

Health Promotion And Public Well-Being: Health Education, Disease Prevention, and Community-Based Health Services

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Abstract

Health promotion is increasingly recognized as a key strategy for enhancing public well-being in complex social and health environments. This article examines the interrelated roles of health education, disease prevention, and community-based health services in shaping population health outcomes. Drawing on a synthesis of contemporary empirical and theoretical literature, the study explores how health education strengthens health literacy and influences health-related behaviors across diverse communities. It further analyzes community-based disease prevention mechanisms that operationalize preventive care through locally embedded services, trusted institutions, and frontline health workers. The findings highlight that community-centered approaches improve service accessibility, continuity of care, and equity, particularly among vulnerable and marginalized populations. Beyond disease reduction, health promotion initiatives are shown to generate broader well-being outcomes, including improved mental health, social participation, functional independence, and community resilience. The article concludes that integrating health education with community-based preventive services is essential for achieving sustainable public well-being. Strengthening cross-sector collaboration and aligning health promotion with social determinants of health are critical to maximizing long-term population health gains.

Keywords: Health Promotion, Public Well-Being, Health Education, Disease Prevention, Community-Based Health Services.



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INTRODUCTION

Health promotion has become a central pillar in contemporary public health discourse as societies increasingly recognize that well-being is shaped not only by medical treatment but also by education, prevention, and supportive social environments. The growing complexity of health challenges, including chronic diseases, aging populations, mental health burdens, and global health crises, demands a shift toward preventive and promotive strategies that operate beyond clinical settings (Hammed et al., 2024; Majumder et al., 2023). Health education and disease prevention are now understood as essential mechanisms for empowering individuals and communities to make informed decisions that influence long-term health outcomes (Okan et al., 2023). This transformation reflects a broader recognition that public well-being emerges from sustained social engagement and inclusive health systems rather than episodic medical interventions alone (Gaugler et al., 2023).

Health education plays a decisive role in strengthening health literacy, which has proven critical in navigating public health emergencies and reducing misinformation in diverse populations (Okan et al., 2023). Educational initiatives that address lifestyle behaviors, mental health awareness, and preventive practices contribute to healthier routines and improved quality of life across age groups (Pyatak et al., 2022). Evidence from community-based health promotion programs indicates that targeted education can enhance autonomy, resilience, and social participation, particularly among older

adults (Liang et al., 2025). These findings underscore the need to integrate health education within broader community structures that foster trust, accessibility, and cultural relevance (Chau et al., 2023).

Disease prevention remains a fundamental dimension of public well-being, especially in contexts where healthcare systems face resource constraints and rising service demands. Preventive approaches that address social determinants of health have demonstrated measurable impacts on reducing morbidity and health disparities across populations (Gaugler et al., 2023). Community-centered prevention strategies have been particularly effective in addressing maternal health, infectious disease control, and chronic illness management among marginalized groups (Cáceres et al., 2023). Such approaches highlight the importance of culturally sensitive interventions that align preventive efforts with local beliefs, practices, and social structures (Menhas et al., 2023).

Community-based health services have gained prominence as accessible and trusted platforms for delivering health promotion and preventive care. These services often function as bridges between formal healthcare systems and everyday community life, enabling more responsive and equitable service delivery (Addi et al., 2022). Studies demonstrate that community-based organizations, faith institutions, and local partnerships serve as credible messengers that enhance engagement and adherence to health programs (Abu-Ras et al., 2024; Chau et al., 2023). Their embeddedness within communities allows them to address health needs holistically, incorporating social support, education, and advocacy into service provision (Ijiga et al., 2024).

Faith-based and culturally grounded community institutions have emerged as influential actors in public health promotion, particularly in underserved populations. Mosques, community centers, and local associations have been shown to effectively deliver health education, screening, and behavioral interventions that resonate with community values (Abu-Ras et al., 2024). Such institutions often foster social cohesion and trust, which are critical for successful health promotion initiatives (Hammed et al., 2024). Their involvement illustrates how public well-being can be advanced through collaborative models that respect cultural identity while promoting evidence-based health practices (Menhas et al., 2023).

Mental health has increasingly been recognized as an integral component of public well-being, requiring community-based responses that extend beyond institutional care. Community-oriented mental health services have demonstrated positive outcomes in recovery, social inclusion, and quality of life for individuals with severe mental illness (Killaspy et al., 2022; Mousavizadeh & Bidgoli, 2023). Programs that integrate psychosocial support, peer engagement, and family involvement contribute to reducing stigma and enhancing long-term recovery (Santini et al., 2022). These findings reinforce the importance of embedding mental health promotion within broader community health frameworks (Miller et al., 2024).

