

- Holistic Health
- Consumer Health
- Actions and Strategies
- Principles, frameworks models and theories
- Beliefs, Attitudes and Values
- Interpersonal Skills
- Social and Cultural Norms
- Self Management Skills

Syllabus Dot Point	Information
<ul style="list-style-type: none"> ● characteristics and needs of specific populations 	<p>Specific population: <i>A sub-group of the main population of a country or a group of people with similar characteristics and needs.</i></p> <p>We look at specific populations in health to: <i>Help understand disease and illness, improve people's health and wellbeing, to improve equity (fairness).</i></p> <p>Difference between characteristics and needs: <i>-Characteristics describe the population</i> <i>-Needs are goods or services the population needs</i></p> <p>EXAMPLES!!!! WITHIN AUSTRALIA</p>
<ul style="list-style-type: none"> ● access and equity issues of specific populations 	<p>Access: <i>Ability to obtain or use products or services</i></p> <p>Equity: <i>Fairness for all people</i></p> <p>Inequity: <i>Unfair or unjust treatment, policy or practice.</i></p> <p>Why is access and equity important for health? <i>-If a population is unable to access health products or services this creates a barrier to maintaining good health.</i> <i>-These Barriers create inequity.</i> <i>-If we can remove the barriers, we can reduce inequity, which improves people's health.</i></p>
<ul style="list-style-type: none"> ● factors that create health inequities: 	<ul style="list-style-type: none"> ● discrimination ● gender ● access to health care ● unemployment ● social isolation ● dislocation of land ● occupation ● access to, and level of, education ● geographic location

	<ul style="list-style-type: none"> ● racism ● government economic and social policies ● socioeconomic status ● health literacy
<ul style="list-style-type: none"> ● quantitative and qualitative measures for detecting health inequities and/or injustices 	<p><i>Difference between qualitative and quantitative measures:</i></p> <ul style="list-style-type: none"> ● <i>Quantitative measures are calculated from “quantity” and refer to numbers or measurements eg. Life expectancy</i> ● <i>Qualitative measures are determined by “quality” and refer to a description eg. Determinants of health</i> <p><i>The quantitative measures:</i></p> <ul style="list-style-type: none"> ● <i>Mortality – rate of death, the number of people who have died in a population</i> ● <i>Morbidity – rate of disease, the number of people who are sick or diseases in a population</i> ● <i>Life Expectancy – the average age a person is expected to live in a given population</i> ● <i>Incidence of disease – the number of new cases of a disease, for a given time period</i> ● <i>Prevalence of disease – the overall number of cases of a disease, for a given time period</i> ● <i>Burden of disease – the overall cost and health lost from disease, including financial, social, emotional and physical impacts of the disease</i> <p><i>The quality measures:</i></p> <ul style="list-style-type: none"> - <i>All the determinants of health</i>
<ul style="list-style-type: none"> ● impact of determinants on health inequities ● social ○ the social gradient ○ stress ○ early life ○ social exclusion ○ work ○ unemployment ○ social support ○ addiction ○ food ○ transport ○ culture ● 	<p><i>SOCIAL DETERMINANTS</i></p> <p>Social Gradient- people who are at the bottom of the social gradient will have the worst health and therefore experience greater health inequity compared to those at the top of the social gradient. As we move up the social gradient, our health inequities decrease.</p> <p>Early Life- having a poor early life will make us more likely to witness health inequities as we grow into adults.</p> <p>Work- the type of work one participates in may result in health inequities if the working conditions are poor or dangerous. Eg. (coal miners may experience lung cancer from being underground for extended time periods)</p> <p>Social support- lacking social support from family or friends means we lack interactions, leading to an impact on our mental health and looking after</p>

ourselves, possibly resulting in health inequity.

Food- access to good quality food will impact on health inequity. Not accessing enough food can also lead to health inequity. malnutrition, diabetes, obesity

Gender- discrimination towards genders may prohibit opportunities leading to health inequities. Eg Afghan women may not have the same access to services as men, resulting in potential poor health.

Stress- extended periods of undergoing stress is detrimental to health because it weakens our immune system, a poorer health results in health inequity. Shorter periods of stress however are not as detrimental to health.

Social exclusion- if people are excluded from nicety they lack the confidence to access services they need their health will deteriorate resulting in health inequity.

Unemployment- generally lower on the social gradient-no job means no income and no income results in not being able to afford basic health needs leading to inequities in health.

Addiction- the addiction itself could lead to the health inequity as you are spending money on the wrong things OR you could initially suffer from disease or injury which results in your addiction to pain medication also resulting in health inequity. Inequity could lead to addiction or addiction could lead to inequity.

Transport- lacking transport or require transport to access services your health will be determined from this. Eg- living rural or remote or not being able to afford a car or natural disaster preventing you from being able to transport

Culture- different cultural norms such as the food you eat may impact health negatively leading to health inequities. Arranged marriages, young pregnancies, foot binding

- environmental

ENVIRONMENTAL DETERMINANTS

<ul style="list-style-type: none"> ○ features of the natural and built environment ○ geographical location 	<p>Natural/built environments- where you live may impact health which can lead to inequity. Such as green space and walkability. If it is safe enough to walk you are encouraged to walk as transport, reducing inequity.</p> <p>Geographical location- depending on where you live you may be limited to access to all types of services. Limited access results in the health inequity.</p>
<ul style="list-style-type: none"> ● socioeconomic ○ education ○ employment ○ income ○ family ○ housing/neighbourhood ○ access to services ○ migration/refugee status ○ food security 	<p><i>SOCIOECONOMIC DETERMINANTS</i></p> <p>Education- within cities there are greater opportunities for higher quality education. That is also determined by affordability of people to attend higher quality educations. Those with better education in theory should have better health outcomes and they may find better employment in the future which can benefit their health as adults.</p> <p>Employment- lower paying lower skilled jobs receive lower income resulting in health deterioration, creating inequity. Can't afford basic needs or access services if income is low.</p> <p>Income- higher income should lead to better access to services and needs, decreasing inequities. Lower income don't have those same services which is what creates the inequity.</p> <p>Family- health of family or those you live with will directly impact you and your health. Your family and friends and people around you could potentially create health inequity for you.</p> <p>Housing/neighbourhood- lower socioeconomic neighbourhoods and housing have experience poorer quality in their houses and property constructing resulting in negative health impacts and therefore health inequities.</p> <p>Access to Services- not having access or having only limited access to services will result in health inequity. Physically can't access, can't afford, live too far away.</p> <p>Refugee status/migration- language barriers, cultural barriers, discrimination all create social exclusion which leads to difficulties and therefore health inequity.</p>

