Conceptual and Theoretical Articles

# ENGLISH FOR PUBLIC HEALTH PURPOSES: DEFINITION, CLASSIFICATION, VOCABULARY AND LANGUAGE SKILLS

NURFAJRI NINGSIH[1*]
[1]*English Education Department, Faculty of Tarbiyah and Teacher Training, Institut 'Aisyiyah Sulawesi Selatan, Makassar, Indonesia*
**Corresponding author: nurfajriningsih@inass.ac.id*

**Abstract**

*Public health students and professionals increasingly need English to read research, analyse and present data, write reports and proposals, and work with international partners. Yet English courses in public health programmes are often modelled on general English or on clinical English for medicine and nursing, which do not reflect the population-based, data-driven and interdisciplinary nature of the field. This conceptual literature review offers an integrated account of English for Public Health Purposes (EPHP) as a branch of English for Specific Purposes (ESP). Drawing on foundational ESP literature, research on specialised vocabulary and academic genres, public health sources and recent needs analyses in health-related ESP, the review addresses four questions: how EPHP can be defined, where it is located in established ESP classifications, what vocabulary characterises it, and which language skills it requires. The review defines EPHP through five elements: its learners, purposes, content, language and audiences. It locates EPHP mainly within English for Science and Technology and English for Medical Purposes, with academic and occupational forms and a secondary link to the social sciences. Its vocabulary combines high-frequency, academic, technical and sub-technical words across sub-disciplines such as epidemiology, biostatistics, environmental health and health promotion, together with word-formation patterns, acronyms, data language and plain-language equivalents. All four skills are required, connected by two cross-cutting competences: working with data and adapting language to different audiences. The review concludes that EPHP syllabuses should include the language of data, social research, health communication and policy, and proposes a course framework derived from the account. Because the account has not yet been tested with learners or corpus data, it should be validated through needs analyses and corpus studies of public health English in Indonesia.*

***Keywords:*** *English for Medical Purposes; English for Public Health Purposes; English for Specific Purposes; Health Communication; Specialised Vocabulary*

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## INTRODUCTION

Public health is concerned not with one patient at a time but with the health of whole populations. Public health professionals investigate outbreaks, monitor immunisation coverage, design programmes to reduce stunting, campaign against smoking, improve water and sanitation, and advise governments on health policy. Their work is collective, preventive and strongly based on data. It is also one of the most international fields of health. Diseases do not respect borders, as the COVID-19 pandemic showed clearly. English is the dominant language of international science, and researchers who do not speak it as a first language spend considerably more effort reading, writing and presenting research (Amano et al., 2023). In public health, much of the research literature, guidance and technical documentation that practitioners consult is available in English, global agencies such as the World Health Organization (WHO) issue widely used guidance in English (e.g., World Health Organization [WHO], 2018), proposals to international funders are commonly written in English, and international meetings and webinars are often conducted in it.

For public health students in Indonesia, English therefore opens access to the knowledge and networks of their field. Graduates who work in community health centres (Puskesmas), district health offices, hospitals, research institutions, non-governmental organisations or international agencies regularly need to read English documents, present data, write reports and communicate with partners from other countries. Yet a student who has studied only general English may find it hard to read an epidemiological study, describe a trend in a graph or write a policy brief. Needs analyses in health-related programmes confirm this gap. Indonesian public health students regard writing as the most important skill to learn and report low confidence in grammar (Arroyyani et al., 2022), and medical students in Saudi Arabia report the greatest needs in specialised terminology and speaking, together with dissatisfaction with general university English courses (Alrashed & Abdel Latif, 2025).

English for Specific Purposes (ESP) rests on the principle that language teaching should begin from what learners need to do with the language (Hutchinson & Waters, 1987), and over the past three decades it has grown into an international discipline concerned with the language, genres and practices of particular communities (Hyland, 2022; Hyland & Jiang, 2021). Within the health sciences, however, ESP research and materials have concentrated on clinical fields such as medicine, nursing, midwifery and pharmacy. A recent systematic review, for example, identified 50 empirical studies of English for nursing purposes in EFL contexts published between 2015 and 2025 (Lasekan & Pena, 2026), and Indonesian needs

analyses have examined medical, midwifery and pharmacy students (Hariyanto et al., 2022; Hidayati & Meisani, 2023). Comparable work on public health learners is scarce; the only Indonesian needs analysis of public health students located for this review is Arroyyani et al. (2022). Public health also differs from clinical fields in important ways. It combines medicine and biology with statistics, social science, environmental science, communication and policy, and its practitioners must communicate both with researchers and policy makers and with ordinary people in communities. ESP teachers who are asked to teach such learners often lack a clear account of what the field requires (Basturkmen, 2019).

This review addresses that gap by proposing a first integrated conceptual account of English for Public Health Purposes (EPHP). It synthesises foundational ESP literature, research on specialised vocabulary and academic genres, and public health sources to answer four questions:

RQ1. How can English for Public Health Purposes be defined, and how does it differ from general English and clinical ESP?

RQ2. Where is EPHP located within established classifications of ESP?

RQ3. What types and fields of vocabulary characterize EPHP?

RQ4. Which language skills does EPHP require, and what tasks and language features are associated with each?

