

Health & Human Development Units $\frac{3}{4}$ Notes

Aysha Blade 2019

Unit 3: Australia's health in a globalised world

This unit looks at health, wellbeing and illness as multidimensional, dynamic and subject to different interpretations and contexts. Students begin to explore health and wellbeing as a global concept and to take a broader approach to inquiry. As they consider the benefits of optimal health and wellbeing and its importance as an individual and a collective resource, their thinking extends to health as a universal right. Students look at the fundamental conditions required for health improvement, as stated by the World Health Organization (WHO). They use this knowledge as background to their analysis and evaluation of variations in the health status of Australians. Area of Study 2 focuses on health promotion and improvements in population health over time. Students look at various public health approaches and the interdependence of different models as they research health improvements and evaluate successful programs. While the emphasis is on the Australian health system, the progression of change in public health approaches should be seen within a global context.

Area of Study 1

Understanding health and wellbeing

This area of study explores health and wellbeing and illness as complex, dynamic and subjective concepts. While the major focus is on the health of Australians, this area of study also emphasises that Australia's health is not isolated from the rest of the world. Students inquire into the WHO's prerequisites for health and wellbeing and reflect on both the universality of public health goals and the increasing influence of global conditions on Australians. Students develop their understanding of the indicators used to measure and evaluate health status, and the factors that contribute to variations between population groups in Australia.

Outcome 1

On completion of this unit the student should be able to explain the complex, dynamic and global nature of health and wellbeing, interpret and apply Australia's health status data and analyse variations in health status.

To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 1.

Key knowledge

- concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts
- benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
- prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity
- indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status

- health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:
 - males and females
 - Indigenous and non-Indigenous
 - high and low socioeconomic status
 - those living within and outside of Australia's major cities
- the contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

Key skills

- explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
- describe interrelationships between dimensions of health and wellbeing
- explain the individual and collective importance of health and wellbeing as a resource
- describe global benefits of the pursuit of optimal health and wellbeing
- identify the WHO's prerequisites for health and explain their links to improved health outcomes
- describe and apply indicators used to measure health status
- use data to describe and evaluate the health status of Australians
- analyse patterns in morbidity and mortality in Australia over time
- analyse health information to explain factors that contribute to variations in health status between population groups.

Area of Study 2

Promoting health and wellbeing

This area of study looks at different approaches to public health over time, with an emphasis on changes and strategies that have succeeded in improving health and wellbeing. Students examine the progression of public health in Australia since 1900, noting global changes and influences such as the Ottawa Charter for Health Promotion and the general transition of focus from the health and wellbeing of individuals to that of populations. Students investigate the Australian health system and its role in promoting health and wellbeing. They conduct a detailed study on a successful health promotion campaign or program, and inquire into priorities for health improvements in Australia.

Outcome 2

On completion of this unit the student should be able to explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies.

To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 2.

Key knowledge

- improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:
 - 'old' public health
 - the biomedical approach to health and improvements in medical technology
 - development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion
 - the relationship between biomedical and social models of health

- Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity
- the role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including:
 - why it was/is targeted
 - effectiveness of the health promotion in improving population health
 - how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
- initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion
- initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

Key skills

- analyse data that show improvements in health over time and draw conclusions about reasons for improvements
- analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia's health
- analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status
- apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies
- evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing
- draw conclusions as to why dietary improvements are difficult to achieve in Australia.

| Outcomes | Marks allocated | Assessment tasks |
|--|-----------------|--|
| <p>Outcome 1</p> <p>Explain the complex, dynamic and global nature of health and wellbeing, interpret and apply Australia's health status data and analyse variations in health status.</p> | 50 | <p>The student's performance on each outcome is assessed using one or more of the following:</p> <ul style="list-style-type: none"> • a short written report, such as a media analysis, a research inquiry, a blog or a case study analysis • oral presentation, such as a debate or a podcast • a visual presentation such as a graphic organiser, a concept/mind map, an annotated poster, a digital presentation • structured questions, including data analysis. |
| <p>Outcome 2</p> <p>Explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies.</p> | 50 | |
| Total marks | 100 | |

Unit 4: Health and human development in a global context

This unit examines health and wellbeing, and human development in a global context. Students use data to investigate health status and burden of disease in different countries, exploring factors that contribute to health inequalities between and within countries, including the physical, social and economic conditions in which people live. Students build their understanding of health in a global context through examining changes in burden of disease over time and studying the key concepts of sustainability and human development. They consider the health implications of increased globalisation and worldwide trends relating to climate change, digital technologies, world trade and the mass movement of people. Area of Study 2 looks at global action to improve health and wellbeing and human development, focusing on the United Nations' (UN's) Sustainable Development Goals (SDGs) and the work of the World Health Organization (WHO). Students also investigate the role of non-government organisations and Australia's overseas aid program. Students evaluate the effectiveness of health initiatives and programs in a global context and reflect on their capacity to take action.

Area of Study 1

Health and wellbeing in a global context

This area of study looks at similarities and differences in major burdens of disease in low-, middle- and high-income countries, including Australia. Students investigate a range of factors that contribute to health inequalities and study the concepts of sustainability, human development and the Human Development Index to further their understanding of health in a global context. Students consider the global reach of product marketing and inquire into the effects of particular global trends on health and wellbeing.

Outcome 1

On completion of this unit the student should be able to analyse similarities and differences in health status and burden of disease globally and the factors that contribute to differences in health and wellbeing.

To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 1.

Key knowledge

- characteristics of high-, middle- and low-income countries
- similarities and differences in health status and burden of disease in low-, middle- and high-income countries, including Australia
- factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods
- the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing
- the concept of human development, including advantages and limitations of the Human Development Index
- implications for health and wellbeing of global trends including:
 - climate change (rising sea levels, changing weather patterns and more extreme weather events)
 - conflict and mass migration
 - increased world trade and tourism
 - digital technologies that enable increased knowledge sharing.

Key skills

- describe characteristics of high-, middle- and low-income countries
- evaluate data to analyse similarities and differences between countries in relation to health status and burden of disease
- analyse factors that contribute to health status and burden of disease in different countries and discuss their impact on health and wellbeing
- compare health data and other information to analyse reasons for health inequalities within and between nations
- explain sustainability (environmental, social, economic) and its importance in the promotion of health and wellbeing in a global context
- explain the Human Development Index and evaluate its usefulness in measuring human development of countries
- analyse the implications for health and wellbeing of particular global trends.

Area of Study 2

Health and the Sustainable Development Goals

This area of study looks at action for promoting health globally. It looks at the rationale, objectives and interdependencies of the UN's SDGs, focusing on their promotion of health and wellbeing and human development. Students investigate the priorities and work of the WHO and evaluate Australia's aid program and the role of non-government organisations, selecting one aid program for detailed research and analysis. They reflect on meaningful and achievable individual actions that could contribute to the work of national and international organisations that promote health and wellbeing.

Outcome 2

On completion of this unit the student should be able to analyse relationships between the SDGs and their role in the promotion of health and human development, and evaluate the effectiveness of global aid programs.

To achieve this outcome the student will draw on key knowledge and key skills outlined in Area of Study 2.

Key knowledge

- rationale and objectives of the UN's SDGs
- key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'
- relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals
- priorities and work of the WHO
- the purpose and characteristics of different types of aid including emergency, bilateral and multilateral
- features of Australia's aid program including its priority areas and the types of partnerships involved
- the role of non-government organisations in promoting health and wellbeing, and human development
- features of effective aid programs that address the SDGs, and examples of effective implementation, with details of one such program including:
 - its purpose and the SDG/s addressed
 - details of implementation and the partnerships involved
 - contribution to promoting health and wellbeing, and human development
- ways in which individuals can engage with communities and/or national and international organisations to take social action that promotes health and wellbeing.

Key skills

- describe the objectives of the UN's SDGs and justify their importance
- describe key features of SDG 3 and analyse its relationships with other SDGs in collaborative approaches to improving health and wellbeing, and human development globally
- explain the priorities and the work of the WHO and discuss how the WHO priorities are reflected in different scenarios
- describe and justify different types of aid
- explain and evaluate the role of non-government organisations in promoting health and wellbeing, and human development globally
- analyse and evaluate the effectiveness of aid programs in promoting health and wellbeing, and human development
- describe and justify ways of taking social action to promote health and wellbeing.

| Outcomes | Marks allocated | Assessment tasks |
|--|-----------------|---|
| Outcome 1 Analyse similarities and differences in health status and burden of disease globally and the factors that contribute to differences in health and wellbeing. | 50 | The student's performance on each outcome is assessed using one or more of the following: <ul style="list-style-type: none">• a short written report, such as a media analysis, a research inquiry, a blog or a case study analysis• an oral presentation, such as a debate or a podcast• a visual presentation such as a graphic organiser, a concept/mind map, an annotated poster, a digital presentation• structured questions, including data analysis. |
| Outcome 2 Analyse relationships between the SDGs and their role in the promotion of health and human development, and evaluate the effectiveness of global aid programs. | 50 | |
| Total marks | 100 | |

End-of-year examination

Description

The examination will be set by a panel appointed by the VCAA. All the key knowledge and key skills that underpin the outcomes in Units 3 and 4 are examinable.

Conditions

The examination will be completed under the following conditions:

- Duration: two hours.
- Date: end-of-year, on a date to be published annually by the VCAA.
- VCAA examination rules will apply. Details of these rules are published annually in the [VCE and VCAL Administrative Handbook](#).
- The examination will be marked by assessors appointed by the VCAA.

Chapter 1

- concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic (subject to change) and subjective (changes with people's ideas, beliefs and past experiences) nature of these concepts

Health: A state of complete physical, social and mental wellbeing, and not merely the absence of disease and infirmity.

Wellbeing: A complex combination of all dimensions of health, characterised by a balance in which the individual feels happy, healthy, capable and engaged.

Physical health and wellbeing: Relates to the functioning of the body and its systems; includes the physical capacity to perform daily activities or tasks.

Spiritual health and wellbeing: Not material in nature, but relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings.

Emotional health and wellbeing: Relates to the ability to express feelings in a positive way.

Mental health and wellbeing: The current state of wellbeing relating to the mind or brain and it relates to the ability to think and process information.

Social health and wellbeing: The ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.

Illness: The state of feeling unwell although the term is also often used synonymously with disease.

Dynamic: health that is changing or moving continuously in response to its environment and experiences.

Subjective: Something that can be influenced by personal opinions and feelings

- benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally

| Individually | Nationally | Globally |
|---|--|--|
| <ul style="list-style-type: none"> ○ Increases life expectancy ○ Increases self-esteem and positive self-image ○ Development of meaningful engagement with community ○ Reduces pain and suffering associated with chronic diseases ○ Reduces medical costs | <ul style="list-style-type: none"> ○ Builds productive workforce ○ Reduces burden on healthcare system ○ Reduction in absences from workplace ○ Positive thinking and societal participation ○ Government can save money and spend it on other things | <ul style="list-style-type: none"> ○ Decrease in the emergence or re-emergence of an infectious disease which can cross borders ○ Decrease in non-communicable diseases ○ Increase in economic and social development |

- prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity

| Perquisite | Description | How it increases health outcomes |
|-----------------------|---|---|
| Peace | It is a way of being, of interacting with others, of living on this planet. Living with others on the basis of tolerance, respect and mutual understanding | The absence of war and conflict means that people have less chances of being injured or killed, drinking contaminated water or poisoning within the air as a result of the war/conflict. |
| Shelter | Provides a safe environment that provides members of the household with the security they need to participate in the social, educational, economical and community aspects of their life. | Gives the individual adequate sanitation and water supply for physical health and wellbeing. It also provides adequate privacy, space, security and environmental quality for health related factors. This gives an individual a chance for employment (income), less chance of infectious disease and poverty. |
| Education | Is strongly linked to health and wellbeing and their knowledge about it. | Knowledge about health behaviours, consequences of risk taking behaviours, use of health related information and preventative healthcare services. There is a strong association with employment opportunities, levels of literacy and levels of income. |
| Food | Provides people with nutrients that are required to attain and maintain an appropriate level of health and wellbeing | Gives an individual the ability to withstand the effects of exposure to illness and injury. |
| Income | The higher a person's income, education or occupational level, the healthier they tend to be. The lower the income, the greater risk of poor health, higher rates of illness, disability, death and live shorter lives compared to those with a higher income. | Having a higher income give an individual the opportunity to access clean water, good sanitation, adequate nutrition, adequate housing and warmth, education, and access to functioning and inclusive healthcare systems. All of these factors are essential for optimal health. |
| Stable ecosystem | Refers to a balanced relationship between the landscape and species that live in an environment | Provides resources for health such as food, clean air and water. Need stable ecosystems for food security |
| Sustainable resources | Relates to enabling natural systems to function, remain diverse and produce what is required for the ecology to remain in balance, while still being used to maintain current living practices but to also have these resources available for future generations. | Sustainable consumption and production relate to promoting resource and energy efficiency, sustainable infrastructure and access to basic services, green and decent jobs and a better quality of life for all. |
| Equity | Equity in relation to health and wellbeing refers to addressing the causes of inequity and providing strategies to ensure fairness. Equity is not about treating everyone equally but rather providing what individuals or groups require for health and wellbeing. | Fair treatments for everyone means that those who are in need of a treatment, but cannot receive it for various reasons can get access to it for optimal health. |
| Social justice | Involves the establishment of supportive environments and the promotion of diversity. Social justice principles work together to manage health inequities based on morbidity and mortality rates and cultural, social, economic and political factors. | Everyone has the right to healthy, safe, accessible and sustainable places and neighbourhoods for people to live well, play and connect with other community members. This is essential for mental health and wellbeing and is essential for health. |

- indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status

Health Status: An individuals or a populations overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors

Prevalence: The number or proportion of cases of a particular disease or condition present in a population at a given time

Incidence: The number or rate of new cases of a particular condition during a specific time

Burden of disease: A measure of the impact of diseases and injuries. Specifically, it measures the gap between current health status and an ideal situation where everyone lives to an old age free from disability and disease. It is measured in a unit called DALY.

Disability Adjusted Life Year (DALY): A measure of burden of disease- one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or illness.

Years of Life Lost (YLL): The fatal burden of disease of a population, defined as the years of life lost due to death.

Years lost due to disability (YLD): The non-fatal component of the disease burden; a measurement of the healthy years lost due to disease or injuries.

Life expectancy: An indication of how long a person can expect to live; it is the number of years of life remaining to a person at a particular age if death rates do not change

Health-adjusted life expectancy: A measure of burden of disease, based on life expectancy at birth, but including an adjustment for time spent in poor health. It is the number of years in full health that a person can expect to live based on current rates of ill health and mortality

Morbidity: Refers to ill-health in an individual and the levels of ill-health in a population or group

Mortality: The number of deaths caused by a particular disease, illness or other environmental factor

Infant mortality: The number of deaths among children under the age of 1 year in a given period, per 1000 live births in the same period

Under-5 mortality: The number of deaths of children under 5 years of age per 1000 live births

Maternal mortality: Refers to the number of deaths of women due to pregnancy or childbirth related complications

Self-assessed health status: An overall measure of a populations health based on a person's own perceptions of their health.

