

DISEASE PREVENTION AND HEALTHY LIFESTYLES-1



Lumen Learning

Book: Disease Prevention and Healthy
Lifestyles-1 (Lumen)

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This text was compiled on 06/07/2026

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CHAPTER OVERVIEW

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1.1: Chapter 1

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Student Learning Outcomes

1. Assess health behavior choices, apply that information to everyday life for the improvement of individual, family, and community well-being.
2. Identify preconceived ideas about knowledge, values, and behavior that affect health and compare with established research and accepted scientific evidence.

Objectives

The student will be able to:

1. appraise and assess public attitudes and behavior regarding health and disease.
2. recognize, examine and formulate the importance of immunizations.
3. recognize and assess public bias towards aging, diabetes, epilepsy, STDs, etc.
4. differentiate the major classifications of communicable and non-communicable diseases.
5. examine and discuss the role of epidemiology in Public Health.
6. assess and analyze nutritional behavior.
7. identify the major means of transmission for communicable diseases.
8. identify and examine immunizations in relationship to immunity.
9. examine the three levels of Health Promotion/Disease Prevention.
10. identify, compare, and discuss normal versus abnormal patterns of behavior.
11. identify and compare the major classifications of drugs.
12. examine and appraise patterns of drug abuse.
13. compare cultural health behaviors and suggest associated consequences.

Course Content

Chapter 1: Introduction to Personal Health – Week 1

- Health and disease, influence of family and community
- Three levels of health promotion/disease prevention
- Beliefs, attitudes, bias, stereotyping, and behavior on the part of the individual and community toward health disorders and the aging process.
- Leading causes of death, risk factors, and prevention

Chapter 2: Consumer Health – Week 2

- Types of health care professionals and facilities
- Brand name and generic medications
- Alternative medical practices
- Health fraud
- Health care for all: Health disparities and inequalities

Chapter 3: Personal Relationships – Week 3

- Communication
- Intimacy and sexuality
- Marriage and relationships
- Loss
- Parenting
- Family and societal violence

Chapter 4: Human Sexuality, Contraception, and Reproduction – Week 4

- Behavioral presentation of human sexuality
- Sexual terminology (behavioral)
- Sexual bias and misconceptions
- Contraception
- Reproduction

Chapter 5: Diseases and Disorders – Week 5

- Classifications of diseases
- Attitudes and behaviors toward health disorders
- Aspects of epidemiology and its application to public health
- Common infectious diseases
 - Tuberculosis, Hepatitis, Cold, Flu, Mononucleosis, Strep, Pneumonia, STDs, AIDS, etc.
 - Transmission, diagnosis and treatment of common diseases
 - Immunity and immunizations
- Noncommunicable diseases and disorders
 - Cancer
 - Respiratory disorders (Chronic Bronchitis, Asthma, Emphysema, etc.)
 - Diabetes
 - Epilepsy
 - Headache
 - Arthritis
 - Skin disorders
 - Neurological disorders
 - Cardiovascular Diseases and Disorders
 - Risk factors and high blood pressure
 - Disorders, diagnosis and treatment
 - Heart attack
 - Angina
 - Congestive heart failure
 - Congenital heart disorders
 - Stroke

Chapter 6: Nutritional Behavior – Week 6

- Nutritional guidelines; carbohydrates, fats and proteins
- Myths and misconceptions regarding nutrition
- Ethnic foods
- Dietary supplements
- Body composition and metabolic rate
- Diet and weight control
- Obesity
- Eating Disorders

Chapter 7: Physical Activity and Health – Week 7

- Health benefits
- Aerobic exercise
- Strengthening exercise
- Safety
- Community issues

Chapter 8: Substance Abuse and Addictions – Week 8

- Drugs

- Alcohol
- Tobacco
- Codependency and dependency problems
- Effects on pregnancy

Chapter 9: Aging, Dying, and Death – Week 9

- Profile of America's aging population
- Diseases common in elderly population
- Factors that enhance aging
- Safety issues for elders

Chapter 10: Stress and Health – Week 10

- Science of psychoneuroimmunology
- Dynamics and sources of stress
- General Adaptation Syndrome
- Burnout and stress related illness
- Managing stress

Chapter 11: Personality, Emotional Health, and Abnormal Behavior – Week 11

- Theories of personality
- Personality types
- Emotional health
- Mental/emotional disorders
- Suicide
- Terminology (neuroses and psychoses)
- Childhood Abnormalities
- Abnormal behavioral patterns
- Psychoactive Drugs and Medications

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CHAPTER OVERVIEW

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3.1: Introduction to Personal Health Overview and Objectives

Overview

Introduction to Personal Health covers four topics:

- Health and disease, influence of family and community
- Culture, beliefs, attitudes, and stigmatized illnesses
- Leading causes of death, risk factors, and prevention
- Three levels of health promotion/disease prevention

Objectives

Students will be able to:

- Define health
- Demonstrate understanding of the role of health in the practice of health promotion
- Discuss the concepts of health, health education, health promotion and some related terms
- Identify social determinants of health
- List the levels of disease prevention
- Know the two overarching goals of Healthy People 2010
- Identify the dimensions of health disparity as described in Healthy People 2010
- Provide a literal definition of the term “disparity”
- Interpret three definitions of health disparity
- Distinguish between the terms “health inequality” and “health inequity”

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3.2: Health and Disease, Influence of Family and Community

Your Own Views on Health

Note down your responses to the following questions:

- What does health mean to you?
- How important is health to you?
- What do you do (if anything) to stay healthy?

Illness and Disease

Although clearly related, the concepts of illness and disease are distinct. People have illness and physicians diagnose and treat disease.

- Disease is an objective term which implies a malfunctioning of the body or part of the body. Disease is pathological and is diagnosed on the basis of recognizable signs and symptoms.
- Illness is the subjective experience of pain, discomfort or disorder.

Although it is mostly safe to say that illness is the subjective experience of disease, it is possible to experience illness without having a disease and it is possible to have a disease and not feel ill.

Learning Activity

Think of a time when you were ill.

- Can you think of an illness experience which is not disease related?
- Can you think of a disease which may not make you feel ill?

Health Education: Basic Principles

In this session you will learn about the nature of health, health education, health promotion and some related concepts. This will help you to understand the social, psychological and physical components of health.

Definition and Concepts of Health

In the Oxford English Dictionary health is defined as: ‘the state of being free from sickness, injury, disease, bodily conditions; something indicating good bodily condition.’

- Now stop for a moment and think about someone you think is healthy and someone else who you would consider to be not healthy.
 - Look at the definition of health again.
 - Is it similar to the things you thought about when you thought of a healthy and an unhealthy person?

This definition of health is a widely publicized one. But you may have thought of someone who has a disability or wondered about someone who looks OK but who you know does no exercise. Clearly health is not quite as simple as the definition implies.

The concept of health is wide and the way we define health also depends on individual perception, religious beliefs, cultural values, norms, and social class. Generally, there are two different perspectives concerning people’s own definitions of health: a narrow perspective and a broader perspective.

