* **Characteristics and needs of specific populations**

|  |  |  |
| --- | --- | --- |
| Population | Characteristics | Needs |
| Indigenous | SocioeconomicDemographicGeographicEmploymentEducation  | Better access to servicesImproved living conditionsDiabetes healthSocial and emotional healthCardiovascular health |
| Socioeconomically disadvantaged | Socioeconomic EmploymentEducation  | Obese or overweight supportExerciseSmoking cessationMental health |
| Rural and remote | SocioeconomicDemographicGeographicEmploymentEducation  | Better access to servicesSubstance abuse preventionDental healthMental healthCancer prevention |
| Prisoners | ChargesDemographic Education  | Risky behaviour interventionCommunicable disease preventionChronic diseaseMental health |

* **Access and equity issues of specific populations**

|  |  |
| --- | --- |
| Population | Access and equity issues |
| Women in rural and remote locations | Higher overweight and obesity ratesExperience higher rates of diagnosed diabetes, particularly in remote areasExperience notably higher rates of hypertensionPoorer access to health careAre less satisfied with access to after hours careGreater waiting time in gp’sHave less choice of gp’s |
| Young people in rural and remote locations | Experience poorer health than young people living in metro areasHigher rates of overweight and obesityAre disadvantages by lack of education and employment opportunities, resulting in lower incomes and possible unemploymentEndure higher prices of commodities such as food or petrolHave limited choices for recreational and leisure activities leading to increase drug and alcohol use |

* **Factors that create health inequities**
* Discrimination
* Gender
* Access to health care
* Unemployment
* Social isolation
* Dislocation of land
* Occupation
* Access to and level of education
* Geographic location
* Racism:
* Government economic and social policies
* Socioeconomic status
* Health literacy
* **Quantitative and qualitative measures for detecting health inequities and/or injustices**
* **Epidemiological data**

Quantitative data includes:

* Infant mortality
* Fertility rates
* Life expectancy
* Morbidity
* Mortality
* **Social determinants of health**

Qualitative data:

* Quality of the social determinants - FUSSEWATTS+C
* **Socio-ecological model of health and its role in understanding and addressing public health problems**
* Individual: refers to personal choices of the individual including beliefs, values, attitudes, skills abilities and decision making.

Impacts on the following factors of health:

* Biological
* Demographics
* Personality
* Literacy
* Interpersonal: explores the closeness of social relationships e.g with partners

Includes the dynamic between family members and relationship patterns and focusses on the ability of the individual to effectively interact with others

* Organisational: explains how an individual lives, works and learns within organisations.

Rules policies and expectations of organisations will impact health of individuals and families includes churches, schools. e.g bullying

* Community: examines the community context in which organisations may interact and community norms that cross all organisations

Includes norms within a community such as drink driving

Individuals within a community will bring cultural and community norms with them to interpersonal and organisational settings

* Society: examines larger societal factors, larger than specific cultures

Includes: cultural norms, collective attitudes, economic and social policies, justice systems

**Individual**

**Interpersonal**

**Organisational**

**Community**

**Society**

* **Social justice principles in health**
* Access and equity:

Access: the ability to use or make use of a service or product

Equity: fairness, consistency and justice for all people. The opposite of equity is inequity, which refers to unfair of unjust treatment, policies or practises

* Diversity: different, unlike, dissimilar, distinct or separate
* Supportive environments: 3rd international conference on health promotion

4 areas: social, political, economic, recognise and use women’s skills

* **Purpose and characteristics of the five levels of need within Maslow’s hierarchy of needs**

SELF-ACTUALIS-ATION

ESTEEM

LOVE AND BELONGINGNESS

SAFETY

PHYSIOLOGICAL

Purpose:

Is to understand what motivates people. Maslow believed that people possess a set of motivation systems unrelated to rewards or conscious desires.