Chapter 2

- health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including: – males and females – Indigenous and non-Indigenous – high and low socioeconomic status – those living within and outside of Australia’s major cities

| Factor contributing to Health and Wellbeing | Description |
|---|--|
| Biological | Factors relating to the body that impact on health and wellbeing |
| Sociocultural | Aspects of society and the social environment that impact on health and wellbeing |
| Environmental | The surroundings in which we live, work and play. The environment includes water and air, workplaces, roads, nature, schools, recreation settings and exposure to hazards. |

Indigenous Australians & Non-Indigenous Australians

| | |
|----------------------------------|--|
| Key differences in Health Status | <ul style="list-style-type: none"> Aboriginal and Torres Strait Islanders suffer a greater level of ill-health Higher rates of long-term heart or related condition The higher age-standardised death rate for cancer Higher rates of type 2 diabetes Higher levels of respiratory disease Higher rates of HIV Higher rates of psychological distress Infant mortality twice as high |
| Biological Variations | <ul style="list-style-type: none"> Children aged 2-14 more likely to be underweight More than half the aboriginal population over the age of 15 is overweight/obese Higher rates of overweight/obese More likely to develop diabetes Higher prevalence of low weight babies |
| Sociocultural Variations | <ul style="list-style-type: none"> Lower education attainment and reduced participation in workforce Lower income Lower levels of employment More likely to work in low skilled required jobs Families more likely to be composed of multiple families Higher hospitalisation rates Higher rates of homelessness Less likely to access healthcare |
| Environmental Variations | <ul style="list-style-type: none"> High rates of people living in unsafe conditions (unsafe drinking waters, non-functioning sanitation systems) Higher risks associated with road quality due to geographic location |

Males and Females

| | |
|----------------------------------|--|
| Key differences in Health Status | <ul style="list-style-type: none"> • Females have a life expectancy four years higher than males • Males higher death rate • Coronary heart disease is the leading cause of death for males and females • Suicide is more prevalent in males • Cancer death rates are higher in males • Cervical cancer rates have declined, and survival rates for coronary heart disease and breast cancer have increased • Under-5 mortality is higher for males • Coronary heart disease and breast cancer have increased • Under-5 mortality is higher for males • Girls have higher percentage of their life with disability |
| Biological Variations | <ul style="list-style-type: none"> • Higher rate of overweight/obese for males • Males have a higher mortality rate for cardiovascular disease, but this changes when women go through menopause <ul style="list-style-type: none"> • Oestrogen a protective factor against cardiovascular disease • Testosterone could potentially be a risk factor for cardiovascular disease. |
| Sociocultural Variations | <ul style="list-style-type: none"> • Males are more likely to be unemployed and seeking employment • Males have a greater risk of stress and anxiety due to employment • Females have lower income • More females are caregivers and stay home to look after children • Males receive higher income • Gender pay gap is 17.3% • Higher proportion of females working part time • Males less likely to seek medical treatment |
| Environmental Variations | <ul style="list-style-type: none"> • Men are more likely to be employed in high risk, labour intense jobs • Risk factors that are associated with males occupations are noise and vibration from machinery, UV exposure, pollution, lack of ergonomic equipment, need for heavy lifting, chemical hazards • Health conditions due to work may include asthma, hearing and vision conditions, muscle and back pain and mental illness • Men have higher rates of injuries associated with the workplace |

Those living in and outside major cities

| | |
|----------------------------------|---|
| Key differences in Health Status | <p>Those living in regional or remote areas:</p> <ul style="list-style-type: none"> • Higher mortality rates and lower life expectancy • Higher road injury and fatality rates • Higher reported rates of high blood pressure, diabetes and obesity • Higher rates from chronic diseases • Higher prevalence of mental health problems • Poorer dental health • Higher incidence of poor antenatal and postnatal health • Higher incidence of babies born with low birthweight to mothers in very remote areas • Higher injury rates associated with agricultural production • Higher mortality rates • Higher incidence rates of cancer |
| Biological Variations | <ul style="list-style-type: none"> • Higher rates of overweight/obese • Higher rates of low-birthweight babies • Higher rates of high cholesterol |
| Sociocultural Variations | <ul style="list-style-type: none"> • Lower income • Lower levels of education attainment • Higher rates of unemployment • Less chance of employment |
| Environmental Variations | <ul style="list-style-type: none"> • People living in regional areas can be more influenced by climatic conditions such as drought, natural disasters, and availability of natural resources |

| | |
|--|--|
| | <ul style="list-style-type: none"> • This can cause things like injury and death • Mental illness is increased due to the stress of the disasters • Due to geographical location, these groups have less or limited access to healthcare services • Higher rates of injury due to road infrastructure and trauma |
|--|--|

High and Low Socioeconomic Status

| | |
|----------------------------------|---|
| Key differences in Health Status | <ul style="list-style-type: none"> • Those living in low SES can expect to live 2.6 years less than people living in high SES • Low SES- lower life expectancy • Higher infant mortality – low SES • low SES had more frequent reports for diabetes, cardiovascular disease, chronic kidney disease, arthritis, mental health problems and respiratory disease • The prevalence of chronic diseases was higher in adults of low SES. |
| Biological Variations | <ul style="list-style-type: none"> • low SES higher rates of overweight/obese • Low SES high rates of underweight • Higher rates of high blood pressure |
| Sociocultural Variations | <ul style="list-style-type: none"> • High SES lower levels of psychological distress due to financial security • low SES lower education attainment • Unemployment rates higher in low SES populations • Single parent families are more prevalent in low SES • People living in low SES areas consult doctors more, but dentists less • Regular screening for illness prevention if less likely among low SES |
| Environmental Variations | <ul style="list-style-type: none"> • Low SES higher rates of smoking • Higher rates of child exposure to smoke • low SES have more difficulty maintaining and finding affordable housing • low SES experience more inadequate housing |

- The contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

| • Type of fat | What it does in the body | Food sources of this type of fat |
|----------------------|---|---|
| Polyunsaturated fats | Helps lower cardiovascular disease and regulates blood pressure and clotting | Vegetable oils, Nuts and seeds, Fish oils, Oily fish |
| Monounsaturated fats | Helps lower bad cholesterol by removing it from the liver. Prevents or reverses the build of plaque in the arteries | Olive, canola and peanut oil, Avocado Nuts, Sesame seeds |
| Saturated fats | Raises bad cholesterol levels in the blood Causes the build-up of plaque in the arteries | Meats, Eggs, Whole milk, Tropical oils Palm oil |
| Trans fats | Raise LDL cholesterol and lower HDL cholesterol levels Increases risk of developing heart disease and stroke | Deep fried foods, cakes, biscuits, Snack foods, |

| Nutrient | Description of the nutrient | Role in the body | Impact of over/under consumption |
|----------|---|---|---|
| Salt | <p>Is present in:</p> <ul style="list-style-type: none"> • Cured meats • Seafood • Cheese • Pickled and preserved vegetables • Breads • Processed foods | <ul style="list-style-type: none"> • Regulates blood pressure and blood volume • Helps regulate body water distribution in the extracellular fluid • Is important for the maintaining of correct acid-base balance and for the transmission of nerve impulses • Regulates muscle one • Involved in chemical reactions to maintain the heat muscle activity | <ul style="list-style-type: none"> • Excess sodium is excreted in the urine • Osteoporosis is linked to greater excretion of calcium in the urine (this could be used for maintaining bone density instead) • Because salt can increase blood pressure and cause the heart to pump harder and faster which can be a risk factor for cardiovascular disease. |
| Sugar | <ul style="list-style-type: none"> • Is a macronutrient and a form of carbohydrate • 1 gram of sugar produces 17 kilojoules • Are in the form of monosaccharides, disaccharides and polysaccharides <p>Can be found in:</p> <ul style="list-style-type: none"> • Honey • Fruit • Baked goods • Sugar • Vegetables • Milk • breads | <ul style="list-style-type: none"> • Provides energy to the body, one gram of sugar produces 17 kilojoules | <ul style="list-style-type: none"> • A diet high in sugar can promote carbohydrate production, if these carbs are not burnt off, this can increase fat storage • Sugar is an energy source and overeating it can cause excess energy consumption and leads to an energy imbalance • If one is continuously consuming sugar, insulin can become defective and be a risk factor for type 2 diabetes • Obesity/overweight are risk factors for cardiovascular disease, type 2 diabetes and colorectal cancer |
| Fibre | <p>Insoluble fibre:</p> <ul style="list-style-type: none"> • Does not dissolve in water but can bind with it • Adds bulk to faeces adding in bowel movements, limiting time waste spent in body <p>Can be found in:</p> <ul style="list-style-type: none"> • Vegetables • Skins and seeds of vegetables • Wheat bran • Dried bean • Seeds • Citrus fruits • Green leafy vegetables | <ul style="list-style-type: none"> • Help moves food through the intestinal tract • Provides a sense of satiety • Prevents against cardiovascular disease • Prevent constipation/haemorrhoids | <ul style="list-style-type: none"> • Fibre provides a sense of satiety and without it, people may feel the need to eat excess foods, causing them to overeat and gain weight • Low fibre intake can cause increase in blood cholesterol, which is a risk factor for cardiovascular disease • Low fibre can cause an increase in blood glucose levels and is a risk factor for type 2 diabetes • Polyps can turn into cancer and develop colorectal cancer |
| Iron | <ul style="list-style-type: none"> • Is an essential component of haemoglobin and myoglobin • Haemoglobin transports oxygen around the body <p>Can be found in:</p> <ul style="list-style-type: none"> • Red meat • Wholegrain cereals • Some vegetables • Legumes • Nuts | <ul style="list-style-type: none"> • Promoted the production of red blood cells in the body, which carries oxygen to different areas around the body | <ul style="list-style-type: none"> • Low intake of iron can cause anaemia. This results in a lowered ability to carry oxygen in the blood and causes one to feel lethargic, tired, weak and reduces their ability to exercise due to shortness of breath. |

| Factors | Differences in population groups | Contribution to health status (negative) |
|----------------------------------|--|---|
| Smoking | <ul style="list-style-type: none"> More prevalent among males, Indigenous Australians, living in remote/rural areas and are of low-SES | <ul style="list-style-type: none"> Higher prevalence of cancer Contributes to high rates of DALY's Higher morbidity rates for cancers, cardiovascular disease Can furthermore lead to higher mortality rates Higher prevalence of low-birthweight babies |
| Alcohol | <ul style="list-style-type: none"> More prevalent among males, Indigenous Australians, of high SES and living in remote/rural area's | <ul style="list-style-type: none"> Higher rates of mortality due to road incidents Higher prevalence of mortality (injury) due to alcohol effected behaviours Higher prevalence rates of cancer Higher prevalence rates of cardiovascular disease Higher prevalence rates of liver disease, mental health condition and foetal defects |
| High BMI | <ul style="list-style-type: none"> More prevalent among males, in rural/remote areas, of low SES and Indigenous Australians | <ul style="list-style-type: none"> Higher prevalence rates of cardiovascular disease Higher prevalence rates of diabetes type 2 Higher mortality rates from cardiovascular disease Higher mortality rates from cancer Higher prevalence rates of overweight or obese people |
| Under consumption of Vegetables | <ul style="list-style-type: none"> Low SES and males | <ul style="list-style-type: none"> Higher prevalence rates of cancer Lowered life expectancy due to cancer Higher prevalence rates of cardiovascular disease Higher prevalence rates of type 2 diabetes |
| Under consumption of Fruit | <ul style="list-style-type: none"> Low SES and males | <ul style="list-style-type: none"> Higher prevalence rates of obesity Higher prevalence rates of cardiovascular disease Lowered life expectancy due to cardiovascular disease |
| Under consumption of dairy foods | <ul style="list-style-type: none"> Males and indigenous populations | <ul style="list-style-type: none"> Higher prevalence rates of osteoporosis |
| High intake of Fat | <ul style="list-style-type: none"> Low SES, males and remote/rural area's | <ul style="list-style-type: none"> Higher prevalence rates of overweight/obesity Higher prevalence rates of cardiovascular disease Lower life expectancy due to cardiovascular disease Higher prevalence rates of osteoporosis |
| High intake of Salt | <ul style="list-style-type: none"> More prevalent among Aboriginal and Torres Strait Islanders | <ul style="list-style-type: none"> Higher prevalence rates of cardiovascular disease Higher morbidity rates due to cardiovascular disease Lower life expectancy due to cardiovascular disease Higher prevalence rates of osteoporosis |
| High intake of Sugar | <ul style="list-style-type: none"> More prevalent among males More prevalent among low income populations More prevalent among people living outside major cities | <ul style="list-style-type: none"> Higher prevalence rates of obesity Higher prevalence rates of type 2 diabetes Higher prevalence rates of cardiovascular disease Lower life expectancy due to cardiovascular disease |
| Low intake of Fibre | <ul style="list-style-type: none"> More prevalent among indigenous than non-Indigenous populations More prevalent in low income populations More prevalent in those living outside major cities | <ul style="list-style-type: none"> Higher prevalence rates of obesity Lower life expectancy due to cardiovascular disease Higher morbidity rates due to type 2 diabetes Higher rates of DALY due to cardiovascular disease |
| Low intake of Iron | <ul style="list-style-type: none"> More prevalent among females Low prevalent among low income earners | <ul style="list-style-type: none"> Higher prevalence rates of anaemia Higher morbidity rates |

- improvements in Australia’s health status since 1900 and reasons for these improvements, focusing on policy and practice relating to: – ‘old’ public health – the biomedical approach to health and improvements in medical technology – development of ‘new’ public health including the social model of health and Ottawa Charter for Health Promotion – the relationship between biomedical and social models of health

Public health: The organised response by society to protect and promote health, and to prevent illness, injury or disability.

- Occurs through systems, policies, strategies and programs that concerns with health protection, health promotion and the prevention of disease and injury.
- Targets the factors that cause illness

Old public health: aimed to increase environmental factors to reduce infectious/communicable diseases.

- Improved shelter, sanitation and water quality
- British settlement occurred, original living conditions were poor and they lacked water and sanitation. This caused a spread of disease.
- Began with addressing environmental issues and public hygiene that contributed to ill health (improving access to toilets, improved sanitation, increase access to clean water and improving living conditions)

Biomedical model of health: focuses on the physical or biological aspects of disease and illness. It is a medical model of care practiced by doctors and health professionals, and is associated with diagnosis, cure and treatment of disease.

- Focuses on treatment and cure rather than prevention
- Increases the use of drugs, surgery, expensive technology (expensive costs)
- According to this model, good health is about freedom of disease, pain and disability
- Increases reliance on health professionals
- Has been important in continuing to improve public health as advances in technology, pharmaceuticals and medical practices continue to help improve health status

New public health: is a practice that is within the context of broader social issues such as underlying social, economic, cultural, environmental and political determinants of health and disease.

- Genetic and biological factors, socio-cultural factors, socio-economic factors, health behaviours and environmental factors.
- Based on assumption that social and environmental factors were responsible for much ill-health
- Global strategy for ‘health for all by the year 2000’ made in 1981 was a turning point that made people understand that health wasn’t just influenced by environmental factors, but also social factors.
- Medicare became crucial to this model
- The social model of health and the Ottawa Charter stemmed from the development of new public health

| Old Public Health | New Public Health |
|---|--|
| Focus on improving infrastructure, especially to provide adequate shelter, clean water and sanitation | Focus on physical infrastructure, but also on social support, behaviour and lifestyles |
| Medical profession has a central place | Recognition of inter-sectoral action as vital and understanding that medicine is only one of many professions contributing |
| Focus on the prevention and treatment of disease | Focus on disease prevention and health promotion |
| Health is seen as an absence of illness | Focus on positive definition of health |
| Primary concern is with the prevention of infectious and contagious diseases that pose a threat to health | Concerned with all threats to health, but also growing concern with sustainability and viability of physical environment |
| Concern with improving conditions of poor and special needs groups | Equity is an explicit aim of the new public health system |

Social model of health: a conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social, economic and environmental determinants of health. The model is based on the understanding that in order for health gains to occur, social, economic and environmental determinants must be addressed.

- This approach attempts to address the broader influences on health (social, environmental and economic factors) rather than disease and injury. It is a community approach to prevent diseases and illnesses
- Guiding principles:
 Address the broader determinants of health
 Acts to **Reduce** social inequities
 Empowers individuals and communities
 Enable **Access** to healthcare
 Involve Inter-**Sectoral** collaboration
- Addressing broader determinants of health: is about addressing all determinants of health; this includes not only behavioural and biomedical, but social and environmental factors that contribute to inequalities in health and wellbeing.
- Acts to reduce social inequities: reduces inequalities relating to health status and provision of health services (gender, culture/race, socioeconomic status, location and physical environment)
- Empowers individuals and communities: gives people the skills and resources to change factors that affect their health
- Enables access to healthcare: healthcare services and information should be readily available and based on: need, affordability, appropriateness and accessibility to all. It also should address the barriers to access health care such as location, transport, cost and knowledge.
- Involve inter-sectoral collaboration: must be a coordinated effort between several different government departments and levels of government (including employment, education, social welfare and transport), the private sector (including manufacturers and service providers) and the health sector.

Strengths and Limitations

Biomedical Model of Health

| Strengths | Limitations |
|--|--|
| Life expectancy extended and quality of life improved | The 'fix-it' approach doesn't promote good health |
| Leads to significant advances in medical technology and research | Can be expensive and relies on costly medical technology and practitioners |
| Most people and conditions can be treated and 'cured' | Not all conditions can be treated or cured |

Social Model of Health

| Strengths | Limitations |
|--|---|
| Aimed at a population level; therefore more cost effective | Health messages may be ignored |
| Encourages good health through disease prevention | Not all conditions can be prevented (eg/genetic conditions) |
| Health messages can be passed down to future generations | Doesn't assist those who are already sick |
| Can be targeted to vulnerable population groups | |

Ottawa charter: an approach to health promotion by the World Health Organisation that attempts to reduce inequities in health. The Ottawa Charter for health promotion was developed from the social model of health and defines health promotion as 'the process of enabling people to increase control over and to improve, their health'. The three basic strategies for health promotion are enabling, mediating and advocacy.

- Aimed to achieve health for all by 2000 and beyond through health promotion and reduce inequalities in health
- Enable: health promotion focuses on equity and aims to reduce differences in health status and ensures the availability of equal opportunities and resources to enable all people to reach their fullest health potential.
- Mediate: aims to bring all concerned in the provision of health, governments, non-government, voluntary organisations, local authorities, media etc together in coordinated action to promote health for all
- Advocate: good health is vital for all development. Many factors can affect good health. Health promotion aims to make the political, economic, social, cultural, environmental, behavioural and biological factors favourable through advocacy for health.

