

Health Promotion Masterclass



Welcome and Introductions

Learning Objectives

Learning Outcome	UKPHR Standard
• Be aware of key terms and concepts used in health promotion	5
• Describe the determinants of health and how they can impact on health	5
• Discuss advantages and disadvantages of population vs individual approaches to health promotion	5
• Be aware of different health promotion approaches, including health education, stages of change model, behavioural insight approaches, legislation and the health belief model	5
• Be aware of health inequalities and examples of these	5
• Discuss how knowledge of health determinants and health promotion approaches can be used when planning a health promotion intervention	9

Outline of session

Approximate Time	Session
9.30 – 10.30	<ul style="list-style-type: none">• What is health promotion?• Wider determinants of health• What are health inequalities?
10.30 – 10.40	<ul style="list-style-type: none">• Break
10.40 – 12.00	<u>Health promotion approaches:</u> <ul style="list-style-type: none">• Population and targeted approaches to health promotion• Health education• Individual behaviour change models: stages of change and health belief models• Behavioural insights (nudging)• Legislation
12.00 – 12.30	<ul style="list-style-type: none">• Lunch
12.30 – 2.00	<ul style="list-style-type: none">• Health promotion group task• Groups feed back• Evaluation
2.00	<ul style="list-style-type: none">• Session ends

WHAT IS HEALTH PROMOTION?

TASK

Health Promotion is.....

1. Current role
 2. Health promotion is....
 3. An example of a health promotion project you have worked on
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HEALTH PROMOTION BINGO

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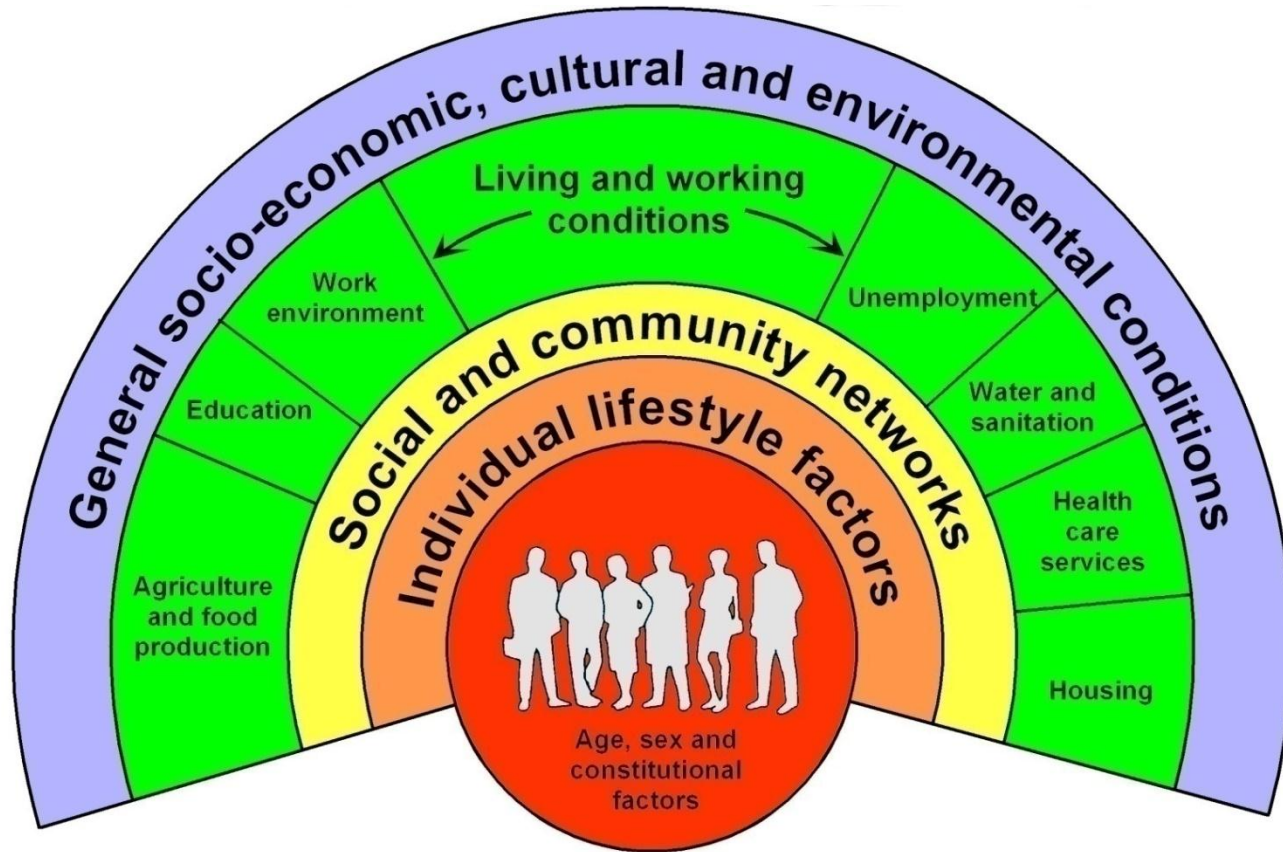