PHYSIOLOGICAL: Food, water, shelter, warmth, sleep

SAFETY: protection from elements, security, order, law and stability

LOVE AND BELONGINGNESS: work, group, family, affection, relationships

ESTEEM: self esteem, personal worth, social recognition, accomplishments

SELF-ACTUALISATION: self aware, concerned with personal growth, fulfill potential, less concerned with opinions of others

* **Steps in the PABCAR public health decision-making model**
* Identification of the **problem**
* **Amenability** to change
* **Benefits** and **costs** of implementing interventions
* **Acceptability** of proposed measures
* **Recommended** actions and monitoring
* **Purpose of a needs assessment**
* Used to identify and address needs by assisting with planning
* Systematic process used to gain an accurate picture of the strengths and weaknesses of a community that can be used for planning
* Clarify what you know, what you want to know, what you are trying to measure, how you will report the information, who is responsible for the various steps
* **Types of need**
* Comparative: derived from examining the services provided in one area to one population and using this information as a basis to determine service required in another area with a similar population.
* Felt: Refers to what communities say or feel they need
* Expressed: what has been demanded by a community
* Normative: Needs based on research that defines many within the population. “what is normal
* **Steps in needs assessment**
* Identifying health issues: who is the specific population, what does it include and what are potential risks
* Analysis of the problem: Characteristics and needs of the specific population, risks and protective factors, data associated with the problem
* Prioritising issues: current health conditions, risk factors, possible interventions, strategies and actions
* Setting goals: SMART goals (specific, measurable, achievable, realistic, time-specific
* Determining strategies: use of the PABCAR model to develop a course of action and a community opinion
* Developing action plans: implementation of strategies, step by step actions, who does which task
* Evaluating outcomes: what was achieved, measure the collected data, what can be done better
* **Enabling, mediating, and advocating strategies in the *Ottawa charter* to reduce inequities of specific groups**

|  |  |  |
| --- | --- | --- |
| Strategy  | What it is? | How To Reduce Inequity |
| Enabling | Health promotion needs to reduce differences in health status and ensure equal opportunities and equitable distribution of resources.All people should be given the opportunity to achieve their fullest health potential. | Improve health literacyCareer guidanceDelegateDevelop networksEducation and trainingIncrease accessGoal setting |
| Mediating | Health promotion has a responsibility to link individuals, groups and communities with the health sector, government and non-government organisations with the aim of reconciling the differing interests that exist with in society.Reducing inequities requires co-ordinating actions by all concerned. | Hold meetingsEstablish rules or proceduresActive listeningParaphraseFacilitate agreement on important issuesDevelop a timeline for solution and goals  |
| Advocating | Heath promotion should aim at reducing inequities through advocating on behalf of those who are under privileged or under represented.Advocate for social, economic and personal development and improvement for quality of life. | Raise awarenessResearchHold eventsWrite to politiciansNotify the mediaSet goals |

