UNIT 3 HEALTH & HUMAN DEVELOPMENT
SUMMARY NOTES FOR THE VCAA EXAMS

WRITTEN BY A STUDENT WHO OBTAINED A PERFECT 50 STUDY SCORE

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OVERVIEW

Unit 3: School Assessed Coursework - 25% contribution to Study Score
Unit 4: School Assessed Coursework - 25% contribution to Study Score

Examination Details: 50% contribution to Study Score

- 15 minutes reading time - use wisely! Being to interpret stimulus material and pick out key words
- Read the entire paper first, then go back and read each question carefully
- Answer the questions you're most confident in first
- Use the mark allocations and descriptors as a guide for the amount of detail required
- If the question asks for three factors, only the first three will be assessed. If you put in extra factors, they wont be marked
- Usually the first question of a graph or table asks your about a trend or relationship
- If you run out of time, write down dot points. Never leave a question blank
- Do not rewrite a question or include an introduction, you won't get any marks
- Make sure your handwriting is legible. No grey leads!

EXAM TERMINOLOGY

- **Analyse:** Examine the components of. Look for links, trends, patterns and relationships
- **Apply:** Use the information to make links
- **Assess:** Weigh up the value of
- **Comment:** Make relevant remarks about
- **Compare:** Show similarities
- **Contrast:** Show differences
- **Define:** Give the precise meaning of
- **Demonstrate:** Show how
- **Describe:** Give a general description
- **Discuss:** Look at both sides of, give an overall account
- **Evaluate:** Judge, weigh up the pros and cons, give your opinion of
- **Explain:** Show understanding, make clear
- **Identify:** List, recognise, acknowledge
- **Illustrate:** Use examples to show
- **Justify:** Give reasons and evidence to support a statement or position
- **List:** Make points briefly
- **Outline:** Give an overview, a general summary
- **Suggest:** Put forward ideas or proposals

UNIT 3: AUSTRALIA'S HEALTH IN A GLOBALISED WORLD

AREA OF STUDY 1: UNDERSTANDING HEALTH AND WELLBEING

KEY KNOWLEDGE

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

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

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

- indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:

  males and females
  Indigenous and non-Indigenous
  high and low socioeconomic status
  those living within and outside of Australia's major cities

- the contribution to Australia's health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

CONCEPTS OF HEALTH AND WELLBEING

CONCEPTS OF HEALTH AND WELLBEING (INCLUDING PHYSICAL, SOCIAL, EMOTIONAL, MENTAL AND SPIRITUAL DIMENSIONS) AND ILLNESS, AND THE DYNAMIC AND SUBJECTIVE NATURE OF THESE CONCEPTS

- **Health and wellbeing** relates to the state of a person's physical, mental, social, emotional and spiritual existence and how they feel about their lives in relation to the various dimensions.

- Health is also considered as a resource for everyday life, not the objective of living.

- **Illness** is the state of feeling unwell.
    - Two people with hypertension may feel differently about their condition. One person may see themselves as ill as they are diagnosed with the disease, whereas another person may consider themselves not ill as they can still perform their daily tasks efficiently.

- **Disease** is a physical or mental disturbance involving symptoms, dysfunction or tissue damage. Disease is associated with diagnosis.

- Health and wellbeing is considered **dynamic**, meaning constantly changing. Changes can be rapid and intense, but most changes occur slowly.
    - A young adult may have strong mental and physical health and wellbeing one day, having a high level of physical fitness and experiencing high levels of confidence. They may suddenly get into a car accident, which would drastically affect their life. Their physical health and wellbeing then could be impaired as they are left with an injured leg, leaving them unable to perform daily tasks effectively. This could also negatively impact their mental health and wellbeing as they get poor self-esteem and begin to feel high levels of stress.
    - Generally, health and wellbeing changes slowly overtime though. A once physically healthy, socially active teenager may have consumed too much junk food while young, which accumulates overtime, leading to an unhealthy bodyweight and poor physical fitness. This could lead to the development of cardiovascular disease in old age, which then means his hospital and GP appointments withdraw him from social activities and peer association.

- Health and wellbeing is also considered **subjective**, being influenced by personal beliefs, feelings or opinions.
    - A person with a high socioeconomic status, in a high paying job with a high income may see themselves in bad health if they take a day off work, and don't earn their set income. A person with low socioeconomic status on the other hand may see their health and wellbeing to be high if they have enough money to afford the necessities, even if they are undernourished.

- **Physical dimension of health and wellbeing** is the overall physical condition of an individual, and refers to the efficient physical functioning of the body and its systems and the physical capacity to perform daily activities or tasks.
    - Being a healthy bodyweight
    - Being physically fit
    - Strong immune system
    - Reliable body function
    - Absence of illness, disease and injury free.
    - Supported by factors such as:
        - Regular physical activity
        - Consuming a balanced diet
        - Having appropriate rest/sleep

- **Social dimension of health and wellbeing** refers to being able to interact and develop relationships with others in a meaningful way and adapt appropriately to different social situations.
    - Being an active family member
    - Maintaining meaningful relationships
    - Working effectively as part of a team
    - Learning appropriate behaviours
    - Accepting responsibility for one's actions
    - Managing conflict effectively
    - Strong communication skills

- **Mental dimension of health and wellbeing** relates to the mind or brain and the ability to think and process information, including decision making and logic.
    - Positivity form opinions
    - High levels of confidence
    - Positive self-esteem

    - Optimism
    - Low levels of stress and anxiety
    - Coping with day to day demands
    - Being able to lead an independent life

- **Emotional dimension of health and wellbeing** is the ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting. Emotional health is the degree to which you feel emotionally secure and relaxed in everyday life.
    - Possessing feelings of accomplishment
    - Displaying resilience
    - Recognising emotions
    - Understanding emotions
    - Expressing feelings
    - Managing emotions

- **Spiritual dimension of health and wellbeing** involves a positive sense of belonging, meaning and purpose in life, and acting according to your values, beliefs and morals. Can be measured by peace and harmony experienced in day-to-day life.
    - Sense of belonging
    - Morals
    - Values
    - Having a positive meaning and purpose in life
    - Sense of happiness and fulfilment
    - Acting according to your values and beliefs

    - **Values** are things that are important to you. ie.
        - Education
        - Fitness
        - Fairness

    - **Beliefs** are things you believe in. ie.
        - God exists
        - Animals have rights
        - Immigration should be encouraged

- **Optimal health and wellbeing** refers to the highest levels of health and wellbeing an individual can realistically attain. Everyone's optimal health and wellbeing is different, influenced by different genetic potentials and environments.

- There are interrelationships between all the dimensions of health. This means all dimensions affect each other.

BENEFITS OF OPTIMAL HEALTH AND WELLBEING AND ITS IMPORTANCE AS A RESOURCE INDIVIDUALLY, NATIONALLY AND GLOBALLY

- Health and wellbeing is both a resource and an outcome.

- **Individually**, health and wellbeing is a resource by:
    - Allowing them to exercise
    - Allowing them to sleep well
    - Allowing them to spend time with friends
    - Increasing life expectancy of individuals
    - Increasing self-esteem and sense of self fulfilment
    - Reduced medical costs due to illness
    - Reduced pain and suffering
    - Allowing to work productively
    - Being able to gain an education
    - Allowing individuals to run a household
    - Increasing the capacity to work towards their purpose in life
    - Allowing them to maintain positive thought patterns
    - Being able to earn an income
    - Feeling a sense of success of life

- **Nationally**, health and wellbeing is a resource:
  - **Socially** by:
    - Reducing stress and anxiety in the community
    - Increasing social participation through volunteering
    - Allowing less reliance on the health care system
    - Allowing for individuals to live longer, healthier lives meaning they can retain involvement in the community
    - Financial savings could be used to provide education, infrastructure and housing
  - **Economically** by:
    - Creating higher average incomes, leading to increased tax revenue
    - Creating health savings as less money is spent on medicare
    - Allowing for fewer people on social security such as Centrelink
    - Increasing work productivity
  - **Globally**, health and wellbeing is a resource by:
    - Reducing disease transmission between countries
    - Increasing opportunities for work, which promotes peace and security through reduced crime rates
    - Increasing tax revenue and global trade, promoting economic development
    - Allowing healthy children to pass on education and skills to future generations, promoting social development
    - Increasing tax revenue can be reinvested in sustainable resources such as energy and water, which promotes sustainability

PREREQUISITES FOR HEALTH AS DETERMINED BY THE WHO INCLUDING PEACE, SHELTER, EDUCATION, FOOD, INCOME, A STABLE ECO-SYSTEM, SUSTAINABLE RESOURCES, SOCIAL JUSTICE AND EQUITY

- **Peace** can be defined as the absence of conflict. Possible health outcomes include:
    - Improved mental health due to less stress and anxiety
    - Ability for people to move freely and be active around their community
    - Fewer deaths and injuries
    - Promotes preservation of infrastructure, which can mean governments reallocate resources to promoting health and wellbeing
    - Access to food and water
    - If governments are not spending money on armies and weapons, they can use that money for health care and resources
    - Hospitals are not filled with injured people, so more people can access healthcare for their needs
- **Shelter** describes a structure that provides protection from the outside environment. Possible health outcomes include:
    - Adequate sleep, which promotes the ability to pursue employment and education and work productively
    - Privacy, safety and security
    - Reduced stress and anxiety
    - Protection from adverse weather conditions
    - Protection from infectious diseases
- **Education** health outcomes include:
    - Empowering individuals to achieve their goals, and have choices
    - Increased ability to earn an income
    - Increased opportunities to understand health promotion behaviours, such as eating well and sleeping well, avoiding tobacco smoke, etc.
    - Literacy
    - Ability to maintain social connections
- **Food** health outcomes include:
    - Provision of energy for the body
    - Increased capacity to learn
    - Optimal immune system function

    - People aren't concerned about accessing appropriate food supplies, decreasing stress
    - Can be a opportunity for groups to converge to discuss recent events
    - Nourishment = happiness

- **Income** health outcomes include:
    - Increased ability to afford resources
    - Allows individuals to access healthcare
    - Increased opportunities for leisure pursuits
    - Increased capacity for governments to provide social services and resources, such as housing, public transport and healthcare through their tax revenue

- **A stable ecosystem** is when balance is achieved between the environment and the species that live in the environment. Health outcomes include:
    - Plants and animals used as food
    - Decreased likelihood of disaster weather events caused by human action, which can promote the preservation of infrastructure
    - Opportunities for employment through agriculture
    - Clean water and air is essential for human function
    - Predictable weather patterns contribute to effective farming
    - Human shelter can be built through natural resources
    - The environment is a source of pleasure and relaxation

- **Sustainable resources** refers to when the resources currently available meet our needs without compromising the needs of future generations. Resources required for food, energy production, water supply, housing and healthcare are materials that must be sustained. Health outcomes include:
    - Adequate heating and cooling can promote productivity at school
    - Wind and solar power is often required for education, employment, food production etc.
    - Farming and fishing industries need to be monitored as they give sources of food and manufacturing
    - Forest and natural environments providing timber and clean air respiration

- **Social justice** is equal rights for all, regardless of personal traits, such as sex, class, income, ethnicity, age etc. Health outcomes include:
    - Formal education
    - Fair pay
    - Adequate shelter
    - Social security
    - Food and water
    - Healthcare access
    - Dignity, and a sense of self-worth
    - Celebrating diversity
- **Equity** is fairness. It means there are minimum levels of income and resources that all people should have access to. Health outcomes include:
    - Education access
    - Employment access
    - Human rights
    - Resources such as healthcare
    - Reduced feelings of segregation

MEASURING HEALTH STATUS

INDICATORS USED TO MEASURE AND UNDERSTAND HEALTH STATUS: INCIDENCE, PREVALENCE, MORBIDITY, BURDEN OF DISEASE, DISABILITY-ADJUSTED LIFE YEAR (DALY), LIFE EXPECTANCY, HEALTH-ADJUSTED LIFE EXPECTANCY (HALE), MORTALITY (INCLUDING MATERNAL, INFANT AND UNDER 5) AND SELF-ASSESSED HEALTH STATUS

- **Health status** is useful to look at statistics that allow judgements to be made about individuals and populations.
- **Health indicators** are measurements used to determine health status.
- **Self-assessed health status** reflects a person's perception of his or her own health and wellbeing at a given point in time.
- Individuals either classify their heath as excellent, very good, good, fair or poor.
- **Life expectancy** is an indication of how long a person can expect to live, based on current mortality rates.
- It is the prediction of the number of years of life remaining to a person at a particular age if death rates do not change.
- **Health-adjusted life expectancy (HALE)** is a more comprehensive health indicator. It is a measure of burden of disease based on life expectancy at birth, but including an adjustment for poor health.
- It is the prediction of the number of years in full health a person can expect to live, based on current rates of ill-health.
- **Mortality** refers to number of deaths in a population at a given time. Usually expressed per 1000 or 100,000 in a 12 month period.
- Cardiovascular disease and cancer are the leading causes of mortality for Australians, in 2015.
    - **Infant mortality rates** measure the rate of deaths of infants between birth and their first birthdays, usually expressed per 1000 live births.
    - **Under-five mortality rates** are the number of deaths of children under five years of age per 1000 live births.
    - **Maternal mortality** is the death of a woman while pregnant, or within 42 days of termination of pregnancy.

- **Morbidity** refers to ill health in an individual and the levels of ill health in a population or group.
    - **Incidence** is the number of new cases of a particular disease or condition during a specific time period.
    - **Prevalence** is the number or rate of cases of a particular disease or condition that have been reported during a specified time period.

- **Burden of disease** is 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 Disability Adjusted Life Year (DALY).
    - **DALY = YLD + YLL**
    - **YLL is years of life lost** due to premature death.
    - **YLD is years of life lost due to disability,** illness or injury.

FACTORS CONTRIBUTING TO HEALTH STATUS

HEALTH STATUS OF AUSTRALIANS AND THE BIOLOGICAL, SOCIOCULTURAL AND ENVIRONMENTAL FACTORS THAT CONTRIBUTE TO VARIATIONS BETWEEN POPULATION GROUPS INCLUDING: MALES AND FEMALES, INDIGENOUS AND NON-INDIGENOUS, HIGH AND LOW SOCIOECONOMIC STATUS, AND THOSE LIVING WITHIN AND OUTSIDE OF AUSTRALIA'S MAJOR CITIES

- There are three categories that contribute to differences in health status between populations:
    - **Biological:** Relating to the structure of the cells, tissues and systems of the body and how adequately they function
    - **Sociocultural:** Relating to the social and cultural conditions into which people are born, grow, live, work and age
    - **Environmental:** Relating to the physical features that surround us, natural or built

Biological	Sociocultural	Environmental
Bodyweight	Socioeconomic status (income, occupation, education)	Work environment
Blood pressure	Social connections and social exclusion	Infrastructure and urban design
Blood cholesterol	Cultural influences	Climate
Glucose regulation	Access to healthcare (cultural factors)	Housing
Genetics	Early life experiences	Access to healthcare (geographical)
Birthweight	Food security	Sanitation

- **Indigenous Populations** opposed to **non indigenous Australians** have:
    - Higher rates of disability, higher rates of mortality, higher rates of infant mortality. lower life expectancy and higher burden of disease.
    - Higher rates of morbidity from:
        - Cardiovascular disease
        - Diabetes
        - Chronic kidney disease
        - Asthma
        - Psychological distress
        - Suicide
        - Dental decay
        - STIs
- Indigenous populations are more likely to have:
    - higher body mass index, high blood pressure, impaired glucose regulation, low birthweight **(biological).**
    - Low SES, high rates of unemployment, lower levels of education, social exclusion, early life experiences, lack of access to culturally appropriate healthcare, homelessness, food insecurity **(sociocultural).**
    - Poorer quality and overcrowded housing, poorer sanitation systems, poorer infrastructure, lack of access to healthcare, lack of access to recreational facilities and infrastructure **(environmental).**

- **Males** opposed to **females** are more likely to have:
    - Higher burden of disease, higher rates of premature death (mortality) and lower life expectancy.
- Leadings causes of mortality:

Males	Females
Heart disease	Heart disease
Lung cancer	Stroke
Stroke	Dementia and Alzheimers
Respiratory disease	Breast cancer

- Leading causes of morbidity:

Males	Females
Cardiovascular disease	Arthritis
Injury	Osteoporosis
Diabetes	Asthma
	Psychological distress

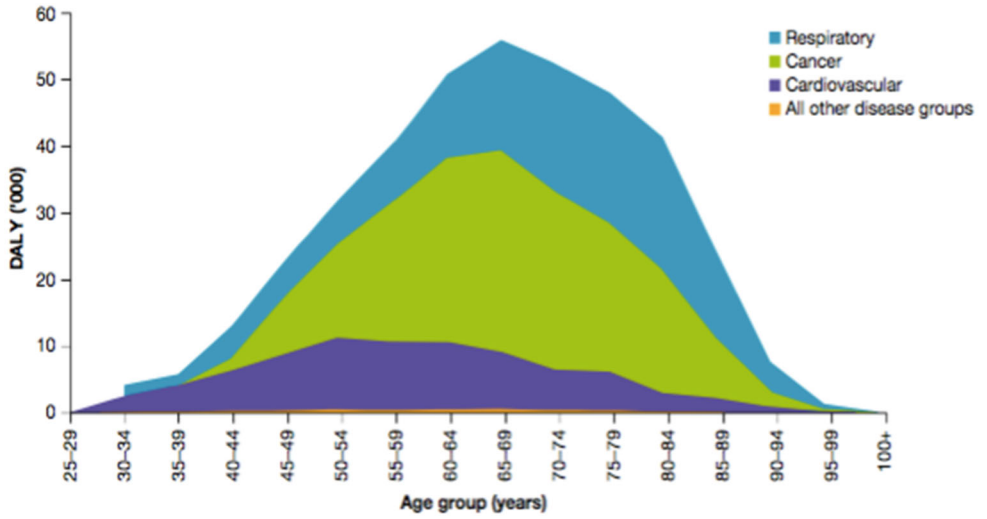
- Male populations are more likely to have:
    - High body mass, high blood pressure, impaired glucose regulation, genetics affecting their fat storage **(biological).**
    - Impacts of unemployment, higher SES, gender stereotypes and cultural influences, less likely to access healthcare **(sociocultural).**
    - Dangerous work environments, working outside with exposure to UV **(environmental).**
- **Low socioeconomic status populations** opposed to **high socioeconomic status populations** have:
    - Higher rates of disability, higher rates of mortality, lower life expectancy and higher burden of disease.

