

"The Evolution of Health Promotion and Disease Prevention: A Comprehensive Review"

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Abstract

As communities aim to boost general health, lower healthcare costs, and increase healthy life expectancy, the ideas of illness prevention and health promotion have grown more central to public health. Beginning with basic definitions, this review traces the evolution of these practices: health promotion involves efforts to improve people's and communities' capacity to make health-positive choices and actively manage their health, whereas disease prevention aims to reduce risk factors that lead to sickness, disability, or early death. This paper traces the evolution of public health policy in the US through key moments in history, starting with the famous Healthy People report that established nationwide objectives for better health through changes in lifestyle, behavior, and the environment. These goals were further formalized with the formation of the US Preventive Services Task Force, which prioritizes risk reduction and provides clinical recommendations for preventative actions.

The application of these ideas to aging populations is the focus of this article, which delves into primary, secondary, and tertiary preventative techniques to tackle the specific health issues that older people encounter. We also talk about how eHealth tools like telehealth and mobile health apps are becoming more important in helping underprivileged and rural areas with preventative care and wellness programs. Finally, the review emphasizes the importance of culturally tailored interventions and the integration of preventive strategies across healthcare sectors as critical challenges. It emphasizes that individuals, healthcare providers, and policymakers must collaborate for effective health promotion and disease prevention. The research indicates that public health initiatives can help build healthier communities that can stick to their healthy habits over the long haul by combining old and new approaches.

مع سعي المجتمعات إلى تعزيز الصحة العامة، وخفض تكاليف الرعاية الصحية، وزيادة متوسط العمر المتوقع، أصبحت أفكار الوقاية من الأمراض وتعزيز الصحة أكثر مركزية في الصحة العامة. بدءاً من التعريفات الأساسية، يتتبع هذا الاستعراض تطور هذه الممارسات: يتضمن تعزيز الصحة الجهود المبذولة لتحسين قدرة الناس والمجتمعات على اتخاذ خيارات إيجابية للصحة وإدارة صحتهم بنشاط، في حين يهدف منع الأمراض إلى الحد من عوامل الخطر التي تؤدي إلى المرض أو الإعاقة أو الوفاة المبكرة. يتتبع هذا البحث تطور سياسة الصحة العامة في الولايات المتحدة من خلال لحظات رئيسية في التاريخ، بدءاً بتقرير الأشخاص الضعفاء الشهير الذي وضع أهدافاً وطنية لتحسين الصحة من خلال التغييرات في نمط الحياة والسلوك والبيئة. تم إضفاء الطابع الرسمي على هذه الأهداف بشكل أكبر مع تشكيل فريق عمل الخدمات الوقائية في الولايات المتحدة، والذي يعطي الأولوية للحد من المخاطر ويقدم توصيات سريرية للإجراءات الوقائية. إن تطبيق هذه الأفكار على السكان المسنين هو محور هذه المقالة، التي تتعمق في تقنيات الوقاية الأولية والثانوية والثالثية لمعالجة القضايا الصحية المحددة التي يواجهها كبار السن. كما تحدثنا عن كيفية تزايد أهمية أدوات الصحة الإلكترونية مثل التطبيب عن بعد وتطبيقات الصحة المحمولة في مساعدة المناطق المحرومة والريفية في الرعاية الوقائية وبرامج العافية. وأخيراً، أكد التقرير على أهمية التدخلات المصممة ثقافياً ودمج الاستراتيجيات الوقائية عبر قطاعات الرعاية الصحية باعتبارها تحديات بالغة الأهمية. وأكد أن الأفراد ومقدمي الرعاية الصحية وصناع السياسات يجب أن يتعاونوا من أجل تعزيز الصحة والوقاية من الأمراض بشكل فعال. يشير البحث إلى أن مبادرات الصحة العامة يمكن أن تساعد في بناء مجتمعات أكثر صحة يمكنها الالتزام بعاداتها الصحية على المدى الطويل من خلال الجمع بين الأساليب القديمة والجديدة.

