Concept of public health, health, community medicine

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History of medicine & public health

❑ **MEDICINE IN ANTIQUITY**

- **Primitive medicine:** The concept of disease in which the ancient man believed is known as the **"supernatural theory of disease"**. They attributed disease to the wrath of gods, the invasion of body by **"evil spirits"** and the malevolent influence of stars and planets.
- **Indian medicine:** In Ayurveda, the **"tridosha theory of disease"** was explained. The *doshas* or humors are: *vata* (wind) , pitta (gall) and kapha (mucus). Disease was explained as a disturbance in the equilibrium of the three humors; when these were in perfect balance and harmony, a person is said to be healthy.

History of medicine & public health

❑ **MEDICINE IN ANTIQUITY**

- **Chinese medicine:** The Chinese were early **pioneers of immunization**. They practiced variolation to prevent smallpox. The Chinese system of **"barefoot doctors"** and acupuncture have attracted worldwide attention in recent years.
- **Egyptian medicine:** They built planned cities, public baths and underground drains.
- **Mesopotamian medicine:** Hammurabi, a great king of Babylon who lived around 2000 B.C. formulated a set of drastic laws known as the **Code of Hammurabi** that governed the conduct of physicians.

History of medicine & public health

❑ **MEDICINE IN ANTIQUITY**

- **Greek medicine:** The greatest physician in Greek medicine was **Hippocrates** who is called the **"Father of Medicine"**. His famous oath, the **"Hippocratic oath"** has become the keystone of medical ethics.
- **Roman medicine: Public health was born in Rome** with the development of baths, sewers and aqueducts. The Romans made fine roads, brought pure water, drained marshes to combat malaria, built sewerage systems and established hospitals for the sick.
- **Middle ages:** The medieval period is called the **"Dark Ages of Medicine"** due to the revival of ancient beliefs of superstition.

History of medicine & public health

- ❑ **DAWN OF SCIENTIFIC MEDICINE**
  - **Revival of medicine**
  - **Sanitary awakening:** The **"great sanitary awakening"** which took place in England in the mid-nineteenth century
  - **Rise of public health:** Cholera is called the **"father of public health"** appeared during the 19th century. **John Snow**, studied the epidemiology of cholera in London from 1848 to 1854 and established the role of polluted drinking water in the spread of cholera.
  - **Germ theory of disease**
  - **Birth of preventive medicine**

History of medicine & public health

- ❑ **MODERN MEDICINE**
  - **Curative medicine**
  - **Preventive medicine**
  - **Changing concepts in public health**
- ❑ **MEDICAL REVOLUTION**

History of medicine & public health

- ❑ **HEALTH CARE REVOLUTION**
  - **Health for All**
  - **Primary health care**
  - **De-professionalization of medicine**
  - **The Millennium Development Goals (MDG)**
  - **Sustainable Development Goals (SDG)**

Changing concept of public health

1. **Disease control phase (1880-1920 A.D.)**
2. **Health promotional phase (1920-1960 A.D.)**
3. **Social engineering phase (1960-1980 A.D.)**
4. **"Health for All" phase (1981-2000 A.D.)**

Changing concept of public health

- **Disease control phase (1880-1920 A.D.)**
  - Public health during the **19th century** was largely a matter of **sanitary legislation and sanitary reforms** aimed at the control of man's physical environment, e.g., water supply, sewage disposal, etc.
  - Clearly these measures were not aimed at the control of any specific disease, for want of the needed technical knowledge.

Changing concept of public health

- **Health promotional phase (1920-1960 A.D.)**
  - At the beginning of the 20th century, a new concept, the concept of **"health promotion"** began to take shape.
  - Consequently, in addition to disease control activities, one more goal was added to public health, that is, health promotion of individuals.
  - It was initiated as personal health services such as mother and child health services, school health services, industrial health services, mental health and rehabilitation services.
  - **Public health nursing** was a direct offshoot of this concept.

