

## GLOBAL HEALTH KNOWLEDGE

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### Abstract

*The potential to be healthy: physically, mentally and emotionally. The potential to be happy. The potential to live life with purpose. And we believe this journey all begins with good nutrition. Because what you feed your body and your mind, changes the way you feel. The purpose of the Global Health is to give us an opportunity to become familiar with the major problems and policy issues in that area. Participating in this issue will be able to understand and discuss the determinants of global health and global responses to health problems, including health systems. Finally we will be able to demonstrate a basic understanding of:*

*1) The burden of the most important health problems contributing to excess morbidity and mortality in developing countries and low-resource settings, including their magnitude and distribution and disparities in health status by gender, race, and economic class*

*2) Major historical, political, social, environmental, and economic determinants of adverse health in developing countries and low-resource settings in rich countries.*

*3) Path physiology of the most prevalent infectious and chronic diseases and medical and public health approaches for prevention and treatment.*

*4) Current and historic health programs and policies designed to address major health problems in low-resource setting and the roles of global health institutions, recommended levels of resources for implementation of interventions, and key barriers and challenges.*

*5) How to analyze critically relevant topics in the popular press and in the Global Health literature. By becoming knowledgeable in these core areas of global health, we should also be able to engage actively in efforts to improve health as global citizens. I suppose that revitalizing Sanatorium Industry will help to the 3rd issue in above as much as possible in near future!!!*

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### Introduction

Even in the most affluent countries, people who are less well off have substantially shorter life expectancies and more illnesses than the rich. Not only are these differences in health an important social injustice, they have also drawn

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scientific attention to some of the most powerful determinants of health standards in modern societies. They have led in particular to a growing understanding of the remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health.

This paper outline the most important parts of this new knowledge as it relates to areas of public policy. the most topics covered include the lifelong importance of health determinants in early childhood, and the effects of poverty, drugs, working conditions, unemployment, social support, good food and transport policy. To provide the background, we start with a discussion of the social gradient in health, followed by an explanation of how psychological and social influences affect physical health and longevity. This is why life expectancy has improved so dramatically over recent generations; it is also why some European countries have improved their health while others have not, and it is why health differences between different social groups has widened as social and economic conditions have changed. Major influences on health vary substantially according to levels of economic development, the reader should keep in mind that the bulk of the evidence on which this paper is based comes from rich developed countries and its relevance to less developed countries may be limited. Our intention has been to ensure that policy at all levels- in government, public and private institutions, workplaces and the community- takes proper account of recent evidence suggesting a wider responsibility for creating healthy societies. Given that in this paper the following was put together from the contributions of acknowledged experts in each field, what is striking is the extent to which the section converge on the need for a more just and caring society – both economically and socially. Combining economics, sociology and psychology with neurobiology and medicine, it looks as if much depends on understanding the interaction between material disadvantage and social meanings. It is not simply that poor material circumstances are harmful, the social meaning of being poor, unemployed, socially excluded, or otherwise stigmatized also matters.

I hope that by tackling some of the material and social injustices, policy will not only improve health and well being, but may also reduce a range of other social problems that flourish alongside ill health and rooted in some of the same socioeconomic processes.

## 1. The social gradient

Life expectancy is shorter and most diseases are more common future down the social ladder in each society. Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor; lower ranking staff suffer much more disease and earlier death than the higher ranking staff.

## **2. Stress**

Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death. Social and psychological circumstances can cause long-term stress. Continuing anxiety, insecurity, social isolation and lack of control over work and home life, have powerful effects on health.

Why do these psychosocial factors affect physical health? In emergencies, our hormones and nervous system prepare us to deal with an immediate physical threat by triggering the fight or flight response: raising the heart rate, mobilizing stored energy, diverting blood to muscles and increasing alertness.

## **3. Early life**

A good start in life supporting mothers and young children:

The health impact of early development and education lasts a lifetime. Observation research and studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood.

Good health – related habits, such as eating sensibly, exercising and not smoking, are associated with parental and peer group examples, and with good education.

Poor circumstances during pregnancy can lead to less than optimal fetal development via a chain that may include deficiencies in nutrition during pregnancy. poor fetal development is a risk for health in later life.

## **4. Social exclusion**

Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discrimination cost lives. Poverty, relative deprivation and social exclusion have a major impact on health and premature death and the chances of living in poverty are loaded heavily against some social groups.

Absolute poverty – a lack of basic material necessities of life – continues to exist, even in the richest countries of Europe. The unemployed, many ethnic minority groups, guest workers, disabled people, refugees and homeless people are at particular risk.

Relative poverty means being much poorer than most people in society and is often defined as living on less than %60 of the national median income. It denies people access to decent housing, education, transport and other factors vital to full participation in life. In some countries, as much as one quarter of the total population - and a higher proportion of children – live in relative poverty.

## **5. Work**

Stress in the workplace increase the risk of disease. People who have more control over their work have better health.

