Department of
Education

GOVERNMENT OF
WESTERN AUSTRALIA

Year 12 ATAR Health Studies

Unit 3: Resource Package

Unit 3

Department of Education Western Australia 2020

Health Studies ATAR Year 12

Resource Package

Instructions to Students

This resource package provides students with learning materials for the Health Studies ATAR Year 12 course. The package focuses on content from Unit 3 in the 2020 Year 12 Syllabus.

This package is designed to support the program students are completing at their school. If feedback is required when completing this package, students should consult their teacher. **Please note, not all content from Unit 3 is included in this package.**

Students should carefully read the provided content, make their own notes and complete all provided activities.

Where required, students should also refer to the *Year 12 ATAR Health Studies* textbook by Emily Lockhart

It is recommended that students further investigate concepts covered in this resource package by conducting their own research using the internet.
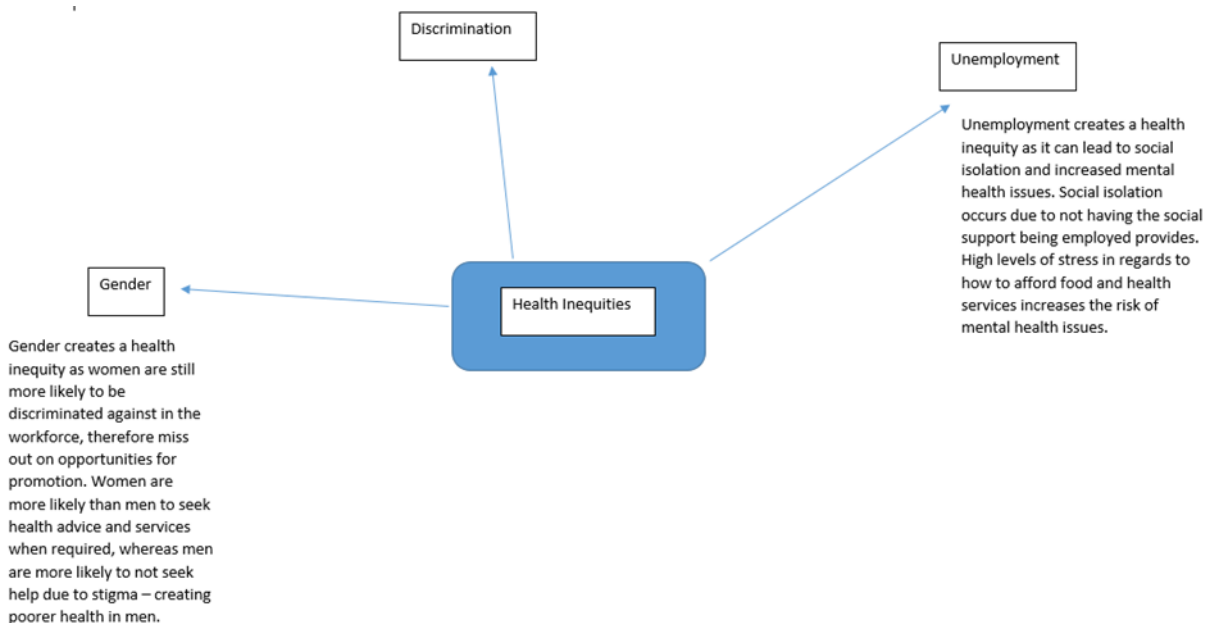
Syllabus Content

Topic	Element	Student Check
Holistic Health	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	
Principles, frameworks, models and theories	Socio-ecological model of health and its role in understanding and addressing public health problems • individual • interpersonal • organisational • community • society	
	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	
Actions and strategies	Purpose of a needs assessment • types of need • steps in needs assessment	
	Enabling, mediating, and advocating strategies in the Ottawa Charter to reduce inequities of specific groups	
	Actions to address health inequity • improving access to health care • improving health literacy • Ottawa Charter action areas	
Consumer Health	Healthcare system reforms • private health insurance rebate • public screening and/or vaccination programs • Pharmaceutical Benefits Scheme (PBS)	
Beliefs, attitudes and values	Influence of culture on personal beliefs, attitudes and values towards healthcare	
	Influence of environmental factors on the health behaviour of cultural groups • geographical location • social networks	
	Conflict between norms of specific groups and majority norms	
Self-management skills	Impact of culture on health decision making • organ and tissue donation • blood transfusions • childbirth	
Health Inquiry	• Planning a health inquiry • Use of a range of information to explore a health issue • Interpretation of information • Presentation of findings in appropriate format to suit audience	

Health Inequities

Health inequalities mean that some people die younger or have poorer health based on where they live, their genetics, the job they do, or how much their parents have earned. For this course there are 13 health inequities to address.

