Health and Human Development ¾ Summary Notes

3.1.1: Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts.

Define health: A state of complete physical, social and mental wellbeing; it is not merely the absence of disease or infirmity.

Define wellbeing: The state of being happy, healthy and content, taking into account all dimensions of health and wellbeing where there is an equilibrium, to influence the security and comfort of a nation and its people.

Define health and wellbeing: Relates to the state of a person's physical, social, emotional, mental and spiritual existence and characterised by an equilibrium (balance) in which individuals feel happy, healthy and engaged.

Dynamic Health and wellbeing meaning: Health and wellbeing is constantly changing; the dynamic nature means some changes are predictable and some are unpredictable based on circumstances experienced in everyday life. Example; a person suffering from the flu has poor health and wellbeing, rest and medication enables them to return to a good state of health and wellbeing

Subjective health and wellbeing meaning: That health and wellbeing is influenced or based on personal beliefs, feelings or opinion. It is also influenced by our environment such as the media impacting our personal view on health and wellbeing.
Example; Elderly people may view health and wellbeing as the ability to carry out tasks individually, whereas young people view it as getting good grades and being social.

Disease definition: A physical or mental disturbance involving symptoms, dysfunctions or tissue damage.

Illness definition: A subjective concept related to personal experiences of disease. Relates to the negative aspects of health and wellbeing.

Physical health and wellbeing: Relate to the functioning of the body and its systems. It includes the physical capacity to perform daily activities and tasks. Example; adequate energy levels, healthy body weight, strong immune system, free from disease etc. Factors that influence optimal physical HWB include a balanced diet staying hydrated, enough sleep, low levels of risk taking.

Social health and wellbeing: Relate to the ability to form meaningful and satisfying relationships with others and to manage or adapt appropriately to different social situations. Example; forming friendships, effective communication skills, supportive and well-functioning family, family values and supportive friends.

Emotional health and wellbeing: Relates to the ability to recognise, understand and effectively manage and express feelings, in a positive way, ability to show resilience. Example; in control of feelings, expressing feelings openly, feelings of security, manage stress and anxiety, understand a variety of feelings.

Mental health and wellbeing: Relates to the state of a person's mind or brain and the ability to think and process information, optimal mental HWB enables an individual to positively form an opinion and make decisions and use logic. Example; low levels of stress and anxiety, high levels of confidence & self-esteem

Spiritual health and wellbeing: Relates to ideas, beliefs, values and ethics in the mind and conscience of people. Includes concepts of hope, peace, values, a sense of meaning or purpose in life (can also relate to religion) Example; sense of belonging, peace and harmony, positive meaning and purpose in life.

Values meaning: Relates to what an individual's feel is important in life such as education, fitness and friendship

Beliefs meaning: Relates to what an individual feel to be true or right, even if they belief may not be proven forever there is life after death, spirits exist in a form other than humans.

Interrelationships between the dimensions of health and wellbeing:
- Overall health and wellbeing is determined by combined levels of HWB in all five dimensions
- Change in one dimension- change to one or more dimension
- No one dimension works independently; each dimension influences the others to determine overall levels of health and wellbeing.

When describing an interrelationship between two or more dimensions you need to include
- The direction and whether it's positive or negative
- Examples
- Connecting words i.e. "this leads /, therefore, this can"
- MUST link back to the concept beforehand

Example of two-way interrelationship
Emotional to spiritual health and wellbeing
An individual with a high level of resilience and effectively being able to recognise and respond to a range of different emotions can lead to the individual developing values of peace and harmony, positively affecting spiritual health and wellbeing this can, therefore, lead back to a positive effect on emotional HWB.

Example of three-way interrelationships
Emma's accident in which she broke her leg playing netball has decreased her physical health and wellbeing as she is unable to exercise due to her injury causing her to miss two weeks of school. Because of this Emma may feel isolated from her friends and teammates (decreases social HWB) which may lead to feelings of loneliness, sadness and anger (decreasing her emotional HWB). Emma may lose sleep over these feelings causing a decrease in energy levels which may reduce her physical health and wellbeing.

3.1.2: Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally.

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

Individually: With optimal HWB you are able to work productively, socialise with friends, live free form injury and disease, work towards purpose in life, reduced health care costs etc.

Nationally: With optimal HWB there is less absenteeism from work, higher average national income, reduced stress and anxiety within a community, work productively which produces taxes; the implication of education (schools) etc.

Globally: With optimal HWB there is a reduction of the risk of disease transmission between countries, improves global trade, assists in promoting peace and sustainability, promotes economic development.

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

Prerequisites for health: As determined by the WHO including peace, shelter, food, education, income, a stable ecosystem, sustainable resources, social justice and equity.

The document was made to provide guidance to government and groups on how to improve HWB worldwide. Ottawa 1986 International Health conference.

Peace: The absence of conflict.
- Reduces the risk of premature death and injury and increases the ability of people to work, attend school and spend time with loved ones
- Reduces stress and anxiety
- Can move around their environment freely and can continue going to school and work.

Shelter: A structure that provides protection from the outside environments
- Shelter provides protection from severe weather events
- Promotes sleep which allows individuals to go to school and work
- Provides feelings of privacy, safety and security thus reducing stress and anxiety.

Education: Receiving formal or informal systematic instructions
- Promotes literacy which is an individual's ability to read and write
- Increases the ability of people to gain meaningful productive environments and earn and income.
- Educated people are more likely to understand health promotion messages such as safe sex, healthy eating, importance of daily exercise.

Food: The state in which all persons obtain nutritionally adequate, culturally appropriate safe food regularly through local non-emergency food sources.
- Access to a reliable food supply, strengthens the body and its systems leading to adequate energy levels to lead a productive illness free life.
- Food improves concentration allowing children to pay attention and focus in school
- Reduces the risk of malnutrition and undernutrition.

Incomes: Money received for work, through investments or social security
- Adequate income reduces stress and anxiety regarding money
- Increases the capacity for parents to give their children an education
- Increases tax revenue- governments can implement social services such as education, healthcare, infrastructure, transport etc.

A stable ecosystem: Community existing of living and non-living components
- Clean water and air are essential for human survival
- Natural environments are often used for relaxation and recreation
- Plants and animals are used and needed for food security

Sustainable Resources: Current resources available for future generations
- Ensuring focus on sustainable energy sources (solar and wind)
- Sustainable food and water are required for human survival
- Ensuring the sustainability of these resources is essential for current and future health and wellbeing.

Social Justice: Equal rights and opportunities for all
- All people are treated fairly in both private and public life
- Equal access to essential services like housing, healthcare, education, equal civil, legal and industrial rights etc.
- This also includes fair distribution of economic resources

Equity: Fairness and equal treatment within a community
- All people should have access to the resources they require for a decent standard of living
- Provides opportunities for people who need the most help/assistance to education, healthcare, employment and human rights to achieve optimal health and wellbeing.
- Provides strategies to ensure fairness. It is not about treating everyone equally but rather what individuals or groups require for health and wellbeing

Equity and equality difference: Equality is giving everyone the same amount or access to things. Equity is giving individuals or groups what they require to ensure health and wellbeing.

3.1.4: 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 individual or a populations overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.

Morbidity: Refers to ill health in an individual and the levels of ill health in a population or group (measured in 12-month period)

Mortality: The number of deaths caused by a particular disease illness or other environmental factors
Mortality rate: the deaths per 1000 or 100,000 people.

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

Incidence: the number or rate of new cases of a disease during a specific period of time (usually 12-month period)

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

Life Expectancy: A prediction 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.

Why has life expectancy increased?
- Advances in medical technology i.e. x-rays immunisations and antibiotics
- Better awareness of health promotion and disease prevention.
- Better public health i.e. access to water, sanitation, less overcrowding

Infant mortality rate: The number of deaths of children under one year of age per 1000 live births.

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

Maternal mortality: Deaths of mothers occurring during pregnancy or childbirth usually measured as a number of deaths per 100,000 live births.

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

Years of life lost (YLL): Number of years life lost to premature death (fatal component)

Years of life lost to disability (YLD): Number of health years of life lost to illness, disease, injury and disability (non-fatal component)

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 injury

Why we used Burden of disease?
- Developed to make international comparative assessment in health
- comparisons between conditions that cause death, illness or causes or both
- gives greater weight to health problems causing illness and disability, even non-fatal

Self-assessed health status: A measure based on a person's own opinion about how they feel about their health and well-being, state of mind and life in general. Commonly sourced from population surveys.

Factors influencing self-assessed health status:
- Disability
- Illness
- Energy levels
- Social connections
- Emotional HWB
- Access to healthcare
- Presence or absence of disease
- Sense of belonging to the community
- Mental state and though patterns

3.1.5: 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

Biological factors: Relating to the body and the functioning of the body's systems that impact upon health (body weight, blood pressure, blood cholesterol, glucose regulation, genetics and birth weight)

Sociocultural factors: Aspects of society and the social environment in which people live that impact on health (SES, employment, social exclusion stress, food security, early life experiences and access to health care)

Environmental factors: An individual's physical surroundings that impact in health (housing, work environment, urban design and infrastructure, climate and climate change)

BIOLOGICAL FACTORS
Genetics
- <u>Sex</u> body type, hormone production, predisposition to disease and aspects of personality
- <u>Sex:</u> some conditions exclusive to genders (testicular cancer- men and ovarian and breast cancer- women)
- <u>Predisposition to disease:</u> diseases run in families, or ethnic groups (cancers, obesity and depression)
- <u>Hormones:</u> oestrogen in females decreases risk of osteoporosis. Testosterone in males means more likely to take risks

Body weight:
- High body weight places extra pressure on heart to pump blood around, which increases risk of hypertension
- High levels of fat can damage insulin receptors in cells causes them to become insulin resistant. This leaves glucose trapped in bloodstream which can lead to type two diabetes
- High body weight put extra pressure on bones and joints this can therefore mean arthritis and osteoporosis can be developed

Blood pressure:
- High blood pressure means extra strain is put on the heart to pump blood around the body, this can lead to the development of hypertension and can cause a stroke or multiple in a lifetime.

Birth weight:
- Low birthweight (< 2.5 kg) usually means underdeveloped immune system
- less able to fight infections
- Can also contribute to high blood pressure, type to diabetes and cardiovascular disease. All of this can stem from premature birth, mother's nutrition status, smoking and alcohol use while pregnant

Glucose regulation:
- Body breaks down carbohydrates into glucose
- Pancreas produces insulin to control amount of glucose is flowing into bloodstream and allows glucose to enter body cells when cells become resistant to insulin this is known as impaired glucose regulation and leads to development of type two diabetes

Blood cholesterol:
- Two types of cholesterol: Low density lipoprotein's (LDP) and high-density Lipoproteins (HDL)
- High amounts of LDP's can indicate a build-up of fat in the artery walls of blood vessels known as arthrosclerosis and can lead to obstruction of blood and oxygen
- Can lead to heart attack or stroke, negatively impacting physical health and well-being

SOCIOCULTURAL FACTORS
Access to healthcare:
- Services that promote and preserve health and well-being
- They services diagnose, treat and or manage disease or injury
- Factors that influence are: geographic location, lack of health literacy, cultural factors and income

Unemployment:
- Job security insures low levels of stress and anxiety
- health effects can occur before unemployment if job feels threatened
- unemployed people have higher mortality, more illness and disability
- Reduces ability to purchase health related goods and services

Social connections and exclusions:
- Connections: bonds between an individual and their relations. Ability to participate in the society they live in.
- Exclusion: segregation people experience if not involved in sight society often exist when there is poor physical or mental health and well-being family breaks down, low income etc

Food security:
- Quantity and quality of food available that is nutritional and culturally appropriate.
- Factors that influence/include geographic location, income and nutritional knowledge education levels

Social isolation:
- Not being in regular contact with others.
- Factors include geographic location, disability, lack of transport and communication barriers
- Regular social contact enables communication and socialising

Early life experiences:
- Behaviours of pregnant women (alcohol and drug use and nutritional status)
- Optimal growth and strong emotional attachment
- Slow retarded growth
- Abuse or neglect experienced

Cultural Influences:
- Customs, ideas, values and traditions of a particular society that are passed through generations.
- These can effect: dietary intake, attitude towards education (girls and boys) employment, alcohol use, attributes towards assessing accessing healthcare (Chinese versus Western medicines)

