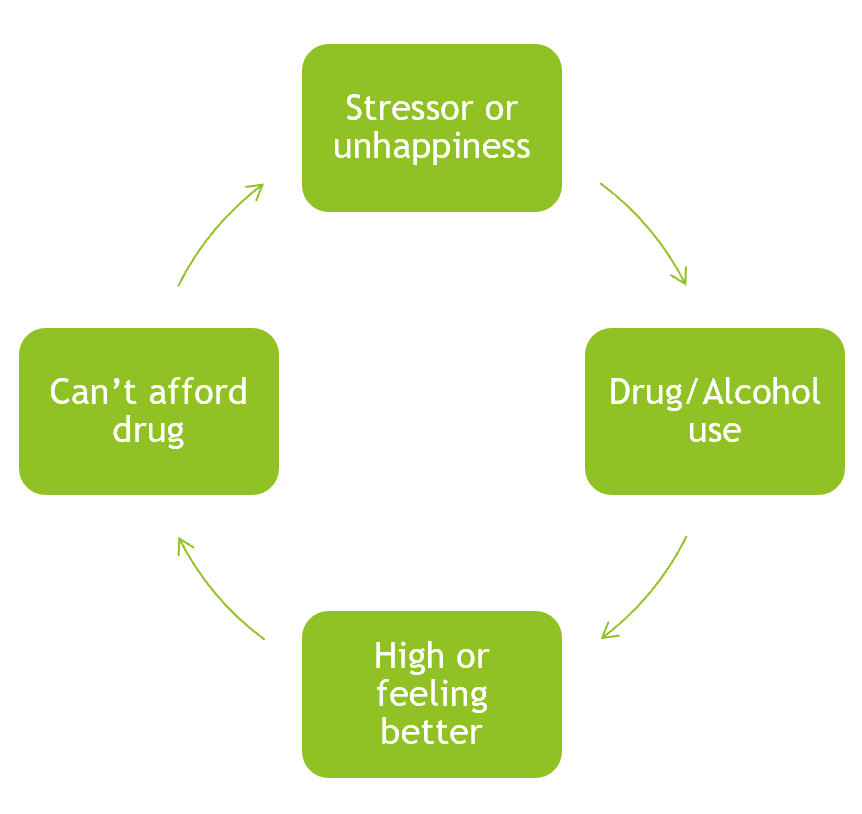
**Determinants of Health**

**Social determinants of health**:

* **Social gradient** – The health status of individuals is linked to their placing along the social ladder.
* **Unemployment** – The psychological, financial and social consequences that arise from not being employed are damaging to one’s health.
* **Early life** – Prenatal and infant health will either positively or adversely affect adult health.
* **Work** – Working is good for health, although safety, social interaction and the control one has over their work life all impact health status.
* **Addiction** – Along with the obvious physical effects of drug or substance on the body, the emotional strain of coping with addiction is detrimental to health in itself.
* **Social exclusion** – Not being able to participate in community life can lead to issues e.g., not being able to access medical services, not being able to communicate with others, lack of support systems, safety concerns and emotional trauma.
* **Food** – A healthy, nutritious, balanced diet is essential for growth, development and vitality.
* **Transport** – Choice of transport can also act as a source of exercise. Communities with high use of public transport can also contribute fewer emissions than societies with high private vehicle use.
* **Stress** – Individuals living in stressful circumstances for prolonged periods of time live in a constant state of “fight or flight”.
* **Social support** – People with positive, rewarding, close friendships will have better health status and live longer than those who either are socially isolated or have bad relationships.
* **Culture** – The cultural group to which an individual belongs has an impact on their health behaviours as cultural expectations will influence decisions. Cultural beliefs are central to the individual, family and group dynamic.