Key words

Health Promotion, Disease Prevention, Public Health, Preventive Care, Healthy People Initiative, Tertiary Prevention, Aging Population, eHealth Technologies, Chronic Disease Management, Health Behavior, Community Health, Wellness Programs, Health Education, Federal Health Initiatives, Elderly Health Promotion, Health System Reform.

الكلمات المفتاحية:

تعزيز الصحة، الوقاية من الأمراض، الصحة العامة، الرعاية الوقائية، مبادرة الأشخاص الضعفاء، الوقاية من الدرجة الثالثة، الشيخوخة السكانية، تقنيات الصحة الإلكترونية، إدارة الأمراض المزمنة، السلوك الصحي، صحة المجتمع، برامج العافية، التنقيف الصحي، المبادرات الصحية الفيدرالية، تعزيز صحة المسنين، إصلاح النظام الصحي.

Introduction

The goal of health promotion and illness prevention initiatives is to maintain a healthy population. The overarching goal of health promotion initiatives is to lessen the prevalence of chronic diseases and other morbidities by encouraging and supporting people to make positive lifestyle choices. According to the WHO, health promotion is to allow individuals to have a greater say in their own healthcare. By concentrating on preventing and treating the underlying causes of illness rather than only treating the symptoms, it encompasses a broad spectrum of social and environmental interventions that aim to improve and safeguard the health and quality of life of individuals. The primary goal of disease prevention, as opposed to health promotion, is to lessen the occurrence and impact of chronic diseases and other forms of morbidity.

Preventing illness and promoting good health are two aspects of wellness. Individuals are considered to be in a state of wellness when they exhibit mindsets and make choices that promote health-promoting actions and results. Social determinants of health impact modifiable risk behaviors; thus, they are frequently addressed in health promotion and disease prevention programs. A person's socioeconomic, cultural, and political circumstances at birth, as well as their social and cultural milieu as they mature into adulthood, are all considered social determinants of health. Tobacco use, unhealthy diet, and insufficient physical exercise are examples of modifiable risk behaviors that lead to chronic disease. Common approaches to wellness initiatives, illness prevention, and health promotion include dissemination as educating the people on the need of adopting healthy habits. News releases, health fairs, media campaigns, and newsletters are all examples of communication techniques. Through education, one is empowered to modify their behavior and take action by increasing their knowledge. Health education strategies can take many forms, including classes, workshops, and community organizations. The term "policy," "systems," and "environment" refer to the three interrelated aspects of a person's immediate physical, social, and economic surroundings that can be changed to promote and facilitate healthy lifestyle choices (McKenzie, Neiger, & Thackeray, 2022).

A significant new focus in health care, including geriatric medicine, is the promotion of wellness and the prevention of illness. Efforts have usually gone toward younger people, although there's mounting proof that this strategy works for people 65 and up (Office of Technology Assessment, 1985b). The increasing prevalence of chronic illness, especially among the elderly, as well as various chronic illnesses or functional impairments, has become a feature of our times. One viable strategy to deal with this is the health promotion and disease prevention approach. Although it cannot be used in place of medical therapy for acute illnesses or chronic sickness flare-ups, this method shows potential for lowering the frequency and occurrence of both chronic and acute diseases in the general public and the elderly.

Essential parts of public health include health promotion and disease prevention, which work to lessen the effect of avoidable diseases by empowering people to live better lives. The significance of preventative actions has grown in recent years due to the ever-changing nature of global health concerns, especially those associated with an aging population and increasing prevalence of chronic illness. In contrast to illness prevention, which seeks to lessen the prevalence of risk factors and detect and address them early on, health promotion seeks to increase people's ability to make healthy decisions and embrace habits that promote long-term well-being (Marmot & Allen, 2020).

In the US, programs run by the federal government, such the Healthy People reports, have laid the groundwork for better public health for all age groups. These efforts bring attention to the reality that health outcomes are influenced by a combination of personal lifestyle decisions and larger social and environmental variables. Furthermore, the promise of current ways to promote health and avoid disease is shown by the improvements in eHealth technologies and focused preventive programs (Jennings & Bamkole, 2019).

