

Health Professional Role in Global Health and Policy

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ABSTRACT

Health care workers play varied roles in the health care arena from clinical, administrative, academic, or research point of view. HCPs use evidence-based knowledge requirements for health policy development and implementation (Ellen et al., 2018). HCPs adopt various global health strategies in policymaking and politics. Our paper will review the role of HCPs to successfully practice global health advocacy within the health sciences discipline and strategies to increase this influence.

Keywords: Health Care Professionals (HCPs), Global Health, Policy.

INTRODUCTION

Health Professional Role in Global Health And Policy

Health care professionals (HCPs) affect health politics at the local, national, and international levels. Health care workers play varied roles in the health care arena from clinical, administrative, academic, or research point of view. HCPs use evidence-based knowledge requirements for health policy development and implementation (Ellen et al., 2018). HCPs adopt various global health strategies in policymaking and politics. Our paper will review the role of HCPs to successfully practice global health advocacy within the health sciences discipline and strategies to increase this influence.

The Role of Health Professionals Global Health Politics and Policy Making

The process of global health policymaking is rigorous. The process is effective if the gap between, research, policymaking and practice are adequately bridged (Ellen et al., 2018). The decision-making process is made complex due to the involvement of various health care settings at various levels. Different perceptives of various stakeholders make the process furthermore complex. Health policy and systems research is a more evolved model of the decision making process in global

health policymaking (Ellen et al., 2018). The model relies on the use of evidence-based knowledge to formulate effective global health policies (Ellen et al., 2018). Policies formulated based on evident researches are more effective as compared to policies that are not based on scientific researches. The use of evidence in global health policymaking is an essential component of the health care decision-making system. If the researchers and policy-makers are health care professionals then their role in generating evidence-based knowledge and formulating health policies is vital since HCPs efficiently bridge the gap between research and policymaking. The evidence-to-policy approach is strengthened by the dual role of HCPs in research and policymaking (Ellen et al., 2018). HCPs should be involved in global health politics and policymaking at all levels.

Evidence-Based Knowledge Requirements for Health Policy Development

Evidence-based research should be readily available and accessible to policymakers at the time of formulating health policies. Every step should be taken to actively utilize research evidence in policymaking. Policymakers should be trained on the systematic approach of using evidence in policymaking. Evidence-informed policymaking is the ideal approach for policymakers (Ellen et al., 2018). Policymakers should be equipped with knowledge and skills to apply research evidence in policymaking. Policies should be formulated based on the best available evidence. Researchers are knowledge producers and

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policy-makers are knowledge users and if both these roles are played by HCPs then the process of knowledge transfer and exchange (KTE) will become more efficient and easy (Ellen et al., 2018). The KTE approach will help to bridge the know-do gap (Ellen et al., 2018). If knowledge is fragmented and implantation is slow then KTE can have dire consequences. HCPs should be actively involved in research, generate scientific evidence and formulate policies to ensure global health. The involvement of HCPs in research and policymaking can facilitate the decision-making process at all levels.

Healthcare Professionals Role in Promoting The Health of Society

Health care professionals through professional interventions can substantially contribute to health education and promotion programs (Flodgren et al., 2017). Chronic diseases are highly prevalent globally due to stress, a high caloric diet, and lack of exercise (Flodgren et al., 2017). Chronic diseases e.g. hypertension, hyper cholesterol, cardiovascular diseases, type-2 diabetes mellitus, and peripheral vascular diseases can be prevented by lifestyle and behavioral modifications. Behavioral modifications include a healthy diet and regular exercise. Patients can be made aware of these lifestyle modifications by health education and promotion programs. Health care professionals should use educational interventions to target obesity and overweight problems (Flodgren et al., 2017). Tailoring interventions that could enhance self-awareness in patients should be promoted in primary care settings by the primary care providers (Flodgren et al., 2017). Clinicians should actively use a clinical decision support (CDS) tool to assist with chronic disease management regimens (Flodgren et al., 2017). Organizational restructuring of the primary care delivery system, introducing the chronic care model may result in the offering of high-quality patient care at intervention clinics (Flodgren et al., 2017). Mail and phone interventions can help in reinforcing the health promotion tools in the daily lives of the patient (Flodgren et al., 2017). Cost-effectiveness across the evaluated interventions are essential in low-income setting areas (Flodgren et al., 2017). Effective strategies to change the behavior of healthcare professionals or the organization of care are warranted.

Health promotion and health education programs can be made effective through the mass communication skills of HCPs (Huntink et al., 2015). Areas of patients' lack of knowledge should be identified and self-management programs should be designed to combat the pandemic of chronic diseases. Time management, market mechanisms in the healthcare system and motivational interviewing skills of healthcare professionals should be used to make the health promotion programs more effective (Huntink et al., 2015). Health promotion programs should focus on the risk factors for cardiovascular diseases, medication adherence, compliance, behavioral modifications, and risk mitigation strategies. A key finding is a mismatch between healthcare professionals' and patients' views on patient's knowledge and self-management (Huntink et al., 2015). Henceforth, each patient should be assessed individually about awareness of the disease and education should be customized based on the patient's knowledge and the expected health

outcome. Cardiovascular risk management is mainly related to patient behaviors and henceforth health promotion programs should be directed to enhance self-awareness of patients and self-management regimens. Patients' knowledge and self-management are the key determinants in designing health promotion programs and tools (Huntink et al., 2015).

