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Blog Post 1 – Health, Wellbeing, and Public Health: What Do They Really Mean Today?

1. Introduction

Numerous persons connect health with doctors, hospitals, and medications. Being a public health professional, I consider health as something that is influenced way ahead of the time when one visits a clinic. Lifestyle, environment, relationships, and opportunities – all of these make a difference. In this post, I look at health, well-being, and public health, illustrating how their meanings differ based on social, cultural, and economic contexts.

2. Main Body

2.1. Health Across Social and Economic Contexts

Health has frequently been taken to mean the absence of disease. The current state of public health views it as a multidimensional and dynamic state that is influenced by physical, mental, and social aspects (van Druten et al., 2022). WHO defines health as complete physical, mental, and social well-being, beyond medical care to life quality (Schramme, 2023). It can be seen in the wider understanding of the term by considering population data. The world average life expectancy in 2023 was about 73 years, and achieved a lot of progress in the areas of hygiene, vaccination, and medical admissions (Geo Platform, 2024). The life expectancy days from 2021 to 2023 of 78.8 years in men and 82.8 years in women in the UK reflect good permanency because of better health services and safety within the culture (Office for National Statistics, 2025). However, the lifecycle is not the individual pointer of health, and even in the high-income states, inconsistencies exist.

2.2 Understanding Wellbeing in Diverse Contexts

Well-being is the gauge of the events and verdicts that individuals encounter in their lives, and this includes emotional well-being, social inclusion, and life contentment. On the positive aspect, statistics on the planet reveal that positive social structures can raise well-being. In the World Happiness Report of 2024, Finland has also been graded as the happiest country between countries with a score of 7.74 out of 10, while the UK has a score of 6.75, which shows a suitable state of constancy and happiness (World Population Review, 2024; Loesche, 2020). These statistics show that financial safety and social faith are important influences that result in well-being. The lowest score in the world 1.7/10 in Afghanistan highpoints the horrible things of poverty and conflict (World Population Review, 2024). Even wealthy nations are distinguished by their differences.

These judgements allow me to see how well-being is both physically constructed and informally replaced under various conditions.

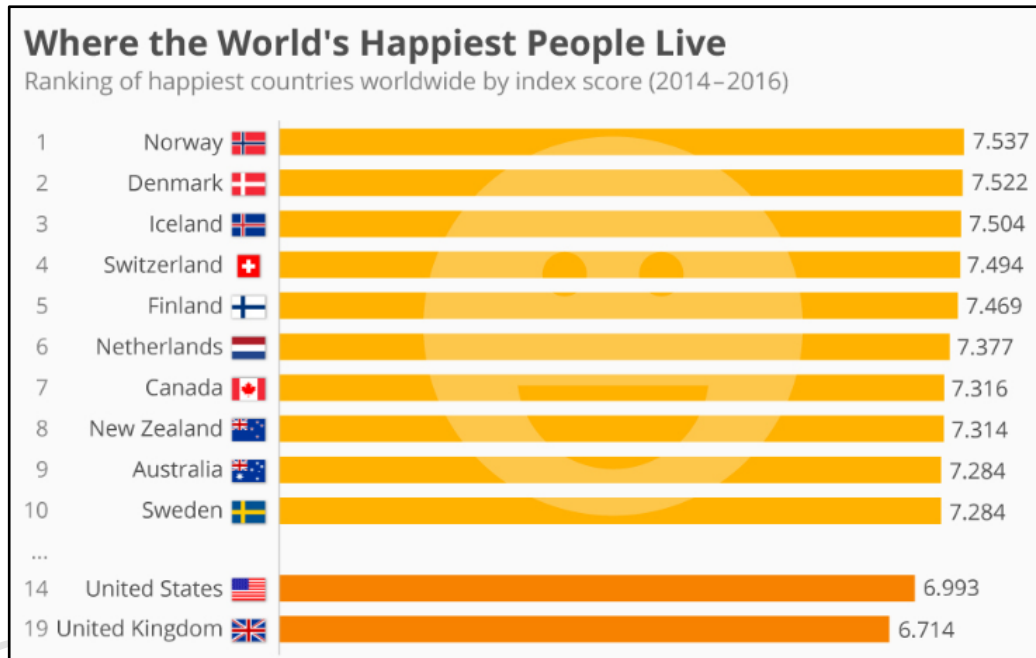


Figure 1: World Report of Happiness 2024

(Source: Loesche, 2020)

