

# [Public health p1. p2](https://assignbuster.com/public-health-p1-p2/)

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PublicHealth- Unit 12 - Petra P1 Public health is " thescienceand art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (1920, C. E. A. Winslow). This therefore infers public health is the preventing and controlling of disease within communities, to prolong life and promote health through organised society.

The keys aspects of public health … -Monitoring the overall health status of the population, this involves the recording of any changes of health in the population and alerting people to potential risks, for example the higher levels ofsmokingwithin a population. -Identifying the health needs within a population, which involves establishing patterns and trends of health problems within to identify implications service users may be at risk of, for example in relation to smoking, assessing the likely increase in need for cancer support services. Developing programmes to reduce the risk and screening for diseases earlier on, which refers to the attempts of reducing the levels of illness, by introducing new programmes which inform people that they are at risk of certain conditions and aiding them into trying out new preventative programmes? For example if adoctoridentifies someone at risk from cancer due to smoking, they may enrol them on a programme to help stop smoking, or even provide them with medication to stop them smoking. -Controlling of communicable disease.

This is the reduction of the impact of infectious disease, through immunisation and other control methods. For example, vaccinations against measles, mumps and rubella, it may also includefoodhygiene in restaurants and other food suppliers preventing food poisoning. - Health promotion to the population. This can be done by events and activities which reduce health implications. For example, for people suffering withobesity, it may involve campaigns to encourage people to be more active and eat a better diet, like the 5 a day campaign. Planning and evaluating the provision of health and social care, which involves assessing health services and whether or not they are having enough impact on the initial problem, for example in the case of obesity, it may involve the question of, can local services meet the demand of weight management advice, or are the services being successful in helping people to reduce their weight and endure that change. P2 Public health has grown and improved since its creation in the 19th century.

It was created from the Poor Law system and the Victorian sanitary reform movement. The Poor Law was in place, to ensure people of the lower working class(poor people) were being housed properly, whether it were in workhouses or their own homes, it also ensured they were appropriately clothed and fed a sufficient amount of food. In a lot of workhouses, children were also schooled a little, and in return for this treatment, the working class would be obliged to work for several hours a day.

During industrialisation and the fast growth in cities, standards began to fall, which led to many concerns involving poor housing, dirty water supplies andair pollution‘ bad air’ and the immense impacts this had on the health of the work population all together. Origins of the public health policy in the UK from the 19th Century to present day… The nineteenth century;- The first national Public Health Act 1848 This was created and put into place, due to a man known as Edwin Chadwick. He was an active campaigner on many public health issues, such as the poor working/housing conditions and the sanitary reform.

His report in 1842 included a massive amount of evidence supporting the link betweenenvironment, povertyand ill health. He recommended that each local authority required an expert medical and civil engineering advice, to administer all sanitary matters. It took six years until the Public Health act was passed and the first Board of health was established. JohnSnowand the Broad Street pump John Snow was a man whom believed that thewater pollutionwas the main cause of ill health within the population of London in the 19th Century. He linked the common illness cholera to people whom drank from the wells.

He observed those getting ill and which areas and pumps they drank from and recorded it on a map, he was then able to establish all those getting ill were in fact drinking from the same pump, and consequently in 1854 John Snow removed the handle of the Broad Street pump and ceased the epidemic of Cholera in Soho, London John Simon and the 1866 Sanitary Act John Simon was professionally a physician, but he became famous for him dramatic reforms of the public health system. He was the first medical officer in the UK’s central government, and he influenced public health by improving public vaccination systems.

He also was the founder of the water supply cleaner and made sewers more effective. The twentieth century The Beveridge Report 1942 William Beveridge was a man whom was asked by government to write a report on the best and most effective ways to help those on low incomes. This was after the Second World War when people felt they needed rewarding, which the government responded to by promising to create a more equal society. In Beveridge’s report in December 1942, he proposed that all people of a working age should contribute, which would benefit people who were sick, unemployed, retired, or widowed.

The National Health Service (NHS) The NHS was created on the back of the Beveridge report. This allowed free care to those who could not afford it. It provided hospital services, primary care (doctors-familyclinics) and community services such as health visitors, midwives, ambulance services and many more. Acheson Report into inequalities in health 1998 He comprised a report that pointed out 39 recommendations and highlighted 3 crucial areas of which would need concentrating on, which are; 1) all policies that are likely to have impact on health should be evaluated in terms of their impact on health inequality. ) Priority to the health of families with children. 3) Further steps should be taken to reduce the income inequalities and improve the standards of poor households. Our Healthier Nation 1999 This strategy was released by the labour government after their election in 1997, it has very clear links with the Acheson report and attempted to tackle the root causes of ill health such aspollution, unemployment, low wages, crime and poor housing.

Choosing Health: Making Healthy Choices Easier 2004 This white paper acknowledged the changing nature in society, and an increased emphasis on health and well-being. The strategy had three key underpinning principles: informal choice, personalization and working together. Its main priorities were: to reduce the number of people who smoke, reduce obesity and improve diet and nutrition, increase exercise, encourage support of sensible drinking and the improvement of overall sexual health.