

Link to practice responses:

<https://docs.google.com/document/d/1UqvMJq9iJ6kHmRoUp9HLCFAKLgnbzUELzNeuwLKxpkg/edit?tab=t.0>

## IQ1

### How are priority issues for Australia's health identified?

Students learn about:

- measuring health status
  - role of epidemiology
  - measures of epidemiology (mortality, infant mortality, morbidity, life expectancy)
- identifying priority health issues
  - social justice principles
  - priority population groups
  - prevalence of condition
  - potential for prevention and early intervention
  - costs to the individual and community

Students learn to:

- critique the use of epidemiology to describe health status by considering questions such as:
  - what can epidemiology tell us?
  - who uses these measures?
  - do they measure everything about health status?
- use tables and graphs from health reports to analyse current trends in life expectancy and major causes of morbidity and mortality for the general population and comparing males and females
- argue the case for why decisions are made about health priorities by considering questions such as:
  - how do we identify priority issues for Australia's health?
  - what role do the principles of social justice play?
  - why is it important to prioritise?

Syllabus Dot Point	Summary Notes
<ul style="list-style-type: none"><li>• Measuring Health Status</li><li>- Role of epidemiology</li></ul>	<p><b>Measuring Health Status</b> <i>Health Status</i> - the overall wellness of a population <i>Epidemiology</i> - the study of patterns of disease within a population</p> <p><b>Epidemiology</b> <i>Role:</i> Provides insight into the health issues affecting the country <i>Used by:</i> Governments and health organisations to answer;<ul style="list-style-type: none"><li>- What health issues affect the population the most</li><li>- Are there health inequities between groups</li><li>- Where should resources be directed</li></ul><i>Limitations:</i> Doesn't answer 'why' particular diseases affect the population;<ul style="list-style-type: none"><li>- Doesn't consider the determinants of health or quality of life</li><li>- Doesn't consider all dimensions of health</li></ul></p>

- Measures of epidemiology (mortality, infant mortality, morbidity, life expectancy)

## **Measures of Epidemiology**

### Types of Data

*Prevalence:* the number of existing cases of a disease in the population at a specific time

*Incidence:* the number of new cases of a disease occurring within a specific time period

### Morbidity

The number of cases of a particular disease within a population.

E.g. the number of cases of obesity is increasing in Australia

*Use:* Conditions with a high morbidity affect a large amount of the population

- Addressing these conditions is a high priority for governments and health organisations

### Mortality

The number of deaths in a population over a period of time.

E.g. lung cancer mortality rates are decreasing for males, but increasing for females.

*Use:* Conditions with high or rapidly growing mortality rates take the lives of a large amount of the population

- Addressing these illnesses is a high priority for governments and health organisations

### Infant Mortality

The number of deaths among children under 1 year old (per 1000 live births) within a population over a period of time.

E.g. infant mortality in Australia is decreasing and relatively low, in Afghanistan it is decreasing but relatively high.

*Use:* Low or decreasing infant mortality rates indicates;

- Improved medical diagnosis of illnesses and public sanitation
- Better health education and support services for parents

Differences in infant mortality between populations highlights health inequities in geographic locations.

### Life Expectancy

The average number of years a person is expected to live.

E.g. overall, life expectancy is increasing in Australia and it varies between groups.

*Use:*

- Increases in life expectancy indicates that health is improving
- Differences in life expectancy highlight health inequities between groups

- Identifying priority health issues
- Social justice principles

## **Identifying Priority Health Issues**

By identifying priority health issues, the government can ensure that health promotion initiatives are as effective as possible based on the provided time, funding and resources.

## **Social Justice Principles**

	<ul style="list-style-type: none"> <li>- Priority should be given in cases where the principles aren't satisfied (equity, diversity, and supportive environments)</li> </ul> <p><u>Examples:</u></p> <p><i>Equity</i> - centrelink; offers financial support to those in need</p> <p><i>Diversity</i> - health and medical practices; providing brochures in multiple languages, offering interpreters in hospitals</p> <p><i>Supportive Environments</i> - National Road Safety Strategy; improving road safety through implementing additional speed cameras and school zones</p>
- Priority population groups	<p><b>Priority Population Groups</b></p> <p>Priority should be given to issues when particular groups are achieving poorer health outcomes as compared to the rest of the population.</p> <p>R - Rural and remote populations  E - Elderly  D - Disabilities  S - Socio-economically disadvantaged  A - Aboriginal and Torres-Strait Islander Peoples  O - Overseas born people</p> <p><u>Example:</u> ATSI people; have shorter life expectancy and greater disease prevalence</p> <ul style="list-style-type: none"> <li>- Inequities addressed through <i>Closing the Gap</i> by providing more health care administered by Indigenous doctors</li> </ul>
- Prevalence of condition	<p><b>Prevalence of Condition</b></p> <p>Priority should be given to conditions with a high prevalence.</p> <p>Rates/trends of morbidity and mortality highlight areas of concern.</p> <p><u>Example:</u> CVD prevalence</p> <ul style="list-style-type: none"> <li>- <i>Cardiovascular Health Mission</i> \$220 million initiative to research and develop clinical trials and medical study grants</li> <li>- Funding is allocated to areas which impact more people</li> </ul>
- Potential for prevention and early intervention	<p><b>Potential for Prevention and Early Intervention</b></p> <p>Priority should be given to conditions with potential for prevention and early intervention to ensure investment will improve societal health status.</p> <p><u>Example:</u> CVD often caused by poor lifestyle choices (e.g. physical inactivity, poor diet, smoking)</p> <ul style="list-style-type: none"> <li>- <i>Jump Rope for Heart</i>: encourages young people to make healthy choices which reduce their risk of developing CVD</li> <li>- Increased potential for prevention and early intervention increase the government's capacity to make a large impact</li> </ul>
- Costs to the individual and community	<p><b>Costs to the Individual and Community</b></p> <p>Priority should be given to high cost conditions to reduce future impact.</p> <p>Effects of disease/injury measured in terms of <i>DALYs</i> (disability adjusted life years)</p> <ul style="list-style-type: none"> <li>- Relates to # of lives lost due to premature death, prolonged</li> </ul>

