*° Health:-

A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

—(Netherlands 2009) Health is a state or ability.

- Health is revised to be static (earlier dynamic).

- 'Horst' (2010) stated ..

→ PUBLIC HEALTH :-

A paradigime is a special working area where everyone wants to work.

- Health problem — cure [curative approach].
- Now the paradigime shift- from curative to preservative approach which leads to shift- from 'individual health' to 'public health'.

- Public Realty refers to all organized measures (whether public or private) to prevent- disease, promote health and prolong life among the population as a whole.

- Health promotion:- It is the paradigime in which the sustainability of public health is focused.

- Focusses on entire population rather than individual.

→ Sp'c of healthcare:-

1.° Promotion of healthy habits. eg:- use of handwash
- Make the people aware.

2.° Prevent- the people from communicable diseases.

3. Protect-

4. Provide

5. Partner.

↳ 5P's of public health.

* Pillars of public health:-

1. Availability :-
   - Facilities
   - Infrastructure
   - Resources
     eg:- Medical personell, medicines
   - Machines

2. Accessibility :-
   - Reachability to the resources available

   i) Physical distance
      eg:- Hospitals at 10 km from villages

   ii) Economic :- able to pay for the services.
      Private clinics charges more that many people cannot afford.

   iii) Social :-
   - Doctor not belonging to the same cast (say upper caste) don't treat the patients equally.
   - No one wants to visit a rude doctor.

   iv) Access to Information :-
      People do not have information of whom to approach for getting services.
   - Push information :-
   - Pull information :- what do the clients want

3. Utilization :-

Health care :- Servics for better health.

The prevention, treatment and management of illness and the preservations of mental and physical well-being through the servics offered by the medical and allied health professions.

↳ ward boys, lab technician, receptionists.

→ Primary Health Care :-

- PHCs are the smaller unit (foundation HCS)

It is an approach to providing everyday health servics that focus on patients, clients, families and communities working with a team of health professionals.

- The ultimate goal of primary health care is better health for all.

- WHO has identified 5 key elements

1. Reducing exclusion and social dispreities in health. (universal coverage reforms);
2. Organizing health services around people's needs and expectations (servics delievery reforms). [Need based more vaccination to child rather than adults).
3. Integrating health into all sectors (public policy reforms)
4. Putting collaborative models of activity policy dialogue (leadership reforms);
5. Increasing stakeholder participation.
   eg:- everybody is the stakeholder
   patients + doctors + caregivers

- Primary healthcare needs to be delivered close to the people; thus should rely on maximum use of both lay and professional healthcare practitioners and includes the following eight essential

4. Immunization
5. Prevention and control of locally
6. Appropriate treatment of common diseases using appropriate technology
7. Promotion of mental, emotional and spiritual health
8. Provision of drugs

— x — x — x — x — x — x —

* Health Disparities :-

Health disparities are difference in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups.

Mortality = death
Morbidity = Disease / ill-health

— The Health Resources and Services Administration defines health disparities as population specific differences'.-

- Presence of diseases
- Health outcome
  - phenomenon & diff. factors
    - surrounding
    - how often they fall sick
    - socio-economic background
- Quality of healthcare
- Access to health care services

— Health disparities are pronounced more in less developed and developing nations.

→ Many diff. populations are affected by disparities.. These include :—

- Racial and ethnic minorities :-
  - castes (up vs low)
  - tribals vs non-tribals
- Residents of rural areas :-
  - Low availability of facilities
  - Low accessibility
- Women, children, the elderly } Socially dependent
- Persons with disabilities } population.

* Causes of Health Disparities :-

It is a result of multiple factors.

- Poverty
  - Universal phenomenon
- Environmental threats

Natural eg:- Earthquakes, Landslides, Floods, Tsunami

Man-made eg:- pollution, wars, nuclear disasters.

Even now, the babies born in Hiroshima have certain disabilities.

- Inadequate access to health care
- Individual and behavioural factors.
  - Our day to day activities counts
    eg:- exercise, food
- Educational inequalities :-
  - Proper vaccination
  - Early detection of diseases
  - Proper prevention.

* HEALTH DISPARITIES IN INDIA.

(1) Regional variations among states

- MMR (very high in Northern states like UP but very low in south like Kerela) [Up - 517/1000, Kerela - 110/1000]

— BIMARU (Achich Bare)
Very low in all the indicators of healthcare.

EAG's (Empowered Action Group States) - [9 states]

(2) Place of residences :-

Not everyone in village is poor i.e facilities are not accessible to them but some people can.

Neighbourhood

- People living in the neighbourhood of high income people ⇒ High health
  (Upmarket neighbourhood)
- Lowmarket neighbourhood ⇒ Low health indicators

— These neighbourhood also shows the affordability of the people living in that kind of the areas.

— Proper drainage, proper market, sanitation in upmarket neighbourhoods.

③ Age, sex and group of the population

- Kuposhan Bharat Chodo
  - 42% children in India are malnourished.
  - Stunting
  - Obesity (Culture of fast food)
    - Home of diseases ⇒ low immunity.
  - Change in games that we play
    - earlier ⇒ playground + outdoors
    - now ⇒ video-games, virtual reality games
    - → Low exercise in the growth years

Obesity + Low exercise ⇒ Various health problems.