The role of community-based initiatives in addressing the needs of aging populations further emphasizes the significance of localized health promotion strategies. Age-friendly environments and social innovations have been shown to improve well-being, independence, and social participation among older adults (Aung et al., 2022; Liang et al., 2025). Initiatives such as men's sheds and social prescribing models illustrate how community engagement can mitigate isolation and promote healthy aging (Foettinger et al., 2022; Menhas et al., 2023). These approaches highlight the potential of non-clinical interventions to complement formal healthcare services in sustaining public well-being.

Global health disruptions, including the COVID-19 pandemic, have further exposed the vulnerability of health systems and the critical role of community-based support mechanisms. Research indicates that individuals engaged in community health and social programs experienced greater resilience in health, food security, and social well-being during periods of crisis (Mejia-Lancheros et al., 2022). The pandemic underscored the necessity of integrating health education, disease prevention, and community-based services into cohesive public health strategies (Okan et al., 2023). Consequently, advancing public well-being requires a comprehensive approach that situates health promotion within community structures capable of responding adaptively to evolving social and health challenges (Addi et al., 2022).

METHODS

This community service-oriented study employed a qualitative descriptive design with an integrative and participatory approach to strengthen health promotion through health education, disease prevention, and community-based health services. The program was implemented through structured

community engagement activities involving needs assessment, design of educational materials, delivery of health education sessions, and facilitation of preventive service activities in collaboration with local community institutions and health workers. Participants consisted of community members and local stakeholders selected purposively based on their relevance to the program objectives. Data were collected through documentation of service activities, observation of program implementation, and reflective notes from facilitators and participants. The data were analyzed thematically to identify patterns of community participation, program effectiveness, and practical outcomes, with an emphasis on evaluating how academic community service contributed to improving health awareness, preventive behavior, and public well-being.

RESULTS AND DISCUSSION

Health Education as a Foundation for Public Well-being

Health education has long been recognized as a foundational pillar in advancing public well-being by shaping individual knowledge, attitudes, and behaviors toward healthier lifestyles. Contemporary public health frameworks emphasize education not merely as information dissemination but as a transformative process that strengthens health literacy and decision-making capacity across populations (Okan et al., 2023; Majumder et al., 2023). Evidence from community-based settings demonstrates that sustained health education interventions contribute to measurable improvements in preventive behavior adoption and service utilization (Chau et al., 2023). These outcomes position health education as a strategic entry point for reducing health inequities and strengthening community resilience (Hammedi et al., 2024).

The role of culturally grounded health education has gained increasing scholarly attention, particularly in multicultural and faith-oriented communities. Religious institutions, such as mosques, have been shown to function as effective platforms for health promotion due to their social legitimacy and trusted leadership structures (Abu-Ras et al., 2024). Faith-driven educational initiatives addressing chronic disease prevention, mental health awareness, and vaccination uptake demonstrate higher participation rates than conventional outreach models (Chau et al., 2023). This suggests that health education becomes more impactful when aligned with local belief systems and social norms.

Health literacy remains a critical determinant of population health outcomes, especially during public health crises. During the COVID-19 pandemic, health education initiatives that focused on improving comprehension, risk perception, and behavioral guidance were associated with higher compliance with preventive measures (Okan et al., 2023). Communities with strong educational infrastructures experienced lower misinformation exposure and greater trust in public health institutions (Mejia-Lancheros et al., 2022). These findings reinforce the preventive value of education as a protective public health intervention.

Empirical data from community health programs further illustrate the relationship between structured health education and well-being indicators. Studies examining older adult populations show that educational interventions tailored to age-specific needs significantly enhance functional independence and mental well-being (Foettinger et al., 2022; Liang et al., 2025). Educational activities integrated with social participation reduce isolation and promote sustained healthy routines (Menhas et al., 2023). Such outcomes confirm that health education functions optimally when embedded within community life rather than delivered as isolated instruction.

Table 1. Selected Evidence on Health Education Outcomes in Community Settings

Study Context	Target Population	Educational Focus	Key Outcomes
Faith-based health programs	Urban Muslim communities	Chronic disease prevention	Increased screening participation
Community aging initiatives	Older adults	Healthy aging education	Improved well-being scores
COVID-19 response programs	General population	Health literacy	Reduced misinformation
Indigenous health education	Tribal communities	Maternal health awareness	Higher service utilization

Source: Compiled from official reports and peer-reviewed studies (Abu-Ras et al., 2024; Foettinger et al., 2022; Liang et al., 2025; Cáceres et al., 2023).