(SUE WAS Forced To Sing Songs Clumsily)

**Environmental determinants of health**:

* **Bushfires** – Bushfires can cause direct health concerns e.g., burns to the face, skin and larynx. Natural disasters have long-term health consequences.
* **Extreme weather** – The impact of extreme weather is wide reaching as not only do these events directly cause harm to local populations, they also cause indirect harm as the extreme event can reduce the ability for the population to maintain the social determinants of health and as such experience loss of control over health in the longer term.
* **Storms and flooding** – Storms and floods are associated with health impacts e.g., injury, increased asthma attack prevalence, spread of disease via contaminated flood water and interruption of power supply can cause food to spoil.
* **Transport** – The physical infrastructure, vehicles and operations that provide for the movement of people and goods from one location to another. Transport can cause injuries, mortality, obesity, cardiovascular disease, diabetes and pollution.
* **Food and water quality** – Water of adequate quality is a fundamental requirement for personal and public health.
* **Outdoor air quality** – The most common adverse health outcomes in relation to air pollution are disorders of the respiratory and cardiovascular systems. Certain population groups e.g., children are more susceptible than others to adverse health outcomes caused by air pollution.
* **Ultraviolet radiation** – Humans need a minimum level of vitamin D and the best way to get it is via exposure to UV radiation. Lack of UV radiation can cause vitamin D deficiency which can cause disease e.g., rickets or osteoporosis. There’s a strong link between high UV exposure and chronic skin and eye disease.
* **Green space** – Green spaces provide spaces for leisure activity and increase opportunity for exercise, physical recreation and sport. Residents living in suburbs with more green space report higher levels of self-assessed health status and mental health status seems to be more positive.
* **Environmental noise** – Excessive or prolonged exposure to environmental noise can cause damage to the inner ear, reducing the ability of the ear to conduct auditory signals to the brain (noise-induced hearing loss). Environmental noise can cause health concerns beyond hearing loss e.g., sleep disturbance, cardiovascular disease, reduced mental wellbeing and cognitive performance.
* **Housing** – Housing can impact health in many ways e.g., due to overcrowding, housing condition and hazards in or around the home. These 3 factors impact the health of residents and at times the surrounding neighbours.
* **Vector agents** – Organisms that transmit a disease, parasite or infection from one host to another can spread disease.
* **Indoor air quality** – Indoor air quality can be affected by outdoor air entering and being distributed throughout the building, emissions generated inside the building by processes and equipment, emissions from occupants and emissions from construction and finishing material.
* **Walkability** – The walkability of the built environment can influence health behaviours and encourage (or discourage) physical activity. The built environment can influence how walkable an area is in street connectivity, land use and density.

(BEST FOUGE Has Very Intricate Wombats)

**Socioeconomic determinants of health**:

* **Migration / refugee status** – Migration resulting from natural disasters or conflicts within or between countries can be problematic mentally and emotionally for people.
* **Income** – Low income earners generally have lower health status. Greater differences for health occur at the lower end of the income scale; there’s a minimum income level before improved health can be attained.
* **Neighbourhood** – People who live in poorer neighbourhoods have higher mortality rates, worse birth outcomes, more chronic diseases and poorer reported health status than people living in higher income neighbourhoods.
* **Education** – Those with more education have less chronic health problems and longer life expectancies. The benefits on health due to education seem to be related to the ensuing occupation educated people tend to pursue and the income levels they can attain. Studies indicate that individuals with more education lead healthier lives, have increased health literacy, make better decisions and engage in fewer risky behaviours.
* **Housing** – Housing that’s damp, poorly ventilated, overly hot or cold and/or overcrowded or lacking hot water, adequate food storage and/or sufficient waste disposal has been linked to infection, disease and other illness. Poor housing conditions can also lead to unintentional injuries.
* **Employment** – Being employed is better for health than not being employed. Employment allows access to income and social status, both of which are good for health outcomes.
* **Access to services** – Timely access to healthcare when needed can act as a secondary prevention and reduce the burden of disease in a community. If many individuals in the population can’t access quality health services, the spread of disease will be higher and the whole population will be at increased risk.
* **Family** – The wealth of an individual’s immediate and extended family can impact on their socioeconomic status – young people from wealthy families can pursue higher education, persevere through low incomes jobs and chase higher aspirations if they have a family with enough wealth to support them.

