SEMESTER 1 EXAMS: HEALTH STUDIES SHORT NOTES: RECAP

What is health literacy?

Health literacy is the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

EDAN:

Engage in health care:

Disease Management

Accessing, reading and understanding health information

Navigating the health care sector

FACTORS THAT REDUCE HEALTH INEQUITIES:

- **Ottawa Charter action areas (DR.BSC)**

i.e.: Building healthy public policies which promote healthy behaviours, ban unhealthy ones and aim to reduce health inequities through the more equal distribution of resources. Example, raising the minimum wages will help to improve people's access to healthy and nutritious food, better housing conditions and less stress over financial worry.

- **Improve access to health care:**

By improving accessibility, affordability, acceptability, adaptability, availability, people will receive quality health care regularly helping to avoid the advancement of disease and illness.

- **Improving health literacy:**

Improving health literacy will allow individuals to have more control over their own health, they are empowered as they are part of the decision making process. Their health will improve as they are able to recognise signs and symptoms and can therefore seek help earlier, as well as being able to prevent onset of avoidable illness through healthy lifestyle choices.

Improving and supporting health literacy can result in:

- Improved health outcomes for patients.
- Better patient and professional relationships.
- Improved understanding and medication info, instruction and adherence.
- Reduced re admission and repeated appointments.
- Reduced health inequities.

OTTAWA CHARTER OF HEALTH PROMOTION:

Develop Personal Skills – Requires the provision of information, education and life skill development. This increases options and control for individuals over their own health. It is essential to equip people for life long learning and to develop skills for coping with ill health. This is done through school, home, and community settings.

Re-orient Health Services – health promotion is the responsibility of governments, institutions, professionals, community groups and individuals. Health services need to support the needs of individuals and communities to promote health, connecting the health sector with social, political, economic and physical environments. This requires greater health research and professional education and training. The shift is to focus on the needs of the entire individual, not just their injury, illness or disease.

Build Healthy Public Policy – policy development at all levels seeks to promote health. It includes: legislation, fiscal measures, taxation, and organisational change. Health, income and social policies are used to foster equity and ensures safer and healthier goods and services, healthier public services, and cleaner more enjoyable environments. Policies need to identify obstacles to health and seek to remove them, making the healthier choice the easiest one.

Strengthen Community Actions – community action is strengthened through communities being involved in setting priorities, making decisions, planning strategies and implementing them to improve health outcomes. The process' goal is to **empower** communities, which improves outcomes of health promotion.

Create Supportive Environments – there is a link between people's health and their environment, requiring a socioecological approach to health. Reciprocal(common) maintenance of environments is the guiding principle. Work and leisure should promote health, not demote it. Thus health promotion should create safe working environments that are enjoyable, assess health impacts of developing infrastructure (buildings, energy etc), and protect natural and built environments.

Given example: Mental Health:

Promotion of mental health and wellbeing is about enhancing social, emotional and mental wellbeing and quality of life. Initiatives can occur with whole populations, selected groups or individuals, and can occur in any setting. It is applicable to all people, including those people currently experiencing or recovering from a diagnosed mental illness.

Much of the mental health promotion work internationally has been conducted within the framework of the Ottawa Charter for Health Promotion, which provides a good summary of the range of relevant activity. Within each of the five platforms of the Ottawa Charter there are strategies which are relevant for the whole community and specifically for people living with a diagnosed mental illness. Some examples of strategies include:

Developing personal skills – e.g. life skills training, mental health and illness literacy, parenting skills, management of emotions, workplace training.

Reorienting health services – e.g. services that can respond in a timely, age appropriate and culturally appropriate way.

Building healthy public policy – e.g. stigma reduction, social inclusion, human rights, access to transport, crime prevention.

Strengthening communities to take action – e.g. community based suicide prevention, drought support in rural areas, consumer–led initiatives and consumer advocacy.

Creating supportive environments – e.g. anti–bullying programs in schools and workplaces, strengthening families, mentoring and peer support for young people, supported accommodation, peer support for people with mental illness, supporting people with mental illness to return to school or the workforce.

THE 4 DETERMINANTS OF HEALTH:

Social Determinants of Health:

- Social gradient (SES)
- Early life
- Stress
- Addiction
- Transport
- Gender
- Culture
- Unemployment
- Food
- Social exclusion
- Social support
- Work

Environmental Determinants of Health:

- Vector agents
- Transport
- Walkability
- Indoor air quality
- UV radiation
- Extreme weather
- Food and water quality
- Green space
- Environmental noise
- Housing

Socioeconomic determinants of Health:

- Education
- Employment
- Housing
- Income
- Access to services
- Neighbourhood
- Family
- Migration/ refugee
- Food security

Biomedical Determinants of Health:

- Body weight
- Birth weight

Factors that create Health Inequities:

- Racism and discrimination
- Geographic location
- Poor health literacy
- Dislocation of land
- Gender
- Education
- social isolation
- Unemployment
- Occupation
- Access to health care
- Government policy
- Socioeconomics status

Gender: A factor that can create health inequities, that affect all populations, as gender itself can create inequalities in terms of access and health behaviours. For example, some risk- taking behaviours are more prevalent amongst men (ie drink driving) and many men are less likely to seek help for health problems (stigma associated with mental health).

Socio-economic status: Can create health inequities too. (Ie: inequity to access to health cares). People with higher SES have better health than those from lower SES. Example, those with higher SES have higher incomes and can afford health insurance, better housing and food. ie: Smoking between high and low SES.

Geographical Location: Can cause inequities because of the inequalities for those in rural and remote areas in respect to services available. Example, rural and remote populations often can't access services, or those in overcrowded areas, e.g.. slums, face poorer health due to lack of sanitation etc. Often those who are geographically isolated don't have the same (equal) access to health care that their city based counterparts experience.

Health Literacy: This factor can also create health inequities. For example a person with a low level of health literacy may be isolated or discriminated from health services, due to the lack of knowledge, understanding and communication skills which prevent can them from having a good physical and mental health. A person with low levels of health literacy may not be aware of the skills in order to have a health or health outcome.

Education: The main factor that determines the health of an individual. Higher levels of educational attainment results in increased life expectancy. People with no qualifications tend to have low incomes resulting in health issues such as mental problems, lack of self worth, negative coping methods like drug, alcohol addictions and stress due to high demand of low control job. These behaviours result in chronic diseases.

Unemployment: More likely to participate in a range of negative behaviours-such as addiction- getting stressed out constantly leading to anxiety, depression and feeling down about not having a job.

CHARACTERISTICS & NEEDS OF SPECIFIC POPULATIONS:

INDIGENOUS AUSTRALIANS:

- **Lower life expectancy compared to general Australian population.**
- **Higher rates of chronic diseases.**
- **Lower high school completion rates.**
- **Higher rates of unemployment.**

NEEDS:

- **Better access to health care services and education.**
- **Better living conditions.**
- **Better access to employment.**

SOCIOECONOMICALLY DISADVANTAGED PEOPLE:

- **Lower life expectancy.**
- **Less access to health care.**
- **Infectious diseases are more common.**
- **More likely to have non school qualification.**

NEEDS:

- **Obese or overweight support.**
- **Education.**
- **Exercise- to minimise prevalence of chronic diseases.**
- **Access to health care services.**

RURAL AND REMOTE:

- **More socioeconomic disadvantages.**
- **Higher smoking rates.**
- **More like to be employed in trade and labour jobs.**
- **Less access to health care facilities.**

NEEDS:

- **Better access to health care, education and employment.**
- **Mental health services.**
- **Disease prevention- preventing chronic diseases from occurring.**

PEOPLE WITH DISABILITIES:

- **Higher rates of obesity.**
- **Higher rates of smoking and drinking.**
- **Higher rates of mental health.**
- **Face lack of social support and are isolated.**

NEEDS:

- **Running obesity programs to engage disabled people.**
- **Need affordable mental health services/ general health services.**
- **Need communicational help/physical help.**

SOCIAL JUSTICE PRINCIPLES:

Social justice principles is about applying the principles of DEAS so that all people have equal access to health care and can participate in decision making about their health.

