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| **COURSE: PUBLIC HEALTH PRACTICE** |
| **ASSIGNMENT/AIU Exam: Introduction to Public Health.**  |
| **PROGRAM: MASTERS IN PUBLIC HEALTH** |

**[A.] Introduction:**

The term health is widely used in our day-to-day interaction and communication. However, it is very important to understand this term in a broader sense. There are three basic definitions to health and these are: 1. Lay point of view: From a layman point of view health is defined as the ability to carry out daily activities with no apparent symptoms of a disease. 2. Professional point of view: From a professional point of view health is defined as a measure of the state of the body organs, and the holistic ability of the body to function. It is a state of being free from medically defined diseases. 3. The last definition of health according to the World Health Organization WHO states that health is sate of complete physical, mental, and social well-being and not merely an absence of disease or infirmity. The other dimensions like spiritual, and emotional are also considered.

These five states of health are clearly defined as follows: a. Physical health- is an aspect of health concerned with the anatomical integrity and physiological function of the body. b. Mental health-this is an aspect of health that is concerned with a person ability to think clearly and coherently. c. social health- is concerned with the ability to make and maintain acceptable interaction with other people. d. Emotional health- is defined being able to express emotion in an appropriate way. The response of the body should be congruent to a stimulus. e. Spiritual health is concerned with religion, while for others it has to do with personal values, beliefs, principles and ways of achieving mental satisfaction.

Public health has evolved significantly over the decades, its history can be traced back to ancient civilization where practices like sanitation, management of waste as well as quarantine were the rudimentary strategies for disease control. Antiquity: In ancient times, civilization like the Greeks and Romans emphasized public hygiene and sanitation. Hippocrates also known as the father of medicine, highlighted the significance of environmental factors in health. Middle Ages: With the fall of the Roman empire, public health practices declined in Europe. Nonetheless, Islamic scholars preserve and advanced medical knowledge. Quarantine measures were implemented during the outbreak of the Black death to its spread. Renaissance: The re-emergence of Scientific inquiry revived interest in public health. Andreas Vesalins anatomical work and Paracelsus, contribution to toxicology were notable. 15th to the 19th century: The Industrial Revolution brought about urbanization and overcrowding, leading to numerous public health challenges. The link between sanitation and disease became more apparent, leading to improvement in sewage systems, clean water supplies, and the establishment of boarders of health in various countries. 19th century: Florence nightingale was noted for pioneering modern nursing practices and emphasized sanitation in health care settings. John snows mapping of cholera cases in London highlighted the role of contaminated water in disease transmission or causation. 20th century: Advancement in medical field such as vaccines and antibiotics revolutionized public health, the discovery of penicillin by Alexander Fleming and subsequent antibiotic development greatly reduced mortality and infectious diseases. The creation of organisation like the WHO in 1948 was centered on global health concerns. Late 20th century to present: Public health evolved to beginning addressing chronic diseases, lifestyle-related and disparities in health care access. Efforts to combat diseases like Acquired immunal deficiency syndrome AIDS, malaria, and tuberculosis TB gained momentum worldwide. The understanding of social determinants of health grew, emphasizing the impact of socio-economic factors on well-being. Today, Public health, encompasses a wide range of disciplines from epidemiology and biostatistics to health policy and environmental health, aiming not only to control disease but also to promote overall well-being and equity in health outcomes for populations globally.

There are different perspectives or views on health and these are defined as follows: health is viewed as a right, as a consumption good, and as an investment. Yet still, others view health as a right equivalent to justice or political freedom. The WHO constitution state that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political beliefs, economic or social conditions. Others still, view health an important individual objective of material aspect for example as consumption good. The third view considers health as an investment indicating that it is a prerequisite for development because of its consequence on overall performance through its effect on the production ability of a production force.

The determinants of health are multifaceted factors influencing a person’s wellbeing. They encompass: 1. Biological factors: Genetics, age, sex, and underlying health conditions contribute to an Individual health status. 2. Behavioral factors: Lifestyle choices like, diet, exercise, substance use, and sleep patterns, these significantly impact health outcome. 3. Social and economic status: socio-economic status, education, employment, housing, and access to resources profoundly affect health. 4. Physical environment: Environmental factors such as air and water quality, sanitation and community Infrastructure Influence health outcome. 5. Health services: Access to quality health care, preventive services and treatment options is key to maintaining health and managing disease. 6. Psychological factors: Mental health status levels, social support, and coping mechanisms all play a crucial role in the overall health. Understanding and addressing these determinants holistically can improve health outcome and well-being.