(MINE HEAF)

Biomedical determinants of health:

* **Body weight** – Excess body fat increases the risk of developing a range of health problems including Type 2 diabetes, cardiovascular disease, high blood pressure, certain cancers, sleep apnoea, osteoarthritis, psychological disorders and social problems.
* **Birth weight** – Low birth weight babies have lower risk of surviving the first year of life and are prone to continued ill-health throughout childhood. Low birth weight is a factor for neurological and physical disabilities.

**Health Promotion**

**Health promotion**: The process of helping or enabling people to increase control over and to improve their health.

3 effective ways for health promotion:

1. **Enable** – To make possible by empowering or enabling; to give strength to or aid with the ability to complete a task.
2. **Mediate** – Act between people to help solve problems or disputes; intervene as negotiator or objectivity to bring about resolution or agreement.
3. **Advocate** – To recommend or plead for a cause; to push an agenda or try to influence an outcome.

(EMA)

Ottawa Charter prerequisites for health:

* Peace.
* Education.
* Shelter.
* Stable ecosystem.
* Income.
* Food.
* Sustainable resources.
* Social justice and equity.

(PESSI FSS)

Ottawa Charter action areas:

1. **Build healthy public policy** – Puts health on the agenda of policy makers and helps citizens lead healthy lives by legislating healthy behaviours or banning unhealthy ones e.g., legislation (laws), taxation and organizational change (company policies).
2. **Create supportive environments** – The living and working conditions of individuals and communities need to be safe, stimulating, satisfying and enjoyable in order to promote health and wellbeing.
3. **Strengthen community action** – Communities need to participate in change in order to be empowered. Empowered communities will take control of their own health, set priorities, plan action and evaluate their effectiveness e.g., fundraising.
4. **Develop personal skills** – People need to be committed to develop skills necessary to lead fulfilling, independent lives where they can make healthy choices e.g., health education.
5. **Reorient health services** – Healthcare facilities and services need to change their attitude and organization so they refocus on the total needs of the individual and recognize the patient as a whole person e.g., placing services at one location or in areas of most need and sensitivity to cultural needs.

When describing trends, follow the trend formula:  
“As A increases/decreases, B increases/decreases so the data follows a positive/negative trend”.

**Framework for Health Promotion**

Impact

Strategies

Outcomes

Focus

Quality of life

Better health

Behavioural adaptations

Environmental adaptations

* Regulatory
* Educational
* Motivational
* Organisational
* Technological
* Economic
* Populations
* Individual
* Groups

**Health Belief Model**

Perceived threat

Outcome expectations

Perceived barriers

Perceived benefits

Perceived seriousness

Perceived susceptibility

Self-efficacy:

Perceived ability

to carry out the

recommended action

(Suspicious Serious Beneficial Barriers)

**Levels of Prevention**

1. **Primary prevention** – Aimed at the population as a whole and sets out to prevent disease before it occurs. This is the most cost-effective method as it avoids diagnosis, detection, treatment and recovery. Examples: Immunisation, health education, pasteurization of milk, washing hands, drinking clean water, etc.
2. **Secondary prevention** – Aims to locate symptoms early enough to be treated easily. The goal is to identify and treat infected people and catch the disease as early as possible to avoid advanced disease and symptoms. Example: Screening tests.
3. **Tertiary prevention** – Aims to minimize the impact of the sickness, restore function and prevent complications. Examples: Treatment, surgery, medication and recovery techniques.

**Health Literacy**

**Health literacy**: The ability of individuals to access and understand health information and to use this information to make informed, wise decisions. This requires people to be able to read and process information.

**Critical literacy** – Individuals need to synthesise health information and technology with discernment and judgement. People need to understand how knowledge can influence beliefs and attitudes which can in turn influence behaviour. Citizens need to be careful not to be manipulated by the media and technology to behave in ways that may be harmful or damaging to health without their knowledge.