## LITERATURE REVIEW

### English for Specific Purposes

Hutchinson and Waters (1987, p. 19) describe ESP as an approach to language teaching in which all decisions about content and method are based on the learner's reason for learning. ESP is not a separate kind of English but a way of teaching English that starts from learners' needs. Strevens (1988) characterised ESP as designed to meet the specified needs of the learner, related in content to particular disciplines and occupations, and focused on the language appropriate to those activities. Dudley-Evans and St John (1998, pp. 4–5) refined these ideas into absolute and variable characteristics. Its absolute characteristics are that ESP is designed to meet the specific needs of the learner, makes use of the underlying methodology and activities of the discipline it serves, and is centred on the language (grammar, lexis and register), skills, discourse and genres appropriate to these activities. Its variable characteristics are that ESP may be related to or designed for specific disciplines, may use a methodology different from that of general English, is likely to be designed for

adult learners at tertiary level or in a professional work situation, and is generally designed for intermediate or advanced learners, although it can be used with beginners. Anthony (2018) summarises the field in four interrelated pillars: needs analysis, learning objectives, materials and methods, and evaluation.

**Public Health as a Field**

To define EPHP, it is also necessary to understand the field it serves. In a classic definition, Winslow (1920) described public health as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. Three ideas in this definition shape the language of the field: prevention rather than only cure, a focus on populations rather than individuals, and organised, collective action involving communities and governments. Public health includes several core disciplines, each with its own language: epidemiology, the study of the distribution and determinants of health and disease in populations (Porta, 2014); biostatistics, the collection, analysis and interpretation of health data; environmental health, concerned with water, sanitation, air quality, waste and disease vectors; occupational health and safety; health promotion and education; health policy and administration; and public health nutrition and reproductive health. Because public health professionals communicate with communities, the field is also closely linked to health literacy, the capacity of people to obtain, understand and use health information (Nutbeam, 2000).

**English for Medical Purposes and Health Communication**

English for Medical Purposes (EMP) is the most established branch of health-related ESP. Research in this area has produced needs analyses of medical, nursing, midwifery and pharmacy students (Alrashed & Abdel Latif, 2025; Hariyanto et al., 2022; Hidayati & Meisani, 2023), reviews of English for nursing programmes (Lasekan & Pena, 2026) and corpus-based medical academic word lists (Lei & Liu, 2016; Tazik et al., 2022; Wang et al., 2008). Coxhead (2018) shows how such word lists and corpus studies can identify the vocabulary that learners in a specialised field need most. This work provides models for EPHP, but its texts and tasks centre on clinical care rather than on populations.

The community-facing side of public health draws on research in health communication. Health literacy, the capacity of people to obtain, understand and use health information, was proposed as a public health goal by Nutbeam (2000) and has since come to be understood as a social determinant of health that depends on how information is

communicated as well as on individual skills (Nutbeam & Lloyd, 2021). Risk communication, the real-time exchange of information and advice between experts and people facing a threat, is a core public health function in emergencies, and WHO (2018) guidance stresses trust, transparency and messages that people can understand and act on. These areas show that public health professionals need not only scientific English but also the ability to explain risk and protective actions in plain language.

## METHOD

**Design.** This study is a conceptual narrative literature review. A conceptual design was chosen because the aim was not to aggregate empirical findings but to integrate theoretical accounts of ESP with descriptions of public health as a field, in order to construct a definition and description of EPHP that can guide course design. The review is not systematic, but its selection procedure is reported so that it can be followed and extended.

**Sources and selection.** Four groups of sources were consulted. The first consisted of foundational works on the definition and classification of ESP (Carver, 1983; Dudley-Evans & St John, 1998; Hutchinson & Waters, 1987; Jordan, 1997; Robinson, 1991; Strevens, 1988; Widdowson, 1983), together with recent accounts of ESP as a discipline (Anthony, 2018; Hyland, 2022; Hyland & Jiang, 2021). The second comprised research on specialised and academic vocabulary, including corpus-based medical word lists (Chung & Nation, 2003; Coxhead, 2000, 2018; Lei & Liu, 2016; Nation, 2013; Tazik et al., 2022; Wang et al., 2008). The third covered research on academic genres and hedging (Hyland, 1998; Swales, 1990), and the fourth public health and health communication sources (Nutbeam, 2000; Nutbeam & Lloyd, 2021; Porta, 2014; WHO, 2018; Winslow, 1920) and needs analyses in health-related ESP (Alrashed & Abdel Latif, 2025; Arroyyani et al., 2022; Hariyanto et al., 2022; Hidayati & Meisani, 2023; Lasekan & Pena, 2026). Foundational ESP works were identified from standard ESP textbooks and their reference lists. Recent studies were searched in Google Scholar, Scopus and/or Garuda between month year and month year using combinations of the terms *English for specific purposes*, *English for medical purposes*, *needs analysis*, *public health*, *nursing*, *midwifery* and *health literacy* confirm the databases, dates and terms actually used. Empirical studies were included if they were peer-reviewed, reported a needs analysis or review of English in a health-related field, and were published in English or Indonesian between 2015 and 2026.

**Analysis.** The account was built in two directions. Deductively, the elements of the definition and the placement of EPHP were derived from ESP frameworks: the absolute and variable characteristics of ESP (Dudley-Evans & St John, 1998) suggested the elements of learners, purposes and language, and the four classifications were applied in turn to public health. Inductively, the content, audiences and domains of EPHP, the thematic vocabulary fields and the typical tasks for each skill were drawn from public health and health communication sources and from the needs analyses. Table 1 maps each element of the account to the sources from which it was derived. Examples of public health terms, texts and tasks were constructed by the author to illustrate the concepts; they are not drawn from a corpus. Because the review did not involve human participants, no ethical approval was required.