Health Promotion

Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health'

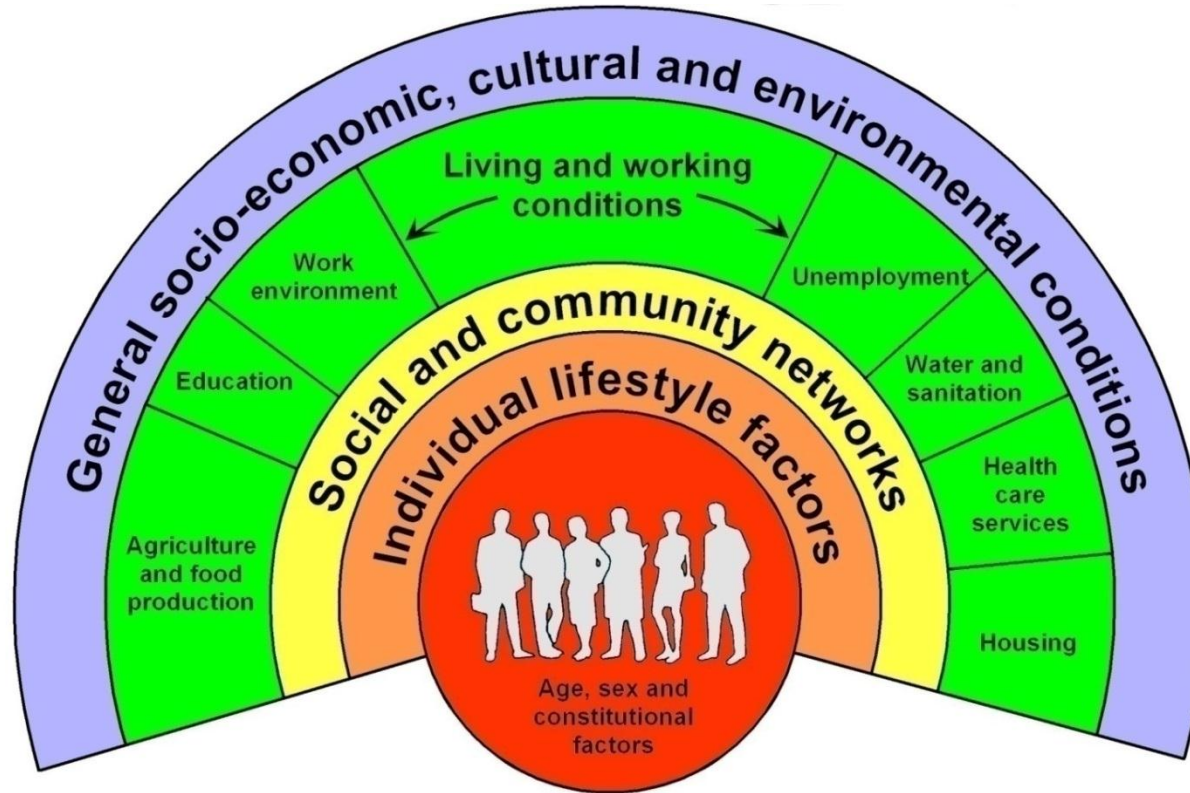
(WHO, 1986)

The wider determinants of health



Source: Dahlgren and Whitehead, 1991

WIDER DETERMINANTS TASK



Source: Dahlgren and Whitehead, 1991

What are health inequalities?

VOTE: Which of these is the WHO definition of health inequalities?

- a) Differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives
 - b) *Avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.
 - c) Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age. There is a 'social gradient' in health – the lower a person's position in society, the worse their health
-

Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost

Male Life
Expectancy
77.7 (CI 75.6-79.7)

Female Life Expectancy
84.2 (CI 81.7-86.6)

Westminster

Waterloo

Southwark

London Bridge

Bermondsey

Canada
Water

Canary
Wharf

Canning Town

North
Greenwich

Male Life
Expectancy
71.6 (CI 69.9-73.3)

Female Life
Expectancy
80.6 (CI 78.7-82.5)

London Underground

Jubilee Line

HEALTH INEQUALITIES EXAMPLES

TASK:

With the person sitting next to you discuss:

- What examples of health inequalities have you observed or worked on in your role?

