



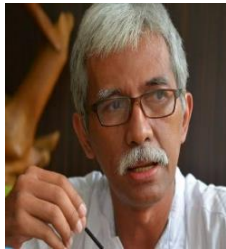
Optimizing Health Leadership in Early Prevention Efforts in Village Communities: Review of Public Health Database



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Abstract

This study aims to optimize health leadership in preventing COVID-19 from an early age in the village. The author believes that health status is determined by treatment; prevention can be more effective and efficient. We collect public health literature from many databases of public health publications. We start from the journal Elsevier, Medpub, Google Book, and several websites that discuss public health issues at home and abroad. We are targeting based data published in the last ten years to find the latest data and validity. The research involves a data coding system, high evaluation, and conclusion drawing to be able to answer research questions with high reliability. We conclude that health leadership is characteristic of how medical roles lead people to health. Value health and maintain it until community members find physical and mental health. The medical team minimizes stress by communicating openly and creating a healthy and safe environment for its citizens' creative thinking and expression. These results are helpful for the development of literature and public health applications.

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1 Introduction

Achieving health status for all citizens is one of the national development programs that continues to be sustainable (Ipa et al., 2020). One of the health programs that must be implemented is improving health status through good nutrition, adequate health services, and health education for rural communities (Katon, 2003). A better step is to motivate the community to be vigilant and preventive using empowerment, but here the optimization factor is often a problem (Masita et al., 2017). For this reason, the government needs to take an approach to understand the general conditions, both potential and problems in each community unit in the village. In other words, the government must try to identify general conditions in a village and ensure strategic environmental conditions at the population level, human resources, natural resources, and other potentials so that they can seek prevention and control through policy actions that have a high level of leadership (Sulaeman et al., 2015).

For every citizen to remain healthy and productive, the government can sustainably provide comprehensive services in all cities and villages so that the community can be prevented from various diseases and outbreaks (Kustiwan & Ramadhan, 2019). Most infections occur in people aged between 15 to 50 years which is a very productive age in terms of the continuity of the individual life series of rural communities from attacks of dangerous diseases (Sinaga & SKM, 2015). Tuberculosis is one of the diseases that must be wary of which has made mistakes from the government in handling it; in this case, women must reduce the disease because it is a priority rather than controlling infectious diseases. The Ministry of Health continues to intensify the innovation of various national strategies to increase access to health for all citizens, especially in rural and remote villages (Argadikoesoema, 2019).

The Indonesian government has compiled a work program map to control infectious diseases such as leprosy towards elimination at the provincial, city, and village levels (Amiruddin, 2013). This strategic program can be implemented by maximizing the government's leadership role in communities in villages and remote areas. There are still many provinces in Indonesia that are categorized as having received treatment or prevention. The health needs of the Indonesian people are addressed by maximizing covered work programs such as leadership for prevention or prevention at risk through detection of communication and education barriers that currently have not become severe (Ali, 2015). Other infectious diseases such as filariasis and helminthiasis are still public health problems in tropical and subtropical countries, including Indonesia. The government has made various efforts to detect early and anticipate through village health programs and schools where students will get maximum free treatment (Emilia & Prabandari, 2019). The immunization program is related to efforts to reduce the number of patients who die from this infectious disease by giving immunizations (Ramadhani, 2016). This immunity-boosting vaccination program has been carried out nationally as part of the Ministry of Health's work program and works to prevent illness, disability, and death in children and adults from diseases that can be avoided through immunization. This free program is a government initiative that operates within the context of a broader health policy framework. Death from this disease has become a global concern and is a global commitment followed by all countries, namely eradicating polio (Astuti & Pakpahan, 2016). Next are infectious diseases that can become epidemics and cause public health emergencies; and non-communicable diseases, including heart stroke, hypertension, diabetes, cancer, lung disease, and several diseases that increase mortality due to not getting services the like (Nurhalimah, 2020; Leigh-Hunt et al., 2017).

2 Materials and Methods

This paper aimed to dedicate the role of health leadership in preventing disease in the community in the village from an early age. Researchers believe that human health is determined by treatment efforts and

preventive measures as early as possible that are more successful and efficient (Mekarisce, 2020). For this reason, this article first conducts an initial literature search on public health from various databases of health publications and public education publications (Petersen et al., 2004). We started with Elsevier, Medpub, Google Book, and several websites discussing public health issues at home and abroad. We searched data released between 2010 and 2021 to find more recent and high validity data. To answer research questions with high reliability, we process this qualitative research method, among others, with a data coding system, in-depth assessment, and drawing conclusions that answer the questions of this study. Based on the results and data analysis (Adhabi & Anozie, 2017).