- Diversity - If from a marginalised population you may have limited healthcare, as services may not be designed or catered for diversity.
- Equity - fair allocation of resources and entitlements without discrimination. i.e.: People from disadvantaged backgrounds, have limited access to health cares, limited opportunities which eventually lead to a poor health outcome/ status.
- Access - the ability to use a range of health services
- Supportive Environments - Social, political and economic environment must support healthcare provisions.

The selected priority issues for Australia's health must reflect the principles of social justice. We need to recognise and address inequities in health. By applying the principles of social justice, we can determine the impact these principles have on reducing health inequities and improving the health of the nation.

5 A's:

Accessibility: Health care should be accessible to all, ie: R &R and those working full time.

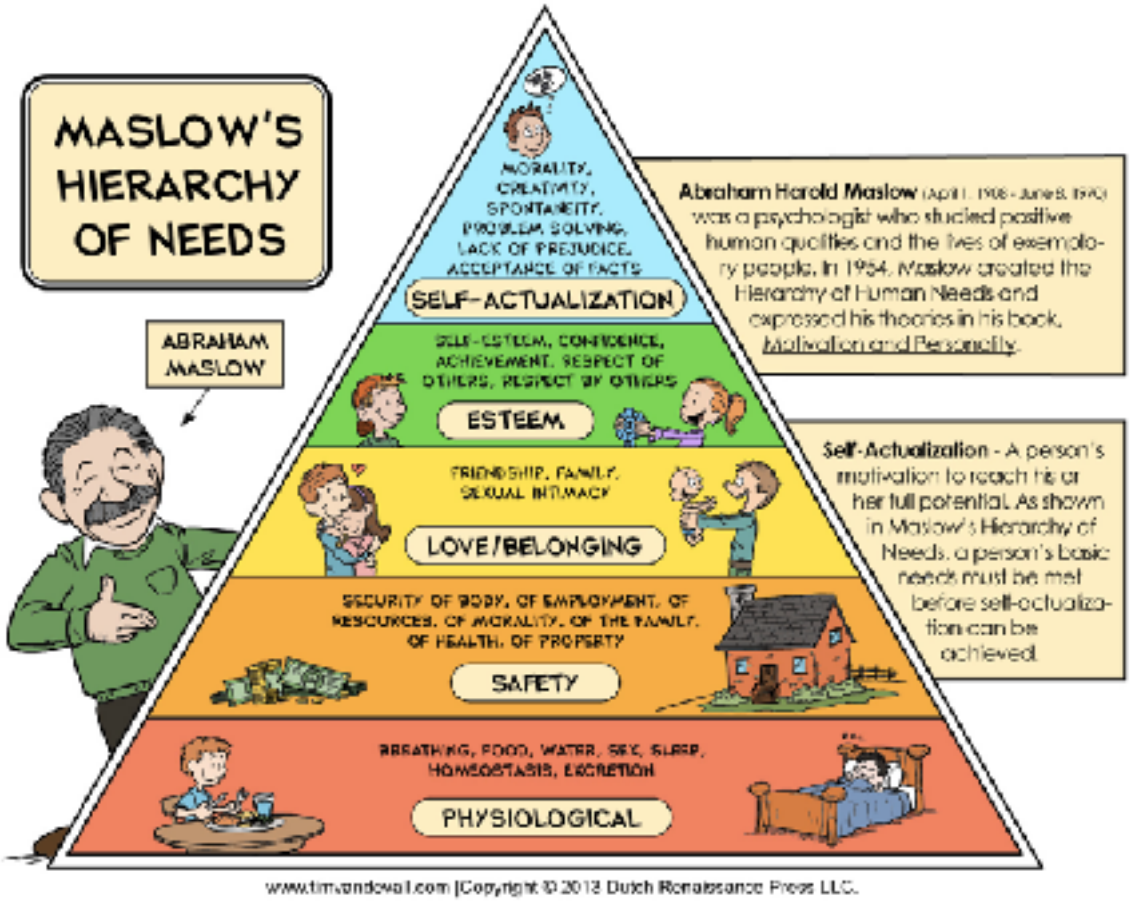
Affordability: Should be affordable in terms of finance and time.

Adaptability: Health services should adapt to needs of population.

Acceptability: Health care services should be accepted and should be seen as worth while.

Availability: Open requirements must meet the requirements of communities and have available staff (reduce waiting times).

MASLOW'S HIERARCHY OF NEEDS: Unconscious desires to be fulfilled, one level followed by another. ***Please Smile Like Sexy Shakira***



PHYSIOLOGICAL NEEDS:

- Breathing, Water, Food, Shelter, Clothes and sleep

SAFETY AND SECURITY:

- Health, family, property and social stability

LOVE AND BELONGING:

- Friendship, family, intimacy, love and connections

SELF ESTEEM:

- Confidence, achievement, respect of others, need to be a unique individual.

SELF ACTUALISATION:

- Morality, creativity, spontaneity, acceptance, experience purpose and meaning (inner potential).

SOCIO ECOLOGICAL MODEL OF HEALTH: The linkage and interplay of a variety of individual, environmental and societal factors.

This model of health emphases linkages and relationships among multiple factors.

RECAP OF S.E.M

¥ Linkage and interplay of a variety of individual, environmental and societal factors.
¥ Can't consider individual health problems without examining large context associated with them.
¥ A model of health that emphasises linkage and relationships among multiple factors.

Policy + Law (Public Policy) - National, Sate, Local Laws + Everyone
Community - Relationships among organisations + Yourself
Organisational - Organisations, social institutions + Yourself
Interpersonal - Family, friends, social networks + Yourself
Individual - Knowledge, Attitudes, Skills, Yourself

Identify the five levels of the ecological model of health, outline how each level could be applied to help an individual stop smoking

¥ The level of the ecological model of health is the **individual** factors, which is based on the actions a person takes. Smoking can be caused by a low socio economic status (SES) with a lack of income and poor education which can lead to unemployment and stress. An individual often smokes to relieve the stress.

¥ The second level of the ecological model of health is **interpersonal** which relates to the amount of social support received and the family characteristics. If the individual's family and friends do smoke, they can impact on the individuals attitudes towards smoking as it would seem to be fine. This attitude can change if the individual had **knowledge** by receiving information on the negative impacts of smoking which can change attitudes and beliefs.

¥ The third level of the ecological model of health is **organisational** factors. These factors include school or workplace environments, the ability to be physical and access to health services. If an individual views smoking as a bad option, by showing no smoking, nicotine patches, professional advice

¥ The fourth level of the ecological model of health is **community** factors. If people enforce a ban on smoking in community, and support groups such as petitions that come into place, the community can help an individual stop smoking.

¥ The fifth level of the ecological model of health is **societal** factors. These are social, economic, political influences such as laws and regulations, societal norms, racism and discrimination. If governments enforce a ban, provide supportive materials and create a norm to help stop people smoking.

2: societal - government can increase prices on cigarette's

Interpersonal: encourage friends not to drink

Increasing knowledge, educating on risks - changes opinion, create new beliefs and attitudes, = shows negative impacts

Societal: ban all alcohol at certain places: beaches.

ENABLING, MEDIATING AND ADVOCATING:

ADVOCATING (To speak on behalf of another person): Creative a supportive environment, also by giving people the information and skills that they need to make healthy choices.

MEDIATING (To act between parties with a view to reconcile difference): Between different groups and different sectors to ensure the pursuit of health.

ENABLING (To make someone able to do/be something): To ensure the creation of condition favourable to health. (Giving opportunities)

OTTAWA CHARTER: STRATEGIES AND ACTIONS: ABC-MR-ESD

ADVOCATING:

- Build healthy public policy
- Create supportive environments

MEDIATING:

- Re- orientation of health services

ENABLING:

- Strengthen community actions
- Develop personal skills

ACTIONS TO ADDRESS HEALTH INEQUITY:

- When differences in a population, health can be traced to unequal social and economic conditions: Which are systemic and avoidable.
- To improve public health- necessary to improve society.