Priority action areas

- 1) Build healthy public policy: is the decisions made by the government and organisations in regards to healthcare policy, rules and regulations. It includes changes in policy that will help to make healthier choices, the easier choices and contribute to healthier safer and cleaner and more enjoyable services and environment
Eg) nutrient reference values for Australia and NZ
- 2) Create supportive environments: building links between individuals and their environments through taking care of one another, communities and natural resources. Involves promoting environments that encourage safe, stimulating and enjoyable living and working conditions so individuals can reach their full potential.
Eg) ensure children's playground are free from hazards
- 3) Strengthen community action: communities working together to set priorities make decisions, and plan and implement strategies that will help them achieve better health
- 4) Develop personal skills: involves an individual gaining life skills and information through health promotion and education and is the desired outcome of any health promotion program. Skills and knowledge should be gained and supported at home, in school, at work and in other community settings to enable the individual to make choices that will enhance their health and to take control over their own health.
- 5) Re-orient health services: involves individuals, community groups, health professionals and the government working together to achieve a healthcare system that promotes health. Idea is for groups to work together to support healthcare professionals in moving beyond biomedical services and placing a stronger emphasis on health promotion.

Biomedical Model of Health

| Strengths | Limitations |
|--|---|
| <ul style="list-style-type: none"> • It provides treatment for many medical conditions • It helps us to learn more about disease and illness • It can enable us to improve the health status of the population • It can reduce the amount of time people spend experiencing ill-health | <ul style="list-style-type: none"> • It can be expensive • It doesn't always promote good health • It does not always promote equity • It treats the body and illness in isolation to the environment there is not a cure or treatment for every illness or disease |

Social Model of Health

| Strengths | Limitations |
|--|---|
| <ul style="list-style-type: none"> • It aims to improve the situation before illness occurs • It focuses on populations rather than individuals • It focuses on collaboration to improve effectiveness • It focusses on promoting good health • It is sustainable • It is more cost effective than the biomedical model of health • Individuals and communities are empowered to promote their own health | <ul style="list-style-type: none"> • It may be less effective for some people • Not all illnesses or conditions can be prevented • It relies on individuals making good choices • It does not address the needs of individuals • Lack of education for the entire population, some may not understand message • Changing lifestyles is very hard • Not all diseases can be prevented |

- Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity

Australia's health care system is Medicare (universal healthcare system)

Health system: All the activities whose primary purpose is to promote, restore and/or maintain health.

Primary health care: is in services such as local clinics, community health centres with professionals such as nurses, GP's and allied health professionals.

Secondary health care: service offered by professionals in hospitals.

Aim was to improve the access to healthcare to all Australians in need of treatment, regardless of age or income, at little to no cost.

Available to all Australians, New Zealander citizens and anyone with a permanent visa (aged 15+)

Medicare's main objectives:

- To make healthcare more affordable for all Australians
- To give all Australians access to healthcare services with priority according to clinical need
- To provide a high quality of care

Funding:

Medicare levy: Everyone who uses the Medicare system must contribute to help pay for it. 2% of the individual's annual wage will go towards the federal government to help pay for Medicare.

Medicare Levy surcharge: is an additional payment that individuals and families have to pay if they do not have a certain level of private hospital cover. The surcharge is an addition 1-1.5% of the individual's wage if they earn more than \$90,000 or for families who earn over \$180,000.

Private health insurance incentive rebate: When an individual gets private health insurance, at the end of the financial year the individual will receive a rebate from the government to help cover the cost of their premiums. This rebate will only be given out if the individual or family has taken out their private health insurance

How it promotes Health and Wellbeing:

The Medicare health care system promotes the health and wellbeing of an individual as it provides free or subsidised costs of basic health care

How Medicare works

- Covers in and out of hospital services
- Free or subsidised treatment from general practitioners, optometrists and certain diagnostic tests
- The coverage of healthcare services by Medicare are based on the Medicare benefit schedule. Which lists the fees set by the federal government.

Schedule fee: a fee set by the Australian government

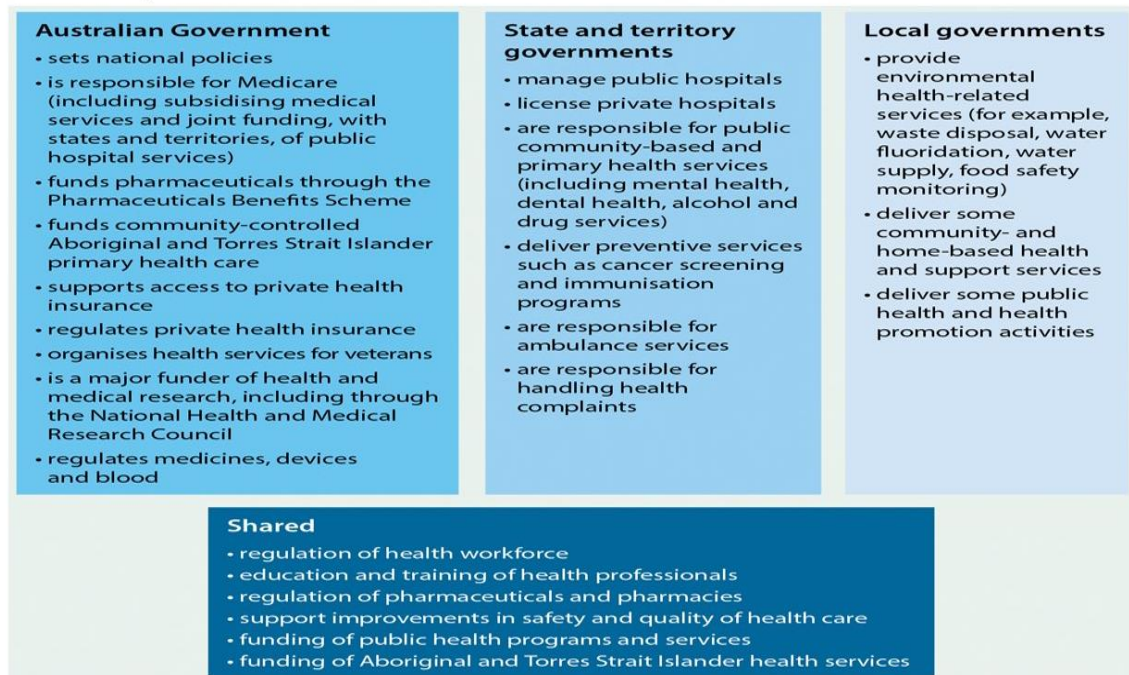
Bulk-billing: when the doctor accepts the Medicare payment as full payment for the service and there is no cost to the patient.

- Some clinic may charge more than the schedule fee, here is when there will be an out-of-pocket cost.
- For specialised services, Medicare will pay 75% of the schedule fee

Out-of-pocket costs: the difference between the Medicare benefit and what the doctor charges

Gap amount: the difference between the Medicare benefit and the schedule fee

Responsibilities of the Government



Medicare safety net: an additional rebate scheme introduced by the federal government for the benefit of patients, covering a range of doctor's visits and tests received out of hospital. It provides for reimbursement of 100% of the MBS fee for out-of-hospital services once the relevant threshold has been met.

Services covered:

- Free or subsidised treatment by health professionals, such as doctors consultations fees as often as needed
- Tests and examinations that are needed to treat illness, including x-rays and pathology tests (blood tests)
- Optometrists eye tests
- Most procedures performed by general practitioners
- Treatment and accommodation in a public hospital as a result of an emergency or after a referral from a doctor.
- Private patients in both public and private hospitals receive 75% of the Medicare schedule fee for services and procedures, excluding accommodation in the hospital, theatre fees and medicines.

Services not covered:

- Most dental treatments and examinations
- Ambulance services
- Home nursing
- Most allied health services (physiotherapy, speech pathology, etc.)
- Hearing aids, contact lenses, glasses
- Medicines, other than ones in PBS
- Medical cost incurred overseas
- Private hospital costs for accommodation, theatre fees and medicines
- Acupuncture

Advantages:

- Free or subsidised costs for treatments from health professional
- Costs are covered when in hospital

Disadvantages:

- Not all services are paid for
- Don't get to pick what doctor in public hospital
- Waiting lists are longer
- focus is on treatment, not prevention

Sustainability:

- Medicare is expensive to run, but by reducing and removing the costs of healthcare for individuals, they will be able to access healthcare sooner, which will improve health outcomes and reduce the costs of treatments in the long term.
- Medicare only cover essential healthcare services. This helps meet the health need of the current generation but also ensures that the government will be able to afford the health needs of future generations

Access:

- Is accessible as it makes a range of services more financially accessible which can improve the health status of people
- The importance of ones needs in a hospital is deviated. If one person is suffering a heart attack and one has a broken arm, the person with a heart attack will get priority. This concept makes life-saving healthcare more accessible for those who need it most (with the aim of reducing mortality rates and increasing life expectancy).
- Medicare allows people to select their own doctor in a GP service. This increases access as it can meet people's social and cultural needs.

Equity:

- Medicare promotes equity as it includes a safety net to protect those who experience higher costs of healthcare, those who have concession cards and big families from large out-of-pocket costs for healthcare services, and provides extra support to those who need it most
- Is available to all Australians and does not discriminate against age, gender, race, location, income or health status. This is promoting equity as it is putting everyone on a level playing field to access anything they are in need of, regardless of their status.

Private health insurance:

Private health insurance is a subscription or policy for which a person pays to provide them with different levels of cover. It can provide individuals with additional healthcare services that other within the Medicare system do not. It is funded through the premiums that the individual pays and the costs of private hospital treatment is covered by Medicare (only pays 75% of schedule fee) and private health insurance pays the gap (individuals still may have to pay an out of pocket fee).

Advantages:

- choice of doctor
- choice of hospital
- may get private room
- choice of timing for non-emergency procedures
- shorter waiting lists

Disadvantages:

- not all services may be covered
- more expensive
- some services may only be partially covered

Services included:

- option of being treated in private hospital
- enables the choice of hospital in which they receive treatment
- choice of doctor
- entitled to their own room in hospital
- shorter waiting lists
- more choice of timing for non-emergency procedures
- covers a wider range of services than Medicare
- the option of having extra's cover for a broader range of out of hospital services

Services not included:

- some specific services may not be covered
- some services are covered to a certain extent meaning that there could be an out of pocket cost
- cosmetic or elective surgery, Medicare will not cover the benefit

Promotion of Health and Wellbeing:

Private Health insurance promotes the health and wellbeing of individuals as it provides coverage for a wider range of health care services. The services could be free or subsidised and gives individuals a relief from the financial burden that come from health services.

Pharmaceutical benefit scheme:

The aim of the PBS is to subsidise the costs of a wide range of prescription medications, providing Australians with vital medications at affordable prices to ensure that optimal health outcomes and economic objectives are achieved. It is funded through the Australian government through taxes. When a doctor prescribes a PBS medication, patients pay the subsidised amount and the government pays the remaining cost of the drug.

Advantages:

- Free or subsidised payments of prescription medications
- Affordable medications

Disadvantages:

- Burden on the Australian government

Promotion of Health and Wellbeing:

The PBS promotes the health and wellbeing of individuals as it provides free or subsidised costs for prescription medications and relieves the financial burden that can come along if the benefit did not exist.

Sustainable:

- People taking out PHI, less financial burden on public system

Access:

- Get to choose your own doctor in a hospital
- Wider range of services

Equity:

- Health insurance incentives --> private health insurance rebate

Safety Net: Once a family or individual has spent over a certain threshold on medications for that year, they will only need to pay \$6.40 per prescription. When they spend over \$384 on prescription medications covered by the PBS they will receive further medications covered by the PBS at no cost

| | General patients | Concession |
|--|-------------------------|-------------------|
| Cost of medication on PBS | \$39.50 | \$6.40 |
| PBS safety net threshold | \$1521.80 | \$384 |
| Cost of medication once threshold is met | \$6.40 | no cost |

NDIS (National Disability Insurance Scheme):

The National Disability Insurance Scheme (NDIS) is a scheme that helps people who are suffering from significant and permanent disability and aids them with reasonable and necessary supports to them or their carers to help them live a normal life.

- Was launched in 2013 to provide support to Australians with disability, their family and their carers
- Will help people with a permanent and significant disability who is under the age of 65.
- The NDIS has a vision of a community that values people with disabilities. This can assist promoting mental health and wellbeing and improving their self esteem to help them feel apart of the community.
- Investing in people with a disability early can improve their physical health and wellbeing and will suffer less from stress due to the peace of mind that they are getting help
- The NDIS aims to promote physical and social health and wellbeing by providing those with a disability access to community services and supports

The NDIS helps people with disability to:

- Access mainstream services and support, including healthcare, education, public housing, aged care and the justice system
- Access community services and supports, including sporting clubs, libraries, charities and community groups
- Maintain informal support arrangements, including the unpaid help they get from family and friends that is part of most peoples lives
- Receive reasonable and necessary funded support, such as the financial support the NDIS will offer that is related to their disability and required for them to live an ordinary life.

Funding:

- The governance, funding and decision making is shared among all levels of government in Australia.

Sustainability:

- Is being introduced in stages around Australia in order to ensure that it is successful and sustainable. This will assist in promoting health and wellbeing of those with a disability over the long term, as they will have the support they need over the duration of their life.

Access:

- The NDIS aims to ensure that Australians with a disability receives the reasonable and necessary funded support required to financially access all the services they need to love an ordinary life and to achieve their personal goals and promote health

Equity:

- Through ensuring that people with a disability and their carers have full access to the support they need, the NDIS promotes equity as there are more resources being provided to support those who need it most.

- The role of health promotion in improving population health, focusing on: smoking,

Including:

Health promotion: is the process of enabling people to increase control over, and improve their health

– why it was/is targeted

- It is a risk factor for different cancers, cardiovascular disease, type 2 diabetes, rheumatoid arthritis, fractures and reproductive problems in women.
- It is totally a modifiable factor, meaning that it is a risk factor with an impact that the Australian community can reduce.
- Australia has set a goal to reduce the smoking rates to 5%; this will have a positive impact on burden of disease that is associated with smoking in the future

– effectiveness of the health promotion in improving population health

- The total percentage of females aged 18-24 smoking has decreased from 2001 to 2016. this is seen as in 2001, 27% of females aged 18-24 smoked, compared to 11% in 2016

- The total percentage of males aged 30-39 smoking has decreased from 2001 to 2016. This is seen as in 2001, 30% of males aged 30-39 smoked, compared to 17% in 2016.

QUIT information:

Quit has been the principal agency for population-level tobacco control in Victoria for 30 years. We are funded primarily by VicHealth and the Department of Health and Human Services and, as a unit of Cancer Council Victoria, we also draw on Cancer Council resources and expertise. Quit works closely with the Heart Foundation (Victoria), plus other Cancer Councils, Heart Foundation divisions and tobacco control counterparts around Australia and internationally.

Vision:

A tobacco-free Victoria.

Mission:

Quit Victoria will end the tobacco toll by discouraging young people from becoming addicted to nicotine, and supporting all people to become tobacco-free through the collaborative design and implementation of evidence-based policies and programs.

How they help:

Quit helps by people to make a strategic plan by:

- setting a date
- work out your reason why you want to quit
- work out why you smoke
- work out your method

They offer free support over the phone or via text. An individual can also sign up to build a quit plan, quit coach, quit text or quit mail. Each of these methods provide support, motivational messages, information about the damage smoking, act as a coach to stop smoking, send messages when someone usually has a smoke, and discourages smoking through many more strategies.

QUIT also has support groups, factsheets, tips to stay on track, ex-smoker stories, news and media releases, reasons to quit smoking and many more things to help people

- how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
 - Create support environments: people can talk to professionals in a safe, supportive environment about their personal smoking problems to get help and is confidential
 - Build public policy
 - Reorient health services: health professions can provide research and information about the health effects. They can also refer people to QUIT to seek help
 - Develop personal skills: gives people tips and advice to be able to stop smoking
 - Strengthen community action:

- initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion

Close the Gap campaign for Indigenous health equality:

- The goal of the campaign is to improve the health and life expectancy of aboriginal and Torres Strait islanders so that it is of the same standard as the rest of the population by 2030
- Was signed in March 2008 which listed the commitments and the approach to achieve the goal

The Close the Gap Statement of Intent identifies the following commitments:

- To develop a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- To ensure primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.
- To ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- To work collectively to systematically address the social [factors] that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To build on the evidence base and support what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieve improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

Ottawa charter reflection:

- Create support environments: respects and promotes the rights of Indigenous Australians to ensure that health services are available, appropriate, accessible, affordable and of good quality.
- Build public policy: is a signed campaign that has a set of goals to improve the health of indigenous Australians. This also include the commitments and actions that need to take place in order for the goals to be reached by 2030
- Reorient health services: have specialised healthcare workers who have been trained to work in health care services specifically for indigenous Australians in order to improve health and wellbeing.
- Develop personal skills: educates aboriginals how to access healthcare services, which can furthermore educate them about their health, and how they can gain control over it.
- Strengthen community action: close the gap work with aboriginal and Torres Strait islander communities to improve health status such as life expectancy, so that there is no difference between non-indigenous and indigenous Australian life expectancy.