* **Actions to address health inequity**
* Improving Access to Health Care: Some people do not have adequate access to health care and by improving access to health care means and individual can receive the care they need.
* Improving Health Literacy: Improving one’s ability to understand/comprehend health information and to access health services. Knowing when and where to get the necessary help.
* *Ottawa Charter* Action Areas: Building healthy public policy, reorient health service, create supportive environments, strengthening community action and developing personal skills.
* **Actions to achieve social and health equity in the RIO declaration on social determinants of health**
1. Adapt better governance for health and development
* Government to address social determinants includes an inclusive decision making process that consider and give voice to all groups and sectors
* Effective policies should be developed that include clear and measurable outcome, build accountability and fair in results
1. Promote participation in policy making and implementation
* Participation of communities in policy making and their implementation is critical particularly where policies address social determinants of health and/or inequities
1. Further reorient health sectors toward reducing inequities
* 5 A’s of access and the quality of health care and public health services are essential for health and is fundamental rights for every human being.
* Health care systems should strongly act to reduce health inequities
1. Strengthen global governance and collaboration
* International co-operation and solidarity is critical to ensure equity for all people
* Organisations such as the united nation have an important role in articulating norms and guidelines and identifying good practices to address social determinants
1. Monitor progress and increase accountability
* Monitoring trends in health inequities and the effect of action to address then is critical to achieving meaningful outcomes and improving health status
* Information systems should establish relationships between health outcomes and their causes and use accountability mechanisms to guide policy making.
* **Healthcare system reforms**
* Private health insurance rebate:
* Australian citizens that have private health insurance get a percentage of their health insurance premium paid back from the government
* Those with private health insurance will not use the public health systems, resulting in reduced use and burden on health care systems
* Public screening and/or vaccination programs:
* Checking for symptoms in populations or individuals
* Catches disease early and allows for treatment before it gets worse
* Includes screening programs for: Bowel Cancer, Breast cancer, High Blood Pressure
* Funded by the government
* Criteria:
* Must be able to detect early
* Disease must be easily treated
* Pharmaceutical benefits scheme (PBS):
* Set up by the Australian Government, which lists medicines subsidised by the government
* Purpose of PBS is to provide affordable access to necessary medications for eligible Australians
* Supports lower income earners/concession card holders to access medications at a subsidised price
* Eligibility:
* Australian residents holding a Medicare card
* Pensioners/commonwealth seniors card holders
* Veterans card holders
* Advantages:
* Removes barrier of cost to accessing medicines
* Provides free or subsidised medicines for vulnerable groups in the community who may not be able to afford them.
* **Relationship between health literacy and health status**
* Health literacy is a person ability to find, understand and apply health information to benefit their personal health. People with positive health literacy are aware of when and where to seek when they are unwell. A person with positive health literacy therefore is more likely to have a positive health status
* A person with low health literacy is more likely to have a poor health status as they are less skilled in recognising signs and symptoms of illness, therefore they are less likely to seek help or know where to seek help when it is required
* **Influence of culture on personal beliefs, attitudes and values towards healthcare**
* Culture will influence the formation of beliefs externally
* Beliefs will be passed on to people by elders, parents and people with authority within a particular culture
* Diet and exercise can influence beliefs
* Values formed based on the culture they identify with
* Values used to make important life decisions
* Beliefs and values combine to form attitudes
* **Influence of environmental factors on the health behaviour of cultural groups**
* Geographical location
* To which a geographic location has walkability and sprawl influences obesity rates
* Lack of green space, deterioration of neighbourhood’s influence norms of cultural groups living in these areas and choices of health behaviours
* Social networks
* Pass information on very quickly, beneficial in encouraging healthy behaviour or unhealthy behaviour
* Provides social support
* Improves social and emotional health, improves self confidence and well being
* Groups with high functioning social support networks experience lower rates of obesity, better functioning immune systems and less cardiovascular disease
* **Conflict between norms of specific groups and majority norms**

Specific group Norms: Social or cultural norms that are unique to a particular group of people within a population

Majority Norms: unwritten rules or standards that more than 50% of the population or community believe in or obey

Conflict: norms of specific groups are often in conflict with majority norms of the country in which they preside. These conflicts can result in people from these groups displaying behaviours that are considered rude or inappropriate. This can create division, embarrassment or conflict.