In this paper, one will take a look back at how health promotion and disease prevention have developed through time, looking at important concepts, government initiatives, and tactics for bettering people's and communities' health. One way to have a better grasp on the significance of prevention in attaining long-term health benefits and enhancing everyone's quality of life is to study the evolution and results of various public health initiatives.

The study definition

Health promotion: A community's or an individual's ability to enhance health and avoid illness can be enhanced through health promotion strategies, policies, and programs. Promoting better dietary, lifestyle, and social habits as well as adjusting to new health care settings are its primary goals.

Disease prevention is the process of identifying and removing potential causes of illness, impairment, and mortality from a population. The goal is to reduce the occurrence of disease and damage in a community by identifying and addressing modifiable risk factors, such as lifestyle habits.

Prevention care: disease prevention is the process of identifying and removing potential causes of illness, impairment, and mortality from a population. The goal is to reduce the occurrence of disease and damage in a community by identifying and addressing modifiable risk factors, such as lifestyle habits.

Primary Prevention: The goal of primary prevention is to eliminate potential causes of health problems or to put safeguards in place to avoid them altogether. Vaccination programs, dietary recommendations, and encouragement of regular physical activity are a few examples (Leppo & Ollila, 2021).

Secondary prevention: Early illness detection by screens and treatments to stop or reduce disease progression is known as secondary prevention. With this degree of prevention, health problems can be detected before they worsen, giving patients more time to recover.

eHealth Technologies: Health promotion and illness prevention are both aided by eHealth technology, which include digital tools and resources. Tools like telemedicine, health tracking apps, and online educational materials let people keep tabs on their health and make improvements on their own or with the help of healthcare providers.

Healthy Lifestyle: A healthy lifestyle is one in which one makes decisions and engages in activities that are good for one's health and help keep illness at bay. Important parts include not smoking and not drinking too much, as well as getting enough sleep, being physically active on a regular basis, and eating a balanced diet.

Literature review

Definitions, Federal Initiatives, and Goals

Defining health promotion and illness prevention, what are they? The goal of health promotion is to "increase an individual's capacity to adapt to a changing environment and improve bodily functioning," in layman's terms. Reducing or eliminating exposure to risks that can raise the odds of an individual or group incurring disease, disability, or early death is the goal of disease prevention. Personal habits are one type of modifiable risk factor for illness and disability; genetic endowment and family history are two other types. Finding the health issues that can benefit most from preventative measures, leading to better use of health services and overall better health, is a primary objective of health promotion and disease prevention strategies, whether applied to individuals or populations as a whole.

In this view of health, one's way of life and the choices one makes each day have a significant impact on one's physical and emotional well-being. Further, it acknowledges that present health condition and the life cycle stage at which specific interventions are implemented determine the efficacy of health care interventions in promoting health and preventing disease, as well as behavior change or channeling. Both ideas stress the importance of people and families taking charge of their own health and making decisions about their medical treatment (Nutbeam, 2019).

The health and happiness of the elderly can be influenced by three distinct forms of preventative measures. Primary prevention aims to eliminate health or functional problems at their source, or to implement procedures that reduce the incidence of disease or make a population less vulnerable to it. These procedures can include immunizations, improving nutritional status, increasing physical fitness, and promoting emotional well-being. Efforts to limit the spread of disease or to identify harmful health issues early on and intervene successfully are examples of secondary prevention. Tertiary prevention seeks to lessen the impact of already-present health problems, lessen the severity of any consequences that may arise, alleviate pain and suffering, and help people cope with chronic, life-altering illnesses (Lavie, Laddu, Arena, Ortega, Alpert, & Kushner, 2018).

Federal Initiatives

The federal government has launched programs to increase participation in health promotion and illness prevention efforts across the country, especially among the elderly. With the 1979 release of *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, the United States Department of Health, Education, and Welfare took the first big step. Further improvements in health status must prioritize health promotion and disease prevention, according to the report, which notes that changeable primary determinants of health and sickness include individual behavior and lifestyle and the environment. In order to improve the health of the American people in the 1980s, the report outlined 15 priority areas and 5 broad national goals. The ages of infants to the elderly were the focus of each objective (Nutbeam & Muscat, 2021). It is reasonable to assume that people's health will improve in old age if they begin health promotion activities when they are younger. The aim that was declared was for the elderly. The goal is to enhance the health and quality of life of older individuals and, by the year 1990, to decrease the average number of days that people aged 65 and up are limited from engaging in certain activities owing to acute or chronic diseases by 20 percent, to less than 30 days per year. Managing hypertension, preventing and controlling infectious diseases, reducing cigarette use, enhancing dietary habits, and increasing physical activity were among the fifteen focus areas. For the aged, all of these are important. Clearly, health promotion and illness prevention have a far broader scope than these 1990 objectives (Haber, 2019).