Factors which create health inequities.
- Discrimination
- Gender
- Access to health care
- Unemployment
- Social Isolation
- Dislocation of land
- Occupation
- Access to / level of education
- Geographic location
- Racism
- Government economic and social policies
- Socio economic status
- Health literacy

- The following demonstrates how activity one should be completed.
- Note: Learn all the names but study 5/6 in detail which can be applied across a range of health contexts

Discrimination

Unemployment

Unemployment creates a health inequity as it can lead to social isolation and increased mental health issues. Social isolation occurs due to not having the social support being employed provides. High levels of stress in regards to how to afford food and health services increases the risk of mental health issues.

Gender

Health Inequities

Gender creates a health inequity as women are still more likely to be discriminated against in the workforce, therefore miss out on opportunities for promotion. Women are more likely than men to seek health advice and services when required, whereas men are more likely to not seek help due to stigma – creating poorer health in men.

Activity One

- Copy the Health Inequities diagram onto this page, leave space for note-taking

Add to your diagram:

- Examples of how it creates health inequity (remember an inequity creates poorer health – this must be highlighted in your description)

- You will find further information in Chapter 1 of the *Year 12 ATAR Health Studies* textbook by Emily Lockhart

An example WACE exam question may look similar to this.

A study conducted by the Federal Government Department of Health and Ageing found that between 2006-2011 there was an increasing trend in Chlamydia rates in Indigenous women in Australia. The number of Indigenous women who tested positive for Chlamydia was significantly higher than non-Indigenous women.

Discuss **three** factors that could have created this inequity.

An example of a quality response:

Geographic Location - many Indigenous women live in rural and remote communities within Australia and will not have access to culturally appropriate health services for contraceptive advice or STI checks, which increases the health inequity.

Activity Two

A study conducted by the Federal Government Department of Health and Ageing found that between 2006-2011 there was an increasing trend in Chlamydia rates in Indigenous women in Australia. The number of Indigenous women who tested positive for Chlamydia was significantly higher than non-Indigenous women.

Discuss **three** factors that could have created this inequity.

Activity Three

Identify **two** factors, studied in this course that may contribute to the health inequities experienced by the homeless population.

Read the following passages on the lives of Sam and Aliyah. Consider the health inequities present in their lives. (Highlight as you go to assist)

SAM

Sam is 17 years old and lives in a mining town called Muru in Western Australia. He lives in a three-bedroom Housing Commission house with his mum, three brothers, two sisters and his grandmother. Sam's dad hasn't been around for a while.

Sam attends the local high school but often misses days to look after his younger sister when his mother and grandmother go to Perth for health checks for their diabetes.

Sam's mother is often at the local GP as she is a smoker and suffers from emphysema. The younger kids have a lot of falls and accidents that require medical attention.

Sometimes, Sam's health causes him to miss school. He gets ear infections and in the winter his asthma becomes a problem. The household budget is very tight and sometimes his mum can't afford to buy the medicines needed to treat these conditions.

Sam and his school-aged brothers and sisters take part in the school's *Healthy Breakfast* program. Lots of students take part in the program and it really helps Sam's mum. Fresh fruit and vegetables are expensive in his community because of transport costs. His mum works as a cleaner at the local primary school and his grandmother gets the old age pension, so there is not always a lot of money for food.

Sam's parents both left school at 14 years of age. Sam is studying for his ATAR [WACE]. He loves playing sport at school but doesn't really enjoy reading and writing. His mum is quite surprised he is so active because neither she nor his dad is physically active. Mum would like to be more active because she is overweight but she doesn't have time to exercise. Her work and looking after the family take up all of her time. There are no parks or safe footpaths near their house to start a walking program. It's often just easier to use the car.

Sam's mum doesn't really enjoy her work. It's very physical. She frequently works alone and she feels quite undervalued. She often has days off work with a sore back.

Sam has a strong group of friends at school and plays basketball on the weekend with the local under 16s side. The local basketball club paid for his boots and uniform because his mum couldn't afford them. He dreams of being selected by a premiership club. He would like to become a sports physiotherapist.

ALIYAH

Aliyah is 16 years old and lives in a rented house in a suburb near an Australian city. She lives with her brother, mother and father. Her house has four bedrooms, two bathrooms and a pool.

Her family came to Australia from Lebanon three months ago. Her dad is an engineer and he was offered a job as a project manager at a mine. The downside of the job is that he is away from home for two weeks at a time. The mining company he works for flies him home after two weeks. He has one week at home then returns to the mine.

Aliyah's mother speaks very little English. She and her brother have been attending English as a Second Language classes at school. She often does not understand what her teachers and classmates are saying as they speak too quickly. She has made one friend but often feels very lonely at school.