Narrow Perspectives of Health

People with a narrow perspective consider health as the absence of disease or disability or biological dysfunction. According to this view (or model), to call someone unhealthy or sick means there should be evidence of a particular illness. Social, emotional and psychological factors are not believed to cause unhealthy conditions. This model is narrow and limits the definition of health to the physical and physiological capabilities that are necessary to perform routine tasks.

According to this definition, the individual is healthy if all the body parts, cells, tissues and organ systems are functioning well and there is no apparent dysfunction of the body.

Using this model people view the human body in the same terms as a computer, or mechanical device when something is wrong you take it to experts who maintain it. Physicians, unlike behavioral experts, often focus on treatment and clinical interventions with medication rather than educational interventions to bring about behavior change.

Serena's Story

- About two months ago Serena lost her six month old twins. She is grief stricken. She was always slender but now she looks very thin. She cannot sleep, she cannot eat and she doesn't want to talk to anyone.
- Do you think the view of health you have just read about applies to Serena?

This view of health ignores many of the social and psychological causes of ill health. Serena's grief is not an illness but it is certainly affecting her health.

In the next section we will discuss the broader perspective of health which includes other factors in addition to physical ones.

Broader Perspectives of Health

In the previous section you read about a narrow definition of health. This section will help you understand the concept of health in a broader and more holistic way.

Defining Health

The most widely used of the broader definitions of health is that within the constitution of the World Health Organization (1948), which defines health as: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This classic definition is important, as it identifies the vital components of health. To more fully understand the meaning of health, it is important to understand each of its individual components.

Serena's Story

Think back to Serena.

- Describe her state of health.
- Serena is mentally distressed. She does not by any means have mental and social well-being.

Physical Health

To understand physical health you need to know what is considered to be physically *unhealthy* so that you can contrast the two. Physical health, which is one of the components of the definition of health, could be defined as the absence of diseases or disability of the body parts. Physical health could be defined as the ability to perform routine tasks without any physical restriction. The following examples can help you to understand someone who is physically unhealthy:

- A person who has been harmed due to a car accident
- A farmer infected by malaria and unable to do their farming duties
- A person infected by tuberculosis and unable to perform his or her tasks.

Think about someone with physical damage, perhaps due to a car accident.

According to the WHO definition, do you see them as healthy?

Also think about someone in your community who you would consider to be physically disabled.

While both of these people may be restricted in their movement and ability to do routine tasks they may still be in a state of physical and mental well-being.

Health is not limited to the biological integrity and the physiological functioning of the human body. Psychological health is also an important aspect of a health definition.

Psychological Health

- Think about people in the community who are showing behavior that may indicate they are going through a period of mental distress in their lives.
- Or think about Serena again.
- Do you think that everyone in distress shows the same sorts of symptoms?

Sometimes it can be really hard from the outside to tell if the person is struggling with mental health issues, but at other times they show symptoms that suggest a lack of self-awareness or personal identity, or an inability of rational and logical decision-making.

At other times it might be apparent that they are not looking after themselves and are without a proper purpose in their life. They may be drinking alcohol and have a non-logical response to any request. You may also notice that they have an inability to maintain their personal autonomy and are unable to maintain good relationships with people around them.

Social component

The social component of health is considered to be the ability to make and maintain ‘acceptable’ and ‘proper’ interactions and communicate with other people within the social environment. This component also includes being able to maintain satisfying interpersonal relationships and being able to fulfill a social role. Having a social role is the ability that people have to maintain their own identity while sharing, cooperating, communicating and enjoying the company of others. This is really important when participating in friendships and taking a full part in family and community life.

Which of the following examples could be considered to contribute to social health? Explain your answers.

1. Mourning when a close family member dies
2. Going to a football game or involvement in a community meeting
3. Celebrating traditional cultural events within your community
4. Shopping in the market
5. Creating and maintaining friendship.

In reality all these events could have a social component and help towards building people’s social view of health. They all involve interacting with others and gaining support, friendship and in many instances joy from being with other people.

The World Health Organization in its Ottawa Charter said that health promotion is defined as the process of enabling people to increase control over, and to improve, their health. The aim of health promotion is to reduce the underlying causes of ill-health so that there is a long-term reduction in many diseases.

Summary

Health is a broad concept containing several different aspects. Physical and mental health issues are often interrelated and wellness is expressed through the integration of mental, physical, emotional, spiritual and social health components.

Self-Assessment Question

What do you understand by the following terms?

- Health
- Health promotion

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Health: When broadly defined, it is a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity. According to this definition physical, social and psychological factors all contribute to health.

Health promotion: According to the Ottawa Charter, health promotion is defined as the process of enabling people to increase control over, and to improve, their health. Health promotion is aimed at reducing the underlying causes of ill-health so that there is a long term reduction in many diseases.

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Definitions of Health

If there are complexities in defining disease, there are even more in defining health. Definitions have evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body’s ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. An example of such a definition of health is: “a state characterized by anatomic, physiologic, and psychological integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biologic, psychological, and social stress.”

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the [health promotion](#) movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as “a resource for living.” The 1984 WHO revised definition of health defined it as “the extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities. Thus, health referred to the ability to maintain homeostasis and recover from insults. Mental, intellectual, emotional, and social health referred to a person’s

ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living.

Wellness

Many practitioners have expanded their focus to include wellness at the positive end of the health continuum. Some distinguish two interacting dimensions: disease versus non-disease and well-being versus ill-being; others expand the number of dimensions to include spiritual, emotional, social, and mental. Last commented that wellness is “a word used by behavioral scientists to describe a state of dynamic physical, mental, social, and spiritual well-being that enables a person to achieve full potential and an enjoyable life.”

But with so much disease to treat, should physicians concern themselves with wellness? Is it appropriate for medicine to seek ways to promote positive health states? Some academics distinguish between a medical care system and a health care system, arguing that, to constrain costs, public funding should be limited to treating illness and restoring the patient’s functional capacity. Others note that activities such as counseling and educating healthy individuals on diet and exercise promote wellness and resiliency, and so fall within the scope of normal practice as a part of preventive medicine. Some go further and argue that physicians should advocate for improved work and environmental conditions, such as promoting walking and cycling rather than driving, and should advocate for policies that redistribute income, limit access to unhealthy foods, and support children’s programs.

As concepts of health and disease continue to broaden, there will no doubt be pressure for physicians to expand their role to include the promotion of positive health states in their patients. Reflecting this trend, [clinical trials evaluating new pharmaceuticals](#) must now include improved quality of life as an outcome, which obviously extends beyond simply improving biomedical indicators of pathology.

Discussions of wellness eroded the hold of the biomedical model. In its place, ecological models of health appeared; these recognize the complex interactions among people, their personal characteristics and the environment, and how these influence health.

Learning Activity

Questions to ponder

1. If no symptoms are produced, is it a disease?
2. Are health and disease different entities or merely different points along a continuum?
3. If so, should we abandon the notion of disease and think only of different levels of health, changing from a categorical to a dimensional model?

Disease or Syndrome?

As we learn more about the biological basis for a patient’s illness, it may be reclassified as a disease. For example, constant feelings of tiredness became accepted as the medical condition of chronic fatigue syndrome. Sometimes when a doctor formally labels (diagnoses) a patient’s complaint, the complaint is legitimized and this may reassure the patient. Often, however, a set of signs and symptoms eludes biomedical understanding. If the set is frequent enough to be a recognized pattern, it is termed a syndrome instead of a disease.

