

# Health and Human Development - Summary Notes

## UNIT 3 – Australia's Health in a Globalised World

### Area of Study 1: Understanding Health and Wellbeing

#### Concepts of Health and Wellbeing-

##### Definition of Health (According to the Who):

'A state of complete physical, mental and social wellbeing but not merely the absence of infirmity or disease.'

- **Limitations:** Doesn't give everyone the chance to be considered health
- **Examples of good health and wellbeing:** A sense of belonging, enough sleep, regular exercise

**Note:** People can still be considered healthy with chronic conditions such as asthma, if they can manage it efficiently

#### Illness and disease

**Disease-** A physical or mental disturbance involving symptoms, dysfunction or tissue damage.

**Illness-** A subjective concept related to personal experience of a disease.

#### Dimensions of Health and Wellbeing (S.P.E.M.S)

**Social:** The ability to form meaningful and satisfying relationships and adapt effectively to different social situations

- Strong network of friends, strong relationship between family

**Physical:** Relates to the functioning of the body and its system including the capacity to perform daily activities or tasks

- Healthy body weight, strong immune system and adequate energy levels

**Emotional:** The ability to recognise, understand and effectively manage and express emotions as well as the ability to display resilience

- High levels of resilience, recognise/understand emotions, manage emotions

**Mental:** Relates to a person's mind or brain and relates to the ability to think and process information

- Level of anxiety, self-esteem, confidence
- \*THINK BRAIN\*

**Spiritual:** Relates the values, ethics, beliefs and ideas that arise in a person's mind and consciences of a human being

- Sense of belonging, peace/harmony, positive/purpose to life

## Dynamic and Subjective Health and Wellbeing

**Dynamic:** Related to health that is constantly changing and never the same

**Subjective:** Related to aspects being influenced by an opinion

## Interrelationships between dimensions of Health and Wellbeing

	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.	

## Health as a Resource – Individual

‘When an individual are healthy enough to participate fully in life and society, it allows them to contribute to the creation of strong social bonds, engagement with supportive communities, the maintenance of health relationships and commitments to responsible lifestyles.’

## Benefits:

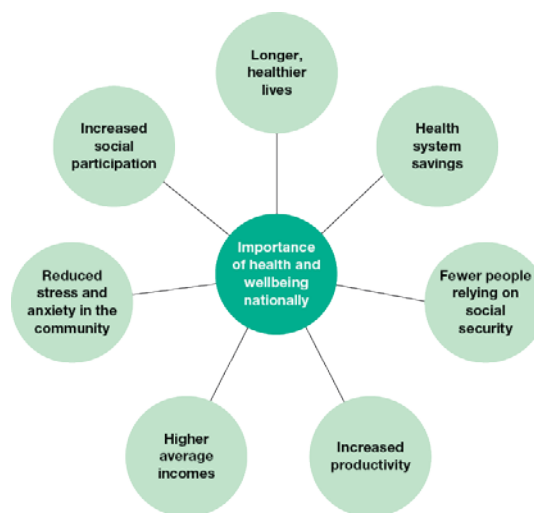
- Increasing life expectancy
- Increasing self-esteem and positive self-image
- Developing meaningful relationships with wider community
- Reduce pain and suffering associated with chronic conditions

## Health as a Resource – Nationally

‘Optimal Health and Wellbeing has a number of social and economic benefits for a country population as a whole or on a national level’

\*Populations with optimal Health and Wellbeing experience greater economics benefit such as higher average incomes, greater productivity, less absenteeism from work, less reliance on social security and reduced healthcare and associated caring costs\*

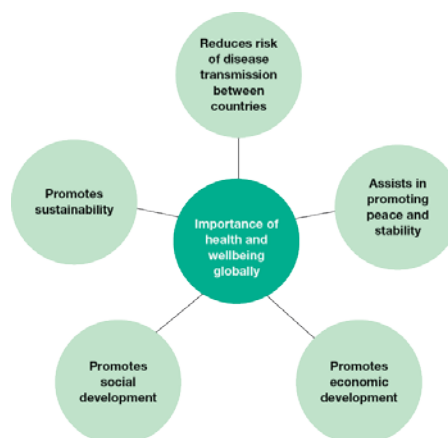
## Benefits:



## Health as a Resource – Globally

‘Optimal Health and Wellbeing provides a range of benefits for the population on a global scale’

## Benefits:



\*NOTE: Think individually, nationally and globally health as a resource. However, health always comes back to how **individuals'** lives are changed by health outcomes\*

## WHO Prerequisites for Health

\*People, Should, Eat, Food, Including, Some, Sustainable, Salad, Everyday\*

### Peace:

- Absence of Conflict
- Promotes the preservation of infrastructure
- Increase ability to move freely around the community and go about daily activities

### Effects on Health and Wellbeing Dimensions:

- **Physical H & W-** Peace decreases the risk of injury and premature death relating to conflict
- **Mental H & W-** Peace reduces stress not being in a conflicted position such as war

### Shelter:

- A structure that provides from the outside environment
- Basic Human Right

### Effects on Health and Wellbeing Dimensions:

- **Spiritual H & W-** It allows individuals to participate in activities such as socialising and participating in activities with the community

### Education:

- Empowers individuals and increases their ability to earn an income, understand health promotion messages, healthy behaviours and find a meaning/purpose in life

### Effects on Health and Wellbeing Dimensions:

- **Spiritual H & W-** Employment promotes self-esteem and provides sense of purpose and meaning to life

### Food:

- Ability of individuals to consume required nutrients which is important for a functioning human body
- Provides energy to complete daily activities

### Effects on Health and Wellbeing Dimensions:

- **Mental H&W-** Food security causes individuals to not stress about looking for food because they know it is available
- **Physical H&W-** Allows individuals to perform at their very best

### Income:

- Increase ability to afford resources such as healthcare, transport and education
- Provides social services, security and resources such as: public housing, infrastructure and recreation facilities

### Effects on Health and Wellbeing Dimensions:

- **All Dimensions of H&W-** Having access to money allows individuals to be able to afford daily activities and cause less stress not knowing you have money

### Stable Ecosystems:

- Occurs when balance is achieved between the environment and the species that live in an environment

### Effects on Health and Wellbeing Dimensions:

- **Mental H&W-** Natural environments can cause relaxation and recreation

### Sustainable Resources:

- Meeting the needs of the present without compromising the ability of future generations to meet their own needs

### Social Justice:

- Equal rights for all regardless sex, class, gender, income, religion, etc.
- All people are treated fairly
- **Includes Economic Justice:** Poverty and discrimination are targeted to improve the lives of those who many have been victims of injustice

### Equity:

- Relates to fairness and social justice
- Minimum levels of income and resources that all people should have access to
- All people in the community should have access to fundamental resources and governments should implement laws and policies that ensure no person is at a disadvantage

## Measuring Health Status

### Health Status:

‘An individual or a populations overall health, taking into account various aspects such as: life expectancy, amount of disability and levels of disease risk factors’

- Measured by **health indicators:** life expectancy, mortality rates, morbidity rates
- It is used to identify trends in levels of health, which assists in achieving optimal health

### Self-assessed health status:

‘Reflects a person perception of his/her own health and wellbeing at a given time’