3 Results and Discussions

Health leadership in pandemics

The COVID-19 phenomenon has provided extraordinary freedom for the crisis office to provide initiatives in the event of a pandemic (Rullo, 2021; Putra et al., 2020; Nugraha et al., 2021). There are two general outcomes that we can anticipate from the crisis office's pandemic administration efforts. On the one hand, staff will feel respected, educated, and prepared to deal with the current and future difficulties of working in the ER; on the other hand, there may be distrust in the capacity of administrative groups to navigate tempests (Thomson and Ip, 2020). The COVID-19 disease has established individual freedoms for the crisis office to provide initiatives in the event of a pandemic. There are two general outcomes that we can anticipate from the efforts of the crisis office pandemic authorities. To some extent, staff will feel fearlessly prepared to face current and future difficulties working in the ER. On the other hand, there may be distrust in the capacity of authority groups to explore tempests (Ahrne et al., 2016).

Participation and correspondence authority

With ED volumes largely declining, this could be an important opportunity to have specialists who are not burdened by the clinical obligation to take on new jobs at this time (Absolom et al., 2011). A significant barrier to selecting volunteers is often hesitancy to ask individuals to contribute. There may be a negligible capacity to bear a firm belief in physician independence when the well-being of staff and patients depends on everyone playing by the same guidelines (Rao et al., 2010). ED pioneers should know that everyone is watching us check our response to the COVID-19 pandemic. Screen tone, attitude, and what data is conveyed while remaining credible. A sound pioneer should not lie and be honest as expected, but that does not mean constantly telling everyone everything (Sachs, 2012).

With departmental rounds and meetings seriously canceled or cut short, explore different avenues for sharing data. The online stage can be used to have an extraordinary COVID-19 organized city center (Van et al., 2020). Specialists and moderators can cover executive flight routes and individual defense equipment wear/disposal via live and field recordings. List the next person in control if the Head or other department pioneer turns out to be sick or needs to self-quarantine (Cianetti et al., 2020; Widana et al., 2021). Pioneers must monitor their needs for rest, exercise, and food and keep up with family and social interactions, regardless of whether they are generally practiced. To stay positive and engaging, we need a deep sense of direction and find significance in our work, and pride in our reactions. How we present ourselves as pioneers during these emergencies is one thing within our control, but we can only choose how we react (Hossain & Clatty, 2021).

Early prevention in the community

The issue of public health in the village implies various things for various individuals with their various problems. For this study, there is a strong reason that it is characterized as every individual contact who shares geographic space, interests, goals, or history will potentially contract the disease (Nazzal et al., 2014). People offer various potential foci for countermeasures and are often considered an encompassing, proximal, and complete construct. Local area-based measures include individuals from the local area affected in the

procedures, progress, implementation, and assessment of preventive programs and methodologies. While government programs may be halfway through, mobilization is exhausting to generate local support. An illustration of the local area set methodology is the diabetes management program run within the organization with all regions (Bitsko et al., 2016).

The local area gathers anticipatory intercession concerning the welfare of the people and can cope with changes in the social and actual climate. They can include cross-sectoral activities, showcase village area support and strengthening, highlight arrangements, or incorporate protection and prevention framework approaches. A person who purchases a Stairmaster and uses it at home also participates in a nonclinical, but not region-based, anticipatory program (Reavley & Jorm, 2010). The intersectoral organization is an essential cycle in which changes in key determinants of well-being can occur. The government should include different areas (e.g., tax assessment, instruction, transportation) in projects and arrangements to develop rural communities' welfare further. The report on establishing medicine suggested the closest regulatory measures featured on the design and work of prevention, health promotion, and community health councils in rural villages across the region (Nader et al., 2012).

The government's commitment to the village community is constant for effective preventive mediation but know that it is by no means a panacea. Usually, the "noisy wheels" last and deliver the day if they are agents (Douglass & Clark, 2015). It has been shown that strengthening aggregates empowers networks to identify health issues better and address issues addressing them. Village community-based coping efforts accommodate a combination of mediation that empowers and supports behavior and social change in the village by people and associations to achieve effective public health welfare outcomes (Welsh et al., 2010). They also incorporate many different areas and levels, as well as broad statewide communications and nearby intercession. The health framework approach to government response efforts is the main component discussed in this paper (Adhikari et al., 2020).

