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| Key term | **Explanation / definition** |
| Burden of Disease | A measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called the DALY. |
| Health | ‘A complete state of physical, social and mental wellbeing, and not merely the absence of disease or infirmity.’ (WHO, 1946) |
| Health Status | ‘An individual’s or a population’s overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.’ (AIHW, 2008) |
| Health Adjusted Life Expectancy (HALE’s) | A measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality. |

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| Disability Adjusted Life Years (DALYs) | A measure of burden of disease, one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury. |
| Life expectancy | ‘An indication of how long a person can expect live, it is the number of years of life remaining to a person at a particular age if death rates do not change.’ |
| Under 5 mortality rate | The rate of deaths occurring in children under 5 years of age per 1000 live births. |
| Mortality | Deaths in a population |

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| Morbidity | Refers to ill-health in an individual and the levels of ill-health in a population or group. |
| Incidence | The number of **new** cases of a condition during a given period of time. |
| Prevalence | ‘The number or proportion of cases of a particular disease  or condition present in a population at a given time.’  (AIHW, 2008) |
| Social dimension of health | Being able to interact with others and participate in the community in both an independent and cooperative way. |

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| Mental dimension of health | ‘State of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.’ (WHO, 2009) |
| Physical dimension of health | Relates to the efficient functioning of the body and its systems, and includes the physical capacity to perform tasks and physical fitness. |
| Determinants of health | ‘Factors that raise or lower a level of health in a population or individual. Determinants of health help to explain or predict trends in health and why some groups have better or worse health than others.’ Determinants can be classified in many ways such as biological, behavioural and social. (AIHW, 2006). |
| Biological determinants | Factors relating to the body that impact on health, such  as genetics, hormones, body weight, blood pressure, cholesterol levels, birth weight. |

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| Behavioural determinants | Actions or patterns of living of an individual or a group that impact on health, such as smoking, sexual activity, participation in physical activity, eating practices. |
| Social determinants | Aspects of society and the social environment that impact on health, such as poverty, early life experiences, social networks and support. |
| Biomedical Model of Health | Focuses on the physical or biological aspects of disease and illness. It is a medical model of care practised by doctors and/or health professional and is associated with the diagnosis, cure and treatment of disease. |
| Social Model of Health | A conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social, economic and environmental determinants of health. The model is based on the understanding that in order for health gains to occur, social, economic and environmental determinants must be addressed. |

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| Ottawa Charter for Health Promotion | An approach to health development by the World Health Organization which attempts to reduce inequalities in health. The Ottawa Charter for Health Promotion was developed from the social model of health and defines health promotion as ‘the process of enabling people to increase control over, and to improve, their health’ (WHO 1998). The Ottawa Charter identifies three basic strategies for health promotion which are enabling, mediating, and advocacy. |
| Health promotion | The process of enabling people to increase control over, and to improve their health. |
| National Health Priority Areas | A collaborative initiative endorsed by the Commonwealth and all State and Territory governments. The NHPA initiative seeks to focus the health sector’s attention on diseases or conditions that have a major impact on the health of Australians. The NHPAs represent the disease groups with the largest burden of disease and potential costs (direct, indirect and intangible) to the Australian community. |