- Generally collected through population surveys and provides an indication of overall level being experience in relation all aspects of H&W
- **Levels of H&W:** Poor-Fair-Good-Very Good-Excellent

## 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 do not change’

## 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 life, based on current rates of ill health and mortality’

- Measures quality of life
- Number of years a person can expect to live without reducing functioning due to ill health

## Mortality

‘Refers to death, particularly at a population level’

### Mortality Rate:

- The number of deaths in a given time from a given cause

### Infant Mortality Rate:

- The rate of deaths of infants between birth and their first birthday usually expressed per 1000 live births

### Under-five-mortality rate:

- The rate of deaths occurring in children under 5 years of age per 1000 live births

### Maternal Mortality Rate:

- Measure of number of mothers who die as a result of pregnancy or childbirth, up to 6 weeks after delivery per 1,000 live births

**Causes of Maternal Mortality:** Cardiovascular Disease, Obstetric Haemorrhage, Birthday Complications.

## Morbidity

‘Refers to ill-health in an individual and the levels of ill-health in a population or group’

### Incidence:

- The number of new cases of a condition during a given period

### Prevalence:

- The number or population of cases of a particular disease or condition present in a population at a given time

## Burden of Disease

‘A measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of Disease is measure in Disability Adjusted Life Year (DALY).’

### DALY:

‘A measure of Burden of Disease, one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury.’

Years of Life Lost (YLL): Represents year of life lost due to premature death

Year Lost due to Disability (YLD): The years of healthy life lost due to illness, injury or disability

## Biological Factors that Influence Health Status

‘Refers to the structure of the cell, tissues and systems of the body and how adequately they function’

BIOLOGICAL FACTOR	BRIEF DESCRIPTION	IMPACT ON H&W	INFLUENCE ON HEALTH STATUS
<b>GENETICS</b>	- Genetic materials contained in the body cells controls factors such as <u>sex</u> , <u>body type</u> , <u>hormone production</u> , <u>personality</u> , <u>genetic predisposition</u> .	<ul style="list-style-type: none"> <li>- More susceptible to gender specific disease <b>eg- Ovarian cancer</b></li> <li>- Predisposition to disease <b>eg- diabetes</b></li> <li>- Oestrogen lowers at menopause it increases the risk of <b>Osteoporosis</b></li> <li>- Testosterone increase risk-taking behaviours and <b>aggression</b></li> </ul>	<ul style="list-style-type: none"> <li>- YLD (Years of Life Lost due to Disability)</li> <li>- Mortality rates</li> </ul>
<b>GLUCOSE REGULATION</b>	Is when blood glucose levels rise and insulin is released from the pancreas to allow the glucose to travel from the bloodstream into the cells to be used for energy	<ul style="list-style-type: none"> <li>- Susceptible to disease such as: <b>diabetes (genetic predisposition)</b></li> <li>- Have higher rates of <b>Cardiovascular disease</b></li> <li>- Higher rates of: <u>stroke</u>, <u>kidney disease</u>.</li> </ul>	<ul style="list-style-type: none"> <li>- Increase in <b>Mortality rates</b></li> <li>- <b>Prevalence</b> of impaired glucose regulation increases with age</li> <li>- <b>YLD</b></li> </ul>

<b>BLOOD PRESSURE</b>	<ul style="list-style-type: none"> <li>- As blood circulates around the body through the blood vessels it applies pressure to the blood vessel walls</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Hypertension</b> is a contributing factor to many conditions</li> <li>- ‘Silent killer,’ can be controlled by <b>medication</b></li> <li>- Risk factor of: <u>high body mass, stress, smoking</u></li> </ul>	<ul style="list-style-type: none"> <li>- YLD</li> <li>- <b>Mortality rates</b></li> <li>- <b>Morbidity rates</b></li> </ul>
<b>BLOOD CHOLESTEROL</b>	Cholesterol is a type of fat sourced in the blood	<ul style="list-style-type: none"> <li>- Risk factor of : <u>cardiovascular disease</u></li> <li>- Lifestyle can change high levels of blood cholesterol</li> <li>- <b>Genetic Predisposition</b></li> </ul>	<ul style="list-style-type: none"> <li>- YLD</li> <li>- <b>MORBIDITY</b></li> <li>- <b>MORTALITY</b></li> <li>- <b>DECREASE LIFE EXPECTANCY</b></li> </ul>
<b>BIRTH WEIGHT</b>	Related to health outcomes directly after pregnancy and later in life	<ul style="list-style-type: none"> <li>- Babies born with a <b>low birth weight</b> are more likely to have <u>underdeveloped immune systems</u> becoming more susceptible to <b>infections</b></li> <li>- Concerns as an adult : <u>type 2 diabetes and high blood pressure</u></li> </ul>	<ul style="list-style-type: none"> <li>- <b>INFANT MORTALITY</b></li> <li>- <b>UNDER 5 MORTALITY</b></li> <li>- YLD</li> <li>- <b>MORBIDITY</b></li> </ul>

## Sociocultural Factors that Influence Health Status

‘Relates to the social and cultural conditions into which people are born, live, work and age’

- Beyond the control of individuals, yet have a significant impact on health status at an individual and population level.

<b>SOCIOCULTURAL FACTORS</b>	<b>DESCRIPTION</b>	<b>IMPACT ON H&amp;W</b>	<b>IMPACT ON HEALTH STATUS</b>
<b>Socioeconomic Status</b>	<ul style="list-style-type: none"> <li>- Relates to a person’s position in society relative to other people based on three factors <b>INCOME + OCCUPATION + EDUCATION = SOCIOECONOMIC STATUS</b></li> </ul>	<ul style="list-style-type: none"> <li>- Can cause <b>stress</b></li> <li>- May not be able to afford to go out and make new relationships (<b>spiritual</b>)</li> </ul>	<ul style="list-style-type: none"> <li>- Education levels: <u>healthy eating, safety, safe sex</u></li> <li>- High paying job: <u>food quality, private healthcare</u></li> <li>- YLD</li> </ul>



			<ul style="list-style-type: none"> <li>- <b>LIFE EXPECTANCY</b> (lower socioeconomic, lower the life expectancy)</li> </ul>
<b>Unemployment</b>	Unemployment is when a person no longer has access to a job	<ul style="list-style-type: none"> <li>- Can cause stress and anxiety (<b>mental</b>)</li> <li>- Unable to create new relationships (<b>social</b>)</li> <li>- Can cause cardiovascular disease (<b>physical</b>)</li> </ul>	
<b>Social Exclusion/ Social Connectedness</b>	<p><u>Social Exclusion:</u></p> <ul style="list-style-type: none"> <li>- Refers to the segregation that people experience they are not adequately in the society they live in</li> </ul> <p><u>Social Connections:</u></p> <ul style="list-style-type: none"> <li>- Relates to the bonds between an individual and their relationships, friends, and acquaintances and the ability to participate in the society in which they live in</li> </ul>	<ul style="list-style-type: none"> <li>- Lose sense of belonging (<b>spiritual</b>)</li> </ul>	
<b>Social Isolation</b>	Refers to not being in regular contact with others	<ul style="list-style-type: none"> <li>- Effects (<b>social emotional and spiritual H&amp;W</b>)</li> </ul>	
<b>Cultural Influences</b>	Relates to <u>customs, ideas, values and traditions</u> of a society that are passed through generations	<ul style="list-style-type: none"> <li>- Relates to peoples beliefs (<b>Spiritual</b>)</li> </ul>	
<b>Food Security</b>	Refers to the <u>quality, availabilities and affordability</u> of the food supply all affect what people eat	<ul style="list-style-type: none"> <li>- Malnourishment (<b>Physical</b>)</li> </ul>	<ul style="list-style-type: none"> <li>- <b>YLD</b></li> <li>- <b>MORTALITY</b></li> <li>- <b>MORBIDITY</b></li> </ul>
<b>Early Life Experiences</b>	Help shape the individuals outlook on life, behaviours of women during pregnancy, abuse and neglect during early	<ul style="list-style-type: none"> <li>- Can impact all dimensions of health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Under – 5 - mortality</b></li> </ul>