**Table 1.** Elements of the EPHP account and their sources

| Element of the account | Derived mainly by | Main sources |
|---|---|---|
| Learners and purposes | Deduction from ESP characteristics; needs analyses | Dudley-Evans and St John (1998); Hutchinson and Waters (1987); Strevens (1988); Arroyyani et al. (2022) |
| Content and sub-disciplines | Induction from public health sources | Winslow (1920); Porta (2014) |
| Audiences and plain language | Induction from health communication sources | Nutbeam (2000); Nutbeam and Lloyd (2021); WHO (2018) |
| Four domains of use | EAP/EOP distinction applied to public health tasks | Dudley-Evans and St John (1998); Robinson (1991); WHO (2018) |
| Placement in ESP classifications | Deduction from four classifications | Hutchinson and Waters (1987); Dudley-Evans and St John (1998); Carver (1983); Robinson (1991); Widdowson (1983); Jordan (1997) |
| Vocabulary types and fields | Vocabulary frameworks and word lists; public health sources | Nation (2013); Chung and Nation (2003); Coxhead (2000); Lei and Liu (2016); Porta (2014) |
| Skills, genres and grammar | Genre research; needs analyses | Swales (1990); Hyland (1998); Arroyyani et al. (2022); Alrashed and Abdel Latif (2025); Hariyanto et al. (2022) |

## FINDINGS AND DISCUSSION

### Definition of English for Public Health Purposes

Based on the literature reviewed, this article proposes that English for Public Health Purposes (EPHP) can be defined as a branch of ESP that prepares public health students and professionals to understand and use English accurately and appropriately in the academic,

research, community and policy contexts of public health. These contexts include studying public health sciences, reading and producing research, analysing and presenting health data, communicating health messages to communities, and working with national and international partners. The definition contains five key elements.

- **The learners:** students of public health programmes and public health practitioners, such as epidemiologists, health promoters, sanitarians, nutritionists, occupational health officers, programme managers and researchers.
- **The purpose:** the ability to perform public health tasks in English, such as reading a surveillance report, describing data, writing a project proposal or giving a health education talk.
- **The content:** topics from public health, including disease patterns, risk factors, outbreaks, immunisation, nutrition, sanitation, health behaviour, health systems and policy.
- **The language:** scientific and statistical language for research, social-science language for behaviour and society, and plain language for communities.
- **The audiences:** researchers, health workers, policy makers, donors, journalists and members of the public. Adjusting language to the audience is therefore a central EPHP competence, closely linked to health literacy (Nutbeam, 2000).

Table 2 compares EPHP with general English and with clinical ESP courses such as English for nursing or medicine. The comparison shows that EPHP is distinguished less by a separate vocabulary than by its focus on populations, its reliance on numbers and its range of audiences.

**Table 2.** EPHP compared with General English and clinical ESP

| Aspect | General English | Clinical ESP (e.g., nursing, medicine) | EPHP |
|---|---|---|---|
| Focus | Everyday life | The individual patient | Populations and communities |
| Main purpose | General communication | Diagnosis, treatment and care | Prevention, promotion, surveillance and policy |
| Typical texts | Stories, dialogues, articles | Case notes, charts, handovers | Research articles, surveillance reports, policy briefs, proposals, health campaign materials |
| Typical language | Everyday vocabulary | Anatomical and clinical terms | Epidemiological, statistical, social and policy terms |
| Typical audiences | Friends, general public | Patients, colleagues | Communities, researchers, policy makers, donors, media |
| Numbers | Occasional | Doses and vital signs | Rates, percentages, trends and risk estimates throughout |

The scope of EPHP can be described in four domains. The academic domain includes lectures, textbooks, journal articles, assignments, theses and academic presentations. The research domain includes research proposals, questionnaires and interviews, data analysis, research reports and publications. The community domain includes health education, counselling, campaigns, risk communication and community meetings. Finally, the policy and programme domain includes policy briefs, programme reports, grant proposals, meetings and correspondence with national and international partners. In summary, EPHP is a needs-based, discipline-centred form of English teaching that enables public health learners to use English for research, practice and advocacy, and to adapt their language to the many audiences their work involves.

## EPHP in the Classification of ESP

EPHP belongs to ESP. Its main home is English for Science and Technology and, within it, English for Medical (Health) Purposes. Unlike clinical fields such as nursing or pharmacy, however, public health also draws heavily on the social sciences, so EPHP occupies a clearly interdisciplinary position. Like other health-related ESP fields, it has an academic face for students and an occupational face for practitioners.

**The ELT tree.** Hutchinson and Waters (1987, p. 17) pictured English language teaching (ELT) as a tree. ELT divides into English as a mother tongue, English as a foreign language and English as a second language. English as a foreign or second language branches into general English and ESP, and ESP divides by subject area into English for Science and Technology (EST), English for Business and Economics (EBE) and English for Social Sciences (ESS). Each branch then splits into English for Academic Purposes (EAP), for study, and English for Occupational Purposes (EOP), for work. Because public health is a health science built on medicine, biology and statistics, EPHP belongs mainly to the EST branch. For students it is EAP, English for public health studies; for practitioners in health offices, community health centres, non-governmental organisations and international agencies it is EOP, English for public health practice. At the same time, health promotion, health behaviour, health policy and health management use the concepts and methods of sociology, psychology, anthropology, economics and political science. EPHP therefore also overlaps with the ESS branch, and with EBE in areas such as health economics and health financing. Figure 1 shows the main path through EST and the secondary link to ESS.

