Concept Of Health And Wellness
CGSS

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Global Health Issues

One billion people lack access to health care systems.

- 36 million deaths each year are caused by noncommunicable diseases, such as cardiovascular disease, cancer, diabetes and chronic lung diseases.

This is almost two-thirds of the estimated 56 million deaths each year worldwide. (A quarter of these take place before the age of 60.)

- Cardiovascular diseases (CVDs) are the number one group of conditions causing death globally
- Over 7.5 million children under the age of 5 die from malnutrition and mostly preventable diseases, each year.
- In 2008, some 6.7 million people died of infectious diseases
AIDS/HIV has spread rapidly. UNAIDS estimates for 2008 that there are roughly:
- 2.7 million new infections of HIV
- 33.4 million living with HIV
- 2 million deaths from AIDS

Tuberculosis kills 1.7 million people each year, with 9.4 million new cases a year.

1.6 million people still die from pneumococcal diseases every year, making it the number one vaccine-preventable cause of death worldwide.

Malaria causes some 225 million acute illnesses and over 780,000 deaths, annually.

164,000 people, mostly children under 5, died from measles in 2008 even though effective immunization costs less than 1 US dollars and has been available for more than 40 years.
The Health Care Challenge: Services For Those With Need

**Inverse care**
People with the most means – whose needs for health care are often less – consume the most care, whereas those with the least means and greatest health problems consume the least. Public spending on health services most often benefits the rich more than the poor in high- and low-income countries alike.

**Impoverishing care**
Wherever people lack social protection and payment for care is largely out-of-pocket at the point of service, they can be confronted with catastrophic expenses. Over 100 million people annually fall into poverty because they have to pay for health care.

**Fragmented and fragmenting care**
The excessive specialization of health-care providers and the narrow focus of many disease control programs discourage a holistic approach to the individuals and the families they deal with and do not appreciate the need for continuity in care.

**Unsafe care**
Poor system design that is unable to ensure safety and hygiene standards leads to high rates of hospital-acquired infections, along with medication errors and other avoidable adverse effects that are an underestimated cause of death and ill-health.

**Misdirected care**
Resource allocation clusters around curative services at great cost, neglecting the potential of primary prevention and health promotion to prevent up to 70% of the disease burden.
1. Life expectancy at birth increased globally by 6 years since 1990. A baby born in 2012 could expect to live to 70 years on average – 62 years in low-income countries to 79 years in high-income countries.

2. Around 6.6 million children under the age of 5 die each year. Almost all of these children’s lives could be saved if they had access to simple and affordable interventions such as exclusive breastfeeding, inexpensive vaccines and medication, clean water and sanitation.

3. Preterm birth is the leading killer of newborn babies worldwide. Every year 15 million babies – about 1 in 10 babies – are born preterm (born alive before 37 weeks of pregnancy). Preterm birth complications cause more than one million deaths each year.
4. Cardiovascular diseases are the leading causes of death in the world
   Around 3 in 10 deaths globally are caused by cardiovascular
diseases – diseases of the heart and blood vessels that can cause
heart attacks and stroke.
At least 80% of premature deaths from cardiovascular diseases could be prevented through a healthy diet, regular physical activity and avoiding the use of tobacco.

5. Most HIV/AIDS deaths occur in Africa
   Around 70% of all HIV/AIDS deaths in 2012 occurred in sub-
Saharan Africa.
   Globally, the number of people dying from AIDS-related causes is steadily decreasing from a peak of 2.3 million deaths in 2005 to an estimated 1.6 million in 2012.
   HIV testing and counselling uptake has improved and access to antiretroviral therapy has increased, however many people living with HIV in low- and middle-income countries still do not know their HIV status.
6. Every day, about 800 women die due to complications of pregnancy and childbirth.

7. Mental health disorders such as depression are among the 20 leading causes of disability worldwide. Depression affects around 300 million people worldwide and this number is projected to increase.

8. Tobacco kills nearly 6 million people each year. More than 5 million of those deaths are the result of direct tobacco use while more than 600,000 are the result of non-smokers being exposed to second-hand smoke.

Unless urgent action is taken, the annual death toll could rise to more than 8 million by 2030.
9. Almost 1 in 10 adults has diabetes
   Almost 10% of the world’s adult population has diabetes, measured by elevated fasting blood glucose (≥126 mg/dl).

   People with diabetes have increased risk of heart disease and stroke. Deaths due to diabetes have been increasing since the year 2000, reaching 1.5 million deaths in 2012.

