

A STUDY OF POPULATION HEALTH TRENDS AND RISK FACTORS DECIDING NEEDS FOR FOCUSED ARBITRATIONS IN INDIA.

Suneel Kumar¹, Dr. Junie Mary M²

Department of Nursing

^{1,2}Shri Venkateshwara University, Uttar Pradesh, (India)

ABSTRACT:

In health sector, India has made enormous strides over the past decades. According to a survey by the International Institute for Population Studies, in 2019, males had a life expectancy of 69.5 years and females had a life lifespan of 72 years. While in 2020 it was 67.5 & 69.8 years of the age, accordingly. According to current Stats of 2022 the life expectancy is 70.19 Years. Many diseases, such as polio, guinea worm disease, yaws, and tetanus, have been eradicated. Public health nursing assesses population-level health trends and risk factors, assisting in the development of intervention priorities. The main purpose of public health nurses was found in this study is to identify population-specific health trends and risk factors, as well as determining the need for targeted interventions. for the purpose of uncover issues which jeopardise a population's wellness or undertake aggressive responses, general wellness caretakers add towards frameworks for analyzing essential state of sickness markers, for example earth-caused ailments, vaccination levels, rates of infant mortality, & transferable infection episodes. The descriptive research method is used in this study. In this study survey data describe an agree/disagree opinion, with 79 responses agreeing, 68 strongly agreeing, 33 disagreeing, and 20 strongly disagreeing among 200 population sample. The consequences of current communicable and noncommunicable illness, or re-emerging and emerging illness growing burden, are being addressed by systems of health (Malaria, avian flu, SARS as well as the present H1N1 epidemic are all examples of drug-resistant tuberculosis.). Focused arbitration is important for population health care as it reduces the consequences of disease and damage, allowing people to return to their full potential.

INTRODUCTION:

1.1 RESEARCH BACKGROUND

There are numerous aspects that influence dietetics practice today and in the future. Changes Population fluctuations, chronic and Acute disease prevalence rates have shifted, health-care consumer trends, Economic conditions have changed which affect access to nutritious food, or variation in public policy always have an impact on dietetics demand and use. Although forecasting future trends can be challenging, existing data can be used to estimate the impact of these indicators. [1]. For a long time, the concept of health care as curing or treating individuals who have been effectively wiped off predominated over preventive care. Nonetheless, by the mid-nineteenth century, improved scientific understanding of disease transmission had enabled effective sanitation mediations that might prevent sickness on a large scale (7). in order to the WHO, India is one of the countries very afflicted by preventable deaths rising tide due to noncommunicable diseases, that represent for 60percent of all mortality worldwide. Chronic diseases are another term for non-communicable diseases. They last a long time and progress slowly in most cases. Cardiovascular disorders, malignancies,

chronic respiratory ailments, and diabetes are only a few examples. Non-communicable diseases do not pass from one person to another. (10)



Figure 1: Non-communicable diseases (NCDs) and their risk factors

Source: NCD, 2019 (16)

Metabolic risk factors

"Metabolic risk factors such as high blood pressure, blood sugar, and cholesterol, as well as unhealthy dietary habits and smoking, cause around 5.2 million premature deaths in India each year," stated D.K. Srinath Reddy, president of the PHFI and a member of the GBD Scientific Council. "Unless India quickly implements effective prevention efforts to address these risk factors, this trend will persist." [2]. general wellness caretakers add towards frameworks for analyzing essential state of sickness markers, for example earth-caused ailments, vaccination levels, rates of infant mortality, & transferable infection episodes for the purpose of uncover issues which jeopardise a population's wellness or undertake aggressive responses.

What Does a Public Health Nurse Do?

During a time when expanding scientific knowledge and public outcry against filthy urban living conditions paved the way for population-based, preventive health care, public health nursing established a unique nursing claim to fame.

The following are some of the roles of public health nurses:

- Establishing a rapport with patients and monitoring their development.
- Referring patients to other healthcare providers when necessary
- Observing community health trends
- Managing public health programme budgets

In contrast to direct patient care, which often focuses on a therapeutic emphasis, indicated that a major feature of public health philosophy is its focus on the health needs of communities rather than persons. [3]

The ultimate goal of population-based practice at all levels is to promote population health. Individuals and families within those populations known to be at risk may be targeted by Interventions in public health, which may be addressed at entire communities or systems that

impact them those populations' wellness, or individuals and the families that make up such populations known to be at risk. Interventions at each one of these levels of instruction contributes to the ultimate aim of boosting population health.. (15)

OBJECTIVES

To evaluate population-level risk factors and health trends but also deciding needs for focused intercessions.