Changing concept of public health

- **Health promotional phase (1920-1960 A.D.)**
  - Public health departments began expanding their programmes towards health promotional activities.
  - **C.E.A. Winslow**, one of the leading figures in the history of public health, in 1920, **defined public health** as "the science and art of preventing disease , prolonging life and promoting health and efficiency through organized community effort".
  - This definition summarizes the philosophy of public health, which remains largely true even today.

Changing concept of public health

- **Health promotional phase (1920-1960 A.D.)**
  - Two great movements were initiated for human development during the first half of the present century, namely-

a. Provision of **"basic health services"** through the medium of primary health centres and subcentres for rural and urban areas.

b. Community Development Programme to promote village development through the active participation of the whole community and on the initiative of the community. This is called community participation.

Changing concept of public health

❑ **Social engineering phase (1960-1980 A.D.)**

- With the advances in preventive medicine and practice of public health, the pattern of disease began to **change from acute illness to chronic diseases** e .g. , cancer, diabetes, cardiovascular diseases, alcoholism and drug addiction etc. in the developed world.
- These problems could not be tackled by the traditional approaches to public health such as isolation, immunization and disinfection nor could these be explained on the basis of the germ theory of disease.
- A new concept, the concept of **"risk factors"** as determinants of these diseases came into existence.

Changing concept of public health

❑ **Social engineering phase (1960-1980 A.D.)**

- Public health moved into the preventive and rehabilitative aspects of **chronic diseases and behavioural problems**.
- In this process, the goals of public health and preventive medicine which had already considerable overlapping became identical, namely **prevention of disease , promotion of health and prolongation of life**.
- Community health incorporates services to the population at large as opposed to preventive or social medicine.

Changing concept of public health

❑ **"Health for All" phase (1981-2000 A.D.)**

- As the centuries have unfolded, the glaring **disparities of healthcare in the developed and developing countries** came into a sharper focus.
- Most people in the developed countries, and the elite of the developing countries, enjoy all the determinants of good health - adequate income, nutrition, education, sanitation, safe drinking water and comprehensive health care.
- In contrast, only 10 to 20 per cent of the population in developing countries enjoy ready access to health services of any kind.

Changing concept of public health

❑ **"Health for All" phase (1981-2000 A.D.)**

- The global conscience was stirred leading to a new awakening that the health gap between rich and poor within countries and between countries should be narrowed and ultimately eliminated.
- Against this background, in **1981, the members of the WHO** pledged themselves to an ambitious target to provide **"Health for All"** by the year 2000, that is attainment of a level of health that will permit all people "to lead a socially and economically productive life".

Changing concept of health

1. **Biomedical concept**
2. **Ecological concept**
3. **Psychosocial concept**
4. **Holistic concept**

Changing concept of health

❑ **Biomedical concept**

- Traditionally, health has been viewed as an **"absence of disease"**, and if one was free from disease, then the person was considered healthy.
- This concept, known as the **"biomedical concept"** has the basis in the "germ theory of disease" which dominated medical thought at the turn of the 20th century.
- The medical profession viewed the human body as a machine, disease as a consequence of the breakdown of the machine and one of the doctor's task as repair of the machine.

Changing concept of health

❑ **Biomedical concept**

- The criticism that is levelled against the biomedical concept is that it has minimized the **role of the environmental, social, psychological and cultural determinants of health**.
- The biomedical model was **found inadequate to solve some** of the major health problems of mankind e.g., malnutrition , chronic diseases, accidents, drug abuse, mental illness, environmental pollution. population explosion.
- Developments in medical and social sciences led to the conclusion that the **biomedical concept of health was inadequate**.

Changing concept of health

❑ **Ecological concept**

- The ecologists viewed health as a **dynamic equilibrium between man and his environment**, and disease a maladjustment of the human organism to environment.
- The ecological concept raises two issues, viz. **imperfect man and imperfect environment**.
- History argues strongly that improvement in human adaptation to natural environments can lead to longer life expectancies and a better quality of life - even in the absence of modern health delivery services.

Changing concept of health

❑ **Psychosocial concept**

- Contemporary developments in social sciences revealed that health is not only a biomedical phenomenon, but one which is **influenced by social, psychological, cultural, economic and political factors** of the people concerned.
- These factors must be taken into consideration in defining and measuring health.
- Thus, health is **both a biological and social phenomenon**.