Promoting Health/Preventing Disease: Objectives for the Nation, released by the Public Health Service after the surgeon general's report, contained individual reports on each of the fifteen priority areas. There were a total of 226 quantifiable national goals laid forth under five broad categories: better health, fewer risk factors, more public or professional knowledge, better services or protection, and better assessment and monitoring mechanisms. *Promoting Health/Preventing Disease: Public Health Service Implementation Plans for Attaining the Objectives for the Nation* was the supplement to the September-October 1983 issue of *Public Health Reports* that laid out the strategies for accomplishing these goals (Patja et al., 2022).

The United States Preventive Services Task Force was formed in 1984 by the Public Health Service as part of a more recent federal effort to promote health and prevent diseases. Its purpose was to recommend the proper utilization of preventive services in clinical settings (see U.S. Department of Health and Human Services, 1984). U.S. Congress mandated another initiative under P.L. 98-551. The authorization to build, manage, and operate centers for research and demonstration pertaining to health promotion and disease prevention was granted by this statute to the Department of Health and Human Services, through its Centers for Disease Control (U.S. Congress, 1984). The CDC granted permission to establish such

institutes in the spring of 1986 at the University of North Carolina, the University of Texas, and the University of Washington's Schools of Public Health in response to this congressional mandate. Unlike the other two institutions, the University of Washington's center is dedicated to serving the needs of the elderly. There are clear consequences for the private sector, particularly in areas like as service organization and delivery as well as healthcare financing, even if the previous debate focuses on federal measures (Fletcher, Landolfo, Niebauer, Ozemek, Arena, & Lavie, 2018).

Attitudes About Medication Errors

Doctors, nurses, and pharmacists do not intentionally give patients the wrong medication. Healthcare that is "error free" is what they are taught to provide. But when mistakes are found, people tend to "blame" the professionals who were involved. As a kind of formal punishment, the individual's profession may impose penalties, suspend or revoke their license, or both. Worse than a formal reprimand, the individual may suffer the even more terrible consequence of losing the respect of their fellow medical professionals. Who did it is less important than what, how, and why the system failed in cases of pharmaceutical errors.⁸ Instead than directing punishment at the specific healthcare professional at fault, investigations into medication errors should first examine the system's drug usage and delivery systems. Health care organizations should strive to assess errors as they happen and implement adjustments to medication delivery processes to avoid future or other similar occurrences, even though no level of medical care system error is acceptable. The American Medical Colleges for Physicians (AMCP) urges all doctors and other healthcare workers to do their part in the fight against medication errors by reporting them when they happen in a safe, confidential setting that is free of threats, punishments, and other negative incentives (Purnell, Calhoun, Golden, Halladay, & Cooper, 2018).

Health Promotion and Disease Prevention for the Elderly

Before we wholeheartedly support initiatives to improve the health of the elderly and reduce the prevalence of preventable diseases, we should sound the alarm. If we want to make aging better for people, we need to know what causes prevalent diseases in the elderly and what works to reduce their risk of illness. Research on persons in their twenties and thirties does not always translate to a valid understanding of the geriatric population. Disease patterns and symptoms manifest differently in middle-aged persons compared to the elderly (Feinberg, 2018).

On top of that, there is a subset of survivors who are elderly, and their unique physiological changes may impact pathophysiologic mechanisms. Consider the well-known Alameda County research that found a correlation between a lack of smoking, moderate alcohol use, regular physical activity, and seven or eight hours of sleep each night and a lower risk of mortality among middle-aged and young adults. However, a comparable study of older people in Massachusetts indicated that alcohol consumption, physical activity, and sleeping habits did not affect five-year death rates, suggesting that risk variables are modified with age. In a similar vein, found that the mortality rate from coronary disease is reduced in older people who are overweight (Peckham, Wallace, & Smith, 2019).