Socioeconomic status (SES):
- Refers to a person's position in society relative to other people based on income, occupation and education
- *Income* influences ability to access resources such as housing, food, health care, recreation, transport and education s
- Some *occupations* involve manual labour which increases risk of injuries. Others can limit physical activity (desk work)
- *Education* influences health promotion, income and population

ENVIRONMENTAL FACTORS
Housing:
- Inadequate housing increases morbidity from infectious chronic diseases
- Design and safety: stairs, slippery floors harsh/services, ponds, pools and balconies can increase the risk of injury and premature death
- Overcrowded living conditions can cause high rates of mental health issues as occupants can't find their own space
- Strains on bathrooms, kitchen, laundry leads to unsanitary conditions
- Lack of security from elements and intruders may cause stress and anxiety

Work environment:
- Working outdoors means more exposure to UV rays increasing risk of skin cancer
- Work involving heavy machinery such as farming & mining operations increases injury risk
- Transportation jobs (drivers) have increased risk of road trauma increasing mental HWB
- Being exposure to hazardous substances such as paint, fumes, gases, assets and corrosive chemicals contributes to morbidity and mortality in the workplace of individuals

Urban design and infrastructure:
-   Geographic location of resources: having access to goods and services such as supermarkets, shops and hospitals
-   Decreases morbidity and mortality rates
-   Living in remote areas increases more difficulty to access fresh food so more reliability on processed foods. Results in increased obesity, type to diabetes and cardiovascular disease
-   Influences levels of physical activity, road and traffic accidents, access to social connections and resources (i.e. road and transport, electricity, water, communication systems etc)

Climate and Climate Change:
-   Climate: Australia is more susceptible to bushfires there for loss of human and animal life, houses and infrastructure; limits goods and services available.
-   Rainfall patterns result and rats or extreme flash flooding: affecting agriculture and livestock
-   UV levels are very high in Australia: highest rate of skin cancer
-   Climate change: extreme temperatures, rising sea levels and increasing in the occurrence of natural disasters and the spread of vector borne diseases

INDIGENOUS AUSTRALIANS COMPARED TO NON_INDIGENOUS AUSTRALIANS
Health status:
-   Life expectancy: 10 years less than other Australians
-   Half as likely to write health status is excellent very good injury
-   Death rates three times higher than the experience of non- Indigenous Australians
-   Higher rates of SDIs
-   Higher rates of dental decay and gum disease

Biological:
-   High body mass index hypertension
-   Impaired glucose regulation
-   Low birthweight
-   High blood cholesterol therefore build-up of plaque in arteries walls as LDLs deposit fatty acid. Causing a high incidence of heart attack and stroke

Sociocultural:
-   Low SES
-   High rates of unemployment
-   Lower levels of health literacy social exclusion i.e. discrimination, racism
-   High rates of food insecurity
-   Lack of access to cultural appropriate health care
-   Western medicines may go against traditions/beliefs, can lead to diabetes and hypertension if not detected

Environmental:
-   Poor quality and overcrowded housing
-   Poor quality of water and sanitation systems
-   Poorer infrastructure, poorer road quality
-   Lack of access to healthcare facilities on sanitary environment environmental conditions cause the spread of infectious disease, high rates of mortality

*LDL's can deposit fatty plaque in the artery walls, contributing to atherosclerosis (narrowing of blood vessels)
* HDL's tend to carry fat around the body and back to the liver when the body is able to get rid of it.

<u>MALES COMPARED TO FEMALES</u>
Health status:
- Life expectancy around 4 years less than females
- Higher rates of burden of disease
- Takes more risk (higher testosterone)
- High rates of injury
- High mortality rates due to suicide, road trauma and violence
- High rates of cardiovascular disease and prostate or testicle cancer
- High rates of diabetes and kidney disease
- Lower rates of osteoporosis and arthritis
- Lower rates of mental and behavioural problems
- Working hazardous conditions such as mining
- More violent compared to females

Biological:
- Higher rates of overweight
- High rates of hypertension
- Impaired glucose regulation
- More likely to inherit predisposition for prostate cancer

Sociocultural:
- Impacts of unemployment as main providers, unemployment can lead to stress and feelings of being adequate
- Males have a higher socio-economic status
- Cultural influences and gender stereotypes between both genders

Environmental:
- Males often work in more dangerous environment i.e. farming with heavy machinery increases chances of injuries occurring

<u>LOW SES COMPARED TO HIGH</u>
Health status:
- Life expectancy around three years lower for those most disadvantaged groups
- High mortality rates
- More avoidable deaths
- High infant mortality rates
- Higher rates of disability
- Higher rates of diabetes and kidney disease
- High rates of coronary heart disease and stroke
- Almost twice the rate of mental and behavioural problems
- High prevalence and mortality rate from lung cancer
- High rates of arthritis

Biological:
- higher obesity rates (fast food cheaper)
- High rates of hypertension
- High rates of impaired glucose regulation
- High rates of low-birth-weight babies

- Lower income, education levels and lower status occupations
- Lower levels of health literacy
- More likely to be unemployed
- More likely to experience food insecurity
- Have lower levels of private health care insurance (less likely to access healthcare)

Environmental:
- Closer proximity to fast food outlets
- Poor quality housing
- Poor suburbs with higher rates of violence and crime therefore increases risk of injury
- Poorer quality work environment i.e. more UV exposure, heavy machinery

THOSE LIVING OUTSIDE AUSTRALIA'S MAJOR CITIES
Health status:
- Lower life expectancy (decreases as remoteness increases)
- High rates of burden of disease (fatal and non-fatal)
- High mortality rates
- Higher rates of preventable cancer (lung and melanoma)
- Higher rates of arthritis
- Higher death rates from cardiovascular disease
- High rates of diabetes
- High rates of mental health issues (social isolation)

Biological:
- High rates of obesity (less fresh food in remote areas so reliant processed foods from fast food outlet)
- High blood cholesterol
- Impaired glucose regulation
- Higher rates of hypertension

Sociocultural:
- Lower levels and less access to income
- Higher rates of unemployment
- Fewer healthcare professionals and specialist
- High levels of social isolation leading to poorer mental health and well-being
- Food insecurity: as it is hard for fresh food to travel to remote areas
- Early life experience i.e. maternal smoking

Environmental:
- Roads dimly lit and poor-quality leads to increased risk of motor vehicle accidents r
- Reduced to proximity to healthcare services, recreation facilities unemployment
- Great exposure to harsh climate and effects of climate change
- Less access to fluoride water

3.1.6 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).

SMOKING
Rates have decreased significantly in Australia due to more health promotion, higher tax, no advertising. Number one preventable and modifiable cause of disease in Australia.

Health concerns include:
Cardiovascular disease
- Chemicals in tobacco speed up process of atherosclerosis
- Increases risk of heart attack and stroke

Cancers
- Can cause a fault in body cells as a divide. Leads to tumours/ cancers
- Fault can be caused in lungs, throat, mouse, bladder and stomach

Low birthweight
- Tobacco use during pregnancy increases risk of having a low birthweight baby
- These babies are more likely to have an underdeveloped immune system, making the more susceptible to infection. More likely to suffer from premature death, contributing to infant mortality and under five mortality rate.

Respiratory conditions
- Asthma: tobacco increases risk of asthma attacks
- COPD: reduces airflow into lungs and damages lung tissue causing difficulty breathing
- Emphysema: air sacs in lungs become damage and stretched; reduces surface area and limit amount of oxygen that reaches bloodstream
- chronic bronchitis: inflammation of tubes that carry air to lungs (bronchial tubes) leads to persistent cough

Immune system
- Exposure to tobacco lowers immune function and increases risk of contracting infectious diseases such as upper respiratory tract infections and pneumonia

ALCOHOL
Binge drinking à Short term impacts i.e. violence, road accidents
Alcoholismà Long term impacts i.e. liver disease

Excessive alcohol consumption leads to:
- Aggressive behaviour d
- Dementia
- Premature ageing
- Liver disease/damage
- Weight gain
- Falls and injuries caused by impaired sensations

Health concerns include
Weight gain
- contains kilojoules, overweight and obese
- Risk factors for type two diabetes cardiovascular disease and some cancers

Liver disease
- As alcohol is filtered through the liver excessive consumption can cause scarring of the liver tissue
- This can lead to chronic liver disease such as cirrhosis of the liver

Increased risk of taking
- Alcohol influences impulsive actions i.e. aggression, drink-driving, violence (king hits- deaths) etc
- increases falls in road accidents which contributes to facial and non-fatal burden of disease

Mental health issues
- Greater risk of suicide and self-inflicted harm
- Depression/anxiety
- Strain on relationships

Maternal alcohol use
- Risk of premature birth
- Low birthweight
- Under development i.e. immune system
- Foetal alcohol spectrum disorder (FASD)

HIGH BODY MASS INDEX
Assessments about bodyweight are made by using BMI and waist circumference measurements.
18.5 or less= underweight
18.6 to 24.9= healthy weight
25 to 29.9= overweight
30+= obese

Health concerns include
Cardiovascular disease
- Heart has to work harder to pump blood around the body, increases hypertension high levels of cholesterol
- Increase his rate of atherosclerosis and risk of CVD

Some cancers
- Relationship between high BMI and rights of cancers= colorectal and breast

Type two diabetes
- High BMI is a risk factor for developing insulin resistance which are significant risk factors for T2D

Chronic kidney disease
- increased risk of high blood pressure and type two diabetes which has two significant risk factors for chronic kidney disease

Arthritis and osteoporosis
- More pressure on joints, increased risk of arthritis
- Research also connect high BMI with osteoporosis

Asthma
- Children with high BMI have more risk of developing asthma compare the children wth healthy BMI

Mental health issues
- can contribute to anxiety and depression or body image issues

Maternal health conditions
- Pregnant women are more likely/susceptible to pregnancy related conditions i.e. high blood pressure and gestational diabetes
- Also risk factor for maternal mortality

*High BMI has impact on life expectancy after 10 years

BMI = $\dfrac{\text{weight (kg)}}{\text{Hight (m)2}}$

Under consumption of vegetables and fruits

(Vegetables and fruits are Nutrient dense, high in fibre and antioxidants, reduces the impact of free radicals (can damage cells increase in CVD and cancer), High in fibre- feelings of fullness, reducing consumption of energy dense foods)

à Under consumption increases risk of overeating

à high BMI, development of T2D, CVD and some cancers

- High in fibre-regulation regular removal of faeces and harmful toxins

à Under consumption increases risk of constipation, haemorrhoids colour rectal cancer due to delayed removal of faeces and build-up of harmful toxins

- Important vitamins and minerals (vitamin B9 folate and potassium)

à Having less B9 increases risk of birth defects

à Increase blood pressure (stroke and CVD)

- Delay blood glucose absorption-lower amount of insulin being released

à Underconsumption can lead to high levels of insulin in blood stream which increases risk of insulin resistance-precursor for T2D

Under consumption of dairy (calcium, vitamin D, protein, phosphorus)

- Refers to milk, cheese, yoghurt- created from animal milk
- Calcium promotes optimum bone density

à Under consumption prevents bone developing peak bone mass

à Development of osteoporosis (risk of break and fractures)

- Reduces risk of coronary heart disease, hypertension and stroke

à Under consumption increases risk of these diseases

- Dairy strengthens teeth

àUnder consumption increases risk of dental caries

High intake of sugar

- Sugars are required as fuel for energy, but if eaten in excess, they are stored is adipose (fat) tissue

à Leads to weight gain and high body mass index (CVD and T2D)

à Sugars also increase bacteria in mouth which contribute to dental decay and dental caries à contributes to child morbidity in Australia

High intake of fats

à Fats not used for energy contribute to weight gain

Monounsaturated (reduces LDL cholesterol)

Polyunsaturated (reduces LDL and increases HDL cholesterol)

Saturated increases LDL cholesterol

Trans increases LDL and lower HDL cholesterol

Greater impact on overconsumption of saturated and trans-fat is in relation to high body mass, which increases morbidity and mortality due to:

- cardiovascular disease
- type two diabetes
- some cancers

High intake of salt

à High levels of sodium control excessive fluid out of cells; this increases blood volume and contributes to hypertension as the heart has to pump harder

Excessive sodium intake and also contribute to:

à Heart failure
- Hypertension forces heart to work harder
- Heart cannot keep up with the demands from the body

à Stroke and heart attack
- Hypertension contributes to higher rates of these diseases

à Osteoporosis
- Excessive sodium causes calcium to be excreted through urine
- Demineralisation of bones cause osteoporosis

Low iron

Iron forms payment part of 'haem' part of haemoglobin (oxygen carrying part of blood)

à Low iron intake my result in a person developing iron deficiency anaemia- characterised by tightness and weakness
- Struggle to generate enough energy to complete daily activities and tasks i.e. school, work, sports and socialising

Low intake of fibre

Soluble fibre – dissolves in water and slows digestion creating a fulfilling e.g. lentils, apples, nuts etc

Insoluble fibre – adds bulk to diet and helps constipation e.g. beans, cabbage, broccoli, brown rice etc
- Fibre reduces overeating as you get a feeling of fullness

à Low intake increases risk of high BMI and obesity
- Adds bulk to faeces low

à Low intake increases risk of colorectal cancer (bowel cancer)

à Digestive system is not adequately cleaned
- Cardiovascular disease: soluble fibre attaches to particles of LDL cholesterol and helps to excrete them
- Reduce levels of cholesterol, reduces risk of CVD

3.2.1: 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 ways in which governments monitor, regulate and promote health and wellbeing and prevent illness
- Activates aimed at benefitting a population, with an emphasis on prevention, protection and health promotion as distinct treatment tailored to an individual's symptoms.