- Higher rates of morbidity from:
    - Cardiovascular disease
    - Type 2 Diabetes
    - Arthritis
    - Mental and behavioural problems
    - Asthma
    - Injuries
    - Lung cancer
- Low socioeconomic populations are more likely to have:
    - Higher body mass index, high blood pressure, low birthweight **(biological)**
    - Low levels of education and income, high rates of unemployment, social exclusion, food insecurity, poor early life experiences **(sociocultural)**
    - Poor housing environment, poor work environment, less likely to have fluoridation of water **(environmental)**
- **Rural and remote populations** opposed to **major city populations** have:
    - Lower life expectancy, higher rates of preventable diseases, higher rates of avoidable deaths, higher rates of injury, higher rates of suicide and higher burden of disease.
    - Higher rates of morbidity from:
        - Diabetes
        - Arthritis
        - Asthma
        - Dental decay
- **Rural and remote** populations are more likely to have:
    - Higher body mass index, high blood pressure, impaired glucose regulation, high blood cholesterol, low birthweight **(biological).**
    - Low socioeconomic status, high rates of unemployment, social exclusion, food insecurity, early life experiences **(sociocultural).**
    - Less access to infrastructure, less access to healthcare, climate hardship, poor work environment and safety **(environmental).**

THE CONTRIBUTION TO AUSTRALIA'S HEALTH STATUS AND BURDEN OF DISEASE OF SMOKING, ALCOHOL, HIGH BODY MASS INDEX, AND DIETARY RISKS (UNDER-CONSUMPTION OF VEGETABLES, FRUIT AND DAIRY FOODS; HIGH INTAKE OF FAT, SALT AND SUGAR; LOW INTAKE OF FIBRE AND IRON).

- **Smoking** and tobacco can cause a fault in the cells as they divide, which can lead to tumours and cancer, particularly in the lungs and mouth. They can also damage airways.
  - Smoking can cause:
    - Lung and mouth cancer
    - Sped up process of atherosclerosis, raising blood pressure which can cause cardiovascular disease
    - Low birth weight for maternal smokers' children
    - Damaged airways can lead to respiratory conditions
    - Increased risk of infection

FIGURE 3.9 Burden (DALY) attributable to tobacco use by age and disease group, 2011

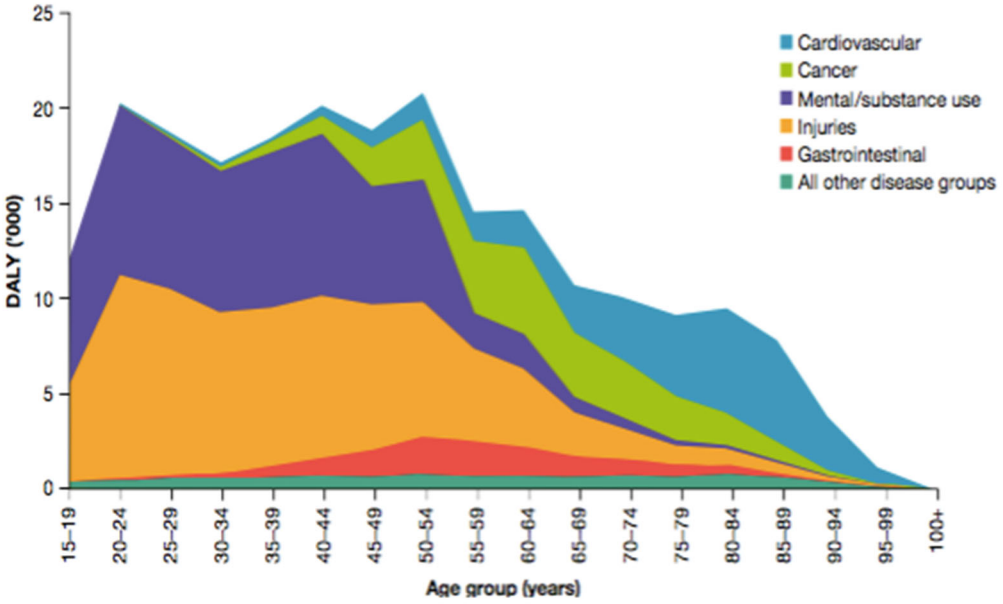


Source: AIHW 2016, *Australian burden of disease study: impact and causes of illness and death in Australia 2011*, page 173.

Alcohol consumption alters the brain and affects judgement and motor control, which can increase the risk of poor driving including speeding, road accidents and injuries.

- Alcohol contains kilojoules, which when consumed in excess can lead to weight gain and high body mass index.
- Alcohol affects mental health and can put a strain on relationships and contribute to domestic violence.
- Maternal alcohol consumption can increase the risk of low birth weight of a baby.
- Alcohol can cause:
    - Type 2 Diabetes
    - Cardiovascular disease
    - Colorectal cancer
    - Injuries
    - Liver disease
    - Depression and suicide

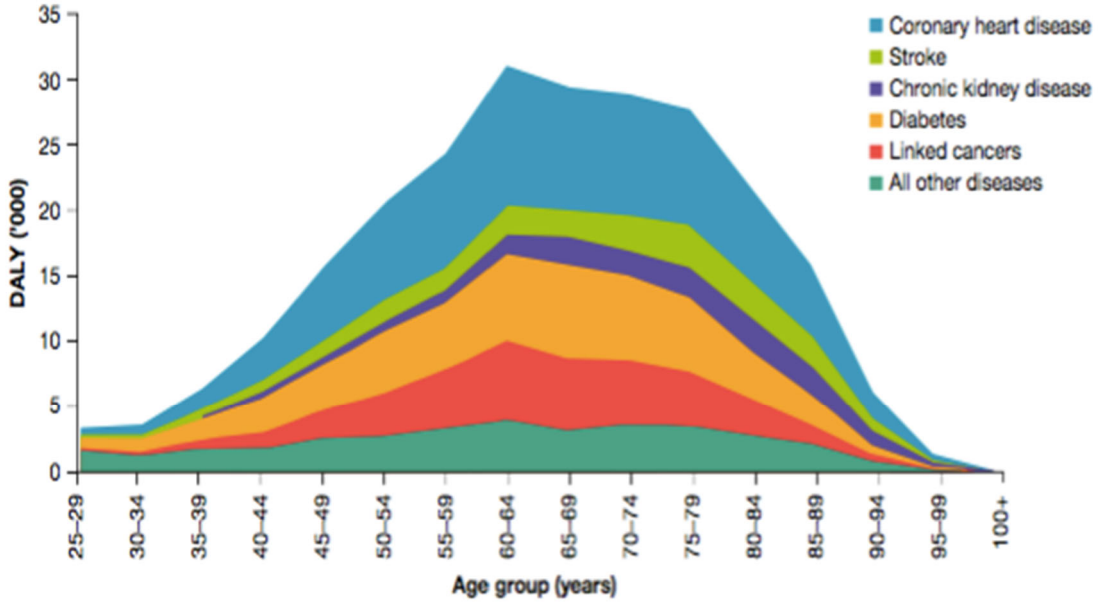
FIGURE 3.14 Burden (DALY) attributable to alcohol use by age and disease group, 2011



Source: AIHW 2016, *Australian burden of disease study: impact and causes of illness and death in Australia 2011*, page 175.

- **High body mass index (BMI)**
- **Body mass index (BMI) = weight (kg)/height^2 (m)**
  - BMI can either be classified as **underweight** (<18.5), **healthy** (18.5-24.9), **overweight** (25-29.9), or **obese** (30+).
  - High BMI can lead to:
    - Cardiovascular disease as there is a greater strain on the heart to pump blood around the body
    - Asthma development in children
    - Type 2 diabetes, as the pancreas and body cannot produce and use insulin effectively
    - Chronic kidney disease
    - Arthritis and musculoskeletal conditions as cartilage wears away
    - Mental health issues
    - Maternal health conditions

FIGURE 3.19 Burden (DALY) attributable to high body mass by age and disease group, 2011



Source: AIHW 2016, *Australian burden of disease study: impact and causes of illness and death in Australia 2011*, page 184.

- **Under consumption of vegetables and fruits** can mean the body doesn't get enough nutrients and vitamins and minerals to keep the body functioning adequately, including the immune system. Reduced immune function can increase the risk of getting infections.
    - Vegetables and fruit also contain **antioxidants**, which work to reduce the impact of **free radicals** (molecules that can damage body cells) around the body, which can decrease the risk of cancer.

- **Under consumption of dairy** can lead to underconsumption of **calcium**. Calcium is responsible for strengthening and ossifying of the bones and teeth, and not consuming enough can increase the risk of developing osteoporosis.

- **High intake of fat**, specifically saturated fat, increases the **LDL** “bad” **cholesterol** levels in the blood, which can lead to **atherosclerosis** as plaque builds up in the arteries.
    - Fats are also high in kilojoules, and when consumed in excess can lead to weight gain.

- **High intake of salt** can mean high intake of sodium. High levels of sodium can draw out excess liquid in the blood, increasing blood volume and leading to hypertension.
    - Hypertension increases the risk of heart attack or stroke.
    - Sodium can also cause calcium to be excreted in urine, which can lead to demineralisation of bones and osteoporosis.

- **High intake of sugar** means excess sugar is stored as adipose tissue (fat), which overtime can lead to weight gain and high BMI, which is a risk factor for other conditions including cardiovascular disease.
    - Sugars also provide a food source for bacteria in the mouth, which can lead to dental decay and development of dental cavities.
    - Dental cavities can also reduce self-esteem if an individual’s appearance is altered.

- **Low intake of fibre** can mean your faeces don't contain enough bulk to keep the digestive track flowing smoothly. This can increase the risk of colorectal and bowel cancer.
    - Fibre also promotes feelings of fullness and satiety, which can reduce overeating and high body mass index.

- **Low intake of iron** can cause **anaemia.** Iron forms the “haem” part of **haemoglobin**, which is the oxygen carrying component of blood. Low red blood cells content can cause anaemia. Anaemia can cause tiredness and weakness, impacting the ability to complete daily tasks and work productively.

KEY SKILLS

- explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
- describe interrelationships between dimensions of health and wellbeing
- explain the individual and collective importance of health and wellbeing as a resource
- describe global benefits of the pursuit of optimal health and wellbeing
- identify the WHO's prerequisites for health and explain their links to improved health outcomes
- describe and apply indicators used to measure health status
- use data to describe and evaluate the health status of Australians
- analyse patterns in morbidity and mortality in Australia over time
- analyse health information to explain factors that contribute to variations in health status between population groups.

EXPLAIN THE DYNAMIC AND SUBJECTIVE NATURE OF THE CONCEPTS OF HEALTH AND WELLBEING AND ILLNESS

In HHD, it is best to use indefinite words such as 'may' and 'could' (could increase life expectancy), (could improve mental health and wellbeing), as we can't assume that it definitely will happen, we don't know.

Health and human development is focusing less on definitions of terms this study design, and more about "describing" or "explaining" them.

Explain the term "subjective health". (*2 marks*)

Health and wellbeing is influenced by someone's personal beliefs and experiences. For example, a young active person who gets injured and breaks their leg suddenly may see their health and wellbeing as poor, whereas an elderly person may consider their health and wellbeing to be good if they're able to walk.

1 mark for describing subjective health
1 mark for giving an example

Discuss the impact dynamic health can have on an individual's health and wellbeing (*2 marks*)

Health is constantly changing, meaning it's dynamic. A person who was once in good physical health and wellbeing with strong physical fitness may get in a car crash and get injured, impacting their ability to perform daily tasks effectively and negatively impacting their physical health and wellbeing.

1 mark for describing dynamic health
1 mark for giving an example

DESCRIBE INTERRELATIONSHIPS BETWEEN DIMENSIONS OF HEALTH AND WELLBEING

You must have a sound knowledge on the concepts of health and wellbeing and it's dimensions. This is not only important for AOS1, but for the whole course

When describing or explaining the dimensions of health and wellbeing, a 2 mark question requires you to explain or give a definition of the dimension, and then examples.

You may be given a case study, in which you will need to link your answer back to **specific examples** from the case study

An interrelationship is something that works both ways. If a question asks you to describe the interrelationship between social and spiritual health and wellbeing, you must describe how social affects spiritual, and then how spiritual affects social.

When answering these kind of questions:

- Make sure you show you are answering the question (address the relevant dimensions)
- Elaborate on each characteristic of the dimension you give
- Link to an aspect of the other dimension (Eg. healthy body weight, sense of belonging, high self-esteem etc.)
- Finish answering the question "…thereby improving ___ health and wellbeing"

Usually ignore the number of lines of a question, instead look at the number of marks and what the question asks you to do (describe, identify, etc)

Describe physical health and wellbeing (*2 marks*)

Physical health and wellbeing refers to the overall physical condition of an individual, and refers to the efficient functioning of the body and its systems, and the physical capacity to perform tasks and physical fitness. Physical health and wellbeing includes having a healthy bodyweight, strong immune system and the absence of illness, disease and injury.

1 mark for an explanation of physical health and wellbeing
1 mark to list a range of factors that relate to physical health and wellbeing

What is the difference between emotional and mental health and wellbeing? And how can they impact on each other? (*4 marks*)

Emotional health and wellbeing relates to the ability to positively recognise, understand and manage emotions and use this knowledge when thinking and acting, whereas mental health and wellbeing relates to the mind and the brain and the ability to think and process information. If someone has good mental health and wellbeing and can think rationally and use logic, they are more likely to be able to identify and manage any feelings they have, leading to improved emotional health. If someone is unable to recognise and deal with emotions, such as sadness (emotional health and wellbeing) overtime it can lead to development of mental illness, such as depression or stress due to lack of control. (mental health and wellbeing).

1 mark for describing emotional
1 mark for describing mental
1 mark for the impact emotional has on mental
1 mark for the impact mental has on emotional

How can mental health and wellbeing impact on social health and wellbeing? And vice versa (*2 marks*)

If someone is feeling depressed (poor mental health and wellbeing), they are less likely to want to go out and see friends, therefore decreasing their participation in social interactions and communication with others, possibly leading to poor social health and wellbeing. If people don't have a supportive network of friends (poor social health and wellbeing), they don't have anyone to talk to and this may make them feel depressed, leading to poor mental health and wellbeing.

1 mark for the impact mental has on social
1 mark for the impact social has on mental

Phil is a 17 year old student who has been diagnosed with influenza (the flu). Use this information to demonstrate the interrelationship between physical and mental health and wellbeing. (*2 marks*)

Phil having the flu means his immune system is weakened and his body is not functioning optimally (physical health and wellbeing). This can cause him to feel stressed (mental health and wellbeing). The stress can cause his self-esteem to decrease (mental health and wellbeing), which may mean he withdraws from physical activity and sporting activities, which can decrease his physical fitness (physical health and wellbeing).

1 mark for the impact physical has on mental
1 mark for the impact mental has on physical

EXPLAIN THE INDIVIDUAL AND COLLECTIVE IMPORTANCE OF HEALTH AND WELLBEING AS A RESOURCE

These questions are usually 3 marks. One mark is given for discussing optimal health and wellbeing with examples, and then linking it to the benefits to the individual, nation or globe.

When answering these kind of questions:

- Identify an aspect of optimal health and wellbeing
- Make a link between the aspect of health and wellbeing and an benefit for the individual/country
    - Low levels of stress (mental) allow individuals to focus on activities that improve their life such as studying, working or socialising
    - High self-esteem (mental) encourages people to do their best in all aspects of life, including work. This can contribute to higher performance at life, an work, and a higher income. Income is a source can can be used for healthcare, food and clothing, which all enhance quality of life.
    - Positive thought patterns (mental) reduce the risks of developing mental illness such as depression, which decreases the economic costs to the community of treating these diseases.
- Make specific links to aspects of improved quality of life and/or increased health and wellbeing

Avoid talking about individual benefits on a national level.

How is optimal health and wellbeing important for the individual? (*3 marks*)

Optimal physical health and wellbeing means that a person is free of disease. Without disease, individuals are more equipped to work and earn an income without pain. This income can then be used to provide resources such as food, shelter, clothing and adequate healthcare, which can further promote health and wellbeing by reducing levels of stress (mental health and wellbeing) and providing adequate levels of energy for socialising (physical and social health and wellbeing).

1 mark for an aspect of optimal health and wellbeing
1 mark for a link made between the aspect of health and wellbeing and a benefit for the individual
1 mark for specific links to aspects of improved quality of life and increased health and wellbeing made

Explain how a decrease in DALY overtime may act as a resource nationally (*2 marks*)

A decrease in DALY means a healthier community, which can mean less money is being spent on health care to treat ill-health. These savings can be spent on resources such as education and infrastructure.