While there are valid concerns, there are also many benefits to focusing on the health and wellness of the elderly and taking measures to prevent illness. Some of these factors include the fact that aging can be changed, the fact that there may be ways to alter physiologic or pathologic conditions that are part of what is commonly known as normal aging but can still pose health risks, and the fact that many people over 65 suffer from chronic diseases, making it all the more important to delay further disability. It is preferable to improve health status during the extra years of life because life expectancy is on the rise (Edelman & Kudzma, 2021).

Contribution of eHealth technologies in health promotion in the elderly

Health promotion empowers individuals to make healthier choices, says the World Health Organization. Addressing and avoiding the causes of ill health, rather than only focusing on treatment and cures, is the goal of many social and environmental initiatives that aim to improve and safeguard everyone's health and quality of life. It has the potential to enhance quality of life by assisting individuals in taking charge of their own mental and physical health, as well as the health of their families and communities. Not only that, it cuts down on wasteful spending on healthcare while simultaneously increasing the average healthy life expectancy (Chiu, Hu, Lo, & Chang, 2020).

On the other hand, there is no one metric that should be used to promote health in the elderly. Diet, sleep, impairment, and obesity are only a few of the many topics covered. In numerous respects, the young and the old are distinct. For instance, 64.88 percent of adults over the age of 65 reported having a chronic illness in a 2018 Taiwanese poll on the state of the elderly. Hence, the unique features of illnesses and the emotional and physiological requirements of the elderly must be considered when policies and studies are being developed. The World Health Organization predicts that by 2050, 20% of the global population will be 60 and older. The exponential growth of the aging population has elevated the importance of improved health promotion to a critical level (Schaper et al., 2020).

In 2016, Duplaga et al. published a study on the promotion of health in the elderly. The study used a scoping review to systematically compile reviews and summarized research published on the topic from January 2000 to April 2015. This was done because there were a lot of different ways to approach the study of health promotion in the elderly. Although reviews of

empirical literature are common to both scoping and literature reviews, the two types of reviews serve distinct purposes and concentrate on distinct topics. In order to give an integrated discussion and describe the relevant study designs and procedures, a scoping review primarily entails gathering all pertinent material to offer rather extensive coverage of a topic. A comprehensive framework and valid comparison are ensured by determining the topic's major concepts. In contrast, a literature review narrows down on a single research issue and compiles both high-quality and low-quality articles to analyze. When it comes to data analysis, a scoping review outlines all of the literature, but a literature review reviews just one subject and empirically pulls out the pertinent study findings (Edelman & Kudzma, 2021).

Disease prevention & health promotion: the critical care got to do with it

Efforts to promote population health and prevent disease are receiving more funding from health systems (1-3). As a result, health system executives have realized that medical treatment is insufficient on its own to curb illness and promote wellness (4). In addition, these endeavors have contributed to the realization that health promotion and disease prevention initiatives implemented at various points along the continuum between the community and the clinical environment are critical for the long-term improvement of population health. It used to be that primary care clinics, emergency rooms, and sometimes even general inpatient settings were the ones in the forefront of clinical prevention initiatives like these. In most cases, the intensive care unit and critical care have not been part of these prevention-related initiatives. Nevertheless, we argue that including the intensive care unit (ICU) into initiatives to prevent and promote health has benefit for patients, families, health systems, and society as a whole (Sharma, 2021).

From a public health standpoint, the intensive care unit (ICU) should no longer be a mystery, even though critical care is not usually considered an inherent stakeholder in prevention initiatives. Health systems should base their disease prevention and health promotion efforts on the epidemiology, experience, and outcomes of families and patients who join and exit the intensive care unit. By incorporating the intensive care unit (ICU) into this framework, the critical care perspective can guide initiatives to improve (I) prevention efforts, (II) health and health care disparities; (III) the negative impacts of critical illness, injuries, and ICU exposure reduced; and (IV) community health and wellness promoted (Chiu, Hu, Lo, & Chang, 2020).