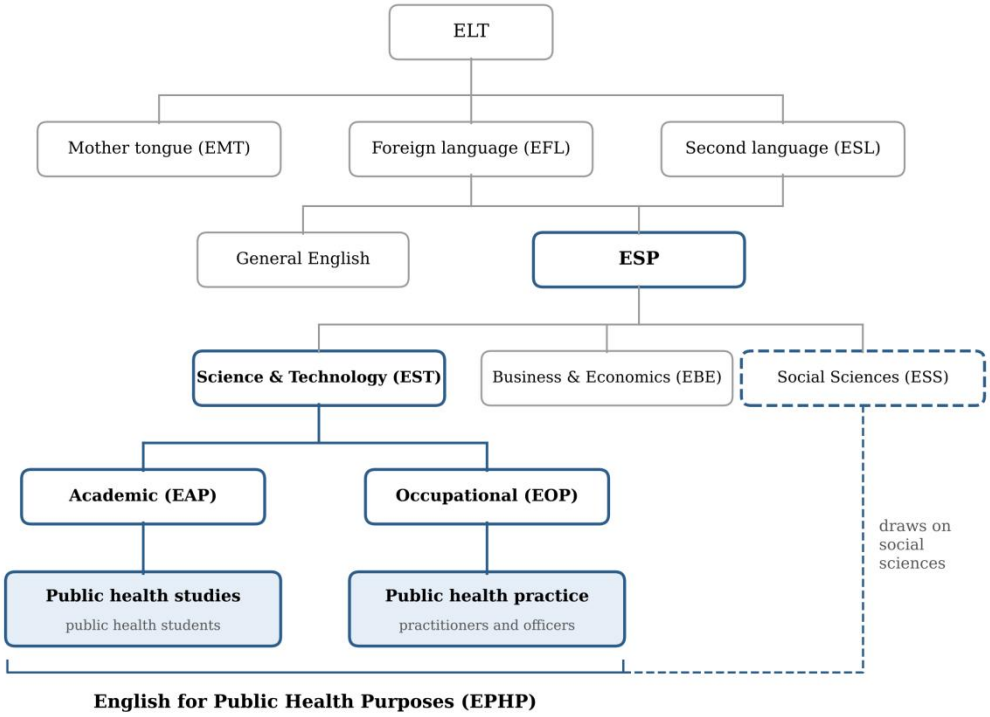



**Figure 1.** The position of EPHP in the ELT tree (redrawn by the author and adapted from Hutchinson & Waters, 1987). The solid path runs from ESP through EST to its academic and occupational branches; the dashed line marks EPHP's secondary link to the social sciences

**Dudley-Evans and St John's classification.** Dudley-Evans and St John (1998, p. 6) divided ESP into English for Academic Purposes, which includes English for science and technology, English for medical purposes, English for legal purposes, and English for management, finance and economics, and English for Occupational Purposes, which comprises English for Professional Purposes (including English for medical purposes and English for business purposes) and English for Vocational Purposes. As with other health fields, EPHP falls under English for Medical Purposes (EMP) in both its academic and professional forms. A public health student reading an epidemiology textbook is engaged in EMP as EAP, and a district health officer writing a programme report for an international donor is engaged in EMP as English for Professional Purposes. Because public health managers also deal with budgets, planning and management, some of their needs overlap with English for management, finance and economics and with English for business purposes. Within EMP, EPHP stands beside English for medicine, nursing, pharmacy and midwifery. It shares their core health vocabulary, but its focus on populations, data and policy gives it a distinct set of texts and tasks.

**Carver's three types of ESP.** Carver (1983) identified three types of ESP: English as a restricted language, English for academic and occupational purposes, and English with specific topics. EPHP belongs mainly to the second type. Restricted-language elements appear in standard formats such as case definitions, surveillance forms and short health messages (*Wash your hands with soap*). English with specific topics is used when public health professionals attend international conferences or read specialised literature on, for example, tuberculosis control or tobacco policy.

**Robinson's classification by time of study.** Robinson (1991, pp. 3–4) classified EAP courses as pre-study, in-study or post-study, and EOP courses as pre-experience, simultaneous (in-service) or post-experience. Table 3 applies this classification to public health.

**Table 3.** Robinson's (1991) classification applied to EPHP

| Type in Robinson's model | Public health example |
|---|---|
| Pre-study EAP | Preparatory English before entering a public health programme |
| In-study EAP | English for public health in the first or second year of a bachelor's programme |
| Post-study EAP | Academic English for graduates preparing for a master's degree abroad |
| Simultaneous (in-service) EOP | Workplace English for health office staff working with international partners |
| Post-experience EOP | Courses for experienced practitioners preparing to join international agencies |

**Degree of specificity.** Widdowson (1983) contrasted wide-angle and narrow-angle courses, and Jordan (1997) distinguished English for general academic purposes (EGAP) from English for specific academic purposes (ESAP). EPHP is an ESAP-type course, but it is somewhat wider in angle than English for nursing or pharmacy, because it serves several sub-disciplines. Narrower courses within EPHP are possible, such as English for epidemiology, English for health promotion or English for occupational health and safety. Table 4 summarises the placement of EPHP in each classification.

