UNIT 3 AOS 1

HEALTH & WELLBEING

Health and wellbeing relates to the state of a person's physical, social, emotional, mental and spiritual existence and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.

→ DIMENSIONS OF HEALTH & WELLBEING

PHYSICAL HEALTH & WELLBEING:

Relates to the functioning of the body and its systems, including the physical capacity to perform daily activities or tasks.

- ideal body **weight**
- freedom from **illness**, disease and injury
- adequate levels of **energy**
- ability to complete **physical tasks** adequately (e.g. work, exercise and household chores)
- appropriate levels of **fitness**
- strong **immune system**
- **well-functioning body**, systems and organs

MENTAL HEALTH & WELLBEING:

Relates to the current state of wellbeing relating to the mind or brain, relating to the ability to think and process information.

- low levels of **stress** and **anxiety**
- positive **self-esteem**
- high levels of **confidence**
- positive **thought patterns**
- form **opinions**, make **decisions** and use logic

SOCIAL HEALTH & WELLBEING:

Relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.

- supportive network of **friends**
- a supportive and well-functioning **family**
- productive **relationships** with others
- effective **communication** with others

EMOTIONAL HEALTH & WELLBEING:

Relates to the ability to express feelings in a positive way, and the positive management and expression of emotional actions and reactions.

- recognise and understand the **range of emotions**
- effectively **respond** to and **manage** emotions
- high levels of **resilience**

SPIRITUAL HEALTH & WELLBEING:

Is not material in nature, but relates to the ideas, beliefs, values and ethics that arise in the minds and conscience of human beings.

- a sense of **belonging**
- experience **peace** and **harmony**

- act **according** to **values** and **beliefs**
- having a positive **sense of meaning** and **purpose** in life

→ DYNAMIC VS. SUBJECTIVE

HEALTH & WELLBEING IS **DYNAMIC:**

→ **'Constantly changing'**

Health and wellbeing can be good at one moment but events such as accidents, illness, relationship breakdowns and stress can alter the state very quickly. It can also improve quickly.

> e.g. a person with a migraine can take medication and consequently their health and wellbeing will improve.

HEALTH & WELLBEING IS **SUBJECTIVE:**

→ **'Being viewed in many different ways'**

Health and wellbeing is influenced by personal beliefs, feelings and opinions.
Factors such as age, fitness, body weight, social networks, income, occupation, education and culture can influence how an individual perceives their own health.

> e.g. physical health and wellbeing often deteriorates over time so an elderly person may view optimal health and wellbeing as the ability to carry out tasks independently such as living in their own home.

→ OVERALL HEALTH & WELLBEING

Overall health and wellbeing includes the 5 dimensions of health and wellbeing and how an individual feels about their own life.

- **LEVEL OF HEALTH** EXPERIENCED
- ENJOYABLE AND FULFILLING **CAREER**
- ENOUGH **MONEY**
- REGULAR **EXERCISE**
- NUTRITIONAL **DIET**
- SUFFICIENT **SLEEP**
- SPIRITUAL OR RELIGIOUS **BELIEFS**
- FUN **HOBBIES** AND LEISURE PURSUITS
- REALISTIC AND ACHIEVABLE **GOALS**
- A SENSE OF **BELONGING**
- THE ABILITY TO **ADAPT** TO CHANGE
- LIVING IN A FAIR AND DEMOCRATIC **SOCIETY**

→ ILLNESS VS. DISEASE

ILLNESS is a subjective concept related to personal experiences of a disease. It relates to how a person feels about their diseases and how they experience disease.

Factors influencing illness include age, severity of disease, and past experiences.

DISEASE is a physical or mental disturbance involving symptoms, dysfunction or tissue damage. It can be physical or mental in nature, ranging from mild discomfort to severe pain.

> **→ ILLNESS & DISEASE ARE BOTH SUBJECTIVE CONCEPTS**
> e.g. a person with a high pain threshold may experience a lower level of illness for disease than someone else, even if they have the same disease.

OPTIMAL HEALTH & WELLBEING AS A RESOURCE…

As a resource, optimal health and wellbeing can provide benefits for individuals, countries and the world as a whole.

→ Individually

- REDUCED RISK OF **PREMATURE DEATH**
- INCREASED ABILITY TO **WORK PRODUCTIVELY**
- INCREASED ABILITY TO **EXERCISE**
- EFFECTIVELY **RUN A HOUSEHOLD**
- SPEND TIME WITH **FRIENDS**
- WORK TOWARDS **PURPOSE** IN LIFE
- INCREASED **LEISURE** TIME
- LIVE **INDEPENDANTLY**
- **SLEEP** WELL
- MAINTAIN **POSITIVE THOUGHT PATTERNS**

→ Nationally

- LONGER **LIFE EXPECTANCY**
- **HEALTH SYSTEM SAVINGS**
- FEWER PEOPLE RELYING ON **SOCIAL SECURITY**
- INCREASED **PRODUCTIVITY**
- HIGHER AVERAGE **INCOMES**
- **REDUCED STRESS AND ANXIETY** IN THE COMMUNITY
- INCREASED **SOCIAL PARTICIPATION**

→ Globally

- REDUCED RISK OF **DISEASE TRANSMISSION** BETWEEN COUNTRIES
- PROMOTION OF **PEACE** AND **GLOBAL STABILITY**
- PROMOTES **ECONOMIC DEVELOPMENT**
- PROMOTES **SOCIAL DEVELOPMENT**
- PROMOTES **SUSTAINABILITY**

WHO'S PREREQUISITES FOR HEALTH

In 1986, WHO identified a document called the Ottawa Charter, which identifies 9 prerequisites for health that must be available for gains in health & wellbeing are to occur.

PEOPLE SHOULD EAT FOOD INCLUDING SOME SUSTAINABLE SALAD EVERYDAY

PEACE	**FOOD**	**SUSTAINABLE RESOURCES**
SHELTER	**INCOME**	**SOCIAL JUSTICE**
EDUCATION	**STABLE ECOSYSTEM**	**EQUITY**

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PEACE: the absence of disease or conflict

- decreased risk of **death**
- reduced levels of **stress and anxiety**
- **hospitals** aren't full of injured people
- government can **spend money** on more useful resources than guns and armies

SHELTER: a structure that provides protection

- provides **protection** and safety from elements
- sense of **privacy**: reducing stress and anxiety
- promotes adequate **sleep**

EDUCATION: a basic human right

- allows better **income**
- enables people to **understand health promotion messages**
- better opportunities to **find purpose in life**
- education **empowers** people, especially women

FOOD: a human right essential for sustaining life

- food security increases **nutrition** levels
- reduced risk of **malnutrition**
- increased **immune system function**, reducing the impact of disease
- spend more time doing other activities to **promote health and wellbeing** instead of worrying about food

INCOME: an underlying factor influencing many prerequisites

- access **basic health needs** like food, shelter and healthcare
- better **quality** of life
- the government can **collect taxes** to put towards public housing, healthcare, education, social security etc.
- **afford activities** that promote health and wellbeing e.g. gym membership

STABLE ECOSYSTEM: a community containing living and non-living things.