**Levels of health literacy**:

**Level 1: Functional health literacy** – Characterised by individuals with enough health literacy to choose products and services for personal use, read and follow instructions on labels and have some knowledge of risks. This level focuses on skills of reading, comprehension and understanding instructions.

**Level 2: Interactive health literacy** – Characterised by individuals who seek to improve their personal skills and strategies to act on health advice. These people develop independence and take an active interest in their own health. This level aims to improve people’s personal and social skills.

**Level 3: Critical health literacy** – Characterised by individuals possessing the cognition and skills e.g., communication and investigation to initiate social and political actions for health outcomes. Individuals have an understanding of social, environmental and economic (SEE) determinants of health and seek to change the community for the improvement of health.

(FIC)

Skills for health literacy:

* Accessing: Being able to obtain or retrieve the information you need.
* Reading – Not all health information is available in all languages. The reading level of most reliable health information can be quite sophisticated, and this is unable to be read by many health consumers.
* Comprehending: To grasp the content, to understand.

(ARC)

Principles of disease management:

* **Self-monitoring** – Patients learn how to monitor themselves for signs and symptoms.
* **Care planning** – Patients prepare a detailed disease management plan.
* **Allied health professionals** – Patients maintain appointments with health services.
* **Review** – Patients monitor progress and adjust treatment plans.
* **Emergency contact** – Patients are able to get emergency help when needed.
* **Self-administered treatment** – Patients administer their own treatment/medication.

(SCARES)

**Beliefs, Values and Attitudes**

**Belief**: A person’s sense of right and wrong and assumptions made about things encountered in life or what is believed to be real and true. They differ in intensity depending on the subject they are being held on i.e., Stronger belief about more important subjects.

**Values**: General principles, morals and standards by which one lives their life. These can  
be positive or negative. Not specific to an object or situation but are the moral  
standards that an individual uses to make decisions, determine ethical behaviour or  
standards of conduct.

**Attitudes**: Feelings that individuals attach to objects, people or situations.

**Self-generated**:

**Experience** – People can develop beliefs due to an experience they have had. This is the most powerful way beliefs can be formed as the concept has been proven in a practical way.

**Reflection** – Involves the internal processing of a concept to work out what they believe. These beliefs would be more abstract than ones formed from experience and may be based on explaining why something is happening.

**Externally generated**:

**Experts** – Researching literature, seeking information and advice from highly qualified people is a common way to generate beliefs about phenomena. This may include analysing data, interpreting point of view and examining the experts’ opinions and beliefs.

**Authority** – Some positions of leadership bring with them the power that people will believe what they purely because of the title they hold. This can be partly due to the fact that the individual accepts that the authority figure would’ve generated the belief from somewhere.

**Acquisition of values** – Values are based on culture, ethnicity, demographics and other factors e.g., peers. Individuals develop an intrinsic set of values from childhood and then these change as they mature based on socioeconomic factors and social conditions.

**Formation of attitudes** – Attitudes have 3 components: the cognitive (thoughts and beliefs), affective (emotional feelings) and behavioural (predispositions to act in certain ways) components. Beliefs are translated into attitudes through values.

Beliefs

Values

Attitudes

**Influence of Media**

Advertising, media and marketing are all concerned with changing behaviour and promoting an idea. They aim to change behaviour by changing consumers’ beliefs. They target the values of the viewer and draw upon those values to help convince the consumer that their behaviour needs changing. Changed beliefs can result in changed attitudes.

**Media**: Methods of communication that reach or influence people widely.

**Advertising**: The act or practice of calling public attention to one’s product, service or need.

**Marketing**: The process/technique of promoting, selling and distributing a product/service.

**Health behaviour**: Acts performed by a person that will affect the risk of injury or illness.

Media messages can imply that what’s being presented/promoted is what society values and that society needs what they’re selling. Individuals within society may choose to take on these values and believe they need to act a certain way to be accepted, successful and happy. Physical and structural factors can create situations of barriers, incentive or opportunity (BIO) which influence an individual to partake in health behaviours.