TACKLING HEALTH INEQUITIES:

- Jobs, working conditions, education, housing, social inclusion and political power = huge influence on individual and community health.
- Resources distributed unequally by class and race, population health will be distributed unequally as well.
- Struggles over jobs, wages employment, security, working conditions, housing, food, social support and transportation. - anti smoking campaigns and healthy eating campaigns.

HEALTH INQUIRY ON SPECIFIC POPULATION:

1. **Identification and analysis of a health issue.**
2. **Development of focus questions to research health issue.**
3. **Identification and use of a reliable health information sources, application of criteria for selecting health sources.**
4. **Interpreting of information: Summary of info, identification and analysis or trends and pattern in data, development of argument.**
5. **development of evidence based conclusion**
6. **Presentation of findings in appropriate format to suit audience.**

INFLUENCES ON CULTURE ON BELIEFS, ATTITUDES AND VALUES TOWARDS HEALTHCARE:

Beliefs: A persons sense of right or wrong- some beliefs can be stronger than someone else's - belief touches a persons identity or self belief, they can be harder or stronger to change.

i.e.: beliefs of self worth and body image : harder to change than beliefs about fashion and food choice always changing.

2 types of beliefs:

- **Self generated**: Come from experiences or reflections

i.e.: belief that consuming alcohol makes someone drunk.

Reflection (mirror): Processing of a concept used to explain the world around them, to work out what they believe.

i.e.: Pondering, how much alcohol they think will take them to get drunk. (reflecting on experiences, observations, personal opinions).

- **Externally generated:** Experts or authority

Experts: Researching literature and seeking advice from highly qualified people. Their knowledge on subject matter is respected and trusted.

Authority: Positions of leadership with power. Believing what they are told ONLY because of the title they hold.

i.e.: Kids believing parents as they are seen as an authoritative figure due to the trust that parents conceived their information from experts/ reflection.

VALUES:

Values: Underlying principles that guide our decision making and define who we are. Young people, we develop core values and base rest of the values around these.

Individuals: Develop set of values from childhood. (Influenced by parents, peers, culture, ethnicity). Gradually change as maturity is hit based on socioeconomic factors and social condition.

Attitudes: Positive, negative opinions or feelings about objects or people.

Describing cultural impacts on the beliefs, values and attitudes:

INDIAN'S & PAKISTANI'S:

Indian or Pakistani people strongly believe that if any member of the family is seriously unwell or is suffering from mental retardation or mental issue, they will prohibit or forbid anyone within the family to speak to an outsider regarding the issue as it is strongly believed by them that other people will spread the rumour around which will halt the other members of the family from getting married. This clearly shows us that the attitudes of Indians and Pakistani's, who have highly negative attitudes, as because of an individuals mental health or that they are unhealthy, it is affecting the rest of the family members marital status.

RUSSIAN IMMIGRANTS:

Russian immigrants are known to be highly reserved and confidential when it comes to discussing any health issue/issues, as it is not something that is usually to speak about openly and comfortably, as also partially they are told what to do and not given an option. The patients are then demotivated to learn more about self care and prevention. This gives us an idea of their attitudes and beliefs that they are very shy and introverted as their values are different.

HISPANICS:

Hispanics share a very strong heritage, which includes family and religion, and they are seen as having highly distinct cultural beliefs and customs. The older members of the family are seen to be the dominant ones and are respected and consulted regarding any health issue(s) or illnesses. Because Hispanics strongly believe that if anyone is unwell or is suffering from an illness then it is said to believe that it is a message from "GOD" and God is punishing or it is his will. But otherwise they will generally treat a a sick or ill person by using home made remedies or consulting a 'curanderos'.

IMPACT OF CULTURE ON HEALTH DECISION MAKING:

Organ and tissue donation: Spiritual beliefs about how the body should be treated after death.

- **Cultures that place great importance on family- reluctant to be an organ donor (as they may get upset or offended).**
- **Leader or older of a culture/ tribe, doesn't support organ donation as the person will hold external generated belief, that it is wrong to donate organs.**
- **Aboriginals: Mistrust in Australia's government health system and may go against some beliefs.**

Blood transfusions: Medical procedure, giving patients components of blood the body needs.

SKILLS THAT SUPPORT POSITIVE HEALTH BEHAVIOUR: ARS

- Health skills allow us to deal more successfully with various health issues.
- **Assertion**: Way of communicating, that express opinions, needs and emotions, while respecting others.

Empathic assertion: Understanding the other persons P.O.V, along with yours.

Consequence assertion: Want other persons behaviour to change without getting aggressive yourself. You inform them about the consequences of them not changing their actions.

Resilience: Capacity of human beings to be able to survive and recover in the the face of adversity (bounce back reality).

Stress management: Techniques used to help an individual cope effectively with difficult situations, in order to feel better emotionally.
3 main approaches to stress management.

Action orientated: Confront problem causing the stress.

Emotional orientated: If you can't change the situation causing stress, try changing the interpretation of stress and the way you feel about it.

Acceptance orientated: No power, no control over the stress/ or emotional control, focus on surviving the stress.

LANGUAGE AND CULTURAL INFLUENCES ON RELATIONSHIPS IN HEALTH SETTINGS .

Why is it important for patients from culturally diverse backgrounds to have a good relationship with healthcare providers in Australia.

- Understanding diagnosis and treatment plans
- Feeling supported and included within society.
- Confidence in asking for further help, information if unclear/misunderstanding.
- Feeling supported and valued and therefore more likely to seek medical attention.

BARRIERS:

Visible aspects of culture: Festivals, rituals, language, dress, food
Non- visible aspects of culture: Beliefs, ethics, values, communication style.

What can care providers do to build positive relationships?
- Consider how your own cultural beliefs, values and behaviours may affect interactions with patients. If suspicion that an interactions been affected by cultural bias.
- Respect, understand and work with different cultures and their perceptions of effective and appropriate treatment.
- If needed, organise and interpreter, translator.
- Listen carefully to your patients and confirm that you have understood their messages.
- Make sure you understand, that the patients understand his or her own health or illnesses.
- Advice families about complementary and alternative therapies.

CHRONIC DISEASE:

- On going, difficult to treat, highly susceptible to other multiple chronic diseases.
- Causes pressure on healthcare systems both financially and resource wise.

DISEASE OUTBREAK:

- Number of people being affected more than expected.

PREVALENCE OF CHRONIC DISEASE:
- Number of people with a chronic disease, out of the total population of a given time.

CHALLENGES CHRONIC DISEASES CREATE FOR HEALTH CARE SECTORS:

- iIncreased number of patients in terms of time and hospital beds available. Waiting time is longer, poorer health outcomes.
- Results from poor lifestyle choices. This is difficult to treat as they require the patient to change their lifestyle.
- One chronic disease leads to another, and another one= multiple chronic diseases (becomes harder to manage).
- It is expensive to treat as well as increased number of patients.

RIO POLITICAL DECLARATION:

Targeting groups in society that face health inequity. Health inequities arise from the social determinants of health as listed at the start, conditions in which we are born, live, grow and age in.