Globalisation of health refers to the interconnectedness of health-related issues, practices, and policies across nations due to increased global integration. It involves the spread and exchange of healthcare information, technologies, disease and practices worldwide. One of negative impacts of globalisation is global spread of diseases facilitated by increased travel and commerce or trade. This us how diseases like Severe acute respiratory syndrome SARS, Ebola, and Covid-19 were spread globally. Globalisation has also led to the need international cooperation in disease surveillance, emergency-responses and prevention. Furthermore, globalisation has led to the diffusion or externalisation of medical knowledge, technology and expertise. Advanced medical procedures, pharmaceuticals, and treatment methods can now be accessed by diverse populations globally, improving health care access in regions. However, globalisation has also widened health disparities where certain populations benefit more from this advancement while others struggle due to limited access, resources or infrastructure. In addition, global trade agreements and economic policies can influence access to healthcare resources and medications, sometimes in less economically development regions. Overall, globalisation of health has both positive and negative implications navigating the way health challenges are understood, addressed and managed on a global scale.

A model is defined as a representation of a system that specifies its components and the relationships among the variables. For example; graphs, charts, and decision trees.

In the 19th century, they were several models of disease causation that emerged, reflecting the evolving understanding of medicine and science. 1. Miasma theory: This model suggested that disease, especially epidemics like cholera or the bubonic plaque, were caused by badair or noxious fumes arising from decomposition of organic matter. This theory heavily influenced public health practices, leading to sanitation improvement and the development of urban planning.

2. Germ theory: This ground breaking idea proposed by Pasteur, Joseph Lister, and Robert Koch revolutionized medicine. It suggested that specific microorganisms such as bacteria or viruses, responsible for causing disease. This theory laid a foundation for what is called modern microbiology and the development of vaccines, antibiotics and antiseptics techniques. 3. Cellular Pathology: Rudolf Virchow introduced the concept that disease result from abnormalities at the Cellular level. He emphasized the importance of Cellular Pathology in understanding the nature of disease highlighting Cellular changes as the root cause.

4. Inheritance and Genetic theory: Early notions of genetics and heredity started to emerge, suggesting that certain diseases might have a genetic basis (roots) or could be inherited. This laid ground work for the later development of genetics contribution to disease. 5. Environmental and Ecological factors: Recognition grew regarding the impact of environmental and occupational exposure on health. The rise of industrialisation brought attention to the health hazards posed by certain workplaces, and pollutants, leading to improvement in workplace safety and environmental regulations.

6. Psychosocial models: Influencial thinkers like Sigmund Freud and others began exploring the relationship between mental states and psychological health. This led to the understanding that psychological and emotional factors could Influence susceptibility to disease or impact the course of illness. The 19th century marked a significant shift towards more empirical, scientific approaches to understanding disease causation, laying the ground for modern medicine and the advancement of various medical fields.

Modern theories of disease causation encompass a wide range of perspectives Influenced by advanced scientific understanding and interdisciplinary research. Here’s an overview of some key modern theories.

1. Germ theory (microbial Pathology).

Continues to be a cornerstone of modern-day medicine. It elucidates how various pathogens including bacteria, viruses, fungi, and parasites cause disease by invading the body and disrupting normal cellular function. The advancement in this area have led to the development of various antibiotics and antiviral drugs.

1. Genetic and molecular theory:

The field of genetics has greatly advanced unveiling the role of genetic predisposition and mutation in causing or increasing susceptibility to certain diseases. The study of molecular biology and genomic has provided insights into how specific genes molecular pathways contribute to disease such as cancer, genetic disorders and autoimmune conditions.

1. Environmental and Lifestyle theory:

Modern medicine recognises the significant impact of environmental factors like pollution, toxins, climate change and lifestyle choices such as diet, exercise, smoking and stress on health and disease causation. Epidemiological studies often highlight the correlation between these factors and various diseases. Influencing public health policies and interventions.

1. Immunological and autoimmune theory:

Advanced Immunology have revealed the complexities of the immune system and its role in both protecting against disease and causing disorders. Autoimmune theory propose that the immune system can mistake its own cells and tissues and begin to attack them leading to conditions like; rheumatoid arthritis, Lupus and multiple sclerosis.

