

“A PATH TO WELLNESS” SYMPOSIUM

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A Path to Wellness

Thank you for the opportunity to present to you today on the topic at hand Path to Wellness.

Found this to be a daunting task.....Wellness means different things to different people

The term has been hijacked by popular consumer groups and social media influencers

I believe that

Wellness, like happiness, depends on many factors, not just the absence of clinical conditions, diseases, infections, and the like.

The circumstances in which individuals live, and how they manage between cradle and grave, are very likely to determine their wellness.

To me, wellness is a holistic concept determined by the person’s overall mental, physical, social, spiritual, philosophical, and even moral and ethical state.

In health care, as doctors, we sometimes focus on the physical, but we are now also be aware that our patients do not arrive as a blank canvas.

They arrive with a history, an environment, a circumstance, a family, and maybe as someone isolated and without support.

The condition or issue we are treating may only be a small factor in their overall wellness – or indeed it could have everything to do with the wellness.

The problem is that for the average person wellness means different things and I feel needs to be relative to both personal and overall community health literacy.

The two are inextricably linked and need to be viewed together as should the overall health outcomes.

The conversation will obviously vary from country to country as a result of all the underlying factors.

I shall try and tease this out and then look at some of the programs we are using down under to improve wellness.

In 2014-15, more than half (57 per cent) of Australians aged 15 and over self-rated their health as 'excellent' or 'very good' - similar to the proportion recorded a decade earlier, in 2004-05 (ABS 2015).

As I said, wellness is related to so many factors. There are two other overarching considerations of wellness.

The first relates to the activities and lifestyles that individuals engage in.

Largely leaving aside genetics and inherited conditions, what we all do with our bodies impacts on our wellness. If we smoke, drink heavily, have poor food choices, whether we exercise sufficiently or not.

Cardiovascular disease, diabetes, obesity and overweight are just some of the conditions many of us see in our daily practice in Australia.

Contrast this with some recent data from general practice reveals that more than half of the presentations to GP's are primarily for or involve associated mental health conditions

The second relates to where people live and the environmental factors such as air quality and access to safe drinking water and a balanced diet.

These affect wellness and wellbeing.

What we earn, our level of income, employment status, and the types of supports we have around us all impact in greater or lesser ways on our wellness.

These are often called 'social determinants of health', but they are just the social contexts - and are often shaped by political, social, and economic forces.

In Australia, there is no doubt that on many levels our path to health is progressing strongly with many measures underpinning the advancements in this area.

I will demonstrate the key health outcome measures that demonstrate this.

They will also show a variance if looked through the lens of these social determinants of health.

But wellness is perhaps a different conversation. However, the contexts of health and wellness include a range of factors - but geographic location, income, education, and social networks are very different Down Under due to our unique geography and our population spread across a large land mass.

For a country so enormous in size and with such variations in climate and conditions, geographic location is a determinant of wellbeing and health.

Much of Australia is in the grips of drought and rural farming communities are in extreme distress

Most Australians live on the coastal strip running from Townsville to Adelaide, and this is where health services are likely to be found.

It is the capital cities where Australian health services are based and where access is most affordable and accessible.

The further you are from a capital city, the less likely you are to access an appropriate health service.

The rural divide continues to influence health outcomes in Australia. Indeed, our health system struggles to meet the needs of rural, regional, and remote Australians.

Australians living in rural and remote areas generally experience poorer health and welfare outcomes than people living in metropolitan areas.

They have higher rates of chronic disease and mortality, have poorer access to health services, are more likely to engage in behaviours associated with poorer health, and are over-represented in the child protection and youth justice sectors.

For example, 1 in 5 Australians in outer regional and remote Australia smoke, and 3 in 4 do not get enough exercise.

Disappointingly, also, there is a 1.7 times higher rate of suicide in remote and very remote areas compared to the major cities

This is also most starkly evident in the disparity between Indigenous and non-Indigenous Australians.

Despite modest gains in the life expectancy for Aboriginal and Torres Strait Islander people in recent years, progress is frustratingly slow.

Much more needs to be done to close the unacceptable gap in health outcomes between Indigenous and non-Indigenous Australians.

The data around some of the key health measures paints a disturbing picture of 21st century Australia and highlights how the concept of wellness is vastly different for different cohorts and peoples.

For example:

- there is a life expectancy gap of around 10 years between Aboriginal and Torres Strait Islander people and other Australians, which is now widening;
- the death rate for Aboriginal and Torres Strait Islander children is more than double the rate for non-Indigenous children;
- preventable hospital admissions and deaths are three times higher for Aboriginal and Torres Strait Islander people than their non-Indigenous peers; and

The AMA has been saying for years that these gaps in health, in wellness, are unacceptable in a country as resourced and wealthy as Australia.