	<p>Food security- refers to how stable the supply of food is to a specific population. Limited access to crops or for supply rely on what can be grown, not enough crop OR stress worrying about food may occur and therefore result in health inequity.</p>
<ul style="list-style-type: none"> ● biomedical ○ birth weight ○ body weight 	<p>BIOMEDICAL DETERMINANTS</p> <p>Birth weight- born a low birth weight could be due to a poor health and habits mother resulting in being born with health issues and diseases resulting in health inequity.</p> <p>Body weight- being overweight or obese can limit opportunities for jobs available resulting in unemployment and therefore health inequity.</p> <p>Underweight can lack in physical energy to complete labor jobs.</p>
<ul style="list-style-type: none"> ● global and local barriers to addressing social determinants of health ● poverty ● disease outbreaks ● famine ● drought ● availability of clean drinking water 	<ul style="list-style-type: none"> - Poverty: state or condition of having little or no money, goods or means of support. - Disease outbreaks: describes an occurrence of disease larger than what would be expected and larger than can be easily controlled or limited. - Famine: extreme scarcity of food - Drought: extended period of extremely low precipitation. (Water shortage) - Potable water: water that is sufficiently high quality and be consumed or used for food preparation without risk of short or long term harm. <p>Barriers are interrelated because:</p> <ul style="list-style-type: none"> - Drought causes famine, reduces availability of clean drinking water (potable water) - Famine causes poverty and malnutrition - Lack of clean water can provoke disease outbreaks like cholera, diarrhoea and tuberculosis.
<ul style="list-style-type: none"> ● relationship between health literacy and health status 	<p>Having a low health literacy will result in a low health status and vice versa. A low health literacy has a negative impact on health because having a low health literacy means we are not able to access, read or understand health information, preventing us from looking after and managing ourselves and our health status.</p>

<ul style="list-style-type: none"> healthcare system reforms 	<ul style="list-style-type: none"> <i>Health care reform:</i> Building a better health system which invests in new models of health care, provide services across a range of health care areas and create and implement new technologies to promote health now and in the future. <i>The purpose:</i> Make healthcare more accessible, affordable and beneficial to all Australians.
<ul style="list-style-type: none"> private health insurance rebate 	<p><i>Private Health Insurance Rebate:</i> The government subsidising part of your health insurance premium (give some money back)</p> <p><i>Benefits:</i></p> <ul style="list-style-type: none"> Saves the government money Encourages the purchase of private health insurance Reduces stress on the public health system People with private health insurance have better healthcare <p><i>Who Benefits:</i></p> <ul style="list-style-type: none"> Poorer families (more likely to get treatment due to less people in public system) People in the rebate (cost less) Public health care system (less strain) Work in the private sector (more jobs)
<ul style="list-style-type: none"> Pharmaceutical Benefits Scheme (PBS) 	<ul style="list-style-type: none"> <i>PBS:</i> government program which subsidised medicines and pharmaceutical benefits for citizens of Australia. Includes medicines which are necessary to uphold a community's health cost-effectively. <i>Why was the PBS created?:</i> to reduce cost of medications and make them more affordable and accessible to Australian population. <i>Why it is important to regularly review/update PBS approved list?:</i> <ul style="list-style-type: none"> to accommodate new treatment options to keep up with new health care issues prevalent at the ti <i>How does the PBS reduce access/equity issues for people in Australia?</i> <ul style="list-style-type: none"> reduces inequity by making medications more affordable, which makes them more accessible if more accessible, inequity is reduced.
<ul style="list-style-type: none"> public screening and/or vaccination programs 	<ul style="list-style-type: none"> <i>Public Screening Program:</i> population screening involves a test being offered to all individuals in an eligible group, usually defined by age, as part of an organised program. The group is eligible because there is strong scientific evidence that they are at most risk and will get the most health benefit from screening. Population screening is planned and coordinated with the goal of providing maximum health benefits to the community, with a focus on the equity of access and health outcomes.

	<ul style="list-style-type: none"> - <i>Benefits of BSP:</i> <ul style="list-style-type: none"> - detect disease early - cost-effective - treatment is more successful and less invasive - less burden on the health system - overall quality of life can be improved - usually no cost for at risk population, so accessible for everyone - <i>What is screened:</i> <ul style="list-style-type: none"> - blood pressure - breast cancer - skin cancer - bowel cancer - <i>Vaccine:</i> formulation of the substance being injected - <i>Vaccination:</i> is the process of injecting the vaccine - <i>The purpose of a vaccine:</i> to stimulate an immune response, to create resistance (Immunity) against disease - <i>Vaccinations : primary prevention strategy</i> <ul style="list-style-type: none"> - aimed at population as a whole - prevent disease before it occurs - <i>Benefits of Vaccination Program</i> <ul style="list-style-type: none"> - creates he immunity - decreases stress levels within community - prevents disease outbreak - Reduces severity of the diseases - cost effective (particularly in developing countries) - takes pressure off health system - easily accessible and easily administered - can completely eliminate disease
<ul style="list-style-type: none"> ● actions to address health inequity 	<ul style="list-style-type: none"> ● improving access to health care ● improving health literacy ● <i>Ottawa Charter</i> action areas
<ul style="list-style-type: none"> ● improving access to health care 	<ul style="list-style-type: none"> - More affordable, accessible, available, adoptable and adaptable: improving access to health care reduces inequity because people are more likely to see specialists, get diagnosed, have symptoms observed and then treated or medicated. By having these things, our health will be improved.
<ul style="list-style-type: none"> ● improving health literacy 	<ul style="list-style-type: none"> - Having this allows them to manage and look after themselves. Improving health literacy will reduce inequity because being able to access, read and understand health information enables people to treat, manage, recognise and understand their health status. This improves health by reducing the amount of sick or injured people as

