

Contents: Introduction Significance for Managers and Policymakers Basics Concepts of Health Quality of Life Risk Factors and Disease Acute, Sub acute, and Chronic Conditions Health Promotion and Disease Prevention Levels of Healthcare Introduction From an economic perspective, curative medicine appears to produce decreasing returns in health improvement while increasing health care expenditures. There has also been a growing recognition of the benefits afforded to society by the promotion of health and the prevention of disease, disability, and premature death. Even so, progress in this direction has been slow because of the prevailing social values and beliefs, which continue to focus on curing diseases rather than promoting health.

Significance for Managers and Policymakers

1. The health status of a population has tremendous bearing on the utilization of health services, assuming the services are readily available. Planning of health services must be governed by demographic and health trends and initiatives toward reducing disease and disability.
2. The basic meanings of health, determinants of health, and health risk appraisal should be used to design appropriate educational, preventive, and therapeutic initiatives. There is a growing emphasis on evaluating the effectiveness of health care organizations based on the contributions they make to community and population health. These concepts can guide administrators in implementing programs that have the greatest value to their communities. Quantified measures of health status and utilization can be used by managers and policymakers to evaluate the adequacy and effectiveness of existing programs, plan new strategies, measure progress, and discontinue ineffective services.

Basics Concepts of Health

The definition of health developed by the World Health Organization (WHO) is most often cited as the ideal for health care delivery systems; it recognizes that optimal health is more than the absence of disease or infirmity. WHO (1948) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO’s definition specifically identifies social well-being as a third dimension of health. For example, having a social support network is positively associated with resilience to life stresses, self-esteem, and social relations.

Basics Concepts of Health

WHO has also defined a health care system as all the activities whose primary purpose is to promote, restore, or maintain health. Health care should include much more than medical care. Thus, health care can be defined as a variety of services believed to improve a person’s health and well-being.

Basics Concepts of Health

In recent decades, increased interest has been directed toward holistic health, which emphasizes the well-being of every aspect of what makes a person whole and complete. Thus, holistic medicine seeks to treat the individual as a whole person. It is a philosophy of health care that emphasizes the well-being of every aspect of a person, including the physical, mental, social, and spiritual aspects of health.

Figure: The four dimensions of holistic health

Religious and spiritual beliefs and practices have been shown to have a positive impact on a person’s physical, mental, and social well-being. Several religious communities promote healthy lifestyles in terms of (lack of) tobacco use, (lack of) alcohol consumption, and diet.

Quality of Life

The term quality of life is used to capture the essence of overall satisfaction with life during and following a person’s encounter with the health care delivery system. This term is employed in two ways. First, it is an indicator of how satisfied a person with his or her experiences while receiving health care. Specific life domains—such as comfort factors, respect, privacy, security, degree of independence, decision-making autonomy, and attention to

personal preferences—are significant to most people. These factors, in turn, are now regarded as rights that patients can demand during any type of health care encounter. Second, quality of life can refer to a person's overall satisfaction with life and with self-perceptions of health, particularly after some medical intervention.

Risk Factors and Disease The occurrence of disease involves more than just a single factor. For example, the mere presence of the tubercle bacillus does not automatically mean the infected person will develop tuberculosis. Other factors, such as poverty, overcrowding, and malnutrition, may be essential for development of the disease. Hence, tracing risk factors—attributes that increase the likelihood of developing a particular disease or negative health condition in the future—requires a broad approach. One useful explanation of disease occurrence (for communicable diseases, in particular) is provided by the tripartite model, sometimes referred to as the Epidemiology Triangle. In this model, the host is the organism—generally, a human—that becomes sick. Factors associated with the host include genetic makeup, level of immunity, fitness, and personal habits and behaviors. For the host to become sick, an agent must be present, although presence of an agent does not ensure that disease will occur. For example, tubercle bacillus is the agent for tuberculosis. Other examples of agents include chemicals, radiation, tobacco smoke, dietary indiscretions, and nutritional deficiencies. The third entity, environment, is external to the host and includes the physical, social, cultural, and economic aspects of the environment. Examples include sanitation, air pollution, anthropo-cultural beliefs, social equity, social norms, and economic status.

Figure: The epidemiology Triangle

Anthropology: the study of human beings and their ancestors through time and space and in relation to physical character, environmental and social relations, and culture

Cultural anthropology is a branch of anthropology focused on the study of cultural variation among humans. **Social equity** is concerned with justice and fairness of social policy. **Social policy** consists of guidelines, principles, legislation and activities that affect the living conditions conducive to human welfare such as a person's quality of life. **Social norms** are the unwritten rules of beliefs, attitudes, and behaviors that are considered acceptable in a particular social group or culture.