10. Nearly 3500 people die from road traffic crashes every day
    Road traffic injuries are projected to rise as vehicle ownership increases due to economic growth in developing countries.

    Strong action to improve road-use policies and enforce road-safety laws is needed to avert this rise in injuries and deaths.
10 Leading Cause Of Death In The World 2012

The 10 leading causes of death in the world 2012:

- Ischaemic heart disease: 7.4 million
- Stroke: 6.7 million
- COPD: 3.1 million
- Lower respiratory infections: 3.1 million
- Trachea, bronchus, lung: 1.6 million
- HIV/AIDS: 1.5 million
- Diarrhoeal diseases: 1.5 million
- Diabetes mellitus: 1.5 million
- Road injury: 1.3 million
- Hypertensive...: 1.1 million
Comparison Of Leading Causes Of Death In Year 2000 and 2012
List Of Top 10 Causes Of Death In Malaysia

1. Coronary heart disease
2. Stroke
3. Influenza & pneumonia
4. HIV/AIDS
5. Tuberculosis
6. Lung cancer
7. Diabetes mellitus
8. Lung disease
9. Kidney disease
10. Colon Cancer
According to the WHO (World Health Organisation), the top killer in Malaysia in the year 2010

1. **Coronary heart disease** which constitutes 22,701 deaths that year. This is 22.18% of the total fatalities recorded that encompasses the likes of heart attacks and other coronary problems.

2. **Stroke** – this disease is the second top killer which caused the deaths of 11,943 Malaysians in 2010.

3. **Influenza and Pneumonia** is the third in the top 10 list that carried 9,417 deaths among Malaysians.

4. **HIV – AIDS** – In Malaysia, it is the fourth in terms of health diseases, where it constituted 5.53% of the total deaths in 2010.

5. **Tuberculosis** – known in short as TB, this disease is the fifth highest killer that took the lives of 4,061 Malaysians in the same year.
6. **Lung Cancer** – Lung cancer is the sixth top killer in Malaysia in 2010. It reported 3,309 deaths that year, making it the highest among all other types of cancer-related deaths like Colon-Rectum, stomach and breast cancer respectively.

7. **Diabetes Mellitus** – or more commonly known as ‘kencing manis’, diabetes is the seventh top killer in Malaysia with total deaths amounting to 3,205.

8. **Lung Disease** – Lung disease involves inflammation of the lungs that caused death or other complications. It was the eighth highest killer with a fatality of 2,934 in 2010.

9. **Kidney Disease** – Kidney diseases amounted to 2,571 deaths as reported by WHO and this is caused mainly by inappropriate diet and food intake and causing the kidney to malfunction
10. Colon-Rectum Cancer – this type of cancer makes up the top 10 list of killer diseases. In 2010, colon-rectum cancer caused the deaths of 2,356 people, which were mostly male.

Major causes of the killer diseases in Malaysia due to the diet and food intake of the victims. Bad lifestyle practices are known as major causes as well.
HEALTH SECTOR DEVELOPMENT DIRECTION

National Missions Thrust, Strategic Direction And 10MP KRA, Outcomes And Strategies.

- National Mission Thrust: To Improve the Standard and Sustainability of Quality of Life
- 10MP Strategic Direction: Quality of Life in an Advanced Nation
- 10MP Key Result Areas (KRAs): Quality Healthcare & Active Healthy Lifestyle
- 10MP Outcomes: Ensure provision of and increase accessibility to quality health care and public recreational and sports facilities to support active healthy lifestyle
MOH KRAs

1. Health Sector Transformation Towards A More Efficient & Effective Health System in Ensuring Universal Access to Healthcare

2. Health Awareness & Healthy Lifestyle

3. Empowerment of Individual and Community to be responsible for their health

Four 10MP Strategies Were Identified Which Are:

Strategy 1: Establish a comprehensive healthcare system and recreational infrastructure

Strategy 2: Encourage health awareness & healthy lifestyle activities

Strategy 3: Empower the community to plan or implement individual wellness programme (responsible for own health)

Strategy 4: Transform the health sector to increase the efficiency and effectiveness of the delivery system to ensure universal access
i. Expansion

Health system needs to diversify - adding and strengthening relevant new activities and services especially for those disadvantaged group - and ensure effective implementation.