Changing concept of health

❑ **Holistic concept**

- The holistic model is a **synthesis of all** the above concepts.
- It recognizes the strength of social, economic, political and environmental influences on health.
- This view corresponds to the view that **health implies a sound mind, in a sound body, in a sound family, in a sound environment**.
- The holistic approach implies that **all sectors of society have an effect on health**, in particular, agriculture, animal husbandry, food , industry, education, housing, public works, communications and other sectors.

Dimension of health

a. **Physical dimension**
b. **Mental dimension**
c. **Social dimension**
d. **Spiritual dimension**
e. **Emotional dimension**
f. **Vocational dimension**

Dimension of health

g. **Other dimensions**

- philosophical dimension
- cultural dimension
- socio-economic dimension
- environmental dimension
- educational dimension
- nutritional dimension
- curative dimension
- preventive dimension

Dimension of health

❑ **Physical dimension**

- The state of physical health implies the notion of **''perfect functioning"** of the body.
- It conceptualizes health biologically as a state in which **every cell and every organ is functioning at optimum capacity** and in perfect harmony with the rest of the body.
- All the organs of the body are of unexceptional size and function normally; all the special senses are intact; the resting pulse rate, blood pressure and exercise tolerance are all within the range of "normality" for the individual's age and sex.

Dimension of health

❑ **Physical dimension**

- The **signs of physical health** in an individual are:

a. a good complexion	f. a sweet breath
b. a clean skin	g. a good appetite
c. bright eyes	h. sound sleep
d. lustrous hair with a body well clothed with firm flesh	i. regular activity of bowels and bladder
e. not too fat	j. smooth, easy, coordinated bodily movements

Dimension of health

❑ **Mental dimension**

- Mental health is not mere **absence of mental illness**.
- Good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose.
- **Mental health has been defined as** "a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment".

Dimension of health

- Characteristics or attributes of a **mentally healthy person**:
  a. is **free from internal conflicts**; he is not at "war" with himself
  b. he is **well-adjusted**, i.e. , he is able to get along well with others
  c. he **searches for identity**
  d. he has a strong **sense of self-esteem**
  e. he **knows himself**: his needs, problems and goals (self-actualization)
  f. he has good **self-control-balances** rationality and emotionality
  g. he faces problems and tries to solve them intelligently, i.e., **coping with stress and anxiety**

Dimension of health

❑ **Social dimension**

- Social well-being implies **harmony and integration** within the individual, between each individual and other members of society and between individuals and the world in which they live.
- It has been defined as the "quantity and quality of an individual's interpersonal ties and the extent of involvement with the community".
- The social dimension of health includes the **levels of social skills** one possesses, social functioning and the ability to see oneself as a member of a larger society.

Dimension of health

❑ **Spiritual dimension**

- **Spiritual health** refers to that part of the individual which reaches out and strives for meaning and purpose in life.
- It is the **intangible "something"** that transcends physiology and psychology.
- It includes integrity, principles and ethics, the purpose in life, commitment to some higher being and belief in concepts that are not subject to "state of the art" explanation.

Dimension of health

❑ **Emotional dimension**

- Historically the mental and emotional dimensions have been seen as one element or as two closely related elements.
- However, as more research becomes available a definite difference is emerging.
- Mental health can be seen as **"knowing" or "cognition"** while emotional health relates to **"feeling"**.
- Experts in psychobiology have been relatively successful in isolating these two separate dimensions.

Dimension of health

❑ **Vocational dimension**

- The vocational aspect of life is a new dimension.
- It is part of **human existence**.
- When work is fully adapted to human goals, capacities and limitations, work often plays a role in promoting both physical and mental health.
- Physical work is usually associated with an improvement in physical capacity, while goal achievement and self-realization in work are a source of satisfaction and enhanced self-esteem.

Positive health

- The state of positive health implies the notion of **"perfect functioning"** of the body and mind.
- It conceptualizes health
  - **biologically,** as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body
  - **psychologically,** as a state in which the individual feels a sense of perfect well-being and of mastery over his environment, and
  - **socially,** as a state in which the individual's capacities for participation in the social system are optimal.

