Area of Study 1

Understanding Health and Wellbeing
Unit 3 AOS1

- Health and wellbeing & dynamic and subjective nature of each
- Benefits of optimal health & wellbeing → individually, nationally & globally
- WHO prerequisites of health
- Indicators of health status
- Factors that contribution to variations in health status
- Smoking, alcohol, high BMI, dietary risks → BOD & health status
Firstly, what is health and wellbeing?

- **Health** is “a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity.” (WHO, 1946)

- **Wellbeing** is *how* a person *feels* about themselves/ their lives in relation the dimensions.

**Health and wellbeing**

- **Def.** Health and wellbeing relates to the state of a person’s physical, social, emotional, mental and spiritual existence and is characterized by an equilibrium in which the individual feels happy, healthy, capable and engaged.
Health is **dynamic** in that it is only a state of wellbeing which is constantly changing.

How people perceive their health is influenced by a number of factors, for which reason it is **subjective**.

- Age
- Fitness
- Body weight
- Social networks
- Income
- Occupation
- Education
- Culture
# Dimensions of Health

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Explanation</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Physical  | Relates to efficient functioning of the body and its systems, including the physical capacity to perform tasks and physical fitness. | • Healthy body mass index (BMI)  
• Absence of physical illness |
| Mental    | Relates to state of person’s mind or brain, and their ability to think and process information. | • Low levels of stress  
• Positive self-esteem |
| Social    | Refers to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations. | • Support network  
• Engage with the community positively |
| Emotional | Refers to the ability to recognize, understand and effectively manage and emotions as well as the ability to display resilience. | • Manage and express their emotions  
• Be resilient |
| Spiritual | Relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. | • A sense of belonging  
• Positive meaning and purpose in life |
# BENEFITS OF OPTIMAL HEALTH

<table>
<thead>
<tr>
<th>Individually</th>
<th>Nationally</th>
<th>Globally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle of wellbeing</td>
<td>Contributions to economy</td>
<td>Enable universal access to healthcare</td>
</tr>
<tr>
<td>- Education</td>
<td>- government improves infrastructure</td>
<td>- Reduce rates of communicable and non-communicable disease</td>
</tr>
<tr>
<td>- Employment</td>
<td>- Can create emphasis on SMH</td>
<td>- can increase emphasis on other transnational issues i.e. climate change</td>
</tr>
<tr>
<td>- Income</td>
<td></td>
<td>- More high income countries</td>
</tr>
<tr>
<td>- Basic necessities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recreational activities</td>
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</tr>
</tbody>
</table>
Prerequisites for health

- Peace → absence of conflict
- Shelter → safe water and sanitation
- Education → knowledge for employment/health literacy
- Food → prevents malnourishment
- Income → decent standard of living
- Stable ecosystem → equilibrium and regeneration in nature
- Sustainable resources → future generations
- Social justice → equal opportunities regardless of...
- Equity → removing barriers
HEALTH STATUS

Health status

Health status = health indicators

What are the indicators of health status?

- morbidity and mortality (infant, U5MR, maternal)
- incidence and prevalence
- burden of disease (i.e. DALY)
- years of life lost (YLL) and years of life lost to disability (YLD)
- life expectancy and health adjusted life expectancy (HALE)
- Self assessed health status
Identify two trends from the graph in relation to the proportion of premature deaths at ages 15 – 64 years. (2 Marks)

The proportion of premature deaths at ages 15-64 years in 2002 - 2006 steadily increases in both sexes from the highest SES to the lowest SES. The proportion of premature deaths at ages 15-64 years in 2002 - 2006 is consistently higher amongst males than females, from the highest to lowest SES.
VCAA 2011

A measure known as the burden of disease shows the impact of different health related problems. The graph below shows the projected fatal and non-fatal burden of some major disease groups.

Define burden of disease and use an example from the graph to illustrate its meaning. (3 Marks).
Define burden of disease and use an example from the graph to illustrate its meaning. (3 Marks).

Burden of disease (BOD) measures the gap between the current health status and an ideal situation where everyone lives to an old age free of disease and disability. [1] It is measured in DALYs, which includes both a fatal (year of life lost due to premature death) and non-fatal component (years of life lost due to disability or disease). [1] Thus, though diabetes and injuries make the same contribution to BOD, injuries have a much higher fatal burden, whilst diabetes has a higher non-fatal burden of disease. [1]

→ 3 marks = 2 marks for BOD + 1 mark example OR 1 mark for BOD + 2 marks for example
Use the **factors** of health to explain **variations** of health in the following population groups:

- males and females
- rural and remote
- Indigenous Australians
- low and high SES

**Tip:** try to learn conditions specific to each population group e.g. *Syndrome X* for Indigenous Australians, *UV exposure* for rural populations
FACTORS

- factors that raise or lower the level of health in an individual or population
- purpose: help to explain or predict trends in population groups and why some groups have better or worse health than others