ii. Financing

iii. Incentives and Punishment

iv. Policies and Regulations

v. Integration and Sustainability

vi. Strengthening Services

- Primary Health Care
- Medical Services
Health sector transformation towards a more efficient & effective health system in ensuring universal access to healthcare (KRA 1)

- Oral Health
- Telehealth
- Pharmaceutical

vii. Knowledge Economy and Innovations
- Information Communication Technology (ICT)
- Research & Innovation
- Human Capital
• Reduction in mortality and morbidity, reduction of health inequality between groups and regions, better care of people with chronic conditions such as heart disease, hypertension and diabetes and avoidance of premature deaths, among others.
Empowerment of individual and community to be responsible for their health (KRA 3)

There are three result areas (RAs) for empowerment of self care which includes:

i) The individual and community to have adequate knowledge and skill for self care.

ii) Strong healthy public policies to support self care e.g. in nutrition, anti smoking, mental health etc.

iii) Adequate supportive environment to act as enablers to empower individuals and communities. The environments that are important include those within the health facilities, schools and local authorities.
HEALTH SECTOR KRA 1

HEALTH SECTOR OUTCOME KPI

1. Integrated PHC and Secondary Care plan by 2015
2. All population will get access to the basic PHC services by 2014
3. Decrease mortality & morbidity of selected conditions
4. % of accredited facilities
5. Waiting time for selected procedures
HEALTH SECTOR KRA 2

HEALTH SECTOR OUTCOME KPI

1. % health literacy (health literate to be defined later)

2. Increase in the percentage of physical activity of Malaysian adult

3. Reduce the prevalence of overweight and obesity among adult

4. Reduce the prevalence among adolescent smokers
HEALTH SECTOR KRA 3

HEALTH SECTOR OUTCOME KPI

1. % of individuals able to make decision on their own health
There are numerous challenges,

- Addressing rising healthcare cost and increasing resources towards a sustainable health system

- Meeting increasing needs, wants (and demands) due to increasing affluence (rapid economic growth) fuelling demand and rising public expectations

- Responding to changing demography, ageing and migration, disease burdens and transition

- Managing expensive, overutilization and underutilization of new technologies and medical advances

- Responding to variations in distribution of delivery (universal access, responsiveness) and quality and standards of care in health services
• Redistributing resources concentrated in the very expensive hospital sector instead of primary care level where services can be more cost effective and conveniently delivered

• Increasing capacity and redistributing of health workforce/health professionals

• Addressing tendency to deliver episodic and fragmented care as continuity of care is a major concern

• Enhancing integration of healthcare delivery using integrated health records and Telehealth/ IT efforts

• Managing the public–private dichotomy

• Responding to increasing public scrutiny and demands for performance and accountability with regards to the above challenges
i. Healthy (and Active) Lifestyle Movements

The role of prevention and control of diseases in reducing morbidity and mortality non-communicable diseases (NCD) which include heart diseases, stroke, diabetes, cancer, mental illnesses and chronic respiratory diseases.

Statistic from the latest National Health and Morbidity survey in 2006 has shown a drastic increased in the prevalence of diabetes from 8.3% in 1986 to 14.9% in 2006 for Malaysian adults age 30 years and above.

The same survey has also shown that the prevalence of obesity has increased from 4.4% in 1996 to 14.0% in 2006 for adult Malaysians aged 18 years and above.
ii. Nutrition Improvements

Nutrition promotion encompasses promoting infant and young child nutrition, adolescent nutrition, nutrition in institutions and adult nutrition through healthy eating and nutrition for the elderly and those with special needs. Healthy eating is also propagated through the establishment of Nutrition Information Centers.

iii. Empowering Community, Family and Individuals.

Implementation of annual communication campaigns through mainstream mass media which include healthy eating, exercise and physical activity, no smoking, and stress management.

The aims of these activities are to encourage health promoting practices and change of the behavioural lifestyles related to major population risk factors such as at home, schools, work place and other public places and activities.
iv. Communicable Disease Control (CDC), Crisis and Disaster Preparedness

Monitoring and implementation of Communicable Disease Control Program is vital. It is to ensure that the incidence and prevalence of communicable diseases is continuously controlled, reduced, eliminated or eradicated.

v. Food Safety and Quality.

vi. Community and Family Health development.

