

Disease Burden and Design Successful Cancer Control and Prevention

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Description

Colorectal cancer is unquestionably not a Western or American phenomenon. Colorectal cancer has a profound impact on many nations' public health and touches lives on every continent. Due to differences in data availability, comparing epidemiology between nations can be challenging. Nonetheless, these comparisons can help nations comprehend their own disease burden and design effective cancer control and prevention strategies. There is cause for optimism, even though colorectal cancer has a significant impact on public health. The incidence and mortality rates from colorectal cancer have decreased in the United States and have stabilized in some parts of the world since the first US Preventive Services Task Force guidelines on colorectal cancer screening were published more than two decades ago. Additionally, screening rates are rising, as are the quality and efficacy of current screening programs. Late UK wellbeing approaches have reliably focused on the significance of putting together neighbourhood activity with respect to proof and nearby insight. To accomplish this, a workforce with the necessary skills is required. In the UK, a new group of skilled practitioners of public health intelligence has emerged in recent years. This paper looks ahead to future developments that build on the progress made up to this point and describes some of the actions taken by public health observatories and other organizations to expand and train this new workforce.

Skilled Practitioners of Public Health

There is not much research on supply-side responses to consumer-oriented public programs. However, given their weak connection to the demand initiative, it is unlikely that supply variables will remain constant. Using the experience of the demand-side Indonesian health care program, this study aims to provide such an analysis. The current health workers may be less motivated to keep their public positions if the public sector's salary payment system is not sufficiently remunerated without an appropriate staff increase or salary revision. Utilizing information from the Indonesian Everyday Life Overviews on general wellbeing places, the main suppliers of short term administrations in the public area, this study discovered some proof that the medical care program brought about a decrease in the quantity of full-time GPs working in these offices. There were no negative effects on infrastructure conditions or

registration fees or other conditions that had nothing to do with workers' compensation. The timing and intensity of the health card distribution in different communities can be used to determine the impact of this program.

Public Health Workers

The findings shed light on the behaviour of physicians in developing nations, about which we know very little, and emphasize the significance of public policy management in general. In the health economics literature, the connection between a public intervention to influence demand for health care and the corresponding supply-side variables has received little attention. Maybe, this is because of the presence of supply-side arrangements related to the interest impetus. In the United States, for instance, the Medicaid program, which provides health insurance to some low-income families, reimburses physicians for treating its members. The method of compensating the relevant health professionals is the mechanism by which the health care program can affect supply-side variables. Public health workers in Indonesia are paid, as they are in most countries. In theory, the health care program would bring new patients into public facilities that would otherwise be priced out of the health care market. Such a demand expansion would imply a decrease in the reward for equivalent efforts compared to those prior to the program's introduction if it were not accompanied by an increase in staff or an appropriate salary increase. For a given salary, the marginal effort required to treat an additional patient is not financially compensated, so treating more patients means more work. Health care providers, who work primarily with outpatients in public health centres, where there is no need for a waiting list, are particularly affected. All registered patients must be treated prior to the facility's closing time, and these medical professionals have no control over the number of patients they treat; For example, the registration fee system tells patients they will be seen the same day. Many health workers are able to transfer portions of their work between sectors without significant obstacles due to their dual job holding, which is also common among other health workers like midwives.

The facility surveys in the IFLS, a nationally representative longitudinal study of Indonesian households and communities, provide the basis for the data. The results indicate that the health care program had a negative effect on supply, specifically

by decreasing the number of GPs working full-time in public health centres. This result demonstrates how demand and supply conditions are intertwined; it is unlikely that one will remain constant if the other has changed. Therefore, in order to

avoid any (unintended) mismatch between demand and supply policies, it is essential that policymakers take this interaction into consideration when designing any intervention.