For those of you undertaking practitioner registration, you may be able to use these kind of examples in your commentaries towards the standards around health inequalities – (e.g. 5d or 9.iii)

POSSIBLE EXAMPLES OF HEALTH INEQUALITIES

Individuals with learning disabilities having lower than average uptake of screening services

Individuals with mental health issues having poorer physical health than those without mental health issues

People living one area of the County living an average of 5 years longer than people living in another area of the County

People from Black and minority ethnic groups less likely to access health services (even when adjusted for need)

People from lower socioeconomic classes are more likely to be obese than those from higher socioeconomic classes

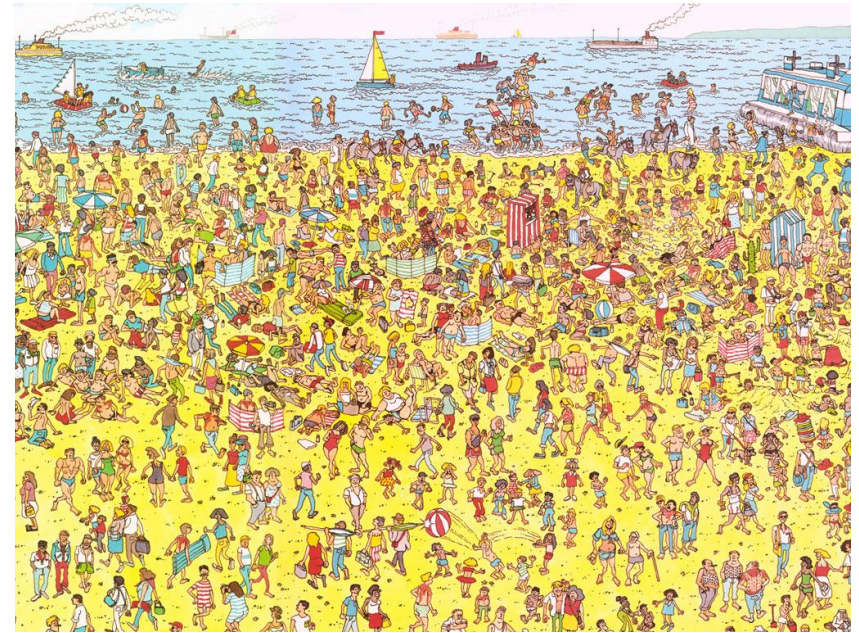
People with learning disabilities or difficulties being less likely to be in employment than those without such disabilities

BREAK

APPROACHES TO HEALTH PROMOTION



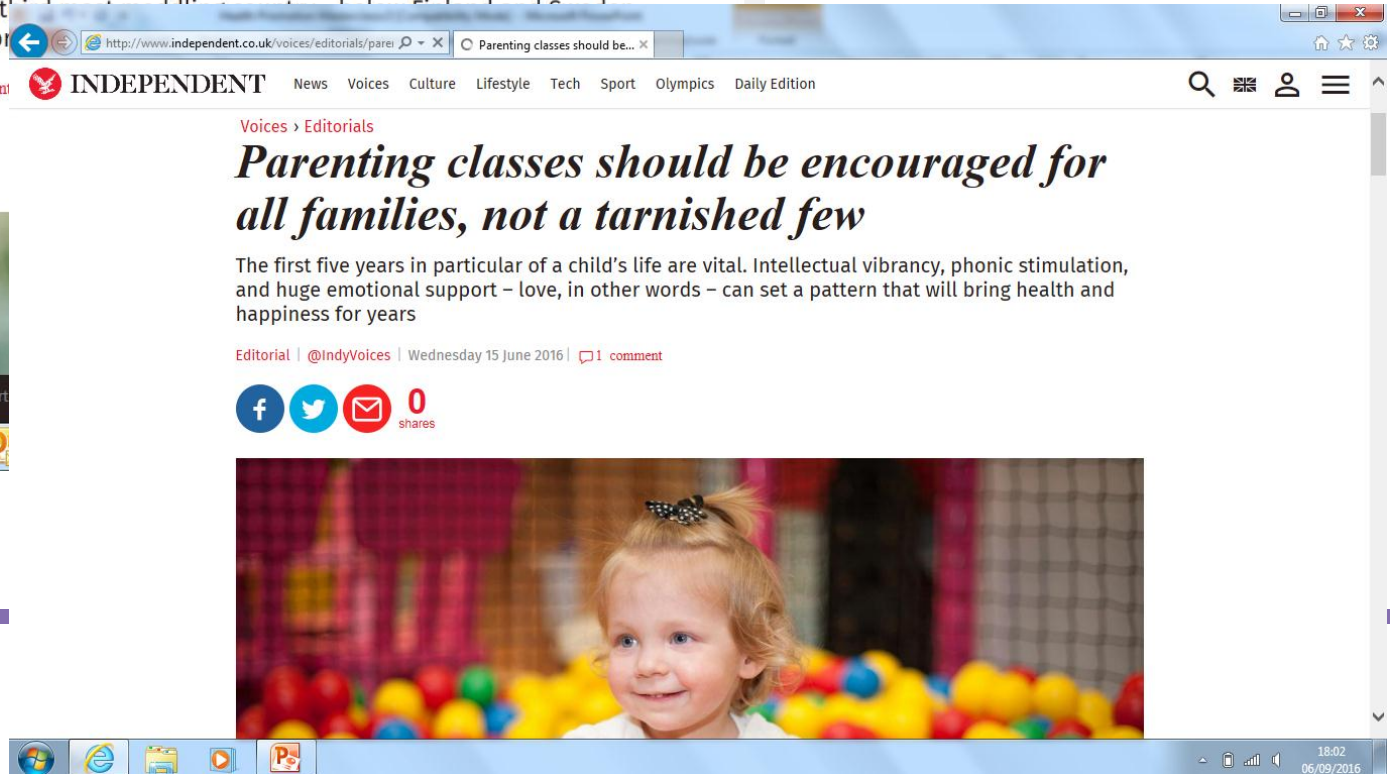
POPULATION APPROACH VS TARGETED APPROACH