SCOPE OF THE STUDY

To examine differential impacts associated with project participation, measure public health practise competency at baseline, identify characteristics associated with higher competency, document change in competency over 4 years, and document change in competency. The practise of public health nursing (PHN) is population-based and necessitates specialised knowledge, abilities, and skills.

Literature Review

Valentin Ritschl et al. 2020 (5) investigated how non-adherence to recommended therapies in persons includes musculoskeletal and rheumatic disorders could possibly be avoided, tested, managed and assessed, (RMDs). The summary with 38 SR on medicine, 29 SR on the non-pharmacological therapies, or 28 SR on project after evaluating 9908 titles. The included SR has a wide range of content and quality. There are about 700 elements that can influence adherence. Adherence is affected by a tiny but statistically significant influence was found in 54.7 percent of intervention studies, and each of the three multifaceted interventions, which included various patient education methods but also were offered by a range of health care professionals, yielded a favourable outcome in medication commitment. There was not one evaluation that gave medication or exercise commitment complete measure.

Maurcio, L. F. S. in 2017 (8) assessed control over one's own destiny the nurses' working processes organizational support and environment, as well as the interactions among nurses and physicians in crucial unit of care. The average age is 31.6 years and 3.9 months, with 80.2 percent of the participants being female, 68.5 percent Caucasians, or 71.6 percent working in acute unit of care. A nurses viewed autonomy (2.38 minus 0.64) or its interaction includes physicians (2.24 minus 0.62) as the workplace conditions qualities which encouraged working experiences. However, environmental control (2.78 $\pm$ 0.62) and organizational support (2.51 $\pm$ 0.54) were rated as negative. According to a professionals' outcomes on the Nursing Work Index in Brazil – Revised, no statistical group differences have been detected among a units. **Hessels, A. J 2015 (9)** studied that nurse omitted to deliver patient care that is required in large percentage (10 to 27%). The researchers wanted to see if there was a link among a nursing practise environments or nursing treatment was not provided in hospitals that specialise on acute care. The practice environment characteristics most strongly related with missed nursing care events were insufficient personnel and resources. Given the large relevant theory, increasing interest in nursing treatment was not provided concept, and a rising lot of researches illustrating a meaningful correlation among patient outcomes and nursing treatment was not provided or the nurse practitioner environment, there are still serious omissions. Missed nurse care is a growing issue that has a detrimental impact on sufferer result. There's certain

unanswered questions in people understanding of the elements that contribute to missing nursing care.

Muraleedharan et al. (2013)[4] believed that bad management is a distinct public service issue. The public health care programmes in Kerala and Tamil Nadu have continuously improved public health outcomes while expenditure per capita is average (or lower than average). The fact that many states have preserved a statutory dedication to provide first treatment for years, with some people preferring such programmes than medical center, distinguishes them. The above was supported by Administrators of district hospitals and basic health clinics receive specialised training. Similarly, the states of Andhra Pradesh, Madhya Pradesh and Gujarat also specialised training on risk factors and communicable illness for its public health management. These are some instances of best practices should be a gold standard, or state governments across the country need to do more. Furthermore, in the health sector, regular turnover of senior civil officials should be minimized to make it possible to hold system managers accountable for policy with extended lag times.

METHODS

The descriptive research method is used in this study which is a fact-finding study that incorporates proper and accurate interpretation of data, as is widely recognized. The closed-ended questionnaire was conducted for the survey. Data collection was done through mixed-methods i.e. primary data and secondary data collection methods. Primary data was collected through the closed-ended questionnaire through the survey. Secondary data were collected from the websites, existing reports and literatures.

RESULTS

The quantifiable tests were done with SPSS 15.0, a whole recognized actual coding application. Tables and Diagrams were created using Microsoft Excel and Microsoft word.

Opinion	population-level risk factors and health trends
Agree	68
Strongly Agree	59
Disagree	41
Strongly Disagree	32

Table 1: assessing population-level risk factors and health trends but also deciding needs for focused intercessions

A agree or disagree judgment is explained in this table of field research. where 68 responses agreed, 59 responses strongly agreed, 41 responses disagreed, and 32 responses strongly disagreed.

