Family Health Education: The Impact of Nursing, Psychology, Medical Secretary, Public Health, Health Administration, and Family Medicine on Public Health Awareness

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ABSTRACT

Public health nursing (PHN) practice is centered on populations and necessitates specialized knowledge, abilities, and skills. Initial public health nursing roles beyond mere illness management to include lobbying, community organization, health education, and political and social reform. Similarly, modern public health nurses engage in collaboration with agencies and community stakeholders. This essay aims to analyze the growing roles of public health nurses in addressing complex, multifaceted community issues. An overview of the background and history of this position precedes an elucidation of the community involvement health promotion concept. The community-based participatory research initiative, Youth Substance Use Prevention in a Rural County, serves as a model for illustrating the developing roles of public health nurses centered on community health promotion and prevention. The debate encompasses specialized competences for Public Health Nurses (PHNs) in community participatory health promotion roles and the contemporary role of PHNs.

Keywords: **Family Health Education; Nursing; Psychology; Medical Secretary; Public Health; Health Administration; Family Medicine ;Awareness**

Introduction

Gaining the requisite knowledge and expertise in the area of patient health education can help a doctor advance in their career and improve their ability to treat a wide range

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of health issues, as family medicine is the cornerstone of medicine and the first line of defense in light of the rise in various health-related issues. In order to educate the public about prevalent diseases and health issues, identify the types of medical errors and how to prevent them, and achieve patient safety goals and other essential standards and goals, health education has become one of the most important components (1).

A strong link exists between family medicine practices and the notion of patient education. Family medicine practitioners provide health education. Health education, often known as patient education, refers to scientifically researched health experiences that are intended to benefit individuals and communities (2).

By concentrating on current medical issues or offering education (preventive training), health initiatives can help improve health status by raising knowledge of health issues and addressing society health problems. Teaching individuals about disease management via events coordinated by medical professionals and identifying negative habits that might support different diseases (3).

Doctors and administrators are responsible for educating patients and their families in family medicine offices. The following are examples of educational initiatives that can be offered: Children's safety and injury prevention initiatives Instruction in fundamental first aid and instruction to parents and caregivers regarding the management of the following emergencies: burns, poisoning, drowning (including practical CPR), ingestion of foreign objects or batteries, suffocation, and fractures and lacerations (3).

Instruction throughout gestation, In partnership with Clinical Services for mothers, they can improve the health and well-being of pregnant mothers and their infants. Topics include, but are not limited to: nutritional intake, physical activity, mental health, and breastfeeding (2). This review seeks to assess the contributions of many disciplines: nursing, psychology, medical administration, public health, health management, and family medicine.

The role of the Family Health Nurse

As part of her job, the Family Health Nurse helps patients and their families deal with stress, long-term illness, and disabilities in their own homes. Nurses help families who are worried about their health and give them tips on how to avoid lifestyle and behavior problems. Family health problems can be treated early if they are found quickly. Public health and social issues experts can look at how a family's financial situation affects their health and help them get in touch with the right organizations. Giving nursing care at home by nurses can make it easier for people to leave the hospital. In addition, they can act as a link between families and family health doctors and fill in for doctors when nurse skills are needed. (4-6)

The Role of Each Discipline in Family Health Education
Nursing
Promotion of Health

Systemic regulatory, governmental, educational, and organizational initiatives that lead to community-, group-, and individual-friendly environments make up the vast majority of health promotion efforts(7). An increase in obesity incidence, especially among youngsters during school closures and social distancing policies, is evidence that the pandemic has had persistent, albeit not uniform, consequences on health promotion behaviors(8). There are disparities in health outcomes and health-promoting behaviors like physical activity. The gaps have grown wider across different demographics, including sexes, races, socioeconomic status, and educational attainment(9).

