https://doi.org/10.59298/ROJBAS/2024/4114

Page | 1

The Impact of Public Health on Health Monitoring

Wambui Kibibi J.

School of Natural and Applied Sciences Kampala International University Uganda

ABSTRACT

The relationship between public health and health monitoring has evolved significantly, shaped by historical developments, technological advancements, and changing societal needs. This paper examines the mutual influence of public health initiatives and health-monitoring systems, particularly in the context of late 20th-century England. The historical perspective highlights the role of public health efforts in establishing systematic health monitoring, which was critical for addressing widespread health issues. Key public health concepts and their implications for health monitoring are discussed, followed by an exploration of modern technological advancements, such as mobile health applications and wearable devices, which have transformed personal and population health management. Finally, the paper considers challenges and future directions, focusing on ethical concerns, the role of big data, and the need for integrated global health strategies. The paper argues that public health and health monitoring are increasingly interdependent, with advancements in health monitoring playing a vital role in shaping the future of public health.

Keywords: Public health, Health monitoring, Technological advancements, Health surveillance, Wearable devices.

INTRODUCTION

Public health issues have been recognized for centuries, but more recently we have become both more concerned with and more reliant on systems for health monitoring. The impact of public health on healthmonitoring initiatives and of health monitoring on public health is substantial. Health monitoring regimes play a key role in interventions to improve public health [1,2]. Health monitoring activities, systems, and programs remain important regardless of the complex and continually shifting healthrelated challenges that face us. In today's world, the stakes are high and involve competing, sometimes conflicting interests and values, often having international and political consequences. It is appropriate that we are concerned with identifying contemporary ways to improve public health, including health monitoring, better [1, 2]. The present review on the relationship between public health and health monitoring in late twentieth-century England contains six sections, with divergent foci but similar objectives. The paper looks briefly at the past, paying attention to recent historical developments in public health and the efforts made to monitor and better understand the health of populations through the expansion of statistical records and other health-monitoring initiatives [3]. The paper introduces key concepts before providing a broad-based attempt to establish an integrated but discrete relationship between public health and health monitoring. They are first, do current 'risk factor strategies' successfully promote health? Secondly, do 'risk management' technologies in general include potential health hazard alerts for those savvy enough to use them? Finally, it must be asked whether modern technologies, alluring as they are, could potentially enhance our capacity to recapture a public health monitoring focus [3, 4].

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Historical Development of Public Health and Health Monitoring

Systematic public health as a discipline was created out of the settlements of human management. Its predecessor aimed to protect the organizations controlling treatments, prevention, or cure to protect the weak members of the associations. The existence of such efforts may have gone unnoticed if the dominant society's members had not always experienced the continuously present control and organizational activities that provided shelter, food, and the provision of political status [4]. The series of such historical settlements was shaped by societal developments. The development of the division of labor and the social change of societies integrated into the era of urbanization promoted a change in point of view: until the middle of the 19th century, people's vulnerability was defined in the direction of helping the disadvantaged, which became the focal point. In this era, monitoring was mostly narrow sectoral since it was mainly based on the routine administrative data of the patients treated by the great inns of the culture of the greater part of society [5]. Luckily, the starting attitude had changed significantly, affecting the image of longevity influenced by these health risk figures, although unfortunately not immediately for all. A cholera epidemic threatened the European political elite in 1868, which resulted in the measure of the General Directorate of Social and Health Statistics Medicine, one of its administrative branches yielding the task of aid dispersal [4]. While political influence remained present, the profession of public health took up the notion of health and created university departments right away. The bridge between these first professional developments and the comprehensive approach and acknowledgment of the significant environmental impact of individual lifestyle choices was created by a significant attachment to hygiene, which included a series of public educational and built environment-related interventions. I started myself—the doctor is protecting public health. This principle still follows directly the summary of practical treatments and protective mechanism selection, and professional's direct pandemic management. The emergency and authority frame of public health recalls a historical past, with its attributes. In some countries, police novels are still being used. Public health harms and health monitoring had just more than survivors, spoiled, and decay [6]. Our era is less occupied with saving a doctor's life system or relief from misery, although it is still rapidly developing. For the birth of public health—of national state controls and regulations—there were great contradictions to be resolved. Groups of citizen protection with the control activities performed need to be mobilized and educated. Trading ports of foreign traders can refuse to accept the quarantine measures if these measures are strict. Societies in the Middle Ages established forced intermittent stays for one month at hospitals for being exposed to infection and to be observed before city entry. These measures of human rights limitations are not easily explained to cooperating nations as both players. The realization occurred to ensure and maintain healthy stability throughout the population [7]. The goal of healthy stability encompasses the notion of minimizing health hazards and promoting public health for the benefit of future generations. The summary follows: in the face of a lively professional pace, the practiced technique and methodology cannot be as effective as expected in current social contexts. The times of those procedures create instructions on the publicities below that can always change. The methods for the adoption of public state services for health—social and administrative aspects—demand a full widespread explanation concerning health, needing guidelines to understand that public health is socially accepted and public services are encouraged. Our mission, from another point of view, emphasizes insistent efforts on behalf of protecting and contributing to public health under excellent circumstances. Thus, people in poor health will benefit [5, 6].