POPULATION APPROACH VS TARGETED APPROACH: TASK

- On your tables, come up with a list of advantages and disadvantages of:
 - a) A population based approach to public health
 - b) A targeted approach to public health
-

Challenges.....



Population vs Targeted

	Disadvantages	Advantages
High-risk (targeted) approach	<ul style="list-style-type: none">Difficulties of identifying those at “high risk”Limited potential for population health improvementDoes not address social norms that frame health behaviour	<ul style="list-style-type: none">Intervention appropriate for individualMotivation highstaff motivation also highCan be cost-effective
Population approach	<ul style="list-style-type: none">Only a small benefit for the majority of individuals - (prevention paradox)Poor motivation to complyPossibly poor motivation of professionals due to less perceived effectCan be expensive	<ul style="list-style-type: none">Seeks to remove root causesLarge potential for whole population improvementSeeks to shift population norms

HEALTH EDUCATION



Fear



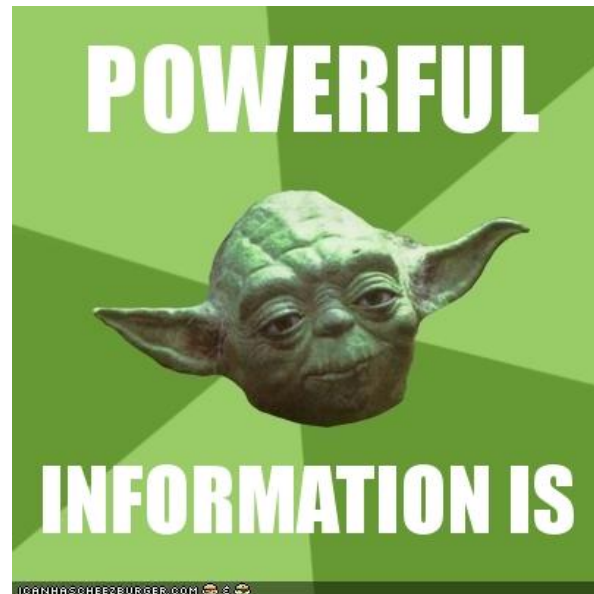
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Aspiration



HEALTH EDUCATION CAMPAIGNS: DO THEY WORK?

Sometimes.... But.....



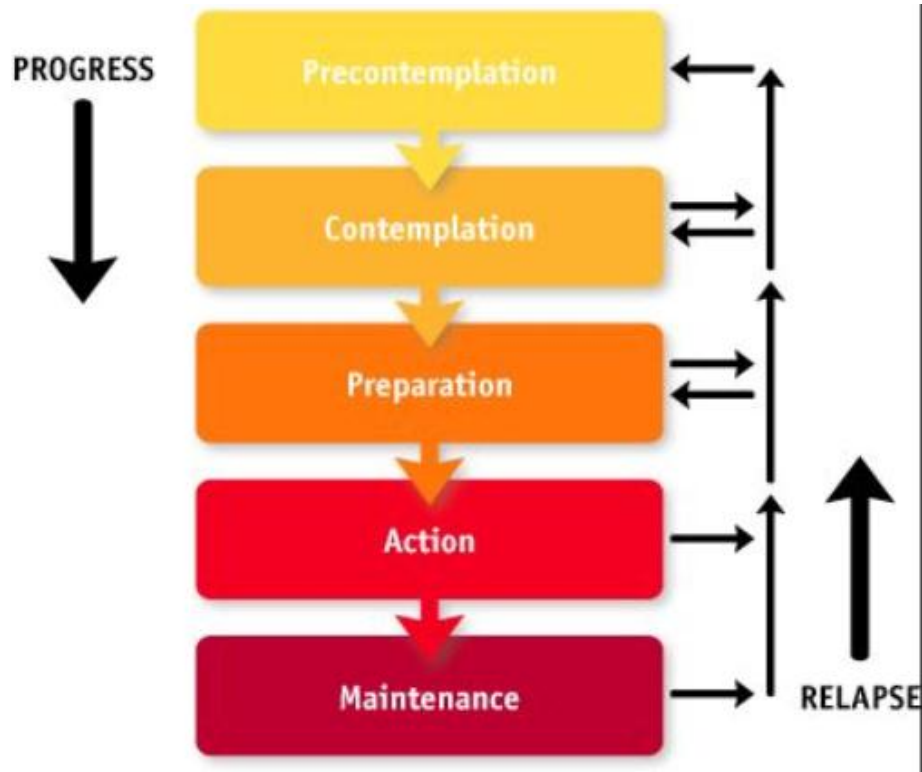
“Information campaigns must be coupled with other services and interventions if they are to bring about changes in often complex and habitual lifestyle behaviours” (p12:Kings Fund)

