CMM10580 The Australian Health Care System

Contents

Glossary

Primary Health Care - model of community-based health service delivery. Reduces reliance on doctors and specialists. Based on health equity, social justice and universal services. Federally funded, with little-to-no cost and not-for-profit. Includes community health services, Aboriginal health services, mental health services, AOD services, basic living skills and employment services.

Primary Care - disease prevention, screening, brief health education and intervention. Generally provided by GPs, community nurses and allied health clinicians.

Secondary Prevention - timely treatment – prevention of exacerbation of disease/injury/illness; treatment by specialist medical, nursing and allied health professionals.

Tertiary prevention - intervention or rehab. Restoring health (to the person's level). Often happens in hospitals, and usually under the medical model of health.

Complementary and Alternative Medicine - not part of the "mainstream" biomedical system. Takes a holistic view of the individual and places emphasis on individualisation of treatment.

Services – Informal Care – Care that isn't provided by the system e.g. family members, friends, unpaid volunteers

Services – Formal Care - Provided by paid people who much be licenced professionals, licenced organisations and are paid either publicly or privately.

Medical Model of Health - Absence of disease. Defect is within the person. Positives include a cause and effect relationship, and historical infectious diseases. Negatives include that it's a negative model, there's inequality of power and it's inadequate for chronic illnesses.

Social Model of Health - Believes that health is a fundamental human right. It required actions of other social and economic sections in addition to health. Existing gross inequalities in health status of people is politically, socially and economically unacceptable. Individuals have a right and duty to participate. Aims to shift the health resources from hospitals to communities, increase participation of community health workers, decrease the reliance on specialised medical (specialists, nurses). Believes in a strong and communicated link between health and social and environmental determinants of health.

Medicare – federally funded. Provides a minimum level of health to all Australian citizens plus some others (e.g. refugees). Can either fully pay a health service (bulkbill), or subsidise (private hospital/GP). Covers some pharmaceuticals, imaging, optical etc.

Public Health - health promotion and preventative health.

Topic 1: Health in Australia and Internationally

Week 1

1. Orientate to unit & learning materials

2. Know who & where to ask for help

3. Understand the definition of health and its wider application.

Defining Health

According to the **World Health Organisations (WHO)** health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (1948). This was ground-breaking in 1948, however health has changed dramatically, from contagious/infectious diseases to chronic health issues, ageing population, and improved technology and treatments.

Criticisms of WHO Definition

This definition has been criticised as being outdated, absolute, utopian and lacking inclusion of environment. Further, under this definition, people are always in need of treatment and can never be called healthy. When has someone reached a "complete state of wellbeing"?

Alternative Definitions

Alternative definitions include:

- (Australian Aboriginal) "health does not just mean the physical and wellbeing of the individual, but refers to the social, emotional, spiritual and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life." **National Health and Medical & Research Council, 1996**
- "A dynamic state of wellbeing characterised by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility." **Saracci, 1997**
- "A condition of wellbeing, free of disease or infirmity, and a basic and universal human right." **Bircher, 2005**

A New Definition (Huber)

A new definition for health, according to Huber et. Al, 2011, as "the ability to adapt and to self-manage."

This definition was created by a congress of 38 global experts and published in the British Medical Journal. The fact that health includes more than just an absence of disease can be referred to as 'Positive Health'.

Standing the Test of Time

WHO definition hasn't been amended since 1948, and is consistent with concepts of health from antiquity. It views health as a continuum, with the ideal being absolute health. Health as a fundamental human right.

Week 1 – Study Questions

1. Define 'health'. What does a healthy population mean?

Health has many definitions. The WHO definition, "a state of complete mental, physical and social wellbeing, and not just the absence of disease or infirmity", was coined in 1948, but had faces criticism since then for being too limiting, excluding people's environments, and being unattainable – what is 'complete wellbeing' and is it actually attainable? More recently, Huber et al. define health as "the ability to adapt and self-manage".