Where: Rio de Janeiro, Brazil
When: 2011
Who: WHO invites Heads of Government, Ministers and gov. representatives
What: World conference on Social Determinants of Health

Purpose: To achieve social and health equity through action on social determinants of health

Value Of Equity: The enjoyments of the highest attainable standard of health is one of the fundamental rights of every human being without a distinction of race, religion, political belief, economic or social condition

Political factors that were expressed at the conference were to:
- Make health equity a national, regional and global goal
- Access to safe drinking and sanitisation
- Eradicating hunger and poverty
- Social Protection
- Employment in decent work

1. Adopt better governance for health and development

- Develop policies which are inclusive with specific attention to vulnerable groups, Closing the Gap policy for Indigenous Australians.
- Policies: Examples in Closing the Gap
- Long term priorities of education, employment and health with wrap around services provided from pre conception to old age
- Early life: Increase the number of Aboriginal specific mother and baby services for pre and post natal care with intensive support for those at most risk in the community
- Access to services: ACCHS - primary health care provider for cultural component health care
- Use of individual educational plans (IEPs)
- Strategies to support Indigenous students to succeed in pursuit of higher education. E.g.. Follow the Dream)
- Indigenous employment targets
- Contracts for Indigenous businesses
- Financial and business support for entrepreneurs in Rural and Remote areas

2. Promote participation in policy making and implementation

- Empower the role of communities and strengthen civil society contributions to policy making and implementation, rights of Indigenous people – their specific needs and promote meaningful collaborations with them for related policies and programmes - AHCWA
- Participation of communities in policy making and their implementation is critical, particularly where policies address social determinants of health and/or health inequities
- Empowering the communities model
- Aboriginal Health Council WA - leading body for Aboriginal Controlled Health Services in WA

3. To further re orient the health sector

- 5 A's and quality of health care important to reduce inequities - ACCHS
- Accessibility, availability, acceptability, affordability, adaptability and quality of health care and public health services are essential for health and is one of the fundamental rights of every human being. Health care systems should strongly act to reduce health inequities. Bring the health care to the people that need it in a way that is accessible to them
- Aboriginal Controlled Health Services, e.g. Bega Health Service Kalgoorlie

4. To strengthen global governance and collaboration: Working together internationally through financial and technical cooperation

- Working together internationally through financial and technical co operation Eg. Supporting the leading role of WHO in global health governance and promoting alignment in policies, plans and activities on social determinants of health with it's partners (UN, development banks)
- International cooperation and solidarity is critical to ensure equity for all people. Organisations such as WHO have an important role in articulating norms and guidelines and identifying good practices to address social determinants, and to facilitate access to financial resources
- Supporting the leading role of WHO, partaking in world health conferences and following best practice recognised by the WHO
- 'Closing the Gap in a generation, Health Equity Through Action on the Social Determinants of Health'

5. To monitor progress and increase accountability

- Monitoring trends in health inequities and the effect of actions to address them is critical to achieving meaningful outcomes and improving health status
- Information systems should establish relationships between health outcomes and their causes and use accountability mechanism to guide policy-making
- Closing the Gap annual reports regarding progress towards targets

HEALTH REFORMS:

What is meant by 'health care reform'?

'reform' – means to make changes for improvement

'health care reform'- making changes to the delivery and provision of health care to improve quality and accessibility of services.

Why do we need Health Care Reform?

Increasing burden of disease - chronic disease
Overcrowded hospitals or long waiting lists
Inequity - not all people can access the same care, specific populations have higher instances of chronic disease.

What are the priorities for Health Care Reform in Australia?

-Improving access and reducing inequity
-Better management of chronic conditions
-Increasing the focus on prevention
-Improving quality, safety, performance and accountability

What are the main elements of Australian Health Care reform?

-Accessible, clinically and culturally appropriate
-Patient-centred and supportive of health literacy
-More focussed on preventive care
-Well-integrated, coordinated, and providing continuity of care
-Safe, high quality care which is continually improving through relevant research
-Better management of health information
-Flexibility to best respond to local community needs
-Working environments and conditions which attract, support and retain workforce
-High quality education and training
-Fiscally sustainable, efficient and cost-effective

Examples of Health Care Reform:

- Private health insurance rebate
- public screening
- vaccination programs
- Pharmaceutical Benefits Scheme (PBS)

PRIVATE HEALTH INSURANCE REBATE:

Most Australians with private health insurance currently receive a rebate from the Australian Government to help cover the cost of their premiums.

If you have private health insurance, then you get back your rebate, or proportion of the tax back. Incentive to encourage people to get PHIR.

The rebate applies to:
- Hospital costs
- General treatment
- Ambulance policies
- The private health insurance rebate is income tested.

POPULATION BASED SCREENING PROGRAMMES
Population screening refers to a test that is offered to all individuals in a target group, usually defined by age, as part of an organised program.

Screening involves simple tests to look for particular changes, or early signs of a disease, before a disease has developed or in its early stages before any symptoms develop.

Primary: Self checks
Secondary: Skin checks
Tertiary: treatments

There are three national population based screening programs in Australia:

-National Bowel Cancer Screening Program
-National Cervical Screening Program
-Breast Screen Australia

National Bowel Cancer Screening Program:
The National Bowel Cancer Screening Program (NBCSP) invites Australians aged over 50 to screen for bowel cancer using a free, simple test at home.

National Cervical Screening Program : The National Cervical Screening Program aims to prevent cervical cancer by detecting early changes in the cervix. The rate of cervical cancer has halved since the Program began in 1991. It is currently recommended that all women aged between 18 and 69, who have ever been sexually active, have regular Pap tests. 80 per cent of cervical cancer occurs in women who have never screened or don't screen regularly.

Breast Screen Australia: Breast Screen Australia is the national breast cancer screening program. It invites women aged between 50 and 74 for a free mammogram every two years.

VACCINATION PROGRAMS
- Immunisation stops the spread of the world's most infectious diseases. They are funded under the Immunise Australian Program.
- Vaccination means having a vaccine.
- Immunisation means both receiving a vaccine and becoming immune to the disease as a result of being vaccinated.

HEALTH NEEDS ASSESSMENT:

- A systematic method for reviewing health issues faced by specific populations.
- **Purpose** is to enable priorities determined, to allocate funding and to use as evidence for planning to improve health and reduce inequities.

BENEFITS:
- Community involvement in decision making.
- Improved communication with other agencies and public.
- Better use of resources.

4 types of Needs: FENC
- **FELT NEED:** What communities say or feel they need. Common methods of assessing felt needs are household opinion surveys, phone.

- **EXPRESSED NEED:** What has been demanded by a community.

i.e.: long waiting list, time in rural communities, see a female GP, demand for another service.

- **NORMATIVE NEEDS:** Needs based on research that defines many people within the population.

i.e.: Aus government recommends all children between 12-15 months, vaccinated against measles. If data shows that many children are not vaccinated, then this proves to be an unhealthy norm.

- COMPARATIVE NEEDS: Examining the need of similar population in another area and using this as basis to determine sort of service required.

The needs assessment involves 7 major steps: I Am Positive Slum Dogs Don't Eat

1. **Identify the issue**

2. **Analysis of the problem**

3. **Prioritising the issue/s**

4. **Setting goals (SMART)**

5. **Determining strategies**

6. **Developing action plans**

7. **Evaluating outcome**

PABCAR DECISION MAKING MODEL:

The **PABCAR** model is a decision-making tool used by health promotors when deciding on a health promotion intervention and health program planning.

This is practical tool for planning a program using **five key steps**:

1.What is the **p**roblem and it's significance? (significance to community, cost, epidemiology)

2. Is it **a**menable to change? (can you fix it? How do you know?)

3.Are the intervention **b**enefits greater than the **c**osts? (social, ethical, economic, efficacy)

4.Will the **a**ctions be **a**ccepted? (is the target group, community, and industry etc. going to accept the intervention?)

5. **R**ecommendations (discontinue, advocate, implement or monitor)

WHY USE PABCAR?

- Following the model will help to determine if the intervention is widely accepted or not.
- If the intervention is highly accepted and the benefits outweigh the costs then the program can go ahead.
- If the intervention is not highly accepted then advocacy is needed.
- Programs can aim for short or long term changes. Short term: increase in knowledge and skills of target group. Long term: behaviour modification, changing legislation/ policy

UNIT 4: SEMESTER 2!!

1). **ADVOCACY**: To speak on behalf of a person or group by recommending or pushing for something.

Public Health Campaigns	Advocacy
• Concerned with changing behaviours to reduce risk of preventable disease/ illness	• Fighting on behalf of someone/ a group of people facing an injustice/ problem
• Concerned about raising awareness about an issue	• Looking for measureable change not just letting people know about something

Advocacy in Action:

'AHCWA is the peak body for the 22 Aboriginal Community Controlled Health Services (ACCHSs) in Western Australia. We are an evolving organisation that acts as a forum to lead the development of Aboriginal Health policy, to influence and monitor performance across the health sector, to advocate for and support community development and capacity building in Aboriginal Communities. We advocate for the rights and entitlements of all Aboriginal people throughout Western Australia, at a local, regional, State and National level.'