→ ICDS

- → improvement of nutritional and health in the age of children from age group of 0 to 6.
- → Certain government policies for physiological, educational well being of children.
- → Reduce mortality and malnutrition

eg:- Mid-day meals.

- Immunization system :- Organisation of proper vaccinations.
- Health checkups
- Referal services
- Pre-school non formal education. [Aaganbadi]

- Sanitation :-
  - Lack of proper drinking water
  - Lack of proper waste management.
  - Way of defication.

* Health Equity :-

Equity in health in the absence of systematic disparities in health.
- Achieving Health Equity. ⇒ ensuring access to can
- Health for everybody.

→ Health equity is achieving the highest levels of health for all the people. Health equity entails focused social efforts to address avoidable inequalities by equalizing the condition for healthy for all groups, especially for those who have experienced socio-economic

Various definitions :-

1) Health inequities are unjust, unnatural and avoidable differences in health status.
2) They are beyond the control of individuals, meaning they are systematic problems.
3) They are sustained over time and generations and are beyond the control of individuals.

* EQUITY VS EQUALITY

Equality :- Giving same thing to everyone.
Equity :- Giving people what & how much they need

PDS system [Public Distribution System]

- Cereals, pulses are given to people who are below the poverty line at a low price.
→ Subsidised LPGs. (according to their income)
→ Income tax.

→ Equity :- Involves trying to understand and give people what they need to enjoy full, healthy lives.

→ Equality :- Aims to ensure that everyone gets the same thing in order to enjoy full, healthy lives.

— Equity is the means, Equality is the outcome.

Healthy Equity :-

1) Cost :-
Ayushman Bharat provides 5lac of free medical services.

2) Access :- (many people who have the access may not desire it)

3) Quality :-
— is quality comprised ← Government scheme.

— Janani Suraksha Yojna :-
• provides 14k rupees for the birth of baby in a government hospital.

Determinants of Health :—

— What makes some people healthy and others unhealthy?
— How can we create a society in which everyone has a chance to live long healthy lives?

→ The range of personal, social, economic and environmental factors that influence health status are known as "determinants of health".

• Demographic characteristics :—
Demography ⇒ discipline.
It studies about the category of the population.
eg :- population size, population composition, composition, population growth.
caste.
religion

- It is pretty much ~~non-linear~~

1. Population Size 2. Growth rate (both +ve & -ve)
3. Age structure.
(Some diseases are more common in specific age groups. Alzymer — old people
4. Sex structure :-
Health problems specific to a particular sex.

→ (Population size + Growth Rate) ⇒ Population Distribution

→ (Age structure + Sex structure) ⇒ Population composition.

* Population Distribution :-
Population changes every second. (i.e it is not static)

Factors :-
1. Fertility :- birth of a baby ⇒ Increases population
2. Mortality :- death ⇒ decreases population.
3. Migration :- moving in or out — of a particular place ⇒ Increase or decrease in population.

→ Demographic Transition :-
The demographic Transition is a model that describes population change over time.
Given by Warren Thompson (American Demographer) (1929)

- It represents the transition from high birth and death rates to low birth and death rates as a

country develops from a pre-industrial to an

CBR :- Crude Birth Rate.

CDR :- Crude Death Rate.

- In pre-modern time the population at that time, didn't survive through harsh weather condition because of lack of ~~technology~~.
- children were viewed as economic assets because more children ⇒ more labour force for agriculture.
- Death happened at high rate because lack of detection & cure of diseases.

Stage two :- (Urbanising | Industrialising).

- High birth rate
- Low death rate

⇒ Population increases

Reasons :-

i) Art of refrigeration of food.
ii) Technological advancements.

Third stage :- (Mature Industrial)

- Birth Rate is decreasing
- Death Rate is decreasing.

Reasons :-

i) Educational advancements.
ii) Women Empowerment —

| Reduced infant mortality rate.

— In this stage children became "economic liability".

⇒ Steep increase in population growth.

Stage four (Post Industrial) :-

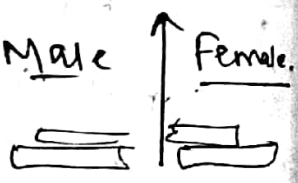
- Death rate increased
- Population almost stagnant.
- Birth and death rate almost same.

Critisism :-

- Based on the data of developed countries.
- Considers only birth and death rate, it does not contain migration which is one of major factor of population change.

* Population Pyramid :-

A diagrametrical representation of the age and sex of a population.



- Vertical axis — age-group
- Left — male, Right — female.
- Horizontal axis — numerical OR % distribution of each sex.

Sex ratio :- No. of female per 1000 male.

- developing countries have low sex ratio.

- Dependency ratio :- (calculated from population pyramid)

Working population ⇒ 18 to 60 yrs.

$$\frac{\text{Population till 18 yrs} + \text{Population} > 60 \text{ yrs}}{18 \text{ yrs} \leq \text{Population} \leq 60 \text{ yrs}}$$

— The population pyramid changes from place to place and countries to countries.