<table>
<thead>
<tr>
<th>Biological</th>
<th>Sociocultural</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure: hypertension</td>
<td>Food Security</td>
<td>Overcrowding</td>
</tr>
<tr>
<td>Cholesterol levels</td>
<td>Access to healthcare (due to cultural reasons e.g. masculinity/ female doctor)</td>
<td>Access to healthcare (geographical distance)</td>
</tr>
<tr>
<td>Glucose regulation</td>
<td>SES: income, education, occupation</td>
<td>Water/ air quality</td>
</tr>
<tr>
<td>Hormones: testosterone/ oestrogen</td>
<td>Early life experiences</td>
<td>Hazard exposure</td>
</tr>
<tr>
<td>Body/ Birth weight</td>
<td>Social exclusion</td>
<td>Climate change</td>
</tr>
<tr>
<td>Genetic predisposition</td>
<td></td>
<td>Road condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanitation</td>
</tr>
</tbody>
</table>
FACTORS OF HEALTH

Questions tend to be quite formulaic:

“Explain how one factor of health may contribute to the differences in health status of [Group A] and [Group B].”

Step 1: **Identify** (factor + example)

Step 2: **Compare** the population groups

Step 3: **Explain** the example and discuss if it is a *risk factor* or *protective factor* for certain conditions

Step 4: **Link** to *health status*

Elaborate as necessary according to marking scheme.
Select one factor of health and explain how it might contribute to variations in health status between those living in rural areas and those living in major cities. (3 Marks)

Physical: UV exposure → identify: example
Those in rural and remote areas are likely to have higher levels of UV exposure than those in major cities. → compare [1]. This is a major risk factor for skin cancers such as melanoma, which can ultimately cause death. → explain [1]. This accounts for a lower life expectancy amongst rural and remote populations compared to major cities. → link to HS [1].

→ Don’t state if levels of example are high/ low in first step
→ Compare the example in the second step, not the factor
→ Use phrases like risk factor/ protective factor to boost marks
→ Ultimately link to a health status indicator

Note: LE, M, M
**FACTORS INFLUENCING HS AND BOD**

**Smoking**
- Past tobacco use, current use & exposure to second hand smoke
- Leads to CVD, many forms of cancer, low birth weight, respiratory conditions etc.
- Speed up process of *atherosclerosis*

**Alcohol**
- 29 kj/ g = energy dense
- Leads to obesity which is a r.f. for CVD, cancers
- Risk taking behaviors e.g. alcohol induced driving etc.

**High BMI**
- > 25 = overweight
- > 30 = obese
- Leads to CVD, colorectal cancer, T2 diabetes, arthritis, mental health issues
**FACTORS INFLUENCING HS AND BOD**

**Under-consumption of vegetables/ fruits**
- nutrient dense = magnesium, vit C, fibre
- vegetables can prevent obesity, CVD, colorectal cancer, T2 diabetes
- If not eating fruit/ vegetables, likely to be consuming foods that are energy dense

**Under-consumption of dairy foods**
- Not enough dairy means lack of calcium (needed to ossify bones)
- Leads to osteoporosis

**High intake of fat**
- 37kj/g
- Obesity, CVD, colorectal cancer, T2 diabetes
- Stored as adipose tissue if consumed in excess
- Impact cholesterol levels: LDLs and HDLs

Tip: LDL = loser 😞
HDL = happy 😊
A closer look at fats

- Four different types of fats
- Impact LDL and HDL levels in different ways

<table>
<thead>
<tr>
<th></th>
<th>Low Density Lipoproteins</th>
<th>High Density Lipoproteins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polyunsaturated</td>
<td>![Down Arrow]</td>
<td>![Up Arrow]</td>
</tr>
<tr>
<td>Monounsaturated</td>
<td>![Down Arrow]</td>
<td></td>
</tr>
<tr>
<td>Saturated</td>
<td>![Up Arrow]</td>
<td></td>
</tr>
<tr>
<td>Trans</td>
<td>![Up Arrow]</td>
<td>![Down Arrow]</td>
</tr>
</tbody>
</table>
High intake of salt
- Sodium → CVD (hypertension, stroke, heart attack)
- Leads to osteoporosis due to demineralization of bones

High intake of sugar
- Stored as adipose tissue when consumed in excess
- Sugar = high GI/ simple carbohydrates → overeating
- Excessive glucose in bloodstream → Diabetes T2

Low intake of fibre
- Promotes satiety → prevents obesity
- Reduces polyps, r.f. for colorectal cancer

Low intake of iron
- Iron deficiency → anaemia
VCAA 2015
Outline how excessive sodium consumption can have an impact on health status. (2 Marks.)

Excessive sodium in the body draws water into the bloodstream. This increases blood volume [1] and can lead to hypertension, which is a risk factor for a stroke or heart attack. This decreases life expectancy. [1]

→ 1 mark for function of sodium
→ 1 mark for link to HS
→ Try to link to a condition even when not specifically asked.
Area of Study 2

Promoting Health and Wellbeing
Unit 3 AOS2

- Reasons for improvement in Australia’s HS
  - Old public health
  - Biomedical model of health
  - New Public Health: SMH, Ottawa Charter
  - relationship between biomedical and SMH
- Australia’s health system
- Health promotion for Smoking/Road Safety/ Skin Cancer
- Initiatives for improving Indigenous Health and Wellbeing in Australia (r/ship with Ottawa)
- Initiatives to promote healthy eating in Australia
Old Public Health
• Related to government actions that focused on changing the physical environment to prevent spread of disease
• Focus on communicable diseases
  - Providing safe water
  - Sanitation and sewage disposal
  - Improved nutrition
  - Improved housing conditions
  - Better work conditions

