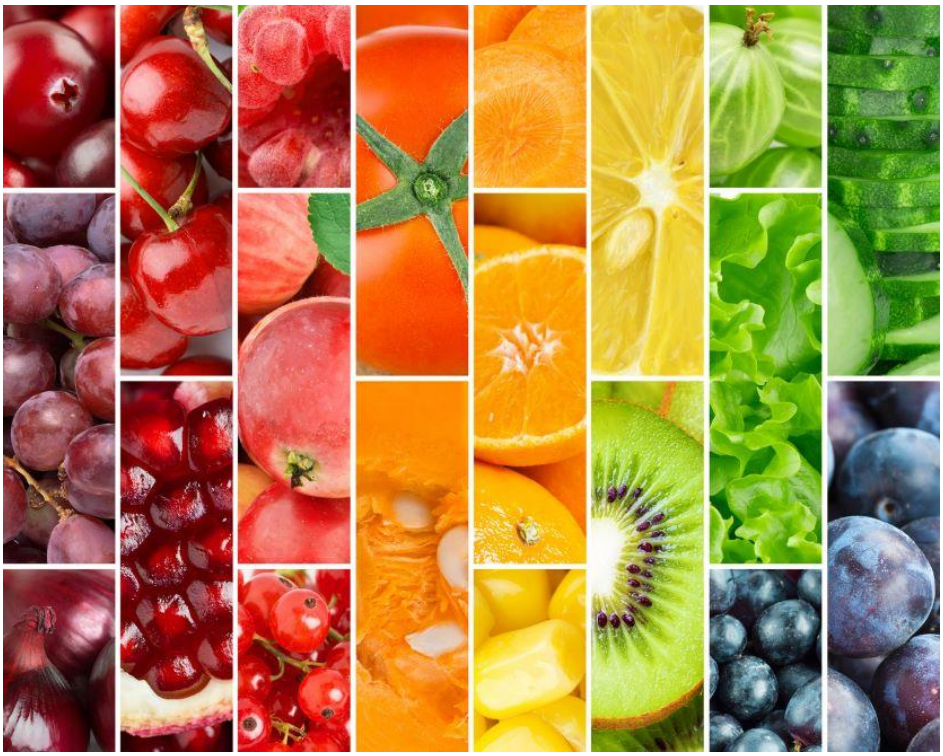
UNIT 3 HEALTH & HUMAN DEVELOPMENT
SUMMARY NOTES FOR THE VCAA EXAMS



WRITTEN BY A STUDENT WHO OBTAINED A PREMIER'S AWARD IN THE SUBJECT

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Unit 3: Understanding Australia's Health

Health and Well Being 1.1

- Health and wellbeing are interrelated and often considered together
- In an optimal state of health and wellbeing is characterised by an equilibrium in which the individual feels engaged, happy and healthy

defining health (according to WHO) : **key skill, often comes up in SACS and exams**

'a state complete physical, mental and social wellbeing and not merely the absence of disease or ***infirmity'***

****note that health is more than someone's physical condition!****

- Limitations of the definition: doesn't give everyone the chance to be considered healthy (e.g asthmatics), 'wellbeing' is hard to classify, complete wellbeing of all three dimensions is beyond capacity of most people and therefore not realistic.

- Health is dynamic and constantly changing, someone may have a severe migraine one day, and be perfectly fine the next

explaining wellbeing:

- a concept which takes into account health outcomes, but also considers more subjective factors such as overall happiness and life satisfaction

basically…wellbeing is how you feel about/perceive your health

Examples of good health and wellbeing (learn 3-4 to uses in SACS)

*A sense of belonging

*Sufficient sleep

*Regular exercise

*Enough money

*Achievable goals

Note: people can still be considered healthy with chronic conditions (such as asthma) if they can manage it efficiently, which is why the term 'healthy' is so subjective!

Illness and Disease 1.2

These two concepts are related, but not the same

- Illness: negative aspects of health and wellbeing

a physical or mental disturbance involving symptoms, dysfunction or tissue damage, while illness is a more subjective concept related to personal experience of a disease' basically…illness is how you feel about/perceive your disease which is relative to factors such as pain tolerance

Case study: people dying from the common cold back in the 1800's ?? this is the same disease but a more severe illness due to treatment options etc

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Dimensions of Health and Wellbeing 1.2

Physical: *the efficient functioning of the body and its systems, and includes the physical capacity to perform task and physical fitness*

- body weight, illness/disease/injury, energy levels, fitness, immune function

Social: *being able to interact with others and participate in the community in both an independent and cooperative way.*

- network of friends, supportive family, effective communication, productive relationship with other people

Mental: *a state of wellbeing in which an individual can recognise his/her capabilities, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to his/her community.*

- levels of anxiety, self esteem, confidence, thought patterns
  note: not the same as a mental disorder

Emotional: *relates to the ability to express emotions and feelings in a positive way and the ability to display resilience*

- having a high level of resilience, effectively managing emotions (such as fear, anger, happiness), the ability to understand and recognise emotions

- important: this dimension does not suggest that if you feel anger, you have low emotional health, it refers to the appropriateness of an individual's coping strategies and ability to identify their emotions

**consider how everyone responds to an emotional situation (like changing schools) differently*

Emotional health and wellbeing relates to appropriately experiencing, identifying and managing emotions, whereas mental health and wellbeing relates to the nature of feelings and thoughts that a person is having

Spiritual: *relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings*

- hope, peace, reflection of ones place in the world, sense of belonging, values (fitness, manners, appearance, wealth) and beliefs (god exists, animals have rights)

Relates to finding your life purpose and developing your moral conscience!

