CONCEPTS OF HEALTH & DISEASE
COMMUNITY MEDICINE

A SYSTEM OF DELIVERY OF COMPREHENSIVE HEALTH CARE TO THE PEOPLE BY A HEALTH TEAM IN ORDER TO IMPROVE THE HEALTH OF THE COMMUNITY.
• **HEALTH**

Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity.

• **DISEASE**

A condition in which body health is impaired.
CONCEPT OF HEALTH

NOWADAYS HEALTH IS CONSIDERED A FUNDAMENTAL HUMAN RIGHT AND A WORLD WIDE SOCIAL GOAL. WHO IN 1977 CONSIDERED THAT BY THE YEAR 2000 A LEVEL OF HEALTH WILL BE ATTAINED BY ALL CITIZENS OF THE WORLD WHICH WILL PERMIT THEM TO LEAD A SOCIALY AND ECONOMICALLY PRODUCTIVE LIFE.
CONCEPTS OF HEALTH

• BIOMEDICAL CONCEPT
• ECOLOGICAL CONCEPT
• PSYCHOSOCIAL CONCEPT
• HOLISTIC CONCEPT
• **BIOMEDICAL CONCEPT:**
  HEALTH MEANS ABSENCE OF DISEASE
  GERMS ARE SUPPOSED TO CAUSE
  DISEASE ON THE BASIS OF GERM
  THEORY.

• **ECOLOGICAL CONCEPT:**
  THERE IS A DYNAMIC EQUILIBRIUM
  BETWEEN MAN AND HIS
  ENVIRONMENT AND DISEASE IS
  MALADJUSTMENT OF HUMAN
  ORGANISM TO ENVIRONMENT.
PSYCHOSOCIAL CONCEPTS: HEALTH IS INFLUENCED BY SOCIAL PSYCHOLOGICAL, CULTURAL, ECONOMIC AND POLITICAL FACTORS OF PEOPLE CONCERNED.

HOLISTIC CONCEPT: THIS CONCEPT IS A SYNTHESIS OF ALL THE ABOVE CONCEPTS. ALL SECTORS OF SOCIETY HAS AN EFFECT ON HEALTH OF AN INDIVIDUAL PARTICULARLY AGRICULTURE, ANIMAL HUSBANDRY, FOOD, INDUSTRY, EDUCATION HOUSING, COMMUNICATION AND OTHER SECTORS.
DIMENSIONS OF HEALTH

- PHYSICAL
- MENTAL
- SOCIAL
- VOCATIONAL
- EMOTIONAL
- PSYCHOSOCIAL
DETERMINANTS OF HEALTH

- FACTORS INFLUENCING HEALTH BOTH WITHIN THE INDIVIDUAL AND THE SOCIETY HEALTH IS MUTIFACTORIAL.

1- BIOLOGICAL DETERMINENTS:

GENETIC MAKE-UP IS UNIQUE AND CANNOT BE ALTERED AFTER CONCEPTION. DISEASES OF GENETIC ORIGIN INCLUDE CHROMOSOMAL ANOMALIES, ERRORS OF METABOLISM, MENTAL RETARDATION ETC.
2- **BEHAVIORAL AND SOCIO-CULTURAL CONDITIONS:** CULTURAL AND BEHAVIORAL PATTERNS AND LIFE LONG HABITS INFLUENCE HEALTH.

3- **ENVIRONMENT:** ENVIRONMENT HAS A DIRECT IMPACT ON PHYSICAL, MENTAL AND SOCIAL WELL BEING OF A PERSON CLASSIFIED AS:

- **INTERNAL:** EACH AND EVERY COMPONENT PART, EVERY TISSUE, ORGAN AND ORGAN-SYSTEM AND THEIR HARMONIOUS FUNCTIONING WITHIN THE SYSTEM.

