HEALTH UNIT 3

AOS 1

***OTHER DEFINITIONS:***

**Dynamic** - Constantly changing

**Subjective** - Influenced by peoples beliefs

**Illness** - A subjective concept related to a personal experience of disease

**Disease** - A physical or mental disturbance involving symptoms, dysfunction or tissue damage.

**Ottawa charter for health promotion** - Outlines prerequisites or basic conditions and resources that must be available if any gains in health are to occur.

**Health status** - An individuals or populations overall health, taking into account various health indicators.

**Low density lipoprotein** - Bad cholesterol (LDL) contributes to disease, build up on walls of blood vessels

**High density lipoprotein** - Good cholesterol (HDL) reduces risks of diseases

**Atherosclerosis** - The hardening and narrowing of the arteries.

***TYPES OF HEALTH AND WELLBEING DEFINITIONS:***

**Health and Wellbeing** - The state of a persons physical, social, emotional, mental and spiritual existence characterised by an equilibrium (state of balance or calmness) in which the individual feels happy, healthy, capable and engaged

**WHO health 1948** - A state of complete physical, mental, social wellbeing and not merely the absence of disease or infirmity.

**WHO health 1986** - A resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources as well as physical capacities.

**Physical health** - Relates to the functioning of the body and its system, it is the physical capacity to perform daily tasks.

**Social health** - The ability to form meaningful and satisfying relationships with others as well as the ability to manage and adapt appropriately to different social situations.

**Mental health** - Relates to the state of a persons mind or brain and the ability to think and process information. Optimal mental health and wellbeing enables an individual too positively form opinions, make decisions and use logic.

**Emotional health** - The ability to recognise, understand and effectively manage and express emotions as well as the ability to display resilience.

**Spiritual health** - Relates to the ideas, beliefs, values and ethics that arise in the mind and conscience of human beings

***HEALTH AS A RESOURCE:***

**Individually** - Enables individuals to work productively, spend time with friends, earn an income, gain an education, exercise and sleep well.

**Nationally** - Allows for longer, healthier lives, health system savings, higher average incomes, increased productivity and increased social participation.

**Globally** - Allows for a reduced risk of disease transmission, promotes peace, social development and sustainability.

***PREREQUISITES FOR HEALTH:***

**Peace** - Absence of conflict

**Shelter** - Provides protection from outside environment

**Education** - Increases ability to earn an income and understand health promotion

**Food** - Essential requirement for life, involves consuming correct amounts of nutrients in order to complete daily tasks.

**Income** - Increases ability to afford resources essential for optimal health and wellbeing.

**Stable ecosystem** - The balance between the land and the plants + animals that live in the environment.

**Sustainable resources** - Ensuring that resources used now are available for future generations use.

**Social justice** - Equal distribution of resources and opportunities

**Equity** - Fair access to resources.

***HEALTH INDICATORS:***

**Self assessed health status** - Measure based on a persons own opinion about how they feel about their health and wellbeing, their state of mind and general life.

**Life expectancy** - The number of years a person can expect to live if current death rates do not change.

**Health adjusted life expectancy (HALE)** - The number of years a person can expect to live in full health based on current rates of ill health and mortality.

**Mortality** - Refers to death

**Infant mortality** - Measures rate of deaths of infants between birth and their first birthday (per 1,000 live births)

**Under 5 mortality (U5MR)** - Number of children that die before their 5th birthday (per 1,000 live births)

**Maternal mortality rate (MMR)** - The number of mothers who die as a result of pregnancy or childbirth (per 100,000 live births)

**Morbidity** - Refers to ill health

**Incidence** - Number of new cases of a disease during a given time period

**Prevalence** - Number of total cases of a disease during a given time period

**Burden of disease** - A measure of the impact of disease and injuries, specifically the gap between current health status and an ideal situation where everyone lives to an old age free from disease and disability

**DALY** - Disability adjusted life years, measures burden of disease (YLL +YLD)

**YLL** - Years of life lost due to premature death

**YLD** - Years lost due to disability, injury or illness

***BIOLOGICAL FACTORS - VARIATIONS IN HEALTH STATUS:***

Relates to the structure of cells, tissues and systems of the body and how they adequately function

**Body weight** - High body weight leads to high blood pressure, obesity, type 2 diabetes and arthritis (weight over height squared)

**Blood pressure** - High blood pressure means hypertension (blood doesn’t flow through vessels easily)

**Blood cholesterol** - Cholesterol is a type of fat. Too much means it gets stuck on the walls of blood vessels making it harder for blood to flow through

**Glucose regulation** - Glucose is the preferred fuel for energy in cells. Impaired glucose regulation leads to type 2 diabetes

**Birth weight** - Low birth weight (under 2.5kg) means they are more likely to suffer from health conditions early and later in life.