A stable ecosystem is one that can

- **generate** food and sage water
- **employment** opportunities (e.g. fishing and farming)
- **resources** for recreation and shelter

All of which promote health and wellbeing.

SUSTAINABLE RESOURCES: meeting the needs of the present without compromising the ability of future generations to meet their own needs

e.g. resources used for energy production, food and water supply, employment, housing and healthcare must all be used sustainably.

These resources need to be kept sustainable if the current health status is to be maintained or improved.

SOCIAL JUSTICE: equal rights for all

- ensures all people have the **same ability** to promote their health and wellbeing
- **celebrating diversity**, working to remove poverty and discrimination
- so everyone has equal rights and the health outcomes of a person is not dictated by their ethnicity, sex or age

EQUITY: social justice and fairness

- **minimum levels of access to resources** that all people can have access to, in order to promote their health
- decreasing the severity of **disadvantages felt by population groups** in Australia.

EQUALITY vs. EQUITY → equality is giving everyone the same level of resources, whereas equity is getting everyone to the same outcomes despite how much they need.

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HEALTH STATUS INDICATORS

HEALTH STATUS: an individual's or a population's overall health, taking into account various aspects such as life expectancy, amount of disability and levels of disease risk factors.

INCIDENCE: refers to the number or rate of new cases of a disease/condition in a population during a given period

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

MORBIDITY: refers to ill health in an individual and the levels of ill health in a population or group.

BURDEN OF DISEASE: a measure of the impact of diseases and injuries, specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability, measured in DALY's.

DISABILITY ADJUSTED LIFE YEARS: a measure of burden of disease where one DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury.

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

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

MORTALITY: refers to death at a given time, particularly at a population level.

MATERNAL MORTALITY: death of a mother during pregnancy, childbirth or within six weeks of delivery, usually measured per 100 000 live births.

INFANT MORTALITY: deaths of infants between birth and their first birthday usually expressed per 1000 live births.

UNDER-FIVE MORTALITY: the number of deaths of children under five years of age per 1000 live births.

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. It is commonly sourced from population surveys.

YEARS LOST DUE TO DISABILITY: a measure of how many healthy years of life are lost due to illness, injury or disability.

YEARS OF LIFE LOST: a measure of how many years of expected life are lost due to premature death.

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FACTORS CONTRIBUTING TO VARIATIONS IN HEALTH STATUS

→ **BIOLOGICAL:** factors relating to the body that impact on health and wellbeing

- **BODY WEIGHT**
- **BLOOD PRESSURE**
- **BLOOD CHOLESTROL**
- **GLUCOSE REGULATION**
- **BIRTH WEIGHT**
- **GENETICS (e.g. sex, hormones & genetic predisposition)**

→ **SOCIOCULTURAL:** factors relating to the social and cultural conditions into which people are born, grow, live, work and age.

- **SOCIOECONOMIC STATUS**
- **UNEMPLOYMENT**
- **SOCIAL CONNECTIONS AND SOCIAL EXCLUSION**
- **SOCIAL ISOLATION**
- **CULTURAL INFLUENCES**
- **FOOD SECURITY**
- **EARLY LIFE EXPERIENCES**
- **ACCESS TO HEALTHCARE**

→ **ENVIRONMENTAL:** factors relating to the physical surroundings in which we live, work and play.

- **URBAN DESIGN AND INFRASTRUCTURE**
- **CLIMATE AND CLIMATE CHANGE**
- **HOUSING**
- **WORK ENVIRONMENT**

DIFFERENCES BETWEEN POPULATION GROUPS

→ Males and Females
→ Indigenous and non-Indigenous Australians
→ High and low socioeconomic status
→ Those living within and outside of Australia's major cities

→ MALES AND FEMALES:

Males suffer from life expectancy 4 years less than females at birth, higher rates of burden of disease as well as higher rates of injury.

BIOLOGICAL:
Higher rates of overweight/obesity
Higher rates of hypertension and impaired glucose regulation

SOCIOCULTURAL:
Stronger impacts of unemployment

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Cultural influences
Gender stereotypes

ENVIRONMENTAL:
Males often have occupations that are based in more dangerous environments

→ INDIGENOUS AND NON-INDIGENOUS AUSTRALIANS:

Indigenous Australian's make up 3% of the population yet still experience poorer health status than the rest of the population in nearly all health indicators.

Life expectancy is 10 years less, higher mortality rates, and they are half as likely to rate their health as excellent or good.

BIOLOGICAL:
Higher body mass index
Low birth weight
Impaired glucose regulation

SOCIOCULTURAL:
Lower socioeconomic status
Higher unemployment rates
Low health literacy
Social exclusion
High food insecurity
Lack of access to healthcare

ENVIRONMENTAL:
Poorer quality housing
Poor water and sanitation facilities
Poor infrastructure
Lack access to healthcare (geographic location)

→ HIGH AND LOW SOCIOECONOMIC STATUS

People in the higher socioeconomic status groups tend to have more choices and resources available to them and therefore have better health status.

People living in lower socioeconomic status groups have lower life expectancy, greater burden of disease and higher infant mortality rates.

BIOLOGICAL:
Higher obesity rates
Higher rates of low birth weight
Hypertension and impaired glucose regulation

SOCIOCULTURAL:
Lower incomes, education levels and occupations
Poor health literacy
Higher unemployment rates
Early life experiences

ENVIRONMENTAL:
Proximity to fast food outlets
Poor quality housing
Work environments
Low levels of neighbourhood safety

→ THOSE LIVING WITHIN AND OUTSIDE OF AUSTRALIA'S MAJOR CITIES

Biological, sociocultural and environmental factors impacting health and wellbeing can be influenced by the remoteness of where the individual lives.

Higher rates of avoidable deaths, lower life expectancy and higher rates of mortality.

BIOLOGICAL:
Higher rates of overweight/obesity
High blood cholesterol
Higher rates of hypertension

SOCIOCULTURAL:
Lower incomes
Less likely to access education
High rates of unemployment
Food insecurity
Early life experiences

ENVIRONMENTAL:
Poorer road quality
Poorly lit roads
Greater driving distances
Reduced proximity to resources such as healthcare and education
Greater exposure to harsh climates
More dangerous work environments

FACTORS INFLUENCING HEALTH STATUS & BURDEN OF DISEASE

→ Smoking
→ Alcohol
→ High body mass index
→ Dietary risks (under-consumption of vegetables, fruit and dairy foods, high intake of fat, salt and sugar, low intake of fibre and iron)

→ SMOKING

Smoking is a practice in which a substance is burned and the resulting smoke is inhaled to be tasted and absorbed into the bloodstream. Decreased from 25% in 1991 to 14.5% in 2014-15.

RISK FACTOR FOR…
Cardiovascular disease
Cancer
Low birth weight
Respiratory conditions

→ ALCOHOL

In moderation, alcohol has minimal side effects. However, it is still the 3rd leading risk factor of total burden on Australia's health status.