Old public health

Definition: Government actions that focused on changing the physical environment to prevent the spread of disease, such as providing sate water, sanitation and sewage disposal, improve nutrition, improved housing conditions and between working conditions.

Contributed to a reduction in deaths from infectious diseases such as diarrhoea and cholera.

Improved housing àReduction in influenza and pneumonia

Improved nutrition à Better immune systems (flight infectious diseases)

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

Contributing to increasing life expectancy and decreasing U5MR, due to technology advancements reducing morbidity and mortality of CVD and development of antibiotics

*Diagnosis- Identification of disease or illness through a doctor's observations or specific diagnosis test e.g. x-rays, ultrasounds, blood tests etc
* Intervention- refers to any action that is taken to improve health e.g. prescription medicines, surveys, hospitalisation

Advantages:
- Advances in medical technology
- Extends life expectancy
- Enable common problems to be effectively treated

Disadvantages:
- Relies on health professionals and technology so very costly
- Not every condition can be cured
- Doesn't promote good health and is a narrow view (fixing not preventing)

New public health
Definition: An approach to health that expands the traditional focus on individual behaviour change to one that considers the ways in which physical, sociocultural and political impact on health (also referred to as social model of health)

Social model of health
Definition: An approach that recognises improvements I health and wellbeing, can only be achieved by directing efforts towards addressing the physical, sociocultural and political environments of health that have an impact on individuals and population groups.
e.g. smoking education campaigns, screening programs for breast cancer, free bowel tests, slip, slop, slap, sleek, slide

Key principles (AREAS)
1.) Addresses the broader determinants if health
Considers the wider reasons why people behave and make choices the way they do e.g. gender, culture, race, ethnicity, SES, geographic location.
2.) Acts to reduce social inequities
Promote equity for all people by seeking to address factors which contribute to inequalities in health amongst different population groups e.g. gender race, SES, access to healthcare
3.) Empower individuals and communities
Empowering with health knowledge gives people an opportunity to participate in decision making about their health and wellbeing and gives health knowledge and skills to change their behaviour.
4.) Acts to enable access to healthcare
All people to have access to healthcare. Addresses barriers people face to healthcare including cultural and language barriers, economic and geographic factors and education levels.
5.) Involves inter-sectorial collaboration
Involves organisations and stake holders coming together to work on projects which address social and environmental determinants of health e.g. government departments

- Promotes good health and wellbeing
- Relatively inexperience
- Education can be passed on
- Increases economic development as the population is in good health- therefore able to go to work.

Disadvantages:
- Not all conditions can be prevented
- Doesn't address individual's health issues
- Doesn't promote technology and medical technology
- Health promotion messages maty be ignored or miscommunicated (language etc)

The Ottawa Charter of Health Promotion
- Response to the social model of health
- WHO's first international conference in Ottawa, Canada in 2986
- Guidelines that would help organisations and jet stake holders incorporate health promotion ideas into their strategies, policies and campaigns.

Ottawa charter definition
An approach to health developed by the WHO that aims to reduce inequalities in health. It reflects the social model of health and provides five action areas that can be a basis for improving health status, all of which are centred around three strategies for health promotion which are enabling mediating and advocacy.

Strategies for health promotion:
1.) Advocate
- Actions that seek to gain support from governments and societies in general to make changes necessary to improve the factors that influence health and wellbeing for everyone.
e.g. media campaigns (social media), public speaking and lobbying governments.
2.) Enable
- Aims to reduce differences in health status between population groups
- Ensures equal opportunities and resources available to enable all people to achieve optimal health and wellbeing
3.) Medicate
- Relates to helping groups solve conflict that may occur due to changes to promote health and wellbeing (funding, legislation) and also produces outcomes that promote health and wellbeing for all individuals
e.g. reducing speed limits (working with groups who oppose to ensure lives and saved)

Action Areas: (Acronym BCSDR= bad, cats, small, dead, rats)
1.) Built healthy public policy
- Decisions made by governments and organisations regarding laws and policies that effect health and wellbeing
e.g. removing GST on unprocessed foods and increase tax on certain alcohol
- More difficulty fir peoples to participate un unhealthy behaviours
2.) Create supportive environments
- Promotes health and wellbeing by safe, stimulating, satisfying and enjoyable, promotes health and wellbeing by helping people practice healthy behaviours.
e.g. establishing Quitline, providing shaded areas in playgrounds
- Recognises impact of greater determinates on health status and aims to promote a healthy physical and sociocultural environment

3.) Strengthen community action
- Build links between individuals and community centre around community working together to achieve a common goal

e.g. governments immunisation strategy (involves media, doctors, schools and parents working together to achieve higher immunisation rates)

4.) Develop personal skills
- Education is a key aspect, gaining health related knowledge and life skills that allow people to make informed decisions that mat indirectly affect their health and wellbeing.

e.g. schools, work families, governments and non-government organisations all have a role in achieving adequate education for citizens.

5.) Reorient health services
- Reorienting health systems so that it promotes health and wellbeing as opposed to focusing only diagnosing and treating (biomedical model)

e.g. doctors taking on the role of educator to shift towards health promotion; however, still not neglecting biomedical model
- Promote healthy eating rather than survey to reduce impacts of CVD

3.2.2: 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

Health systems
All the activities whose primary purpose is to promote, restore and or maintain health

Australian health system
Public healthcare
- Public- sector health services and schemes provided by Australia
- Include public hospitals, medicare, pharmaceutical benefits scheme and National Disability Insurance Scheme.

-> Free visit to public hospitals

-> Long wait list orr elected surgeries

Private healthcare
- Includes private health insurance i.e. Medicare, NIB, Bupa etc, private hospitals and medical practitioners in private practices.

à Have to pay extra 'the gap' even on top of insurance coverage

à Elected surgeries can be performed almost immediately

Medicare:
Introduced in 1984 by the Australian government:

Australia's universal healthcare system that aims to improve the access to adequate healthcare for all Australians at little or no cost, to those in need to treatment regardless of age or income. (Biomedical approach to healthcare)

Medicare is funded by: Australian federal government, State government, Local government

Medicare covers:
- Consultation fee for GP's (100%) specialist doctors (85%)
- Eye tests performed by optometrists, fee-free treatment and accommodation in public hospitals
- X-rays and pathology, tests and examinations by doctors (i.e. surgical removal if moles)

Medicare doesn't cover:

- Most dental examinations/treatment
- Home nursing care or treatment
- Ambulance services
- Elective surgeries/ cosmetic
- Alternate medicines (unless referred by a doctor) i.e. acupuncture
- Hearing aids, contacts + glasses

Medicare Safety Net:

Provides extra support/ financial assistance for those that have significant out of pocket costs for Medicare services

à Once an individual or family has contributed a certain amount of their own money to Medicare services in a calendar year, further financial support is provided by the government

Advantage of Medicare:

- Available to all Australian citizens
- Reciprocal agreement between Australia and other countries
- Covers tests and examinations, doctors and specialist fees and some procedures such as x-rays and eye tests

Disadvantages of Medicare:

- No choice of doctor for in hospital treatments
- Waiting list for many treatments
- Often does not cover the full amount of the doctor's visit (85% for specialist plus extra for Dr does not bulk bill)

Medicare funding

1.) Medicare levy

The 2% levy is an amount of money paid by most tax payers, based on taxable income, that contributes to the funding of the health care system

2.) Medicare levy surcharge

Up to an additional 1.5% (depending on individual income level) is paid by people earning over a certain amount of money without private health insurance

à Governments push people to have private health insurance to free up the public health system

3.) General taxation

Income collected thorough general taxation paid by individuals

Terminology

Schedule Fee: A fee it for a service by the Australian government

Bulk Billing: When the doctor charges only the schedule fee so the patient does not have to make a car payment

Gap: Difference between Medicare benefit in schedule three (specialist Dr 85% gap is 15%)

Out of pocket costs: Differences between Medicare benefit and what doctors charge à $37.50 paid by Medicare $40 paid by patience; doctors charge $77.50

Pharmaceutical benefits scheme

Definition: A federal government initiative to subsidise the cost of essential prescription medications, providing Australians with a range of vital medications at affordable prices.

- Government (Commonwealth) through taxes
- Patience pays subsidise amount of $38.80 of $6.30 for concessions and the government pays the remaining costs e.g. cystic fibrosis drug

Pharmaceutical benefits advisory committee
Is an independent committee made up of health professionals who review and consider new medications for inclusion on the PBS à takes into account medical conditions for which the medicine is used, its clinical effectiveness, safety and cost effectiveness compared with other treatments.

PBS SafetyNet
Designed to protect individuals and families from large overall expenses from PBS listed medicines
à if over $475.75 is spent in a calendar year, patients pay concession card payment of $6.30 rather than $38.80

National Disability Insurance Scheme (NDIS)
à Run by National disability insurance agency
Aim: Provide Australians who are born with or acquire a permanent disability with the reasonable and necessary support they need to live and enjoy in ordinary life
Vision: to build independence and increase opportunities and social participation for those living with a disability in Australia
Funding: federal government (half), state/territory pay the rest

NDIS eligibility
- under 65 years of age
- Be Australian citizen, permanent resident or hold protected special category visa
- Lives in Australia where NDIS is available
- Has impairment or condition that is likely to be permanent
- Impairment substantially reduces ability to participate effectively in activities

*individualised plan based on activity individuals' goals now and in the future, identify support needed for daily living and participation and support needed to pursue goals. Outlines how plan is to be managed

NDIS participants to:
- Access mainstream services and support e.g. doctors, teachers
- Access community services and support e.g. sport clubs, can community groups
- Maintain inform support arrangements e.g. family and friends
- Receive reasonable and necessary funded support e.g. assistive technology

Private health insurance
Definition: A health insurance policy that individuals and families can choose to purchase to cover health services not covered by Medicare.

Why is PHI needed?
- Supports public health systems-reduce waiting times in public systems, less demand for beds in public hospitals
- To support all Australians
- To support an aging population- reduces pressure form people living longer
- Provides more healthcare choice

PHI incentive schemes (encourage more people to take out PHI)

1.) PHI rebate àAmount government contribute towards cost of private hospital health insurance premiums (depends on income)

2.) Lifetime health cover à Over 31 years of age, pay 2% LHC leading on top of their premium for every year over 30 they do not have insurance.

3.) Medicare levy surcharge à High income earners without PHI pay up to an extra 1.5% on top of 2%

Advantages of PHI
- Enables access to private hospitals
- Choice of doctor un public or private
- Shorter wait time for elective surgeries
- Dental, physio, optometry can be paid for
- Helps to keep cost of operating Medicare under control

Disadvantages of PHI
- Costly in terms of premiums that have to be paid
- Sometimes has 'gap'
- Qualifying periods apply for some conditions e.g. pregnancy
- Policies can be complicated so creates confusion

Role in promoting health in relation to sustainability, access, funding and equity (SAFE)

Sustainability: Relates to its capacity to evolve to ensure that a high quality of care is continually available to everyone in need.
- Funding and regulation à adequate funds available so healthcare system can continue to cater to needs of population. Regulations promote efficient use of funds and other resources.
- Efficient health system and workforce à Adequately staffed workforce with high trained health practitioners. 'My health records' efficient to keep trac of all medical records
- Disease prevention and early intervention à Reduces strain on health care system. Provides 'Breast Screen', 'Bowel Screen', Immunise Australia Program
- Research and monitoring à Find new ways to treat, cure and prevent disease e.g. new drugs and vaccines, saves funds, more efficient; promotes sustainability.