**Genetics** - Gender (certain conditions are exclusive to gender), predisposition (eg: runs in family), hormones.

***SOCIOCULTURAL FACTORS - VARIATIONS IN HEALTH STATUS:***

Relates to the social and cultural conditions you were born, grow, live, work and age.

**Socioeconomic status** - Position in society in relation to others (Income + education + occupation)

**Unemployment** - Increased anxiety and stress, suicide and self harm, cardiovascular disease and mental health conditions.

**Social exclusion** - Not adequately participating in the society in which they live.

**Social isolation** - Not in regular contact with others

**Culture** - Customs, ideas, values and traditions of a particular society that are passed through generations

**Gender** - Stereotypes, men less likely to access healthcare

**Food security** - The state in which all people can obtain nutritionally adequate, culturally appropriate, safe food regularly through local sources.

**Early life experiences** - Behaviours of pregnant mothers can impact on future unborn child (low birth weight, poor immune system, higher risk of diseases)

**Access to healthcare** - Factors that influence or restrict access (culture, finances, location)

***ENVIRONMENTAL FACTORS - VARIATIONS IN HEALTH STAUTS:***

Physical features that surround us, natural or built by people.

**Housing** - Sleeping conditions, overcrowding, hygiene, resources and access to water and sanitation

**Work environment** - Uv exposure, accidents and injuries and exposure to hazardous substances.

**Infrastructure** - Geographic location (access to resources), roads, public transport, clean water, electricity and parks.

**Climate** - Drier places are more susceptible to bush fires, resources lost. Uv rates

**Climate change** - Extreme temps, rising sea levels, more natural disasters.

***FACTORS CONTRIBUTING TO HEALTH STATUS:***

**Smoking** - substance is burned and the resulting smoke is inhaled (leads to various diseases eg: Lung cancer, cardiovascular disease.)

**Alcohol** - Leads to injuries and death (also leads to various diseases eg: liver disease, high blood pressure, strokes)

**High body mass** - Leads to several diseases including obesity, diabetes and cardiovascular. (BMI - body mass index = weight divided by height squared)

**Under consumption of vegetables** - Vegetables are nutrient dense meaning high in minerals and vitamins, low in kilojoules and high in fibre and antioxidants, so underconsumption can lead to risk of weight gain and some cancers, as well as stroke and heart disease.

**Underconsumption of fruit** - Fruit contains a range of essential vitamins, minerals and fibre, underconsumption can lead to weight gain and cardiovascular disease as well as some cancers.

**Underconsumption of dairy** - Refers to milk, cheese and yoghurt created from animal milk.

Leads to higher risk of osteoporosis as well as cardiovascular disease, type 2 diabetes and dental issues.

**High intake of fat** - Contributes to weight gain, high BMI, type 2 diabetes and cardiovascular diseases.

**High intake of salt** - Contains sodium, leads to hypertension, osteoporosis and cardiovascular disease.

**High intake of sugar** - Sugar is a type of carb, if eaten in excess it is stored as fat, leading to weight gain, type 2 diabetes, cardiovascular disease and also dental issues.

**Low intake of fibre** - A type of carb that the body does not digest and promotes a feeling of fullness. Low intake can lead to obesity and diabetes as well as cardiovascular disease

**Low intake of iron** - Iron is an essential part of blood, carries oxygen around body. Low iron may lead to anaemia meaning tiredness and weakness.

AOS 2

***OTHER DEFINITIONS***

**Bulk billing** - No out of pocket expenses to the patient, doctor charges medicare directly

***CHANGES IN AUSTRALIA’S HEALTH STATUS OVER TIME***

Since 1900 there has been a change in the patterns of diseases that

contribute to high rates of morbidity and mortality. Lifestyle diseases

have replaced infectious diseases as the leading cause of death.

Diseases that were common in Australia could be grouped into 5 categories:

**Infectious and parasitic disease** - Diseases caused by micro-organisms such as bacteria, viruses, parasites or fungi that can be spread directly or indirectly eg: tuberculosis, hepatitis, polio and smallpox (Infectious). Occur when parasites enter the body through contaminated food or water, or contact with someone who has a parasitic disease eg: worms, lice, protozoa (Parasitic)

**Cancer** - Disease caused by an uncontrolled growth and division of abnormal cells in a part of the body.

**Cardiovascular disease** - Involves heart and blood vessels eg: heart attack, stroke and high blood pressure.

**Respiratory diseases** - Affects the lungs and other areas concerning breathing eg: pneumonia, influenza, asthma.

**Injury and poisoning** - Includes motor vehicle and other accidents, suicide, assault, poisoning, drowning, burns and falls and complications from medical care.

***PUBLIC HEALTH***

Concerned with the organisation and collective effort to improve the health status of the entire population. It is the ways in which the government monitors, regulates, promotes health and wellbeing and prevents illness.

**Old public health** - Focused on changing the physical environment to prevent the spread of disease, such as providing safe water, sanitation and sewage disposal, improved nutrition,

improved housing conditions and better work conditions.