Behavioral Risk Factors Certain individual behaviors and personal lifestyle choices represent important risk factors for illness and disease. For example, smoking has been identified as the leading cause of preventable disease and death in the United States because it significantly increases the risk of heart disease, stroke, lung cancer, and chronic lung disease.

Acute, Sub acute, and Chronic Conditions

Disease can be classified as acute, sub-acute or chronic. An acute condition is relatively severe, episodic (of short duration), and often treatable and subject to recovery. Treatments are generally provided in a hospital. Examples of acute conditions include a sudden interruption of kidney function and a myocardial infarction (heart attack). A subacute condition is a less severe phase of an acute illness. It can be a postacute condition, requiring continuity of treatment after discharge from a hospital. Examples include ventilator and head trauma care. A chronic condition is one that persists over time, is not severe, but is generally irreversible. A chronic condition may be kept under control through appropriate medical treatment, but if left untreated, it may lead to severe and life-threatening health problems. Examples of chronic conditions are hypertension, asthma, arthritis, heart disease, and diabetes. Contributors to chronic disease include ethnic, cultural, and behavioral factors and the social and physical environment.

Health Promotion and Disease Prevention A program of health promotion and disease prevention is built

on three main principles: Risk factors associated with host, agent, environment, and their health consequences are evaluated through a process called health risk appraisal. Interventions for counteracting the key risk factors include two main approaches: (1) behavior modification geared toward the goal of adopting healthier lifestyles; and (2) therapeutic interventions. Adequate public health and social services, include all health-related services designed to minimize risk factors and their negative effects so as to prevent disease, control disease outbreaks, and contain the spread of infectious agents. Various avenues can be used in motivating individuals to alter behaviors that may contribute to disease, disability, or death. Behavior can be modified through educational programs and incentives directed at specific high-risk populations. For example, in the case of cigarette smoking, health promotion efforts aim to build people's knowledge, attitudes, and skills to avoid or quit smoking. These efforts also seek to reduce the number of advertisements and environmental enticements that promote nicotine addiction

Therapeutic interventions fall into three areas of preventive effort: primary prevention, secondary prevention, and tertiary prevention. Primary prevention refers to activities undertaken to reduce the probability that a disease will develop in the future. Secondary prevention refers to early detection and treatment of disease. Health screenings and periodic health examinations are just two examples. Screening for hypertension, cancers, and diabetes, for example, has been instrumental in prescribing early treatment for these conditions. Tertiary prevention refers to interventions that could prevent complications from chronic conditions and prevent further illness, injury, or disability. For example, regular turning of bed-bound patients prevents pressure sores, rehabilitation therapies can prevent permanent disability, and infection control practices in hospitals and nursing homes are designed to prevent iatrogenic illnesses (i.e., illnesses or injuries caused by the process of health care). Iatrogenic disease is the result of diagnostic and therapeutic procedures undertaken on a patient. With the multitude of drugs prescribed to a single patient adverse drug reactions are bound to occur.

Understanding the Levels of Healthcare Primary Care This is the first and most generalized stop for symptoms and medical concerns. For instance, patient may visit the primary care doctor when the patient notice a new symptom or are concerned that he has contracted a cold, the flu, or some other bacterial or viral disease. Patient may also seek out primary care for a broken bone, a sore muscle, a skin rash, or any other acute medical problem Primary care providers (PCP) may be doctors, nurse practitioners, or physician assistants. Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system. Secondary Care When primary care provider refers patient to a specialist, then the patient is in secondary care. Secondary care simply means that the care will be provided by someone who has more specific expertise. Specialists focus either on a specific system of the body or a specific disease or condition. Endocrinologists focus on hormone systems and some specialize in diseases like diabetes or thyroid disease., Cardiologist will focus on the functioning of the heart. Oncologists have a specialty in treating cancers and many focus on a specific type of cancer. Secondary care is where most people end up when they have a medical condition to deal with that can't be handled at the primary care level. Secondary care includes acute care necessary treatment for a short period of time for a brief but serious illness, injury, or other health condition. This care is often found in a hospital emergency department. Secondary care also includes

skilled attendance during child birth, intensive care, and medical imaging services Insurance company may require that you receive a referral from the PCP rather than going directly to a specialist. Tertiary Care Tertiary care is another form of specialized care that is a level above secondary care in that it involves supporting patients who are encountering life threatening illnesses and whose vitals are not stabilized. Tertiary care requires highly specialized equipment and expertise. this level, procedures such as coronary artery by pass surgery , renal or hemodialysis, and some plastic surgeries or neurosurgeries are performed. also includes severe burn treatments and any other very complex treatments or procedures. small, local hospital may not be able to provide these services, so a patient need may need to be transferred to a medical center that provides highly specialized tertiary level services. Tertiary care is delivered in settings such as the intensive care unit (ICU), emergency room, trauma, organ transplant, .and critical care units