Chapter 7

- initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

| | |
|-------------|---|
| Guideline 1 | <p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs:</p> <ul style="list-style-type: none"> • Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly. • Older people should eat nutritious foods and stay physically active to help maintain muscle strength and a healthy weight. |
| Guideline 2 | <p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> • Plenty of vegetables, including different types and colours, and legumes/beans • Fruit • Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley • Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans • Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced-fat milks are not suitable for children under the age of two years) <p>And drink plenty of water.</p> |
| Guideline 3 | <p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> • Replace high-fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado. • Low-fat diets are not suitable for children under the age of 2 years. <p>b Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> • Read labels to choose low-sodium options among similar foods. • Do not add salt to foods in cooking or at the table. <p>c Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p> |
| Guideline 4 | <p>Encourage, support and promote breastfeeding.</p> |
| Guideline 5 | <p>Care for your food; prepare and store it safely.</p> |

Aim:

- To promote health and wellbeing
- To reduce the risk of diet related conditions like high cholesterol, high blood pressure and obesity
- To reduce the risk of chronic disease such as type 2 diabetes, cardiovascular disease and some types of cancers

| Strengths | Weaknesses |
|---|--|
| <ul style="list-style-type: none"> - Designed to help health professionals, policy makers and the Australian public make informed decisions - Targeted at promoting health, reducing obesity and protecting against the major chronic disease killers of heart disease, cancer and type 2 diabetes - Encourages people to replace saturated fats with unsaturated fats - Have a greater focus on foods and food groups rather than nutrients - Describes more of the foods that people should eat more of and those they should eat less of - Considers social and cultural determinants - Additional advice for people with specific needs due to age, stage of life including pregnant and breastfeeding women | <ul style="list-style-type: none"> - Does not adequately consider the environmental sustainability of the food supply chain - Does not apply to people with medical conditions and require specialised dietary advice or the frail elderly |

Australian Guide to Healthy Eating

Revised 2013

Based on the Australian Dietary Guidelines

Includes 'healthy fats' to be used in small amounts

Concerned with physical health

Uses 5 food groups as a basis

Includes discretionary foods

- It provides a basis for the development of consistent messages about healthy eating for the public.
- Overall the aim is to promote healthy eating habits throughout life, to assist in reducing the risk of health problems in later life, such as heart disease, obesity and type 2 diabetes.
- A government initiative
- Is a visual representation of the types of foods within the food groups
- "Is a visual representation that shows the dietary guidelines (mainly 2 and 3) based off proportion sizes of the recommended food groups"

| Strengths | Weaknesses |
|---|---|
| <ul style="list-style-type: none"> - Gives a visual representation of foods - Represents multicultural foods - Extra foods are identified as part of the diet - Offers choices of amounts of foods - Fruits and vegetables are separated due to the differing nutrients in these foods | <ul style="list-style-type: none"> - Foods contain a range of ingredients so may be difficult to work out exactly what to consume - Not inclusive of all cultures - Does not apply to people who require special dietary advice for medical conditions |

Nutrition Australia



- Depicts the types and proportions of foods the average Australian should consume in one day for good health. It depicts whole foods and minimally- processed foods in the five core food groups, plus healthy fats, as the foundation of a balanced diet

- It also encourages to drink water enjoy herbs and spices and limit added salt and added sugar

- Nutrition Australia also provide factsheets, cooking classes, online assessments, National Nutrition Week, recipes and product assessments to help people make healthier food choices

Challenges in dietary change:

- | | |
|----------------------|---------------------|
| - Income | Family & peers |
| - Culture | Attitude & beliefs |
| - Education & skills | Personal preference |
| - Time | Meal patterns |
| - Ageing | Stress |
| - Food availability | |

AOS 1

Chapter 8

- characteristics of high-, middle- and low-income countries
 - Country is classified as a high, middle or low income country by its GNI (Gross National Income) and is expressed in USD
 - Low= US \$1025
 - Middle = US \$1026-\$12475
 - High= US \$12476 and above
 - Factors effecting GNI:
 - Environmental: infrastructure, access to clean water, access to improved sanitation, access to food, emissions, resource use
 - Economic: level of debt, income, trade opportunities, poverty, welfare support, industry
 - Social: social support, employment, birth rates, education levels, healthcare system, access to technology, legal and political systems, living standards, social justice

| Low | Middle (diverse) | High |
|---|--|---|
| <ul style="list-style-type: none"> - Lack of social support - Low levels of education attainment - High population growth - Poor access to improved sanitation - Low levels of food security - Less infrastructure - Poor access to healthcare - Low agriculture productivity | <ul style="list-style-type: none"> - Variation in income (low middle or high middle) - Variation in education levels, access to sanitation - High middle income countries reflect high income country's - Low middle income countries reflect low income countries | <ul style="list-style-type: none"> - Access to social supports - High levels of education - Low population growth - Access to improved sanitation - Higher agricultural productivity - Food secure - Access to healthcare - Improved infrastructure |

- similarities and differences in health status and burden of disease in low-, middle- and high-income countries, including Australia

Health Status

| Low | Middle | High |
|--|---|--|
| <ul style="list-style-type: none"> - Low life expectancy - High U5MR - High maternal mortality - 70% of cancer deaths occur in middle and low - Higher rates of death (mortality) - Death caused by communicable disease | <ul style="list-style-type: none"> - Middle life expectancy - Variation on spectrum for U5MR and maternal mortality - 70% of cancer deaths occur in middle and low | <ul style="list-style-type: none"> - Higher life expectancy - Low U5MR - Low maternal mortality - Lower rates of death (mortality) - Death caused by non-communicable disease |

Burden of disease

| Low | Middle | High |
|---|--|--|
| <ul style="list-style-type: none"> - HIV/AIDS, lower respiratory infections and diarrhoeal disease are leading causes of burden of disease - Usually hit with a double burden of disease by having communicable and non-communicable diseases | <ul style="list-style-type: none"> - Usually hit with a double burden of disease by having communicable and non-communicable diseases | <ul style="list-style-type: none"> - Injury, disability, ischaemic heart disease, stroke, depression, lung cancer, dementia, diabetes, asthma, osteoarthritis and road trauma are leading causes of disease |

WHEN DESCRIBING THE DIFFERENCE IN COUNTRIES, IT IS THE LEVEL OF PROGRESSION THAT CHANGES

- Low, weak, poor
- Intermediate, average, moderate
- High, strong, strong, effective

- the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing

Sustainability: meeting the needs of the present without compromising the **ABILITY** of future generations to meet their own needs

Environmental: involves making decisions and implementing practices that minimise the degradation of the planet and having an awareness of natural resources and fragility of the physical environment

Social: is about equitably meeting and promoting the needs of all people now and in the future

Economic: involves the efficient and responsible use of available resources to ensure that all financial obligations over time can be met

Increasing sustainability

| Environmental | Social | Economic |
|--|--|---|
| <ul style="list-style-type: none"> - Responsible development of infrastructure - Responsible use of non-renewable resources and energy - Responsible agriculture productivity - Reducing emissions | <ul style="list-style-type: none"> - Social support systems - High employment - Sustainable birth rates - Invest in education - Development of healthcare - Increasing access to technology - Development of legal and political systems - Strong social justice - Improving living standards | <ul style="list-style-type: none"> - Managing debt - Increasing incomes - Building industry - Increasing trade opportunities - Increasing opportunities for employment |

Promotion of health and wellbeing:

| Social sustainability | Economic sustainability | Environmental sustainability |
|--|--|--|
| <p>Investment in education: this promotes wellbeing as educating people are more likely to achieve decent employment, which can enable them to afford the resources they need such as shelter which can improve mental wellbeing as they do not have to be stressed or depresses about being homeless</p> <p>Strong social system: having strong social and political systems reduces corruptions. This promotes physical health and wellbeing as there is less violence. It also promotes mental health and wellbeing, as societies tend to be more peaceful, which can reduce stress and anxiety, and promotes wellbeing as it promotes opportunities in life.</p> <p>Achieving sustainable birth rates: this promotes physical health and wellbeing among women and children as when women in low income countries have fewer babies and bigger spacing between babies, it result in stringer and healthier babies and lower maternal mortality rates</p> | <p>Increasing income: increasing income at a national level means that governments have more money to invest in services such as education and healthcare. This improves physical health and wellbeing as people get improved access to treatment they need, which reduces the impact of illness. Increasing income at a personal level helps individual and families to have better access to resources such as food and shelter and services such as healthcare and education that they need. This promotes physical health and wellbeing by reducing malnutrition and infectious disease</p> <p>Increasing opportunities for trade: increases income. Increasing income at a national level means that governments have more money to invest in services such as education and healthcare. This improves physical health and wellbeing as people can get improved access to treatment they need, which reduce the impact of illness. Increasing trade also increases opportunities for employment for individual's which can lead to improved mental health and wellbeing</p> | <p>Reduced emissions: reducing harmful emissions and pollution decreases the risk of respiratory disease and therefore promotes physical health and wellbeing</p> <p>Responsible agriculture: responsible agriculture has the potential to increase income through providing more produce for trade. This increases employment and living standards, which contributes to improvements in mental health and wellbeing. Agriculture also improves food security by increasing the supply of food, reducing malnourishment and therefore promoting physical health and wellbeing</p> |

- The concept of human development, including advantages and limitations of the Human Development Index

Human development: refers to the creation of an environment in which people can develop to their full potential and lead productive, creative lives in accord with their needs and interests. It is about expanding people's choices and enhancing capabilities, having access to knowledge, health and a decent standard of living, and participating in the life of their community and the decisions affecting their lives.

Example → explanation on direct effect → impact on HD

- D.L.E.A.P → human development acronym

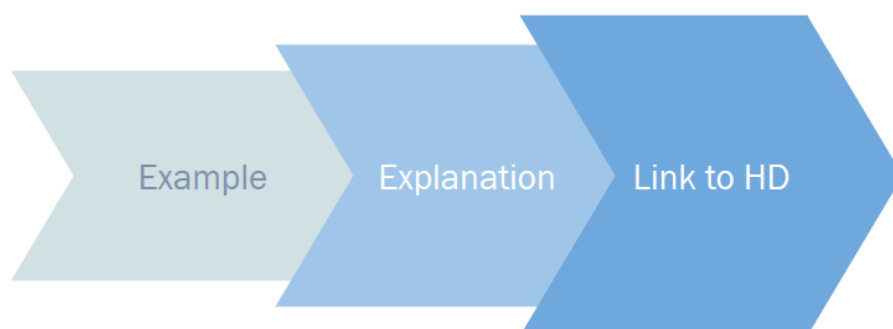
- Human development is about enlarging peoples choices- focussing on the richness of human lives rather than simply the rich ness of economies
- Central themes:
 - People: improving the lives of people
 - Opportunities: providing people with a range of skills and abilities and the opportunities to use them
 - Choice; the idea that people need to be provided with opportunities and have the choice to make use of them.

Human development Index

- Is a measure of human development from 0-1 (the higher being the better)
- Dimensions= long and healthy life, knowledge and a decent standard of living
- Indicators= mean years of schooling, expected years of schooling, gross national income per capita, life expectancy at birth
 - Long and healthy life (life expectancy index): life expectancy at birth
 - Knowledge (education index): mean years of schooling and expected years of schooling
 - A decent standard of living (GNI index): gross national income per capita
- Low human development index= less than .550
- Medium human development index= .550-.699
- High human development index= .700-.799
- Very high human development index= .800 or above

Step 1. explanation of the outcome of the chosen example (cause and effect)

Step 2. link to one of the five parts of the HD definition



How to Link Human Development to an Example:

- Creating an environment in which people can develop to their full potential and lead productive, creative lives in accord with their needs and interests.
- It is about expanding people's choices and enhancing capabilities (the range of things people can be a do),
- having access to knowledge, health and a decent standard of living,
- and participating in the life of their community and decisions affecting their lives.

OR

- People striving to achieve their full potential.
- People leading more productive and creative lives in accord with their needs and interests.
- People expanding their choices.
- People enhancing their capabilities.
- People meeting their needs.
- having access to knowledge,
- having access to health
- having a decent standard of living,
- people participating in the life of their community
- people contributing to decisions affecting their lives.

WHEN EVER YOR SEE THE WORDS 'HUMAN DEVELOPMENT', YOU MUST LINK IT TO AN ELEMENT OF HUMAN DEVELOPMENT

Or use ATAR Notes Human Development Summary

Develop to their full potential

Lead productive and creative lives in accordance with their needs and interests

Expanding people's choices and enhancing capabilities

Access to knowledge, health and a decent standard of living

Participating in their community, and decisions affecting their lives

D - L. E. A. P.

Human Development

- People striving to achieve their full potential.
- People leading more productive and creative lives in accord with their needs and interests.
- People expanding their choices.
- People enhancing their capabilities.
- People meeting their needs.
- having access to knowledge,
- having access to health
- having a decent standard of living,
- people participating in the life of their community
- people contributing to decisions affecting their lives.

HDI:

| Advantages | Disadvantages |
|---|---|
| It provides a more accurate measure than simply using income or life expectancy alone and allows for clear evaluations to be made | Not all countries around the world are able to receive a ranking. This is because data is not available or is missing and estimates are made |
| Global patterns can be observed from the HDI data over time | The index is not a complete measure of human development and does not include other important factors such as gender, income inequality within a country or more difficult indicators such as respect for human rights or political freedom |
| The HDI does not concentrate solely on economic development, but also take into account other ways of measuring human development | GNI does not measure unequal distributions within a country |
| The HDI may help to give a country's government policy direction (towards the indicators) in order to improve levels of human development | There are other ways to measure the quality of health and education |
| Clear and accurate evaluations of the fundamentals of human development for countries | Within a country, there may be only a few individuals with high incomes that are increasing the average income value |
| Allows for comparisons between countries | HDI reflects long term changes, such as life expectancy, and may not accurately reflect short term changes |

Chapter 9

- factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods

Safe water

- Is fundamental in improving health and wellbeing
- Adequate access to clean water is needed for all people to reduce the spread of illness
- Having access to water that is safe is a concern for those in low and middle income countries
 - Over three billion people in low and middle income countries do not have access to clean water and proper sanitation
- Unsafe drinking water can result in the spread of illness such as diarrhoea, cholera, malaria and hookworm
 - Contracting a waterborne disease can decrease one's physical health and wellbeing as their body will not function efficiently
 - Contracting a waterborne disease can decrease one's mental health and wellbeing as they may experience stress or anxious symptoms due to financial stress

- Countries may also face water stress. Warmer temperatures, rising sea levels, increased floods, drought and melting ice affects the quality of water and sanitation systems.
- Many women and children spend hours each day travelling to get water
 - o Can impact social health and wellbeing as they are missing out on the opportunity to interact with others

Sanitation

- Factors contributing to an unsanitary environment are poor access to amenities for washing, cooking and going to the toilet, overcrowded living conditions, inappropriate housing and poor drainage, a lack of developed sewerages and insufficient knowledge about the spread of infectious disease
 - o Can impact physical health and wellbeing as an infectious disease could be contracted

Poverty

- People living on less than US \$1.90 a day
- Poverty is not just a low income but also a lack of access to food, services and essential goods (basic human requirements)
 - o Having a lack of food can lead to malnourishment which can stunt the body's growth and development which decreases physical health and wellbeing
 - o Not having access to food can cause food stress and decrease mental health and wellbeing
 - o In some cultures, not being able to provide for your family with basic needs may impact your spiritual health and wellbeing as you feel like you have no purpose in life and are useless
 - o Not being able to access services such as healthcare can decrease your physical health and wellbeing as you cannot get treatment or diagnosed when you have something wrong with your health

Inequality and Discrimination

- Discrimination is unjust treatment and the violation of rights of an individual due to factors such as their age, ethnicity, religion, gender, sexual orientation or socioeconomic status.
 - o Race: mental health and wellbeing can be impacted as they may experience depressive symptoms, psychological distress and bullying. Social health and wellbeing may be impacted as they may be excluded from social events. Physical health and wellbeing may be decreased if one is bashed and hurt.
 - o Religion: can impact ones mental health and wellbeing as it can bring along depressive symptoms and psychological distress about their religious beliefs. May impact their spiritual health and wellbeing as they may begin to second guess their god or beliefs
 - o Sex: in high income countries, women mainly experience the same opportunities as male; but this is not the same in all countries. Women are beaten, abused and rapes; this can decrease their physical health and wellbeing as they can be left with serious injuries. Their emotional health and wellbeing can be impacted as they may be more sad and scared. Their mental health and wellbeing could be impaired by stress, anxiety, depression or psychological distress. Their spiritual health and wellbeing may decrease as they don't feel like they have a purpose in life. Their social health and wellbeing may decrease as they may be scared to leave the house and share interactions with other people.