A decrease in DALY means a healthier community, which can mean more people in the community are involved in social participation, such as volunteering.

1 mark for explaining what a decrease in DALY can lead to
1 mark for linking this to national outcomes

Explain a benefit of optimal emotional health and wellbeing for individuals (*2 marks*)

Having optimal emotional health and wellbeing could mean you understand why you feel angry. During a failure at work, you could be more likely to change your outlook on the situation and think positively at work, which could increase work productivity.

1 mark for an aspect of optimal emotional health and wellbeing
1 mark for linking this to the benefit for the individual

Discuss why achieving optimal health and wellbeing is important for countries (*4 marks*)

Having optimal health and wellbeing in a country can mean more people can perform daily tasks effectively and work productively and earn an income. This can increase their ability to contribute to taxation revenue. Increased tax revenue increases the country's ability to spend economic resources on education and infrastructure, which can further improve health and wellbeing or a country, as more students can gain knowledge, which can be passed on through generations.

4 marks for four points relating to why optimal health and wellbeing is important for countries

DESCRIBE GLOBAL BENEFITS OF THE PURSUIT OF OPTIMAL HEALTH AND WELLBEING

These questions have a very similar structure to one's that ask you to explain the individual or collective benefits of optimal health and wellbeing

Explain the global benefits of reduced rates of communicable diseases (*3 marks*)

Reduced rates of communicable diseases such as malaria mean that fewer people experience the symptoms associated with this condition and therefore fewer people will die as a result. With people in better physical health and wellbeing, they have an increased capacity to work and to be productive members of the community. This works to decrease conflict between countries as more people are able to access the resources they need for a decent standard of living, and this increases their ability to lead lives they value and promotes physical health and wellbeing.

1 mark for an example of health and wellbeing in a global context identified
1 mark for links established between the example of health and wellbeing and the benefits for individuals and communities
1 mark for benefits of optimal health and wellbeing on a global scale identified

IDENTIFY THE WHO'S PREREQUISITES FOR HEALTH AND EXPLAIN THEIR LINKS TO IMPROVED HEALTH OUTCOMES

When answering these kind of questions, note that "improved health outcomes" means improved health and wellbeing (dimensions), OR improved health status (life expectancy, etc).

There are generally three types of questions you could be asked regarding the prerequisites;

- Identify (just name the prerequisite)
- Outline or describe parts of a prerequisite (eg. what is meant by sustainable resources)
- Link the prerequisites to health and wellbeing, or health status (most likely a VCAA question)

How can a stable ecosystem promote three dimensions of health and wellbeing? (*6 marks*)

- Having a stable ecosystem means that organisms can be used for food and consumed for energy. Adequate levels of energy can mean individuals can perform daily tasks efficiently, which promotes physical health and wellbeing.
- Having food for energy increases the capacity for individuals to learn at school, where they can meet new people and form supportive social networks, promoting social health and wellbeing.
- Opportunities for employment in agricultural industries increases peoples chance to gain an income and support themselves, which may improve self-esteem, promoting mental health and wellbeing.

3 marks for three examples of the positives of a stable ecosystem
3 marks for linking these positives to improved health and wellbeing

Explain two ways that shelter can promote health and wellbeing (*4 marks*)

- Shelter provides protection against infectious diseases can make an individual less likely to be sick, which increases their immune system and reliable body function, increasing physical health and wellbeing.
- Shelter can promote feelings of privacy and security, as shelter reduces the chances of intrusion. This can reduce stress and promote mental health and wellbeing

2 marks for two examples of the positives of shelter
2 marks for linking these positives back to health and wellbeing

Explain how peace can promote the physical and mental dimensions of health and wellbeing (*4 marks*)

Peace is the absence of conflict, including war. Having peace can promote physical health and wellbeing, and less chance of being exposed to conflict can decrease the chance of injury, which then allows the individual to perform daily physical tasks without pain. Peace can also promote mental health and wellbeing, as less exposure to violence can reduce stress and increase the opportunities for an individual to be optimistic.

2 marks for explaining the positive impacts peace has
2 marks for linking it back to the dimensions of health and wellbeing

What is the impact of education on spiritual health and wellbeing? (*2 marks*)

Education empowers individuals to achieve goals and have choices through increased knowledge and capacity to learn. This can positively impact spiritual health and wellbeing, enabling individuals to gain a sense of fulfilment and achieve a positive purpose in life.

1 mark for explaining the impact education has
1 mark for linking it back to spiritual health and wellbeing

DESCRIBE AND APPLY INDICATORS USED TO MEASURE HEALTH STATUS

This is an important skill relevant all year in HHD. Every SAC should have graphs or tables that ask you to use data to analyse trends or relationships.

To describe the indicator is essentially to give a definition of it. Applying the indicators are essential throughout the whole course.

Discuss differences in the health status between males and females (3 marks)

Females experience a higher life expectancy and health-adjusted life expectancy than males. This means that on average, females are expected to live longer than males if current death rates don't change. It also means that females on average will live longer in full health and without reduced functioning, compared to males.

1 mark for indicating two relevant health indicators
1 mark for showing a comparison between males and females
1 mark for giving an understanding of the health indicators

Explain the difference between life expectancy and health-adjusted life expectancy (2 marks)

Life expectancy is a prediction of the number of years of life remaining if current mortality rates don't change, whereas health-adjusted life expectancy is a more comprehensive measure and takes into account the number of years spent living in poor health, and is the number of years a person can live in full health, if current ill-health rates don't change.

1 mark for explaining what life expectancy is
1 mark for explaining what health adjusted life expectancy is

Explain what is meant by burden of disease (*2 marks*)

A measure of the impact of diseases. Specifically, it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disability or diseases. Measured in disability-adjusted life year (DALY).

2 marks for two points about BOD

USE DATA TO DESCRIBE AND EVALUATE THE HEALTH STATUS OF AUSTRALIANS

A trend is a general change or movement in a particular direction.

A trend could be a consistently increasing pattern over a period of time (eg. an increase in the prevalence of a particular disease over time).

A fact refers to precise information taken from a graph or table.

Facts include data. An example would be “x amount of people got diagnosed with y in 2014”.

Relationships are between two factors. A relationship between two factors is where a change in one factor influences the other factor. (eg. A the socioeconomic status group changes from lowest to highest, there is a corresponding decrease in deaths per 100000 population.”

Relationships generally always take into account the x and y axes

The following steps provide a systematic way of reading graphs and tables.

1. Read the **title** of the graph. The title usually gives an **indication of the kind of information presented in the graph**.

2. Read the **horizontal and vertical axes** (of a bar graph, for instance) and look at the **units**; for instance, the units might represent a percentage, year, number, rate, proportion or dollars.

3. Look at the **key** if there is one. This helps **identify various elements of the data.**

4. **Read any notes that relate to the data.** There may be additional information at the bottom of the graph **explaining various elements of the graph**.

5. **Look for trends, similarities and differences between the data**. This will enable a **better understanding of the data that the graph is actually presenting.**

6. When commenting on data, **try to avoid making general statements such as 'more'** and **instead try to use data from the graph to support your statement;** for instance, use '75 deaths per 100 000 compared to 150 deaths per 100 000', making sure to refer to the correct unit of measurement.

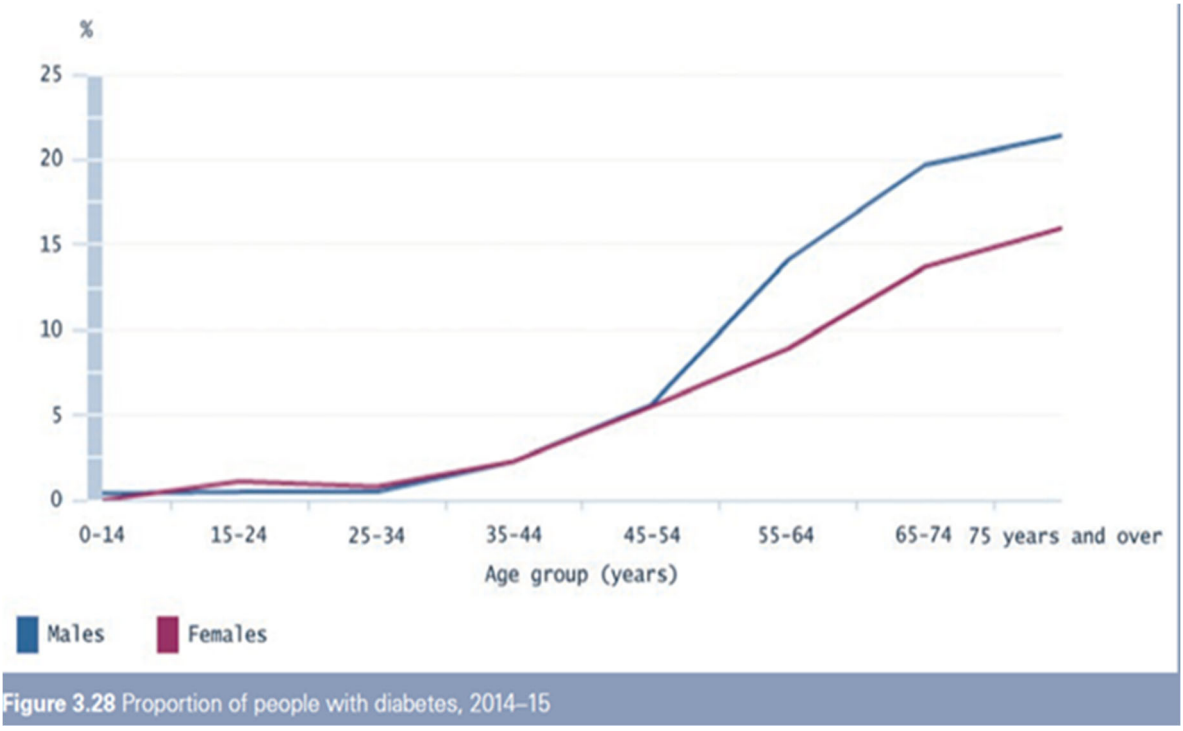


Figure 3.28 Proportion of people with diabetes, 2014–15

a. <u>Identify one trend evident (*1 mark*)</u>

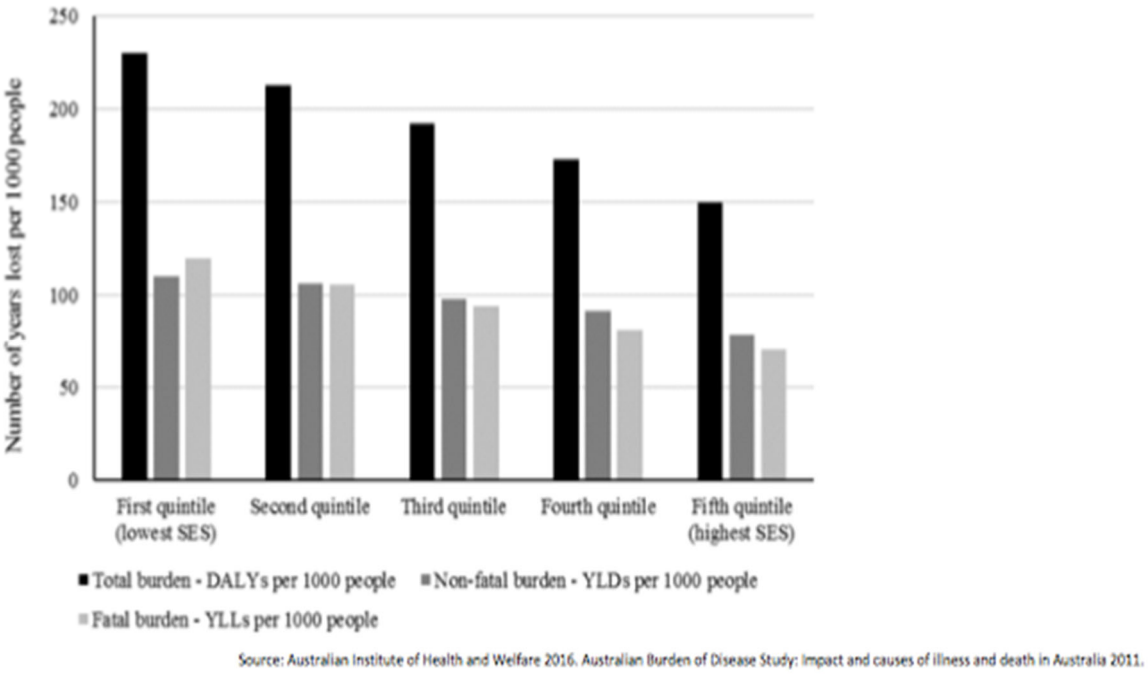
The proportion of people with diabetes in 2014-15 increased with age.

b. <u>Identify and explain one biological factor that can be a risk factor for type 2 diabetes (*3 marks*)</u>

High body mass index is a risk factor for type 2 diabetes, as having excess body weight can put a strain on the pancreas to produce insulin in amounts great enough to balance the levels of blood glucose in the body. If the body cannot balance the amount of blood glucose in the body, then it results in type 2 diabetes.

1 mark for identifying a correct biological factor
2 marks for explaining how that factor can cause type 2 diabetes

The graph below shows the rate of burden of disease (per 1000 people) according to socioeconomic status (SES). The graph displays total burden (measured in DALYs), the non-fatal burden (measured in YLDs) and the fatal burden (measured in YLLs)



Source: Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011.

Using data, outline the relationship shown in the graph above (*2 marks*)

As SES decreases there is an increase in total years of life lost per 1000 people. (The lowest SES group contributed around 250 DALYs per 1000 compared to the highest SES group contributing 150 DALYs per 1000.)

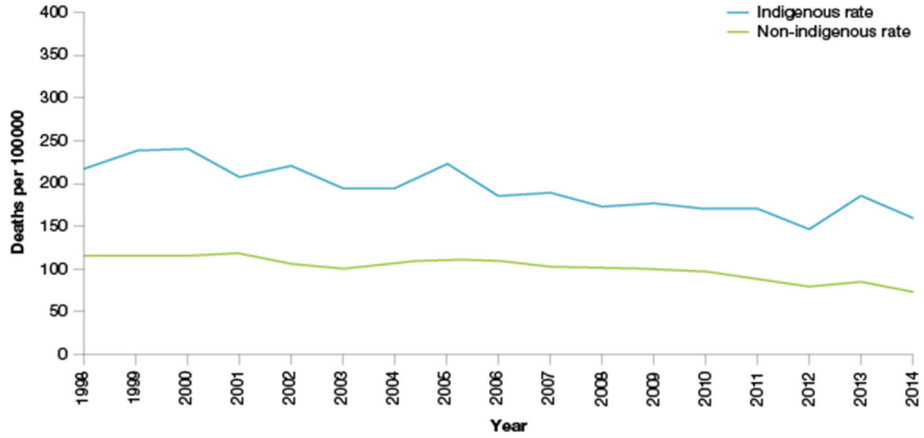
1 mark for outlining the relationship
1 mark for using data

ANALYSE PATTERNS IN MORBIDITY AND MORTALITY IN AUSTRALIA OVER TIME

This skill is to essentially analyse data and identify a trend or movement in the data. You may be asked to identify and describe a factor that contributed to the trend. These factors can either be the biological, sociocultural and environmental factors, or the alcohol, high BMI, smoking, and dietary risks

In key knowledge, you are only required to make links from the behavioural factors to health status and burden of disease, NOT health and wellbeing!

FIGURE 4.57 Child mortality rates for children aged under five, by Indigenous status, 1998 to 2014



Source: AIHW, *Australia's health 2016*, page 229.

a. <u>Analyse patterns in the graph shown (*2 marks*)</u>

The rate for Indigenous children decreased overtime from around 220 per 100 000 people in 1998 to around 160 per 100 000 in 2014. For non-Indigenous, the rate decreased gradually from around 115 per 100 000 in 1998 to around 75 per 100 000 in 2014.

1 mark for analysing the pattern in under-five mortality rates
1 mark for appropriate use of data

b. <u>Explain two possible reasons for this change in under-five mortality rates over time (*4 marks*)</u>

Education: education relating to maternal nutrition and the importance of maternal healthcare may have improved over time. Mothers undertaking healthy practices can improve the likelihood for babies to develop optimally, which decreases the under-five mortality rate.

Access to healthcare: improvements in access to and quality of healthcare can mean that conditions may be prevented more easily, including conditions of infants and children. When more fatal diseases are prevented, this may have contributed to decreased under-five mortality rates in Australia over time.

2 marks for identifying and describing the factors
2 marks for using the factors to explain the decrease in the under-five mortality rates in Australia overtime

Outline two ways in which alcohol use contributes to the burden of disease in Australia (*2 marks*)

- Alcohol affects judgement and motor control, which can lead to road accidents and increases injury rates in Australia, contributing to increased years of life lost due to time spent with disease or illness.
- Alcohol when consumed in excess can put a strain on the liver to flush alcohol out of the body. This could lead to liver disease, which contributes to increased years of life lost due to premature death.

2 marks for outlining two ways in which alcohol contributes to Australia's burden of disease

Explain how under-consumption of vegetables may impact the ability to achieve continued improvements in life expectancy in Australia (*2 marks*)

Underconsumption of vegetables can mean individuals don't receive enough antioxidants, which work to prevent the impact of free radicals in the body. This can increase the prevalence of cancer in Australian individuals, which could make improvements in life expectancy hard to achieve

1 mark for explaining what under-consumption of vegetables does
1 mark for linking back to life expectancy

Explain how alcohol consumption may contribute to obesity (*2 marks*)

Alcohol is energy dense, hence adds kilojoules to individual's normal diets. If this additional energy is not utilised, it is likely to contribute to weight gain by converting to fat. For this reason, excessive and long term consumption of alcohol contributes contributes to higher rates of obesity.