Aliyah's family can afford to buy healthy food from the local supermarket but they miss many of the foods they loved to eat in Lebanon. There are Lebanese supermarkets in the city, but they can only visit them when dad is home to drive them there – it's too far to go by bus.

Aliyah doesn't play sport and is not involved in any activities out of school so spends a lot of time chatting to her friends from home, online. She also likes playing computer games and watching TV.

Aliyah's mum has been quite lonely since coming to Australia. There are no other Muslim women living locally and she often gets rude comments about her 'hijab' which is a headscarf worn by Muslim women. There are lots of Muslim families in the city and the children go to school with other Muslims, but Aliyah's mum hasn't had any contact with them yet.

Activity Four

Identifying health inequities
Compare the two case studies you have just read. For each case study, identify **three** factors that may contribute to health inequities in Aliyah and Sam's family (they don't have to be the same factors for both families).

Action to Reduce Health Inequities

When designing actions and strategies to target priority issues, it is important to understand which actions are most likely to create change. A comprehensive approach is important. Examples of actions that could form part of a comprehensive approach include the Ottawa Charter action areas:

- Strengthening community action
- Developing personal skills
- Building healthy public policy
- Reorientating health services
- Creating supportive environments

Two other important strategies to include:
- Improving access to healthcare
- Improving health literacy

(Note: do not get these confused with the Ottawa Charter health inequities strategies – enable, mediate, advocate)

An example WACE exam question may look similar to this.

The burden of STIs and their complications is disproportionately experienced by Aboriginal and Torres Strait Islander people, and this issue must be urgently addressed.

Outline **three** actions that could be used to reduce this inequity.

Hint: don't refer to the Ottawa Charter as one big strategy, each action area should be written about as a separate strategy.

For Example:

Reorientating health services – using mobile clinics to visit Aboriginal people in rural and remote regions to promote testing, STI check-ups and provide information on contraception. Health Workers should be Aboriginal or completed culturally appropriate training.

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Activity Five

The burden of STIs and their complications is disproportionately experienced by Aboriginal and Torres Strait Islander people, and this issue must be urgently addressed.

Outline **three** actions that could be used to reduce this inequity.

Hint: don't refer to the Ottawa Charter as one big strategy, each action area should be written about as a separate strategy.

Activity Six

Discuss in detail **two** actions to reduce health inequities and explain how it can be applied to achieve better outcome for disadvantages groups.

Socio-Ecological model of Health

Key Information. With all models and frameworks, it is important to be able to define the purpose of the model, along with the benefits of using it.

Definition Socio-Ecological Model.

- The socio-ecological model enables health practitioners to better understand the complex interplay of individual, relationships, social and cultural factors and the environment, which guide people towards healthy or unhealthy behaviours.

OR

- A model which outline how the health status of an individual is not only influence by attitude and practices, but also the individuals' personal relationships with their community and society.

Why is this model useful when addressing public health concerns?

- The model enables health practitioners to better understand human behaviour
- The model acknowledges that there are multiple influences on health
- The model recognises these multiple influences and takes this into account when developing health strategies

There are 5 key areas of the Socio-Ecological model. These include:
- Individual
- Interpersonal
- Organisational
- Community
- Society

Watch the YouTube clip below which explains the SE model.

https://www.youtube.com/watch?v=5NNw0GSUR-c

The following table provides a comprehensive overview of each levels definition and the types of preventative strategies which could be implemented to improve health outcomes when applying this model

	Definition	Preventative strategies (ideas to use across a range of health contexts)
Individual	This level includes personal choices and factors which impact on the health of the individual. This includes knowledge, beliefs, age, gender, level of education.	• Education classes – schools, unis, work, tafe
Interpersonal	This level relates to the types of close relationships a person has. These include social and family roles and responsibilities and the behavioural norms linked to this.	• Parent workshops / training • Family therapy • Peer support programs • GP making recommendations to patients
Organisational	This level relates to where an individual lives, works and learns within an organisation. It can include rules, policies and expectations which impact the health of the individual and their family.	• Workplaces policies OHS • Guest speakers into worksites • Worksites have health promotion days – using health organisations • Assemblies at schools
Community	This level relates to the influences of the community where an individual lives and work in, including culture, customs and norms which can impact on the health of individual and their family.	• Social events in the community • Community event days – in collaboration with Health Agencies • Youth groups • Local government strategies
Society	This level relates to societal factors which influence health behaviours, such as cultural norms, collective attitudes and justice systems, which can impact the individual and their family.	• Mass media campaigns raising awareness of health issues • Policies / Laws introduced by the Government • Subsidies • Urban planning

An example WACE exam question may look similar to this.