Community history preventive

Continuing illness and injury have replaced infectious infections as a significant source of illness and death in the United States (Deeks et al., 2013). Initial efforts to control these diseases are focused on local environmental-based preventive measures that lead to efforts to maintain clean houses, sterile inns and rooms, and rules for working in the daily environment (Surya, 2018). In 1974 Marc Lalonde, Canadian Minister of Health and National Welfare, introduced a white paper that propagated that well-being is influenced by climate, way of life, citizen science, and medical care associations. Haryono (2013), proposed a welfare system that describes how individuals' attributes and nature affect well-being related to personal satisfaction. Overview of significant determinants of well-being, including pathophysiological pathways, social connections, everyday environment, environment and networks, establishment, and social and financial approaches (Desan et al., 2011). In 2002, IOM's report *The Future of the Public's Health* developed another model that introduces a biological perspective on the determinants of health well-being in rural communities (Russ et al., 2014).

Behavior circle

A model for local area-based anticipation goes beyond efforts to expand vaccination inclusion for poliomyelitis insurance and mass evaluation for disease and tuberculosis (Garuda, 2018). The Health Belief Model is a mental model created from a rural area screening and inoculation program. This turned out to be part of a local district intermediary model that provides a manual for managing the broad communications section for individual enrollment for screening or vaccination in district programs (Jacob et al., 2020; Killgore et al., 2020). During the 1970s and 1980s, the rules of cooperation evolved from those underlining the age of local support for mid-way managed projects to standards including local districts in programming (Pertwi, 2014). The first introduction demonstrated a reduction in the commonality of behavioral risk factors associated with cardiovascular disease (CVD) located in clinical settings.

According to Fatmawati (2021), local area-based ways to deal with hazard factors are undoubtedly clinical methodologies, which will generally be aimed at people who can afford and seek clinical administration. Local area-based countermeasures projects can affect natural and social conditions that clinical administration

cannot. These components are shaped by ecological conditions that are not really under the direct control of people or their doctors (Bogner, 2018).

Approach implementation

Village area-based anticipatory projects and strategies can be carried out in the workplace, school, family, and network. Some settings (e.g., schools) provide hostage pools of identifiable persons who can be reached effectively by mediation (Thorn et al., 2015). The unmistakable models are the ban on smoking in the workplace and the development of bicycle lanes in metropolitan areas. Local area-based countermeasures programs that combine these four methodologies can provide a comprehensive framework for change and impact on communities. The primary collection of procedures relies on a biological model of general welfare mediation. Different models of nature have been created that consolidate ideas, for example, assets, social environment, course of existence and learning cycles, and social settings of rural communities (Harrison et al., 2016).

Public well-being advancement

The anticipatory effect builds awareness, information, and individual mentality about persistent disease risk variables and lifestyle. Awareness and character change programs in public health education have gradually taken on the standard of social advertising (Garland et al., 2010). Social displays are considered as “a cycle to influence human behavior to a considerable extent, utilizing standardized advertising with the ultimate goal of benefiting a healthy culture” (Shonkoff & Garner, 2012). In general, healthy social promotion has been conceptualized as an approach to dealing with individual barriers and directing small associations in rural areas. The regular basis for dividing an ideal interest group combines mentality, practice, socioeconomic, study of disease transmission, geology, psychographics, intentions, benefits sought, and a preparation phase for change (Pratiwi et al., 2012; Carchi et al., 2021). Social advertising procedures have shown promising results in empowering exercise, further developing eating routines, and being less likely to abuse substances (Siewchaisakul et al., 2020).

Welfare progress conceptualizes well-being due to ordinary life and proposes general welfare practices' values and standards (Prasetyo & Arifin, 2018). The core values for promoting welfare advancement should be “involving, participatory, all-encompassing, cross-sectoral, balanced, practical and multi-procedural” (Rodiah et al., 2018). The outcomes of increased well-being include health skills, social activities and activations, official change, and good public regulation. Efforts to socialize the benefits of seat belts are prepared by setting straightforward guidelines to provide sanctions for travelers who do not lock their vehicles (Wagner et al., 2010). For example, laws restricting bicycles on certain streets may be repealed if bicycle lanes and sidewalks are developed. During the second half of the twentieth century, the long progress in tobacco law offers an overview of all the diverse regulatory approaches used together (Mansfield, 2012; Ningsih et al., 2021)). A good example is public welfare promotion work for a metropolitan structuring model that opens the door more open to active transport. A different model can be found in the IOM report for Public Health: Revitalizing Laws and Policies to Meet New Challenges (Burriss et al., 2012).

Community health in the village

The state of health of rural communities implies various things for different individuals in various cultural settings. For the reasons of this study, a village area is characterized as any community gathering that shares geographic space, interests, goals, or history (H Hermanto Suaib, 2017). A community group offers the potential for pooling assets and coordinated efforts among local area-based associations. Some are state associations and public associations that can channel assets to them. Local area-based actions include individuals from the local area affected in setting up, progressing, implementing, and assessing projects and systems. While the program may be halfway through, mobilization is exhausting to generate local support. An illustration of the local area put approach is the diabetes avoidance program implemented in collaboration across Indonesia (Fazri, 2013).