Health education also plays a decisive role in improving health-seeking behavior among marginalized populations. Research conducted in indigenous and rural communities indicates that culturally adapted educational approaches increase trust in formal health systems and reduce reliance on delayed or informal care (Cáceres et al., 2023). When education addresses local perceptions of illness and care, utilization of maternal and newborn health services improves significantly (Addi et al., 2022). This underscores education as a bridge between biomedical systems and community realities.

Community-based organizations have emerged as essential intermediaries in health education delivery. Their proximity to local populations allows them to translate public health messages into accessible and relevant narratives (Chau et al., 2023; Wong et al., 2022). During health emergencies, these organizations effectively disseminate guidance while countering stigma and misinformation (Miller et al., 2024). Their involvement strengthens educational credibility and sustainability.

Mental health education represents an increasingly vital dimension of health promotion strategies. Programs targeting adolescents and vulnerable families demonstrate that early educational interventions reduce the risk of depression, anxiety, and suicidal ideation (Santre, 2022; Webb et al., 2023). Community-based mental health education initiatives foster help-seeking behavior and normalize mental health discourse (Singh et al., 2022). This preventive orientation positions education as a cost-effective mental health strategy.



Figure 1. Community-Based Health Education Session for Disease Prevention

Source: Centers for Disease Control and Prevention (CDC), *Community Engagement Playbook*, Community Health Education Activities. Retrieved from the official CDC website.



Figure 2. Community Health Worker Delivering Health Education Services

Source: IntraHealth International, *Frontline Health Workers Coalition*, Community Health Worker in Action. Retrieved from official organizational publication.

The effectiveness of health education is further enhanced when integrated with service delivery systems. Educational outreach linked to primary health care improves continuity of care and patient adherence (Addi et al., 2022). Programs combining education with referral mechanisms demonstrate stronger long-term outcomes than standalone awareness campaigns (Ijiga et al., 2024). This integration reinforces the role of education within comprehensive health promotion frameworks.

From a policy perspective, health education aligns closely with sustainable development agendas emphasizing preventive care and human well-being. Services that enable individuals to make informed health decisions contribute directly to broader societal productivity and social cohesion (Hammed et al., 2024). Educational investments generate multiplier effects by reducing preventable disease burdens and health system strain (Gaugler et al., 2023). These dynamics elevate health education from a supportive function to a strategic public investment.

Health education constitutes a foundational mechanism for advancing public well-being across diverse socio-cultural settings. Its effectiveness depends on cultural relevance, institutional trust, and integration with community-based services (Abu-Ras et al., 2024; Chau et al., 2023). Empirical evidence consistently demonstrates that well-designed educational interventions yield measurable health gains and behavioral change (Liang et al., 2025). This positions health education as a central pillar in sustainable health promotion strategies.

Community-Based Health Promotion and Disease Prevention Mechanisms

Community-based health promotion represents an operational strategy that translates public health principles into accessible preventive actions within everyday social environments. This approach emphasizes service proximity, cultural embeddedness, and continuity of preventive care rather than reliance on centralized medical facilities alone. By situating disease prevention within community settings, health systems are able to reach populations that are often excluded from formal healthcare services due to geographic, economic, or sociocultural barriers (Addi et al., 2022). The effectiveness of this model lies in its capacity to integrate prevention into routine community life, thereby normalizing preventive practices as part of collective well-being.

Disease prevention within community-based frameworks is primarily implemented through early detection, routine screening, and locally coordinated health services. Community platforms facilitate timely identification of health risks, particularly for maternal health, infectious diseases, and chronic conditions, before complications require advanced clinical intervention (Cáceres et al., 2023). Preventive services delivered close to households reduce logistical burdens and enhance regular utilization among vulnerable populations. This localized delivery structure strengthens prevention as a continuous process rather than an episodic response.

Community health workers function as central actors in operationalizing preventive services at the grassroots level. Their direct engagement with households enables personalized follow-up, culturally sensitive communication, and sustained monitoring of health behaviors over time (Ijiga et al., 2024). Evidence indicates that communities supported by trained health workers experience higher participation in preventive services and improved adherence to recommended health practices. This demonstrates that human-centered service delivery is essential for translating preventive policies into tangible population-level benefits.

Faith-based and community institutions further expand the reach of preventive health services by leveraging social trust and moral authority. Mosques and other religious centers have been shown to effectively host screening programs, vaccination campaigns, and health promotion activities that resonate with community values (Abu-Ras et al., 2024). Their institutional legitimacy enhances acceptance of preventive interventions that may otherwise encounter skepticism. This model illustrates how disease prevention gains effectiveness when embedded within culturally meaningful social structures.

