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VCE Units 3&4
2019-2022

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Olivia Marie Soliman

Jessica Lieng

ATAR Notes

VCE Health and Human Development Units 3&4 Complete Course Notes
2019-2022

Olivia Soliman and Jessica Lieng

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Preface

Hi there! Welcome to Health and Human Development.

These Notes are designed to be a summary of the entire HHD course based on VCAA's study design, including everything you need to know for the course without the plethora of irrelevancy you might find in textbooks.

It is crucial for you to make your own summary notes (with your own way of thinking about and memorising key concepts), particularly for a content-heavy subject like HHD! However, these Notes will be great for filling any gaps in your knowledge, or consolidating your understanding.

You will notice that we will regularly stress some really important 'key points,' so make sure to take note of them. We also drop some tips and tricks throughout the notes that might help with your journey in studying HHD. Hopefully these notes will assist you in your studies and allow for a more comprehensive understanding of the key concepts in this subject.

We really enjoyed HHD in Year 12, and the awesome thing about it is that we're still actively engaging with many of the concepts explored in the subject post-high school.

All the best, and we hope you enjoy HHD as much as we did!

— Olivia Soliman and Jessica Lieng

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Part I

Unit 3: Australia's health in a globalised world

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Area of Study 1

Understanding health and wellbeing

1.1 Concepts of health and wellbeing and illness

Health: is "a state of complete physical, social, and mental wellbeing, and not merely the absence of disease or infirmity." (WHO, 1946)

Wellbeing: refers to "a complex combination of all dimensions of health, characterised by an equilibrium, in which the individual feels happy, healthy, capable, and engaged."

Health and wellbeing: in HHD, 'health and wellbeing' are considered to be a single concept. You will rarely be asked to define 'health and wellbeing,' as the focus is primarily the **five dimensions,** which we'll be looking at now. However, just in case you are, you simply need to put the two definitions together with a conjunctive adverb between them; something like: 'Health refers to a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity while wellbeing is a complex combination of all dimensions of health, characterized by an equilibrium, in which the individual feels happy, healthy, capable and engaged.'

Disease: according to the AIHW, "a disease is a physical or mental disturbance involving symptoms, dysfunction, or tissue damage" (AIHW, 2014). In essence, a disease is the actual ailment somebody experiences (e.g. a broken leg).

Illness: from that same AIHW definition, illness is defined as "a more subjective concept related to personal experience of a disease" (AIHW, 2014). In simple terms, illness is the state of feeling unwell. The word 'illness' is often used synonymously with disease, but it is more accurately the feeling that comes with disease. (e.g. while a broken leg is the disease, the pain would be the illness).

As mentioned earlier, the focus of health and wellbeing are the five dimensions: **physical, social, mental, emotional,** and **spiritual (PSMES).**

1.1.1 Dimensions of health and wellbeing

Physical health and wellbeing: refers to the functioning of the body and its systems, including the capacity to perform daily activities and tasks.

Aspects of optimal physical health and wellbeing include:

- A healthy body weight
- Freedom from illness
- Adequate energy levels
- Ability to complete physical tasks adequately
- Appropriate levels of fitness
- A strong immune system
- Well-functioning body, systems, and organs

KEY POINT :
There be a list of heaps of different aspects for each dimension, but I'd suggest memorising two or three so that you can use them in your answers.

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

Aspects of optimal social health and wellbeing include:

- A supportive network of friends
- A supportive and well-functioning family
- Effective communication with others
- Productive relationship with other people

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Mental health and wellbeing: refers to the current state of wellbeing of a person's mind or brain, and relates to the ability to think and process information.

Aspects of optimal mental health and wellbeing include:

- Low levels of stress and anxiety
- Positive self-esteem
- High levels of confidence
- Positive thought patterns

Emotional health and wellbeing: refers to the ability to express feelings in a positive way, as well as being able to display resilience in everyday life.

Aspects of optimal emotional health and wellbeing include:

- Recognise and understand the range of emotions
- Effectively respond to and manage emotions
- Have a high level of resilience

Spiritual health and wellbeing: refers to the values, ideas, beliefs, and ethics that arise in the minds and consciences of human beings. It is described and interpreted as the need for meaning, purpose, and fulfilment in life.

KEY POINT :
To remember the '**v**alues, **i**deas, **b**eliefs, and **e**thics' part of the spiritual health and wellbeing definition, you can use the acronym **VIBE.**

Aspects of optimal spiritual health and wellbeing include:

- A sense of belonging
- Positive meaning and purpose in life
- Peace and harmony
- Acting according to values and beliefs

The following examples will give you an idea of what these conceptual dimensions can look like in real life (though don't worry about memorising these – this is just to aid in your understanding!).

- A 'sense of belonging' can be found in one's friendship groups, family, sporting clubs, the workplace, school, country, or place of worship (e.g. temple, church, mosque, or synagogue). Someone with a sense of belonging sees that they are not alone in this world, and that everybody experiences hardships, so they know they have someone to turn to when things get rough.
- A 'positive meaning and purpose in life' means that the individual sees value in life, allowing them to persevere during hard and painful times.
- 'Peace and harmony' can be within oneself, or with the outside world. For example, a person who is in harmony with other people is able to live peacefully, without any motive to hurt or negatively affect another person in any way. A person who is at peace and harmony with nature is one who recognises and appreciates the natural environment, does not want to damage it in any way, or may want to help preserve it.
- 'Values' are what a person feels is important in life. Examples of values are: education, fitness, acceptance, creativity, career success, wealth, manners, appearance, and enjoyment. 'Beliefs' are what an individual feels to be true or right, even if the belief may be unproven. Examples of beliefs are: God exists, the mind can cure the body, there is life after death, the planet is a resource to be used for human gain, animals have rights, or that wealth should be shared equally. Living and 'acting according to values and beliefs' can result in greater utility and a higher sense of satisfaction with life.

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Key Point :
there are a couple of ways to answer questions relating to health and wellbeing.

1. If you are ever asked to **'describe'** or **'define'** a particular dimension, look at the marking scheme and treat each mark as a distinct sentence/point you are being required to make in relation to the dimension. You'll notice that for all these definitions, I've made it so that there are two points (whether that be two sentences, or just two aspects of the definition). Since you will never be asked to define/describe for more than two marks, these are all sufficient answers for any definition question about the dimensions. If you ever feel like you want to add more, just put 'for example' and add one of the aspects of the dimension as your 'second' point.
2. *Any time* you see the words 'health and wellbeing' in a question, you **must** relate your answer to **one** of the dimensions of health and wellbeing! (See the question answering table on page 72 for more information on the marking scheme.) However, don't just say 'this will therefore affect her mental health and wellbeing' and stop there. Say 'this will affect her mental health and wellbeing as it will cause her a substantial amount of stress.' You need to both relate the question to one of the dimensions and one of the specific aspects for the marks!

1.1.2 Characteristics of health and wellbeing and illness

In addition, there are **three characteristics** of these concepts that VCAA emphasise:

1. The interrelationship between the five dimensions
2. The dynamic nature of health and wellbeing and illness
3. The subjective nature of health and wellbeing and illness

Interrelationship

This concept probably has the weirdest marking scheme in the whole course, as it isn't as straightforward as other concepts. When you talk about interrelationships, you must link your answer back to a previous dimension you have already mentioned. Let's look at this in the form of a practice question.

Sample :
Question: Using an injured back as a starting point, explain the interrelationship between the physical, social, and mental dimensions of health and wellbeing.

The second part of this question is the key here – we've already seen that any time you use a dimension of health and wellbeing, you must use a specific example to show your examiner you understand the dimension, not merely that you know it. For interrelationship questions, you must link back to one of the dimensions you previously used in your answer to obtain full marks. So, to answer this question:

Sample :
If someone has an injured back (physical health and wellbeing) they won't be able to go to training, meaning they will have fewer social interactions (social health and wellbeing). If they have fewer social interactions, they may experience frustration, leading to reduced confidence (mental health and wellbeing). If they have reduced confidence, this may lead to their experiencing emotional eating, possibly leading to a high BMI (physical health and wellbeing).

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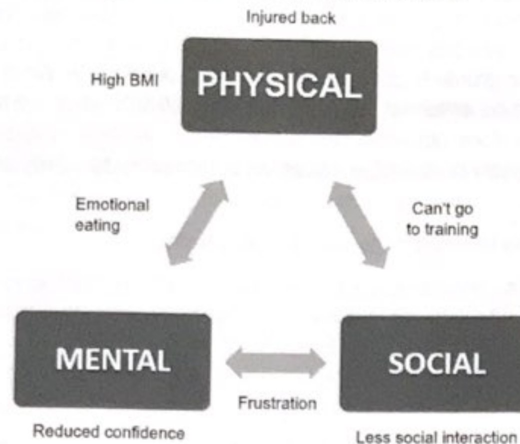
Visually, going clockwise from the top, it would look something like this:



Notice how I make the link from physical to social, social to mental, and then I link mental back to physical? This is because the marking scheme is probably one of the most complicated as well. To simplify it, understand that you receive marks based on the amount of links you can make between one dimension and another. You don't receive marks for naming your first link (as it is already in the question) but you receive marks for each link after that (in this case, one for physical → social, one for social → mental, and one for mental → back to physical). Most people will often forget this last step, meaning they will lose a mark.

Also, ensure you are **explicitly naming the dimensions** (in brackets is fine) and **using examples** that illustrate possible effects so your examiner knows that you have included specific references that relate to each specific dimension. (This means that, for one dimension, you'll need to have two examples because you will be linking to it twice!)

KEY POINT :
If this question is worth two marks, you would link from one dimension and back to the one you started with, unlike a three mark question where you can, for example, link mental back to social instead of mental to physical (as was exhibited here) as you will only have two dimension options. Remember – your marks come from your links!

Dynamic nature

Secondly, health and wellbeing and illness are never static. They are **dynamic,** meaning they are constantly moving and changing in relation to our own experiences and interactions with their environment and with our sensations of the world around us. It can change rapidly (e.g. following the death of a loved one, somebody can fall into a depressed state) or at a slower rate (e.g. somebody can be constantly consuming unhealthy foods high in fats and sugar that will slowly cause a change in their health status).

Subjective nature

Thirdly, these concepts are considered to be subjective as they are dependant primarily on people's own interpretation of their current situation. It means different things to different people based to their experiences and circumstances.

For example, let's say Ted and Sylvia both have the flu. Ted has had the flu before, so he doesn't think this is too much of a hindrance in his daily life, and feels that he can go to work easily if he just takes some medication. However, Sylvia has never had the flu before and this hits her hard. She feels that she needs to take a week off work in order to fully recover.

Another way you can think about the subjective nature of health and wellbeing is that while a teenager may consider good health and wellbeing as being physically fit and social, a person suffering from a chronic condition may consider good health and wellbeing as simply being able to manage their condition without it having a major impact on their life.

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1.2 Benefits of health as a resource individually, nationally, and globally

While we may take health for granted, good health is *not* accessible to every individual globally and is indeed a ***resource that must be attained, and can be lost***. WHO's definition for health relates to a state of complete wellbeing, which does not allow much opportunity for people to be considered as 'healthy'. Thus, WHO declares that "health is, therefore, seen as a **resource** for everyday life, not the objective of living."

Here is a story to introduce the concept of health as a **resource.**

Let's take Marissa for example. Marissa is 30 years old and works as an accountant at a small accounting firm in Melbourne. Marissa is ill – let's say from the flu – and she must take time off work. For one whole week, Marissa stays at home to recover from the flu. In that time, she is losing income from not working, and she must cancel on all of the clients she had booked in for that particular week. Thus, it is not just Marissa who is losing income; the firm is also losing productivity and revenue by not being able to provide their services to Marissa's clients. If this is happening in businesses all over Australia, then the entire nation is also losing productivity and revenue.

The exact same logic applies to those living in poorer countries. Many people in low-income countries do not have access to good health due to the extremely high prevalence of communicable diseases such as malaria, tuberculosis, HIV/AIDS, and hepatitis. However, simply having access to good health would allow them to improve the living conditions of their entire family, community, and potentially even their entire nation. Let's take for example Steve, a middle-aged man living in Indonesia. He is a husband and a father of two young children. In full health, Steve has enough energy to go to work as a lumberjack, earning a stable income in order to support his family with food, water, school books, and school uniforms for his children. He is able to better take care of his children so that *they* can be well enough to attend school, receive an education and improve their own employability in the future.

As we can see already, because Steve was in good health, the rest of his family benefits from this 'resource'. Because his children are able to get an education, they are better equipped to work in the future, increasing Indonesia's income nationally. The government can develop a taxation system and use this money to improve the country's living standards, such as establishing an equitable health care system to reduce the high prevalence of communicable diseases.

In doing so, this reduces the risk of global disease outbreaks, enabling countries to focus on working together for the good of humanity and helping one another develop socially and economically. To summarise, health is a resource that not only benefits the individual; it has benefits nationally and globally as well.

1.2.1 Individual benefits

- Children can feel well enough to attend school where they receive an education and further their literacy skills.
- Adults can feel well enough to go to work and earn a stable income.
- Parents are able to afford to feed their children, preventing malnutrition.
- People can do the things they enjoy (e.g. playing sport).

1.2.2 National benefits

- The country can grow economically.
- Increase in income for the country (GNI) allows the country to compete with others.
- Governments can use the income to develop better health care systems to further improve health and enable universal health care.
- Health care models can reorient their focus from the biomedical approach to the social model approach: if there is a reduction in the prevalence of communicable diseases, then the country can focus on preventative measures by looking at the underlying causes of ill health to promote health. If there are too many people suffering from diseases such as malaria and tuberculosis – as is the case in many low and middle-income countries – the focus must be on treating those to prevent mortality.

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1.2.3 Global benefits

- Governments in individual countries can use the increased income to develop health systems in their own countries, reducing the rates of communicable diseases and reducing the risk of global disease outbreaks.
- Morbidity and mortality are reduced, allowing countries to work together to combat broader issues such as climate change.
- With more countries moving into the high-income category, these nations can work together to help eradicate poverty in the many low-income countries and achieve the targets of the Sustainable Development Goals (SDG).

KEY POINT :

When it comes to answering questions, one of the best ways to approach health as a resource individually, nationally, and globally is through **income and taxation** as this can apply to all three. If we look at the way they can all affect each other:

- **Individually:** can use the money for their own benefit (gym membership, nutritious food, whatever makes the most sense to you) and a portion of all their income will be taxed.
- **Nationally:** the more money, the more tax the government can obtain to use on things like parks, roads and healthcare systems.
- **Globally:** if income is used on healthcare, people are less likely to develop communicable diseases which have the potential to spread from country to country, promoting global peace.

1.3 Prerequisites for health

In order to achieve benefits of optimal health and wellbeing at all levels (individually, nationally, and globally), there are some **essential** factors that need to *first* be in place.

These are called the 'prerequisites for health' and they are determined by the World Health Organisation.

They include:

- **Peace:** refers to the absence of conflict. This reduces the risk of premature death, injury and disability that commonly arises from conflict, and the absence of war enables people to work, attend school and spend time with loved ones. Moreover, this allows the government to reorient funds and resources that would otherwise have been used to sustain a war effort to instead be invested in education, healthcare, trade development and social security, which would improve the quality of life, health, and wellbeing of its citizens.
- **Shelter:** adequate shelter provides protection and a safe place for people to spend their time and pursue activities, such as study, that promote health and wellbeing. It also shields people from extreme weather events and protects them from infectious diseases.
- **Education:** increases the ability of people to earn an income and improve their socioeconomic status, allowing them to afford resources required to obtain higher levels of health and wellbeing. Education also improves literacy; literate people are more likely to understand the importance of a balanced diet, regular exercise, hygienic practices, and are more likely to understand health promotion messages.
- **Food:** access to a reliable food supply promotes optimal functioning of the body systems, prevents malnutrition and allows people to have enough energy to lead productive lives free from illness. Adequate nutrition strengthens the immune system, which is required to fight off pathogens and prevent illness.
- **Income:** allows people to purchase resources such as food, health care, education and shelter that promote health and wellbeing as well as reducing financial stress and anxiety. Higher individual incomes also mean higher tax revenue for the government to spend on improving public health, education systems, infrastructure, so people can experience a higher quality of life.
- **A stable ecosystem:** an ecosystem is a community that consists of all the living and non-living components of a particular area. A stable ecosystem means that all living things are having their needs met without causing detrimental effects to the natural environment.

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- **Sustainable resources:** refers to whether current resources required for good health and wellbeing are available for future generations also, so that they can too experience a good quality of life. It ensures that the basic resources (e.g. food and water) can be regenerated at the same rate that they are used up.
- **Social justice:** refers to equal rights and opportunities for all, regardless of sex, class, income, ethnicity, religion, age, sexual orientation, etc. Social justice requires that everyone is treated fairly, and have equal access to formal education, meaningful employment and fair pay, adequate shelter, food and water, health care, community participation, etc.
- **Equity:** relates to fairness and is about providing every person with the resources they need to lead a healthy life. Note that this is different from 'equality,' which refers to giving everybody the *same* thing, whereas 'equity' is about providing people with *what they need* for their own individual health and wellbeing. Equity means that there should be minimum levels of income and resources that everyone should have access to and promotes health and wellbeing by ensuring access to education, employment, human rights, and resources such as healthcare.

As the name suggests, the prerequisites for health must be achieved before significant health outcomes can be made.

Key Point :
You only need to know about these **conceptually,** not definitionally. Just understand what they are and how they work towards promoting health in order to be able questions. Do make sure that you know all the names (a great way to memorise them is through a funny mnemonic) as you will receive a mark just for naming them in an answer if it has not already been mentioned in the question.

1.4 Health status indicators

We have discussed the health of an individual by looking at the meaning and interrelationships between physical, social, mental, emotional, and spiritual health and wellbeing. Now let's look at the health of a population, or rather, **health status.**

- **Self-assessed health status:** a measure based on a person's own opinion about how they feel about their health and wellbeing, their state of mind, and their life in general.
- **Life expectancy:** an indication of how long a person can expect to live; the number of years of life remaining to a person at a particular age if death rates do not change.
- **Health adjusted life expectancy:** an estimate of the number of healthy years that a person born in a particular year can expect to live based on current trends in deaths and disease patterns. (Think of a HALE equation as looking like: Overall life expectancy - average number of years spent in unhealthy states/reduced functioning = HALE, because subtracting unhealthy years means you're left with the healthy ones!)
- **Morbidity:** the level of ill health in an individual and levels of ill health in a population or group.
- **Mortality:** the number of deaths caused by a particular disease, illness or other environmental factor.
  - **Maternal mortality:** this refers to the number of deaths of women while pregnant or within 42 days of termination of pregnancy due to or aggravated by the pregnancy, childbirth or associated treatment, not due to accidental or incidental causes.
  - **Maternal mortality <u>rate</u>:** this refers to the number of deaths per 100,000 live births of women while pregnant or within 42 days of termination of pregnancy due to or aggravated by the pregnancy childbirth or associated treatment, not due to accidental or incidental causes.
  - **Infant mortality:** this is the number of deaths among children aged under 1 year in a given period.
  - **Infant mortality <u>rate</u>:** this is the number of deaths among children aged under 1 year in a given period, per 1,000 live births for that period of time.
  - **Under 5 mortality:** the number of deaths of children under the age of five.
  - **Under 5 mortality <u>rate</u> (U5MR):** the number of deaths of children under the age of five, per 1,000 live births.

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Notice that there are both both **numbers** and **rates,** so make sure you read the questions *very carefully* and answer accordingly through adding the appropriate equation (i.e. 'per... live births' depending on which it is). Just to give you an idea of how a rate is calculated (although you'll probably never really have to use it in an answer):

$$\frac{\text{Number of deaths in a population}}{\text{Total number of persons in the population}} = \text{mortality } \underline{\textit{rate}}$$

- **Burden of disease:** a measure of the impact of diseases and injuries. Specifically, it measures the gap between current health status and an ideal situation in which everyone lives life to an old age free of disease and disability. Burden of disease is measured in a unit called the DALY (disability adjusted life year).
  - **Disability adjusted life years (DALYs):** a measure of burden of disease. One DALY equals one year of healthy life lost due to premature death or time lived with illness, disease or injury. The equation for this is:

    $$\text{YLL} + \text{YLD} = \text{DALY}$$

  - **Years of Life Lost (YLL):** healthy years of life lost due to premature death. This is the **fatal** component of a DALY.
  - **Years Lost due to Disability (YLD):** healthy years of life lost due to illness, disease, injury or disability. This is the **non-fatal** component of a DALY.
- **Incidence:** the number or rate of new cases of a particular condition during a specific time.
- **Prevalence:** the number or proportion of total cases of a particular disease or condition present in a population at a given time.

KEY POINT :

To help understand the difference between incidence and prevalence, think of a room of 20 people. If I said 'everybody who bought an iPhone in the past 12 months, put your hand up' and 12 people put their hand up, this is the incidence, or new cases, at a particular time (the 12 month period). If I then said 'everybody who currently owns an iPhone, put your hand up' and 18 people put their hand up, this is the prevalence, or total cases, at this given time.

KEY POINT :

If you are ever asked to 'describe' or 'define' a particular indicator, look at the marking scheme and treat each mark as a distinct sentence/point you are being required to make in relation to the indicator. You really need to know the definitions verbatim because you will often get questions such as 'explain the difference between life expectancy and health adjusted life expectancy' (this particular question has actually been on a few past papers!).

Hence, you should know how to apply your knowledge of these definitions to questions like this because there are often key terms that assessors are looking for the marks. In this case, life expectancy refers to an indication of how long a person can expect to live; the number of **years of life** remaining to a person at a **particular age if death rates do not change.** Comparatively, health adjusted life expectancy is an estimate of the number of **healthy years** that a person **born in a particular year** can expect to live based on **current trends in deaths and disease patterns.**

Looking at the bold parts, these are all the main differences that are already highlighted within the definitions and, therefore, your answer.

Also, any time you see the words 'health status' in a question, you **must** relate your answer to **one** of the indicators of health status.

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1.5 Variations in health among different population groups

Not every individual in Australia experiences the same level of health. Some groups experience much higher levels of health than others, and some much lower.

Key Point :
In HHD, we focus on these four population groups:

1. Males and females
2. Indigenous and non-Indigenous
3. High and low socioeconomic status (SES)
4. Those living within and outside of Australia's major cities

The variations in health between these groups can be explained through the **biological, sociocultural** and **environmental** factors of health.

- **Biological:** factors relating to the body and the functioning of the body systems (e.g. body weight, blood pressure, blood cholesterol, glucose regulation, genetics, birth weight).
- **Sociocultural**: aspects of society and the social situation in which people live that impact on health (e.g. socioeconomic status, employment, social exclusion, stress, food security, early life experiences, access to health care).
- **Environmental:** an individual's physical surroundings that impact on health (e.g. housing, work environment, urban design and infrastructure, air quality, climate and climate change).