Let's look at some measures to better exemplify this - such as life expectancy, mortality, and morbidity - and help us understand progress of Australia's health over time.

There have been some favourable trends in the health status, including a decline in the incidence rate of

- heart attacks,
- bowel cancer,

However, there have been unfavourable trends too: hospitalisations for injury and poisoning have been increasing.

The proportion of adults who are

- daily smokers,
- are at risk from long-term harm from alcohol, and
- have an educational attainment of a non-school qualification or above

have all been trending favourably over the last 10 years.

However, the proportion of people who are obese and overweight has been increasing over the past 20 years.

Assessment of the health system shows favourable progress for a number of indicators, including immunisation rates for 1-year-olds and 5-year-olds.

There has been no change over the last 10 years in some measures, such as wait times for emergency departments. However, the wait time for elective surgery has increased (an unfavourable trend).

Australia is a diverse nation. Its more than 25 million people have different backgrounds with an estimated 3.3 per cent (787,000) identified as Aboriginal and Torres Strait Islander, and about 71 per cent (17.2 million) living in the major cities.

Nationally, our life expectancy at birth has increased over time. Between 1890 and 2016, it rose for males from 47.2 to 80.4 years, and for females from 50.8 to 84.6 years.

Australia now has the fifth highest life expectancy for males and the eighth highest for females compared with other member countries of the Organisation for Economic Co-operation and Development (OECD).

We are living longer lives, and those extra years are being lived in good health.

Health-adjusted life expectancy estimates, on average, forecast that males born in 2011 can expect to have 1.7 more years in full health than males born in 2003, while females can expect 1.2 more years.

At 12 per cent, Australia has one of the lowest rates of smoking among adults in the OECD, and a better than average rate of colon cancer survival, ranking third best.

However, it has higher rates than the OECD average of alcohol consumption and obesity among people aged 15 and over.

In 2015, the heart attack rate for men was more than twice that for women, though rates have declined for both men and women since 2007. Overall, there has been a decline of 37 per cent in the rate of heart attack since 2007.

In the last 10 years for which data are available, there has been an increase in the incidence of breast cancer in females and a decrease in the incidence of bowel cancer.

Rates of melanoma of the skin and lung and cervical cancer have remained stable over this period.

Over the last 10 years for which data are available, notification rates for hepatitis B and C have fallen, but rates of syphilis, chlamydia, and gonorrhoea have risen.

The notification rate of human immunodeficiency virus (HIV) has remained steady and was 4.2 notifications per 100,000 people in 2016.

In 2013, there were 5,100 new cases of end-stage kidney disease—an age-standardised rate of 19 per 100,000 people. The incidence rate increases substantially with age.

In 2015–16, there were an estimated 509,900 hospitalised cases due to injury and poisoning. Rates of hospitalised cases for injury and poisoning increase substantially with age for people aged 75 and over.

In 2015, 5 per cent of liveborn singleton babies were of low birthweight. The proportion of low birthweight singleton babies born to Aboriginal and Torres Strait Islander mothers was 2.2 times the proportion of babies born to non-Indigenous mothers.

The death rate for infants aged under 1 and children aged 1-4 has decreased since 2001—a trend that has been maintained in the most recent 10 years for which data are available.

Since 2001, the death rate for Indigenous infants also fell. However, the rate is still almost twice that for all infants.

As I previously said.... Life expectancy for a boy born in Australia between 2014 and 2016 was 80.4 years, and for a girl, 84.6 years.

However, the estimated life expectancy for an Indigenous boy born between 2010 and 2012 was 10.6 years lower than for a non-Indigenous boy, and for girls the difference was 9.5 years.

To improve the wellness of all Australians, we must I believe examine and find solutions to the types of disadvantage people experience.

Poverty is arguably the number one cause of health inequity, taking into account

- inability to access goods and services,
- housing,
- proper food,
- exercise,
- appropriate clothing,
- education,
- social supports, or
- being able to access transport and communications.

To overcome these inequities, we must not only focus on treating disease and modifying risk factors – but invest in housing, employment and education, and try to find solutions to loneliness and social isolation.