Preventing the negative effects of critical illness and injury

More and more, critical care professionals are working to lessen the impact that intensive care unit stays have on patients and their families so that they can better adapt to life outside of the hospital. The primary goal of intensivists has shifted in the recent decade from reducing mortality rates to avoiding or significantly reducing morbidity associated with critical diseases, injuries, and the subsequent need for intensive care unit (ICU) visits (Braithwaite, 2018). Both adult and pediatric intensivists have started studying "post-intensive care syndrome" (i.e., new or worsening impairment in physical, mental, or cognitive health after critical illness that persists beyond discharge from the acute care setting), which is similar to toxic stress and "post-hospital syndrome" (an acquired, transient period of vulnerability to a range of adverse health events following an acute hospitalization). Both the patient and their loved ones might suffer from the psychological aftereffects of intensive care unit stays, and researchers are starting to take note of this. Critical care units are putting a growing emphasis on patient-centered outcomes including quality of life and academic performance and are actively encouraging early mobility (Carey, Muntner, Bosworth, & Whelton, 2018). Critical care is currently working to reduce morbidity from the end of the continuum, when patients return to the community, in these and other ways. As a result, the pediatric intensive care unit (PICU) is taking on responsibilities traditionally handled by primary care pediatricians; these responsibilities are crucial to maintaining the more inclusive and widely accepted definition of health and wellness, which is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Stewart & Hay-Smith, 2020).

Previous studies

A study of (Edelman & Kudzma, 2021) the World Federation of Medical Education issued a 12-point report in 1988 urging changes to medical school curricula. Complementing patient management education with a greater focus on health promotion and illness prevention was the sixth point made in this Edinburgh Declaration. After 30 years, this paper delves into the changes that have transpired. The writer utilized a combination of formal searches in PubMed and Google Scholar using terms like "medical education standards," "health promotion," "illness prevention," "effectiveness," and "assessment," as well as searches on the websites of medical standards organizations. Following developing conversations around shifting public health-relevant emphasises in medical education, the scope of the investigation expanded to encompass more descriptive than evidence-based publications uncovered by these searches. Undergraduate medical education standards of the more powerful regulators include health promotion and sickness prevention. Although 'differently educated' doctors may have helped wider public health initiatives succeed through healthcare reform, media campaigns, and legislative changes, there is little proof that this inclusion had an effect on graduate outcomes or subsequent medical practice. General practitioners and public health professionals have better outcomes after completing postgraduate specialization training. Patient safety, doctor well-being, global health, and planetary health have shifted the focus of the public health intervention

and doctor role conversation. Programs asserting social accountability and adhering to the medical education criteria of the more powerful regulators had the most robust integration of health promotion and sickness prevention measures in undergraduate curricula, but this was not the case everywhere. The impact of medical education on healthcare quality and population wellness, however, is hard to pin down. It could be a good moment to reevaluate the rationale and feasibility of including more public health medicine into undergraduate medical programs.

A study of (Patja et al., 2022), the writer discuss that when trying to promote health and prevent diseases, health workers encounter obstacles. This study seeks to provide a comprehensive assessment of the present health professional training in disease prevention and promotion at different educational levels. Its purpose is to suggest the needs for curriculum improvement in educational programs.

Various health and healthcare professionals at the undergraduate, postgraduate, and continuous professional development (CPD) levels were the focus of a descriptive mapping effort in 2019. A modified snowball distribution strategy was used to gather data from an online survey that was self-developed.

Undergraduate (60%), postgraduate (30%), and continuing professional development (10%) training programs for 17 distinct health professions were among the 186 examined. These programs were carried out in 31 different countries. Knowledge (99%), skills (94%), and behaviors/attitudes (89%), all pertaining to health promotion and illness prevention, were listed as desired outcomes in nearly all programs. According to the research, 81% of the programs utilized a multidisciplinary approach. Online education was utilized at a lower rate (46% vs. 97%) compared to more conventional approaches like lectures (81%). Few programs even touched on the idea of digital health coaching or digitalization in health promotion. A diverse group of health care providers at all educational levels reported an interest in health promotion and illness prevention. Knowledge, skills, and behaviors are the three pillars upon which educational programs rest. Health promotion education requires collaboration and the strengthening of existing capacities. The educational programs aimed at promoting health and preventing disease should use digitalization and innovative teaching methods.