	they can recognise the issues and seek treatment or medical advice.
<ul style="list-style-type: none"> ● <i>Ottawa Charter</i> action areas 	<ul style="list-style-type: none"> - Build Healthy Public Policy - Create Supportive Environments - Strengthen Community Action - Develop Personal Skills - Reorient Health Services
<ul style="list-style-type: none"> ● enabling, mediating and advocating strategies in the <i>Ottawa Charter</i> to reduce inequities of specific groups 	<ul style="list-style-type: none"> - Enabling: provide somebody with skills or opportunities to reduce health inequities and achieve their fullest health potential and be empowered. - 3 Ways to enable in health: <ol style="list-style-type: none"> 1. Improve education/health literacy so that we can look after our own health 2. Provide access to health services, education and opportunities 3. Create a supportive environment: reduce inequity, improve health - Mediating: to solve any conflicting differences between two parties, using an impartial third party to reconcile the differences and solve conflicts - 3 ways to Mediate: <ol style="list-style-type: none"> 1. Hold meetings 2. Establish procedures for future 3. Ensure both sides establish decisions and agree on a solution - How does Mediation apply to health promotion? - Health promotions responsibility to link people with the health sector and governments and organisations with the goal of reconciling existent differences within society. - What does a mediator do? - Intercede and act between two conflicting parties, reconciling differences and suggesting solutions. They form a link between two others. Issues related to health inequity. - When should mediation be used? - When health inequity exists. - Advocate: to speak on behalf of somebody or argue in favor of something
<ul style="list-style-type: none"> ● actions to achieve social and health equity in the <i>Rio Declaration on Social Determinants of Health</i> 	<ul style="list-style-type: none"> - Created to achieve social and health equity through action on the social determinants of health and wellbeing via a comprehensive intersectoral approach. - 3 Overarching recommendations: <ol style="list-style-type: none"> 1. Improve daily living conditions 2. Tackle inequitable distribution of power, money and resources 3. Measure and understand the problem and assess impact of action - 5 Key action areas: <ol style="list-style-type: none"> 1. Adopt better governance for health and development

	<ol style="list-style-type: none"> 2. Promote participation in policy-making and implementation 3. Further reorient health sector towards reducing health inequities 4. Strengthen global governance and collaboration 5. Monitor progress and increase accountability
<ul style="list-style-type: none"> ● principles of the National Strategic Framework for Chronic Conditions ● objectives that support the vision of the National Strategic Framework for Chronic Conditions 	<ul style="list-style-type: none"> ● The purpose; <ul style="list-style-type: none"> ○ to improve the health and wellbeing of Australians ○ create a sustainable health system that is responsive to the increasing burden of chronic conditions in Australia ○ to move away from a disease-specific focus and recognise there are similar underlying principles for the prevention and management of many chronic factors ○ consider shared determinants of health and risk factors across a broad range of chronic conditions. ● All Australians live healthier lives through effective prevention and management of chronic conditions. ● Chronic conditions are becoming increasingly common due to our ageing population, as well as our changing lifestyles. ● Chronic Conditions; <ul style="list-style-type: none"> ○ have complex and multiple causes ○ usually have a gradual onset, although they can have sudden onset and acute stages ○ occur across the life cycle, although they become more prevalent with older age ○ can compromise quality of life and create limitations and disability ○ are long-term and persistent, and often lead to a gradual deterioration of health and loss of independence ○ while not usually immediately life threatening, are the most common and leading cause of premature mortality. <p>PRINCIPLES:</p> <ul style="list-style-type: none"> ● equity <p>All Australians receive safe, high-quality health care irrespective of background or personal circumstance.</p> <ul style="list-style-type: none"> ● collaboration and partnerships <p>Identify linkages and act upon opportunities to cooperate and partner responsibly to achieve greater impacts than can occur in isolation.</p> <ul style="list-style-type: none"> ● Access

High standard, appropriate support and services are available, accessible, equitable and affordable for all Australians.

- evidence-based

Rigorous, relevant and current evidence informs best practice and strengthens the knowledge base to effectively prevent and manage chronic conditions.

- person-centred approaches

The health system is shaped to recognise and value the needs of individuals, their carers and their families, to provide holistic care and support.

- sustainability

Strategic planning and responsible management of resources delivers long-term improved health outcomes.

- accountability and transparency

Decisions and responsibilities are clear and accountable, and achieve best value with public resources.

- shared responsibility

All parties understand, accept and fulfil their roles and responsibilities to ensure enhanced health outcomes for all Australians.

OBJECTIVES:

- focus on prevention for a healthier Australia

Promote health and reduce risk

Partnerships for health

Critical life stages

Timely and appropriate detection and intervention

- provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life

Active engagement

Continuity of care

Accessible Health Services

Information Sharing

Supportive Systems

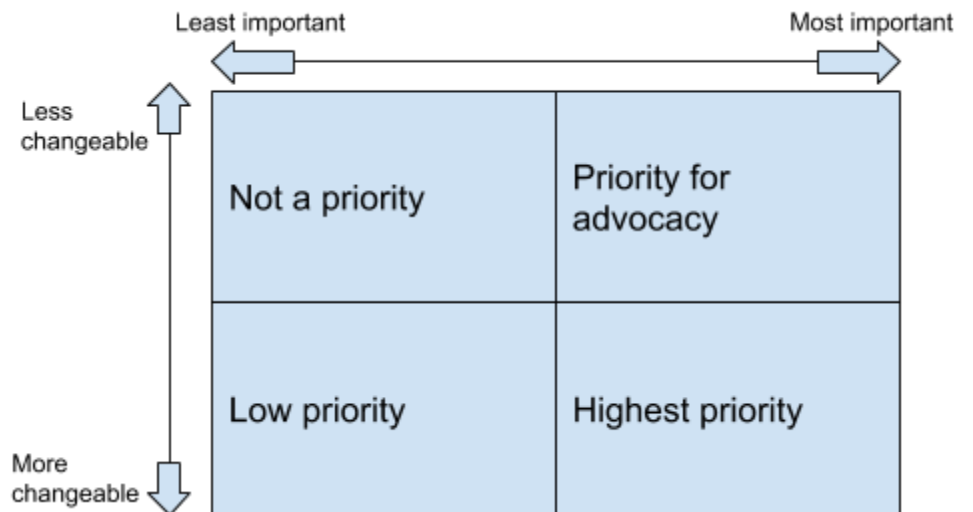
- target priority populations.