	years. Strong emotional attachment		
<b>Access to Health Care</b>	Healthcare refers to the services that promote and preserve H&W	<ul style="list-style-type: none"> <li>- Not having access to health care, doesn't allow access to treatment and medicine (<b>physical</b>)</li> </ul>	<ul style="list-style-type: none"> <li>- Higher rates of <b>mortality rates</b></li> <li>- lower <b>life expectancy</b></li> </ul>

## Environmental Factors that Influence Health Status

'Refers to the physical feature that surround us, These can be natural features or those built by people'

ENVIRONMENTAL FACTORS	DESCRIPTION	IMPACT ON H&W	IMPACT ON HEALTH STATUS
<b>Work Environment</b>	When many Australians spend a specific amount of time in their place of employment	<b>Physical:</b> <ul style="list-style-type: none"> <li>- UV exposure cause <u>skin cancer</u></li> <li>- Accidents and injuries</li> <li>- Exposure to hazardous substances such as <u>paints</u> and <u>asbestos</u></li> </ul>	<ul style="list-style-type: none"> <li>- YLL</li> <li>- MORTALITY</li> </ul>
<b>Housing</b>	People spending time in their house and any other environment	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Hygiene</li> <li>- Design and Safety</li> <li>- Overcrowding</li> <li>- Sleeping conditions</li> <li>- Security</li> </ul>	<ul style="list-style-type: none"> <li>- YLL</li> <li>- MORTALITY</li> <li>- Decrease Life Exectancy</li> </ul>
<b>Urban Design and Infrastructure</b>	Relates to the features and structures of the <u>suburbs, town, religions</u> and <u>cities</u> which people live in	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Access to hospitals</li> </ul>	
<b>Climate and Climate Change</b>	Range of climates and how the environment is changing the climate	<b>Physical:</b> <ul style="list-style-type: none"> <li>- UV exposure</li> </ul>	

## Modifiable Factors that Influence Health Status

MODIFIABLE FACTOR	DESCRIPTION	IMPACT ON H&W	IMPACT ON HEALTH STATUS
<b>Smoking</b>	Refers to a practice in which substance is burned and resulting in smoke being inhaled and	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Cardiovascular disease:</li> <li>- Weight:</li> </ul>	<b>DALY:</b> <ul style="list-style-type: none"> <li>- 80% of lung cancer DALY</li> </ul> <b>YLL:</b>

	absorbed into the blood stream	<ul style="list-style-type: none"> <li>- Respiratory Disease</li> </ul>	<ul style="list-style-type: none"> <li>- Results in premature death</li> </ul> <b>Under-5-mortality:</b> <ul style="list-style-type: none"> <li>- Smoking during pregnancy</li> </ul>
<b>Alcohol</b>	Consumptions occur as a social activity, can be integral part of ceremonies customs and rite of passage	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Increase BMI</li> </ul> <b>Mental:</b> <ul style="list-style-type: none"> <li>- Increase risk of self-harm and suicide</li> </ul> <b>Social:</b> <ul style="list-style-type: none"> <li>- Put strains on relationships</li> </ul>	<b>Morbidity Rates:</b> <ul style="list-style-type: none"> <li>- Cardiovascular disease</li> <li>- Liver Problems</li> </ul> <b>Mortality rates:</b> <ul style="list-style-type: none"> <li>- Strokes</li> <li>- Suicides</li> <li>- Poisoning</li> </ul> <b>YLD Increase</b> <b>Increase in Burden of Disease</b>
<b>High Body Mass Index</b>	<ul style="list-style-type: none"> <li>- Relates to the amount of body weight an individual is carrying</li> <li>- Calculated using body mass index and waist circumference measurements</li> </ul>	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Higher rates of death and illness</li> <li>- Cardiovascular disease</li> <li>- Type 2 diabetes</li> </ul>	<b>Life Expectancy:</b> <ul style="list-style-type: none"> <li>- decrease as BMI increase</li> </ul> <b>Morbidity:</b> <ul style="list-style-type: none"> <li>- Develop mental health conditions</li> </ul> <b>Maternal Mortality:</b> <ul style="list-style-type: none"> <li>- Women with high BMI are susceptible to pregnant related conditions</li> </ul>
<b>Under Consumption of fruit &amp; vegetables</b>	Vegetables and fruits are high in minerals, antioxidants and vitamins	<b>Physical :</b> <ul style="list-style-type: none"> <li>- Not enough energy to complete physical activity</li> </ul> <b>Mental:</b> <ul style="list-style-type: none"> <li>- Energy loss</li> <li>- Decrease in motivation</li> </ul>	<b>Burden of Diseases:</b> <ul style="list-style-type: none"> <li>- Coronary heart diseases</li> <li>- Strokes</li> </ul> <b>DALY:</b> <ul style="list-style-type: none"> <li>- Low</li> </ul>
<b>Under consumption of dairy foods</b>	Refers to milk, cheese and yoghurt created from animal milk	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Cardiovascular disease</li> <li>- Colorectal cancer</li> <li>- Type 2 diabetes</li> <li>- Osteoporosis</li> </ul>	<b>Morbidity/ Mortality Rates</b>
<b>Low intake of fibre</b>	Fibre is a type of carbohydrate that is required for optimal health and wellbeing	<b>Physical:</b> <ul style="list-style-type: none"> <li>- High BMI</li> <li>- Colorectal cancer</li> <li>- Cardiovascular disease</li> </ul>	<b>YLL:</b> <ul style="list-style-type: none"> <li>- Premature death due to coronary heart disease</li> </ul>
<b>Low intake of iron</b>	Iron is an important mineral that provides energy for daily life	<b>Physical:</b> <ul style="list-style-type: none"> <li>- Iron deficiency</li> <li>- Low motivation</li> <li>- Loss of energy</li> </ul>	<b>HALE:</b> <ul style="list-style-type: none"> <li>- Iron deficiency contributes to</li> </ul>