1.5.1 Males and females

In general, **males** have **poorer health status** than females. Some of the reasons for this include:

	Males
Biological	**Higher rates of abdominal fat:** males generally accumulate excess fats in their abdomen (compared to females: more in the hips). As the abdomen is closer to the heart, males have increased rates of heart diseases compared to females. **Higher testosterone levels:** males have higher levels of testosterone compared to males, meaning they are more prone to risk taking behaviour, resulting in higher rates of injury for males. Meanwhile, females undergo menopause at a certain age, where oestrogen levels decline. This results in higher rates of osteoporosis.
Sociocultural	**Gender roles and expectations:** due to the 'macho' attitude, males are less likely to express themselves emotionally (perception of poor mental health as a weakness, etc.) which can increase levels of anxiety, depression, etc. For the same reason, males are less likely to **access health care,** increasing rates of undiagnosed chronic illnesses.
Environmental	**Work environment:** males are more likely to be employed in labour-intensive jobs that expose them to building sites, heavy machinery, hazardous substances, which increases risk of injury, disability and potentially mortality.

Key Point :
'Access to health care' can be both a sociocultural and environmental factor. However, the way you answer the question will be different. If asked for a sociocultural factor, you would focus on the *cultural barriers* potentially preventing different population groups from accessing health care. If asked for an environmental factor, you would focus on the lack of *health care facilities in close proximity.*

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1.5.2 Indigenous and non-Indigenous Australians

Indigenous Australians have **poorer health status** than the rest of the Australian population. Some of the reasons for this include:

	Indigenous Australians
Biological	**Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation:** increases risk of developing chronic conditions such as CVD, kidney failure, etc. **Higher rates of low birth weight babies:** higher risk of chronic diseases in adulthood
Sociocultural	**Low levels of education**: unaware of the risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing risk of CVD, cancers, respiratory problems, etc. **Food insecurity:** leads to individuals not having sufficient nutritional intake. **Low rates of employment/lack of job security:** financial strain increases rates of stress, anxiety and depression. **Access to health care (cultural barriers):** cultural factors may prevent health care access so chronic conditions go undiagnosed and untreated.
Environmental	**Poor quality, overcrowded housing:** can cause poor mental health, injury. **Access to health care (lack of facilities in close proximity):** as Indigenous usually live in the more remote areas, they may have limited access to health care facilities, meaning many chronic conditions might go undiagnosed and untreated.

1.5.3 High and low socioeconomic status

In general, those of a **low SES** have **poorer health status** than those of a high SES. Some of the reasons include the following:

	Low SES
Biological	**Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation:** increases risk of developing chronic conditions such as CVD, kidney failure, etc. **Higher rates of low birth weight babies:** higher risk of chronic diseases in adulthood.
Sociocultural	**Low levels of education**: unaware of the risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing risk of CVD, cancers, respiratory problems, etc. **Food insecurity:** lead to them not having sufficient nutritional intake. **Unemployment, and financial stress:** increased rates of anxiety and depression. **Less likely to access health services (lower education leading to lower incomes to spend on healthcare):** higher rates of undiagnosed chronic diseases.
Environmental	**Greater exposure to fast food outlets in close proximity and lack of access to fresh food:** increase rates of high blood cholesterol, obesity, diabetes, deficiency conditions. **Poor quality housing and dangerous neighbourhoods:** increase risk of injury. **Higher rates of exposure to environmental tobacco smoke:** increase risk of cancers and respiratory conditions.

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1.5.4 Those living outside of Australia's major cities

In general, **those living outside Australia's major cities** have **poorer health status** than those living within major cities. Some of the reasons include:

	Those living in rural and remote regions
Biological	**Higher rates of high blood pressure, high blood cholesterol and impaired glucose regulation:** increases risk of developing chronic conditions such as CVD, kidney failure, etc. **Higher rates of low birth weight babies:** higher risk of chronic diseases in adulthood.
Sociocultural	**Low levels of education (may not be many schools nearby):** unaware of the risk factors of many diseases (lack of health literacy). They might be more likely to consume alcohol excessively, smoke, misuse drugs, increasing risk of CVD, cancers, respiratory problems, etc. **Unemployment, and financial stress:** increased rates of anxiety and depression. **Less likely to access health services (lower education leading to lower incomes to spend on healthcare):** higher rates of undiagnosed chronic diseases.
Environmental	**Harsh climate and UV exposure:** increase risk of skin cancer (melanoma). **Lack of access to fresh food (i.e. supermarkets) in close proximity:** not consuming the sufficient amount of nutritious foods can lead to deficiency conditions (e.g. anaemia, iron deficiency) and malnutrition. **Poor road quality:** increase risk of injury and transport accidents. **Lack of footpaths, lack of access to recreational facilities:** reduced opportunity to be physically active.

KEY POINT :

It may be worth having a 'go-to' response for each of the possible variations. If you take a look at these tables, you'll see a quite a lot of overlapping between the factors resulting in variations in health. For example, low levels of education (sociocultural) affects low SES individuals, Indigenous Australians, *and* those living in rural and remote regions. Therefore, education levels would be a fantastic 'go-to' that would alone cover quite a few possible questions.

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1.6 Behavioural contributions to Australia's health status and burden of disease

Key Point :
The biological, sociocultural and environmental factors of health are used to explain the differences in health status between different population groups. Australia is a high-income, developed country with a very well established health system. So what about those non-at risk population groups in Australia? Looking at the nation as a whole, the majority of burden of disease in Australia can in fact be linked back to individual **behavioural choices.**

1.6.1 Smoking

Lung cancer is one of the leading causes of death in Australia, and is largely preventable as it is linked directly back to tobacco smoking.

Tobacco smoking is caused by factors such as a lack of education about the risks associated with smoking, lack of access to health care, stress, anxiety, and depression.

It is a risk factor for many illnesses and increases burden of disease in Australia from conditions such as:

- **Cardiovascular disease:** smoking increases blood pressure as the chemicals in cigarettes – of which there are over 4,000 – cause **atherosclerosis** (build-up of plaque on blood vessel walls). This inhibits blood flow which increases the risk of heart attack and stroke, which are all forms of cardiovascular disease
- **Cancers:** the toxins in cigarettes can cause DNA damage, which can cause healthy cells to turn cancerous, leading to lung, nose, mouth, and kidney cancer.
- **Respiratory conditions:** the act of inhaling smoke causes damage to the respiratory tract, which can lead to a number of respiratory conditions through reduced airflow into the lungs such as asthma and chronic obstructive pulmonary disease (COPD).
- **Low birth weight babies:** mothers who smoke during pregnancy increase risk of child being born with a low birth weight, which leads to a higher risk of premature death and chronic diseases during adulthood.
- **Sudden infant death syndrome (SIDS):** mothers who smoke during pregnancy increase risk of their child dying suddenly (also called a cot death) due to the level of nicotine they have in their lungs as a result of their mother's smoking.

1.6.2 Alcohol

Alcoholism and binge drinking is extremely prevalent in Australia, and is a major risk factor of morbidity and mortality. Like tobacco smoking, excessive alcohol consumption is caused by factors such as a lack of education about the risks associated with alcohol, lack of access to health care, stress, anxiety, and depression.

Excessive consumption of alcohol increases burden of disease for conditions such as:

- **Type 2 diabetes:** alcohol adds kilojoules to one's diet which, if not burned off, can lead to an excess in adipose tissue which can both lead to obesity and an inhibition in glucose regulation, leading to type 2 diabetes.
- **Cardiovascular disease:** long-term use of alcohol can cause high blood pressure and possibly even stroke.
- **Cancers:** alcohol is **carcinogenic,** meaning it increases the likelihood of cancer, and has been related to different cancers such as that of the mouth and liver.
- **Injuries:** alcohol is a **depressant,** meaning it inhibits activity in the body's central nervous system (CNS) which decreases levels of awareness. As such, people are more likely to injure themselves and others whilst under the influence.

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1.6.3 High body mass index

Body mass index (BMI) is a measurement of body weight where $BMI = \frac{weight\ (kg)}{[height\ (m)]^2}$.

A healthy BMI is between 18.5 and 25. A higher BMI means the individual is overweight or obese, which has negative impacts on health. Having a high BMI is largely caused by lifestyle behaviours such as lack of physical activity and poor diets, and increases the individual's risk of developing diet-related chronic diseases.

High body mass index contributes largely to burden of disease in Australia as it causes conditions such as:

- **Cardiovascular disease:** a higher BMI means there is a greater strain on the heart to pump blood around the whole body which increases risk of hypertension and heart attacks.
- **Cancers:** fat cells inhibit normal cell growth, meaning there is risk of DNA damage, causing healthy cells to turn cancerous and increasing risk of different types of cancers, such as colorectal cancer.
- **Type 2 diabetes:** excess body fat negatively affects the secretion of insulin which may eventually increase the level of blood sugar in the body, leading to type 2 diabetes.
- **Arthritis:** a higher BMI means that there is an increased pressure on the joints, increasing the risk of arthritis, which is characterised by an inflammation and stiffness of the joints.

1.6.4 Dietary risks

This includes the under-consumption of vegetables, fruit, and dairy goods, a high intake of fat, salt, and sugar, and low intake of fibre and iron.

- Under-consumption of vegetables, fruit, and dairy goods:
  - **Vegetables:** a rich source of phytochemicals (or antioxidants), as well as phosphorus and protein.
    - Effect of under-consumption: the phytochemicals in vegetables are considered to be protective factors against some cancers, meaning an under-consumption can increase the likelihood of the development of cancer. Moreover, these phytochemicals also aid in the reduction of a build-up of plaque on the artery walls, meaning an under-consumption can also lead to CVD.
  - **Fruit:** a great source of vitamins and water, which is vital for good health as it is the medium for all chemical reactions in the body.
    - Effect of under-consumption: because fruits contain fibre which give a feeling of satiety, an under-consumption means people are likely to consume a higher amount of calories elsewhere in order to feel full, contributing to a high BMI. As well as this, fruits have been found to contribute to a healthier heart due to the level of potassium in it, which controls the heart's electrical activity, meaning an under-consumption can contribute to the development of cardiovascular disease (CVD).
  - **Dairy foods:** these are an important element of our diet as they contain calcium, which is necessary for ossifying (or strengthening) bones.
    - Effect of under-consumption: a lack of calcium in the bones means they subsequently decrease in density and strength, which makes it more susceptible to fractures; a disease called osteoporosis which has been directly linked to an under-consumption of dairy foods.
- High intake of fat, salt, and sugar:
  - **Fat:** there are different types of fats that have different effects on the body; some good, some bad. Before I get into that, here's some definitions that will help you understand their effects:
    - **Cholesterol:** this is a waxy, fat like substance that our livers naturally produce. It has a number of different functions, including the building of cell walls, as well as the absorption of fat into the bloodstream.

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- **Lipoproteins:** substances that transport fat around the body. There are two types of lipoproteins:
    - **Low-density lipoproteins (LDL):** are ineffective cholesterol carriers, and tend to deposit cholesterol on the artery walls, causing blockages.
    - **High-density lipoproteins (HDL):** prevent or reverse the build-up of plaque in arteries as they carry cholesterol to the liver where it is disposed of.

Understanding these, let's look at the different types of fats and how they function in the body. There are four different types:

- **Saturated fat:** is found in animal fats (raises LDL).
- **Monounsaturated fat:** considered the healthiest fat and is found in plant-based oils (lowers LDL without lowering HDL).
- **Polyunsaturated fat:** is found in vegetable oil (lowers LDL without lowering HDL).
- **Trans fat:** is used by the food industry when hydrogen is added to poly/monounsaturated fats (raises LDL and lowers HDL)

So, when the study design asks you to focus on the high intake of fat, the primary focus is really the **saturated** and **trans** fats.

- Effects of a high intake: consuming a high intake of saturated and trans fats raises the level of LDL cholesterol in the body, meaning they are likely to deposit cholesterol on the artery walls, and the blood will not flow through as effectively as it could. This condition is called **atherosclerosis,** which is a form of CVD.

- **Salt:** the chemical 'sodium' (which is known as salt) is there to regulate fluids in the body, as fluids are naturally drawn to sodium; therefore, it has a role in the regulation of blood volume.
    - Effects of a high intake: an excess intake of salt can increase blood volume which can potentially lead to hypertension (a form of CVD) as there is more blood needing to be pumped through the arteries at a higher rate than what is considered normal. As well as this, excess salt can flush out the calcium the body takes in into the urine, meaning it is not being used by the body for the ossifying of bones, potentially leading to **osteoporosis.**
- **Sugar:** this quickly elevates blood sugar levels, which does give a short energy boost, but because it is also a simple carbohydrate, it becomes stored by the body as adipose tissue if it isn't used.
    - Effects of a high intake: if sugar is eaten in high amounts and is not used up (through physical activity), then the body stores it as excess adipose tissue, which can contribute to a **high BMI.** As well as this, an excess consumption can lead to excess fat around the cells, which can inhibit the activity of insulin. This causes the body to overcompensate by producing more insulin which results in high blood glucose levels, leading to **diabetes mellitus** (type 2 diabetes).

- Low intake of fibre and iron:
    - **Fibre:** is a type of carbohydrate that the body does not digest. There are two different types of fibres: **soluble fibres** have a binding effect and can help the removal of blockage in the artery walls, while **insoluble fibres** add bulk to the faeces which promotes regular bowel movement.
        - Effects of a low intake: because fibre is not digested by the body, it adds to a feeling of **satiety,** promoting a lesser intake of calories overall, meaning a low intake can increase a risk of a **high BMI.** As well as this, fibre can act in removing some of the excess cholesterol in the body, reducing the risk of stroke and hypertension, meaning a low intake contributes to **CVD.**
    - **Iron:** is an essential element of haemoglobin, which is found in red blood cells which help to transport oxygen around the body. Effects of a low intake: The primary effect of reduced iron levels is a condition called anaemia which is where there is insufficient haemoglobin in red blood cells, meaning they cannot carry enough oxygen for the body's needs, causing symptoms including fatigue, breathlessness and weakness.

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Area of Study 2

Promoting health and wellbeing

2.1 Improvements in Australia's health since 1990

If you were to look at any trend graph depicting Australia's health status, you would see very significant improvements in health since 1900. In this course, VCAA wants you to focus on the following reasons as the primary ones for these changes.

2.1.1 Old public health

Just before I get into what old public health is specifically, it might be worth noting that public health is, as the name would suggest, ways in which a government focuses on the general health of the public. So, old public health was introduced about the time of the 1900s when the primary cause of death in Australia was **communicable diseases,** so the focus was on **changing the physical environment.** This included a number of different things such as:

- Providing safe water
- **Sanitation**
- Sewage disposal
- Improved housing conditions
- Better working conditions

Key Point :
Sanitation is particularly important here – a lot of students tend to conflate old public health and the biomedical model of health (which we'll look at soon). The best way to distinguish between the two is to remember that the concept of sanitation was the primary focus of old public health, as this linked almost directly to communicable diseases.

The old public health was pretty successful in what it did, but after a certain point, communicable diseases weren't the primary health issue anymore. Diseases like TB and smallpox were pretty much eradicated, and the main issues were now related to the way people lived their lives (i.e. lifestyle diseases). This meant the approach to health also had to change.

2.1.2 New public health

The new public health approach refers to one that expands the traditional focus on individual behaviour change to one that considers the ways in which physical, sociocultural and political environments impact on health. Essentially, there is a lot more of a focus on **education** to help people understand the main reasons behind the main diseases that are prevalent in society. So, now that we understand the concepts of health and the different general approaches taken to improve health, the next question is: 'how do we actually improve health?' This is where different models of health come into play.

2.1.3 The biomedical model of health

This model of health focuses on the **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, cure and treatment** of disease. It is commonly referred to as the 'quick fix' or 'band-aid' approach because it works to treat diseases once they are present.

Key Point :
The bold words in this definition are the key parts that you should always include in any answer (just memorising this is highly recommended!), particularly **diagnosis, cure,** and **treatment,** as it will really help you understand what the biomedical model actually does!

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Advantages	Limitations
It enables many common conditions, illnesses, injuries to to be **quickly and effectively treated** (e.g. the common flu through medication and antibiotics).	It relies on health professionals and technology which can be **costly.** Smaller, rural-based health clinics may not be able to afford medical technology and resources.
With the biomedical model, many causes of death that were common in the past are able to be **promptly diagnosed, effectively treated and cured,** thereby **potentially extending life expectancy.**	It does not always promote good health. Recall, the biomedical model is the 'quick fix' approach – it **does not focus on the causes of ill health** and **does not encourage people to be responsible** for their own health, meaning that more people may get sick.
It improves quality of life as many chronic conditions can be managed with **medication and surgery,** thereby **reducing pain and suffering.**	**Not every condition** can be treated (e.g. cancers), and some population groups may not be able to readily **access** doctors (e.g. Indigenous populations).

Improvements in medical technology:

- Because the biomedical model focuses on the **diagnosis, cure, and treatment** of conditions, any development in medical technology falls under the banner of the biomedical model of health as they assist in these aspects. Moreover, they are a focus on the **physical or biological aspects** of disease, as they aim to treat them, and they are also used by **doctors/health professionals.** Some examples of medical technology developments include:
  - **3D organs and body parts:** because these can be printed now, there is much less pressure on people waiting for transplants, increasing life expectancy and reducing morbidity rates.
  - **MRI scans:** this allows for much more accurate diagnoses of people's diseases and ailments in order to effectively treat them.
  - **Pharmaceuticals:** this is one that students often overlook as it isn't really what comes to mind when you say the word 'technology,' but pharmaceuticals count as technological advancements too. These focus a lot on the cure and treatment of ailments and are a great example of a development in medical technology.

2.1.4 The social model of health

The **social model of health** is a conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social, economic and environmental determinants of health. The model is based on the understanding that in order for health gains to occur, **social, economic** and **environmental (SEE)** determinants must be addressed. The social model of health reflects Australia's 'new' public health strategy. There are five principles of the social model of health, which are the primary focus of this concept.

- **ADDRESSES the broader determinants of health:** all social, environmental, and economic factors impact on health. Factors include gender, income and culture.
- **Acts to REDUCE social inequality:** recognises that equity is a key principle in health – by providing quality healthcare to all and reducing inequities, positive health outcomes can be achieved. Can include location, gender, culture etc.
- **EMPOWERS individuals and the community:** involves providing knowledge, understanding, and information to empower individuals to participate in decision making about their health – education is a key component of this.
- **Acts to enable ACCESS to healthcare:** involves providing health services and promotion that is accessible to everyone in every way (financially, by proximity etc.).
- **Involves inter-SECTORIAL collaboration:** different organisations working together in coordinated action to improve health outcomes.

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Key Point :
A great way to remember the concept of the social model of health is to remember that in order to **SEE** health gains, we must address the **SEE** determinants (**s**ocial, **e**nvironmental, and **e**conomic). The 5 principles of the social model of health can be easily remembered by the acronym **AREAS.**

Also, make sure you know the *exact* names for these concepts. You receive a mark just for naming them in a response, and you'll potentially lose a mark if you don't describe them accurately.

Advantages	Limitations
It promotes good health and assists in preventing diseases. As the social model of health doesn't just focus on the disease *once symptoms are present,* it encourages people to make better choices and take care of their health to **prevent** the onset of disease.	**Not every condition** can be prevented (e.g. genetic conditions).
Education (in particular, health literacy) can be passed on from **generation to generation.**	Health promotion messages may be **ignored.**
It is **less expensive** than the biomedical model, and focuses on the **vulnerable population groups** (i.e. Indigenous, rural and remote, low SES) and aims to reduce social inequities in the long term rather than just a 'quick-fix.'	It does not address the **current** health concerns of individuals (i.e. those who are already ill).
The **responsibility of health is shared.** It's like the saying: "a problem shared is a problem halved". This places the responsibility of health on more than just the health sector – reducing the burden on them as well as expanding the scope of health promotion so that reasons behind poor health are likely to be addressed by more people.	It does not promote the development of **technology** and medical knowledge.

As mentioned here, there are advantages and disadvantages for *both* the biomedical and social model of health. It could be argued that neither is the more 'superior' approach to health, as they are both vital to the health of Australians. Rather, there is a **relationship** between the biomedical and the social model of health, in that the two will work together simultaneously to improve health status in Australia. There is often a trade-off between the two, and in these cases, the social model will work where there is a limitation in the biomedical model, and vice versa.

You could think of it like this – the biomedical model of health is the short-term 'quick-fix' approach used in the meantime to diagnose and treat (i.e. put a 'bandaid' over) existing illnesses and conditions that arise in the *near* future. The social model of health is working in the background while all of this is going on, by educating people and addressing the underlying causes for such diseases and illnesses. Thus, the social model is focusing on the long-term goals for health.

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The two models of health can be summarised and compared using the information below:

Biomedical model of health	**Social model of health**
'Band-aid' or 'quick-fix' approach that focuses on **biological and physical aspects** of disease and illness	Addresses the broader influences on health that focuses on the **social, environmental, and economic aspects** of disease and illness
Involves **diagnosing and treating** illnesses and conditions once symptoms are present.	**Principles** of the social model: AREAS
Focuses on the individual and attempts to return them to pre-illness state and is concerned with the condition itself (not necessarily the cause of the condition)	Focuses on the **community** and **preventing** illness in the community, and is concerned with the influences and causes for ill health (rather than the condition itself)
Centres around doctors, health professionals, and hospitals who administer treatment	Centres around the community: policies, education, health promotion
Examples include: stitches to assist healing of a cut, surgery to replace a hip, chemotherapy to treat cancer, medication to lower blood pressure, or x-rays to diagnose fractured bones	Examples include health promotion programs, Closing the Gap, SunSmart, BreastScreen, or The Quit Campaign

Key Point :
A common SAC and exam question may ask you to compare, or explain the differences between the biomedical and social model of health. Thus, it is a good idea to prepare for this by thinking about the two models side by side, as in this table.

The Social Model and the Ottawa Charter

Before delving into the Ottawa Charter for Health Promotion, it is important to understand that **the social model and the Ottawa Charter are actually linked.**

In fact, the Ottawa Charter was developed *from* the social model of health. The social model attempts to prevent disease and other conditions by focusing on the broader determinants of health, and aims to promote equitable health through a range of strategies; however, many health organisations found it rather difficult to implement the principles of the social model (AREAS) into their programs. Thus, the Ottawa Charter was developed as the *framework* that aims to guide organisations in incorporating the objectives and principles of the social model of health when developing health promotion strategies.

2.1.5 The Ottawa Charter for Health Promotion

The **Ottawa Charter for Health Promotion** is an approach to health development by the World Health Organisation (WHO) which attempts to reduce inequities in health. WHO defines health promotion as "the process of enabling people to increase control over, and to improve, their health" (WHO 1998).

Building blocks

The Ottawa Charter identifies three building blocks that must be in place for health outcomes to effectively be achieved: **advocate, enable** and **mediate.**

- **Advocate:** involves showing **active support and initiative for health promotion,** lobbying governments, health sector groups to improve access to health care and better health care services. It helps to reduce inequalities and promote better health outcomes.
  - For example: advocating that all population groups should receive **essential vaccinations** and **maternal monitoring,** and that everyone should attain the prerequisites of the Ottawa Charter.