	<p>illness, disability or combination</p> <ul style="list-style-type: none"> <li>- Increased DALYs = increased burden</li> </ul> <p><i>Individual Costs</i></p> <p><u>Direct</u> - measured, financial burden associated with illness/disability</p> <p><u>Indirect</u> - harder to measure, physical pain, emotional toll, exclusion from activities, increased pressure on relationships</p> <p><i>Community Costs</i></p> <p><u>Direct</u> - funding of the AUS healthcare system, supports primary healthcare, pharmaceuticals, nature of chronic illness requires medical interventions</p> <p><u>Indirect</u> - premature loss of contributing and valuable members of society, and costs for employers in absenteeism, decreased productivity, re-training due to illness</p> <p><i>Example:</i> Cancer</p> <p>Direct - medication, consult fees (individual), medicare (community)</p> <p>Indirect - reduced quality of life (individual), emotional strain (community)</p>
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## IQ2

### What are the priority issues for improving Australia's health?

Students learn about:

- groups experiencing health inequities
  - Aboriginal and Torres Strait Islander peoples
  - socioeconomically disadvantaged people
  - people in rural and remote areas
  - overseas-born people
  - the elderly
  - people with disabilities

Students learn to:

- research and analyse Aboriginal and Torres Strait Islander peoples and ONE other group experiencing health inequities by investigating:
  - the nature and extent of the health inequities
  - the sociocultural, socioeconomic and environmental determinants
  - the roles of individuals, communities and governments in addressing the health inequities

- high levels of preventable chronic disease, injury and mental health problems
  - cardiovascular disease (CVD)
  - cancer (skin, breast, lung)
  - diabetes
  - respiratory disease
  - injury
  - mental health problems and illnesses
- a growing and ageing population
  - healthy ageing
  - increased population living with chronic disease and disability
  - demand for health services and workforce shortages
  - availability of carers and volunteers.
- research and analyse CVD, cancer and ONE other condition listed by investigating:
  - the nature of the problem
  - extent of the problem (trends)
  - risk factors and protective factors
  - the sociocultural, socioeconomic and environmental determinants
  - groups at risk
- assess the impact of a growing and ageing population on:
  - the health system and services
  - health service workforce
  - carers of the elderly
  - volunteer organisations.

Syllabus Dot Point	Summary Notes						
<ul style="list-style-type: none"> <li>Groups experiencing health inequities</li> <li>- ATSI peoples</li> </ul>	<p><b>Groups experiencing health inequities - ATSI</b></p> <p><u>Nature and Extent</u></p> <p><u>Nature</u></p> <p>ATSI people experience the largest gap in health outcomes in Australia.</p> <p><u>Extent</u></p> <ul style="list-style-type: none"> <li>- Life expectancy is 10 years lower than other Australians (is increasing, but the gap isn't decreasing)</li> <li>- Greater mortality rates in each age group than other Aussies (both the rates and gap are decreasing)</li> <li>- More likely to suffer long term health conditions (3x more likely to develop diabetes, 3x more likely to sustain injuries, 1.5x more likely to develop obesity)</li> </ul> <p><u>The Determinants</u></p> <p style="text-align: center;"><b>Determinants</b></p> <table border="1"> <thead> <tr> <th>Sociocultural</th> <th>Youth influenced by the <b>attitudes and behaviours</b> of their <b>elders</b> <ul style="list-style-type: none"> <li>• <b>Cycle</b> of high smoking rates, alcohol consumption and domestic violence</li> <li>• Distrusting of western medicine</li> </ul> </th> </tr> </thead> <tbody> <tr> <th>Socioeconomic</th> <td>Lower education, employment and income rates           <ul style="list-style-type: none"> <li>Increased rates of <b>risk behaviours</b> eg: smoking, physical inactivity</li> <li>Poor nutrition and <b>limited access</b> to housing &amp; health services</li> </ul>  </td> </tr> <tr> <th>Environmental</th> <td><b>Limited access</b> to health services Higher rates of <b>renting, homelessness</b>, and rural or <b>remote living</b></td> </tr> </tbody> </table>	Sociocultural	Youth influenced by the <b>attitudes and behaviours</b> of their <b>elders</b> <ul style="list-style-type: none"> <li>• <b>Cycle</b> of high smoking rates, alcohol consumption and domestic violence</li> <li>• Distrusting of western medicine</li> </ul>	Socioeconomic	Lower education, employment and income rates <ul style="list-style-type: none"> <li>Increased rates of <b>risk behaviours</b> eg: smoking, physical inactivity</li> <li>Poor nutrition and <b>limited access</b> to housing &amp; health services</li> </ul> 	Environmental	<b>Limited access</b> to health services Higher rates of <b>renting, homelessness</b> , and rural or <b>remote living</b>
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## *Role of individuals, communities and governments*

### **Role of Individuals, Communities & Governments**

<b>Governments</b>	Developing <b>policies</b> and funding <b>initiatives</b> Eg: Australia's Indigenous reform agreement, 'Closing the Gap' <ul style="list-style-type: none"><li>• More doctors and medical support in ATSI communities</li></ul>	
<b>Communities</b>	<b>Advocating</b> to the government for specific health issues Developing <b>local initiatives</b> and getting others involved	
<b>Individuals</b>	<b>Taking control</b> of own health Eg: Making <b>informed health decisions</b> and <b>engaging</b> with their community Creating supportive environments for others	

- SED people

### **Groups experiencing health inequities - SED**

#### *Nature and Extent*

##### Health Status

- Strong link between low SES and poor health status
- Decreased life expectancy and higher rates of premature death
- Increased morbidity and presence of risk factors for preventable diseases
- Increased rates of infant mortality and infectious diseases

##### Health Behaviours

- More likely to smoke and use illicit drugs
- Poor dietary habits
- Increased levels of obesity and overweight
- Less likely to access preventative health measures and address the signs and symptoms of preventable diseases

#### *The Determinants*

##### Sociocultural

**Family** - lack of engagement/interest in protective behaviours which are passed down generationally (e.g. children are more likely to smoke and experience passive smoking)