Safety for Health

Health protection is the process of using government policies, rules, and laws to keep people's health safe from outside threats. Local, state, and federal governments must make sure that everyone has access to high-quality, easy-to-reach health care that is also cheap. When it comes to managing health, governments are in a unique situation. Their policies and decisions affect not only how health is delivered, but also how the economy, the environment, and society work to support health and well-being.(10) How voters and governments change how they set public health goals based on moral and social values, as well as how they handle conflicting public health advice and communication, is one of the most important things that could affect health security.(11,12)

Keeping diseases away

Working across all demographics, ages, and health conditions, those dedicated to disease prevention identify potential threats to public health, develop and test therapies to mitigate those threats, and ultimately reduce the prevalence and severity of disease (13). It is more difficult to prevent diseases when people have ideas that support individual freedom and oppose mass limiting policies, with the exception of safeguarding high-risk older groups (14).

On the other hand, the concept of equity and usefulness suggests that in order to achieve the greatest reduction in sickness and mortality throughout the population, restriction measures should be applied to everyone.(15) These divergent viewpoints have given rise to a new kind of disease prevention public health policy where the boundaries of public health limitations are significantly influenced by common ethics and values.

Psychology

Awareness-raising programs are typically complex and take place within a certain period each year when key stakeholders gather to participate in activities aimed at increasing public awareness of mental health issues. An advocacy group or a coalition of groups is frequently involved. The World Health Organization has designated October 10 as World Mental Health Day, encouraging all mental health stakeholders

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to discuss their initiatives, raise global awareness of mental health issues, and assess the necessary actions to implement mental healthcare for people suffering from mental illnesses around the world. Advocacy organizations operate in more than 100 countries.

Some countries have set a week for awareness-raising events where mental health advocates and stakeholders take part in different events meant to improve public awareness and education. Even if these usually generate a lot of activities, it is difficult to know whether awareness-raising campaigns meet their objectives as they have not been well evaluated (16).

The belief that increased visibility can improve societal tolerance is the foundation of numerous awareness-raising initiatives that seek to facilitate discussions about mental health. The anticipated result is the reduction of stigma. Active Minds is a non-profit organization that is committed to increasing awareness among university students. It has chapters in the majority of the United States, as well as in Canada and Ecuador

The aim is to reduce the stigma around mental health issues by empowering students to openly address their mental health challenges through student-led activities centered on awareness, education, and advocacy. October 5 is designated as National Day Without Stigma, a day when students are encouraged to be conscious of their language, convey their support through chalk messages about mental health on campuses, and engage with individuals facing mental health difficulties. By increasing awareness of mental health, they aim to foster supportive communities and motivate individuals to seek help. They also hold a campaign for Veterans and Mental Health and a week to help people deal with stress (16, 17).

Health Literacy

Improving population health, preventing diseases, and achieving better health outcomes are the main objectives of healthcare systems (18). Nevertheless, individuals' well-being is also impacted by societal issues (19). Healthcare systems are impacted by various societal concerns, including increased healthcare needs and uneven distribution of resources (20). In light of this, the concept of social sustainability, which entails equitable distribution of health and safety resources and the provision of equal access to these services, has grown in significance in recent years (22).

The social sustainability of a healthcare system is inextricably linked to the factors that influence people's health, particularly socioeconomic inequality, which is typically measured by differences in income, education, and occupation and is widely believed to be the primary cause of health disparities (23). Awareness of the ability to handle these variables is critical for building a socially sustainable healthcare system (24).Given that some research suggests HL may be a single health predictor, this is an area where it could be valuable (25).

While there is a consistent link between HL and health outcomes (such as better illness management, fewer hospitalizations, and better overall health status in those with

higher HL), HL is not the sole factor that determines health outcomes. It is thus true that HL, like any other factor influencing health, can contribute to the formation of inequalities; however, the specific interaction between HL and the other factors that influence health can also be interpreted as an opportunity for the public health response to address these disparities. Indeed, there is unequivocal evidence of a social gradient in HL across all published population studies. (25), In most cases, a higher income, safer jobs, and higher education level are associated with improved access to health information as well as an increase in the resources available to effectively implement this information (26).