Access: An accessible health 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 geographic location.
- Removing barriers i.e. language, location
- Medicare à fee-free treatment in public hospitals, affordable for everyone
- PBS à Medications more accessible as more affordable
- Royal flying doctor service à Increases access, especially in rural areas
- Indigenous health incentive à financial incentives to medical practices to provide culturally appropriate healthcare for Indigenous people

Funding: Relates to financial resources that are provided to keep the health system adequately staffed and resourced to a high level of care is available to those who need it.
- Essential medicines à subsidised through PBS
- Subsidised health services à GP and specialist consultations, pathology tests
- Increasing access to PHI à access to non- Medicare services

Equity: An equitable health system must recognise and respond those with special needs
- Medicare à equitable as provides care to ALL Australians (no matter what)
- NDIS à support disabled people access services i.e. doctors
Takes differences into account if to be equitable and fait to all people.

3.2.3: 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

Skin cancer: Is the uncontrolled growth of abnormal skin cells. Skin cancer occurs when skin cells are damaged, for example, by over exposure to UV radiation from the sun.

Three main types of skin cancer:
Basal cell carcinoma à Begins in basal cells, develops due to high sun exposure
Squamous cell carcinoma à Begins in upper layer of epidemics
Melanoma à cancer of melanocytes, responsible for melanin (pigment insulin)

Melanoma
- More commonly diagnosed in men compared to women
- Causes include a history of sunburns (usually childhood), an increased number of unusual moles, family history in a first degree relative.

Role of health promotion
- Campaigns about signs to look for, and importance of early detection
- Changing physical environment e.g. provides more shade
- Changing policies e.g. banning solariums

Why skin cancer is targeted
- Australia has the highest rate of skin cancer in the world
- Youth aged 12-24 years have the highest incidence of malignant melanoma in the world.
- Contributes significantly to burden of disease in Australia.
- Account for around 80% of all newly diagnosed cancer cases

Health promotion campaigns
SunSmart à funded by Cancer Council and Vic-Health (intersectoral)
'Slip, Slop, Slap, Seek, Slide' (app; notifies and educated on sun safety)

-> Successful in shifting perceptions and changing behaviours
- Advocated bans for solariums à banned in Vic since Jan 1st 2015
- 89% of Victorian primary schools have sun smart policies
- Falling incidence rates in men and women under 40 years of age

'Close the Gap' initiative (build healthy public policy)
The council of Australian Governments (COAG) agreed to 'work together' to achieve equality in health status and life expectancy between aboriginal and Torres strait islanders' peoples and non-Indigenous Australians by the end of the year 2030.

Indigenous Australians are the targets of health promotion activities because they:
- Experience poorer health status than the rest of the population
- Burden of Disease is about 2.3 times the rate of non-Indigenous AUS

- Have a lower life expectancy of 10-17 years

Targets of the 'Close the Gap' campaign:
1) Close the gap in life expectancy within a generation
2) Have the gap in mortality rates for Indigenous children within a decade
3) Ensure all Indigenous 4-year olds in remote communities have access to early childhood education- within 5 years
4) Halve the gap for Indigenous students in reading, writing and numeracy- within a decade
5) Halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020
6) Halve the gap in employment outcomes between indigenous and non-Indigenous Australians within a decade.

The 'Aboriginal Road to good health' program
Is a type two diabetes prevention program for all Victorian indigenous people and their families, through promoting lifestyle changes and encourages people to make healthy lifestyle choices.

Key messages from the program include:
- How different foods affect health and well-being
- Food what food is good, cheap and easy to make
- How to spend money
- What d to look for on a food label
- How to choose healthy foods

Relation to the Ottawa Charter

Develop personal skills:
Aims to encourage people and give them the health knowledge so they can make healthy lifestyle changes, such as being more physically active and choosing healthier foods and drinks.
- This can reduce the risk of developing type to diabetes and other conditions such as heart disease and high blood pressure.

Creates a supportive environment:
- Free for participants à access for all indigenous as affordable
- Easy access to education to reduce risk of type two diabetes
- Run by indigenous health workers so comfortable environment

Reorient health services:
- Run by indigenous health workers and other health professionals, doctors taking on role of educator to help people be more physically active and choose healthier foods and drinks.

Strengthen community action:
- As the six-week challenge is run by aboriginal health workers and appropriate health services, aboriginal communities maybe more likely to join the program

The ''Learn, earn, legend! Program
Launched by the Australian government in 2010. Encourages and supports young indigenous Australians to stay at school to develop a high level of education such as literacy and numeracy skills so they can get a job and be a "legend" ocean for themselves, their family and community.
Young people are paired with indigenous mental is to provide guidance on the importance of education, training and employment

Develop personal skills:
-   Encourages education through explaining importance of education, training and employment and how it can be a positive impact on their lives

Strengthen community action:
-   Developed by community leaders, sport stars and local community members whom young indigenous Australians respect and aspire to emulate
-   Companies and organisations such as AFC in New South Wales and ACT and NRL indigenous all-stars all work together to achieve a common goal

Creates a supportive environment:
Partners young indigenous Australians with indigenous mental, may make them feel more comfortable and can relate to mentors more thus increasing their improvement in this program.

3.2.5: 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.

The Australian Dietary Guidelines (ADG)
- Developed by National health and medical research council and funded by the federal government, in 2013
- Aims to ensure all Australians can make healthy food choices.
- Promote health and well-being, based on latest scientific evidence
- Reduces risk of diet related conditions such as high cholesterol high blood pressure and obesity or chronic diseases such as type to diabetes cardiovascular disease and some cancers

Intended for and apply to:
- Intended to be used by health professionals, policy makers, educators, food manufacturers, food retailers and food researchers à to help Australians eat a healthy diet
- Apply to all healthy Australians, including common conditions (overweight)
- So not apply to people with specific dietary advice for medical condition, or too fragile elderly (gluten-free or dairy intolerance)

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
à Encourages individuals to only consume amount of energy they require for their specific energy needs

Guideline 2:
Enjoy a wider righty of nutritious foods from the five food groups every day: vegetables fruits grain foods and poultry dairy and plenty of water

Guideline 3:
Limit intake of foods containing saturated fats, added salt, added sugars and alcohol
à Replace with polyunsaturated and monounsaturated fats such as oils, spreads, nut butter/paste, avocados, nut/plant-based foods

Guideline 4:
Encourage, support and promote breastfeeding à provides ideal food for the healthy growth and development of infants, contains nutritional requirements needed for optimal infant growth.

Guideline 5:

Care for your food; prepare and store it safely à to reduce risk of food borne diseases in community and enhances overall level of health and well-being experienced (5 million cases of food poisoning in Australia every year)

3.2.2: 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

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Melanoma
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Role of health promotion
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- Changing physical environment e.g. provides more shade
- Changing policies e.g. banning solariums

Why skin cancer is targeted
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- Falling incidence rates in men and women under 40 years of age

3.2.4: 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' initiative (build healthy public policy)
The council of Australian Governments (COAG) agreed to 'work together' to achieve equality in health status and life expectancy between aboriginal and Torres strait islanders' peoples and non-Indigenous Australians by the end of the year 2030.

Indigenous Australians are the targets of health promotion activities because they:
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- Have a lower life expectancy of 10-17 years

Targets of the 'Close the Gap' campaign:

1) Close the gap in life expectancy within a generation
2) Have the gap in mortality rates for Indigenous children within a decade
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Key messages from the program include:
- How different foods affect health and well-being
- Food what food is good, cheap and easy to make
- How to spend money
- What d to look for on a food label
- How to choose healthy foods

Relation to the Ottawa Charter

Develop personal skills:

Aims to encourage people and give them the health knowledge so they can make healthy lifestyle changes, such as being more physically active and choosing healthier foods and drinks.
- This can reduce the risk of developing type to diabetes and other conditions such as heart disease and high blood pressure.

Creates a supportive environment:
- Free for participants à access for all indigenous as affordable
- Easy access to education to reduce risk of type two diabetes
- Run by indigenous health workers so comfortable environment

Reorient health services:
- Run by indigenous health workers and other health professionals, doctors taking on role of educator to help people be more physically active and choose healthier foods and drinks.

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- Developed by community leaders, sport stars and local community members whom young indigenous Australians respect and aspire to emulate
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3.2.5: 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.

The Australian Dietary Guidelines (ADG)
- Developed by National health and medical research council and funded by the federal government, in 2013
- Aims to ensure all Australians can make healthy food choices.
- Promote health and well-being, based on latest scientific evidence
- Reduces risk of diet related conditions such as high cholesterol high blood pressure and obesity or chronic diseases such as type to diabetes cardiovascular disease and some cancers

Intended for and apply to:
- Intended to be used by health professionals, policy makers, educators, food manufacturers, food retailers and food researchers à to help Australians eat a healthy diet
- Apply to all healthy Australians, including common conditions (overweight)
- So not apply to people with specific dietary advice for medical condition, or too fragile elderly (gluten-free or dairy intolerance)

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
à Encourages individuals to only consume amount of energy they require for their specific energy needs

Guideline 2:
Enjoy a wider righty of nutritious foods from the five food groups every day: vegetables fruits grain foods and poultry dairy and plenty of water

Guideline 3:
Limit intake of foods containing saturated fats, added salt, added sugars and alcohol
à Replace with polyunsaturated and monounsaturated fats such as oils, spreads, nut butter/paste, avocados, nut/plant-based foods

Guideline 4:
Encourage, support and promote breastfeeding à provides ideal food for the healthy growth and development of infants, contains nutritional requirements needed for optimal infant growth.

Guideline 5:
Care for your food; prepare and store it safely à to reduce risk of food borne diseases in community and enhances overall level of health and well-being experienced (5 million cases of food poisoning in Australia every year)

- A visual tool reflecting recommended dietary advice in guidelines 2 & 3
- Incorporates 5 main food groups, acknowledges consumption of 'sometimes' foods eaten in small amounts and encourages plentiful consumption of water.

Nutrition Australia

- A major community education body for nutrition (non-government)

Objectives are to:

- Act as a source of information on key nutrition issues
- Produce and disseminate material on nutrition to policy makers, the media, educators, the food industry and consumers
- Accts as a consultant to government departments, the food industry and consumer groups as required on issues related to food and nutrition.

Work of Nutrition Australia
National Nutrition week:

- Nutrition Australia coordinates events and produces resources for annual national Nutrition Week.
- Has annual theme such as 'Try for 5'
- Information, recipes and resources can be downloaded from Nutrition Australia's website to support schools, healthcare centres, community fairs and shopping centres in promoting healthy eating.

Healthy Eating Advisory Service

- Works to promote consumption of healthy foods and drinks in early childhood services, schools, hospitals and workplaces across Victoria

It provides:

- Phone advice and support to assist in providing nutritious, tasty and cost-effective food and drink choices, including assistance with menu planning
- Fact sheets, resources and recipes

Nutrition seminars and workshops:

Aims to provide education to workplaces and members of the public wanting to improve their diet. Seminar topics include

- Nutrition 101
- Understanding food labels
    - Healthy eating for corporate lifestyles

Healthy eating pyramid

A simple visual guide to the types of proportion of foods that individual should eat every day for optimal health and well-being based on Australian dietary guidelines two and three and contains a five course food groups latest show recommended proportions that should be contained consumed.(diagram on next page)

Challenges in bringing about dietary change
Personal preference

- Foods high in fat, sugar and salt are flavour enhances and can create cravings for food like these which can make dietary change challenging

Attitudes and beliefs

- Having preconceived ideas of healthy foods and being healthy foods been glad and tasteless
- Consumption based on philosophical beliefs i.e. vegetarianism or only consuming organic Australian made products

Time constraints and conveniences

- If more time is spent working, convenience foods are often consumed because there is a lack of time to purchase fresh produce –
- Certain occupations, such as truckdrivers, may rely on foods that are offered from outlets near their place of employment (fast food)

HEALTHY EATING PYRAMID

HEALTHY FATS

LIMIT SALT & ADDED SUGAR

MILK, YOGHURT, CHEESE & ALTERNATIVES

LEAN MEAT, POULTRY, FISH, EGGS, NUTS, SEEDS, LEGUMES

GRAINS

VEGETABLES & LEGUMES

FRUIT

ENJOY HERBS & SPICES

CHOOSE WATER

Enjoy a variety of food and be active every day!