1 mark for explaining what alcohol can do
1 mark for linking back to obesity

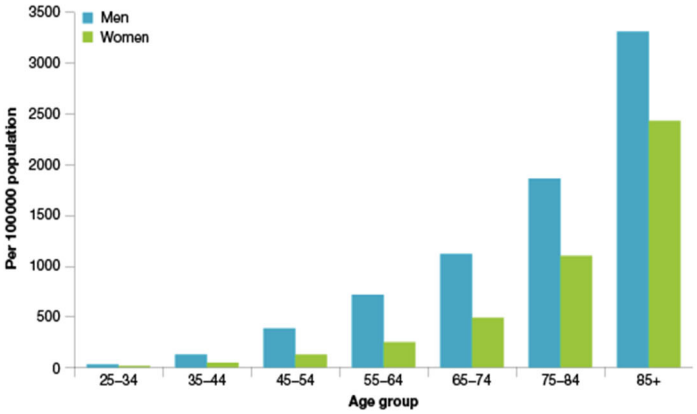
ANALYSE HEALTH INFORMATION TO EXPLAIN FACTORS THAT CONTRIBUTE TO VARIATIONS IN HEALTH STATUS BETWEEN POPULATION GROUPS.

Do not discuss behavioural factors when explaining differences in health status between population groups!

Generally, always mention the category (eg. biological) and factor (eg. body weight)

1. State/identify the factor and compare both population groups
2. Explain how the factor can account for differences/variations in health status

FIGURE 4.59 Rates of heart attacks among people aged 25 years and over, 2013



Source: AIHW, *Australia's health 2016*, page 388.

a. <u>Analyse patterns in the graph shown and compare the differences between males and females (*2 marks*)</u>

Males had higher rates of heart attacks than females for each age group. For example, the rate of heart attack for males in the 35–44 age group was around 100 per 100 000 population compared to around 30 per 100 000 for females. In the 65–74 age group, the rate for males was around 1100 per 100 000 compared to around 500 per 100 000 for females in the same age group.

1 mark for an overall statement relating to the difference in rates of heart attack between males and females is made.
1 mark for data is used to support the initial statement.

b. <u>Explain one biological factor and one sociocultural factor that could explain reasons for these differences (4 marks)</u>

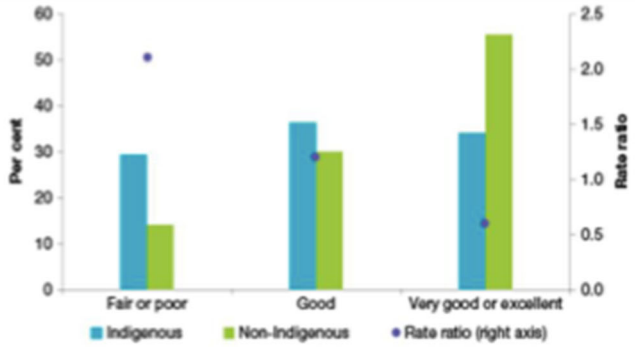
Biological — males are more likely to store fat around the abdomen compared to females. Fat stored around the abdomen increases the risk of heart attack and may contribute to the difference in the rate of heart attacks experienced between males and females.

Sociocultural — gender stereotypes and peer pressure play a role in health outcomes for males compared to females. Males are often portrayed as having to be strong, and this contributes to males being less likely to access healthcare. As a result, risk factors for heart attack such as hypertension may go untreated, and this can increase the rate of heart attacks for males compared to females.

2 marks for identifying and describing a biological and sociocultural factor that relates to males

2 marks for linking the factors the differences in heart attack rates between males and females

FIGURE 4.62 Self-assessed health status among people aged 15 and over, by Indigenous status, 2012–13



Source: AIHW 2015, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*, page 83.

a. <u>Outline the difference in the proportion of indigenous and non-Indigenous Australians who assess their health status as fair or poor (*1 Mark*)</u>

More indigenous Australians assess their health status as fair or poor (30%) than non-indigenous Australians (15%)

1 mark for outlining the difference

b. Identify one factor (biological or sociocultural or environmental) and explain how it contributes to the difference outlined (*2 marks*)

Indigenous Australians are more likely to have lower socioeconomic status (sociocultural) and have a lower income than non-indigenous Australians. Having a lower income can cause stress and lower self-esteem, which can cause mental health problems such as depression. This may explain why more indigenous Australians rate their health as fair or poor than non-indigenous Australians.

1 mark for identifying a factor
1 mark for explaining how it contributes to indigenous Australians having a lower self assessed health status

Those from low socioeconomic groups experience a significantly higher under-five mortality rate (U5MR) than those in high socioeconomic groups.

Identify one sociocultural factor and one environmental factor and explain how each contributes to a higher U5MR among low socioeconomic groups when compared to high socioeconomic groups (*6 marks*)

- Sociocultural factor: People with low socioeconomic status are less likely to access healthcare than people with high socioeconomic status, due to not having enough income to afford treatments and medicines. This can mean if an infant or child gets an infection, their parents cannot afford to send them to a doctor, which can lead to death if a serious infection is left untreated, contributing to higher rates of under 5 mortality among low socioeconomic status groups.

- Environmental factor: People with low socioeconomic status are more likely to live in an unsafe housing environment than people with high socioeconomic status, due to not having enough income to afford adequate and safe electricity facilities. This can lead to children being exposed to hazardous wiring, which can cause injury to the child if they make contact with it, and could ultimately lead to death of the child. This increases the rates of under 5 mortality among low socioeconomic groups when compared to high socioeconomic groups.

2 marks for identifying appropriate sociocultural and environmental factors
2 marks for explaining the effects these factors have
2 marks for linking the effects to the differences in u5mr for low SES groups compared to high SES groups

Identify a sociocultural factor and explain how it may contribute to the difference in maternal mortality rates between Indigenous and non-Indigenous Australians (*6 marks*)

Indigenous Australians are more likely to have lower levels of education than non-indigenous Australians. This can mean they don't know the benefits of accessing healthcare, which can make them less likely to access healthcare when pregnant. This could mean any conditions of the pregnant mother go undiagnosed, which could explain why Indigenous Australians have a higher maternal mortality rate when compared to non-Indigenous Australians

1 mark for identifying a sociocultural factor
1 mark for explaining the impact it has
1 mark for linking this back to maternal mortality rates

Identify one biological and one sociocultural factor and explain how each may contribute to males having a higher rate of DALY when compared to females (*4 marks*)

- **Biological (Genetics):** Men tend to have higher levels of testosterone when compared to women. As a result, they are more likely to partake in risky behaviours such as violence or drink driving. This could increase the rates of injury for men and the potential for them to become disabled as a result, and could contribute to men having a higher proportion of years of life lost due to time spent with a disability and DALY, when compared to women
- **Sociocultural (Cultural Factors)**: There is a greater social expectation around men to be more masculine when compared to women. This could include men being less likely to seek medical attention when needed, which could lead to conditions such as cancer or diabetes going undiagnosed, which could lead to premature death if left too late. This could contribute to men having a higher rate of years of life lost due to premature death and DALY, when compared to women.

2 marks for correctly identifying a relevant biological and sociocultural factor
2 marks for linking each to the difference in the rate of DALY

AREA OF STUDY 2: PROMOTING HEALTH AND WELLBEING

KEY KNOWLEDGE

- improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to:
- 'old' public health
- the biomedical approach to health and improvements in medical technology
- development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion
- the relationship between biomedical and social models of health
- Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity
- the role of health promotion in improving population health, focusing on one of: smoking, road safety, or skin cancer, including:
- why it was/is targeted
- effectiveness of the health promotion in improving population health
- how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion
- initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion
- initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change.

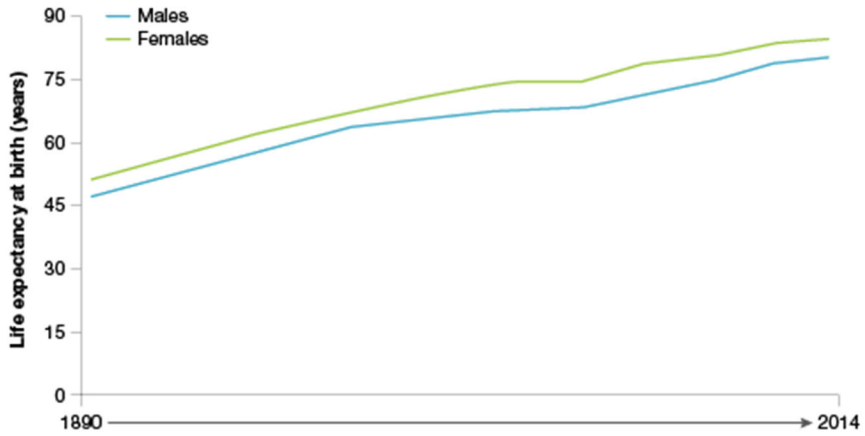
CHANGES IN AUSTRALIA'S HEALTH STATUS

IMPROVEMENTS IN AUSTRALIA'S HEALTH STATUS SINCE 1900 AND REASONS FOR THESE IMPROVEMENTS, FOCUSING ON POLICY AND PRACTICE RELATING TO:

- **'old' public health**
- **the biomedical approach to health and improvements in medical technology**
- **development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion**
- **the relationship between biomedical and social models of health**

- There has been a life expectancy increase overtime, from about 82 years in 2015 compared to 55 years in 1900.

FIGURE 5.2 Life expectancy at birth, by sex, in Australia, 1890–2014



Source: AIHW, *Australia's health 2016*, page 9.

- The **age profile** of the population has increased overtime.
- This is due to:
  - **Increase in knowledge**, through medical research
  - **Development of medication**
  - **Advancements in technology**, through effective diagnosis and treatment
  - **Development of an accessible and equitable health system**, through medicare and PBS
  - **Reorienting the focus of health care in Australia to preventative, health promotional strategies**

- Diseases that were common in Australia during the first half of the 20th century are in many ways different from those we face now. They can be put into 5 categories:
  - **Infectious and parasitic diseases**
  - **Cancers**
  - **Cardiovascular diseases**
  - **Injury and poisoning**
  - **Respiratory diseases**

- **Infectious diseases** can be transmitted from one person to another. They include smallpox, hepatitis, tuberculosis and STIs.

- **Parasitic diseases** occurs when parasites, such as worms, mite or lice, enter the body.
  - Infectious and parasitic diseases were the most common causes of death in Australia in the first part of the 20th century (13% of all deaths). Living conditions in this time period were very different— water and food supplies were often contaminated, public waste facilities were not well maintained, and this lead to an outbreak of man infectious and parasitic diseases.

- **Cancer** refers to a group of conditions in all parts of the body where cells become abnormal and multiply.
  - Cancer death rates reached a peak in 1980s, before gradually falling.

- **Cardiovascular disease**, or circulatory disease, refers to all diseases of the heart and blood vessels, including heart attack, stroke and high blood pressure.
  - Since 1900, cardiovascular has been the leading cause of death.
  - Death rates of CVD peaked in 1960 and has since decreased despite containing to be the leading cause of death.

- **Respiratory diseases** refers to all diseases affecting the lungs and other parts of the body involved in breathing, including pneumonia, influenza, asthma and chronic obstructive pulmonary disease.

- **Injury and poisoning deaths** include those from motor vehicle and other accidents, suicide, assault, drowning, burns, falls and complications from medical or surgical care.
  - Since 1900, death rates for injury and poisoning more than halved for both males and females.

- **Public health** is concerned with the organisation and collective effort to improve the heath status of the entire population, not on an individual level.
  - It relates to the way in which governments monitor, regulate and promote health and wellbeing and prevent illness.

- **Old public health** refers to healthcare approaches that pre-date to the 1970s. It is concerned with the effect of the physical environment on health and wellbeing.
- The first public health measures were introduced when it was understood bacteria was a major cause of disease, and focused on improving living conditions.
- Governments established funded water and sewage systems and focused on improving nutrition, housing conditions and occupational health and safety.
- These public health actions, which focused on the **physical environment**, became known as the **old public health**.
    - **Discovery of vaccines** can help treat a range of preventable diseases, and brought about reduction in morbidity and mortality from diseases such as smallpox, polio, tuberculosis and measles.
    - **The role of the commonwealth government** has given opportunity for policy regarding health, strict **quarantine** laws, the establishment of the department of health and health research, antenatal care and infant health services to promote breastfeeding and welfare services.
    - **Shift to health promotion** was brought about when there was an emergence of lifestyle diseases in the 1950s/60s. Health promotion campaigns were introduced, aimed to bring about behaviour change focusing on poor diet, tobacco use, physical inactivity, road safety and alcohol consumption.
- The **biomedical model of health** focuses on the physical or biological aspects of disease and illness.
    - Involves **diagnosing, treating** and **curing** disease.
    - Individuals are the focus of this approach, the condition itself is the focus, not the reasons for illness.
    - Examples include:
        - **Stitches** to assist healing of a cut or wound
        - **Surgery** to replace a hip or remove an appendix
        - **Chemotherapy** to treat cancer
        - **Medication** to lower blood pressure
        - **X-rays** to diagnose fractured bones

- Advantages/Benefits:
    - Many common illnesses can be fixed and **quickly and effectively treated,** which has the potential to **increase life expectancy** and **improve quality of life.**
    - Creates **advancements in technology and research.** Eg. 3D organs, MRI, stents.
        - **Discovery of antibiotics**: Many communicable diseases have been able to be treated and therefore a decrease in morbidity and mortality rates.
        - **Vaccinations**: This lead to prevention of common illnesses and a decrease in the number of preventable diseases.
        - **Improved diagnostic machinery (x-rays, MRIs)**: Conditions can be identified at earlier stages meaning treatment can start earlier, making mortality less likely to occur.
- Disadvantages/Limitations:
    - Relies on health professionals and technology and is **costly.**
    - **Doesn't always promote good health and wellbeing**, instead promotes reactivity and people can't be responsible for their health.
    - **Not every condition** can be treated/cured.
    - Difficulties of affordability and equity of **access.**

- **New public health** came about in around the 1980s when leading causes of mortality and morbidity had changed from infectious diseases to lifestyle diseases.
- It became apparent that behaviour change was needed.
- With this understanding came new public health, or the social model of health, and the Ottawa Charter for Health Promotion.
- The **social model of health** takes into account the role that factors that aren't biological (sociocultural, economic, environmental, political) bring in improving health status.
- Populations are the focus.
- Social model of health principles:
    - **Involves intersectoral collaboration.** Public, government and private sectors should work together to improve health and achieve a common goal.
    - **Addresses the broader determinants of health.** Instead of just the behavioural determinants, the broader determinants need to be addressed, including the social, economic, and environmental factors, and addressing the cause of the disease.

- **Acts to reduce social inequities.** The social model of health aims to reduce inequities that result from cultural, economic or geographical factors. For example, reducing the inequity for low socioeconomic groups by allowing them to gain health services for free. Reducing the inequity for people living in rural areas by bringing campaigns to them.
- **Empowers individuals and the community.** Allowing individuals to take ownership/control of the situation and providing individuals with the skills and resources they need to address factors that influence their health. Allowing individuals to participate in decision making about their health and wellbeing. This promotes proactivity.
- **Acts to enable access to healthcare** by ensuring healthcare is accessible and affordable, according to peoples needs. Services and information should be readily available. This focuses on breaking down barriers that may prevent population groups from not having fair access to healthcare. Examples include medicare, PBS, disability insurance scheme.

- For memorisation, **IAREA.**

- Advantages:
  - **Promotes good health and wellbeing** and assists in **disease prevention.**
  - Relatively **inexpensive** (mainly focuses on education) compared to the biomedical model of health.
  - **Education** can be passed on from generation to generation.
  - **Responsibility for health and wellbeing is shared** (not relying on doctors).
  - Focuses on **vulnerable population groups**, aiming to reduce social inequities in the long-term.

- Disadvantages:
  - **Not every condition** can be prevented.
  - Does not promote the development of **technology.**
  - Does not address the **current** health concerns of individuals (those who are already ill).
  - Health promotion messages can be **ignored.**

- Example for cardiovascular disease:
  - **Involves intersectoral collaboration**: Produce education campaigns that are promoted through schools, sport clubs and governments.
  - **Acts to enable access to healthcare**: Provide an interactive knowledge base on the internet.
  - **Acts to reduce social inequities**: Implements programs targeted at indigenous, and people living in rural and remote communities.
  - **Empowers individuals and communities**: Teach school-aged children how to cook healthy foods.
  - **Address the broader determinants of health**: Provide parks and recreation facilities.

- **Ottawa Charter for health promotion:**

- The Ottawa Charter was developed from the social model of health.

- The model was developed as a framework that aims to guide organisations in incorporating the objectives and principles of the social model of health when developing health promotion strategies.

- The Ottawa Charter defines **health promotion** as:
  - The process of enabling people to increase control over, and to improve, their health.

- Three basic strategies for health promotion:
  - **Enable**. Support and providing people with information, opportunities, resources and skills they need to make choices the support good health. Giving access to health promotion that focuses on equity, and aims to reduce differences in health status between people.
  - **Mediate**. Coordinated action by all levels of government, the health sector, non-government organisations, industry and the media to achieve good health outcomes.
  - **Advocate.** Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Promoting and supporting initiatives that promote health on behalf of the whole community, by lobbying governments and organisations to improve access to and provision of healthcare services.