Lifestyle advice should be offered by the healthcare professionals to all patients based on the data collected in detail history taking process during the patient encounter. Patient's knowledge about the disease should be assessed and not assumed during the patient visits and active counseling should be offered during the case encounter. Patient education and counseling should be part of the management plan of the patient (Honey et al., 2013). Primary care is the first stop of patients for treatment for common illnesses, screening services, management for long term conditions, such as coronary heart disease, and preventive services such as immunizations (Honey et al., 2013). Hence, primary care providers should actively implement health education in their clinical practice to promote preventive measures against chronic diseases. Modifiable risk factors for cardiovascular disease include overweight and obesity, an unhealthy diet, tobacco use, alcohol consumption, and physical inactivity can be mitigated through health promotion and education programs (Honey et al., 2013). Health promotion challenges can be resolved by the use of Q methodology (Honey et al., 2013). Q methodology is a robust technique for identifying subjective opinions on social phenomena (Honey et al., 2013). A strength of choosing this approach is that Q methodology allows for conflicting views to be expressed (Honey et al., 2013). Q methodology has been used successfully to study-related questions in health, such as the attitudes of healthcare providers towards health promotion, the views of diabetic patients on lifestyle choices, and attitudes towards healthy lifestyles in young people (Honey et al., 2013).

Expected Role of Healthcare Professionals

HCPs should play an active role in the synthesis, dissemination, transfer, exchange, and application of scientific knowledge to improve global health and strengthen the health care delivery system. HCPs should identify gaps in current clinical practice and clinical operations, promote research to close these gaps, actively participate in the dissemination of their research findings through publications and conference meetings and apply research evidence into policy decisions (Ellen et al., 2018). HCPs should be involved in transdisciplinary research to encourage collaboration and use evidence-based decision making in the health care context (Ellen et al., 2018).

Strategies to Increase Healthcare Professionals Influence in Global Health

Hcps Should Take all initiatives to promote evidence-informed policy and decision-making (Ellen et al., 2018). Global health policies and plans of implementation should be judged for feasibility, barriers, and challenges. HCPs should strengthen the link between knowledge producers and enhance the transfer of evidence-based knowledge into clinical practice. Push and pull efforts are also important for HCPs to further strengthen the

linkage between the knowledge base and policymaking. Exchange of knowledge works on the push and pull theory (Ellen et al., 2018). HCPs should push knowledge generated by them to other allied groups and pull knowledge generated from other allied groups into their group. Active involvement of HCPs in research-based policy-making can make the health care delivery system more effective and efficient.

CONCLUSION

The role of HCPs in global policymaking is an important issue of concern. Healthcare workers need to be engaged in solving global health problems, be advocates for global health, stewards of sustainable effectiveness, and educators of their patients (Potthoff et al., 2019). To fulfill this role, healthcare workers should be actively involved in promoting evidence-based research and global policymaking. The evidence-to-policy approach is strengthened by the dual role of HCPs in research and policymaking (Potthoff et al., 2019). Evidence-based research should be readily available and accessible to policymakers at the time of formulating health policies. To better facilitate the resources available to healthcare workers during global policymaking, a global environmental scan of resources targeting global health issues should be conducted and better platforms for resource-sharing online should be promoted (Potthoff et al., 2019). The use of implementation science promoting the integration of research findings and

evidence into healthcare policy and practice is warranted by global policymakers to ensure Health for All (Potthoff et al., 2019).

REFERENCES

1. Ellen, M. E., Lavis, J. N., Horowitz, E., & Berglas, R. How is the use of research evidence in health policy perceived? A comparison between the reporting of researchers and policy-makers. *Health research policy and systems*.2018; 16(1), 64.
2. Flodgren, G., Gonçalves-Bradley, D. C., & Summerbell, C. D. Interventions to change the behavior of health professionals and the organization of care to promote weight reduction in children and adults with overweight or obesity. *The Cochrane database of systematic reviews*.2017; 11(11), CD000984.
3. Honey, S., Bryant, L. D., Murray, J., Hill, K., & House, A. Differences in the perceived role of the healthcare provider in delivering vascular health checks: a Q methodology study. *BMC family practice*.2013; 14, 172.
4. Hunting, E., Wensing, M., Klomp, M. A., & van Lieshout, J. Perceived determinants of cardiovascular risk management in primary care: disconnections between patient behaviors, practice organization, and healthcare system. *BMC family practice*.2015; 16, 179.
5. Potthoff, S., Presseau, J., Sniehotta, F. F., Breckons, M., Rylance, A., & Avery, L. Exploring the role of competing demands and routines during the implementation of a self-management tool for type 2 diabetes: a theory-based qualitative interview study. *BMC medical informatics and decision making*, 2019;19(1), 23.