* **Skills that support positive health behaviours**
* Assertiveness: to assert – insist on having ones opinion and rights recognised. A way of communicating that expresses your needs, opinions and emotions while respecting others rights
* Stress management: involves techniques used to help an individual cope more effectively with difficult situations in order to feel better emotionally improve behavioural skill and often enhance feelings of controls.
* Resilience: to be resilient means recovering readily from adversity or depression able to withstand trials without cracking. Positive capacity of people to cope with stress and catastrophe
* **Impact of culture on health decision making**
* Organ and tissue donation:
* Talking about end of life planning can be a very sensitive issue in some cultures e.g indigenous
* Goes against traditional beliefs of aboriginal people
* Many cultural groups have lost trust in the health care system
* Blood transfusions:
* Cultural groups living in countries either with no safe legislation controlling blood products or lack of donors, blood transfusions are often never seen or hear of
* People with limited knowledge of the topic will not be completely accepting of going under the procedure
* Fear, misconception and misinformation
* Childbirth:
* Cultural norms and expectations regarding child birth vary
* Who may attend the birth and provide comfort and support
* Use of herbal remedies, medications being administered by midwives/nurses used to alleviate pain
* **Language and cultural influences on relationship building in health settings**
* The things that people believe about beliefs and values embedded in a family can create negative or positive attitudes about health care systems.
* Barriers:
* Past experience of flight and trauma
* Experiences of racism and discrimination
* Alienation, isolation, cultural bereavement and lack or community attachment
* Lack of established networks with in the community
* Encountering lack of cultural competence
* Lack of social and family support
* Loss of self esteem
* Communication difficulties
* Mental illness
* Poor oral health
* Under recognised and under managed hypertension
* Delayed growth or development in children
* Infectious diseases
* Loss of status particularly in terms of employment
* Direct physical consequences of torture such as musculoskeletal pain or deafness
* **Impact of determinants on health inequities**
* Social - **FUSSEWATTS+C** (know 5 determinants and their impacts)
* **F**ood: access to good quality food will impact on health status and the incidence and prevalence of disease
* **U**nemployment: unemployed people are usually low on the social gradient, are usually to some extent socially isolated and experience higher stress levels
* **S**tress: stress has a powerful physical effect on the body and on mental health. Individuals and communities experiencing undue or excessive stress will be disadvantaged in regards to health
* **S**ocial support: lack of social support from family, peers, community groups and services will limit the health benefits an individual can experience
* **E**arly life: disadvantage in early life has life-long effects on the quality of life chance and health status
* **W**ork: the type of job a person has and the working condition he or she is exposed to affects health
* **A**ddiction: the substance they are addicted to causes health problems itself, but also other determinants of health suffer. Poorer people experiencing other determinants such as stress or unemployment are more likely to suffer addiction
* **T**ransport: geographic location can alter the quality of transport infrastructure available e.g remote locations have bad quality roads or can get cut off by flood or bushfire. This results in isolation or lack of services that can enhance health
* **T**he social gradient: the poorest of the poor, around the world, have the worst health. But also along the way along the gradient, the second richest is worse off than the richest
* **S**ocial exclusion: if people can not access services and groups and participate in the life of society, their health suffers. They will become socially isolated
* **C**ulture: some cultures have cultural norms and traditions that are healthier than others. If individuals follow the cultural rules or expectations, they may experience lesser health
* Environmental
* Features of the natural and built environment: poor urban planning can cause reduced health outcomes for residents. Cities with careful urban planning such as zoning regulation, healthy transport systems, green spaces and building requirements can greatly improve health outcomes
* Geographical location: some geographic locations are more difficult to become healthy places. Remote and rural locations are a long way from health services and experience extremes in climate which can be challenging for improved health outcomes
* Socioeconomic – **FAMEHIFE** (know 5 determinants and their impacts with exception of access to services)
* **F**amily: the health f family members can impact on the health of others such as stress or anxiety of carers who are helping family members that are sick or suffering
* **A**ccess to services: some services a5re hard to access for people who rely on public transport or long work hours. People who cannot access service when they need them will be disadvantaged
* **M**igration/refugee status: new migrants and refugees not only experience discrimination, they also have to overcome language barriers and may be unskilled or have employment skills not need in their new location
* **E**ducation: higher quality education opportunities tend to be more available for people living in major cities or people who are prepared to pay more for it
* **H**ousing/neighbourhood: the role of councils and government in creating safe and healthy community neighbourhoods can be inequitable. Those fortunate enough to live in a new or upgraded neighbourhood experience improved health
* **I**ncome: higher income can allow individuals and families to access healthier foods, healthcare and products and services to enhance health
* **F**ood security: food security is determined by the food supply in a community and not all groups of people have the adequate resources or skills to acquire and use that food
* **E**mployment: low paying or low skilled occupations can be less healthy environments to work in thus create health inequity for workers and their families
* Biomedical
* Birth weight: people who are born premature and have a low birth weight face many health issues later in life which can create inequities.
* Body weight: those who are overweight or obese or underweight are at a higher risk of facing inequities due to developing health condition such as CVD or increased chance of illnesses.
* **Global and local barriers to addressing social determinants of health**
* Poverty: State or condition of having little or no money, goods, means of support. Living under AUD$1.25 per day
* Disease outbreaks: Describes the occurrence of disease, greater than can be controlled or expected
* Famine: Extreme hunger, not enough nutrients to sustain a healthy life
* Drought: Period of abnormally low rain, shortage of water from damaged/blocked rivers or dried up lakes or dams
* Availability of clean drinking water: Water that is high quality without the risk of harm
* **Role and functions of the world health organisation (WHO)**

Role:

* Promote health for all
* Eradicate poverty
* Ensure essential medicines
* Co-ordinate specific disease programs
* Overseas organisations and their delivery for health measures

Functions:

* Directing and co-ordinating authority within the UN systems
* Providing leadership on global health matters
* Shaping research agendas
* Setting norms and standards
* Articulating evidence based policy options
* Providing technical support to countries and monitoring and assessing health trends
* Promote positive health outcomes with organisations

6 – point agenda:

* Health Systems: Moving toward universal health coverage. Help to facilitate access to affordable, safe and effective health technologies.
* Non- Communicable Diseases: Reduces the burden of non communicable diseases including: heart disease, stroke, cancer, diabetes and mental health.
* Promoting Health Through Life Course: Need to address environment risks and social determinants of health as well as gender, equity and human rights.
* Communicable Diseases: Increase and sustain access to prevention, treatment and care for HIV, tuberculosis, malaria and neglected topical diseases and to reduce vaccine preventable diseases
* Preparedness, Surveillance, Response: Leading and co-operating the health response during emergencies. Helps countries strengthen their national core capacities
* Cooperate System: Provide enabling functions, tools and resources that makes work possible

* **Purpose and functions of Australia’s aid program**

Purpose:

* To promote Australia’s national interests by contributing to sustainable economic growth and poverty reduction

Functions:

* Being context specific to meet country and regional needs
* Supporting partner country efforts to improve health system
* Focussing of sustained health improvements for all people
* Supporting the development of sustainable and resilient health systems
* Promoting enhanced regional health security through co-operation to minimise disease transmission and adverse health impacts across borders
* Helping the poorest and most vulnerable people particularly women and children
* Advancing healthy public policy
* **Purpose of, and progress towards, the following five united nations sustainable development goals**

Purpose of SDG’s:

* Used to help frame the agendas and political policies over the next 15yrs
* Resolves to:
* End poverty and hunger
* Promote health and well-being
* Combat inequalities
* Build peaceful, just and inclusive societies
* Protect human rights
* Promote gender equality
* Blue print for success
* End hunger, achieve food security and improved nutrition and promote sustainable agriculture (goal 2)

Targets:

* By 2030- end hunger and ensure all people in particular those poor and in vulnerable situations, have access to safe, nutritious and sufficient food all year round.
* By 2030, double agriculture productivity and incomes of a small scale food produced in particular women, indigenous people, family farmer and pastoralists

Importance:

* Hunger and food security and are directly linked with poverty with many people lacking money to purchase food or unable to purchase our food
* A critical goal because food systems are being degraded

To Achieve:

* End malnutrition by improving social programs for children
* Prevent problems such as drought, floods and other disasters
* Increase agricultural production and income of small farmers
* Ensure healthy lives and promote well-being for all at all ages (goal 3)

 Targets:

* By 2030 reduce global maternal mortality ratio to less than 70 per 100000 live births
* End epidemics of AIDS tuberculosis, malaria and neglected topical disease and combat hepatitis, water borne and communicable diseases

 Importance:

* It remains a global tragedy that a child’s chance of survival depending on where they are born and many are preventable
* Still many women dying from pregnancy or child birth conditions

 To Achieve:

* Reduce the number of mother who die giving birth to their children
* Prevent the deaths of newborns and children under 5
* End disease epidemics such as HIV/AIDS, hepatitis
* Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (goal 4)

Targets:

* Ensure that all boys and girls complete free equitable and quality primary and secondary education leading to relevant and effective learning outcomes
* Ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education including university

Importance:

* Education is a human right that’s should be attained to and enjoyed by every individual
* Education is a fundamental to ending poverty and improving individuals health and sustainable development

To Achieve:

* Ensure education for all starting from basic education
* Increase the number of scholarships for vocational and tertiary training
* Provide more opportunities for training for youth and adults
* Achieve gender equity and empower all women and girls (goal 5)

Targets:

* Ensure all forms of discrimination against women and girls everywhere
* Eliminate all harmful practice such as child and early forced marriage and female genital mutilation

Importance:

* Many women in developing countries lack equality and don’t have equal access to land, they struggle with social centred discrimination and experience insecurity and dependence
* Women account for 2/3 of the worlds working hours and produce ½ the worlds food, but only earn 10% of income and own 1% of property