- Five action areas:
    - **Build healthy public policies.** Relates to decisions made by governments and organisations, and rules and regulations.
        - Eg. ban smoking in public places
        - Increasing GST on alcohol
        - No hat no play
    - **Create supportive environments.** Building links between individuals and their environments, and encouraging individuals to support and help each other. It is promoting environments that are safe, stimulating and enjoyable to live and work in.
        - Eg. Quitline support service; free phone services
    - **Strengthen community action.** Communities need to work together to achieve set priorities, and use available resources to develop health promotion strategies, giving the community a sense of ownership of health strategy.
        - Eg. police, TAC, media
        - Community walking groups
        - Mothers support groups
    - **Develop personal skills.** Individuals need to gain life skills, education, knowledge and information through health promotion.
        - Eg. health curriculum in schools on alcohol use
        - Healthy cooking classes
        - Beyondblue coming into a school to educate people
        - Information brochures in medical centres
    - **Reorient health services.** Groups work together to support healthcare professionals in moving beyond biomedical services, and instead places a stronger emphasis on health promotion, and caring to meet the needs of the whole person.
        - Eg. doctors taking on an educator role
        - Police visiting schools
    - For memorisation, **B**ad **C**ats **S**mell **D**ead **R**ats
- The biomedical and social approaches view health and wellbeing from different perspectives with advantages and disadvantages for both approaches. However, both together are needed to bring about improvements in Australia's health status.

- The biomedical model of health is responsible for the increase in life expectancy and being able to treat many conditions and decrease the risk of premature death.

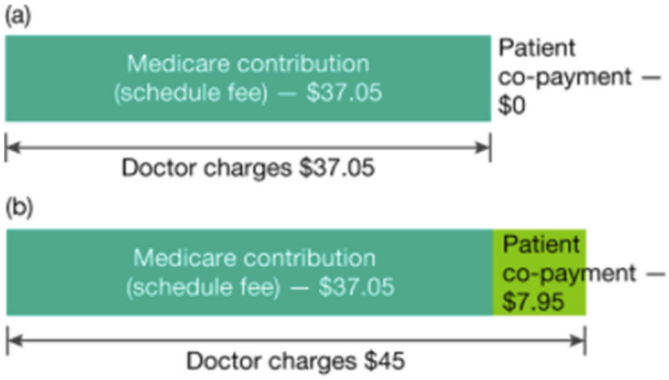
- However, the social model of health is responsible for decreasing the number of diseases that lead to premature death through promotion and prevention.

AUSTRALIA'S HEALTH SYSTEM

AUSTRALIA'S HEALTH SYSTEM, INCLUDING MEDICARE, PRIVATE HEALTH INSURANCE, THE PHARMACEUTICAL BENEFITS SCHEME AND THE NATIONAL DISABILITY INSURANCE SCHEME, AND ITS ROLE IN PROMOTING HEALTH IN RELATION TO FUNDING, SUSTAINABILITY, ACCESS AND EQUITY

- **Medicare** is Australia's universal health insurance scheme.
- It gives all Australians access to healthcare that is subsidised by the federal government.
- Medicare covers:
    - **Out of hospital expenses**
        - Consultation fees for doctors ie. general practitioner.
        - Eye tests.
        - Tests and examinations required to diagnose and treat illnesses eg. x-rays and pathology tests.
    - **In-hospital expenses**
        - While you are a patient in a public hospital, accomodation and treatment is covered, as long as it is medically necessary.
    - **Schedule fee**: Medicare contributes **$37.05** for a GP visit.
        - It is the amount that medicare contributes towards certain consultations and treatments.
        - **Bulk-billing** is when the doctor or specialist charges only the schedule fee. The government pays the GP directly, with no out-of-pocket expenses for the patient.
        - **Patient co-payment** is the payment made by the consumer for health products or services in addition to the amount paid by the government.

- Medicare does not cover:
    - Most cosmetic or unnecessary procedures.
    - Most costs associated with private hospital care.
    - Ambulance services.
    - Most dental examinations and treatments.
    - Home nursing.
    - Most allied health services such as physiotherapists, psychologists and occupational therapists.
    - Most alternative medicines such as acupuncture and remedial massage.
    - Health-related aids such as glasses, contact lenses, hearing aids, artificial limbs.



- Advantages of medicare:
    - Available for all Australian citizens.
    - Reciprocal agreement with other countries.
    - The **medicare safety net** provides extra financial contributions if people are required to see a doctor often or have tests regularly, who require significant out of pocket expenses.
    - Covers tests and examinations, doctors fees and some procedures.
    - Choice of doctor for out-of-hospital treatments.
- Disadvantages of medicare:
    - Waiting lists for many treatments.
    - Does not cover alternative therapies.
    - No choice of doctor for in-hospital treatments.

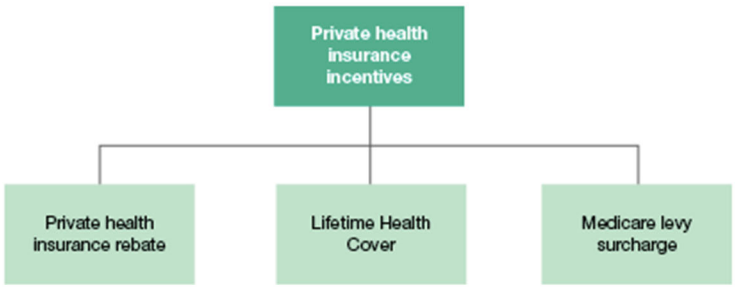
- Medicare is funded by:
    - **Medicare levy** (2% tax payable by most taxpayers, low income earners or people with special circumstances are exempt from this).
    - **Medicare levy surcharge (MLS)** (extra tax payable by high-income earners (individuals earning $90 000 a year or couples earning $180 000 a year) without private health insurance) (1-1.5%). Dependent on level of income.
        - This is an incentive to promote private health insurance.
    - **General taxation.**

- **Pharmaceutical Benefits Scheme (PBS)** is administered by the federal government
- It subsidises essential medications (around 5000) to people with a prescription.
    - Healthcare card holders pay even less.
    - Individuals are responsible for making a co-payment.
        - The co-payment for most PBS subsidised medicine is $38.80 or $6.30 (2017) for concession cardholders. These co-payments are adjusted each year in line with inflation.

- **National Disability Insurance Scheme (NDIS)** provides services and support for people with permanent disabilities, significant disabilities, and their families and carers.
- Funded by the federal and state/territory governments.
- Their aim is to help individuals under the age of 65 with a permanent or significant disability to live an ordinary life.
- Assistance provided includes:
    - **Access to mainstream services and supports**, inc. education, healthcare, public housing, aged care & justice system.
    - **Access to community services and supports**, inc. sporting clubs, libraries, charities & community groups.
    - **Maintain informal support arrangements**, eg. unpaid help from family and friends.
    - **Receive reasonable and necessary funded supports**. e.g. financial support and funding for assistive technology such as mobility cane, shower chair, bed rail etc.

- **Private health insurance** is an optional form of health insurance that is purchased in addition to medicare. It gives people wider choice.
- If higher income earning Australians are members of private health insurance they are more likely to use it than the public health system, which allows public health to be less busy and occupied meaning that access and sustainability are promoted as resources will be more readily available for longer.

- Members pay a **premium** (fee) in return for payment towards health-related costs not covered by medicare.
- Two main <u>covers</u>:
    - **Private hospital care.**
    - **Extras covers** (eg. physiotherapists, dentists, other allied health services and alternative medicines).
    - The level of cover provided varies depending on the policy and premium paid.
- <u>Advantages:</u>
    - Enables access to private hospital carer.
    - Choice of doctors and hospitals.
    - Shorter waiting times for some medical procedures such as elective surgery.
    - High income earners don't have to pay additional tax through the medicare levy surcharge.s
    - Services such as physiotherapy, dentistry, optical and podiatry.
    - Government rebate and lifetime cover incentives.
- <u>Disadvantages:</u>
    - Costly premiums.
    - Sometimes there is a ‘gap’, which means the insurance doesn't cover the whole fee and individuals pay the difference.

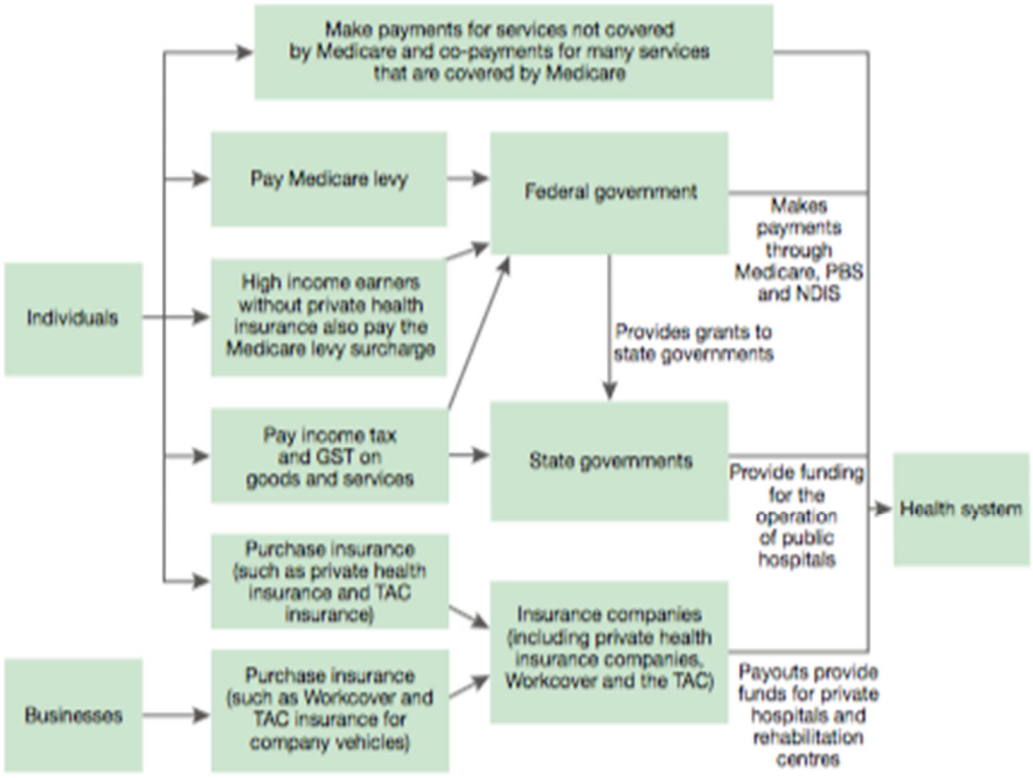


    - Policies can be complex to understand and confuse individuals.

- The federal government implemented three **incentive schemes** to encourage people to take out private health insurance and decrease the strain/pressure on the public health system. (Decreased strain = decreased demand and decreased cost).
    - **Private health insurance rebate**: income tested rebate provided to private health insurance holders. Under this scheme, policy holders receive a 30% refund on their premiums for private health insurance.
        - This increases the affordability of private health insurance and their premiums
    - **Lifetime health cover**: People who take up private health insurance after they turn 31 pay an additional 2% on their premiums for every year they are over the age of 31. (Eg. Someone who takes out PHI at 40 will pay 20% more each year than someone who took out PHI at 30).
        - This encourages younger people to take out private health insurance earlier and keep it for life.
    - **Medicare levy surcharge** is an extra tax paid by high income earners (people who earn more than $90 000 a year or $180 000 for families) who do not have private health insurance. (1-1.5%).
        - This encourages high income earners to take out private health insurance .

- **The role of Australia's health system in promoting health**: Four key areas of focus guide the implementation of the health system:
    - **Funding**: Relates to the financial resources that are provided to keep the health system adequately staffed and fully resourced so a high level of care is available for those who need it. Funding promotes health status with:
        - **Healthcare infrastructure** (hospitals, aged care, medical technology etc).
        - **Subsidised health services** (doctor consultations and blood tests through medicare).
        - **Essential medicines** (PBS subsidised costs).
        - **Well trained health professionals.**
        - **Public health programs.**

FIGURE 6.17 Funds reach the healthcare system through numerous avenues.



- **Sustainability**: Relates to the capacity of the Australian government and health system to provide a workforce and infrastructure to be innovative and responsive to emerging needs through interventions such as research and monitoring. Promoting a sustainable health system involves:
  - **Funding and regulation** (Medicare levy increases, PBS carefully decides which medicines to put on the essential medicines list, NDIS is funded over the Medicare levy; increased from 1.5 to 2%).
  - **Efficient health system and workforce** (Health workforce must develop in size and skill, private health insurance has shorter waiting times for medical help, which can decrease the strain on public health. This includes increasing medical practitioners and access to health literacy).
  - **Disease prevention and early intervention** (Preventing disease will help lessen the number of people who need to use the health system. The government sends out public cancer screenings and immunisations to reduce the costs of disease in the future).
  - **Research and monitoring** (New ways to cure, treat and prevent disease promote sustainability).

- **Access**: An accessible health system is one that can provide all people with timely access to quality heath services based on their needs, not ability to pay, regardless of where they live. Access to healthcare in Australia is improved through:
  - Fee-free treatment in public hospitals through medicare.
  - Subsidised medication through PBS.
  - Subsidised private health insurance through private health insurance rebate
  - Support provided through the NDIS.
  - Royal Flying Doctor can ensure people in remote areas can access medical services.
  - PHI holders can access alternative medicines.
- **Equity**: A healthcare system needs to be fair for all Australians and differences between population groups must be taken into account. All Australians should be able to access healthcare when required. Eg:
  - Those who earn more pay more.
  - Introduction of NDIS to assist those with a disability in giving them a normal life.
  - Medicare safety net.
  - PBS safety net.
  - Mental health treatment plans.
  - Public dental health services.

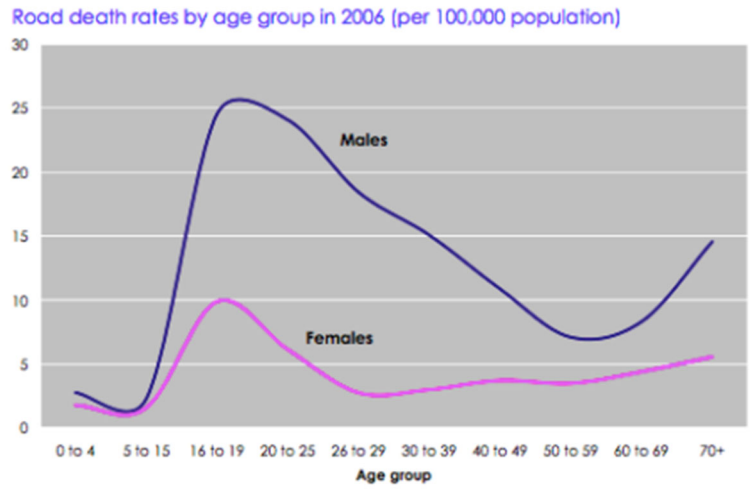
HEALTH PROMOTION PROGRAMS

THE ROLE OF HEALTH PROMOTION IN IMPROVING POPULATION HEALTH, FOCUSING ON ONE OF: SMOKING, ROAD SAFETY, OR SKIN CANCER, INCLUDING:

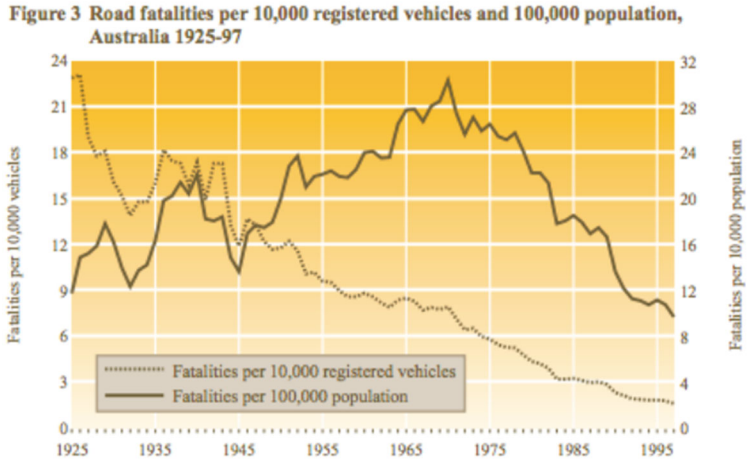
- **why it was/is targeted**
- **effectiveness of the health promotion in improving population health**
- **how the health promotion reflects the action areas of the Ottawa Charter for Health Promotion**

- **Road safety** is targeted because all road crashes are considered to be preventable. Causes of road crashes include:
  - **Driver fatigue**
    - A person who has been awake for 17 hours has a risk of crashing equivalent to being at a 0.05 BAC level.
  - **Distractions**
    - Mobile phones are a big distraction factor.
    - While being in a call with someone, reaction time decreases by about 3 seconds, and they are in an increased crash risk by up to 4 times.
  - **Non-compliance with road laws** such as **drug and alcohol use, speeding** etc
    - A 20% increase in travel speed increases emergency braking distance by 44%
    - Most pedestrians struck by a car at 40km/h survive, most struck by a car at 60km/h die.
  - **Infrastructure and road quality** (includes driving in wet conditions)
    - More dirt roads, less street lights, less police enforcement of road rules and less clearly identifiable speed signs are all factors that contribute to road crashes, particularly in rural areas.
  - **Vehicle quality**
    - All cars are required to have seatbelts.