Let me give you a few telling statistics taken from the Australian Institute of Health and Welfare:

- 20 per cent of Australians living in the lowest socio-economic areas are 1.6 times more likely as the highest 20 per cent to have at least two chronic health conditions;
- Australians living in the lowest socio-economic areas live about 3 years less than those living in the highest areas;
- People reporting the worst mental and physical health are twice as likely to live in poor quality or overcrowded dwellings;
- mothers in the lowest socioeconomic areas are 30 per cent more likely to have a low birthweight baby than mothers in the highest socio-economic areas;
- people in low socio-economic resource households spend proportionally less on medical and health care than other households; and
- people living in the lowest socio-economic areas are more than twice as likely to delay seeing, or not see, a dental professional due to cost compared with those living in the highest socio-economic areas (28 per cent compared with 12 per cent).

In Australia, we have another divide – access.

Access to transport to get to appropriate services and supports, and access to appropriate medical care and allied health.

We must also try to find solutions to loneliness and social isolation.

Let me spend the rest of this presentation looking at some of the measures the Australian govt has instituted or is about to pilot which I believe will aide significantly in improving wellness

The problem we face is that measuring the investments that we want in wellness and wellbeing are not able to be delivered by the health system alone.

The modern world is complex and complicated, and social media and technology are both liberating and enslaving.

- The rise of cyber-bullying,
- our obsession with our phones and technology, and
- the loss of face-to-face interaction

are not problems that doctors and health experts have a prescription for - and frankly, we shouldn't be the ones trying to manage these issues alone.

The AMA has been pushing governments to address some of the structural and historic problems which may contribute to a deficit of wellness.

There is a 10 year plan currently being task-forced to look at preventative health measures that will reduce the burden of chronic and complex disease

This will look at many of the issues I have alluded to.

People need to exercise more, but some need safe and cheap places to do this, and the right guidance and support.

- Programs as community-based exercise and life-style programs are regularly being assisted by government grants

Better lifestyle choices cannot be achieved by telling people to take personal responsibility.

Obesity Strategy:

The AMA has launched an obesity strategy in late 2016

It is a multi-modal plan to address the rising rates of Obesity in Australia

66% of Australians are overweight or obese.

It centres around

- Community Health education around lifestyle and foods and sensible dieting
- A SUGAR TAX of Sugar Sweetened Beverage.
- Infrastructure planning with more running and bike tracks as well as better planned communities where walking to centres is facilitated and reliance on motorised transportation reduced
- Governments have a role in addressing things like junk food advertising, marketing to children,

- how Govt invest in sport and recreation, and promoting behaviours and life choices that lead to healthier, longer lives.

Alcohol Strategy

This is unfortunately long overdue and an example of the strong lobbying power of the large alcoholic drinks manufacturers

Govt seems paralyzed to act and in fact the latest draft seems to have capitulated to them where even the recommendations for daily consumption cannot be agreed on in fact suggesting that alcohol has a important part to play in overall daily social activities

Smoking

There is renewed strategies to further look at the rates of smoking especially in rural and remote Australia and indigenous populations recently announced in the Govts 2030 Health And Mental well being document.

Primary Health Care Strategy:

Commitment to Patient Centred Medical Home and centrality of GP in the Health System. Focusing on a more coordinated c.are pathways especially form general practice into the other sectors and then back into the community

Electronic health Record

Incentives now being introduced for the collection of rich Primary care data and not only using it for bench marking but also for quality improvement and then population health planning:

Cancer treatment and PBS: Media Strategy by Govt

PBS is a govt subsidy program for medications discounted heavily for concessional patients with a safety net as well

Large regular announcement of medications brought onto the PBS include many immunotherapy drugs.

And

more recently therapies such as CarT Therapy trial program in Melbourne as therapy for many of previously incurable blood cancers otherwise many hundreds of thousands of dollars of treatment in the USA.

Negative forces

- Nanny State mentality
- Don't tell us what to eat
- Govts have no right to tell us how and or what we should eat or drink or lead their life

- Comforted by the daily announcements of new drugs / cures
- We will be safe in the future expectation of innovation and research
- A cynical media that likes to display conflicting daily research and popularist community opinion.
- Very difficult to get a wellness story into the papers other than a supplement on the back of the newspaper or magazines

Social media influencers

- Belle Gibson and fraud case
- Footballers wives
- Celebrity chef blogs eg Pete Evans

Conclusion;

I am pleased to report that Australians are by and large well, but we are also a country with a looming obesity crisis and areas of unacceptable disadvantage and inability to access the right health care at the right time.

The Australian glass is more than half full, but unless we act to address the inequity of wellness, we will be leaving people to fall through the gaps. Prevention and health promotion are just as important elements of the health system as hospitals and medication and surgery.

The prescription for wellness is complex and complicated, but that does not mean that we should stop pursuing it. A pathway to wellness has many rewards ... for all of us.

Thank you.