RISK FACTOR FOR…
Obesity
Suicide/self-harm
Liver damage
Dementia
Type 2 diabetes
Cardiovascular disease

→ HIGH BODY MASS INDEX

High body mass index was the second highest risk factor for total burden in 2016. Assessments about body mass are made using the body mass index tool (BMI).

Weight in kg's / [Height in metres] ^{2}

Under 18.5 – underweight
18.6 - 24.9 – healthy weight
25 – 29.9 – overweight
30 and over – obese

However, the BMI tool doesn't take into account fat and muscle distribution.

RISK FACTOR FOR…
Cardiovascular disease
Cancer
Type 2 Diabetes
Asthma
Mental health issues

→ DIETARY RISK FACTORS

In particular, under consumption of vegetables, fruits and dairy, high intake of fat, salt and sugar and low intake of fibre and iron.

UNDERCONSUMPTION OF FRUIT/VEGETABLES IS A RISK FACTOR FOR…
Cancers like lung, mouth and pharyngeal
Cardiovascular disease
Neural tube defects

UNDERCONSUMPTION OF DAIRY IS A RISK FACTOR FOR…
Osteoporosis
Colorectal cancer
Dental caries
Type 2 diabetes

UNIT 3 AOS 2

PROMOTING HEALTH & WELLBEING

LIFE EXPECTANCY increased from **53.8** to **80.9** for males between 1900 and 2015.
For females, it increased from **57.5** to **84.8**.

→ PATTERNS OF MORTALITY

INFECTIOUS AND PARASITIC DISEASES:
e.g. tuberculosis, polio, smallpox, hepatitis

CANCER (NEOPLASMS):
e.g. lung and stomach cancer

CARDIOVASCULAR DISEASES:
e.g. heart attack, angina, stroke and high blood pressure

RESPIRATORY DISEASES:
e.g. pneumonia, influenza and asthma

INJURY AND POISONING:
e.g. road traffic accidents, suicide, assault, poisoning

→ PUBLIC HEALTH

Public health is concerned with the organisation and collective effort to improve the health status of the entire population, particularly the ways in which governments monitor, regulate and promote health status and prevent disease.

Old public health includes government actions that focused on changing the physical environment to prevent the spread of disease such as providing safe water, sanitation and sewage disposal, improved nutrition, improved housing conditions and better work conditions.

→ REASONS WHY…
It was understood that bacteria was a major cause of disease
Poor living conditions placed pressure on the government to address the high rates of infectious disease responsible for morbidity and mortality

→ RESULTED IN…
A reduction in deaths from infectious diseases such as diarrhoea and cholera in children
Increased life expectancy
Reduction in infant mortality rates

→ THE CONTRIBUTION OF PUBLIC HEALTH MEASURES TO IMPROVE H.S.

THE DISCOVERY OF VACCINES:

Helped treat a range of infectious diseases, bringing reductions in morbidity and mortality from smallpox, polio and tuberculosis. Mass vaccinations were taken between the 1930s and 1960s. Resulted in the global elimination of smallpox and polio in most parts of the world.

ROLE OF THE COMMONWEALTH GOVERNMENT:

Strict quarantine laws and the establishment of different health departments such as the NHMRC.

THE SHIFT TO HEALTH PROMOTION:

Increased rates of lifestyle diseases during the 1950s and 60s caused a shift towards the implementation of publicly funded health promotion campaigns. Helped create awareness about the effects of tobacco smoking, physical inactivity, poor diet and alcohol consumption.

→ THE BIOMEDICAL APPROACH TO HEALTH

The biomedical model of health focuses on the physical or biological aspects of disease and illness. It is a medical model practised by doctors and health professionals and is associated with the diagnosis, treatment and cure of disease.

DISEASES OF THE CARDIOVASCULAR SYSTEM:

A major cause of death in the early twentieth century.
The introduction of sphygmomanometers, stethoscopes and heart-lung bypass machines resulted in a decline in cardiovascular death rates.

ADVANCES IN MEDICAL TECHNOLOGY:

The discovery of antibiotics helped reduce death rates from infectious diseases like pneumonia.

DOMINANCE OF MEDICAL SCIENCE:

An increased interest in diseases, their causes and ways to diagnose and treat them resulted in an increased demand for hospital and medical care.

ADVANTAGES & DISADVANTAGES OF THE BIOMEDICAL MODEL:

+ creates advancements in technology and research
+ enables many common problems to be effectively treated
+ extends life expectancy and improves quality of life
- expensive because it relies on professional health workers and technology
- doesn't promote good health and wellbeing
- not every condition can be treated

→ THE DEVELOPMENT OF NEW PUBLIC HEALTH

New public health is an approach to health that expands the traditional focus on individual behaviour change to one that considers the ways in which physical, sociocultural and political environments impact on health.

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

→ THE SOCIAL MODEL OF HEALTH

The approach to health that recognises improvements in health and wellbeing can only be achieved by directing effort towards addressing the physical, sociocultural and political environments of health that have had an impact on individuals and population groups.

PRINCIPLES OF THE SOCIAL MODEL OF HEALTH (A.R.E.A.S.)

A → ADDRESSES THE BROADER DETERMINANTS:
Addressing the causes such as sociocultural, environmental and economic factors.

R → ACTS TO REDUCE SOCIAL INEQUITIES:
Reducing the sociocultural factors contributing to inequities in health status especially between disadvantaged population groups.

E → EMPOWERS INDIVIDUALS AND COMMUNITIES:
Empowering people to participate in making decisions about their health.
More empowered = more likely to change.

A → ACTS TO ENABLE ACCESS TO HEALTHCARE:
Eliminating barriers that prevent people from having fair and equal access to healthcare such as geographical location, age or socioeconomic status.

S → INVOLVES INTERSECTORAL COLLABORATION:
Different sectors working together to achieved the desired health outcomes.

ADVANTAGES & DISADVANTAGES OF THE SOCIAL MODEL:

+ promotes good health and wellbeing
+ relatively inexpensive
+ focuses on vulnerable population groups
+ education can be passed generation to generation
- not every condition can be prevented
- doesn't promote advancements in medical technology
- health promotion messages may be ignored

→ THE OTTAWA CHARTER FOR HEALTH PROMOTION

The Ottawa Charter for Health Promotion is an approach to health developed by the WHO that aims to reduce inequities in health. It reflects the social model of health and provides 5 action areas that can be used as a basis for improving health status, all of which are centred on 3 strategies for health promotion being advocating, enabling and mediating.