2.3. Public Health: A Population-Level of Approach

As a specialist in the field of population health, I am interested in how to enhance the health of the population and not just the treatment of the disease in individuals. I look at the impact of prevention, policy, and environment. To give an example, I regard vaccination programmes, sanitation systems, tobacco control laws, and health education campaigns as the necessary tools. The CDC (2024) estimates that an annual 4 million deaths across the world are prevented due to childhood vaccination. I apply prevention measures that cut across the board, aiming at the social, environmental, and behavioural determinants with the aim of narrowing disparities and improving health outcomes in the population.

3. Conclusion

Health, well-being, and public health are closely connected and mostly determined by social, financial, and environmental influences. I focus on stoppage and justice through understanding data, comparison global backgrounds, and applying population-level policies. A lasting positive influence on health consequences can only be achieved by enhancing public health systems and addressing structural variations at the root of the problem globally.

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Blog 2: Health Determinants and Inequalities — Uncovering the Structural Roots of Health Gaps

1. Introduction: Looking Beyond Individual Choice

As a professional in public health, I will question the awareness that health is a matter of choice. Such actions as diet, exercise, and smoking are significant, but they are inclined by wider determinants, such as social, economic, environmental, and political circumstances. These factors are not evenly distributed, and therefore, they cause orderly and unnecessary health inequalities in groups.

2. Main Body

2.1. Socioeconomic Determinants: The Social Gradient in Health

The structural determinants of health outcomes are income, education, and employment. I usually notice that a college education brings a more stable job, better pay, and a healthier existence, which brings longer and healthier lives. In the UK, the difference in years of life of men in the most deprived regions is 9.7 years, and that of women is 7.9 years with Female healthy life expectancy was 19.3 years (The Guardian, 2022). These inequalities do not occur biologically but are social constructs. According to the WHO (2024), secondary education enhances health literacy, preventive behaviours, and access to healthcare across the globe. Health has a social gradient that drops at every level of the socioeconomic ladder.

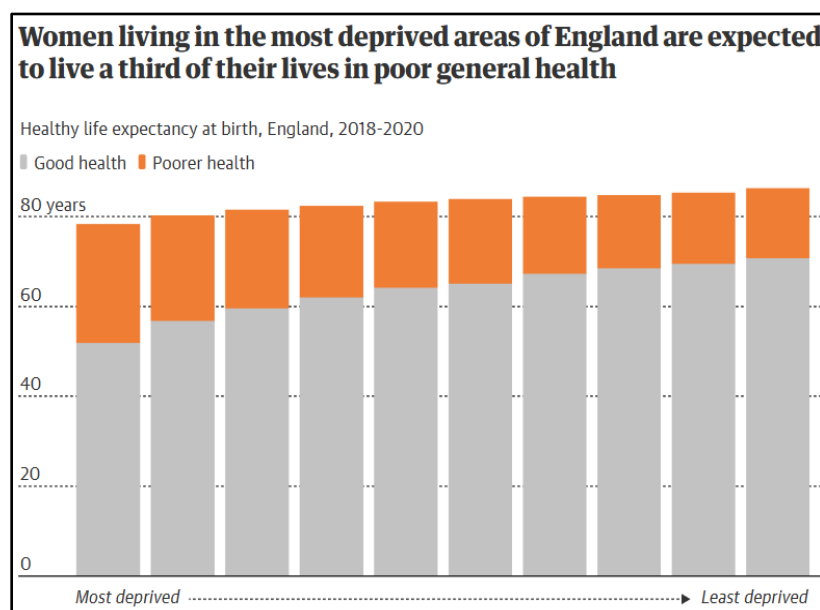


Figure 2: Life Expectancy of Healthy Female

(Source: The Guardian, 2022)

2.2. Environment and Place: The Geography of Inequality

The location people inhabit also determines the healthiness that people will exhibit. The environmental exposure varies sharply between rich and poor neighbourhoods. The air pollution level is 30% greater in poorer urban districts in England than in richer neighbourhoods (MSN News, 2026). This is an addition to respiratory and cardiovascular disease. 99% of the population of the world is exposed to air that does not comply with the WHO safety standards (Forbes, 2025). In my own opinion, this question acknowledges that health is an individual choice and environments are foundational to behaviour.