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- **Enable:** involves **creating supportive environments** by providing access to knowledge and fostering skills, which allows (or rather 'enables') people to reach their fullest health potential, and ensures equal access to resources to overcome barriers to equal health.
  - For example: **dietary guidelines** can assist people in choosing a nutritious diet, and establishing **accessible health care** in rural and remote populations also creates equal opportunities for such populations to increase their health.
- **Mediate:** involves helping different groups resolve conflict and produce outcomes that promote health, co-ordinated action from the government, non-government, health sectors, food and sports industries, media, and community organisations. The ultimate aim of 'mediating' is to allow all of these **sectors to work together** (rather than just doing their own thing) to re-orient health services from the 'quick-fix' approach to more preventative approaches.
  - For example: a **community organisation** may form a walking group initiative. To support this, **doctors** may promote the walking group by informing their patients on the benefits of regular physical activity for their health. The **government** may develop a physical activity app (e.g. walking pedometers) and run health campaigns which can be endorsed by the **media.**

As you may be able to tell, we are already beginning to see really clear connections between the Ottawa Charter and the social model of health. (i.e. the 'inter-sectoral collaboration' principle of the social model and the Ottawa Charter of 'mediating' across multiple sectors).

Action areas

The Ottawa Charter also identifies **five** 'action areas' that should be taken into account when planning and developing health promotion programs and initiatives.

Key Point :
These can be remembered using the mnemonic: '**B**ad **C**ats **S**mell **D**ead **R**ats'.

Action area	Description	Examples
Build healthy public policy	This refers to the **decisions made by the government** and organisations in relation to laws and policies relating to or affecting health. **The aim** is to put health on the agenda of policy makers, directing them to be aware of the health consequences of their decisions.	– Removing GST on unprocessed, healthier foods – Increasing GST on alcohol and cigarettes – Ban smoking in public places (and fines involved)
Create supportive environments	Achieving good health is often a pursuit which requires **support and motivation.** A supportive environment is one that promotes health by being: safe, stimulating, satisfying and enjoyable. **The aim** is to take care and 'support' each other by encouraging people to make healthy lifestyle choices; this not only motivates, but makes it easier for people to make better choices concerning their health and achieve gains in health.	– Quitline support service: free phone services to assist people who want to quit smoking – SunSmart: shaded areas in school to reduce the rate of UV exposure
Strengthen community action	Health gains cannot be achieved through individual action alone. This action area focuses on encouraging people from **all parts of the community to work together** to achieve better health outcomes. **The aim** is to build links between individuals, communities, key stakeholders, community centres to develop a shared health strategy in order to achieve a common health-related goal.	– Community walking groups – Community immunisation services – Mothers' support groups – Whole school engaging in health education

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Develop personal skills	An important initial factor for health promotion and effectively achieving health gains is health literacy and general personal skills. **The aim** of this action area is to **educate and equip people** with new life skills for managing and making informed decisions about their health.	– Detailed information brochures in medical centres – Healthy cooking classes for improved nutrition
Reorient health services	Because the Ottawa Charter was developed from the social model, it too focuses on prevention, namely, switching the focus from biomedical or 'quick-fix' approaches to preventative approaches to health. **The aim** is to reorient health services to **promote health and healthy choices** as opposed to merely diagnosing and treating illness.	– Rather than just treating illness, doctors should educate patients about underlying root causes of disease and provide advice on how they should modify their lifestyle habits – Police can visit schools to discuss the dangers of alcohol, promote road safety, etc.

Reflecting the Ottawa Charter in Health Promotion Programs and Initiatives

Key Point :

Something you can expect to see in SACs and VCAA exams is a case study of a current health promotion program or initiative and be asked to identify how the action areas of the Ottawa Charter, or the principles of the social model of health are being reflected in the program.

It is extremely important to be able to distinguish between the 'action areas' (BCSDR) and the building blocks (advocate, enable, mediate) for health promotion as set by the Ottawa Charter.

Additionally, since the Ottawa Charter was developed from the social model of health, many of the **principles** of the social model and the **action areas** of the Ottawa Charter appear to be related. For example, when we '*develop personal skills*' (an action area of the Ottawa Charter), we help *to 'empower individuals and communities'* (principle of the social model) to change their behaviours and gain better control of determinants that impact their health.

Despite the overlap between the social model of health and the Ottawa Charter, it is vital that you can distinguish between the **five action areas of the Ottawa Charter (BCSDR)** and the **five principles of the social model of health (AREAS).**

VicHealth fund a program called '*Walk to School*,' which has been held every year since 2006. Here is an informational excerpt explaining the program, taken from the VicHealth website:

"[Walk to School] is an event designed to raise awareness of the physical, environmental and social benefits of active transport (walking to school), and encourage school children to walk to and from school more often. Walking to school can help children to achieve the recommended 60 minutes of moderate to vigorous activity every day, and adopt physical activity habits for life. Walking to school can help also reduce traffic congestion, parking difficulties and the associated environmental impacts. VicHealth has worked with various organisations to increase children's participation in physical activity through developing walk to school programs and funding Victoria Walks. Participating in Walk to School is a great way to build and encourage this healthy and cost-effective activity. We want to encourage children and their parents to start walking to and from school on the first day of Term 4, and keep it up each school day throughout October."

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What *action areas* (of the Ottawa Charter) can you identify in this program above?

- **Action area – *Develop Personal Skills:*** The *Walk to School* program aims to raise awareness of the various benefits of walking as an alternative 'active transport' method. This may develop motivation within children (and their parents alike) to walk more often and adopt more positive attitudes towards exercise and develop better "physical activity habits for life".
- **Action area – *Strengthen Community action:*** The *Walk to School* program involves VicHealth, Victoria Walks, schools, parents, and children (i.e. the community as a whole) working together to achieve better physical health outcomes through increased walking.

2.2 Australia's health system

2.2.1 Medicare

Medicare is Australia's universal healthcare system. While this might first come across as meaning 'world-wide,' the term 'universal healthcare' (which we'll see in Unit 4) actually just means that all people in a particular place (usually a country) have access to healthcare without facing any barriers such as race, gender, financial status, etc.

Medicare provides all Australian citizens, permanent residents, and people from countries that have reciprocal agreements access to health care at no out-of-pocket cost.

What does this mean?

Below are the important points that you will need to know for Medicare:

- *All* Australians *as well as* individuals from countries that have a reciprocal agreement with the Australian government (including New Zealand, United Kingdom, Sweden, Belgium, etc.) are given access to health care that is free of charge.
- This is regardless of their age, income, ethnic background, etc.

Services covered by Medicare	Services not covered by Medicare
– Doctors (GPs) – Specialist consultations at public hospitals – Public hospitals (including surgery and follow-up procedures) – X-rays and pathology tests (blood tests) – Eye tests	– Treatment in private hospitals – Dental services – Allied health services (e.g. physiotherapy, chiropractors, acupuncture, naturopathy) – Elective treatments (e.g. cosmetic surgery) – Home nursing and treatment – Ambulances – Health aids (e.g. glasses, hearing aids, prosthetics)

How can there be no out-of-pocket costs?

Medicare is funded by the federal government; there are no direct costs to Australians. So, how do the government get the funds to be able to make Medicare free?

- **Medicare levy:** Australian taxpayers are charged **2%** of their taxable income to help the federal government fund Medicare. This is done through general taxation and is the primary source of funding Medicare.
- **Medicare levy surcharge (MLS):** This is an additional surcharge for people who earn higher incomes (above a particular threshold) if they **do not** take out **private health insurance,** which we will be discussing later. The MLS is an additional **1–1.5%** (depending on individual incomes) that is paid on top of the ordinary Medicare levy. High income earners who have already taken up private health insurance are exempt from the MLS. This is the government's way of incentivising high income earners to take up private health insurance and reduce the burden on the public health system.
- **General taxation:** often, the revenue collected from the Medicare levy and the MLS are not enough to cover its full cost, so the government can also use general taxation (aside from the set levy) to fund this system.

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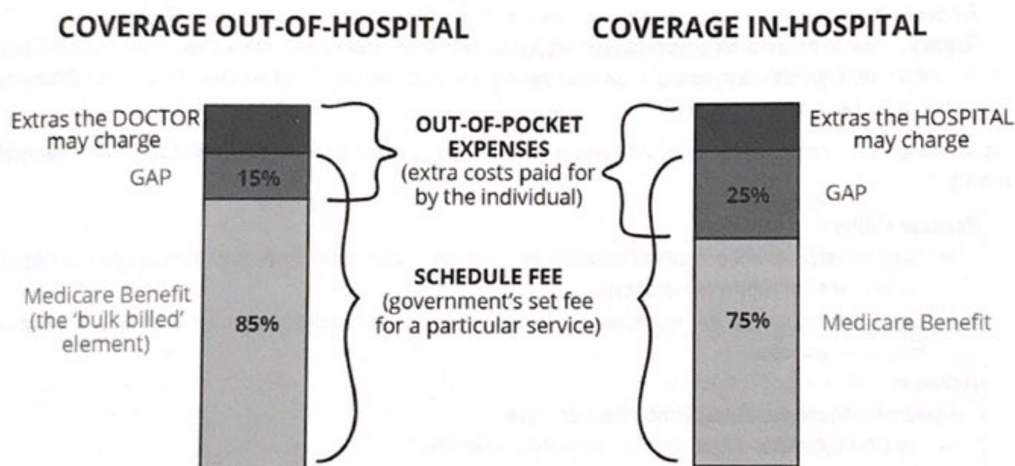
How does Medicare work?

It's definitely worth knowing how Medicare works practically to be able to effectively understand the scheme and be able to subsequently answer questions. Understand first that Medicare covers both **in-hospital services** (such as surgery in public hospitals, public hospital stays, follow up treatments, etc.) and **out-of-hospital services** (such as optometry, GP visits, some specialist visits, etc.). Basically, Medicare covers **anything that is deemed 'medically necessary'** (this is a great term to use in your answers!).

Now, let's get onto some definitions of key concepts in relation to the way Medicare is used:

- **Schedule fee:** almost like a 'recommended price' for services that is set by the government for different services. Doctors and health professionals can then choose whether they want to use the schedule fee, or if they want to charge more or less at their discretion.
- **GAP:** although the government sets the schedule fee, Medicare only pays a portion of it, depending on whether it is an out-of-hospital (85% of the fee) or an in-hospital (75% of the fee) service. The remainder of the schedule fee is called the GAP, which the patient has to pay.
- **Out-of-pocket expenses:** this is any extra money a patient has to pay for a service, including both the GAP and any extras the doctor may wish to charge.
- **Bulk-billing:** you've probably seen this written on some clinics; basically, this means that the doctor has chosen to *only* charge 85% of the schedule fee, meaning there is no GAP the patient has to pay or any out-of-pocket costs at all. A lot of doctors choose to do this to make their services the **more financially accessible** for their patients.

Below is a visual representation of how this works:



Medicare Safety Net

The Medicare Safety Net is essentially extra financial support for those who incur significant GAP costs. Once an individual or family reaches a certain threshold in one calendar year, their Medicare benefit is increased to 100%, meaning their schedule fee is fully covered for the remainder of that year.

Note that this only covers the GAP and not any extras the doctor may wish to charge. Also, you don't have to know the exact figures for this threshold as they are ever-changing. You only need to understand the general concept!

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Advantages and limitations

Advantages	Limitations
Choice of doctors for out-of-hospital services	No choice of doctor or surgeon for in-hospital treatments
Allows all Australians access to Medicare's benefits when in countries with a reciprocal agreement	Waiting lists for elective surgeries (non-emergency treatments)
Covers most of the basic health services (i.e. those deemed medically necessary)	Does not cover all health services
Medicare Safety Net provides further financial support for medical services once the individual or family's co-payments exceed a certain level	Often does not cover the full amount of a doctor's visit, so patients may need to pay an out-of-pocket cost

Promotion of health in relation to funding, sustainability, access, and equity

HHD requires that you understand how elements of the healthcare system promote health in relation to:

- **Funding:** how it is funded and how this helps individuals' health promotion
- **Sustainability:** how it can be used by people both now and into the future
- **Access:** how people are able to access it in different ways (financially, by proximity, etc.)
- **Equity:** how it focuses on disadvantaged populations and attempts to raise their health status level to make it as equitable as possible (giving everyone what they need, rather than giving everybody the same thing regardless of need)

Since we've already looked at funding, let's see how Medicare promotes health in relation to the other three elements.

- **Sustainability:**
  - Only covers services that are considered medically necessary, thereby allowing this service to be in place for future generations
  - Does not cover the full schedule fee – only 75% for in-hospital services and 85% for out-of-hospital services
- **Access:**
  - Allows people to choose their own doctors
  - Heavily subsidised, making it financially accessible
  - People have access to services in public hospitals for medically necessary operations
  - The Medicare Safety Net makes the service more accessible to those who need more treatment, even if it's just for a particular year (e.g. somebody who badly breaks their leg and needs constant GP visits for an extended, yet temporary, period of time)
- **Equity:**
  - The system is available to everybody, meaning it does not discriminate against those requiring help
  - The different number of services available means that everybody receives the care they need
  - The Medicare Safety Net aids those who experience higher costs of basic healthcare services and thus provides extra support for those who need it most.

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2.2.2 Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) subsidises the cost of many medications listed on the PBS list (about 4000 medications are on the list) and is available to all Australians. However, unlike Medicare, instead of being completely free of charge, medicines are subsidised and consumers must make a patient co-payment.

What does this mean?

Below are the important points you will need to know for the PBS:

- Subsidised costs of PBS-listed medicines are available to Australians and individuals from countries with reciprocal agreements.
- These medicines are not free; they are only subsidised. This means that the government pays part of the cost of certain medication, and consumers only need to pay a smaller, reduced amount.

How is the PBS funded?

Billions of dollars are paid out by the government through the Pharmaceutical Benefits Scheme annually. How is this funded? Well, the PBS is funded through general tax revenue. Australians are taxed a small proportion of their taxable income to help the government subsidise the cost of common medications listed on the PBS list.

PBS Safety Net

This is essentially **extra financial support** for those who incur significant **co-payment costs.** Once an individual or family reaches a certain threshold in one calendar year, their PBS co-payment is reduced in order for them to pay less for necessary medication.

Note that unlike Medicare's safety net where the whole schedule fee is covered, the safety net here still requires payment, but it is just a **reduced** amount. Also, you don't have to know the exact figures for this threshold either; just make sure you understand the concept.

Advantages and limitations

Advantages	Limitations
Available to all Australians	Places a significant burden on the government
Covers most of the common/ essential medications	Does not cover all medications
PBS Safety Net provides further financial support for medications once the individual or family's co-payments reach a certain threshold in one calendar year	Does not cover the entire cost of medications; the patient will need to make a co-payment

Promotion of health in relation to funding, sustainability, access, and equity

Since we've already looked at funding, let's see how the PBS promotes health in relation to the other three elements:

- **Sustainability:**
  - Does not cover all medications, thereby allowing this service to be in place for future generations
  - The **Prescription Shopping Program (PSP)** ensures that people are not using more medication than they need through providing health professionals with information on people's purchasing rates.
- **Access:**
  - Medications are provided at local pharmacies, making them more physically accessible
  - They are also heavily subsidised, making them financially accessible
  - The PBS Safety Net gives people extra financial assistance if they require medication more often, making it more financially accessible

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- **Equity:**
  - Available to all Australians
  - The PBS Safety Net gives people extra financial assistance if they require medication more often, focusing on disadvantaged population groups
  - **Closing the Gap PBS Co-Payment for Indigenous Australians** – provides a concession rate for Indigenous Australians, rather than having them pay the full PBS co-payment price

To answer comparative questions about Medicare and PBS, you should remember a couple of key differences between them.

Medicare	PBS
Access to health services covered by Medicare that is free of charge	Enables purchase of medications on the PBS list at a subsidised price
Funded by general tax revenue, the Medicare levy, and the MLS	Funded by general tax revenue only
Available to all Australians and countries with reciprocal agreement	Available to all Australians who hold a Medicare card, and individuals from countries with a reciprocal agreement
Medicare Safety Net enables further financial support	PBS Safety Net enables a further subsidy
Services covered by Medicare include GPs, specialists, surgeries, eye tests, x-rays, etc.	Subsidises most medications accessible in Australia

2.2.3 Private health insurance

Private health insurance is a type of insurance where members pay a small fee monthly called a **premium** to cover the costs of health-related services not covered by Medicare.

Why do people take out private health insurance?

- Private health insurance (PHI) will benefit the individuals who regularly require the services not covered by Medicare (i.e. an athlete may visit their physio a few times a month. They would benefit greatly from private health insurance as this will cover some of the costs of physiotherapy that Medicare otherwise would not have).
- PHI will cover the costs of emergencies that require ambulance transport, and the costs of treatment in a private hospital.
- Allows patients to choose their type of care (i.e. choice between private and public hospital, choice of doctors and surgeons, and patients can be cared for in their own private room rather than having to share a room).
- In public hospitals, priority of care is given to emergency health concerns. Conditions that are not life threatening will be placed on a waiting list. However, elective surgeries for those who take out private health insurance are able to skip this waiting list.

Funding

Because private health insurance is implemented by a number of private companies, the funding is dependent on people's monthly premiums, which they can choose based on the level of cover they want. However, it's important to mention that once a person signs up for PHI, they are **not immediately** entitled to all services that are a part of their plan. For example, they may instantly receive ambulance cover, but may need to wait a few months for cosmetic surgery. This is called a **waiting period,** meaning the company can still receive payments they can put towards other services, ensuring they stay in business. As well as this, there can be some out-of-pocket costs for some **in-hospital services for patients with PHI.**

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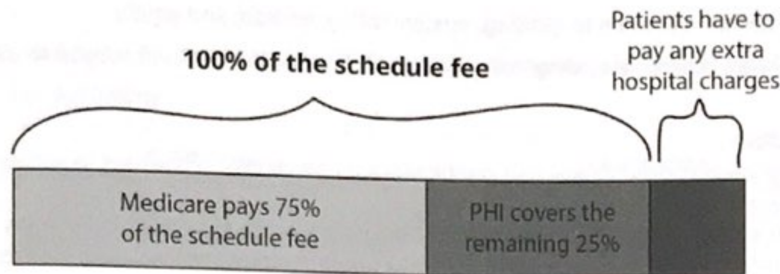

This is the same breakdown in the diagram on page 23 because, even though there are public and private hospitals, the service and schedule fee is still the same (individuals with PHI also have access to both hospital services). With PHI, individuals don't have to pay the GAP, but they may still incur some out-of-pocket costs depending on what the hospital charges for a particular service.

Private health insurance comprises many benefits for its members, but it also indirectly benefits those who have not chosen to take out PHI by reducing the burden on Medicare and the public health system. Waiting lists for surgeries in public hospitals are huge and as a result, the federal government attempts to encourage Australians to take out private health insurance.

Incentives for private health insurance

- **Medicare Levy Surcharge (MLS):** as well as being a form of funding for Medicare, this surcharge is also an incentive for high income earners to take out PHI. Those who earn above a certain threshold are required to pay a 1–1.5% surcharge for Medicare (depending on their level of income) if they do not take out private health insurance. Essentially, you'd expect that these people would take out private health insurance because they'd be granted the extra benefits of PHI and not have to pay much more than they would be paying for the MLS.
- **Private health insurance rebate:** the government incentivises people to take out PHI through providing them with a partial rebate for their premiums. How this is done is up to the individual's discretion. They can either pay a **reduced monthly premium** and **have the government pay the remainder,** or pay the **total premium** and **claim the rebate** at the end of the financial year as part of their tax return.
- **Lifetime health cover:** when taking out PHI, those who take it out after the 1st of July after their 31st birthday pay an extra 2% on their premiums for every year they are over 30 when they take out the policy. For example, somebody who is 40 years old when they take out PHI will need to pay an extra 20% of the monthly premium set by the company (i.e. instead of $100 a month, they will need to pay $120 a month). There is a maximum loading of 70% (or 65 years old). What this does is motivates people to take out private health insurance at a younger age (i.e. at the lower cost) and keep it for life, hence the name 'lifetime health cover.' Note that if somebody is paying an extra percentage on their premiums, they are not entitled to a rebate on the extra money they pay.

Advantages and limitations

Advantages	Limitations
Has different levels of cover and different companies depending on people's needs and wants	Can be costly for individuals or families to take out this level of cover
Covers services not covered by Medicare	Sometimes people pay for services they don't use
Alleviates pressure from the public health system	There can still be out-of-pocket costs for some services and policies

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Promotion of health in relation to funding, sustainability, access, and equity

Since we've already looked at funding, let's see how PHI promotes health in relation to the other three elements:

- **Sustainability:**
  - The waiting period means that companies are able to stay in business to service people both now and into the future
  - PHI also promotes the sustainability of the public health system as it alleviates the pressure from the system by giving people access to private hospital services, meaning there are shorter waiting periods for public healthcare services
  - Has a 'pay-as-you-go' sort of arrangement for members, meaning that people pay for the services they receive, also allowing these companies to stay in business
- **Access:**
  - The government provides individuals with a partial **PHI refund,** which assists in making PHI more affordable and therefore increases access
  - People have access to public hospitals, private rooms and choice of doctors
  - People have access to more services through PHI (allied health, dental, etc.)
- **Equity:**
  - Those who earn less are entitled to a bigger refund, making PHI more affordable
  - Different company and premium plan options are available for all sorts of different people and incomes, focusing on different people and their personal needs

2.2.4 National Disability Insurance Scheme (NDIS)

The NDIS is a scheme implemented by the National Disability Insurance Agency (NDIA), an independent agency; the NDIA partners with the Australian government to provide support to Australians with disabilities, and their loved ones. The NDIS replaces an old disability scheme that had proved to be unfair, inefficient and somewhat ineffective. This new scheme aims to be more equitable to all Australians by providing individualised assistance and ensure that people with disability can have access to the same rights and experience more equitable health outcomes in order for them to develop to their full potential, and lead productive and creative lives in accordance with their needs and interests.

NDIA's vision for this new insurance scheme is to "invest in people with disability early to improve their outcomes later in life."

What is the NDIS?

The NDIS is implemented by the National Disability Insurance Agency (NDIA) that provides services and support for Australians and permanent residents with permanent disabilities who are under the age of 65, as well as their families and carers, in order to help them live as normal a life as possible.

What do the NDIS do?

- Enable Australians with disability access to essential services (e.g. doctors and teachers)
- Enable Australians with disability access to community services and support (e.g. sports clubs, community groups, libraries)
- Maintain informal support arrangements (i.e. ensure that they have help from their families and friends, hence the 'informal' help that is always there and does not need to be paid for)
- Provide funding for reasonable and necessary support (the NDIS will pay for necessary support, i.e. assistance that is directly related to a person's disability and is essential for them to be able to lead an ordinary life)

Basically, the NDIS works to help people live as normal a life as possible through providing individualised assistance. For example, a 17 year old with a permanent nerve disability who wants to play basketball can be provided with a special wheelchair that will enable them to play while a 50 year old with a disease that requires constant medication can be provided with finances to be able to afford pharmaceuticals that will allow each of them to live as normal a life as possible.