Aboriginal and Torres Strait Islander health

	Action and Empowerment
<ul style="list-style-type: none"> ● Purpose of needs assessment 	<ul style="list-style-type: none"> - *** to identify the needs of a population and implement health strategies/interventions to improve health outcomes of the population. - Assessing the data to determine health status
<ul style="list-style-type: none"> ● Types of need 	<ul style="list-style-type: none"> - Felt: What the community says they feel they need to improve health and wellbeing. Eg. students wanting longer holidays and workers wanting shorter weeks - Comparative: Comparing two communities or populations to determine need. Eg. comparing prison with inmate employment to prison without and maybe employment prison has lower aggression rates and other prison should consider adopting the program - Expressed: What populations express they need through demand. Eg. workers going on strike to demand higher salaries - Normative: Based on normative information (research/data), and defines people in a population. Eg. prevalence of malnourished children by surveying how many children go daily without any food.
<ul style="list-style-type: none"> ● Steps in need assessment 	<ol style="list-style-type: none"> 1. Identifying health issues <ul style="list-style-type: none"> - Who the population is, how they are different from others and what the associated risks of the population are - Resources currently available 2. Analysis of Problem <ul style="list-style-type: none"> - Identify and assess risk and protective factors - Look at and gather data relevant to health status - Understand the populations characteristics and needs 3. Prioritising Issues <ul style="list-style-type: none"> - Look at what issue is most important to target first - Choose strategies to resolve issues 4. SMART goals <ul style="list-style-type: none"> - Smart goal formula 5. Determine strategies <ul style="list-style-type: none"> - Use decision making models such as PABCAR to determine action - Ask the community what they think would work - Look at what has been done before 6. Develop action plan

- Listing what needs to be done in steps
 - Have a timeline
- 7. Evaluate outcomes**
- Has progress been made or goals achieved?
 - Monitor
 - Compare data from before and after program

● Needs assessment continued: **The Behavioural Matrix**



- Assists in identifying needs where the most effective measures of intervention can be identified
- Examples:
 - Changing schoolhouse shirts is important to look good and changeable because students want new shirts= high priority
 - If something is important but people are reluctant to change= priority for advocacy eg. sexual health info
 - Western medicine vs. traditional medicine

● role and functions of the World Health Organisation (WHO)

The purpose of the UN is to;

- Keep peace throughout the world
- Develop friendly relations between nations
- Help nations work together to improve poverty, improve literacy and encourage people to respect each other's rights and freedoms.
- WHO is the public health branch within the UN, responsible for providing leadership on global health issues such as research, setting standards, monitoring health trends and providing assistance to improve health of people on a global scale
- Promote health, eradicate poverty, access to medicines and coordinate specific disease programs

<ul style="list-style-type: none"> • purpose and functions of Australia's aid program 	<p>Purpose is to achieve economic growth, poverty reduction and increased living standards in our part of the world. Provide focused aid to neighbouring countries and countries in need. Promote Australia's national interests by contributing to sustainable economic growth and poverty reduction.</p> <p>INVESTMENTS: infrastructure, trade facilitation, effective governance, education and health, building resilience and gender equality</p> <p>PRIVATE SECTOR AND HUMAN DEVELOPMENT SECTOR: improving these affects australia's national interests and quality of focused aid delivered to countries in need.</p> <p>TYPES OF AID:</p> <ul style="list-style-type: none"> - Multilateral aid: provided by multiple countries or an organisation representing a group of countries - Bilateral aid: provided by one specific donor to one specific recipient country - Non-government aid: aid provided by non-government organisations
<ul style="list-style-type: none"> • purpose of, and progress towards, the following five United Nations Sustainable Development Goals 	<ul style="list-style-type: none"> • <i>In 2000, the Millennium Development Goals were created – declared 8 goals which aimed to eliminate poverty and create sustainable environments. The deadline was 2015. Progress was made towards each goal, however most were not completely achieved. This lead to the formation of the Global Goals for Sustainable Development. We will look at goals 2-6 in more detail.</i> <ul style="list-style-type: none"> ○ <i>Goal 2 – zero hunger(end hunger, achieve food security and improved nutrition and promote sustainable agriculture)</i> ○ <i>Goal 3 – good health and well being(ensure healthy lives and promote well-being for all at all ages)</i> ○ <i>Goal 4 – quality education (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all)</i> ○ <i>Goal 5 – gender equality(achieve gender equity and empower all women and girls)</i> ○ <i>Goal 6 – clean water and sanitation(ensure availability and sustainable management of water and sanitation for all)</i>
<ul style="list-style-type: none"> • steps in the PABCAR public health decision-making model 	<ul style="list-style-type: none"> - Public health: organised measures to prevent disease, promote health and prolong the life of the population as a whole - PABCAR • Problem <ul style="list-style-type: none"> - What is the problem Skin cancer

- **Target population**
People living in australia
- **Epidemiology**
2 in 3 by the age they are 70 (of the target population)
- **Cost to community**
Medical treatment (financial cost), burden of disease, unemployment
- **Community perceptions**
Can cause death, can be prevented, is highly prevalent, “it won't happen to me” attitude

- **Amenability to change**

- How willing are people to make changes
- Not willing, unknown, are willing
- **No:** not likely to change, health promotion initiative will not be followed through to recommended actions
- **Unknown:** pilot (test trial), if not successful the health promotion initiative will not be followed through to recommended actions. If it is successful, it is amenable to change and will be followed though
- **Yes:** develop interventions (sun smart policy, sun safety education, shades) (**policy, education and environment are the types of interventions**)