- Road related deaths and injuries affect some population groups disproportionally.
    - **Young people** (17-25) make up 21% of the deaths, yet only represent 16% of the population, being overrepresented.
        - They are more likely to not have the skills developed to drive safely and cautiously, and may not be able to handle stressful environments.



    - **Males** are 3.5 times more likely to die on the roads than females.
    - **Those living in remote area**s are four times more likely to die in a road crash
    - **Low socioeconomic groups** had a 2.2 times higher death rate than high socioeconomic groups.
- The **economic impact** of road crashes is significant, costing up to billions of dollars each year.
- The **emotional impact** on family, friends and the community is also significant.



- Road trauma has **declined** significantly over the past 40 years, despite the population growth
- The impact of programs and interventions has been significant on road trauma

- Programs and strategies to promote health and wellbeing:
- **Pillow**
    - Drowsy driving contributes 16-20% of all road crashes in Victoria.
    - Pillow wants people to get a good nights sleep to avoid drowsy driving, and the program recognises you can't fight sleep.
    - The only remedy against drowsiness is sleep.
    - To avoid drowsy driving, people should:
        - Pull over and make a 15 minute power nap
        - Take a break every 2 hours
        - Switch drivers
        - Avoid driving at times you would normally be sleeping
        - Get 7-9 hours sleep
    - Pillow has created “pit stops” around major Victorian roads where drivers can park and take a power nap or break to avoid drowsy driving.
- **Towards Zero**
    - This initiative aims to reduce the number of deaths on the roads to below 200 by 2020.
    - It is a partnership between the Victorian Government and TAC (strengthen community action).
    - Involves increased funding for rural and regional roads that will contribute to safety improvements in infrastructure, such as motorcycle barriers (create supportive environments).
    - They increase funding for more developed pedestrian and cycling paths (create supportive environments).
    - Doubling the amount of road side drug testing (create supportive environments)
    - They fund for disadvantaged teenagers to make sure they get the 120 hours required as part of their learners program (create supportive environments, develop personal skills).
    - They are currently working with local councils on the removal of 50 of Melbourne’s most congested level crossings (strengthen community action).
    - They involve creating new community engagement campaigns that include understanding the impact of speed on vulnerable bodies in crashes (strengthen community action, develop personal skills).

- **Build healthy public policy:**
  - Introducing speed limits of 40km/h or lower in school areas.
  - A national 0.05 blood alcohol concentration limit.
  - Log books for learner drivers.
  - Compulsory seatbelts.
- **Create supportive environments:**
  - Installation of bicycle lanes.
  - Introduction of random breath testing by reducing the number of drivers on the road affected by alcohol or drugs.
  - Installation of pedestrian areas.
  - Driver reviver program can give drivers on long journeys rest opportunities.
- **Strengthen community action:**
  - Australian Transport Council working in partnership with police to use random alcohol and drug testing.
  - Governments working with car manufactures and road users to ensure safety of the roads.
  - Kids on the Move encourages all members of schools and the community to share the responsibility for the safety of children while travelling.
- **Develop personal skills:**
  - Mass advertising campaigns to educate drivers on the risks of mobile phone use (eg. “Meet Graham”, “theres no one someone won’t miss”).
- **Reorient health services:**
  - Ambulance officers participating in TAC to educate individuals about the risks associated with road use.
  - Police coming to schools to deliver safe road messages.

INITIATIVES INTRODUCED TO BRING ABOUT IMPROVEMENTS IN INDIGENOUS HEALTH AND WELLBEING IN AUSTRALIA AND HOW THEY REFLECT THE ACTION AREAS OF THE OTTAWA CHARTER FOR HEALTH PROMOTION

- Indigenous Australians have significant potential to experience improvements in health and wellbeing.
- The **Close the Gap Initiative** was organised by the Council of Australian Governments and aims to:
    - Close the gap in **life expectancy** within a generation.
    - Halve the gap in **mortality rates for Indigenous children under 5** within a decade.
    - Ensure all Indigenous four year olds in remote communities have access to **early childhood education** within five years.
    - Halve the gap for Indigenous students in **reading, writing and numeracy** within a decade.
    - Halve the gap for Indigenous students in **year 12 attainment** or equivalent attainment rates by 2020.
    - Halve the gap in **employment outcomes** between Indigenous Australians within a decade.
    - Only one of the seven targets is on track; the target to halve the gap in Year 12 attainment by 2020.
- Programs that are a part of the Close the Gap initiative reflect the Ottawa Charter action areas by:
    - **Build healthy public policy:** Advocating for change and implementation of policies that support Indigenous people, such as increasing funding to ensure all Indigenous people have access to early childhood education.
    - **Develop personal skills:** By providing cultural awareness training for the medical workforce, including how different foods affect health and wellbeing, and importance of prenatal and postnatal care for mother and child.
    - **Create supportive environments**: Allowing Indigenous people to access medical care which increases the number of people who access care and improves health and wellbeing outcomes.
    - **Strengthen community action:** The Australian Government is working with local alcohol and drug treatment services in Indigenous communities.
    - **Reorient health services**: Program run in several communities by Indigenous health workers to prevent rather than treat chronic conditions such as type 2 diabetes.

- The **Aboriginal Road to Good Health** program is a type 2 diabetes six week prevention program for Indigenous Australians.
- They work with Indigenous communities and aims to promote healthy lifestyles including how to prevent type 2 diabetes.
- The program is free and educates participants about:
    - How different foods affect your health and wellbeing
    - What food is food, cheap and easy to make
    - How to spend money wisely
    - How to maintain a healthy weight
    - What to look for on a food label
    - How to choose healthy foods
    - How to prevent diabetes
- This initiative promotes health and wellbeing of indigenous people by:
    - **Educating** Indigenous people about what foods have a negative impact on your health, making them less likely to consume these foods and more likely to consume nutritious foods. As a result their body is more likely to function optimally and free of disease, which can positively impact physical health and wellbeing.
    - **Being free** and allowing you to bring in a partner, friend or family member. By doing so, participants can bond with the person they brought and are more likely to maintain meaningful relationships between each other, which can improve social health and wellbeing.
- The program reflects the action areas of the Ottawa Charter, by
    - **Developing personal skills** of individuals, and educating individuals about how to make wise choices when eating and buying foods, and how to read nutrition labels. Here they can get the skills they need to prevent type 2 diabetes from occurring
    - **Creating supportive environments**, by being free for individuals to participate in, making people feel welcome and more likely to enjoy the program. This makes individuals more likely to take in health promotion messages and prevent type 2 diabetes from developing.

- Evaluation of the initiative:
    - A **specific need** of Indigenous people is being targeted. Indigenous people experience much higher levels of type 2 diabetes when compared to non-indigenous people, and the condition is preventable. The Aboriginal Road to Good Health program addresses these preventable factors, by educating and empowering people to modify their food choices so that they can lead a good lifestyle and avoid type 2 diabetes.
    - **Feedback** provided by participants has been largely positive, and improvements have been made. Many have lost unhealthy weight and made improvements to their health. Jackie, a six week program participant lost 10kg in her journey and 1 cm off her waistline.
    - **Education** is being provided in terms of how to read nutrition labels, and make wise choices when grocery shopping and eating various foods. This empowers people and increases their ability to lead a healthy life.

INITIATIVES TO PROMOTE HEALTHY EATING IN AUSTRALIA INCLUDING AUSTRALIAN DIETARY GUIDELINES AND THE WORK OF NUTRITION AUSTRALIA, AND THE CHALLENGES IN BRINGING ABOUT DIETARY CHANGE.

- Poor food intake is becoming a key factor contributing to the burden of disease in Australia, including lifestyle diseases, such as obesity, cardiovascular disease and type 2 diabetes.
- The **Australian Dietary Guidelines** are used by health professionals, educators and other parties interested in promoting healthy eating, and aims to:
    - **Develop healthy dietary patterns** that will **promote health and wellbeing.**
    - Reduce the risk of developing a range of **diet-related conditions** such as hypertension and impaired glucose regulation.
    - Reduce the risk of developing **chronic conditions** such as type 2 diabetes, cardiovascular disease and some cancers.
- **Guideline 1** states "*to achieve and maintain a healthy weight, be **physically active** and choose amounts of nutritious food and drinks to **meet your energy needs***" ie. only eat the foods required by your energy needs and growth + regular physical activity.
- **Guideline 2** states to "*enjoy a wide variety of nutritious foods from these five food groups: **vegetables, fruit, grains, lean meats, dairy**, and drink plenty of **water***".
- **Guideline 3** states to "*limit intake of foods containing **saturated fat, added salt, added sugar** and **alcohol***".
- **Guideline 4** states to "*encourage, support and promote **breastfeeding***" (reduced breast cancer).
- **Guideline 5** states to "*care for your food; **prepare** and **store** it safely*" ie. food safety and reduced food poisoning.

Advantages	Disadvantages
Deals with food groups and not nutrients, which makes it easier for the public to understand	Provides very general advice (eg. plenty, limit)
Takes into account specific age groups	Serving sizes can be hard to find
Limit discretionary foods	No visual aids - can cause problems for people with poor English skills
Includes water consumption	
Includes serving sizes	

- The **Australian Guide to Healthy Eating** is a food selection tool which visually represents the proportion of the five food groups recommended for consumption on a daily basis.

- It is designed to be used alongside the Australian Dietary Guidelines to assist people in planning, selecting and consuming adequate proportions of foods from the five food groups.

- It visually helps the public with their understanding of Guideline 2 and Guideline 3.

Advantages	Disadvantages
Highlights the importance of water to good health	Difficult to classify mixed foods (eg. Caesar salad), so it would be hard to tell if someone has followed the recommendations
Visual, so it is easy to understand	Poor choices can still be made
Includes foods that should only be consumed in small amounts (guideline 3)	

- **Nutrition Australia** is a non-government organisation that aims to promote healthy eating and adequate physical activity.

- Their objectives include:
    - Acting as a source of scientific information on key nutrition issues.
    - Producing and distributing material on nutrition.
    - Acting as consultants to government departments and the food industry.


HEALTHY EATING PYRAMID
LIMIT SALT & ADDED SUGAR
HEALTHY FATS
MILK, YOGHURT, CHEESE & ALTERNATIVES
LEAN MEAT, POULTRY, FISH, EGGS, NUTS, SEEDS, LEGUMES
GRAINS
VEGETABLES & LEGUMES
FRUIT
ENJOY HERBS & SPICES
CHOOSE WATER
Enjoy a variety of food and be active every day!
Nutrition Australia
© Copyright The Australian Nutrition Foundation Inc, 3rd edition, 2015


Australian Government
National Health and Medical Research Council
Department of Health and Ageing
www.eatforhealth.gov.au
Australian Guide to Healthy Eating
Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
Vegetables and legumes/beans
Fruit
Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans
Milk, yoghurt, cheese and/or alternatives, mostly reduced fat
Use small amounts
Only sometimes and in small amounts

- The work of Nutrition Australia includes:
    - **Healthy Eating Advisory Service,** which works to promote consumption of healthy food and drinks in early childhood services, schools, hospitals and workplaces, including phone advice and support, staff training on menu assessment and modification, and training for cooks.
    - **National Nutrition Week**, an annual week that coincides with World Food Day (Oct 16) that provides events and resources to support schools and health centres in promoting healthier eating. Recipes and resources can be downloaded from the Nutrition Australia website.
    - **Healthy Eating Pyramid** is an easy to follow food selection tool based on the Australian Dietary Guidelines. It is a visual tool and represents foods from the five basic food groups.
        - Uses of the H.E.P include:
            - Planning meals
            - Monitoring food intake

Advantages	Disadvantages
Includes water, physical activity and reducing salt and sugar	Serving sizes not identified
Visual, so it is easy to understand	Sometimes hard to determine where foods fit - doesn't make provisions for composite foods
Shows the food groups with proportions	
Successfully adapted to other cultures and population groups	
Has a vegetarian version	

- There are several challenges in bringing about dietary change, including:
    - **Education, nutrition knowledge and cooking skills.** Lack of education can mean consumers do not have the skills to accurately assess food labels, and lack of cooking skills.
    - **Food marketing and media.** Most televised foods are high in fat, salt and sugar, and this has a big impact on children. People may struggle to distinguish between advertising and factual information.
    - **Time constraints and convenience.** For busy families, more time is spent working than preparing healthy meals. Convenient foods are often consumed as a result, which are generally high in salt, saturated fat and sugar.
    - **Personal preference.** Some people have different taste preferences and past experiences. Foods high in sugar and saturated fat are flavour enhancers as they stimulate the taste buds and the brain releases dopamine. This can create cravings overtime.

- **Attitudes and beliefs.** Some people believe healthy foods to be bland or tasteless. They may be unwilling to try these foods. Some diets, like veganism or the Paleo Diet restrict certain foods.
- **Willpower.** Some people cannot resist temptations to eat unhealthy foods. Some people get offered food at parties or gatherings and cannot turn them down.
- **Food security.** Those with lower incomes are more likely to consume cheaper, unhealthier foods. Low SES groups are also likely to not have a strong understanding on dietary advice.
- **Family, culture, society and religion.** Children look up to their parents and the food they consume influences the foods they are familiar with and prefer. As children grow up, they may have their taste influenced by what their peers eat.
- **Health and wellbeing factors** (eg. allergies or intolerances). Some people have allergies or intolerances, which restricts the types of food they can eat. As a result they may have a deficiency. Some people also use food as a stress reliever, or for comfort if they are down.

KEY SKILLS

- analyse data that show improvements in health over time and draw conclusions about reasons for improvements
- analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia's health
- analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status
- apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies
- evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing
- draw conclusions as to why dietary improvements are difficult to achieve in Australia.

ANALYSE DATA THAT SHOW IMPROVEMENTS IN HEALTH OVER TIME AND DRAW CONCLUSIONS ABOUT REASONS FOR IMPROVEMENTS

The major reasons for the improvements in health and wellbeing over time are:

- **Policies and actions** as part of the **old public health**, such as provision of safe water, sewage systems and sanitation, improved nutrition and better housing and work conditions.
- Discovery of **vaccines.**
- **Government actions** such as **quarantine** to protect Australia from diseases in other countries.
- Improved **medical technology**, such as surgery procedures, x-rays etc.
- Introduction of **health promotion campaigns.**
- The development of **new public health.**

Briefly explain how one advancement in medication may have contributed to the increase in life expectancy overtime (*2 marks*)

The introduction and discovery of vaccines may have contributed to increased life expectancy overtime, as the vaccines have helped cure and put an end to infectious diseases, which has reduced mortality rates associated with these diseases and increase life expectancy.

1 mark for explaining one advancement in medication
1 mark for linking it back to increased life expectancy

Briefly explain old public health and discuss how it contributed to the decrease in under 5 mortality rates overtime (*3 marks*)

Old pubic health focuses on the effects the physical environment has on health. When old public health was present, the government focused on funding to provide better sanitation and sewage systems and improved housing conditions, which may have contributed to a decrease in infectious diseases. This may have lead to a decrease in under 5 mortality rates overtime.

1 mark for describing an aspect of old public health
2 marks for linking this back to the decrease in u5mr's

Identify one improvement in relation to medical technology and explain how it has contributed to the decrease in mortality rates since 1900 (*2 marks*)

Improvements in x-ray imaging overtime have allowed tumours to get detected which can allow for early interventions to take place and reduce mortality rates for Australians.

1 mark for identifying an improvement in medical technology
1 mark for linking it back to a decrease in mortality rates

Outline one way both old public health and the biomedical model of health contributed to the decrease in under 5 mortality rates due to infectious diseases overtime (*4 marks*)

- Old public health during the 20th century brought about improvements in sewage systems and sanitation, which could have contributed to the decrease in infectious diseases and under 5 mortality rates such as cholera and diarrhoea overtime, as less people were drinking contaminated water.
- The biomedical model of health focused on treatment of infectious diseases, including medications. This could have meant people with infectious diseases were getting treated and cured, and as a result, the less children were dying from infectious diseases overtime.

2 marks for each way old public health/biomedical model of health contributed to a decrease in u5mr from infectious diseases

ANALYSE THE ROLE OF MEDICARE, PRIVATE HEALTH INSURANCE, THE PHARMACEUTICAL BENEFITS SCHEME AND THE NATIONAL DISABILITY INSURANCE SCHEME IN PROMOTING AUSTRALIA'S HEALTH

The role of Australia's health system in promoting health relates to **funding, sustainability, equity and access**. You may be asked to 'describe how _____ promotes ___(equity/access/etc..)____" in Australia's health. You will need to know what each of those are, specific examples and how they can improve health

You will need to know how the health system promotes health by explaining what it does and how it helps people

It is important to also have a solid knowledge of what each part of the health system does, it's advantages and disadvantages and similarities and differences between them

Outline two ways the NDIS promotes health in Australia. Include references to equity and sustainability (*4 marks*)

The NDIS aims to give people under the age of 65 with a permanent or significant disability an ordinary life, by allowing them to access mainstream services such as housing and infrastructure, which promotes equity between disabled and non-disabled people. This can make disabled people less stressed and can improve their mental health and wellbeing

The NDIS receives some of its funding from the recently increased medicare levy surcharge. This increase in funding promotes sustainability as the funding can provide services such as hospital care for disabled people over a long period of period, which can decrease mortality rates in Australia as a result.