More than just education...

Behaviour Change Models:

Stages of Change Model

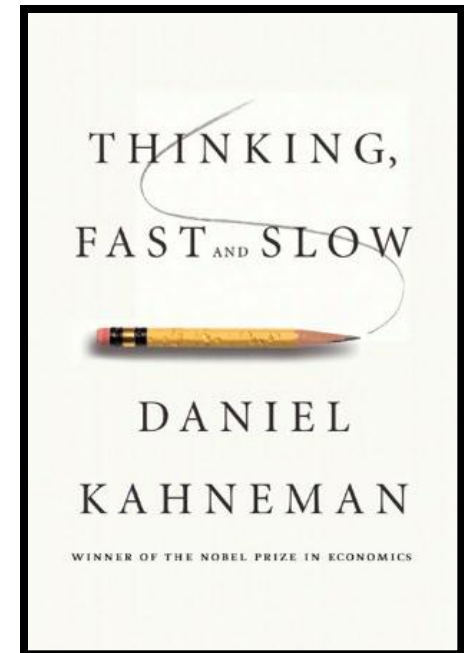
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Prochaska & DiClemente

- Individuals go through several stages before changing behaviour
- Key is stage-specific communication and interventions
- Often used in smoking cessation

Expectation of rational behaviour?

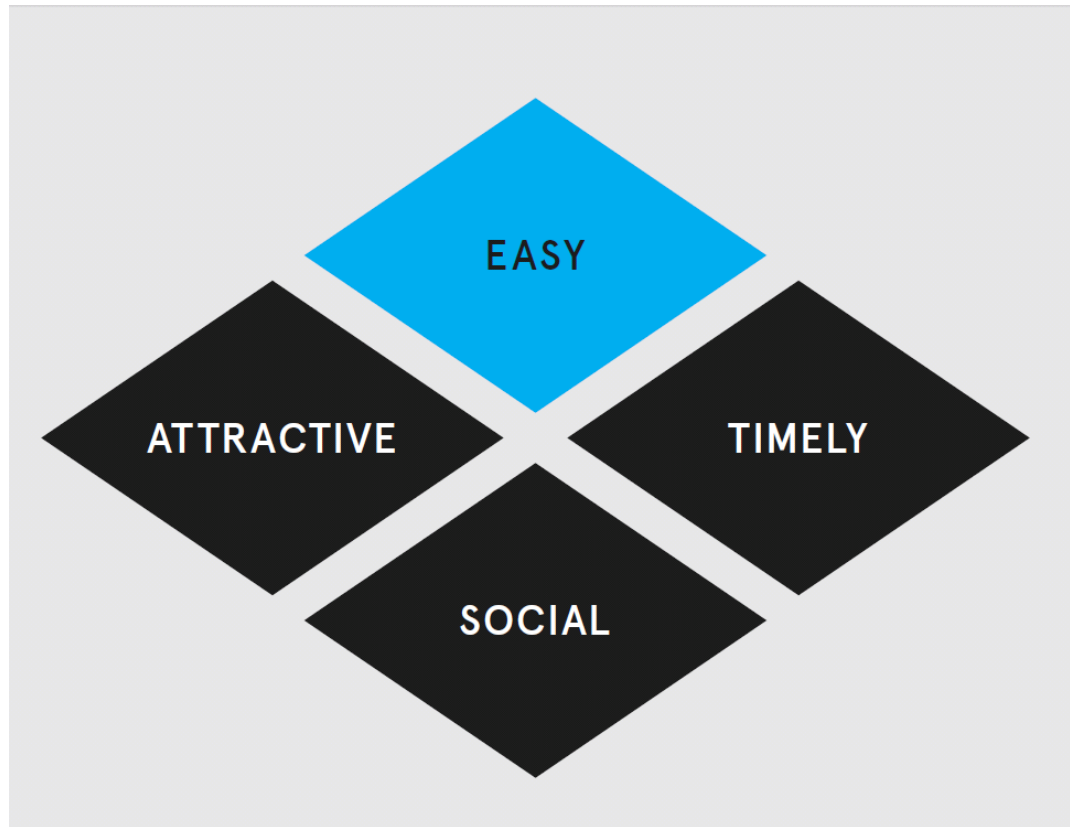


Behavioural Insights: “Nudges”



TASK: The preparation for the session included reading the “judging nudging” article and thinking of ways you have used “nudges” in your work and ways you could use “nudges” in your role in the future

Behavioural Insights



BEHAVIOURAL INSIGHT TASK

With the person sitting next to you, spend 5 minutes discussing how you could improve vaccination uptake by making it:

- Easier
- More attractive
- Social
- Timely



Behavioural Insights in Action

Dear XXXX

We are inviting you to attend your free NHS Health Check.

NHS Health Checks are being offered to people aged between 40 and 74 once every five years.

The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. If there are any warning signs, then together we can do something about it.

By taking early action, you can improve your health and prevent the onset of these conditions. There is good evidence for this.

The check should take about 20–30 minutes and is based on straightforward questions and measurements such as age, sex, family history, height, weight and blood pressure. There will also be a simple blood test to measure your cholesterol level.

Following the check, you will receive free personalised advice about what you can do to stay healthy.


Take a look at the enclosed leaflet for more information about the NHS Health Check and how it could benefit you.

Please call the surgery to book your appointment on XXXXXXXX.

Yours sincerely

Dr XXXX

Free NHS Health Check
Helping you prevent heart disease, stroke, diabetes and kidney disease.



Old letter

Dear XXXX

You are due to attend your NHS Health Check.

Please call us on 0207 222 5555 to book your appointment and record the date and time on the slip below.


Take a look at the enclosed information about the NHS Health Check and how it would benefit you.

Yours sincerely

Dr XXXXXXXXXX

Please record your appointment time and location here and stick this to the fridge