A syndrome refers to a complex of symptoms that occur together more often than would be expected by chance alone. Whereas diseases often receive explanatory labels (such as hemorrhagic stroke), syndromes are often given purely descriptive labels (e.g., Restless Leg Syndrome). Confusingly, the label ‘syndrome’ often persists long after the cause is discovered, as with Down syndrome, AIDS (Acquired Immunodeficiency Syndrome) or SARS (Severe Acute Respiratory Syndrome). Meanwhile, Chronic Fatigue Syndrome, Fibromyalgia, Irritable Bowel Syndrome, and Restless Leg Syndrome remain syndromic conditions which, so far, are not well explained by conventional biomedical models.

Learning Activity

Watch these videos – Population Health



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These videos by Vancouver Coastal Health are an exploration of differences in health between people and their relationship to things such as income, education, and the neighborhoods in which we live. Residents share real examples about how the social determinants of health impact their lives.

- How has your belief about the relationship between health and other factors changed as a result of watching these videos?

Well-being Concepts

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their “well-being.” Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy.

Why is well-being useful for public health?

- Well-being integrates mental health (mind) and physical health (body) resulting in more holistic approaches to disease prevention and health promotion.
- Well-being is a valid population outcome measure beyond morbidity, mortality, and economic status that tells us how people perceive their life is going from their own perspective.
- Well-being is an outcome that is meaningful to the public.
- Advances in psychology, neuroscience, and measurement theory suggest that well-being can be measured with some degree of accuracy.
- Results from cross-sectional, longitudinal and experimental studies find that well-being is associated with:
 - Self-perceived health

- Longevity
- Healthy behaviors
- Mental and physical illness
- Social connectedness
- Productivity
- Factors in the physical and social environment

Well-being can provide a common metric that can help policy makers shape and compare the effects of different policies (e.g., loss of greenspace might impact well-being more so than commercial development of an area).

Measuring, tracking and promoting well-being can be useful for multiple stakeholders involved in disease prevention and health promotion.

Well-being is associated with numerous health-, job-, family-, and economically-related benefits. For example, higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities.

Previous research lends support to the view that the negative affect component of well-being is strongly associated with neuroticism and that positive affect component has a similar association with extraversion. This research also supports the view that positive emotions—central components of well-being—are not merely the opposite of negative emotions, but are independent dimensions of mental health that can, and should be fostered. Although a substantial proportion of the variance in well-being can be attributed to heritable factors, environmental factors play an equally if not more important role.

How does well-being relate to health promotion?

Health is more than the absence of disease; it is a resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life. In this sense, health enables social, economic and personal development fundamental to well-being. Health promotion is the process of enabling people to increase control over, and to improve their health. Environmental and social resources for health can include: peace, economic security, a stable ecosystem, and safe housing. Individual resources for health can include: physical activity, healthful diet, social ties, resiliency, positive emotions, and autonomy. Health promotion activities aimed at strengthening such individual, environmental and social resources may ultimately improve well-being.

How is well-being defined?

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following:

- Physical well-being
- Economic well-being
- Social well-being
- Development and activity
- Emotional well-being
- Psychological well-being
- Life satisfaction
- Domain specific satisfaction
- Engaging activities and work

How is well-being measured?

Because well-being is subjective, it is typically measured with self-reports. The use of self-reported measures is fundamentally different from using objective measures (e.g., household income, unemployment levels, neighborhood crime) often used to assess well-being. The use of both objective and subjective measures, when available, are desirable for public policy purposes.

There are many well-being instruments available that measure self-reported well-being in different ways, depending on whether one measures well-being as a clinical outcome, a population health outcome, for cost-effectiveness studies, or for other purposes. For example, well-being measures can be psychometrically-based or utility-based. Psychometrically-based measures are based on the relationship between, and strength among, multiple items that are intended to measure one or more domains of well-being. Utility-based measures are based on an individual or group's preference for a particular state, and are typically anchored between 0 (death) to 1 (optimum health). Some studies support use of single items (e.g., global life satisfaction) to measure well-being parsimoniously. Peer reports, observational methods, physiological methods, experience sampling methods, ecological momentary assessment, and other methods are used by psychologists to measure different aspects of well-being.

What are some correlates and determinants of individual-level well-being?

There is no sole determinant of individual well-being, but in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income).

Numerous studies have examined the associations between determinants of individual and national levels of well-being. Many of these studies have used different measures of well-being (e.g., life satisfaction, positive affect, psychological well-being), and different methodologies resulting in occasional inconsistent findings related to well-being and its predictors. In general, life satisfaction is dependent more closely on the availability of basic needs being met (food, shelter, income) as well as access to modern conveniences (e.g., electricity). Pleasant emotions are more closely associated with having supportive relationships.

Optional: Watch this video about how America's culture of consumerism undermines our well-being.



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Further reading on this topic

Some general findings on associations between well-being and its associations with other factors are as follows:

Genes and Personality

At the individual level, genetic factors, personality, and demographic factors are related to well-being. For example, positive emotions are heritable to some degree, suggesting that there may be a genetically determined set-point for emotions such as happiness and sadness. However, the expression of genetic effects are often influenced by factors in the environment implying that circumstances and social conditions do matter and are actionable from a public policy perspective. Longitudinal studies have found that well-being is sensitive to life events (e.g., unemployment, marriage). Additionally, genetic factors alone cannot explain differences in well-being between nations or trends within nations.

Some personality factors that are strongly associated with well-being include optimism, extroversion, and self-esteem. Genetic factors and personality factors are closely related and can interact in influencing individual well-being.

While genetic factors and personality factors are important determinants of well-being, they are beyond the realm of public policy goals.

Age and Gender

Depending on which types of measures are used (e.g., life satisfaction vs. positive affect), age and gender also have been shown to be related to well-being. In general, men and women have similar levels of well-being, but this pattern changes with age, and has

changed over time. There is a U-shaped distribution of well-being by age younger and older adults tend to have more well-being compared to middle-aged adults.

Income and Work

The relationship between income and well-being is complex. Depending on which types of measures are used and which comparisons are made, income correlates only modestly with well-being. In general, associations between income and well-being (usually measured in terms of life satisfaction) are stronger for those at lower economic levels, but studies also have found effects for those at higher income levels. Paid employment is critical to the well-being of individuals by conferring direct access to resources, as well as fostering satisfaction, meaning and purpose for some. Unemployment negatively affects well-being, both in the short- and long-term.

Relationships

Having supportive relationships is one of the strongest predictors of well-being, having a notably positive effect.

What are some correlates of well-being at the national level?

Countries differ substantially in their levels of well-being. Societies with higher well-being are those that are more economically developed, have effective governments with low levels of corruption, have high levels of trust, and can meet citizens' basic needs for food and health. Cultural factors (e.g., individualism vs. collectivism, social norms) also play a role in national estimates of well-being.

What is the difference between health-related quality of life, well-being, flourishing, positive mental health, optimal health, happiness, subjective well-being, psychological well-being, life satisfaction, hedonic well-being, and other terms that exist in the literature?