Positive health

- Dubos said, "The concept of perfect positive health **cannot become a reality** because man will never be so perfectly adapted to his environment that his life will not involve struggles, failures and sufferings".
- Positive health will, therefore, always **remain a mirage**, because everything in our life is subject to change.
- Health in this context has been described as a potentiality - the ability of an individual or a social group to modify himself or itself continually, in the face of changing conditions of life.

Concept of well-being

- **"Well-being"** of an individual or group of individuals have objective and subjective components.
- The **objective components** relate to such concerns as are generally known by the term **"standard of living" or "level of living"**.
- The **subjective component** of wellbeing (as expressed by each individual) is referred to as **"quality of life".**

Concept of well-being

❑ **Standard of living**

- The term **"standard of living"** refers to the **usual scale of our expenditure, the goods we consume and the services we enjoy**.
- It includes the level of education, employment status, food, dress, house, amusements and comforts of modern living.

Concept of well-being

❑ **Level of living**

- The parallel term for standard of living used in United Nations documents is **"level of living"**.
- It consists of **nine components**: health, food consumption, education, occupation and working conditions, housing, social security, clothing, recreation and leisure, and human rights.
- It is considered that health is the most important component of the level of living because its impairment always means impairment of the level of living.

Concept of well-being

❑ **Quality of life**

- **"Quality of life"** was defined by WHO as:

  "the condition of life resulting from the combination of the effects of the complete range of factors such as those determining health , happiness (including comfort in the physical environment and a satisfying occupation), education, social and intellectual attainments, freedom of action, justice and freedom of expression".

Concept of well-being

❑ **Quality of life**

- A **recent definition of quality of life** by WHO is as follows:

  "the product of the interplay between social, health, economic, and environmental conditions which affect human and social development. It is a broad-ranging concept, incorporating a person's physical health, psychological state. level of independence, social relationships, personal belief and relationship to salient features in the environment" .
- The quality of life can be evaluated by assessing a **person's subjective feelings of happiness or unhappiness** about the various life concerns.

Physical quality of life index (PQLI)

- The **"Physical quality of life index"** consolidates three indicators, viz.
  i. **infant mortality**
  ii. **life expectancy at age one**
  iii. **literacy**
- For each component, the performance is placed on a scale of O to 100, where 0 represents an absolutely defined "worst" performance, and 100 represents an absolutely defined "best" performance.
- The composite index is calculated by averaging the three indicators, giving equal weight to each of them. The resulting PQLI thus also is scaled **0 to 100**.

Physical quality of life index (PQLI)

- It may be mentioned that **PQLI has not taken per capita GNP** into consideration, showing thereby that "money is not everything".
- **For example,** the oil-rich countries of Middle East with high per capita incomes have in fact not very high PQLIs.
- At the other extreme, Sri Lanka and Kerala state in India have low per capita incomes with high PQLIs.
- In short, PQLI does **not measure economic growth**; it measures the results of **social, economic and political policies**.
- The ultimate **objective is to attain a PQLI of 100**.

Human Development Index (HDI)

- **Human development index (HDI)** is defined as-

  ‘’a composite index focusing on **three basic dimensions of human development** :

  i. to lead a long and healthy life measured by **life expectancy at birth**;

  ii. the ability to acquire knowledge, measured by **mean years of schooling and expected years of schooling**; and

  iii. the ability to achieve a decent standard of living, measured by **gross national income per capita in PPP** US $’’.

Human Development Index (HDI)

- The concept of HDI reflects **achievements in the most basic human capabilities**, viz, leading a long life , being knowledgeable and enjoying a decent standard of living.
- The HDI is a **more comprehensive measure** than per capita income.
- The HDI values range between **0 to 1**.
- The HDI value for a country shows the distance that it has already travelled towards maximum possible value to 1 and also allows **comparisons with other countries**.