**Table 4.** Summary of the placement of EPHP in ESP classifications

| Classification | Category for EPHP |
|---|---|
| Hutchinson and Waters (1987) | ESP → EST → EAP and EOP, with overlap into ESS (and EBE) |
| Dudley-Evans and St John (1998) | English for Medical Purposes under EAP and English for Professional Purposes; overlap with management and business English |
| Carver (1983) | Mainly English for academic and occupational purposes, with restricted-language elements |
| Robinson (1991) | Usually in-study EAP; also post-study EAP and in-service EOP |
| Widdowson (1983); Jordan (1997) | ESAP-type course, wider in angle than clinical ESP courses |

This interdisciplinary placement has a practical consequence: an EPHP syllabus should include not only medical and scientific English but also the language of data, social research, health communication and policy.

## Vocabulary in English for Public Health Purposes

The vocabulary of EPHP reflects the interdisciplinary nature of public health. A single report on childhood stunting may contain medical terms (*malnutrition, anaemia*), epidemiological and statistical terms (*prevalence, risk factor, odds ratio*), social-science terms (*household income, maternal education, behaviour change*) and policy terms (*intervention, coverage, stakeholder*). EPHP learners must also be able to turn this technical vocabulary into plain words for community audiences.

### *Types of vocabulary*

Nation (2013) distinguishes high-frequency, academic, technical and low-frequency vocabulary in specialised texts, and Chung and Nation (2003) show that many technical items are ordinary or academic words used with a specialised meaning. Table 5 illustrates these categories with public health examples. The examples are illustrative: they were classified by the author with reference to the Academic Word List (Coxhead, 2000) and medical academic word lists (Lei & Liu, 2016; Wang et al., 2008), but they have not been checked against a corpus of public health texts, and the frequency of a word can vary across sub-fields. Academic vocabulary is particularly important in EPHP because so much public health work involves research and data. Many words from Coxhead's (2000) Academic Word List occur constantly in public health texts, such as *analyse, assess, data, distribute, estimate, evidence, factor, impact, indicate, proportion, region, significant, survey, trend* and *variable*. Some academic words, such as *community, policy* and *intervention*, function almost as technical

terms in public health because they carry field-specific meanings (community-based programmes, health policy, public health interventions).

**Table 5.** Types of vocabulary in public health texts

| Vocabulary type | Description | Public health examples |
|---|---|---|
| High-frequency words | The most common 2,000–3,000 word families | *people, water, child, food, health, village, wash* |
| Academic words | Words frequent across academic disciplines | *data, analyse, factor, significant, survey, trend* |
| Sub-technical words | Academic or general words with a field-specific meaning | *community, policy, intervention, coverage, exposure* |
| Technical words | Words specific to public health and its sub-disciplines | *prevalence, incidence, surveillance, herd immunity, stunting, vector* |
| Low-frequency words | Rare in public health texts generally, though frequent in particular sub-fields | *helminth, leptospirosis, schistosomiasis* |

*Note.* Categories from Nation (2013) and Chung and Nation (2003); examples classified by the author and not corpus-verified. Words such as *latrine* are frequent in sanitation texts but rare elsewhere.

As Chung and Nation (2003) observed, technical vocabulary includes both fully technical terms and everyday words with specialised meanings. The second group is often misunderstood by learners because the words look familiar (Table 6).

**Table 6.** Everyday words with specialised meanings in public health

| Word | General meaning | Public health meaning |
|---|---|---|
| *case* | a box; a situation | a person who has the disease being studied |
| *exposure* | being uncovered; publicity | contact with a factor that may affect health |
| *population* | the number of people in a place | the whole group about which conclusions are drawn |
| *host* | a person who receives guests | the person or animal that harbours an infection |
| *agent* | a representative | the cause of a disease (e.g., a virus or bacterium) |
| *vector* | a quantity with direction (physics) | an organism that transmits disease, such as a mosquito |
| *burden* | a heavy load | the total impact of a disease on a population |
| *coverage* | news reporting; insurance | the proportion of a target group reached by a service |
| *control* | to direct or command | (1) reducing a disease to acceptable levels; (2) the comparison group in a study |

### *Thematic fields*

Public health vocabulary can be grouped into thematic fields that correspond to the sub-disciplines of the field. In epidemiology, key terms include incidence, prevalence, morbidity, mortality, case fatality rate, outbreak, epidemic, pandemic, endemic, cluster, risk factor, determinant, exposure, transmission, incubation period, case definition, surveillance, notifiable disease and contact tracing; Porta's (2014) Dictionary of Epidemiology is the

standard reference for these terms. Research methods and biostatistics contribute terms such as cross-sectional study, cohort study, case-control study, randomised controlled trial, sample, respondent, variable, mean, median, rate, ratio, relative risk, odds ratio, confidence interval, p-value, statistically significant, association and correlation. Environmental health uses terms such as clean water, sanitation, hygiene, latrine, open defecation, waste management, air pollution, vector control, breeding site, larvae, contamination and food safety.

Health promotion and behaviour contribute terms such as health education, behaviour change, awareness, knowledge, attitude and practice (KAP), health literacy, empowerment, community participation, campaign, advocacy, healthy lifestyle, physical activity and smoking cessation. Maternal, child and community nutrition uses terms such as antenatal care, exclusive breastfeeding, complementary feeding, immunisation, stunting, wasting, underweight, micronutrient deficiency, anaemia, growth monitoring and low birth weight. Health systems and policy contribute primary health care, universal health coverage, health insurance, health financing, health workforce, referral system, health information system, stakeholder, intervention, monitoring and evaluation, indicator, target and Sustainable Development Goals, and occupational health and safety contributes hazard, risk assessment, personal protective equipment (PPE), occupational disease, workplace injury, ergonomics and exposure limit.