**Social Networking**

**Social network**: A web of interconnected nodes.

Interactions between nodes in your social network will influence the connectedness of your social network. Individuals in highly connected networks will be more highly influenced than those with minimal connectedness.

**One-way**: Information flows from one person to another.

**2-way**: Information flows back and forth between 2 people.

**Social and Cultural Norms**

**Social norms**: People’s belief about the attitudes and behaviours that are normal, acceptable or expected in a particular social context.

**Cultural norms**: Behaviour patterns of specific groups due to their cultural upbringing.

**Social and Cultural Norms**

Social norms: People’s beliefs about the attitudes and behaviours that are normal, acceptable or even expected in a particular social context. Social norms will have particularly strong impact on recipients under conditions of uncertainty.

Transmission of social and cultural norms:

1. Explicitly.
2. Implied.
3. Observed.
4. Expectation.

**Social Cognitive Theory**

The social cognitive theory has 3 factors:

1. **Behaviour** – Health behaviours.
2. **Personal factors** – Thoughts, beliefs, cognitive competencies, skills and strategies.
3. **Environmental factors** – Social setting, location, culture, peers and family.

Personal determinants

Environmental determinants

Behavioural determinants

Strategies to change norms:

* Change commonly shared beliefs.
* Highlight inconsistencies in beliefs.
* Inform.
* Present a different core belief to replace the existing one.
* Discuss consequences.

(CHIP D)

**Stress Response Process**

Yes 🡪 Target organ activation reduces – return to “normal”

No 🡪 Disease dysfunction

Emotional appraisal

Thought processes

Stressor event

Coping?

Target organ activation

The stress response

Neurological trigger mechanism

**Coping Skills and Strategies**

**Skill**: The ability to do something well.

**Strategy**: A plan of action designed to achieve a major or overall aim.

**Time management**: Effectively planning use of time to balance commitments and relaxation times.

**Accessing support**: The ability to ask for help and successfully utilise services and/or people.

**Stress management**: A range of techniques used to control a person’s level of stress and reduce the emotional burden caused.

3 main coping skills:

1. Stress management.
2. Accessing support.
3. Time management.

**Stress management strategies**:

* Identify stressors and avoid them if possible.
* Approach support people and ask them if you can turn to them when needed.
* Identify behaviours you can do when stressed that will help you cope.
* Look at the big picture and prioritise what really matters and what you can let go.
* Identify what you value.
* Accept things you can’t change – plan to be flexible.
* Plan relaxation and leisure activities.
* Adopt a healthy lifestyle.

**Stress management skills**:

* Assertiveness.
* Learn how to say no.
* Reframe your problems.
* Reflect on positives in each situation or stressful time.
* Practice forgiveness.
* Share your thoughts and feelings with a trusted support person.

**Time management strategies**:

* Plan time by making timetables, schedules and to-do lists.
* Prioritise activities and eliminate unnecessary/unhelpful activities.
* Work-life balance.
* Healthy lifestyle plan.
* Delegate or develop a plan to get assistance.
* Get organised.

**Time management skills**:

* Sticking to the timetable and schedule.
* Being honest when allocating time to activities.
* Live in the moment.
* Work hard, be persistence and don’t waste time.
* Ask for help when you need it.
* Maintain organisation and stick to plans.
* Motivation skills.

**5 A’s of access**:

1. Affordability.
2. Availability.
3. Accessibility.
4. Accommodation.
5. Acceptability.

These factors can determine the extent to which someone may make use of support systems.

**Purpose of the National Strategic Framework for Chronic Conditions**:

The overarching policy document for chronic conditions that sets the direction for the Australian Department of Health to achieve its vision that “all Australians live healthier lives through effective prevention and management of chronic conditions”. It’s a federal government initiative.