A study of (Buss, Hartz, Pinto, & Rocha, 2020), Revisiting the scientific evidence that confirms the impact of health on the quality of life of both people and populations, this article revises the main author's earlier work from 2000. Better public policies, more effective intersectoral articulation of public authority, and population mobilization are required to address the full range of determinants of health, not only access to quality health services. Particularly in societies with significant social and health disparities, such as Brazil, which has been exacerbated by the recent COVID-19 pandemic, the writers reexamine the origins and evolution of health promotion, centering on the evaluation of the most effective health initiatives to raise the standard of living. By drawing on their respective principles and practices that are closely tied to innovations in public management for integrated and sustainable local development, these strategies were put into practice on the basis of healthy municipalities and intersectoral actions in health and all policies that address social determinants. This was done in light of the 2030 Agenda and its Sustainable Development Goals (SDG).

A study of (Nutbeam, 2019), the writer discuss how a paradigm changes in tackling significant public health issues was brought about thirty years ago by the Ottawa Charter for Health Promotion, which was put out by the World Health Organization (WHO). In favor of more all-encompassing policy and environmental interventions, traditional health education methods that centered on individual health "risks" and lifestyle choices swiftly fell by the wayside. Since then, health education has expanded its scope, used more sophisticated media, and improved its communication to meet a variety of needs. The idea of health literacy has helped keep this shift going. In response to the proliferation of digital communication tools and the increasing complexity of the communication marketplace, health education has developed to help individuals make sense of conflicting information sources and actively participate in addressing the social and economic factors that influence their health. The pillars of contemporary health promotion continue to be the equitable provision of high-quality health education and the encouragement of continuous learning.

A study of (Nutbeam & Muscat 2021), the writers are discussing for the purpose of better understanding the relationship between various health promotion words, the Health Promotion Glossary 2021 has been put up. After more than 20 years, the Glossary has finally undergone a comprehensive examination and rewrite. This updated glossary offers a comprehensive overview of the various principles that are fundamental to modern health promotion, reflecting the ongoing evolution and development of these concepts since the 1998 edition.

Interprofessional and cross-sectoral dialogue on health promotion is the driving force behind the creation of this glossary. Drawing from the many fields that have contributed to the field of health promotion, the Glossary presents a list of words that is neither comprehensive nor exclusive. Neither the definitions nor the phrases themselves should be considered "the final word" on the matter. Because they are simplified representations of more nuanced concepts and behaviors, definitions are inherently limited. The social, cultural, and economic circumstances of a country or community will impact the usage of certain phrases in a particular setting. Regardless of these apparent limitations, the lexicon has been put together to ensure that the fundamental principles and ideas that form the basis of health promotion may be understood by the widest possible audience.

A study of (Chiu, Hu, Lo, & Chang, 2020), this study analyzes the usage and impact of eHealth technology on health promotion among the elderly, as well as the distribution and trends in health promotion research, using a scoping review approach. The research drew from six databases: PubMed, CINAHL, the CochraneLibrary, EMBASE, PubPsych, and ERIC

(EBSCOhost). It included and assessed English-language studies published between January 2015 and October 2019. This study adds to the growing body of literature on the topic of health promotion for the elderly, and it also shows that present health promotion initiatives for this population continue to prioritize certain intervention modalities. After screening (n = 264), health promotion (n = 322), primary prevention (n = 114), and social support (n = 72), the most prevalent approaches were determined to be health promotion. Health promotion initiatives, such as those aimed at reducing the risk of falls among the elderly and enhancing home safety, make use of eHealth technology in addition to the aforementioned treatments. Nevertheless, further extensive research is required in various domains, particularly pertaining to older individuals, diverse occupations, women, and persons afflicted with dementia, as eHealth applications are still in their early stages. This is particularly true in the areas of fall prevention, mental health promotion, and home security monitoring.