1. Psychosocial and Psychosomatic theory:

The field of psychoneuroimmunology explains the intricate connection between mental health, emotions, neural processes and the immune system. Stress, mental health disorders, and emotional status are recognised as potential factors influencing susceptibility.

1. Evolution and Ecological perspective:

Some modern theories consider disease within the context of evolution biology and ecological dynamics. Evolutionary medicine explains how Evolutionary history influences disease susceptibility and responses to treatments, while ecological models examine the interplay between organism, their environment and disease transmission. These modern theories often intertwine emphasizing the Multifactorial nature of disease causation. Advances in technology, molecular biology, genetics and interdisciplinary research continues to refine our understanding of disease causation, leading to more targeted and personalized approaches to treatment and prevention.

Public health refers to the science and practice of and improving the health of communities and populations. It focuses on preventing diseases, prolonging life, and promoting well-being through organized efforts and informed choices of society, organizations, Public and private communities and individuals.

The key components or disciplines of public health include:

1. Disease prevention and control: Public health professionals work to prevent the spread of diseases, reduce their impact, and control outbreaks. This involves immunization, health education, surveillance and implementation measures to mitigate health risks.
2. Health Promotion: Public health initiative aims to promote healthy behaviors and lifestyle through education, awareness campaigns and community programmes. These efforts encourage habits like regular exercise, balanced nutrition, smoking cessation.
3. Environmental health: Addressing environmental factors that effects health including air, water quality, sanitation, work safety, and exposure to hazardous substances. Public health intervention targets environmental risks to prevent disease and promote a healthier living environment.
4. Health Policy and Management:

Developing policies, guidelines and strategies at local, national and global levels to improve healthcare access, quality and equity. This includes resource allocation, health care system management, policy advocacy for better health outcomes.

1. Epidemiology and disease surveillance:

Studying patterns, causes and effects of disease with population to understand and control their spread surveillance systems. Monitor and track diseases, helping to identify trends, and implementation of appropriate intervention.

1. Health equity and social determinants.

Addressing disparities in health outcomes by focusing on social determinants of health, such as socioeconomic status, health education and access to health care, and living conditions. Public health aims to reduce inequalities and ensure equal opportunities for good health fall all. Public health professionals including epidemiologists, biostaticians, health education, policy analysts, and health care administrators, collaborate across various sectors to safeguard and improve the health of communities. Their work involves research, education, policy development and implementation of interventions to promote healthier living conditions and prevent diseases on a population level.

**[B.] Answers to questions:**

**Q1. Describe the difference concepts and perspectives of health.**

There are different concepts of health which include the following; 1. Physical health- This refers to the proper functioning of the body and its systems, absence of disease, and the ability to perform daily task without any limitations. 2. Mental health- This involves emotional, psychological and cognitive well-being. It encompasses managing stress, emotions, thoughts and having a positive mental state. 3. Social health- This focuses on relationships, interactions, and the ability to maintain healthy connections with others. Its communication skills, social support and a sense of belonging. 4. Emotional health- Relates to understanding and managing emotions efficiently, it involves resilience, self control or awareness and copying with stress or adversity. 5. Spiritual health- Pertains to finding meaning and purpose in life. Having a sense of inner peace and aligning one’s value and beliefs with actions and behavior. 6. Environmental

Health- Considers the impact of the surroundings on overall well-being. It includes access to clean air, water and safe living environment. 7. Intellectual health- involves continous learning, problem solving abilities, creativity and engaging in mentally stimulating activities.

Each of these dimensions contributes to an Individual’s overall health and wellbeing and they bare interconnected, influencing and impacting one another. Balancing and maturing various aspects is essential for holistic health.

Health can be seen through various perspectives or lenses and these include; 1. Biomedical perspective: - This traditional view of health focuses on the physical aspect and medical Intervention to treat disease and conditions. It emphasizes identifying and addressing biological factors causing illness. 2. Biopsychosocial perspective: This broader view considers biological, psychological and social factors Influencing health. It acknowledges the interplay between these aspects, recognising that mental, emotional and social elements can impact physical well-being. 3. Holistic perspective: This approach sees health as a balance between mind, body and spirit. It involves treating the whole person rather than just the symptoms, promoting overall well-being and emphasizing preventive measures. 4. Public health perspective- This perspective zooms out to consider health at a population level. It focuses on promoting healthy lifestyle and improving the health of communities through policies and education and intervention. 5. Environmental perspective; Health is also viewed in relation to the environment. This perspective recognises how environmental factors such as pollution, access to clean water and exposure to toxins impact individual and public health. 6. Culture perspective: Cultural beliefs and practices significantly influences health perspectives. Behavior understanding and culture context help in providing more effective healthcare by respecting diverse beliefs and practices. Each perspective offers a unique understanding of health, emphasizing different aspects and contributing to comprehensive view of well-being.