Interrelationships Between the Dimensions 1.3

All five dimension effect each other and are interrelated

	Physical	Social	Mental	Emotional	Spiritual
Physical		When an individual experiences good physical health and wellbeing, they are physically able to participate in activities with friends.	An individual experiencing good physical health and wellbeing is more likely to feel good about themselves and have positive self-esteem.	An individual who is sick may experience emotions such as fear and anger.	A person who is in a good state of physical health and wellbeing is able to connect with other members of society, which can enhance feelings of belonging.
Social	Having strong social networks can reduce the risk of a range of conditions including cardiovascular disease.		Having a close network of friends allows people to share problems with others, which can reduce stress.	Close social bonds allow individuals to be themselves and share their emotions with others.	When a person has social bonds, they are more likely to feel connected to society.
Mental	Stress can lower immune system function and increase the risk of infectious diseases.	If a person is experiencing good mental health and wellbeing, they are more likely to interact in a positive way with friends and family.		With low levels of stress and high self-esteem, an individual may be better able to fairly judge the emotions they are experiencing.	Stress is characterised by excessive self-focus. When an individual is focusing on themselves, they are less likely to feel connected to their community.
Emotional	If an individual can recover from misfortune, they are more likely to participate in their normal activities such as exercise, which can enhance fitness.	An individual who can express their emotions can share their feelings with friends, which can promote more meaningful friendships.	If an individual can process emotions effectively, they may feel better about themselves, which enhances self-esteem.		Experiencing appropriate emotions (both positive and negative) can assist in a person feeling connected to their world and the events that occur in it.
Spiritual	When an individual has purpose in life, they are more likely to take care of themselves physically so they can fulfil their purpose. This can promote a healthy body weight.	If an individual feels connected to their society, they are more likely to treat people fairly, which can enhance relationships.	Believing that life has a positive meaning and purpose can enhance self-esteem.	If a person acts according to their values and beliefs, they may feel more comfortable with the emotions they experience throughout life.	

These questions just require logic…imagine yourself in the situation presented and how you would respond…

Health and Wellbeing as a Resource 1.5

WHO states that health is a resource for life, rather than the objective of living
A resource?! That's weird…

- a ticket to reduce risk of premature deaths and suffering illness
- improves your ability to concentrate
- promotes happiness and reduces anxiety
- national reduction of money $$ spent on health care
- increased productivity which can lead to a more sustainable world

sounds like an add for coconut oil right?

*note: think individually, nationally and globally HOWEVER the health always comes back to how **individuals** lives are changes by health outcomes

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Prerequisites for Health 1.6

These are a part of the Ottawa Charter made by the World Health Organisation

- **shelter:** protection from elements and safety and reduces the amount of energy required to find shelter—detracting from health improvements.
- **education:** for for employment/literacy, provides community with basic resources to control their health
- **food:** nutrient is essential for adequate functioning of the body and allows individuals to improve their health
- **income:** influences housing, education, food, access to health care
- **a stable ecosystem:** balance between the landscape and species and can provide many resources for health including food, air and water
- **social justice and equity:** refers to all people being valued and receiving fair treatment, ensure that all people can share in the benefits of society including education and employment
- **sustainable resources:** availability of resources such as food, water, income for the future generations
- **peace:** peaceful communities are able to utilise their resources for promoting health, conflict diverts resources away from health to other areas such as defence

How do I remember all of these?!

Sally (shelter)
Eats (eduction)
Frogs (food)
In (income)
Soft (stable ecosystem)
Emu (equity and social justice)
Shoes (sustainable resources)

Measuring Health Status 2.1

allows us to measure improvements in health outcomes and inequities in health between different groups (such as Indigenous Australians)

Health Status: *An individual or population's overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.*

- Measured through **Health Indictors:** life expectancy, mortality, morbidity, burden of disease

- Health indicators allow governments and other groups to identify trends in levels of health, which can assist in achieving optimal health

Self-assessed Health Status: *A person's perception of his or her own health and wellbeing at a given point in time*

Often established through population survey's where people rank their health/wellbeing qualitatively (excellent, good, poor etc)

*In Australia over 50% of people consider themselves to be in excellent health

Life Expectancy: *an indication of how long a person can expect to live; it is the number of years of life remaining to a person at a particular age if death rates don't change.*

- 80.1 years of male, 84.3 for females however increases as individual moves through each lifespan stage.

- useful for comparing different countries and population groups, which can assist governments and other organisations in identifying potential improvement.

Health Adjusted Life Expectancy (HALE): *A measure of burden of disease based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live, based on current rates of ill health and mortality.*

- considers life expectancy data and impact of ill health, indicted quality of life experienced
- males can expect to live 80.1 years, 9.1 years in ill health
- females can expect to live 84.3 years and spend 10.3 of those in ill health

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Mortality 2.2

"refers to the death in a population"

Mortality Rate: *the number of deaths in a given time from a given cause*

- **Under-five mortality rate:** the number of deaths of children under five years of age per 1000 live births
- **Infant Mortality Rate:** the rate of deaths of infants between birth and their first birthday, usually expressed per 1000 live births.
- **Maternal Mortality Ratio:** rate of deaths of women who are either pregnant or in the first 42 days after giving birth or having a termination, expressed per 100,000 live births.

Age Group	Leading Causes
Males	Coronary heart disease, lung cancer, cerebrovascular disease (including stroke)
Females	Coronary heart disease, dementia & Alzheimer's disease, cerebrovascular disease (including stroke)
Young Adults	Suicide, accidental poisoning, land transport accidents
Infants	Congenital abnormalities, SIDS, perinatal conditions
Children	Land transport accidents, drowning, perinatal conditions

Morbidity 2.3

"refers to ill health in an individual and the levels of ill health in a population or group"

- **Incidence:** *the number or rate of new cases of a particular disease present in a population in a given time*
- **Prevalence:** *the number or proportion or cases of a particular disease or condition present in a population at a given time*
- As mortality rates of fallen, morbidity rates for many causes have increased such as obesity, type 2 diabetes, cardiovascular disease
- Leading causes: long/short-sightedness, hay fever, back pain
- Children: asthma, hay fever, long/short-sightedness
- GP visits: females are more likely to access, main reasons are checkups, prescriptions, test results
- Hospitals: major causes for hospital separations are diseases of the digestive system, cancers and injury/poisoning

Trends in Morbidity:

- decreased asthma rates since 2001
- increased prevalence of overweight/obesity
- increased rate of type 2 diabetes

Burden Of Disease 2.4

"A measure of the impact of diseases and injuries. Specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. It is measured in a unit called the disability adjusted life year."