- Sexual orientation: ones physical health and wellbeing may be affected if they get bashed or beaten. Their mental health and wellbeing may impacted as they could experience anxiety, depression, stress or psychological distress due to being unwanted, unappreciated or unaccepted
- Gender identity: ones physical health and wellbeing may decrease as it is known for unaccepting people to beat, attack, sexually assault, torture or in worse cases, kill others. This can affect the functioning of the body or its ability to move properly to complete daily tasks. One's mental health and wellbeing may be effected if others do not accept them for who they are. Their spiritual health and wellbeing may also be impaired as they may not feel like they have a purpose in life due to the nature of unaccepting people.

Global distribution and marketing

- Global distribution involves the transfer of goods, services, people and information, which has led to a more interconnected world
- Global marketing refers to the advertising and selling of goods and services across the world

Tobacco:

- Is the leading cause of death, illness and impoverishment
- Tobacco companies have moved their focus away from high-income countries, as smoking rates have fallen in those nations, to more vulnerable low and middle income countries
 - Impacts physical health and wellbeing as it can cause many health issues such as cancer, emphysema, cardiovascular disease and asthma
 - Impacts mental health and wellbeing as the stress of the health problems it can cause may bring anxiety and depression

Alcohol

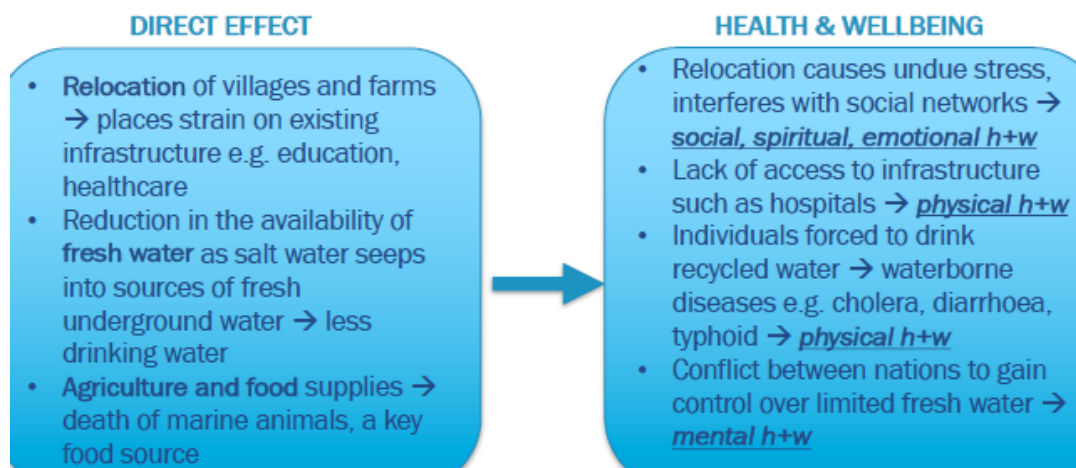
- Increased availability of alcohol and changes in trade arrangements and marketing by multinationals have led to an increase in alcohol use in some low and middle income countries
 - Can impact ones physical health and wellbeing as it can lead to cardiovascular disease, cancer, cirrhosis of the liver
 - Can impact ones mental health and wellbeing as long term use can promote mental illnesses such as anxiety and depression
 - Can impact ones social health and wellbeing as it can impair the way that they interact with others due to the fact that they cannot process information properly and rationalise their thoughts

Processed foods

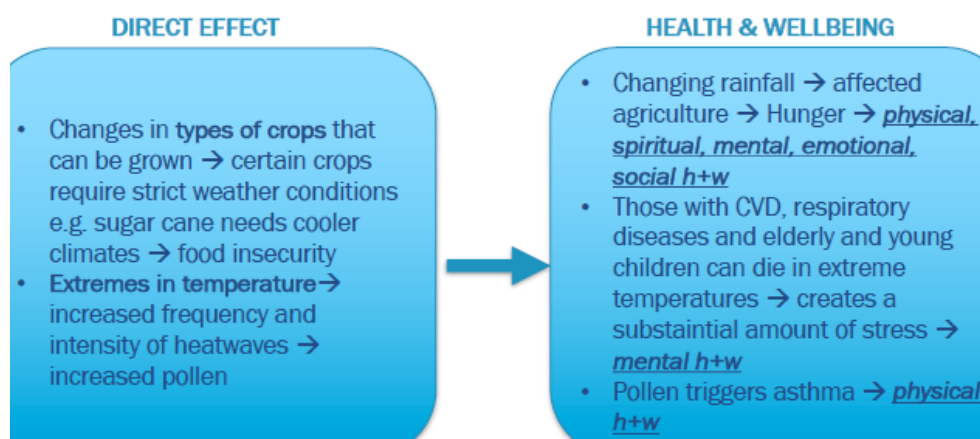
- Global marketing promotes Western culture, and as a result there is now a greater variety of foods available in low and middle income countries
 - Allows for a double burden of disease
 - Physical health and wellbeing may be affected as the foods consumed are generally high in fats, salts and sugars. This can lead to one putting on additional weight and becoming obese, having diabetes or cardiovascular disease
 - Mental health and wellbeing could be impacted as one could experience depression or anxiety about the appearance of their body
 - Could increase emotional health and wellbeing as comfort food could make one happy and comfortable

- implications for health and wellbeing of global trends including: – climate change (rising sea levels, changing weather patterns and more extreme weather events) – conflict and mass migration – increased world trade and tourism – digital technologies that enable increased knowledge sharing.
- Climate change:

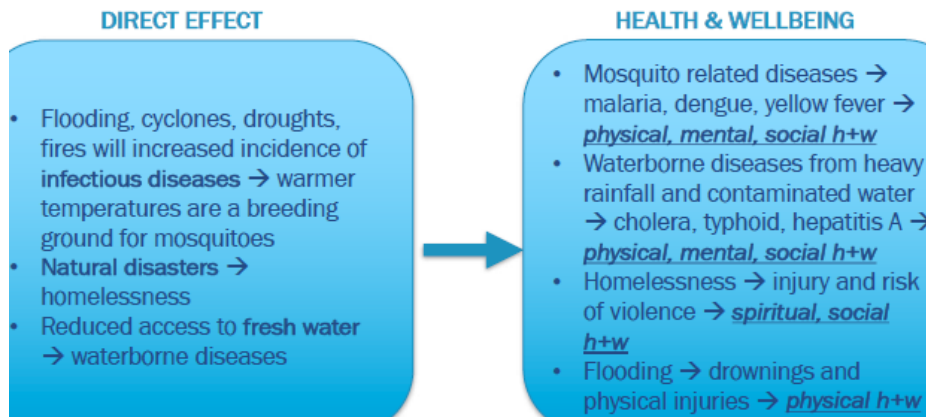
- Due to global warming, caused by burning of fossil fuels
- Refers to the increasing temperature of the planet
 - If you ever see the words ‘climate change’ in a question, you must relate your answer back to one of the three dimensions
- Rising sea levels: people are forced to leave their homes, leading to stress and anxiety, directly impacting mental health and wellbeing. Land for crops and livestock is lost. This impacts the food supply, contributing to reduce physical health and wellbeing and less efficient functioning of the body. Communities would need to be re-established, contributing to the reduction in social health and wellbeing through a loss of security, and sense of belonging and ability to function as a community member. Spiritual health and wellbeing would also be impacted due to the changing landscape that is home, possibly having to leave their land and consequent feelings of loss experiences, alongside a loss of cultural and spiritual connection to the land



- Changing weather patterns: amounts of pollen and other air pollutants are also higher in extreme heat. These can trigger asthma and can exacerbate cardiovascular disease and respiratory disease.



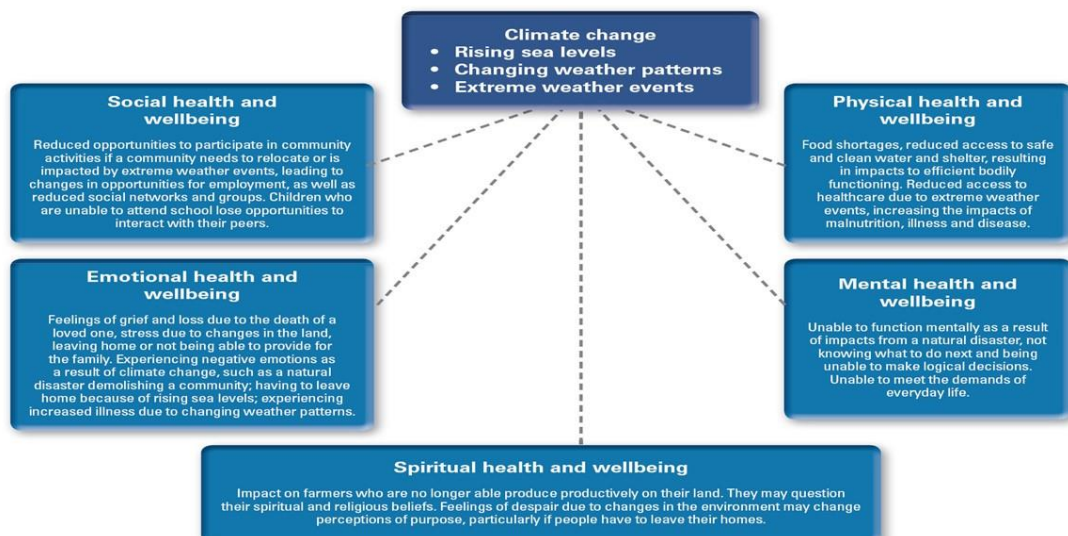
- Extreme weather events: extreme weather events are becoming more frequent and intense. These weather events can directly cause injury, death. They can also contaminate fresh water supplies, increasing the risk of water-borne diseases and creates the ideal breeding conditions for mosquitoes, increasing the risk of malaria. Other weather events can cause displacement, creating stress, tension and sometimes conflict



Other effects due to climate change

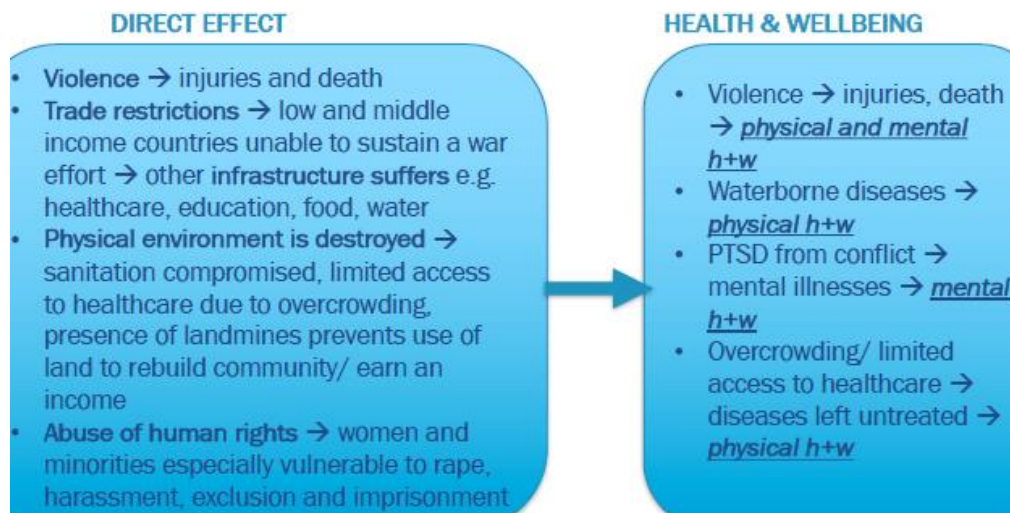
- Relocation of villages and farms, reduction in the availability of fresh water, reduction in agriculture and food supplies, changes in biodiversity, increased incidence of infectious disease, extremes in temperature

The implications of climate change on health and wellbeing

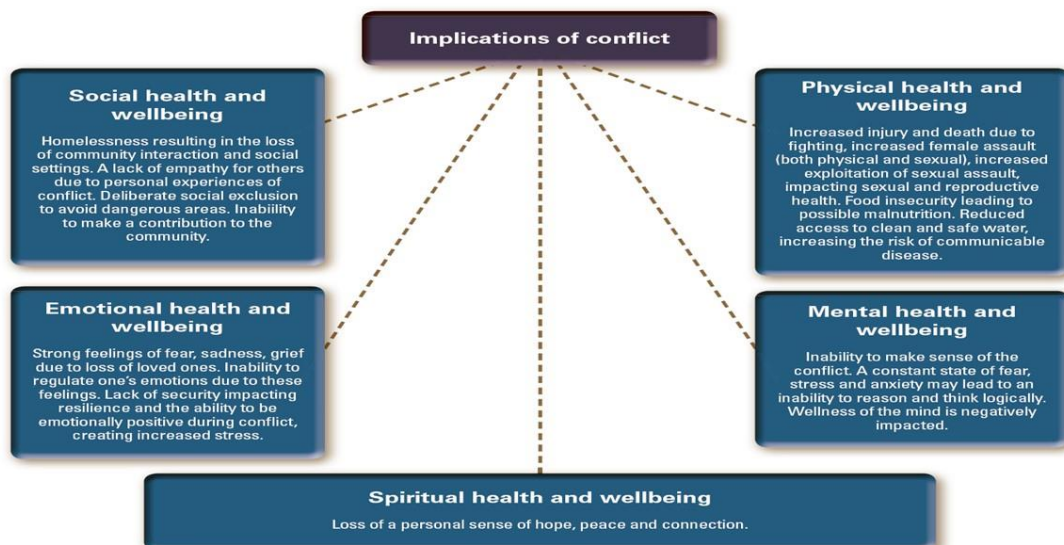


Conflict:

- Directly impacts mortality rates; people experience reduced life expectancy and there is an increase in morbidity due to injury and communicable disease.
- War situations put pressure on resources, and issues of food insecurity, decreased access to healthcare and education are all direct impacts of conflict for individuals and communities

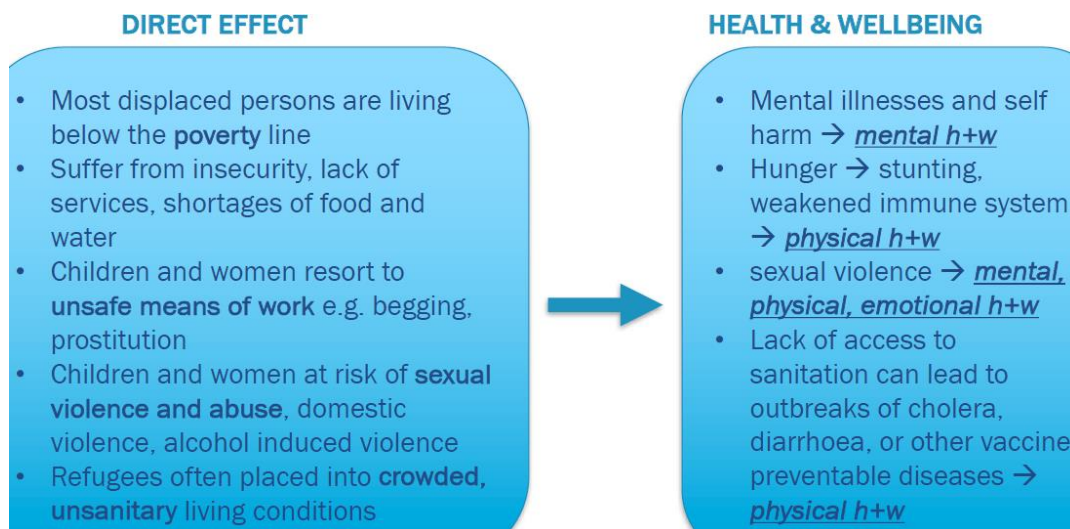


The implications of conflict for health and wellbeing



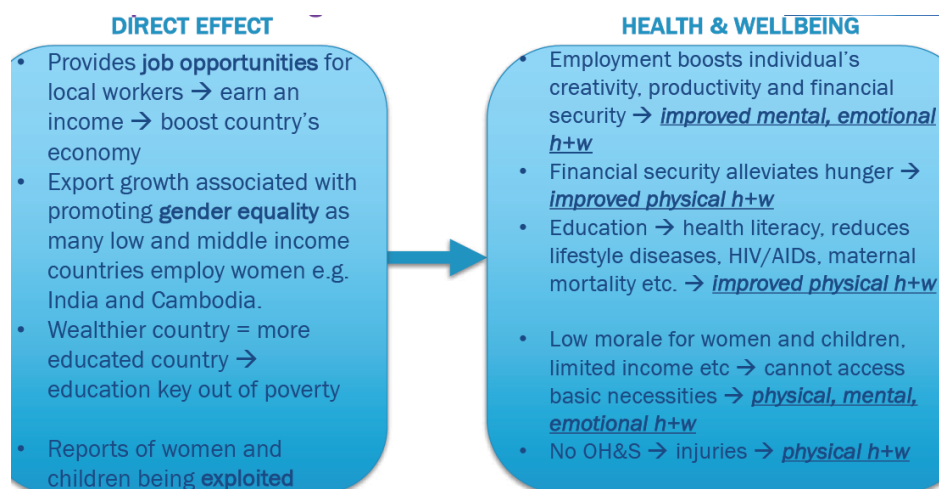
Mass migration:

- Increased risks to health through communicable disease, such as respiratory infections and gastrointestinal illnesses
- Can be faced with life threatening physical and mental health issues, such as injuries, malnutrition, stress/depression from losing a loved one, fear and insecurity
- Being displaced adds extra demands for resources such as shelter, sanitation and clean water. Other issues are a loss of identity, language or cultural barriers, living in fear, financial insecurity, poverty and a lack of opportunity for an income.