New Public Health
• Approach to health that expands traditional focus on individual behavior, to one that considers the way in which physical, sociocultural and political environments impact health
• Focus on non-communicable/ lifestyle diseases

contagious diseases
Diseases linked with the way people live their life
## MODELS OF HEALTH

<table>
<thead>
<tr>
<th>Biomedical model of health</th>
<th>Social model of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘band-aid’ or ‘quick-fix’ approach i.e. focuses on <strong>physical</strong> and <strong>biological</strong> aspects of diseases</td>
<td>addresses the broader influences i.e. <strong>social</strong>, <strong>environmental</strong> and <strong>economic</strong> aspects affecting health</td>
</tr>
<tr>
<td>involves <strong>diagnosing</strong> and <strong>treating</strong> diseases once symptoms are already present</td>
<td>five <strong>principles</strong> of the social model <strong>AREAS</strong></td>
</tr>
<tr>
<td>centres around doctors, health professionals, hospitals, health clinics</td>
<td>centres around the community, policies, education and health promotion</td>
</tr>
<tr>
<td><strong>focus:</strong></td>
<td><strong>focus:</strong></td>
</tr>
<tr>
<td>- the <strong>individual</strong> and the attempt to return them to pre-illness levels</td>
<td>- the <strong>community</strong> to <strong>prevent</strong> ill health</td>
</tr>
<tr>
<td>- the disease itself</td>
<td>- influences and causes for ill health</td>
</tr>
<tr>
<td><strong>Examples:</strong></td>
<td><strong>Examples:</strong></td>
</tr>
<tr>
<td>- stitches to heal deep cuts</td>
<td>- health promotion programs</td>
</tr>
<tr>
<td>- surgery</td>
<td>- Closing the Gap</td>
</tr>
<tr>
<td>- chemotherapy</td>
<td>- SunSmart</td>
</tr>
<tr>
<td>- medication</td>
<td>- BreastScreen</td>
</tr>
</tbody>
</table>
PRACTICE QUESTION

Explain how both the biomedical and the social models of health could be used to reduce the burden of disease associated with cardiovascular disease. (4 Marks)

The biomedical focuses on the physical and biological aspects of disease, and involves diagnosing and treating such diseases. [1] This could involve prescribing a patient who suffers from hypertension with blood thinning medication such as aspirin, which reduces the risk of stroke, and thus reduces the burden of disease (BOD) from cardiovascular disease (CVD). [1]

The social model of health is a conceptual framework which addresses the social, economic and environmental determinants. [1] This involves health promotion programs such as the Heart Foundation’s ‘Pick the Tick’, which encourages consumers to purchase foods low in saturated and trans fats. This reduces the risk of atherosclerosis, and thus reduces the non-fatal component of BOD associated with CVD. [1]

4 marks = 2 marks for definitions
The social model of health

The five principles = All Interested Athletes Eat Apples because athletes like to socialise

Addresses the broader determinants of health

Involves intersectoral collaboration

Acts to enable access to health care

Empowers individuals and communities

Acts to reduce social inequities

Note: a common mistake is confusing “intersectoral” with “intersectorial” and “inequities” with “inequalities”
SOCIAL MODEL OF HEALTH

WTH is the difference between inequality and inequity ??

Equality is treating everyone the same.

Equity is removing barriers for those who are more disadvantaged (positive discrimination).
## SOCIAL MODEL OF HEALTH

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESSES the broader determinants of health</td>
<td>All social, environmental and economic factors impact on health. Factors include gender, income and culture.</td>
</tr>
<tr>
<td>INVOLVES inter-sectoral collaboration</td>
<td>The public and private sector working together in coordinated action to improve health outcomes.</td>
</tr>
<tr>
<td>ACTS to reduce social inequities</td>
<td>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.</td>
</tr>
<tr>
<td>EMPOWERS individuals and the community</td>
<td>Involves providing knowledge, understanding, and information to empower individuals to participate in decision making about their health – education is a key component.</td>
</tr>
<tr>
<td>ACTS to enable access to healthcare</td>
<td>Involves providing health services and promotion that is affordable, accessible, and relevant to people’s needs.</td>
</tr>
</tbody>
</table>
A new campaign aimed at Victoria’s Youth hopes to change the drinking culture. The No Excuse Needed campaign aims to empower young Victorians to say no to an alcoholic drink if they don’t want to keep drinking without having to justify the decision by using an excuse.

A joint project by VicHealth and the Victorian government, the campaign includes a series of television commercials that challenge the social norm of feeling obligated to drink, with billboards and buses the next target advertising the campaign.

VicHealth chief executive officer Jerril Rechter said it was hoped the project would gradually improve the drinking culture among people aged 16 to 29 by challenging the perception about harmful drinking behaviour...

[Ms Rechter said] ‘…61 per cent of people aged 16 to 29 don’t go out to get drunk, they go out to have fun but somehow peer pressure kicks in and they find themselves in a situation they don’t want to be in.’

