3 Measuring the Dimensions of Health

Learning Objectives

- Theorize the meaning of good health
- Summarize how good health is measured in a variety of conceptual frameworks
- Apply Antonovsky's salutogenic model of health
- Categorize indicators of ill health and good health
- Differentiate between illness, sickness, disease and wellness
- Define prevalence, incidence, morbidity, mortality, and life expectancy
- Expand the definition of health and wellness beyond absence of illness and disease
- Distinguish between population health and personal health
- Appraise mixed-methods approaches to understanding health and wellness (surveys, documents, interviews)

Summary

Chapter 3 begins by differentiating personal health status and population health status. Whereas personal health status embraces a biomedical perspective and is focused on the individual's biology, population health is multi-dimensional and measures the health of all members of society. Segall and Fries argue that, in spite of its critiques, there are many reason why a population health perspective is useful: it examines social production of health and the role of social relations in maintaining good health, it provides a way of looking at how social factors affect health, and it is committed to promoting health for all by addressing inequalities.

Antonovsky developed a salutogenic model of health; his intent was to develop a framework for population research and practice. This model is also useful in providing a framework to study health promotion. Antonovsky views health as a continuum with continuous movement; one extreme represents illness and the other is good health. Salutary factors protect or promote good health and can be at the individual or community level.

Differences between illness and disease, although often related, are not necessarily the same. Two people may have the same disease but their experience of the disease may be vastly different: one may be highly symptomatic; the other may experience few if any symptoms.

Wellness has historically been defined in relation to absence of illness and sickness. Drawing on Antonovsky's model of health, Segall and Fries argue that a comprehensive definition of wellness needs to include physical well-being (including being fit), emotional well-being (coherence, control, and satisfac-

tion), and social fitness (ability to perform social roles and societal responsibilities). Antonovsky's model of health presents health and illness as two columns, separate but related. The pinnacle of the health column is perfect health; the bottom of the illness column is death. The columns represent a continuum in which an individual's position shifts during their everyday life.

The process of health status designation involves integrating different information from a range of sources, such as physicians, family and friends and individuals. We make judgments about our functioning in a range of areas (physical, psychological and social), assessing signs, symptoms, and functioning.

Measuring the indications of population health has been difficult. There is a tendency to group together health inputs (determinants of health) and health outcomes (health consequences). However, this results in incomplete measures. Population health surveys also use two types of health status indicators: global measures such as self-rated health and composite measures like the Health Utilities Index. Self-rated measures raise questions of validity—they do not measure all the referents people use. Segall and Fries believe that, overall, more qualitative research is needed to capture the meaning of self-rated health. The Health Utilities Index, which measures health both quantitatively and qualitatively, has potential; however, it needs further refinement to counter the tendency to overestimate health status in the general population. The chapter clarifies standard epidemiological concepts used to measure ill health such as prevalence rates, incidence rates and mortality rates. The authors review the Canadian experience with population health surveys from 1950 to the present, identifying the strengths and weaknesses in past approaches.

Segall and Fries review various measures of wellness, including a health assets approach, measures of a sense of coherence, the Canadian Index of Wellbeing, and measures of health expectancy. In conclusion, to capture understanding of health, a mixed-methods approach is needed that includes surveys, documents, diaries, and individual narratives.

Key Concepts/Terms

Chronic disease: A long term physical health problem that lasts for more than six months and has been diagnosed by a health professional (p. 82).

Co-morbidity: The presence of one or more additional diseases occurring at the same time as a primary disease (p. 82).

Composite measures : Group responses to a range of questions into an overall summary index score that is presumed to measure health status (p. 80).

Disease: An objective, biophysical phenomenon that is characterized by altered functioning of the body as a biological organism (p. 68).

Fitness: The physical dimension of good health that refers to biophysical function, such as aerobic capacity or muscle strength (p. 71).

Health assets: Factors that enhance the ability of individuals or populations to maintain health and wellbeing, including social, economic and environmental resources (p. 85).

Health diaries: A data collection method used to gather detailed information about ongoing health and illness behaviours that is well suited for obtaining records of symptomatic conditions that do not restrict daily activities or prompt medical care and for gaining a more complete picture of population health (p. 94).

Health expectancy: A comprehensive indicator reflecting the average number of years one can expect to live in good health (p. 88).

