UNIT 3 AREA OF STUDY 2
SAC 3 REVISION

CHANGES IN AUSTRALIA’S HEALTH STATUS OVER TIME

- **LIFE EXPECTANCY - MALES**
  - In 1900 53.8 in 2015 it was 80.9
  - Females in 1900 57.5 in 2015 it was 84.8 years
  - Due to the huge decline in mortality among children aged 0-4 particularly infants under 1
  - Between 1961-1972 life expectancy evened out due to deaths from cardiovascular disease reaching their highest level and cancer becoming more prevalent

- **PATTERNS OF MORTALITY**
  - Infectious and parasitic diseases – infectious diseases are TB, polio, smallpox, hepatitis and STI’s – parasitic diseases cause cholera, diarrhoea – death rates from these diseases has fallen since 1900 but of late HIV/AIDS and Hepatitis C have been responsible for an increase in death rates. In 1911 gastroenteritis, diphtheria, scarlet fever, whooping cough and measles were responsible for the death of one in every 30 live-born children.

- **CANCER**
  - Death rates increased throughout the 20th century peaking in the 1980’s and then gradually falling to 2013 – increase due to lung cancer from the smokers of the 1920’s.

- **CARDIOVASCULAR DISEASES**
  - Since 1900 have increased and reached their peak in the 1960’s and then declined – CV disease is the leading cause of death in Australia

- **RESPIRATORY DISEASES**
  - Include pneumonia, influenza, asthma, COPD – have all declined since 1900 COPD is a concern due to smokers of the 1920’s-1980’s when smoking was advertised as being a “cool” thing to do???

- **INJURY AND POISONING**
  - Have fallen since 1900 – road safety improvements and work safe practices have assisted in these rates falling
OLD PUBLIC HEALTH

The public health actions that focus on the physical environment eg sanitation, water, sewage, nutrition, housing and work. Less deaths from diarrhoea and cholera especially in children – improved housing reduction in respiratory deaths, nutrition improvements result in improving immune systems

DISCOVERY OF VACCINES

Mass vaccinations 1930's in diphtheria, 1950's for pertussis, tetanus and polio and in the 1960's for measles

SHIFT TO HEALTH PROMOTION

The emergence of lifestyle disease in the 1950's and 1960's resulted in a shift to health promotion – eg Life Be In It – campaign.

BIOMEDICAL MODEL OF HEALTH

The fix—it approach focuses on the physical or biological aspects of disease or illness, involves diagnosis, and treatments. It is the model that treats the condition not the cause. Egs x-rays MRI bypass surgery

Advantages: - creates advances in technology and research, problems can be treated, extends life expectancy improves quality of life

Disadvantages: it is costly, doesn’t always promote good health and wellbeing, not every condition can be treated

SOCIAL MODEL OF HEALTH

The new approach to health promotion in the 1970's was called “new public health” or the “social model of health” All about “prevention”

There are 5 key principles – AREAS
A- address the broader determinants (factors) of health
R –reduce social inequities
E – empowers individuals and communities
A- assess to health care
S- InterSectoral collaboration
ADVANTAGES AND DISADVANTAGES OF THE SOCIAL MODEL OF HEALTH

ADVANTAGES
- Prevents disease
- Relatively inexpensive
- Education passed on from generation to generation

DISADVANTAGES
- Not every condition can be prevented
- Health promotion messages might be ignored

OTTAWA CHARTER

- IS a framework for health promotion – 1986 in Canada – 3 strategies – ADVOCATE – need to advocate for health and wellbeing, to make change occur through media, public opinion, and lobbying government
- ENABLE – enable all people to achieve good health and wellbeing, ensure everyone is cared for
- MEDIATE – resolve conflict between groups involved in the desire to improve health eg sugar tax

FIVE ACTION AREAS - BAD CATS SMELL DEAD RATS
- BUILD HEALTH PUBLIC POLICY – relates to the laws made by governments and organisations
- CREATE SUPPORTIVE ENVIRONMENTS – environment needs to be safe, stimulating, satisfying and enjoyable
- STRENGTHEN COMMUNITY ACTION – community working together to achieve a common goal
- DEVELOP PERSONAL SKILLS – education
- REORIENT HEALTH SERVICES – ensuring the doctors look at prevention not just treatment eg handing out quit information to a smoker who has presented with a cold
UNDERSTANDING THE IMPORTANCE OF BOTH THE BIOMEDICAL AND THE SOCIAL MODELS OF HEALTH

Biomedical model and lung cancer – x-rays, CT scans PET scans, surgery, chemo, radiotherapy
Social Model and lung cancer – anti-tobacco campaign – warnings, laws, advertising stopped

MEDICARE

Australia’s universal health insurance scheme, established in 1984, gives all Australians access to healthcare that is subsidised by the government.
Medicare covers – GP fees, blood tests, eye tests, some dental, in-hospital expenses
Medicare does not cover – private hospital accommodation, most dental, ambulance, physiotherapy, chiropractic, glasses, contact lenses

ADVANTAGES – choose GP, available to all Australians, covers tests
DISADVANTAGES – no choice of doctor in hospital, waiting lists for most procedures, does not cover alternative treatments, doesn’t cover all the cost

HOW IS MEDICARE FUNDED

Medicare Levy – 2% at tax time
Medicare Levy Surcharge – 1-1.5% if a high income earner and do not have private health insurance
General Taxation – eg Income tax on wages
PHARMACEUTICAL BENEFITS SCHEME (PBS)