State two principles of the social model of health and explain how they are reflected in this project. (6 marks)
State **two principles** of the social model of health and **explain** how it is reflected in this project. (6 marks)

1. Identify the principle
2. Explain the principle
3. Link principle to case study

1. **Involves intersectoral collaboration:** the program involves several organisations working together to improve health outcomes through VicHealth and the Victorian government working in conjunction with each other to address peer pressure that young people may feel with respect to drinking culture.

2. **Empowers individuals and the community:** the program seeks to provide young people with the knowledge and awareness required to better improve their health. This is through exposing them to television commercials aimed at challenging the "social norm of feeling obligated to drink".
The Ottawa Charter for health promotion

**Action areas**

- **Build a healthy public policy**
- **Create supportive environments**
- **Strengthen community action**
- **Develop personal skills**
- **Reorient health services**

**Strategies for health promotion (3)**

- **Advocate**: supporting and lobbying governments
- **Enable**: equal access and education
- **Mediate**: help different groups work together

*Note: Questions for SMH and Ottawa are identical, but sometimes for Ottawa you might be asked to think of your own examples ➔ VCAA 2017 Q 7c*

‘Bad Cats Smell Dead Rats’
<table>
<thead>
<tr>
<th>Action Area</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build Healthy Public Policy</td>
<td>Put health on the agenda of all policy makers in all sectors</td>
</tr>
<tr>
<td>Create Supportive Environment</td>
<td>Change physical environment to encourage/promote health behaviours</td>
</tr>
<tr>
<td></td>
<td>Aims to make the healthy choice the easy choice</td>
</tr>
<tr>
<td>Strengthen Community Action</td>
<td>Bringing everyone together and empowering communities to set health priorities and implement strategies to improve health</td>
</tr>
<tr>
<td>Develop Personal Skills</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Better position to make choices/decisions about their health</td>
</tr>
<tr>
<td>Reorient Health Services</td>
<td>Medical professionals being proactive and promoting health as opposed to only focusing on diagnosis/treatment</td>
</tr>
<tr>
<td></td>
<td>Doctors take the role of educator (note: does not mean current biomedical model should be neglected)</td>
</tr>
</tbody>
</table>
INDIGENOUS HEALTH AND WELLBEING

Why is it targeted?

• Indigenous Australians have significant potential to experience improvements in health and wellbeing
• Australian Government and Indigenous leader introduced ‘Close the Gap’ of health status between Indigenous and non-Indigenous Australians

How initiatives reflect Ottawa Charter:

• Delivering Deadly Services
  - *Builds Healthy Public Policy*: funding to support Indigenous students get medical placements in rural Victoria
  - *Creates Supportive Environments*: Indigenous specific medical clinic which include Indigenous health workers
  - *Strengthens Community Action*: increased cultural awareness at health facilities across Australia
  - *Develops Personal Skills*: forums for health workers to adopt culturally appropriate practice
  - *Reorients health services*: cultural awareness training to health services, increasing Indigenous Australians’ access to healthcare

Tip: the study design uses the plural, ‘initiatives’. Learn one in detail, and a second to be safe.
AUSTRALIA’S HEALTH SYSTEM

Medicare

- Australia’s universal health insurance scheme
- Australians, permanent residents and those from countries under reciprocal agreement
- **How is it funded?**
  - Medicare Levy: **2% taxable income** for those above threshold
  - Medicare Levy Surcharge: **extra 1-1.5% taxable income** for those without PHI, means tested
    - General Taxation
- **What does it cover?**
- **What are its advantages and disadvantages?**
Private health insurance

• Additional cover that can be taken out on top of Medicare
• Incurs additional cost
• Covers services not covered by Medicare e.g. physiotherapy, dental services etc.
• What are the incentives to encourage PHI?
  - Lifetime health cover: those who take up PHI after 30 pay extra 2% on premiums every year they are over 30
  - PHI rebate: rebate from government to help cover cost of premiums, means tested
• Medicare Levy Surcharge: extra 1-1.5% taxable income for those without PHI, means tested
• What does it cover?
• What are its advantages and disadvantages?
AUSTRALIA’S HEALTH SYSTEM

Pharmaceutical Benefits Scheme
- Federal government initiative
- Aims to make essential medicines available through subsidising range of prescription medications at affordable prices
- For Australian citizens and those under the reciprocal agreement

National Disability Insurance Scheme
- Implemented by National Disability Insurance Agency (NDIA)
- Services and support for Australians/ permanent residents with permanent, significant disabilities under the age of 65
- And their families and carers
Necessary to link Australia’s health system to the following

- **Funding**
  - Financial resources that are provided to keep health system *adequately staffed* and *resourced* for a high level of care
  
  **Tip:** must link to Medicare, PBS, PHI, NDIS.

- **Sustainability**
  - Health system that provides work and infrastructure, and is *innovative* and *responsible* to emerging needs
  - Involves interventions such as research and monitoring

- **Access**
  - Health system that ensures all can access quality healthcare in a *timely* manner
  - Irrespective of *financial situation* or *physical location*

- **Equity**
  - Ensures *all Australians* can access healthcare when required
  - Equal access does not necessarily mean the system is equitable
PROMOTING HEALTHY EATING