- **Benefits**

- Decrease prevalence of skin cancer
- Increase availability in hospitals
- Reduce costs of treatments (for taxpayers and governments)
- Increased physical and mental health and wellbeing

- **Costs**

- Financial cost (money required to invest in resources for education, changing policies and money spent on putting up shade sails)
- Time (changing policy, time taken to actually be sun smart i.e putting on sunscreen)

- **Acceptability**

- No: discontinue
- Unknown: pilot. Successful: yes, unsuccessful: discontinue
- Yes: high or low accepted?
- High: implement strategies, then monitor strategies

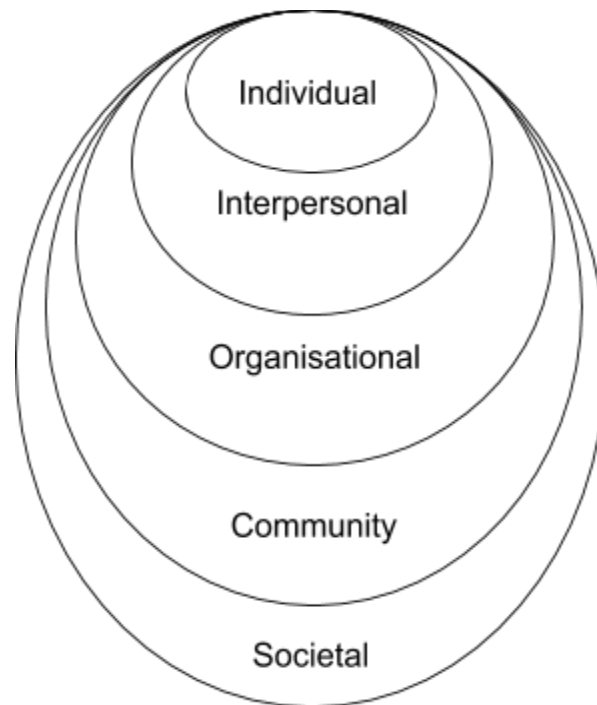
	<ul style="list-style-type: none"> - Low: advocate to make it highly accepted ● Recommended actions ● Advocate ● Implement strategies ● Monitor
<ul style="list-style-type: none"> ● definition of health promotion advocacy and when it is best used 	<ul style="list-style-type: none"> - <i>Definition:</i> Active support of an idea or cause. Speaking on behalf of a person or group and being the voice that is heard. Aims to shape public perceptions/opinions. - <i>Two main goals of advocacy:</i> <ol style="list-style-type: none"> 1. protection of the vulnerable or discriminated against (representative advocacy) 2. empowerment of the disadvantaged (facilitation advocacy)
<ul style="list-style-type: none"> ● strategies for health promotion advocacy 	<p>Developing Partnerships</p> <ul style="list-style-type: none"> - Purpose: To form partnerships with like minded people to make the advocacy effort more effective. <p>Building Capacity</p> <ul style="list-style-type: none"> - Purpose: To develop and strengthen resources eg. human resources such as volunteers, or institutional resources such as funding, policy changes and items of need. <p>Creating Debate</p> <ul style="list-style-type: none"> - Purpose: To generate formal discussion about a topic or cause. Through discussion opposing arguments are put forward encouraging people to adopt an opinion towards the topic and join the advocacy effort. <p>Influencing Policy</p> <ul style="list-style-type: none"> - Purpose: To encourage policy makers to create policies and laws which promote healthy behaviours. <p>Lobbying</p> <ul style="list-style-type: none"> - Purpose: To persuade government representatives to support your ideas. Best targeted to people in a position of power. - How lobbying assists with influencing policy: Lobbying provides information to persuade people in power to adopt their views, which in turn may influence decisions made about policies and laws. <p>Raise Awareness</p> <ul style="list-style-type: none"> - Purpose: Increasing people knowledge and perceptions of an idea or situation.
<ul style="list-style-type: none"> ● socio-ecological model of health and its role in understanding and 	<p>A model which outlines how an individual's health status is influenced by the:</p> <ul style="list-style-type: none"> - attitudes and practices of the individual. As well as their: - relationships with others,

addressing public health problems

- The organisation they are a part of,
- the community they live in,
- and society.

Helps to explain:

- Why some individuals are more likely to behave a particular way towards others or
- why, violence, drug taking and abuse is more prevalent in some communities.



- individual
- interpersonal
- organisational
- community
- society

1. Individual

Beliefs, values and attitude

2. Interpersonal

Having a family who encourage engaging in physical activity influences me to do so, resulting in an improved health- mentally and physically.

3. Organisational

Going to a private, well-mannered school provokes me to treat others with respect, which is also given in return of the school community

4. Community

	<p>Being exposed to many drug heavy situations enables me to see the negative effects of taking drugs, which discourages me to engage in the behaviour.</p> <p>5. Societal Physically active society, encourages me to also be physically active.</p> <p>Health Promotion Influencing Health behaviour- refer to one specific example to explain. Can use the ottawa charter:</p> <ul style="list-style-type: none"> ● Individual: Develop Personal Skills ● Interpersonal: Create Supportive Environments ● Organisational: Build Healthy Public Policy ● Community: Strengthen Community Action ● Societal: as those above, can be any.
<ul style="list-style-type: none"> ● social justice principles in health 	<ul style="list-style-type: none"> ● Social Justice: rights of all people in world considered equally and fairly ● Inequity: unfairness, lack of social justice ● Social Justice can be achieved by improving access, inequity, diversity and creating supportive environments
<ul style="list-style-type: none"> ● access and equity 	<p>- In this case access is the right to obtain or use health products, services or information.</p> <p>5 A's of Access ensure services are accessible to everyone</p> <ul style="list-style-type: none"> ● Affordability: are the costs within reach for everyone? Eg. financial, time, commitment ● Acceptability: are the services accepting of different cultures and beliefs? Eg. are family, community or cultural values considered? ● Availability: are services available when needed? Eg. opening hours, waiting lists, wait time ● Adaptability: can services be modified to help all people? Eg. adults, children, elderly ● Accessibility: can services be easily accessed by everyone? Eg. geographical location, transport, disabled facilities, language barriers.
<ul style="list-style-type: none"> ● diversity 	<ul style="list-style-type: none"> - Differences in cultural backgrounds or lifestyles - Failing to cater differences/respect diversity discrimination, which violates human rights, leading to social injustice