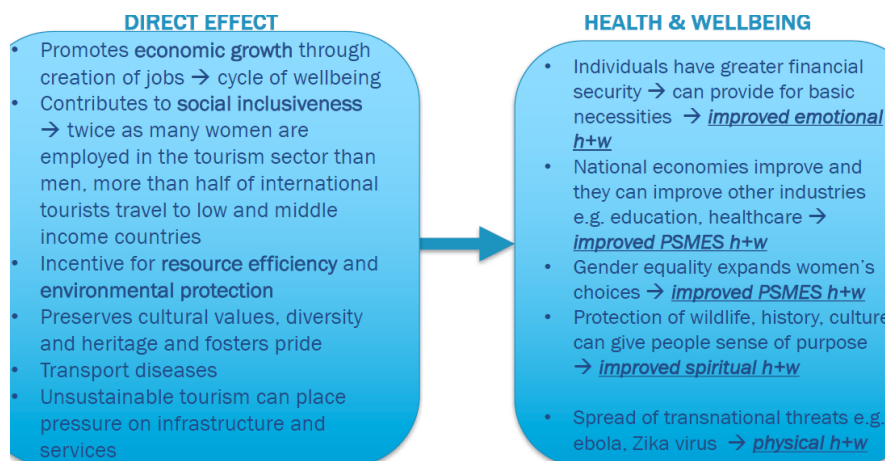
Increased world trade

- Can have both negative and positive impacts on health and wellbeing, as well as economic and environmental sustainability
- Many low and middle income countries are dependant on exports for income
- Increased trade generate increased income which can increase life expectancy, enabling people to reach their full potential, increasing the standard of living and improving lives
- Increases economic security -> break poverty cycle



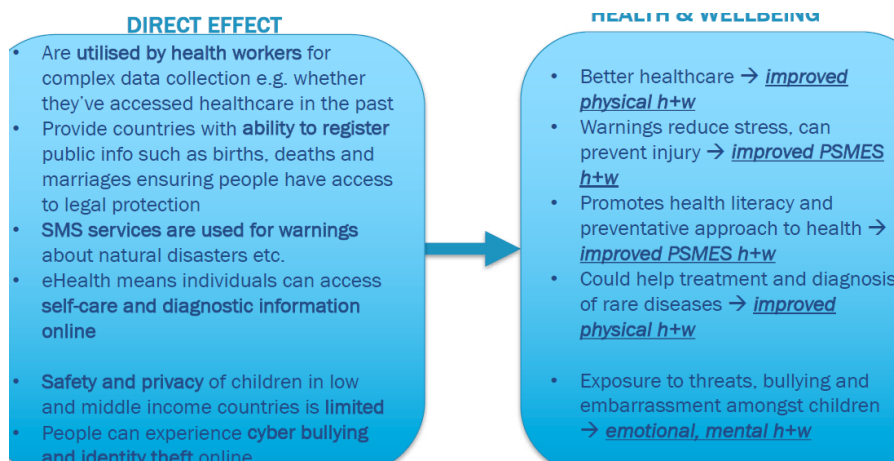
Tourism

- Has both positive and negative effects
- People can bring an income to their economies, providing jobs to travel and creating new markets for goods and services, especially traditional products
- Impacts on biodiversity and environmental ecosystems from increased pollution, transportation and human interaction
- Communicable disease transfer is more likely, with health implications spreading further around the world due to global interconnectedness and the ability for people to travel vast distances
- People travel overseas to receive medical, dental and surgical care because of affordability, better access to care or a higher quality of care



Digital technology

- People can research treatment for health problem
- Information can be wrong, can't see the qualification of the person giving information
- Emergency messages can be sent to people to alert them of specific outbreaks, weather warnings etc.
- Allows for increased knowledge of one's health through the internet
- Can promote a clear health promoting message and can be shared among people
- Online education programs can promote the reduction the spread of illness and disease in low and middle income countries
- Some people can't afford a phone or laptop to access the internet or continue the upkeep of having a phone



Chapter 10

- rationale and objectives of the UN’s SDGs

The Objectives of the UN’s Sustainable Development Goals are:

- 1) End extreme poverty
- 2) Fight inequality and injustice
- 3) Address climate change

The rationale of the UN’s Sustainable Development Goals are

- The Sustainable Development Goals seek to build on the Millennium Development Goals (MDG’s) and complete what they did not achieve
- Balance the three dimensions of sustainability (social, economic and environmental sustainability)
- They seek to free people from poverty and therefore strengthen universal peace. It is recognised that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development



The Sustainable Development Goals we use are

- 1) No Poverty
- 2) Zero Hunger
- 3) Good Health and Wellbeing
- 4) Quality Education
- 5) Gender Equality
- 6) Clean Water and Sanitation
- 7) (13) Climate Change

N- New

Z- Zealand’s

G- Good

Q- Quality

G- Gas

C- Cooks

C- Chicken

- key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages

Reasons why SDG 3 is important:

- More than six million children still die before their fifth birthday each year
- Children born into poverty are almost twice as likely to die before the age of five
- Four of every five child deaths under five occur in sub-Saharan Africa and Southern Asia
- Millions are still dying globally from mainly preventable causes such as communicable (eg. HIV/AIDs and malaria) and non-communicable diseases (eg. cardiovascular disease).
- Maternal mortality rates are high in many developing countries, often due to reduced access to adequate antenatal healthcare.
- Adolescent girls and young women face gender-based inequalities, exclusion, discrimination and violence, which put them at increased risk of acquiring HIV
- HIV is the leading cause of death for women of reproductive age worldwide
- Mental health conditions, road trauma and harmful substance use contribute significantly to the global burden of disease, particularly in young people.

Goal targets to:

- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- End preventable deaths of newborns and children under 5 years of age with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under 5 mortality to at least as low as 25 deaths per 1000 live births
- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases
- Reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- Have the number of global death and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection, access to essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Substantially reduce the number of deaths and illnesses from hazardous chemical and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect low and middle income countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS agreement and Public Health, which affirms the right of low and middle income countries to use to the full provisions in the Agreements on Trade-related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and in particular, provide access to medicines for all
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in low and middle income countries, especially in low income countries and small island developing states
- Strengthen the capacity of all countries in particular low and middle income countries, for early warning risk reduction and management of national and global health risks

SDG 3 role in promoting health and wellbeing

| Health and wellbeing | |
|--------------------------------|--|
| Physical health and wellbeing | With reduced risk of water borne and communicable diseases, there is an absence of disease and illness which improves immune systems and allows the body to function effectively . |
| Mental health and wellbeing | Achieving universal health coverage will reduce the financial stressors of worrying about paying for essential health services. |
| Social health and wellbeing | With reduced rates of infant and child mortality and disease, children are in better health to be able to attend school and develop social networks and participate in their communities . |
| Spiritual health and wellbeing | With reduced rates of illness such as malaria, people are able to participate more freely in everyday activities such as work and school and therefore have an increased sense of belonging . Greater levels of health allow individuals and communities to be more productive and prosperous and overall experience a greater purpose in life . |
| Emotional health and wellbeing | When individuals are able to overcome illness and disease due to medical interventions and health promotion which is seen in goal 3, they are more likely to be able to manage and recover from unfortunate situations in the future with a sense of resilience and optimism. |

SDG 3 role in promoting human development globally

| Human development |
|---|
| Working to reduce the stigma around mental health conditions and HIV/Aids allows sufferers to participate fully in their community. |
| Reducing rates of infant and under 5 mortality and allows children to grow up and have the opportunity to reach their full potential . |
| Achieving universal health coverage will mean people can access the health services they need without spending large amounts of money, allowing them to live a decent standard of living . |
| Increasing access to reproductive health services allows women to exercise personal choice around their bodies and pregnancy. |
| Implementation of public health promotion campaigns around water borne and communicable diseases will increase the knowledge of communities. |

- relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13 that illustrate collaboration between the health sector and other sectors in working towards health-related goals



SDG 1: No Poverty

Reasons why SDG 1 is important :

- One in five people in developing regions still live on less than US\$1.90 a day
- There are millions more who make little more than this daily amount
- Many people risk slipping back into poverty
- They experience deprivation in relation to ability to afford food, shelter, healthcare, safe water, sanitation and education
- Those experiencing poverty are less able to participate in making decisions which affect their lives, and are also more likely to experience discrimination and exclusion
- Poverty results in high rates of morbidity and mortality
- A country experiencing high rates of poverty has reduced capacity to develop its economy, further contributing to reduced ability to provide essential resources, further contributing to the poverty cycle

The aim of this goal is to:

- Eradicate extreme poverty for all people everywhere, currently measured as people living on less than US \$1.90 a day
- Reduce by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- Implement nationally appropriate social protection systems and measures for all, including floors and by 2030 achieve substantial coverage of the poor and vulnerable

Relationship between SDG 1 and SDG 3:

- People living in poverty suffer from hunger and malnutrition. They are unable to afford medicines, lack access to clean water and sanitation, live in homes that are unsafe, are not able to afford education, and are often social and politically isolated.
- If people are not in poverty, they have sufficient funds to healthcare, this means that new mothers will be able to have their children in sanitary environments, which can decrease their likelihood of dying in childhood and furthermore improve maternal and child health and wellbeing
- If people are not in poverty, they are more likely to have access to clean water and sanitary environments, which can lead to lesser communicable disease. This can reduce incidence rates of HIV, malaria, tuberculosis and hepatitis
- If people are not in poverty, they are more likely to be able to afford education. This can result in an individual to less likely have a labour intensive jobs which can lead to less stress and therefore better mental health and wellbeing (i.e. non-communicable disease)

How does SDG 3 relate to SDG 1:

- The absence of non-communicable disease means that one has the ability to work more often, allowing them to earn an income to spend on needs and wants. This can furthermore eradicate hunger and malnutrition.
- The absence of communicable diseases allows more people able to work towards having adequate healthcare systems
- Reducing U5MR allows to the need of schools to increase, which can furthermore develop quality education through the building of more schools

SDG 2: Zero Hunger

Reasons why SDG 2 is important:

- 1 in 9 people worldwide (795 million) people are undernourished.
- Malnutrition and hunger results in stunting and weakened immune system functioning resulting in high levels of illness and disease such as diarrhoea, malaria and measles.
- Increased illness and disease related to hunger and malnutrition, results in children being too unwell to attend school and adults unable to work to earn income, further contributing to the poverty cycle.
- Many food systems (such as soil, fresh water, oceans and forests) are being degraded, further reducing supply of adequate nutritious food

This goal aims to:

- End hunger and ensure access to all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- End all forms of malnutrition, including achieving by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and to address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.
- Double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous people, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

Relationship between SDG 2 and SDG 3:

- By eradicating hunger, people have a better functioning immune system, meaning that they are less likely to contract communicable diseases such as cholera, typhoid etc.
- By eradicating hunger, people have higher rates of food security, causing less individuals to stress about the need to feed their families which can lessen their chance of developing mental health disorders in the future (non-communicable diseases)
- By eradicating hunger, more children will have access to nutritious foods, decreasing rates of malnutrition, causing more children to live to the age of 5 and decreasing the U5MR

How SDG 3 relates to SDG 2:

- The absence of non-communicable disease causes more farmers to be able to work on the land to be able to work towards food security.
- The absence of communicable diseases means that more farmers are able to work on the land to be able to work towards people having better immune system functioning through improved food production rates
- The reduction of maternal mortality rates means that more women are able to work and put their incomes back into their families, resulting in lesser rates of malnutrition

SDG 4: Quality Education

Reasons why SDG 4 is important:

- There are still millions of children, in developing countries, who do not attend school and have low literacy and numeracy skills
- Reduced literacy and numeracy often results in reducing ability to have meaningful paid employment, resulting in poverty.
- Reduced levels of education often means low levels of health literacy, increasing chance of illness and disease.
- Girls and women are less likely to receive an education, at all levels, further contributing to gender inequality and poverty.
- Increased universal education at all levels, increases ability to earn income, reduce poverty and improve countries' ability to provide for its citizens, helping achieve sustainable human development.

This goal aims to:

- Ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
- Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

Relationship between SDG 4 and SDG 3:

- Education and literacy skills help people to understand health promotion messages which can allow people to make better health decisions and engage in basic health practices for themselves and their family. This can result in the reduction of both communicable and non-communicable diseases
- Education allows for increased employment prospects which gives a stable income to individuals. This allows people to afford healthcare, nutritious foods and shelter. This can increase child health and wellbeing through improved U5MR
- Having education for girls can increase health literacy and understanding of rights. This can contribute for no need for girls to get married at young ages which can result in the increase in maternal health and wellbeing through reflection of the maternal mortality rate.

How does SDG 3 related to SDG 4

- The absence of non-communicable disease allows more children to be able to attend school which can improve health literacy
- The absence of communicable diseases allows more children to attend school, which can increase their understanding of the value of women being educated which can furthermore increase the amount of girls allowed to attend school.
- The reduction of U5MR allows more children to be able to attend schools, which can show people the value of education and ensure future generations understand the value to. This can result in higher rates of quality education

SDG 5: Gender Equality

Reasons why SDG 5 is important:

- While the world has achieved progress towards gender equality and women's empowerment, millions of women and girls continue to suffer discrimination and violence in every part of the world.
- Gender equality is not only a fundamental human right, but also a necessary foundation for a peaceful, prosperous and sustainable world.
- Providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making processes will contribute to sustainable economies and benefit societies and humanity at large, contributing to sustainable human development

This goal aims to:

- End all forms of discrimination against women and girls everywhere
- Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

Relationship between SDG 5 and SDG 3:

- Educating women increases quality employment which can allow for a stable income which allows people to afford healthcare, nutritious foods, shelter for their children. This can reduce the U5MR
- Lesser violence and abuse towards women allows for a better ability to take care of their family and impart knowledge onto their children. This can promote health practices for future generations and reduce communicable diseases such as HIV/AIDS
- By having equality in rights, women are able to access healthcare services, such as mental healthcare, without discrimination which can ultimately reduce rates of non-communicable diseases

How SDG 3 related to SDG 5:

- The absence of non-communicable disease allows more women to be able to attend school which allows for a greater understanding of their rights. This has the ability to educate future generations of women on their rights too
- The absence of non-communicable diseases allows more women to be able to work. This has the ability for women to participate in leadership and potentially work towards the increase in women's rights globally
- The reduction of maternal mortality rates allows more women to be able to work which can give a greater understanding of the value of education and ensure future generations understand its value too

SDG 6: Clean Water and Sanitation

Reasons why SDG 6 is important:

- As millions of people globally lack access to clean, safe water and sanitation, resulting in preventable illness and high mortality rates, particularly among children.
- At least 1.8 billion people globally use a source of drinking water that is fecal contaminated.
- Water scarcity, poor water quality and inadequate sanitation negatively impact food security, livelihood choices and ability to earn income and educational opportunities for poor families across the world.
- Drought afflicts some of the world's poorest countries, worsening availability of water, and thus increasing hunger and malnutrition.
- By 2050, at least one in four people is likely to live in a country affected by chronic or recurring shortages of fresh water.

This goal aims to:

- Achieve universal and equitable access to safe and affordable drinking water for all
- Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- Improve water quality by reducing pollution, elimination dumping and minimise release of hazardous chemical and materials, halving the proportion of untreated waste water and substantially increasing recycling and safe reuse globally

Relationship between SDG 6 and SDG 3

- Improved sanitation infrastructure can improve public health and cause a reduction of communicable diseases.
- Increase access to clean water means that women do not have to travel long distances to collect water. This can reduce their risk of musculoskeletal conditions and cause an overall reduction of maternal mortality rate and furthermore, have an overall improvement in maternal and child health and wellbeing.
- The lack of polluted water can cause less stress about access clean water. This can lead to a reduction in mental health disorder risks (i.e. reduced rates of non-communicable diseases)

How SDG 3 related to SDG 6

- Absence of non-communicable disease allows more people to be able to work in the maintenance of pumps and wells (and other infrastructure for the maintenance of clean water)
- Absence of non-communicable diseases allows more people able to work in governmental jobs, whereby they are able to work towards the installation of sanitary infrastructure
- Reduction of U5Mr allows more children to attend school and understand the importance of accessing clean water. This can further allow more people to work towards a future with lesser polluted water globally

SDG 13: Climate Action

Reasons why SDG 13 is important:

- Unpredictable rainfall patterns (floods and drought) decreases the ability of countries to achieve food security as crops are harder to grow, increasing rates of malnutrition, communicable and infectious disease.
- Global warming is destroying the ozone layer increasing the harmful effect of the UV rays increasing the rates of burden of disease from skin related health conditions like cancer.
- Global warming is increasing sea levels causing widespread issues such as water contamination, infrastructure damage, relocation issues contributing to several health and wellbeing issues.