Role of health promotion

Smoking
Road Safety
Skin Cancer

Note: You only need to learn one of these. Need to link them to action areas of the Ottawa Charter
Role of Government - Australian Dietary Guidelines

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline 1</td>
<td>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</td>
</tr>
<tr>
<td>Guideline 2</td>
<td>Enjoy a wide variety of nutritious foods from these five food groups every day: *And drink plenty of water</td>
</tr>
</tbody>
</table>
| Guideline 3 | Limit intake of foods containing saturated fat, added salt, added sugars and alcohol  
  a. Replace unhealthy fats with healthy fats  
  b. Limit food and drinks with added salt  
  c. Limit food and drinks with added sugar  
  d. Limit consumption of alcohol |
| Guideline 4 | Encourage, support and promote breastfeeding |
| Guideline 5 | Care for your food; prepare and store it safely |
Nutrition Australia

• Healthy Eating Advisory Service
  - information and support on nutrition for organisations such as hospitals and schools. Includes advice on healthier alternatives and how to incorporate a range of nutritious foods into the menu

• National Nutrition Week campaign:
  - offers a downloadable National Nutrition Week kit containing information, media reports and games online, to guide activities in schools, health centres, community fairs and shopping centres.
PROMOTING HEALTHY EATING

Note: Learn how to describe each layer.

Note: Healthy fats are still energy dense and can be stored as adipose tissue if not used for energy consumption.

Enjoy a variety of food and be active every day!
Choose two of the Australian Dietary Guidelines and explain how each is reflected in the Healthy Eating Pyramid. (4 marks).

1. **Guideline 2**: Enjoy a wide variety of nutritious foods everyday is reflected in the entire pyramid, [1] as it ranks the five food groups based on recommended intakes. Thus, “healthy fats” are placed at the top of the pyramid, and vegetables, legumes and fruits are on the foundation layer. [1]

2. **Guidelines 3**: Limit intake of foods containing saturated fat, added salt, added sugars and alcohol is reflected [1] in the pyramid through illustrating healthy fats as opposed to saturated or trans fats, and the additional message outside the pyramid to “limit salt and added sugar.” [1]

→ 4 marks = 2 marks per explanation
→ Note use of the word “reflected”
→ Entire name of each guideline and specific aspects of pyramid
Challenges in bringing about dietary change

- **Lack of health literacy:** low SES Australians may not be aware of the risks of a poor diet (i.e. never learnt this)
- **Lack of education:** not able to read/understand health promotion messages (this is why visual selection tools were created)
- **Income:** low-income earning Australians may not be able to afford the healthier nutrient-dense foods, causing them to purchase and consume cheaper options (not as healthy usually)
- **Geographic location:** those who live in rural/remote regions may not have access to a supermarket that sells a range of nutritious foods in close proximity. They may, therefore, have to purchase energy-dense/ fast foods as this is more practical
- **Early life experiences:** behaviours learned during childhood are very hard to change
UNIT 3: common mistakes

- Health benefits of nutrients
- Linking nutrients to certain diseases
- Factor questions
- Confusing SMH principles with elements of Ottawa Charter — must be verbatim
- Comparing and contrasting ADG and Healthy Eating Pyramid
- Nutrition surveys — not tested for a long time
- ADG 2 and 3 in promoting healthy eating
- Do not confuse Nutrition Australia’s (Healthy Eating Pyramid with ADG by government
- Explaining the role of fats (poly, mono, sat, trans)
- Values of healthcare system and examples
- BOD definition
- Reflecting SMH and Ottawa principles in a case study
- Definition of health promotion
- 3 elements of Ottawa Charter
- Linking PBS and Medicare to HS of Australians and comparison between two
- Data analysis
Area of Study 1

Health and human development in a global context
KEY CONCEPTS

Unit 4 AOS 1

- **High/ Middle/ Low income countries:**
  - characteristics
  - comparing HS and BOD

- **Factors contributing to HS and BOD**
  - access to safe water
  - sanitation
  - poverty
  - inequality and discrimination (race, religion, sex, sexual orientation, gender identity)

- **Dimensions of sustainability:** S.E.E.

- **Human development** and strengths and weaknesses of HDI

- **Implications of global trends**
  - climate change
  - conflict and mass migration
  - increased world trade and tourism
  - digital technologies
## DEVELOPED VS DEVELOPING

### Characteristics

<table>
<thead>
<tr>
<th>High-income</th>
<th>Middle-income</th>
<th>Low-income</th>
</tr>
</thead>
<tbody>
<tr>
<td>High GNI and GDP.</td>
<td>Intermediate GNI and GDP.</td>
<td>Low GNI and GDP.</td>
</tr>
<tr>
<td>Health care that is accessible, affordable, and equitable; existing health system; high rates of immunisation.</td>
<td>Access to health care; a well-functioning health system may not exist; intermediate rates of immunisation.</td>
<td>Lack of access to health care; no health system; low rates of immunisation.</td>
</tr>
<tr>
<td>High levels of literacy and participation in education; quality education system.</td>
<td>Intermediate levels of literacy and participation in education (e.g. primary education may not be compulsory); mediocre education system.</td>
<td>Low levels of literacy and participation in education; poor education system.</td>
</tr>
<tr>
<td>Safe water and sanitation abundantly available.</td>
<td>Some safe water and sanitation available; access to it may be poor.</td>
<td>Lack of access to safe water and sanitation.</td>
</tr>
<tr>
<td>Adequate food supply.</td>
<td>Adequate food supply; may not be nutritious.</td>
<td>Lack of access to adequate food supply.</td>
</tr>
<tr>
<td>Stable political systems.</td>
<td>Can be stable, unstable, or turbulent.</td>
<td>Lack of political stability (i.e. prone to wars).</td>
</tr>
</tbody>
</table>
Factors contributing to the differences in health and human development

Five factors.