3 MAIN IMPACTS OF ADVOCACY:

-To raise awareness of an issue
-To effect public policy
-To effect allocation of funding (to support your cause)

Why and when would you choose advocacy?
Advocacy is best used when you want to:

- Promote public health objectives;
- Overcome barriers that restrict public health opportunities;
- Promote the importance and relevance of prevention including increases in funding;
- Protect human rights;
- Ensure a better quality of life;
- Be responsive to needs, but be balanced with providing innovative proactive strategies;
- Be oriented towards outcomes for public health;
- Aim for empowerment of disadvantaged individuals and groups; and
- Challenge stereotypes and stigma.

Benefits of public health advocacy:

* Promotes positive changes to legislation, policies, practices, service delivery and development, community behaviour and attitudes.
* Promote wellness and resilience in communities in conjunction with healthy behaviour.
* Raise awareness of the significant impact on population health and wellbeing of broader social and environmental factors (housing, education, employment) enable public health advocacy to facilitate systematic change in these areas.
* Empower public health professionals to become more actively involved in decision-making and broader health policy and initiatives.

STRATEGIES FOR ADVOCATING:

Lobbying: Trying to persuade decision makers to create legislation or conduct an activity that will support a particular cause.
- Visiting politicians to discuss your topic and encourage them to implement legislation
- Write letters to newspapers to raise awareness of the issue.

Influencing Policy: Is working towards effecting policy change. This is often achieved by serving on community boards, volunteering or being active in the community, as to develop a reputation as a leader in order to be influential.
- Provide politicians with research about your cause in order to affect change
- Work with researchers, leaders, key community members and MPs to effect change.

Framing Issues: Means how to put forward an issue in such a way that it gains support/ momentum publicly, politically and in the media.
- Frame the issue positively – what can be gained? People saved over people sick
- Leave out some information to make your case more appealing – eg the plight of a particular group of people your are campaigning for and leave out the rest.

How do you do this?
- Write letters describing personal experiences
- Approach the media (tv, radio, newspapers) to cover your case eg through a documentary/ reality tv shows. Use internet – websites/ social media to create awareness

Mobilising Groups: Means joining existing groups or creation of a group to participate in a group activity. You may have to organise, delegate tasks and lead the group. You gain more control and influential ability as a group.
- Create a social media network
- Organise rallies
- Join existing groups and encourage them to advocate to raise awareness of your issue.

Champions: Identifying a popular and well known individual who will already have followers to be the front of your campaign. This will raise more awareness of your issue and will increase the following of your campaign. i.e.: Nic Naitanui advertising for healthy eating, raising awareness for obesity.

Developing Partnerships: Creating partnerships with both government and non- government organisations as it is important to increase support, maintain momentum for the advocacy campaign and increase pressure on governments to affect change.

Example: Australian Council of Smoking and Health (ACOSH)

Raise Awareness: Using the media, social media, petitions and publicly displaying messages to raise awareness of the issue which is important to gather support and bring it to the attention of policy makers.

- Public health advocacy, should aim to highlight issues and affect policy change, behavioural change and changes in attitudes towards unhealthy conditions and behaviours through raising awareness.

Create Debate: When advocating, issues are raised and debates start regarding the best course of action or how things should be done. This doesn't result in conflict, more so different points of view being put across. When a position is based on evidence and research, this gives credibility to an argument.

Building Capacity: This is strengthening the skills and abilities of individuals and organisations to enable change. When advocating for an issue. Those involved in the advocacy have their skills and knowledge increased through further training and involvement with partner organisations.

Practice past paper question: Describe five strategies for health promotion advocacy to create better awareness of mental health in the community ad among patrons of side shows, providing one example of each strategy being applied in these situations. (15 marks)

Advocacy is to fight for a change, or to raise awareness of an issue, it is to plead a cause or put forward and idea.

Raising awareness: To raise the awareness by approaching the media, social media (television, newspapers, articles). Awareness can be raised by approaching the television, or holding rallies with regards to the adverse effects of such entertainment shows. This will grab the attention of other viewers and audience members who can then help raise further awareness.

Lobbying: To persuade policy makers to implement a policy change. In this case, awareness can be raised by writing letters to theme park associates or by personally visiting politicians regarding the negative impacts of such entertainment, sideshows etc..and how such forms of entertainment may be fun up to a certain extent but the after effect can harm an individuals mental health negatively thus leading to long term fear, stress and anxiety attacks.

Framing the issue: Putting forward the issue in such a way that it gains support and momentum, for example by describing and/ or writing personal letters to politicians regarding the personal experiences with such forms of entertainment, or approaching the television or internet.

Champions: Using a powerful and famous individual who can help increase further followers regarding the particular issue, for example using a celebrity to advertise for mental health and it's negative effects with regards to side shows, mental asylum "house of horrors". This celebrity may then eventually gain more followers for mental health, which will help maintain momentum and gain further support. (The human ripple effect)

Creating debate: When issues are raised, debates are sometimes created, where different P.O.V's are put forward, with the best course of action being the ultimate goal. In this case the associates of such side shows, entertainments may have a different perspective regarding these forms of entertainment facilities and they may look at it in the way of a fun, enjoyable act. However the researchers of mental health and the advocates may have a different view, as they may have to explain it to these associates regarding the effects on mental health these forms of side shows have…and based on such debates the best course of action can be put forward.

FILM-C

Frame the Issue (media)
Influence Policy
Lobbying
Mobilise Groups
Champion

PAD- C

P- developing Partnerships
A- raising Awareness
D- creating Debate
C – building Capacity

COMMUNICATION AND COLLABORATION SKILLS: MAKE NONII COUNT ALL LARGE FISHES

There are 2 sets of skills we need to know for this course:

1. Skills that support **positive healthy behaviours**: Assertion, resilience ad stress management (ARS).
2. **Communication and collaboration skills**: Managing conflicts, mediation, negotiation, arbitration, leadership, facilitation and compromise.

Managing conflict- Communication and collaboration skills are primarily used to manage conflict situations. Conflicts can be intrapersonal, interpersonal, intragroup and intergroup.

Intrapersonal: Conflict within the individual (for example, a person who cannot make decisions)

Interpersonal: Conflict among 2 or more individuals (for example, an argument between a boyfriend and a girlfriend or child and parent)

Intragroup: Conflict within a group (for example, between members of the same peer group or team).

Intergroup: Conflict between 2 or more groups (for example, between 2 different youth peer groups, or between students and the school faculty).

Affirmation: Self-respect and respect for others.

Communication: Listening with empathy, sense of recognition, respectful assertiveness to express own perceptions, needs, fears, focussing on problems and not attacking person or group.

Cooperation: Reframing the problem together, generating options, choosing, evaluating.

INCLUSIVE SOLUTION

COMMUNICATION AND COLLABORATION SKILLS TO OVER COME CONFLICT ARE:

Mediation: **Impartial third party** supports the disputing parties to resolve the problem themselves.

Negotiation: The process of **achieving agreement** through discussion.

Compromise: Finding a **middle ground between two extremes**, a mutual acceptance of terms of which often varies from the original desire.

Arbitration: Two or more parties **use a third party** to make the decision.

Leadership: Social influence where **one person enlists the aid in support of others** and provides direction.

Facilitation: The act of **making something easy** or easier, assisting the process.

GOVERNMENT POLICIES AND REGULATIONS & SOCIAL AND CULTURAL NORMS

How Government Policies and regulations impact on beliefs, attitudes and values…

When a person forms an externally generated belief they look to experts and authority figures to determine their stance on an issue.

Eg: Government passes a law wearing a helmet whilst cycling – population will begin to believe that wearing a helmet is important and necessary. If that population values conformity and safety then the people will begin to wear helmets. They will form positive attitude towards the use of helmets and may also form the attitude that the government is trying to protect them.