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Funding

The NDIS is funded by a **0.5% levy** by the Commonwealth Government, **raising** the Medicare levy to **2.5%.**

Advantages and limitations

Advantages	Limitations
Has individualised plans for those under the age of 65 with permanent disabilities	Not all people with disabilities are eligible
Is completely funded (i.e. no out-of-pocket costs)	Incurs an extra taxation levy
Also helps their families and carers	Can be quite a complicated process to receive approval into the scheme

Promotion of health in relation to funding, sustainability, access, and equity

Since we've already looked at funding, let's see how the NDIS promotes health in relation to the other three elements:

- **Sustainability:**
  - The 0.5% levy makes the scheme more financially sustainable
  - The scheme was introduced in stages around Australia from 2013–2016, meaning it was tested in different places in order to ensure it was worth rolling out for the whole of Australia, making it more sustainable for future generations' use
  - Provides individualised programs, which means only resources that are necessary are used in assisting a person
  - Not all people with disabilities are eligible, meaning more people with permanent disabilities can get the full care they need, ensuring that people both now and into the future can have access to this service.
- **Access:**
  - Available to all Australian residents under the age of 65, irrespective of gender, race, income, etc., meaning more people have access to it
  - Increases access to mainstream services for those with disabilities
  - Provision of funds makes more services accessible to people with disabilities (e.g. medications)
- **Equity:**
  - Available to all Australian residents under the age of 65 with a permanent disability, irrespective of gender, race, income, etc. – hence, all people, especially those who need extra assistance, are able to get the help they need in order to live as normal a life as possible
  - Individualised plans aid each person's needs

2.3 The role of health promotion in improving population health

Australia's health is influenced by a number of different factors, yet there are some more specific areas that greatly impact the nation as a whole. The three that we focus on in HHD are **smoking, road safety,** and **skin cancer,** which are major contributors to Australia's health status. The great news is that you only need to know one of these! It's best to go with the one your school is studying because that will most likely be the one on your SAC and you'll also gain as much knowledge on it from both your teacher and peers. From the study design, the three things you need to know for each are why it is targeted, how it is effective in improving population health, and how it reflects the action areas of the Ottawa Charter.

Key Point :
Note that for the 'effectiveness of the health promotion,' you are only required to know general conclusions; you don't have to memorise statistics for the exam (though your teacher may require you to learn some for your SAC).

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2.3.1 Smoking

- **Why it is targeted:**
  - Smoking is a preventable risk factor for a number of diseases, making health promotion possible.
  - It is a contributor to lung cancer, one of the leading causes of death in Australia.
  - It affects vulnerable population groups disproportionately, including those of a low SES, those living outside Australia's major cities and Indigenous populations.
- **Effectiveness of the health promotion in improving population health:**
  - There has been a delay in the uptake of smoking.
  - Smokers are smoking fewer cigarettes.
  - Fewer people are being exposed to second-hand smoke.
- **How the health promotion reflects the action areas of the Ottawa Charter:**
  - For this dot point, you need to know the way **one health promotion program** works in relation to **all five action areas** of the Ottawa Charter. There are a number of different promotion programs, but the one we'll use for smoking here is **Quit.**
    - **Build health public policy:** working with the government to ban smoking in outdoor areas.
    - **Create supportive environments:** Quitline, QuitCoach, and QuitText are all online platforms to materials assisting smokers to quit, creating a number of supportive environments for smokers quitting.
    - **Strengthen community action:** Quit works specifically with community groups to increase success of quitting, ensuring they are working together to bring about improvements.
    - **Develop personal skills:** the program provides practical advice on quitting, developing people's personal skills and knowledge on the strategies and benefits of not smoking.
    - **Reorient health services:** Quit provides specialist training to health professionals to undertake interventions and referrals to Quitline in order to work to prevent related diseases rather than need to take a biomedical approach to health

2.3.2 Road safety

- **Why it is targeted:**
  - Road safety is a **preventable risk factor** for deaths and injuries on the road, making health promotion possible.
  - It affects **vulnerable population groups disproportionately,** including males, those living outside Australia's major cities and Indigenous populations, primarily due to levels of **education** on the importance of road safety, as well as a **higher level of testosterone in males** that encourages **risk-taking behaviour.**
- **Effectiveness of the health promotion in improving population health:**
  - There has been a significant decline in road deaths.
  - There has been an improvement in the safety of roads, vehicles and drivers
- **How the health promotion reflects the action areas of the Ottawa Charter:**
  - For this dot point, you need to know the way **one health promotion program** works in relation to **all five action areas** of the Ottawa Charter; the one we'll use for smoking here is **The Transport Accident Commission (TAC).**
    - **Build health public policy:** the TAC works in conjunction with Victoria Police and VicRoads to change a number of different road laws (BAC limits, ramifications, etc.).
    - **Create supportive environments:** the organisation works towards putting safety barriers on roads to create a safe physical environment.
    - **Strengthen community action:** the TAC encourages different organisations to work together with communities directly to improve road safety.
    - **Develop personal skills:** colloquial health promotion messages such as "if you drink and drive, you're a bloody idiot" are intended to educate Australians on the different risk factors for road accidents in a way that is relatable to them.
    - **Reorient health services:** the TAC provides seminars to ambulance officers to raise awareness about road-related risks such as fatigue and drug-driving.

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2.3.3 Skin cancer

- **Why it is targeted:**
  - Skin cancer is a preventable risk factor for a number of different diseases, the main one being melanoma cancers, making health promotion possible.
  - Australia has one of the highest rates of non-melanoma (treatable) and melanoma cancers in world.
  - It affects vulnerable population groups disproportionately, including males and those who work outdoors, primarily due to the nature of their work.
- **Effectiveness of the health promotion in improving population health**
  - More primary schools have SunSmart protection policies.
  - The incidence of melanoma has remained fairly stable in recent years after a significant increase prior to this.
- **How the health promotion reflects the action areas of the Ottawa Charter:**
  - For this dot point, you need to know the way **one health promotion program** works in relation to **all five action areas** of the Ottawa Charter. There are a number of different promotion programs, but the one we'll use for smoking here is **SunSmart.**
    - **Build healthy public policy:** SunSmart works with the government and within organisations, such as schools, to promote safer outdoor environments (e.g. the 'no hat, no play' rule).
    - **Create supportive environments:** SunSmart used software that indicates the need for shade in certain areas, working towards creating a supportive physical environment.
    - **Strengthen community action:** the program works with schools directly to be able to make sure the school community has a hand in preventing skin cancer.
    - **Develop personal skills:** colloquial health promotion messages such as 'slip, slop, slap' developed by SunSmart are intended to educate Australians, even the youngest ones, on the different ways to prevent the risks of skin cancer in a simple, easy-to-follow way.
    - **Reorient health services:** the program offers online learning modules for GPs for prevention and early detection of skin cancers in order to prevent its onset.

2.4 Indigenous health and wellbeing in Australia

The reason that this population group is given a whole dot point in the study design is because Indigenous Australians tend to have lower health status than the rest of the population. VCAA wants to ensure that you are able to speak about initiatives that have been brought about to improve their health and wellbeing and evaluate their effectiveness. There are two types of questions related to Indigenous health and wellbeing in this course that require different knowledge, which we will unpack below:

- Evaluate information from a case study
- Relate your own knowledge of an initiative and link it to the Ottawa Charter

2.4.1 Case study questions

A question like this would include a case study in relation to Indigenous health with a question that looks something like: **'Evaluate the effectiveness/capacity of (case study initiative) to improve Indigenous health and wellbeing.'** Because it says 'health and wellbeing,' this instantly means you'd need to relate your answer back to one of the five dimensions of health and wellbeing, but in order to evaluate the effectiveness, there are different ways to do so:

- **Cultural appropriateness:** this means the program considers the culture of Indigenous people and reflects it in their programs (e.g. the Aboriginal Quitline has people who understand the culture and speak the language on the other lines).
- **Education:** this means the program is able to educate Indigenous people in an appropriate way, considering their generally lower levels of education/health literacy eg. explaining in simple terms and in an appropriate language the effects of smoking. Ask yourself 'does it provide opportunities for education on related issues?'

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These two are definitely the best ways to evaluate. While this may, at first, not seem like enough, the great thing is that the prompt 'evaluate' means that all you need to do is state whether the program is effective or not effective in relation to the two aspects listed above.

For example, if a case study mentions nothing about education, you can definitely say that it is not effective because there are no opportunities for education (1 mark), before speaking about how this will negatively impact a dimension of their health and wellbeing in relation to the case study (1 mark). These questions are usually about 4 marks, so these two will suffice. Just for your reference, some other ways to evaluate can include provision of healthcare, and feedback about the program from the population group.

2.4.2 Linking initiatives to the Ottawa Charter

A question like this would look something like:

'Briefly describe an initiative introduced to improve
the overall health of Indigenous health and...' (1 mark)

That description would be worth 1 mark, and the rest of the question would look like either of the following:

- ...explain how it has brought about changes in Indigenous Health and Wellbeing. (2 marks)
- ...explain how it reflects the action areas of the Ottawa charter. (2 marks)

This part alone would be worth 2 marks because you'd receive 1 mark for an explanation of the way the program works in relation to a dimension or action area, and 1 mark for naming the dimension or action area. So, the marking scheme is usually 3 marks: **1 mark for describing the initiative, 1 mark for directly explaining the work of the initiative and making an appropriate link,** and **1 mark for naming a PSMES dimension or BCSDR action area.**

So, you need to know some initiatives! I'd recommend learning two that you are able to link to both health and wellbeing and the Ottawa Charter. For the following, I'll be focusing on how these programs reflect some action areas of the Ottawa Charter, but just keep in mind that if the question asks you to 'explain how it has brought about changes in Indigenous health and wellbeing,' ensure you are able to link these back to one of the five dimensions of health and wellbeing (PSMES).

Aboriginal Quitline

This initiative is aimed at the prevention of smoking and it caters specifically to Indigenous Australians. It has people who know the language and culture on the line and they provide callers with specific plans that cater to their needs. Although it has the same number as the normal Quitline, individuals can ask for specialist Aboriginal advisers. The ways in which it reflects some BCSDR action areas are:

- **Create supportive environments:** the Quitline is a supportive environment for people wanting to quit.
- **Strengthen community action:** people from the community participate in the program.
- **Develop personal skills:** provides information to callers on how to quit.

Aboriginal Road to Good Health

This initiative is aimed at the prevention of diabetes and other chronic diseases. It does this through the promotion of healthy lifestyles through encouraging healthier food choices (through teaching the reading of nutritional labels) and exercise The ways in which it reflects some BCSDR action areas are:

- **Create supportive environments:** organises group sessions to encourage healthier habits.
- **Strengthen community action:** the Victorian Aboriginal Health Service (VAHS) has a 6 week program for communities aimed at preventing type 2 diabetes.
- **Develop personal skills:** individuals are taught skills such as reading labels, getting active and staying on track to maintain their healthy habits.
- **Reorient health services:** the program encourages doctors to teach their patients about heart disease and how to prevent it.

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2.5 Promoting healthy eating in Australia

2.5.1 Australian Dietary Guidelines

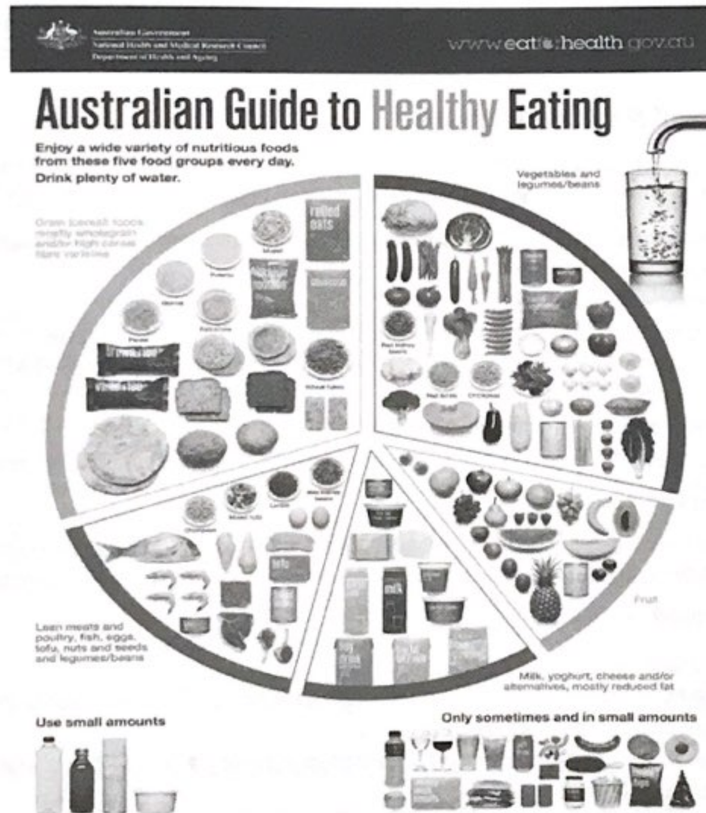
The Australian Dietary Guidelines (ADG) are guidelines developed by the federal government that provides advice relating to the types and amounts of foods that should be consumed. It aims to prevent, limit and decrease the rates of **diet-related conditions** (e.g. obesity, hypertension, impaired glucose regulation, etc.), **chronic diseases** (e.g. type 2 diabetes, cardiovascular disease, some cancers, etc.), and develop **healthy dietary patterns** that will improve health and promote wellbeing.

KEY POINT :
Fortunately, you do not need to know the ADG word-for-word, so don't waste time memorising them! The following table concisely sums up the guidelines.

Australian Guide to Healthy Eating

Although this isn't explicitly a point mentioned in the study design, this is still a very important visual representation. Formally the Australian Dietary Guidelines consist of both the Australian Guidelines 1–5 (the written component) *and* the Australian Guide to Healthy Eating (the visual component). This way, all people of all ages have access to the knowledge on how to eat well. Think of trying to explain healthy eating to a 30 year old and a 6 year old: the 30 year old would understand the written guidelines, while a 6 year old would much better understand the colours and pictures in the AGHE.

In essence, you should know what the AGHE looks like, and understand how it complements the written guidelines. It isn't too difficult to learn as, like the Food Pyramid, simply describing how it looks will get you the marks.



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Guideline	Recommendation
Guideline 1	– Only consume enough nutritious foods required to meet energy needs. – For children, sufficient nutritious foods are required for growth. For older people, sufficient nutritious foods are required to maintain muscle mass and weight. – Partake in regular physical activity to *achieve and maintain a healthy weight.*
Guideline 2	– Eat a variety of nutritious foods from these five food groups every day vegetables, fruits, grain foods, lean meats and poultry, and dairy. – Drink plenty of water.
Guideline 3	– Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.
Guideline 4	– Encourage, support, and promote breastfeeding.
Guideline 5	– Care for your food; prepare and store it safely.

Key Point :
To make it *even easier*, you can remember which recommendation goes with which number guideline through the following condensed summary:
Guideline 1: only eat the foods required by your energy needs and growth + regular physical activity
Guideline 2: the 5 food groups
Guideline 3: includes all the foods we should not be eating/should limit intake of
Guideline 4: breastfeeding
Guideline 5: food safety

2.5.2 The work of Nutrition Australia

Nutrition Australia is a non-government organisation concerned with promoting optimal health and wellbeing for all Australians through encouraging healthy food habits and physical activity. Their role is to:

- Provide menu assessments for organisations such as hospitals and schools, ensuring that the food provided are nutritious and limited in trans fats, gluten, etc.
- Publish free recipes for nutrient-dense dishes on their website
- Prepare and design publications that cover topics such as healthy living and weight loss
- Consult the food manufacturing industry; they work with manufacturers and help them make their food more nutritious
- Design, promote and deliver activities for National Nutrition Week
- Develop food selection models (i.e. Healthy Eating Pyramid) to promote healthy eating

The Healthy Eating Pyramid

The Healthy Eating Pyramid is a food selection tool developed by Nutrition Australia; it is a simple visual guide to the types and amount of foods that individuals should consume daily for good health.

What does it look like?

- Inside the pyramid:
  - The pyramid is broken down into the **five food groups** (i.e. fruit, vegetables, grains, dairy, lean meats and poultry) *and* **healthy fats.**
  - The size of each layer is equivalent to the proportion of each food group that should be consumed on a daily basis
- Outside the pyramid
  - Use herbs and spices to add flavour instead of salt/sugar
  - Choose water as the drink of choice
  - Limit intake of salt and sugar

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It is common in SACs and exams for you to be asked to describe food selection tools like the Healthy Eating Pyramid. When asked to **describe** the Healthy Eating Pyramid, you should be discussing *both* 'what it is' and 'what it looks like'. Ensure you can explain not only what the pyramid is, but have an *idea* of what it looks like. (These questions will usually be no more than 2-3 marks so you will not need to know *exactly* what is in the pyramid or on the outside.)

2.5.3 Challenges in bringing about dietary change

While promoting healthy eating seems effective and great in theory, it is actually rather difficult to bring about dietary change in Australian people. The government and NGOs – such as Nutrition Australia and the Heart Foundation – face many challenges when attempting to enact behaviour change in relation to nutrition.

Some of the challenges to bring about dietary change include:

- **Lack of health literacy:** low SES Australians may not be aware of the risks of a poor diet due to a lack of health literacy.
- **Levels of education:** those who are not educated may not be able to understand health promotion messages. This is why visual food selection models were created, and why the Healthy Eating Pyramid was designed to be as simple as possible for everyone to be able to understand.
- **Income:** low-income earning Australians may not be able to afford the healthier nutrient-dense foods, causing them to purchase and consume the cheaper options that may not be as healthy.
- **Geographic location:** those who live in rural and remote regions of Australia may not have access to a supermarket that sells nutritious food in close proximity. This may force them to *have* to purchase energy-dense and fast foods as it is much more practical.
- **Early life experiences:** people who consume a poor diet are likely to do so because their parents did not stress the importance of a healthy diet. Thus, they have been used to eating take-out food, fast food, etc. their entire life. Behaviours learnt during childhood are very hard to change; early life experiences shape individuals and the behaviours they make in adulthood.

These are just some of the many different challenges there are. Other ones include, and are not limited to: ageing, family and peers, culture, attitudes and beliefs, personal taste preferences, stress, and time constraints. The great news is that you don't need to memorise any definitions. You just need to know a few different challenges and be able to explain them effectively in relation to the question.

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Part II

Unit 4: Health and human development in a global context

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Area of Study 1

Health and wellbeing in a global context

In Unit 4, we move from focusing on health and wellbeing in Australia to looking at health and wellbeing globally. We will also be comparing Australia to similar countries, as well as to the countries that aren't as developed, and analysing the differences in health status.

1.1 Characteristics of high, middle, and low-income countries

Countries are categorised into high, middle and low-income countries. This conclusion is based on a country's Gross National Income (GNI) per capita which is basically an estimation of an individual in this country's personal yearly income. The GNI is calculated by the following formula:

$$\text{GNI} = \frac{\text{Total annual income of country (US\$)}}{\text{Population of country}}$$

The current GNI range and some of the countries in each category include:

GNI per capita range (as of 2020)	**Income group**	**Example countries**
US$12,476 and over	High-income	Australia, Canada, Ireland, Japan, USA, UK
US$1,026–$12,475	Middle-income	Mexico, Turkey, Russia, India, Papua New Guinea
US$1,025	Low-income	Afghanistan, Nepal, Zimbabwe, Uganda, Rwanda, Somalia

Because that range of 'middle income' is so large in comparison to the others, you may see graphs that include 'upper-middle' and 'lower-middle' categories.

1.1.1 Similarities and differences in health status and burden of disease

In HHD, we try to look at different characteristics to be able to compare low, middle, and high-income countries. It helps to group the characteristics to be able to remember them and the best way to do this is to look at social, economic and environmental characteristics. Remember the acronym **SEE** to be able to do this effectively.

Social	Economic	Environment
– Health care systems – Education levels – Employment levels – Legal systems – Technology – Population growth – Gender equality levels	– Income – Trade opportunities – Range of industries – Debt levels	– Housing conditions – Food security – Safe water – Sanitation – Infrastructure

Once you have this understood, you still need to be able to compare the characteristics between countries to be able to answer questions effectively. Often, you will need to compare the same characteristic across different countries, so the best way to do this is to have a number of descriptive words that can apply to each country category.

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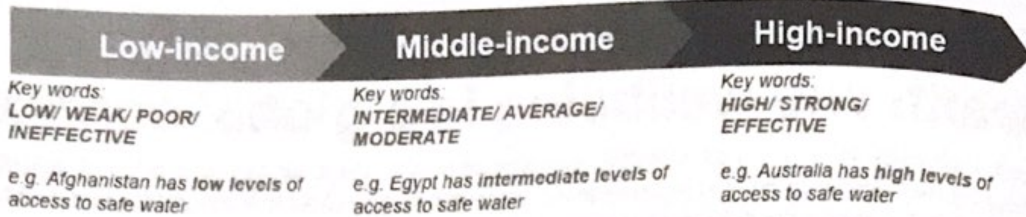

Notice how the characteristic has remained the same (access to safe water) and all that's changed is the word describing it.

High-income	Middle-income	Low-income
High GNI and GDP (gross domestic product)	**Intermediate** GNI and GDP	**Low** GNI and GDP
Health care that is **accessible, affordable, and equitable;** existing health system; high rates of immunisation	**Access** to health care; a well-functioning health system may not exist; intermediate rates of immunisation	**Lack** of access to health care; no health system; low rates of immunisation
High levels of literacy and participation in education; quality education system	**Intermediate** levels of literacy and participation in education (e.g. primary education may not be compulsory); mediocre education system	**Low** levels of literacy and participation in education; poor education system
Safe water and sanitation **abundantly available**	**Some** safe water and sanitation available; access to it may be poor	**Lack** of access to safe water and sanitation
Adequate and nutritious food supply	**Adequate** food supply; may not be nutritious	**Lack** of access to adequate food supply
Stable political systems	Can be **stable, unstable, or turbulent**	**Lack** of political stability (i.e. prone to wars)
High life expectancy	**Intermediate** life expectancy	**Low** life expectancy

KEY POINT :

You might be given data or a diagram in the exam that compares health status and burden of disease between high, middle, and low-income countries, and be asked to interpret the data to draw conclusions about the similarities and differences between these countries. It is important to practise interpreting and analysing data, and remember, if you are given data in the question, **always *use the data* in your response.**

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1.2 Factors contributing to differences in health status and burden of disease

Key Point :
You can remember these factors using the acronym **PIGSS: p**overty, **i**nequality and discrimination, **g**lobal distribution and marketing, **s**afe water, and **s**anitation.

Keep in mind that the main thing about it is your *understanding* of the factors. There isn't anything that you really need to memorise. You just need to understand it enough and know enough examples of their impact to be able to apply it to any sort of question you get.

Make sure you keep in mind a method of **cause and effect** whereby you identify the cause (i.e. the factor in question) and look at the direct effect on health (meaning the literal effect on health; including specific diseases) before linking this back to health and wellbeing (i.e. the five dimensions), health status (i.e. the nine indicators), or burden of disease (i.e. YLLs, YLDs, or DALYs), depending on what the question asks of you.

In general, some of the questions you can be asked can include:

- Explain effect of [factor] on health status and/or burden of disease.
- Given [variation in health status/burden of disease], describe one factor that could contribute to this difference. *(this one is usually related to a graph or case study)*
- Discuss how [factor] can impact health and wellbeing.

1.2.1 Poverty

Poverty isn't just a lack of money, which is what it is often considered to be. It is defined as the **deprivation of basic resources,** such as food, water, clothing, adequate housing, etc. Relative poverty is defined as living on less than 50% of the country's average income while extreme poverty is living on less than US$1.90 a day, although this number can fluctuate.