Subjective well-being typically refers to self-reports contrasted with objective indicators of well-being. The term, “positive mental health” calls attention to the psychological components that comprise well-being from the perspective of individuals interested primarily in the mental health domain. From this perspective, positive mental health is a resource, broadly inclusive of psychological assets and skills essential for well-being. But, the latter generally excludes the physical component of well-being. “Hedonic” well-being focuses on the “feeling” component of well-being (e.g., happiness) in contrast to “eudaimonic” well-being which focuses on the “thinking” component of well-being (e.g., fulfillment). People with high levels of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health, or as “flourishing.”

In summary, positive mental health, well-being and flourishing refer to the presence of high levels of positive functioning—primarily in the mental health domain (inclusive of social health). However, in its broadest sense, well-being encompasses physical, mental, and social domains.

Learning Activity: Mapping the Nation's Well Being

Go to the [Mapping the Nation's Well Being](#) webpage to find out how well being differs by location.

1. Click on each of the items under Composite Index.
2. Roll your cursor over the various places on the map where you have lived.
3. Compare the well-being of all the places where you have lived or visited.

Public and Population Health

While [public health](#) is a familiar term, it can be difficult to give it a single precise definition. Its general focus is on preventing disease and protecting health: “Public health is defined as the organized efforts of society to keep people healthy and prevent injury, illness, and premature death.” But this definition does not give us a clear picture of what is, and what is not, included. In part the difficulty arises because public health does not concern a specific organ system, type of disease or therapeutic approach, but employs a variety of approaches to address whatever health issues are most pressing in each place and time. The discipline has seen a succession of names as it wrestled with whether environmental factors, or individual behavior, or societal policies should form the main focus of interventions.

This debate gave rise to the [population health](#) perspective, which holds that, while fostering individual responsibility for health, we must also address underlying social determinants, such as poverty or lack of access to care, that constrain people's ability to achieve real gains in health.

Blaming the Victim

As population health is a relatively new concept, uncertainties remain over details of how, precisely, it differs from public health. Both are concerned with patterns of health and illness in groups of people rather than in individuals; both monitor health trends, examine their determinants, propose interventions at the population level to protect and promote health, and discuss options for delivering these interventions. The distinction is subtle, but population health is seen as broader, as offering a unifying paradigm that links disciplines from the biological to the sociological. It provides a rational basis for allocating health resources that balances health protection and promotion against illness prevention and treatment, while also making a significant contribution to basic science.

When public health tackles a health issue, its interventions are focused on maintaining health or preventing disease.

- For example, the **public health approach** to childhood obesity might advocate education for parents and children, subsidized healthy school lunch programs, banning soft drinks in school vending machines, tougher regulations on marketing of junk food to children, promoting physical activity, etc.
- A population health approach would tackle childhood obesity in a broader context. A population health approach might be to consider the food system itself: How do agricultural subsidies affect the price of food? Can city planning policies prevent the problem of urban food deserts where significant areas of the population lack access to a grocery store?

Public health focuses on prevention and health protection services, whereas the population health approach is somewhat broader. It still values “health” as a key outcome, but views issues from a broader perspective and tends to include additional considerations, such as economics, environmental sustainability, social justice, etc.

Learning Activity: Influences on Your Health

Draw a circular diagram with yourself at the center. Position the factors that influence your health around the circle.

- If the link to your health is indirect use dotted lines and if there is a direct link use thicker lines.
- Use distance to denote effect: the closer, the stronger the impact.

Does your diagram support the argument that health and ill-health are influenced – or determined – by a wide range of factors and forces?

- How many different influences did you include?
- Are there any patterns in terms of which factors connected directly and which indirectly?

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3.3: Three Levels of Health Promotion/Disease Prevention

Levels of Prevention

Three broad categories of determinants of human behavior will be discussed in this study session and you will have an opportunity to learn about the influence of these factors in determining human behavior.

Prevention, as it relates to health, is really about avoiding disease before it starts. It has been defined as the plans for, and the measures taken, to prevent the onset of a disease or other health problem before the occurrence of the undesirable health event. There are three distinct levels of prevention.

Primary prevention—those preventive measures that prevent the onset of illness or injury before the disease process begins.

- Examples include immunization and taking regular exercise.

Secondary prevention—those preventive measures that lead to early diagnosis and prompt treatment of a disease, illness or injury to prevent more severe problems developing. Here health educators such as Health Extension Practitioners can help individuals acquire the skills of detecting diseases in their early stages.

- Examples include screening for high blood pressure and breast self-examination.

Tertiary prevention—those preventive measures aimed at rehabilitation following significant illness. At this level health services workers can work to retrain, re-educate and rehabilitate people who have already developed an impairment or disability.

Read the list of the three levels of prevention again. Think about your experience of health education, whether as an educator or recipient of health education.

- How do you think health education can help with the prevention of disease?
- Do you think it will operate at all these levels?
- Note an example of possible health education interventions at each level where you think health education can be applied.

Health Education can be applied at all three levels of disease prevention and can be of great help in maximizing the gains from preventive behavior.

- For example at the primary prevention level — you could educate people to practice some of the preventive behaviors, such as having a balanced diet so that they can protect themselves from developing diseases in the future.
- At the secondary level, you could educate people to visit their local health center when they experience symptoms of illness, such as fever, so they can get early treatment for their health problems.
- At the tertiary level, you could educate people to take their medication appropriately and find ways of working towards rehabilitation from significant illness or disability.

You have learned that:

- Primary prevention includes those preventive measures that come before the onset of illness or injury and before the disease process begins. Examples include immunization and taking regular exercise to prevent health problems developing in the future.
- Secondary prevention includes those preventive measures that lead to early diagnosis and prompt treatment of a disease, illness or injury. This should limit disability, impairment or dependency and prevent more severe health problems developing in the future.
- Tertiary prevention includes those preventive measures aimed at rehabilitation following significant illness. At this level health educators work to retrain, re-educate and rehabilitate the individual who has already had an impairment or disability.

Summary

- Primary prevention includes those measures that prevent the onset of illness *before* the disease process begins. Immunization against infectious disease is a good example.
- Secondary prevention includes those measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.
- Tertiary prevention involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.

Make sure that you are comfortable with the difference between primary prevention activities and secondary prevention activities. Remember that primary prevention activities will actually stop the illness happening, while secondary activities stop the illnesses getting worse.

Learning Activity

1. Go to [Take a Look at Health](#) to find out the major health issues facing Americans are today.
2. Click on various risk factors, demographics, diseases and conditions to see graphic comparisons.
 - What are some of the most common conditions, and how are they related to one another?
 - What can we do to improve our health?