Nutrition Australia

The world bank uses a countries National Income (GNI) per captia to classify countries into one of three main groups:

- High income country (e.g. Australia, USA, Japan)
- Upper middle-income country (e.g. China, South Africa, Russia)
- Lower middle-income country (e.g. India)
- Low income country (Zimbabwe, Uganda, Somalia)

Economic characteristics
- Levels of poverty

Low income countries and, to a lesser extent, middle income countries, often have a large proportion of their population living in poverty compared to high income countries
- Range of industries

High income countries have a wide range of industries including mining, processing, manufacturing, education, healthcare and technology. Low income countries often have limited range of industries usually centred on farming and primary production
- Opportunities for global trade

Low income countries do not have much ability to trade on the global market, as they may not be able to generate goods other countries require. High income countries also access to infrastructure such as roads, ports and airports which assist is buying and selling to other countries.
- Income

Income is more stable in high income countries compared to low income countries.

Social characteristics
- Gender equality

Both males and females have opportunities and choices in education, employment and community participation. In many low-income country's females do not have the same opportunities as males.
- Birth and population rates

Low birth rates and slow rates of population growth are characteristics of many high-income countries, compared to middle- and low-income countries à Access to education, contraception and family planning account for the difference.
- Education and employment levels

Low income countries do not have a developed education system, so career options are often limited. Also have to pay for education whereas governments in high and middle contribute to provide education opportunities.
- Social security systems

High income countries are able to provide social security payments to those in need. People unable to work due to illness or disability are provided with financial support. Low and middle-income countries often do not have the means to provide assistance to their citizens, driving them farther into poverty.
- Health systems

High income countries generally have a public health system where people are able to access basic healthcare. Low income countries often lack access to suitable healthcare, effecting levels of HWB
- Access to technology

Communication systems, internet and medical technologies us more accessible in high income countries, due to economic resources, infrastructure and education
- Legal structure

Low income countries have unstable governments and political unrest increase risk of civil conflict

Environmental characteristics
- Safe water and sanitation

Access to safe water and sanitation is responsible for variations in health status
- Food security

Natural disasters such as floods and droughts impact availability of food for those in low income countries
- Adequate housing

Low income countries often live in substandard housing with poor ventilation, lack of heating and cooling, poor protection from elements.
- Adequate infrastructure

High income countries have adequate roads, piped water, sewerage systems, electricity grids and telecommunication systems.
- Levels of carbon dioxide emissions

Due to range of industries in high income counties, they tend to emit greater amounts of CO_2, lead to climate change. Low income countries suffer most as they lack economic resources to effectively deal with impacts

GNI: A measure that reflects the economic state of a country. GNI is total income generated by a country in a 12-month period once expenses owing to other counties have been paid.

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

Life expectancy
- Has increased globally over time
- Fluctuations within countries e.g. water and spread of infectious disease can have a significant impact on life expectancy in a relatively short period of time.
- Low- and middle-income countries are more susceptible to such issue
- Many African countries experienced a significant decrease in life expectancy in 1990s due to AIDs epidemic.

Child mortality and morbidity
- U5MR in low- and middle-income countries varies but is significantly higher than that in high income counties (i.e. Australia)
- Australia children experience mortality due to congenital malformations, premature birth and accidental causes
- Low- and middle-income countries children experience mortality due to communicable diseases, malaria, HIV/AIDS and respiratory diseases
- 5.9 million children under 5 died in 2015, 99% in low- and middle-income countries.

Adult mortality and morbidity
- Due to lifestyle factors e.g. tobacco, excessive alcohol and unsafe sex
- Low- and middle-income countries have higher rates than high income countries
- Maternal mortality rates also higher due to unhygienic birthing procedures and lack of sufficient and available healthcare
- Mortality risk increases as average income decreases

Burden of disease
- Australia's well-developed health system means, any condition that cause premature death are often effectively treated, reducing YLL and extending life expectancy
- Low- and middle-income countries experiences higher rates of DALY and greater BOD
- Treatment options limited in low- and middle-income countries resulting in a higher rate of YLL and increasing risk of premature death.

4.1.3: <u>Factors</u> 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

Access to Safe Water
Safe water:
Refers to water that is not contaminated with disease- causing pathogens such as bacteria and viruses, or chemicals such as lead and mercury.

Required for:
- Consumption
- Food prep and cooking
- Washing and hygiene
- Agriculture and production

People in low- and middle-income countries are at greater risk of the effects of unsafe water. Less likely to have infrastructure to supply clean drinking water effectively, especially if living in rural/ remote areas. Lack control on quality and usage of water and money to provide clean water.

Lack of access to safe water contributes to:
Many missed school days as time is spent collecting water or in ill health, reducing level of education and potential to earn a decent income in future.

Contributes to diseases:
Including gastro, diarrhoea and cholera and waterborne and transmit easily from water source to individuals.

High income countries (AUS)
Have a well-established and reliable water supply, although some inequalities are experienced in some remote Indigenous communities.

Collection of water:
Often women have to walk long distances to collect water; reduces ability to look after children and pursue paid employment, also faces threat of animals and injuries.

Access to Sanitation
Sanitation:
Provision of facilities and services for the safe disposal of human urine and faeces but can also refer to maintenance of hygienic conditions through services such as garbage collection and wastewater disposal.

Globally one in three people lack access to basic sanitation. Many of these people defecate in the open, which seeps into water sources and contaminates water people consume.

Inadequate sanitation leads to:
An increased rate of DALY from infectious diseases, such as diarrhoea, cholera and typhoid. Occur due to soil contaminated with faeces à adequate sanitation could entirely prevent this cause of death.

Factors that contribute:
- Poor access to hygienic amenities for washing and cleaning
- Overcrowded living conditions
- Lack of education

Can result in

Reduced education levels particularly for females as schools often lack toilet or are not segregated so girls don't attend school, especially of menstruating.

There is an increased risk of diseases from bacteria entering cuts which decreases physical health and wellbeing due to presence of diseases such as typhoid.

Links to lack of access to safe water because with bad sanitation. This can lead to unsafe drinking water, due to bacteria from unhygienic conditions ion housing and employment

Poverty:
Refers to depravation, which often stems from lack of income but presents as lack of material resources such as food, shelter, clean eater and healthcare; and deprivation of intangible resources such as social inclusion, opportunities for education and decision making.

Those living o less than $1.90 per day à absolute or extreme poverty less than 50% of countries average income à relative poverty

Government services and infrastructure
Level of GNI affects governments ability to provide access to clean water, sanitation, health services, public education and social protection à double BOD experiencing issues and diseases associated with poverty in one country.

Nutritious food
Inability to afford nutritious food often results in malnutrition, decreasing immune function, increasing risk of infection and premature death. Also increases maternal mortality and U5MR/ infant.

Access to clean water and sanitation
Poverty restricts governments ability to provide clean water and sanitation, increasing risk of disease i.e. diarrhoeal diseases (leading cause of death among children in low and middle countries)

Education
Reduced access to education results in lower literacy rates, reducing opportunities for employment. In low and middle, governments don't have funds to provide education (education is compulsory in Australia)

Healthcare
Poverty results in inability of individuals including children and pregnant woman to afford healthcare. Australia has Medicare and PBS to ensure access, but few countries have a universal system so only those who can afford it receive treatment. People in low and middle are more likely to die from conditions that are easily treatable in high income countries like Australia.

Housing
Many people in low- and middle-income countries live in adequate housing which contributes to ill health. Inadequate ventilation results in high levels of indoor air pollution, increasing risk of pneumonia. Exposure to mosquitoes. Increases risk of malaria (can reduce life expectancy)

Inequality and discrimination
Inequality in health status often occurs as a result of an inability to access resources such as education, employment and healthcare. Quite often, discrimination is the reason these resources remain out of reach

Discrimination results in: higher rates of depression and anxiety, higher rates of premature death including U5MR, victim of internal violence, low birth weight etc.

Race: radical discrimination:
A person is treated less favourably than another person in a similar situation because of their race, colour, descent or immigration status; results in social exclusion, preventing access to education, health care, community participation, employment and housing (displacement)

Religion:
Discrimination based on religion or belief often results in inability to access public education, health services and employment. Some people are arrested or killed due to their religious beliefs
Increased rates of:
- Anxiety and depression
- Alcohol and tobacco abuse
- Reduced self-esteem levels

Sexual orientation
Describes the sex than an individual is sexually and romantically attracted to. Subjected to discrimination including refused jobs, opportunities for education, healthcare, sexual assault and death penalty (some countries)

Gender Identity
Describes how individuals perceive themselves as male, female both or neither. Trans or gender non-conforming are at higher risk of discrimination and experience:
- Higher rates of mental disorders
- Physical and sexual assault
- Increased rates of self-harm

Sex
Refers to the physiological characteristics including DNA and sex organs, present in individuals at birth. Females often have less power and control over their lives as males do, less access to resources. Men have higher rates of risk-taking, smoking and violence. Sex inequalities impact women's health status more severely than men. Forced marriages and female mutation. Have less employment and education opportunities i.e. prostitution increases risk of HIV/AIDS. Limited literacy skills. Can't access healthcare.

Global distribution and marketing of tobacco, alcohol and processed foods
Globalisation:
The process whereby boundaries between countries are reduced or eliminated allowing individuals, groups and companies to net on a global scale. It can be described as transforming the different societies of the world into one global society. A reduction in barriers to trade, communication and transport contributes to this process.

Global marketing
Refers to advertising, selling goods and services worldwide
à Many low- and middle-income countries lack polices and laws to discourage use or consumption of these items, individuals lack education and knowledge of the effects on health and wellbeing.
à Fewer taxes and packaging laws- along with a lack of health promotion

Tobacco
As smoking rates are decreasing in high income countries, distribution and marketing has increased in low- and middle-income countries in an attempt to increase global sales.
- Increase premature death due to cancer, CVD and respiratory conditions
- Second-hand smoke also impacts pregnant women- low birth weight, SIDs children, asthma, respiratory condition

-   Money spent on tobacco leaves less money to be spent on food, education and healthcare

Alcohol

Lack of education to educate people on effects of exercise excessive alcohol consumption. Lack of access to healthcare in low- and middle-income countries reduces ability to treat conditions related to alcohol misuse.

-   Results and liver disease, cardiovascular disease and cancer, increase morbidity rates.
-   Increases risk of injuries and road accidents, increases mortality rate in low- and middle-income countries around the world

Processed foods

Increase consumption in low- and middle-income countries due to limited or no laws on food labelling, minimal tax on processed foods, limited restrictions on advertising and distribution, desire to be like 'Westerners'.

-   Increased incidence of lifestyle diseases I obesity, hypertension and cardiovascular disease
-   Many low- and middle-income countries face 'double burden and a disease'. Experience high rates of malnutrition (property) as well as obesity and cardiovascular disease
-   Treatment is limited for these countries à increased mortality rates

4.1.4: 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 generations without compromising the ability of future generations to meet their own needs.

Economic sustainability

Definition: Ensuring that average incomes in all countries are adequate to sustain a decent standard of living and continue to rise in line with inflammation and living costs in the future.

Employment:

-   Unemployment significant in lower- and middle-income countries, but still experienced across the globe
-   people can earn an income and reduce poverty, contributing to countries economy

Trade

-   Trading assists in increasing incomes and growing countries economy
-   Unfair trading in low income countries makes it difficult to promote economy and reduce poverty

Innovation and diversity of industry

-   Diversifying industries to avoid rely purely on agriculture which is dependent on global marketing and weather patterns
-   More employment, increasing incomes and taxes
-   Range of industries means interpretation to one, won't cause economic catastrophe within a country

Economic growth

-   Sustained growth in GNI to counter the impact of inflation, to ensure governments continue to provide services, infrastructure and developments relating to specific industries.

Promoting health and wellbeing

-   Ensuring all people can earn a decent income, promote access to food, shelter, healthcare etc
-   Increasing capacity of govs to provide services and infrastructure i.e. education (mental HWB)
-   More employment opportunities increase sense of purpose in life (promoting spiritual HWB)

Social sustainability
Definition: Creating an equitable society that meets the needs to all citizens and ensures human rights are uphold, which needs to be maintained indefinitely.

Elimination of poverty and the provision of social protection systems:
- Assist in providing access to essential resources such as housing, food and basic health care.
- Eliminating poverty means all people can access resources required for a decent standard of living.