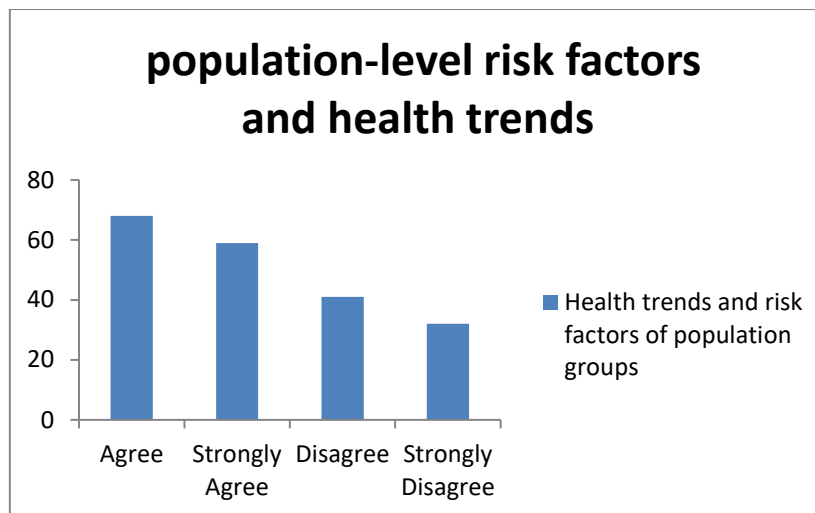


Figure 1: assessing population-level risk factors and health trends but also deciding needs for focused intercessions

Opinion	Number of respondent
Agree	79
Strongly Agree	68
Disagree	33
Strongly Disagree	20

Table 2: Community health nursing is a branch of nursing that focuses on community health issues.

A agree or disagree judgment is explained in this table of field research. Where 79 responses agreed, 68 responses strongly agreed, 33 responses disagreed, and 20 responses strongly disagreed.

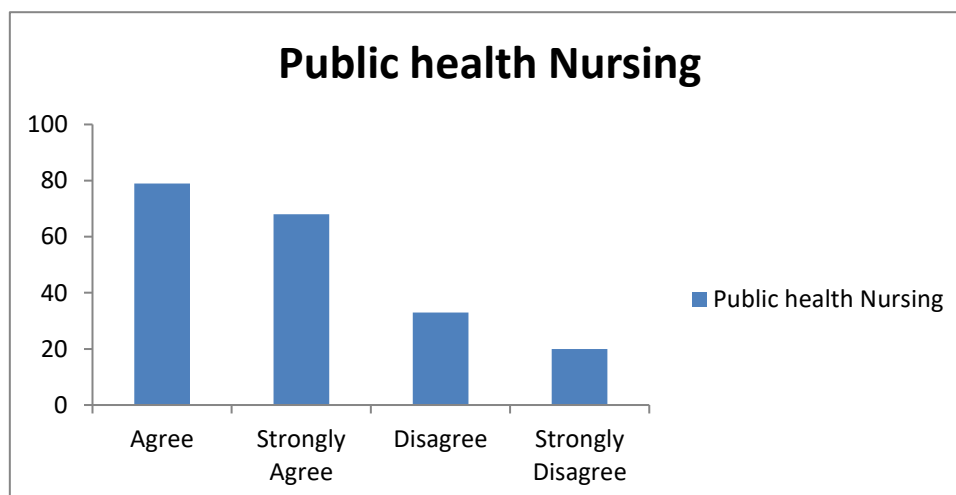


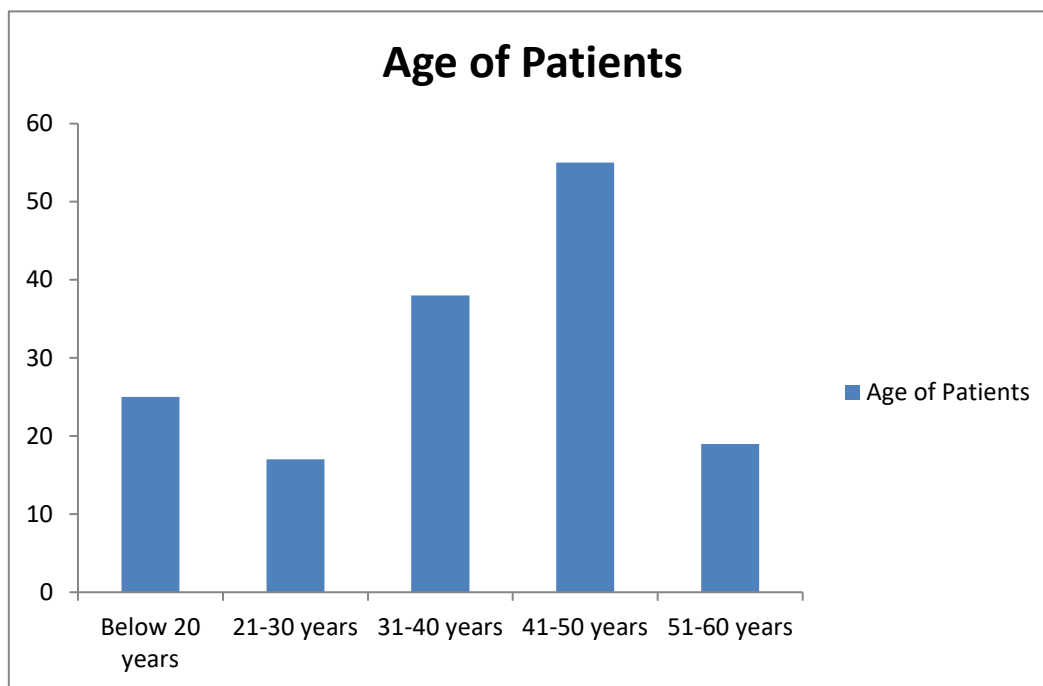
Figure 2: Community health nursing is a branch of nursing that focuses on community health issues.