This goal aims to:

- Strengthen resilience and adaptive capacity to climate change-related hazards and natural disasters in all countries
- Integrate climate change measures into national policies, strategies and planning
- Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaption, impact reduction and early warning

Relationship between SDG 13 and SDG 3:

- Predictable rainfall patterns can allow for crops to grow easier, which can improve the countries food security. This can strengthen immune systems and have children less prone to diseases; this can reduce the U5MR and increase child health and wellbeing
- By preventing climate disasters, such as floods, which contaminate water, there will be lesser breeding grounds for mosquitos. This can result in the lesser incidence of malaria and other water borne diseases, which weaken immune systems significantly and makes them less prone to communicable diseases
- The reduction of the effects of global warming, such as melting glaciers can cause less people to become displaced from their homes. This can result in lesser people becoming displaced from their homes and have lesser rates of stress and potential mental health disorders as a result (i.e. non-communicable diseases)

How SDG 3 relates to SDG 13:

- The absence of non-communicable disease can allow more people to be able to be educated on the importance of the environment. This can allow more people to reduce their own carbon footprint and work towards reducing the effects of global warming
- The absence of communicable diseases can allow people to become more educated on predicting rainfall patterns for crops
- The reduction of the U5MR allows more children to be able to become educated and give them a greater understanding on how to reduce the effects of climate induced disasters

Addressing the sectors:

- Education sectors: SDG 1, 2, 4, 5
- Transport sector: SDG 1
- Urban Planning sector: SDG 1, 2
- Road safety sector: SDG 1, 2
- Environmental sector: SDG 1
- Agricultural sector: SDG 1, 2
- Welfare sector: SDG 1
- Governmental sector: SDG 1, 13
- Water and sanitation sector: SDG 1, 6
- Health sectors: SDG 3

SDG 1:

- By eradicating poverty, there are sufficient funds for healthcare (health sector) and new mothers will be able to have their children in sanitary environments, decreasing their likelihood of dying in childbirth and improve maternal and child health and wellbeing
- By eradicating poverty, there is more clean water and sanitary environments (water and sanitation sector) and lesser communicable diseases, which reduces the incidence of HIV, malaria, tuberculosis and hepatitis
- By eradicating poverty people can afford access to quality education (education sector) and are less likely to have labour intensive jobs. This can cause less stress and therefore better health and wellbeing (non-communicable diseases)

SDG 2:

- By eradicating hunger, people have a better immune system functioning (health sector) and are less likely to contract communicable diseases such as cholera and typhoid.
- By eradicating hunger, more children will have access to nutritious foods (agriculture sector) and have lesser rates of malnutrition which will result in more children likely to live to the age of 5
- By eradicating hunger, there are higher rates of food security (agriculture sector) and lesser individuals stressing about the need to feed their families. This can reduce their chance of developing mental health disorders in the future (non-communicable diseases)

SDG 4:

- Education and literacy skills (education sector) allow people to understand health promotion messages that help people make better health decisions and engage in basic health practices for themselves and their family to reduce both communicable and non-communicable diseases
- Education (education sector) increases employment prospects and furthermore allows for a stable income. This allows people to afford healthcare, nutritious foods and shelter. This can increase child health and wellbeing through improved U5MR
- Education for girls (education sector) increases health literacy and understanding of rights, this allows for them to have no need to get married at young ages. This can increase maternal health and wellbeing through the reduction of the maternal mortality rate

SDG 5:

- Educating women (education sector) improves quality employment and allows for a stable income. This helps people to afford health care, nutritious foods and shelter for their children which can reduce the U5MR
- Lesser violence and abuse towards women allows them to have the ability to take care of their family and impart knowledge onto their children (education sector), resulting in health promotion practices for future generation. This can cause an overall reduction of communicable diseases (such as HIV/AIDS)
- Equality in rights allows women to be able to access healthcare services, such as mental healthcare (health sector), without discrimination reduced rates of non-communicable diseases

SDG 6:

- Improved sanitation infrastructure (water & sanitation sector) allows for improves public health, causing a reduction of communicable diseases.
- Increased access to clean water (water & sanitation sector) means that women do not have to travel long distances to collect water, resulting in reduced risk of musculoskeletal conditions and overall resulting in the reduction of maternal mortality rates and overall improvement in maternal and child health and wellbeing.
- The lack of polluted water (water & sanitation sector) can lead to less stress about accessing this necessity. This can result in the reduction of mental health disorder risks (reduced rates of non-communicable diseases)

SDG 13:

- Predictable rainfall patterns allow for crops to grow easier, which can improve the countries food security and strengthen immune systems. This can cause less children prone to disease and lesser rates of U5MR and increased child health and wellbeing
- Preventing climate disasters such as floods (which contaminate water) lead to lesser breeding grounds for mosquitoes and lesser incidence of malaria and other waterborne disease which weaken immune systems significantly. This can lead to less people being prone to communicable diseases such as HIV/AIDS
- A reduction of the effects of global warming, such as melting glaciers can cause less people becoming displaced from their homes and lesser rates of stress and potential mental health disorders as a result (non-communicable diseases)

Chapter 11

- priorities and work of the WHO

1. **Address Health Emergencies:** 1 billion more people better protected from health emergencies
2. **Promote Healthier Populations:** 1 billion more people enjoying better health and wellbeing
3. **Achieve Universal Health Coverage:** 1 billion more people benefitting from universal health coverage

Work of the WHO:



Addressing Health Emergencies

Building resilience in the event of outbreaks as well as ensuring that people who have been affected have access to life-saving services

WHO aims to address health emergencies by:

- Building and sustaining resilient national, regional and global capacities requires to keep the world safe from epidemics and other health emergencies
- Ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention

| | | |
|--|--|---|
| Building and sustaining resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies | <ul style="list-style-type: none"> • Supporting countries to increase their capacity in health emergencies (detection, early warning, preparedness, response and recovery) • Implementation of the IHR | ✓ |
| Ensuring that populations affected by emergencies have rapid access to essential life-saving health services including health promotion and disease prevention | <ul style="list-style-type: none"> • Serve the most vulnerable populations impacted by health emergencies • Ensure lifesaving health services | ✓ |

Promote Healthier Population

Based on 5 main idea's (which also constitute the work of the WHO for this dot point) which are current pressing issues including communicable diseases, non-communicable diseases (including mental health) as well as addressing the effects of climate change in vulnerable places

WHO aims to promote healthier populations through the following 5 platforms:

- 1) Improving human capital across the life course
- 2) Accelerating action on preventing non-communicable diseases and promoting mental health
- 3) Accelerating elimination and eradication of high impact communicable diseases
- 4) Tackling antimicrobial resistance
- 5) Address health effects of climate change in small island, developing states and other vulnerable states

| | | |
|--|--|---|
| Improving human capital across the life course | <ul style="list-style-type: none"> • Special focus on women, children and adolescence and critical stages; family planning, pregnancy and childbirth | ✓ |
| Accelerating action on preventing non-communicable diseases and promoting mental health | <ul style="list-style-type: none"> • Support to implement prevention strategies for NCDs, mental health and causes of injury • Combining prevention with equitable access for effective treatment • Increased access to treatment • Cost-effective interventions | ✓ |
| Accelerating elimination and eradication of high impact communicable diseases | <ul style="list-style-type: none"> • Support countries elimination efforts for preventable and treatable communicable diseases | ✓ |
| Tackling antimicrobial resistance | <p>Increase awareness and understanding of antibiotic use</p> <ul style="list-style-type: none"> • Promote research into addressing antimicrobial resistance | ✓ |
| Addressing health effects of climate change in small island developing states and other vulnerable states. | <ul style="list-style-type: none"> • Support building of resilient health systems for small island developing states | ✓ |

Achieving Universal Health Coverage

Ensuring that all people, worldwide, have access to health services without facing any barriers such as race, gender etc.

WHO aims to progress towards universal health coverage by addressing:

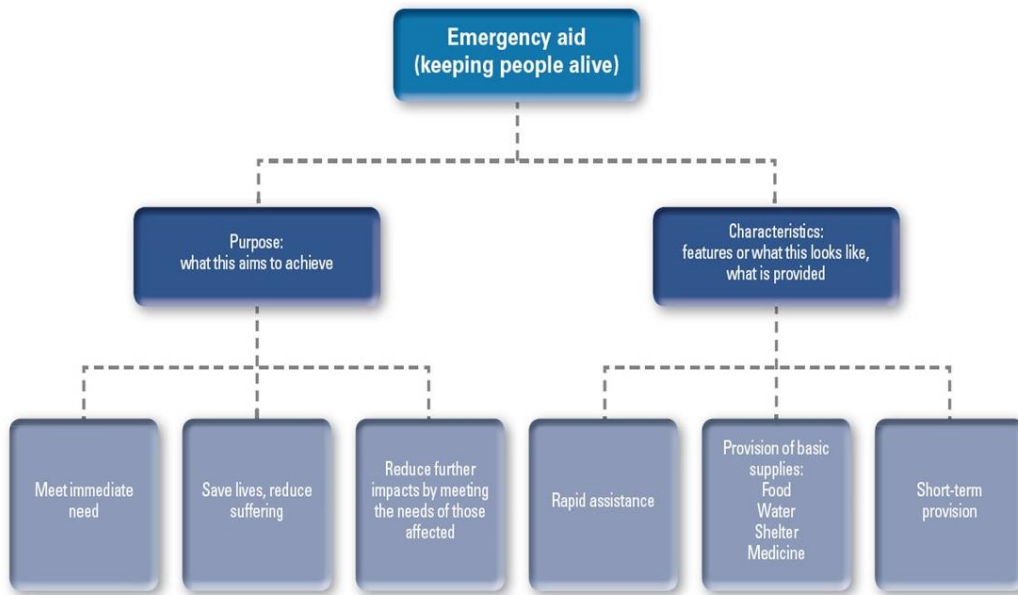
- Service and quality
- Health workforce
- Access to medicines, vaccines and health products
- Governance and finance
- Health information systems
- Advocacy
- Country support

| | | |
|---|---|---|
| Service access and quality | <ul style="list-style-type: none"> • Removing barriers to health services • Improving health systems | ✓ |
| Health workforce | <ul style="list-style-type: none"> • Support the education and employment of sufficient health workers globally | ✓ |
| Access to medicines, vaccines and health products | <ul style="list-style-type: none"> • Improved access to affordable and quality medicines, vaccines and health products | ✓ |
| Governance and finance | <ul style="list-style-type: none"> • Strengthening governance in health | ✓ |
| Health information systems | <ul style="list-style-type: none"> • Support to monitor health risks and track health status | ✓ |
| Advocacy | <ul style="list-style-type: none"> • Raise global awareness of UHC • Advocate for investment in health systems | ✓ |
| Country support | <ul style="list-style-type: none"> • Support and partner countries to implement health approaches and emergencies coordination | ✓ |

- the purpose and characteristics of different types of aid including emergency, bilateral and multilateral

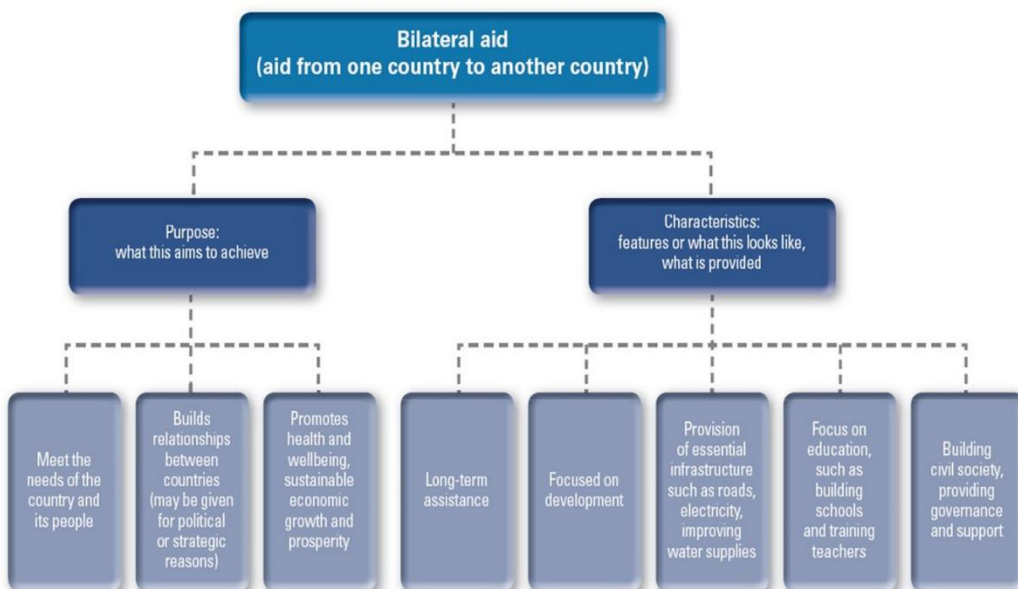
Emergency Aid:

- Is the rapid assistance given to people or countries in immediate distress to relieve suffering, during and after human made emergencies (wars) and natural disasters (floods, tsunami and earthquake)
- Its purpose is to provide immediate relief to the area and effectively address the needs of those who need it
- Governments and NGO's may work together to help keep people alive during the crisis
- It does not address the causes of poverty or inequality; but instead removes the immediate threats to health by providing food, water, shelter and medical supplies



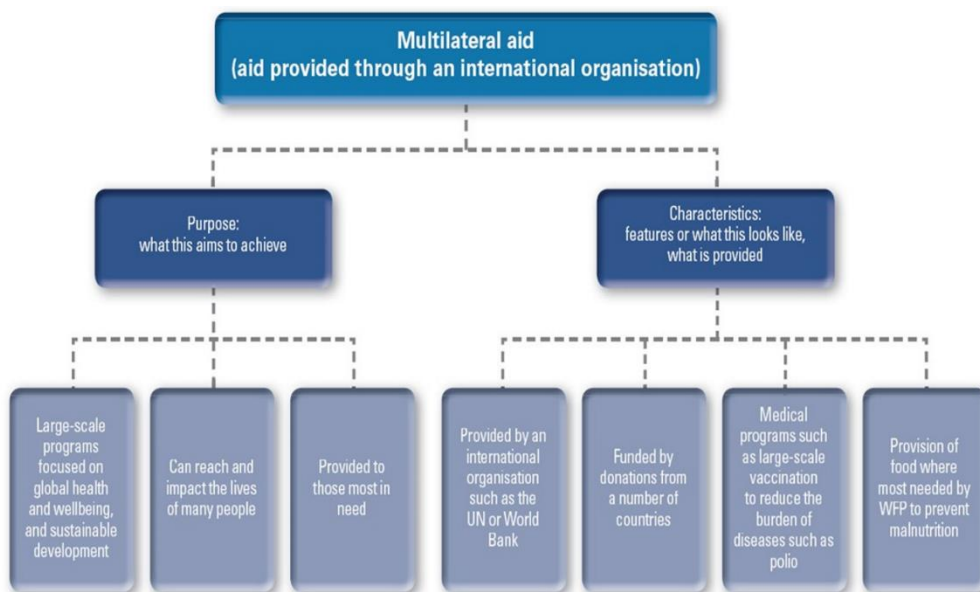
Bilateral Aid:

- Aid that is given from one country to another
- The purpose of bilateral aid is to work and provide other countries with the assistance they need to promote health and wellbeing, as well as sustainable economic growth and prosperity
- It often involves providing essential infrastructure, like electricity supply, building and establishing roads, and improving water supplies and medical facilities such as hospitals and clinics



Multilateral Aid:

- Aid is provided through international organisations such as WHO, the United Nations, World Bank etc..
- Multilateral aid combines donations from multiple countries and distributes them for their work
- Many aid programs have been working towards achieving the SDG's
- The purpose of multilateral aid is to provide large-scale support at a global level, in order to address issues impacting global health and wellbeing as well as human development
- Has the ability to impact thousands of people across multiple countries



FOREIGN AID

EMERGENCY

- Key idea 'keeps people alive in times of disaster'
- Short term
- If you see any short term, quick fix approaches (provision of food, blankets etc.), this is likely emergency aid

BILATERAL

- Key idea 'one government directly helping another'
- More long term
- If you ever see something like 'Australia providing aid to Papua New Guinea', this is likely bilateral aid

MULTILATERAL

- Key idea 'a group of countries pooling their money into an international organisation'
- Long term
- If you ever see the name of an international organisation (e.g. the WHO, the UN), you are likely dealing with multilateral aid

- features of Australia's aid program including its priority areas and the types of partnerships involved

The department of Foreign Affairs and Trade (DFAT) currently manage the Australian Government's overseas aid program. Australia's aid work is based on 'promoting prosperity, reducing poverty, enhancing stability'.