Provision of equitable distribution and universal access to quality family health services that is targeted at community-level interventions to nationwide universal programs, focusing on wellness, early identification and prevention.
Wellness defined by Hatfield as;

“the conscious and deliberate process by which people are actively involved in enhancing their well-being: intellectual, physical, social, emotional, occupational and spiritual”.
USM : HEALTHY CAMPUS
Wellness is considered to be the positive component of good health which reflects how one feels as well as one’s ability to function effectively.
Hettler, described 6 dimensions of wellness which relate to:

😊 Physical fitness and nutrition

😊 Emotional well-being

😊 Intellectual well-being

😊 Social, family, community and environment

😊 Occupational aspects, and

😊 Spiritual, values and ethics.
Wellness is therefore a state to be attained before disease starts or even risk factors set in.

Wellness also can be promoted and inspired for at any stage of illness so that further progress of disease and deterioration of quality of life is prevented.
Importance of Wellness in the Malaysian Health Care System
Importance of Wellness in the Malaysian Health Care System

Wellness is the key for the future of the Malaysian health care system and it is the first of the 8 health service goals that the Ministry of Health has laid down for designing and planning the health care for the country.

The 8 health goals

- Wellness focus
- Person focus
- Informed person
- Self help, self care and self improvement
- Care provided at home or close to home
- Seamless, continuous care
- Services tailored at individuals or groups
- Effective, efficient and affordable services.
The health vision of Malaysia is focused on wellness.

“Malaysia is to be a nation of healthy individuals, families and communities, through a health system that is equitable, affordable, efficient, technologically appropriate, environmentally adaptable and consumer-friendly, with emphasis on quality, innovation, health promotion and respect for human dignity and which promotes individual responsibility and community participation towards and enhanced quality of life”.

Importance of Wellness in the Malaysian Health Care System
CONCEPT OF HEALTH AND WELLNESS

To achieve this vision, MOH has embarked on its health mission which is dedicated to build a smart partnership with individuals and their families to facilitate and support them so that they:

- Can fully attain their potential in health.
- Are motivated to appreciate health as a valuable asset.
- Can take more positive action to further improve and sustain their health status to enjoy a better quality of life.
The Role of the MOH in Promoting Wellness
1. The Family Health Development Programme

Focuses on activities such as antenatal and postnatal care, child health care, immunisation, safe motherhood, family planning, reproductive cancer screening (Pap Smear and Breast Self Examination) and nutritional promotion

Since 1995 Family Health Services were extended to meet the needs of the adolescent, elderly and persons with special needs

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- Women’s Health Clinic

Cancer screening programmes
- Pap smear
- BSE / mammography
- Counseling clinic

- Persons with Special needs
  Given priority

- Pensioneer follow up clinic
a. Adolescent Health
Areas concern are smoking, obesity, utilisation of health clinics by adolescents, peer education and mental health

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Not applicable
b. Elderly Health

To provide comprehensive health care to elderly group in line with the National Policy for the Elderly.

- Health screening, advice and counseling on dietary, social and mental aspects and referrals to hospital for further management if required.
c. Mental Health

Follow-up of stable psychiatric client and early detection and treatment of new cases

d. Rehabilitative Care

Physiotherapy facilities and training for the client or carers for certain condition are provided and trained health care providers conduct those training
2. Non-Communicable Disease Control

a. Cardiovascular Screening Programme

People who 35 years and above or those with high risk factors for heart disease e.g. obesity, high blood pressure or high glucose level would be screened.

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Health screening PTJ
Volunteer health screening
Followup clinic
b. Diabetes Programme

- Diabetic clinic
  Early detection and optimal management of diabetic patients to prevent or delay complications like ischaemic heart disease, diabetic nephropathy or renal disease, diabetic retinopathy and impotence.

- Diabetes Programme
  Diabetic Resource Centres
  To educate the public especially the patients on diabetes and to improve their skills in self-care on diabetes
## Non-Communicable Disease Control

### c. Occupational Health
Focuses on creating a safe and healthy working environment especially on the MOH facilities as stipulated under the OS

Awareness and training to identify hazards at work place, assessing and managing risks are carried out.

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d. The Healthy City Project

Adopted from the WHO Healthy City and Health Settings concept since 1995.

To date 2 cities, Kuching and Johore Bahru are recognized as healthy cities.

Malacca, Ipoh and Kuantan are working towards recognition as healthy cities in the future.
e. Injury Prevention

To educate the public on safety measures and devices that are available for prevention of injuries

Infectious Disease Prevention

- Vaccination
  - Hepatitis B
  - Influenza
  - Meningococcal
  - HPV
3. Health Promotion Activities

a. Healthy Lifestyle Campaign

Since 1991, the MOH has embarked on health promotion for lifestyle-related diseases through its annual thematic Healthy Lifestyle Campaign.