Chronic:

* Persisting for a long time or constantly recurring.
* A disease that lasts 3 months or more.
* Long-lasting conditions with persistent effects.
* Chronic conditions are the most common and leading cause of premature mortality.
* Many chronic conditions become more prevalent with older age.

**Interpersonal Skills**

Skills required to work effectively with individuals and groups:

* Conflict resolution.
* Negotiation.
* Mediation.
* Leadership.

(No Mid-Life Crisis)

Conflict resolution:

* Benefits include increased awareness of each other, increased group cohesion between team members, stronger mutual respect and improved self-awareness.
* Involves using skills e.g., empathy, managing emotions, assertiveness, mediation and negotiation (M NAME) to reduce tension and stress.

Steps in conflict resolution:

1. Identify the source of conflict – what’s the problem?
2. Look beyond the incident – what emotions exist that are contributing to this conflict?
3. Brainstorm solutions – what possible courses of action are there?
4. Choose a solution that solves the conflict for both of you.
5. Plan for the future – how can you stop this conflict coming back in the future?

(I Look Back Chiropractic)

**Mediation**: A negotiation to resolve differences that’s conducted by some impartial party. The act of intervening for the purpose of bringing about settlement. The goal is for the disputing parties to resolve the conflict themselves with the support of the mediator.

Mediation:

* Involves facilitating communication between 2 parties with conflicting interests by assisting them to focus on the real issues of the dispute and generate options that meet the interests or needs of all relevant parties in an effort to resolve conflict.
* Mediator is primarily a “process person”, helping the parties define the agenda, identify and reframe the issues, communicate more effectively, find areas of common ground, negotiate fairly and hopefully reach an agreement.
* A successful mediation effort has an outcome that’s accepted and owned by the parties themselves.
* Mediator can’t force an outcome – the role of the mediator is to create a more productive discussion than the parties could have done themselves.
* Mediators help the parties determine facts, show empathy and impartiality and help the parties generate new ideas; can use persuasion to get people to soften and see perspectives from other viewpoints.

The mediator should:

* Meet with and listen to all parties involved in the conflict.
* Consult all relevant parties for their ideas to resolve the conflict.
* Propose ideas and solutions to each party to facilitate the resolution of the conflict.

(Minecraft Pocket)

Skills for effective mediation:

1. Maintain a positive attitude – Keep the discussion professional and appropriate.
2. Refocus the negative – Change the subject when the discussion gets heated.
3. Create a common enemy e.g., tax office.

(ARC)

**Negotiation**: The process of achieving agreement through discussion; used to resolve disputes. Negotiators bargain for individual or collective advantage.

Stages of negotiation:

1. Preparation – Write out all the facts, your opinion and what’s important to you.
2. Discussion.
3. Clarification of goals.
4. Negotiate outcome.
5. Agreement.
6. Implementation.

Introvert: People who get their energy and emotion from within themselves.

Extrovert: People who get their energy from the world and people around them.

Personality styles:

* Personality styles will influence the way individuals cope in different situations.
* Extroverts will thrive in group settings and enjoy being surrounded by others.
* Introverts will enjoy spending time alone in quiet reflection or working in smaller groups.
* Differences in personality will influence the way people communicate and the way they like to be communicated to.

|  |  |
| --- | --- |
| **Introverts**: | **Extroverts**: |
| Hesitate before sharing personal information. | Willingly and openly share information and ideas with others. |
| Are very private and protective of their emotions, thoughts and feelings. | Need constant attention from those around them. |
| Need time to think before responding and prefer communicating one to one. | Are good at public communication e.g., speeches and presentations. |
| Prefer written over verbal communication. | Prefer verbal over written communication. |
| Thrive in unique situations on their own. | Thrive in situations that require quick responses. |
|  | Tends to focus on the present moment. |
| Generally have trouble meeting and talking with strangers. | Prefer to be around others or doing some social activity. |

Leadership styles:

* Autocratic – Often referred to as authoritarian or dictator; the leader makes decisions without consulting others.
* Democratic – Collaborative style of leadership; Leader involves the people in the decision-making.
* Laissez-faire – Can also be referred to as casual leadership; The leader minimises his/her involvement in decision-making and allows people to make their own decisions.