**Peers** - influential attitudes (e.g. if unemployed = bored, partake in risk behaviours)

##### Socioeconomic

**Poor education** - a lack of risk behaviour and health literacy, leading to lower skilled jobs

**Low income** - restricts health service access e.g. specialists and healthy food

**Employment** - unemployment = feelings of worthlessness, and lower skilled employees earn less and work at higher risks which impact mental health

##### Environmental

- Crowded and poor housing conditions (centrelink requires fixed

- High levels of preventable chronic disease, injury and mental health problems
- Cardiovascular Disease

- address)
- Decreased recreational facility access
  - Rural areas: restricted health services and more unemployment
  - Increased rates of passive smoking in homes

#### *The role of individuals, communities and governments*

##### Individuals

- Compulsory PDHPE education
- Increased parental education of health through schools, community groups and mass media
- Some individual responsibility exists for personal health choices e.g. smoking

##### Communities

- Supporting and involvement in community action to promote healthy lifestyles e.g. gardens and walking groups
- Health promotion strategies for NGOs e.g. Heart Foundation
- Community based action groups for SED youths e.g. Police Citizens Youth Club

### **Cardiovascular Disease**

#### Nature

Any disease related to the heart or circulatory system.

<b>Coronary heart disease</b>	Blockage of oxygenated blood through the coronary artery
<b>Heart attack</b>	Heart dysfunction caused by a momentary blockage
<b>Angina</b>	Chest pain caused by a partial blockage
<b>Cerebrovascular disease</b>	Blockage of oxygenated blood to the brain
<b>Stroke</b>	Brain dysfunction caused by limited blood circulation
<b>Cardiomyopathy</b>	Disease of the heart muscle, making it difficult to pump blood strongly
<b>Heart failure</b>	Heart dysfunction caused by weak blood flow
<b>Peripheralvascular disease</b>	Limited circulation of oxygenated blood through limbs, caused by narrowed blood vessels

Usually caused by a lack of blood flow around the body.

*Atherosclerosis* - build-up of fatty, fibrous material in the arteries

*Arteriosclerosis* - hardening of the artery walls, limits flexibility

## Extent

CVD is a **major burden** on the health of Australia

### Mortality

CVD is one of the **leading causes** of death in Australia

- Approximately ¼ of all deaths
- Death rates for CVD are **decreasing**
  - Advancements in medicine and technology

### Morbidity

The prevalence of CVD is high in Australia

- Approximately 6% of adults have CVD
- Prevalence and incidence are **decreasing**

## Risk and Protective Factors

### *Non-modifiable Risk*

- Family history
- Age
- Sex

### *Modifiable Risk*

- Physical inactivity
- Poor diet
- Smoking
- Stress
- T2 diabetes
- Obesity
- High BP

### *Protective*

- Regular physical activity
- Low fat and cholesterol diet
- Low alcohol consumption
- Maintaining healthy weight
- Appropriately managing stress
- Avoiding smoke exposure

## The Determinants

Sociocultural	Socioeconomic	Environmental
<p><b>Family</b> History increases risk of CVD Influences lifestyle</p> <ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Diet</li> <li>• Stress</li> </ul> <p><b>Peers</b> Influence behaviours</p> <ul style="list-style-type: none"> <li>• Smoking</li> </ul>	<p><b>Education</b> Increases knowledge of risk and protective factors</p> <ul style="list-style-type: none"> <li>• More informed health decisions</li> </ul> <p>Enables greater choice of <b>employment</b></p> <ul style="list-style-type: none"> <li>• Income influences access to a healthy lifestyle</li> </ul>	<p><b>Geographic location</b> Living in rural and remote areas increases risk of death</p> <ul style="list-style-type: none"> <li>• Longer wait times for ambulances</li> </ul> <p><b>Limited access to health services</b></p> <ul style="list-style-type: none"> <li>• Less likely to receive an early diagnosis</li> <li>• Less likely to be educated about risk factors</li> </ul>

	<p><u>Groups most at risk</u></p> <ul style="list-style-type: none"> <li>- Smokers</li> <li>- Family history</li> <li>- High cholesterol</li> <li>- High-fat diets</li> <li>- Hypertension</li> <li>- Over 65 years</li> <li>- SED groups</li> <li>- ATSI peoples</li> </ul> <p>- Cancer (skin, breast, lung)</p>
	<p><b>Cancer</b></p> <p><u>Nature</u></p> <p>Disease caused by the uncontrolled division and growth of abnormal cells in the body.</p> <pre> graph TD     A[Cells divide and grow at an excessive rate] --&gt; B[Cells form in a sack called a tumour]     B --&gt; C[Benign]     B --&gt; D[Malignant]     C --- E[Non-cancerous cells do not spread]     D --- F[Cancerous cells spread to surrounding tissues]     </pre> <p><i>Metastasis</i> - the development of secondary malignant growths, invading body tissues and/or organs</p> <p><i>Tumour</i> - groups of abnormal cells that form lumps/growths</p> <p><i>Neoplasm</i> - an abnormal growth of cells; dividing more than normal</p> <p><b>Classification of Cancer</b></p> <p><i>Carcinoma</i> - of skin/epithelial tissue, widespread in the body.</p> <ul style="list-style-type: none"> <li>- Basal cell</li> <li>- Squamous</li> <li>- Melanoma (malignant are most closely linked with mortality)</li> </ul> <p><i>Sarcoma</i> - bones; cartilage; muscles</p> <p><i>Leukaemia</i> - blood-forming organs e.g. bones, liver and spleen</p> <p><i>Lymphoma</i> - infection-fighting organs e.g. glands and spleen.</p>