1. The policy of banning smoking in cars with children under sixteen forms externally generated beliefs towards smoking, influencing individuals to believe that smoking is an unhealthy act and dangerous for the child to inhale SH smoke and the child has the right to a healthy environment and must be protected when the environment is out within their control. As society values child safety and child protection, it will encourage the public to have a negative attitude towards smoking in cars with children under sixteen as they can't control the environment they are in.

2. The policy of eliminating advertisements on tobacco smoking of any form, influenced individuals to believe that strong negative emotions were taking over their lifestyle decisions and can lead to thought provoking and believable messages about the serious long term consequences of smoking. Advertisement of any forms such as humorous or normative can lead to the negative healthy behaviours amongst

teenagers. As teenagers the values of smoking will encourage parents/adults to approach a form of change and it will change the attitude towards teenage smoking.

Norms- Influencing Health Behaviour…

Proscriptive Norms: Norms that prohibit you from doing something unhealthy. Something your expected not to do. They can be considered formal and are usually written and entail strict rules. Eg Drink driving – as prohibited by law and not desirable within the community.

Prescriptive Norms: Norms that encourage you to do something healthy. Something you are expected to do. Can be considered quite informal and usually not as strongly enforced as proscriptive norms. Eg: Covering your mouth when you cough or sneeze.

Popular Norms: Norms made popular by someone popular/powerful- popular culture - Eg, young people drinking alcohol to have a good time.

Explain how drink driving laws influence the development of the **three types of norms**; **identify** clearly and **outline** each different norm within your explanation. (9 marks)

Proscriptive norms: Behaviours that people should not perform and are discouraged. Society frowns upon these things therefore people abstain from doing them. Drink driving laws such as losing your license, fines and jail time all discourage people to drink and drive therefore create the prescriptive norm of not drinking and driving.

Prescriptive norms: Actions or behaviours that people should do; society favours these as you are expected to do them. For example, RBT, fining, loss of licence for drivers first thing in the morning after consuming a large amount of alcohol the night before. This helps create the prescriptive norm.

Popular norms: Standards or behaviours made from popular culture, what is the popular consensus of society, e.g. in Australia it's not okay to drink and drive due to the risk you pose on your self and others. This was created from legislation, limiting blood alcohol content to 0.05 in fully licensed people.

Describe one example of how government tobacco related policies and legislation influences the formation of **beliefs**, **attitudes** and **values** with respect to child safety and smoking.

Government tobacco related policies such as banning smoking in public places will influence individuals to believe that smoking around public places is unhealthy and can affect nearby people, especially children, as second hand smoking has serious health effects on individuals. As adults value the health of children, they will then have a negative attitude towards smoking in public places and around other people and children in general.

GLOBAL HEALTH: COMPARING DEVELOPED AND DEVELOPING COUNTRIES

Developed Countries – also known as industrialised. Are countries with well developed institutions, limited corruption, industry, mining or agricultural sectors, and therefore, enjoy a healthy economy based on trade.

Developing Countries – Countries that generally have a low (GDP). Being less developed means these countries have less access to technology and have poor industry and limited trade arrangements. They are generally located in harsher environments and experience higher levels of corruption making it.

CHARACTERISTICS OF DEVELOPED/DEVELOPING COUNTRIES:

Variations occur between and within all countries. But the major 3 reasons to why variations are occur.

- **Economic**: A range of factors relating to the financial or economic state of a country, can influence the opportunities and resources that are available for its citizens. "Poverty" is a term that is commonly used to describe the lack of access to resources, often as a result of a lack of access to money.

- Global trade: A wide/limited range of industries increases/reduces the ability of developing countries to trade on the global market, as they may/may not be able to generate goods and services that other countries require.
- Low/high international debt
- High/low average incomes

- Social:

Gender equality:

- Developed countries often experience gender equality, both males and females have opportunities and choices with regards to education, employment, community participation and recreation.
- Females in underdeveloped countries have limited opportunities (in regards to above) compared to males in society.

Birth rates:

- Access to contraception, choice with regards to family planning, career choices and education contribute to more cases of lower birth rates in developed countries compared to undeveloped countries.
- High birth rates in many developing countries can limit the ability of parents to care for all of their children and provide them with the resources required to live a healthy life.

Education and Employment:

- High rates of education and employment are characteristic of most developed countries. People often have choices with regards to the level of education and the type of career they pursue.
- Many developing countries do not have a developed education system, and career options are often limited.

- Families in developing countries usually have to pay for their children to attend school, as opposed to developed countries, where governments contribute significant funds to provide education opportunities.

Social security and legal systems:

- High levels of economic development and stable political systems increase the ability of governments in developed countries to provide social security payments for those in need.
- Individuals who are unemployed or unable to work as a result of illness or disability are often provided with financial assistance to assist in promoting their well-being.
- Developing countries often do not have the means to provide assistance to their citizens, and those who are unemployed or unable to work are driven further into poverty.

Health systems:

- Developed countries also have health systems. People are usually able to access basic health care when they need it.
- Those in developing countries often lack access to suitable health care, which affects the level of well-being they experience.

History of colonisation:

- Throughout history, many Western European nations, including Britain, France, Spain, Portugal, Germany and Belgium, colonised many countries in Africa and Asia.
- Many developing countries have a history of colonisation. The countries that were colonised often had their natural resources exploited by the colonisers. This reduced the ability for them to develop their own trade potential and generate decent incomes for themselves.
- Low incomes and loss of land affected the ability of native people to access resources required for a decent standard of living, such as food and shelter.

- Environmental Factors:

- Access to food
- Sanitation
- Access to clean drinking water
- Housing
- Infrastructure: eg electricity grids, roads, telecommunication systems

(IMPORTANT)

Life expectancy – How long a person can expect to live.

Infant Mortality – The number of deaths that occur in the first year of life. Reported by actual number of deaths per 1000 births.

Under-5 Mortality rates (U5MR) – The number of deaths of children under 5 years of age per 1000 live births.

Maternal Mortality – The number of deaths of woman due to pregnancy or childbirth-related complications.

Morbidity – Health of an individual and the levels of ill health in a population group.

Throwback to video notes: **Why are some countries poor?**

- Lack of solid institutions (financial)
- Lack of infrastructure (health, education, electricity, roads, transport, communications)
- Higher levels of corruption- herd mentality, inability of government to raise revenue through taxes in order to improve infrastructure etc…
- Geographic location (mainly closer to the equator- harsher environment), more difficult to produce crops/ agriculture, higher instances of tropical disease.
- History of colonisation and war.

QUESTION/ANSWERS:

1.) Define the developing ad developed countries and provide an example

Developing Countries	Developed Countries
- High mortality	- Low child and adult mortality
- High birth rate	- Longer life expectancy
- Low life expectancy	- Well developed industry
- Low GDP	- High GDP
- Poor quality and access to health care and education	- Established healthcare and education systems

National Health Priorities Developed Countries and Developing Countries

Developed Countries

National Health Priorities are mainly non communicable disease which mean diseases which are **not** passed from person to person.

These include:

- Cardiovascular disease
- Cancers
- Diabetes
- Chronic respiratory disease
- Mental Health
- Injury prevention
- Asthma
- Arthritis
- Musculoskeletal conditions.

- All age groups are at risk but some are often associated with age. Children, adults and the elderly are all at risk often due to:
- Unhealthy diets
- Inactivity
- Exposure to tobacco smoke
- Harmful use of alcohol

- Vulnerable and socially disadvantaged people get sick and die sooner than people of higher social positions especially because they are at greater risk of being exposed to harmful products (tobacco, unhealthy foods) and limited access to health services.

Developing Countries

National health priorities are mainly associated with communicable disease, malnutrition and injuries from war/ conflict. Communicable disease spread from person to person or animal to person. They can be air or water borne, or spread by blood and other bodily fluid.