Gender are quality:
- Women and girls must be able to access the same opportunities as men in relation to education, employment, leadership and decision-making.
- Females feel more part of society promoting spiritual health and well-being

Access to safe and decent working conditions:
- Means all people can access meaningful employment, including women, young people and those with a disability.
- Children can stay in schools as parents are working, means a form friendship, promoting social health and wellbeing.
- Fewer people forced into prostitution reducing levels of HIV/AIDS.

Promotion of political and legal rights:
- Under representation of indigenous an ethnic minority is a problem in many high, middle- and low-income countries.
- Policy is less likely to be developed to target health problems in these groups.
- Discrimination causes these people not being able to vote, drive or on land.
- Developing policies preventing discrimination promotes equal opportunity for education and employment

Environmental sustainability
Relates to ensuring the natural environment is used in a way that will preserve resources for the future.

Biodiversity:
relates to the variety and all forms of life i.e. plants animals, micro-organisms, their genes and the ecosystems of which they are a part of.
Provides:
- Provision of O2 and removal of CO2 –
- Fibres for clothing
- Materials for shelter
- Resources for medicines
- Tourism and recreation opportunities

Use of natural resources (renewable)
Renewable resources refer to those that are replenished naturally and over a relatively short period of time i.e. crops, water, oxygen, forests
Sustainable use of timber allows future generations to have housing materials, providing shelter, reduces stress and promotes mental health and wellbeing.

Use of natural resources (non-renewable)
Refer to those that are not replenished in a short period of time. Once resources are used they are not available for future generations i.e. fossil fuels (coal). Sustainable energy productions (solar/wind) allows future generations access to transport assisting in the maintaining of social (HWB) connections. Less reliance of FF reduces smoke and fumes reducing risk of respiratory conditions promoting physical HWB

Waste removal and pollution

Maintaining clean ecosystems is it is important in maintaining environmental sustainability. Industry agriculture and human waste can degrade quality of air and water by contaminating ecosystems that produce them.
- Ensure sustainable access to clean water, reducing risk of infectious diseases and enhancing physical health moving.
- Providing nutrients soil nutrient rich soil reduces food insecurity which reduces the level of stress promoting mental health and wellbeing.

Human activities should use natural only resources at a rate that allows these resources to refinish for future generations. Challenging in lower- and middle-income countries that exploit natural environment as a means of generating income and facilitating trade.

4.1.5: The concept of human development, including advantages and limitations od the Human development Index

Human Development:
A concept that provides another way of looking at the differences and similarities between countries around the world in addition to classifying countries as low middle and high income.

It means creating an environment in which allows people to: (DLEAP)
- <u>D</u>evelop to their full potential
- <u>L</u>ead productive creative lives in accordance with the needs and interests
- <u>E</u>xpand their choices and it has capabilities (range of things they can be or do)
- Have <u>a</u>ccess to knowledge, health and a decent standard of living
- <u>P</u>articipate in the life of the community and decisions affecting their lives

Some choices that can be made to improve human development are voting, continuing education, price you paid employment and participate within the community.

As wealth is really distributed equally, using only the GNI of a country will not necessarily give an accurate indication of how well the entire population is living. The HDI is more reliable

The Human Development Index:
A tool developed by the UN to measure and rank countries level of social and economic development. It provides a single statistic from 0 to 1 based on three dimensions; healthy life, knowledge and a decent standard of living, measured by four indicators; life expectancy at birth, mean years of schooling, expected years of schooling and gross national income per capita

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

Mean years of schooling:
the average number of years of education achieved by those aged 25 and over.

Expected years of schooling:
 a number of years of education for a child at the school entrance age.

Gross national income per capita:
The overall income of the country after expenses only to other countries have been paid, divided by the population of the country

- Very high human development à 0.800-1 e.g. Australia, Norway
- High human development à 0.700 – 0.799 e.g. China, Mexico
- Medium human development à 0.550- 0.699 e.g. Indonesia, India
- Low human development à Less than 0.550 e.g. Uganda, Zimbabwe

Advantages:
- Takes more than just average incomes into account, so provides a more comprehensive representation of the level of human development experience
- Life expectancy reflects ability to lead a long and healthy life
- Provide an indication of opportunities for education, which reflects access to knowledge and ability to enhance choices and capabilities
- Makes comparisons easier as it provides a single statistic relating to 3 dimensions and 4 indicators.

Disadvantages/limitations:
- Only reflect selected aspects of human development and therefore does not capture the richness and depth of human development. Aspects not measured include gender equality and freedom of employment.
- Still based on averages therefore does not provide an indication of the inequalities that exist within countries
- Collecting data is complex and the reliability of measuring human development remains a challenge. Comparisons within countries are difficult as data is only collected on a national level.

4.1.6: 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 and extreme weather events
- More and more in enormous quantities of greenhouse gases are being released, and mostly by developed countries. This is polluting our atmosphere and warming our planet, leading to an increase in extreme weather events.
-> Destroying the environment, leads to a reduction in resources such as food, clean air, water, clothes and employment.
->Higher rates of injury and death due to extreme weather events.
->Rising temperatures and unpredictable weather patterns are causing irregular food production and pose a threat of food insecurity.
-> Rising sea levels means people would have to relocate as homes and farming land is underwater
->Warmer temperatures are likely to produce ideal breeding ground for mosquitoes, increasing incidence of dengue and malaria.
->Floodwater contaminates water stores, making water not drinkable, increasing diseases such as cholera

Health and wellbeing:
-> Having to re-locate due to flooding and having no adequate shelter can lead to increased levels of stress and anxiety, decreasing mental health and well-being.
->Increased risk of fires due to heat waves, meaning schools can be destroyed. Limits ability for children to interact with peers decreasing social health and wellbeing

Health status:
-> Events such as cyclones & flooding increases injury & death; increasing morbidity and mortality rates

Human development:
Living in an environment that is flooded means communities have to relocate which may reduce an individuals ability to participate in the life of their community, therefore decreasing countries level of HD
Conflict in mass migration

The level of conflict worldwide has increased. Acts of terrorism that have deliberately target civilians have become more common and deadly.

The number of refugees and displaced people due to conflict is at its highest since World War II.
-        Conflict brings about loss of life as well as destruction of existing farming land and infrastructure.
-        Low- and middle-income countries are not often in an economic position to sustain a war effort and provide basic resources for their people.
-        Water and sanitary resources can easily be destroyed, increasing risk of people dying from diseases caused by unsafe water.

Mass migration
People are forced from their homes and seek safety in other parts of the country or in another nearby country. Known as mass migration.
-        Refugees are often forced into crowded and unsanitary living conditions in refugee camps. Can lead to outbreaks ibn cholera and diarrhoea increasing mortality and decreasing physical HWB
-        Children can't attend school as they are relocating and do not often have a permeant place of residence.

Health and wellbeing:
-        Many people are forced out of paid employment as employment environment can be destroyed. This can cause people to be forced out of their homes, increasing levels of stress and anxiety and decreasing mental health and wellbeing

Health status
-        Healthcare becomes inaccessible as facilities are often destroyed, increasing outbreaks of communicable diseases i.e. measles, decreasing physical health and wellbeing

Human development
-        Living in an environment consisting of conflict can reduce access to education and employment as these facilities are destroyed. This reduces access to knowledge, health and a decent standard of living, therefore decreasing level of human development

World trade and tourism
World trade:
Worldwide businesses worldwide business that involve transactions in goods and services and transporting them to interested markets.

Advantages:
-        It promotes competition which helps boost innovation and productivity and Foster economic growth
-        Many exporting firms in low- and middle-income countries employ women, which promote gender equality.
-        An increase in employment levels and income alleviates hunger and lack of medical care in low- and middle-income countries.

Disadvantages
-        Although mini multinational corporations are accused of social injustices e.g. women working in dangerous conditions for Lope. There are a few laws to protect these women which large corporations take advantage of.
-        When there is a large economic recession impact is often worldwide

Tourism

A social, cultural and economic phenomena that relates to the movement of people to places outside of the usual place of residence, pleasure being the usual motivation.

Advantages:
- Tourism provides employment for local people and promote local culture and products. Tourism is a major source of income in low- and middle-income countries.
- Tourism also encourages governments to spread money, this can provide necessary infrastructure, thus beneficial to local communities and families.
- Almost twice as many women work in tourism than thus promoting gender are quality.
- More money brought into countries by tourists, promoting economic growth.

Disadvantages
- Increases pollution and congestion, which can impact the ecosystem –
- Communicable diseases more easily spread between countries
- Puta extra strain on existing infrastructure such as health care systems which can reduce access by locals, decreasing physical health and well-being

Digital technologies and knowledge sharing
Having digital technologies such as phones and computers allows for knowledge sharing to occur and take place.

Digital technologies:
Electronic tools, systems, devices and resources that generates store or process data such as social media, online games, iPads iPhones and Internet

- Digital technologies have expanded consider considerably over the last 10 years, meaning people have become more connected and there is considerably more knowledge sharing
- Expansion in mobile phone network has contributed to an increase ability to reach more people and provide them with health information as well as more efficient data collection methods.

Advantages:
- There is instant sharing of health information among doctors. It is also important, so governments are able to establish programs that meet the needs of the population as well as evaluate the effectiveness of existing programs.
- Also provides country with ability to register of births, deaths and marriages which insures people have access to legal protection, education, basic human rights
- Can empower people to manage health and wellbeing and adopt healthy behaviours
- Enable people to share information about treatment, create creating more informed and empowered people

Disadvantages:
- Privacy and safety concerns in lower- and middle-income countries due to fewer measures protecting safety online.
- Misdiagnosis of self-diagnosis can be made from the information obtained from the internet, this may delay the seeking of medical attention, this increases risk of infectious diseases decreasing physical health and wellbeing

169 targets to be made by 2030

They directed action in five areas of importance

1.) People – end poverty and hunger, insure dignity and equality to planet
2.) Planet– protect the planet from degradation
3.) Prosperity – all people to enjoy successful and fulfilling lives for peace
4.) Peace- inclusive societies free from fear and violence
5.) Partnerships – participation of all country's stakeholders and people

They are universal goals for everybody, that aim to extreme poverty, fight in inequalities and tackle climate change, while insuring no one is left behind

Rationale for SDGs

1.) New goals and targets needed one millennium development goals MDG finished in 2015. MDG's provided global framework of action to address poverty and make global process on education, health and wellbeing, hunger and environment
2.) Progress in all areas was uneven across regions and countries, leaving millions of people behind, especially the poorest and disadvantage
3.) New global challenges had emerged that needed to be addressed e.g. impacts of increasing tourism and conflict, widespread of migration in large-scale environment changes

SDG 1: No Poverty
SDG 2: Zero hunger
SDG 3: Good health and wellbeing
SDG 4: Quality education
SDG 5: Gender equality
SDG 6: Clean water and sanitation
SDG 13: Climate action

Partnerships for SDGs are created to encourage global engagement around multi-stakeholder partnerships and voluntary commitments. Such as the UN (women, habitats) creative agencies and governments.

Objectivesà end extreme poverty, fight inequality and injustice, address climate change.

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

SDG 3:
Ensure healthy lives and promote well-being for all at all ages
Key features:
reduce global maternal mortality
Most deaths occur in low- and middle-income countries due to:
- Haemorrhage (excessive bleeding)
- Sepsis
- Obstructive labour
- Unsafe abortions

Rates have reduced significantly due to:
- More women having access to sexual and reproductive health services (antennal care)
- Births assisted by professionals
- Fewer adolescent girls getting pregnant

To reduce even more that needs to be increased investment by governments in healthcare services to ensure all women have access.

End epidemics of communicable diseases (malaria, aids)

AIDS: Transmitted via exchange of infected bodily fluids such as blood and semen. Usually spread by sexual intercourse. Reduced mortality by almost half since 2005, due to:

- Substantial investment in health care services, enabling access. SDG3 aims to end AIDS epidemic by 2030. Read requires all population groups have access to prevention services and education to gain knowledge on safe sex.

Malaria: Caused by parasites transmitted to people when bitten by infected female mosquitoes. Numbers of deaths have reduced significantly, due to:

- use of insecticide – treated bed nets and internal spraying of homes. Ending malaria epidemics requires significant financial investment in health care and the health workforce to ensure universal access to water and sanitation also important to ensure breeding ground for mosquitoes are controlled.