To Achieve:

* End all forms of discrimination against all women and girls
* End all forms of violence against women and girls including sex trafficking and other forms of exploitation
* Ensure availability and sustainable management of water and sanitation for all (goal 6)

Targets:

* Enable access to adequate and equitable sanitation and hygiene for all
* Improve water quality by reducing pollution, eliminating dumping and minimising release of hazardous chemicals and materials
* Implement integrated water resources management at all level including across borders

Importance:

* Each day almost 1000 people are dying from diarrhoea from contaminated water and poor sanitation
* Water scarcity affects 40% of the population

To Achieve:

* Ensure all people have access to safe water
* Improve water use, developing greater resources for it’s reutilisation
* Protect and restore water related ecosystems, including mountains, forest, wetlands, rivers, aquifers and lakes.
* **Definition of health promotion advocacy and when it is best used**

Definition:

* Active support of an idea or cause in the act of pleading or arguing for something to make voice heard.
* Speaking out on behalf of those who are unable to speak for themselves
* Act of speaking out or raising awareness of disadvantage to influence policy and resource allocation decisions.

Best used:

* To bring about positive change to legislation, policies and practises that influence health
* To promote wellness and resilience in communities
* To raise awareness of the issues and broader social and environmental factors on health
* To support communities to take positive action to improve their health
* Empower public health professionals to become more actively involved in decision making and broader health policy and initiatives
* **Strategies for health promotion advocacy –** **BRUMCIDLF**
* **B**uilding capacity: Developing or building knowledge, skills, resources or processes that individuals/organisations possess in order to make changes or adapt.
* **R**aising awareness: Increasing/improving people’s knowledge or understanding of an issue or situation.
* **U**sing champions: utilising high profile/influential personalities and celebrities to promote awareness of a particular issue and to promote change.
* **M**obilising groups: getting a group or community involved in an activity and gaining their support to increase ability to influence decision making.
* **C**reating debate: generation a formal discussion between two parties with differing viewpoints on a particular issue.
* **I**nfluencing policy: acting with the aim of generating policy change. This may involves serving on relevant boards, committees etc. to gain reputation and lift profile within the community to increase likelihood of influencing policy change
* **D**eveloping partnerships: building relationships between various organisations or groups/stakeholders working collaboratively towards achieving specific goals or outcomes
* **L**obbying: the act of attempting to influence decisions made by government officials, legislators, business or regulatory agencies to create or change legislation.
* **F**raming issues: Presenting an issue in a particular way that is most likely to generate agreement/support from others i.e. school decision makers, community members, politicians, media.
* **Health promotion actions to improve national health priority areas (NHPAS)**

Use of Ottowa Charter Action Areas

Building Healthy Public Policy:

* identify developments that will address the issue; ways that they could be reduced

Creating Supportive Environments:

* identify current community services, would support/improve the issue, is there a need for new services.
* Identify factors influencing priority issues and the population

Reorient Health Services:

* Decide if available health services are appropriate and accessible
* Aimed at which prevention level, conduct a health inquiry
* Work with health care providers

Developing Personal Skills:

* Promote personal skills needed to improve health behaviours contributing to the issue
* Advocating for education and behaviour modification and improve a\health and decrease number of cases
* Improving health literacy

Strengthen Community Action:

* Mobilise groups in community to raise awareness for the issue
* Use community development approach
* Encourage inter-sectorial approach e.g education, media
* **Comparison of health indicators between Australia and developing countries**
* Life expectancy: An indicator of how long a person can expect to live on average given prevailing mortality rates
* Mortality: Death, the number of people dying within a populations

 Crude mortality: $\frac{number of deaths in a year}{population at risk}$ x 1000

 Infant mortality: $\frac{number of infant deaths}{number of live births}$ x 1000

 Maternal/case specific: $number of deaths attributed to a particular cause (per 100 000)$

* Morbidity: total numbers in a population in a state of being diseased, disabled or unhealthy

 Prevalence: total number of cases of the disease in the population at a given time

 Incidence: $\frac{Numeber of new cases within a specific time period}{Population size of those at risk}$