			11,477 years of healthy life lost
<b>High intake of fats</b>	Fats can act as an energy source and production but can also contribute to weight gain if energy provided by them is not used Saturated and trans fat: increases low density lipoprotein, which increased <b>astheclerosis and cardiovascular disease</b>	<b>Physical:</b> - High BMI - Increase Blood Pressure - Heart attack - Stroke - diabetes	<b>Life Expectancy:</b> - responsible for 2.4% of total burden of disease
<b>High intake of salt</b>	Salt is an essential nutrient that plays a vital role in the maintenance of fluid balance in the body	Increase the risk: - heart attack - heart failure - blood pressure - osteoporosis	<b>Burden of Disease</b>
<b>High intake of sugar</b>	Sugar is a form or carbohydrate and is a concentrated form of energy	Sugar can contribute to: - Obesity - Colorectal cancer - Cardiovascular	

### Factors that contribute to improvements in Health Status:

- Education and improved Literacy levels
  - Allows for greater understanding of nutrition, healthcare, risk/protective factors
- Access/availability and development of medication
  - People able to access health care
  - Quicker recovery from disease/illness/injury
  - Preventative measures

### Variations in Health Status between Population groups

- Males and Females
- Indigenous and non-indigenous Australians
- High and Low socio-economic status
- People living in remote areas

**Biological Factors:** Factors relating to the body that impact on health and wellbeing.

Example	Impact on Health and Wellbeing	Influence on Health status
<b>Birth Weight</b> Related to health outcomes directly after and later in life	- Underdeveloped immune system. Susceptible to infections - Premature death and significant disabilities	- Obesity - Cardiovascular disease - Type 2 Diabetes - BMI - YLD - Infant mortality rates

	<ul style="list-style-type: none"> <li>- Concerns as adulthood <b>type 2 diabetes, high blood pressure</b></li> </ul>	
<b>Blood Pressure</b> As blood circulates around the body through the blood vessels it applies pressure to the blood vessels	<ul style="list-style-type: none"> <li>- Hypertension contributing factor to conditions</li> <li>- Silent Killer can be controlled by medication</li> <li>- Risk factor: <b>high BMI, stress, smoking</b></li> </ul>	<ul style="list-style-type: none"> <li>- Cardiovascular Disease</li> <li>- Kidney disease (<b>mortality</b>)</li> </ul>
<b>Blood Cholesterol</b> Blood cholesterol is a type of fat sourced in the blood	<ul style="list-style-type: none"> <li>- LDL cholesterol risk factor for Cardiovascular</li> <li>- Genetic predisposition</li> <li>- Lifestyle can change the levels of blood cholesterol</li> </ul>	<ul style="list-style-type: none"> <li>- Clogs/hardens arteries</li> <li>- Greater risk of heart disease (<b>mortality</b>)</li> </ul>
<b>Glucose Regulation</b> (Becoming resistant to the action of insulin, preventing glucose from being absorbed into cells)	<ul style="list-style-type: none"> <li>- Susceptible to diseases such as: <b>type 2 diabetes</b></li> <li>- Genetic Predisposition</li> <li>- Higher rates of Cardiovascular disease</li> </ul>	<ul style="list-style-type: none"> <li>- Prevalence: Increases by age</li> <li>- YLL: Cause premature death</li> </ul>
<b>Genetics</b> Genetic materials contained in the body cells controls factors such as sex, body type, hormone production, personality, genetic predisposition	<ul style="list-style-type: none"> <li>- More known to gender specific disease: <b>ovarian cancer</b></li> <li>- Predisposition to disease: <b>diabetes</b></li> <li>- Oestrogen protective factor of cardiovascular</li> <li>- Oestrogen lowers at menopause it increases the risk of <b>osteoporosis</b></li> <li>- Testosterone increase risk factors such as risk-taking behaviours and aggression</li> </ul>	<ul style="list-style-type: none"> <li>- YLD</li> </ul>

**Sociocultural Factors:** Relates to the social and cultural conditions into which people are born, grow, live, work and age

Example	Impacts on Health and Wellbeing	Impacts of health status
<b>Socioeconomic Status</b> Relates to a persons position in society relative to other people based on three factors – income, occupation and education	<ul style="list-style-type: none"> <li>- Can affect ones mental health and wellbeing because it can cause stress</li> <li>- Social health and wellbeing: May not be able to afford to go out and make new relationships</li> </ul>	<ul style="list-style-type: none"> <li>- Lower the socioeconomic status, lower life expectancy</li> </ul>
<b>Unemployment</b> Is when a person no longer have a job	<ul style="list-style-type: none"> <li>- Mental Health and Wellbeing: Can cause stress and anxiety</li> <li>- Social Health and Wellbeing: Unable to create new relationships</li> </ul>	<ul style="list-style-type: none"> <li>- YLL</li> <li>- Decrease Life expectancy</li> <li>- Mortality</li> </ul>

	<ul style="list-style-type: none"> <li>- Physical Health and Wellbeing: Can cause cardiovascular disease</li> </ul>	
<p><b>Social Connectedness:</b> Refers to the segregation that people experience they are not adequately participating in the society, which people live in</p> <p><b>Social Exclusion:</b> Relates to the bonds between an individual and their relationship, friends and acquaintances and the ability to participate in society in which they live in</p>	<ul style="list-style-type: none"> <li>- Spiritual Health and Wellbeing: Lose a sense of belonging</li> <li>- Poor Physical Health and Wellbeing</li> </ul>	
<p><b>Social Isolation</b> Refers to not being in regular contact with others</p>	<ul style="list-style-type: none"> <li>- Social Health Wellbeing: People not having regular contact and relationships</li> <li>- Spiritual Health and Wellbeing: Lose a sense of belonging</li> </ul>	
<p><b>Cultural Influences</b> Relates to customs, ideas, values and traditions of a particular society that are passed through generations</p>	<ul style="list-style-type: none"> <li>- Spiritual Health and Wellbeing: Relates to people and beliefs</li> </ul>	
<p><b>Food Security</b> Refers to the quality, availability and affordability of the food supply that affects what people eat</p>	<ul style="list-style-type: none"> <li>- Physical Health and wellbeing: People can be malnourished and not have energy</li> </ul>	
<p><b>Early Life Experiences</b> Help shape the individuals, outlook on life, behaviours of women during pregnancy. Abuse and neglect during early years. Strong emotional attachment</p>	<ul style="list-style-type: none"> <li>- Can have an impact on all health and wellbeing. Depending on past experiences</li> </ul>	
<p><b>Access to health care</b> Healthcare refers to services that promote and preserve health and wellbeing</p>	<ul style="list-style-type: none"> <li>- Physical Health and Wellbeing: Individuals don't have access to treatment and/or medicine</li> </ul>	

**Environmental Factors:** Refers to the physical features that surround us. These can be natural features or those built by people

Examples	Impact on Health and Wellbeing	Impact on Health Status
<p>Work Environment Is when many Australians spend a specific amount of time in their place of employment</p>	<p>Physical Health and Wellbeing</p> <ul style="list-style-type: none"> <li>- UV exposure causes skin cancer</li> <li>- Accidence and injuries</li> <li>- Exposure to hazardous substances such as <b>paint and aebestos</b></li> </ul>	<p>Premature Death (YLL) Mortality</p>
<p>Housing People spending time in their house and any other environments</p>	<p>Physical health and wellbeing</p> <ul style="list-style-type: none"> <li>- Hygiene</li> <li>- Design and safety</li> <li>- Overcrowding</li> </ul>	<p>Mortality YLL Morbidity</p>