- Access to safe water
- Sanitation
- Poverty
- Inequality and discrimination (race, religion, sexual orientation, gender identity)
- Global distribution and marketing (tobacco, alcohol, processed foods) → Double BOD

Tip: focus on developing, compared to developed.
DEVELOPED VS DEVELOPING

Factors contributing to the differences in health and human development

You could either be:
• Given some data and asked to identify a factor that contributes to such differences
• Provided with one of the 5 factors and asked to explain how it might contribute to differences in HS/HD between countries

You need to be able to describe each factor
Explain why the global distribution of tobacco is particularly significant for developing countries. (3 marks)

Due to the lack of regulations and laws surrounding tobacco in developing countries, such as plain packaging laws, there is limited health literacy surrounding the adverse effects of tobacco. This confronts developing nations with issues surrounding not only communicable diseases such as measles and polio, but also non-communicable diseases such as cardiovascular disease and lung cancer. This is called the double burden of disease.

→ 3 marks = 3 key pieces of info
→ Lack of health literacy = 1 mark
→ Identifying double burden of disease = 1 mark
→ Defining double burden of disease = 1 mark
Sustainability

- ‘meeting the needs of the present without compromising the ability for future generations to meet their own needs.’ (UN 1987)

Dimensions of sustainability (SEE)

- **Social**: human rights, edu, HC
- **Economic**: stability, trade, production
- **Environmental**: land, water, agriculture, nature
Identifying sustainability

VCAA 2015

Recilia and her neighbor Delfinia live in a remote village in the Inhambane region of Mozambique. Despite droughts and flash floods making it difficult to grow food, Oxfam Unwrapped goats provided through partner organisation, Malhalhe, are transforming their lives for the better.

Recilia says her goats have given her hope. “I feel…secure and I see my future differently now,” she says.

As the goats breed, Recilia can sell them, meaning she no longer has to rely on crops that are too often destroyed by drought and flood. With the income she receives selling goats, she now buys vegetables and rice, as well as clothes and blankets for her family. It also helps pay her children’s school fees.

“I know that if I have a problem in my family, I can sell a goat for food. I can find money to solve the problem.”

Recilia is saving as well. She plants to buy pots, cutlery, crockery and a basin for washing. During the next rainy season, she plans to hire a plough. This will enable her to produce enough to feed not just her family, but also to sell food in her community, allowing her to buy books and uniforms for her children.
Human development

The HD definition broken down:

• develop to their full potential → U5MR
• lead productive and creative lives → seek employment, education, a hobby
• expanding people’s choices and enhancing capabilities → equality, acquiring skills
• access to knowledge, health and a decent standard of living → access to education, healthcare, being free from poverty/ earning an income
• participating in their community and decisions affecting their lives → empowerment
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Human development Index (HDI)

- A tool developed by the UN to measure and rank countries’ levels of social and economic development
- Provides a single statistic from 0-1
- 3 dimensions (health, education, living standards)
- 4 indicators
  - life expectancy at birth: an indication of how long a person can expect to live. It is the number of years of life remaining to a person if death rates do not change.
  - mean years of schooling: the average number of years of education achieved by those aged 25 and over.
  - expected years of schooling: the number of years of education expected for a child of school entrance age
  - GNI per capita:
- What are its advantages and limitations?
GLOBAL TRENDS

Climate change

Rising sea levels
Relocation, reduced fresh water, reduced agriculture and food change in biodiversity
Stress, food insecurity, waterborne diseases, conflict over water

Changing weather patterns / extreme weather events
natural disasters: bushfires, floods, heatwaves, homelessness, food insecurity
Waterborne diseases (esp mosquito related diseases), physical injuries, food insecurity

Effect
Link to H&W
GLOBAL TRENDS

Conflict and Mass Migration

**Conflict**
- Violence, trade restrictions, unemployment, disrupted education, abuse of human rights

**Mass Migration**
- Poverty, unsafe work, sexual violence and abuse, lack of sanitation

**Effect**
- Healthcare system suffers = all dimensions impacted, PTSD and mental illnesses

**Link to H&W**
- Water and airborne diseases, mental illnesses, HIV/ AIDS, Hepatitis etc.
GLOBAL TRENDS

Increased world trade and tourism

**World Trade**
- Employment opportunities, gender equality (export growth), education vs exploitation, unsafe work
- Increased financial security → decent standard of living vs injuries, low morale and limited income

**Tourism**
- Employment opportunities, gender equality, resource efficiency, environmental protection vs unsustainable tourism, spread of disease
- Increased financial security → decent standard of living, protection of wildlife & history → spiritual health vs spread of transnational threats e.g. Zika virus

Consider both benefits and drawbacks
GLOBAL TRENDS

Digital technologies that enable increased knowledge sharing

Effect
- eHealth, improved health systems (previous access to health), legal protection (registry of births, deaths, marriages), SMS alerts vs cyberbullying, safety and privacy

Link to H&W
- Improved access to health and health literacy, human rights vs compromise of emotional/mental health

Consider both benefits and drawbacks
SUSTAINABLE DEVELOPMENT GOALS

Sustainable Development Goals (SDG’s)

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

Areas of focus:
- Description of SDG
- Why it is important
- How it can promote global health/development
- Link to SDG 3
- Program
#1 No poverty
“End poverty in all its forms everywhere.”