- **DALY:** *A measure of burden of disease, one DALY is equal to one healthy year of life lost due to premature death and time lived with illness, disease or injury*

- (YLL+YLD)

-useful for comparing population groups and can provide valuable information about trends and where interventions are required

-useful to gauge the contribution of various risk factors to the overall burden of disease experienced

- **YLL:** represents year of life lost due to premature death

- **YLD:** The years of healthy life lost due to time spent in ill health

- Leading causes of DALYs: Cancers, cardiovascular disease, nervous system disorders.

- trends: Australia is an ageing population and therefore it is expected that levels of dementia, Parkinson's, osteoarthritis etc will increase.

Factors Influencing Health Status 3.1

The contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron)

FACTOR	HEALTH STATUS	BURDEN OF DISEASE
smoking	• increases mortality rates as it is a risk factor for cardiovascular disease, cancer, low birth weight • increased morbidity due to development of asthma	• makes up 9% of Australia's DALYS *most preventable risk factor* • YLL due to cancer and infant death (low brith weight)
alcohol	• energy dense, increasing risk of obesity (putting individuals at risk of heart disease) • consumption during pregnancy increases risk of low birth weight (increases infant mortality rates)	• YLL due to car crashes when an individual drives intoxicated • YLD due to signifiant mental health disorders (depression)
high BMI (weight/height^2)	• cardiovascular disease • breast cancer • type 2 diabetes • asthma • osteoporosis	• YLD due to complications with type 2 diabetes • death due to breast cancer
dietary risks -vegetables -fruit -underconsumption of dairy -high intake of fat -high intake of sugar -high intake of salt -low intake of fibre -low intake of iron	• high concentration of vitamins in vegetables promotes immune functioning, reducing risk of cancer • low energy density of vegetables can help maintain a health BMI	• YLD due to individuals living with osteoporosis (low calcium) • YLL due to premature death from cardiovascular disease (due to excessive consumption of saturated fats)

Factors that have contributed to improvements in Australia's Health Status:

- **Education and improved literacy levels**

-greater understanding of nutrition, healthcare, risk/protective factors

- **Access/availability and development of medications**

-more people accessing health care
-quicker recovery from disease/illness/injury
-preventative measures

- **Development of medical technology**

-radiography, ultrasound etc.

- **Vaccines and immunisation programs**

-mandatory in school/workplace, heard immunity

- **Developments in physical environment**

sanitation, clean air, food and water, work conditions

Variations in Health Status 4.1

• Health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including

– males and females
– Indigenous and non-Indigenous
– high and low socioeconomic status
– those living within and outside of Australia's major cities

Biological Factors:

Example	Effect on health status	Risk Factors
Blood cholesterol	-clogs/hardens arteries -greater risk of heart disease (mortality)	-high fat diet -genetic predisposition
Blood pressure	-cardiovascular disease -kidney failure (mortality)	-obesity -low physical activity -smoking -stress
Body weight (BMI= weight/h^2)	-obesity -CVD -type 2 diabetes -colorectal cancer -asthma (morbidity)	-low physical activity -poor diet -genetic predisposition
Glucose regulation (Becoming resistant to the action of insulin, preventing glucose from being absorbed into cells)	-type 2 diabetes -CVD	-genetics -stress -overweight -high blood pressure
Birth weight	-high blood pressure -CVD -Diabetes	-maternal smoking -maternal alcohol -premature birth
Genetics/Sex	-predispositions to cancer, obesity, asthma -hormones (oestrogen: menopause, testosterone) -sex (women can't have prostate cancer, men can't have ovarian cancer)	

Factors relating to the body that impact health such as body weight, genetics and blood pressure.

Environmental Factors

"The physical surrounding in which we work, live and play including air quality, water quality and workplace environments."

	Effect on health status
Housing	-overcrowding can cause poor sanitation and lead to infections -increased stress (morbidity) -design/safety can increase risk of injuries such as drowning (U5MR)
Work environments	-UV exposure: sun cancer -accidents/injuries: time off work e.g true drivers, farmers -exposure to hazardous substances: cause disease/death
Geographic location of resources	-Access to health care -food choices (fresh, processed) -industrial sites: being close to imports etc may cause headaches
Transportation system	-safety: adequate maintenance of roads -access to health care, fresh food
Recreational facilities	-parks, sport fields: physical activity, body weight, CVD/diabetes, source of relaxation (mental health)
Air quality/climate	-quality of air: asthma/respiratory problems -climate: access to fresh water -climate change increases risk of bushfires and therefore possible injury or death

Sociocultural Factors

Relate to the social and cultural condition into which people are born, grow, live, work and age

	Effect on health status
Socioeconomic status	high paying job: food quality, private health care education levels: healthy eating, safety, safe sex unemployment: stress
Employment	-stress levels -relationships with co workers -demands of job -unemployment (stress, income)
Social exclusion	-mental illness -family breakdowns, homelessness -may feel depressed: suicide
Stress	-high blood pressure, poor mental health, poor eating habits
Food security	-quality/availability, affordability -income/nutritional knowledge determine this -malnutrition, obesity, CVD, diabetes
Early life experiences	-maternal behaviour (smoking, drinking) can cause congenital anomalies, low birth weight, foetal alcohol syndrome -positive emotional attachment/stimulation assists in optimal social health -abuse from parents may cause mental scars
Access to health care	-cultural barriers may cause difficulties -private health care provides greater treatment

Indigenous Australians 4.2

- mortality rate is twice as high (due to injury, cancer, CVD)
- higher rates of cancer, lower rates of survival
- higher rates of diabetes
- higher rates of STIs
- lower life expectancy (ten years less)
- high infant mortality rate