	<ul style="list-style-type: none"> <li>- Sleeping conditions</li> <li>- Security</li> </ul>	
Urban design and infrastructure Relate to the features and structures of the suburbs, towns, regions and cities in which people live in	Physical Health and Wellbeing <ul style="list-style-type: none"> <li>- Access to hospitals</li> </ul>	Morbidity and mortality rates increases
Climate and Climate Change Range of climates and how to the environment is changing the climate	Physical Health and Wellbeing <ul style="list-style-type: none"> <li>- UV contributes to cancer</li> </ul>	

### Difference between population groups – Males and Females

Health status of males in Australia has always been below the health status of females

- Males have greater rates of burden of disease than females
- Males experience higher rates of premature deaths than females. (62% of premature deaths are experienced by males).
- Males have higher rates of injury. Male deaths are **2 x** more than the female death rate
- Males have higher rates of deaths due to **suicide, road trauma and violence.**
- Males suffer higher rates of cancer. Men **1 of 3** and for females **1 out of 4** by age of 75 diagnosed with some form of cancer.
- Males have higher rate of diabetes and kidney failure.
- Males are more likely to be diagnosed with cardiovascular disease.
- Males have higher mortality rates.

Cases where males fare better than females:

- Males experience lower rates of
  - Osteoporosis
  - Arthritis
  - slightly fewer cases of long-term mental and behavioural problems, less likely to experience high levels of psychological distress
  - less likely to experience severe/profound core activity limitation than females.

### BIOLOGICAL FACTORS

#### Body Weight:

- Levels of obesity are the same for both females and males.
- Males have higher proportion of population that is obese
- Contributes to: hypertension, cardiovascular disease and type 2 diabetes

#### Blood Pressure:

- More likely to experience hypertension
- After the age between 65-74 females more likely to experience hypertension
- Contribute to: cardiovascular and kidney disease among males

#### Glucose Regulation:

- Males more susceptible to impaired glucose regulation
- Risk factor of: type 2 diabetes and kidney disease

#### Genetics

- Males store more fat around their abdomen. Risk factor: cardiovascular disease
- Low oestrogen at menopause can accelerate the loss of bone density in women
- Males testosterone responsible for maintaining bone density
- High levels testosterone is risk factor: risk taking behaviours, contributing to high levels of injuries

### SOCIOCULTURAL

#### Unemployment:

- Males generally provide for family
- Males feel inadequate and stressed (Mental Health and wellbeing)
- Increase morbidity and mortality compared to unemployed females
- Rates of: obesity, cardiovascular disease and suicide is high for males

#### Socioeconomic Status:

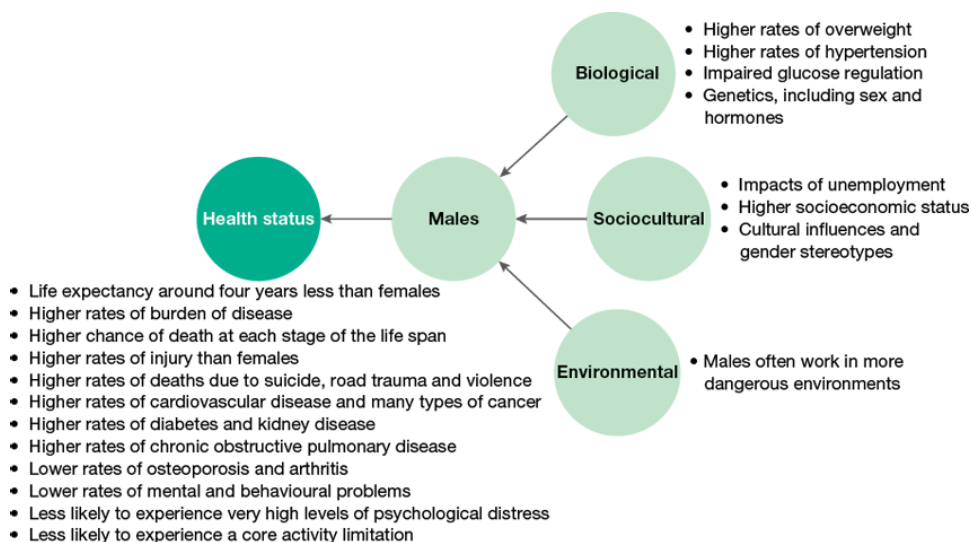
- Males earn higher incomes than females
- Males have high SES than females, especially compared to single parents

### CULTURAL FACTORS

- Males less likely to look after own children
- Mothers that have full time care experience **social isolation** (mental health and wellbeing)
- Laborious jobs are 'masculine.' Risk of injury in workplace for males
- Contact sport for males, risk of injury
- Males less likely to access healthcare due to '**due to social norms**'
- Peer pressure. For males '**traditional stereotype**'
- ^Includes the use of **violence, risk taking behaviours and alcohol consumption.**
- Increases incidence of injuries among males

### ENVIRONMENTAL FACTORS

- Males likely to work: **trades, mining and farming**
- ^higher risks of injury and death
- Males who work outside and exposed to UV rays. Risk factor of melanoma and skin cancers
- Males who work in transport, can lead to injury and death due to road trauma





## Difference between population groups- Indigenous and Non-Indigenous Australians

- Indigenous Australians make up 3% of the Australians Population and experiences poorer health status than the rest of the population in nearly all health indicators.
- Indigenous people experience mortality rate 3-4 times higher than the rest of the population
- 65% of Indigenous Australians more likely to die before the age of 65
- Life expectancy are around 11 years less than the rest of the population
- Indigenous people suffer higher rates of: Infant mortality, Sudden Infant Death (SIDS), Mental Health problems, Type 2 Diabetes (**3 times higher than the rest of the nation, risk factor of : Blindness, gangrene**). Higher rate of morbidity

### Body Weight:

Have higher rates of high body mass index across all ages. Which are risk factors of suffering from:

- Cardiovascular Disease
- Type 2 Diabetes
- Osteoarthritis

Being obese is linked to **Syndrome X**, a major problem in the Indigenous Community.

**Syndrome X: Heart disease/heart failure/heart attacks, Strokes, High Blood Pressure, Type 2 diabetes, Renal failure leading to dialysis or transplantation. (MUST REMEMBER).**

**This increase to six times the average rate of premature death**

## BIOLOGICAL FACTORS

### Blood Pressure:

Indigenous Australians are **1.2 times** more likely to report hypertension. This is a risk factor for stroke and heart disease

### Glucose Regulation:

Indigenous people experience higher rates of impaired glucose regulation than the rest of the population, contributing to the higher rates of diabetes and kidney disease experienced.

### Birth Weight:

- Indigenous mothers are almost **twice as likely** to give birth to a baby with low birth weight, this contributes to U5MR.
- Maternal tobacco use, nutrition and access to healthcare are significant contributors to this difference.
- Babies of Indigenous mothers are more likely to be premature (13.3%), than babies born of non-indigenous mothers (8%)

## SOCIOCULTURAL FACTORS

- There are a range of sociocultural factors, which contribute to the variation in health status experienced between Indigenous and Non-Indigenous Australians.