- Cholera
- Polio
- TB
- HIV
- Malaria
- Dengue fever

The World Health Organisation:

The role of the WHO: (PEEC)

- Promote health for all
- Eradicate poverty
- Ensure medicines are accessible
- Co- ordinate relief efforts

VIDEO NOTES:

- Helping countries get safer
- promote healthy diet to prevent cancer, diabetes
- Recommend vaccinations to and keep survey
- Keep food and water safe
- Available and safe contraceptives for protection
- Increase seatbelt, helmet safety
- Reduce risks while travelling
- Understanding planning older people needs
- Protect from seconds hand smoke
- bed nets and diagnostic tests
- recruit harsh workers based on ethics, morals
- protect 22infections
- care for metro to be
- testing and HIV tests
- sending escorts and medics; experts
- helping from catastrophic bills

- identifying outbreaks 'who brings health to life everyday
- 189 member states

3 CORE FUNCTIONS OF THE WHO:

Normative function: *Creating norms, standards or acceptable behaviour for human rights and global health.*
- WHO does this by hosting international conventions, producing agreements such as Ottawa Charter.

Directing and co-ordinating functions: *WHO has leadership over NGO's and the health sector in each region and member state.*
- WHO gives direction and guidance to countries and co ordinates aid efforts.

Research and Technical Co operation functions: *Includes disease eradication and emergency response. WHO conducts research into disease, social determinants of health, epidemiology and prevention strategies.*
- WHO also helps countries co-operate in times of emergency such as war or natural disaster. Eg after 2015 Nepal Earthquake

Australia's Aid program:

What is it?

*Ausaid **advises** the Australian government on international development policy and manages Australia's overseas aid program. Aid is focused on achieving growth and stability while working towards reducing poverty and achieving sustainable development. It is mainly focused in the Asia-Pacific region.*

- Provide essential services
- Address issues such as drug use and trafficking
- Strengthen economic growth

Delivering the AID:
-Through provision of goods and services
- Constructing institutions through the training of staff
-Advice and discussion between Australian advisers, local government and businesses.

- Australia is committed to economic growth, poverty reduction and increased standards of living in our part of the world.
- This is achieved through the AUS aid program.
- Aus aid works in ***Indo-pacific*** region to provide focused aid to our closest neighbours.

- **PURPOSE:** To promote Australia's national interests by contributing to sustainable economic growth and poverty reduction.

- **Can pursue this by two development outcomes:**
- Supporting private sector development
- Strengthening human development

- **Australia works in partnerships with many organisations to deliver such aid such as:**
- Private sector partnerships
- Bilateral partnerships
- Multilateral organisations
- NGO's

Specifically in the health sector , Aus aid program **aims to improve health** of our region of the world including:

- **Context specific**: meets country and regional needs,
- Support partner country efforts to improve health systems
- Focus on sustained health improvements for all people
- Support development of sustainable & resilient health systems
- Help the poorest, particularly the women and children
- advancing the health public policy, i.e: on tobacco control and improving nutrition.

Q & A ON WATER ISSUES/AID:

Q1: Examples of how Aus aid provided sustainable aid in relation to access to clean water?

- Australia fostered productive, equitable and sustainable allocation and use old water resources. They also made sure that the benefits were shared with the poor by strengthening institutional groups, governing water management. Australia also assisted for river basin development and management plans.

Q2. Describe the current trends in world wide access to clean water that specifically of the Asia-pacific region?

- The demand for fresh water in the Asia- Pacific region is increasing however, the sources of the fresh water, hasn't been completely found and new methods haven't been developed and this is why there is a scarcity of fresh water within those regions.
- Our 1.1 billion people lack access to safe water
- Over 10,000 people die due to unclean water, because of unavoidable diseases.
- Water availability is declining, less than 20% (for clean water)- poor suffer the most due to less access.

Q3: What factors contribute to pressure on water supply?

- The rapid increase of population growth: More people as the population is growing meaning there is a higher demand for water and therefore less availability.
- Urbanisation- pollution, environmental factors: Contributing to lack of access.
- Industrial developments: Increased
- Economic factors- S & D:

Q4: How does lack of access to safe water impact on the populations health?

- Many diseases can occur due to the lack of unsafe, unhealthy water supply amongst different regions, such as, Cholera: A bacterial infection, Fluorosis: bone disease, HIV/ AIDS, malaria, trachoma and typhoid. There are many other diseases associated with the lack of unhygienic water supplies, but these few ones are the major diseases. Impacts food availability. Children having to source clean water often leaves them unable to go to school- remain in cycle of poverty.

Q5: Australia water assistance will focus on two central areas: Water governance and delivery systems. Describe how AUS AID provides aid in each of these areas, give examples of each.

- Water governance: The AUS aid provides better water planning which helps to generate long term economic growth and poverty reduction by fostering productive, equitable and sustainable allocation and use of water resources. ie: Co-operation amongst boundary countries to the Mekong Delta river (establishing policy and regulation to ensure stability and fair access to water for all.
- Delivery Systems: Educating other countries on how to build / develop sanitation systems by providing blueprints/ information for new technologies and how to efficiently farm with reduced water use.
- Provide examples of how certain countries use water governance and delivery systems.

SUSTAINABLE DEVELOPMENT GOALS : 2015-2030

- UNSDG's = 2,3,4,5 and 6

- What is it? **The sustainable development goals (SDG's) otherwise known as Global Goals, built on Millennium Development Goal (MDG's)**
- 8 Anti- poverty targets that the world is committed to achieving by 2015.
- MDG's adopted in 2000- aimed at an array of issues that include slashing poverty, hunger, disease, gender equality, and access to water and sanitation.
- Progress being made made on MDG'S, showing value of a unifying agenda underpinned by goals and targets. Despite success- the indignity of poverty has not been anded for all.
- New SDG's & broader sustainability agenda- go further than MDG's = addressing root causes of poverty & universal need for development that works for all people.

PURPOSE OF UNSDG's:

- World leaders adopted 2003 Agenda for Sustainable development = which included a set of 17 SDG's to end poverty, fight inequality and injustice and tackle climate change by 2030.
- The goals include: No poverty, Zero hunger, Good health and well-being, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry innovation and infrastructure, reduced inequalities, sustainable cities and communities, responsible consumption and production, Climate action, life below water, life on land, peace and justice strong institutions, partnerships for goals.

- **Zero Hunger:** End hunger, achieve food security and improved nutrition and promote sustainable agriculture.
- **Good Health and Well-Being:** Ensure healthy lives and promote well-being for all at all ages.
- **Quality Education:** Ensure inclusive and equitable quality education and promote life long learning opportunities for all.
- **Gender equality:** Achieve gender equity and empower all women and girls.
- **Clean water and sanitation:** Ensure availability and sustainable management of water and sanitation for all.

GLOBAL AND LOCAL BARRIERS TO ADDRESSING SDH:

- Rio Declaration
- WHO defines SDH as conditions in which people are born, grow, live, work and age including the systems put in place to deal with illness.
- These circumstances are shaped by distribution of money, power and resources at global, national and local levels.

Global Health Equity:

- Global health refers to the health of populations in worldwide context that goes beyond perspectives or concerns of individual countries.
- Global health is about an international collaborative approach to achieving equity in health for all.
- Huge inequalities in health status exist between those living in developed countries and those living in developing countries.
- Global Barriers: across countries, focus for collaborative approach (SDG)- Poverty, family, water, disease. = negatively impact on the social and socioeconomic determinants of health = **HOW**?

TERMINOLOGY:

- **POVERTY**: The state or condition of having little or no money, goods or means of support. The position of being poor defined as living on less than $1.25 USD.

- **DISEASE OUTBREAKS**: Term used in epidemiology to describe an occurrence of a disease greater than would be otherwise expected and greater than can be controlled or reduced.

- **EPIDEMIOLOGY**: Study of disease.

- **FAMINE**: Extreme scarcity of food.

- **DROUGHT**: Prolonged period of shortage of water resulting from dammed or blocked rivers, over use of ground water or dried up lakes/dams.

- **AVAILABILITY OF CLEAN DRINKING WATER**: Water that is sufficiently high quality that it can be consumed or used without immediate or long term harm, it is necessary for life to be sustained.

How are they interrelated: Prolonged period of drought (developing) - Famine - Employment - Poverty **OR** Drought - Clean drinking water availability - Disease Outbreaks.