Biological	Behavioural	Social	Physical Environment
Higher rates of obesity (linked to syndrome x: 'metabolic syndrome' having multiple risk factors such as abdominal fat, high blood pressure which increases risk of conditions such as heart disease, stroke, CVD, diabetes)	Higher rates of alcohol, tobacco, drug use	Lower SES	Poor quality and overcrowded housing
Hypertension: heart disease, stroke	poor diet, low levels of physical activity	Higher unemployment rates	poor water/sanitation systems
Impaired glucose regulation: diabetes	high amounts of unsafe sex	Food insecurity (quality, quantity, cost)	poor infrastructure/road quality
Low birth weight: increases infant mortality rate	lower vaccination rates	Social exclusion and discrimination	lack of recreational facilities

Males & Females

- lower life expectancy (4 years)
- higher rates of injury and deaths due to suicide and land transport accidents
- higher rates of diabetes and CVD
- lower rates of osteoporosis and arthritis

Biological	Behavioural	Social	Physical environment
More likely to be obese	Higher rates of tobacco smoking, risky alcohol consumption	more impacted by unemployment	Dangerous working environments (trucks, machinery)
Higher levels of testosterone-linked to risk taking behaviour	Poorer diets	macho image: due to the social expectation of males as 'strong', males may be less likely to access	UV exposure at work-skin cancer
more likely to experince hypertension until 65, females more likely 75+	less likely to access health care	healthcare than females, increasing their mortality rates from diseases such as cardiovascular disease	more likely to work in transport-road trauma
	more likely to participate in risky behaviour		

Socioeconomic Groups

- lower life expectancy (three years)
- high mortality rates (including infant mortality rate)
- higher disability rates
- higher rates of CVD, diabetes, mental disorders

Biological	Behavioural	Social	Physical Environment
higher rates of obesity	higher rates of tobacco smoking: respiratory disease, lung cancer	Poorer education, income	close to fast food outlets
higher rates of hypertension	lower levels of physical activity	lower health literacy (find, understand, apply health information)	overcrowding: poor sanitation, stress
higher rates of impaired glucose regulation	poorer diets (inc lower rates of breastfeeding)	high rates of employment	inadequate cooking faculties
higher rates of low birth weight		lack of access to health care	unsafe housing: injuries

Rural and Remote Populations

- lower life expectancy (1/2 years for rural, 7 for remote)
- higher rates of preventable cancer (lung, melanoma)
- higher death rates due to CVD, diabetes, injury

Biological	Behavioural	Social	Physical Environment
higher rates of overweight/obesity	tobacco smoking	lower incomes, higher rates of unemployment	poorer quality roads/poorly lit: road accidents
higher blood cholesterol	alcohol consumption: liver, cardiovascular disease	less access to health care	reduced proximity to health care, recreational facilities, employment
low birth weight babies: due to maternal smoking	lower levels of physical activity	food insecurity	more dangerous work environments
hypertension		early life experiences: maternal smoking	non-fluoridated water

Changes in Australia's Health Status 5.1

- Females and males life expectancy has significantly increased (don't memorise figures!)
- Rates of infectious diseases (such as chicken pox have decreased) due to vaccination programs
- Death due to cardiovascular disease has decreased (however it is still the #1 killer!)
- Death due to car crashes have almost halved since 1900

What is public health?

Public health is concerned with the organisation and collective effort to improve the health status of the entire population. It refers particularly to the ways in which governments monitor, regulate and promote health status and prevent disease.

'Old Public Health' *early 1900's*

- public health actions including the establishment of clean water sources, better sanitation and improved nutrition to reduce death rates due to respiratory conditions, bacterial infections etc
- vaccinations were also discovered and brought huge reductions in mortality due to infectious disease such as smallpox and polio
- bubonic plague triggered the Commonwealth government to set up quarantine laws to prevent epidemics

Australia's Health Care System 5.2

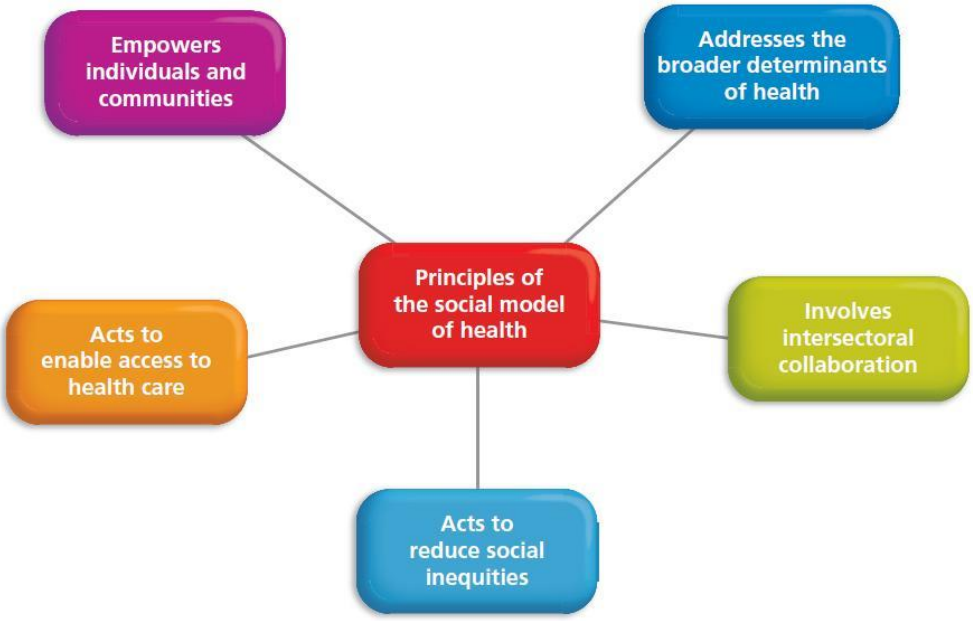
Biomedical Model Of Health:

Focuses on the physical or biological aspects of disease and illness. It is a medical model of care practiced by doctors and health professionals and is associated with the diagnosis, cure and treatment of disease