- **EXTERNAL:** THOSE THINGS TO WHICH MAN IS EXPOSED AFTER CONCEPTION. DIVIDED INTO PHYSICAL, BIOLOGICAL, PSYCHOSOCIAL COMPONENTS.
4) **Socioeconomic Conditions:**

- **Economic Status** – Per capita GNP determines purchasing power, standard of living, quality of life, and utilization of health facility etc.
- **Education** – High literacy rate effects health status
- **Occupation** – Unemployment causes ill health
- **Political System**
  - Stability
  - Political will & commitment
5) **HEALTH SERVICES:**
- HEALTH CARE SYSTEM
  - PREVENTIVE
  - CURATIVE
- FAMILY WELFARE SERVICES

6) **AGING OF POPULATION**
IN POPULATION ABOVE 60 YEARS OF AGE
THERE IS INCREASED PREVALENCE OF
CHRONIC DISEASE.

7) **GENDER:**
FEMALES MORE PRONE TO DISEASES E.G.
NUTRITIONAL AND REPRODUCTIVE HEALTH
PROBLEMS.
INDICATORS OF HEALTH

- INDICATORS MEASURE THE HEALTH STATUS OF A COMMUNITY AND ALSO COMPARE HEALTH STATUS OF ONE COUNTRY WITH ANOTHER.
CHARACTERISTICS OF INDICATORS

- **Valid:** They should actually measure what they are supposed to measure.
- **Reliable:** The answer should be the same if measured by different people.
- **Sensitive:** Sensitive to detect changes in situation concerned.
- **Specific:** Reflect changes only in situation concerned.
- **Feasible:** Should have the ability to obtain data needed.
CLASSIFICATION OF INDICATORS

1) **MORTALITY INDICATORS:** E.G.,
   CRUDE DEATH RATE, INFANT MORTALITY RATE, MATERNAL MORTALITY RATE.

2) **MORBIDITY INDICATORS:** INCIDENCE & PREVALENCE RATES.

3) **DISABILITY RATES:**
   NO OF DAYS OF RESTRICTED ACTIVITY, BED DISABILITY DAYS, LIMITATION OF MOBILITY.
4) **NUTRITIONAL STATUS INDICATORS:**
Anthropometric measurements of preschool children e.g. weight, height, mid arm circumference low birth weight prevalence.

5) **HEALTH CARE DELIVERY INDICATORS:**
Doctor-population ratio, doctor-nurse ratio, population – bed ratio.

6) **UTILIZATION RATES:**
Proportion of infants who are fully immunized against 6 EPI diseases, contraceptive prevalence rates.
7) **INDICATORS OF SOCIAL AND MENTAL HEALTH:**
SUICIDE, JUVENILE DELINQUENCY, ALCOHOL AND DRUG ABUSE, SMOKING.

8) **ENVIRONMENTAL INDICATORS:**
POLLUTION OF AIR, WATER, SOLID WASTE DISPOSAL.

9) **SOCIO-ECONOMIC INDICATORS:**
RATE OF POPULATION INCREASE, PER CAPITA GNP, LITERACY RATES, LEVEL OF UNEMPLOYMENT.
10) **HEALTH POLICY INDICATORS:**

PROPORTION OF GNP SPENT ON HEALTH SERVICES, PROPORTION OF GNP SPENT ON HEALTH RELATED ACTIVITIES.

11) **INDICATORS OF QUALITY OF LIFE:**

- LIFE EXPECTANCY AT AGE ONE,
- LITERACY
- INFANT MORTALITY
LEVELS OF PREVENTION

- Prevention is customarily divided into four stages
  - 1) Primordial Prevention
  - 2) Primary Prevention
  - 3) Secondary Prevention
  - 4) Tertiary Prevention
It is the prevention of emergence or development of risk factors in countries or population groups in which they have not yet appeared.

Example: To control obesity and hypertension in childhood, intervention strategy is through individual and mass education.
PRIMARY PREVENTION

Action taken prior to the onset of disease which removes the possibility that the disease will ever occur

Example: Chronic diseases such as coronary heart disease, hypertension and cancer
PRIMARY PREVENTION

Approaches may be by
1) Population Strategy
2) High Risk Strategy
SECONDARY PREVENTION

Actions which halt progress of disease at its incipient stage and prevents complications

Specific interventions are specific diagnoses and prompt treatment

Preventive focus is mainly to arrest the disease process and restore health
TERTIARY PREVENTION

Majors are taken to reduce impairments and disabilities to minimize to sufferings caused by departures from good health and promote patients adjustment to irremediable conditions

Rehabilitation of patients plays the main role
THANK YOU