2 marks for explaining each way NDIS can promote health status or health and wellbeing in Australia
2 marks for including links to equity and sustainability

Explain how Medicare and the Pharmaceutical Benefits Scheme can promote the health and wellbeing of an individual with cardiovascular disease (*4 marks*)

- Medicare can provide fee-free treatment at public hospitals, which can allow someone to get surgery undertaken on their heart, which could contribute to promoting the efficient functioning of their heart and improve physical health and wellbeing.
- The Pharmaceutical Benefits Scheme could increase the affordability of someone with cardiovascular disease to take their medications. This could reduce their stress relating to medical costs, which could promote mental health and wellbeing.

2 marks for explaining what medicare/PBS could do to someone with cardiovascular disease
2 marks for linking to health and wellbeing

Briefly explain the role of the health system in promoting health status in relation to:

A. sustainability *(2 marks)*

The Pharmaceutical Benefits Scheme is sustainable as they carefully chose what medicines to include on the essential medicines list, making the medications less likely to cause a debt in the health system and enabling them to exist for future generations.

B. equity (*2 marks*)

The National Disability Insurance Scheme aims to give people living with a permanent or significant disability an ordinary life by providing them with access to support services such as mobility canes, which promotes fairness between Australians and equity.

2 marks for explaining what two aspects of the health system does
2 marks for explaining how this link to sustainability/equity

Provide one similarity and one difference between Medicare and the PBS (*2 marks*)

- Both are administered by the federal government and the federal government subsidises the cost of each.
- Medicare is universal, allowing Australians to access a wide range of health services such as public hospital treatment, whereas PBS is more specific, giving Australian's access to essential medicines only.

1 mark for providing a similarity
1 mark for providing a difference

Discuss two ways that private health insurance may promote health outcomes for someone with cardiovascular disease (*4 marks*)

- Private health insurance covers private hospital care and treatment, which has shorter waiting times, which could mean cardiovascular disease surgery is treated sooner. This could reduce morbidity rates associated with cardiovascular disease
- Private health insurance can cover alternative medicines, which increases treatment options and can promote feelings of satisfaction and increase self-assessed health status.

2 marks for explaining two things that PHI covers
2 marks for linking it back to health outcomes; health and wellbeing or health status

Briefly describe the NDIS and outline how it promotes health in relation to equity (*3 marks*)

NDIS provides services and support for people with a permanent or significant disability, with the aim for them to live a normal life. This promotes equity as people are targeted who have extra needs in their life, such as the need for assistive technology. This can increase the ability of people to work, which can mean the individual gains a sense of purpose in life which promotes spiritual health and wellbeing.

1 mark for describing the NDIS
1 mark for outlining how it promotes equity
1 mark for linking back to how it promotes health

Explain how Medicare is funded (*2 marks*)

Medicare is funded through the Medicare levy (2% tax payable by most tax payers), the Medicare levy surcharge (extra 1-1.5% additional tax for high income earners who don't have private health insurance) and general taxation.

2 marks for two points on how medicare is funded

Outline how the PBS improves health in regards to access (*2 marks*)

The PBS is available to all Australians and does no discriminate based on age, gender, race or location. By subsidising the costs of essential medicines, PBS aims to make access to medication fair for all individuals when they need. This can mean individuals get their condition managed by medication and they can continue to perform daily tasks with ease, promoting physical health and wellbeing.

1 mark for what PBS does in relation to access
1 mark for linking this back to improved health

Explain how Medicare may promote health in relation to high intake of salt in Australia (*3 marks*)

Medicare is Australia's universal health insurance scheme, which subsidies the costs of public healthcare in Australia. This can make more Australians likely to access doctors due to being able to afford it, which can mean hypertension as a result of high intake of salt gets treated, which could decrease mortality rates in Australia.

1 mark for explaining what Medicare is/does
1 mark for explaining how this helps treatment of high salt intake related conditions
1 mark for linking back to either health status or health and wellbeing

ANALYSE THE STRENGTHS AND LIMITATIONS OF BIOMEDICAL AND SOCIAL MODELS OF HEALTH IN BRINGING ABOUT IMPROVEMENTS IN HEALTH STATUS

To do this you should be able to:

- Describe each model and its key features
- Explain the advantages and disadvantages of each model
- Give examples how each model has contributed to improvements in health status

Analyse the strengths and limitations of biomedical and social models of health in bringing about improvements in health status in relation to cardiovascular disease (*4 marks*)

The biomedical model of health has the strength to be able to bring about advancements in technology, such as the introduction of heart surgery procedures to unblock a blood vessel and prevent a heart attack. However, this model of health is expensive and some individuals cannot afford to have treatment for cardiovascular disease. Whereas the social model of health addresses factors that cause cardiovascular disease, which can prevent it from occurring in the first place, however the interventions put in place can be ignored, which is a limitation.

1 mark for strength of biomedical model of health
1 mark for limitation of biomedical model of health
1 mark for strength of social model of health
1 mark for limitation of social model of health

Explain, using one example, how the social model of health might be able to address the death rate of injuries and poisoning (*2 marks*)

The social model of health could empower individuals and the community by implementing a program which goes out to schools workplaces to educate people about how to be safe around chemicals and in dangerous environments, educating people about safety, which could reduce the death rates of injuries and poisonings.

1 mark for identifying a principle of the social model of health
1 mark for explaining how it could reduce the death rate of injuries and poisoning

Explain the relationship between the biomedical and social models of health (*2 marks*)
Both the biomedical and social models of health need to work together to improve health outcomes for individuals and communities. The two models complement each other, as the biomedical model can cure, treat and diagnose diseases using technology, whereas the social model has a focus on health promotion campaigns and education, and can prevent the disease from occurring in the first place.

1 mark for explaining the biomedical model of health
1 mark for explaining the social model of health

Identify two principles of the social model of health and explain how focusing on each could contribute to lower mortality rates in Australia (*4 marks*)

- Empowering individuals and the community: This gives people the skills and resources they need to take ownership of their health. Schools educating students about eating nutritious food could lead to more people eating healthy and strengthening their immune system, which could reduce the risk of infections and lower mortality rates.
- Acts to enable access to healthcare: This is about making healthcare readily accessible and affordable. By making Medicare available to all Australians and subsidising the cost of public hospital stays could make more people get conditions such as cancer treated, which could reduce mortality rates.

2 marks for identifying two principles
2 marks for linking these to reduced mortality rates

APPLY THE ACTION AREAS OF THE OTTAWA CHARTER FOR HEALTH PROMOTION TO A RANGE OF DATA AND CASE STUDIES

The Ottawa Charter is a very prominent topic in Unit 3 HHD. It is important to know what health promotion is, be able to describe the action areas, and be able to apply them to case studies by picking out examples of them from case studies.

You may also be required to explain how the action areas of the Ottawa Charter could have contributed to improvements in health, or explain how they could have contributed to a trend identified from a graph

This skill is also important when explaining the role of health promotion in improving population health in relation to smoking, road safety **OR** skin cancer. **You will only need to know one of those topics,** in detail, including

- why it is targeted
- analyse the effectiveness of health promotion campaigns in addressing these issues
- examples of action areas of the Ottawa Charter that are used in health promotion campaigns addressing the issue

You should have a solid understanding of at least one health promotion campaigns addressing you issue of choice in detail. I focused on road safety.

Local primary schools will receive support to participate in ‘walk to school’ opportunities, Monash Council has received $10 000 from VicHealth to implement the Walk to School program. This programs is designed to raise awareness of the physical, environmental, and social benefits of active transport, and to encourage school children to walk and from school more often. Aside from supporting schools, Council will use the funding to develop a Monash walking map and online portal.

Select one of the priority action areas of the Ottawa Charter and briefly outline how it is reflected in the Walk to School program. (*2 marks*)

Develop personal skills: The program aims to raise awareness and educate children about the physical, environmental and social benefits of active transporting.

1 mark for identifying an action area
1 mark for giving evidence of this action area from the case study

Select two of the priority areas from the Ottawa Charter and describe how they could be used to reduce morbidity from asthma (*4 marks*)

- Build healthy public policy: Introduce and implement no smoking in public places laws, to reduce the risk of asthma developing through respiratory diseases and reduce morbidity rates.
- Strengthen community action: Get schools, sporting teams and local government to work together and create asthma support and prevention groups within the community to decrease asthma rates and mortality.

2 marks for identifying action areas
2 mark for giving an example of how the action area can be used

Identify two priority areas of the Ottawa Charter and explain how each has / could address injuries (*4 marks*)

- Build healthy public policy: The law of wearing seatbelts in cars addresses injuries by acting to prevent and lessen the impact of road accidents
- Develop personal skills: The introduction of cooking classes in primary schools with education about safe use of flame, stoves and other cooking hazards, to decrease the risk of burns.

2 marks for identifying action areas
2 mark for giving an example of how the action area can/has be used

Outline the importance of targeting road safety in health promotion, to improve population health (*2 marks*)

All road crashes are considered preventable, yet road trauma still contributes a large burden of disease on Australians. The economic impact that occurs as a result of road trauma is significant, up to billions of dollars per year due to lost productivity in the workplace and decreased taxation revenue.

2 marks for outlining two points on why it is important to target road safety

Describe one health promotion program that aims to address your chosen health issue (*3 marks*)

Towards Zero aims to reduce the number of deaths on the road to below 200 by 2020. They increase funding in rural and remote areas to create more, improved bike and pedestrian paths, and create advertising advertising campaigns, such as "There's no one someone won't miss", to educate individuals about the impact road crashes have on vulnerable bodies.

3 marks for describing three points about the program. No marks are awarded for naming the program

Analyse the effectiveness of two health promotion programs in relation to road safety, using examples to illustrate your response (*6 marks*)

- Towards Zero is an initiative that aims to reduce the deaths on the roads to below 200 by 2020. They fund improvements in roads, paths and enforcing road laws, to allow Australians to feel safer when travelling and be more likely to obey road law and reduce the incidence of road crashes. However some drivers may still ignore these laws. Overall the mortality rates as a result of road trauma has decreased overtime, indicating Towards Zero has been effective.
- The Pillow Program is a program that recognises that drowsy driving has a significant impact on the cases of road crashes, and aims to educate people about how to avoid being drowsy on the roads. However some people may still ignore the messages provided by pilot and continue to drive while drowsy. Overall the health promotion messages provided are effective, as they can encourage people to avoid drowsy driving which could explain the reduced prevalence of road trauma.

1 mark per initiative for giving a positive of the program
1 mark per initiative for giving a negative of the program
1 mark per initiative for justifying the effectiveness of the program.

Using two action areas of the Ottawa Charter for Health Promotion, discuss one health promotion program, which addresses road safety (*4 marks*)

- Develop personal skills is about giving people the skills required to improve their health. The Pillow Program aims to educate individuals about the risks associated with drowsy driving, and how to reduce your risk of drowsy driving, including pulling over for a 15 minute power nap.
- Create supportive environments is about creating environments that are stimulating, enjoyable and support individuals in improving their health. TAC and Pillow have developed "pillow pitstops" along some of Victoria's most major, long roads, where people travelling for long periods of time can pull over and have a nap or break. This supports people in making healthy choices to avoid drowsy driving

2 marks for describing two action areas of the Ottawa Charter
2 marks for discussing how they are evident in the health promotion program which addresses road safety

Identify two action areas of the Ottawa Charter and explain how each has assisted in promoting population health in Australia in relation to an issue of your choice (*4 marks*)

Strengthen community action is about key stakeholders working together to improve population health. The Australian Transport Council is working with police to increase the amount of roadside drug testing, to aim to reduce the prevalence of road crashes as a result of drink or drug driving.

Build healthy public policy relates to policies or regulations made to improve population health. Law introduction of compulsory seatbelt wearing has made people more likely to wear seatbelts in a car, which can protect them from potentially fatal road crashes by stopping them from being ejected from the vehicle. As a result this could explain the decrease in mortality rates on the roads.

2 marks for identifying each action area
2 marks for explaining how the action areas can improve population health

EVALUATE INITIATIVES IN TERMS OF THEIR CAPACITY TO IMPROVE INDIGENOUS HEALTH AND WELLBEING

For this key skill, judgements must be made about the capacity of initiatives to improve Indigenous health and wellbeing, and the effectiveness of a program. Reasons why a program is effective or ineffective can be based on:

- Actual **improvements in health** that have been made as a result of the initiative
- **Feedback** provided by participants
- Action areas of the **Ottawa Charter** that are evident in the initiative
- Provision of **education**
- Involvement of various **stakeholders**
- Whether the program is **culturally appropriate** (eg. includes community elders and women)
- Whether the program has taken into account the **specific needs** of the target group
- **Funding** that has been provided to implement the program
- Whether the program addresses a **significant health issue** for Indigenous Australians

You should have an understanding of at least one program that is addressing indigenous health, and explain how they improve **health and wellbeing.** You should also know the action areas of the Ottawa Charter present in the program.

Effectiveness of a program can also be evaluated by using **data** in a **case study** provided. Using data or information given can allow you to draw conclusions as to the effectiveness of the program, and its capacity to improve indigenous health.

Describe one health promotion intervention working to promote the heath and wellbeing of Indigenous Australians (*4 marks*)

The Aboriginal Road to Good Health is a free, 6 weeks Type 2 Diabetes (T2D) preventative program that aims to reduce the incidence of aboriginals being diagnosed with T2D. They provide recipes and resources on how to cook nutritious meals, how to shop for healthy food on a budget, and teach Indigenous people how to read nutrition labels and make healthy choices. By educating individuals, they are more likely to feel confident in the choices they are making, boosting self-esteem and improving mental health and wellbeing.

3 marks for three points on the program
1 mark for linking back to improved health and wellbeing

Health improvements seen in Indigenous Australians but 'disease burden' still high, AIHW report says:

Aboriginal and Torres Strait Islander people experience more than twice the 'disease burden' than non-Indigenous Australians, according to an analysis of illness and death figures. The Australian Institute of Health and Welfare (AIHW) report concluded that a significant portion of the overall disease burden was preventable.

"By reducing risk factors such as tobacco and alcohol use, high body mass, physical inactivity and poor diet, over one third of the overall burden for Indigenous Australians could be avoided," the institute's Dr Fadwa Al-Yaman said.

The analysis of figures from 2011 across the Northern Territory, Western Australia, New South Wales and Queensland showed that chronic diseases caused 64 per cent of the overall burden among Indigenous Australians.

Gap remains but improvements gained

The AIHW said while the gap in disease burden between Indigenous and non-Indigenous Australians remained significant, there had been improvements in recent years.

"Between 2003 and 2011, [the] total burden of disease in the Indigenous population fell by 5 per cent, with an 11 per cent reduction in the fatal burden, however, over the same period, there was a 4 per cent increase in non-fatal burden." Dr Al-Yaman said:

"This suggests a shift from dying prematurely to living longer with disease."

The non-Indigenous population experienced a 16 per cent decrease in fatal burden and a 4 per cent decrease in non-fatal burden over this period. The largest reduction in the Indigenous rate of total disease burden was for cardiovascular diseases. There were also falls in the burden caused by high blood pressure, physical inactivity and high cholesterol.

Source: ABC News article 23 September 2016 accessed: http://www.abc.net.au/news/2016-09-23/health-improvements-seen-in-indigenous-australians/7870180

Using data from the article to support your response, evaluate whether effective progress is being made with regards to improving Indigenous health and wellbeing (*3 marks*)

There have been improvements made in Indigenous health and wellbeing. There was an 11 per cent reduction in the fatal burden of disease of Indigenous programs, making evident that progress has been made. However there has been a 4 per cent increase in the non-fatal burden of disease for Indigenous Australians, indicating progress has not been made across all areas, and improvements can still be made.

1 mark for a positive point
1 mark for a negative point
1 mark for data

Using an action area of the Ottawa Charter for Health Promotion as a guide, outline an effective program that could be implemented to improve overall health status of Indigenous populations (*4 marks*)

Develop Personal Skills: The Aboriginal Road to Good Health is a free, 6 weeks, Type 2 Diabetes prevention program, targeted at Indigenous people, and aims to educate participants about how different foods affect your health and promote healthy lifestyles that can prevent type 2 diabetes. By educating individuals about how to make wise choices when buying and eating foods, they can develop their personal skills they need to reduce the incidence of Type 2 Diabetes in indigenous communities, and improve health status of Indigenous populations.

1 mark for identifying an action area of the Ottawa Charter
3 marks for an explanation of the program
1 mark for describing the program
1 mark for explaining how it reflects the action area identified
1 mark for linking it back to how health status of Indigenous populations could be improved

Research shows as many as 91% of Aboriginal and Torres Strait Islander children in rural communities present with otitis media (a type of ear infection). The *Care for Kids' Ears* initiative aims to increase awareness of ear disease and hearing loss in Aboriginal and Torres Strait Islander communities. Features of the program include:

- It provides information resources for use by health professionals to assist them in preventing, diagnosing and treating otitis media.
- It provides communities and schools with resources to educate the community about prevention and detection of otitis media.
- The smartphone apps and kiosks across 32 Aboriginal and Torres Strait Islander primary health care services provide a resource in 22 Indigenous languages on key ear health information.
- Media partnerships with 35 community media organisations across Australia designed to develop and deliver ear health communications at a local community level.

Evaluation research demonstrates a strong level of awareness, with four in ten mothers able to identify the campaign, and those exposed to the messages having had an increased knowledge of key symptoms and preventive behaviours (DoHA 2013).