Cycle of poverty

- Lack of water and sanitation
- Communicable diseases
- Lack of income
- Inhibit the country’s economic development
#2 Zero Hunger

“End hunger, achieve food security and improved nutrition and promote sustainable agriculture.”
#3 Good health and wellbeing

“Ensure healthy lives and promote wellbeing for all at all ages.”

At risk groups
- Maternal Mothers
- Children
- Females

Communicable diseases
- Malaria
- Tuberculosis
- HIV/AIDS
- Hepatitis

Good health and wellbeing
- Road Trauma
- Substance abuse
#4 Quality education

“Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.”
Explain how Quality Education can impact on Sustainable Development Goal 3. (2 marks)

By ensuring all boys and girls have access to quality education, as addressed by Sustainable Development Goal (SDG) 4, they can gain access to health literacy such as learning about the importance of safe sex practices. This can reduce the prevalence of HIV/AIDS, a disease that SGD 3 Good Health and Wellbeing seeks to prevent.

→ Purpose of each goal = 2 marks
→ Needs adequate link between two goals for full marks
#5 Gender equality

“Achieve gender equality and empower women and girls.”
Explain how gender equality may influence human development. (3 marks)

Gender equality allows for both males and females to have equal access to employment opportunities. Thus, both genders can enhance their capabilities within the workforce and earn an income to maintain a decent standard of living. As such, both males and females can live to their full potential. This promotes human development.

→ 3 links to HD definition = 3 marks
→ Needs adequate discussion of program for full marks
#6 Clean water and sanitation

“Ensure availability and sustainable management of water and sanitation for all.”

**CLEAN**
- Water pollutants
- Contamination

**WATER**
- Lack of access
- To reliable water supply

**SANITATION**
- Lack of/
- Poor quality facilities

**Weaken immune system**

**Water-borne diseases**

**Weaken respiratory system**

**Air-borne diseases**
#13 Climate Action
“Take urgent action to combat climate change and its impacts.”

Resilience and adaption
Plan for alleviation
Reduced effects of global warming and natural disasters
Area of Study 2

Health and the SDGs
Unit 4 AOS 2

• Sustainable Development Goals
  - rationale and objectives
  - Key features of SDG 3
  - relationship between SDG 3 and SDGs 1, 2, 4, 5, 6 and 13

• Priorities and work of WHO

• Aid
  - types of aid
  - Aus-aid priority areas
  - role of NGOs
  - features of effective aid that address SDGs: examples, purpose, implementation, contribution to H + HD

• Ways in which individuals can engage with organisations to take social action
World Health Organisation (WHO)

What is it?
- a branch of the UN concerned primarily with promoting global health
- provides leadership in engaging and supporting countries to respond to a range of global health issues and improve the health of their citizens

Six priorities
1. Advancing Universal health coverage
2. Increasing access to essential, high quality, effective and affordable Medical products
3. Implementing the provisions of the International Health Regulations (2005)
4. Addressing the challenge of Non-communicable diseases and mental health, violence, injuries and disabilities
5. Addressing the social, economic and environmental Determinants
6. Health-related Millennium Develop Goals

Tip: you can remember the six priorities through the acronym: ‘U MIND MDGs’
Three types of aid

- Emergency/humanitarian aid
- Bilateral aid
- Multilateral aid
Types of Aid

Emergency/humanitarian aid
- rapid assistance given to people or countries in immediate distress
- during/after man-made emergencies (e.g. wars) and natural disasters (e.g. flood, earthquakes, tsunamis)
- **short term:** used to keep people alive (link - biomedical model)

Bilateral aid
- Aid provided from one government directly to another
- Consultation allows them to ensure capacity of donating country = meet needs of receiving country
- Usually small-scale projects

Multilateral aid
- Aid provided through an international organization
- Usually large-scale, long-term, transnational issues
- Examples: WHO, UN, World Bank

Consider why Australia might give aid? (DFAT)
Department of Foreign Affairs and Trade (DFAT)

DFAT partakes in all three types of aid.

How do they do this?
Through...