Outline **four** levels of the socio-ecological model for health. For each level, suggest **one** strategy that could be applied to improve a young person's mental health.

An example of a quality response.

Individual: This level includes personal choices and factors which impact on the health of the individual. This includes knowledge, beliefs, age, gender, level of education. One strategy that could be applied to improve a young people's mental health could be Health Education classes in schools. These classes cover mental health issues, recognising signs and symptoms and practice strategies to reduce stress and anxiety.

Activity Seven

There has been a rise in the number of STIs in rural and remote communities among young people. Discuss **four** levels of the model and outline how each level can be applied to reduce the number of STIs in young people and improve their health outcomes.

Activity Eight

What is the purpose of the socio-ecological model of health. Why do health practitioners use this model when addressing public health issues?

PABCAR

An important component of public health is decision-making, which includes deciding what needs to change and what needs to be done to facilitate change. When planning an action, a useful framework to follow is the PABCAR model. PABCAR represents a public health decision-making model which can be used by public health professional to justify and/or advocate for interventions.

Reference: Maycock, B, Howat, P, Slevin, T 2001. 'A decision-making model for health promotion advocacy: the case for advocacy of drunk driving control measures', *Promotion and Education*, vol 8, no 2, pp 59-64.

As with all models and frameworks it is important to be able to define its purpose and provide reasons for why it is used.

Defining the PABCAR Framework

A public health decision making model / framework used to decide whether or not to support a public health issue
  o   Provides a systematic approach to planning
  o   Uses epidemiological information to determine priorities for action
  o   Priorities the perceived needs of local community

Steps in the PABCAR Framework (make sure you learn the full statement, not just the one word each letter represents)

P = identification of the **P**roblem
A = **A**menability to change
B and C = **B**enefits and **C**osts of implementing interventions
A = **A**cceptability of proposed measures
R = **R**ecommend actions and monitoring

The following table best describes the type of information that should be included to define each step of the framework.

P = Identification of the problem	- Identify the problem - Community perceptions of what is the greatest health issue currently experienced, interview community members, what are they feeling - Look at epidemiological data to determine greatest health concerns (alcohol use, poverty, mental health)
A = Amenability to change	- Investigate other communities - what interventions have worked/not worked - How invested will the community be in these initiatives – will the community actively engage in the program - What resources are required / already available to use (economic etc)
B = Benefits & C = Costs	- Closing the gap in health inequities - Improving overall health of community - Improving access to health services - Empowering communities to take control of own health - Intangible costs - shame, fear - Financial costs – may prevent community members from taking part
A = Acceptability of proposed measures	Assess acceptability of community group and the health intervention
R = Actions for recommendations	- Implement strategies - May need to advocate community members / local government to be involved to be successful - Monitor program - evaluate outcomes

An example WACE exam question may look similar to this. Observe how the health context is linked into the model.

Question:
You are a Health Promotion Officer for the local GP Clinic in regional area. Your managed has asked you to look into Indigenous Health in your regional area.

Using the PABCAR framework, explain how you would improve health outcomes for Indigenous people in the clinic's catchment area.

P = Identification of the problem
- Identify the problem, which is inequity of health between Indigenous & Non-Indigenous Australians.
- Community perceptions of what is the greatest health issue currently experienced, interview Indigenous Australian community members, what are they feeling
- Look at epidemiological data to determine greatest health concerns within Indigenous group (alcohol use, poverty, mental health)

A = Amenability to change
- Investigate other communities - what interventions have worked/not worked in Indigenous communities
- How invested will the community be in these initiatives – will the Indigenous community actively engage in the program
- What resources are required / already available to use (economic etc)

B = Benefits
- Closing the gap in health inequities
- Improving overall health of Indigenous Australians
- Improving access to culturally appropriate health services
- Empowering Indigenous communities to take control of own health

& C = Costs
- Intangible costs - shame, fear
- Financial costs – may prevent Indigenous community from taking part

A = Acceptability of proposed measures
- Assess acceptability of community group and the health intervention

R = Actions for recommendations
- Implement strategies
- May need to advocate Indigenous community members to be involved to be successful
- Monitor program - evaluate outcomes

Activity Nine

Outline the purpose and **two** benefits of using the PABCAR model as a framework in guiding a health promotion intervention.

Activity Ten

As a health promotion practitioner, you have applied the first two steps of the PABCAR model and are about to assess the benefits and costs of a tax on sugar-sweetened beverages.

Discuss the benefits and costs of introducing a tax on sugary drinks. Include at least two examples for each.

Activity Eleven

The rise of STIs in young people is a continual concern for health promotion workers. Outline the steps you would take to see whether introducing an STI intervention targeting young people in Australia would work.

Note: Use the given example to map out your answer.

Needs Assessment

Key information.