Key Point :
That 'US' in front of the dollar sign is very important, as the American dollar is used as the standard unit of currency for international comparison. You can potentially lose a mark if you forget to include that 'US' in an answer.

Generally, low and middle-income countries have more rates of people living in poverty than high income countries, and this contributes to differences in health status and burden of disease

Impact of poverty on health status and burden of disease:

- Lack of food increases malnutrition, leading to death from hunger, and **increased mortality rates**
- Lack of water weakens the immune system functioning, meaning they are more prone to infectious diseases, causing **increased YLDs**
- Inadequate shelter increases the risk of contracting infectious diseases, particularly air-borne diseases, causing **increased prevalence of these diseases**
- Lack of health care means many preventable conditions will go undiagnosed; moreover, births will generally be undertaken in non-sterile environments, increasing the risk of infection, causing **increased morbidity rates**
- Lack of education may mean people do not understand the risks of drinking contaminated water, causing **increased incidence of water-borne diseases.**

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1.2.2 Inequality and discrimination

The Universal Declaration of Human Rights states that "all human beings are born free and equal in dignity and rights" (UN, 2015). However, this is not the case in all countries. **Inequality** is defined as "the state of not being equal, especially in status, rights, and opportunities" (UN, 2015) and **discrimination** is treating somebody differently as a result of individual factors such as their age, ethnicity, religion, gender, sexual orientation, or socioeconomic status. This can involve unjust treatment and the violation of rights.

Generally, low and middle-income countries have more people suffering as a result of inequality and discrimination than high-income countries as a result of the following factors:

- **Race:** the division of the human species based on inherited physical characteristics.
  - **Why racism occurs:** often, in low-income countries, people with a different race to the natives may be discriminated against. This may be due to a lack of laws against discrimination as well as a lack of education possibly eliciting a fear of people who simply look different which can lead to unjust treatment.
  - **How this may affect health status and burden of disease:** businesses (e.g. supermarkets, restaurants) may refuse to serve people of different races. This may mean these people can't find food in close proximity which may lead to a weakened immune system leading to malnutrition and deficiency diseases, **increasing morbidity rates.** Healthcare may also be refused to such people, **increasing mortality from preventable causes.**
- **Religion:** a unified system of beliefs and practices.
  - **Why discrimination occurs:** many low and middle-income countries have a very pronounced religion that the majority of the population belongs to. As a result, all people within the country are expected to believe in this religion and those who do not may not be accepted in society.
  - **How this may affect health status and burden of disease:** businesses may refuse to serve people of different religions, meaning they cannot find food in close proximity, weakening their immune system and leading leading to malnutrition and deficiency diseases, **increasing YLDs.** Healthcare may also be refused to such people, **increasing mortality from preventable causes.** Furthermore, people in such countries are not given a place where they feel as though they belong and they are also unable to practice their personal beliefs. This can potentially lead to distress, **increasing morbidity through affected mental health.**
- **Sex:** the biological traits associated with males and females.
  - **Why discrimination occurs:** males and females generally do not have the same opportunities in low-income countries, and women are more often discriminated against. Women often do not have the same rights as men and are also often expected to take care of their children.
  - **How this may affect health status and burden of disease:** women are often given the task of collecting water from far places. This means they are likely to be carrying heavy objects for long distances which can lead to musculoskeletal conditions, **increasing YLDs.** Women are also often forced into marriage, or are not allowed to choose their partners. This can lead to lesser feelings of belonging, meaning they are **less likely to have a positive self-assessed health status.** Girls are married off at young ages and therefore having children before they are biologically ready, leading to **higher maternal mortality rates.**
- **Sexual orientation and gender identity:** sexual orientation relates to who a person is attracted to (heterosexual, lesbian, gay, bisexual, etc.), and gender identity relates to what a person identifies themselves to be (transgender, intersex, queer, etc.).
  - **Why discrimination occurs:** many low-income countries are not as developed as Australia and often do not accept members of the LGBTIQ community.
  - **How this may affect health status and burden of disease:** businesses may refuse to serve those of a different sexual orientation or gender identity, meaning they do not have convenient access to food, which may lead to a weakened immune system, malnutrition, and deficiency diseases, **increasing YLDs.** Healthcare may also be refused to such people, meaning more diseases can go undiagnosed, **increasing mortality from preventable causes.** Such individuals are also not given a place where they feel as though they belong (spiritual health and wellbeing) which can lead to distress, **increasing morbidity through mental health.**

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1.2.3 Global distribution and marketing

Globalisation is the process whereby boundaries between countries are reduced, allowing individuals, groups, and companies to act on a global scale. As such, distribution and marketing on a global scale has become a concern, particularly for those in low and middle-income countries.

Global distribution refers to the transfer of goods and services internationally that has led to a more interconnected world, while **global marketing** refers to the advertising and selling of goods and services on a global scale.

Manufacturers in high-income countries often **target low and middle-income countries** to sell their goods because:

- This can make up for lost revenue in their country.
- People in low and middle-income countries tend to have lower levels of education, meaning they are more likely to see only the attractive side of the products being marketed without considering the consequences of consumption.
- Many middle and low-income countries often do not have strict laws or regulations such as:
  - No labelling laws (e.g. don't need to label amount of saturated fats)
  - No regulations (e.g. no maximum amount of trans/saturated fats)
  - No taxes on imported goods (means they can sell at a higher price)

The three primary focuses of global distribution and marketing that we focus on in HHD are **tobacco, alcohol** and **processed foods.**

Generally, low and middle-income countries have more rates of people suffering from the consequences of global distribution and marketing than high income countries and this contributes to differences in health status and burden of disease.

- **Tobacco:** manufacturers in high-income countries like to sell their brand of tobacco in middle and low-income countries, and tend to make a lot of sales in these countries due to:
  - Lack of health education
  - No underage laws
  - No labelling laws
  - No sale taxes
  - No passive smoking laws
  - No marketing bans

  People in low and middle-income countries are more likely to smoke more cigarettes as they are often sold individually and therefore more accessible, potentially leading to atherosclerosis, **increasing DALYs.** They are also more likely to start smoking from a young age, **reducing life expectancy.** There are also likely to be more people who will be breathing in second-hand tobacco smoke, meaning more people are likely to suffer from respiratory diseases such as asthma, **decreasing HALE.**
- **Alcohol:** manufacturers in high-income countries like to sell their brand of alcohol in low and middle-income countries, and tend to make a lot of sales in these countries, due to:
  - Lack of health education
  - No underage laws
  - No labelling laws
  - No sale taxes
  - No marketing bans
  - People in low and middle-income countries are more likely to consume more alcohol as these people are often not educated on the negative effects of consumption, leading to related diseases such as injuries while intoxicated, thereby **increasing YLDs.** They are also more likely to start drinking from an early age, **reducing life expectancy.** There are likely to be more people who will face peer pressure into consuming excess amounts of alcohol, potentially leading to liver disease, which can be fatal, thus **increasing DALYs.**

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- **Processed foods:** these tend to be much higher in sugar, salt, saturated fats, and trans fats, as such foods are much cheaper to make and easier to distribute from country to country. Manufacturers in high-income countries like to sell their brands of processed foods in low and middle-income countries, and tend to make a lot of sales in these countries, due to:
  - Lack of nutritional education
  - Lack of food labelling legislation
  - Lack of healthy eating promotion strategies
  - No sale taxes

  People in low and middle-income countries are more likely to consume more processed foods as these people are often not educated on the negative effects of consumption, leading to related diseases such as CVD, **increasing the prevalence of such diseases.** Because processed foods tend to be higher in sugars, over-consumption can potentially lead to obesity and type 2 diabetes, **increasing YLDs.** Also, because processed foods tend to be higher in trans and saturated fats, over-consumption can potentially lead to CVD, **decreasing HALE.**

KEY POINT :
If you ever see the concept **double burden of disease,** remember that this basically means that there is a rise in **both communicable and non-communicable diseases** in low-income countries. This is usually related to global distribution and marketing as, not only are already high rates of communicable diseases associated with poverty (e.g. HIV/AIDS) in these countries, global distribution and marketing means that they are also more likely to experience non-communicable diseases, such as obesity and CVD, as a result of a greater prevalence of products such as tobacco, alcohol, and processed foods. So, if you ever see a question relating to double burden of disease, explain how there is both a prevalence of communicable diseases as a result of poverty as well as a more recent rise in non-communicable diseases, primarily as a result of globalisation.

1.2.4 Safe water

Safe water means having **ready access** to a water source that is **not contaminated** and is safe to drink, as well as being used to crops and livestock. Access to safe water means that:

- People have access to a water source that is clean and able to be used for drinking, crops, and livestock.
- People have do not need to spend their time collecting water (this task often falls to women and children in low-income countries).

Generally, people in **low and middle-income countries** have **less access to safe water** than those people in high income countries and this contributes to differences in health status and burden of disease

Impact of safe water on health status and burden of disease:

- Water is essential for growing crops. A lack of water can diminish the natural environment making it difficult to grow crops, reducing food security leading to hunger and malnutrition for population, **increasing levels of morbidity.**
- If contaminated water is consumed, this then increases risk of water-borne diseases (e.g. cholera, malaria, typhoid), leading to **increased YLLs.**
- Lack of access to clean water in close proximity may mean that people may have to carry heavy loads for long distances, increasing musculoskeletal conditions, and **increasing YLDs.**

1.2.5 Sanitation

Sanitation refers to the safe disposal of human urine and faeces, as well as the **maintenance of hygienic conditions** through garbage collection and the disposal of waste water. It relates primarily to the infrastructure that works to protect public health, and includes:

- Public provision of clean drinking water through infrastructure such as taps
- Adequate sewage disposal
- Waste removal from the streets

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Generally, people in **low and middle-income countries** have **more unsanitary conditions** than those people in high income countries and this contributes to differences in health status and burden of disease

Impact of sanitation on health status and burden of disease:

- No functioning waste disposal means poor air quality, increasing risk of air-borne diseases and respiratory diseases, such as asthma, leading to **increased YLDs.**
- This also creates a breeding ground for mosquitoes, increasing risk of malaria (mosquitoes carry malaria and they thrive in both tropical and unsanitary climates), thus **decreasing life expectancy.**
- Poor sanitation can also weaken the immune system, making people more prone to infectious/ communicable diseases such as typhoid fever, **increasing incidence of such diseases.**
- No sewerage system increases risk of water-borne diseases, such as cholera (disease that causes severe hydration and diarrhoea), **increasing DALYs.**

Key Point :

A very common SAC/exam question will ask you to 'explain the difference between safe water and sanitation' – usually for 2 marks. This is basically an implicit definition question (i.e. not explicitly asking you to 'define' a concept, but nonetheless requiring it in the answer), meaning you need to:

1. Define/describe safe water (1 mark)
2. Use a conjunctive adverb (while/whereas etc.) to make a link
3. Define/describe sanitation (1 mark)

For example: *Safe water means having ready access to a water source that is not contaminated and will not cause diseases if consumed (1 mark), whilst sanitation refers to the safe disposal of human urine and faeces, as well as the maintenance of hygienic conditions through garbage collection and the disposal of waste water (1 mark).*

1.3 Concept of sustainability

Sustainability is defined as **"meeting the needs of the present without compromising the ability of future generations to meet their own needs"** (UN 1987). It is about meeting today's needs without creating problems or depleting resources for future generations.

Key Point :

It is very important that you memorise this particular definition, as not only will it allow you to fully understand the concept, but it would also earn you full marks in the exam. The key word here is **ability** – students often misconstrue this and assume sustainability is just about present and future generations meeting their needs, but it is in fact a present generation's meeting their needs in such a way that *doesn't compromise the ability* of future generations to meet their own needs. Mentioning this is worth a mark!

There are three dimensions of sustainability; the dimensions analyse the country's *own* ability to be sustainable and have some form of stability without external aid. The three dimensions are **social, economic,** and **environmental** sustainability.

Dimension	Description
Social	Anything to do with **human rights** and **social resources** such as access to education, a health care system, and political stability now and in the future.
Economic	Capacity of current and future generations to **earn an income,** and the efficient use of resources to allow for **economic growth** over time.
Environmental	Ensuring that the **natural environment** is used in a way that preserves these resources for use both now and into the future. Human activities should use natural resources only at a rate that allows these resources to replenish for future generations.

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1.4 Concept of human development

The full definition of human development is "creating an environment in which people can develop to their full potential, and lead productive, creative lives in accordance with their needs and interests. It is about expanding people's choices and enhancing capabilities, having access to knowledge, health and a decent standard of living, and participating in their community, and decisions affecting lives."

Key Point :
This definition appears very dense and convoluted. Luckily, you will never be asked by VCAA to '*define human development*'. Thus, you will never be required to use the entire definition of human development in one go.

The simplest way to go about human development is to break the definition down into its **key components**, so consider whether a program enables people to:

- **D**evelop to their full potential
- **L**ead productive and creative lives in accordance to their needs and interests
- **E**xpand their choices and enhance their capabilities
- **A**ccess knowledge, health, and a decent standard of living
- **P**articipate in their community and decisions affecting their lives

Key Point :
These five key components can be remembered through the acronym **DLEAP** or **PLEAD.**

Key Point :
For human development questions (e.g. 'how does this program improve human development?'), you must link your response to the key components of the definition of human development.

In terms of mark allocations, make sure you use specific examples from the program if it is a case study question, and all explanations should be specific to the example you have chosen. For 2 marks, ensure you have adequately explained the likely direct health outcomes of the example for 1 mark and linked it to one of the key components of the human development definition using its specific words for 1 mark. If the question is 3 or 4 marks, just double this process.

Here is an insight into what each of the key components of the human development definition relate to:

- **Develop to their full potential:** being free from diseases and disabilities that would prevent people from adequately growing up and living up to the full potential that they otherwise would have been able to.
- **Lead productive and creative lives in accordance with their needs and interests:** being free from disease and illnesses that would inhibit people from being able to work, socialise with their friends and families, have hobbies, follow their passions, etc.
- **Expand people's choices and enhance their capabilities:** through education, people learn and can develop their literacy and numeracy skills, enhancing the things they are capable of doing. In doing so, the increase their employment prospects, therefore expanding the choices (e.g. what field of jobs they want to go into) they have.
- **Access knowledge, health, and a decent standard of living:** this notion relates to having access to quality education, health services, an equitable health care system, food security, shelter, water, and hence, good living conditions.
- **Participate in their community and decisions affecting their lives:** Having the opportunity to participate in the community (e.g. both men and women can have a say in the community) and the ability to make decisions for themselves. For example, in many low and middle-income countries, women are not able to make decisions about their own lives; fathers usually marry their daughters off at young ages.

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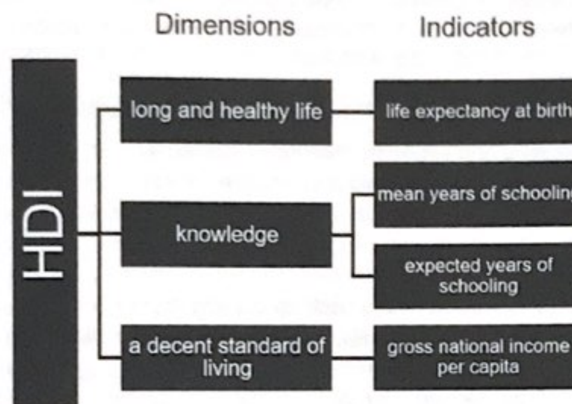
1.4.1 Human Development Index

The Human Development Index (HDI) is a measure of the level of human development in a country. The HDI takes into account various socio economic factors, combining **dimensions** of: **a long and healthy life, knowledge,** and **a decent standard of living.**

KEY POINT :
Each of the dimensions are measured by **indicators**. Be careful – do not get *dimensions* and *indicators* mixed up. They are not the same thing; **indicators are the quantitative measurement of the dimensions.**

1. **Long and healthy life indicators:** life expectancy at birth
2. **Knowledge indicators:** mean actual years of schooling *and* expected years of schooling (i.e. the compulsory years of school)
3. **A decent standard of living indicators:** gross national income per capita



Countries are assigned a number between 0 and 1 according to the indicators. The closer their rating is to 1, the greater the level of development experienced.

Countries are then classified into **four quartiles:**

- Very high human development: 0.8 or above
- High human development: 0.7 to 0.799
- Medium human development: 0.550 to 0.699
- Low human development: less than 0.550

The table on the right includes some examples of some countries that fall under each of the categories of the HDI as of 2018. You do not need to remember these as they change almost annually; the purpose of the table below is just to put the HDI into context.

Quartile	Country	HDI
Very high	Norway	0.953
	Australia	0.939
	Italy	0.880
High	Mexico	0.774
	Brazil	0.759
Medium	Egypt	0.696
	Kenya	0.590
Low	Madagascar	0.519
	Mozambique	0.437

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Advantages and limitations

Advantages	Limitations
It acknowledges and addresses the broader socio-economic factors impacting human development	The ratings between 0–1 do not tell us anything about individual dimensions
It is not one dimensional; it combines dimensions of health, education, and living standards	Lower income countries may not have reliable data for the indicators such as life expectancy at birth or mean years of schooling due to not everything (e.g. birth and death) being recorded by the government, so the HDI may be inaccurate
The single statistical measure from 0–1 allows for distinct comparison between different countries	No survey data is collected for the HDI, meaning people's own feelings about their level of human development is not taken into account

1.5 Global trends and their implications on health and wellbeing

The world is constantly changing and evolving, whether we realise it or not; the smallest human actions – when combined – create global trends. Regardless of whether they are directly health-related or not, these global trends have a significant impact on the health and wellbeing of the world.

1.5.1 Climate change

Global warming is caused by human activities such as burning fossil fuels to generate electricity. Such activities emit a number of gases and chemicals, including carbon dioxide and methane, that traps heat in the atmosphere. The warming of the earth melts ice glaciers, causing **rising sea levels.** This has a detrimental effect on countries that are very close to sea level, as thousands of communities become completely flooded and millions of homes, workplaces, and schools are destroyed.

Climate change makes predicting weather conditions very difficult, making **changing weather patterns** an issue. Being able to accurately predict patterns in the weather is vital for farmers and people who rely on growing crops and other agriculture to make an income. For example, lack of rainfall for an extended period of time inhibits farmers' ability to grow crops and provide their animals with water to drink. Equivalently, sunlight is essential for photosynthesis; lack of sunlight will hinder the ability for crops to grow.

More extreme weather events such as tsunamis, typhoons, floods, and droughts not only impact the vitality of soil and land, making it harder to grow crops, but such disasters also destroy entire villages and take hundreds of thousands of lives.

1.5.2 Conflict and mass migration

Due to political instability, low and middle-income countries are very prone to conflict. Armed conflict such as wars usually stretch on for years and kill hundreds of thousands of people. Additionally, since governments of these countries must focus all of their efforts and funds into sustaining a war effort, the living standards for the people of these countries will likely diminish as very few funds are going towards the education, health, and legal systems.

Moreover, conflicts create mass migration because people are attempting to escape their country due to the war that is going on. The issue with this is that refugees and asylum seekers will either end up in detention centres, or migrate to a country is already very highly populated. As a result, citizens of that country and these new migrants will find it very difficult to seek employment, as the rate of job seekers rises and exceeds the rate of job creation. The consequence of this is that many people will be forced into poverty, and families will not be able to afford basic necessities such as food and shelter.

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1.5.3 Increased world trade and tourism

- **Positive implications:** increases in world trade increases the ability for countries to import goods from other countries, and export their goods to other countries. It allows low and middle-income countries to sell goods that they have a competitive advantage in internationally (e.g. Iran is a middle-income country that owns many sources of oil, so can mine and sell it for an increased price to high-income countries, allowing Iran's economy to grow so that their government can eventually develop stronger health care and education systems to improve the population's health and wellbeing).
  In terms of tourism, low-income countries (such as Thailand, Indonesia, and Rwanda) are very popular tourism destinations, due to their beautiful landscapes, unique cultures, and the fact that they are relatively inexpensive destinations. Tourists from high-income countries (such as the USA, UK, Australia, and Sweden) often visit lower-income countries on vacation. All of the money spent by foreigners while visiting is an injection of capital into the country's economy. Thus, increased tourism results in an increase in income, allowing locals to be able to afford food, access health care, buy their children schoolbooks, and send their children to school.
- **Negative implications:** however, there has long been worldwide debate over whether world trade and tourism in low and middle-income countries in fact leads to exploitation, rather than the benefits explored above. Often, when high-income countries are participating in a trade with businesses from lower-income countries that may not have the same level of negotiation skills or business expertise, businesses from the higher-income countries can exploit the other side to enable them to trade at a lower price, and those in lower-income countries may not be educated enough to know they are being exploited.
  While tourism does have many positive implications for a country, there are also some negative ones that must be considered. People coming from higher-income countries for tourism in lower-income countries tend to have more wasteful lifestyles than those individuals in the countries they are visiting. As such, they tend to use the resources in a lower-income country at a faster rate than what the locals are accustomed to, creating more poverty (a lack of basic resources) for the people (e.g. flushing toilets frequently, creating pressure on the country's sewerage system, or using up food at a more extensive rate in hotels).

1.5.4 Digital technologies that enable increased knowledge sharing

- **Positive implications:** we are undoubtedly living in the era of technology, and the recent development of digital technology plays a large role in improving global health. Technology such as phones, computers, and televisions make sharing knowledge a lot easier in low, middle, and high-income countries. Many people in low-income countries are not educated, but the internet enables these people to access knowledge about their health without having to attend school.
- **Negative implications:** the rise in technology has also led to things like online identity fraud and identity theft, which can negatively affect some peoples' reputations if somebody does something publicly damaging on social media whilst claiming to be somebody else. Moreover, cyber-bullying is something that, unfortunately, does happen as a result of digital technologies. This can negatively affect people in many ways, even to the point of their choice to take their own lives as a result of the pressure. Furthermore, online resources may not be accurate, as anybody can post information online, even if it is not true. It does not constitute a full education and, although it can help people in low-income countries develop a form of education, this must be taken with precaution considering the plethora of information that is available, not all of which is accurate.

KEY POINT :
You need to be able to analyse all of these different global trends to understand the impact of them on health and wellbeing (i.e. you need to be able to link them all to the five PSMES dimensions). For example, understanding that **climate change** as a result of global warming melts large glaciers and increases the risk of **rising sea levels** and potentially flooding. This can cause people who live near the sea to need to evacuate their homes, negatively affecting their sense of belonging and therefore impacting their **spiritual health and wellbeing.**

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Area of Study 2

Health and the Sustainable Development Goals

2.1 Sustainable Development Goals

The Sustainable Development Goals (SDGs) are goals developed by the United Nations that build upon and replace the Millennium Development Goals (MDGs) that expired in 2015. There are 17 goals that have been developed and the United Nations aims to achieve these by 2030.

Rationale

There were many reasons for the development of the SDGs, including:

- **To build upon the progress of the MDGs:** the MDGs were effective in their work, yet they ended in 2015, so the SDGs were designed to keep moving forward in improving global health and wellbeing and human development.
- **An emergence of new global challenges:** by the time the MDGs ended, there were new global challenges which, if not addressed, could have destabilised the progress the MDGs made. These challenges included terrorism, large-scale environmental changes, and even more extensive migration.
- **Progress in all areas was uneven:** by the time the MDGs ended, progress in all areas was uneven across the globe. Some countries and groups experienced higher levels of development, meaning there were still a number of disadvantaged groups through poverty, ethnicity, disability, geography etc.