### Socioeconomic Status

- According to the AIHW, Indigenous Australians are reported to have lower **incomes, education achievements** and **lower rates of home ownership** than other Australians.

- **Risk Factors:** smoking and sedentary lifestyles. This can contribute to obesity, type 2 diabetes, cardiovascular disease and lung cancer

### Unemployment

- Indigenous Australians are more than **4 times** likely to be unemployed in comparison to other Australians.
- Unemployment is a **risk factor** of the rate of smoking and alcohol abuse, reduced feelings of wellbeing. Increased rates of cardiovascular disease, mental health problems as well as lung cancer

### Social Exclusion

- Discrimination and racism have contributed with ill health and lower health status
- Its effects: mental health disorders (anxiety), tobacco, drug and alcohol use.
- 7% of Indigenous adults are avoiding seeking health care due to the unfair treatment by nurses, doctors etc.
- Which increases the levels of morbidity and mortality

### **Indigenous Australians have experienced forced removal from their natural family:**

- 13% of Indigenous Adults have been reported having been removed from their family by welfare authorities/government.
- 44% of indigenous adults have been reported that they have had relatives who have been removed from natural families
- Indigenous adults fell into both groups ^

### **Levels of high/very high psychological distress**

- Have been removed from their family (35%) compared to those who haven't (29%)
- Relatives removed (34%) compared to those who haven't (26%)
- High levels of psychological distress contribute to risks such as: tobacco and alcohol use.
- It increases the risk of disease that may be preventable such as: cardiovascular disease, respiratory diseases and some cancers
- According to WHO, **social exclusion** also results from racism, discrimination and unemployment.
- Social exclusion increases the rate of morbidity and mortality experienced in Indigenous Australians.

### Food Security

- Indigenous are significantly (**3.4 times**) more likely to report food security compared to other Australians.
- Which contributes to higher rates of obesity and associated conditions such as: **type 2 diabetes, kidney disease and cardiovascular disease**

### Early Life Experiences

Early Life Experiences include maternal tobacco, alcohol and drug use. Which have has significant impacts on health status.

- **48%** of Indigenous women would smoke while pregnant, compared to 10% non-Indigenous
- Babies of Indigenous woman, were around **3.5 times** more likely to display signs of exposure to drugs while in the uterus
- ^ these substances during pregnancy in the indigenous community are contributing to a variation of health status, including higher rates of
  - Low birth weight
  - Infections among infants
  - **Foetal alcohol spectrum disorder**

- Under-5 mortality
- Cardiovascular disease
- Type 2 diabetes

### Cultural Factors

- Contribute to lower rate of access to western medicine
- Indigenous feels western medicine is culturally inappropriate and associate hospitals with death
- Conditions go unchecked for extended period
- Increase morbidity and mortality rates, and reduce life expectancy

## ENVIRONMENTAL FACTORS

Physical environment factors contribute to variation of health status including housing, water and sanitation, access to health services and infrastructure

### Housing

- Absences of affordable houses, can contribute to : homelessness, poor health and wellbeing, low rates of employment and education participation
- Lead to social exclusion and impact on health status
- 1 in 3 (35%) are living in dwell or major structural problems such as : electrical or plumbing problems, major cracks in the floors or walls, roof defects.
- 1 in 7 (15%) living in dwelling that lacks, working facility, cooking facilities, toilet, bath or shower
- The dwellings posed risks to health status such as : increase risk of injury, disease and mental health problems
- Children aged 0-14 are **5 times** likely to live in households with a daily smoker who smoked at home indoors.
- This increase the risk of respiratory diseases such as: asthma and can increase the chance of children becoming smokers when they're older.

### Water and Sanitation

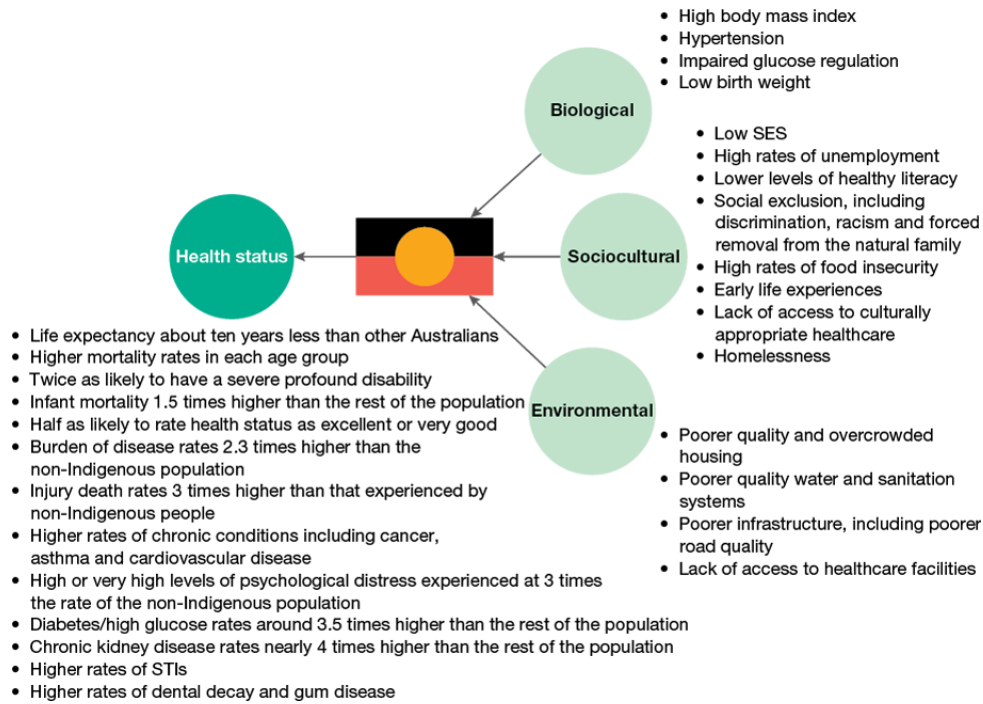
- 48-148 Indigenous communities (about 12000 people) were tested had been been drinking water supplied failed the test.
- Sewage systems are inadequate in many Indigenous communities.
- Lack of clean water and sanitation has been shown to increase risk of infectious diseases including: **gastroenteritis, diarrhoea, dysentery and cholera.**
- Increase **morbidity** and **mortality rates** due to lack of water and sanitation.
- Those living outside Australia major cities are less likely to have access to a **fluoridated water supply**, this contributes to higher rates of **dental decay**

### Access to health Services

- Have lower levels of access/use of, health services/resources such as **medicare-funded services, the Pharmaceutical Benefits Scheme and Private GPs.**
- 21% of Indigenous Australians live in remote areas. This makes service delivery and access to services more difficult
- Results in conditions going undiagnosed or untreated. This limits treatment options. Increases **Morbidity and mortality rates.**

### Infrastructure

Indigenous living outside of Australia's major cities are exposed to aspects of the physical environment which can increase the risk of **injuries** and **deaths** from **road crashes, unsealed roads and poorer lighting at night**



## Area of Study 2: Promoting Health and Wellbeing

### Old Public Health Notes:

**Public Health** – Refers to the organisation and collective effort to improve the health status of the entire population. Particularly ways in which governments monitor, regulate and promote health status and prevent disease.