## Extent

Cancer is one of the **leading causes of illness and death** in Australia

	Mortality	Morbidity
<b>Skin</b>	<ul style="list-style-type: none"> <li>Mortality is <b>increasing</b></li> <li>Survival rate is <b>increasing</b></li> </ul>	Most common form of cancer in Aus <ul style="list-style-type: none"> <li>Incidence is <b>increasing</b></li> </ul>
<b>Breast</b>	<ul style="list-style-type: none"> <li>Mortality is <b>decreasing</b></li> <li>Survival rate is <b>increasing</b></li> </ul>	<ul style="list-style-type: none"> <li>Incidence is <b>increasing</b></li> </ul>
<b>Lung</b>	Most common cause of cancer deaths <ul style="list-style-type: none"> <li>Overall mortality is <b>increasing</b></li> <li>↗ for females, ↘ for males</li> </ul>	<ul style="list-style-type: none"> <li>Overall incidence is <b>increasing</b></li> <li>↗ for females, ↘ for males</li> </ul>

- 5th leading cause of death (2022)
- Highest disease burden and prevalence
- Prevalence is increasing in aged population
- Most common diagnoses
  - Males: prostate, skin, colo-rectal
  - Females: breast, skin, colo-rectal
- Almost 50% of burden is lifestyle related

Mortalities are overall decreasing (last 20 years), due to increased awareness and personal detection methods (e.g. mammograms)

## Risk and Protective Factors

	Risk	Protective
<b>Skin</b>	<ul style="list-style-type: none"> <li>Prolonged sun exposure</li> <li>Fair skin, red hair, light-coloured eyes, freckles, moles or skin lesions</li> <li>Family history of skin cancer</li> </ul>	<ul style="list-style-type: none"> <li>Avoid prolonged sun exposure</li> <li>Sunscreen and protective wear</li> <li>Self-examinations and skin checks</li> </ul>
<b>Breast</b>	<ul style="list-style-type: none"> <li>Females over 50 or family history</li> <li>Early menstruation, late menopause or late age pregnancy</li> <li>Physical inactivity and poor diet</li> </ul>	<ul style="list-style-type: none"> <li>Practice self-examinations</li> <li>Get regular screening tests</li> <li>Follow healthy lifestyle</li> </ul>
<b>Lung</b>	<ul style="list-style-type: none"> <li>Exposure to carcinogens           <ul style="list-style-type: none"> <li>Smoking cigarettes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Avoid exposure to carcinogens           <ul style="list-style-type: none"> <li>Quit smoking</li> </ul> </li> </ul>

## Determinants of Cancer

### *Skin*

<b>Determinants</b>	<b>Sociocultural</b> Family history, tanning culture, health promotion in the media <b>Socioeconomic</b> Health literacy, choice of employment (outdoor occupations) <b>Environmental</b> Outdoor occupations, coastal towns, rural and remote areas
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### *Breast*

<b>Determinants</b>	<b>Sociocultural</b> Family history, more women in the workforce (late-age pregnancies) <b>Socioeconomic</b> Health literacy, income affecting lifestyle and health behaviours <b>Environmental</b> Limited access to screening tests for rural and remote areas
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- Diabetes	<p><b>Diabetes</b></p> <p><b>Nature</b></p> <p>Diabetes - a condition that affects the body's ability to take glucose from the bloodstream for energy use. Pancreas produces a chemical called insulin to enable glucose to pass into our cells. With insufficient insulin levels, too much glucose stays in the blood, which can then onset many serious health problems.</p> <p><b>Type 1</b> - Insulin dependent: body doesn't produce any insulin, needs artificial insulin injections.</p> <p><b>Type 2</b> - lifestyle-related: not enough insulin or ineffective insulin for glucose regulation.</p> <ul style="list-style-type: none"> <li>- Can present asymptomatic and remain undiagnosed for years</li> <li>- Can result in a range of health complications (heart disease, kidney disease, blindness, lower limb amputations)</li> <li>- Associated with other chronic health conditions (comorbidities)</li> </ul> <p><b>Gestational</b> - During pregnancy due to hormones inhibiting insulin function. Can lead to type 2 development for mother later.</p> <p><b>Extent</b></p> <ul style="list-style-type: none"> <li>- Increasing prevalence and incidence (increasing morbidity)</li> <li>- Decreasing/stable mortality</li> <li>- Prevalence increases with age</li> <li>- % females 15-49 y.o who gave birth were diagnosed with gestational diabetes</li> <li>- Age of onset is decreasing, which is concerning for young people due to unhealthy lifestyles</li> <li>- More common in males than females after considering age</li> </ul>												

## Risk Factors

### *Modifiable*

- High blood pressure
- Overweight/obesity
- Gestational diabetes
- Smoking
- Poor diet
- Physical inactivity
- 

### *Non-modifiable*

- Family history
- Age (over 55 y.o.)
- Having CVD risk factors
- Having PCOS and being overweight
- Over 35 y.o (ATSI, Pacific Island, Indian or Chinese descent)

## Protective Factors

- Nutritional/low-fat diet foods
- Healthy body weight through physical activity and healthy food
- Limit alcohol intake
- Moderate sugar consumption
- Choose low-salt foods/limit salt
- Encourage and support breastfeeding (gestational)
- Regular physical activity

## Determinants of Diabetes

### *Sociocultural*

- ATSI: 10-30% may have diabetes, mostly undiagnosed
- Chinese, Islander or Indian descent
- Social acceptance of drinking
- Ageing population
- Reliance on 'convenient' food due to having less time

### *Socioeconomic*

- Low SES: increasingly poor diets, more alcohol intake, and less inactivity, causing obesity
- Low education: less awareness of prevention strategies and lifestyle behaviours

### *Environmental*

- Technology: more passive society (e.g. video games)
- Rural and remote indigenous background communities: have difficulty accessing medical services
- Junk food is advertised to children

## Groups at Risk

- Women with gestational diabetes history
- Aged over 45 y.o
- Family history
- Overweight or obese people
- High-sugar diet
- ATSI people

- A growing and ageing population
- Healthy ageing

### A Growing and Ageing Population

As the proportion of older people in Australia increases, the proportion of people with chronic disease and disability also increases.