**Discovery of vaccines** - Multiple mass vaccinations were held by the Australian government between 1930’s and 1960’s. Helped to eliminate smallpox and polio from most parts of the world. Vaccinations reduced rates of morbidity and mortality as it treated a range of illness and disease.

**Quarantine laws** - Laws that require a person, animal, plant or any type of material that might be carrying an infectious agent to be kept isolated to prevent the spread of disease. Implemented after the plague in 1900 and are still used today in Australia to protect from outbreaks of diseases in other countries.

**Health promotion** - The process of enabling people to increase control over, and to improve their health. Was implemented during the 1950’s and 60’s to bring about individual behaviour change. Campaigns made people aware of lifestyle diseases

***BIOMEDICAL APPROACH TO HEALTH***

Focuses on the physical or biological aspects of disease and illness. It is a medical model practised by doctors and health professionals and its associated with the diagnosis, treatment and cure of diseases. Often seen as the ‘band aid’ or ‘quick fix’ approach, works to return a person to pre illness state.

**Advantages** - It creates advances in technology and research, enables many common problems to be effectively treated, extends life expectancy and improves quality of life.

**Limitations** - Costly as it relies on health workers and technology, doesn’t always promote good health and wellbeing and not every condition can be treated.

***SOCIAL MODEL / NEW PUBLIC HEALTH***

Before the 1970’s, the biomedical model was used alone. After discovering that the cause of most diseases were lifestyle related, the social model of health was developed, aiming to change individuals behaviours by exposing them to the necessary information. This model encompasses 5 key principles: AREAS

**Addresses the broader determinants (factors) of health** - Factors such as gender, culture, race, SES, geographical location and physical environment must be addressed for health gains to occur.

**Reduces social inequities** - Making sure those who are disadvantaged due to income, age, race, gender or location have these inequities removed.

**Empowers individuals and communities** - This means people can participate in decision making about their health and wellbeing. It is about providing people with the resources and skills they need to influence their own health.

**Access to healthcare** - Services should be readily available and based on need, affordability,

appropriateness and accessibility to all.

**Involves inter-sectorial collaboration** - Involves two or more groups working together to achieve a common goal

**Advantages** - Promotes good health and wellbeing and assists in preventing disease, relatively inexpensive, focuses on vulnerable population groups and is education that can be passed on from generation to generation.

**Disadvantages** - Not every condition can be prevented, does not promote the development of technology and medical knowledge and health promotion messages may be ignored.

***OTTAWA CHARTER***

Set of guidelines that were created to help organisations incorporate health promotion. Includes 5 action areas and 3 strategies.

**Build health public policy** - Relates to decisions made by governments and organisations regarding laws and policies that affect health and wellbeing. (Seatbelt laws, pool safety laws, tax on alcohol, reducing speed limits around schools)

**Create supportive environments** - Involves promoting environments that encourage safe, stimulating and enjoyable living and working conditions so individuals can reach their full potential. (Providing shade to playgrounds, ensuring roads are safe, social support groups)

**Strengthen community action** - Centres around the community working together to achieve a common goal. (The government working with schools, nurses, media for immunisations)

**Develop personal skills** - Gaining knowledge and life skills that allow people to make informed decisions about their health and wellbeing. (Cooking classes, checking for skin cancer)
**Reorient health services** - Reorienting or ‘steering’ our health system to promote health and wellbeing as opposed to focus only on diagnosing and treating illness (biomedical model). (Doctor educating people, focus on eating healthy vs surgery to reduce CVD impact)

**Advocate** - refers to actions that seek to gain support from governments and societies to make the changes necessary to improve the factors that influence health and wellbeing for everyone. (Media campaigns, public speaking)

**Mediate** - Often changes to promote health and wellbeing include changes to funding, legislation and policies which often causes conflict between different individuals/groups/businesses and political parties. We need to mediate between these groups to resolves such conflict. (Reducing speed limits is not always supported by all)

**Enable** - To enable means to support all people with information, opportunities, resources and skill that they need to make choices that support good health.

**AUSTRALIA’S *HEALTH SYSTEM***

**Medicare** - Australia’s universal health insurance scheme. It gives all Australian citizens access to healthcare that is subsidised by the government.

* Covers all public hospital expenses, consultation fees, eye tests, x-rays and blood tests.
* Doesn’t cover things like most dental fees, ambulance, private hospital care, physiotherapy and hearing aids
* Safety net for those that need extra financial support (have contributed a significant amount to medicare services already)
* Funded by 3 main sources: Medicare levy (Taxpayers pay an additional 2%), medicare levy surcharge (people without PHI pay an extra 1-1.5% tax) and general taxation.
* Advantages: Available for all Australians, covers many expenses and tests, easy to understand
* Disadvantages: No choice of doctor, doesn’t cover everything,

**Pharmaceutical benefits scheme** - Implemented by the federal government. Subsidises (reduces) the cost of medicines to Australians. There is a PBS safety net, once a

family has spent a certain amount within the year they can access medicines at a concession rate. About 5000 medicines are covered by the PBS.