- In Australia, we have lots of occurrences of these barriers- droughts, floods, disease outbreaks and poverty, but in most cases the disasters are not as sever as in poor countries.
- Drought in rich countries like Australia, are serious but do no normally lead to loss of life or famine. But in poor countries drought can lead to long term famine, hunger and death.

Socio Economic Impact of Ebola Virus Disease in West African Countries

Anthropological Dimension *(Study of people's beliefs/ views)*

- Impact on Guinean economy and house hold economic activities – negative- strong negative impact on labour market
- Workers reduced weekly hours – some decided to stay at home to prevent getting the disease
- People moved to less risky areas
- Inability to carry out normal business led to a decrease in house hold income
- Reduced access to food
- Education- loss of teachers and students, closure of schools, reduced attendance
- 1/3 of people distanced themselves from being their 'neighbours keeper' EVD eroding age long communal behaviours
- Reduced social life due to the fear of catching EVD at social gatherings
- Inter communal relationships weakened – frequency of visits to relatives decreased, relationships between villages and ethnic groups weakened, mistrust between communities with high EVD breakouts.
- Access to health services sharply reduced, access to birth control services and skilled birth attendants has become more difficult
- Due to Guinean govt's attempt to contain EVD the fear spread faster than disease, fear and ignorance led to the belief that health care facilities were source of infection
- Fear for medical staff, some centres closed down, staff stayed at home as they felt unprotected
- Health systems weakened – negative impact on MDG especially child and maternal health
- Expectations of the future- negative impact people experienced fear for the future of their family, friends and whole community
- 72% loss of confidence in govt- civil unrest?
- Increase in poverty levels
- Food security- given impact on EVD on sectoral output esp agricultural output and overall economic growth – food insecurity is expected to be impacted in a negative way- increased % of under nourishment

- Worsening of income poverty that reduces the ability to access food also countries agricultural production and marketing systems
- Outbreak of EDV, restrictions on movement of people and supply of labour led to serious concerns about food production.

Living on a dollar per day NOTES:

- Guatemala
- Chris and Zach = Close friends, with similar lives
- Met at first year of college= friends
- Chino- 12 years old lives in rural village in Guatemala. (Lives in extreme poverty).Less than one dollar a day.
- No clean water, little food and poor shelter.
- 1.1 billion people around the world that survive under $1 a day.
- Zach and Chris study international development- but textbooks don't answer everything.
- Doing it to understand, an amazing opportunity to learn on how they live under a dollar.
- Guatemala city- Pena Blanca- 300 people (7/10 people live under the poverty line)
- Budget = $1 a day each = 56 days= $224 = randomly predicting pay as many of their neighbours in Guatemala are employed informally as day labours or farmer, so they don't know when they'll be paid or how much.
- Splitting budget of $1 into any number between 1 and 9 = every morning pick number from a hat, if they pick 9, then they have earned $9
- Second aspect: starting own business: loan of $125 for a house and a plot of land to grow radishes on.
- The small loan is part of a service called: Microfinance
- Every 15 days, pay back small instalments of $6.25
- Water is absolutely unhygienic and filled with bugs and soil and wet sand.
- Using money wisely, firewood most expensive.
- Black beans and rice with soup.
- Victor Coj (victim): "When theres no food, kids don't grow, they don't even have the energy to play".
- The boys developed fleas, rashes all over their arms and abdomen.
- 40% students don't finish, due to financial issues.
- Back to Chino, his parents couldn't afford $25 of books, supplies for school.
- Family of 8 - single room, no electricity.
- Chino works in fields. He is smart and deserves to go to school
- The boys are teaching Chino how to read and write in english
- Anthony and Rosa (poverty stricken family)- serving on $1.25 each day, managing 8 people. They have to pay and manage for food, new baby, kids education and repair to their house.
- They have so little, yet they are willing to give so much. (Generosity)
- Rosa Coj: She wanted to study and build a career as a nurse, but couldn't. Until 6th grade she could study until her parents couldn't afford to send her to school anymore. She was sad and upset, like any other child, she could never wear nice clothes or shoes. She wishes to have her degree ad license as a nurse.
- They cooked with open fires, which could pose a threat to their healths, especially a child's health. But they have been doing it since they were little.
- Stove is very expensive, but Anthony and family used the "saving's club" and each member saved $12 every month, which added up to $144, then this was given to a random member and the process went on until each member benefited.

- Chino's mum got very unwell and Victor (Chino's dad) went to Anthony, who paid for her to go to the hospital, doctor's visits and medicines.
- Anthony can afford it as he's the only one with a formal job (gets regular pay check, as he's a cleaner at a hotel).
- Chris got sick - he had Giardia (bowel infection, parasite in lower stomach) and E-coli.
- Medicine is 200 ($25) Quatzala.
- Hurricane in Guatemala ruined and destroyed lives, homes and agriculture.
- About 75% land was destroyed.
- They need a loan of 3000 Q = $325 = so much requirements, no way to get loan, informal jobs.
- Easier to receive a loan from Grameen because, they work with simple things, like deed of house.
- Loan of $200- Rosa started own business of weaving and she began paying for her studies.
- Dona Maria = $120 loan = Opened own store.
- Luisa = $120 = sells fire wood
- Rosita = $300 loan = sells onions.
- Maria = $300 loan = fixed roof.
- When Grameen borrowers get a loan, they commit to saving so that they can save more.
- Zach, Ryan, Chris and Sean = $125 loan = grew radishes.
- They gave the radishes out as gifts also because the radishes were their new source of income.
- It will have a big impact on the next generation of the family.
- They all saved up for the pulick dinner with the Anthony's.
- Making friends, building a relationship, teaching and accepting them as a friend and family member.
- These boys are trying to prove the power of partial solutions.
- Chino has learnt a basic amount off english and is very happy to being able to communicate.
- Chris lost 20 pounds in 2 months = gives him something to inspire and share with others who don't realise what people under the poverty line are like.
- Anthony's message - "Don't for get about the people in Pena Blanca, as we are not only fighting to better our lives, but we are also fighting to survive".
- Small changes can make big impacts…Right now you can help someone like Rosa, Anthony and Chino achieve their dreams…make an impact.

Poverty: Poverty definitely impacts upon an individuals socioeconomic status, as an individual who comes from a lower socioeconomic status will not be able to afford appropriate health care and will not be able to access health care, due to the lack of knowledge, income of the person who may have a financially unstable job or low paid job, or lack of educational attainment which leads to these individuals not being able to pay for any form of treatment or not knowing where to seek for help.

Disease outbreak: This impacts upon food and unemployment as individuals may not have a high paying job which could lead to poverty stricken conditions or in other words lead to living on the or under the poverty line. Because of the lack of income from the jobs a person may have, will lead to these individuals purchasing cheap and low quality food such as…

IMPACT OF WORLD EVENTS ON PERSONAL, SOCIAL AND CULTURAL IDENTITY OF POPULATION GROUPS:

Many world events are present that impact and change the way an individual is formed. These events change circumstances where people live, and the aspects that they recognise and identify with are different.

Displacement from traditional homelands: Temporary removal from place of residence. Internally displaced people voluntarily or forcibly removed from their homeland due to war, flood and other factors.
IMPACT: This would impact these people negatively, especially their mental wellbeing.

War: War is the state of armed conflict between nations, states, different groups or countries.
IMPACT: This factor negatively impacts health as children and women who have loved ones in war or who have lost their loved ones, get mentally affected and traumatised.

Violence: Behaviour involving physical force intended to hurt, damage or kill someone.
IMPACT: Severe physical and mental health due to the trauma of dealing with or having someone close deal with violence, adversely affects individuals health.

Conflict: Serious disagreement or argument.
IMPACT: This can negatively impact an individuals wellbeing as one or more individuals may not have mutual understanding or respect, which can lead to poor mental health.

Natural disasters: The effect of a natural hazard such as: Flood, tornado, tsunami, hurricane, earthquake), that affects our environment, and severely leads to financial loss, human losses.