1.1 Health and illness

ATURE ARTICLE

What is health?

Health, or being in good health, is important to everyone. It influences not just how we feel, but how we function and participate in the community.

The concepts of 'health' and 'ill health' reach far beyond the individual and can be difficult to define and measure. They encompass a wide range of experiences and events and their interpretation may be relative to social norms and context. As such, individuals, groups and societies may have very different interpretations of what constitutes illness and what it means to be in good health.

The most widely accepted definition of health was set out in the Preamble to the Constitution of the World Health Organization (WHO) in 1946. WHO encourages an holistic concept of health, defining health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO 1946). This definition includes mental and social dimensions and moves the focus beyond individual physical abilities or dysfunction.

Even more broadly, Aboriginal and Torres Strait Islander people view health as 'not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community' (National Aboriginal Health Strategy Working Party 1989). An ongoing and active relationship with 'country' means that the health of community land plays an important role in determining the health of the people themselves (Green 2008). This view of health takes a whole-of-life approach and can include the cyclical concept of life—death—life.

Australia's health 2014 takes this broad view of health and functioning, incorporating both physical and mental dimensions, and genetic, cultural, socioeconomic and environmental determinants. It is based on the following concepts:

- health is an important part of wellbeing, of how people feel and function
- health contributes to social and economic wellbeing
- health is not simply the absence of disease or injury, and there are degrees of good health
- managing health includes being able to promote good health, identify and manage risks and prevent disease
- disease processes can develop over many years before they show themselves through symptoms.



A model for describing health

This report is based on the conceptual framework in Figure 1.1. The overall concept is that a person's health and wellbeing result from complex interplays among biological, lifestyle, socioeconomic, societal and environmental factors, many of which can be modified to some extent by health care and other interventions.

Many things can affect how healthy we are, ranging from the macro to the molecular: from society-wide influences to highly individual factors, such as genetic make-up. And, of course, our health is also affected by the quality of health care we receive.

Some of these effects can be direct (such as being burnt by the sun), while others are less direct (such as access to shade combined with knowledge of the health risks associated with exposure to the sun influencing health through effects on behaviour).

These influences are known as *health determinants* because they help determine how likely we are to stay healthy or become ill or injured.

Health determinants

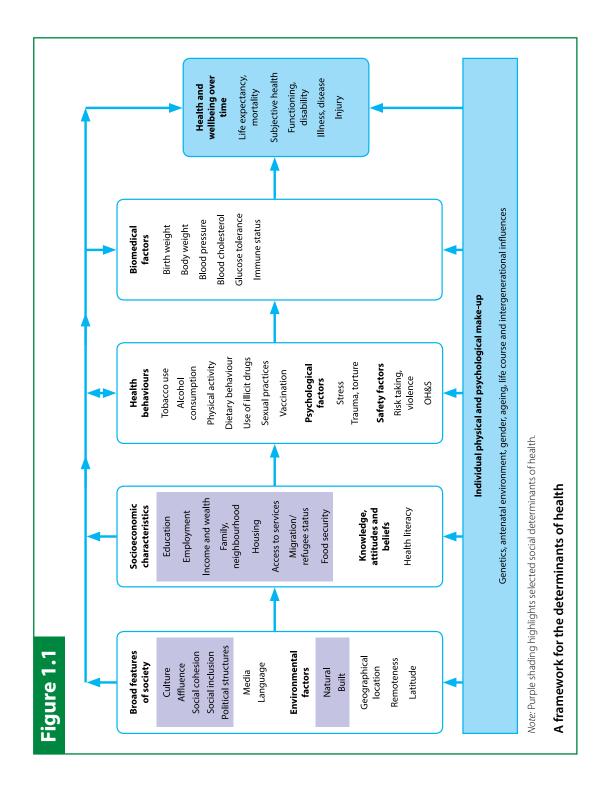
Some health determinants are positive in their effects on health and others are negative. A high daily intake of fruit and vegetables, for example, or being vaccinated against disease, are positive influences, and often termed protective factors.

Those things that increase our likelihood of experiencing ill health are known as risk factors. Behavioural risk factors are those where lifestyle choices play a major role, for example, at-risk consumption of alcohol. Current estimates suggest that up to 80% of heart disease, stroke and type 2 diabetes and more than one-third of cancers worldwide could be prevented by eliminating shared modifiable risk factors—mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol (WHO 2008) (see Chapter 8 'Prevention for a healthier future').

Biomedical risk factors represent bodily states that contribute to the development of chronic disease, for example, high blood pressure and high blood cholesterol levels (see Chapter 5 'Biomedical risk factors' and Chapter 4 'Chronic disease—Australia's biggest health challenge').

The framework in Figure 1.1 divides determinants into 4 major groups whose main direction of influence goes from left to right; that is, from the background factors (such as culture and affluence) through to more immediate influences (such as blood pressure).

The framework shows how the first main group—the broad features of society and environmental factors—can determine the nature of another main group; that is, people's socioeconomic characteristics, such as their level of education and employment. Both of these main groups also influence people's health behaviours, their psychological state and factors relating to safety. These, in turn, can influence biomedical factors, such as body weight and glucose metabolism, which may have health effects through various further pathways.



At all stages along the path, the various factors interact with an individual's genetic composition. In addition, the factors within a box often interact and are closely related to each other.