Illness: A subjective, psychosocial phenomenon in which individuals perceive themselves as not feeling well and engage in different types of behavior in an effort to overcome their ill health (p. 69).

Illness narrative accounts: Stories told by people, particularly those with chronic conditions, regarding the meaning and management of illness experiences (p. 95).

Incidence rate: The number of new cases of a specific disease identified over a period of time, such as a year (p. 81).

Life expectancy: The estimated number of years that people can expect to live (p. 82).

Morbidity: The distribution of disease in populations (p. 81).

Normal Health: A unique combination of aspects of good health and ill health blending feelings of healthiness, physical fitness, and performance of one's usual well roles together with the routine experience of symptomatic conditions (p. 64).

Personal health status: An approach to assessing health that focuses on individuals who have a health problem or at risk of developing one (p. 65).

Population health status: An inclusive approach to assessing health that focuses on the general population or specific subpopulations (p. 65).

Prevalence rate: The proportion of people in the general population who have a diagnosed disease at a given point in time. This information tells us how widespread the selected condition is (p. 81).

Self-rated health: Individuals self-reported health status as excellent, very good, good, fair or poor (p. 77).

Sense of coherence: A concept describing a way of seeing the world that consists of three core components: comprehensibility, manageability, and meaningfulness (p. 86).

Sickness: A concept that includes both the presence of disease and the experience of illness (p. 68).

Wellness: An inclusive concept that incorporates not only good health but also quality of life and satisfaction with general living conditions (p. 71).

Study Questions

1. What is the difference between personal health status and population health status?
2. What does a salutogenic approach focus on?
3. What does illness viewed as a psychosocial phenomenon represent?
4. According to Antonovsky's model of health, what are good health and ill health?
5. What does the Health Utilities Index measure?
6. What do morbidity rates measure?
7. What is the difference between a prevalence rate and an incidence rate?
8. In order to measure good health, what measures must be included?
9. List the strengths and weaknesses of the major health surveys that have been conducted in Canada since 1950.
10. What are health diaries?

Explore and Discuss Questions

1. What method would be best to measure positive aspects of population health?
2. What is meant by a sense of coherence?
3. Which components of the good health dimension of wellness are most congruent with your understanding of health? Compare your answer with a friend in the class.
4. Discuss initiatives on your campus that promote (or could promote) student wellness in each of the six dimensions of wellness outlined in Chapter 3.
5. Complete a measure of self-rated health. What referents did you use to make your assessment? How is that the same as or different from other people in your social network?

Further Exploration

Andrews, GJ., S Chen and S. Myers. 2014. The "taking place" of health and wellbeing: towards non-representational theory. *Social Science and Medicine*, 108, 210-222.

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McKinlay, John. 2005. "A Case for Refocusing Upstream: The Political Economy of Illness." In *The Sociology of Health and Illness*. P. Conrad, ed. New York: Worth Publishers, 551-564.

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Krieger, N. 2012. Who and what is a "population"? Historical debates, current controversies, and implications for understanding "population Health" and rectifying health inequities. *Millbank Quarterly*, 90(4), 634-681.

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Oliveira, CC. 2015. Suffering and salutogenesis. *Health Promotion International*, 30(2), 222-227.

Parkin, S. 2016. Salutogenesis: Contextualising place and space in the policies and politics of recovery from drug dependence. *International Journal of Drug Dependence*, 33 (July), 21-26.

Raphael, Dennis, ed. 2016. *Social Determinants of Health: Canadian Perspectives, 3rd Edition*. Toronto: Canadian Scholars' Press, Inc.

Schulte, PA, RJ Guerin, AL Schill et.al. 2015. Considerations for incorporating "well-being" in public policy for workers and workplaces. *American Journal of Public Health*, 105(8), E31-E44.

Recommended Films

My Left Foot

This feature films from 1989 portrays Christy Brown, born with cerebral palsy, who learns to paint and write with his only controllable limb—his left foot.

http://www.imdb.com/title/tt0097937/

Recommended Websites

1. **World Health Organization**
   http://www.who.int/en/

2. **Health Canada**
   http://www.hc-sc.gc.ca/index-eng.php

3. **Health Promotion Canada**
   http://www.phac-aspc.gc.ca/hp-ps/index-eng.php

4. **Canadian General Social Survey**
   http://www.statcan.gc.ca/pub/89-640-x/89-640-x2009001-eng.pdf