Objectives

The SDGs have a number of objectives that they are essentially working towards. These are:

1. End extreme poverty
2. Fight inequality and injustice
3. Tackle climate change

Key Point :

You need to know the three objectives, and at least three rationales to be ready to answer questions. The best way to think of these is that the rationales are there to 'justify' the objectives, which is the key skill from the study design Although there are 17 SDGs altogether, your primary focus is SDG 3 and how the following SDGs all relate to it:

- SDG 1: No poverty
- SDG 2: Zero hunger
- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 6: Clean water and sanitation
- SDG 13: Climate action

For each SDG, you need to know the following:

- Aim (to understand what the achievement of the SDG would mean)
- Brief description
- Why it is important (i.e. the negative, current situation)
- How each SDG can improve health and wellbeing and human development
- How the achievement of all the SDGs can promote SDG 3
- How the achievement of SDG 3 can promote the other SDGs

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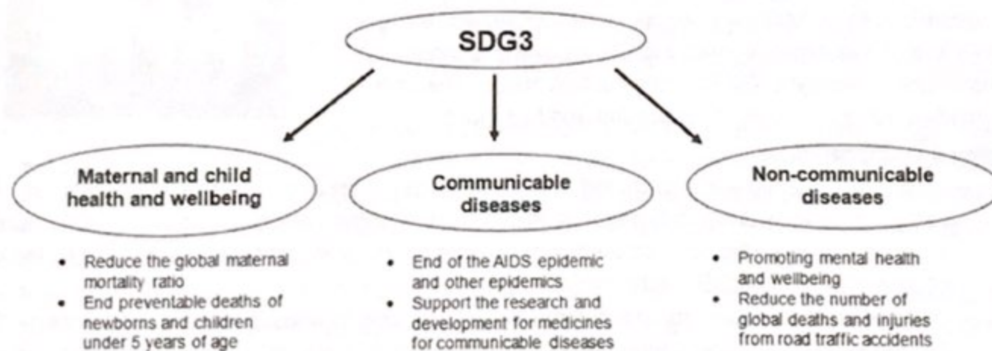
2.1.1 SDG 3: Good health and wellbeing

- **Aim:** to ensure healthy lives and promote well-being for all at all ages.
- **Description:** SDG 3 aims to promote health and wellbeing for all, working towards improving communicable, non-communicable diseases, including mental health, with a large focus on maternal and under-5 mortality. Although major progress has been made to improve the health status of people worldwide, more action needs to be taken to reduce the prevalence of such diseases that put people at a greater risk of mortality, including HIV/AIDS, malaria, tuberculosis and hepatitis. Achieving universal health coverage is a vital aspect of this as this will allow people to access the necessary services to both reduce their risk of contracting diseases, as well as provide healthcare services for the treatment of disease.

- **Why it is important:**
  - Maternal mortality rates are significantly high in low and middle-income countries. This has direct consequences on not only mothers, but their entire families. Mothers in good health can better take care and provide for their children, improving health for the whole family.
  - Most deaths of children in low-income countries are caused by preventable diseases such as malaria, pneumonia and diarrhoea. These can easily be prevented through vaccinations as well as access to health care, clean water and sanitation.
  - Many mothers experience severe complications while giving birth. Without the assistance of qualified health workers and the sterilised environments required during childbirth, maternal mortality is extremely high in low and middle income countries.
  - HIV/AIDS has a large contribution to burden of disease in low and middle-income countries. This fatal disease means many children are orphaned each year due to their parents suffering from HIV/AIDS, putting them at risk of exploitation and trafficking.
  - Many communicable diseases such as HIV/AIDS, malaria, tuberculosis and hepatitis can be easily prevented through education (e.g. educating people about the importance of safe, protected sex) and immunisations.
- **Key features of SDG 3:** the best way to understand the key features of SDG 3 is to realise that they are essentially grouped into 3 categories. These categories and some features are:



- **How it can work towards improving health and wellbeing and human development globally:** the reason you don't need to know this for SDG 3 alone is because once the key features are addressed, that will bring about an improvement in health and wellbeing and human development. This is why, in HHD, you look at the **collaborative approaches** between the other SDGs and SDG 3 to bring about an improvement in health and wellbeing and human development e.g. no poverty (SDG1) means we can achieve (a key feature of SDG3), therefore improving health and wellbeing and human development (and vice versa).

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KEY POINT :
'Sectors' are a broad way of describing the main companies and groups of people in charge of working towards the different SDGs. As SDG 3 is all about promoting good health and wellbeing and human development, it is at the core of HHD. SDG 3 is essentially the responsibility of the **health sector;** however, as all of the SDGs are interrelated (i.e. advancements in one will cause progression in another – whether it be directly and indirectly – and vice versa) the health sector **works in collaboration** with other sectors behind promoting the other SDGs to work towards health-related goals, which is part of the key knowledge of the study design.

For your reference, this is broad categorisation of the primary sectors behind each SDG:

- SDG 1: No poverty – the **welfare** sector
- SDG 2: Zero hunger – the **agricultural** and **nutrition** sectors
- SDG 4: Quality education – the **education** sector
- SDG 5: Gender equality – the **public** (government) sector
- SDG 6: Clean water and sanitation – the **water** and **sanitation** sectors
- SDG 13: Climate action – the **environmental** sector

KEY POINT :
Quite often, people will confuse the name of SDG 3 'Good health and wellbeing' with the five dimensions. Understand that you only link SDG 3 to one of the dimensions if you are explicitly asked to refer back to one of them. Otherwise, any time you see a question related to SDG 3, you must link them back to one of the **key features.** The best way to write out your links to the features is to mention the **category as well as the specific feature,** just to ensure you will get the mark. Although you could get away with the just the category (e.g. just 'communicable diseases') it is best to have both in your answer, just to be safe (e.g. epidemics such as HIV/AIDS i.e. communicable diseases).

2.1.2 SDG 1: No poverty

- **Aim:** to end poverty in all its forms everywhere.
- **Description:** poverty comes in many forms. SDG 1 aims to eradicate extreme poverty, currently categorised as living on less than US$1.90 a day (a figure that does fluctuate) and reduce the number of people living in relative poverty – which is categorised by individuals living on less than 50% of the country's average income – by half. However, poverty is more than just a lack of money; it also includes the lack of basic resources including adequate nutrition, education and healthcare.
- **Why it is important:**
  - If people are unable to afford food, this can potentially lead to hunger and malnutrition. As a result, more individuals in low and middle-income countries are more likely to have weakened immune systems which makes them more susceptible to different diseases, increasing the rates of morbidity and mortality nationwide.
  - A lack of income means people are less likely to be able to afford healthcare. As a result, there is a higher risk of people being unable to receive vaccinations for life-threatening diseases such as HIV/AIDS, hepatitis, typhoid and malaria, increasing morbidity and mortality and potentially resulting in social exclusion for those people who have contracted these illnesses.
  - Those living in poverty are unlikely to have access to clean water and sanitation. This only increases the risk of spreading communicable diseases amongst a greater population group, especially in low and middle-income countries.
  - If people are unable to afford education, they reduce their employment prospects, thus perpetuating the poverty cycle for themselves and their families.

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- **How it can work towards improving health and wellbeing and human development globally:**
  - If people are able to afford food, they are unlikely to suffer from hunger and malnutrition. As a result, more individuals will have stronger immune systems, making them less likely to develop different diseases, **promoting their physical health and wellbeing,** as well as allowing them to **develop to their full physical potential.**
  - If people are able to afford healthcare, people will be able to afford vaccinations for such life-threatening diseases including HIV/AIDS, meaning they are less likely to be socially excluded from their societies for fear of other contracting their diseases, promoting their physical and **social health and wellbeing** as well as allowing them to **participate in their communities and decisions affecting their lives.**
  - If no poverty is achieved, people will have access to clean water and sanitation with which they will be able to reduce the spread of communicable diseases amongst larger population groups, improving **spiritual health and wellbeing** as well as allowing them to **participate in their communities and decisions affecting their lives** and **access a decent standard of living.**
  - If people are able to afford education, they increase their employment prospects, making them less likely to have labour intensive jobs increasing feelings of security and promoting people's **emotional health and wellbeing** as well as allowing them to **expand their choices and enhance their capabilities.**

KEY POINT :

Note that we've used the same ideas in both 'why it is important' and 'how it works to improve health and wellbeing and human development globally' – just as opposites. This is because you can save your time by memorising the same idea for each. Think of it like:

Why is it important?
Can't afford [issue #1] ⟶ negative consequence
Can't access [issue #2] ⟶ negative consequence
Aren't aware of [issue #3] ⟶ negative consequence

How it can work towards improving health and wellbeing and human development globally?
If they *can* afford [issue #1] ⟶ positive consequence
If they *can* access [issue #2] ⟶ positive consequence
If they *are* aware of [issue #3] ⟶ positive consequence

- **How the achievement of SDG 1 can promote SDG 3:** by eradicating poverty, people can afford access to healthcare so that they can be vaccinated and therefore **reduce the rate of epidemics** such as HIV/AIDs (i.e. communicable diseases). Thus, the **welfare sector** will work together with the health sector to work together with the health sector to simultaneously work towards achieving SDGs 1 and 3.
- **How the achievement of SDG 3 can promote SDG 1:** having good health and wellbeing, such as an **absence of non-communicable diseases** including mental health conditions, means people will be well enough to go into work on a daily basis whereby they can earn a suitable income to spend on both their needs as well as their wants, meaning they will be working towards the eradication of poverty in all its forms.

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Key Point :
Notice how, when we've spoken about SDG 3, we've linked it back to the **key features.** These are the ways to ensure that you are correctly answering questions related to the 'good health and wellbeing' that SDG 3 stands for and not mixing them up with the dimensions of health and wellbeing. Sometimes, it will ask you to link to either one of the dimensions or part of the human development definition, but if it just asks for the link with no more, then you use the features.

2.1.3 SDG 2: Zero hunger

- **Aim:** to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.
- **Description:** SDG 2 seeks to end hunger and malnutrition by ensuring all people have access to a reliable food supply. This also involves assisting farmers to improve their agricultural practices in order to increase yield and allow people to have access to food sources both now and into the future.
- **Why it is important:**
  - Hunger weakens immune system functioning, which increases the risk of people suffering from infectious diseases as well as nutrient deficiency diseases.
  - In low and middle-income countries, women and children are the most at risk of malnutrition, primarily due to cultural practices, increasing the risk of mortality amongst these population groups.
  - Low and middle-income countries depend on agriculture for their nutritional needs and farmers depend on it for their incomes. Without sustainable agriculture, more people are at risk of malnutrition and farmers are at risk of financial distress.
- **How it can work towards improving health and wellbeing and human development globally:**
  - Achieving zero hunger means that people will be less likely to suffer from hunger and malnutrition. As a result, more individual's will have stronger immune systems, making them less likely to develop different diseases, promoting their **physical health and wellbeing,** as well as allowing them to **develop to their full physical potential.**
  - Achieving zero hunger means women and children in low and middle-income countries will be less likely to suffer from hunger and malnutrition, reducing mortality rates amongst these population groups and promoting all the dimensions of health and wellbeing as well as all the aspects of the definition of human development.
  - Sustainable agriculture means farmers will not be in financial strain, reducing their stress and promoting their **mental health and wellbeing** and allowing them to **access knowledge, health, and a decent standard of living.**
- **How the achievement of SDG 2 can promote SDG 3:**
  - Achieving food security in all countries means that everyone is consuming a nutritious diet, reducing their risk of contracting **communicable diseases** such as HIV/AIDS.
  - If pregnant women are consuming an adequate diet, this reduces the **global maternal mortality rates** from deficiency diseases, prevents birthing complications and reduces low birth weight, therefore **reducing global U5MR,** improving overall **maternal and child health and wellbeing.**
  - Thus, the **agricultural and nutrition sectors** will work together with the health sector to simultaneously work towards achieving SDGs 2 and 3
- **How the achievement of SDG 3 can promote SDG 2:**
  - Having good health and wellbeing, such as lesser communicable diseases in the form of HIV/AIDS, means more farmers will be able to work more often in their fields, therefore ensuring they are producing adequate and even ample amounts of agricultural produce, working towards achieving zero hunger.

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2.1.4 SDG 4: Quality education

- **Aim:** to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- **Description:** SDG 4 aims to enable everyone, no matter their gender, SES, or ethnicity, to have access to free, quality education. Education increases literacy skills required for employment and enables people to make informed life choices to improve their living standards and health. Moreover, education breaks the poverty cycle as knowledge can be passed down from generation to generation, allowing more people to be able to attain quality employment.

- **Why it is important:**
  - A lack of quality education reduces people's employment prospects, meaning people are less likely to have enough money to spend on nutritious foods, increasing their risk of malnutrition and deficiency diseases.
  - A lack of quality education reduces people's employment prospects, reducing people's individual incomes and also reducing a country's overall revenue and economic development.
  - A lack of quality education means people are less likely to have adequate levels of health literacy, meaning they are less likely to understand basic health practices (e.g. washing hands after using the bathroom) increasing levels of communicable diseases.
  - A lack of quality education means women are likely to be discriminated against when it comes to receiving education, meaning they are both unable to have the knowledge to improve their own health, as well as understand how to take care of their families.
- **How it can work towards improving health and wellbeing and human development globally:**
  - If SDG 4 is achieved, more people will have increased employment prospects which will increase their individual incomes to spend on nutritious foods, reducing their risk of malnutrition and deficiency diseases, **promoting their physical health and wellbeing** and allowing them to **lead productive and creative lives in accordance with their needs and interests.**
  - If SDG 4 is achieved, more people will have increased employment prospects which will both increase their individual incomes and, consequently, a country's overall revenue from taxation, allowing them to spend money on public services and facilities such as parks, roads, healthcare etc. allowing for the promotion of all the dimensions of health and wellbeing as well as allowing people to **access knowledge, health and a decent standard of living.**
  - Achieving quality education means more people will have adequate health literacy, improving their understanding of basic health practices, reducing their risks of contracting different diseases, promoting their **physical and mental health and wellbeing** as well as allowing them to **develop to their full potential.**
  - Having quality education would ensure that women are not discriminated against when it comes to receiving an education. Educated women are able to both take their of their own health as well as the health of their families, promoting **all the dimensions of health and wellbeing** for girls and their families, **expanding women's choices and enhancing their capabilities,** as well as allowing them to **lead productive and creative lives in accordance with their needs and interests.**

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- **How the achievement of SDG 4 can promote SDG 3:**
  - Enhanced literacy skills enable people to better understand health promotion messages and understand risk factors of poor health, such as the use of drugs on neurological function, thus promoting people's **mental health and wellbeing** (i.e. **non-communicable diseases**).
  - Enhanced literacy skills also enables people to make better health decisions and engage in basic health practices for themselves and their family, including safe sex to prevent contracting **HIV/AIDS, reducing the incidence of such epidemics** (i.e. **communicable diseases**).
  - Having an education increases people's employment prospects. Earning a stable income means people will be able to spend their money on nutritious foods for themselves and their families, **reducing the U5MR** and promoting overall **maternal and child health and wellbeing.**
  - Thus, the **education sector** will work together with the health sector to simultaneously work towards achieving SDGs 4 and 3
- **How the achievement of SDG 3 can promote SDG 4:**
  - Having good health and wellbeing, such as improved maternal and child health and wellbeing through a decreased U5MR means children will be healthy enough to attain a quality form of education, whereby they too can grow to ensure future generations, no matter their gender, SES, or ethnicity, have access to a quality education too.

2.1.5 SDG 5: Gender equality

- **Aim:** to achieve gender equality and empower all women and girls.
- **Description:** SDG 5 aims to ensure all women and girls have the same opportunities as men and boys to education, employment, and making decisions that affect their lives. This involves addressing the present barriers to gender equality, ending discrimination and violence towards women, and empowering women and girls to participate in the political and public decisions affecting their lives.
- **Why it is important:**
  - Women are often discriminated against when it comes to receiving an education, reducing their employability and reducing their ability to pass information down to their own children.
  - Without an adequate education, women also have lower health literacy and understanding about their reproductive health, meaning they are more likely to have children before they are biologically ready, both increasing mortality rates and increasing U5MR, as they are unable to adequately take care of their children at younger ages.
  - In addition to this, women often experience violence from men, increasing their burden of disease
- **How it can work towards improving health and wellbeing and human development globally:**
  - If women are able to receive an education, they will increase their employability, allowing them to have less labour-intensive jobs and allowing them to pass knowledge down to their children too, promoting **all the dimensions of health and wellbeing** for themselves and their children, as well as allowing women to **develop to their full potential** and **expand their choices and enhance their capabilities.**
  - Educated women understand their reproductive health, meaning they are more likely to wait to have children when they are biologically ready, reducing their likelihood of dying in childbirth, promoting their **physical health and wellbeing** and allowing them to **lead productive and creative lives in accordance with their needs and interests.**
  - If SDG 5 is achieved, women are less likely to experience violence towards them by men, promoting **all the dimensions of health and wellbeing** for themselves through their empowerment, as well as giving them the opportunity to **participate in their community and decisions affecting their lives.**

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- **How the achievement of SDG 5 can promote SDG 3:**
  - Gender equality means that fewer women will be abused by men, **reducing the maternal mortality rate** and **improving overall maternal and child health and wellbeing.**
  - If women are educated, they can access quality employment which will allow them to improve their health literacy, knowledge they can then pass on to their families, allowing more people to have the understanding to **support the research and development for medicines for communicable diseases** on a global scale.
  - Thus, the **public (government) sector** will work together with the health sector to simultaneously work towards SDGs 5 and 3.
- **How the achievement of SDG 3 can promote SDG 5:**
  - Having good health and wellbeing, such as improved maternal and child health and wellbeing through a reduction in the maternal mortality ratio means that there will be work towards fewer women dying in childbirth. As a result, there will be more women able to be empowered to understand their rights as powerful individuals, and to act against injustices such as pay gaps, thus working towards gender equality.

2.1.6 SDG 6: Clean water and sanitation

- **Aim:** to ensure availability and sustainable management of water and sanitation for all.
- **Description:** contaminated water and a lack of sanitation is a major cause of many communicable diseases. SDG 6 seeks to ensure everyone has ready access to safe and affordable water and sanitation through infrastructure (e.g. waste collection and removal systems) and encouraging hygienic practices.
- **Why it is important:**
  - In low-income countries where ready access to water is scarce, women are often given the task of travelling long distances to collect water, increasing their risk of musculoskeletal conditions from carrying heavy objects for a long distance.
  - Low and middle-income countries tend to have water that is polluted with contaminants which both affect immune system functioning as well as inhibit agricultural sustainability.
  - A lack of sanitation means there is a greater risk of spreading communicable diseases in unsanitary environments.
- **How it can work towards improving health and wellbeing and human development globally:**
  - Having ready access to clean water means women do not need to travel long distances to collect water, decreasing their risk of musculoskeletal conditions from carrying heavy objects for a long distance, promoting their **physical health and wellbeing** and allowing them to **lead productive and creative lives in accordance with their needs and interests.**
  - Achieving SDG 6 means people in low and middle-income countries will have ready access to a clean water source without fear of contracting diseases from contaminated water, promoting their **physical, emotional, and mental health and wellbeing** as well as allowing them to **develop to their full potential.**
  - Improved sanitation infrastructure means communities will have adequate means of disposing human excrement, reducing the contaminants in the environment and, consequently, the rate of communicable diseases, improving people's **physical health and wellbeing** and allowing them to **access a decent standard of living.**
- **How the achievement of SDG 6 can promote SDG 3:**
  - Unpolluted water means a reduced risk of contracting water-borne diseases from drinking water, reducing the risk of people contracting diseases from water, improving people's overall health. A better bill of health means more people will be healthy enough to able to **support the research and development for medicines for communicable diseases.**

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- Having access to sanitation improves air quality, **reducing the U5MR** as this vulnerable population is less at risk of contracting respiratory diseases, improving overall **maternal child health and wellbeing.**
- Thus, the **water and sanitation sectors** will work together with the health sector to simultaneously work towards achieving SDG 6 and 3.

- **How the achievement of SDG 3 can promote SDG 6:**
  - Having good health and wellbeing, such as lesser rates of communicable diseases through the support of research for medical products means that more people will be able to be treated for a number of conditions, making them well enough to learn basic health and hygiene practices, ensuring people in their countries have strength to be able to work towards governmental action to ensure nationwide access to clean water and sanitation.

2.1.7 SDG 13: Climate action

- **Aim:** to take urgent action to combat climate change and its impacts.
- **Description:** climate change is a topical and **transnational** issue that affects every country in every continent today. High-income countries like Australia and the United States have a great impact on global warming due to their high coal emissions; however, it is low and middle-income countries that feel the impact of global warming the most. Many of these countries do not have adequate infrastructure to deal with extreme climates, which has detrimental consequences for the health and wellbeing of their people. While every country is trying to progress economically, they all have to deal with climate change as an immediate issue, inhibiting their ability to develop as a nation. SDG 13 aims to encourage all countries to reduce emissions and transition to cleaner, more sustainable solutions.

- **Why it is important:**
  - Unpredictable rainfall patterns make it difficult to grow crops, which hinders low and middle-income countries' abilities to achieve food security, as they depend on agriculture for their nutritional needs.
  - Global warming is destroying the ozone layer, increasing the effects of UV radiation and increasing the risk of people developing skin cancer.
  - Climate-induced natural disasters such as rising sea levels and floods drastically affect people's wellbeing, as this can cause the destruction of their homes and schools, displacement and can even contaminate their drinking water sources.
- **How it can work towards improving health and wellbeing and human development globally:**
  - Being able to predict rainfall patterns by taking climate action will allow farmers to easily grow crops, allowing low and middle-income countries to work towards food security, promoting their **physical and mental health and wellbeing** as well as allowing people to **develop to their full potential.**
  - Reducing the effects of global warming means reducing the effects of UV radiation and reducing the risk of people developing skin cancer, promoting their **physical and mental health and wellbeing** as well as, through a full bill of health, **allowing people to lead productive and creative lives in accordance with their needs and interests.**
  - Preventing climate-induced natural disasters will prevent the destruction of buildings such as homes and schools, promoting people's **social, emotional, and spiritual health and wellbeing** as well as allowing people to **access knowledge, health, and a decent standard of living.**

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- **How the achievement of SDG 13 can promote SDG 3:**
  - Being able to predict rainfall patterns by taking climate action will allow farmers to easily grow crops, allowing low and middle-income countries to work towards food security which strengthens people's immune systems, meaning children are less prone to diseases, **reducing the U5MR** and improving overall **maternal and child health and wellbeing.**
  - Preventing climate disasters, such as floods, which contaminate water means there are fewer breeding grounds for mosquitoes. As a result, there will be a lesser incidence of malaria and other water-borne diseases, which weaken immune system significantly meaning people are less prone to **communicable diseases such as HIV/AIDS.**
  - Reduction of the effects of global warming, such as melting glaciers means fewer people becoming displaced from their homes, reducing stress and potential **mental health disorders** as a result (i.e. **non-communicable diseases**).
- **How the achievement of SDG 3 can promote SDG 13:**
  - Having good health and wellbeing, such as lesser rates of non-communicable diseases in the form of reduced road deaths from traffic accidents means there will be more people able to be educated on the importance of the environment, as well as ways to improve it, promoting acting towards an improved climate.