My NHS Health Check is at _____ on _____ at _____
location date time

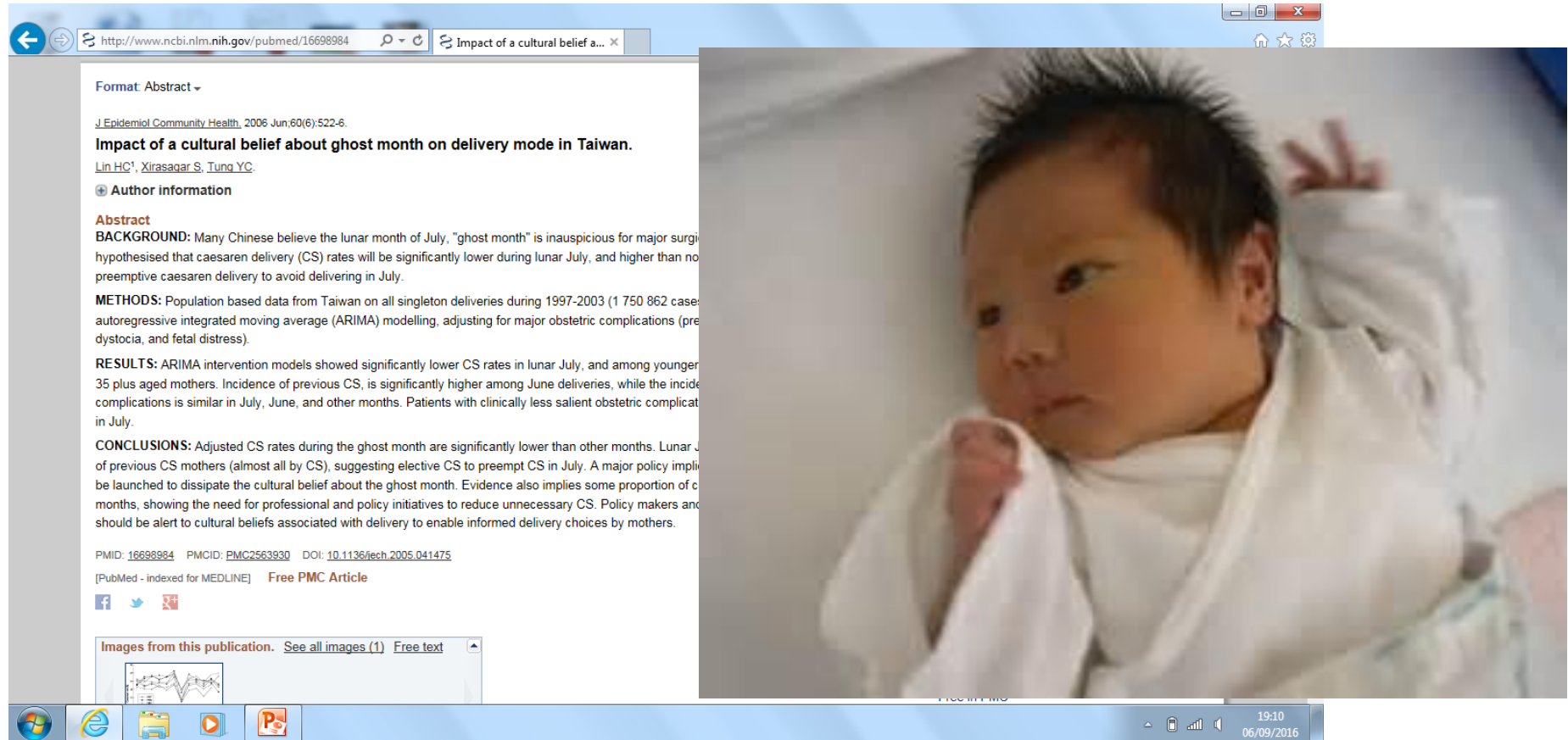


‘nudge’ letter

LEGISLATION



Health Beliefs



The screenshot displays a web browser window with a single tab titled "Impact of a cultural belief a...". The address bar shows the URL <http://www.ncbi.nlm.nih.gov/pubmed/16698984>. The page content is a PubMed abstract for the article "Impact of a cultural belief about ghost month on delivery mode in Taiwan." by Lin HC¹, Xirasagar S, Tung YC.

Format: Abstract ▾

J Epidemiol Community Health. 2006 Jun;60(6):522-8.

Impact of a cultural belief about ghost month on delivery mode in Taiwan.
Lin HC¹, Xirasagar S, Tung YC.

Author information

Abstract

BACKGROUND: Many Chinese believe the lunar month of July, "ghost month" is inauspicious for major surgery. We hypothesised that caesarean delivery (CS) rates will be significantly lower during lunar July, and higher than non-lunar July. We conducted a population-based study to test this hypothesis.

METHODS: Population based data from Taiwan on all singleton deliveries during 1997-2003 (1 750 862 cases) were analysed using autoregressive integrated moving average (ARIMA) modelling, adjusting for major obstetric complications (pre-eclampsia, fetal distress, and fetal distress).

