSION

Reducing health disparities requires a multifaceted approach led by public health initiatives. Addressing social determinants of health and promoting equitable access to care through targeted interventions and advocacy are essential. Public health professionals must work across sectors, incorporating interdisciplinary insights and leveraging data-driven approaches to effectively reduce disparities. Future progress depends on sustained investment in public health infrastructure, community engagement, and the development of innovative solutions to promote health equity. By championing these efforts, public health can play a transformative role in creating a fairer, more inclusive health system for all.

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