



Editorial on Prevention Care and Illness

Yusufu Singh*

Department of Oral Medicine and Surgery, University Kabul, Afghanistan

*Corresponding author: Yusufu Singh, Department of Oral Medicine and Surgery, University Kabul, Afghanistan, E-mail: yusufus@gmail.com

Received date: July 09, 2021; Accepted date: July 23, 2021; Published date: July 30, 2021

Citation: Singh Y (2021) Editorial on Prevention Care and Illness. J Health Care Prev 4: e103

Copyright: © 2021 Ssingh Y. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Preventive healthcare deals with the prevention of illness to decrease the burden of disease and associated risk factors. Preventive measures can be applied at all stages across the lifespan and along a disease spectrum, to prevent further decline over time. This article highlights the various levels of prevention, provides examples of preventive recommendations and discusses some of the debate within the disciplines of the population and public health. Chronic diseases are the leading cause of death and disability worldwide and are linked to increasing health costs. Preventative care is advocated as part of a population health approach and includes both clinical preventative services and screening tests. Identifying and preventing potential problems downstream is one strategy for controlling utilization and improving health outcomes. The primordial level of prevention is a population health approach characterized as the actions that are taken to prevent future hazards to health and to decrease those factors which are known to increase the risks of disease. The broad determinants of health are addressed rather than individual exposure to risk factors. Examples of primordial prevention initiatives include improving sanitation, promoting healthy lifestyles in childhood, and developing green energy approaches.

Primary prevention prevents the onset of chronic disease by reducing risk factors for development. One type of primary prevention is reducing risks through changes in either behaviour or exposure. Examples include reducing cardiovascular risk through lifestyle changes such as healthy eating and not smoking. Another form of primary prevention is to enhance resistance to exposure of disease through vaccinations like influenza and pneumonia vaccines, along with childhood vaccines. Some of these prevention techniques can be active involving individual participation and others are passive. Primary prevention generally has a focus on specific risk factors for certain diseases.

Secondary prevention involves the detection and treatment of pre-clinical changes. Screening procedures are often the first step, leading to early and more cost-effective interventions. The screening process is the combined responsibility of the individual and their healthcare providers, with an emphasis on patient engagement.

Prevention is the deterring of the development of a disease, or stopping the progression of a disease that has already begun. The separation of the roles of public health and medicine in the spectrum of disease prevention and treatment creates a lack of coordination in preventive care. For example, those in public health may view populations as all residents in a geographic area, whereas clinicians may view a population as only those that they have delivered care to, which blurs the line between the risk for disease and the disease itself, as well as between prevention and treatment. Integrated care is most necessary in scenarios where organizations are caring for patients who have complex needs. These patients often account for higher health costs as compared with healthy individuals. Many organizations are beginning to utilize bundled care approaches including payment models to develop and deliver care for specific high-needs populations those with specific chronic conditions including mental health.

More information on specific primary care - mental health integration efforts can be found here as well as a good discussion of macro level policy issues across four levels of primary care - mental health integration. Mental health services are often fragmented without appropriate supports in place for patients and families. Helpful tools for care providers include the Behavioural Health Integration Capacity Assessment and a discussion of how to enhance the coexisting general health and mental health care needs of patients with optimal efficiency and effectiveness. Older adults are another sub-population who may require a more integrated healthcare approach due to the acuity and complexity of conditions they may have. Addressing the needs of the frail elderly through a coordinated, multidisciplinary approach is required. Often, those with chronic conditions without adequate community support may present at the emergency department which can be detrimental from a cost and patient care perspective.

Acknowledgement

Researchers appreciate all the participants in this study for their cooperation during the data collection periods.

Conflict of Interest

Author has no conflict of Interest.