Strategies of public health

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Community strategies
- Conducted community campaigns
- Improve access to the outdoor facilities for recreations
- Community coalition’s participation or partnerships to address obesity
- To enhance & access for physical activity combined with the informational activities
- To enhance the community or urban design and land use policies
- To improve the infrastructure in support of walking and wheeling
- To improve & access the public transportation
- To enhance the personal safety.

Worksite strategies
- Enhance obesity prevention and control programs (fitness programs like Exercise, Yoga, etc.)
- Group activities led by trained personnel
- Incentives and competitions in work.

Individual behavioural strategies
- Individually-adapted health behaviour change programs
- To reduce technology-supported multicomponent coaching or counselling
- To maintain weight loss
- Primary prevention services for nutrition and physical activity based on population

School/Parent-based strategies
- Enhance physical education in schools
- Increase the amount of physical education programs
- Increase opportunities for extracurricular activities
- Reduce screen time in public service, and also among the children

Public venue nutrition strategies
- Increasing the availability and affordability of healthy foods and beverages
- Improve the availability of purchasing foods mechanism from co-ops and local farms
- Availability of less healthy foods and beverages restrictions
- Reduce smaller portion size options in public venues

Advertisements of less healthy foods and beverages should be limited
Depress the consumption of sugar-sweetened beverages.

Information strategies
- Provide individuals information and tools to make healthy choices
- Coordination and integration of clinical, behavioural enhancement
- Health strategies (increasing health quality)

Community-based strategies
- Combine mass-reach health communication interventions and other interventions
- Combine Mobilize communities and additional interventions
- Incentives and competitions to decrease smoking and combine with the additional interventions
- Reduce tobacco use among staff

Clinic-based strategies
- Provides reminder systems for tobacco screening and counselling combined with provider and client education
- Provides screen for tobacco use and provide cessation interventions, and reduce the client out-of-pocket cost effective for cessation therapies.

Device-based strategies
- Mobile phone-based cessation interventions
- Multi-component interventions including support of telephone client
- Tobacco control programs, and other online interventions

Cardiovascular Disease, Hypertension, and Diabetes Strategies

Individual behavioral strategies
Enhance clinical-based primary prevention services for chronic diseases

Cardiovascular disease
- CDSS (Clinical decision-support systems)
- Interventions engaging community health workers
- Reducing the out-of-pocket costs for cardiovascular disease preventive services for patients with high blood pressure and high cholesterol
- Improve team-based care to control blood pressure
• Self- monitoring blood pressure (alone and additional support)

**Hypertension, high cholesterol**
• Engage community health workers to screen for high cholesterol and blood pressure and provide health education
• Reach out individuals and to their families for medical services and help them to apply for services who are eligible
• provide proactive client follow-up and monitoring (appointment reminders and home visits)
• Improve in the coordination of care and support for patients
• Help individuals and their families to navigate medical service systems and processes to increase their access to care
• Facilitate self-directed change and community development.

**Diabetes**
• Combined physical activity and diet control programs to prevent Type 2 Diabetes among the individuals who are at risk
• Case management interventions to improve glycemic control
• Disease management programs
• Self-management education at gathering places (adults with Type 2 Diabetes); self-management education at home (both children and adolescents with Type 1 Diabetes).

**Informational strategies**
• Enhance clinical integration and coordination
• Behavioral and complementary health strategies (health-related quality), and provide individuals with information and tools to make healthy choices.

**Health systems level/organizational strategies**
• Utilize team-based care interventions to facilitate communication and coordination of care support among various team members
• Enhance the use of evidence-based guidelines by team members
• Establish regular structured follow-up mechanisms to monitor patients' progress and schedule additional visits needed, and actively engage patients in their own care by providing them with education about hypertension medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change).

**Oral health strategies**
School-based strategies: Sealant delivery programs of oral health.

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