2.3. Behavioural Determinants: Choice or Constraint?

Health behaviours are generally thought of as a matter of personal responsibility, but I harshly consider them to be patterned within society. The poor individuals may lack access to affordable, nutritious foodstuffs, safe physical activity zones, or smoking cessation programmes. The fast food is more concentrated in poorer neighbourhoods, alcohol outlets are concentrated, and they are exposed to marketing (Libuy et al., 2023). Therefore, behaviours are not vacuum-born, but they possess opportunity structures. One can easily overlook upstream factors that confine the healthy choices by putting its attention to the lifestyle risks.

2.4. Intersectionality: Compounding Disadvantage

When determinants cooperate, variations in health develop even more strongly. Such elements as customs, gender, and relocation status cooperate with socioeconomic position and increase risk. The rate of death in England is around 25,889 of the totals in the pandemic of COVID (Office for National Statistics, 2022). This variance was caused by organisational discrimination, occupational knowledge, and housing circumstances. The global health staff consists of 70% females, but females receive 25% less on regular compared to men (WHO, 2020). Women have unfortunate health results due to economic inequality, the lack of paid employment, and limited access to resources.

2.5. Political and Policy Determinants: The Upstream Drivers.

It is my firm confidence that one of the strongest causes of health inequality is public procedure. The strictness measures during 2010-2020 had a role in uncertain life expectancy gains in England, the first in a period (The Guardian, 2020). Decreases in social services, housing, and welfare

increased regional health inequalities. The healthcare system treats disease, but policy choices at the upper level determine the disease beginning of an individual.

3. Conclusion

Health determinants and health inequalities cannot be separated. A combination of socioeconomic status, environment, behaviour, and policy favours certain groups at the expense of others. A critical analysis of these associations shows that health gaps are not predetermined. To attain true health equity across and within populations, we must deal with upstream structural determinants.

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Blog Post 3: Public Health Approaches: From Sanitation to Systems Thinking

1. Introduction: Why Public Health Preserves Developing

In my character as a community health practitioner, I am always repeating my students of the circumstance that public health is continuously changing. Our current strategies are a result of historical crisis, scientific findings, and social transformation. Comparing old and new strategies, I notice a shift in which the reaction to the outbreak of infectious diseases has been replaced by the prevention of the complex, systemic health issue. This evolution can make us value the progress that has been achieved as well as the difficulties that persist

2. Main Body

2.1. Historical Public Health Approaches: Sanitation, Surveillance, and Survival

I look back, and I find early public health being necessitated as industrialisation gave rise to overcrowded cities, unclean water, poor houses, and epidemics. Cholera and typhoid were main reasons of death, as they were communicable diseases. An example I regularly raise to is the case of the cholera study by John Snow in London in 1854, where he demonstrated that disease might be prevented by monitoring the environment by outlining deaths to the Broad Street water pump (BBC News, 2024). The finding was a transformation in the level of sanitation reforms all over the UK. Life expectation at 65 rises for females from 11.5 years to 20.9 years and for men from 10.9 years to 18.3 years (ONS, 2020). The infant mortality also reduced intensely that it was 204 deaths per thousand births in 1915, and it released to less than 181 to 32 deaths per thousand births in 2020 (Clark, 2020). As a man, I understand the limitations of the era, and the control of diseases prevailed, whereas inequality and well-being were not taken into consideration.