As a result, the highest correlation of HL has been observed with educational levels, as expected, since negative social and economic factors frequently correlate and are associated to lower levels of HL in communities (27, 28). Furthermore, data point to HL as mediator between socioeconomic factors, certain health outcomes, habits, and use of health services. This correlation suggests among other social and economic factors that HL might be a predictor of the relationship between unfavorable social and economic conditions and later health difficulties. This points to HL perhaps under control. HL can be practically considered as both a "risk" when evaluated as a determinant of health, leading to inequities, and a solution since of its mediating role and simplicity of modification. By raising the OHL of healthcare services and strengthening HL in the population, it could be feasible to improve the social sustainability of the healthcare system and hence help to lower health disparities that develop inside different demographic groups(29)

Family Medicine

One of the most important determinants of a person's health status (30), the family is positioned to affect such circumstances more than individual-level variables by themselves (31). Changing the values, norms, and behavior patterns of a social unit— like the family—may lead to longer-lasting and more extensive behavioral modification (32). For instance, the family creates an ecosystem for learning health practices that one can apply all their life by modeling health behaviors or providing help to raise wellbeing and manage with disease. Likewise, the shared household environment influences the members' health in terms of the availability and accessibility of exercise equipment or nutritious food (33). Together with shared genetic material, shared unfavorable situations could endanger family members for chronic diseases (34). Historically, hereditary variables have been perceived as the primary risk factor in the family setting; however, the significance of shared contexts is underscored by spousal concordance for chronic diseases (33). Consequently, it may be more effective to concentrate on the family and the individual in order to promote health than to make endeavors solely toward the individual (35). Craft-Rosenberg and Pehler (2011) assert that family health promotion entails families collaborating to enhance or sustain the physical health of their members. The 'family-level' processes encompass behavioral patterns within the family, characterized by underlying mechanisms, such as familial values and support for healthy lifestyles, illustrating familial interdependence and the influence family members exert on each other's health behaviors(37). There is a broad body of literature on family health promotion that covers a variety of topics, including terminology, theoretical frameworks, the

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roles of family members involved, and health behaviors addressed. These topics have been examined in various professions, including medicine, sociology, psychology, family therapy, and family nursing, among others. Theoretical adaptations for family health behavior influence have been broad and contextualized for segments with different health priorities, using the family system's perspective on how complex familial interactions shape the individual. This includes the diverse roles of family members in influencing health behaviors (38-40).

For instance, children have historically been characterized as passive recipients of health influences; only a small number of recent research have identified children as change agents in the family (40). This may suggest that specific family system obligations are influenced by health behavior. Numerous health behaviors can be influenced by family members; for instance, systematic studies have been done on the impact of parents on children's food intake and physical activity (41). Other themes have concentrated on the impact of family members on specific health behaviors, including alcohol consumption (42), sleep, and oral hygiene behavior (43), through a variety of mechanisms, including modeling, limit setting, and parent-child communication. A lack of comparison and synthesis of theories, mechanisms, and roles of health behavior influence across these distinct research streams would aid in the understanding of family health promotion and, ultimately, the design and development of family health promotion efforts across health behaviors and cultures.