- Severe or profound impact on core activity stimulation, which means they struggle to move, care for themselves or communicate
- This places a greater pressure on the Australian healthcare system

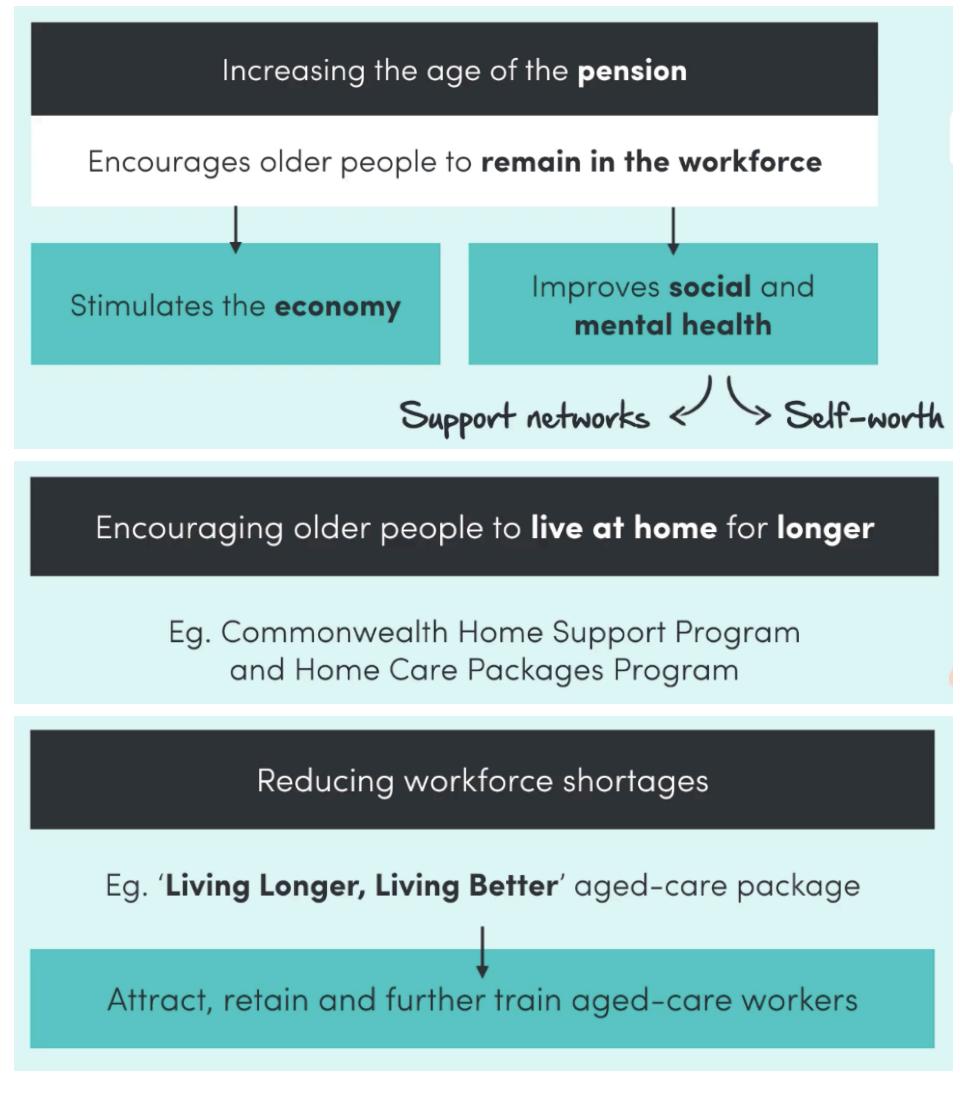
### Healthy Ageing

"The process of developing and maintaining functional ability that enables wellbeing in older people." - WHO

- Behaviours that reduce the risk of illness and disease as age increases
- Healthy behaviours need to start earlier in life and continue throughout

### *Benefits*

- Improved quality of life
- Decreased financial impact on facilities and families



- Increased population living with chronic disease and disability

### Increased population living with chronic disease and disability

As the proportion of people with chronic disease and disability grows:



- Demand for health services and workforce shortages

### Demand for Health Services and Workforce Shortages

- Over 65 y.o's are the largest consumers of healthcare
- Creates greater need for healthcare workers
- The number of people in the workforce is decreasing, causing issues for elders which are reliant on workers and taxpayers for support
- 

Strategies to reduce economic burden include:

- Means-tested age pension
- Compulsory super cover from employers
- Voluntary/private super contributions and other forms of private savings are encouraged
- Expansion of nurses' roles
- Increase in community care

→ Residential, at-home and community-based support

### Greater **demand for aged-care services**

Required for people with **high-care** needs

High **costs** incurred from full-time **medical assistance**

Greater **economic burden** for the **population**

### Limited **availability** of workers

Shortage of aged-care workers in Australia

Understaffed facilities and **overworked** workers

Workers unable to provide **adequate care** for all patients

- Availability or carers and volunteers

### Availability of Carers and Volunteers

Carer - looks after an old person, or one with chronic disability

Volunteer - freely performs service (e.g. aged care), most volunteers are also older citizens.

- Aussies > 55 contribute to around \$75 billion a year in unpaid care and volunteering
- Carers are generally poorly paid and lack strong political influence
- 80% of elderly are cared for by family and friends, 20% by organisations

### *Volunteer Groups*

Home and Community Care (HACC)

- Services to elderly in homes that require care

Meals on Wheels

- Cook, prepare and deliver meals to elderly peoples' homes

Anglicare

- Home care, nurses and facilities
- The number of available carers are declining, due to workers ageing and poor pay prospects
- This is an important proportion of the Aussie workforce, that make substantial economic contributions

### *Consumer-directed care in the home*

Challenge: decrease burden without increasing worker/carer needs:

Community aged care packages

- Low-level care (basic support and assistance on daily activities)

Extended aged care at home

- Higher level of care, daily visits from paid carers

Extended aged care at home - Dementia

- Highest level of specialised care for more complex individuals

→ Often unpaid e.g. family members

Limited availability of carers

Family members decrease workload

Limited income and economic contributions

→ Essential in community-based care

Limited **availability** of **volunteers**

**Volunteer rates** in Australia have **decreased**

**Community-based services** becoming **less available**

### IQ3

#### What role do health care facilities and services play in achieving better health for all Australians?

Students learn about:

- health care in Australia
  - range and types of health facilities and services
  - responsibility for health facilities and services
  - equity of access to health facilities and services
  - health care expenditure versus expenditure on early intervention and prevention
  - impact of emerging new treatments and technologies on health care, eg cost and access, benefits of early detection
  - health insurance: Medicare and private
- complementary and alternative health care approaches
  - reasons for growth of complementary and alternative health products and services
  - range of products and services available
  - how to make informed consumer choices

Students learn to:

- evaluate health care in Australia by investigating issues of access and adequacy in relation to social justice principles. Questions to explore include:
  - how equitable is the access and support for all sections of the community?
  - how much responsibility should the community assume for individual health problems?
- describe the advantages and disadvantages of Medicare and private health insurance, eg costs, choice, ancillary benefits
- critically analyse complementary and alternative health care approaches by exploring questions such as:
  - how do you know who to believe?
  - what do you need to help you make informed decisions?