**National disability insurance scheme (NDIS)** - Is a national insurance scheme that provides services and support for people with permanent, significant disabilities and their families and

carers.

**Private health insurance** - Individuals pay a premium in return for extra cover for things not covered by Medicare. It is optional and takes pressure off the public health system.

* Three incentives for people to take out private health insurance - Private health insurance rebate (Individuals can receive a refund on part of their premiums for health insurance) - Lifetime health cover ( Government initiative in which people who are over 30 and do not have hospital cover but decide to take out hospital cover later in life pay a 2% loading on top of the cost of the health insurance for every year they are aged over 30). - The medicare levy surcharge does not have to be paid.
* Advantages: Access to private hospital care, choice of doctor, shorter waiting periods, access to extras such as dental, physiotherapy and Chiro.
* Disadvantages: Can be expensive, qualifying periods (have to wait a year after first purchasing), can be complex and hard to understand.

**Funding of the healthcare system** - Relates to the financial resources that are provided to keep

the health system adequately staffed and resourced so high level of care is available. Assists in promoting health status by providing:

* Healthcare Infrastructure.
* Highly Trained Health Professionals.
* Subsidised Health Services.
* Essential medicines
* Medical Supplies

**Sustainability of the healthcare system** - Relates to the capacity to provide a workforce and infrastructure such as facilities and equipment and to be innovative and responsive to emerging needs through interventions such as research and monitoring.

* Funding and regulation: adequate funds must be available to ensure the health system can continue to cater for the needs of the population. These constantly need to be regulated and reviewed to make sure the system is functioning as best as possible.
* Efficient health system and workforce: staffed with highly trained practitioners and continues to develop in size and skill in order to improve the healthcare system.
* Disease prevention and early intervention: to reduce the strain on the health system and therefore promote sustainability is intervention, such as immunisations, cancer screenings and health promotion programs.
* Research and monitoring: Research projects assist in the prevention, and treatment of illness more effectively and efficiently, saving valuable health system funding.

**Access of the healthcare system** - An accessible healthcare system is one that can provide all people with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.

* Free treatment in public hospitals
* Subsidised doctors through medicare
* Subsidised medications through PBS
* Support through NDIS

**Equity within our healthcare system** - Links closely with accessibility. Few interventions to help disadvantaged people.

* Introduction of NDIS
* Medicare safety net
* PBS safety net

***ROLE OF HEALTH PROMOTION***

***INDIGENOUS HEALTH INITIATIVES***

**Close the gap** - The ‘gap’ is the gap in health status between Indigenous and Non-Indigenous people. This includes life expectancy, mortality rates of children, access to education and literacy and numeracy improvements.

***HEALTHY EATING INITIATIVES IN AUSTRALIA***

**Australian dietary guidelines** - Intended to be used by health professionals, educators and anyone interested in promoting healthy eating.

* Guideline 1: To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious foods and drinks to meet your energy needs.
* Guideline 2: Enjoy a wide variety of nutritious foods from the 5 food groups every day. - Vegetables and legumes/beans - Fruit - Grain foods - Lean meats and poultry - Dairy

 And drink plenty of water.

* Guideline 3: Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.
* Guideline 4: Encourage, support and promote breastfeeding.
* Guideline 5: Care for your food - prepare and store it safely.

**Australian guide to healthy eating** - Visual representation of guidelines 2 and 3. Guideline 2 is represented in a pie chart showing the 5 food groups with each wedge reflecting the proportion of each food group that should be consumed, not the amount of food that you should consume. Guideline 3 is represented on the outside of the pie chart, showing foods that should be consumed sometimes and in small amounts.

**Nutrition Australia** - The work of nutrition Australia includes:

* The healthy eating advisory service
* National nutrition week (coordinates events and produces resources for the annual national nutrition week)
* Develop educational resources (produce a wide range of publications and resources such as books, portion bowls, booklets, fact sheets and DVDs)
* Nutrition seminars and workshops
* Webinars for health professionals
* Publication of recipes
* The healthy eating pyramid

**Healthy eating pyramid** - Simple visual guide in the shape of a pyramid. Shows the types and proportions of foods that people should eat every day. Based on the ADGs. Contains the five food groups, plus healthy fats. Similar to AGHE (proportions of food groups + what to limit in diet).

* Similarities between healthy eating pyramid and Australian guide to healthy eating: - Visual representation of the ADGs. - Both inform of the proportion of each food group to be consumed on a daily basis. - Encourage the consumption of water.
* Differences between healthy eating pyramid and Australian guide to healthy eating: - AGHE created by federal government, HEP created by Nutrition Australia (Non-government organisation). - AGHE represented by a circle with five wedges to demonstrate the five food groups whereas HEP has four layers of a pyramid to represent the five food groups. - HEP limits salt and sugar. - AGHE shows foods to have in small amounts.