In general, having a job is better for health than having no job. But the social organization of work, management styles and social relationships in the workplace all matter for health. Evidence shows that stress at work plays an important role in contributing to the large social status differences in health, sickness absence and premature death. Several European workplace studies show that health suffers when people have little opportunity to use their skills and low decision-making authority.

Having little control over one's work is particularly strongly related to an increased risk of low back pain.

## **6. Unemployment**

Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness and premature death. Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings – especially debt.

## **7. Social support**

Friendship, good social relations and strong supportive networks improve health at home, at work and in community. Social support and good social relations make an important contribution to health. Social support helps give people the emotional and practical resources they need. Support operates on the levels both of the individual and of society. Social isolation and exclusion are associated with increased rates of premature unhealthy and poorer chances of survival of it.

## **8. Addiction**

Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.

Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. It offers users a mirage of escape from adversity and stress, but only makes their problem worse.

The causal pathway probably runs both ways. People turn to alcohol to numb the pain of harsh economic and social conditions. And alcohol dependence leads to downward social mobility.

## **9. Food**

Because global market forces control the food supply, healthy food is a political issue. A good diet and adequate food supply are central for promoting health and well-being. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Food poverty exists side by side with food plenty. The important public health issues is the availability and cost of healthy nutritious food.

World food trade is now big business. The General Agreement on Tariffs and Trade (GATT) and the common agricultural policy of the European Union allow global market forces to shape the food supply. Social and economic conditions result in a social gradient in diet quality that contributes to health inequalities. Dietary goals to prevent chronic diseases emphasize eating more fresh vegetables, fruits and pulses and more minimally processed foods, but less animal fat, refined sugars and salt.

## 10. Transport

Healthy transport means less driving and more walking and cycling, backed up by better public transport. Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution. Reducing road traffic would also reduce the toll of road death and serious accidents.

Although accidents involving cars also injure cyclists and pedestrians, those involving cyclists relatively few people. Well planned urban environments, which separate cyclists and pedestrians from car traffic, increase the safety of cycling and walking. further, suburbs that depend on cars – particularly the young and old. Social isolation and lack of community interaction are strongly associated with poorer health.

### **Conclusion:**

This paper cover specific areas and suggest ways of improving health. If policy fails to address these facts, is not only ignores the most powerful determinants of health standards in modern societies, it also ignores one of the most important social justice issues facing modern societies.

**a.** Life contains a series of critical transactions: emotional and material changes in early childhood, the move from primary to secondary education, starting work, leaving home and starting a family, changing jobs and eventually retirement.

**b.** Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards.

**c.** In schools, workplaces and other institutions, the quality of the social environment and material security are often as important to health as the physical environment.

**d.** Governments should recognize that welfare programs need to address both psychosocial and material needs.

**e.** Increase the general level of education and provide equal opportunity of access to education, to improve the health of mothers and babies in the long run;

**f.** Provide good nutrition, health education, and health and preventive care facilities, and adequate social and economic resources, before first pregnancies, during

pregnancy and in infancy in order to reduce the risk of disease and malnutrition in infancy.

**g.** Ensure that parent – child relations are supported from birth, ideally through home visiting and the encouragement of good parental relations with schools, to increase parental knowledge of children's emotional and cognitive needs.

**h.** All citizens must be protected by minimum income guarantees, minimum wages legislation and access to services.

**i.** Public health policies should remove barriers to health care, social services and affordable housing.

**j.** Labor market, education and family welfare knowledge should aim to reduce a social stratification.

**k.** There is no trade –off between health and productivity at work. A virtuous circle can be established. Improved conditions of work will lead to healthier work force, which will lead to improved productivity, and hence to the opportunity to create a still healthier, more productive workplace.

**l.** Government management of the economy to reduce the highs and lows of the business cycle can make an important contribution to job security and the reduction of unemployment.

**m.** For those out of work, unemployment benefits set at a higher proportion of wages are likely to have a protective effect.

**n.** Reducing social and economic inequalities and reducing social exclusion can lead to a greater social cohesiveness and better standards of health.

**o.** Designing facilities to encourage meeting and social interaction in communities could improve mental health.

**p.** In all areas of both personal and industrial life, practices that cast some as socially inferior or less valuable should be avoided because they are socially divisive.

**q.** None of these will succeed if the social factors that breed drug use are left unchanged. Trying to shift the whole responsibility on the user is clearly an inadequate response. This blames the victim, rather than addressing the complexities of the social circumstances that generate drug use, effective drug policy must therefore be supported by the broad framework of social and economic policy.

**r.** The integration of public health perspectives into the food system to provide affordable and nutritious fresh food for all, especially the most vulnerable;

**s.** Support for sustainable agriculture and food production methods that conserve natural resources and the environment;

**t.** A stronger food culture for health, especially through school education to foster people's knowledge of food and nutrition and social value of preparing food and eating together.

**u.** Roads should give precedence to cycling and walking for short journeys, especially in towns.

- ✓. Public transport should be improved for longer journeys, with regular and frequent connections for rural areas.

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