2.2 The World Health Organisation

The World Health Organisation (WHO) is a branch of the United Nations concerned primarily with promoting global health and wellbeing. The WHO provides leadership in engaging and supporting countries to respond to a range of global issues and improve the overall health outcomes of their citizens.

2.2.1 Priorities of the WHO

There are **three strategic priorities** set by the WHO that give focus and direction to the issues that the WHO consider the most important for "ensuring healthy lives and promoting well-being for all at all ages" which is their overarching goal. These are outlined in the thirteenth general program of work (GPW13), in place from 2019–2023, which basically explains the WHO's primary focuses and plans. Their mission is to "promote health – keep the world safe – serve the vulnerable," which is based on SDG 3: Good health and wellbeing. These priorities are:

- **Addressing health emergencies:** this consists of two main ideas:
  - **Building resilience** in the event of outbreaks to keep the world safe from epidemics.
  - Ensuring that people who are affected have **access to life-saving services** including health promotion and disease prevention.
- **Promoting healthier populations:** this centres around five main platforms which have been developed based on current pressing world issues and are the focus of this priority. They are:
  - **Improving human capital across the life course:** human capital essentially comes down to the employability worth of an individual that is based on broader factors such as their knowledge and education, social skills and personability which, if of a high standard, means they are more economically valuable. So, in theory, improving human capital would mean that more people are employable and will be able to earn more money for themselves, their companies and their nation, therefore making them more economically valuable (think income and taxation). The current focus is on women, children, and adolescents, as the more people like this in a select population, the better and healthier this population will be.

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- **Accelerating action on preventing non-communicable diseases and promoting mental health:** according to the GPW13, "every year, non-communicable diseases cause the deaths of 15 million people between the ages of 30–70," which essentially covers the age groups where most people are working for themselves and for their nations. Dividing the two focuses of this platform and looking at non-communicable diseases more widely, the WHO lists "cardiovascular diseases, cancer, diabetes, and chronic respiratory conditions," as well as road traffic accidents, as some of the primary focuses of this platform, explaining that these will be addressed through interventions to reduce four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, which are covered in Unit 3 AOS2. As for promoting mental health, this has definitely become much more of a focus today than it ever was and mental health disorders are actually accountable for 13% of the global burden of disease (GPW13). Despite this, a lot of people still don't have access to proper services that can help them due to a number of reasons including limitation of health professionals, a lack of education on its severity and – unfortunately still quite prevalent in society today – the negative social stigma surrounding mental health conditions. It's clear then that addressing non-communicable diseases is a clear focus for the need to promote healthier populations.
- **Accelerating elimination and eradication of high impact communicable diseases:** this is made possible as communicable diseases are both preventable and treatable. The term "high-impact" communicable diseases refer to those that pose major public health threats in multiple countries. The WHO lists "HIV/AIDS, tuberculosis, malaria, viral hepatitis, sexually-transmitted infections, and neglected tropical diseases" as those diseases requiring the most focus for elimination, as they kill over 4 million people each year (GPW13). They also list polio and dracunculiasis (guinea worm disease) as those requiring eradication, as the world is close to achieving this, as well as ensuring there is post-eradication planning in place in order to ensure they are not developed again. To accelerate elimination and eradication of these different diseases, the WHO will work in a number of different ways with individual countries and different partners to integrate policies, improve equity, increase funding, promote community engagement and improve innovative approaches towards eliminating and eradicating high-impact communicable diseases and therefore, promoting healthier populations.
- **Tackling antimicrobial resistance:** antimicrobial resistance occurs when microorganisms that cause diseases (e.g. bacteria and fungi) develop so that medications that are used to cure infections they cause are rendered ineffective. This leads to the deaths of hundreds of thousands of people each year, and also results in GDP loss of many different countries, amounting to trillions of dollars worldwide. This basically occurs both due to a consistent lack of hygiene as well as overuse of medications used to tackle diseases caused by microorganisms (e.g. the overuse of antibiotics when they're not needed means the bacteria will be able to develop the ability to resist the medication, as they have been exposed to it often enough to adapt). The WHO will address through such endeavours as promoting the research into stronger medications as well as working towards the prevention of developing infections through promoting hygienic practices and immunisations. Tackling antimicrobial resistance will mean that more people will have effective treatment for their diseases, reducing their risk of mortality, as well as ensuring the money governments put into medicinal efforts is put to good use through the medications being effective.
- **Addressing health effects of climate change in small island low and middle-income countries and other vulnerable states:** climate change has become a global trend that is affecting small island low and middle-income countries the most, as events including rising sea levels, changing weather patterns and extreme weather events (see AOS1) mean that these places in particular suffer and this causes the deaths of millions of people annually. Addressing this will entail both increasing the resistance of these states to climate-related disasters and diseases, and also working towards reducing the carbon emission globally, which will in turn address the health effects of these vulnerable states.

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- **Achieving universal health coverage (UHC):** this priority aims to ensure that all countries have access to quality health services for all. This means addressing such factors as:
  - **Service access and quality:** ensuring that a variety of different healthcare services are accessible in every way, such as financially and by proximity, to all people in an equitable manner and are of a high standard.
  - **Health workforce:** ensuring that the health workforce is strong, both in number and quality of skill, as well as being effectively trained to handle all types of different areas within the health sector.
  - **Access to medicines, vaccines, and health products:** this entails not just financial access, but also tangible access to a wide variety of health products to be able to address all forms of diseases; a crucial aspect of UHC.
  - **Governance and finance:** having effective governance will mean achieving UHC will be a more viable endeavour, as this will determine the strength of such essential aspects as the organisation of the health system as well as policy and planning. Financing also falls under governance and is crucial to achieving UHC as the more focused financial efforts towards health coverage, the higher the chance of achieving it.
  - **Health information systems:** this ensures that the monitoring of progression towards UHC is of a high standard, so that the WHO is able to understand the primary areas of focus for each individual country.
  - **Advocacy:** this ensures raising worldwide awareness of UHC to advocate for a greater focus on this goal on a global scale.
  - **Country support:** this comes down to the WHO supporting different countries in achieving UHC. Essentially, the WHO will work with its different member states (i.e. the different countries that are part of the WHO) to support their different areas of expertise, such as the most effective way to run health systems, in order to have a more integrated approach.

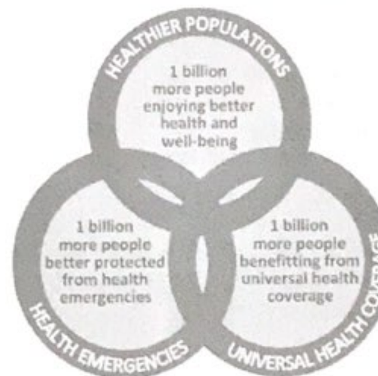
Key Point :

Remember that the word 'universal' in universal health care does not mean 'worldwide' – it just means that **all** people in a particular place (usually a country) have access to quality healthcare **without facing any barriers** such as race, gender, financial status, etc. and are **not at risk of financially suffering** after using these services.

Key Point :

You've probably noticed that the different priorities are actually related to each other (e.g. addressing health effects of climate change in small island low and middle-income countries and other vulnerable states as part of promoting healthier populations would work towards building resilience, which is an aspect of addressing health emergencies).

Although explaining their interconnectedness isn't an explicit key skill you need, it will help to understand that these priorities are **not mutually exclusive** and in fact **work together** to ensure healthy lives and promoting wellbeing for all at all ages.



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2.2.2 The work of the WHO

There are different ways in which the WHO works, all supporting the three priorities listed above. In HHD, you have to be able to both explain the work and be able to link the work back to SDG 3 and understand how it works to promote this goal. Below are just some of the ways in which the WHO works that you'll be able to apply to all the priorities in different ways.

- **Providing practical advice:** the WHO provides tailored advice to different countries in ways that would work best for them. This ensures that countries are given the most suitable guidance to work towards health-related goals and, therefore, global health and wellbeing.
- **Collection of analysis and health data:** the WHO conducts and keeps health data in order to find areas of weakness in different countries and deciding which of their particular strategic priority areas must therefore be worked on to improve health.
- **Working on national policies:** the WHO aids countries in the development of national policies that suit them. These policies will aim to work towards the improvement of health in this nation in a suitable way for them.
- **Monitors progress in different countries:** all of the above ways work towards health-related progress, yet the monitoring of progress in crucial in order to ensure that the work is having a consistent effect on different countries.

Key Point :
To **link** the work of the WHO to SDG 3, you have to be able to explain what it is the WHO does (one of the dot points above) that would lead to an achievement of one of the key features of SDG 3. For example, if the question was, '**Describe how the work of the WHO contributes to achieving SDG 3**' for 2 marks, your answer would look something like:

'The WHO works by providing practical, tailored advice to different nations. As a result of this work, countries will have better direction with plans to help them improve issues of national concern, **[1 mark for mentioning and describing the work of the WHO]** such as the spread of communicable diseases. This means that they are able to progress in a way that is tailored to their cultures and capabilities, potentially reducing the risk of epidemics such as HIV/AIDS. **[1 mark for mentioning a key feature of SDG 3 – in this case, HIV/AIDS, which is a part of communicable diseases].**

2.3 Foreign aid

High-income countries, like Australia, often work towards providing aid for other nations that are less fortunate and do not have the same benefits. There are **three forms of aid** which accomplish this:

1. Emergency aid
2. Bilateral aid
3. Multilateral aid

Key Point :
You might be given a case study and be asked to identify the type of aid involved. It is important that you are able to distinguish between the three types of aid listed above, by understanding the key characteristics of each.

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2.3.1 Emergency aid

Description

- Emergency aid (sometimes called humanitarian aid) is a type of aid where rapid assistance is given to people or countries in immediate distress to relieve suffering during or after man-made emergencies (e.g. wars and conflicts) and natural disasters (e.g. floods, earthquakes, tsunamis).
- Emergency aid is **short-term.**
- Its **purpose** is to keep people alive in times of disaster until long-term help can be provided.

KEY POINT :
As with a lot of the concepts in HHD, there are a lot of crossovers between emergency aid and the biomedical model of health, such as the idea that they are both short-term, quick-fix approaches. Neither the biomedical model nor emergency aid are sustainable, as they aim to return the individual and/or the community to pre- but do not *promote* health.

Examples of emergency aid

- Provision of food, medicine, and shelter
- Provision of personnel (i.e. health workers, doctors, emergency workers from other countries, etc.)
- Assisting communities to rebuild houses and infrastructure so that there is sufficient access to food, clean water, sanitation, and health care – infrastructure essential to keeping people alive.

Advantages of emergency aid

- Helps individuals in immediate need
- Keeps people alive

Limitations of emergency aid

- Does not address underlying causes of poverty
- Is only a quick-fix approach

KEY POINT :
If you see any short-term, quick-fix approaches (such as provision of food, first aid, or medical practitioners) used in times of emergency to keep people alive, you are likely dealing with emergency aid.

2.3.2 Bilateral aid

Description

- Bilateral aid is the provision of aid from one government to another.
- Through consultation, the donating country works with the government of the country receiving the aid to ensure the implemented program meets specific needs of the 'receiving' country.
- Consultation ensures the proposed program meets the donating country's capacity to assist (i.e. the provision of aid will not then hurt the donating country's economy, policies, etc.)
- Its **purpose** is to both aid in addressing a country's needs as well as build relationships between nations.

Examples of bilateral aid

Bilateral aid is usually related to anything small-scale, community-based and is commonly education-focused.

- Small community-based immunisation programs
- Provision of a water treatment plant in a village
- Australian government providing funding to Papua New Guinea to provide prevention, treatment, counselling and education programs for HIV/AIDS

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Advantages of bilateral aid

- The needs of the receiving country are met
- Countries with the capacity to donate can do so

Limitations of bilateral aid

- Receives a lot of criticism as the goods donated may be produced by the donating country, thereby favouring the economy of that country
- Can lead to ethical questions about the true intentions behind bilateral aid being provided (e.g. one country expecting something in return, rather than acting altruistically)

KEY POINT :
If you see something like, 'Australia is providing aid to Papua New Guinea,' you are likely dealing with bilateral aid.

2.3.3 Multilateral aid

Description

- Multilateral aid is a type of aid where assistance is provided through an international organisation such as the United Nations, World Health Organisation (WHO), World Bank, etc.
- These international organisations combine donations from a number of countries and distributes them to the recipients in low and middle-income countries.
- Its **purpose** is to focus on large-scale projects, thus impacting the lives of more individuals in need than any other form of aid does.

Examples of multilateral aid

Multilateral aid is usually related to anything long term, or large-scale. Multilateral aid addresses the issues that affect the planet on a global level.

- Funding transnational issues to work towards the reduction of global warming, control of disease outbreaks, etc.
- Provides funding and assists in construction of major infrastructure projects such as building safe roads and footpaths.

Advantages of multilateral aid

- More funds from more countries means larger projects can be developed
- It is long-term and addresses issues on a global scale

Limitations of multilateral aid

- There is a very low level of communication between countries
- Governments and individuals do not have as much control over where the money goes

KEY POINT :
If you see the name of an international organisation (e.g. The World Health Organisation or United Nations), you are likely to be dealing with multilateral aid.

2.4 Australia's aid program

Australia's aid program is managed by a government sector called the **Department of Foreign Affairs and Trade (DFAT).** Its purpose is to promote Australia's international interests by contributing to sustainable economic growth and poverty reduction.

KEY POINT :
There are six priorities of Australia's aid initiatives; you will need to know the descriptions of these priorities and some examples. The table on the following page should give you a good overview of this information.

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2.4.1 DFAT's priority areas

	Description	Examples
Infrastructure, trade facilitation and international competitiveness	Promotes trade and the capacity to trade , and includes reliable energy supply, better roads and transport systems, clean water, accessible health care, and telecommunication services	Sending economists to work in low and middle-income countries to identify barriers to trade and develop solutions, providing funds for infrastructure projects
Education and health	Focus on equitable, accessible and affordable health systems for all men, women and children	Contributing funds and teachers to develop better schools for children; for adults, general skills training, income support, and basic health care training, and contributing funds for introducing new vaccines
Gender equality and empowering women and girls	Australia works collaboratively with NGOs and other countries to eliminate gender inequality – women and girls in low and middle-income countries often lack the same opportunities in terms of education, employment, decision-making compared to men and boys	Advocating for an increase in income for women, increasing safety for women at work and educating them to allow them to work in higher quality jobs that aren't a detriment to their health and wellbeing, and equipping women with skills and train them to become leaders in parliament
Agriculture, fisheries and water	Ensuring everyone has access to clean water to drink and use to wash with, and providing assistance to other countries in order to achieve universal food security and sustainable agriculture	Providing funds to help develop deeper wells to source clean water, and providing farmers in low and middle-income countries with high-quality seeds, farming tools, and education on how to deal with unexpected amounts or lack of rainfall
Building resilience; humanitarian assistance, disaster risk reduction and social protection	Providing humanitarian assistance in times of crisis, where human lives are at immediate risk (e.g. tsunamis, earthquakes, wars, chemical spills) to alleviate suffering and maintain human dignity in the aftermath of crisis – this is done through effective planning and risk management strategies to help with long-term resilience	Providing immediate support (link to emergency aid), and includes things like medical kits, blankets, shelter, food ration packs, drinking water, etc.
Effective governance; policies, institutions and functioning economies	A stable, productive and effective government is the foundation for economic growth, private sector investment and trade, maintaining law and order, education, health systems, and productive workforces, so having an established parliament, the Australian government will advise others to help them achieve an equitable, productive, and stable state of governance	Australian government will provide advice to governments in the areas of finance, health, police/law enforcement, and the legal system

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2.4.2 Types of partnerships involved

DFAT achieves the above priority areas through a number of different partnerships, including:

- **Bilateral partnerships:** involve DFAT working directly with another country's government to achieve a certain priority area. For example, Australia providing advice to the government of Papua New Guinea on effective laws for their people, working towards the priority area of **effective governance: policies, institutions, and functioning economies.**
- **Private sector partnerships:** involve DFAT working with different types of private sectors in order to provide aid to different low/middle income countries. For example, DFAT can work with a university to provide a scholarship for a student from India to come learn the best agricultural practices from Australia and take these back to their country, working towards the priority area of **agriculture, fisheries, and water.**
- **NGO partnerships:** involve DFAT working with NGOs in order to provide aid to different low and middle-income countries. For example, DFAT can work with Tabitha Foundation Australia to allow individuals in Cambodia to increase the amount of microfinance loans for individuals in this country, potentially working towards the priority area of **infrastructure, trade facilitation, and international competitiveness.**
- **Multilateral partnerships:** these partnerships involve DFAT contributing finances into an international organisation that will work towards providing aid to people primarily in low-income countries. For example, DFAT can contribute funds to the WHO who may be working towards the building of a school in a poorer area that educates all people, working towards the priority area of **education and health.**

KEY POINT :

Why do governments sometimes choose to provide NGOs with money over bilateral aid? Some reasons include:

- In some war-torn countries, **governments can be suspicious** of direct governmental aid from other countries. As such, provision of money to NGOs will still allow donating countries to provide aid to the people of such countries without arousing suspicion or hostility.
- NGOs are able to **work with communities directly,** as opposed to bilateral aid where the receiving government may not even use the funds provided by another country for their intended purpose.
- To ensure thorough completion of philanthropic tasks internationally, governments may choose to **outsource** these tasks to organisations dedicated to helping others.

2.5 Non-government organisations

Non-Government Organisations (NGOs) – as the name suggests – are organisations that operate separately from the federal government. However, NGOs do not work in absolute isolation; they often do work in collaboration with the government to deliver health promotion programs.

NGOs in Australia may provide emergency assistance, or work to enable people in low and middle-income countries to have access to necessities such as food, water, shelter and basic health needs. They may also work together with the government or international organisations (e.g. WHO, UN) to establish more large-scale and long term projects, such as education programs and programs addressing major global issues.

KEY POINT :

You do not need to memorise the details of every Australian NGO. In the exam, you will likely be given a case study about one of these NGOs' programs and be asked a few questions that usually relate to health and wellbeing and human development, drawing upon the examples from the information given. Thus, it is not essential to remember all of the following NGOs, but it is a good idea to familiarise yourself with a few and have a good idea of their initiatives.

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2.5.1 CARE Australia

CARE Australia is an NGO that aims to eliminate global poverty, with a focus on working with women to support lasting change in the community. This includes:

- Promoting education for women in Cambodia through the *We Bloom* program
- Supporting economic development through money-making activities for impoverished families, especially those operated by women
- Increasing access to health services, family planning, and immunisation for mothers and children
- Preparing for disasters through focusing on agricultural land and water management, as well as soil conservation so as to reduce the effects of drought
- Encouraging de-mining (deactivating landmines) in Cambodia, and working with the World Food Programme to ensure that de-mined lands are put to best possible use (e.g. for the poor to grow crops)
- Providing emergency relief such as food, medicine, and shelter to affected areas
- Encouraging sustainability by devising programs that support girls and women in rural areas
- Encouraging food security through health and nutrition projects in Indonesia to improve access to nutritious food and raise awareness of the importance of balanced nutrition
- Encouraging health interventions such as tuberculosis control and treatment, malaria reduction, prenatal and neonatal care, and health and hygiene promotion.
- Enabling access to clean water and basic sanitation through rural sanitation and water supply projects in Papua New Guinea through the pipeline system that connects to drinking taps, toilets, and showers

2.5.2 World Vision Australia

World Vision Australia is an NGO that aims to eliminate global poverty and its causes. This includes:

- Building wells and pumps in Niger to prevent morbidity from water-borne disease
- Supporting children through programs related to education, building materials and training for teenagers in carpentry, mechanics, and agriculture
- Promoting sustainability through agricultural practices by helping farmers to plant trees and crops that can be grown on slopes without causing serious soil erosion
- Promoting education by providing skills and training for young women so they can read and write, or sew and make craft goods that they can sell to earn an income for their families
- Providing emergency relief such as food, medicine, and shelter to victims of disaster
- Establishing rehabilitation programs to help people rebuild their lives after disaster, and development programs to protect them against future disasters
- Encouraging the combating of HIV/AIDS through prevention programs
- Promoting food security and fighting chronic hunger and malnutrition through the World Vision *Food for Work* program

2.5.3 Tabitha Foundation Australia

Tabitha Foundation Australia primarily bases their work in Cambodia, as they assist their partner organisation, Tabitha Foundation Cambodia. Tabitha Foundation Australia reaches out to communities suffering from poor health and wellbeing and human development and helps them to address their own needs in a holistic and sustainable way. This includes:

- Providing employment for locals through the Cottage Industry Project, and enabling women to earn a steady income by making handicrafts which are sold for a fair price
- Promoting development in Cambodia as volunteers travel to areas and build elevated houses to prevent contact with soil and dirt that is concentrated with infectious bacteria
- Providing sustainable assets through building of wells in Cambodia means reduced infectious disease and communities can have reliable water supply for crops, and promoting a community effort in maintaining clean water supplies
- Reducing risk of malaria in Cambodia through provision of mosquito nets

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- Providing microfinance loans that allow people to harness their own resources and build a sustainable source of income that allows them to be independent
- Providing HIV/AIDS education and caring for orphans whose parents have died due to AIDS to ensure they are looked after by adopted guardians

2.5.4 Australian Red Cross

The Australian Red Cross is focused on improving the lives of vulnerable people through resource and service provision as well as the promotion of humanitarian laws and values. This includes:

- Supporting the prevention of HIV/AIDS through education workshops and programs
- Preparing communities for disaster by working with locals to develop emergency plans for disaster preparedness and develop ways of coping with a natural disaster
- Providing emergency relief to affected areas through provision of food, medicines, blankets, clean water, and clothing to recover from impacts of disaster
- Supporting basic health initiatives such as establishing hospitals and medical centres

2.5.5 Oxfam Australia

Oxfam Australia promotes social justice and fights poverty by working with communities around the world and through campaigning and advocacy. This includes:

- Actively fighting against poverty and injustice by ensuring children get a fair price for their work and that there is no exploitation of children
- Training volunteer health workers, providing mobile health clinics that travel to remote communities, and repairing water systems to provide clean water and sanitation
- Increasing access to food for the poorest groups in Sri Lanka through sustainable and environmentally friendly initiatives such as the SRI rice cultivation method (which uses less water and produces more rice), rainwater harvesting, irrigation, and organic farming
- Building clean water supply systems in Vietnam to reduce water-borne illness, and building community health clinics and kindergartens to improve treatment of illness and promote early education

2.5.6 Médecins Sans Frontières (Doctors Without Borders)

Médecins Sans Frontières is an aid organisation based in France which has branches all over the world (including Australia). MSF is the world's leading independent organisation for provision of medical emergency aid and assistance. This includes:

- Providing medical relief and conducting life-saving medical operations and surgeries after natural disasters such as floods or earthquakes (e.g. MSF conducted many life-saving treatments after the 2010 Haiti earthquake)
- Providing medical assistance to victims of civil and international conflict
- Operating emergency feeding programs during nutritional crises, such as famine
- Tackling diseases such as malaria, HIV/AIDS, and tuberculosis and organising mass vaccination programs to prevent epidemics from spreading
- Organising health projects that train local medical staff
- Assisting in ensuring safe drinking water and sanitation facilities to prevent parasitic disease or water-borne illnesses such as diphtheria
- Supporting maternal health in the most poorly healthcare-equipped areas of Pakistan

2.5.7 Plan International Australia

Plan International Australia aims to promote and protect the rights of children around the world, particularly focusing on countries within Africa, Asia, and the Americas. This includes:

- Tackling Ethiopia's HIV and AIDS epidemic, caring for people living with HIV, as well as orphans whose parents died from the disease, and educating young people about safe sex and sexual health
- Improving health services in Ethiopia to ensure children are properly fed (e.g. donating food resources such as cows to provide children with nutritious milk on a daily basis)

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- Training teachers and promoting further education, particularly for girls and women, who are often denied the right to be educated
- Establishing the *Learn Without Fear* initiative in Brazil to campaign against bullying and violence in schools, as these are major factors that threaten students seeking to finish their primary schooling
- Protecting the rights of youth to be safe from harmful and cruel treatment, particularly in Brazil where Plan volunteers aim to protect and remove young adults from environments where they may be potentially exposed to violence, exploitation, or sexual abuse
- Protecting vulnerable children in Bangladesh by ensuring that primary schools are safe places to learn, and working with local organisations to protect children from abuse

2.5.8 Caritas Australia

Caritas Australia aims to reduce and ultimately end poverty, promote justice and uphold dignity to ensure protection of the world's poor. This includes:

- Being involved in the Sudan emergency appeal which has helped to provide emergency assistance in the form of shelter and non-food emergency kits to vulnerable people displaced by conflict in Sudan and South Sudan
- Helping to provide basic HIV/AIDS training in South Sudan for church members and parish development committees. These trainees have then then conduct campaigns in their wider communities which promote safe sex and prevent HIV/AIDS transmission.
- Improving awareness for disaster preparedness and risk mitigation through the *Ethno Eco Tourism* in Bolivia where community farms were relocated inland, and pipes were installed to aid drainage in case of flooding
- Running awareness campaigns in Bolivia to prevent the sexual and physical abuse of children and inform them of their labour rights

Key Point :
You've just read through quite a lot of different initiatives and programs run by different NGOs, but don't fret! For this topic, you really only need to know about one or two in depth, and how they work to promote health and wellbeing and human development. Usually, you'll be asked to describe the way the program works before being asked to link this to health and wellbeing (i.e. the five dimensions) and/or human development (i.e. aspects of the definition).