A healthy population would look at a broader group or demographic of people as a whole, rather than individuals.

2. What does health mean to you? Why does the definition of health differ between people?

For me, health is the ability to be able to do the things you want and need to do without being hindered by your body, mind, environment or circumstances.

Health can vary between people as people's circumstances are different. For someone who lives with a chronic condition, for example, health may mean something completely different to someone who does not live with a chronic illness or disability.

3. Why do you think it is important to define health at this stage of your career?

As a future allied health professional, it's important to understand what health is, and the different meanings that can be attached to it. By acknowledging that individual perceptions of "health" can be varied, we can adapt our practice to best suit our patients' needs and beliefs. It's important for us to acknowledge this now during our education so we can start to think and become more aware of this throughout our degrees.

4. What factors contribute to health?

I believe health can be impacted by a vast range of factors, including things that can and cannot be controlled. For example, a person may negatively impact their health through choosing to consume or do certain things (e.g. smoking) or positively impact it (e.g. through regular exercise). Arguably, some of these choices could be as a product of a person's environment or situation.

A person's environment and circumstances may also impact their health. For example, people from low-socioeconomic backgrounds may be unable to access the health

services they require in a timely manner (or at all), or may not be able to afford nutritious food. People who live in certain areas may have their health either negatively or positively impacted by environmental factors (e.g. some communities do not have potable tap water).

A person's genetics may predispose them toward certain conditions, as may their living situation.

On a macro scale, health can also be impacted by government policy (e.g. cutting/granting funding). I also believe social perceptions can impact a person's health – people may be reluctant to seek out services or assistance for fear of judgement or reprimand.

5. What is the World Health Organisation's (WHO) definition of health?

The WHO definition, "a state of complete mental, physical and social wellbeing, and not just the absence of disease or infirmity". It was coined in 1948.

6. What are some positive aspects of this definition?

This definitely has both positive and negative aspects. It was positive as it was the first time a definition for health had been created. It acknowledges health as being beyond just the physical body, including mental and social wellbeing, rather than just absence of disease or illness.

7. What are some limitations of this definition?

Some of the limitations include the fact that the definition is quite dated and was used to describe health when society was different. The definition also can be limiting as it may not be attainable - "complete wellbeing" for example. The definition can be restrictive and does not mention environment. Huber et. al. believe that the WHO definition would effectively determine most people as unhealthy the majority of the time. They also argue that our medicalised system promotes the interests of pharmaceutical and medical technology industries, and could result in large groups of people accessing interventions which may not necessarily benefit all members.

8. What aspects of health do Huber and colleagues (2011) believe should be included in a definition of health?

Huber et al. define health as "the ability to adapt and self-manage". They believe that perhaps even a dynamic framework should be used instead, as a definition can be quite restrictive. This framework should take into account the three domains of health – mental, physical and social.

9. Should WHO update their definition of health? Why or why not?

I believe that the definition should be expanded to reflect new knowledge, research and societal developments of the past 60 years. The issue is by specifying a range of things, definitions can effectively become restrictive and rigid, rather than dynamic and relevant.

Week 2

1. Define social determinants of health & apply to community / populations

2. Differentiate inequality and inequity

3. Understand Australia's application of the social determinants of health in order to reduce health inequity

Social Determinants of Health

Marmot (2005) argues that a person's social situation can have a significant bearing on their health. This aligns with many sociological perspectives. Marmot names these the **Social Determinants of Health.** The research for these relates to richer countries, and not necessarily poor ones, who experience their own range of challenges. Generally, a person who is experiencing one SHD will likely be experiencing a range of them, as disadvantage tends to "concentrate among the same people" (Marmon p. 10).

There are 10 SDHs identified by Marmot:

- The Social Gradient
- Stress
- Early life
- Social exclusion
- Work
- Unemployment
- Social support
- Addiction
- Food
- Transport

The Social Gradient

The lower down the social ladder a person is, the lower their life expectancy and the more common disease. Poor social and economic conditions interfere with health and the longer a person experiences these, the greater the impact on their physiological health.

