

How are priority issues for Australia's health identified?

Identifying Priority Health Issues

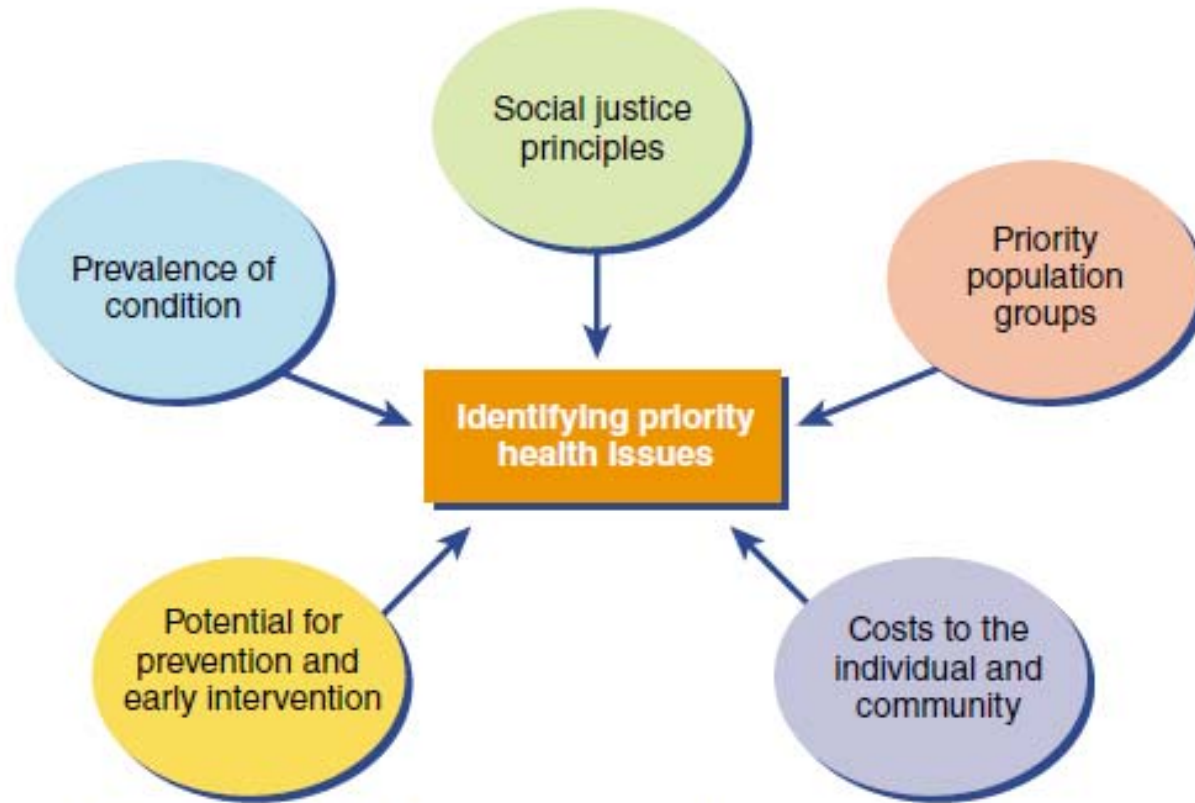


Figure 1.12: Factors for identifying priority health issues

Identifying Priority Health Issues

Health authorities must weigh up different health issues in relation to the burden of disease. It is important to priorities so that spending on health is directed to issues that will have a significant impact on Australia's health.

How do we identify priority issues for Australia's health?

(4P's & C)

- social justice **P**inciples
- **P**riority population groups
- **P**revalence of condition
- **P**otential for prevention and early intervention
- **C**osts to the individual and community

(5 mins to memorise & tell partner)

Social justice principles(SEED)

- **S**upportive **E**nvironments – for all Australians to help empower individuals to take control over their health.
- **E**quity – eliminate epidemiological inequities (for example differences in morbidity and mortality rates), as well as inequities in the social determinants (for example access to health services)
- **D**iversity – recognise Australia is a diverse nation and promote inclusiveness of all individuals and groups

Close the Gap <https://www.youtube.com/watch?v=1tZaTf21D64>

Figure 1.13: Oxfam Australia is working in coalition with over 40 indigenous and non-indigenous organisations to close the 12-year life expectancy gap between Aboriginal and Torres Strait Islanders and other Australians. National Close the Gap day has been held annually since 2007. www.oxfam.org.au/closethegap



Power through partnership.
Government, Indigenous and non-Indigenous Australians working in partnership can Close the Gap.

→ oxfam.org.au/national-day

CLOSE THE GAP

Priority population groups

- Priority is given to subgroups with inequitable health status, this helps health authorities determine specific needs of groups and understand social determinants of health.
- Aboriginal and Torres Strait Islander peoples
- Socio-economically disadvantaged people
- People who live in rural and remote areas
- Overseas-born people
- The elderly
- People with disabilities

(ADORES)

(notice these are the dash points from the next dot point – groups experiencing health inequities...this Core requires you to make links)

Prevalence of condition

- When identifying priority health issues the higher the prevalence of a condition, the higher priority it should be given.
- This is where epidemiological data comes in, specifically data about the incidence of mortality and morbidity.
- For example CVD and cancer are 2 conditions that have the highest prevalence in Australia and therefore should be given the highest priority.

Potential for prevention and early intervention

- When identifying priority health issues the higher the potential for prevention of that condition the higher the priority it should be given.
- This makes sense because prevention measures such as education are normally a lot cheaper than treatment measures eg surgery and drugs. So it would save the government money in the long term if people didn't get sick in the first place.
- Diseases that have high potential for prevention are normally lifestyle diseases, eg CVD, lung cancer. So if we altered our lifestyle behaviours this would decrease the incidence of disease.

Potential for prevention and early intervention (cont).

- CVD example - stop smoking, dietary changes, become more physically active would greatly reduce a persons risk of CVD.
- Skin cancer example – wear sunscreen, hat, sunglasses, protective clothing would greatly reduce a persons risk of this cancer.

Costs to the individual and community

When identifying priority health issues the higher the cost of the condition to both the individual and community the higher the priority it should be given.

- Direct costs – money spent on diagnosing, treating and caring for the sick plus the money spent on prevention.
- Indirect costs – the value of the output lost when people are too sick to work eg having to re-train/hire other workers

Think of a time when you were sick – what was the ‘cost’ to you as an individual.

Costs to the individual and community (cont).

For an individual disease can result in reduced quality of life due to:

- financial loss from diagnosis and treatment costs eg scans, medication, surgery and also from loss of earnings if they can't work because of the disease
- socially the person may not be able to participate in social events because of the disease for example playing team sports, they may also be more dependent on others
- physically the actual symptoms of the illness or injury are a cost to the individual, for example the pain they experience from it
- mentally/emotionally the disease can cause much stress or anxiety for the individual, as well as sadness and feelings of isolation which can lead to depression

Costs to the individual and community (cont).

In terms of cost to the community disease can be a large economic burden involving both direct and indirect costs.