Syllabus Dot Point	Summary Notes
<ul style="list-style-type: none"><li>• Health care in Australia<ul style="list-style-type: none"><li>- Range and types</li></ul></li></ul>	<p><b>Range and Types</b> <i>Institutional Hospitals</i></p>

## Institutional: Hospitals

Provide care for illness, disease and chronic conditions

Public	Private	Psychiatric
<ul style="list-style-type: none"><li>Provide <b>free</b> healthcare services for <b>all</b> Australians</li><li>Aquire funding from the <b>federal government</b></li></ul>	<ul style="list-style-type: none"><li>Patients need to <b>pay</b> for services</li><li>Controlled and funded by <b>non-government</b> bodies</li><li>Some costs are reimbursed by private health insurance</li></ul>	<ul style="list-style-type: none"><li>Can be public or private</li><li>Nowadays there are <b>less</b> operating psychiatric hospitals due to increased awareness of mental illness and treatments</li></ul>

*Other Services - e.g. ambulance and paramedics  
Nursing Homes*

## Institutional: Nursing Homes

Provide long term care for the elderly and patients with severe disability or chronic illness.

Public	Private
<ul style="list-style-type: none"><li>Non-profit and state government funded</li><li>Usually run by community groups or churches</li></ul>	<ul style="list-style-type: none"><li>Often run as a profit-making business by various stakeholders</li></ul>

*Non-institutional*

Medical Services	Health Related Services
<ul style="list-style-type: none"><li>Provide people with direct medical care, like <b>surgery or a consultation</b></li><li>Provided by a number of different people, including <b>doctors and specialists</b></li><li>General practitioners are some of the most common and accessible medical practitioners in Australia</li></ul>	<ul style="list-style-type: none"><li>Assist in improving healthcare and the quality of life of individuals</li><li>Examples include dentists, physiotherapists, optometrists and pharmacies!</li></ul>

### Pharmaceuticals

- Drugs supplied through prescriptions from doctors/hospitals or available over the counter in pharmacies

*Also includes community health groups and research organisations*

- Responsibility

### Responsibility and Roles

#### Federal Government

<b>Roles</b>	<ul style="list-style-type: none"> <li>• Development of <b>national</b> health policies</li> <li>• Control of health system financing by collecting tax and allocating funds</li> </ul>
<b>Examples</b>	<p>Federal government initiatives include:</p> <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Pharmaceutical benefits scheme</li> </ul>

#### State Governments

<b>Roles</b>	<ul style="list-style-type: none"> <li>• Finance health and community services</li> <li>• Create state health policies</li> <li>• Regulate private hospitals</li> <li>• Ensure accessibility of immunisation programs</li> </ul>
<b>Examples</b>	<p>State and territory governments manage:</p> <ul style="list-style-type: none"> <li>• Public hospitals</li> <li>• Medical practitioners</li> <li>• Family health services</li> </ul>

#### Local Governments

<b>Roles</b>	<ul style="list-style-type: none"> <li>• Implementing policies instated by federal or state and territory governments</li> <li>• Regulating environmental issues</li> <li>• Enforcing health and safety regulations</li> </ul>
<b>Examples</b>	<p>The local government is in charge of:</p> <ul style="list-style-type: none"> <li>• Restaurant hygiene</li> <li>• Maintaining parks and home care services</li> <li>• Drug and alcohol services</li> <li>• Counselling and sexual health clinics</li> </ul>

#### Private Sector

<b>Roles</b>	Provide access to a range of different services
<b>Examples</b>	<p>Services offered in the private sector include:</p> <ul style="list-style-type: none"> <li>• Private hospitals</li> <li>• Alternative health services <ul style="list-style-type: none"> <li>• Dentists, physiotherapists, occupational therapists</li> </ul> </li> </ul>

- Equity of access

### Equity of Access

Measures performance of a health care system (fair access).

- Healthcare expenditure versus expenditure on early intervention and prevention

### EQUITY OF ACCESS TO HEALTH FACILITIES AND SERVICES

- The health system's ability to provide appropriate, affordable **healthcare** to people in **need**
- The **equitable distribution** of healthcare facilities to all areas of the population
- A person's ability to **access healthcare** services can be affected by:
  - Socioeconomic status
  - Geographical location
  - Cultural and religious beliefs
  - Patient waiting lists
  - Lack of funding/equipment

### HOW EQUITABLE IS THE ACCESS AND SUPPORT FOR ALL SECTIONS OF THE COMMUNITY?

- **Rural and Remote:**
  - Less facilities and services available
  - Royal Flying Doctor Service initiative
- **ATSI:**
  - Lack of cultural appropriateness and Indigenous health workers
  - Closing the Gap initiative
- **Low Education/Language:**
  - Inability to understand and access the services that are available to them
  - Translators placed in hospitals
- **Low SES:**
  - Inability to afford health services
  - Medicare initiative

- Impact of emerging new treatments and technologies

### Healthcare Expenditure vs early intervention and prevention

#### Healthcare Expenditure

1 2

##### What's been happening?

All expenditure by the Australian federal, state and territory governments, private health insurances, households **and** individuals on health.

- In 2018, Australian healthcare expenditure was **\$185 billion**, up from \$160 billion in 2015.
- Healthcare expenditure has been **increasing** over the years.

