How are priority issues for Australia’s health identified?

Measuring health status
Overall Aust. enjoys high levels of health

- Australia’s population: 23 million in April 2013
- Indigenous population: 548,000 people (estimated) in 2012 (2.5 per cent of the total Australian population)
- Fertility rate: 1.9 births per woman in 2010. This is below replacement level of 2.1, which leads to ageing of the population.
- Unemployment rate: 5.5 per cent in April 2013
- Climate: mainly dry; high exposure to sun radiation
- Home ownership: high

Figure 1.1: Australia at a glance
However....

• There are many health concerns that federal, state and local governments identify as HEALTH PRIORITY ISSUES that need to be addressed in order to achieve better health for ALL Australians such as:
  - some groups are more at risk than others
  - some diseases are more prevalent than others
  - structure of our population affect the types of health services that people need
AUSTRALIA’S HEALTH SUMMARY

LIVING LONGER

79.9 years
84.3 years

A boy born in 2012 could expect to live to 79.9 years, 62.4 of these disability-free. A girl born in 2012 could expect to live to 84.3 years, 64.5 of these disability-free.

FEELIN’ ALL RIGHT

55% in excellent or very good health

More than half of all Australians aged 15 and over considered themselves to be in “excellent” or “very good” health. Another 30% said they were in “good” health. Just over 1 in 10 (11%) rated their health as “fair” and 4% as “poor”.

TOO MUCH WEIGHT, NOT ENOUGH EXERCISE

63% of Australian adults were overweight or obese in 2011 – 2012

This has increased from 57% in 1995.

THE INDIGENOUS HEALTH GAP

7 times the incidence of end-stage kidney disease in 2007 – 2010
3.3 times the rate of diabetes/high blood sugar levels
Youth suicide rate for Indigenous females were 5.9 times those of non-Indigenous females, and 4.4 times for males

HEALTH OF PEOPLE WITH DISABILITY

Just under 1 in 5 Australians (4.2 million people) reported having a disability in 2012. Of these, 1.4 million people needed help with basic daily activities of self-care, mobility and communication.

HEALTH EXPENDITURE

$140.2 billion

Spent on health in Australia in 2011 – 2012. The ratio of health expenditure to GDP has increased from 6.8% in 1986 – 1987 to 9.5% in 2011 – 2012.

Role of epidemiology

• Epidemiology is the study of disease in populations. It looks at both the causes and distribution (patterns) of disease. This information is used by health professionals and governments to develop health promotion strategies to prevent and control disease.

• HOWEVER...epidemiology has its limitations:
  • It doesn’t explain why health inequalities exist
  • It ignores the social determinants of health that shape a person’s health
Epidemiology doesn’t explain social determinants (remember from Yr11)...

- Social Determinants – all affect a person’s health and may not necessarily be under the control of an individual.
- socioeconomic (income, employment, education)
- sociocultural (family, friends, culture, religion, media)
- environmental (geographical location, housing, access to health services)
Epidemiology looks at:

- Mortality – death rates
- Infant mortality – death rates in 1\textsuperscript{st} year of life
- Morbidity – disease patterns
- Life expectancy – predicted life span
- (MMILE)
Mortality – death rates

- **Mortality** refers to the number of deaths in a given population from a particular cause and/or over a period of time.

**Some current trends:**
- In Australia the MAIN causes of death are cardiovascular diseases (heart and blood vessel), cancers and respiratory diseases.
- However, mortality rates for heart disease, stroke and some cancers are decreasing mainly due to advances in medical treatment.
- Mortality rates for diseases such as dementia & Alzheimer’s (why?) as well as lung cancer (particularly in females) is increasing.
Figure 1.4: Trends in selected leading causes of death, by sex, 1979–2009
Infant mortality - death rates in 1\textsuperscript{st} year of life

- **Infant mortality** refers to the number of infant deaths in the first year of life, per 1000 live births.

- Current trend: Infant mortality rates are decreasing.
Figure 1.5: Infant mortality rate, Australia, 1911–2011 (number of infant deaths per 1000 live births) (Source: Australian Bureau of Statistics, Deaths, Australia, cat. no. 3302.0.)
Morbidity – disease patterns

- **Morbidity** – is the incidence or level of illness, disease or injury in a given population.
- Measures and indicators are through hospital use, doctor visits & medicare statistics, health surveys and reports, disability and handicap.
- **Current trend:** incidence of diabetes, STI’s, Cancer as a whole is increasing (specifically skin cancers such as melanomas, prostate cancers and bowel cancer for males, breast and lung cancers for females is increasing).
- Incidence of heart attack and stroke is decreasing.
Figure 1.8: Trends in the incidence of selected cancers, Australia, 1982–2008 (Source: AIHW, Australia’s health 2012, p. 261.)
Life Expectancy - predicted life span

• **Life expectancy** is the length of time a person can expect to live. More specifically, it refers to the average number of years of life remaining to a person at a particular age, based on current death rates.

• Improvements in LE since 1970’s can be attributed to:
  - lower infant mortality
  - declining death rates for cardiovascular disease
  - declining overall death rates from cancer
  - decline in deaths from traffic accidents
  - medical knowledge and management has improved

As LE increases so too does our ageing population, leads to increased demand for health services for the elderly eg nursing homes.
Figure 1.10: Life expectancy at different ages, by sex, 2008–2010 (Source: AIHW, Australia’s health 2012, p. 121)