Evaluate this initiative in relation to its capacity to improve Indigenous health and wellbeing (*6 marks*)

The 'Care for kids' ears' initiative is improving Indigenous health and wellbeing in relation to ear infections, as it focuses on education and allowing individuals to develop their personal skills. They do this by increasing awareness and providing schools with resources to educate the community about prevention and detection of otitis media. This initiatives is also culturally appropriate for Indigenous children, as resources have been translated in 22 Indigenous languages, making more Indigenous people more likely to use the resources provided and have the needs of the population group met. Improvements have occurred in Indigenous health and wellbeing through the program, as four in ten mothers are now able to identify the campaign and have an increased knowledge on the symptoms and preventative behaviours of otitis media.

3 marks for three evaluations (use the evaluate questions/prompts)
3 marks for explaining and giving evidence of each evaluation through the case study

a. Evaluate the *Move it Mob Style* program in relation to its capacity to improve Indigenous health and wellbeing (*4 marks*)

The following relates to *Move It Mob Style*, a television and online program developed by the Deadly Vibe Group (an Aboriginal media, public relations and events group of not-for-profit companies) with funding from the Australian Government.

Move it Mob Style is a 20 x 30-minute dance-based fitness program for television broadcast – and online. Currently in its fourth season of production, *Move it Mob Style* showcases Aboriginal and Torres Strait Islander hip hop and popular music. *Move it Mob Style* is all about good beats: using dance to stay healthy. With choreographers from all around the country, the program showcases the deadly dance moves found in communities all around Australia. Led by young people, *Move it Mob Style* gets the whole community up and moving, while listening to some of the best Aboriginal and Torres Strait Islander music on offer.

The guts of the program is a dance workout, with three routines per episode. There are 3 dancers or performers led by our host/instructor and a co-host/choreographer. The routine is a combination of different dance styles designed and developed by the co-host. Exercises and dance moves are repeated in each of the three tracks to help the audience learn the combinations. Scattered between these dance routines, and linked by our studio hosts, are pre-recorded segments.

From one episode to the next, different moves are shown and created from the moves collected in different communities – a *Move it Mob Style* 'movement vocabulary'. Over the *Move It Mob Style* journey, we learn moves like 'accelerate', 'fishing for barra' and 'reach for the stars' to name a few.
Move it Mob Style is supported by Class Activity Worksheets that can be accessed on the *Move it Mob Style* website.

Now in its fourth season, it has been nominated for an ASTRA Award and two ATOM Awards, and continues to be well received by fans across the country.

Due to the success of *Move it Mob Style*, we have started delivering *Move it Mob Style* Live to communities around Australia.

Source: https://www.deadlyvibe.com.au/about/our-work/move-it-mob-style/

The Move it Mob it Style is a culturally appropriate program, as they showcase Aboriginal and Torres Strait Islander music, making it appealing to Indigenous people and they can be more likely to participate in the program. The program has also received positive feedback, as it has been well received by fans across the country and is on its fourth season, indicating it has been successful.

2 marks for two evaluations (use the evaluate questions/prompts)
2 marks for explaining and giving evidence of each evaluation through the case study

b. Describe an action area of the Ottawa Charter and explain how it is evident in the *Move it Mob Style* program (*3 marks*)

Create supportive environments is about creating environments that are stimulating and enjoyable to be in. The program features a range of culturally appropriate music, which can enable participants to build links with their sociocultural environment and enjoy participating in the program

1 mark for identifying and action area
1 mark for explaining it
1 mark for linking the action area back to the case study

Closing the Gap Initiative

The target to halve the gap in child mortality by 2018 is not on track this year. The 2015 Indigenous child mortality rate is just outside the range for the target. Over the longer-term (1998 to 2015), the Indigenous child mortality rate declined by 33 per cent. The child mortality gap narrowed (by 31 per cent) over the same period. Continued improvements in key factors which influence the health of Indigenous children, such as access to antenatal care and rates of smoking during pregnancy, have the potential to support the achievement of this target by 2018.

The target to close the gap in life expectancy by 2031 is not on track based on data since the 2006 baseline. Over the longer term, the total Indigenous mortality rate declined by 15 per cent between 1998 and 2015, with the largest decline from circulatory disease (the leading cause of Indigenous deaths). However, the Indigenous mortality rate from cancer (the second leading cause of death) is rising and the gap is widening. The recent declines in smoking rates will contribute to improvements in health outcomes into the future. There has been a 9 percentage point decline in Indigenous smoking rates for those aged 15 years and over between 2002 and 2014-15.

In December 2015, COAG renewed the early childhood education target, aiming for 95 per cent of all Indigenous four-year-olds enrolled in early childhood education by 2025. The baseline data for this new target is for 2015. The data shows that in 2015, 87 per cent of all Indigenous children were enrolled in early childhood education in the year before full-time school, compared with 98 per cent of their non-Indigenous counterparts. South Australia, Western Australia and the Australian Capital Territory are showing 100 per cent enrolment rates for both Indigenous and non-Indigenous children.

In May 2014, COAG agreed to a new target to close the gap in school attendance by the end of 2018. The attendance rate for Aboriginal and Torres Strait Islander students in 2016 was 83.4 per cent, similar to 2014 (83.5 per cent). The attendance rate for non-Indigenous students remained steady at 93.1 per cent. Progress will need to accelerate for this target to be met.

The target to halve the gap in reading and numeracy for Indigenous students by 2018 is not on track. The latest data show of the eight areas measured (reading and numeracy for Years 3, 5, 7 and 9), only one (Year 9 numeracy) is on track. That being said, half of the eight areas showed statistically significant improvements in the proportion of Aboriginal and Torres Strait Islander students at or above the national minimum standard between 2008 and 2016. The four areas with significant improvement were Years 3 and 5 reading, and Years 5 and 9 numeracy.

Nationally the proportion of Indigenous 20-24 year-olds who had achieved Year 12 or equivalent increased from 45.4 per cent in 2008 to 61.5 per cent in 2014-15. Over the same period, the rates for non-Indigenous attainment did not change significantly. This means the target to halve the gap in Year 12 attainment by 2020 is on track.

Source: http://closingthegap.pmc.gov.au/executive-summary

Use information from the case study provided to evaluate the progress being made to improve the health and wellbeing of Indigenous populations through the Closing the Gap initiative (*4 marks*)

The Closing the Gap initiative has been ineffective at reaching its targets, as all but one are not on track. The Indigenous mortality rate from cancer is rising and the gap in life expectancy between indigenous and non-indigenous Australians is widening (Indigenous mortality rate is only dealing by 15% from 1998 to 2015). Mortality from cancer has significant impacts on friends and family, and can cause distress in peers, which can decrease mental health and wellbeing. However improvements have still been made in Indigenous population health. The target to halve the gap in Year 12 attainment by 2020 is on track, with the proportion of Indigenous 20-24 year olds who had achieved year 12 or equivalent increasing from 45.4% in 2008, to 61.5% in 2014-15. Completing year 12 gives people more opportunities to communicate and develop their speaking skills, which can improve social health and wellbeing.

2 marks for explaining how the initiative is working and evaluate it
2 marks for linking progress made back to health and wellbeing

The National Aboriginal Community Controlled Health Organisation (NACCHO) is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination.

NACCHO is the national peak body representing 142 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues. It has a history stretching back to a meeting in Albury in 1974.

In 1997, the Federal Government funded NACCHO to establish a Secretariat in Canberra which greatly increased the capacity of Aboriginal Peoples involved in ACCHSs to participate in national health policy development.

An Aboriginal Community Controlled Health Service is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.

The integrated primary health care model adopted by ACCHSs is in keeping with the philosophy of Aboriginal community control and the holistic view of health. Addressing the ill health of Aboriginal people can only be achieved by local Aboriginal people controlling health care delivery.

Local Aboriginal community control in health is essential to the definition of Aboriginal holistic health and allows Aboriginal communities to determine their own affairs, protocols and procedures. NACCHO represents local Aboriginal community control at a national level to ensure that Aboriginal people have greater access to effective health care across Australia. NACCHO provides a coordinated holistic response from the community sector, advocating for culturally respectful and needs based approaches to improving health and wellbeing outcomes through ACCHSs.

NACCHO's work is focused on:
• Promoting, developing and expanding the provision of health and wellbeing services through local ACCHSs;
• Liaison with organisations and governments within both the Aboriginal and non-Aboriginal community on health and wellbeing policy and planning issues;
• Representation and advocacy relating to health service delivery, health information, research, public health, health financing and health programs; and
• Fostering cooperative partnerships and working relationships with agencies that respect Aboriginal community control and holistic concepts of health and wellbeing. The National Aboriginal Community Controlled Health Organisation (NACCHO) is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination. NACCHO is the national peak body representing 142 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.

Source: http://www.naccho.org.au/about/

Discuss two action areas of the Ottawa Charter for Health Promotion and how they are reflected in National Aboriginal Community Controlled Health Organisation (NACCHO) (*4 marks*)

Strengthen community action is present, as multiple organisations are working together to improve Indigenous health. NACCHO focuses on fostering cooperative partnerships and working relationships with agencies that respect Aboriginal community, to aim to address health and wellbeing of Aboriginal people. The NACCHO is also building healthy public policy, by developing national health policies to improve Indigenous health. The federal government funded NACCHO to establish a secretariat in Canberra, where policies could be built and more Aboriginal people got involved in ACCHSs.

2 marks for showing an understanding of the action areas (discussing them)
2 marks for linking the action areas back to the case study

DRAW CONCLUSIONS AS TO WHY DIETARY IMPROVEMENTS ARE DIFFICULT TO ACHIEVE IN AUSTRALIA.

This key skill also relates to explaining the Australian Dietary Guidelines, Healthy Eating Pyramid and Nutrition Australia. When asked to "describe" the H.E.P, you should be discussing what it is and what it looks like.

You may be asked to describe relationships between two healthy eating initiatives, or explain strengths and weaknesses and similarities and differences

To draw conclusions are to why dietary improvements are difficult to achieve is to explain the challenges in bringing about dietary change. For the challenges, you'll need to know what are they, how they can hinder behaviour change and how do they affect health and wellbeing

Identify and briefly describe one Nutrition Australia intervention and explain how it works to reduce sugar intake (*3 marks*)

The Healthy Eating Pyramid is a visual food selection model that visually shows the proportion of how much foods of the five food groups should be consumed daily. The pyramid draws attention to reducing food with added sugar, by having it outside the pyramid with a big red cross next to it, which can make people more likely to consume less foods with added sugar, and reduce their sugar intake.

1 mark for identifying an intervention
1 mark for explaining it
1 mark for linking it back to how it works to reduce sugar intake

Explain how the Australian Dietary Guidelines could be used to reduce the risk of osteoporosis (*2 marks*)

Guideline 2 says to enjoy a wide variety of nutritious foods from the five food groups (vegetables, fruits, grains, lean meats and dairy) everyday. If people follow this guideline, they are more likely to consume adequate amounts of dairy, including milk and yogurt, which is generally high in calcium. Adequate calcium intake can increase bone density and reduce he risk of osteoporosis developing.

1 mark for explaining a guideline
1 mark for linking back to osteoporosis

Explain two ways Nutrition Australia works to promote vegetable consumption in Australia (*4 marks*)

- Nutrition Australia has a national nutrition week annually, where they provide events and resources, including recipes, to schools and centres in Australia. These recipes are generally high in vegetables, and if people follow these recipes, they could increase their vegetable intake.
- Nutrition Australia has a healthy eating pyramid, where they visually represent the proportion of foods that should be consumed daily, with vegetables at the bottom of the pyramid in the largest proportion. If people follow this guide, they are more likely to increase their consumption of vegetables

2 marks for explaining what Nutrition Australia does
2 marks for linking these back to increased consumption of vegetables

Briefly describe how the Australian Guide to Healthy Eating (AGHE) may promote health in relation to obesity (*2 marks*)

The AGHE is a visual food selection tool that shows the proportion of the five food groups that people should consume everyday. If people follow this model and consume a balanced diet of the five food groups, they will be less likely to put on excess weight, which can decrease the prevalence of obesity.

1 mark for explaining an aspect of the AGHE
1 mark for linking back to improved health outcomes in relation to obesity

Explain the relationship between the Australian Guide to Healthy Eating and the Australian Dietary Guidelines (*2 marks*)

The Australian Guide to Healthy eating provides a visual representation of the Australian Dietary Guidelines. It helps the public with their understanding of guideline 2 and 3, and represents the quantity of each food that should be consumed from the five food groups, as told in Guideline 2, as well as highlighting foods that are high in salt, sugar and saturated fats to be “only sometimes foods”, as told in Guideline 3.

2 marks for two aspects of the relationship between the two

Outline one similarity and one difference in how the Australian Dietary Guidelines (ADG) and the Australian Guide to Healthy Eating (AGHE) work to promote healthy eating (*4 marks*)

Both the ADG and the AGHE aim to promote healthy eating by highlighting the importance of consuming a balanced diet with foods from the five food groups everyday. However the ADG are a written form of dietary recommendations, with no visual aids, whereas the AGHE is a visual representation of the five food groups that should be consumed daily, including sample serving sizes.

1 mark for a similarity
1 mark for a difference

Outline two challenges that may reduce a person's ability to follow the Australian Dietary Guidelines (*2 marks*)

- A lack of education and nutrition knowledge can mean consumers do not have the skills needed to appropriately assess the food they're eating
- Time constraints and convenience may be a challenge as some families are busy and do not have the time to prepare healthy meals from the five food groups

2 marks for outlining two challenges

Discuss a challenge and explain the impact on health and wellbeing for a person making changes to their diet for the reasons of: (*4 marks*)

a. Meeting the Australian Dietary Guidelines

A person may have low willpower and 'give in' to accepting offers to consume foods containing saturated fat, added salt, added sugar and alcohol, which is a challenge for them to meet Guideline 3. This can cause them to feel stressed and guilty as a result, which impacts mental health and wellbeing.

b. Improving health status

Food marketing and the media advertises foods high in fat, salt and sugar, and can provide mixed messages to the public regarding factual information. This can be a challenge to people to determine what foods are healthy and unhealthy, and as a result they may not be consuming nutritions foods required to promote their health and prevent diseases, such as cardiovascular disease. As a result, they may gain unhealthy weight, which impacts physical health and wellbeing.

2 marks for explaining the challenge
2 marks linking back to the impact on health and wellbeing

Jess is a 22-year-old student who works part time at the local supermarket three nights a week. She goes out with friends on weekends and, as a result, is not home for several meals per week. Jess's parents are Italian and her mother does all of the cooking in their home. In recent months, Jess has started to put on weight, which has taken her above her healthy weight range. She has been introduced to the Australian Dietary Guidelines but is struggling to make significant changes to her food intake.

Discuss one challenge that Jess may face in trying to change her diet (*2 marks*)

Family and culture may be a challenge for Jess to try and change her diet, as Jess may be limited to consuming meals her mother prepares. If her mother prepares mostly meals high in saturated fat and salt, she can consume excess kilojoules which could explain the weight gain Jess is experiencing.

2 marks for explain two aspects of a challenge

Kids stack on extra kilojoules after watching junk food ads: research

CHILDREN eat more after watching junk food ads, but they also don't compensate by eating less later in the day, a world-first study has found.

This is the first time researchers have measured whether the influence of food advertising is balanced out over subsequent meals, with population health experts saying the results provide strong evidence to tighten restrictions on unhealthy food advertising to children.

The University of Wollongong team measured the food consumption of 160 children aged 7-12 years over six days across four school holiday camps in New South Wales.

On three days, they were shown unhealthy food advertising on TV, and in some kids through video games, and on the other days the ads were non-food-related.

On the days they watched junk food ads, children consumed almost an extra 210 kilojoules through snacks and lunch, an energy imbalance that would lead them to excess weight gain over time.

Overweight children were more influenced by the cues. They ate 126 kilojoules more than healthy weight children when they saw ads on TV, and consumed an additional 250 kilojoules when exposed to unhealthy food ads on both TV and in games.

The findings were published in the *International Journal of Behavioural Nutrition and Physical Activity*. It follows research released last week from the University of Adelaide and the Heart Foundation that found children are exposed to 800 junk food ads each year, if they watch 80 minutes of TV a day.

Lead UOW researcher Jenny Norman said that a key barrier to policy change surrounding unhealthy food marketing to children had been a lack of evidence.

"Economic modelling suggests that limiting food marketing to children would be one of the most cost-effective population-based strategies to reduce the prevalence of childhood obesity," Ms Norman wrote.

Source:http://www.heraldsun.com.au/news/kids-stack-on-extra-kilojoules-after-watching-junk-food-ads-research/news-story/9ce2edfd7cbe9742f82618dc35d3cdb4

Using information from the article, discuss how the challenge influences dietary behaviour (*3 marks*)

A study found that children eat more after watching junk food ads, between an additional 210-250 kilojoules everyday. Children who watch 80 minutes of TV everyday can see up to 800 junk food ads per year. This is a significant challenge, as food marketing and media influences children to consume more food than required by their energy needs. Food marketing and media can also cause confusion, particularly in young children, between factual information and advertising.

1 mark for using information from the article
2 marks for using this information to show an understanding of the dietary challenge (food marketing and media)

Identify two challenges in bringing about dietary change and how each might contribute to increasing rates of obesity (*4 marks*)

- Personal Preference: Some people may not enjoy eating vegetables and instead like to eat sweet foods high in sugar. These foods are generally not filling but are high in kilojoules, which can lead to people overeating and putting on weight, which could contribute to increased rates of obesity.
- Lack of education: Some people may not know how to read nutrition labels of foods, and instead think they are consuming foods that are low in kilojoules, but really aren't. Overconsumption of these foods could lead to weight gain overtime, which could explain the increasing rates of obesity.

2 marks for identifying each challenge
2 marks for linking back to increased rates of obesity