The purpose of the Australian Aid program is to promote Australia's national interests by contributing to sustainable economic growth and poverty reduction

Australia contributes to aid programs in a number of different ways, including the following:

- **Emergency aid.** This is provided in times of disaster and crisis, directly to the country and area affected. Australia is able to respond quickly in times of crisis and provides lifesaving resources such as food, water, medicine and shelter, as well as medical personnel.
- **Bilateral aid programs.** This involves working with the government of another country to supply aid, such as the training of medical professionals or building bridges and roads. The Australian Government provides direct aid to 75 countries through bilateral programs.
- **Funding non-government organisations and supporting their aid programs.** This type of aid is the most effective in meeting the needs of the most vulnerable populations.
- **Funding international multilateral aid programs.** These include the United Nations and the WHO. Funding these programs extends the impact of Australia's aid, as these large-scale programs are not able to be provided effectively by individual countries.
- **Expert aid.** This utilises Australian companies and individual experts to develop projects that will address the Australian Government's aid priorities.

Benefits of our aid:

- Increased literacy rates
- Decrease child mortality from preventable diseases
- Eradicate of polio
- Increase in access to clean water and sanitation

Priorities of Australia's Aid program:

- Infrastructure, trade facilitation and international competitiveness
- Agriculture, fisheries and water
- Effective governance: policies, institutions and functioning economies
- Education and health
- Building resilience: humanitarian assistance, disaster risk reduction and social protection
- Gender equity and empowering women and girls

Infrastructure, trade facilitation and international competitiveness

- Strong infrastructure is vital for sustainable economic development and can be a barrier affecting trade opportunities an international competitiveness
- Has been addressed in partner countries such as Papua New Guinea, Indonesia and Vietnam
- Infrastructure such as roads, large-scale water and sanitation projects, energy and transport have all been a focus of this aid priority area
- Infrastructure drives economic growth, as it creates opportunities for trade and investment, generates employment and provides poor people with access to basic services
- Examples of Australia's initiative in this priority area include:
 - o A water and sanitation initiative in Indonesia, an economic program encouraging local governments to invest in their own water infrastructure
 - o A focus on roads, including maintenance of existing roads and the construction of new roads, rail and airports
 - o Eastern Indonesia National Road Improvement Program- support for 20 major road projects across nine provinces, a total of 395 km of national roads and 1300m of bridge structures

Agriculture, fisheries and water

- Productive agriculture provides employment and income, empowers women and lifts people out of poverty
- The focus of work in this area is to
 - o Strengthen markets
 - o Innovating for productivity and sustainable resource use
 - o Policy, governance and reform
- Examples of Australia's work in this priority area includes:
 - o New partnership developments with private enterprise in Cambodia, Indonesia, Fiji, Timor-Leste and Pakistan
 - o In Cambodia, reducing rural poverty and increasing food security by improving the productivity and incomes of smallholder rice farmers by constructing irrigation, providing training in modern farming techniques and delivering access to farming resources such as fertilisers and pesticides

Effective governance: Polices, institutions and functioning economies

- Governance influences the ability of governments to develop and implement good policy, and the extent to which citizen have access to basic services and business flourish
 - o Where governance is poor, human development is poor
- The focus of Australia's aid work in this area includes:
 - o Strengthening transparent and accountable law and justice systems
 - o Improving business regulations
 - o Supporting efforts to address corruption
 - o Building fairer and broader tax systems
 - o Enabling quality public services
 - o Preventing conflict and contributing to inclusive peace-building initiatives
 - o Building strong and effective governance systems to promote stability, inclusive economic growth, poverty reduction, stronger gender equality and women's empowerment
- Examples of Australia's work in this priority area include
 - o Increasing women's leadership roles and political participation in municipal councils in Vanuatu
 - o Support Pacific Island countries to prevent and combat corruption
 - o Encouraging and supporting peace negotiations and political discussion in Myanmar and the Philippines, including promoting the role of women in peace-building

Education and health:

- Quality education and health are critical in the improvement of human development and health and wellbeing
 - o Both help individuals, communities and nations to overcome poverty and realise their full potential
- Examples of Australia's work in this priority area include:
 - o Supporting the operating schools in remote areas of Fiji, targeting socially disadvantaged families and providing accessible education to children
 - o Supporting teacher training, curriculum reform and improving learning assessments
 - o Building and improving schools and their infrastructure resources in disadvantaged regions in Indonesia and other countries
 - o Scholarships- enabling people in low and middle income countries to study in Australia or within their region
 - o In Cambodia, training of midwives, which has improved their capacity to provide quality reproductive, maternal and neonatal health services
 - o Providing funds to the UNAIDS Programme, supporting the implementation of the UNAIDS Strategy with a focus on the Asia-Pacific region
 - o Investment in the development of new drugs and diagnostic tools for malaria and tuberculosis

Building resilience: Humanitarian assistance, disaster risk-reduction and social protection

- Humanitarian assistance is required to save lives in times of floods, tsunamis, cyclones and earthquakes
- Examples of Australia's work in this priority area include:
 - o Between July 2015 and April 2016, responding to 20 crises, providing \$167 million in life saving assistance
 - o Sending highly trained staff from the Crisis Response Team (CRT) to provide essential humanitarian support such as medical care. The CRT has responded to disasters in Vanuatu, Fiji, Tonga, Nepal, the Philippines, the Solomon Islands and Myanmar since the end of 2013
 - o Working with and providing funds to programs such as the UN World Food Programme to address the needs of hunger and food insecurity around the world
 - o Working with countries to help them build their resilience and reduce the risks of the impact of future disasters on their country

Gender equality and empowering women and girls:

- Are core issues for development, growth, security, stability and health and wellbeing
- Examples of Australia's work in this priority area include:
 - o Working with women and girls who have been the victims of violence, providing counselling and support, emergency housing and legal advice, in countries such as Papua New Guinea, Afghanistan and Fiji
 - o Working to address the under-representation of women in parliament in the Pacific. Currently, women have only 5% representation compared with the global average of 22.5%. Australia is working to address this as a part of its Gender Equality Fund

Bilateral partnerships

The impact and reach of Australian aid is enhanced through strong and effective bilateral partnerships with other donors. By working in partnership, we learn from and leverage one another's experiences and resources to achieve our development objectives.

We work with countries to promote sustainable economic growth and prosperity by focusing on: aid for trade, humanitarian needs, health services, gender equality, water, sanitation and hygiene, infrastructure development, leveraging private sector finance, education, food security and building civil society.

Example: Australia provided \$139 million in a bilateral partnership with Papua New Guinea on a bridge reconstruction project, helping to connect an estimated 100 000 people.

Multilateral partnerships

Multilateral organisations achieve significant development results and are important partners for the Australian aid program. Their reach, leverage, specialisations and other strengths play a critical role in helping Australia to meet its international development objectives. Around one-third of the aid budget is channelled through multilateral organisations.

United Nations (UNDP, UNICEF), GAVI, the Vaccine Alliance, Global Fund, UN Women, Global Partnerships for Education, Global Green Growth Institute, Green Climate Fund

Example: Australia works with UN Women to support international efforts to empower women and promote gender equality. UN Women was created to bring together the work of four areas across the United Nations to create one centre of expertise that will meet the needs of women worldwide.

Private-sector partnerships

Partnerships with the private sector are an important way for Australia to achieve its aid and development objectives and maximise the overall development impact of its investments.

We offer business: the ability to convene, broker and influence, deep knowledge of the business, political and regulatory environment in low-income countries, support in creating a more attractive business operating environment and catalytic funding. Businesses contribute: knowledge, ideas, capabilities and resources.

Example: DFAT is partnering with the Australian Council for Educational Research's (ACER) Centre for Global Education Monitoring to improve monitoring of learning. ACER is an independent educational research centre with self-generating income. This partnership is enabling countries in our region to access technical advice from a global leader on assessment. The Melbourne-based organisation is also using the new centre-based approach to consolidate lessons across its portfolio of work, and then share them with the broader education research community.

NGO partnerships

NGOs maximise the impact and reach of Australian aid and are key partners in our joint efforts to encourage sustainable economic growth and poverty reduction. NGOs can bring strong connections to local communities; access to areas that others don't or can't reach, such as in remote, fragile and conflict-affected areas; comprehensive knowledge of poverty in particular contexts and deep development expertise to the aid program.

We work with NGOs who have demonstrated their ability to deliver results against our objectives, who offer value for money, and who have strong local partnerships that support collaboration, capacity building, and sustainability. Australian NGOs must be accredited by DFAT. Eligible NGOs include:

CARE Australia, TEAR Australia, World Vision, Oxfam Australia, The Fred Hollows Foundation, Caritas Australia, PLAN International and ChildFund Australia.

Example: World Vision's Solomon Islands Maternal, Newborn and Child Health and Nutrition Project, CARE Australia's Safe Motherhood Project in Timor-Leste.

Whole of government

DFAT is only one of many Australian Governments and agencies involved in delivering Official Development Assistance. Together, they provide a wide range of expertise that enables Australia to address the development, economic, security and political aspects of partner countries.

Other government departments working in partnerships to deliver Australian Official Development Assistance include the Australian Federal Police (AFP) and The Australian Centre for International Agricultural Research.

Example: The Australian Centre for International Agricultural Research works to improve the productivity and profitability of the agricultural sector in the Indo-Pacific region through international agricuturals. The AFP undertakes activities in the region aimed at establishing, developing and monitoring peace, stability and security.

- the role of non-government organisations in promoting health and wellbeing, and human development

- NGO's provide resources and support through programs such as the provision of wells, safe water and sanitation, bringing food into areas experiencing famine, provide healthcare services, prevention programs for diseases such as HIV, malaria and tuberculosis. They also focus on education and creating sustainable long-term programs to help communities.

Tabitha Foundation:

Focuses: Food security, income security, safe water, housing, educations

Programs:

- Family development program- savings
- Cottage industry- silk workshops and home cottage industries
- House building- volunteers from around the world and family development program savings
- Wells

World Vision

Focus: Children, sustainability, education, gender, food, water and sanitation, HIV/AIDS, technology

Financial resources:

- Fundraising- 40 hour famine, child sponsorship, project freedom, emergency relief appeals
- Government and multilateral funding- AusAid, UN and UNICEF
- Corporate support

Human Development

- Creating an environment in which people can develop to their full potential and lead productive, creative lives in accord with their needs and interests.
- It is about expanding people's choices and enhancing capabilities (the range of things people can be a do),
- having access to knowledge, health and a decent standard of living,
- and participating in the life of their community and decisions affecting their lives.

OR

- People striving to achieve their full potential.
- People leading more productive and creative lives in accord with their needs and interests.
- People expanding their choices.
- People enhancing their capabilities.
- People meeting their needs.
- having access to knowledge,
- having access to health
- having a decent standard of living,
- people participating in the life of their community
- people contributing to decisions affecting their lives.

Chapter 12

- features of effective aid programs that address the SDGs, and examples of effective implementation, with details of one such program including:

Features of an effective program:

| Social sustainability | Economic sustainability | Environmental sustainability |
|---|--|---|
| <ul style="list-style-type: none">• Empowering people to take control of their lives• Respecting the values and knowledge of people• Promoting equity by including all people in decisions and activities that will impact on their community | <ul style="list-style-type: none">• Ensuring employment opportunities and the payment of a fair wage for goods and services• Promoting economic growth at a national and international level• Investing in education and improve the skills and knowledge of the workforce• Having access to appropriate technology, transport, communication systems, tools and energy | <ul style="list-style-type: none">• Protecting natural resources• Reducing energy usage and promoting greater efficiency in the use of energy• Reducing pollution• Encouraging industry and agriculture to use natural resources responsibly |

Equitable

Does the programs meet the needs of all people in the local community including women and girls.

Does it reach the most vulnerable (particularly rural, remote areas)

Does it remove barriers to enable program to be successful

Affordable

Is the program affordable long term (is the program low cost or free? can the program continue to run once aid is withdrawn? does the program provide a source of income for the community?)

Does is focus on Education? Education is economically sustainable and can be passed on to future generations.

Appropriate

Does the program meet the immediate needs of the community?

Does the program empower individuals? Does is involves the local community members

Is the program culturally appropriate?

Does it focus on education?

Water Aid

- Is an international NGO dedicated to the provision of clean and safe domestic water and sanitation and hygiene education to the world's poorest people. It's vision is 'of a world where everyone has access to safe water and sanitation'.

– its purpose and the SDG/s addressed

The mission is 'to transform the lives of the poorest and most marginalized people by improving access to safe water, sanitation and hygiene'.

1. No Poverty) People who are no ill from waterborne diseases are able to work and earn a living. Providing wells near homes and in villages ensures equal rights and access to the resources.
2. Zero Hunger) Safe water and sanitation provide people with that water they need to grow crops and keep livestock, providing a secure food supply
3. Good health and wellbeing) Safe water and sanitation prevent diseases such as cholera and the spread of disease, reducing maternal and under 5 mortality
4. Quality Education) Children will be well enough to attend school and will not be required to collect water, so instead can focus on their education. This program also includes the provision of toilet facilities at schools
5. Gender Equality) having access to water will enable women to focus on the needs of their families and be productive, possibly earning an income, rather than having to walk long distances to collect water. Women are trained as educators, empowering them and enabling participating in the community.
6. Clean water and sanitation) This program is working to achieve universal and equitable access to safe and affordable drinking water and sanitation for all. Water sources management is also a focus, with local community members trained to look after and protect infrastructure and participate in the management of community water and sanitation
7. 13- Climate Action) climate change is more likely to lead to extreme weather conditions, including drought, flood and contaminated water. Having access to safe water and sanitation ensures that communities are more resilient in times of need and reduces the impact of diseases on their water supplies.

– details of implementation and the partnerships involved

- WaterAid works in partnerships with communities and their governments to build and bring safe water, clean toilets and hygiene education to the community
- Pumps, wells and toilets are built in close proximity to homes and villages, increasing access to water and enabling good sanitation practices
- Education programs teach children and adults the importance of sanitation practices, such as washing hands after using the toilet
- WaterAid works in collaboration with local partners because they understand local issues
- WaterAid provides locals with the skills and support to help their community to set up and manage sustainable projects to meet their water and sanitation needs.

– contribution to promoting health and wellbeing, and human development

The benefits that WaterAid have had on communities include:

- Fewer deaths from water-related diseases
- A cleaner living environment
- Improved health and wellbeing, including physical health due to no longer having to carry water
- More time spent together as a family
- Better diet and nutrition
- Reduced fatigue
- Increased family planning
- Less money being spent on medical treatment

Health and Wellbeing:

- Safe water improves physical health and wellbeing with reduced risk of diseases. exhaustion and injury from collecting water are avoided.
- Safe water close to home increases feelings of safety and security, contributing to improved mental health and wellbeing
- A sense of purpose and hope improves, increasing spiritual health and wellbeing
- Reduced negative emotions due to not being able to access clean and safe water is reduced and increases emotional health and wellbeing

Human Development:

- WaterAid has developed an environment where people can develop to their full potential and lead productive lives
- Clean water can reduce chances of contracting a waterborne diseases and furthermore increase their access to good health
- Not being sick from a waterborne disease can allow more children to go to school and increase their access to knowledge

Effective Program: Example

WaterAid is an effective program in delivering its aid as it is equitable, appropriate and promotes social sustainability. This program is equitable as WaterAid aims to transform the lives of the poorest people; including women, children and people living in rural areas. The program places everyone involved in communities on a level playing field by improving access to safe water, sanitation and hygiene education to those who need it most. Vulnerable people that WaterAid give aid to are women and children; the program empowers women by providing hygiene and sanitation to achieve equity to increase their access to health and a decent standard of living. WaterAid is appropriate as one of its focuses is on education. By providing safe water, sanitation and hygiene, children are able to be free from communicable diseases such as cholera. This can increase their ability to access education; this highlights WaterAid focus on education as its work can increase education rates. WaterAid also promotes social sustainability as it empowers people to take control of their lives. By providing access to safe water, sanitation and hygiene, people do not have to walk long distances to access a source of water, can access education due to reduced rates of illnesses and can save money for other purposes. For these reasons, WaterAid is an effective program due to the fact that it is equitable, appropriate and promotes social sustainability.

- ways in which individuals can engage with communities and/or national and international organisations to take social action that promotes health and wellbeing.

Social action: what you can do as an individual to take action and make a difference

- What can you do to help global issues

Examples of social action include:

- Donations
- Utilising social media
- Support Fairtrade
- Taking public transport
- Eating less red meat
- Campaign for climate change
- Volunteer with NGO's
- Be healthy