End epidemics of communicable diseases

Implementation of the framework convention of tobacco control reduce tobacco intake therefore reducing noncommunicable diseases such as lung cancer

Reduce infant and under five mortality rates

Many deaths due to premature birth, birth asphyxia and infections. Global infant and under five mortality rates have declined, with improved access to antenatal care, more births assisted by skilled help professionals, if you were young mothers giving birth and greater access to family planning services or contribute to this reduction. To achieve and even further reduction:

- Increased investment in healthcare services to provide medication and vaccines for diseases such as measles.
- Investment by global community for research and development of new vaccines

Reducing burden of disease associated with Road traffic incidents

Many deaths and injuries due to poor quality roads, unsafe vehicles and driver behaviour
A coordinated approach is needed involving:

- Transport sector
- Police
- Health and education services
- Law-enforcement

Access to healthcare

Ensure universal access to sexual and reproductive health care services and achieve universal health coverage i.e. access to quality healthcare
Improvement needed to reach targets:

- Ensure adequate training and up skilling of local health care workers
- Promote development of affordable essential medicines and vaccines

SDG targets

SDG 1: No poverty
- Eradicating extreme poverty
- implementing social protection systems
- Ensuring equal rights and access to essential resources, ownership over land and financial services
- Reducing exposure to environmental disasters (shelter)

SDG 2: Zero Hunger
- Aims to end all forms of hunger and malnutrition by insuring all people have access to safe, nutritious foods all year round.
- Aims to improve sustainable agriculture productivity i.e. adapting to climate change and extreme weather conditions.
- Aims to address trade restrictions that disadvantage farmers experience.

SDG 4: Quality Education
- Aims to ensure all girls and boys have access to quality education from pre-primary through territory
- Sims to ensure numeracy and literacy skills and access to vocational is training, including vulnerable (disabled and indigenous)
- Aim to build and upgrade education facilities, including supply of qualified teachers.

SDG 5: Gender Equality
- Aims to ensure equal opportunities for both males and females in all areas of life, e.g. leadership and decision-making, access to economic and natural resources
- Aims to end all forms of discrimination, violence and harmful practices against all girls and women everywhere
- Aims to ensure universal access to sexual and reproductive health and rights
- Also aims to aims to promote

SDG 6: Clean water and sanitation
- Policies and legislation that support gender are quality any power or women
- Ensuring that all people achieve universal and equitable access to adequate safe and affordable drinking water, sanitation and hygiene
- Aims to improve quality by reducing contaminants
- Aims to increase what are use affect efficiently to promote sustainability
- Aims to support participation of local communities in improving water and sanitation management and protect and restore water related ecosystems

SDG 13: Climate action
- Strengthen the resilience and capacity of all countries to adapt climate related hazards and natural disasters
- Integrate climate change measures into national policies, strategies and planning
- Improve education, awareness raising and capacity of people and organisations to take actions that reduce or prevent impacts of climate change.
- Implement the commitment by high income countries to frameworks developed by the UN to take action and provide funds to support low- and middle-income countries, to implement strategies for reduction.

SDG'S link to SDG 3

SDG 1: No Poverty

- The target of providing universal health cover (SDG 3) helps to end poverty by ensuring all people have access to essential medicines, vaccines and healthcare services, reducing risk of communicable diseases i.e. influenza
- Social security systems ensure all people have access to high quality care at no cost, provide food for children, shelter and education
- Adequate income means people can afford resources such as food, water and shelter. Also means more tax generation, allowing government to implement services and infrastructure.

SDG 2: Zero Hunger

- Ending hunger will reduce the millions of people globally experiencing chronic hunger and malnutrition, reducing mortality rates of children achieving SDG 3
- Access to nutritious foods for mothers during pregnancy will reduce maternal and infant mortality rates
- People will have optional functional functioning immune systems reducing risk of contracting communicable diseases.

SDG 4: Quality Education

- Educated and skilled workforce brings greater economic growth which can provide more resources to invest in universal healthcare, reducing mortality rates from communicable and non-communicable diseases.
- Increased health literacy improves access to health services.
- Educating girls means increasing birth survival rates, reducing mortality rates.

SDG 5: Gender Equality

- Action taken to end violence against women and girls, promoting physical health and wellbeing
- Providing girls with equal access to education, healthcare, decent work can provide girls with health knowledge and reduce risk of mortality from communicable diseases.
- Introducing laws against child marriage can reduce maternal mortality rates by reducing conditions such as obstetric fistula.
- Good health and wellbeing increase ability of women to participate in community such as leadership, voting, promoting gender equality.

SDG 6: Clean water and sanitation

- People will have access to clean, safe water and sanitation, reducing mortality rates due to communicable diseases such as diarrhoea.
- Allows people to grow crop therefore providing mothers with nutritious foods, reducing mortality rates of mothers and infants
- Less time collecting clean water, so more time can be spent in school, gaining an education.

SDG 13: Climate action

- Cleaner energy systems reduce carbon emissions and air pollution, which reduces rate of communicable and some non-communicable diseases.
- Reduction in extreme weather events reduces destruction of infrastructure, therefore allowing girls to go to school and reduce maternal mortality rates.
- Climate action can mean that weather patterns are more predictable which assists in maintaining immune systems function which contributes to fewer child deaths.

4.2.4: priorities and work of the WHO

The priorities and work of WHO

Vision: A world in which all people attain the highest possible standard of health and wellbeing

Mission (what they will do): Promote health, keep the world safe and serve the vulnerable

Work of WHO

1.) Provide leadership and create partnerships to promote health and wellbeing

WHO works with member states and other agencies to develop international policies and regulations to prevent and manage disease outbreaks and coordinate relief efforts in times of disaster. Partnerships have helped produce effective vaccine against meningitis, Ebola and the first malaria vaccine.

2.) Conduct research and provide health and wellbeing information

WHO works with other others to ensure the most up-to-date research is available to help inform decisions that promote health and well-being, prevent and control disease, improve health systems and help achieve universal access to health care. Who provides expertise in research and development to improve the way in which diseases can be prevented, diagnosed, managed and treated. Their work has led to guidelines and advice on preventing and treating conditions such as asthma, hepatitis and Zika.

3.) Set norms and standards, and promote and monitor their implementation

WHO works with other agencies and government to standardise the way research is carried out the use of common indicators for the collection of data and the health and well-being terminology that is used. This makes it more effective and efficient to share information, monitor the impacts of disease and evaluate the effectiveness of programs and initiatives. Essential safe and effective medicines, global standards for air and water quality.

4.) Develop policies to help countries take action to promote health and wellbeing

Policies help governments and the global community to implement action that is known to be effective in bringing about improvements in health and wellbeing. Who helps countries adapt to these policies to meet their local contacts and help government implement them. Framework convention on tobacco control, the stop TB strategy, healthy eating and physical activity guidelines. Guidelines on the intake of sugar to reduce the risk of non-communicable diseases in adults and children.

5.) Provide technical support and help build sustainable health system

Who provides advice and support the countries to implement changes in areas such as the provision of universal healthcare, health financing and trained workforce. They help countries strengthen their capacity for early warning, risk education and the management of health and well-being risks. Assisting countries with health finance through developing a national health finance strategy. Providing health briefs on the importance of free healthcare.

6.) Monitor health and wellbeing and assess health and wellbeing trends

Who has developed a global health observatory which stores and shares health related data. It helps countries identify who is getting ill, from which diseases, how and where they are getting ill, so resources can be targeted to where they are needed most. Each year, who studies influenza trends to determine what should be included in the following season is influenza vaccine.

1.) Achieving universal health coverage

Definition: Universal access to healthcare without financial burden of disease, refers to every country having a strong and resilient people- centred health system based on primary care, health promotion and disease prevention. Providing essential healthcare, services including medicines and vaccines.

7 main areas/aims of the priority:

-        <u>Service access and quality:</u> All countries regardless of where they live, will access quality essential healthcare services that meet the main health and wellbeing needs of the community.
-        <u>Health workforce:</u> Ensure sufficiently trained health workers available to provide healthcare
-        <u>Access to medicines, vaccines and health products:</u> Essential medicines are those that meet the main healthcare needs of a population and assist them to overcome diseases and illnesses more quickly
-        <u>Governance and finance:</u> WHO will support countries to strengthen the capacity of governments to develop and implement health policy, organise and implement an effective health system and regulate services.
-        <u>Health information systems:</u> WHO will work with countries to improve health information systems to enable the monitoring of health risks, track morbidity and mortality rates and their risk factors.
-        <u>Advocacy:</u> WHO will provide leadership by increasing the global awareness of and benefits of universal health coverage
-        <u>Country support:</u> WHO will work with/in partnership with countries and support them at all level to implement primary healthcare systems that meet their health priorities.

2.) Addressing health emergencies

Early detection, risk assessment, information sharing and a quick response to emergencies are important to avoid illness, death and economic loss. Components: Building capacity to keep world sate from epidemics and health emergencies, also people have quick access to essential health services during health emergencies

2 main components

-   <u>Building capacity to keep the world safe from epidemics and health emergencies</u>

Cholera & the flu are two example of disease outbreaks that can affect a country – more recently we have seen the Zika virus and Ebola. Who works with countries to ensure International health regulations are implemented to reduce the spread of the disease

-   <u>All people have quick access to essential health services during health emergencies</u>

Who ensures that the most vulnerable people receive essential health lifesaving services i.e. health promotion & disease prevention, mental health & psychological support & nutritional services.

3.) Promote healthier population:

This strategic priority focuses on the achievement of the health and wellbeing targets in SDG 3. It aims to decrease maternal, child and new-born mortality rates, reduce diseases such as HIV, tuberculosis, malaria and neglected tropical diseases and promote health and wellbeing across all lifespan stages.

Includes 5 components:

-        <u>Improving human capital across the lifespan:</u>

Improve through interventions that focus on early childhood, child and adolescent health and development on family planning, pregnancy and childbirth as these are critical stages where long term improvements in health and wellbeing can be achieved.

-        <u>Accelerating action on preventing non-communicable diseases and promoting mental health</u>

Much of the morbidity and premature mortality caused by non-communicable diseases, could be prevented by reducing tobacco use, harmful use of alcohol, unhealthy diets and promoting physical activity

- <u>Accelerating elimination and eradication of high impact communicable diseases</u>

WHO aims to end epidemics of AIDs, TB, malaria and neglected tropical diseases and combatting hepatitis, water borne diseases cannot be achieved without significantly accelerating prevention, control and elimination efforts by introducing cost- effective and high impact interventions.

- <u>Tackling antimicrobial resistance</u>

Antimicrobial resistance occurs when micro-organisms such as bacteria, fungi, viruses and parasites change when they are exposed to drugs such as antibiotics to prevent or treat diseases. Who will work with countries to increase awareness and understanding of the correct use of anti-microbial medicines and promote research and development.

- <u>Addressing health effects of climate change in small developing states.</u>

These nations are vulnerable, and they face increasing climate and pollution related risks, with women, children and those who are the poorest being particularly at risk. Air-pollution and the spread of vector borne, waterborne, foodborne and work-related disease need to be reduced.

4.2.5: The purpose and characteristics of different types of aid including emergency, bilateral and multilateral

Emergency Aid (humanitarian)
Refers to the rapid assistance given to people or countries in immediate distress to relive suffering, during and after emergencies, such as war or earthquakes.
- Provides water, food, medicines, shelter and health personnel
- Provided by government and non-government organisations

Advantages:
- Relieves immediate problems
- Aid in forms of money can be spend on items urgently needed, ensuring a quick/ cheaper response

Disadvantages:
- Doesn't respond to cause of poverty
- Short term, doesn't address sustainable HD
- Some aid i.e. medicines have a limited 'shelf life'

Bilateral Aid
Aid is given by the government of one country, to the government od another country
- Purpose is to reduce poverty and bring long term sustainable development
- Can be given for political or strategic reasons e.g. AUS government providing funding for gov of Papua New Guinea to implement prevention, treatment, counselling and education for HIV/AIDS.

Advantages:
- Provides investments for projects which may otherwise not have been possible
- Helps expand infrastructure
- Strengthen systems to eventually become self sufficient

Disadvantages:
- Aid that is 'tied' (conditional) may result in political or economic conditions placed on the recipient countries
- Negative effects on local economy i.e. aim in form of food supplied from another country

Multilateral Aid

Aid is provided through an international organisation such as the World Bank, United Nations, Who or UNICEF. Combines donations from a number of countries and then distributes them to recipients.

- Used to address global issues i.e. global warming, safe water and sanitation e.g. World Food Frogram, Water and Sanitation Initiative Global Program.
- Purpose us to contribute to achievement of equity in health and wellbeing and promote human development.