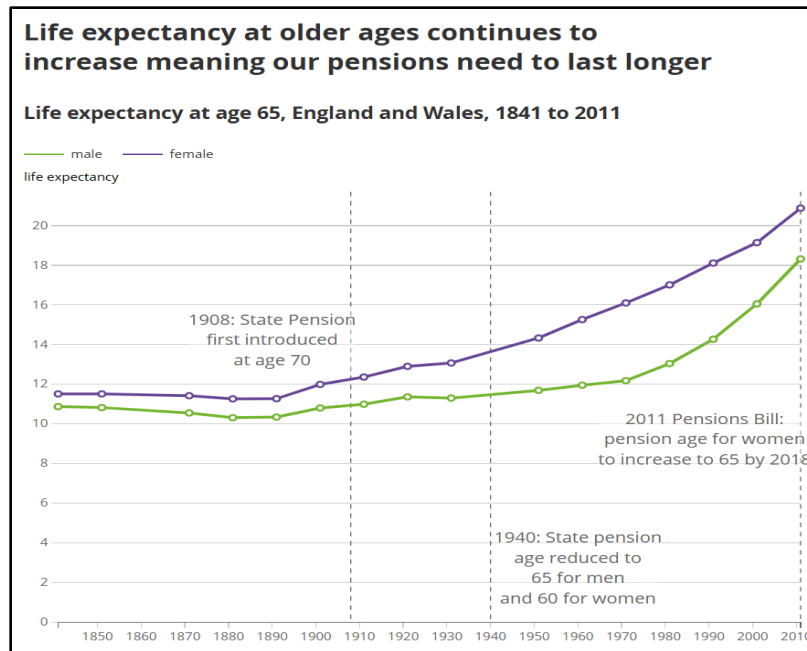


Figure 3: Average Life expectancy

(Source: ONS, 2020)

2.2. The Epidemiologic Development: From Microbes to Way of Life

By the mid-20th century, importance in the importance of public health underway to change. The humanity of infectious diseases reduced, and chronic diseases like heart disease, stroke, and cancer have increased. I usually refer to this as a change in germs and lives. The regular lifecycle in the world improved to more than 72 years in 2022, related to 46 years in 1950 (ONS, 2020). In the present, non-communicable diseases have contributed to about 74% of worldwide deaths World (World Health Organization, 2023). I am not less critical to point out that they occasionally overemphasised individual responsibility, such as poverty and food availability.

2.3. Contemporary Public Health: Systems, Policy, and Prevention

In my present practice, I operate in a much broader public health system. Current practices acknowledge that health is influenced by interrelated systems: policy, environment, economy, and education. The case of tobacco regulator is so influential, as tobacco eating reduced to 30% in 2022 after the global prohibition (The Daily Star, 2025). In the UK, the smoking amount has knowingly reduced from 11.2% in 2022 to 10.5% in 2023 (Office for National Statistics, 2024). These are the results of legislation, taxation, advertising prohibitions, and behaviour change policies at play. I observed real-time surveillance, genomic sequencing and mass inoculation that allowed quick global action compared to the previous times.

2.4. Global Comparisons: Uneven Progress

The established countries have good health schemes and prevention structure. In the time being, communicable disease is a problem in many low-income nations, and chronic illness is increasing. An example is that the under-5 humanity in the UK stands at about 5 per 1,000 live births (World Bank, 2024). This judgement makes me recall that there are both ancient and contemporary public health difficulties in the world.

3. Conclusion: Integrating Lessons Across Time

The field of public health has changed to systems thinking as opposed to sanitation engineering. Past infrastructure changes led to decreased infectious mortality, and current approaches address behavioural, social and policy determinants. I believe the future of public health is in the ability to unite both approaches and unite environmental protection, prevention, and equity-orientated policy to enhance health in the world.

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Blog 4: Title: Beginning Concepts to Influence: How Public Health Strategies Are Developed and Applied

1. Introduction: Policy in Prevention Actions

As a specialist in public health, I view public health policy as prevention on a large scale. Whereas clinical care is used to treat individuals, policy determines the circumstances under which whole populations remain healthy. Guidelines regarding tobacco or vaccination have a foremost impact on people's survival. However, they require to be maintained by indication, transferred, and supported by party-political determination. In this case, I discuss in systematic detail and criticise the functions of the process at work.

2. Main Body

2.1. Identification of the Problem and Agenda Setting

The beginning of policy jumps with the alertness of a health problem. I use epidemiological surveillance, mortality rates, and community health reports to establish priorities. To illustrate, increasing obesity has become an issue of worldwide concern. In 2022, 7.8% of the world 's population had obesity, 2.5 billion grownups who were overweight (20.3%), 43% of adults, and 35 million children under the age of 5 who were overweight (World Health Organization, 2025). Nevertheless, I judgmentally note that not every problematic accepts equal behaviour. Policy agendas mirror the media, economics, and ideology, while the lack of funding for mental health reveals the stigma influencing priority setting.

