



Preventive Medicine and Health Promotion

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Opinion Article

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Opinion

During my time as a PAHO/WHO representative, I identified several health issues that hindered achieving health equity.

The primary challenge was reaching the underserved populations. When analyzing vaccination coverage in excluded communities, we found that areas with lower health insurance coverage consistently showed lower vaccination rates.

This correlates with social determinants of health: lower education levels, limited access to services, poor communication infrastructure, multiple children per family, previous bleeding episodes, lack of prenatal care, and maternal deaths.

These issues are also associated with poverty-related diseases linked to structural poverty in communities neglected by the state in terms of housing, education, basic sanitation, food security, and other areas. In many cases, the solution lies in Health Promotion.

Many interpret this mission as community education to prevent disease, often reduced to talks about avoiding health problems, proper nutrition, exercise habits, gym attendance, avoiding alcohol, reducing sugar consumption, etc. However, this Health Education component represents only a small part of comprehensive Health Promotion.

The boundaries between Health Promotion and Disease Prevention aren't clearly defined, as both aim to avoid risk situations to prevent illness, as exemplified by vaccination programs.

However, the most crucial aspect, especially in developing countries, is improving people's living conditions through:

- Education
- Food security
- Better housing and dignified employment
- Public safety
- Access to basic services and general welfare

When these requirements are met, significant progress in Health Equity can be achieved. For example, in a Venezuelan community with high incidence of acute respiratory diseases and bronchial asthma related to coffee monoculture and processing facilities in the city center, the community resolved the issue by relocating these facilities throughout the municipality and promoting diverse crop cultivation to end monoculture dependency. Another example from Peru shows how a community with high prevalence of childhood anemia, primarily iron deficiency, transformed itself into a successful poultry farming society, resolving the issue through increased chicken egg consumption.

Health Promotion also fosters three types of social networks:

- Family or cluster networks, where project beneficiaries are selected based on community needs rather than political ideologies. Argentina's "Hands to the Garden" project exemplifies this, distributing poultry and vegetables to the poorest families in the country's most impoverished municipalities.
- Ladder networks, utilizing relationships with authorities and potential benefactors, where local political authorities can secure benefits from higher levels of government.
- Binding networks, where different communities facing similar challenges share and replicate successful experiences. For instance, the "White Waste" project in Brazil, later replicated in Paraguay, exchanged recyclable materials (cardboard, glass, and cans) for milk.