RESULTS: ARIMA intervention models showed significantly lower CS rates in lunar July, and among younger mothers. Incidence of previous CS, is significantly higher among June deliveries, while the incidence of obstetric complications is similar in July, June, and other months. Patients with clinically less salient obstetric complications in July.

CONCLUSIONS: Adjusted CS rates during the ghost month are significantly lower than other months. Lunar July of previous CS mothers (almost all by CS), suggesting elective CS to preempt CS in July. A major policy implication would be launched to dissipate the cultural belief about the ghost month. Evidence also implies some proportion of CS rates in other months, showing the need for professional and policy initiatives to reduce unnecessary CS. Policy makers and clinicians should be alert to cultural beliefs associated with delivery to enable informed delivery choices by mothers.

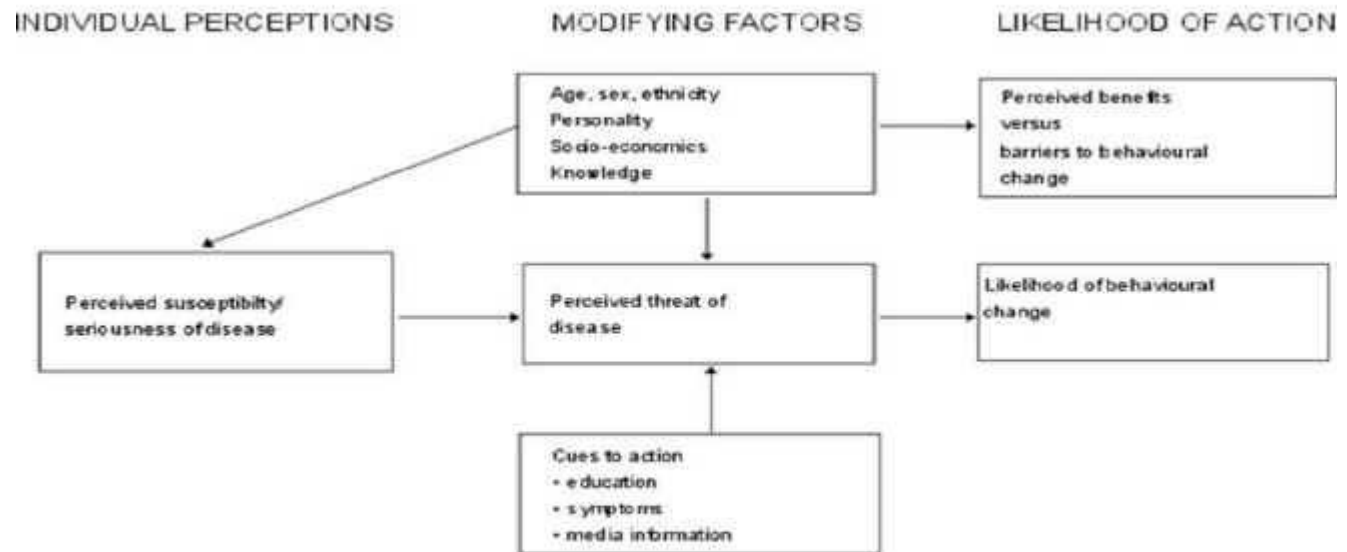
PMID: 16698984 PMCID: PMC2563930 DOI: 10.1136/jech.2005.041475
[PubMed - indexed for MEDLINE] [Free PMC Article](#)