2.2. Policy Formulation: Evidence-Based Solution Design

It is at this point that the policymakers translate evidence into interventions. Multi-component strategies involving legislation, taxation, education, and service reform are regularly observed by me. Tobacco control is a good case study. In 2022, the smoking proportion was 23.3%, quantity of 20.7 million current smokers (GSTHR, 2022). Nations applied the WHO strategies, taxing, criminalising, advertising, and passing smoke-free regulations (FCTC, 2024). Tobacco feeding was reduced to 30% in 2022 after the global prohibition (The Daily Star, 2025). I frequently observe politicisation by the manufacturing to water down rules, especially in alcohol, food, and fossil fuel areas that are slow to adopt policy down.

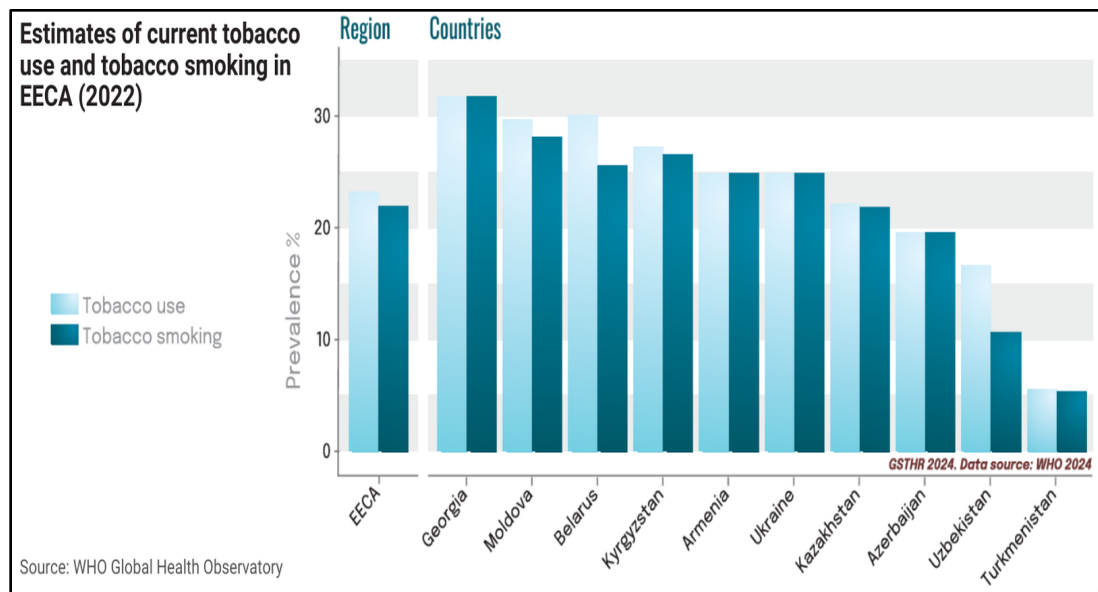


Figure 4: Consumption of Tobacco

(Source: GSTHR, 2022)

2.3. Policy Adoption: Bargaining Power and Interests

Policy needs to be formally adopted by governments in legislation or regulation. This is the stage where it becomes most evident regarding competing interests. An example of such is the UK Soft Drinks Industry Levy (sugar tax). In 2018, 10000 loads of sugar were detached from soft drinks, and sugar stages in soft drinks reduced by about 50% after the application (GOV UK, 2025). In Mexico, an equivalent tax on soda was presented, and the rates of buying sugary drinks fell by 7.6% in two years (The Guardian, 2021). These judgements reveal how the fiscal strategy can change the feeding patterns.

2.4. Execution: Policy into Practice

The point of implementation defines policy success or failure. Governments are forced to finance programmes, impose laws and liaise across industries. The strategy of vaccination is a good illustration. By 2023, the COVID-19 vaccination agenda in the UK formed more than 150 million doses, resulting in declining hospitalisation and humanity (GOV UK, 2022). Nevertheless, I have also seen that high-income countries are getting vaccines earlier, and many low-income nations face a drawback, revealing health variations in the world.

2.5. Assessment and Policy Education

The evaluation tool assesses policy effectiveness on health outcomes and economic and behavioural data. As an instance, the UK smoke-free law of 2007 caused in an outstanding

reduction in the number of heart attack hospital entrance (Wu et al., 2025). However, anticipation policies can take years to show belongings, and so long-term capital is not politically easy.