***Word formation, acronyms and noun compounds***

Public health shares much of its word-building system with medicine, and knowing common elements helps learners decode new terms. Epidemiology, for example, combines epi- (upon), demos (people) and -logy (study of): the study of what falls upon a population. Frequent elements include epi- (epidemic), pan- (pandemic), en- (endemic), zoo- (zoonosis), a- (asymptomatic), morb- and mort- (morbidity, mortality), -cide (insecticide, larvicide), -genic (pathogenic, carcinogenic), anti- (antimicrobial), inter- and intra- (intersectoral, intra-household) and non- (non-communicable). Public health texts also use many noun compounds, which learners should read from right to left: a child mortality rate is the rate of mortality among children, and a community-based intervention programme is a programme of interventions based in the community.

Acronyms are also pervasive, for example WHO, UNICEF, SDGs, UHC, PHC, NCDs, MCH, IMR, MMR, TB, HIV, WASH, KAP, DALY, PPE and M&E. Learners should note that the same abbreviation may have different meanings in different fields: MMR means

maternal mortality ratio in demography but measles, mumps and rubella vaccine in immunisation programmes, so its meaning must always be checked against the context.

**Technical terms and plain language**

Because public health professionals communicate with communities, they also need plain-language equivalents for technical terms, which is central to health literacy (Nutbeam, 2000). Table 7 gives examples.

**Table 7.** Technical terms and plain-language equivalents

| Technical term | Plain language for communities |
|---|---|
| transmission | how the disease spreads |
| asymptomatic | having the infection but not feeling sick |
| vector-borne disease | a disease spread by insects such as mosquitoes |
| immunisation coverage | how many children have had their vaccines |
| stunting | children being too short for their age because of poor nutrition |
| hypertension | high blood pressure |
| risk factor | something that makes a disease more likely |
| open defecation | going to the toilet outside instead of in a latrine |

***Collocations and the language of data***

Useful collocations in EPHP include conduct a survey, collect data, analyse data, raise awareness, reduce the risk of, increase coverage, control an outbreak, prevent the spread of, scale up an intervention, the burden of disease, health-seeking behaviour, at-risk population and evidence-based policy. EPHP learners also need vocabulary for describing data and trends: verbs of upward movement (rise, increase, grow, climb, peak, surge), downward movement (fall, decrease, decline, drop) and stability (remain stable, level off, plateau); adverbs of degree and speed (sharply, dramatically, steadily, gradually, slightly); and expressions of comparison and proportion (twice as high as, the highest rate, accounted for, one in five, the majority of, a quarter of).

These features suggest six strategies for learning EPHP vocabulary: grouping words by sub-discipline; learning technical and plain-language pairs; analysing word parts and noun compounds; collecting vocabulary from authentic sources such as WHO fact sheets, surveillance reports and journal abstracts; practising data language actively by describing real graphs and tables; and keeping a personal glossary with the term, pronunciation, definition, example sentence, plain-language version and Indonesian equivalent (Nation, 2013).

## Language Skills in English for Public Health Purposes

EPHP develops the four language skills of reading, writing, listening and speaking, each shaped by public health tasks. Because public health is research-based and works through documents, reports and proposals, reading and writing carry great weight, especially for students, as Arroyyani et al. (2022) also found. At the same time, practitioners must speak to communities, colleagues, policy makers and the media, so oral skills are equally important in practice. Speaking and specialised terminology are also the most prominent needs among other health science students: Saudi medical students reported the greatest needs in terminology and speaking (Alrashed & Abdel Latif, 2025), Indonesian midwifery students wanted English teaching to emphasise speaking and communication with patients (Hariyanto et al., 2022), and Indonesian medical, midwifery and pharmacy students saw English as necessary for participating in and understanding medical discourse (Hidayati & Meisani, 2023). Because no comparable data exist for Indonesian public health practitioners, the skills described below are derived from the tasks of the field and should be checked against needs analyses of public health graduates and their workplaces. A feature that runs through all four skills is working with data: understanding, interpreting and communicating numbers, tables and graphs.

### *Reading*

Public health students and practitioners read textbooks of epidemiology, biostatistics, environmental health and health promotion; research articles in public health journals; reports, guidelines and fact sheets from WHO, UNICEF and other agencies; surveillance bulletins and outbreak reports; and policy documents, programme evaluations and project proposals. Research articles are the central academic genre. Swales (1990) showed that research genres have recognisable structures and moves. Most public health articles follow the IMRaD pattern, with a structured abstract (background, methods, results and conclusion), so knowing this pattern allows readers to locate the study design and sample in the Methods, the main figures in the Results, and the interpretation and limitations in the Discussion. Useful strategies include skimming abstracts to judge relevance, scanning reports for specific figures, and reading methods and conclusions critically. Learners must also read tables and graphs and understand hedging, the cautious language that researchers use to show the strength of their claims, such as *suggest, may, appear to* and *is associated with* (Hyland, 1998). An association reported in a cross-sectional study, for example, does not prove a cause, and hedged language signals this.