* **National health priority areas (NHPAS) and differences with developing countries**

|  |  |
| --- | --- |
| Developed countries | Developing countries |
| * Non-communicable diseases
* Asthma
* Obesity
* Injury prevention and control
* Dementia
* Mental health
* Cancer control
* Musculoskeletal conditions and arthritis
* Cardiovascular disease
* Diabetes
 | * Communicable diseases
* Malaria
* HIV
* Polio
* Cholera
* Malnutrition
* Injuries from conflict and war
 |

* **Influence of government policies and regulations on beliefs, attitudes and values**
* Impact on personal beliefs, and attitudes toward health behaviours such as laws for drinking age or wearing a helmet
* Beliefs, values and attitudes regularly change as new evidence in presented

Policy:A policy is a plan of action on a matter that is often based on an ideological position

Regulation: A set of instruments used by the government to influence or control the way people behave in order to achieve policy objectives. Includes laws or other rules that govern people.

* **Government policies and regulations that restrict or promote healthy behaviour**
* Government policies, laws and legislations can restrict or promote behaviours due to changes in physical or structural environments
* Structural changes include those where individuals live, work and play. Structural changes can enable people to make healthier changes or control individuals, taking away freedom. e.g physical changes to workplace (adding reset rooms, fitness centres)
* Promotes healthy behaviours
* Restricts unhealthy behaviours
* **Relationship between health behaviours and proscriptive, prescriptive and popular norms**

Proscriptive:

* Actions that people should do; society favours these behaviours and they are expected
* They can be considered informal
* Inform individuals of hat they should do in a society, what you are expected to do

Prescriptive:

* Provide guidance on what is unacceptable behaviour, what you are expected not to do
* These are the behaviours people should not perform and are discouraged
* Society frowns upon these behaviours and they direct people to avoid or abstain from them

Popular:

* Norms that are considered fashionable or on trend made popular by people who hold power or are considered to be popular
* Standards of behaviours that are typically expected and ill differ between cultures and also change over time
* **Impact of world events on personal, social and cultural identity of population groups**
* Displacement from traditional homelands: the temporary removal from a place of residence. Internally displaced people are moved off their land within their own country
* War: a state of armed conflict between different nations or states or different groups within a nation or state
* Violence: behaviour involving physical force intended to hurt, damage or kill someone.
* Conflict: refers to a serious disagreement or argument
* Natural disasters: the effect of a natural hazard such as fire, drought, earthquake, landslide, hurricane or tornado.

Identity: the individual characteristics by which a person is recognised or known

Personal Identity: the distinct characteristics of an individual regarded as separate or individual entity

Social Identity: the identification of individuals as members of a group. The characteristics they hold because they belong to that group

Cultural Identity: belonging to a particular ethnic or cultural group. Aspects of the individual that are held due to culture.

Displacement from traditional homelands effect on identity:

 Personal: the way an individual identifies themselves may change if they have been dislocated from their land they they had known best. This can cause the individual to lose a sense of self and the way they view themselves would change.

 Social: how an individual sees themselves as part of a group and the characteristics they hold by being part of that group could be lost and they structure they hold as part of the group may be also gone and they would need to reform which would take time

 Cultural: being part of a particular group may be lost once an individual has been displaced from their traditional land. The different beliefs they may hold due to residing on that land will no longer exist

War effect on identity:

 Personal: Wars can have detrimental effects on the health on an individual. Can cause mental illness such as stress which effects the identity of the individual. By impacting and negatively effecting health the way a person identifies themselves such as being healthy, may changed with development of illnesses from war.

 Social: The characteristics an individual may hold as part of a group may be lost due to wars which can often destroy and tear apart communities, so the identity that the individuals hold as part of the community would be lost and destroyed.

 Cultural: some wars are caused due to differences in religious beliefs. If an individual identifies as part of a specific culture with beliefs that are not acceptable in the community, they may loss that identity in order to try and comply with the “acceptable” culture.

Violence effect on identity:

 Personal: violence can have harmful effect on health and can cause identity to be lost. With lots of violence around an individual may be hurt or suffer from both emotional and/or physical injuries that may cause them to lose or no longer maintain the identity they once had.