**Challenges in bringing about dietary change**

* Personal preference: prefer certain foods, hard to change diet.
* Attitudes and beliefs: can be hard to follow a nutritional guide due to restrictions such as vegetarian, don’t want to try new things, sugar free and paleo.
* Willpower: resist temptations, social gatherings make it difficult.
* Food security: access to sufficient, safe and nutritious food, financial issues.
* Time constraints: meal planning takes time, convenience of fast food.
* Education, nutritional knowledge and cooking skills: lack of education, reading labels, not knowing how to cook healthy foods.
* Family, culture, society and religion: early food experiences shaped by family, traditional foods, social settings.
* Food marketing and media: advertisements, sponsorships, celebrity endorsements.
* Health and wellbeing factors: allergies, emotional and mental distress - cravings.

UNIT 4

AOS 1

***CHARACTERISTICS OF HIGH, MIDDLE AND LOW-INCOME COUNTRIES***

**Classifying countries** - Countries are divided into high, upper middle, lower middle and low-income based on their Gross National Income (GNI) per capita.

* GNI: the total value of goods and services a country’s citizens produce.

**Characteristics of countries** - 3 areas:

* Economic: level of debt, income, trade opportunities, poverty, industry.
* Environmental: infrastructure, access to clean water, sanitation and food, energy use, resource use.
* Social: social support, employment, birth rates, education levels, healthcare system, access to technology, living standards.

***SIMILARITIES AND DIFFERENCES BETWEEN COUNTRIES USING KEY INDICATORS***

**Life expectancy** - increased in most countries over time, globally it is more than doubled since 1900. Low and middle income countries often have lower life expectancies than high income countries, due to wars, conflict and spread of disease.

**Morbidity and mortality** - children and adults:

* U5MR is significantly higher in low income countries due to malnutrition as children who are undernourished have an underdeveloped immune system.
* Some countries may experience low levels of child mortality but high levels of adult mortality due to lifestyle factors such as smoking, excessive alcohol consumption and unsafe sex.
* Maternal mortality is significantly higher in low income countries as they have a lack of access to medical care, especially trained medical care.

**Burden of disease** - Low and middle income countries experience a greater burden of disease and higher DALY rate than high income countries. A well developed healthcare system means that many conditions can be treated before causing premature death.

***FACTORS THAT CONTRIBUTE TO SIMILARITIES AND DIFFERENCES IN HEALTH STATUS AND BURDEN OF DISEASE***

**Access to safe water** - refers to water that is not contaminated with disease causing pathogens such as bacteria, viruses and chemicals.

* Required for: consumption, food preparation and cooking, washing and hygiene, agriculture and production.
* Unsafe water can result in the spread of illness such as diarrhoea, cholera and malaria. Many children in low income countries spend hours everyday collecting water, missing out on school.

**Access to sanitation** - refers to the provision of facilities and services for the safe disposal of human urine and faeces. Can also refer to the maintenance of hygienic conditions through services such as garbage collection and wastewater disposal.

* Often girls in low and middle income countries won’t attend school as they do not have access to toilets, especially when menstruating. Without private toilets, many cultures expect girls to wait until dark to relieve themselves, this leaves girls open to harassment, assault, animal attacks and discomfort.

**Poverty** - refers to deprivation. Generally defined in terms of income. Can prevent access to:

* Nutritious foods
* Adequate housing
* Clean water and sanitation
* Education
* Healthcare

**Inequality and discrimination** - refers to racial, religious, sex/gender minorities that are discriminated against or treated unfairly.

* social exclusion
* Increased rates of mental illnesses, smoking, alcohol abuse and drug use
* Women often miss out on education and employment opportunities.
* When people are treated fairly, they experience greater levels of health.

**Globalised market.** - refers to advertising and selling of goods and services across the world.

* The globalised marketing of unhealthy products has increased the number of lifestyle-related chronic conditions.
* Non-communicable disease have overtaken infectious diseases as the biggest killer worldwide.
* Global distribution of tobacco, alcohol and processed foods has 1 an increase in the ‘double burden of disease’.
* Companies target low and middle income countries because they have a lack of education, lack of healthy eating promotion, limited underage laws, no labelling laws and no passive smoking laws or alcohol bans.

***SUSTAINABILITY***

Meeting the needs of the present without compromising the ability of future generations to meet their own needs.

**Economic sustainability** - Means ensuring that average incomes in all countries are adequate to sustain a decent standard of living and continue to rise in line with inflation and living costs in the future.

* Innovation and diversity of industries: many low- middle income countries rely on agriculture as their sole industry, which is heavily dependant on factors such a weather patterns and global markets which are unstable.
* Employment: earn a wage, avoid poverty and contribute to the countries economy.
* Economic growth: sustained growth in GNI
* Trade: Producers in low to middle income countries must be able to trade their goods on the global market. to increase their incomes and continue growing the country's economy.