	<ul style="list-style-type: none"> ● Not allowing muslim women to wear a burqa in Australia can lead to social injustice and fails to respect diversity ● Not catering for disabled people in public areas is discrimination and consequently leads to social injustice
<ul style="list-style-type: none"> ● supportive environments 	<ul style="list-style-type: none"> ● Social dimension links to societal and community <ul style="list-style-type: none"> - Norms, customs and social influences which impact on health ● Political dimension links to organisational level <ul style="list-style-type: none"> - Laws and policies to govern democratic participation in decision making and access to resources ● Economic dimension links to organisational level <ul style="list-style-type: none"> - Health care reforms or programs to ensure access and distribution of health resources ● Need to recognise and use women's skills links to all levels ● Contribute to policy making, economic growth, relationship building, challenging stereotypes/role modelling
<ul style="list-style-type: none"> ● purpose and characteristics of five levels of need within Maslow's hierarchy of needs 	<ul style="list-style-type: none"> - Hierarchy: an order ranking with the highest level achievement at the top <p>The purpose of Maslow's Hierarchy of Needs</p> <ul style="list-style-type: none"> - Within the realm of health, the purpose is to ensure the population are having lower, basic needs met first before they progress on to the higher needs of the hierarchy and live a more fulfilling life as a result of reaching the potential and higher order needs of the individual. <div data-bbox="578 1266 1421 1864" data-label="Diagram"> <p>The diagram is a pyramid divided into five horizontal sections, each representing a level of Maslow's Hierarchy of Needs. From bottom to top, the levels are:</p> <ul style="list-style-type: none"> PHYSIOLOGICAL NEEDS (blue box): Basic life needs- air, food, drink, shelter, warmth, reproduction etc. ** people in developing countries, homeless people and refugees etc. SAFETY NEEDS (red box): Protection, security, order, law, limits, stability, etc. ** casual/seasonal workers, unemployed people BELONGINGNESS AND LOVE (purple box): Love, family, affection, relationships, work group etc. ESTEEM NEEDS (yellow box): Confidence, success, achievement, status, responsibility, reputation. SELF-ACTUALISATION (green box): Personal growth and fulfillment. </div>

	<p>Characteristics of self-actualised people</p> <ul style="list-style-type: none"> ● Accepting realistic perceptions of self, others and surrounding world ● Problem-centred: helping others, concerned with problems not related to self ● Autonomy and solitude: need for privacy and independence ● Continued freshness for appreciation: appreciation, wonder and awe for the world ● Peak experiences: positive experiences which cause feelings of inspiration, strength, renewal and transformation.
<ul style="list-style-type: none"> ● influence of government policies and regulations on beliefs, attitudes and values 	<ul style="list-style-type: none"> - Government policy influences the formation of beliefs, values and attitudes towards health behaviours - The government (laws, policies and regulations) are authority figures, who determined if a health issue is important enough to act upon, and influence the beliefs of the population - Eg: - Wearing bike helmets is a law, so we believe it is necessary to wear helmets in order to keep safe - Underage drinking, medicare (makes us believe health is important), gun laws in australia, seatbelts
<ul style="list-style-type: none"> ● government policies and regulations that restrict or promote healthy behaviour 	<ul style="list-style-type: none"> - <i>Wearing bike helmets</i>: promotes a health behaviour - <i>Underage drinking laws</i>: restricts an unhealthy behaviour
<ul style="list-style-type: none"> ● influence of culture on personal beliefs, attitudes and values towards health care 	<ul style="list-style-type: none"> - People who share the same culture hold similar beliefs, values and attitudes. - Beliefs are reflected in the laws, rituals and customs of each culture - Values are the centre of each culture and are not easily changed - People's attitudes towards cultural values become norms - Culture can influence the formation of beliefs internally and externally <ul style="list-style-type: none"> - internally generated beliefs are formed through experience and reflection - externally generated beliefs are influenced by experts and people in authority

	<ul style="list-style-type: none"> ● Belief: person's sense of right or wrong ● Attitude: positive or negative feeling or opinion about objects, people or ideas ● Value: general principles by which people live their life and moral standards which guide decision making. Some things are valued more than others
<ul style="list-style-type: none"> ● influence of environmental factors on the health behaviour of cultural groups 	<ul style="list-style-type: none"> - <i>Geographical location</i>: where you live - Disease occurs in patterns based on geographical location - Eg: diabetes is prevalent in rich, developed countries due to overindulging in unhealthy behaviours - Patterns are due to geographical location and structural factors which influences behaviour as the disease is not communicable (can't be transmitted from person to person) - <i>Social Networks</i>: how people are linked to each other and how relationships with people in the network may impact on our health - Social networks are maintained by any form of communication - Social networks can have a positive or negative influence on a community or culture - Communication travels quickly through social networks. Discussion and norms will lead to healthier behaviours - Social networks provide social support <ul style="list-style-type: none"> - physical/emotional comfort from friends, family colleagues etc. - groups with better social support experience lower levels of hypertension, obesity and cardiovascular disease and have stronger immune systems <p>3 populations who lack social support:</p> <ol style="list-style-type: none"> 1. War inflicted areas 2. Prisoners 3. refugees
<ul style="list-style-type: none"> ● language and cultural influences on relationship building in health settings 	<p><i>DECISION MAKING</i></p> <ul style="list-style-type: none"> - We often have to make decisions about health for prevention and treatment of health issues. - Culture impacts how we make informed decisions. - For example; <ul style="list-style-type: none"> - People who speak English as a second language may not fully understand what a doctor has said and give uninformed consent or take medication incorrectly, which impacts on their health.

- A strategy to combat this is having a translator to create a supportive and culturally safe environment.