**Q. 2. How do you perceive health?**

My personal View of health is as follows; this is a multidimensional state of the well-being of a human being, community and the environment. It encompasses the physical, mental, emotional and spiritual well being of an individual and not necessarily an absence of disease of physical abnormalities. The environment must be conducive to promote and sustain Livelihood, I term of procreation, productivity and social interactions. An environment must be free from contaminants such as disease-causing agents, toxins and not prone to human Induced or natural disasters.

**Q3. List the various determinants of health in a community.**

There are various determinants of health in a community and these include;

1. Physical determinants: The physical factors affecting the health of the community include; geography (, e. g high land or low land), the environment (e. g man made or natural catastrophe), and industrial development (e. g pollution, and occupational hazards).
2. Social- cultural determinants; The social-cultural factors affecting health of a community include; the beliefs, traditions, and social customes in the community. It also involves the economy, politics and religion in the community.
3. Community determinants: Community organisation include the size of the community, arrangement and distribution of resources.
4. Behavioral determinants: The Behavioral determinants affecting health include; individual behavior and lifestyle affecting the health of and individual and the community for example; smoking, alcoholism and promiscuity.

**Q. 4. Outline the strengths and weaknesses, the preventive measures demanded by each model.**

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| **MODEL/THEORY OF DISEASE CAUSES** | **STRENTH** | **WEAKNESS** |
| **(ANCIENT THEORIES) 19th century.** |  |  |
| 1. Contagion theory
* Suggested that every illness is contagious
 | * Cordons guarded by soldiers were created to quarantine sick people successfully.
* Ships having sick people on board were quarantined successfully
 | * People looking after sick patients never got sick in certain circumstances.
* On the other hand, many other people got sick despite the quarantine measures.
 |
| 1. Supernatural theory
* Argue that supernatural forces were responsible for disease causation.
 | * Led to people generally embracing a good lifestyle, and improved standard of hygiene
 | * Mostly the poor in society were still affected and inflicted with disease.
* Political biasness.
 |
| 1. Personal behavior
* This theory suggested that disease resulted from wrong behavior.
 | * Led to improved standard of living I, e dieting, regular exercise, stress management.
 | * Many poor people still died because they could not afford balanced deities, and people got sick despite living a life free of promiscuity.
 |
| 1. Miasma theory

Argues that disease is caused by an odor of a decomposing or decaying organic material | * Indeed, certain diseases could be linked to climate change/season for example dysentery, cholera, typhoid which are common during rainy season.
 | * Not entirely true because a disease can occur outside the anticipated season.
 |
| **Current models/theories****20th century** |  |  |
| 1. Germ theory

Suggested that microorganism cause disease. | * Led to modern methods of disease control like the use of antibiotics and vaccines.
 | * Not all disease is caused by microorganism, some its due to lifestyle: I, e obesity, heart disease, cancer, these are mainly non-communicable diseases.
 |
| 1. The lifestyle.

Suggested that unhealthy lifestyle can cause disease. | * Led to society upholding good standard of morals, improved lifestyle like dieting, exercising, refraining from alcohol, and good hygiene,
 | * People got sick regardless.
 |
| 1. Environmental theory:

Suggested that the environment has a role to play in disease causation. Toxins or environmental contaminants, environmental hazards. | * This led to improved environmental safety in work places and social setting.
* Improved personal hygiene/ reduction in the discharge of affluents and radioactive substances into the environment.
 | * Zoonotic disease was still at rampage, I, e Ebola, influenza, bubonic plaque, and Covid-19
 |
| 1. The multi-cause theory.