***Writing***

Writing in EPHP covers academic and research genres (essays, literature reviews, research proposals, research reports, theses, abstracts and articles); programme and policy genres (situation analyses, programme reports, monitoring and evaluation reports, policy briefs, and project and grant proposals); communication for the public (leaflets, posters, social media messages, press releases and fact sheets); and workplace writing (emails, minutes, memos and outbreak notifications). Each genre has its own conventions. Research writing is formal, objective and precise; it uses the passive voice for methods (*Data were collected…*), the past tense for results and hedging for interpretation. A policy brief is short and action-oriented: it states the problem, presents key evidence and ends with clear recommendations for decision makers. Materials for the public use plain language, short sentences, direct address and clear actions.

A key EPHP writing skill is describing data. The following description of a hypothetical graph illustrates the expected pattern:

> *The graph shows the number of reported dengue cases in a district from January to December. Cases remained low in the first quarter, at fewer than 50 per month. They then rose sharply from April and peaked at 320 cases in July, before declining steadily to 60 cases in December. The peak coincided with the rainy season, which suggests that seasonal changes in mosquito breeding may have contributed to the increase.*

The paragraph moves from an overview, through the main trend and key figures, to a cautious interpretation, a pattern that learners can apply to any graph or table.

***Listening***

Listening in EPHP takes place in lectures, seminars, international webinars and conferences, where speakers may have many different accents. In practice, public health workers listen in meetings with partners, in interviews and focus group discussions during research, in community meetings, and in telephone reports of suspected outbreaks. Learners therefore need to practise listening for gist, listening for specific information such as numbers, dates, places and case counts, and listening for opinions and attitudes, such as what community members believe about a health issue. In qualitative research, careful listening is also a research skill, because interviewers must follow what respondents say and ask relevant follow-up questions. Suitable activities include taking notes from recorded public health lectures, completing a surveillance form while listening to a simulated outbreak report, and summarising the key points of a webinar.

### *Speaking*

Speaking tasks in EPHP include presenting research findings and programme results with slides and graphs; taking part in seminars, discussions and international meetings; conducting research interviews and focus group discussions; giving health education talks and leading community meetings; advocating to policy makers and giving interviews to the media; and risk communication during outbreaks and emergencies, which requires explaining risks and protective actions clearly and honestly. The central challenge is adapting language to the audience. With colleagues, a speaker may say *The prevalence of hypertension among adults aged over 40 was 34%*; with a community, the same finding becomes *About one in three adults over 40 in this village has high blood pressure*. In academic presentations, learners also need language for signposting (*First, I will describe… Next, let's look at…*), referring to visuals (*As you can see in this graph…*) and handling questions (*That's a good question. Our data suggest…*).

### *Grammar in service of the skills and integration of skills*

Across the four skills, a limited set of grammatical resources recurs in public health communication (Table 8). These resources are best taught through the tasks in which they are used rather than as isolated grammar points.

**Table 8.** Grammar for public health communication

| Function | Typical grammar | Example |
|---|---|---|
| Describing methods | Passive voice, past simple | *A total of 400 respondents were interviewed.* |
| Describing trends | Verbs and adverbs of change | *Cases increased sharply between April and July.* |
| Comparing data | Comparatives and superlatives | *Prevalence was higher in rural areas than in urban areas.* |
| Reporting proportions | Quantifiers and fractions | *Nearly half of the households lacked a latrine.* |
| Interpreting cautiously | Hedging: modals, *suggest, likely* | *These findings suggest that education may reduce the risk.* |
| Expressing cause and effect | *due to, result in, lead to, associated with* | *Poor sanitation can lead to diarrhoeal disease.* |
| Recommending | *should*, imperatives, *It is recommended that…* | *The district should expand immunisation outreach.* |
| Giving health messages | Imperatives, conditionals | *If you have a cough for more than two weeks, get tested for TB.* |

Public health work also combines the skills in sequences (Table 9). For this reason, project-based learning, in which students carry out a small public health project and report it in English in written and oral form, is a promising way of developing EPHP skills.

**Table 9.** Integration of skills in public health tasks

| **Public health task** | **Skills involved** |
|---|---|
| Conducting a community survey | Reading (literature, instruments) → speaking and listening (interviews) → writing (report) |
| Responding to an outbreak | Listening (case reports) → reading (guidelines) → writing (notification) → speaking (risk communication) |
| Writing a policy brief | Reading (evidence, data) → writing (brief) → speaking (presentation to decision makers) |
| Running a health campaign | Reading (situation analysis) → writing (campaign materials) → speaking (community sessions) → listening (feedback) |
| Completing a thesis | Reading (literature) → writing (proposal, thesis) → speaking (defence) → listening (examiners' questions) |

## Discussion

The review shows that EPHP shares the needs-based principle and many of the core features of other health-related ESP fields, but differs from clinical ESP in three respects. First, its object is the population rather than the individual patient, which brings rates, trends and risk estimates into almost every text. Second, it is interdisciplinary: it lies mainly within EST and English for Medical Purposes but also draws on the social sciences and on management. Third, its users address an unusually wide range of audiences, from researchers and donors to community members, so that the ability to move between technical and plain language becomes a core competence rather than an optional extra. These features are consistent with the broader view of ESP as concerned with the genres and communicative practices of particular communities (Hyland, 2022). The account remains the author's proposal. It is grounded in ESP theory and in public health and health communication sources, but it has not yet been validated by public health lecturers, practitioners or learners. Such validation could take the form of expert judgement by ESP and public health lecturers, a comparison with the course descriptions of English courses in Indonesian public health programmes, or a needs analysis of graduates and their employers.