Disadvantage can include poor education, insecure employment, working in a hazardous or dead-end job, poor housing conditions, raising a family in challenging circumstances and inadequate money for retirement.

Stress

Stress can be caused by social and psychological circumstances, including anxiety, insecurity, poor self-esteem, social isolation and lack of control over home, work or life.

These psychosocial risks can accumulate over a lifetime, and, as with the social gradient, can have detrimental impacts on health. Being under constant stress triggers the 'fight or flight' response, but being in this state long-term can be detrimental to health. This can increase things like infection, diabetes, blood pressure, risk of heart attack and/or stroke and mental health.

Early Life

A person's upbringing can adversely affect their health. For example, a person who was malnourished as a child and failed to thrive as an infant is more likely to experience chronic health issues later in life. This can begin in vitrio, where a pregnant mother may be malnourished, or using drugs or alcohol. The emotional impacts of poor parenting can also affect a person's health throughout their life, including through insecure emotional attachment and poor stimulation.

As an adult, generally good health habits, such as good nutrition, exercising etc are associated with a person's childhood education and upbringing. People who have a poor upbringing or lack a good education may not have the knowledge to participate in a healthier lifestyle.

Social Exclusion

Hardship and resentment can be detrimental to health. Absolute poverty is the "lack of the basic materials necessary to life". Social exclusion focusses more on relative poverty. It refers to those who are poorer than most of society (often less than 60% of the national median income). This can exclude people from accessing transport, education, healthy food, housing and more. This in turn excludes people from society.

Social exclusion can also come as the result of discrimination, stigma, racism and unemployment. These factors further deter or prevent people from fully participating in society. The longer someone is excluded, the more likely they are to be impacted by adverse health.

Work

Lack of employment can contribute negatively to a person's health (see below), but similarly, work in a job with little to no control can also have adverse effects, as can working in high demand roles or receiving inadequate rewards for the effort put into work. Generally, being employed is better than having no job, but the effects of work could lead to other SDHs being present (e.g. stress).

Unemployment

In regions where unemployment rates are high, the impact on health from unemployment is higher. The impacts result from both psychological causes but also from financial ones too. Even having their role threatened can trigger the adverse health effects associated with unemployment.

Social Support

A person who does not have sufficient social support may experience adverse effects on their health. Personal relationships at work, at home and in the community are vital to a person's physical and emotional wellbeing. Those who lack these networks may feel isolated or excluded. This may be further increased by living in poverty.

Addiction

Addiction is a twofold SDH, as it can result from other SDHs, but can also make health inequalities even more pronounced. Those from lower socioeconomic backgrounds are more likely to smoke, take drugs and develop alcohol dependence. This can further increase impacts in society, and can lead to violence and poor health.

At the same time, people may also resort to AOD to numb their reality caused by other SDHs. This can lead to a further decrease in social mobility.

Food

Food is the body's fuel, and a poor diet and/or lack of adequate food supply can both wreak havoc on a person's health. People who consume too much ultra-processed food may become obese and experience the negative health effects that come with this. Conversely, people may be lacking vital nutrients in their diet (deficiency) which can also impact their health. People on low incomes are often less able to eat healthily, and are more likely to be impacted by the effects of poor diet.

Transport

The reliance on cars in today's society is having a detrimental impact on health. People who choose to or are required to drive everywhere instead of walking or cycling are impacting their health twofold – they aren't getting fresh air and they're contributing to pollution. There are also some human interactions that come with walking, cycling and public transport, and these are reduced by driving.

In some regional or rural areas, a lack of transport may also impact a person's health. For example, if someone does not have access to reliable transport, they may be unable to find or maintain employment, may not be able to attend medical and other appointments, and may be limited in what they can carry (e.g. groceries).