Key Concepts in Public Health and Health Monitoring Public Health

Public health is the science and art of disease prevention, prolonging life, and promoting health and well-being through the organized efforts of society. Addressing the public health needs of the population is a complex task, as it entails the principled work of a wide range of sectors and organizations, from health, non-government, community, and private sectors, alongside individuals, families, and communities [8]. To inform this work, society needs to measure the prevalence and causes of health conditions in populations; look for evidence-based approaches in treating, managing, and, wherever possible, preventing poor health that can be implemented across the population; and we need to work together to address the factors that lead to poor health, prioritizing those with the greatest capacity to maximize health outcomes. This discipline is referred to as public health [7, 8].

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Health Monitoring

Health monitoring is the term used to describe ongoing and systematic processes of data collection, analysis, interpretation, and communication that are used to track changes in the health of populations and inform policy and program-making [5]. Monitoring health is central to our understanding of health: the term health and its factors can be assessed through a range of health status indicators, such as the prevalence of a health condition, the incidence of new cases of a health condition, prevalence and determinants of behavioral risk factors for poor health. When we monitor for these elements of health, it allows us to target health promotion and prevention strategies, evaluate the effectiveness of these strategies, and compare the health of populations related to time, geography, age, sex, and socioeconomic status [9, 10].

Technological Advancements in Health Monitoring

Technological advancements have transformed many areas of healthcare in recent years, including how we monitor our health. Advances in information technology, data analytics, and mobile telehealth services have incorporated health-monitoring tools and strategies [10]. Importantly, the major rise in wearable devices and mobile health applications offers both a sense of personal responsibility for one's own health as well as real-time tracking of health-related variables. Data generated from such apps can be analyzed to provide individuals with exercise, diet, and other health advice. Also changing from the development of advanced technology is how data are stored and managed. This registry data on patient presentations, referrals, and treatments for examination across participating services [11, 12]. These rapid strides in technology have meant a shift in the collection and interpretation of current and future health monitoring technologies. Large amounts of individualized data in a plethora of areas can be collected every second and within relevant monitoring episodes [8]. Such excessive health data are presented to an increasingly connected public health and clinical workforce and may lead to improved habits as a result. With more personalized care, greater patient engagement can be achieved, theoretically increasing awareness of health effects and potential improvements in health behavior. Whereas individual electronic health data are difficult to obtain, researchers can look for reliable trends in health data for a specific group of people. This becomes particularly relevant for public health surveillance as the public use of technology is introduced into policy and public health practice [13, 14].

Challenges and Future Directions in Public Health and Health Monitoring

Public health is one of the leading societal challenges requiring an urgent and unified response. Healthcare transformation cooperates with medical standards updating as alterations in citizen health management. Moreover, the development of sensitive infrastructures is an urgent need to support communities' living arrangements and connect with other experts. Monitoring public health and surveillance requires appropriate reactive policies focused on guaranteeing the observance of community well-being associated with a back-office infrastructural service for predictive models [9]. The new European privacy regulation focuses on considering patients as final data owners, guaranteeing security and privacy issues and individuals' personalities. First, it is an unfinished task to develop tuned health monitoring able to help everyone reach the best possible well-being outcome. Ethical issues permeate citizen health insurance and care, where informed citizens have access to self-care management while others rely on traditional health insurance services [10]. Moreover, a tailored approach aiming at the active aging of marginalized communities and delicate ecosystems is not yet known. The lack of an agreement promoting an innovative and unified monitoring system reinforces the difficulty of securing society. Due to global health crises such as pandemics or microbial terrorism and large projects, it is mandatory to establish science-driven and interdisciplinary research and protocols to interchange expertise and share sensitive data using safe devices [15, 16].