CULTURAL SAFETY AND DECISION MAKING

- **Cultural Safety:** refers to valuing differences, avoiding assumptions and communicating effectively.
- Other factors which impact on decision making in health include;
 - Differences in culture, beliefs and past experiences
 - Education and understanding – health literacy
 - Spiritual beliefs and traditions
- It is essential to be sensitive to cultures and traditions in health settings.
- Effective ways of being sensitive to other cultures include;
 - Being open and honest
 - Establish a trusting relationship
 - Offer information and help in alternative ways
 - Project welcoming body language
 - Ask and reiterate to the patient to ensure they have understood
 - Be respectful of traditional decision making processes

BARRIERS TO RELATIONSHIP BUILDING IN HEALTH SETTINGS

- Relationship – a connection between individuals or groups of people
- Barriers to relationship building include;
 - Past experiences (usually negative eg, trauma, racism, discrimination)
 - Isolation from community and lack of support networks (family/friends)
 - Lack of cultural competence in the health care system
 - Low self-esteem
 - Communication difficulties
 - Mental illness (eg. Stress, anxiety, depression, psychosomatic disorders)

HOW TO BUILD EFFECTIVE RELATIONSHIPS WHEN CULTURE AND LANGUAGE ARE BARRIERS

- Take interest in the patient's background, develop an understanding of their past experiences with health care providers
- Explain how you would like your working relationship to be (eg. Respectful, open communication)
- Use a translator
- Involve family members
- Be assertive and clear about acceptable behaviour

CULTURALLY COMPETENT HEALTH SETTINGS

- The following principles need to be applied to provide competent and culturally diverse health settings;
- **Systemic** – create policies and procedures which support the active involvement of culturally diverse communities
- **Organisational** – All staff in the health sector should be trained in cultural competency
- **Professional** – Professional standards for developing cultural competence
- **Individual** – health care professionals needs to learn and develop cultural competent behaviours, attitudes and values.

- communication and collaboration skills in health settings

- Skills used to avoid or manage conflict in a positive and successful way.
- *Mediation*: a negotiation to resolve conflict, conducted by an impartial third party
- *Negotiation*: process of achieving agreement through discussion, used to resolve conflict
- *Arbitration*: third party makes the decisions which resolve conflict
- *Compromise*: find common ground both parties agree upon
- *Leadership*: rule, guide or inspire others to work together
- *Facilitation*: assisting to make something easier (chemist preparing medication for patient)
- *Collaboration*: working together towards a common goal

- skills that support positive health behaviours
- assertiveness
- stress management
- resilience

Assertion

- *Assertion*: is a way of communicating that expresses your needs, opinions and emotions while respecting the rights of others. It is NOT aggressive, or passive.
- *Identify some reasons why it can be difficult to be assertive in some situations?*
 - It can be difficult to communicate what you want to say if it may be perceived or interpreted as aggressive or passive communication.
- *Brainstorm some examples of situations where you would benefit from being assertive.*
 - Breaking up an argument or disagreement
 - Communicating rules and expectations to students or younger people
 - Being a parent and trying to control your children's behaviour
- *empathy*: understanding another person's feelings, needs and wants
- *empathic assertion*: using empathy while being assertive. Useful to imagine other person's perspective before giving your response.
- *Brainstorm some situations where empathic assertion may be useful.*
 - In a debate
 - As a healthcare provider
- *consequence assertion*: strongest form of assertion, last resort behaviour - "Informing the other person of the consequences if they do not change their behaviour". Can be interpreted as threatening or aggressive.
- *Explain why assertion is empowering.*
 - Because it maintains the right to refuse, the right to request and the right to correct something that is wrong.

Resilience

- *Resilience*: Resilience is the ability to recover from stress and catastrophe.
- *Define coping*: coping is using cognitive and behavioural strategies to deal with demands of everyday living and traumatic events
- *Describe a situation in which a person is able to show resilience.*

- A person can show resilience in a stressful situation such as completing year 12 or in a situation where they suffer from depression.
- *For each situation describe what a person may look like if they are coping and not coping.*
 - Coping in year 12 may be a student achieving consistent results in all of their classes, whereas not coping may be a student who is late to school, lacks successful results and fails to complete their homework.
 - Coping through depression may be an individual who actively seeks help and advice for their mental health status, whereas not coping may be an individual who is currently ill.
- *Identify and describe the 3 components of resilience;*
 - cognitive and behavioural factors – brain/actions, problem-solving skills, optimism, self-esteem
 - social and contextual factors – relationships, support networks, success
 - genetic factors – personality traits, “nurture”
- *Explain how each of the “key ingredients” to develop resilience will improve a person’s ability to cope.*
 - Optimism
 - Positivity
 - Feelings of achievement and control
 - Humour
 - Metaphors
 - Draw on previous experiences

Stress Management

- *Stress management:* Stress management involves using a set of techniques to cope more effectively with stressful or difficult situations
- Helps individual to feel more comfortable, emotionally stable and enhance feelings of control
- Stress can be a result of placing undue expectations on ourselves.
- Stress can be made worse by other people's expectations and anxiety
- *Explain the 3 main approaches to stress management and give an example of when use would best use each approach;*
 - Action-oriented - Deal with the issue causing stress by changing the environment or situation
 - Emotionally oriented - Changing how you interpret the situation and

