

Notes from PDHPE Application and Inquiry Text Book

People with disabilities

Disabilities are defined as any limitations to normal functional abilities. This is a very broad definition and, as such, disabilities of some form or other are experienced by 4 million people in Australia. The large majority of disabilities are of a physical nature, including arthritis, respiratory diseases, circulatory diseases and musculoskeletal disorders. Sensory disorders (such as diseases of the eye and ear) are also common, as are mental disorders.

A *handicap*, by definition, is more severe in nature than a disability, and relates to an individual's limitations as experienced in more complex tasks, such as caring for oneself, moving around and communicating. The most commonly reported severe handicaps relate to psychiatric conditions, and head or brain injury. People with disabilities and handicaps are more likely to experience multiple or interrelated conditions. This is especially so with brain injury.

People with disabilities can experience inequities due to financial constraints. These include factors such as lack of access to employment opportunities and the possible need for ongoing health care. They also encounter more difficulty accessing health services, have lower life expectancy and experience poorer health across a range of areas.

Elderly

Australia has an ageing population and this trend is expected to continue. It is estimated that the number of people aged over 65 years will be greater than 1 million after 2015. The most common causes of mortality in people aged over 65 years are cancer, coronary heart disease and stroke.

There has been a significant reduction in cardiovascular disease in older people as a result of declining smoking levels, awareness of other contributing risk factors and medical advances. The most common conditions reported by people aged over 65 years are arthritis, vision problems, hearing problems and hypertension.

It must be noted that growing old is not the only factor contributing to poor health status. Poor health in older people is also linked to socioeconomic status and education. This contributes to older people experiencing higher rates of admission to hospital, and lengthier stays in hospital. As more people in Australia reach older age levels there is concern that the incidence of dementia and other disabilities will increase. It seems logical to assume that an older population means, overall, a more unhealthy population. This might occur, but it is also possible that the older people who will live longest will also be the healthiest older people. These relatively healthy older people might not develop as many medical problems. An older population overall will probably mean a less healthy population overall, but it is uncertain whether this will be a slight change or a more significant change in the health status of the Australian population.

Overseas-born people

Australia has a very ethnically diverse community, and it is interesting to explore the differences in health status between people born overseas and those born in Australia.

In general, immigrants on arrival in Australia have better health than the Australian-born population; often with lower rates of death, hospitalisation, disability and disease risk factors.

The differences in health that do exist, however, tend to decrease with length of residence.

Reasons for the better on-arrival health status of immigrants are:

- the highly selective health criteria applied by the Australian Government to people seeking to migrate
- the fact that people of poor health and low socioeconomic status are less likely to have the economic resources to change countries.

Of all people born overseas who have migrated to Australia, more than half come from non-English speaking backgrounds. Many people from non-English speaking backgrounds experience a deterioration in health status after arrival in Australia. Factors that contribute to this deterioration include:

- socio-economic disadvantage
- poor language skills that limit their access to employment, health information and community services
- the stress associated with resettlement.

People from non-English speaking backgrounds are less likely to report medical conditions they may be experiencing, less likely to immunise their children, less likely to exercise and more likely to be slightly overweight. Some ethnic groups within Australia, as a result of their culture, have different understandings of health and illness, and varying expectations of health care.

The Australian Institute of Health and Welfare indicated in 2008 that the health behaviours of most concern for people born overseas are that they are more likely to smoke, exercise less, be overweight and/or obese and have fewer or no daily serves of fruit. These are risk factors for a number of long-term health conditions, such as respiratory diseases, lung cancer and cardiovascular diseases.

People in rural and remote areas

People living in rural and remote areas have poorer health status than those living in cities and metropolitan areas. This is revealed in the higher death rates and lower life expectancy in rural and remote areas; life expectancy decreases with increasing remoteness. Death from coronary heart disease, 'other' circulatory disease and motor vehicle accidents are significant in these areas. Injury (in particular, motor vehicle accidents and suicide) contributes mostly to high death rates, and these deaths are mainly male.

Males in these areas are 1.4 times as likely to suffer depression or psychological distress as males living in major cities. Females in rural and remote areas have a high incidence of diabetes and arthritis. Cerebrovascular disease (stroke) and coronary heart disease (such as heart attack) are similar across rural and remote areas for both males and females.

Children in these areas tend to have decayed, missing or filled teeth. This may be attributed to the lower proportion of adequately fluoridated water supplies. The poorer health status of rural communities is partly explained by a lack of access to health services, and partly by lower socio-economic status, occupational hazards and poorer overall living conditions caused by the harsher environment.

People in rural and remote areas are more likely to engage in behaviours associated with poorer health, although their diet is likely to include more vegetables. More people living in rural and remote areas smoke, particularly among males and females aged 25–44 years. Males in rural and remote areas are generally at a greater risk of harmful drug and alcohol use than are females in those areas. Australians in rural and remote areas are slightly more likely to be overweight or obese and are also more likely to report sedentary behaviour. The latter was particularly true for males.

Socio-economically disadvantaged people

A person's socio-economic status is determined by several factors, including income, occupation and education. Socio-economically disadvantaged people are those who, as a result of one or more of these factors, experience significant financial limitations. Inequalities occur as a result of socioeconomic differences in material resources, access to educational opportunities, safe working conditions, effective services, living conditions in childhood, racism and discrimination.

Socio-economically disadvantaged people:

- have reduced life expectancy
- are more likely to die from cardiovascular disease, respiratory disease and lung cancer
- have higher infant mortality
- have higher levels of blood pressure
- are more likely to smoke
- are more often generally sick.

Socio-economically disadvantaged people are more likely to suffer from long-term health conditions, such as diabetes, diseases of the circulatory system (which include heart disease and stroke), arthritis, mental health problems and respiratory diseases (including asthma). Another significant difference is that socio-economically disadvantaged people are far less likely to engage in preventative health behaviours, such as having 'Pap' smears and dental check-ups. However, they are more likely to visit doctors, hospitals as an outpatient, and accident and emergency services.

Youth unemployment is also a major issue because it is significantly higher than the national rate. Unemployment can lead to despair and a sense of helplessness among young people, and is therefore linked to social problems, including drug use, violence, vandalism and crime. It is also a factor contributing to depression and suicide in young people.

Medium-density and high-density housing developments often experience higher levels of social problems, as do some suburban and country areas where groups of socio-economically disadvantaged people are gathered. These social problems can include domestic violence, vandalism and family breakdown. It is difficult for many socio-economically disadvantaged people to make significant positive changes to their lifestyle and improve their health. This does not mean that improvements in health status are not possible for socio-economically disadvantaged people. However, a lack of income and education can reduce alternatives regarding employment, housing and nutrition, and can generally affect the ability to raise standards of living. Socio-economic disadvantage is considered to be the most important indicator of poor health in Australia.