- Focussed more on diagnosing and treating disease once symptoms arose and was a short fix
- Vaccines helped treat infectious disease. Bring huge reductions in **morbidity and mortality** from disease such as: smallpox, polio and TB
- Bubonic Plague triggered Commonwealth Government to set up **Quarantine Laws** to prevent epidemics

### Models of Health

#### Biomedical Model of Health

- “Quickfix/ Bandaid” approach to health
- Centred around Health Professionals (doctors/hospitals)
- Refers to diagnosis, treatment and cure

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"><li>- Advancement of technology</li><li>- Effective treatment</li><li>- Extended life expectancy</li><li>- Improved quality of life</li></ul>	<ul style="list-style-type: none"><li>- Relies on professional health workers and technology</li><li>- Narrow views on health (<b>individual focus rather than holistic view</b>)</li><li>- -Not every condition can be cured</li><li>- Expensive</li></ul>

### New Public Health Notes

#### Social Model of Health

- The social model of health considers the social, cultural, environmental and economic determinants. Which affects health and produces inequities within the population rather than the disease or injury itself
- If the determinants can be addressed by many disease such as: **diabetes, obesity**, can be prevented

#### Principles of Social Model of Health (A.R.E.A.S)

**Addresses the broader determinants of health:** Acknowledges the influence of gender, culture, race, ethnicity, SES, geographical and the influence they can have on health status and health

**Acts to Reduce social inequities:** If community can improve **SES or Social exclusion** or issues with race or gender, health status will improve

**Empowers individuals and communities:** People will change their behaviour if they feel they have the control and they know how to

**Acts to enable access to health care:** If people have affordable, cultural and geographical access to healthcare, their health status will improve

**Involves intersectoral collaboration:** Many different, organisations and community groups can work together to improve health status.

ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"> <li>- Promotes good health and access in preventing diseases</li> <li>- Promotes overall wellbeing</li> <li>- Relatively inexpensive</li> <li>- Focusses on population groups that are in need</li> <li>- Health isn't the responsibility of just the individual but also health sectors</li> </ul>	<ul style="list-style-type: none"> <li>- Not every condition can be prevented</li> <li>- Does not promote the development of technology and medical knowledge</li> <li>- Does not address the health concerns of the individuals</li> <li>- health promotion messages can be ignored</li> <li>- Doesn't do the biomedical factors</li> </ul>

### Comparison of the two models

**Similarities:** Improves life expectancy. Improves quality of life. Not every condition can be cured or prevented

### Ottawa Charter for Health Promotion:

**Ottawa Charter** – Provides a framework on which to develop health promotion policies

## Strategies for Health Promotion

### Advocate:

- Actions which work to gain support from the governments to improve all determinants of health
- Actions include: media campaigns, public speaking, publishing research

### Enable:

- Enables people to achieve equity in health by improving access to education, jobs and shelter
- Should occur by empowering people to take control of own health, not by handouts

### Mediate:

- Changes which promote health could lead to conflict between different groups
- Health promotional and officials need to mediate with all stake holders to show the positive health effect and to listen to concerns

## Action Areas for Ottawa Charter (B.C.S.D.R)

### Bad Cats Smell Dead Rats

#### Build health public policy

- Any laws or policy by governments and organisations will improve health

#### Create supportive environments

- Help people to practice healthy behaviours

#### Strengthen community actions

- Focuses on building links between the individuals and the community

#### Develop Personal Skills

- Education and enhancing life skills are the key aspect

#### Reorient health services

- Getting the health profession and other to promote health rather than diagnosing and treating diseases

### Australia's Health Care System:

**Australian Health Care System:** Focuses on the treatment of illness, the rehabilitation of the ill, prevention of illness and the promotions of health. The system relies on both biomedical and preventative health care

#### Key Terms:

**Sustainability:** Refers to meeting the needs of the present without compromising the ability of the future generations to meet their own needs

**Access:** Refers to an individual being able to make use of popular services without barriers such as location, knowledge, time or cost

**Equity:** Ensures we are all on an even playing field by providing extra support for people in need so they can have the same opportunities in life as everyone else

#### Federal Government:

- Manages Medicare, PBS, NDIS
- Allocates funds to state and territory for running public hospitals
- Quarantine services
- Provides financial incentives

#### State Government:

- Run public/psychiatric hospitals
- School health curriculum
- Delivery health services

- Ambulance services
- Ensures that environments healthy

### Local Government:

- Food health inspections
- Clean public areas
- Collect garbage/waste
- Delivers immunisation program
- Local Laws

### Funding the Health Care System:

- The Australian health care system is mainly funded by the **COMMONWEALTH GOVERNMENT**.
- The private health insurance and individual out of pocket pays for the rest

### Sustainability of the Health Care System

- The health systems must evolve to meet the needs of the current and the future generations and provide high quality care. It does this by:
  - Research and monitoring
  - Promoting disease prevention and early intervention
  - Ensuring an efficient health workforce and system
  - Ensuring adequate funding and regulation of the healthcare system

### Medicare:

Australia's universal health **insurance** scheme which gives residents access to health care, which is subsidised by the government. It provides eligible Australian and New Zealand residents with affordable, accessible and high-quality health care

- Aims to improve access to adequate healthcare for all Australians in need of treatment regardless of age and/or income
- It is funded by the **federal government**, partly through the contributions made by the 2% Medicare Levy

### Key Terms:

#### Medicare Levy:

Refers to the amount of money paid by taxpayers based on taxable income that contributes to the funding of the healthcare system

- Refers to the amount of money paid by the taxpayers based on taxable income that contributes to the funding of the health care systems



### Medicare Levy Surcharge:

- Is for high income earners who do not have Private Health Insurance, a surcharge is applied at tax time.
- You can be taxed an extra 1%-1.5% if you earn over a particular amount within the community who choose to NOT take out private health insurance

### Schedule Fee:

- Is the amount that Medicare contributes towards certain consultations and treatments. The government decides what each of item is worth and that's what Medicare pays. However, doctors and private hospitals may choose to charge more than the schedule fee.

### Out-of-pocket (co-payment):

- Refers to the amount that a patient need to pay where the fee charged is higher than the **Medicare schedule fee**.

### Bulk Billing:

- Is when the practitioner bill Medicare directly and accepts the payment from Medicare as payment for the service

### Out of Hospital

- Medicare will pay for all or some of the fees relating to many essential health care services

### In hospital expenses

- As a public patient in a public hospital, is covered by medicare

### Medicare Safety Net:

- Gives families and individuals financial assistance for out of hospital Medicare services
- Once you reach the threshold, having tests may cost you less for the rest of the calendar year
- Covers a range of tests received out of hospital, x-rays and minor procedures NOT doctor visits because you get back 100% of schedule fee so no gap amount.

