

## **UNIT 9: HANDOUT A**

### **EXERCISE 1**

#### **HEALTH CHOICES**

##### What is Expected of You in Part 2

Those people who followed Part 1 will know that attendance is important. If you are aiming for the credit rating for this course, you will also have to complete the assessment requirements for Part 2. These are:

##### Learning Logs

These will particularly concentrate on allowing you to reflect on your learning over Part 2.

##### Community Research Task

This is the group task for this part of the course and will involve you, along with other group members, carrying out an investigation into a local health concern or issue. This will take place from Unit 10 and should be complete by Unit 15. You will find out more detail about this task in Unit 10.

##### Final Assignment

This will be your own record of the work undertaken in the task described above. It will include a personal, reflective account of the role you played in the process, what you felt about the findings of your research and how it connects to what you've learned during the course.



## UNIT 9: HANDOUT B

### EXERCISE 2

#### HEALTH 21 – WORLD HEALTH DECLARATION

Adopted by the World Health Community at the 51st World Health Assembly, May 1998.

##### I

We, the member states of the World Health Organisation (W.H.O.), reaffirm our commitment to the principle enunciated in its Constitution that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. In doing so, we affirm the dignity and worth of every person, and the equal rights, equal duties and shared responsibilities of all for health.

##### II

We recognize that the improvement of the health and well-being of the people is the ultimate aim of social and economic development. We are committed to the ethical concepts of equity, solidarity and social justice and to the incorporation of a gender perspective into our strategies. We emphasise the importance of reducing social and economic inequities in improving the health of the whole population.

Therefore, it is imperative to pay the greatest attention to those most in need, burdened by ill health, receiving inadequate services for health or affected by poverty. We reaffirm our will to promote health by addressing the basic determinants and prerequisites for health. We acknowledge that changes in the world health situation require that we give effect to the 'Health for All Policy for the Twenty-First Century' through relevant regional and national policies and strategies.

##### III

We recommit ourselves to strengthening, adapting and reforming, as appropriate, our health systems, including essential public functions and services, in order to ensure universal access to health services that are based on scientific evidence, of good quality and within affordable limits, and that are sustainable for the future. We intend to ensure the availability of the essentials of primary health care as defined in the Declaration of the Alma Ata and developed in the new policy.

We will continue to develop health systems to respond to the current and anticipated health conditions, socio-economic circumstances and needs of the people, communities and countries concerned, through appropriately managed public and private actions and investments for health.



## UNIT 9: HANDOUT B (CONT)

### IV

We recognize that in working towards health for all, all nations, communities, families and individuals are interdependent. As a community of nations, we will act together to meet common threats to health and to promote universal wellbeing.

### V

We, the Member States of the World Health Organisation, hereby resolve to promote and support the rights and principles, action and responsibilities enunciated in this Declaration through concerted action, full participation and partnership, calling on all peoples and institutions to share the vision of health for all in the twenty first century, and to endeavour in common to realise it.



## UNIT 9: HANDOUT C

### EXERCISE 2

#### DECLARATION OF ALMA ATA

The International Conference on Primary Health Care, meeting in Alma Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

#### I

The conference strongly reaffirms that health, which is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector.

#### II

The existing gross inequality in the health status of people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

#### III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

#### IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

#### V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organisations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.



## UNIT 9: HANDOUT C (CONT)

### VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

### VII

Primary health care:

1. Reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. Addresses the main health problems in the community, providing promotive, preventative, curative and rehabilitative services accordingly;
3. Includes at least; education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; provision of essential drugs;
4. Involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the co-ordinated efforts of all those sectors;
5. Requires and promotes maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care, making fullest use of local, national and other available resources and to this end develops through appropriate education the ability of communities to participate;
6. Should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;



## UNIT 9: HANDOUT C (CONT)

7. Relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

### VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in co-ordination with other sectors. To this end, it will be necessary to exercise political will, to mobilise the country's resources and to use available external resources rationally.

### IX

All countries should co-operate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

### X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential, should be allotted its proper time.

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The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical co-operation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organisations, as well as multilateral and bilateral agencies, non-governmental organisations, funding agencies, all health workers and the whole community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

WHO Declaration of Alma Ata, 1978



## UNIT 9: HANDOUT D

### EXERCISE 3

#### THE NATIONAL PERFORMANCE FRAMEWORK

##### Strategic Objectives and Outcomes

###### Wealthier and Fairer

Enable businesses and people to increase their wealth and more people to share fairly in that wealth.