Suggest that there are multiple factors that cause disease and not necessarily a single entity. | * Many disease control strategies can now be combined to effectively manage disease outbreaks and pandemics.
 | * There is gap between what it promises what it actually delivers.
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**Q5. What is the influence of globalisation on community health?**

1. Certainly the effects of globalisation on community health are multifaceted to healthcare on our communities: Globalisation has facilitated the spread of medical knowledge, technology, and resources, enhancing healthcare access and delivering in many regions. This includes, the distribution of vaccines, Medicines, and medical equipment improving healthcare infrastructure and services.
2. Disease spread: Globalisation has also accelerated the spread of diseases across borders. Rapid travel and trade contribute to the swift movement of pathogens, leading to pandemics or the quick dissemination of illnesses, as seen with the Covid-19 pandemic.
3. Change in lifestyle and diets: As cultures intertwine through globalisation, there is often an adoption of different lifestyles and ideas. While this can induce healthier options, it can also lead rising rates of non-communicable disease like obesity, diabetes, cancers and heart diseases.
4. Environment impact: Industrialisation and globalisation have brought economic growth but often at a cost environmental degradation. This degradation can lead to various health issues within communities, such as air and water pollution related illnesses.
5. Access to information: Globalisation has increased access to health related information through the Internet and technology. This empowers communities to educate themselves about health issues, prevention measures and treatment options.
6. Health inequality: Globalisation can exacerbate health inequalities, while some communities benefit from improved healthcare, others may not have access to these advancement due to economic disparities or lack of infrastructure.
7. Healthcare systems and policies: Globalisation can influence healthcare systems and policies. International standards, guidelines and collaboration can improve healthcare practices, but they can also impose challenges in adopting these standards to specific community needs or economic capacities .

Understanding these various impact helps in recognising the complexities of how Globalisation Interacts with community health, highlighting the need for comprehensive and adaptable healthcare strategies.

**Qn. 6. Do you think globalisation affected the overall health situation of your country? How?**

Yes, globalisation has had both positive and negative impacts on Zambia’s health situation. On the positive side, globalisation has brought Increased access to international markets, has facilitated the flow of resources, technology and expertise, contributing to improvements in the healthcare Infrastructure and services. However, globalisation has also brought challenges such as spread of diseases, changing of diet which led to increased incidences of non-communicable diseases. Globalisation has also led to brain drain as skilled workers or professionals migrate to other countries offering better opportunities straining local health care systems. Moreover, trade liberalization and foreign investment can impact access to healthcare resources, making them susceptible to market fluctuations and potentially limiting affordability and accessibility of certain segment of the population. Overall, while globalisation has brought advancements, it has also presented challenges that Zambia ‘s health system grapples with finding a balance between global integration and safe guarding its population’s health needs.

**Qn. 7. Define public health and discuss the similarities and differences with clinical medicine.**

Public health is “the science and art of preventing diseases, prolonging life and promoting health through the organized efforts and informed choices of the society, communities, organizations, public and private communities and individuals. (CEA-winslow)

Public health and clinical medicine share the common goal of promoting and maintaining health, but they differ in focus, approach and scope.

SIMILARITIES:

* 1. Health promotion: Both disciplines aim to improve health outcomes and prevent disease. They focus on promoting health behaviors, managing risk factors and enhancing overall well-being.
	2. Interdisciplinary collaboration: Collaboration is essentially in both fields. Professional in public health and clinical medicine often work together to address health issues comprehensively, combining their expertise for the benefit of individual and community.
	3. Evidence based practice: Both the public health and clinical medicine rely on evidence based approaches. They use research findings and policies ensuring the effectiveness of their efforts.

DIFFERENCES:

1. Individual versus population focus: Clinical medicine primarily is concerned with individual patient care, diagnosis and treatment. The focus is on the specific needs patient. Public health concentrates on populations and communities, aiming to promote healthcare systems on a larger scale.
2. Scope of practice: Clinical medicine involves direct care often in a hospital or clinical setting, addressing acute or chronic medical conditions. Public health encompasses a broader range, including epidemiology, health policy, environmental health and community education addressing the determinants.
3. Prevention and Treatment: Clinical medicine focuses on diagnosis, treatment and management of existing illnesses or conditions. Public health encompasses preventive measures such as vaccinations, health education, and policy intervention to reduce the incidences of the disease and improve overall health.
4. Time frame: Clinical medicine is often concerned with immediate medical health concerns providing direct and immediate care to individuals. Public health takes a long perspective working to create sustainable changes in health behaviors and systems overtime.
5. Setting: Clinical medicine typically practiced in hospitals, clinics or private practices, involving direct interaction with patients. Public health operates in diverse settings, including government, agencies, nonprofit organisation, academic and community setting aiming at influencing health at population level.