To create awareness about diseases of lifestyle and to promote adoption of healthy lifestyle practices.
Health Promotion Activities

b. Commemoration of Health Events/Days

As a means of creating awareness, promoting health and developing advocacy and smart partnership for health.

Phase 1 (disease-oriented)

Cardiovascular Diseases  1991
AIDS/STD              1992
Food Hygiene          1993
Promotion of Child Health 1994
Cancer                1995
Diabetes              1996

Phase 2 (behaviours)

Promotion of Healthy Eating  1997
Promotion of Exercise & physical fitness 1998
Promotion of Safety & Injury Prevention 1999
Promotion of Mental Health 2000
Promotion of Healthy Family 2001
Promotion of Healthy Environment 2002
Health Events/Days;

World TB Day 24 Mac

World Health Day 7 April

World No Tobacco Week 31 May - 6 June

World Breast Feeding Week 1 - 7 August

World Diabetes Day 14 November

World Heart Day Last Sunday of Sept.

World Mental Health Day 10 October

World AIDS day 1 December
c. Routine Health Promotion Activities

Production and distribution of health education materials, radio/tv talks, exhibition, health camps and personal health education activities in different settings.

Collaboration with other government agencies, NGO’s and private sector

Health talk PTJ
Health exhibition
Radio talk

Health activities collaboration with student / PTJ/ Govm/ NGO/ Community etc
4. Oral Healthcare Programme

The planning and implementation of oral healthcare programmes are targeted towards specific priority groups, which are;

- Primary schoolchildren
- Secondary schoolchildren
- Pre-school children
- Antenatal mothers
- The physically, socially and economically disadvantage
Pre-school Programme

Focus mainly on promotive and preventive activities in nearly 100% pre-school children registered with the Min. of Education.

Good oral health habits are instilled in the early years to achieve “caries-free” status throughout life.
5. Food Quality Control

a. Food Industries Development Programme

Assisting food industries in producing quality food product, which are capable of competing in the international market.

Focused on the adherence of Food Quality Assurance Programme in food industries.
Food Quality Control

b. Enforcement

Carried out to ensure food safety for the public. (Food Act 1983 and Food Regulation 1985)

Activities: food sampling, seizures, prosecution, inspection of food premises, closure of food premises and food import control.

Collaboration with JK Kafateria/ Convex

- Inspection/ evaluation of food premises
- Vaccination for food handlers
c. Nutritional Labelling Regulations

*Proposed to cover two main areas;*

(1) Food industries are required to label their packaged food products by declaring the energy values, carbohydrates, protein and fat contents.

(2) Provisions pertaining to various nutrients claims. 4 major types of nutrient claims:
- nutrient content claim
- nutrient comparative claim
- nutrient function claim
- enrichment and fortification claim
6. Vector Borne Disease Control Programme

Aimed at promoting and creating awareness on the prevention and control of diseases such as Malaria, dengue and Japanese Encephalitis.

Interagency collaboration;
“Dengue Free School”
- Min. Of Education

“National Cleanliness and Anti Mosquito Campaign”
- Min. of Housing & Local Gov’t

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- Health education
- Notification for infectious diseases
- Collaboration with MOH
  dengue prevention activities

Larva mosquito site surveillance

Fogging (Jabatan Pembangunan)
Aimed to maintain people in the wellness paradigm.

The focus and greater importance is now more on the individuals (not the providers) in order for them to achieve greater access to health information, education and advice.

It empowers individuals, families, and communities to manage their health in smart partnership with healthcare providers.
Telehealth

a. Lifetime Health Plan
   To provide a proactive and prospective Personalised Lifetime Health Plan (PLHP) for individual and families to help reduce premature diseases and disabilities resulting in longer and healthier life.

b. Mass Customised/Personalised Health Information Education (MCPIHE)
   This application will provide health information, education and advice that is customised and eventually personalised for each individual.
c. Continuing Medical Education (CME)

CME pilot project concerns the provision of CME through distance learning methods for health care professionals in Malaysia using appropriate multimedia information technology.

d. Teleconsultation

To extend specialist care to remote health clinics and health centres where there is a shortage of specialists.

This will be done by providing teleconsultation links between tertiary/secondary hospitals and primary care facilities.
SEKIAN,
TERIMA KASIH