THE 3 STRATEGIES FOR HEALTH PROMOTION:

→ ADVOCATE
Fighting or advocating for change to promote health **e.g. lobbying governments**

→ ENABLE
Enabling all people to achieve their optimal health and wellbeing **e.g. education**

→ MEDIATE:
Helping different groups resolve conflict that may arise due to changes being made

THE 5 ACTION AREAS OF THE OTTAWA CHARTER: "Bad Cats Smell Dead Rats"

→ BUILD HEALTHY PUBLIC POLICY:
Governments and organisations building health policies and laws **e.g. increasing tax on alcohol, smoking bans, reducing GST from unprocessed foods.**

→ CREATE SUPPORTIVE ENVIRONMENTS:
Changing the environment so that changes in health are more likely to occur **e.g. breakfast programs in schools, putting up shaded areas in schools**

→ STRENGTHEN COMMUNITY ACTION:
Empowering people building links between individuals and the community to work together to achieve a common goal **e.g. Aboriginal media campaigns created by Aboriginal people**

→ DEVELOP PERSONAL SKILLS:
Developing personal skills through education so people can make informed decisions **e.g. healthy cooking classes, counselling**

→ REORIENT HEALTH SERVICES:
The shift from the biomedical model to the social model of health in order to promote good health and wellbeing **e.g. doctors and health professionals recommending healthy lifestyle changes.**

THE RELATIONSHIP BETWEEN THE BIOMEDICAL & SOCIAL MODELS OF HEALTH:

The biomedical model is responsible for the increase in life expectancy because of it being able to treat many conditions and decrease rates of premature death while the social model of health is responsible for decreasing the incidence of diseases leading to death through promotion and prevention.

e.g. decline in lung cancer due to increasing medical technology being able to diagnose the condition (biomedical model) as well as the promotion of smoking risks (social model).

→ AUSTRALIA'S HEALTH SYSTEM

Including… Medicare, Private Health Insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme.

MEDICARE:

Medicare is Australia's universal health insurance scheme that provides all Australian's, permanent residents and people from countries with a reciprocal agreement (e.g. New Zealand, UK, and Sweden) access to healthcare subsidised by the government.

Covers… doctor consultation fees, tests, x-rays, eye tests, treatments in public hospitals.
Doesn't cover… cosmetic treatments, dental, ambulance, treatments in private hospitals.

HOW IS MEDICARE FUNDED?

There are 3 main sources of income.

→ THE MEDICARE LEVY:

The additional 2% tax placed on the taxable income of most taxpayers except for those exempt due to low incomes.

→ THE MEDICARE LEVY SURCHARGE:

An extra surcharge to individuals without private health insurance earning more than $90,000 or couples earning over $180,000. Between 1-1.5% (income dependant).

→ GENERAL TAXATION:

Income collected through general taxation is also used to fund Medicare.

THE MEDICARE SAFETY NET provides extra financial support to those that incur significant out of pocket costs for Medicare services in a single year (more than $700 for individuals or $1000 for families).

ADVANTAGES & DISADVANTAGES OF MEDICARE:

+ available to all Australian citizens
+ allows Australian's to access free/subsidised healthcare in reciprocal agreement countries
- no choice of doctor for in hospital treatments
- long waiting lists
- often doesn't cover the full amount of a doctor's visit

PRIVATE HEALTH INSURANCE:

Private health insurance is a type of insurance under which members pay a premium in return for payment towards health related costs not covered by Medicare. It is an additional insurance purchased on top of Medicare.

Patients get the choice of certain medical treatments such as doctors, hospital and sort of care. They can also choose to sign up to extras not covered by Medicare such as dental care.

INCENTIVES FOR PEOPLE TO TAKE OUT PRIVATE HEALTH INSURANCE

The Private Health Insurance rebate, Lifetime Cover and the Medicare Levy Surcharge.

→ THE PRIVATE HEALTH INSURANCE REBATE:

Policy holders receive an income tested rebate or refund on their premiums for private health insurance.

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→ LIFETIME COVER:
People who take up private health insurance after the age of 31 pay an extra 2% on their premiums for every year they are over the age of 30.

→ MEDICARE LEVY SURCHARGE:
An extra surcharge to individuals without private health insurance.

ADVANTAGES & DISADVANTAGES OF PRIVATE HEALTH INSURANCE:

+ enables access to private hospital care
+ choice of doctor for public/private hospitals
+ helps keep the costs of running Medicare under control
- premiums are costly
- policies can be confusing
- sometimes have a 'gap' because the insurance doesn't cover the whole fee

THE PHARMACEUTICAL BENEFITS SCHEME (PBS):

The Pharmaceutical Benefits Scheme provides essential medicines at a subsidised cost to all Australian's with around 5000 brands of prescription medicine covered. Users make a co-payment of $38.60 (adjusted yearly) and then the government covers the rest.

THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS):

A national insurance scheme that provides services and support for people with permanent, significant disabilities and their families and carers to help them live an ordinary life.

Requirements to be eligible…
Under 65
Be an Australian citizen
Live where the NDIS is available
Disability that is likely to be lifelong
It reduces the ability to participate in activities or perform tasks

If the requirements are met then an individualised plan is created which assists participants to…

→ ACCESS MAINSTREAM SERVICES AND SUPPORTS
e.g. healthcare and housing

→ ACCESS COMMUNITY SERVICES AND SUPPORTS
e.g. community groups and sporting clubs

→ MAINTAIN INFORMAL SUPPORT ARRANGEMENTS
e.g. the unpaid support received from family and friends

→ RECEIVE REASONABLE AND NECESSARY FUNDED SUPPORTS
e.g. assistive technology like wheelchairs and bed frames

→ AUSTRALIAN HEALTH PROMOTION

There are 4 key areas of focus that guided the implementation of the health system:
Including… Funding, Sustainability, Access and Equity

FUNDING:

Relates to the financial resources that are provided to keep the health system adequately staffed and resourced so a high level of care is available for everyone that needs it.

→ Essential medicines
→ Medical supplies and technology

SUSTAINABILITY:

Meeting the needs of the present without compromising the ability of future generations to meet their own needs. The system must be equipped so it can evolve to ensure that a high quality of care is continually available.

→ Funding and regulation
→ An efficient health system and workforce
→ Disease prevention and early intervention
→ Research and monitoring

ACCESS:

An accessible health system is one that can provide all people with timely access to quality health services based on their needs, not ability to pay, regardless of their location.

→ Increase economic access (e.g. subsidised treatments)
→ Increase geographical access (e.g. Royal Flying Doctor Service)
→ Increase cultural access (e.g. indigenous health incentive)

EQUITY:

Australian's have different healthcare needs so the health system must take these differences into account to make it equitable and promote equality.

→ Introduction of the NDIS
→ Medicare and Pharmaceutical Benefits Scheme safety nets

→ THE ROLE OF HEALTH PROMOTION IN IMPROVING POPULATION HEALTH

Why was it targeted, the effectiveness of the health promotion in improving population health and how the health promotion reflects the action areas of the Ottawa Charter.

SMOKING:

Smoking is a lifestyle choice linked to an increased risk of a range of conditions including cardiovascular disease, many cancers and respiratory disease and responsible for 9% of the total burden of disease in Australia.

→ WHY WAS IT TARGETTED?

Kills an estimated 15 000 Australians each year
Costs Australia $31.5 billion each year
Preventable risk factor – all mortality and morbidity from smoking is avoidable
Disadvantaged population groups have higher smoking rates and burden of disease

→ EFFECTIVENESS OF THE HEALTH PROMOTION IN IMPROVING POPULATION HEALTH

Proportion of daily smokers has decreased from 28.2% to 16.3% between 2001 and 2015.