In summary, while Clinical medicine focuses on individual patients and treatment, Public Health takes on a broader approach or perspective addressing health at the population level through prevention, education and policy intervention. Both are crucial components of the healthcare system complementing each other to achieve comprehensive health outcomes.

**Qn. 8. Mention the role of Public health in the healthcare delivery system**

Public health plays a crucial role in the healthcare delivery system by focusing on the overall health and well-being of a population. Some key roles of Public health within the healthcare system include:

1. Prevention and promoting health: Public health develops and implement strategies to prevent diseases and promote health within communities. This involves interventions such as vaccinations campaigns, health education and lifestyle intervention to reduce risk factors.
2. Epidemiological surveillance: Public health professionals monitor and analyze health data to identify patterns, trends and potential outbreaks. This surveillance helps in early detection of the threats contributing to the overall safety of the communities.
3. Policy development and advocacy: Public health experts contribute to development of health policies at all levels, regional and national levels. They advocate for evidence based policies that address Public health issue’s and promote equitable access to healthcare services.
4. Community engagement: Public health fosters Community involvement by engaging with diverse populations. This includes understanding local health needs, providing education and involving communities in decision making process to create effective and culturally sensitive health intervention.
5. Health education: Public health professionals work to educate individuals and communities about health risks, prevention measures and healthy practices. This empowers people to make informed choices that contribute to their well-being.
6. Environmental health: Public health addresses environmental factors that impact health, such as air and water pollution, sanitation and work place safety by integrating environmental risks. Public health contributes to the overall health of the community.
7. Health systems implementation: Public health collaborates with healthcare providers to enhance the effectiveness and efficiency of health systems. This may involve initiative to improve access to health care, reduce disparities and optimization of the delivery of the healthcare services.
8. Emergency preparedness and response: Public health agencies play a critical role in preparing for and responding to public health emergencies such as natural disasters, disease outbreaks or bioterrorism events.
9. Research and evaluation: Public health conducts research to identify effective intervention and evaluate the impact of the healthcare programmes. This evidence based approach helps refine strategies and ensures that resources are directed towards intervention with proven effectiveness.

By focusing on prevention, community engagement, and the other determinants of health, public health contributes significantly to the effectiveness and sustainability of healthcare delivery systems. Ultimately improving the health outcome of the entire community.

**Qn. 9. What are the challenges of public health practice**.

Public health practice faces various challenges that can impact the effectiveness in promoting and protecting the health of population. Among these challenges are:

1. Limited resources: Public health agencies often operates with limited funding, which can constrain the ability to implement comprehensive programmes, conduct research and respond to emergency health threats.
2. Health inequalities and disparities: Addressing disparities in health outcomes among different population groups is a persistent challenge. Socioeconomic, racial, and geographic factors can contribute to unequal access to healthcare and health services.
3. Global health threats: The interconnectedness nature of the world possess challenges in addressing global health threats such as pandemics, infectious diseases and emerging public health cases that may cross borders and impact multiple regions simultaneously.
4. Political and policy changes: Public health initiative are often influenced by political decisions and policy change. Shifting priorities and finding allocation can impact the continuity and effectiveness of public health programmes.
5. Emerging infectious diseases:The rapid emergency of new infectious diseases and the potential for global spread pose challenges for surveillance, prevention and response efforts. Require agile and collaborative strategies.
6. Behavior and cultural factors: changing health behavior is complex and often influenced by cultural norms, individual beliefs and socioeconomic factors. Developing effective interactions that resonate with diverse populations can be challenging.
7. Data privacy and security: Collecting, managing and sharing health data for surveillance and research purposes raises concerns about privacy and security. Ensuring the responsible and ethical use of data is an ongoing challenge in public health practice.
8. Climate change: Climate change impacts public health through various mechanisms including extreme weather events, change in vector borne disease patterns and environmental degradation. Adapting public health systems to these changes is an ongoing challenge.

**[C.]. Conclusion:**

This assignment/exam was an insightful journey, giving a more depth understanding of the definition of public health, its perception, concepts and determinants. Indeed public health is an important aspect of our day to day life and has to be embraced in order to continue promoting health and longevity of life in our diverse populations.

**[D.]. BIBLIOGRAPHY:**

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