Week 2: Study Questions

1. What are the social determinants of health (SDH) described in Marmot (2005)?

- The Social Gradient
- Stress
- Early life
- Social exclusion
- Work
- Unemployment
- Social support
- Addiction
- Food
- Transport

2. Why do you think these determinants are important for health?
A person's upbringing and living circumstances can have significant impacts on their health. People who are more disadvantaged in society are also more likely to be impacted by illnesses and chronic diseases than those who are better off. Often, SDHs can be cumulative and concurrent, and many are linked.

As health practitioners, understanding these determinants is important, as it allows us to take a more holistic view of a person's situation, and can potentially inform our approach to treatment and intervention.

On a broader level, the determinants can help inform government policy, and can help direct finite resources into areas where they can potentially have a strong impact. If these determinants are addressed directly, it can help mitigate and minimise adverse health conditions in some, thus improving the health of society as a whole and leading to less reliance on and overburdening of the healthcare system.

3. Select 1 SDH & describe how it affects health
Social exclusion is one of the SHDs and can negatively impact on a person's health. People undergoing hardship can experience social exclusion as a result of their inability to fully participate in society.

Poverty can be absolute (lack of the essential basics required for life) or relative (people who receive less than a nation's median income; sometimes quoted at 60%). Both groups of people are poorer than most.

This lack of money can exclude people from accessing transport, education, healthy (or any) food, housing and more. This in turn excludes people from society, and may also lead to other SDHs impacting a person (e.g. addiction).

Social exclusion can also come as the result of discrimination, stigma, racism and unemployment. These factors further deter or prevent people from fully participating in society. The longer someone is excluded, the more likely they are to be impacted by adverse health.

Social exclusion can cause mental health issues, and can especially contribute to cardiovascular disease. It may also mean that people are unable or unwilling to access health services in a timely manner (or at all).

4. Do social determinants of health apply both between countries and within communities? Explain.

Yes – different countries are affected by different government policies, as well as different cultural/social beliefs. Within a country, different states may have different policies and services available to help people experiencing SHDs. Broken down further, an actual location can impact on an SDH. For example, in a metropolitan city, people are able to access public transport and health services a lot more readily than in a rural town.

5. The World Health Organisation (WHO) aims to achieve health equity within a generation? Do you think this is possible? Why?
I think this is *possible***,** but I don't think it's likely. Although there are some services which help deal with SDHs at a grassroots level, ultimately it will be from changes in policy and society, particularly wealth redistribution, which would mean health equity is achieved. Even in a blue sky world where every country changed their policy to address the SDHs, there would still be generations of cultural belief and habit to overcome too.

6. How well do you think Australia addresses the social determinants and other factors that influence health?

We could definitely do better!

To name a few:

Indigenous Australians are still used as a worldwide 'what not to do' with regard to life expectancy. The Closing the Gap report was first done in 2008. 12 years on, the life expectancy of ATSI people is still significantly lower than non-ATSI counterparts.

The recent change to Job Seeker (and the stigmatising change of name to Job Seeker from NewStart!) to account for COVID was a good step forward, however the decision to put it back to the pre-COVID amount highlights that perhaps helping to mitigate some detrimental determinants may not be the government's priority.

By its nature, Australia is a large and spread out country. Rural and regional areas continue to be disadvantaged by lack of resources and access to services, fewer jobs and the logistical issues that come with trying to build reliable and affordable public transport.

There have also been funding cuts to crucial services, and a lack of focus on areas such as social housing. A lot of emphasis continues to be put on funding fossil fuels but not a lot into renewables which, whilst they create jobs, impacts the environment people are living in and can be a cause of stress and anxiety amongst people.

Topic 2 – Structure and Functions of the Australian Health Care System

Week 3

1. Understand the different entities that make up the Australian health care system & their influence eg government, business, consumers, volunteers, private vs public, etc

2. Explain the complex relationship between funding sources, service providers and consumers

3. Understand how Australia provides universal health & why

4. Describe the major model of health & understand how this applies in Australia.