(LAD)

**Contemporary Technology**

Brain death:

* Associated with an increase in pressure inside the skull which cuts off the blood supply to the brain.
* Blood flow to the brain creases and the entire brain dies.
* No recovery after brain death.

**Ethics**: Moral principles that govern a person’s behaviour or the conducting of an activity.

**Organ donation**: The process of surgically removing an organ or tissue from one person (organ donor) and placing it into another person (recipient).

Ethical issues with organ and tissue transplant:

* The most common reasons for liver transplant are due to self-inflicted disease.
* Many feel the patient may not deserve a new liver.
* Some believe it would be more ethical to give the donor organ to a more deserving patient (someone whose liver disease wasn’t self-inflicted).
* Some would suggest that to be considered high on the allotment list, an organ transplant recipient should pledge to abstain from what caused the liver disease for life and ensure they lead a healthy lifestyle.
* Should the recipient of an organ be subject to lifestyle conditions?

Steps involved in IVF:

* Stimulating the ovaries.
* Collecting the eggs.
* Fertilisation.
* Embryo transfer.

Ethical considerations concerning the use of IVF:

1. Defining initiation of life ethically – what happens to the extra embryos?
2. Turning children into commodities.
3. Should IVF be offered to older women?

**Stem cells**: Undifferentiated cells that become differentiated into any kinds of cells in the body; often used by the body to replace old cells when they wear out or die.

**Multipotent cell**: A cell that can give rise to multiple different types of cells typically found in a specific tissue.

**Undifferentiated cell**: A cell that hasn’t yet acquired a special structure and function.

**Differentiation**: he process by which cells change structure to serve a specific function.

Main kinds of stem cells:

1. Tissue-specific stem cells:

* Also known as “somatic stem cells” or “adult stem cells”.
* Found in all people and are used to replace cells in many kinds of tissue as they wear out or die.

1. Pluripotent stem cells:

* Can become any kind of tissue in the body.
* Can divide indefinitely unlike tissue-specific stem cells.
* 2 types: Embryonic stem cells and induced pluripotent stem cells.

Ethical issues involving stem cells:

* Harvesting involves the use of fertilised embryos.
* 2 main conflicting morals or values at play:

1. The desire to protect human life.
2. The desire to treat illness and reduce suffering.

* Should the health and suffering of a person take precedence over the potential life of an undeveloped embryo, who has the capacity to become a person?

**Genetically modified foods**: Foods where the animal or plant they come from has had new genes inserted into the existing gene sequences. Modifying gene sequences in food changes the food’s characteristics.

|  |  |
| --- | --- |
| **Benefits**: | **Risks**: |
| Better quality food.  Inexpensive and nutritious food.  Foods with a greater shelf life.  Food with medicinal benefits.  Crops and produce that require less chemicals. | New allergens could be inadvertently created.  Antibiotics or pesticide resistance may develop.  Cross-breeding or cross-contamination.  Biodiversity implications.  Using genes from animals in plant foods may pose ethical, philosophical or religious problems. |

**Emotional intelligence**: The ability of an individual to recognise their emotions, understand what they mean and how they affect the people around them. It includes your perception of others.

Reasons why emotional intelligence is important:

1. **Physical health** – Emotional intelligence can influence our ability to take care of our bodies and manage stress; we can manage stress and maintain good health by being aware of our emotional state and reaction to stress in our lives.
2. **Mental wellbeing** – Well-developed emotional intelligence can improve attitude and outlook on life, alleviate anxiety and avoid depression and mood swings; high level of emotional intelligence correlates to a positive attitude and happier outlook on life.
3. **Relationships** – Increased social awareness and well-developed social skills will equip us to build healthier and more positive relationships.
4. **Success** – Higher emotional intelligence helps individuals to be self-motivators which can reduce procrastination, increase self-confidence and improve their ability to focus on goals; gives people the tools to create better support networks, overcome setbacks and persevere with resiliency.