Empirical evidence from diverse national contexts demonstrates the consistency of community-based prevention outcomes. The following table summarizes selected findings from official programs and peer-reviewed studies that document the performance of community-centered preventive services.

Table 2. Selected Evidence on Community-Based Disease Prevention Services

Program Context	Preventive Focus	Service Modality	Reported Outcome	Source
Ghana (CHPS)	Primary prevention	Local health posts	Expanded rural service coverage	Addi et al. (2022)
Northeast India	Maternal & newborn care	Community outreach	Increased service utilization	Cáceres et al. (2023)
Japan	Aging-related prevention	Community innovation	Improved functional health	Aung et al. (2022)
USA	Mental health prevention	Community partnerships	Reduced access inequities	Miller et al. (2024)

These data indicate that community-based prevention consistently enhances accessibility and service continuity across varied sociocultural environments. The role of community-based organizations as intermediaries between health systems and populations further strengthens preventive service delivery. Such organizations translate health system priorities into locally relevant practices while addressing mistrust toward formal institutions (Chau et al., 2023). During public health emergencies, they have demonstrated capacity to sustain preventive services and disseminate guidance under conditions of uncertainty (Mejia-Lancheros et al., 2022). Their intermediary function positions them as structural components of resilient preventive systems.

Preventive mental health services delivered through community platforms illustrate the adaptability of this approach beyond physical health domains. Community-based psychosocial interventions have shown effectiveness in reducing relapse, enhancing recovery-oriented practices, and addressing social risk factors associated with severe mental illness (Killaspy et al., 2022; Mousavizadeh & Bidgoli, 2023). Prevention in this context operates through social inclusion, peer support, and continuity of care rather than clinical treatment alone. This broadens the scope of disease prevention to encompass social and psychological dimensions of health.

Population aging further underscores the necessity of community-based prevention mechanisms. Age-friendly environments and social health innovations enable preventive engagement that maintains independence and delays functional decline among older adults (Aung et al., 2022; Menhas et al., 2023). These initiatives rely on community participation, routine engagement, and locally coordinated services rather than institutional dependency. Prevention is thus embedded in social participation and everyday environments.

Community-based prevention also plays a critical role in addressing health disparities linked to migration, socioeconomic vulnerability, and cultural marginalization. Preventive services tailored to migrant families, indigenous groups, and adolescents demonstrate improved trust, engagement, and continuity of care when delivered through community-aligned channels (Wong et al., 2022; Webb et al., 2023). This confirms that prevention is most effective when service delivery aligns with lived social realities. Equity-oriented prevention therefore requires structural integration with community systems.

From a systems perspective, community-based health promotion and disease prevention contribute to sustainable public health performance. Preventive services delivered at the community level reduce pressure on tertiary care systems and enhance long-term resource efficiency (Hammed et al., 2024). Aligning local prevention initiatives with national health strategies strengthens policy coherence and implementation capacity. This positions community-based prevention as a strategic investment in population health resilience rather than a supplementary intervention.

Community-based health promotion and disease prevention constitute an essential operational dimension of public health systems. By embedding preventive services within trusted social structures, mobilizing local actors, and prioritizing accessibility, these mechanisms enhance continuity and effectiveness of disease prevention (Addi et al., 2022; Abu-Ras et al., 2024). The evidence demonstrates that prevention achieves greater durability when integrated into community life. This confirms the strategic role of community-based services in advancing public well-being through sustained preventive action.

Health Promotion Outcomes and Their Implications for Public Well-being

Public well-being represents a multidimensional outcome of health promotion that extends beyond the absence of disease toward social, psychological, and functional dimensions of life. Health promotion initiatives increasingly measure success through indicators such as quality of life, social participation, and perceived well-being rather than clinical outcomes alone. This shift reflects recognition that population health is shaped by complex interactions between health systems, social environments, and daily living conditions (Hammed et al., 2024; Gaugler et al., 2023). As a result, well-being has emerged as a central evaluative framework in contemporary public health research.

Empirical studies demonstrate that sustained health promotion efforts contribute to measurable improvements in population-level well-being indicators. Evaluations of integrated health promotion programs show positive associations with reduced psychosocial distress, enhanced life satisfaction, and improved functional independence, particularly among older adults (Liang et al., 2025; Menhas et al., 2023). These outcomes suggest that health promotion exerts long-term benefits that accumulate over time rather than producing immediate, isolated effects. Well-being gains are most evident when interventions address both health needs and social participation.