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Sources

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3.4: Culture, Beliefs, Attitudes, and Stigmatized Illnesses

Cultural Lens and How Culture Influences Your Perceptions

Cultural Awareness, Sensitivity, and Safety

Culture can be defined in terms of the shared knowledge, beliefs, and values that characterize a social group. Humans have a strong drive to maintain the sense of identity that comes from membership in an identifiable group. In primeval and nomadic times, a person's survival likely benefited from establishing strong bonds with an in-group of trusted relatives or clan-mates with whom one co-operated and shared, versus an out-group against which there was competition for scarce resources. Within the intermixing of modern society, many of us seek to retain a sense of cultural identity and may often refer to our cultural roots, or use double-barreled descriptions such as Asian-American. It is important that we are all aware of our own cultural influences and how these may affect our perceptions of others, especially in the doctor-patient encounter. In many subtle ways, the cultural identities of both doctor and patient affect their interaction, and in a diverse country this can form an exciting challenge.

Culture and individual

We all perceive others through the filter or perspective of our own cultural upbringing, often without being aware of it: communication can go wrong without our understanding why. The clinician must become culturally aware and sensitive, then culturally competent so that she or he can practice in a manner that is culturally safe.

Cultural awareness

Cultural competency in medical practice requires that the clinician respects and appreciates diversity in society. Culturally competent clinicians acknowledge differences but do not feel threatened by them. "Culturally competent communication leaves our patients feeling that their concerns were understood, a trusting relationship was formed and, above all, that they were treated with respect." While a clinician will often be unfamiliar with the culture of a particular patient, the direct approach is often the best: ask the patient what you need to understand about her culture and background in order to be able to help her. A direct approach helps establish mutual respect and tailor the best and most appropriate care for each patient.

Awareness of one's own culture is an important step towards awareness of, and sensitivity to, the culture and ethnicity of other people. Clinicians who are not aware of their own cultural biases may unconsciously impose their cultural values on other people. "As physicians, we must make multiple communication adjustments each day when interacting with our patients to provide care that is responsive to the diverse cultural backgrounds of patients in our highly multicultural nation."

Cultural safety refers to a doctor-patient encounter in which the patient feels respected and empowered, and that their culture and knowledge has been acknowledged. Cultural safety refers to the patient's feelings in the health care encounter, while cultural competence refers to the skills required by a practitioner to ensure that the patient feels safe.

To practice in a manner that is culturally safe, practitioners should reflect on the power differentials inherent in health service delivery. Taking a culturally safe approach also implies acting as a health advocate: working to improve access to care; exposing the social, political, and historical context of health care; and interrupting unequal power relations. Given that the patient exists simultaneously within several caring systems, influenced by their family, community, and traditions, the culturally safe practitioner allows the patient to define what is culturally safe for them.

Our culture influences the way we perceive virtually everything around us, often unconsciously. Several useful concepts describe issues that can arise:

- *Ethnocentrism*. The sense that one's own beliefs, values, and ways of life are superior to, and more desirable than, those of others. For example, you may be trained in Western medicine, but your patient insists on taking a herbal remedy. You may be tempted to say "So, why are you consulting me, then?" Ethnocentrism is often unconscious and implicit in a person's behavior. Personal reflection is a valuable tool for physicians to critically examine their own ethnocentric views and behaviors.
- *Cultural blindness*. This refers to attempts (often well-intentioned) to be unbiased by ignoring the fact of a person's race. It is illustrated in phrases such as 'being color blind', or 'not seeing race'. However, ignoring cultural differences may make people from another culture feel discounted or ignored; what may be transmitted is the impression that race or culture are unimportant, and that values of the dominant culture are universally applicable. Meanwhile, the person who is culturally blind may feel they are being fair and unprejudiced, unaware of how they are making others feel. Cultural blindness becomes, in effect, the opposite of cultural sensitivity.

- *Culture shock*. Most physicians come from middle-class families and have not experienced poverty, homelessness or addictions. Exposure to such realities in their patients therefore requires great adaptations and can be distressing. This is a common experience in those who have visited a slum in a developing country, but may also arise at home in confronting abortion, infanticide, or female circumcision.
- *Cultural conflict*. Conflict generated when the rules of one's own culture are contradicted by the rules of another.
- *Cultural imposition (or cultural assimilation or colonialism)*. The imposition of the views and values of your own culture without consideration of the beliefs of others.
- *Stereotyping and generalization*. What may be true of a group need not apply to each individual. Hence, talking about cultures can lead to dangerously prejudicial generalizations. Prejudice is the tendency to use preconceived notions about a group in pre-judging one of the group's members, so applying cultural awareness to individuals can be hazardous. Yet, on the other hand, ignoring culture (cultural blindness) can be equally detrimental. The key is to acknowledge and be respectful of differences, and to ask patients to explain their perspective when in doubt.

Learning Activity

Watch these brief videos from Think–Speak–Act Cultural Health to hear about specific cultural health examples.



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The Relevance of Culture for Health

Culture influences health through many channels:

1. *Positive or negative lifestyle behaviors*. While we often focus on the negative influences of lifestyle behavior—such as drug cultures, or the poor diet of some teen cultures, for example—we should not neglect the positive cultural influences on behaviors and practices. For example, Mormons and Seventh Day Adventists have been found to live longer than the general population, in part because of their lifestyle including the avoidance of alcohol and smoking, but also because of enhanced social support.
2. *Health beliefs and attitudes*. These include what a person views as illness that requires treatment, and which treatments and preventive measures he or she will accept, as with the Jehovah's Witness prohibition on using whole blood products.
3. *Reactions to being sick*. A person's adoption of the [sick role](#) (and, hence, how he or she or he reacts to being sick) is often guided by his or her cultural roots. For instance, “machismo” may discourage a man from seeking prompt medical attention, and culture may also influence from whom a person will accept advice.
4. *Communication patterns*, including language and modes of thinking. Beyond these, however, culture may constrain some patients from expressing an opinion to the doctor, or may discourage a wife from speaking freely in front of her husband, for example. Such influences can complicate efforts to establish a therapeutic relationship and, thereby, to help the patient.
5. *Status*. The way in which one culture views another may affect the status of entire groups of people, placing them at a disadvantage. The resulting social inequality or even exclusion forms a health determinant. For example, women in some societies have little power to insist on condom use.

What elements of a patient's culture should a health care provider consider when deciding how best to manage a case?

Cultural influences may affect a patient's reaction to the disease, to suggested therapy, and to efforts to help them prevent recurrences by changing risk factors. Therefore, it may be important for health care providers to find out about such possibilities; they can explain that they need them to tell about their family's and community's feelings about health recommendations. Health care providers should explain that they are not familiar with their community and want them to tell if they may have beliefs or obligations that the health care provider should be aware of, such as any restrictions on diet, medications, etc., if these could be relevant.

Difference between cultural competence and cultural safety

Cultural competence is included within cultural safety, but safety goes beyond competence to advocate actively for the patient's perspective, to protect their right to hold the views they do. When a patient knows that you will honor and uphold their perspective and not try to change it, they will be more likely to accept your recommendations. A physician who practices culturally safe care has reflected on her own cultural biases recognizes them and ensures that her biases do not impact the care that the patient receives. This pattern of self-reflection, education and advocacy is also practiced at the organizational level.

Example: Breast Cancer in Asian Women

Asian women, in general, and Vietnamese women, in particular, have been identified as ethnic groups that are not participating in breast cancer screening programs in the U.S. The reasons are complex and Vietnamese women may be especially vulnerable due to cultural variances in beliefs, health practices, language barriers, lack of access to care due to socio-economic factors, as well as the long term effects of the migration that occurred at the close of the Vietnam war.

