Chapter 1

- **Health is a dynamic concept with multiple meanings that are dependent on the context** in which the term is used and the people who use it. People see health as essential to well-being, but how people define their own health varies according to their own social experience, particularly in relation to their age, personal knowledge, and social and illness experiences.

- **Health is a resource** that permits people to lead individually, socially and economically productive lives. It is a positive concept emphasising social and personal resources as well as physical capabilities.

- **Health is a dynamic state of well-being** characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility.

- **Health is a state of complete physical, mental, and social wellbeing** and not merely the absence of disease or infirmity (World Health Organisation 1986).

- **Aboriginal health** is not just the physical wellbeing of an individual but is the social, emotional and cultural wellbeing of the community in which each individual is able to achieve their full potential thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-after-death.

- There are many theories underpinning the various approaches to health. No theory stands alone as there is interaction between the ideas and concepts within these theories that inform how we think about health and wellbeing.

- **Theory** – a set of assumptions or propositions, or hypotheses or accepted facts that are assembled to provide a plausible or rational explanation of the cause and effect of observed occurrences or experiences in the world. To become accepted theory, those assumptions, hypotheses or propositions have been tested repeatedly to strengthen the internal and external validity of the theory. Thus, theories are generally a set of abstract ideas, tested for their validity and generalisability.

- **The function of a theory** is to explain the complexity of the world and predict what might happen if one or more important factors change. All theories are subject to new knowledge and learning and may be challenged.

- **Paradigm** – a distinct form of thought patterns that gives shape to thinking with sciences and social sciences.

- **Conceptual frameworks** – a theoretical structure of assumptions, principles and rules that holds together the ideas comprising a broad concept. There are 5 frameworks of health as suggested by Taylor (2008):
  - **Health as the absence of disease in an individual** – simplest but most influential of these 5 frameworks. Further concepts evolved from this. It does not look at the holistic view of health.
  - **Health as holistic wellbeing in an individual** – definition is derived from a biopsychosocial perspective, where health is a state of physical, mental and social wellbeing, and not merely the absence of disease.
  - **Health as subjective experience** – e.g. being medically diagnosed to having a disease however patient may not feel unwell, or, catching a regular cold but feeling very unwell.
  - **Health as dynamic states of wellness and functional capacity along a continuum** – according to this perspective, the health states and health conditions of all people are dynamic and constantly changing. Being healthy involves a person’s capacity to be functional and active at different points in time across a wide range of context. People can experience challenges in functioning at different points in their lives and such impairment can be temporary or permanent.
  - **Health as a population-based concept** – rather than thinking of health on an individual level, this conceptualises the health and wellbeing of individuals, groups, communities and populations as being determined by a wide range of complex, interacting individual social, cultural and environmental factors in systems. According to this view, health is a resource or capacity inherent within individuals, communities and populations rather than the static state of characteristics of one individual.

- **In order to understand a person’s health status** professionals and community members always need to take into account people’s own perspectives and their capacity to manage or control the challenges and changes in the environments surrounding them. They also need to understand the theoretical and conceptual understandings derived from academic literature.

- Local government is increasingly involved in matters of health including the creation of safe and healthy places for people to live and work, planning schemes to manage where and how people live and work, a wide range of support services, mechanisms for residents to participate in decisions affecting the community, and planning for infrastructure. Local government is responsible for public health and wellbeing plans and their implementation, and is involved in health promotion.

- The education sector is also critical for health. A person’s level of education directly influences literacy. Levels of education develop interpersonal and life skills, and are a major influence on pathways through life that contribute to hool health, e.g. able to gain employment.

- **WHO** – world health organisation; their primary role is to direct and coordinate international health within the United Nations’ system. The main areas of work include health systems, promoting health through the life-course, non-communicable diseases, communicable diseases, corporate services, preparedness, surveillance and response.

- **The political nature of health can be understood at three levels:**
Health is political because, like any other resource or commodity, some social groups have more of it than others.

Health is political because its social determinants are amenable (open) to political interventions. They are therefore dependent on political action/inaction on the social determinants of health.

Health is political because the right to a standard of living adequate for health and wellbeing is, or should be, an aspect of citizenship and a human right.

- Health is political because there opposing ideological positions about how much responsibility governments should take with regard to health.

**Universal healthcare** aims to provide the right service, at the right cost, at the right time, by the right provider. These principles are about access, which in turn increases equity. An example which increases access and equity is Medicare.