Health promotion to address smoking includes…
Government laws and policies (e.g. ban on smoking in certain areas)
QUIT program (assists smokers to quit by providing public education)
National tobacco campaigns (e.g. anti-smoking media campaigns)

→ HOW THE HEALTH PROMOTION REFLECTS THE ACTION AREAS OF THE OTTAWA CHARTER FOR HEALTH PROMOTION

BUILD HEALTHY PUBLIC POLICY: government laws and taxes being implemented to encourage people to stop smoking.

CREATE SUPPORTIVE ENVIRONMENTS: community networks developed through the QUIT campaigns to encourage people to stop smoking.

STRENGTHEN COMMUNITY ACTION: QUIT is a program created by the Cancer Council Victoria and funded by the state government and VicHealth.

DEVELOP PERSONAL SKILLS: anti-smoking media campaigns for public education.

REORIENT HEALTH SERVICES: Quit provides online training programs for health professionals to assist them in reorienting health services to one that focuses more on the social model of health promotion.

→ INITIATIVES TO ADDRESS INDIGENOUS HEALTH AND WELLBEING

Including… Aboriginal Quitline, 2 Spirits and Learn, Earn, Legend.
(Link initiatives to action areas of the Ottawa Charter)

ABORIGINAL QUITLINE:

A culturally appropriate telephone counselling service providing confidential support for Indigenous Australians that want to quit smoking. Help develop quit plans and refer to local support groups.

THE 2 SPIRITS PROGRAM:

Works to improve the sexual health and wellbeing of gay indigenous men and 'sister girls' through education, prevention and health promotion. Increasing knowledge about the dangers and risks for HIV and AIDS by identifying culturally appropriate ways to address it.

LEARN, EARN, LEGEND:

Encourages and supports young Indigenous Australians to remain in school and develop valuable literacy and numeracy skills so they can get a job and 'be a legend'. Young people are paired with Indigenous mentors to provide guidance on the importance of education.

→ JUSTIFYING THE EFFECTIVENESS/CAPACITY OF INDIGENOUS HEALTH PROMOTION PROGRAMS:

FPOT: focus on results, partnership, ownership, transparency
Is there a certain need being targeted?
Is the program culturally appropriate?
Are improvements being made?
Is the program being enjoyed by the population?
Have self-assessed health surveys been conducted?

→ HEALTHY EATING IN AUSTRALIA

Including… The Australian Guide to Healthy Eating, The Australian Dietary Guidelines and the work of Nutrition Australia along with the challenges in bringing about dietary change.

THE AUSTRALIAN GUIDE TO HEALTHY EATING:

A food selection tool incorporated into the Australian Dietary Guidelines to assist consumers to plan, select and consume adequate proportions of foods from the 5 food groups.

AUSTRALIAN DIETARY GUIDELINES:

Developed by the NHMRC intending to promote healthy eating by providing advice relating to dietary patterns.

Guideline 1: to achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

Guideline 2: enjoy a wide variety of nutritious foods from the five food groups every day including vegetables, fruit, grain, meat and dairy.

Guideline 3: limit intake of foods containing saturate fat, added salt, sugars and alcohol.

Guideline 4: encourage, support and promote breastfeeding.

Guideline 5: care for your food, prepare and store it safely.

NUTRITION AUSTRALIA:

Nutrition Australia is Australia's major community education body for nutrition aiming to promote optimal health and wellbeing for all people by encouraging food variety and physical activity.

THE WORK OF NUTRITION AUSTRALIA…

The Healthy Eating Advisory Service: works to promote consumption of healthy food and drinks in schools, hospitals and workplaces by assessing menus, providing staff training to develop healthy policies and other advice relating to food.

The Healthy Eating Pyramid: a simple visual guide to the types and proportion of foods that individuals should consume. Has a vegetarian version and includes provisions for water and salt but no serving sizes.

National Nutrition Week: supports schools, health centres and shopping centres in promoting healthy eating during the week of World Food Day by running challenges and providing recipes and resources on their website.

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CHALLENGES IN BRINGING ABOUT DIETARY CHANGE:

The foods people consume are a result of a complex set of factors that provide a range of challenges in improving dietary behaviour, including…

Personal preference: foods high in fat, salt and sugar stimulate the taste buds and the brain's rewards system by releasing dopamine, one of the body's feel good chemicals – creating cravings for foods containing these substances. Taste preferences are often established over a long period of time and can therefore be difficult to change.

Time constraints and convenience: for many families where both parents are employed, more time is spent working and less time is spent preparing food. As a result, convenience foods are often consumed in the home because there is a lack of time to purchase fresh ingredients and prepare a meal from scratch. Certain occupations such as truck drivers and those working in trades may rely more on the foods that are offered from fast food outlets near their workplace.

Other factors include… attitudes, beliefs, willpower, food security, education and food marketing.

UNIT 4 AOS 1

HEALTH & WELLBEING IN A GLOBAL CONTEXT

Classifying countries into groups allows countries that experience similar characteristics to be grouped together for the purpose of guiding policies and interventions that may improve the level of health and wellbeing being experienced.

GROSS NATIONAL INCOME (GNI):

The total value of goods and services a country's citizens produce, including the value of income earned by citizens who may be working in an overseas country. Used to classify into high, middle and low income country groups.

PRIMARY PRODUCTION:

The process of producing natural products for human use e.g. plants and animals.

→ HIGH, MIDDLE & LOW INCOME COUNTRIES

HIGH INCOME: GNI $12476 +	Australia, USA, UK, Canada, Ireland
UPPER MIDDLE INCOME: GNI $4036 - $12475	China, Turkey, Russia
LOWER MIDDLE INCOME: GNI $1026 - $4035	India, Pakistan, Indonesia
LOW INCOME: $1025 or less	Mali, Zimbabwe, Somalia

CHARACTERISTICS:

Including… Economic, Social and Environmental Characteristics

ECONOMIC CHARACTERISTICS OF HIGH-INCOME COUNTRIES:

Economic characteristics refer to factors relating to the financial or economic state of a country that influences opportunities and resources that are available for its citizens.

→ low levels of poverty
→ wide range of industries
→ opportunities for global trade
→ higher average income

For middle-/low-income countries, the above characteristics are the opposite.

GROSS DOMESTIC PRODUCT: a measure that reflects the economic state of a country. The value of all goods and services produced in a country in a 12 month period.

EXTREME POVERTY: relates to those living on less than US $1.90 a day.

SOCIAL CHARACTERISTICS OF HIGH-INCOME COUNTRIES:

→ high levels of gender equality
→ low birth rates and population growth
→ high levels of employment and education
→ developed social security and health systems
→ access to technology
→ developed legal systems
→ no history of colonisation

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Expanded examples…

Gender equality: males and females have opportunities and choices in education, employment, family planning etc.
Low birth rates: slow rates of population growth
History of colonisation: most low/middle income countries have a history of colonisation where their resources were exploited. For instance, the colonisation of Indigenous Australian's resulted in the significantly lower health status of their population group.