Examples	Advantages	Disadvantages
• x-rays to diagnose fractured bones	**Creates advancements in technology and research** • advancements in X-rays, antibiotics, anaesthetics • increased knowledge on how to diagnose/treat illness	Relies on professional health workers/technology, therefore **very costly**
• stitches to assist healing a cut	**Enables common problems to be effectively treated**	Doesn't always **promote good health** • reliance on quick fix solutions • does not encourage people to improve their modifiable risk factors such as diet
• surgery to replace a hip	**Extends life expectancy** • past causes of death such as infectious diseases can now be cured	**Not every condition can be treated** • cancer has treatment, but no cure • often these conditions could be prevented through behaviour change
• medication to lower blood pressure	**Improves quality of life** • chronic conditions can be managed with medication, therapy and surgery	**Affordability** • not everyone can afford private health care • this contributes to differences in health status between population groups

Social Model Of Health/New public health :

A conceptual framework within which improvements in health and wellbeing are achieved



by directing effort towards addressing the social, economic and environmental determinants of health. The model is based on the understanding that in order for health gains to occur, social, economic and environmental determinants must be addressed.

Principles: AREAS

Principle	Explanation
Addresses the broader determinants of health	improving determinants which impact on health such as socioeconomic status, education
Acts to reduce social inequities	addressing social factors (access to health care, social exclusion) that contribute to inequities in health stays between population groups (gender, SES, aboriginal, rural/remote)
Empowers individuals and communities	Allowing individuals/communities to participate in decision making about their health, therefore more likely to participate in healthy behaviours (sense of power/control)
Acts to enable access to health care	Health care is a significant determinant of health which effect health status, many social/environmental factors impact access including education levels, geographical barriers.

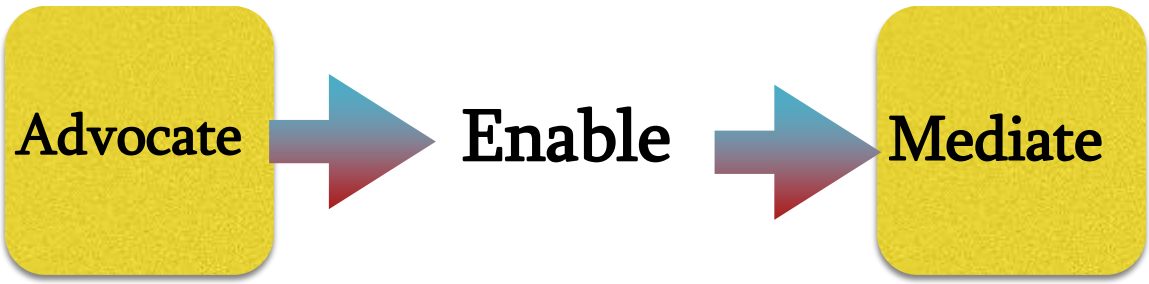
Principle	Explanation
Involves inter-sectorial collaboration	Involving all concerned groups (government, non government organisations) who have an influence over social/environmental determinants such as employments, service providers etc.

Advantages	Disadvantages
Promotes good health/assists in preventing disease • focusses on broader determinants, preventing development of conditions	**Not every condition can be prevented** • some genetic conditions such as type 1 diabetes
Relatively inexpensive • investments in health promotion programs are often cheaper than treatments for conditions once symptoms arise	**Doesn't promote development of medical knowledge** • focuses on determinants rather than technological advancements relation to diagnosis, treatment
Focusses on vulnerable population groups • disadvantaged groups are targeted • reduces inequities	**Doesn't address health concerns of individuals** • people who are already sick, does not work to improve their recovery
Promotes overall wellbeing • promotes overall health, rather than targeting specific condition	**Health Promotion messages may be ignored** • relies heavily on public cooperation

Ottawa Charter for Health Promotion 5.3

An approach to health developed by the World Health Organisation which attempts to reduce inequalities in health. The Ottawa Charter for Health Promotion was developed from the social model of health and defines health promotion as 'the process of enabling people to increase control over, and to improve, their health' (WHO 1998). The Ottawa Charter identifies three basic strategies for health promotion, which are enabling, mediating, and advocacy.

Strategies for Health Promotion



Advocate:

- refers to actions that seek to gain support from governments and societies to enable people to improve their health
- actions including media campaigns, public speaking, publishing research

Enable:

- focusing on providing equity in health by working with those experiencing poorer health
- equal opportunity and resources for all to allow people to achieve their health potential
- ensuring access to education, employment, housing, nutritious food and health care

Mediate:

- co-ordinated action by all concerned: governments, health/social, economical sectors. Bringing people together to promote health
- may also resolve conflict that can occur between groups
- VicHealth working with legalisation workers to create new policies

Action Areas: (BCSDR- Bad Cats Smell Dead Rats)

Build healthy public policy
Create supportive environments
Strengthen community actions
Develop personal skills '
Reorient health services

Build a Healthy Public Policy

- develop policy or legalisation to promote health
  e.g develop a healthy lunch policy

Create Supportive Environments:

- create environments that make healthy choices the easier choices
  e.g have regular physical activity sessions

Strengthen Community Action:

- involve and encourage people from all parts of the community to work together to improve health outcomes

  e.g develop a whole school approach to healthy eating by involving parents, teachers and students

Develop personal skills:

- Inform and empower people to make healthier choices (increase skills/knowledge)
  e.g teach teachers about healthy food choices

Re-orient health services:

- switch focus from biomedical to a preventative health care approach, encourage medical professionals to take a preventative approach e.g focus on diet rather than surgery for CVD

Australia's Health Care System 6.1

Key knowledge: Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity

Level	Role
Federal Government	1. **Administration of Medicare:** includes funding Medicare, relevant legislation and running the scheme 2. **Administration of Pharmaceutical Benefits Scheme:** funding/deciding which medicines should be included 3. **Quarantine:** responsible for protecting Australia's borders, ensuring no biological/environmental hazards such as bird flu enter 4. **Funding to state governments :** oversees funding for the health care system, including allocating funds for public hospitals 5. **Regulation:** regulates health care (such as private health insurance) system to ensure that it runs effectively
State Government	• **Delivery of health services**: public hospitals, ambulance services, public dental heath, psychiatric hospitals • **Regulatory Responsibilities:** licensing GPs, industry regulations (sale of alcohol, tobacco), legislation including road rules/tobacco bans
Local Government	• **health inspection** of commercial kitchens • water **quality** testing • **maintaining** sporting facilities • delivering **immunisations** • monitoring **environmental** health (pollution)

Medicare:

Australia's universal health **insurance** scheme which gives residents access to health care which is subsidised by the government. Administered by the Australian Government department of human services.