Methodology

This study will use a descriptive approach to comprehensively investigate and explain the conceptual and historical developments in health promotion and illness prevention. This approach will collect and analyze a wide range of data through a thorough examination of secondary sources, such as research papers, government reports, health policy frameworks, and publications from international health organizations. This technique emphasizes descriptive analysis to portray the evolution of health promotion and disease prevention across time, shedding emphasis on major policies, initiatives, and innovations that have impacted the field.

Additionally, by using this methodology, the research may pinpoint and analyze critical changes, like the shift from a treatment-centered to a prevention-centered framework, the incorporation of community-based efforts, and the heightened focus on behavioral and lifestyle interventions. In order to better understand the historical context of disease prevention and health promotion initiatives, descriptive analysis can shed light on the ways in which socio-political and economic issues impacted these initiatives. In the end, insights that could guide future public health improvements will be provided by the descriptive methodology, which will provide a thorough comprehension of the field's evolution (Bate & Robert, 2023).

Conclusion

Promoting health and preventing diseases are crucial tactics to improve the well-being of individuals and communities, as highlighted in the literature review. Disease prevention seeks to lessen risk factors that cause sickness and early mortality, whereas health promotion focuses on enabling people to improve their total bodily functioning and adaptability. In addition to recognizing the importance of modifiable behaviors in improving the efficiency of health services, this dual approach also emphasizes the role of genetics, family history, and personal lifestyle choices in determining health outcomes (Yu, Malik, & Hu, 2018). In addition, by focusing on early preventative measures and reaching out to various demographics, federal initiatives have established a framework for public health goals in the US. Public health programs like Healthy People and its goals stress the need of taking preventative measures to lessen the severity of disease through organized health interventions and legislative measures. In line with these endeavors, research centers have been set up to focus on health promotion, particularly among the elderly. These institutes aim to address the specific health concerns and physiological changes that come with aging. The evaluation concludes by praising the potential of eHealth technology and community-based methods to improve the health of the elderly, which is crucial since people need easy access to accurate health information that may help them make informed decisions about their health and wellbeing. To address new health problems and increase life expectancy, the literature emphasizes the need for ongoing public health improvements by viewing health as a complex condition affected by lifestyle choices, preventative actions, and social support (Buss, Hartz, Pinto, & Rocha, 2020). Health promotion and disease prevention strategies have evolved and become more sophisticated in recent decades, as shown by the reviewed studies. The World Federation of Medical Education made some suggestions for changing medical school in 1988, and since then, health promotion and conventional patient management have been prioritized (Edelman & Kudzma, 2021). This change has brought health promotion ideas into postgraduate and undergraduate programs, but there isn't much proof that these programs have improved health outcomes in reality. Despite the fact that healthcare personnel encounter real obstacles in disease prevention and health promotion programs, research shows that a variety of obstacles remain when trying to incorporate health promotion into healthcare training. As an example, Patja et al. (2022) stresses the importance of incorporating digital and interdisciplinary methods into healthcare worker education programs so that they are better prepared to work together in prevention efforts. Especially in settings where there are large inequalities, other studies highlight the effect of health promotion on public health. Noting the importance of health promotion in enhancing quality of life, especially in settings with limited resources like Brazil, Buss et al. (2020) emphasize the need for intersectoral policies that tackle social determinants of health. In a similar vein, Nutbeam's (2019) research considers the lasting impact of the Ottawa Charter and notes a trend away from individual-centered lifestyle changes and toward more systemic approaches to public health. In addition, Nutbeam and Muscat's (2021) revised Health Promotion Glossary highlights new frameworks and terminology that encourage interdisciplinary discussion, acknowledging the importance of health promotion ideas that can be adjusted to different cultural and economic settings. Finally, there are great opportunities for health promotion among elderly populations through the adoption of eHealth technology. However, more research is needed to fully understand its potential (Chiu, Hu, Lo, & Chang, 2020). Further research is necessary to fully measure the impact of health promotion on population health outcomes, but these studies show that the landscape is complex and constantly changing to reflect societal, technological, and public health needs.

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