Defining the Needs Assessment model:

A Health needs assessment is a systematic examination of the health status for a given population that is used to identify key health problems and assets in a community.

Benefits of conducting a needs assessment:
- Prioritises the health needs
- Engages the specific population (empowerment)
- Improves use of allocated resources
- Plan for appropriate health interventions

Types of Norms:

There are four key norms which need to be assessed to determine the priority health needs of a community / population group.

- Felt Need: are those which the individual or group thinks or feels need attention. E.g. these needs are gathered through interviews, one-to-one surveys of the community

- Expressed Need: those needs which are assumed through the community's use of facilities and services. E.g. what service is demanded through waiting lists / GP services

- Comparative Need: needs are determined by comparing one population group with another 'like' population group. E.g. Comparing services available to a 'like' group – can you use them for your project?

- Normative Need: those based on what health experts and research recommend/ E.g. Interviewing doctors / GP's, reviewing peer-based journals and medical articles

Activity Twelve

Describe the purpose of a needs assessment.

Activity Thirteen

Complete the table, try to include **three** reasons per question.

Benefits of implementing a needs assessment	Barriers to implementing a needs assessment

Activity Fourteen

What are the **four** types of Need? Can you define them?

Review the following example. Here the four norms are linked to a Specific Population group E.g. Prison Populations.

Example - Prison Population

Normative - what health experts recommended e.g. improved provision of mental health services (mental health assessments on entry)

Comparative - Comparing other services (reviewing other prisons) - what services are being used to improve prisoner health which are already successful

Felt - what prison population feel is needed e.g. opinions on mental health services, collected through surveys / face to face interviews

Expressed - what is a demanded service (look at waiting lists) e.g long waiting lists to see a mental health psych or GP for communicable disease

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Activity Fifteen

Complete the examples for Rural and Remote and Indigenous. Hint – use the format already provided

Example - Rural and remote
Normative - what health experts recommend e.g. government must provide funding for infrastructure and resources to improve health services
Comparative
Felt
Expressed

Example: Indigenous
Normative
Comparative
Felt
Expressed

Activity Fifteen

Conducting a Needs Assessment

There are 7 steps to follow to complete a Needs Assessment of the community.

Step 1: Identifying the health issue
Step 2: Analysis of the health issue
Step 3: Prioritising issues
Step 4: Setting Goals
Step 5: Determining strategies
Step 6: Developing action plans
Step 7: Evaluating outcomes

Activity Sixteen

Task:
- Create a mind map below to remember the '7 Steps'
- Refer to your *Year 12 ATAR Health Studies* textbook by Emily Lockhart to gather information

Include
- Correct step names
- 2 dot points to describe each step

Activity Sixteen

An example WACE exam question may look similar to this. Observe how the health context is linked into the model.

Skin burn and skin cancer rates are still high in young people across Australia. The belief that 'tanning' make you look better is still strongly held. You are in charge of conducting a needs assessment to determine the best course of action to take as a Health Promotion officer.

An example of a quality response.

Step1: Identifying the health issue
- What is the specific population – young people in Australia
- What resources are required for this
- What are the risks – young people not engaging

Activity Seventeen

Complete a needs assessment for the skin burn and skin cancer question above.

Hint: use the mind map to help with your answers. Your answers must link in with the health context.

Ottawa Charter

The Ottawa Charter for Health Promotion was devised as an action plan for all nations with the goal of achieving health for all by 2000. It gives direction to health promotion through clear definitions, action plans and positive involvement.

There are 5 action areas of the charter which include Developing Personal Skills, Creating Supportive Environments, Strengthening Community Action, Reorienting Health Services and Building Healthy Public Policy. On the next page is a comprehensive outline of the charter including definitions for each area and strategies to use.

Action Area	Definitions	Strategies
Developing Personal Skills	Support personal & social development by providing information, education for health, enhance skills - Education - improving health literacy - Developing skills e.g. resiliency - Developing resourcefulness - Increasing knowledge	- Fact sheets - recognising early signs of skin cancer - Quit-line alternatives to smoking - Workshops develop assertiveness/resilience skills - Health Education in schools/unis/workplaces e.g. assertive communication to deal with bullying - Healthy cooking classes
Creating Supporting Environments	Ensuring a safe, enjoyable, stimulating community (home or work) that promotes health and well-being for people to live, work and play Empowerment – helps people practice healthy behaviours	- Guest speakers visit work sites to promote health issues / real-life experiences - Work safe practices – OHS protocols - Signs and PD to promote workplace free of sexual harassment, bullying, inequity, racism - Schools promoting student health e.g. having healthy canteen - Safe quality walking or cycle paths - Shaded play areas at schools and parks
Strengthening Community Action	Building links between the individual & community - Working together to achieve common goal - Participation = empowerment of communities	- Community Youth Action group asking for better access to counselling - Leaders/celebrities promote health & well-being at community events - Community fairs / events promoting positive health behaviours e.g. no smoking events, diabetes check-up booths
Reorienting Health Services	Change from formal clinical treat & cure to going out into the community to where a need exists and focus on preventative and population health approach	- Redirecting health services to areas of need e.g. free cervical cancer - Immunisations e.g. visit schools and workplaces - www.getthefacts.wa.gov.au interactive website health promotion on-line chlamydia testing - Mobile clinics visit areas in need e.g. rural and remote regions