##### Why is this happening?

Coronary heart disease  
It costs more to 'cure' a disease, than to prevent it.

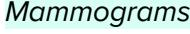
Physical activity health promotion

##### Where are we headed?

- There is a lot of argument for preventative measures.
- Leading causes of death and illness are **lifestyle related** and **highly preventable**.

- Health-to-GDP ratio: a measure used to describe and compare the size of health systems
- The Aussie h-GDP ratio has grown over the last decade
- The average spend is \$9600 per person
- 90% of spending is allocated to curative treatments
- Even with this healthcare spending will continue to rise, as curative care will cost more than preventative

### Emerging New Treatments

Impact on Healthcare	
<b>Cost and access</b> 	<ul style="list-style-type: none"> <li>• New treatments &amp; technologies are expensive</li> <li>• Without funding, they're only available to those with a high SES             <ul style="list-style-type: none"> <li>• A lot of them are subsidised under Medicare or the Pharmaceutical Benefits Scheme (PBS)</li> </ul> </li> <li>• Less available to people in rural and remote areas</li> </ul>
<b>Benefits of early detection</b> 	<ul style="list-style-type: none"> <li>• Early treatment</li> <li>• Less side effects</li> <li>• Improved functionality of service</li> <li>• Improved quality of life</li> <li>• Increased life expectancy</li> </ul>
<b>Example</b>	Cancer 
<b>Keyhole Surgery</b>	
 <b>Keyhole Surgery</b>	<ul style="list-style-type: none"> <li>• Preferred style of surgery in Australia</li> <li>• Less pain</li> <li>• Shorter hospital stays</li> <li>• Faster recovery times</li> <li>• Elderly face reduced risks &amp; improved recovery</li> </ul>
 <b>Mammograms</b>	<p>Define - x-rays that screen for breast cancer</p> <p>Benefit - early detection, diagnosis and treatment of breast cancer</p> <p>Cost - free if over 40 y.o. And if under: up to 80% rebate from Medicare</p> <p>Access - mobile vans in metropolitan areas, but may not service rural and remote areas</p>
<ul style="list-style-type: none"> <li>- Health insurance: Medicare and Private</li> </ul>	<p><b>Private Health Insurance</b></p> <p>Optional health insurance that can be purchased in addition to medicare.</p> <ul style="list-style-type: none"> <li>- Members pay a fee</li> <li>- In return, they receive payments from their private health insurance towards health costs which are not covered by medicare</li> </ul> <p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>- Greater flexibility (choice of doctor, customised cover with purchasable extras, shorter waiting times for elective procedures)</li> <li>- Cost benefits: if obtained before 30, can access 'lifetime health cover' incentive; 2% annual fee increase is waived, high earners with private don't have to pay the medicare levy surcharge, eligible holders can access the government rebate, is also beneficial for the government/public health system by relieving resource pressure</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>- Insurance fees are more costly for the individual than the public health insurance</li> </ul>

	<ul style="list-style-type: none"> <li>- There can be a 'gap' which the patient has to pay out of pocket (not exclusive to private, also with public)</li> <li>- Some policies can be confusing and hard to understand</li> <li>- Qualifying periods apply for certain conditions (e.g. pregnancy) which means for certain periods, no benefits are payable for certain services</li> </ul>
<ul style="list-style-type: none"> <li>● Complementary and alternative health care approaches</li> </ul>	<p><b>Complementary and Alternative Health Care Approaches (CAH)</b></p> <p>Complementary Healthcare - refers to treatments that are not part of the mainstream medical scene, but are used <i>alongside</i> them.</p> <p>Alternative Healthcare - refers to treatments that are used <i>instead of</i> mainstream medicines and treatments.</p>
<ul style="list-style-type: none"> <li>- Reasons for growth of complementary and alternative health products and services</li> </ul>	<p><b>Reasons for Growth of CAH</b></p> <p><i>Increasing credibility of services</i></p> <ul style="list-style-type: none"> <li>- CAH practitioners are gaining higher qualifications (tertiary training) to become registered and practice.</li> </ul> <p><i>Increased regulatory bodies and professional associations</i></p> <ul style="list-style-type: none"> <li>- These allow practitioners to gain qualifications and registrations, increasing their credibility.</li> </ul> <p><i>Growing multiculturalism in Australia</i></p> <ul style="list-style-type: none"> <li>- The growth in multiculturalism, especially east-asian immigration, has led to growth in the range of CAH products and services.</li> <li>- Many cultures have traditional medicines as their primary source of healthcare.</li> </ul> <p><i>Australians seeking a holistic approach to health</i></p> <ul style="list-style-type: none"> <li>- There has been a shift within Australian society towards holistic and natural treatment methods over drugs and technology, which has led to an increased demand for a greater choice of CAH options.</li> </ul> <p><i>Increase in health insurance coverage</i></p> <ul style="list-style-type: none"> <li>- The increased demand for CAH has led to an increase in their inclusion in health insurance covers.</li> </ul>
<ul style="list-style-type: none"> <li>- Range of products and services available</li> </ul>	<p><b>Range of Products and Services</b></p> <p><b>Acupuncture</b></p> <p>Inserting tiny needles into/through skin at strategic points to treat pain</p> <ul style="list-style-type: none"> <li>- From Chinese traditional medicine to balance the flow of energy/life force</li> <li>- Used in conjunction with chemotherapy, dental work and sports injuries</li> </ul> <p><b>Aromatherapy</b></p> <p>The use of aromatic plant oils to induce physiological and emotional changes</p> <ul style="list-style-type: none"> <li>- Has caused issues in people with scent sensitivity</li> <li>- Stimulates nervous system and releases hormones</li> <li>- Used to treat: stress, sleep disorders, menstrual cramps</li> </ul>