**Social sustainability** - It is about equitably meeting and promoting the needs of all people now and in the future.

* Elimination of poverty and provision of social protection systems: Poverty eliminated = reduction of infectious disease, increase mental health due to less stress.
* Gender equality: Women and girls must be able to access the same opportunities as men and boys in relation to education, employment, leadership and decision making.
* Access to safe and decent working conditions: More people can access meaningful employment and could end child labour.
	+ Promotion of political and legal rights: Women, Indigenous populations and ethnic minorities are often under represented in governments, and often do not have ``their rights upheld.
* Peace and security: When a country is in conflict its level of health will be significantly lower than when in times of peace.

**Environmental sustainability** - The monitoring and preservation of resources so they are available for use by future generations.

* Biodiversity: Relates to the variety of all forms of life; the different plants, animals and micro organisms, the genes they contain and the ecosystems of which they for part of.
* Climate change
* Waste removal and pollution: Maintaining clean Ecosystems is important in maintaining environmental sustainability.
* Use of natural resources: Renewable Resources – can be replenished naturally over time. Sustainable use of these resources to ensure future generations can use them too.

***HUMAN DEVELOPMENT INDEX***

**Human development** - Creating an environment in which people can develop to their full potential and lead productive and creative lives in accordance to their needs and interests. It is about expanding peoples choices and enhancing capabilities, having access to knowledge, health and a decent standard of living, participating in their community and decisions affecting their lives.

**Human development index** - A tool developed by the united nations that ranks countries levels of social and economic development, provides a statistic from 0-1.

* 3 dimensions: a long and healthy life, knowledge and a decent standard of living.
* 4 indicators: life expectancy at birth, mean years of schooling (average number of years of education achieved by those aged 25 and over), expected years of schooling (the number of years of education expected for a child) and GNI per capita.

**Advantages** - Advantages include:

* Takes into account more than just average incomes
* HDI is now widespread (easier to compare development levels now)
* Global patterns can be observed because HDI has been in use for a number of years.
* Provides an indication of opportunities for education, which reflects access to knowledge.

**Limitations** - Limitations include:

* Data from low income countries may not be reliable and difficult to confirm
* GNI does not measure unequal distribution within the country
* HDI reflects long term changes and not necessarily recent short term changes
* Collecting data is complex and reliability is a challenge
* No survey data is collected so feelings are not reflected.

***IMPLICATIONS OF GLOBAL TRENDS***

**Climate change and extreme weather** - implications include:

* Relocation of villages and farms
* Reduction in availability of fresh water, agriculture and food supplies
* Increase in incidence of infectious diseases
* Injuries from natural disasters

**Conflict and mass migration** - implications include:

* Violence leading to injury and death
* Infrastructure damage
* Unemployment and lack of education
* Sexual abuse
* Crowded and unsanitary living

**Increased world trade and tourism** - can include:

* Provides job opportunities
* Promotes gender equality
* Low safety standards
* Exploitation
* Promotes economic growth
* Transport disease
* Preserves heritage and diversity

**Digital technologies** - can include:

* Utilised by health workers
* SMS services
* eHealth for access to self care
* Safety and privacy can be limited
* Enables sharing of health information around the world.

AOS 2

***SUSTAINABLE DEVELOPMENT GOALS***

* There are 17 goals to be achieved by 2030
* Created by the United Nations along with non-government organisations and others interested in making the world a better place
* Aim to meet the needs of all people in all countries

**Areas of importance** - There are 5 areas of importance:

* People - determined to end poverty snd hunger and to ensure that all human beings can fulfil their potential and equality
* Planet - determined to protect the planet from degradation through sustainable consumption and production
* Partnership - determined to mobilise the means required to implement this agenda through a revitalised global partnership for sustainable development
* Peace - determined to foster peaceful, just and inclusive societies which are free from violence and fear
* Prosperity - determined to ensure that all human beings can enjoy prosperous and fulfilling lives

**Rationale for SDGs** - 3 main reasons for the introduction of the SDGs:

* Millennium development goals (MDGs) were the original goals and finished in 2015. The MDGs provided a global framework of action to address poverty and make global progress on education, health and wellbeing, hunger and the environment.
* Progress in all areas was uneven across regions and countries
* New global challenges had emerged that needed to be considered

**Objectives of the SDGs** - The 17 global goals work together to achieve 3 major goals:

* End extreme poverty
* Fight inequality and injustice
* Address climate change

***KEY FEATURES OF SDG 3***

‘Good health and wellbeing’

**Aims -** By 2030, aims to:

* Promote physical and mental health and wellbeing, and to extend life expectancy by addressing the major causes of morbidity and mortality.
* Reduce global maternal mortality (to less than 70 per 100,000 live births)
* End preventable deaths of newborns and children under 5
* End epidemics of AIDS, tuberculosis, malaria and hepatitis
* Achieve universal health coverage

**Target** - Achieve universal health coverage , including financial risk protection, access to quality essential healthcare services, medicines and vaccines for all.