Building Healthy Public Policy	A formal statement/procedure from the Government which outlines priorities & guidelines for action in response to health needs, available resources & political pressure • legislation, fiscal(financial) measures, taxations and organisational change in order to foster greater health equity	• Tax on alcohol, cigarettes e.g. decreases the number of users • Anti-smoking laws and legislation e.g. no smoking in restaurants, cars with children, plain packaging • Government funded research e.g. evidenced base curriculum and resources for school health education programs • Drink Driving laws e.g. reduce road fatalities

Activity Eighteen

Identify and define **three** action areas of the Ottawa Charter. Describe **one** strategy for each area that would help to address the specific issue of improving the access to health care of people in geographically isolated areas.

Activity Eighteen

Strategies to Reduce Health Inequities within the Ottawa Charter

Strategies within the Ottawa Charter to reduce health inequities within a specific population group are Enabling, Mediating and Advocating. These are not to be confused with the strategies required to reduce health inequities. The easiest way to remember when to use E, M, A is if they are referred to by name or linked with the Ottawa Charter.

For Example:
- Define the term Enabling and provide an example of how this strategy reduces health inequities
- How is the Ottawa Charter used to reduce health inequities?

Activity Nineteen

Define the following terms and provide **two** examples of how it could reduce health inequities within a specific population group. Use the Health Studies textbook to assist.

Enabling

Mediating

Advocating

Activity Twenty

The strategies of Enabling, Mediating and Advocating within the Ottawa Charter are used to reduce health inequities within specific population groups. Define each strategy and provide **one** example of how it can be used to reduce the incidence of mental health issues in rural and remote regions.

Enabling –

Example –

Mediating –

Example –

Advocating –

Example –

Healthcare system reforms

What is the purpose of Australian Healthcare Reform?

- Social justice - allows equity for all, particularly low SES/disadvantaged to access free or low cost healthcare
- Allows for early interventions to reduce spread of disease and therefore early treatment
- Provides vital medicines to all Australians E.g. PBS scheme
- Encourages high income earners to obtain Private Health Insurance - reduce the strain on the public system. Frees up system for low SES/disadvantaged groups
- Provides preventative healthcare - screenings, vaccinations

The following healthcare system reforms are included in the Health Syllabus:
- private health insurance rebate
- public screening
- vaccination programs
- Pharmaceutical Benefits Scheme (PBS)

Activity Twenty-One Fill in the following table with aspects of the Australian Health system.

Public screenings:

Description/Key Features	Pros and Cons (at least 3 each)	Who is covered

PBS:

Description/Key Features	Pros and Cons (at least 3 each)	Who is covered

Private Health Insurance:

Description/Key Features	Pros and Cons (at least 3 each)	Who is covered

Public vaccination programs:

Description/Key Features	Pros and Cons (at least 3 each)	Who is covered

Activity Twenty-Two

Explain the purpose of the PBS safety net?

Activity Twenty-Three

Identify the public screening programs currently in Australia.

- B
- B
- H
- S
- C

How does the public screening program deliver equitable healthcare?

Influence of Culture on Beliefs, Attitudes and Values

Every culture has beliefs about health, disease, treatment and health care. This can be a challenge for health care workers, as they may not understand the culture that a patient comes from and the beliefs, language, thoughts and customs that come with it. Therefore, health care systems must respect individual cultural backgrounds in order to communicate effectively with patients.

Belief – an acceptance that something may be true
Attitude – how you feel towards something, a like or dislike, positive or negative feeling
Value – one's principles of standards and behaviours, to hold something in high regard, very difficult to change

Beliefs such as what is right and wrong are reflected in laws, rituals and customs of a particular culture. Values are central to a culture and are the least likely to change. For beliefs to change within a culture, many elders or influential people within groups must implement the new change.

Every culture has beliefs about health, disease, treatment and health care. This can be a challenge for health care workers, as they may not understand the culture that a patient comes from and the beliefs, language, thoughts and customs that come with it. Therefore health care systems must respect individual cultural backgrounds in order to communicate effectively with patients.