One of the key components of Australia’s health system – the PBS has been evolving since 1948 now medicines are subsidised on Jan 2017 PBS medicines were $38.80 and $6.30 for concession. There is also a PBS safety net to protect individuals and families from high expenses. Currently there are 5000 brands of prescription medicines on the PBS. The Pharmaceutical Benefits Advisory Committee (PBAC) is the committee that decides whether a medicine will be included in the PBS – eg the magic pink pill video on cystic fibrosis

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Is a national insurance scheme that provides services and support for people with permanent, significant disabilities and their families and carers. The NDIA National Disability Insurance Agency is an independent agency responsible for implementing the NDIS. To be eligible a person must be aged under 65 and meet both the residency and disability requirements. The NDIS takes a lifetime approach to improve the health and wellbeing of those people with disability, and by 2019 the NDIS will support about 460,000 Australians with disability.
PRIVATE HEALTH INSURANCE

Is a type of insurance under which members pay a premium (or fee) in return for payment towards health-related costs not covered by Medicare. It is an optional form of health insurance that can be purchased in addition to Medicare. Can have hospital cover, extras cover or a combination of both.

People with private health insurance have a greater choice of hospitals and doctors, they get their own room and don’t have to wait for elective surgery.

In order to encourage people into PHI the government introduced three main incentives –
- Private health rebate – rebate on cost of PHI
- Lifetime Health cover – if you don’t have PHI when you turn 31 you will have to pay extra for PHI
- Medicare levy surcharge – high income earners who don’t have PHI pay extra at tax time extra 1-1.5%

- Advantages of PHI
  - Enables access to private hospitals
  - Choice of doctor
  - Shorter waiting times of elective surgery
  - Can cover physio, chiro etc

- Disadvantages of PHI
  - Costly in terms of the premiums to be paid
  - Sometimes there is a “gap” to pay
  - There are qualifying periods
SAFE
SUSTAINABILITY-ACCESS-FUNDING-EQUITY
Four key areas of focus of our health care system—all are interrelated and impact each other

SUSTAINABILITY — The facilities and equipment need to be innovative and responsive to the emerging needs

ACCESS — provide all people with timely access to quality health services based on their needs, not ability to pay, regardless where they live in the country

FUNDING — Need to ensure the healthcare system is adequately staffed and resourced so that the level of care is the best available

EQUITY — As Australians have different healthcare needs, the health system must take these differences into account if it is be equitable and fair for all people. Medicare promotes equity by providing hospital care to all Australians regardless of their ability to pay—and Medicare is also equitable as people who earn more pay more for Medicare.
ROLE OF HEALTH PROMOTION IN IMPROVING POPULATION HEALTH
SMOKING

WHY IS IT TARGETED?
According to the Department of Health 2016 smoking kills an estimated 15,000 Australians and costs Australia $31.5 billion in social (including health) and economic costs each year.
Smoking is a preventable risk factor, so all smoking-related diseases and impacts are considered to be avoidable.
Smoking affects vulnerable population groups disproportionately, with people living outside major cities and people from indigenous and low socioeconomic background more likely to smoke and therefore have lower levels of health and wellbeing. Tragically, half of all long-term smokers will die prematurely because they smoked.

EFFECTIVENESS OF HEALTH PROMOTION IN PROMOTING POPULATION HEALTH – SMOKING
Health promotion activities in relation to smoking have been particularly successful as smoking rates have declined from 44% for males and 33% for females in 1976 to 16.9% for males and 12.1% for females in 2014-15.

The promotion activities that have been successful are: government laws and policies, National Tobacco Campaigns and state and territory QUIT campaigns.
Some of the laws are: higher taxes, banning of smoking in pubs and these have reduced smoking rates amongst low SES – this reflects the Ottawa Charter action area of “Build Healthy Public Policy
There are laws associated with the cleaner environment for others – and this reflects the Ottawa Charter action area of “Create supportive environments”
NATIONAL TOBACCO CAMPAIGNS

Anti-smoking media campaigns – such as “Don’t make smokes your story” – all these help people to choose to quit. Quitnow website has fact sheets on why quit? How to quit? Etc
My quitBuddy is a smartphone app which provides feedback to users
Quit for you quit for two app – is aimed at pregnant women

QUIT VICTORIA

Program run by the Cancer Council of Victoria and funded by the Victorian Government and VicHealth. The aim is to decrease the prevalence of smoking by assisting smokers to quit and preventing the uptake of smoking in non-smokers. It is does this by providing information on a website, mass media campaigns and public relations. Quitline, Aboriginal Quitline – which addresses the action area of “Create Supportive Environments” Quitext QuitCoach.
Quit also has training programs for health professionals so addresses the action area of “Reorient Health Services”
INITIATIVES TO ADDRESS INDIGENOUS HEALTH AND WELLBEING

CLOSING THE GAP – aims to close the gap in life expectancy within a generation, halve the gap in mortality rates for indigenous children under 5 within a decade, ensure indigenous 4 year olds have access to early childhood education within 5 years …

To address all the targets - COAG has committed $4.6 billion

The initiatives are:
- Delivering Deadly Services - training the health workforce in cultural awareness and employing people from the local community – so they feel more comfortable – with **this culturally appropriate healthcare**
- Learn Earn Legend – using mentors from AFL, Tennis, NRL to support young indigenous children to stay at school
- The 2 Spirits program – whole community approach to improve the sexual health and wellbeing of Indigenous gay men and sistergirls
- The Be Deadly, Get Healthy program – reduce chronic disease in the Baw Baw shire in Gippsland. Family based program for walks, gym circuits.
- The Aboriginal Road to Good Health Program – type 2 diabetes program – free program – reading food labels, choose healthy foods
- Aboriginal Quitline – telephone counselling service
- Feeding the Mob – nutrition, physical activity and healthy lifestyle program in Whittlesea Victoria – community gardens, cooking classes.