Learning Activity

Find out about how culture impacts health decisions and access by visiting each of the websites linked in the list below:

- [Hispanic-Latino Culture](#)
- [Chinese Culture](#)
- [Iraqi Culture](#)
- [Vietnamese Culture](#)
- [Lesbian, Gay, Bisexual, and Transgender Health Issues](#)

What are some of the positive and/or negative ways that culture impacts an individual's health care decisions and access?

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Some Ethiopians living in the United States may avoid getting treatment if the medical facility is central and visible to their community. This could be due to the social stigma of TB (tuberculosis) in that culture combined with a cultural identity that highly values community participation. So, in order for Ethiopian-Americans to be more likely to get treatment for TB, the medical facility needs to be located in place where patients can come and go without being seen easily.

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Stigmatized Illnesses and Health Care

Being disabled because of a disease or injury can lead to benefits – for example, a parking space that is close by. In some instances, the benefits are very attractive but, in most countries of the world, the disabled have no access to any governmental help, and insurance premiums are so high that only a minority of the population can participate in disability compensations schemes. In some situations, disability due to a war injury or to some other situation that confers hero status can also bring social respect and moral prestige to the disabled person.

For the vast majority of disabled people, however, the disadvantages of disability are much more important than its advantages. A restriction of the possibility of participation in normal social life and limitations in the pursuit of personal happiness are often grave and depressing for the person with an impairment that causes a disability.

When the disease or the situation that has produced impairment is stigmatized, the limitations of functions are aggravated and the possibility of compensating disability is significantly reduced. There are a number of diseases that are stigmatized—mental disorders, AIDS, venereal diseases, leprosy, and certain skin diseases. People who have such diseases are discriminated in the health care system, they usually receive much less social support than those who have non-stigmatizing illnesses and—what is

possibly worst—they have grave difficulties in organizing their life if their disease has caused an impairment that can lead to disability and handicaps.

Mental disorders probably carry more stigma (and consequent discrimination) than any other illness. The stigma does not stop at the persons who are suffering from a stigmatized illness. Their immediate and even remote families often experience significant social disadvantages. The institutions that provide mental health care are stigmatized. Stigma reduces the value of the persons who have a mental disorder in the eyes of the community and the government.

Medications that are needed in the treatment of mental disorders, for example, are considered expensive even when their cost is much lower than the cost of drugs used in the treatment of other illnesses: they are not considered expensive because of their cost but because they are meant to be used in the treatment of people who are not considered to be of much value to the society.

The awareness of the fact that stigmatization is one of the major—if not the major—obstacles to the improvement of care for people with stigmatized illnesses is gradually growing. In a number of countries governments, non-governmental organizations, and health institutions have launched campaigns to reduce stigma related to illness. They display posters and distribute leaflets, as well as organize radio and television programs.

There is, however, an important sector employing many individuals that does not participate very actively in the reduction of stigma and in efforts to eliminate the discrimination that follows it. It is the health sector—which, by its definition, could gain from the reduction of stigma almost as much as the individuals who have the stigmatized illness. The managements of general hospitals, as well as heads of various medical departments often refuse to have a department of psychiatry and, if they accept it, they usually assign the worst accommodation for it—in a remote corner of the hospital grounds, for example, or in the lowest (sometimes partly underground) floor. In the order of priority for maintenance or renovation work departments of psychiatry come last although they are often in a pitiful state. Doctors who are not involved in mental health care participate and sometimes excel in making fun of the mentally ill, of psychiatrists, and of mental illness. They will often refuse to deal with physical illness in a person with a mental disorder and send such patients to their psychiatrist, although they are better placed to deal with the physical illness than the psychiatrist.

Nor are the psychiatrists and other mental health care staff doing as much as they should about the reduction of stigma. They seem unaware of the stigmatizing effects of their use of language—they speak of schizophrenics when they should say a person with schizophrenia and about misbehavior or lack of discipline when they should make it clear that behavioral abnormalities are part of the illness they are supposed to recognize and treat. In some countries they requested and received longer holidays or somewhat higher salaries saying that they deserve this because they deal with dangerous patients—although they have publicly proclaimed that mental illness is a disease like any other. They often disregard complaints about the physical health of people with mental disorders and do not do much about them, thus providing sub-optimal care and contributing to the tendency to dismiss whatever people with mental illness may be saying. In their teaching activities, stigmatization as well as the prevention of discrimination and its other consequences often receive only minimal attention.

Perhaps it is impossible for the health care workers themselves to launch large anti-stigma programs: what, however, they should and can do is to examine their own behavior and activity to ensure that they do not contribute to stigmatization and consequent discrimination. They should also participate in the efforts of others to reduce stigma or initiate such efforts whenever possible. Doing nothing about stigma and discrimination that follows it is no longer an acceptable option.

The Cultural Meaning of Illness

Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable (meaning some medical professionals may find the existence of this ailment questionable) as opposed to definitive (illnesses that are unquestionably recognized in the medical profession) (Conrad and Barker 2010). For instance, sociologist Erving Goffman (1963) described how social stigmas hinder individuals from fully integrating into society. The stigmatization of illness often has the greatest effect on the patient and the kind of care he or she receives. Many contend that our society and even our health care institutions discriminate against certain diseases—like mental disorders, AIDS, venereal diseases, and skin disorders (Sartorius 2007). Facilities for these diseases may be sub-par; they may be segregated from other health care areas or relegated to a poorer environment. The stigma may keep people from seeking help for their illness, making it worse than it needs to be. Contested illnesses are those that are questioned or questionable by some medical professionals. Disorders like fibromyalgia or chronic fatigue syndrome may be either true illnesses or only in the patients' heads, depending on the opinion of the medical professional. This dynamic can affect how a patient seeks treatment and what kind of treatment he or she receives.

In terms of constructing the illness experience, culture and individual personality both play a significant role. For some people, a long-term illness can have the effect of making their world smaller, more defined by the illness than anything else. For others, illness can be a chance for discovery, for re-imaging a new self (Conrad and Barker 2007). Culture plays a huge role in how an individual experiences illness. Widespread diseases like AIDS or breast cancer have specific cultural markers that have changed over the years and that govern how individuals—and society—view them.

Today, many institutions of wellness acknowledge the degree to which individual perceptions shape the nature of health and illness. Regarding physical activity, for instance, the Centers for Disease Control (CDC) recommends that individuals use a standard level of exertion to assess their physical activity. This Rating of Perceived Exertion (RPE) gives a more complete view of an individual's actual exertion level, since heart-rate or pulse measurements may be affected by medication or other issues (Centers for Disease Control 2011a). Similarly, many medical professionals use a comparable scale for perceived pain to help determine pain management strategies.

Consider these questions:

- What diseases are the most stigmatized?
- Which are the least?
- Is this different in different cultures or social classes?

[reveal-answer q="971573"]Show Sources[/reveal-answer]
[hidden-answer a="971573"]

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3.5: Determinants of Health, Risk Factors, and Prevention

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?