	<p>the way you feel about it</p> <ul style="list-style-type: none"> - Acceptance oriented - If you have no control over the situation, focus on how you are going to “survive” the stress - Enjoy participating in some stress management activities eg. mindful colouring, listening to music, meditation, read a book etc.
<ul style="list-style-type: none"> ● conflict between norms of specific groups and majority norms 	<ul style="list-style-type: none"> - <i>Norms</i>: customs and values which guide behaviour, and are formed by common beliefs in society <p>Types of norms</p> <ul style="list-style-type: none"> - <i>Majority</i>: unwritten rules that more than 50% of the population believe in - <i>Popular</i>: made by people who are considered popular or of power - <i>Proscriptive</i>: norms that ‘prohibit’ (a behaviour you shouldn't do) - <i>Prescriptive</i>: norms that ‘prescribe’ (a behaviour you should do) <p>Norms of Specific groups</p> <ul style="list-style-type: none"> - Norms that are unique to a particular group of people within a population - Norms of these groups are often in conflict with the majority norms of the population or country they live in. This may lead to behaviours which are considered inappropriate, creating division or conflict. <p>Cultural Norms</p> <ul style="list-style-type: none"> - The shared expectations of how someone will behave based on their culture - Cultural norms influence how people communicate and access health care.
<ul style="list-style-type: none"> ● impact of culture on health decision making 	<ul style="list-style-type: none"> - We often have to make decisions about health for prevention and treatment of health issues - Culture impacts how we make informed decisions - Eg: people who speak english as a second language may not fully understand what a doctor has said and give uninformed consent or take medication incorrectly, which impacts on their health. <p>Cultural Safety and Decision Making</p> <ul style="list-style-type: none"> - <i>Cultural safety</i>: refers to valuing differences, avoiding assumptions and communicating effectively - Other factors impacting decision making include: <ul style="list-style-type: none"> - differences in culture, beliefs and past experiences - education and understanding (health literacy) - spiritual beliefs and traditions <p>Decision Making</p>

	<ul style="list-style-type: none"> - It is essential to be sensitive to cultures and traditions in health settings - Effective ways of being sensitive to other cultures include: <ul style="list-style-type: none"> ● Being open and honest ● Establishing a trusting relationship ● Other information and help in alternative ways ● Project a welcoming body language ● Ask and reiterate to patient to ensure they understand ● Be respectful of traditional decision making processes
<ul style="list-style-type: none"> ● organ and tissue donation 	<p><i>Organ Donation-</i></p> <ul style="list-style-type: none"> - Sensitive to talk about it in Aboriginal and Torres Strait Islander peoples, it's a sensitive issue in their culture - Many barriers exist between health care providers and Aboriginal and Torres Strait Islanders before beginning discussion about organ donation - Incompatible with traditional beliefs <ul style="list-style-type: none"> - In order for the spirit to pass on after death, the body must remain whole - Involvement of an Aboriginal hospital liaison officer and/or Indigenous health worker will help ensure that communication is culturally appropriate - Health professionals are ethically obliged to inform Aboriginal and Torres Strait Islander patient of the risks and benefits offered by organ donation/transplantation <p><i>Organ Donation After Death-</i></p> <ul style="list-style-type: none"> ● Unacceptable within the Aboriginal and Torres Strait Islander community ● Death is a sincere time of sorrow and fear ● Greater amount of care and respect to ensure that a deceased spirit cannot harm living people ● Many say that the room needs to be smoked after death to cleanse the body ● Many want to see the deceased in order to say the goodbyes
<ul style="list-style-type: none"> ● blood transfusions 	<p><i>Blood Transfusion-</i></p> <ul style="list-style-type: none"> ● Christians and Jehovah witnesses should not accept blood transfusions or donate own blood because it is a scripture in the bible that says ingestion of blood is for the gods.

	<ul style="list-style-type: none"> ● Instead of receiving treatment they will pray for their health for god to correct ● Quality and information on blood transfusions in low income countries lead to lack of knowledge ● Fear of other disease through blood lead to lack of donation and participation
<ul style="list-style-type: none"> ● childbirth 	<p>Childbirth-</p> <ul style="list-style-type: none"> ● Cultural norms/expectations in relation to childbirth :vocalisations of pain, who can attend the birth, level of acceptable medical intervention, mothers birthing position. ● Cultural norms regarding pain expression: being completely silent, screaming out ● In some cultures, the mothers home or family’s home is regarded as the most psychologically safe environment, in other cultures hospital is the safest. ● Role of male partners in childbirth: prohibited from being in the room, some cases men are not enabled to be in the room at all, some cases the male partner is expected to “observe the woman’s suffering” and “be more willing to participate in family planning”
<ul style="list-style-type: none"> ● impact of world events on personal, social and cultural identity of population groups 	<ul style="list-style-type: none"> - <i>World events:</i> can change the circumstances which people live in - World events may include: displacement from traditional home lands, war, violence, conflict, natural disasters and national pride - These events impact on formation of cultural identity <p>Cultural Identity</p> <ul style="list-style-type: none"> - <i>Personal identity:</i> characteristics by which a person is known or identified - <i>Cultural identity:</i> characteristics of a person which are typical of their culture - <i>How personal and cultural identity may be affected by world events:</i> eg bushfires may wipe out cultural identification symbols such as a place of worship, causing individuals personal and cultural identity to be affected if they lose faith in who they worship - <i>Health impacts of world events:</i> flooding may provoke increased spreading of disease and illness, natural disasters may cause increased stress in communities, reducing the overall health status.
<ul style="list-style-type: none"> ● displacement from traditional homelands 	<ul style="list-style-type: none"> - Being away from homeland can provoke individuals to be separated from family and connection with culture because they are moved away from their family, and because they miss out on cultural traditions and the opportunity to engage in cultural practices.

<ul style="list-style-type: none"> ● war 	<ul style="list-style-type: none"> - Civil war: war between two groups within the same country - Internally displaced: someone who is forced to flee their home but remains within their country - Refugee: a person who is forced to leave their country - Asylum Seeker: a person who has fled their own country out of fear - Migrant: a person who has chosen to leave their country to start life in another country (legal option)
<ul style="list-style-type: none"> ● violence 	<ul style="list-style-type: none"> - Physical or emotional harm - Personal identity: grow up around violent parents leads to individual being incapable of showing empathy - Cultural identity: being part of a violent culture leads to person identifying as a violent individual/ being identified as violent
<ul style="list-style-type: none"> ● conflict 	<ul style="list-style-type: none"> - Disagreement between two or more parties - Personal identity: if individual is raised by conflicting parties eg divorced parents, they may experience conflict as a normal part of life - Cultural identity: if it is in one's culture to avoid conflict, they may struggle when faced with conflict
<ul style="list-style-type: none"> ● natural disasters 	<ul style="list-style-type: none"> - Bushfires, flooding etc. - May lose places to worship, places to live