ENVIRONMENTAL CHARACTERISTICS OF HIGH-INCOME COUNTRIES:

→ access to safe water and sanitation
→ food security
→ adequate housing
→ adequate infrastructure
→ high levels of CO_2 emissions

Expanded examples…

Food security: a good food supply means they are likely to find food in the event of emergency situations.
Levels of carbon dioxide emissions: low and middle income countries are often the most affected by climate change as they lack economic resources to deal with the associated impacts of carbon dioxide emissions.

→ SIMILARITIES AND DIFFERENCES IN HEALTH STATUS AND BURDEN OF DISEASE IN LOW, MIDDLE AND HIGH INCOME COUNTRIES

There are many differences between the health status and burden of disease in low, middle and high income countries.

e.g. low income countries have higher under 5 mortality rates. This is a reflection of the nutritional health status of mothers, health literacy, levels of immunisation available, maternal and child health services in the country as well as clean water and sanitation.

When mentioning health status differences use… prevalence, incidence, life expectancy, under 5 mortality rates and health adjusted life expectancy.

When mentioning burden of disease differences use… disability adjusted life years, years lost due to disability, years of life lost.

FACTORS CONTRIBUTING TO SIMILARITIES AND DIFFERENCES: "SPIGS"

Including… access to safe water, sanitation, poverty, inequality & discrimination, and global distribution and marketing of tobacco, alcohol and processed foods.

→ ACCESS TO SAFE WATER:

Safe water refers to water that is not contaminated with disease causing pathogens such as bacteria and viruses, or chemicals such as lead and mercury. It is required for consumption, food preparation and cooking, washing and hygiene as well as agriculture and production.

In 2017, 1 in every 10 people lacked access to safe water.

Many water-borne diseases such as diarrhoea and cholera are responsible for deaths and cases of malnutrition in low and middle income countries. Lack of access to safe water also contributes to many missed school days, reducing levels of education and the potential to earn a decent income in the future.

→ SANITATION:

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

1 in 3 people lack access to basic sanitation.

Many schools in low and middle income countries lack toilets, so some girls often do not attend especially when they are menstruating. Some schools have toilets but they are not segregated, preventing some girls from attending.

→ POVERTY:

Poverty refers to deprivation often stemming from a lack of income but prevents access to resources such as government services, nutritious foods, clean water and sanitation, education, healthcare and adequate housing.

Poverty is measured in…
Extreme poverty: those living on less than US $1.90 a day.
Relative poverty: those living on less than 50 percent of their countries average income.

How does poverty affect burden of disease? It prevents access to resources such as government services, nutritious foods, clean water and sanitation, education, healthcare and adequate housing.

→ INEQUALITY AND DISCRIMINATION:

Unfortunately, not all people have their human rights upheld and as a result do not experience the same health status and level of burden of disease as other population groups.

Inequality and discrimination can stem due to differences in race, religion, sex, sexual orientation and gender identity.

→ GLOBAL DISTRIBUTION & MARKETING OF TOBACCO, ALCOHOL AND PROCESSED FOODS

Improved technology has resulted in increased globalisation that makes it easier for companies to distribute, market and sell their services to everyone in the world.

Tobacco, alcohol & processed foods: in recent years, tobacco, alcohol and food companies have been targeting low and middle income countries to make up for lost revenue experienced in high income countries.

→ SUSTAINABILITY

Sustainability is defined as meeting the needs of the present without compromising the ability of future generations to meet their own needs. This refers to meeting today's needs and planning the country's growth without creating problems or depleting resources for future generations.

THE DIMENSIONS OF SUSTAINABILITY:

Including… Economic, Social and Environmental Sustainability.

→ ECONOMIC SUSTAINABILITY

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

It promotes health and wellbeing by…
→ ensuring that all people can earn a decent income
→ increasing the capacity of governments to provide services and infrastructure
→ ensuring children can stay in school

Considerations for economic sustainability include…
→ innovation and diversity of industries
→ employment
→ economic growth
→ trade

→ SOCIAL SUSTAINABILITY

Social sustainability can be defined as creating an equitable society that meets the needs of all citizens and can be maintained indefinitely.

It promotes health and wellbeing by…
→ decreasing poverty levels which in turn reduces the risk of infectious diseases, increases mental health and wellbeing and enables people to be better equipped to deal with misfortune

Considerations for social sustainability include…
→ elimination of poverty and provision of social protection systems
→ gender equality
→ access to safe and decent working conditions
→ peace and security

→ ENVIRONMENTAL SUSTAINABILITY

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

Considerations for environmental sustainability include…
→ biodiversity
→ use of natural resources
→ waste removal and pollution
→ climate change

→ HUMAN DEVELOPMENT

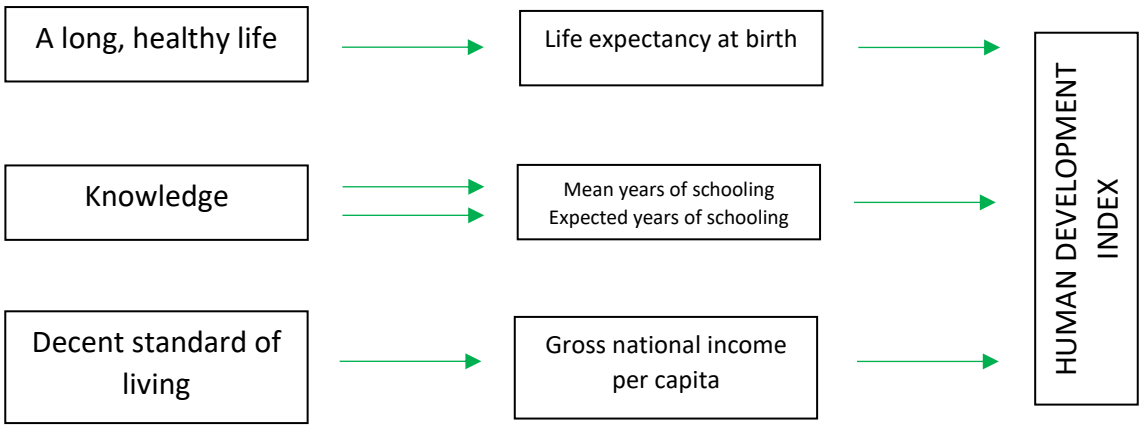
According to the United Nations, **human development** is defined as creating an environment where people can…

Develop to their full potential
Lead productive and creative lives in accord with their needs and interests
Expand their choices and capabilities
Have access to knowledge and healthcare
Participate in the life of their community and decisions affecting their lives

→ THE HUMAN DEVELOPMENT INDEX

The United Nations uses the **Human Development Index** to provide an indication of the level of human development experienced in a country.

"A measurement of human development which combines indicators of life expectancy, educational levels and incomes. The HDI provides a single statistic which can be used as a reference for both social and economic development."



INDICATORS:

Life expectancy at birth: the number of years a person can expect to live if current mortality rates continue.

