

**Mini Review***Copyright © All rights are reserved by Jedrzejczyk Tadeusz*

How Can Advocacy in Public Health Be Adopted to Fill the Rising Gap Between Policy and Knowledge?

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The objectives of public health are based on two main pillars. One is understanding the health determinants of the population, and the second is using that knowledge to improve nations' health via effective, organized and population-targeted interventions. One of the most effective interventions is changing regulations, which, as a result, involves transforming used technology, peoples' literacy, behavior or other risk factors and leading to more years of life in health. The evidence-based criterion of the proposed change of law is based on the highest quality, unbiased and verified proofs. Managing change is occurring in a given social, economic, cultural and technological context, which is, to some extent, detached from the assumption-based, more theoretical world of scholars' discussions and reasoning. The main reason for such a picture is the very rapid increase in our knowledge, as that arrives from research and is supported by improved methodology. The knowledge to be implemented as advocacy intervention requires three steps: good-quality peer review along with feasibility studies, knowledge translation and political will to be implemented [1].

The gap between expertise, science-based knowledge, which includes public health, and practical decision-making rationale is inevitable and persistent.

Performance

The COVID-19 pandemic was associated with a healthier lifestyle shift across most countries [2]. This can be explained by the deterministic character of lifestyle, where a variety of factors strongly influence healthy or unhealthy behaviors [3]. The main

pattern can be described as follows: the perceived risk of the disease was associated with general health and how it can be improved. Additionally, a substantial part of the population was granted "free time", which helped to practice such a positive change. The effect of the pandemic is most likely limited, and the possibility of further significant improvement in future thanks to that effect is close to zero.

Advocacy in public health can be described as formulating valid opinions for legislative bodies while they are proceeding with a project of new regulations and delivering proposals, which should presumably be based on evidence for newly needed ones and is one of the ways of practice in the field. The translational aspect is the effect of two stages. The first is to explain the results and their limitations, which can be followed by audiences beyond the universities' milieu. The latter conceptualizes a real action plan that can bring ideas from the graph of scientific papers into action. The second stage requires both interdisciplinary knowledge and additional resources. The main obstacle is the arising absence of such an attitude in the political agenda. The notion is generally accurate not only for decisions labeled as "populist". The evolution of the relationship between scientific knowledge and policy formulation is going even further than just ignoring the results of research. More and more often, science and its people become directly or indirectly blamed as the part of elites, whose only agenda is to achieve their own goals [4].

Public health is in a more peculiar position than most of the scientific branches. The lack of direct commercialization of the

research is because there is very little room for the investors' spectrum of interest that can be exchanged to any benefits based on the findings. Quite an opposite: the conclusions from the papers usually contradict one or more branches of business marketing strategies. Although the leveled effect of public health intervention means benefits for most of the population, as measured by health and life indexes, along with general economic profits for the vast majority of enterprises, there are still minorities from the perspective of losses. As confirmed by a number of psychological studies on the power of given incentives, public health practitioners are facing stronger opposition than support for proposed actions [5]. Technological aspects provide additional insights into the systematic obstacles to public health initiatives. The new tools emerging from social media and AI technologies brought new opportunities and effectiveness by building a vision of the given product or services most desirable [6]. That is, in parallel, valid in another "P" in the marketing objective scheme, new products and services are evolving into new forms, which are often used as an excuse to cause less health damage for consumers.

Public health campaigns, which are targeted for a variety of lifestyle factors, are crossed and frequently fail with much more advanced and efficient messages such as "harmless" vaping, "safe" pain relief or snacks "without calories". The weaker the campaign is, the longer the delay of new government regulation, which can curb the most dangerous sorts of marketing P-s. The list of new products and services is long, and only a fraction of them is scrutinized properly and undergo healthy risk assessment. Additionally, the way marketing is evolving does not seem to solve old problems and rather gives them new, more arduous to control via necessarily reinvented harm-reducing legislation, as it can be observed in e-gambling [7].

A liberal political agenda is attractive for voters and is obviously the prime reason for passing new regulations. When negative social and medical outcomes develop and become undeniable, some of them return to the stage of increasing support for stricter regulation. This can be observed in the gun control debate in the USA or alcohol commerce regulation in Europe. There are first attempts to rethink the legislation that led to the lax control of marijuana products [8]. However, the pattern of the current opioid crisis is more complex. It has started not from criminal roots economically based on illegal substance trade but rather from corrupting the official, strictly regulated professional medical and pharmaceutical ecosystem. A conspicuous picture of a given public health problem is the use of a rationale for change, but this means that a crisis that is longer in the shadow of a more spectacular disaster is more likely to be unnoticed until it reaches the same breaking point.

Conclusion

Public health scholars, practitioners and professional and volunteer supporters are seeking new ways to support people who

are exposed to a variety of societal environmental threats and are in real danger of new waves of threats.

The predominant assumption that should be explicitly explained and investigated is the relationship between the general population view with regard to individualistic and collective approaches, a more adequate explanation of politicians and decision-makers and the complexity of the effects of business lobbying.

Further professionalization of effective public health advocacy requires redefining apportionment of several functions across the process: experts' assessment, analysis and formulation of multisectoral consensus, translation and popularization of result, gaining public support, PR, and building coalition for change. Last but not least is including advanced and updated advocacy both in public health curricula and as important part of social responsibility policies of our universities.

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Conflict of Interest

No conflict of interest

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