2.6 Features of effective aid

Often, you will be provided with a case study in a SAC or the exam and be asked to **evaluate the effectiveness** of the program. The study design doesn't actually outline any specific ways to do this, meaning that there are a number of options. The following three ways are some of the best to accomplish this:

- **Appropriateness:** this involves ensuring that the specific needs of the community are met. In order to find this in a case study, ask yourself the question '*are the local community members being involved in the project?*'
- **Affordability:** this involves ensuring that the program will be able to continue after the people implementing the program have left the receptive community. In order to find this in a case study, ask yourself the question '*are the local community members being educated as part of the project?*'
- **Equitability:** this involves ensuring that all people as part of the community have access to the project being implemented. In order to find this in a case study, ask yourself the question *'are women being involved in the project?'*

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KEY POINT :

The questions as part of the three different features may appear a little narrow and restrictive. However, these three will work for every single case study that asks for you to 'evaluate.' The reason for this is that the answer to these questions can actually be 'no!'

'Evaluation' means that you can actually look at both sides of a program, and you're allowed to say that programs are in fact not effective in certain aspects. The best way to acknowledge this is to understand that **if something is not explicitly in the case study, assume it doesn't exist!** Therefore:

- If there is no mention of the community working with the people implementing the program, you can say it isn't appropriate.
- If there's no mention of education, you can say it isn't affordable.
- If there's no mention of women, you can say it isn't equitable.

2.7 Aid programs that address the SDGs

You will need to be able to explain the implementation of one aid program that addresses the SDGs. Therefore, the best way to do this is to find a program that can potentially address *all* the SDGs we study in HHD, or at least as many as possible. Let's look at one that addresses them all here.

WaterAid	
Purpose	The mission of WaterAid is "to transform the lives of the poorest and most marginalised people by improving access to safe water, sanitation, and hygiene." Their purpose is therefore to improve the health of people through the understanding that access to safe water and sanitation are the primary aspects of eradicating poverty and working towards human development.
Implementation	– Organising the building of pumps, wells and toilets in close proximity to homes and villages in low-income countries – Training locals to maintain the wells and pumps in order to ensure their longevity after the people from WaterAid leave their villages – Arranging education programs for locals, teaching them about different sanitation programs to improve health (such as washing hands after using the toilet)
Partners involved	– Communities directly as they train and educate them – Governments of the respective communities in order to gain permission to build infrastructure locally
SDG 1: No poverty	– Because of the focus on sanitation, people will be less likely to contract communicable diseases, meaning they will be more fit to work more often and earn an income to suit both their needs and wants – Providing access to infrastructure for all people removes inequity, meaning people will not experience poverty in relation to a lack of resources
SDG 2: Zero hunger	– With clean water, people will have the water they need to grow crops and keep livestock, ensuring food security and therefore zero hunger – With access to wells in close proximity, people will also have access to water that will ensure such food security and zero hunger – Sanitary practices mean fewer farmers will be sick, meaning there will be more people with the knowledge on keeping livestock and fewer people in local communities will suffer food shortages as a result

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SDG 3: Good health and wellbeing	– Knowledge on sanitary practices as well as access to clean water means there will be reduced levels of communicable diseases such as malaria and dysentery, in turn reducing maternal and U5MR – Such knowledge and access also allows people not to stress about these necessary resources, promoting the reduction of non-communicable diseases such as mental health disorders
SDG4: Quality education	– Ready access to clean water means children will be able to attend school more frequently as they need not spend their days collecting water from faraway places, allowing them to focus on their education – Children will also have improved toilet facilities at their school thus giving them a sanitary environment in which to receive a quality education through this improvement in infrastructure.
SDG 5: Gender equality	– Ready access to clean water means women will not need to walk long distances to collect water, thus allowing them to be educated, employed and focus on the health of their families – Women can also be trained to maintain infrastructure, allowing them to train others and therefore empowering them through this knowledge that allowed them to participate as leaders in their communities
SDG 6: Clean water and sanitation	– This program works to achieve universal and equitable access to safe and affordable drinking water as well as sanitation for all, thus working towards this SDG directly – The sustainability of such resources and the maintenance of the actions that enabled quality infrastructure is addressed through educating the locals in ensuring their longevity
SDG 13: Climate action	– Through ready access to water supplies, people are made more resilient in times of climate related disasters such as droughts, floods and contaminated water as they are always able to access clean water
Contribution to promoting health and wellbeing	– **Physical:** reduced risk of diseases as well as avoiding exhaustion and injury from collecting water – **Mental:** lesser diseases with improved sanitation means more people will be able to work more often and earn a suitable income, therefore reducing stress in relation to finances – **Social:** without needing to collect water from faraway places, children will be able to attend school more often where they will increase their social interactions – **Emotional:** increased feelings of safety and security allow people to adequately cope with everyday life, thus increasing resilience – **Spiritual:** people are given a sense of purpose and belonging through contributing to the maintenance of pumps, wells, and toilets
Contribution to promoting human development	– Clean water allows people to grow crops and keep livestock, allowing for food security and therefore a nutritious diet, thus allowing people to develop to their full physical potential – Through training people to maintain relevant infrastructure, people are able to lead productive lives in accordance with their needs as well as enhancing their capabilities – Having clean water and sanitation means children are able to spend more time at school receiving a quality education, whereby they increase their future employment opportunities, meaning they are better able to access knowledge, health and a decent standard of living

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Key Point :
Notice how we've only used elements of the five different sections of the human development definition that work for what we're talking about in each section (e.g. only saying 'lead productive lives in accordance with their needs' instead of the whole 'lead productive and creative lives in accordance with their needs *and interests*' or even editing them to be something like 'develop to their full physical potential,' which is normally not part of it). This is definitely okay to do, as you are still linking these to the elements of the definition. This is actually the best way to do it, as it shows you actually understand what you are talking about and aren't just linking it to something you've rote learned (i.e. maintenance of pumps is a just a *need*, not an *interest*).

2.8 Social action

This is one of the simplest concepts in this course once you understand that this comes down to **any action that anybody can take to make a difference.** Sometimes, this will come with a case study where you'll be asked for specific social action that can be taken in a particular case (e.g. on the 2018 exam, it was about childhood obesity). You'll need to understand how to link these to health and wellbeing (i.e. the five dimensions). The best way to think about it is to ask yourself '*what can I do?*'

Some of the ways individuals can take social action for many different cases include:

- **Donations:** donating money to NGOs is a great way to take action as these organisations will use these funds in a way that will benefit low-income countries. But this isn't the only form of donation. Other ways include donating time, such as volunteering, or even participating in activities that raise awareness of things abroad (such as the 40 hour famine as part of World Vision). All of these are actions that can be taken by people to promote the health and wellbeing of others.
- **Social media:** this is one of the most effective ways to take action today for a number of reasons. People sharing their own stories raises awareness of different issues globally, as we are connected through social media. This also means people in more powerful positions can be held responsible for the actions they take (such as an employers of factories in low-income countries treating their workers badly. If this is made clear with social media, these employers will be held responsible and driven to change their work environments).
- **Eat less red meat:** eating less red meat means there will be less demand for farmers to breed larger amounts of cows. Theoretically, this would mean there would be less methane polluting the air, therefore aiding climate action efforts.
- **Support Fairtrade:** Fairtrade advocates for better working conditions in terms of trade, particularly in low and middle income countries. Supporting Fairtrade involves buying products that are Fairtrade-approved and supporting the working conditions of those making the products we buy and use.
- **Taking public transport:** using public transport instead of driving a personal vehicle means there will be less greenhouse gases polluting the air, thus aiding climate action efforts.

These are just some of the ways individuals can take social action. Try to use the best one for the situation or case study provided, and make sure you can link it to one of the five dimensions of health and wellbeing (e.g. eating less red meat means there will be a lesser demand for farmers to breed larger amounts of cows. Theoretically, this would mean there would be less methane polluting the air; this cleaner air reduces the risk of respiratory diseases, improving people's physical health and wellbeing). This is a more general one, but make sure you link it back to the case study or statement if it is provided (e.g. for a case study about harmful work environments in a low income country, Fairtrade and social media would be the most appropriate ones to use).

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Part III

Exam Tips

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Section 1

Tips for success in HHD

Getting a 50 in HHD is not easy. But getting a 50 in HHD is not particularly hard either – especially not with these simple tips in how to go about studying Health and Human Development!

1.1 Question prompts and what they mean

The typical marking scheme here is just the base guide relating to one piece of information – this means that it can be doubled, tripled, or even quadrupled, so you just have to do the exact same thing twice, thrice, or even four times with different information each time! Don't stress – the question will usually prompt you to do this (eg. instead of 'outline one way...' for 1 mark, it will be 'outline two ways...' for 2 marks).

Prompt	What you have to do	Typical marking scheme
Outline...	Provide a brief overview/summary of what is being asked in the question.	**1 mark** (for a one sentence description)
Using data, outline...	Include *specific* data from the information provided when answering, and make a conclusion relating to what is being asked.	**2 marks:** – 1 mark for making a relevant conclusion relating to the question – 1 mark for including specific data that backs up your conclusion
Describe...	Provide a general description (sometimes, the description can be the definition you've memorised, e.g. the 5 dimensions).	Can be **1 mark** (prompting one sentence of description) or **2 marks** (two sentences)
Define...	Provide the exact definition and precise meaning.	**1 mark**
Explain...	Make the topic clear. This can be done through: – A made-up example – The continuation of a definition – Explanation of a definition through further information (or even an example, if you feel comfortable) This is probably one of the more vague prompts in this subject, as there's a lot of ways a question can be answered. But, generally, remember that a question asking you to **EX**plain will usually want you to provide an **EX**ample	**2 marks:** – 1 mark for defining/ describing what needs to be explained (i.e. the implicit definition) – 1 mark for your explanation within your answer If it is a **1 mark** explain question, treat it as a define/describe prompt
Identify...	List exactly what is being asked for and no more (which means one word answers for some things are fine!).	**1 mark**

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Discuss...	State your conclusion based on the information (usually a case study) and then justify it using specific information (it's okay to directly quote it).	**2 marks:** – 1 mark for your conclusion – 1 mark for your justification using specific information
Evaluate the effectiveness of...	Weigh up the pros and cons of a particular issue before drawing a conclusion or making a judgement.	**2 marks:** – 1 mark for your sentence of weighing up pros and cons based on the information – 1 mark for your conclusion about how effective something is based on the information provided
Draw a conclusion.../ Justify your choice...	State your conclusion based on the information (usually a case study) and then justify it using specific information (it's also okay to directly quote here)	**2 marks:** – 1 mark for your conclusion – 1 mark for your justification using specific information
Apply...	Use the information that has been given to you in the question (it's also okay to directly quote here).	**1 mark**
Comment on...	Provide significant remarks about the information provided.	**1 mark**
Analyse...	Assess the elements of what is being asked in the question, looking for links as you go.	**1 mark**
Compare...	Provide similarities and/or differences.	**1 mark**
Contrast...	Provide differences.	**1 mark**
Illustrate...	Use examples to show the examiner you understand the topic.	**1 mark**
Assess...	Analyse the significance of the information given to you in the question.	**1 mark**
List...	Make brief points relating to the information.	**1 mark**
Suggest...	Suggest ideas relating to the particular topic (examples will often work here too).	**1 mark**
To what extent...	Describe the degree/level to which the information provided is valid/correct. Treat this question like a continuum and ensure you include supporting information for both sides of the argument) This is most likely going to be the 8–10 mark question on the exam. This marking scheme for these questions is extremely vague, but as a general rule, as long as you explicitly state your standing then reference enough of the information provided, you can receive full marks (think 1 sentence = 1 mark!).	**6 marks** (minimum) Begin with your stance on the issue, then back it up accordingly. For example: – 4 sentences supporting one side of the argument (two descriptions and two examples) – A line acknowledging the other side of the argument – 2 sentences supporting the other side of the argument (one description and one example)

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If you see any question prompt that joins two of these question prompts (e.g. 'define and compare' or 'identify and discuss') then you should just combine the strategies outlined here.

Furthermore, if you see any of these words in a question, there is certain information you must include in your answer that will instantly get you a mark!

Element	What you must include
'health and wellbeing'	Link your answer to one of the **five dimensions (PSMES)**
'health status'	Link your answer back to one of the **nine indicators** of health status
'health'	Your choice! You can either link to the five dimensions or the nine indicators
'burden of disease'	Link your answer back to **YLLs, YLDs, or DALYs** (remember – although YLL+YLD=DALY, you can speak about the individual aspects when answering questions)
'mortality rate'	Reference the fact that it is the 'number of deaths **per X live births'** (because it's a **rate**)
'Ottawa charter'	Link your answer back to one of the **five action areas**
'social model of health'	Link your answer back to one of the **five guiding principles**
'Australian Dietary Guidelines'	Link your answer back to one of the **five specific guidelines**
'sustainability'	Link your answer back to one of the three **dimensions of sustainability** (social, economic, and environmental)
'human development'	Link your answer back to one of the elements of the human development **definition**
'HDI'	Link your answer back to the **dimensions** or **indicators** of HDI
'climate change'	Link your answer back to one of the **three elements of climate change** (rising sea levels, changing weather patterns, and more extreme weather events)
'SDG 3'	Link your answer to both a **specific key feature** and its **overall category** (e.g. reducing mental health conditions i.e. non-communicable diseases)
'the WHO's strategic priorities'	Link your answer back to one of the **three strategic priorities,** writing out the name verbatim for a mark
'DFAT's/ Australia's aid priorities'	Link your answer back to one of the **six DFAT aid priorities.**

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1.2 General study tips

There is no *one* correct way to study, and different techniques work for different people. Keeping that in mind, here are some general study tips that I found the most useful in HHD.

1. **Make summary notes:** HHD is a very content heavy subject and HHD textbooks are generally very dense with a lot of information that is great for understanding a concept, but unnecessary for the exam. You should make your own summary notes, explaining concepts in your own words.
2. **Ask for help if there is a concept you find difficult to wrap your head around:** because HHD is so content heavy, teachers will have to move quickly through the course as they will find that there is simply not enough time in the school year to finish everything. There might not be enough minutes in one lesson for your teacher to teach everything in detail, and they may skip over a concept that you simply do not get. That's why you *need* to utilise the time outside of class effectively. You could either go home and spend hours researching and flipping through textbooks only to slightly grasp the idea, or you can set a 15-20 minute appointment with your teacher to discuss in depth all the concepts you find difficult to comprehend. Make sure you understand everything in the course and there will be nothing in the SAC/exam that can surprise you!
3. **Do heaps of practice questions:** as with most VCE subjects, you will notice that examination questions are almost identical, only the wording/values have changed, and usually do follow some sort of a pattern. Practising with these will ensure you don't get caught out by any surprises in the exam. However, remember: practice does not make perfect. *Perfect* practice makes perfect! – which brings me to my next tip.
4. **Get feedback on your responses:** there is absolutely no point in doing 50 practice exams and not getting feedback on any of them, as you will find yourself making the same mistakes over and over. Worked solutions are generally not too in depth and don't actually tell you where the marks are allocated. HHD isn't a particularly difficult subject and most people do know their stuff; where a lot people go wrong is that they simply have not put down enough information to get them the full marks. How do you combat this? *By getting feedback on your responses whenever you are unsure about them.*
5. **Make mind maps:** just like the human body, all of the chapters in HHD are connected, and mind maps are a visual guide which help you interrelate each Area of Study and better understand the whole course in its entirety. Try and make mind maps for each topic without looking at your notes; this will reveal any gaps in your knowledge and tell you exactly what you need to work on before the SAC/exam.
6. **Utilise study groups:** find a few other students that want to achieve similar goals as you in VCE HHD and create a study group. Meet up however many times a week you want, or even just once or twice the week before a SAC to discuss the topics that you still don't understand. There will be others who do not understand it either, and perhaps there will be some who do have a solid grasp on the topic that can explain it to the rest of the group. This is extremely productive as it is proven that teaching others is the most effective way to retain knowledge and information. This means revising for the exam will be a breeze!

1.3 HHD-specific tips

1. **Use the data:** if you have a look at VCAA HHD examination reports – every single year, people lose marks because they simply forget to use the data in their response. To be safe, whenever you are given data in a question, remember to use the data in your answer.
2. **Always look at the amount of marks a question is worth:** this tells you how many distinct points of discussion you must include in your response. (e.g. 2 marks = 2 distinct points).
3. **Memorise your definitions:** there will always be questions asking you to define a key concept (e.g. health status, life expectancy, sustainability, etc.) They are essentially free marks, so make sure you know your definitions!

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4. **Distinguish between health and wellbeing and health status:** if a question asks you how a given scenario influences 'health and wellbeing,' link it to the five dimensions of health and wellbeing (i.e. physical, social, mental, emotional, spiritual). If the question is asking about 'health status', link it to the health status indicators (i.e. life expectancy, burden of disease, incidence and prevalence).
5. **Be able to explain and link health outcomes to human development:** if a question asks you how a given scenario impacts 'human development', you must clearly explain the health outcome and link it to the key components of the human development definition.
6. **Know the correct names for each of the SDGs:** for example, SDG 1 is 'No poverty' not just 'Poverty'; SDG 13 is 'Climate action' not 'Climate change'. It is also a good idea to include in your response which number the SDG relates to (e.g. writing 'SDG 2: Zero hunger').
7. **Use linking words and phrases to make connections:** (e.g. 'as a result,' 'thus,' 'therefore,' 'consequently,' 'subsequently,' 'thereby,' 'meaning,' etc.)
8. **Be specific when analysing a case study question:** a question might ask you how a particular aid program contributes to human development, or sustainability. In order to maximise your marks, you should be as specific as possible. Don't analyse the program as a whole. Rather, you should draw specific examples from the case study (i.e. one aspect on the program, not the whole program) given to you and go on from there.

1.4 Exam tips

1. **Reading time is the time to determine your plan of attack:** once writing time starts, it should be *at least* the second time you have read the question. During reading time, you should be planning out how you want to respond to each question, meaning that during writing time, you should already know exactly what to write straight away.
2. **Abbreviations must be mentioned in full at least once:** when using abbreviations, you must use their full expanded form at least once, and place the abbreviation in brackets after it so you can use the abbreviated form in the rest of your answer. For example, 'Gross National Income (GNI).'
3. **Remember to relax:** it is very common to panic before exams, and for your heart to beat two times as fast. Stress can negatively affect exam performance, so as soon as you notice yourself beginning to panic, remember to calm down. Close your eyes, take slow deep breaths, don't talk to anyone directly before the exam (talking with your friends about how 'screwed you all are for the exam' will only increase stress levels), listen to classical music, do some progressive muscle relaxation – whatever works for you!
4. **Keep track of the time:** a lot of the heavily weighted questions (i.e. 5–6 marks) are towards the end. Make sure you are keeping an eye on the clock to ensure you don't run out of time. Try to stick to **1 minute per 1 mark** – ideally, you'll have an extra 20 minutes to go back and look over your responses too
5. **Attempt longer questions first:** one of the best ways to gain a bit of confidence in the exam is to attempt the longer answer questions first. Seeing a completed answer as you move through the exam paper is a great way to prove to yourself you know your stuff under the pressure of the exam. This way, you'll have also gotten the hardest part of the exam out of the way and be able to get through the shorter answer questions, knowing the more difficult questions are over.
6. **Don't be afraid to skip a question and come back to it:** if there is a question that you are really unsure about, simply put a circle around it and move onto the next one instead of spending 5 minutes staring at your exam paper. Make sure you get the marks for the questions that you are confident in. Just don't forget to come back to the question at the end.
7. **Answer every single question:** even if you aren't at all confident, have a go anyway.
8. **Be confident in yourself:** if you know your content and didn't take any shortcuts throughout the year, self-confidence is extremely important in ensuring you are in the right mindset going into the exam. Be optimistic, and things might even turn out better than you expect!
9. **And finally, good luck for the exam!**

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ATARNotes

HHD

These Health and Human Development Notes condense everything you need to know for your assessment tasks, and provide top tips from two high-achieving students so that you can save time and save marks. Fully updated with the World Health Organisation priorities, this book will guide you through all of the definitions, mnemonics, and key concepts, as well as offering you insight into how best to learn, remember, and most importantly understand this subject.

Olivia Marie graduated in 2018 and has since gone on to tutor and deliver lectures to hundreds of HHD students. She is now studying a Bachelor of Arts at The University of Melbourne. Jessica graduated in 2016 with a perfect raw score of 50 in HHD, and earned a Premier's Award for topping the subject. She is also an accomplished educator who has gone on to attain a Bachelor of Commerce from The University of Melbourne.

"This book is a student's dream! Written by someone who has actually taken the subject, it gave me everything I needed to top my class!"

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