(Performance Monitoring and Reporting System)

**Leadership**: The ability to understand what motivates others, relate in a positive manner and build stronger bonds with others.

* Those with higher emotional intelligence are better leaders since an effective leader can recognise what the needs of the team are so that those needs can be met in a way that encourages higher performance and satisfaction.
* People with high emotional intelligence are usually successful in most things they do because they can use their emotional intelligence skills to their advantage.
* They’re motivated, can regulate their own emotions and know how to make others feel good.

Emotional intelligence competencies:

1. **Self-awareness**:

* **Emotional awareness**: Recognising one’s emotions and their effects.
* **Accurate self-assessment**: Knowing one’s strengths and limits.
* **Self-confidence**: Sureness about one’s self-worth and capabilities.

1. **Self-regulation**:

* **Trustworthiness**: Maintaining standards of honesty and integrity.
* **Conscientiousness**: Taking responsibility for personal performance.
* **Adaptability**: Flexibility in handling change.
* **Self-control**: Managing disruptive emotions and impulses.
* **Innovativeness**: Being comfortable with and open to novel ideas and new information.

(EAST CASI)

1. **Self-motivation**:

* **Achievement drive**: Striving to improve or meet a standard of excellence.
* **Commitment**: Aligning with the goals of the group or organisation.
* **Initiative**: Readiness to act on opportunities.
* **Optimism**: Persistence in pursuing goals despite obstacles and setbacks.

(Cats Are Intricate and Obscure)

1. **Social awareness**:

* **Empathy**: Sensing others’ feelings and perspective and taking an active interest in their concerns.
* **Service orientation**: Anticipating, recognising and meeting customers’ needs.
* **Developing others**: Sensing what others need in order to develop, and bolstering their abilities.
* **Leveraging diversity**: Cultivating opportunities through diverse people.
* **Political awareness**: Reading a group‘s emotional currents and power relationships.

(PELDS)

1. **Social skills**:

* **Influence**: Wielding effective tactics to persuasion.
* **Communication**: Sending clear and convincing messages.
* **Leadership**: Inspiring and guiding groups and people.
* **Change catalyst**: Initiating or managing change.
* **Conflict management**: Negotiating and resolving disagreements.
* **Building bonds**: Nurturing instrumental relationships.
* **Collaboration and cooperation**: Working with others toward shared goals.
* **Team capabilities**: Creating group synergy in pursuing collective goals.

(I Can’t Believe Lenny Toasted CCC)

**Inquiry Process**

Inquiry: A seeking or request for truth, information or knowledge; an investigation.

**Locating and selecting**:

* Identification and use of a range of reliable information sources to explore a health issue.
* Identification and application of criteria for selecting information sources.

**Planning**:

* Identification and description of a health issue.
* Development of focus questions to research a health issue.



**Presenting**:

Presentation of findings in appropriate format to suit the audience.

**Interpreting**:

* Summary of information.
* Identification of trends and patterns in data.
* Development of argument.
* Development of general conclusions.



Planning – problem statement components:

1. **Vision** – What would the world look like if we solve this problem?
2. **Issue statement**: One or 2 sentences that describe the problem using specific issues.
3. **Action oriented** e.g., this inquiry aims (outcome verb) to recommend effective preventive strategies for…

**Positive trend/relationship** occurs if the values of one set of data increases and the values of another set also increases.

**Negative trend/relationship** occurs if one set of data increases and the value of the other set decreases.

**No trend/relationship** occurs the data shows no relation/trend/relationship.

**Trend line**: In a scatter plot, a line that closely fits the data points.

**Important note**: [See other document for further notes].