These findings have implications for course design in Indonesia, where public health programmes often use general English or clinical health English materials. An EPHP syllabus should combine academic genres such as research articles and abstracts with programme and policy genres such as reports and policy briefs, and with community genres such as health

education talks and campaign materials. It should give systematic attention to data language and hedging, to the specialised meanings of everyday words, and to the conversion of technical terms into plain language. Because public health sub-disciplines differ, programmes may also offer narrower modules, for example in epidemiology or health promotion. Teachers will need support in understanding public health content, which echoes the wider concern in ESP about teachers' preparation for specialised fields (Basturkmen, 2019).

Table 10 translates the account into a possible course framework. Its units follow the four domains of use, and each unit links target genres to language foci and to a sample task. The framework is intended as a starting point that programmes can adapt to their learners' needs and to the sub-disciplines they emphasise.

**Table 10.** A proposed framework for an EPHP course

| Unit and domain | Target genres | Language focus | Sample task |
|---|---|---|---|
| 1. The language of public health (academic) | Textbook chapters, WHO fact sheets | Technical and sub-technical words; word parts; acronyms | Build a glossary of 30 terms from a fact sheet with plain-language equivalents |
| 2. Reading research (academic) | Structured abstracts, IMRaD articles | Study designs; hedging; reporting verbs | Identify design, sample and main finding in three abstracts |
| 3. Describing data (research) | Tables, graphs, results sections | Verbs and adverbs of change; comparison; proportions | Describe a surveillance graph in a 120-word paragraph |
| 4. Planning a study (research) | Questionnaires, research proposals | Question forms; future and purpose expressions; passive voice | Draft and pilot a short KAP questionnaire |
| 5. Talking to communities (community) | Health talks, leaflets, posters | Plain language; imperatives; conditionals | Turn a technical paragraph into a leaflet for village health volunteers |
| 6. Risk communication (community) | Outbreak messages, press releases | Explaining risk and uncertainty; protective actions | Role-play a community briefing during a dengue outbreak |
| 7. Programmes and policy (policy and programme) | Programme reports, policy briefs, proposals | Problem–evidence–recommendation structure; *should*, *It is recommended that…* | Write a one-page policy brief on stunting |
| 8. Presenting and meeting (policy and programme) | Slide presentations, meetings, emails | Signposting; describing visuals; polite disagreement | Present findings of a mini-project to a simulated district health meeting |

*Note.* The framework is derived from the account in this article and has not yet been piloted.

The review has limitations. It is a conceptual narrative review rather than a systematic review, and its sources were selected for their relevance to the research questions. Most of the

foundational ESP works are several decades old, and empirical research on the English needs of public health learners is still scarce: only a small number of empirical studies, mostly from clinical health fields, were reviewed. The five-element definition, the vocabulary categories and the skill descriptions have not been validated empirically, and the examples were constructed by the author for illustration rather than drawn from a corpus, so they may reflect the sub-fields of public health with which the author is most familiar, such as epidemiology, nutrition and sanitation. The proposed account and course framework should therefore be tested through needs analyses involving public health students, lecturers, practitioners and employers, through expert validation, and through corpus studies of public health texts such as WHO fact sheets, surveillance reports and journal abstracts.

## CONCLUSION

English for Public Health Purposes (EPHP) is a branch of ESP that prepares public health students and professionals to use English accurately and appropriately in academic, research, community and policy contexts. It is defined by its learners, its needs-based purposes, its population-focused content, its scientific, statistical and social language, and its wide range of audiences, from researchers to community members. In the classification of ESP, EPHP belongs mainly to English for Science and Technology (Hutchinson & Waters, 1987) and to English for Medical Purposes under both EAP and English for Professional Purposes (Dudley-Evans & St John, 1998). Because public health draws on sociology, psychology, economics and policy, it also overlaps with English for Social Sciences and, in part, with business and management English. It is an ESAP-type course, slightly wider in angle than clinical ESP courses.

The vocabulary of EPHP combines high-frequency, academic, technical and sub-technical words across epidemiology, research methods, environmental health, health promotion, nutrition, health systems and occupational health. Its key features include Greek and Latin word elements, noun compounds, many acronyms, language for describing data, and plain-language equivalents for community communication. All four skills are essential: reading and writing support research and programme work, while listening and speaking support collaboration, community engagement, advocacy and risk communication. Working with data and adapting language to different audiences are the threads that connect all EPHP skills. The account and the proposed course framework remain to be validated. Future

research should conduct needs analyses and corpus studies of public health English in Indonesian contexts and evaluate EPHP courses designed on the basis of this account.

## AI USE AND DISCLOSURE

The author used ChatGPT to assist with language editing, improving sentence structure, and enhancing the clarity and readability of the manuscript. All AI-assisted content and cited sources were carefully reviewed and verified by the author. The author takes full responsibility for the accuracy, originality, integrity, and final content of the article, including the appropriate use of references and compliance with academic ethical standards.

## ETHICAL STATEMENT AND INFORMED CONSENT

This study is a review of published literature and did not involve human participants or personal data. Ethical approval and informed consent were therefore not required.

## CRediT AUTHORSHIP CONTRIBUTION STATEMENT

Nurfajri Ningsih: Conceptualization, Methodology, Investigation, Visualization, Writing – original draft, Writing – review & editing.

## CONFLICT OF INTEREST

The author declares that there are no known competing financial interests or personal relationships that could have influenced the work reported in this article.

## DATA AVAILABILITY

No new data were generated or analysed in this study. All sources discussed are listed in the references.

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