- **emergency**: provide humanitarian assistance in times of need
- **bilateral**: forming bilateral partnerships with developing countries
- **multilateral**: providing funds to international organisations (e.g. UN)
Priorities of Australia’s Aid Program (DFAT)

- Building **resilience**: humanitarian assistance, disaster risk reduction and social protection
- **Education** and health
- **Gender equality** and empowering women and girls
- **Infrastructure**, trade facilitation and **international competitiveness**
  - infrastructure: energy supply, roads and transport systems, clean water, healthcare, telecommunication systems
- **Agriculture**, fisheries, and water
- Effective **governance**: policies, institutions and funding economies
ROLE OF NGOs

NGO’s in Australia

World Vision Australia
● works with children, families and communities around the world to overcome poverty and injustice

Australian Red Cross
● works to save lives, alleviate human suffering and protect human dignity, especially in times of disasters, armed conflicts and other humanitarian crises

Oxfam Australia
● Oxfam envisions a just world without poverty, where people can influence decisions that affect their lives, enjoy their rights and assume their responsibilities

No need to rote learn just familiarise yourself.
ENGAGING IN SOCIAL ACTION

Social action means doing something to create positive change.

- Volunteering to collect money for charities such as the Red Shield Appeal for the Red Cross
- Donate money to NGOs such as World Vision, Oxfam, Red Cross to support their work in low and middle income countries
- Lobby governments about social issues
- Purchasing power: buying products that promote social change e.g. Fair Trade, Who Gives a Crap
  - Fair Trade: a certification system that offers farmers and workers in low income countries with a better deal when they trade their products.
  - Who Gives a Crap: sell environmentally friendly toilet paper → half of profits go to NGOs who facilitate sanitation and hygiene products in developing countries e.g. WaterAid
UNIT 4: common mistakes

• Understanding definition of HD
• HDI dimensions and indicators → must be word perfect
• Applying concept of global marketing to increase of specific illnesses
• Understanding humanitarian aid
• Factors influencing HS/ HD in developing countries
• Agenda of WHO
• Programs in developing countries for SDGs
• Oxfam Australia
• Data analysis
SEPTEMBER HOLIDAYS

• Use this time well as it provides best opportunity to revise

• Do not attempt practice exams until you are confident that you **know** the content – it will be counter productive

• Swotvac is for revising, not learning

• Revision needs to consistent and productive

• **Complete 2 x practice exams (under exam conditions) and self mark**
* My advice
  • Create a revision timetable for all your subjects (maybe using school timetable)
  • Create a HHD revision timetable (what areas need more focus?)
  • Summarise all your notes
  • Ensure you know everything (how much can you write without notes? Which areas do you struggle with? Make a checklist)
  • Complete past SACs and review questions
  • Use study design as checklist
  • Do some exams (but leave some for SWOTVAC)
COMPLETING PRACTICE EXAMS

- Replicate exam conditions (time limit, no shorthand, no blank spaces, no distractions, no music/ tv etc.)
- Self mark all exams and be tough
- Do not print our answers until you have completed the questions
- Be wary of old study design content
- Use reading time effectively: don’t give up after 5 mins
- Highlight questions you had trouble with and add them to a revision list

<table>
<thead>
<tr>
<th>Where I lost marks</th>
<th>What do I have to remember?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- didn’t use data in my response</td>
<td>- ALWAYS use data in your response when analysing data</td>
</tr>
</tbody>
</table>

- Try to sit some exams at 11:45 am
- Do not use notes until 2 hours are up, then finish exam in different coloured pen
THINGS TO REMEMBER

• Definition questions are ‘easy’
• We want a hard exam
• Time management is key
• Make the examiner’s job easy e.g. highlight/ underline key words
• Attempt all questions
• If unsure write a definition or at least identify to get some marks
• Use number of lines and mark allocation as indication of how much detail to include
• Understand differences between ‘contrast, identify, list, explain, to what extent do you agree?’ Etc.
THINGS TO REMEMBER

• Look for key word and unpack it e.g. ‘health, HS’
• **No dot points** for questions that ask you to ‘explain’ or ‘outline’
• Clearly address **all parts of question** in order asked
• Do not rewrite question in your answer
GENERAL ERRORS

• Applying wrong information
• Listing rather than explaining
• Not providing entire definition
• Not providing an example when required
• Not using data when required
• Not including enough information for full marks
• Having unclear handwriting
• Not referring examiner to extra writing space (indicate in answer and back page)
• Not using stimulus material when provided e.g. graph, case study, diagram or table
GENERAL ERRORS

• Not being specific e.g. Diabetes type 1 or 2?
• Using short hand or acronyms
• Suggesting exact causal links ...

“smoking may lead to lung cancer, not will lead to lung cancer”
The day before

• No more practice exams – give your brain a break

• Look over notes

• Where did you commonly lose marks in the practice exams?
The night before

- Sleep
The day of

• Do not look at your notes or anything HHD-related

• When waiting to go inside the examination room, don’t talk to anyone.

• Do anything to lower your HR: mediation, take deep, slow breaths, listen to classical music, sit down

• Ground yourself – regain control
Maximising reading time

- 15 min reading
- You will probably finish reading the whole exam before the 15 minutes
- READ IT AGAIN (especially the programs)
- **Plan** your responses in your head
- ‘Identify one [...] and explain how it promotes human development’ \( \rightarrow \) decide NOW, know exactly which one you are going to write down come writing time
Strategies for writing time

• 2 hours writing

• Don’t know? → circle the Q, skip it and come back later

• Read the question carefully

• A borderline full mark response → asterisk it and come back later if there’s time!

• Using extra space

• Choose your pen wisely :P (and bring spares!!!!!!)
You got this!!!