 Social: violence can effect how identity as part of a group is formed. If a group existed but then violence within a community were to stop the group from being together identity that the individuals held due to being part of that group would be lost. Individuals may begin to question who they are if they are no longer part of the group.

 Cultural: Violence between cultures based upon conflict over beliefs or ethnic traditions which may cause individuals in that group to lose the way that they may have viewed themselves by being art of that culture. They may lose the way that they believe they will be safe because of a belief in a god or other being.

Conflict effect on identity:

 Personal: Conflict within a small group such as a family can impact personal identity if it becomes ongoing. This can impact how they see their own personal entity. The contact can cause increased chance for mental illness’ such as depression and they can loss a sense of self.

 Social: conflict within groups can cause a group to no longer be together as a group and the things that a person once identified themselves as by being in that would be lost.

 Cultural: conflict between countries or ethnic groups with differing viewpoints or opinions on beliefs or religious matters can impact the identity that one may have and their traditions they hold due to culture could change and no longer be the same.

Natural disasters effect on identity:

 Personal: these disasters usually destroy a lot of things including housing, land and buildings. All of which may possess meaning that helps contribute to how an individual identifies. With loss of their own homes or even other family members they may begin to question who they are because they have lost many things close to them

 Social: groups that an individual identify as part of may no longer be around, they may have drifted apart due to the disasters. It can result in one no longer having the means of closeness of the group or no more means of support

 Cultural: Destruction of churches or religious buildings/sites from natural disasters can impact cultural identity of a person. For instance, a tradition such as going to church weekly may no longer be able to be continued if the building was destroyed

* **Communication and collaboration skills in health settings**
* Mediation: a negotiation to resolve difference that is conducted by some impartial party. The act of intervening for the purpose of bringing about a settlement. Goal is for disputing parties to resolve conflict with help from support of a mediator e.g marriage counselling
* Negotiation: the process of achieving agreement discussion, used to resolve disputes. Negotiator bargain for individual or collective advantage. e.g getting a cheaper price
* Compromise: a middle way between two extremes finding agreement through communication, a mutual acceptance of terms, often involving variations from original goal or desire. E.g divorce settlement or leavers
* Managing conflict: communication and collaboration skills are used to avoid or to mange conflict situations positively and successfully.

4 types of conflict:

* Intrapersonal – conflict within individual (self)
* Interpersonal – conflict between 2 or more individuals
* Intragroup – conflict within a group
* Intergroup – conflict between 2 or more groups
* Arbitration: A process through which 2 or more parties use a third party in order to resolve a dispute. The third party usually makes the decision for the dispute. e.g player and team can’t agree on contract, go to an arbiter
* Leadership: The process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task. e.g sport team coach
* Facilitation: the act of making something easy or easier. Assisting or making easier the progress or improvement of something. e.g running of meetings in a business

• **Planning a health inquiry**

* Identification and analysis of a health issue: Brainstorm all possible topic ideas and select the topic of greatest interest
* Development of focus questions to research a health issue: set of questions each with a single idea and they mustn’t be too vague and have to involve higher order thinking skills

• **Use of a range of information to explore a health issue**

* Identification and use of a range of reliable information sources: use many different sources to obtain information such as websites and books
* Identification and application of criteria for selecting information sources:

 Criteria can include but not limited to:

* Recency, publication date
* Any bias
* Qualifications of author
* Sponsorship/does the author have any gain from it
* Reputation
* Copyright information
* Any contact information
* Purpose of source

• **Interpretation of information**

* Summary of information: summarise any of the key words and rephrase the original text
* Identification and analysis of trends and patterns in data: Positive, negative or no trend, is there a visible trend line. Are there any patterns noticeable in the data
* Development of argument: (6 steps)
1. Choose position
2. Choose evidence to use
3. Organise your ideas
4. Reflect on the order of the argument
5. Ensure you make the relationships between evidence explicit and obvious
6. Critically examine the logic of your argument.
* Development of evidence-based conclusions: summarise all the points with help from evidence found to back up. If argument is true then conclusion should be too.

• **Presentation of findings in appropriate format to suit audience**

Can be in any of the following formats:

* Report
* Article
* Posters
* Essay
* PowerPoint
* Website
* Newsletter
* Brochure
* Magazine