What is covered by Medicare	What is NOT covered by Medicare
<ul style="list-style-type: none"><li>- Doctors consultation fees</li><li>- Treatment and accommodation as a public patient in a public hospital</li><li>- Tests and examinations needed to treat illness</li><li>- Eye tests</li></ul>	<ul style="list-style-type: none"><li>- Dental examination/treatment (children allowance exception)</li><li>- Ambulance services</li><li>- Physiotherapy</li><li>- Private hospital costs</li><li>- Contact lenses/glasses</li></ul>

Advantages of Medicare	Disadvantage of Medicare
<ul style="list-style-type: none"> <li>- Available to all Australians and New Zealanders</li> <li>- Free: accessible to everyone</li> <li>- Choice of doctor for out-of-hospital services</li> <li>- Covers tests and examinations</li> </ul>	<ul style="list-style-type: none"> <li>- No choice of doctor for in-hospital services</li> <li>- Waiting lists for many treatments</li> <li>- Does not cover alternatives therapies/cosmetic services</li> <li>- Does not cover the full amount of doctor's visits</li> </ul>

**What is the role of Medicare in promoting health in relation to:**

<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Medicare is expensive to fund but individuals benefit because of getting medical help is removed, which means quick access to diagnosis, treatment and return to good health</li> <li>- Medicare only covers essential healthcare services and does not cover other treatments</li> <li>- It meets the health needs of the current generation ensuring the Australia will be able to financially support the health needs of future generations</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>- Medicare is accessible to all individuals</li> <li>- Rebates for GP visits, eye tests etc. makes healthcare accessible and affordable</li> <li>- People can choose their own GP based on location and needs to feel comfortable seeking healthcare</li> <li>- Medicare provides access to all who require emergency treatment</li> </ul>
<b>Equity</b>	<ul style="list-style-type: none"> <li>- Medicare safety net protects people with higher health care costs</li> <li>- Medicare does not discriminate on the bases of age, gender, location, income or health status</li> <li>- People who most need access to healthcare services can access healthcare</li> </ul>

**Pharmaceutical Benefits Scheme (PBS):**

A key component of the **Federal Governments** contribution to the health care system, provides subsidised essential medicines to Australians.

**PBS Safety Net:** To protect individuals who purchase a lot of PBS listed medications, once they reach the safety net (\$1494.90) they only have to pay a concessional co-payment (\$6.30)

Advantages of the PBS	Disadvantages of the PBS
<ul style="list-style-type: none"> <li>- Access to essential medication at a subsidised rate or sometimes no cost at all</li> <li>- Includes the PBS Safety Net to protect people from high cost</li> <li>- Available to all Australian citizens</li> <li>- Provides additional support to concession card holders</li> </ul>	<ul style="list-style-type: none"> <li>- Significant financial burden to the Commonwealth Government</li> <li>- Does not generally cover all medications</li> <li>- Co-payment of up to \$38.80 for most australians</li> </ul>

- Funded by the Commonwealth via taxes
- Patients pay the subsidised amount and the government pays the remaining cost of the drug

### Private Health Insurance:

Private health insurance is a type of insurance under which members pay a premium in return for payment towards health-related costs not covered by Medicare. It is additional insurance purchased on top of medicare

Advantages of Private health insurance	Disadvantages of Private health insurance
<ul style="list-style-type: none"> <li>- Choose your own doctor</li> <li>- Timing of treatment and shorter waiting time</li> <li>- Enable access to private hospital care</li> <li>- Purchase services such as: dental, chiropractic</li> <li>- High income earners with private health insurance do not have to pay additional 1% medicare levy</li> <li>- Lifetime cover, rebate back from gov</li> </ul>	<ul style="list-style-type: none"> <li>- Costly in terms of the premium, that have to be payed</li> <li>- Sometimes having a 'gap' payment</li> <li>- Waiting periods apply</li> </ul>

### Key Terms: Private Health Incentives

**Private Health Insurance Rebate-** Under this scheme, policy holders receive a rebate on their premiums for private health insurance depending on their outcome

**Lifetime Health Cover-** People who take up Private Health insurance after the age of 30 pay an extra 2% on their premium for every year they are over the age of 30

**Medicare Levy Surcharge-** You can get taxed an 1-1.5% if you earn over a particular amount within the community who choose not to take out private health insurance. This applies for high income earners

### National Disability Insurance Scheme (NDIS):

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

- Provides all Australians with assurance that they will get reasonable and necessary support-needed if their child or family member is born with or acquires a significant and permanent disability
- Allows people to access community services and support

- Access to mainstream health services and supports
- Receive reasonable and necessary funded support related to their disability
- It is funded by all levels of government in Australia
- Promotes the mental health of those with disabilities
- Builds self-esteem

## Health Promotion Targets

### Indigenous Health and Wellbeing

**Why?** – They have the poorest health outcomes in Australia ( due to cultural beliefs, rural communities etc.)

#### Initiatives –

- Delivering deadly services initiative
- Learn Earn Legend
- 2 Spirits Program
- Be Deadly, Get Healthy Program
- Aboriginal Road to Good Health Program
- Aboriginal Quitline
- Feedin’ the Mob

### Smoking

#### Why?

- a risk factor for a number of different cancers, CVD
- Passive Smoking
- High contributor to burden of disease

#### Impact of smoking on – Overall Health status

- Incidence of lung cancer has increased
- Increased mortality rates
- Leading risk factor for death in Australia and also responsible for Burden of Disease

#### Impact of smoking on – Population Groups

- Vulnerable population groups more likely to smoke
- Smoking rates are twice high in remote/very remote areas compared to major cities

#### Initiatives

- Anti-smoking mass media campaigns
- QuitNow
- My QuitBuddy
- Quit for you, quit for two app

## Promoting Healthy Eating:

### Australian Dietary Guidelines:

Has been designed to address the increase in diet related conditions. Therefore, it has been developed to provide advice relating to the types and amounts of foods, food group and dietary patterns that will assist Australians

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 these five groups every day
3.	Limit intake of food 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

### Australian Guidelines to Healthy Eating:

Is a food selection tool incorporated into the Australian Dietary Guidelines. It assists consumers to plan, select and consume adequate proportions of food from the five food groups. Based on the Australian Dietary Guidelines

### 5 groups are:

- Vegetables and legumes/beans
- Fruit
- Milk, yoghurt, cheese and/or alternatives, mostly reduced fat
- Lean meats and poultry, fish, eggs, tofu, nuts, seeds and legumes/beans
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Advantages	Disadvantage
<ul style="list-style-type: none"><li>- Simple layout</li><li>- Examples</li><li>- Pictures and texts</li><li>- Caters for vegetarian and vegans</li><li>- Shows proportions</li><li>- Easy accessible</li></ul>	<ul style="list-style-type: none"><li>- Do not consider allergies or diet conditions</li><li>- Approximates</li><li>- Water intake isn't specified</li><li>- Culturally sensitive</li><li>- Not all the ADG is included</li><li>- Doesn't incorporate physical exercise</li></ul>

### Nutrition Australia – NGO

- Australia's major community education body for nutrition. Represented by a wide range of members from the communities and services all over Australia
- Developed by the healthy eating pyramid

### Challenges

- Time constraints
- Food security
- Willpower
- Food marketing

- Education

#### Way they promote healthy eating

- Publication of recipes
- Develop educational resources
- Healthy eating advisory service
- National nutrition week
- Nutrition seminar and workshops
- Webinars for health professional
- The development of food selection models- the healthy eating pyramid