CONCLUSION

Public health and health monitoring have a symbiotic relationship, with each influencing the evolution of the other. The development of public health strategies has led to more structured and effective health monitoring systems, while advancements in monitoring technologies, such as wearable devices and data analytics, have empowered both individuals and healthcare professionals to make informed decisions about health management. Despite these advances, challenges remain, particularly regarding the ethical management of personal health data and the need for unified global approaches to health surveillance. As public health crises like pandemics become more frequent, the integration of advanced health-monitoring technologies will be crucial to improving public health outcomes, ensuring equitable healthcare access, and creating resilient healthcare systems for the future.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Page | 3

REFERENCES

- 1. World Health Organization. Consolidated guidelines on HIV prevention, testing, treatment, service delivery, and monitoring: recommendations for a public health approach. World Health Organization; 2021 Jul 16.
- 2. Lacy-Nichols J, Marten R, Crosbie E, Moodie R. The public health playbook: ideas for challenging the corporate playbook. The Lancet Global Health. 2022 Jul 1;10(7):e1067-72. thelancet.com
- 3. Chintala SK. AI in public health: modeling disease spread and management strategies. NeuroQuantology. 2022;20(8):10830.
- 4. Jim HS, Hoogland AI, Brownstein NC, Barata A, Dicker AP, Knoop H, Gonzalez BD, Perkins R, Rollison D, Gilbert SM, Nanda R. Innovations in research and clinical care using patient-generated health data. CA: a cancer journal for clinicians. 2020 May;70(3):182-99. wiley.com
- 5. Holst J. Global Health-emergence, hegemonic trends and biomedical reductionism. Globalization and health. 2020 May 6;16(1):42.
- 6. Mamurov B, Mamanazarov A, Abdullaev K, Davronov I, Davronov N, Kobiljonov K. Acmeological approach to the formation of healthy lifestyle among university students. InIII international scientific congress society of ambient intelligence 2020 (ISC-SAI 2020) 2020 Mar 23 (pp. 347-353). Atlantis Press. atlantis-press.com
- 7. Goldsteen RL, Goldsteen K, Dwelle T. Introduction to public health: promises and practices. 2024. <u>researchgate.net</u>
- 8. Albahri AS, Alwan JK, Taha ZK, Ismail SF, Hamid RA, Zaidan AA, Albahri OS, Zaidan BB, Alamoodi AH, Alsalem MA. IoT-based telemedicine for disease prevention and health promotion: State-of-the-Art. Journal of Network and Computer Applications. 2021 Jan 1;173:102873. academia.edu
- 9. Radin JM, Wineinger NE, Topol EJ, Steinhubl SR. Harnessing wearable device data to improve state-level real-time surveillance of influenza-like illness in the USA: a population-based study. The Lancet Digital Health. 2020 Feb 1;2(2):e85-93. https://doi.org/10.1007/jbc.2020 Feb 1;2(2):e85-93.
- 10. Gao Y, Yu L, Yeo JC, Lim CT. Flexible hybrid sensors for health monitoring: materials and mechanisms to render wearability. Advanced Materials. 2020 Apr;32(15):1902133.
- 11. Senbekov M, Saliev T, Bukeyeva Z, Almabayeva A, Zhanaliyeva M, Aitenova N, Toishibekov Y, Fakhradiyev I. The recent progress and applications of digital technologies in healthcare: a review. International journal of telemedicine and applications. 2020;2020(1):8830200. wiley.com
- 12. Ye J. The role of health technology and informatics in a global public health emergency: practices and implications from the COVID-19 pandemic. JMIR medical informatics. 2020 Jul 14;8(7):e19866.
- Collins L, Hassani H, Mokhtari A, Shakkottai S. Exploiting shared representations for personalized federated learning. InInternational conference on machine learning 2021 Jul 1 (pp. 2089-2099). PMLR. mlr.press
- 14. Wu Q, He K, Chen X. Personalized federated learning for intelligent IoT applications: A cloudedge based framework. IEEE Open Journal of the Computer Society. 2020 May 8;1:35-44. ieee.org
- 15. D'Souza RN, King LM, Webster-Cyriaque J, Shum L, Fischer DJ. Practice-Based Research Integrating Multidisciplinary Experiences in Dental Schools for culture change: Increasing clinical research capacity through dental education. The Journal of the American Dental Association. 2023 Dec 1;154(12):1037-40. [HTML]
- 16. Ulnicane I. Ever-changing big science and research infrastructures: Evolving European Union policy. InBig science and research infrastructures in Europe 2020 Aug 13 (pp. 76-100). Edward Elgar Publishing.

CITE AS: Wambui Kibibi J. (2024). The Impact of Public Health on Health Monitoring. Research Output Journal of Biological and Applied Science 4(1):1-4. https://doi.org/10.59298/ROJBAS/2024/4114

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Page | 4