Village-based anticipation

Rural areas gather anticipatory intercession concerning the health welfare of the population and can cope with changes in the social and actual climate of the people (Askhori, 2021). Those in the village can include cross-sectoral activities, spiritual support, local area strengthening, stress management, or a cultural framework approach. Evidence has shown that rural social qualities such as financial status, social attachment, social capital, and friendship networks are related to health, welfare, and prosperity (Lestari, 2016). Welfare in all ways strategies to deal with social determinants of health welfare urge the government to remember the various areas for projects and approaches to develop the welfare of the population further are persuasive. Most of the social and natural factors that determine the population's well-being are outside the effective range of the welfare area. The IOM report examines the work of different laws and arrangements on general welfare (Migrasi, 2010). The report supports the government's ability to improve the welfare and health of the population and provides an example of joint efforts at the environmental, state, and government levels through disclosure of infectious disease prevention readiness.

Illness anticipation behavior

A model for regional-based anticipation is evolving beyond attempts to establish vaccination inclusion for poliomyelitis insurance and mass evaluation for malignancy and tuberculosis (Colombo et al., 2012). The health belief model is essentially a mental model created from local screening and vaccination programs. This turned out to be part of the community area intermediary model, which guides organizing broad communication sections for citizen registration for screening or inoculation in rural and urban area programs (Gartner, 2011). During the 1970s and 1980s, the standard of cooperation increased from emphasizing regional support for health and disease prevention projects that were arranged midway to a rule for involving communities in programming. The main introduction showing the predominance of behavioral risk factors associated with cardiovascular disease is government paramedic settings (Okoh, 2021).

Approaching the health of villagers

Local area-based anticipatory projects can create framework changes that are far-reaching and that demonstrate a critical and robust impact on a population. This section investigates four classes of such efforts (Jefferies, 2018) environmental methodologies, social advertising and general welfare instruction, welfare advancement, and strategy change. Different models of nature have been created that consolidate ideas such as assets, social environment, courses of existence and learning cycles, and social settings. Social and school promotion are procedures that try to change individual information about well-being, hazard variables, and determinants (Kelly & Lawrence, 2013). Intercession of avoidance tries to build an individual's awareness, information, and mentality about the elements of the perpetual danger of illness and a way of life. Awareness and behavior change programs in public welfare schools have increasingly embraced social performance standards (Kelly & Lawrence, 2013).

Changes in health progress

Welfare advancement conceptualizes well-being as an outcome of ordinary life and proposes qualities and standards for general welfare practice (Hastuti et al., 2021). The core values for promoting welfare advancement are that they must be "involving, participatory, all-encompassing, cross-sectoral, equitable, practical and multi-procedural" (Sanders, 2012). The outcomes of welfare advancement incorporate welfare education, social activities and gatherings, change hierarchy, and an excellent public approach. Efforts to disseminate information about the benefits of seat belts are prepared for legal institutions to impose sanctions on travelers who do not lock vehicles (Honey-Rosés et al., 2020). The fifth type of activity, liberation, is the relaxation of the law in light of legitimate concerns for the general welfare. For example, laws restricting bicycles on certain streets may be repealed if bicycle lanes and sidewalks are developed on those streets (Nelson & Prilleltensky, 2010). Strategy creation is best thought of as a unique interaction spanning various

stages in an iterative cycle. Other freedoms to influence the interaction approach introduce themselves at different stages in the cycle. General welfare enters the planning phase of public strategy measures, linking everyday items or environments to welfare outcomes (Sharma & Sharma, 2013).

4 Conclusion

This section will summarize the essence of the findings and the process of a community health study that aims to discuss the role of health leadership in preventing disease in rural communities from an early age. Researchers believe that treatment efforts determine human health, but preventive measures are more successful and efficient as early as possible. The following we can describe the essence of the findings of the discussion in the results section of this study; how is health leadership in pandemic carried out, government participation and correspondence is very potential, early prevention in the community is a perfect approach, community history prevention is a significant effort to take, then it is also essential for medical models to imitate good healthy behavior, approach implementation is a reasonable effort, public well-being advancement is the way to be optimized, community health in the village is the spearhead of national health maintenance, village-based anticipation is also something that needs to be continued, approaching the health of villagers and changes in health progress. Thus, we hope that these findings will serve as material for enriching public health studies in the future.

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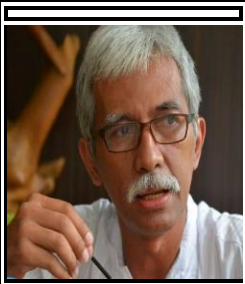




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