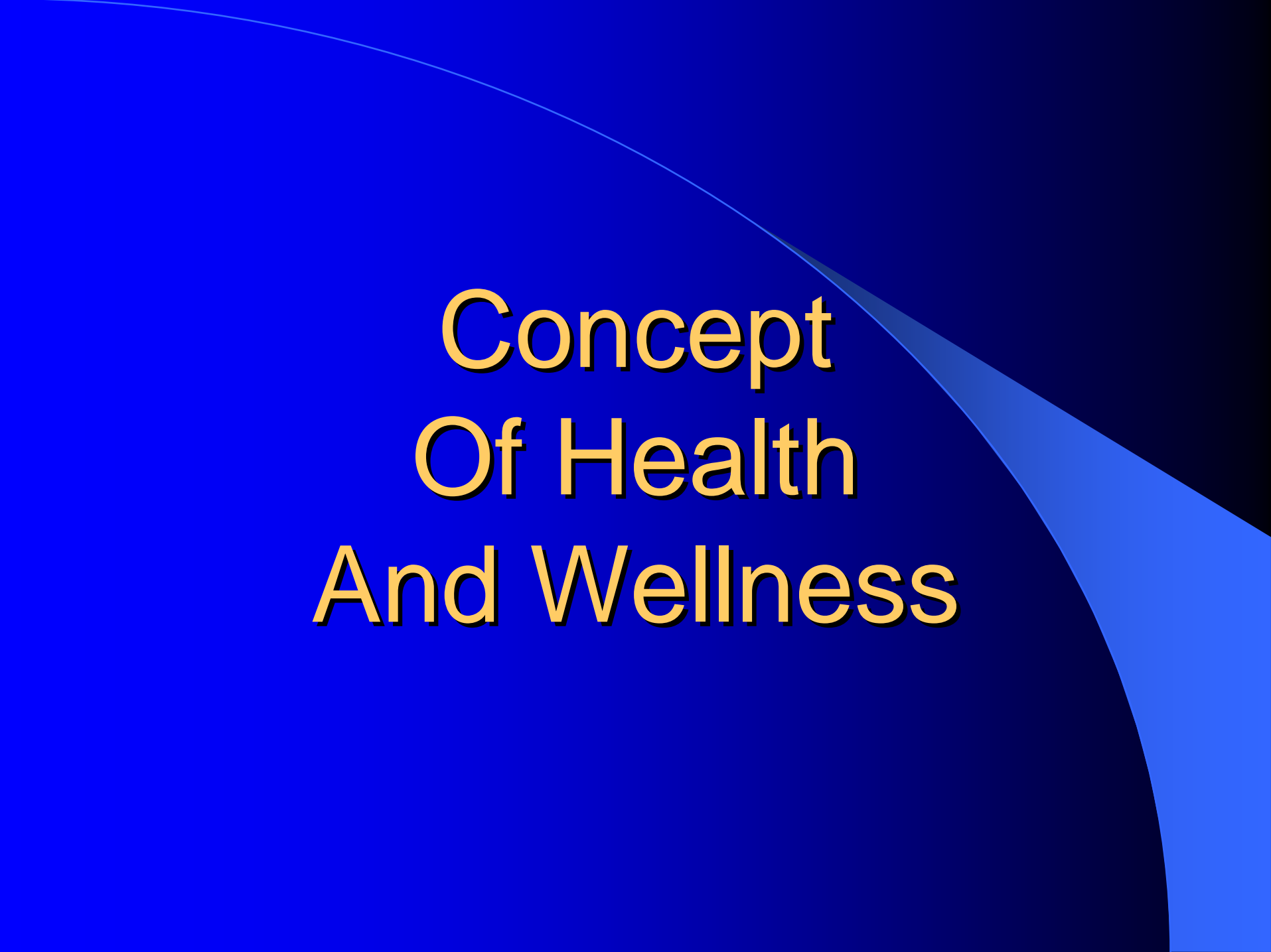




WELLNESS CONCEPT



Concept Of Health And Wellness

Concept of Health and Wellness

- Wellness defined by Hatfield as;
“ the concious and deliberate process by which people are actively involved in enhancing their well-being: intelectual, physical, social, emotional, occupational and spiritual”.
- 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.

Concept of Health and Wellness

- 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.

Concept of Health and Wellness

- 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.

Importance of Wellness in the Malaysian Health Care System

- 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.

Importance of Wellness in the Malaysian Health Care System

- 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

- 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

The Role of the MOH in Promoting Wellness

- Various health programmes and activities are being carried out by MOH and being implemented throughout the country via all health facilities.
- The following are programmes and services that incorporate the wellness concept.

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.

1. The Family Health Development Programme

a. Adolescent Health

Areas concern are smoking, obesity, utilisation of health clinics by adolescents, peer education and mental health.

1. The Family Health Development Programme

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.

1. The Family Health Development Programme

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.

2. Non-Communicable Disease Control

b. Diabetes Programme

1. 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.

To ensure wellness in illness and to enhance the quality of life among diabetic patients.

2. Non-Communicable Disease Control

b. Diabetes Programme

1. Diabetic Resource Centres

To educate the public especially the patients on diabetes and to improve their skills in self-care on diabetes.

2. 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 OSHA.

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

2. Non-Communicable Disease Control

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.

2. Non-Communicable Disease Control

e. Injury Prevention

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

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.

3. Health Promotion Activities

Phase 1 (disease-oriented)

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

3. Health Promotion Activities

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

3. 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.

3. Health Promotion Activities

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 Disember

3. Health Promotion Activities

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.

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 disadvantaged

4. Oral Healthcare Programme

a. Flouridation

Fluoridation of piped public water supply involving collaboration and co-operation between the MOH and various water authorities.

b. Oral Health Promotion

Emphasis on prevention and promotion of oral health at all levels of care and also incorporated into HLSC.

4. Oral Healthcare Programme

c. School Dental Programme

Aimed to increase coverage of schoolchildren primarily at the ages corresponding to eruption dates of permanent dentition.

Early detection of oral diseases followed by appropriate intervention programmes.

4. Oral Healthcare Programme

d. Oral Health Programme for Trainee Teachers

They are exposed to a programme which serves to emphasis opportunistic incorporation of oral health components in subject being taught in schools.

Awareness amongst this group serves to contribute effectively to the on-going oral health programme.

4. Oral Healthcare Programme

e. 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.

4. Oral Healthcare Programme

f. Antenatal Dental Programme

This programme rest on the basic of mother being the main “agent of change” within the family unit.

Hence, mothers play a major role in determining the oral health status of the family.

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.

5. 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.

5. Food Quality Control

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

5. Food Quality Control

c. Nutritional Labelling Regulations

Proposed to cover two main areas;

(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

7. Telehealth

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.

7. Telehealth

Pilot applications that will spearhead the development of Integrated Telehealth in Malaysia;

a. Lifetime Health Plan

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

7. Telehealth

b. Mass Customised/Personalised Health Information Education (MCPHIE)

This application will provide health information, education and advice that is customised and eventually personalised for each individual.

7. Telehealth

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.

7. Telehealth

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.