3. Conclusion: Policy as a Powerful but Contested Tool.

The policy of public health is both political and systematic. Since the agenda setting is for evaluation, evidence competes with economics and ideology. The case studies, such as tobacco control, sugar taxation, and vaccination, demonstrate the strength of policy. I think that it is necessary to have equity-based, internationally collaborative policymaking.

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Blog Post 5 — Public Health Challenges: When Politics Shapes Health Policy

1. Introduction: When Health Meets Politics

As a specialist in the field of public health, I can regularly witness that policy is not governed by evidence, but rather by politics. Health policies are created in the context of ideology, economics, and power. Even the most evidence-based interventions are not accepted, stalled, or watered down when political priorities collide with population well-being.

2. Main Body

2.1. Clashing political considerations

The governments must strike a balance between health objectives and economic and electoral issues. As an example, obesity prevention policies often clash with fiscal and industrial interests. The Soft Drinks Industry Levy UK sugar tax is expected to reduce infant overweightness, but the question of whether to increase or reduce the tax remains a political matter (O’Sullivan, Daniel and Harris, 2023). The excise on sugary beverages may have prevented about 5,000 cases of obesity amongst girls by Year 6 (The Guardian, 2023). Thus, showing that health benefits can be realised when political will is combined with robust evidence on health.

UK sugar tax ‘prevents 5,000 cases of obesity in year 6 girls annually’

Reduction in obesity greatest among girls in deprived areas, study says, but no effect was found in year 6 boys



Figure 5: UK sugar tax stops obesity

(Source: The Guardian, 2023)

2.2. Business Benefits and Politicisation

One of the most important political obstacles is industry lobbying. Each day, each year, tobacco kills more than 7 million people worldwide and 80% of the biosphere 's 1.3 billion tobacco pests (World Health Organization, 2024). Nevertheless, the tobacco industry is not losing its power at all. I find that the policy implementation in places with strong lobbying power is weaker and slower.

2.3. Policy Framing

The political ideology influences the framing of health problems and solutions. Some conservative policy settings can focus on individual responsibility, and others on structural determinants. This tension is reflected in the repeal of a generational smoking ban in New Zealand (The Times of India, 2023). Initial legislation aimed to limit the sales of tobacco and thus save people's lives, but it was legally, politically, and economically overruled. This case demonstrates how ideological changes could quickly change the course of public health, irrespective of scientific opinion.

2.4. Implementation Inequalities

There is unequal implementation in cases where policies are passed. The outcomes are determined by resource allocation, governability, and local infrastructure. An example is smoke-free laws that cover billions of people in the world but are inconsistently enforced (Teed et al., 2024). Although there are more high-income countries that uphold strict compliance, it is observed that low- and middle-income settings are usually subject to monitoring and funding limitations. The indoor public place smoking policies reach 2.6 billion individuals in 79 countries worldwide, causing vast numbers of people to remain at risk (The Washington Post, 2025). I believe that policy success does not only rely on design but also on fair implementation.

2.5. Public Trust and Political Communication

The political mediation of trust in the public is an important factor in the uptake of the policy. Misrepresentation and biased communication may weaken compliance during a health disaster or the rollout of guidelines. Tobacco cautions, advertising bans, and package rules have reduced the smoking rate in world, from 22.3 in 2007 to 16.4 in 2023 (The Washington Post, 2025). In places of diminished trust, opposition is increased. I view communication strategy as political in nature as policy.

Tobacco report shows progress on anti-smoking policies worldwide

Some 2.6 billion people in 79 countries are covered by smoke-free policies in indoor public places, the WHO reports.

July 5, 2025

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Dozens of youth advocates rallied against Altria and its nicotine-based products outside the company's offices in Washington on May 16, 2024. (Marvin Joseph/The Washington Post)

Figure 6: Tobacco Reports

(Source: The Washington Post, 2025)

3. Conclusion

The political systems may facilitate and hinder the development of public health. The result is influenced by competing priorities, industry strength, ideology, unequal application, and social trust. I think that to promote health equity, I should be more politically involved, both advocating evidence-based policy and trying to find the politics of governance, power, and persuasion.

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