In recent years there has been an increased understanding of the importance of the social determinants of health: a term that encompasses not only social, but economic, political, cultural and environmental determinants. Essentially, these are the conditions into which people are born, grow, live, work and age (WHO 2013). According to this view, a person's occupation, education, material resources, social support networks and social status can affect their health and contribute to broader health inequalities within the population. These circumstances are in turn shaped by a wider set of forces, such as economics, social policies, and politics. Some factors can be influenced by individuals and families through their pursuit of particular outcomes, while some broader forces are beyond the control of individuals.

Social and economic conditions and their effects on people's lives can determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs (WHO 2013).

According to the World Health Organization (WHO), 'the social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries' (WHO 2013).

What is disease and illness?

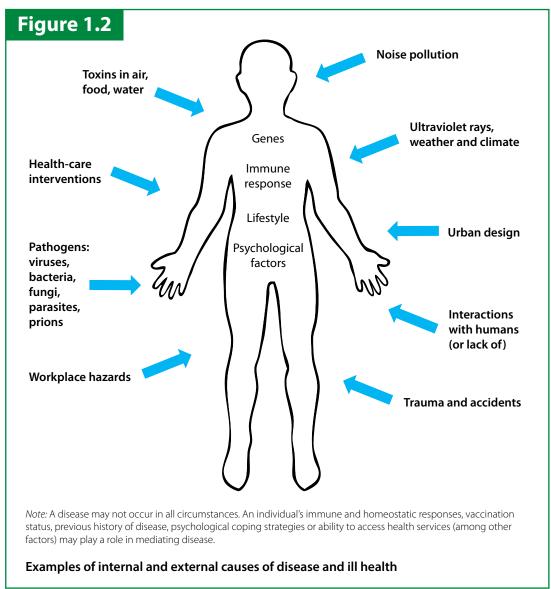
A disease is a physical or mental disturbance involving symptoms, dysfunction or tissue damage, while illness (or sickness) is a more subjective concept related to personal experience of a disease (AIHW 2010).

There are many diseases that can afflict the human body, ranging from common colds to cancers. The 2 main categories of disease that may lead to ill health are infectious and chronic diseases.

- *Infectious diseases* are caused by pathogens and can be spread from person to person by air, food, water, inanimate objects, insects or by direct or indirect contact with an infected person. Examples of infectious diseases include influenza, malaria and human immunodeficiency virus (HIV).
- Chronic diseases are caused by multiple factors, including a person's genetic make-up lifestyle and environment. They are long-term conditions and cannot be directly spread from one person to another. Examples of chronic diseases include diabetes, asthma and heart disease.

Some diseases can be both infectious and chronic, for example, long-term infectious skin conditions or diseases such as HIV that are currently incurable. Further, there can be common mechanisms underlying infectious and chronic diseases, for example, an injury could lead to an infection or a chronic back problem.

There are a large number of potential causes for disease and feelings of ill health in the human body (Figure 1.2). There may be a single cause (for example, a specific pathogen) or a range of causes (such as multiple lifestyle factors) that lead to a person developing a particular disease.





About Australia's health 2014

The Australian Institute of Health and Welfare (AIHW) is required to report every 2 years on the state of health of Australians and on the Australian health system. The report generally follows the framework depicted in Figure 1.1, and treats health as a multi-faceted concept that is affected by—and has an effect on—many aspects of a person's life.

As in past editions, *Australia's health 2014* answers key questions such as 'Who does what in the health system?' and 'Are we getting healthier?', and provides a summary of the performance of Australia's health system against agreed national indicators.

But *Australia's health 2014* has a different format to previous editions in that it combines analytical feature articles on highly topical health issues with short statistical 'snapshots' on subjects such as types of ill health, health behaviours and risks, mental health, elective surgery and how we treat ill health.

Because articles and snapshots are designed to be self-contained, there is inevitable overlap and re-stating of some concepts throughout the book. We have cross-referenced between and among articles and snapshots wherever we felt this would be useful for readers.

The feature articles cover a diverse range of topics, such as chronic diseases, illicit drug use, private hospitals, dementia and what the ageing of Australia's population means for our future. Each article presents an in-depth analysis of the issues associated with each topic together with implications for individuals and the nation as a whole.

The report also presents a picture of health through life, with feature articles and snapshots on all life stages including, for the first time, a comprehensive look at childhood obesity and youth health, and the health of the working age population.

Australia's health 2014 examines the health of Aboriginal and Torres Strait Islander people in a series of feature articles and snapshots that include an investigation of the gap between Indigenous and non-Indigenous populations as well as the effect that remoteness has on health.

'What is missing from the picture?' sections

The AIHW manages many important national health information collections, and relies on the cooperation of state and territory governments, the Australian Bureau of Statistics, other independent bodies and the non-government sector to ensure the accurate and timeliness of health-related data.

Despite improvements and enhancements to national health data over recent years, many data gaps remain, and these, along with other limitations, are listed under a series of 'What is missing from the picture?' headings in articles and snapshots.



'Where can I go for more information?' sections

Readers wanting more detail on a particular topic will find it in the 'Where can I go for more information?' sections throughout the report.

More paths to information online

This edition of *Australia's health* has an expanded online presence at <www.aihw.gov.au>, including live links where possible to referenced publications and web pages. Key AlHW publications featured in *Australia's health 2014* have been converted to HTML format, offering improved accessibility and enhanced search capabilities for readers.

Australia's health 2014 itself is available in HTML format and as an ePub, in addition to the traditional PDF format. Individual PDFs are available online for individual articles and snapshots, for easy downloading and printing.

References

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