Expected years of schooling: the number of years of that is expected for a child entering the education system.

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

Gross national income per capita: the income generated by the country divided by the number of people in the population.

The human development index is a score between 0 and 1.

Very high: HDI .800+	Australia, Japan, New Zealand
High: HDI .700 - .799	China
Medium: HDI .550 - .699	India
Low: HDI < .550	Kenya

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→ ADVANTAGES & DISADVANTAGES OF THE HUMAN DEVELOPMENT INDEX

Advantages:
→ *Comprehensive*, takes more than just economic factors into account
→ *Simple*, provides a single statistic that makes comparisons easier
→ *Progress*, easy to measure progress of countries over time

Disadvantages:
→ *Limited*, only reflects certain aspects of human development. Misses out factors such as gender equality and politics.
→ *Averages*, it is based on averages so it does not recognise inequalities existing within disadvantaged groups.
→ *No survey data*, people's feelings aren't recognised e.g. mental and spiritual health and wellbeing.

→ THE IMPLICATIONS FOR HEALTH AND WELLBEING OF GLOBAL TRENDS

Including the implications for health and wellbeing of increased globalisation and the global trends relating to climate change, conflict and mass migration, increased world trade and tourism and digital technologies that enable increased knowledge sharing.

Global trends refers to patterns of social, environmental and economic activity that will have an effect at some stage in the future and require action to be taken at a global level.

→ CLIMATE CHANGE:

The increase in average temperatures experienced on Earth in the past 50 years contributing to rising sea levels, changing weather patterns and more extreme weather events

→ CONFLICT & MASS MIGRATION:

Contributes to injuries and loss of life, economic strain and mass migration, destruction of infrastructure, war crimes and exposure to weapons like landmines.

→ WORLD TRADE & TOURISM:

Can have positive and negative impacts. Contributes to increased economic growth and employment, exploitation of workers, environmental degradation, increased economic growth and employment as well as promotion of peace and environmental strain.

→ DIGITAL TECHNOLOGIES THAT ENABLE INCREASED KNOWLEDGE SHARING:

Digital technologies allow the world to become more connected. The last decade has seen a considerable increase in access to digital technology around the world. Contributes to increased/effective communication, greater access to healthcare, improved disaster preparedness, privacy and safety concerns.

UNIT 4 AOS 2

SUSTAINABLE DEVELOPMENT GOALS

The 17 Sustainable Development Goals include 169 targets to be achieved by 2030, developed through a collaborative process by all United Nations member states, non-government organisations and people around the world with an interest in making the world a better place.

→ NEW ZEALAND'S GOOD QUALITY GUYS COOK CLAMS

SDG 1 - No Poverty:
Eradicating extreme poverty (those living under US $1.90).

SDG 2 - Zero Hunger:
Ending all forms of hunger and malnutrition.

SDG 3 - Good Health and Wellbeing: 'ensure healthy lives and promote wellbeing for all at all ages'
Promote physical and mental health & wellbeing and extend life expectancy by addressing the major causes of morbidity and mortality in high, middle and low income countries.

> **→ KEY FEATURES OF SDG 3:** 'MCN'
>
> **MATERNAL AND CHILD HEALTH:** reducing MM, end preventable newborn and child deaths.
>
> **COMMUNICABLE DISEASES:** end the epidemics of HIV, TB, malaria, neglected tropical diseases and hepatitis.
>
> **NON-COMMUNICABLE DISEASES:** reduce mortality, promote mental health and wellbeing, and halve morbidity & mortality from road traffic accidents.

SDG 4 - Quality Education:
All girls and boys should have equal access to high quality education from pre-primary to tertiary.

SDG 5 - Gender Equality:
All men and women should have the same level of power and control over all aspects of their lives.

SDG 6 - Clean Water and Sanitation:
Achieving universal and equitable access to a safe and sustainable supply of drinking water as well as sanitation and hygiene for all.

SDG 13 - Climate Action:
Reducing the implications of climate change on the planet and strengthening the ability of countries to improve climate change-related planning and management.

→ THE 5 AREAS OF IMPORTANCE:

PEOPLE (SDG 1, 2, 3, 4, 5) - end poverty and hunger, and ensure that all people can fulfil their potential in a healthy environment.

PLANET (SDG 6, 13) - protect the planet from degradation and acting on climate change.

PARTNERSHIP, PROSPERITY & PEACE

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→ RATIONALE: "New, Progress, New"

- **New** set of goals and targets were needed after the MDG's ended in 2015.

- **Progress** in all areas was uneven across regions and countries such as disadvantaged pop groups.

- **New** global challenges had emerged that needed to be considered such as climate change.

→ OBJECTIVES: "End, Fight, Tackle"

END EXTREME POVERTY

FIGHT INEQUALITY AND INJUSTICE

TACKLE CLIMATE CHANGE

WORLD HEALTH ORGANISATION (WHO)

The World Health Organisation is a branch of the United Nations. Their goal is to build a better and healthier future for everyone in the world.

→ THE WORK OF THE WHO: "My Pretty Sister Polly Can't Dance"

MONITOR HEALTH & WELLBEING AND ASSESS HEALTH & WELLBEING TRENDS.

PROVIDE LEADERSHIP AND CREATE PARTNERSHIPS TO PROMOTE HEALTH & WELLBEING.

SET NORMS AND STANDARDS AND PROMOTE AND MONITOR THEIR IMPLEMENTATION.

PROVIDE TECHNICAL SUPPORT AND HELP BUILD SUSTAINABLE HEALTH SYSTEMS.

CONDUCT RESEARCH AND PROVIDE HEALTH & WELLBEING INFORMATION.

DEVELOP POLICIES TO HELP COUNTRIES TAKE ACTION TO PROMOTE HEALTH & WELLBEING.

→ PRIORITIES OF THE WHO: "U Mind SDG's"

UNIVERSAL HEALTH COVERAGE: providing all people with access to health services without them suffering from financial hardship when paying for these services.

INCREASING ACCESS TO MEDICAL PRODUCTS: increasing the ability for people to access essential medicines to meet the healthcare needs of the population.

INTERNATIONAL HEALTH REGULATIONS: creating legally binding regulations to prevent the spread of disease across countries.

NON-COMMUNICABLE DISEASE + MENTAL HEALTH & WELLBEING, VIOLENCE, INJURIES & DISABILITIES: this priority has arose due to the increasing burden of non-communicable diseases.

SOCIAL, ECONOMIC, ENVIRONMENTAL DETERMINANTS: focuses on WHY people are suffering from disease and the determinants that contribute to disease.

HEALTH RELATED SDG'S: focuses on SDG 3 Good health & wellbeing.

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TYPES OF AID

Aid: assistance given to countries or communities in the event of a crisis or for the development of long term sustainable improvements.

→ EMERGENCY AID

Emergency aid is rapid assistance given to people or countries in immediate distress to relieve suffering during and after emergencies such as war and natural disasters.

PURPOSE: to respond quickly and effectively address the immediate needs of the affected communities and help improve short term health and wellbeing.