Major factors that create differences between cultural groups include:
- Education level
- English language proficiency
- Financial resources
- Sexual orientation
- Geographic location
- Adherence to customs and behaviours

Breaking this down further into examples of Health Care issues arising from cultural differences.
- Mistrust of Western medicine
- What causes illness – evil spirits vs understanding of disease
- Role of spirit in death
- Healing customs
- Medication, food and diet
- Role of elders or cultural leaders
- Some diseases are stigmatised
- Patient interactions – eye contact
- Gender roles
- Acceptance of preventative medicine
- Traditional therapies – herbs, religious beliefs

View the following YouTube clip: Understanding community barriers and enablers impacting upon help-seeking (Note - CALD = Culturally and Linguistically Diverse)
https://www.youtube.com/watch?v=J90VrUQMpOI

Activity Twenty-Four

How do cultural traditions and habits influence a person's BVA's towards accessing treatment and healthcare services?

In the answer box below: Name a specific population group. Provide 4 examples linked to culture and its implications for accessing healthcare.

Population group _____

Example – Mistrust of Western medicine

-
-
-
-

Impact of Culture on Decision Making

Questions in tests and WACE exams will use one of the following Health Contexts - as stated in the 12 ATAR Health Syllabus:

- Organ and tissue donation
- Childbirth
- Blood transfusions

WACE Example:
- Explain **two** ways culture can affect health decision making with respect to organ donation and transplants.   (4 marks)

When writing a response to this question. You will need to link in the healthcare issues which arise from cultural differences.

How does culture play a role in childbirth? Provide **three** examples.

For example:
- Some cultures may not believe in attending medical facilities for childbirth, instead preferring home birthing and assistance from family members
- Medicines - some cultures may use alternative medicines and treatments during childbirth, there for an epidural or other procedures may not be allowed
- Gender roles – male doctors/nurses may not be able to be part of the childbirth team, due to cultural roles and traditions

Activity Twenty-Five

How does culture impact on an individual's beliefs, attitudes and values in regards to accessing blood transfusions? Provide **three** examples.

Influence of Environmental Factors on Health Behaviours of Cultural Groups

Geographic Location and Social Networks

Geographic Location: The physical environment (location / neighbourhood / green space) can impact on the 'culture' of particular community groups. For example, individuals who live in areas with access to green space, fresh fruit and vegetable shops and recreation areas are more likely to participate in behaviours which impact their health in a positive manner. Environments such as rural and remote may find it more difficult to practice healthy behaviours due to limited access to reaction centres, fresh food options and distance between themselves and their neighbours. This could increase mental health issues, obesity and social isolation.

Activity Twenty-Six

How can the physical environment create a culture of unhealthy/healthy behaviours within a community?

Healthy Behaviours -   Unhealthy Behaviours -

Social Networks: The connections one has between friends, family, colleagues, peers and others. Social networks can encourage and individual or group to participate in healthy or unhealthy behaviours depending upon group norms. For example, if a young person's peer group views alcohol in a positive manner, they are more likely to partake in drinking. If they view getting drunk as a normal behaviour, this too will influence the individual. Well-connected groups offer individuals positive social support and can promote one's self-esteem and confidence. Meanwhile a poorly-connected group may cause social isolation or unhealthy behaviours to occur.

Activity Twenty-Seven

How does a young person's social network impact on their behaviour and view towards sexting? Provide **two** examples.

Language and Cultural Influences on Relationship Building in Health Settings

Cultural competence in healthcare refers to the ability for healthcare professionals to demonstrate cultural competence toward patients with diverse values, beliefs, and feelings. Read more about Cultural competence in healthcare in this Wikipedia article: https://en.wikipedia.org/wiki/Cultural_competence_in_healthcare#cite_note-TL-1

View the following YouTube clip in regards to Cultural Competency in healthcare. https://www.youtube.com/watch?v=Dx4Ia-jatNQ

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Some examples of demonstrating cultural competency in the healthcare setting include:
- using an interpreter
- writing down treatment plans for the patient in simple terms
- trying to avoid using 'medical jargon' when explaining treatment plans
- listening carefully to the patient and confirming they have understood you (have them tell it back to you)
- recognising that families use alternative treatments
- understanding that your beliefs and values may be different – need to be okay with this to treat people
- respecting different cultural perceptions / behaviours – recording down how your patient likes to be treated, this can help other care workers

Activity Twenty-Eight

Brainstorm below, barriers specific to language and culture, which can make building relationships in health settings challenging.

For example:
• Eye contact
•
•
•

Activity Twenty-Nine

Discuss how these barriers can be overcome in the healthcare setting through developing trusting and effective relationships between patient and care giver. Provide **two** examples below.