**Health equity** – the rights of people to have equitable access to services on the basis of need, and the resources, capacities and power they need to act upon the circumstances of their lives that determine their health. Equity requires the more or less equal distribution of goods and services usually on the basis of need.

**Health inequity** – those inequalities in health deemed to be unfair but preventable (stemming from some form of political or social injustice), and is grounded in social and political justice. Health inequities arise from economic, cultural and social conditions and the way that a society’s resources are distributed. This includes, for examples people’s access to money, to health and social services, and to quality opportunities.

**Health inequality** - an observable, often measurable difference in health status between individuals, groups or populations, whatever the cause. E.g. everyone gets the same things in order to enjoy a healthy life.

**Dimensions of Health** –
- Emotional – coping effectively with life and creating satisfying relationships.
- Spiritual – expanding our sense of purpose and meaning of life.
- Physical – recognising the need for physical activity, diet, sleep and nutrition.
- Intellectual – recognising creative abilities and finding ways to expand knowledge and skills.
- Occupational – personal satisfaction and enrichment derived from one’s work.
- Environmental – good health by occupying pleasant, stimulating environments that support wellbeing.
- Psychological – cognitive and mental wellbeing.
- Social – good social relationships.

**Health status** – often summarised by life expectancy or self-assessed health status and more broadly includes measures of functioning, physical illness and mental wellbeing.

**Life expectancy** – the average number of years of life that someone can expect to live. Indigenous life expectancy is less than non-indigenous.

**Burden of disease** – an analysis used to compare the fatal and non-fatal effects of different diseases among population groups over time.

**Disability adjusted life years (DALY)** - One disability-adjusted life year or 'DALY' is one year of 'healthy life' lost due to a disease or injury.

### Chapter 2

- **The social determinants of health** –
  - The conditions in which people are born, grow, live, work and age.
  - The range of behavioural, biological, socio-economic and environmental factors that influence the health status of individuals or populations.
  - These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

- **Health determinant** – a force or element that affects health, either positively or negatively. Health is determined by:
  - **intrinsic forces**, such as genetics, behaviour, culture, habits and lifestyles, and
  - **extrinsic forces**, such as preventative, curative and promotional aspects of the health sector, as well as elements outside the health sector including:
    - Economic factors, such as trade
    - Social factors, such as poverty
    - Environmental factors, such as climate change
    - Technological factors, such as information technology

- **Levels of determinants** – the ways in which determinants actually affect health varies; some have a direct effect on health others are more removed from day-to-day effects. There are 3 levels:
✓ **Proximal determinants (downstream)** – DIRECT EFFECT i.e. directly causes illness; has discernibly (noticeably) direct effect on health. This includes lifestyle and behavioural factors related to nutrition or smoking or other exposures, as well as underlying health conditions such as diabetes that require management to prevent premature death.

✓ **Intermediate determinants (midstream)** – BACKGROUND LIFESTYLE EFFECT; has a less discernible effect, and are the material factors, including personal wealth, education or access to material resources and services such as the natural, physical and built environments and access to health care.

✓ **Distal determinants (upstream)** – INDIRECT EFFECT; factors that are remote from the point of reference. This includes the national, institutional, political, legal, and cultural factors that indirectly influence health by acting on the more proximal factors. It is about the distribution of money, power and resources at a global, national and local levels. E.g. health policy. E.g. distal determinants of lung cancer are damage from second hand tobacco smoke and availability and prices of cigarettes.

- **Commission on Social Determinants of Health (CSDH)** – charged by WHO with recommending interventions and policies to improve health and reduce health inequalities through action on the social determinants of health. They are focused on health equity and aims to build on the public health and primary health traditions of social justice movements and the social model of health. The CSDH’s conceptual framework was developed to explain influences of the distribution of health and wellbeing at a population level.

- **Iceberg model of health** – health determinants can be explained using this model. The iceberg model suggests that if we can address the determinants of health (bottom of iceberg), we might be able to ultimately prevent the development of illnesses (tip of iceberg).
  1. **Bottom of the iceberg** – determinants of health at an individual or population level.
  2. **Below the surface of the water** – if health determinants are left unaddressed for a long time, it can become lifestyle factors; which can ultimately develop into contributing or risk factors.
  3. **Just above the surface of the water** – lifestyle factors might develop into risk factors, making the individual or population more vulnerable to illness/disease/health outcomes.
  4. **Tip of the iceberg** – when risk factors get to its final stage it becomes health outcomes or states of health i.e. presenting illness.