- We live in a Scotland that is the most attractive place for doing business in Europe.
- We realise our full economic potential with more and better employment opportunities for our people.
- We take pride in a strong, fair and inclusive national identity.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

###### Smarter

Expand opportunities for Scots to succeed from nurture through to life long learning ensuring higher and more widely shared achievements.

- We are better educated, more skilled and more successful, renowned for our research and innovation.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- Our children have the best start in life and are ready to succeed.
- We have improved the life chances for children, young people and families at risk

###### Healthier

Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

- We live longer, healthier lives.
- Our children have the best start in life and are ready to succeed.
- We have tackled the significant inequalities in Scottish society.
- We have improved the life chances for children, young people and families at risk.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.
- We live in well-designed sustainable places where we are able to access the amenities and services we need.



## UNIT 9: HANDOUT D (CONT)

### Safer and Stronger

Help local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life.

- We live our lives safe from crime, disorder and danger.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

### Greener

Improve Scotland's natural and built environment and the sustainable use and enjoyment of it.

- We value and enjoy our built and natural environment and protect it and enhance it for future generations.
- We reduce the local and global environmental impact of our consumption and production.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.



## UNIT 9: HANDOUT E

### EXERCISE 4

#### POVERTY SQUEEZING ME AGAINST THE WALL

##### Writings about Health Issues – Vol. 1

Becoming a single mother on Income Support was and still is one of the most stressful periods of my life. I was thirty years old and for the first time in my life I was alone and having to face the reality of that heavy weight - responsibility. For besides having to cope with the realisation that the welfare of myself and of my kids now rested squarely on my shoulders, I was presently forced to deal directly with those authorities I had previously, happily and purposely avoided. I say purposely, for my only knowledge of said authorities was based on hearsay - stories which didn't inspire confidence or optimism but instead engendered fear, distrust and a passive sense of impotence. My current and future livelihood as far as I could see, now rested in their hands.

I also had to find ways of making the state benefits I received each week, cover every possible eventuality and more. Now we are really talking about stress. I felt alone, isolated and scared. The fear was the worst, especially at night, after the children had gone to bed, as I sat alone in the quiet darkness worrying about all the things that could go wrong - for the unknown was no longer seductive and exciting as free floating anxieties and "what ifs" loomed large in my life. Money, its use and abuse, acquired a life of its own as its significance and importance, hitherto unknown, unguessed at, grew out of all proportion, squeezing me against the proverbial wall and a hard place - eventually taking complete control of my life.



## UNIT 9: HANDOUT F

### EXERCISE 4

#### DICKENSIAN POVERTY? NO, JUST FECKLESS PARENTING

**Amanda Platell – Mail Online (Wed. 7th October 2009)**  
– [www.dailymail.co.uk](http://www.dailymail.co.uk)

Has there ever been a bleaker assessment of modern-day Britain than the one offered this week by Lesley Ward, president of the Association of Teachers and Lecturers?

Ms Ward described how teachers today must contend with countless children who are 'living in a poverty that takes us back to Dickens'. The symptoms she identified are shocking indeed: children who are not even toilet trained when they start school, who are unable to dress themselves and can only eat with a spoon or their fingers. Children who can scarcely spell their own name, much less pass basic literacy or maths tests. Children not from a ghetto in some Third-World country, but Britain 2009.

But while Ms Ward is right to highlight this shaming state of affairs, I cannot agree with her analysis that Dickensian poverty is to blame. Unlike in Victorian times, few children today need fear where their next meal is coming from or whether they will be obliged to suffer the cruelties of the workhouse to help afford a roof over their family's heads.

The welfare state today is so generous that no family lives in the shadow of starvation or the debtor's jail. Indeed, perversely, it is often financially more beneficial for parents to claim the dole (often hidden under the guise of 'incapacity benefit') than it is for them to take a job.

And here lies the real root of the problem. For what children today are suffering from is not financial poverty but social poverty. That's nothing to do with money and everything to do with a total lack of parenting, an epidemic of broken families and a culture of welfare dependency that rewards families that fail.

This is New Labour's true legacy. It came to power promising an end to deprivation. But for 12 years the Government has rewarded the feckless and incentivised, single parent families - the essential elements of self-perpetuating social poverty - while penalising those hard-working families who are the backbone of a stable and a prosperous society.