Age	No. of respondent
Below to 20 years	25
21-30 years	17
31-40 years	38

41-50 years	55
51-60 years	65

Table 3: Age of Patients

This table and survey research explain the age of patient, 25 responses agreed to be of age below 20 years, 17 responses agreed to be of age from 21-30 years, 38 responses agreed to be of age from 31-40 years, 55 responses agreed to be of age from 41-50 years, and rest of responses agreed to be of age from 51-60 years.

**Figure 3: Age of Patients**

Opinion	No. of respondent
Certificate	48
Diploma	66
Degree	39
Master's	28
Doctorate	19

Table 4: Highest level of education in nursing

This table and survey research explain education level of nursing, 48 responses have a certification, there are 66 responses who have a diploma, there are 39 responses who have a nursing degree, there are 28 responses who have a master's degree, and rest of responses have a doctorate degree.

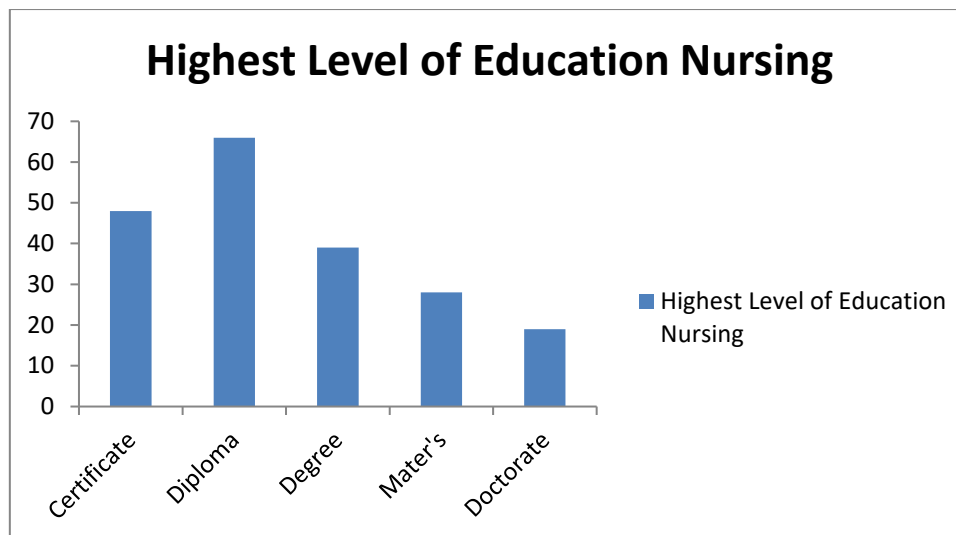


Figure 4: Highest Level of Education Nursing

Discussion

The finding in this study showed about the survey statistics that how 79 responses agreeing, 68 strongly agreeing, 33 disagreeing, and 20 strongly disagreeing among a population sample of 200 people in assessing population-level risk factors and health trends but also deciding needs for focused intercessions. Our study is in concordance with earlier reports on PHN, a study of Gujarat, by Sharma B et al. 2010 and another study on risk factors by Sachan N et al. 2021 in Uttar Pradesh. .

Conclusion:

Non-communicable diseases (NCDs) cannot be stopped by simply treating the sick; healthy people must be safeguarded by addressing the core causes. To minimize mortality from NCDs, India should focus on reducing the major risk factors. As a result, addressing the risk factors will not only save lives but also provide a significant boost to the country's economic development. The study has identified population-specific health trends and risk factors, as well as determined the need for targeted interventions.