Human Development Index (HDI)

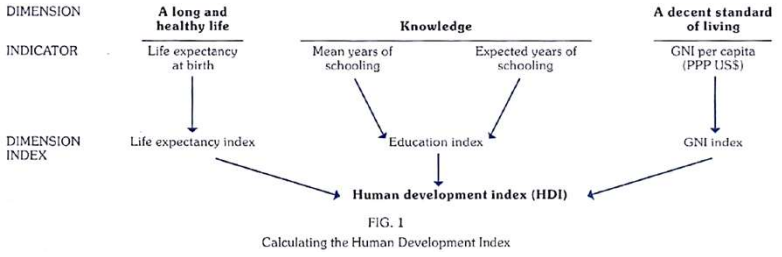
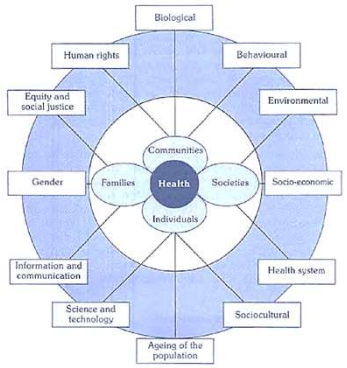


FIG. 1
Calculating the Human Development Index

Health sickness spectrum

Determinants of Health



Determinants of Health

- **Biological determinants:** The genetic make-up is unique in that it cannot be altered after conception. A number of diseases are now known to be of genetic origin, e.g., chromosomal anomalies, errors of metabolism, mental retardation, some types of diabetes, etc.
- **Behavioural and socio-cultural conditions:** The term "lifestyle" is a diffuse concept often used to denote "the way people live". It is composed of cultural and behavioural patterns and lifelong personal habits (e.g., smoking, alcoholism) that have developed through processes of socialization.

Determinants of Health

- **Environment:** It was Hippocrates who first related disease to environment, e.g., climate, water, air, etc. Environment is classified as "internal" and "external".
- **Socio-economic conditions:** health status is determined by level of socio-economic development, e.g., per capita GNP, education, nutrition, employment, housing, the political system etc.
- **Health services**
- **Ageing of the population**
- **Gender**
- **Other factors**

Responsibility for Health

i. **Individual responsibility**
ii. **Community responsibility**
iii. **State responsibility**
iv. **International responsibility**

Responsibility for Health

❑ **Individual responsibility**

- Although health is now recognized a fundamental human right, it is **essentially an individual responsibility**.
- Health has to be earned and maintained by the individual himself, who must accept a broad spectrum of responsibilities, now known as **"self care".**
- **Self care activities comprise** observance of simple rules of behaviour relating to diet, sleep, exercise , weight, alcohol, smoking and drugs.

Responsibility for Health

❑ **Individual responsibility**

- Others include **attention to personal hygiene, cultivation of healthful habits and lifestyle, submitting oneself to selective medical examinations and screening**: accepting immunization and carrying out other specific disease- prevention measures, reporting early when sick and accepting treatment, undertaking measures for the prevention of a relapse or of the spread of the disease to others.
- To these must be added family planning which is essentially an individual responsibility.

Responsibility for Health

❑ **Community responsibility**

- This implies a more **active involvement of families and communities** in health matters, viz. planning, implementation, utilization , operation and evaluation of health services.
- In other words, the emphasis has shifted from **health care for the people *to* health care by the people.**
- The concept of primary health care centres round **people's participation in their own activities**.

Responsibility for Health

❑ **Community responsibility**

- There are three ways in which a community can participate:
  a. the community can **provide in the shape of facilities** , manpower, logistic support and possibly funds
  b. it also means the community can be **actively involved in planning, management, and evaluation**, and
  c. an equally important contribution that people can make is by **joining in and using the health services**.
- Example: Establishment and maintenance of **community clinic**

Responsibility for Health

❑ **State responsibility**

- In all civilized societies, the State assumes responsibility for the health and welfare of its citizens.
- According to the **article 15(A)** of the Constitution of the People's Republic of Bangladesh, it is one of the most important **fundamental obligations** of the state to **ensure the basic necessities of life including treatment** to its citizens, and
- According to the **Article 18(1)**, raising nutritional status level and improving **public health** of the citizens are among the primary obligation of the state.