What does it cover?

- consultation fees for doctors/specialists
- examinations such as X-rays
- surgical procedures performed by GPs
- treatment in hospitals (75% of the schedule fee (based on 'reasonable amount') in private hospitals)

What is not covered?

- extra costs associated with private hospitals
- most dental treatment
- ambulance services
- home nursing care/treatment
- optometrists

How is it funded?

- Medicare Levy: 2% tax for taxpayers
- Medicare Levy surcharge: extra tax for those with a certain level of income, increases as income increases to encourage these people to use private health care (1-1.5% on top of Levy)
- general taxation

Schedule Fee: the amount the government considers appropriate for a service

Bulk billing: If the doctor charges only the schedule fee, the patient does not have any out of pocket expenses and is said to have been bulk-billed

Medicare Co-payment: the schedule fee which is payed for by medicare, the individual will pay the difference

Medicare Safety Net: ensures that people who require frequent services covered by Medicare, receive additional financial support. Once an individual's or family's patient co-payments for medical expenses reach a certain level services covered by Medicare become cheaper for that individual for the rest of the calendar year.

(Medicare)

Advantages	Disadvantages
• **choice** of doctor for out-of-hospital services • available to all **Australians** • **covers** tests/examinations, doctors and specialists fees • medicare **safety net** provides extra financial contribution once an individuals co-payments have reached a certain level	• no **choice** of doctor for in-hospital treatments • **waiting lists** for many treatments • doesn't cover **alternative therapies** • often doesn't cover **full amount** of doctors visit

6.2 Pharmaceutical Benefits Scheme:

A key component of the federal governments contribution to the health care system, provides subsidised essential medicines to Australians.

Safety Net: Once the individual have spent $1453.90 within a calendar year on PBS-listed medicine, the patient pays only a concessional co-payment rate of $6.10 rather than the normal $37.70.

PBS co-payment: $37.70 or $6.10 for concession card holders, the PBS pays for the rest

National Disability Insurance Scheme:

supports people with permanent and significant disabilities as well as their family and carers

- must be under 65
- must be an Australian citizen
- have a condition which will likely by lifelong
- the impairment must substantially reduce ability to perform basic tasks including working to achieve an income

Provides access to: health care (doctors), community survives (sport clubs), funding (for equipment such as wheelchairs)

Private Health Insurance:

A type of insurance under which members pay a fee (a premium) in return for payment towards health-related costs not covered by Medicare.

- There are two types of private health insurance - **hospital policies** cover you when you go to hospital, while **general treatment policies** cover you for additional treatment (e.g. dental, physiotherapy).
- the **Gap** is the co-payment for the individuals that medicare/PHI don't cover
- covers treatments such as physiotherapy, orthodontists, massage, glasses/hearing aids

Private Health Insurance Rebate: Individuals receive a certain percentage rebate based on their income, whether or not it is a family account or age (between 65-70 receive extra)

Lifetime Health Cover: people who take up private health insurance after the age of 31 pay an extra 2% every year they are over 30. This encourages younger people to take up private health insurance and keep it for life.

Medicare Levy Surcharge: people earning a high income pay an extra tax as a medicare surcharge if they don't purchase private health insurance (encourages people to take up private health insurance). This is on top of Medicare Levy (+1-1.5%)

Role of Australia's Health System—Funding, Sustainability, Access, Equity 6.3

Funding

- relates to the financial resources that ensure the health system is well staffed and equipped
- infrastructure
- highly trained health professionals—doctors, nurses
- subsidised health services
- public health programs—Quit or LiveLighter

why is funding in higher demand?
ageing population, more expensive technologies/services

Sustainability

- provides infrastructure such a workforce facilities and equipment, be innovative and responds to emerging needs (research, monitoring) to ensure effective development in medical services
- **PHI**: responds to emerging needs of individuals including alternative treatments such as optometry, physiotherapy, dentistry
- **PBS:** responds to emerging needs by regularly updating which medications fall under the scheme to accommodate for prominent needs
- **Medicare:** provides health care with the latest equipment