Images from this publication. [See all images \(1\)](#) [Free text](#)

The right side of the screenshot features a photograph of a newborn baby wrapped in a white cloth, lying in a hospital bed. The baby has dark hair and is looking towards the camera. The background is a plain, light-colored wall.

The Windows taskbar at the bottom shows the Start button, several application icons (Internet Explorer, File Explorer, Media Center, PowerPoint), and the system clock displaying 19:10 on 06/09/2016.

HEALTH BELIEF MODELS



LUNCH

Planning a Health Promotion Intervention

- Assess need
 - What works? Assess evidence
 - Identify resources
 - Identify Aims, Objectives and Targets
 - Agree Intervention and How it will be carried out
 - Evaluation
-

HEALTH PROMOTION TASK

SCENARIO

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- You are working for a public health team in a County Council, and recently a new Councillor has started at the Council with the portfolio (responsibility) for public health. The Councillor has looked at the health data for your local area and has identified five areas that he thinks need improving. These areas are:
- Increasing physical activity among adults
- Reducing social isolation (loneliness) among the elderly
- Reducing the number of pregnant women who smoke
- Increasing the proportion of women who attend their breast screening appointment
- Reducing the amount of binge drinking among young people
- He has asked the public health team to give him a five minute verbal briefing on one possible public health intervention that could be carried out to tackle each issue.

HEALTH PROMOTION TASK

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- Discuss the following:
- What is your idea for a health promotion intervention?
- Is it a population based or targeted approach?
- Which health promotion theory is this intervention based on (e.g. health education campaign; stages of change, behavioural insight, legislation (e.g. making local legislation such as planning restrictions/changes or lobbying for a change in national legislation), wider determinants model)
- What is the aim of the intervention?
- What impact might the intervention have on inequalities?
- What might be some limitations of the intervention?

Prepare a 5 minute verbal presentation on an idea for a health promotion intervention to tackle the health issue your group has been given. The presentation should cover the 6 points above

Further Resources:

Health inequalities:

- Acheson report: <https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report>
- Marmot review: <https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- NICE Guidance on health inequalities and population health <https://www.nice.org.uk/advice/lgb4/chapter/introduction>
- Local action on health inequalities: evidence papers <https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>
- Marmot indicators: local authority profiles <https://www.instituteofhealthequity.org/uk/marmot-indicators-2014-supporting-documents>
- Inequalities data sources http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx

Health Promotion

- Health knowledge online textbook: Principles and practice of health promotion <http://www.healthknowledge.org.uk/public-health-textbook/disease-causation-diagnostic/2h-principles-health-promotion>
- Using information to promote healthy behaviours: Kings' Fund <https://www.kingsfund.org.uk/sites/files/kf/Using%20information%20to%20promote%20healthy%20behaviours.pdf>
 - EAST (behavioural insights) <http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/>
 - NICE briefings for local authorities
 - <https://www.nice.org.uk/guidance/published?type=lgb>

Recap of session

Session

- What is health promotion?
- Wider determinants of health
- What are health inequalities?

Health promotion approaches:

- Population and targeted approaches to health promotion
- Health education
- Individual behaviour change models: stages of change and health belief models
- Behavioural insights (nudging)
- Legislation
- Health promotion group task

Learning Outcome

- **Be aware of** key terms and concepts used in health promotion
- **Describe** the determinants of health and how they can impact on health
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SESSION EVALUATION: MINUTE PAPER

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Thank you

Any further questions / feedback?

Clare.ebberson@nhs.net