Responsibility for Health

❑ **International responsibility**

- The health of mankind requires the cooperation of governments, the **people, national and international organizations** both within and outside the United Nations system in achieving our health goals.
- Being signatory to several relevant international declarations like the **Alma-Ata Declaration of World Health Organization** on primary health care; Section 25(1) of **Universal Declaration of Human Rights** of United Nations, Bangladesh is committed to improve health services.

Indicators of Health

- **Health indicators** are the tools to **measure the health status** of a community, to **compare the health status** of one country with that of another; for **assessment of health care needs**; for **allocation of scarce resources**; and for **monitoring and evaluation** of health services, activities, and programmes.
- **Indicators** help to measure the extent to which the objectives and targets of a programme are being attained.
- Whereas **health index** is generally considered to be an amalgamation of health indicators.

Indicators of Health

- ***Characteristics of* ideal health *indicators***
  - **Valid,** i.e. , they should actually measure what they are supposed to measure;
  - **Reliable and objective**, i.e., the answers should be the same if measured by different people in similar circumstances;
  - **Sensitive,** i.e., they should be sensitive to changes in the situation concerned,
  - **Specific,** i.e., they should reflect changes only in the situation concerned,
  - **Feasible,** i.e., they should have the ability to obtain data needed, and;
  - **Relevant,** i.e., they should contribute to the understanding of the phenomenon of interest.

Indicators of Health

- Mortality indicators
- Morbidity indicators
- Disability rates
- Nutritional status indicators
- Health care delivery indicators
- Utilization rates
- Health policy indicators
- Indicators of social and mental health
- Environmental indicators
- Socio-economic indicators
- Indicators of quality of life, and
- Other indicators.

Mortality indicators

a. Crude death rate
b. Expectation of life
c. Age-specific death rates
d. Infant mortality rate
e. Child death rate
f. Under-5 proportionate mortality rate
g. Adult mortality rate
h. Maternal mortality rate (MMR)
i. Disease-specific mortality rate
j. Proportional mortality rate
k. Case fatality rate
l. Years of potential life lost (YPLL)

Morbidity indicators

a. Incidence and prevalence
b. Notification rates
c. Attendance rates at out-patient departments, health centres, etc.
d. Admission, readmission and discharge rates
e. Duration of stay in hospital, and
f. Spells of sickness or absence from work or school.

Disability indicators

- ***Event-type* indicators**

a. Number of days of restricted activity

b. Bed disability days

c. Work-loss days (or school-loss days) within a specified period

- ***Person - type indicators***

a. Limitation of mobility: For example, confined to bed, confined to the house etc.

b. Limitation of activity: For example, limitation to perform the basic activities of daily living (ADL)- e.g. , eating, washing, dressing, etc; limitation in major activity, e.g., ability to work at a job etc.

Nutritional status indicators

- Mid-arm circumference
- Measurements of weight and height
- Prevalence of low birth weight (less than 2.5 kg)

Health care delivery indicators

- Doctor- population ratio
- Doctor-nurse ratio
- Population-bed ratio
- Population per health centre, and
- Population per trained birth attendant.

Utilization rates

- Proportion of infants who are "fully immunized'" against EPI diseases.
- Proportion of pregnant women who receive antenatal care, or have their deliveries supervised by a trained birth attendant.
- Percentage of the population using the various methods of family planning.
- Bed-occupancy rate (i.E., Average daily in-patient census/average number of beds).
- Average length of stay (i.E., Days of care rendered/ discharges), and
- Bed turnover ratio (i.E., Discharges rate).

Socio-economic indicators

- Rate of population increase
- Per capita GNP
- Level of unemployment
- Dependency ratio
- Literacy rates, especially female literacy rates
- Family size
- Housing: the number of persons per room, and
- Per capita "calorie" availability.

Health policy indicators

- The single most important indicator of political commitment is **"allocation of adequate resources".**
- The relevant indicators are:
  a. Proportion of GNP spent on health services
  b. Proportion of GNP spent on healthrelated activities (including water supply and sanitation, housing and nutrition, community development), and
  c. Proportion of total health resources devoted to primary health care.