CHARACTERISTICS: provision of food, water, medicine, health workers, doctors, emergency workers.

→ BILATERAL AID

Bilateral aid is the provision of aid from the government of one country to the government of another country.

PURPOSE: to help reduce poverty and bring about long term sustainable development.

CHARACTERISTICS: community-based such as immunisation programs, or larger regional schemes such as a water treatment plant.

→ MULTILATERAL AID

Multilateral aid is aid provided through an international organisation such as the World Bank, United Nations and WHO. It combines donations from several countries and distributes them to the recipients.

PURPOSE: contribute to the achievement of equity in health and wellbeing and to promote human development.

CHARACTERISTICS: assists in addressing transnational issues such as global warming and disease control.

→ NON-GOVERNMENT ORGANISATIONS

An important part of the overall aid program and compliments bilateral and multilateral aid.

THEIR FOCUS:
- Smaller, community based projects
- Brings strong connections to local communities
- Consists of smaller goals and targets

EXAMPLES OF AID THEY PROVIDE:
- funding for programs
- trained personnel such as volunteers that coordinate, implement and deliver programs
- education and training
- resources such as building materials

Non-government organisations receive funding from the Australian government; assisting them in implementing their aid program.

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→ EXAMPLE OF A NON-GOVERNMENT ORGANISATION

AUSTRALIAN RED CROSS: aims to improve the lives of vulnerable people in Australia and internationally by mobilising the power of humanity. They operate under a set of principles such as humanity, impartiality, unity and voluntary service.

→ HOW THE RED CROSS PROMOTES HEALTH & WELLBEING, & HUMAN DEVELOPMENT GLOBALLY:

> **HUMAN DEVELOPMENT:**
> Leading productive lives, access to knowledge, expansion of choices and capabilities
> **HUMAN DEVELOPMENT INDEX:** LONG HEALTHY LIFE, KNOWLEDGE, DECENT STANDARD OF LIVING
> Life expectancy, mean years of schooling, expected years of schooling, GNI per capita

- REDUCES THE IMPACT OF DISASTERS: helps communities identify disaster risks and take practical steps to reduce them e.g. building a floodwall

- MEETING HUMANITARIAN NEEDS IN CRISES: they contribute to emergency relief operations when needed e.g. providing emergency relief supplies to families fleeing violence in Syria

- HEALTH, WATER, and SANITATION, HYGIENE: helps communities identify practical solutions to illnesses and injuries e.g. providing first aid training in Myanmar

AUSTRALIAN AID

Through the Department of Foreign Affairs and Trade (DFAT), the Australian government acts to promote human development by working to reduce poverty in low and middle income countries.

DFAT does this by focusing on achieving two development outcomes:
- strengthening private sector development
- enabling human development

→ AID PARTNERSHIPS: "People Who Never Believe Me"

WHOLE OF GOVERNMENT: other Australian sectors such as Agriculture, the Federal Police.

PRIVATE SECTOR PARTNERSHIPS: such as partnership with Westpac to promote economic growth particularly in women.

BILATERAL PARTNERSHIPS: partnering with other countries to combine resources and experiences.

MULTILATERAL ORGANISATIONS: collaborating with WHO and the World Ban to extend the reach of Australia's aid program to a larger scale.

NON-GOVERNMENT ORGANISATIONS: DFAT Partners with many NGO's to complement its aid program.

→ PRIORITIES OF AUSTRALIAN AID: "A BEIGE"

AGRICULTURE, FISHERIES AND WATER:
e.g. strengthening markets and innovating productivity and sustainable resource use.

BUILDING RESILIENCE:
e.g. humanitarian assistance and social protection programs

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EDUCATION AND HEALTH:
e.g. improving teacher training and investing in high quality education and health systems

INFRASTRUCTURE, TRADE FACILITATION AND INTERNATIONAL COMPETITIVENESS:
e.g. provision of a reliable energy supply accessible healthcare systems and educating locals on global trade.

GENDER EQUALITY AND EMPOWERING WOMEN AND GIRLS:
e.g. empowerment and education programs.

EFFECTIVE GOVERNANCE:
e.g. providing advice to low and middle income countries, supporting general elections and initiating anti-corruption programs.

FEATURES OF EFFECTIVE AID PROGRAMS: "FPOT"

FOCUS ON RESULTS:
- The most important needs shoulder be targeted
- Focus on results so the program can be monitored and altered accordingly

PARTNERSHIP:
- Partnerships among all stakeholders ensuring no duplication of the program
- Adequate funding to implement the program

OWNERSHIP:
- People should be involved in the planning and implementation of the program as this means they are more likely to engage
- Culturally appropriate to the community the program is being implemented in

TRANSPARENCY:
- All information ab out the program should be made available to all stakeholders to ensure the funding is being used appropriately

→ EXAMPLE OF AN AID PROGRAM

AGRICULTURAL PRODUCTIVITY AND FOOD SECURITY PROGRAM IN BURKINA FASO

Burkina Faso is a landlocked country in Africa where rainfall is inconsistent and the land has been strongly affected by deforestation and degradation. This means that there is low crop and livestock productivity, making food security an ongoing challenge.

3.5 million People of the population (20%) lack food security, which fluctuates greatly each year. Due to the country relying on import products for a great deal of its food, their food security has been greatly affected by an increase in food prices worldwide.

To increase food security, the Agricultural Productivity and Food Security Program was funded and introduced in Burkina Faso by the World Bank to help farmers increase food production.

→ PURPOSE:

To improve producers' capacity to increase the production and ensure year round availability of cereals and livestock products in rural areas.

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→ IMPLEMENTATION:

- IMPROVEMENT IN FOOD PRODUCTION AND ACCESSIBILITY: provision of funding and farming resources such as fertiliser.
- POST-HARVEST LOSS REDUCTION: access to improved storage technologies to reduce losses.

→ OUTCOMES:

- 7820 hectares of land has been cleared for rice production
- This provided a source of income for 30 000 producers, of which 45% are women

→ HOW THE PROGRAM PROMOTES HEALTH & WELLBEING AND HUMAN DEVELOPMENT:

- Having access to sufficient food is important for health and wellbeing
- Reduced maternal morbidity and mortality
- Reduced rates of infant mortality
- Increased rates of education → social health and wellbeing
- Educated children are more likely to earn an income (decent standard of living → higher GNI)
- Women are empowered → more likely to lead productive and creative lives in accord with their needs and interests

SOCIAL ACTION

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

→ EXAMPLES OF SOCIAL ACTION

- VOLUNTEERING: assists in raising funds or helping a volunteer program
- SIGNING PETITIONS: politicians are often forced to take action when public support is present
- LOBBYING GOVERNMENTS: organising a group of people to write letters, emails etc. to place global issues on the local agenda and bring about change
- DONATING MONEY
- ORGANISING A BOYCOTT
- CONDUCTING FUNDRAISING EVENTS

→ WHY IS SOCIAL ACTION TAKEN

- To help the less fortunate
- To ensure needs of all are represented
- Eliminate discrimination