Learning Activity

Watch this video about Determinants of Health^[1]:



A YouTube element has been excluded from this version of the text. You can view it online here: <http://pb.libretexts.org/d/?p=34>

This video demonstrates some of the factors that make some people healthy and others unhealthy. Two examples in this video serve to illustrate determinants of health, as well as interventions which can change determinants of health and lead to a specific health outcome or outcomes. The video then explains the four phases of the intervention life cycle.

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

Determinants of health fall under several broad categories:

- Social factors
- Health services
- Individual behavior
- Biology and genetics

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

Policymaking

Policies at the local, State, and Federal level affect individual and population health. Increasing taxes on tobacco sales, for example, can improve population health by reducing the number of people using tobacco products.

Some policies affect entire populations over extended periods of time while simultaneously helping to change individual behavior. For example, the 1966 Highway Safety Act and the National Traffic and Motor Vehicle Safety Act authorized the Federal Government to set and regulate standards for motor vehicles and highways. This led to an increase in safety standards for cars, including seat belts, which in turn, reduced rates of injuries and deaths from motor vehicle accidents.

Social

Social determinants of health reflect social factors and the physical conditions in the environment in which people are born, live, learn, play, work and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning and quality of life outcomes.

Examples of social determinants include:

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

Examples of physical determinants include:

- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches

Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.

For example, millions of people in the United States live in places that have unhealthy levels of ozone or other air pollutants. In counties where ozone pollution is high, there is often a higher prevalence of asthma in both adults and children compared with State and national averages. Poor air quality can worsen asthma symptoms, especially in children.^[2]

Health Services

Both access to health services and the quality of health services can impact health. Healthy People 2020 directly addresses access to health services as a topic area and incorporates quality of health services throughout a number of topic areas.

Lack of access, or limited access, to health services greatly impacts an individual's health status. For example, when individuals do not have health insurance, they are less likely to participate in preventive care and are more likely to delay medical treatment.^[3]

Barriers to accessing health services include:

- Lack of availability
- High cost
- Lack of insurance coverage
- Limited language access

These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

Individual Behavior

Individual behavior also plays a role in health outcomes. For example, if an individual quits smoking, his or her risk of developing heart disease is greatly reduced.

Many public health and health care interventions focus on changing individual behaviors such as substance abuse, diet, and physical activity. Positive changes in individual behavior can reduce the rates of chronic disease in this country.

Examples of individual behavior determinants of health include:

- Diet
- Physical activity
- Alcohol, cigarette, and other drug use

- Hand washing

Biology and Genetics

Some biological and genetic factors affect specific populations more than others. For example, older adults are biologically prone to being in poorer health than adolescents due to the physical and cognitive effects of aging.

Sickle cell disease is a common example of a genetic determinant of health. Sickle cell is a condition that people inherit when both parents carry the gene for sickle cell. The gene is most common in people with ancestors from West African countries, Mediterranean countries, South or Central American countries, Caribbean islands, India, and Saudi Arabia.

Examples of biological and genetic social determinants of health include:

- Age
- Sex
- HIV status
- Inherited conditions, such as sickle-cell anemia, hemophilia, and cystic fibrosis
- Carrying the BRCA1 or BRCA2 gene, which increases risk for breast and ovarian cancer
- Family history of heart disease

Social Determinants of Health

Social determinants of health are economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes. Factors related to health outcomes include:

- How a person develops during the first few years of life (early childhood development)
- How much education a person obtains
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Housing status
- How much money a person earns
- Discrimination and social support

What are determinants of health and how are they related to social determinants of health?

Determinants of health are factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Genes and biology: for example, sex and age
- Health behaviors: for example, alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment or social characteristics: for example, discrimination, income, and gender
- Physical environment or total ecology: for example, where a person lives and crowding conditions
- Health services or medical care: for example, access to quality health care and having or not having insurance

Other factors that could be included are culture, social status, and healthy child development. Scientists do not know the precise contributions of each determinant at this time.

In theory, genes, biology, and health behaviors together account for about 25% of population health. Social determinants of health represent the remaining three categories of social environment, physical environment/total ecology, and health services/medical care. These social determinants of health also interact with and influence individual behaviors as well. More specifically, social determinants of health refer to the set of factors that contribute to the social patterning of health, disease, and illness.

Why is addressing the role of social determinants of health important?

Addressing social determinants of health is a primary approach to achieving health equity. Health equity is “when everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance.’” Health equity has also been defined as “the absence of systematic disparities

in health between and within social groups that have different levels of underlying social advantages or disadvantages—that is, different positions in a social hierarchy.” Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities.

Learning Activity

Go to the [Your Health Profile](#) webpage and answer the questions.

- What conditions do people with your health profile most frequently experience?
- Are you under- or overweight?

Risk Factors

What is a risk factor?

Risk factors are things in your life that increase your chances of developing a condition or disease. They can include things like family history, exposures to things in the environment, being a certain age or sex, being from a certain ethnic group, or already having a health condition. If you do have risk factors, your doctor or nurse will most likely want you to be screened or immunized at a younger age or more often than what is recommended. Check with your doctor or nurse to find out if you need to have specific health screenings and how often you will need them.

Understanding Risk Factors

Part of learning how to take charge of your health requires understanding your risk factors for different diseases. Risk factors are things in your life that increase your chances of getting a certain disease. Some risk factors are beyond your control. You may be born with them or exposed to them through no fault of your own. Some risk factors that you have little or no control over include your:

- Family history of a disease
- Sex/gender—male or female
- Ancestry

Some risk factors you can control include

- What you eat
- How much physical activity you get
- Whether you use tobacco
- How much alcohol you drink
- Whether you use illegal drugs
- Whether you use your seat belt

In fact, it has been estimated that almost 35 percent of all U.S. early deaths in 2000 could have been avoided by changing just three behaviors:

- Stopping smoking
- Eating a healthy diet (for example, eating more fruits and vegetables and less red meat)
- Getting more physical activity

Learning Activity: Find Out about Your Own Health Risks

Fill out the [questionnaire](#) at Keep Me Well to get the following results:

- Scorecard: An easy-to-read summary of your results that will show you where to focus your efforts to best improve your health.
- My Report: A more detailed report that provides feedback and links to trusted health information websites that will help you take action to lower your risk for chronic disease.
- Local Community Supports and Programs: A list of resources in your area that can help you take action to improve your health.

Having more than one risk factor

You can have one risk factor for a disease or you can have many. The more risk factors you have, the more likely you are to get the disease. For example, if you eat healthy, exercise on a regular basis, and control your blood pressure, your chances of getting heart disease are less than if you are diabetic, a smoker, and inactive. To lower your risks, take small steps toward engaging in a healthy lifestyle, and you'll see big rewards.

Inheriting risk—your family health history

Rarely, you can inherit a mutated gene that alone causes you to get a disease. Genes control chemical reactions in our bodies. If you inherit a faulty gene, your body may not be able to carry out an important chemical reaction. For instance, a faulty gene may make your blood unable to clot. This problem is at the root of a rare bleeding disorder. More often, you can inherit genes from one or both of your parents that put you at higher risk of certain diseases. But having a gene for a certain disease does not always mean you will get it. There are many unknown factors that may raise or lower your chances of getting the disease. People with a family health history of chronic disease may have the most to gain from making lifestyle changes. You can't change your genes, but you can change behaviors that affect your health, such as smoking, inactivity, and poor eating habits. In many cases, making these changes can reduce your risk of disease even if the disease runs in your family. Another change you can make is to have screening tests, such as mammograms and colorectal cancer screening. These screening tests help detect disease early.