Access

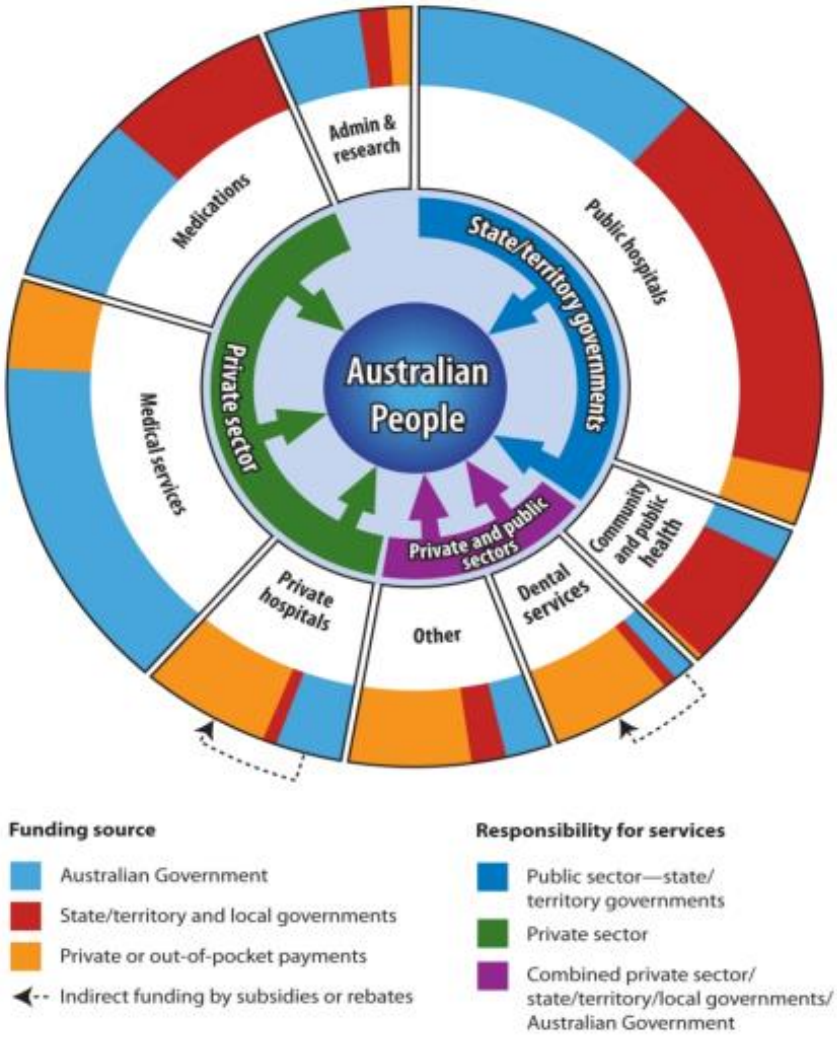
- ability for people to obtain care at the right place/time irrespective of income, culture or physical location
- Medicare/PBS: anyone can access Medicare/PBS regardless of their culture, physical location, gender etc.

Equity

- ensuring that all Australians can access healthcare when required
- remember this is not equality! Communities such as Indigenous communities will have different needs to non indigenous etc.
- e.g Medicare provides healthcare to all Australians AND takes into account funding based on their income (this is equity not equality)
- NDIS—helping those with disabilities receive healthcare

Funding of the Health Care System:

- 46% federal government (medicare, PBS), 24% state/local governments (operating hospitals), 24% non-government sources (individuals—tax, medicare levy, medicare levy surcharge, PHI funds, NGOs)



PHI: funded by individuals/government
PBS: federal government (general tax)

Health Promotion Target Areas 7.1

Smoking

why?

- direct risk factor for cardiovascular disease, many cancers (including lung and colorectal), respiratory disease
- high death rate—half of long term smokers die prematurely
- high contributor to burden of disease (9%)

effectiveness

- success in the past when Australia implemented smoking taxes
- banning smoking in public places

Tobacco Campaigns: in relation to Ottawa Charter

- Quitnow—develops personal skills by producing a range of fact sheets, provides support groups for individuals (strengthens community action), creates supportive environment by providing highly trained specialists and helplines
- My Quitbuddy

Skin Cancer

why?

- Australia has the highest rate of skin cancer in the world
- Large contributor to burden of disease through premature death (YLL)
- Those working outdoors (builders) have a much high incidence of skin cancer than the rest of the population

Effectiveness

- the prevalence of skin cancer is rising, however the rate of this rise is declining

Campaigns: in relation to Ottawa Charter

- SunSmart—build healthy public policy through 'No hat no play' policy in schools, SlipSlopSlap campaigns seek to develop personal skills by outlining effective sun protection processes

Road safety

why?

- males are 3.5 times more likely to die on the road than females
- people living in rural areas 4 times more likely to die in a road accident than people living in the city
- easily preventable

effectiveness

- a number of interventions have reduced road morality (wipe of 5 campaign by TAC)

Campaigns: in relation to Ottawa Charter

- TAC Towards Zero campaign—confronting advertisements on roads to encourage drivers to watch their speed and stop diving if they are unsafe, this focusses on building healthy public policy with increased breath testing on roads and develop personal skills by providing free safe driving online courses

Indigenous health and wellbeing

why?

- have the poorest health outcomes in Australia (due to cultural beliefs, rural communities etc)

how?

- training indigenous individuals to deliver health care services (this removes cultural barriers to treatment)
- Aboriginal Quitline: creates a supportive environment by providing telephone counselling for smokers, provide information of quitting methods therefore developing personal skills

Promoting Healthy Eating 7.2

Nutrition Surveys:

- provides a snapshot of what Australians are eating at a particular time
- involve a portion of the population recording all of the foods/drinks/supplements costumed in a 24 hr period
- intake is analysed for nutrients, compared to recommended intakes (determining which are being adequately or inadequately consumed)
- types of questions relate to: supplements consumed, type of milk consumed, salt use, location of food consumption, alcohol consumption, body measurements, food security

How is it used?

- **assess nutrient intake against Dietary Guidelines** to decide if further recommendation needs to be added
- assess **changes in dietary habits** over time to help develop new health promotion programs
- assist in the **evaluation of current policies** and strategies of campaigns such as 'Closing the gap' for Indigenous Australians
- inform the **development and evaluation of national food regulations** using current data

Australian Dietary Guidelines:

- designed to address the increase of diet-related diseases and help Australians to adopt healthy lifestyles that will promote health and wellbeing
- Developed by the **National Health and Medical Research Council** (NHMRC)
- intended to be used by health professionals, educators, industry bodies for promoting healthy eating