REFERENCES

1. Haughton, B., & Stang, J. (2012). Population risk factors and trends in health care and public policy. *Journal of the Academy of Nutrition and Dietetics*, 112(3), S35-S46.
2. Lawn, J. E., Blencowe, H., Waiswa, P., Amouzou, A., Mathers, C., Hogan, D., & Draper, E. S. (2016). Stillbirths: rates, risk factors, and acceleration towards 2030. *The Lancet*, 387(10018), 587-603.
3. Zárate-Grajales, R.A.; Salcedo-Alvarez, R.A. La migración, un riesgo potencial para la escasez de enfermeras en México (Migration: a potential risk for the scarcity of nurses in Mexico). In *Educación y Salud en los Migrantes México – Estados Unidos*; Campos y Covarrubias, G., Ed.; UNAM: Ciudad de México, México, 2009; pp. 125-141.
4. Muraleedharan, V.R., U. Dash and L. Gilson (2013), "Tamil Nadu 1980s-2005: A Success Story in India", Chapter 6 in *Good Health at Low Cost, 25 years on*, London School of Hygiene and Tropical Medicine, <http://ghlc.lshtm.ac.uk/>
5. Ritschl, V., Stamm, T. A., Aletaha, D., Bijlsma, J. W., Böhm, P., Dragoi, R., ... & de Thurah, A. (2020). Prevention, screening, assessing and managing of non-adherent

- behaviour in people with rheumatic and musculoskeletal diseases: systematic reviews informing the 2020 EULAR points to consider. *RMD open*, 6(3), e001432.
6. Mauricio, L. F. S., Okuno, M. F. P., Campanharo, C. R. V., Lopes, M. C. B. T., Belasco, A. G. S., & Batista, R. E. A. (2017). Professional nursing practice in critical units: assessment of work environment characteristics. *Revista latino-americana de enfermagem*, 25.
 7. Valdiserri, R. O., & Sullivan, P. S. (2018). Data visualization promotes sound public health practice: the AIDSvu example. *AIDS Education and Prevention*, 30(1), 26-34.
 8. Mauricio, L. F. S., Okuno, M. F. P., Campanharo, C. R. V., Lopes, M. C. B. T., Belasco, A. G. S., & Batista, R. E. A. (2017). Professional nursing practice in critical units: assessment of work environment characteristics. *Revista latino-americana de enfermagem*, 25.
 9. Hessels, A. J., Flynn, L., Cimiotti, J. P., Cadmus, E., & Gershon, R. R. (2015). The impact of the nursing practice environment on missed nursing care. *Clinical nursing studies*, 3(4), 60.
 10. <https://www.indushealthplus.com/health-statistics-of-india.html>
 11. Chaturvedi, V., Parakh, N., Seth, S., Bhargava, B., Ramakrishnan, S., Roy, A., ... & Prasad, S. (2016). Heart failure in India: the INDUS (INDia ukieri study) study. *Journal of the Practice of Cardiovascular Sciences*, 2(1), 28-35.
 12. Reddy, K. S., Patel, V., Jha, P., Paul, V. K., Kumar, A. S., Dandona, L., & Lancet India Group for Universal Healthcare. (2011). Towards achievement of universal health care in India by 2020: a call to action. *The Lancet*, 377(9767), 760-768.
 13. Curry, . (2005). The Future of the Public's Health in the 21st Century. *Generations*, 29(2), 82'
 14. Keller, L. O., Strohschein, S., Schaffer, M. A., & Lia-Hoagberg, B. (2004). Population-based public health interventions: Innovations in practice, teaching, and management. Part II. *Public Health Nursing*, 21(5), 469-487. <https://www.nhp.gov.in/healthyliving/ncd2019>.
 15. Sachan N, Srivastava DK, Jain P, Singh SK, Mahima, Shukla SK. Prevalence of complications of Type 2 Diabetes Mellitus and its association with different risk factors in Urban Etawah, Uttar Pradesh. *Indian J Community Health* [Internet]. 2021 Dec. 31 [cited 2022 Jan. 25];33(4):597-602. Available from: <https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/2272>
 16. Sharma, Bharati, Sweta Roy, Dileep Mavalankar, Pallavi Ranjan and Poonam Trivedi. 2010. „The Role of the District Public Health Nurses: A Study from Gujarat“. www.iimahd.ernet.in/publications/data/2010-02-04Sharma.pdf. Accessed on 04-08-2010. (PDF) M P RA Study on workload of public health nurses and other women health workers. Available from: https://www.researchgate.net/publication/267204383_M_P_RA_Study_on_workload_of_public_health_nurses_and_other_women_health_workers [accessed Jan 26 2022].