People who have a family health history of a chronic disease may benefit the most from screening tests that look for risk factors or early signs of disease. Finding disease early, before symptoms appear, can mean better health in the long run. Your family's health history could be important for determining health risks for you and your children. Learn more about how to document your family's health history and share it with your doctor. It is important to talk to your doctor or nurse about your individual health risks, even if you have to bring it up yourself. And it's important for your doctor to know not just about your health, but your family health history as well. Come to health care visits armed with information about you, your children, siblings, parents, grandparents, aunts and uncles, and nieces and nephews, including

- Major medical conditions and causes of death
- Age of disease onset and age at death
- Ethnic background
- General lifestyle information like heavy drinking and smoking

Family Health History

Family health history can help your doctor make a diagnosis if you or your children shows signs of a disorder. It can reveal whether you or your children have an increased risk for a disease; if so, the doctor might suggest screening tests. Many genetic disorders first become obvious in childhood, and knowing about a family health history of a genetic condition can help find and treat the condition early.

Update your family health history information regularly and share new information with your doctor. Remember that relatives can be newly diagnosed with conditions between doctor's visits.

The best way to learn about your family health history is to ask questions. Talk at family gatherings and record your family's health information—it could make a difference in your child's life.

Learning Activity: My Family Health Portrait

Use the US Surgeon General's online tool for collecting family health histories, called [My Family Health Portrait](#). (If you are not able to do this activity with your own birth family, you can do this activity for someone else who does know his/her family health history.)

- Enter your family health history.
- Record the names of your close relatives from both sides of the family: parents, siblings, grandparents, aunts, uncles, nieces, and nephews. Include conditions each relative has or had and at what age the conditions were first diagnosed.
- For relatives who are deceased, include the cause of death and the age at death.
- Print your family health history to share with family or your health care worker.
- Save your family health history so you can update it over time.
- Talk with your health care worker about your family health history

Optional Learning Activity: Healthier You

Complete a personal health risk assessment and family health history. Determine what you can do to enhance your own health and decrease your health risks.

Check out these resources to find out more about Family Health History

- [NIH Senior Health: Creating a Family Health History](#)
- [Family Health History](#)

Examples of actions to take:

- Bring your weight and BMI to normal levels
- Stop smoking
- Bring your cholesterol levels to a healthy level
- Increase your aerobic, muscle-strengthening, and bone-strengthening activities
- Reduce your consumption of alcohol

Factors Affecting Human Health

Risk factors are those inherited, environmental and behavioral influences which are considered to increase the likelihood of physical or mental health problems in the future. After studying this session you will be able to describe health risk factors and explain their association with human health.

Health and human behavior

Behavior is an action that has a specific frequency, duration and purpose whether conscious or unconscious. It is what we do and how we act.

Health behaviors are those personal behavior patterns, actions and habits that people perform in order to stay healthy, in order to restore their health when they get sick and in order to improve their health status.

Types of health behaviors

In this section, you will learn about six different types of health behavior that people may perform — from the initial stages of preventing diseases up to their actions that may be associated with attempts to rehabilitate themselves after a bout of illness.

- *Preventive health behaviors*: These are actions that healthy people undertake to keep themselves or others healthy and prevent disease or detect illness when there are no symptoms. Examples include handwashing with soap, using insecticide treated mosquito nets and exclusive breastfeeding to age six months.
- *Illness behaviors*: These include any activities undertaken by individuals who perceive themselves to be ill. This would include recognition of early symptoms and prompt self referral for treatment.
- *Sick-role behaviors*: These include any activity undertaken by individuals who consider themselves to be ill, for the purpose of getting well. It includes receiving treatment from medical providers and generally involves a whole range of potentially dependent behaviors. It may lead to some degree of exemption from one's usual responsibilities. For example a person who feels that he is ill might visit the nearby health center and receive tablets to be taken home, and might then not do as much work as normal.
- *Compliance behaviors*: This means the person will be following a course of prescribed treatment according to the instructions that the health worker has given them.
- *Utilization behaviors*: This is the sort of behavior that is described when people use their health services such as antenatal care, family planning, immunization, taking a sick person for treatment, etc.
- *Behavior* is an action that has a specific frequency, duration and purpose whether conscious or unconscious. It is what we do and how we act. People stay healthy or become ill often as a result of their own actions or behavior.

Preventive health behaviors are actions that healthy people undertake to keep themselves or others healthy. Examples include good nutrition and exclusive breastfeeding until the age of six months.

- *Illness behaviors* include any activities undertaken by an individual who perceives him or herself to be ill.
- *Compliance behaviors* are to do with following a course of prescribed treatment regimes.
- *Utilization behaviors* involve the utilization of health services such as antenatal care or family planning.
- *Rehabilitation behaviors* are the ways that people behave after a serious illness to get themselves better again.
- *Determinants of health* are the biological, environmental, behavioral, organizational, political and social factors that contribute either positively or negatively to the health status of individuals, groups and communities.
- *Risk factors* are those inherited, environmental and behavioral influences which are known or thought to increase the likelihood of physical or mental health problems. Risk factors increase the probability of morbidity and premature mortality, but do not guarantee that people with the risk factors will suffer the consequences.
- *Non-modifiable (non-changeable or non-controllable) risk factors* include factors such as age, sex and inherited genes — things that individuals cannot change or do not have control over.

Learning Activity

Choose one healthy lifestyle habit that you would like to adopt or improve.

- What habit do you want to change or improve?
- Why did you choose this habit?
- Try using the online [Health Month](#) game to track your progress.

Optional Learning Activity

Watch the PBS series about [Designing Healthy Communities](#)

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Sources

Determinants of Health: [Healthy People 2020](#), USDHHS, <http://www.healthypeople.gov/2020/about/DOHAbout.aspx>

Social Determinants of Health: [Social Determinants of Health](#), Centers for Disease Control and Prevention, FAQs, <http://www.cdc.gov/socialdeterminants/FAQ.html>

Risk Factors: [A Lifetime of Good Health](#), Your Guide to Staying Healthy, Womenshealth.gov, Department of Health and Human Services, Office of Women's Health, <http://www.womenshealth.gov/publications/our-publications/lifetime-good-health/LifetimeGoodHealth-English.pdf>

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1. This video was created by The Office of Disease Prevention and Health Promotion (ODPHP), U.S. Department of Health and Human Services. ↩
 2. State of the Air [Internet]. Washington, DC: American Lung Association. Available from: <http://www.stateoftheair.org> ↩
 3. Agency for Healthcare Research and Quality (AHRQ). National healthcare disparities report, 2008. Rockville (MD): U.S. Department of Health and Human Services, AHRQ; 2009 Mar. Pub no. 09-002. Available from: <http://www.ahrq.gov/qual/nhdr08/nhdr08.pdf>. ↩

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