<ul style="list-style-type: none"> <li>- How to make consumer informed choices</li> </ul>	<p><b>Herbalism</b></p> <p>The use of medicinal plants to treat disease and general wellbeing</p> <ul style="list-style-type: none"> <li>- Originates from ancient asian and african cultures</li> <li>- Can cause allergic reactions, asthma and nausea</li> <li>- Used to treat: circulatory disorders, enhance mood, sleep issues</li> </ul> <p><b>How to make informed consumer choices</b></p> <p>Important to critique providers and services including:</p> <ul style="list-style-type: none"> <li>- What they offer</li> <li>- The benefits</li> <li>- Practitioner experience</li> <li>- Qualifications</li> <li>- Governing body</li> <li>- Cost</li> </ul> <p>Obtaining feedback and references can help.</p> <p>Evaluating use of products:</p> <ul style="list-style-type: none"> <li>- Can it be combined with conventional medicine?</li> </ul>
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## IQ4

### What actions are needed to address Australia's health priorities?

Students learn about:

- health promotion based on the five action areas of the Ottawa Charter
  - levels of responsibility for health promotion
  - the benefits of partnerships in health promotion, eg government sector, non-government agencies and the local community
  - how health promotion based on the Ottawa Charter promotes social justice
  - the Ottawa Charter in action

Students learn to:

- argue the benefits of health promotion based on:
  - individuals, communities and governments working in partnership
  - the five action areas of the Ottawa Charter
- investigate the principles of social justice and the responsibilities of individuals, communities and governments under the action areas of the Ottawa Charter
- critically analyse the importance of the five action areas of the Ottawa Charter through a study of TWO health promotion initiatives related to Australia's health priorities

Syllabus Dot Point	Summary Notes
<ul style="list-style-type: none"> <li>• Health promotion based on the five action areas of the Ottawa charter</li> </ul>	<p><b>Levels of Responsibility</b></p> <p><i>Individuals</i></p> <ul style="list-style-type: none"> <li>- Empower the individual to take control of their health</li> </ul>

<ul style="list-style-type: none"> <li>- Levels of responsibility for health promotion</li> </ul>	<ul style="list-style-type: none"> <li>- They ultimately decide their own behaviours (impacted by determinants)</li> </ul> <p><b>Community</b></p> <ul style="list-style-type: none"> <li>- Can influence environments e.g. sporting organisations and fitness programs</li> <li>- What facilities are available? Is health promoted?</li> </ul> <p><b>National government</b></p> <ul style="list-style-type: none"> <li>- Develop national public health policy</li> <li>- Ongoing planning, monitoring, research and evaluation of public health activities</li> <li>- Provide support and funding for initiatives</li> <li>- Partner with other levels of health promotion</li> </ul> <p><b>State and Territory governments</b></p> <ul style="list-style-type: none"> <li>- Identify statewide issues</li> <li>- Develop and monitor strategies</li> <li>- Preventative and early detection programs e.g. cancer screening</li> <li>- Support health literacy promote good behaviour</li> <li>- Intersectoral collaboration</li> </ul> <p><b>Local governments</b></p> <ul style="list-style-type: none"> <li>- Maintain roads and infrastructure</li> <li>- Recreational development and town planning to encourage health</li> <li>- Monitor food safety, immunisation, sanitation and water quality</li> <li>- Manage community services</li> <li>- Address specific health needs through Medicare collaboration</li> </ul> <p><b>NGOs</b></p> <ul style="list-style-type: none"> <li>- Responsibility to promote health in particular to their specific organisation</li> <li>- E.g. cancer council, heart foundation, breast cancer foundation</li> </ul> <p><b>Benefits of partnerships</b></p> <p>More effective in creating long-term positive change due to:</p> <ul style="list-style-type: none"> <li>- Integrated and comprehensive health promotion approach</li> <li>- Addresses social determinants outside of system control</li> <li>- Reduces the demand and burden on health care system</li> <li>- Collection and collation of resources to develop more effective strategies</li> <li>- Better and specific use of funding</li> <li>- Individual and community ownership and empowerment of promotion</li> </ul> <p><b>Principles of Social Justice and Action Area Examples</b></p> <p><b>Developing Personal Skills</b></p> <p>S - parent/family education about nutrition can help children</p> <p>E - all children can access education e.g. K-10 PDHPE</p> <p>D - ensuring relevance to all people of health education</p>
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<ul style="list-style-type: none"> <li>- The OC in action</li> </ul>	<ul style="list-style-type: none"> <li>- E.g. pamphlet in images or multiple languages</li> </ul> <p><b><i>Building Healthy Public Policy</i></b></p> <p>S - 'no hat, no play' promotes sun protection      E - bulk-billing reduces costs for SED and PBS      D - programs (e.g. Abstudy) to support ATSI people continue formal education</p> <p><b><i>Strengthening Community Action</i></b></p> <p>S - lobbying councils/organisations to make health enhancing changes             <ul style="list-style-type: none"> <li>- E.g. improved facilities, increase police presence</li> </ul> </p> <p>E - collective community voice, can request greater services access             <ul style="list-style-type: none"> <li>- E.g. encouraging implementation of strategies to tempt GP's working in R/R areas</li> </ul> </p> <p>D - each community is unique and must be involved in development processes             <ul style="list-style-type: none"> <li>- E.g. programs involving elders to acknowledge cultural needs of ATSI peoples</li> </ul> </p> <p><b><i>Creating Supportive Environments</i></b></p> <p>S - environments that encourage health choices             <ul style="list-style-type: none"> <li>- E.g. providing good parks for outdoor activities</li> </ul> </p> <p>E - supportive environments should seek to provide equity             <ul style="list-style-type: none"> <li>- E.g increasing access to health facilities for rural and remote</li> </ul> </p> <p>D - catering to diversity of people in an environment             <ul style="list-style-type: none"> <li>- E.g. providing translators for specific groups in community health centres/hospitals</li> </ul> </p> <p><b><i>Reorienting Health Services</i></b></p> <p>S - health services must provide a supportive environment             <ul style="list-style-type: none"> <li>- E.g. multi-purpose service program for rural and remote</li> </ul> </p> <p>E - services must address the inequities in health             <ul style="list-style-type: none"> <li>- E.g. mental health promotion and services in R/R locations</li> </ul> </p> <p>D - services must meet diversity needs of a community             <ul style="list-style-type: none"> <li>- E.g promoting balanced diet amongst ATSI people</li> </ul> </p> <p><b>In Book</b></p>
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