**Maternal and child health and wellbeing** - This feature aims to reduce the following:

* Maternal mortality - improvements due to more women having access to sexual and reproductive health and wellbeing services and more births being skilled by health professionals
* Infant and child health and wellbeing - can be reduced by ensuring mothers have access to safe childbirth practices and having access to safe water, health and wellbeing services, vaccinations and antibiotics

**Communicable diseases** - This feature aims to reduce the following:

* AIDS - improvements due to investment in health services, enabling more people to access treatment
* Malaria - improvements due to treated bed nets being provided to those living in malaria prone countries
* Tuberculosis - in order to improve, universal health coverage needs to be achieved so everyone has access to vaccinations and treatment, as well as increased funding and investment
* Neglected tropical disease - improvements due to effective drugs, vector control and improved water and sanitation
* Hepatitis - can be prevented through vaccinations so large scale vaccination programs are needed to improve, as well as access to clean water and sanitation and safe practices in healthcare

**Non-communicable disease** - This feature aims to reduce the following:

* Premature mortality - to reduce deaths, universal health coverage needs to be achieved, increased research and reducing risk factors
* Mental health and wellbeing - to promote and achieve this target there needs to be more investments in providing a range of mental health services that are accessible and more effective leadership and governance for mental health and wellbeing
* Reducing the burden of disease - road traffic accidents: can be reduced through better quality roads, access to immediate healthcare and promotion and education. Drugs and alcohol: can be reduced through stronger policies, legislation and better resources for prevention and treatment
* Reducing number of deaths and illnesses - pollution and contamination: increasing access to safe water and sanitation, clean energy use and reducing vehicle emissions

***RELATIONSHIP BETWEEN SUSTAINABLE DEVELOPMENT GOALS AND SDG 3***

**SDG 1** - No poverty - end poverty in all its forms everywhere. Aims include:

* Eradicate extreme poverty
* Reduce half the proportion of people living in poverty
* Implementing social protection systems

Links between SDG 1 and SDG 3 include:

* The target of providing universal health cover as a part of SDG 3 helps to end poverty by ensuring all people have access to essential medicines, vaccines and healthcare services at an affordable price.
* If poverty is reduced, health and wellbeing will improve

**SDG 2** - Zero hunger - end all forms of hunger and malnutrition. Aims to:

* End hunger and ensure access for all people to safe, nutritious and sufficient food
* End all forms of malnutrition

Links between SDG 2 and SDG 3 include:

* Hunger and malnutrition is the biggest contributor to child mortality (SDG 3)
* Maternal and child health and wellbeing will be improved with access to nutritious food, contributing to reductions in under-five and maternal mortality rates.

**SDG 4** - Quality education - the need for boys and girls to have equal access to high quality education at all levels. Aims include:

* Ensure all children complete free, equitable and quality primary and secondary education
* Ensure all adults have equal access to affordable and quality higher education
* Ensure all youth and adults have adequate literacy and numeracy skills

Links between SDG 4 and SDG 3 include:

* Education can help lead to economic growth, reduction in mortality and morbidity and increased employment, all contributing to good health and wellbeing
* Employment and education provides income for families to be able to purchase nutritious food , water, clothing and shelter ad well as healthcare

**SDG 5** - Gender equality - end discrimination and violence against women and girls by addressing the barriers that exist to gender equality. Aims include:

* Eliminate all forms of discrimination and violence
* Eliminate all harmful practices
* Recognise and value unpaid domestic work

Links between SDG 5 and SDG 3 include:

* Gender equality allows women to gain employment, providing them access to purchase essentials to improve their health and wellbeing
* Girls are able to access education, enabling access to employment opportunities and an income
* Promotes good physical, mental and emotional health and wellbeing due to end in violence, sexual assault and deaths

**SDG 6** - Clean water and sanitation - ensure that all people are able to enjoy clean water and adequate sanitation. Aims to:

* Achieve universal and equitable access to safe and affordable drinking water
* Enable access to adequate and equitable sanitation and hygiene for all
* Improved water quality by reducing pollution

Links between SDG 6 and SDG 3 include:

* With clean water and sanitation, maternal and child mortality will decrease, and communicable disease will reduce too due to less ways to spread, improving overall health and wellbeing

**SDG 13** - Climate action - take urgent action to combat climate change and its impacts. Aims to:

* Integrate climate change measures into national policies, strategies and planning
* Improve education and awareness-raising around the issue
* Strengthen the resilience and capacity of all counties to adapt to climate related disasters

Links between SDG 13 and SDG 3 include:

* Epidemics of infectious diseases cannot be eradicated if climate change produces conditions that increase the risk of these diseases
* By working towards climate action, carbon emissions and pollution would be reduced, improving health and wellbeing