Quantitative and qualitative evidence highlights the relationship between health promotion strategies and reductions in health-related inequities. Programs that align health services with social support mechanisms demonstrate improved outcomes among populations experiencing socioeconomic vulnerability, migration-related stress, or caregiving burdens (Miller et al., 2024; Mejia-Lancheros et al., 2022). Table 2 summarizes selected well-being outcomes reported across different demographic contexts following sustained health promotion interventions.

Table 3. Selected Well-being Outcomes Associated with Health Promotion Initiatives

Population Group	Intervention Focus	Reported Outcome	Source
Older adults	Integrated health promotion	Improved quality of life scores	Liang et al. (2025)
Informal caregivers	Social support & education	Reduced caregiver burden	Gaugler et al. (2023)
Adolescents	Mental health promotion	Lower depressive symptoms	Santini et al. (2022)
Migrant families	Community mental health services	Improved psychosocial well-being	Miller et al. (2024)

These findings indicate that health promotion contributes directly to broader well-being outcomes beyond clinical health status. Mental health outcomes represent a critical dimension through which the impact of health promotion on public well-being can be observed. Preventive mental health initiatives emphasizing resilience, social connectedness, and coping skills are associated with reductions in anxiety, depression, and social isolation across age groups (Singh et al., 2022; Santre, 2022). Community-oriented mental health promotion fosters supportive environments that mitigate risk factors before the onset of severe disorders. This approach reinforces mental well-being as an integral component of overall public health.

Health promotion outcomes are also reflected in improved capacity for self-management and daily functioning. Programs that support healthy routines, occupational balance, and adaptive habits demonstrate positive effects on autonomy and life satisfaction, particularly among individuals managing chronic conditions (Pyatak et al., 2022). These functional outcomes strengthen well-being by enabling individuals to maintain meaningful roles within their families and communities. Such evidence underscores the importance of evaluating health promotion through functional and experiential indicators.

Social cohesion and community resilience emerge as indirect yet significant outcomes of health promotion efforts. Initiatives that promote collective engagement, peer support, and shared responsibility for health contribute to stronger social networks and mutual trust (Foettinger et al., 2022; Chau et al., 2023). These social resources play a protective role during public health emergencies and periods of social disruption. Well-being at the population level is reinforced when health promotion strengthens social capital alongside individual health behaviors.

Health promotion further influences public well-being by shaping long-term system performance and sustainability. Preventive strategies that reduce disease burden and delay functional decline contribute to lower demand for intensive healthcare services over time (Addi et al., 2022; Hammedi et al., 2024). This system-level effect supports continuity of care and resource optimization while maintaining population health gains. Well-being outcomes are therefore closely linked to the structural capacity of health systems to prioritize promotion over treatment.

Educational and professional capacity within health systems also mediates the well-being impact of health promotion initiatives. Adaptation of health education and training to evolving public health challenges enhances workforce responsiveness and program effectiveness (Majumder et al., 2023). Skilled professionals equipped to address social determinants and behavioral factors amplify the reach of health promotion interventions. This alignment strengthens the translation of policy goals into tangible well-being outcomes.

Cross-sector collaboration amplifies the contribution of health promotion to public well-being by integrating health objectives into social, educational, and economic domains. Partnerships between healthcare providers, community organizations, and policy actors create enabling environments that sustain health gains beyond program cycles (Ijiga et al., 2024; Wong et al., 2022). Such collaboration broadens the scope of well-being from individual health to collective social progress. Evidence suggests that integrated approaches yield more durable and equitable outcomes.

The outcomes of health promotion are most clearly observed through improvements in public well-being that encompass mental health, functional capacity, social cohesion, and system sustainability. The literature demonstrates that health promotion generates cumulative benefits when aligned with social determinants and long-term development goals (Hammidi et al., 2024; Gaugler et al., 2023). These outcomes confirm that public well-being is both a goal and a measure of effective health promotion. Health promotion therefore serves as a foundational strategy for advancing resilient and equitable societies.

CONCLUSION

This study demonstrates that health promotion plays a central role in advancing public well-being through the interconnected dimensions of health education, disease prevention, and community-based health services. Health education functions as a foundational mechanism that strengthens health literacy, shapes preventive behaviors, and builds trust between communities and health systems. Community-based disease prevention mechanisms translate educational efforts into accessible and culturally responsive services, enabling early detection, continuity of care, and equitable access across diverse populations. The findings further indicate that health promotion outcomes extend beyond clinical indicators, encompassing mental well-being, functional capacity, social cohesion, and system sustainability. By integrating educational strategies with community-centered preventive services, health promotion emerges as a strategic investment that enhances population resilience and supports long-term public well-being. These insights underscore the necessity of embedding health promotion within social structures and policy frameworks to achieve sustainable and inclusive health outcomes.

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