Health Promotion Masterclass
Welcome and Introductions
# Learning Objectives

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

<table>
<thead>
<tr>
<th>Approximate Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 9.30 – 10.30     | • What is health promotion?  
                  | • Wider determinants of health  
                  | • What are health inequalities? |
| 10.30 – 10.40    | • Break |
| 10.40 – 12.00    | 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 |
| 12.00 – 12.30    | • Lunch |
| 12.30 – 2.00     | • Health promotion group task  
                  | • Groups feed back  
                  | • Evaluation |
| 2.00             | • 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
HEALTH PROMOTION
BINGO
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)

---

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
Nanny State Index: 'Excessive' regulation and 'sin taxes' make UK the worst place in the EU to be a wine drinker or smoker

The report ranks the UK as the bloc’s third worst killer when it comes to regulating citizens pr

Parenting classes should be encouraged for all families, not a tarnished few

The first five years in particular of a child’s life are vital. Intellectual vibrancy, phonic stimulation, and huge emotional support – love, in other words – can set a pattern that will bring health and happiness for years
## Population vs Targeted

<table>
<thead>
<tr>
<th>High-risk (targeted) approach</th>
<th>Disadvantages</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Difficulties of identifying those at “high risk”</td>
<td>Intervention appropriate for individual</td>
</tr>
<tr>
<td></td>
<td>Limited potential for population health improvement</td>
<td>Motivation high</td>
</tr>
<tr>
<td></td>
<td>Does not address social norms that frame health behaviour</td>
<td>staff motivation also high</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be cost-effective</td>
</tr>
</tbody>
</table>

| Population approach | Only a small benefit for the majority of individuals - (prevention paradox) | Seeks to remove root causes |
|                     | Poor motivation to comply | Large potential for whole population improvement |
|                     | Possibly poor motivation of professionals due to less perceived effect | Seeks to shift population norms |
|                     | Can be expensive | Can be expensive |
Fear

Aspiration

WHAT WILL YOU MISS?

EAT MORE, GET MORE.

Find out more - www.5aday.nhs.uk
“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

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

Procaska & DiClemente
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

- Easy
- Attractive
- Timely
- Social
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
**Behavourial Insights in Action**

**Old letter**

Dear Xxx,

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. 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 XXXXX.

Yours sincerely,

Dr XXXX

---

**Free NHS Health Check**

Helping you prevent heart disease, stroke, diabetes and kidney disease.

---

**‘nudge’ letter**

Dear Young,

You are due to attend your NH Health Check.

Please call us on 0507 212 0505 to book your appointment and record the date and time on the slip below.

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

Yours sincerely,

Dr XXXXXXXXXXX

---

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
Calls for ‘sugar tax’ to reduce rise in child obesity

Zander Swainburne | Saturday 21 June 2014 | 0 comments

shares
Health Beliefs

Impact of a cultural belief about ghost month on delivery mode in Taiwan.

Liu HC, Ko CY, Tung YC.

Abstract

BACKGROUND: Many Chinese believe the lunar month of July, “ghost month,” is inauspicious for major surgery and are hypothesised that caesarean delivery (CS) rates will be significantly lower during lunar July, and higher than non-ghost months, to avert delivering in July.

METHODS: Population based data from Taiwan on all singleton deliveries during 1997-2003 (1,750,882 cases) were analysed by autoregressive integrated moving average (ARIMA) modelling, adjusting for major obstetric complications (pre-eclampsia, dystocia, and fetal distress).

RESULTS: ARIMA intervention models showed significantly lower CS rates in lunar July, and among younger women and mothers aged 35 and older. Incidence of previous CS was significantly higher among June deliveries, while the incidence of women with complications was similar in July, June, and other months. Patients with clinically less salient obstetric complications were more likely to deliver in July.

CONCLUSIONS: Adjusted CS rates during the ghost month are significantly lower than other months. Lunar July is a “high-risk” period for CS in June deliveries, among women aged 35 and older. Women with previous CS are at risk of elective CS to avoid delivery in July. A major policy implication is to launch new policies to dissuade the cultural belief about the ghost month. Evidence also implies some proportion of women deliver in July, showing the need for professional and policy initiatives to reduce unnecessary CS. Policy makers and providers should be alert to cultural beliefs associated with delivery to enable informed delivery choices by mothers.
HEALTH BELIEF MODELS

INDIVIDUAL PERCEPTIONS
- Perceived susceptibility/seriousness of disease

MODIFYING FACTORS
- Age, sex, ethnicity
- Personality
- Socio-economics
- Knowledge

- Perceived threat of disease

- Cues to action
  - Education
  - Symptoms
  - Media information

LIKELIHOOD OF ACTION
- Perceived benefits versus barriers to behavioural change
- Likelihood of behavioural change
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
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.
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:
  • 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
  • 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.behaviouralis.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

<table>
<thead>
<tr>
<th>• What is health promotion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wider determinants of health</td>
</tr>
<tr>
<td>• What are health inequalities?</td>
</tr>
</tbody>
</table>

### 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 |
| • **Discuss** advantages and disadvantages of population vs individual approaches to health promotion |
| • **Be aware of** different health promotion approaches, including health education, stages of change model, behavioural insight approaches, legislation and the health belief model |
| • **Be aware of** health inequalities and examples of these |
| • **Discuss** how knowledge of health determinants and health promotion approaches can be used when planning a health promotion intervention |
SESSION EVALUATION: MINUTE PAPER
Thank you

Any further questions / feedback?

Clare.ebberson@nhs.net