Challenges in Family Health Education

Rural patients are impacted by healthcare disparities as a result of inequities. For instance, rural residents experienced inferior income, education, infant poverty, and mortality rates when contrasted with their urban counterparts (44) In rural South Dakota, healthcare disparities are the result of demographic factors. South Dakota is one of the least densely populated states in the United States, with an average density of approximately 11 individuals per square mile (45). Rural South Dakota has restricted access to primary care physicians and other medical professionals. South Dakota is classified as a "medically underserved" or "health profession shortage area" in nearly three-quarters of its territory (46) The average distance traveled by adults in South Dakota, North Dakota, Montana, and Wyoming for primary care is 42 miles, with some patients traveling as far as 100 miles to attend their doctors (47). Many rural patients find clinics inaccessible due to the considerable distances required to travel. A notable advantage of community pharmacy is the accessibility of pharmaceuticals for patients. In South Dakota, 81% of residents reside within 30 minutes of a pharmacy, while 64% are located within 15 minutes. There was a lack of use for traditional pharmacists as medical specialists (49) They have received comprehensive training in vaccines, drug adherence, cost-reduction techniques, illness education, and medication treatment management (MTM) (50). Since 1985, the TPB has pushed for changes in public health, like people giving up smoking and drinking alcohol.People with diabetes and heart disease have also been told to use this idea to get them to change the way they behave (52). The unique thing about TPB is that it focuses on each person's goals. What drives someone to act depends on their

attitude, how much control they feel they have over their actions, and what society expects of them (53).

Eliminating these obstacles will also strengthen HL's commitment to improved health outcomes for everyone and the creation of sustainable healthcare practices. The importance of longitudinal and multimodal approaches to HL enhancement is underscored by these pathways, which shed information on potential ways to nurture and sustain HL (54) A population that is culturally varied also has its benefits and drawbacks. It is crucial to prioritize cultural sensitivity and adapt HL programs to meet the specific demands of different demographics.

Numerous national initiatives have called for HL to be addressed in order to advance social justice and health equality. By influencing important players in the academic and healthcare sectors and creating a favorable policy climate, these initiatives offer chances to advance HL (55). HL is acknowledged as a fundamental premise and overarching objective by health policy efforts like Healthy People 2030. Policy frameworks can encourage cost-effective, environmentally and socially responsible healthcare practices by highlighting the significance of HL (56). Legislators, doctors, teachers, and people must collaborate to create a healthcare system that will stand the test of time and ensure that all members of society are health literate. Research funding is required to introduce HL into the school system and produce credible evidence of its effects in a variety of settings and among a diverse population. Finally, healthcare policies and programs should prioritize HL understanding and recognition. This endeavor necessitates collaboration, continual evaluation, and the ability to adapt to the ever changing healthcare sector. The advancement of HL is inextricably linked to sustainable healthcare, as it enables individuals and communities to advocate for health-promoting policies, make informed health decisions, and contribute to a more comprehensive sustainability perspective. By eliminating obstacles to HL and optimizing existing opportunities, healthcare systems may cultivate a sustainable culture. This endeavor necessitates the collaboration of all four pillars of government (education, advocacy, policymaking, and administration): It is imperative to integrate HL into educational curricula, legislative frameworks, and advocacy initiatives in order to achieve sustainable healthcare as a whole. Although HL has significant potential, it is unrealistic to anticipate that it will resolve every challenge associated with the sustainability of healthcare. In its place, we have the opportunity to construct healthcare systems that are more durable and resilient, meeting the requirements of all individuals and communities by employing holistic, multi-dimensional approaches that consider the intricate interplay of social, economic, and environmental factors. Despite the numerous obstacles, there will be numerous opportunities to enhance the sustainability of healthcare in the future, resulting in more equitable healthcare systems and improved health outcomes for all.

Conclusion

Family health education is a fundamental program in promoting public health awareness and community welfare. A holistic approach to health education can be achieved by merging disciplines such as nursing, psychology, medical administration, public health, and family medicine. The disciplines collectively encompass various

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needs, including health promotion, disease prevention, mental health awareness, and enhancement of health literacy. Professionals in family medicine and health education play a crucial role in equipping individuals and their families with the essential tools and knowledge to make informed personal health decisions. Conversely, efforts to mitigate inequities and challenges in rural and neglected regions highlight the necessity for sustainable health systems and equitable resource allocation. Equity in healthcare can be enhanced by eliminating barriers to access and creating culturally attuned health literacy initiatives.

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