Health care

- **Health care** is defined as a "**multitude of services rendered** to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health".
- **Medical care** is a **subset** of a health care system.
- The term "**medical care** (which ranges from domiciliary care to resident hospital care) refers chiefly to those personal services that are provided directly by physicians or rendered as a result of the physician's instructions".

Characteristics of health care

- **Appropriateness** (relevance): Whether the service is needed at all in relation to essential human needs, priorities and policies;
- **Comprehensiveness:** Whether there is an optimum mix of preventive, curative and promotional services;
- **Adequacy:** if the service is proportionate to requirement:
- **Availability:** Ratio between the population of an administrative unit and the health facility (e.g., Population per centre; doctor-population ratio);
- **Accessibility:** This may be geographic accessibility, economic accessibility or cultural accessibility;
- **Affordability:** The cost of health care should be within the means of the individual and the state; and
- **Feasibility:** Operational efficiency of certain procedures, logistic support, manpower and material resources.

Health team concept

- **Health team** is defined as a group of persons who share a common health goal and common objectives, determined by community needs and toward the achievement of which each member of the team contributes in accordance with his/her competence and skills and respecting the functions of the others.
- Health team is composed of:
  a. **Health professionals:** Doctor
  b. **Auxiliary staff:** Nurses, pharmacists, medical assistants, technologist etc.
  c. **Ancillary staff:** Sweeper, cook, ambulance driver, ward boy etc.

Community

- **Community** may be defined as **a group of people living together** in a contiguous geographic area and cooperate to satisfy their basic needs and share common organizations, e.g., markets, schools, stores, banks, hospitals etc.
- The **characteristics of a community are** :
  a. the community is a contiguous geographic area;
  b. it is composed of people living together;
  c. people cooperate to satisfy their basic needs; and
  d. there are common organizations, e.g., markets, schools, stores, banks, hospitals.

Community medicine

- **Community medicine** is a **system of delivery of comprehensive health care** to the people by a health team in order to improve the health of a community.
- **Comprehensive health care** means provision of preventive, promotive, curative and rehabilitative health services from womb to tomb.

Comprehensive health care

- The term **"comprehensive health care"** was first used by the **Bhore Committee in 1946**.
- **Comprehensive health care** means provision of integrated preventive, curative and promotional health services from "womb to tomb" to every individual residing in a defined geographic area.
- The Bhore Committee defined comprehensive health care as having few criteria.

Criteria of comprehensive health care

- Provide adequate **preventive, curative and promotive** health services;
- Be as **close to the beneficiaries** as possible;
- Has the **widest cooperation** between the people, the service and the profession;
- Is **available to all** irrespective of their ability to pay;
- Look after specifically the **vulnerable and weaker sections** of the community; and
- Create and maintain a **healthy environment** both in homes as well as working places.

Public health

- In 1920, **C.E.A. Winslow**, a former professor of public health at Yale University, gave the oft-quoted definition of **public health**.
- The WHO Expert Committee on Public Health Administration , adapting Winslow's earlier definition, has defined it as-

"the **science** ***and art*** *of* ***preventing*** **disease**, ***prolonging life, and promoting health and efficiency*** *through* ***organized community efforts*** *for the* **sanitation** ***of the environment***, *the* ***control of*** **communicable** ***infections***, *the* ***education of the individual in personal hygiene***, *the* ***organization of medical and*** **nursing** ***services for early*** **diagnosis** ***and preventive treatment of*** **disease**, *and the* ***development of social machinery to*** **ensure** ***for every individual a standard of living adequate for the maintenance of health***, so ***organizing these benefits as to enable every citizen to realize his birthright of health and longevity***".

Personal hygiene

- **Personal hygiene or personal health care** deals with measures that are the personal responsibilities of the individual for the promotion of good health.
- **Factors affecting personal hygiene:**

a. Health habits: Eating and drinking; Rest and sleep; Recreation; Care of bowel; Smoking and drinking; Exercise; Cleanliness; Clothing,
b. Weight control
c. Dental health
d. Marriage and health education

Refrences

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