For example: As a health practitioner, try to avoid using medical jargon when discussing treatment plans, as this will confuse the patient.

Activity Twenty-Nine

Conflict between Norms of Specific Groups and Majority Norms

Norms: customs and expectations which guide behaviours. Norms help to explain what people do in specific situations.

Majority Norms: customs, rules and expectations / standards which more than 50% of the populations or community believe / follow.

Norms of a Specific Group: social and cultural norms that are specific to a particular group, community or population.

There are some norms that are specific to particular groups. These norms are often in conflict with the majority norms of the country in which they preside. Behaviours displayed by people from these groups could be considered rude or inappropriate which can create division, embarrassment or conflict.

Use the provided information and your *Year 12 ATAR Health Studies* textbook by Emily Lockhart to help you.

Activity Thirty

Outline how the specific cultural norms of a group may result in conflict with the majority norms of the society they live in.

Activity Thirty-One

Discuss how these conflicting norms may result in social exclusion and the impact this can have on one's health.

Health Inquiry Process

The health inquiry process is used to explore health issues, gather epidemiological data and research information with the purpose of developing evidence-based conclusions and making recommendation to improve the health and well-being of population groups. As per the Health Syllabus the Health Inquiry process is divided into 4 sections with sub-sections.

Health inquiry
- planning a health inquiry
  - identification and analysis of a health issue
  - development of focus questions to research a health issue

- use of a range of information to explore a health issue
  - identification and use of a range of reliable information sources
  - identification and application of criteria for selecting information sources

- interpretation of information
  - summary of information
  - identification and analysis of trends and patterns in data
  - development of argument
  - development of evidence-based conclusions

- presentation of findings in appropriate format to suit audience

To further break down each health inquiry section for ease of understanding see below:

Section	Explanation
Planning a health inquiry	• State the purpose of the inquiry Examples of how to start 'purpose statement' • This inquiry will ……. • This inquiry aims to recommend effective preventative strategies for …….. • The purpose of this inquiry is to find out why …. Focus Questions (must start with) • Who • What • When • Why • Where • How Example questions • How can cancer be prevented (poor focus question too vague) • Which primary prevention strategies are best used to prevent cervical cancer in Australia? (specific, higher order thinking)

Use a range of information to explore the health issue	Identification and use of a range of reliable information sources • Internet - search engines, data base, .org, .gov, .edu.au (reliable websites) • Books - journals, encyclopaedias, biography, dictionaries • Media - newspapers, brochures, flyers • Interpersonal - interviews, focus groups, surveys (with GPs, Doctors, - people linked to the health issue) Identification and application of criteria for selecting information sources (checklist) • Recent – publication date, is the information current within the last 5 years • Reputation of publication – is the source well-known, is it a government website / health organisation • Reputation of author – has the author had their work peer-reviewed, are they an expert in their field • Location of publication – is the information Australia, or is it from overseas, does it fit to the audience • Personal Gain – does the author stand to benefit from his information $$$$, therefore is the information bias • Bias – is the article/information one-sided Websites • Is there advertising / sponsorship to be gained • Is the authors credentials/ contact details available • What is the URL - .gov or .edu are more reputable
Interpretation of Information	Summary of information • Select key points, condense findings in preparation for outlining argument Identification and analysis of trends • What is the general direction the health data is moving in, can be a positive or negative trend Developing an argument • Choose a position based on your research (for / against) • Choose and organise evidence to support your argument based on your research Development of evidence based conclusions • Conclusive summary based upon evidence found in research, linked to argument
Presentation of findings	Findings of the health inquiry can be presented in a variety of formats. When developing your presentation, it is important to consider who your target audience is. • Report • Oral presentation • Poster / wall chart • Website / blog / prezie

Activity Thirty-Two

Match the definition with the correct term. Draw an arrow from the term to the definition.

Term		Definition
Trend		An open-ended statement that seeks to delve into the issue of problem
Health issue		A summary of the findings based on information from accessing multiple, reliable data sources
Focus question		To put forward a point of view in an objective, well-reasoned way
Argument		A problem that affects an individual or wider community
Evidence-based conclusion		The general direction in which something is moving

Activity Thirty-Three

Currently 1 in 3 children are considered overweight/obese in Australia. This is a serious public health issue and rates of obesity continue to increase, despite education programs. Design an inquiry to investigate this health issue.

a) State the purpose of this inquiry.

b) List **four** focus questions you could use to research the issue.

c) Outline **three** sources from which you could obtain reliable information that is relevant to the inquiry.

D) Outline **two** arguments you would put forward to encourage people to attend and engage in the discussion.

Activity Thirty-Four

Identify and discuss **five** criteria you would apply to determine whether information gathered is from reliable sources.

Activity Thirty-Four