***PRIORITIES AND WORK OF THE WHO***

**Goal of WHO** - To build a better and healthier future for everyone in the world

**Function** - Providing leadership in engaging and supporting countries to respond to a range of global health issues to improve health and wellbeing of all people. It works to:

* Fight infectious disease and vaccine preventable diseases
* Tackle non-communicable diseases
* Ensure access to medicines and vaccines

**Work of the WHO** - There are 6 areas of work:

* 1. Provide leadership and create partnerships to promote health and wellbeing (WHO works with member states and other agencies to develop policies and regulations)
* 2. Conduct research and provide health and wellbeing information (WHO provides expertise in research and development)
* 3. Set norms and standards, and promote and monitor implementations (Works with others to standardise the way research is carried out and collection of data)
* 4. Develop policies to help countries take action to promote health and wellbeing (Helps adapt policies to meet local context and help governments implement them)
* 5. Provide technical support and help build sustainable health systems (Provides advice to support countries to implement changes)
* 6. Monitor health and wellbeing and assess health and wellbeing trends (Collect data related to health and wellbeing that monitors progress)

**The WHO’s priorities** - There are 6 priority areas:

* 1. Universal health coverage (All people can access the health services they need at a cost they can afford)
* 2. Health-related sustainable development (Progress the work undertaken in relation to improving mortality and morbidity rates, access to safe water and sanitation and reduce diseases)
* 3. Addressing the challenges of non-communicable disease (Focuses on address the 4 major non-communicable diseases, as well as the main risk factors)
* 4. Implementing the provisions of the International Health Regulations (Recognises the important role the WHO plays in establishing systems that help the global community deal with new and existing infectious diseases)
* 5. Increasing access to medical products (Increase access to essential, high-quality and affordable medicines, vaccines and medical technologies to diagnose, treat and cure)
* 6. Addressing the social, economic and environmental determinants (Reflects the social model of health and wellbeing which identifies that inequities are often a result of these factors)

***TYPES OF AID***

**Emergency or humanitarian** - Rapid assistance given to people or countries in immediate distress to relieve suffering during and after emergencies

* Conflict, natural disasters
* Short time
* Provide food, water, shelter, medicines and healthcare workers
* Should stop once the emergency has finished, otherwise people become reliant on it

**Bilateral aid** - Aid one government provides to a government of another country

* Helps reduce poverty and brings about long term sustainable development
* Eventually become self-sufficient
* Designed to promote health and wellbeing and human development
* Risks include governments not spending funds on intended purposes and neglecting the poorest people in remote villages

**Multilateral aid** - Provided through international organisations such as World Bank, UN or WHO

* Combines donations from countries and then distributes them to countries in need
* Used to address global issues including emergency relief, global warming, disease control and major infrastructure projects
* Less tied to political interests of individual donor countries

**Non-Government** - NGOs also provide aid often for specific projects or programs

* Provide aid quickly and directly to people in need of assistance and often to those where official aid cannot reach
* Many agencies rely on funding through governments and funds generated from public donations

***AUSTRALIA’S AID PROGRAM***

**Purpose** - Promote our national interests by contributing to sustainable economic growth and poverty reduction and enabling human development

**Aid provided by Australian government** - funding, donations, training and advice, emergency aid, material resources and creating programs

**Aid priorities** - 6 priorities contribute to breaking the cycle of poverty:

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

***ROLE OF NON-GOVERNMENT ORGANISATIONS***

NGOs are generally focused on smaller projects that are community based. They provide:

* Funding for programs
* Trained personnel to implement and deliver programs
* Education and training
* Resources like building materials

**World Vision** - works with children, families and communities to overcome poverty and justice. Funded through child sponsorship, 40 hour famine, donations and emergency relief appeals

**The red cross** - aims to improve the lives of vulnerable people in Australia and intentionally by mobilising the power of humanity. Reduces impacts from disasters, humanitarian needs in crises

**Oxfam** - aims for a just world without poverty , where people can influence decisions that affect their lives, enjoy their rights and assume their responsibilities. Helps to create lasting solutions to poverty. Involved in long term development projects, responds to emergencies, campaigns for a just and fair world

***FEATURES OF EFFECTIVE AID PROGRAMS***

4 key features were identified for aid to be effective:

**Ownership** - countries need to decide which type of aid would best meet their needs, must take ownership and make decisions, not rely on the help of the other organisation for everything

**Partnerships** - relies on forming partnerships with government, nongovernment and local programs to work to their strengths

**Focus on results** - need to focus on the country become self sufficient rather that relying completely on the donor country

**Transparency and accountability** - all information made available when developing and implementing program and regular monitoring to ensure everyone is on track to meet aims

***TAKING SOCIAL ACTION***

* Doing something to create a positive change
* Can be used to influence the decisions of those who have the power to make changes.
* Reasons why people engage in social action include to help those less fortunate, eliminate discrimination, prevent harm and damage to the environment and to preserve something of historical or social value
* People can volunteer, donate, raise awareness or use purchasing power (who gives a crap, fair trade)