Advantages:
- Less political and self-interest ties
- More likely to reach those in need
- Often long term/large scale issues (HIV/AIDs)

Disadvantages:
- Some funds donated have to be used to pay for administrative costs
- Can interfere with internal policies of recipient countries.

4.2.6: Features of Australia's aid program including its priority areas and the types of partnerships involved

The purpose of Australian aid is to help people overcome poverty, with the aim of assisting low income counties to achieve sustainable development.

Managed through the Department of Foreign Affairs and Trade (DFAT)

Purpose of Australia's national interests by contributing to sustainable economic growth and poverty reduction by focusing on two development outcomes
- Strengthening the private sector development
- Enabling human development
Often guided by UN's SDGs

Why Australian government gives aid?
- Improves Australia's regional security by building stable governments
- Create stability and peace in Australian region
- Create job opportunities for Australians through export of goods and services
- Reduce risk of disease spreading to Australia

Partnerships involved in Australia's Aid program
à Whole of Government
Works with other government departments and agencies, including Australian Federal Police, which works to develop and monitor peace, stability and security
à Private Sector Partnerships
Partners with companies in private sector, including Westpac which aims to increase economic activity by providing access to finance.
à Bilateral Partnerships
Effectiveness of aid increased through partnerships with other countries where experience and resources can be combined
à Multilateral Organisations
Including Work Bank, UN and World Food Program. Their large size enables them to undertake projects on a scale that wouldn't be possible
à Non-Government organisations
DFAT partners with many NGO's to compliment its aid program and assist them in carrying out their work.

Six priorities of Australian Governments aid initiatives

1.) Infrastructure, trade facilitation and international competitiveness
Good infrastructure is important for people to gain access to markets to buy and sell goods. Economic development is important in bringing about opportunities for decent work and a regular income.
à DFAT provides funding for infrastructure development to assist countries in trading.
Example: Indonesia Infrastructure Initiative (Indi) (III): Addresses constraints to infrastructure investments and focuses on water and sanitation, roads and transport. Provides experts and funds

2.) Education and health
Provides people with the ability to gain meaningful and decent employment, enabling them access to resources such as food and shelter
à DFAT, through a bilateral partnership with the Indonesian government, provided funds for schools to be built and to have teachers trained.
Example: Basic Education Quality and Access in Laos Program (BEQUAL): Aims to increase student participation, improve teacher quality. School meals provided to increase primary school enrolment and attendance. Teaching and learning environments will be improved through provision of water and sanitation facilities.

3.) Agriculture, fisheries and water
Provides employment in this industry, therefore decent income. Safe water improves health, overall all work to reduce poverty.
à DFAT works with many developing countries such as Cambodia, to assist with efficient use of irrigation water to sustain agriculture practices
Example: Timor Leste Water Piping Project Repair: water systems and installation of new tanks to increase access to safe water. Public toilets constructed at schools to ensure children have sustainable access to sanitation.

4.) Gender equality and empowering women and girls
Empowering women and girls benefit the community/ country as there are higher average/incomes, greater levels of education and healthier families.
à Australia is a strong supporter of UN women and help improvement in coordination within the UN system of global efforts to promote gender equality
Example: Investing in women: Established to improve women's economic participation, build markets for women and influence public and private sector environment in South East Asia.

5.) Effective governance: policies, institutions and functioning economy's
An effective government provides foundations for economic growth, private sector investment and trade and strengthen law and justice system.
à Australia provides advice to low- and middle-income countries on financial management and establishment of institution i.e. health systems and legal systems
Example: Australian Indonesia Partnership for Justice: Works to increase access to justice for marginalised groups and to combat corruption. Includes peer-to-peer exchanges its first national legal aid system, under which low SES individuals have access to free legal advice and representation.

6.) Build resilience, humanitarian assistance disaster risk reduction and social protection
Australian government recognises humanitarian aid help reduce suffering and saves lives. Also recognises countries need to develop plans to reduce risk of disasters and minimise their impact.
àAustralian government through DFAT sends staff to emergency areas to provide immediate support. After earthquake in Haiti, provided aid including temporary shelter, safe water, food and healthcare.

4.2.7: The role of non-government organisations in promoting health and wellbeing, and human development

What Non-Government organisations are?
Non-government organisations are formal organisations that are self-governing, not for profit and not aligned to any political parties e.g. World vision, Oxfam, Red Cross.

They are able to maximise the spread or reach of Australian aid to those in need as NGOs can assist in areas official age cannot reach

About:
-        NGOs provide a directly to communities in which they are working in. And usually focuses on supporting projects that focus on community development and participation.
-        Strength and self-sufficiency and communities by empowering people.
-         NGO's rely heavily on donated income, although many receive some government funding.

Advantages
-        Works directly with communities and target specific concerns
-        Works directly with people to increase knowledge, resources and choices in communities.

Disadvantages
-        Relies on fundraising from individuals
-        Sometimes funds are spent on administrative costs of the agency.

RED CROSS
Description of the NGO
-        The Australian Red Cross aims to improve the lives of honourable people in Australia and internationally mobilising the power of humanity.
-        Works with politicians, policy makers, organisations and public to improve the situation of honourable people.

Reducing the impact of disasters
-        Red Cross help communities identify disaster risk and take political steps to reduce them. It supports local humanitarian organisations to be first responders in their own communities, with trained volunteers and emergency plans. Also, long-term recovery and resilience

Meeting humanitarian needs in crises
Contributes to emergency relief operations for major disasters and armed conflicts around the world. Meeting the humanitarian needs help promote health more being by keeping people alive and treating people to return to good physical health and wellbeing.

Example of a program
Sexual and reproductive health and well-being in Cambodia
-        Aims to improve access to sexual and reproductive health and wellbeing information in the most marginalised and isolated communities in the country. The program was implemented by the United Nations Populations Fund (UNPF) in partnership with UNICEF (health, education and women's affairs sector of the Cambodian government)

Outcomes: Access to sexual and reproductive health services reduce prevalence of HIV/AIDs, maternal and child deaths and promote health and wellbeing and human development. Can help people reduce poverty as a

delayed childbirth, people can then be educated, work and earn an income they won't be injured while giving birth.

Impact on health and wellbeing:
- Red Cross Australia focusses support on improving access to HOV treatment including antiretroviral medications, improving physical health and wellbeing.
- Red Cross Australia focusses support on reducing stigma associated with HIV, increasing individual ability to be resilient in society and feel positive emotion of acceptance thus promoting emotional health and wellbeing.

Impact on Human Development
- Red Cross Australia focusses support on reducing stigma and discrimination towards people with HIV, assisting people to develop to their full potential and lead productive, creative lives according to their needs and interests without suffering discrimination.
- Red Cross Australia focusses support on improving access to HIV including antiretroviral medications and treatments which increases the ability to lead long and healthy lives.

OXFAM:
Description of the NGO
Oxfam's vision is just a world without poverty, where people can influence decisions that affect their lives, enjoy their rights and assume their responsibilities – a world where everyone is treated equally and valued.

Purpose of the NGO
Is to help create lasting solutions to the injustice of poverty. It is part of a global movement for change, one that empowers people to create a future that is secure, just and free from poverty.

Example of a program
Pink Phone Program (Cambodia)
This program provides women farmers in remote areas with mobile phones. This is a result of storms ruining their crops and not having enough adequate food. The phones also assist in educating the women on what price to sell the cops at. The phones provide these women with messages (text messages or calls) about the latest weather information and latest crop prices. The women are then able to share this information with other women, understand that prices and talk to trade is to barter a better price for their crops.

Impact on health and wellbeing
- Now women can save enough money to send their children to school, this can increase feelings of accomplishment and proudness of themselves, this increasing emotional health and well-being.
- Women will have enough money to afford adequate meals that are nutrient dense, this means they will have sufficient energy levels, this increasing physical health and well-being
- These women are earning money at stable rates, this means they won't experience stress and anxiety over whether or not they can afford food; this promoting/increasing mental health and well-being

Impact on human development
- Women earning more money means they can save that money and use it to send their children to go to school to receive an education. Children/young adults will be able to gain meaningful employment and earn an adequate income, this assisting in enhancing capabilities and expanding choices as well as being able to lead productive, creative lives in accordance to the needs and interests
- Women's business will thrive due to the information provided on the mobile phones, this increasing income levels, and their ability to purchase nutritious foods, this allowing woman to develop to their full potential.

4.2.8: 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 SDGs addressed
- Details of implementation and the partnerships involved
- Contribution to promoting health and wellbeing and human development

Pictures of affective aid:

Ownership:
- Community receiving aid must be involved in deciding the type of aid that will meet their needs.
- Ensure programs fit with long-term needs and plans of recipient countries
- Takes into consideration socio-cultural and political aspects of community
- Delivering messages in local languages and using visuals if needed.

Partnerships:
- All stakeholders working together (people, groups and organisations involved)
- Partnerships can be used to implement effective programs that make efficient use of resources available
- Avoid duplicating other programs with some objectives
- Local community must have their capacity/skills built

Focuses on results:
- Makes a difference and having a lasting impact on addressing poverty should be the main purpose of an aid program
- A focus on results means changes to patterns in diseases
- When aid workers leave the village/community they will be better off than before (long-term)

Transparency and accountability:
- All necessary information is made available to everyone involved
- Ensures money provided is used for its intended purpose
- Accountability involves regular monitoring and assessment of progress of aims and objectives
- Transparency ensures funding is not used for commercial gain (the org has nothing $$$ to gain)

Red Cross – sexual and reproductive health and well-being in Cambodia

Aims: To improve access to sexual and reproductive health and well-being information as well as HIV in the most marginalised and isolated communities in the country.

Problem: A high rate of teenage and child pregnancies as well as rising rates of sexually transmitted diseases. Maternal mortality has become extremely high especially in young women falling pregnant. Implemented by: United Nations Populations Fund (UNPF) in partnership with UNICEF. Red Cross Australia supports this program.

How: Organises health professionals to speak at seminars about how to avoid pregnancy, HIV and how to maintain a healthy pregnancy (provide antenatal care for women pregnant)

*Teams of village members and district leaders visit families within the village to encourage participation in the information sessions. Provide condoms, and or other ways of sec protection to village members to reduce unwanted pregnancies and sexually transmitted diseases.

SDG 1: No Poverty- The phones ensure that money can be made (making more than $1.90 US a day),
SDG 2: Zero Hunger- More income means more money to purchase foods,
SDG 3: Good health and wellbeing- Money can be used to access healthcare,
SDG 4: Quality Education- Money can be used to send children to school,
SDG 5: Gender Equality- This program only supplies to phone to female farmers

SDG 13: climate action- Program aims to reduce the effects climate change has on female farmers and
Evaluate effectiveness of program:
Ownership: Lots of adolescent girls are falling pregnant, this is reducing the impact that this has; meeting a real need in the community. Is culturally appropriate as there are village members attending programs, this means they can translate into the local language.
Results focused: Can help reduce poverty of childbirth is delayed; people (girls) can stay in school longer, gain an education, work and earn an income. Women won't be injured if they fall pregnant. Empowers women to have a choice regarding pregnancy.

Partnerships: Implemented by the United Nations Populations Fun (UNPF) and partnered with UNICEF and supported by Red Cross Australia, works with the health, education and women's affairs sector of the Cambodian government.

Transparency and accountability: The program is funded by multiple organisations; therefore you would assume funds are going where they are meant to. No commercial gain for any of the organisations involved (they are non-government organisations)

4.2.9: 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:
Doing something to help create positive change. Individuals can take social action at a personal level or can join an organised group to advocate for change.

Reasons people engage in social change:
-          Help those who are less fortunate than themselves, by raising awareness
-          Ensuring people ensuring needs of all people are represented e.g. minority groups and disabled
-          Prevent harm and damage to community or environment.

Was of taking social action:
-          Volunteering, by raising funds are working in a program
-          Conduct fundraising events in schools or communities
-          Show support by signing petitions
-          Use purchasing power to buy products that support actions to promote social change

Example of social action: Who Gives a Crap"
 Is a social enterprise implemented by three University graduate students to help address water and sanitation issues by selling environmentally friendly toilet paper they launch the crowdfunding page to start the campaign
-          Every roll of toilet paper sold 50% of the profits is donated to a non-for-profit organisation working to deliver sanitation and hygiene projects e.g. water aid
-          Focuses on changing people's purchasing habits rather than behaviour, and uses purchasing power to bring about change
-          Have donated funds (SDG 6) - saved trees and avoid tons of greenhouse gases being admitted into the environment. Forest friendly and save water by making the products using Eco friendly materials