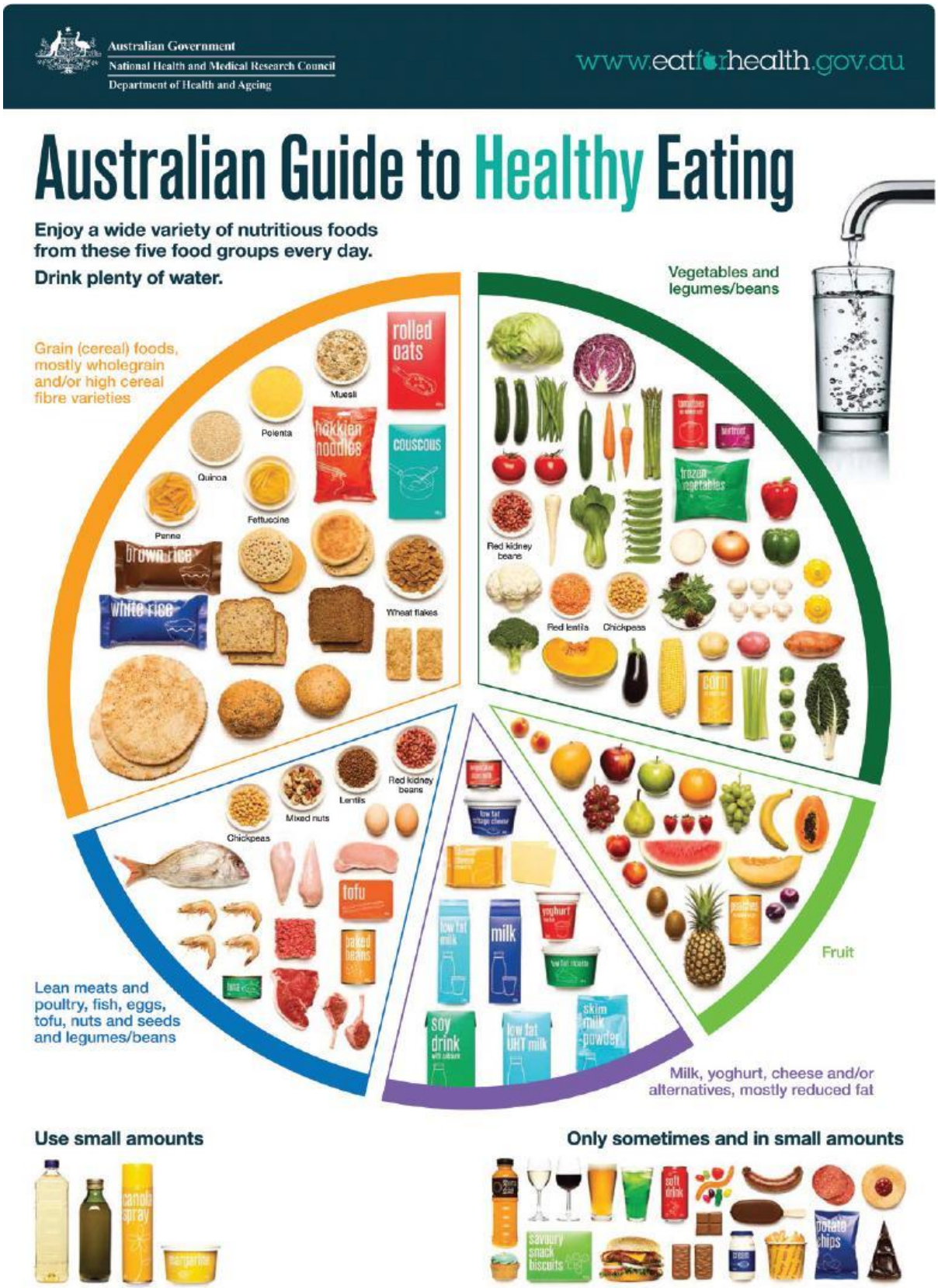
Guideline	
1	To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
2	Enjoy a wide variety of nutritious foods from the five groups every day: fruits, vegetables, grain food, dairy products, lean meat/fish/poultry
3	Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.
4	Encourage, support and promote breastfeeding
5	Care for your food; prepare and store it safely

The Australian Guide to Healthy Eating:

- food selection tool incorporated into the Dietary Guidelines (reflecting 2/3) developed by National Health and Medical Research Council (NHMRC)
- intended to be used by consumers to assist them in planning, selecting and consuming adequate portions of food from the five food groups
- encourages water, small amount of oils/fats and discretionary foods

5 groups are:

1. vegetables and legumes/beans
2. fruit
3. milk, yoghurt, cheese and/or alternatives, mostly reduced fat
4. lean meats and poultry, fish, eggs, tofu, nuts, seeds and legumes/beans
5. grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties


Australian Government
National Health and Medical Research Council
Department of Health and Ageing
www.eatforhealth.gov.au
Australian Guide to Healthy Eating
Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
Vegetables and legumes/beans
Fruit
Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans
Milk, yoghurt, cheese and/or alternatives, mostly reduced fat
Use small amounts
Only sometimes and in small amounts

HEALTHY EATING PYRAMID

Enjoy a variety of food and be active every day!

Nutrition Australia

Nutrition Australia: NGO

- Australia's primary community nutrition education body. It works with organisations to provide the with up two date nutrition information and advice
- developed the **healthy eating pyramid:** a simple visual guide to the types and proportion of foods that you should eat based on the Dietary Guidelines. encourages Australians to enjoy a variety of foods from every food group and limit intake of salt and added sugar.
  - The pyramid arranges food groups into four layers, plant based foods on the bottom (**fruits/veg**/), **grains** followed by **dairy foods/protein rich foods** (meat, nuts, eggs, milk) and **healthy fats** on the top layer.
  - also encourage to **choose water** and **limit salt/sugar intake**, enjoy **herbs and spices** and being **active everyday**
  - **advantages:** simple/easy language, visual tool
  - **disadvantages:** serving sizes not included, hard to know here composite foods (pizza) fit
  - **publication of healthy recipes** and up to date **nutrition information** (fact sheets) on the Nutrition Australia website with cookbooks to purchase
- **Menu assessments:** at schools, hospitals etc to assess menus and provide practical advice about how to improve nutrition content of menu

Challenges in bringing about change:

- time constraints—convenience of fast food
- food security—having enough money to afford nutritious food
- willpower—ability to resist short term temptations
- food marketing—far more advertisements for junk food
- education—children uneducated