→ There was a huge expansion in population of Europe just after 2nd world war. (No. of babies expanded manyfolds), known as "baby boomers"

— Also gives an idea of growth rate.

— Population pyramid

Rapid growth:- Broad base + narrow type ⇒ Less developed nations.

eg:- Phillipines.

Slow growth:- United states

Middle ⇒ widest [Due to migration]

No. of people crossing 74 yrs of age groups

⇒ Higher Life expectancy

All these things indication of developed nations.

Negative growth :- (Germany)

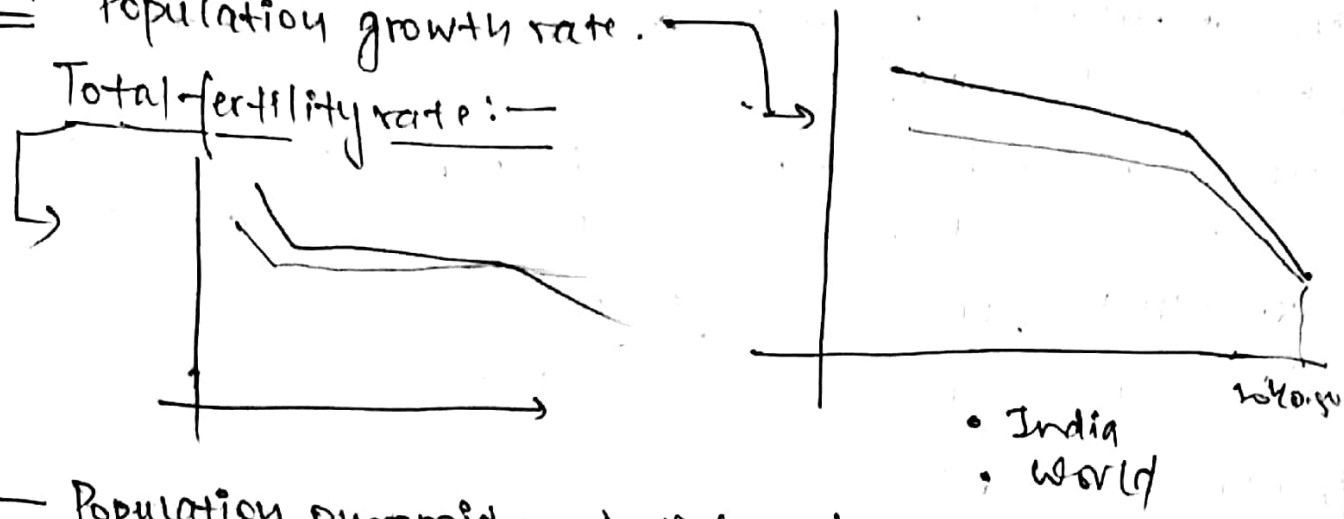
- shrinking Base. (equal to pop. at 65 → 0 yrs age)
- Middle ⇒ widest

— These countries are giving incentives to have children.

→ Biologically, female is a stronger sex.
i.e Life expectancy of female is more.

* Population growth rate.

Total fertility rate :—



— Population pyramid of India (2001) vs (2026)
  — Bottom width decreased.
  — Widest middle. (i.e working population)

• Mean age of India is 26.

* Demographic dividend :—

dividend ⇒ profit / gain that we get —

Phenomenon of narrow base and broader middle.

⇒ Growth of the country. (economically).

• "Ashish Bose" says what we call dividend is really a dividend.

• ~~Amartya Sen theory of~~
  • More young people — much difficult to provide them skill. (i.e education)
  — Because of this we need to provide basic needs in the intial age.
  • Health requirements of young people is different and we need to address them.
    eg:- depression — needs counselling.
  • Reproductive health ⇏ only Health of women only
    ↳ ⇒ health of men too.

- When we channelise things & use them ⇒ Resources otherwise it will become a "liability".

→ Special case — ~~Retire~~ Retirement community: Sun city
- People work in northern states and shift to southern states because of mild southern climate.

** Implications for health status:-

* India contributes to 5th of world's share of diseases.
- National Commission on macroeconomics and health.

1. Communicable
2. Maternal and child health
3. Non-communicable
4. Accident & injuries.

— Age distribution of prevalance is different for different diseases.
eg:- • Asthama, Tuberculosis
common in children & old people.
- Jaundice and malaria.
- Reproductive health — age specific
- HIV/AIDS — (Lifestyle disease, age specific).
- Cardiovascular diseases:- Earlier population ≥ 40
Now even at the age of 20.

— India is the 'diabetic capital' of the world.

— All these analysis helps in ~~population~~ "policy formation".

* Social determinants of health :-

Social determinants of health are the conditions in which people are born, grow up, live, work and age and the systems put in place to deal with illness.

— definition given by WHO.

These circumstances are in turn shaped by a wider set of forces : economics, social policies and politics at global, national and local levels.

1. Place and Health :—
   - Neighbourhood and surrounding.
   - Place of residence.
     - — Rural / Urban
     - — Home / how the house is built?
     - — Geographical location