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ROYAL SOCIETY FOR PUBLIC HEALTH

VISION, VOICE AND PRACTICE

Level 2 Award in Understanding Health Improvement

Learning Outcomes

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1. Know how inequalities in health may develop and what the current policies are for addressing these
2. Understand how effective communication can support health messages
3. Know how to promote improvements in health and well-being to individuals
4. Understand the impact of change on improving an individual's health and well-being

Learning outcome 1

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Know how inequalities in health may develop and what the current policies are for addressing these, *by being able to:*

1.1 Give an example of health inequality, its effects and possible impact on local communities

1.2 Identify the factors leading to health inequalities

1.3 Outline the policies and methodologies for reducing inequalities in health

1.1 Examples of health inequalities

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Longer Lives

In 2015, one in three deaths in England was under the age of 75[1]

Longer Lives highlights premature mortality across every local authority in England, giving people important information to help them improve their community's health.

Local Authority Health Profile 2019

This profile gives a picture of people's health in Liverpool. It is designed to act as a 'conversation starter', to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit https://fingertips.phe.org.uk/profile/health-profiles for more area profiles, more information and interactive maps and tools.

Health in summary

The health of people in Liverpool is generally worse than the England average. Liverpool is one of the 20% most deprived districts/unitary authorities in England and about 26.3% (21,515) children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 11.1 years lower for men and 8.9 years lower for women in the most deprived areas of Liverpool than in the least deprived areas.

Child health

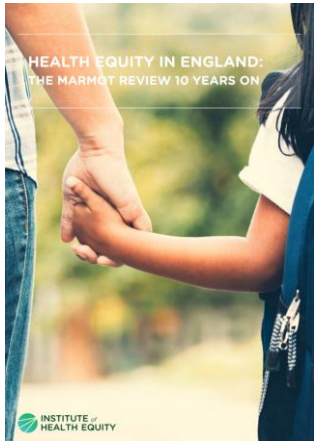
In Year 6, 24.9% (1,251) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 52*, worse than the average for England. This represents 48 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 997*, worse than the average for England. This represents 4,449 admissions per year. The rate for self-harm hospital admissions is 281*, worse than the average for England. This represents 1,455 admissions per year. Estimated levels of smoking prevalence (in routine and manual occupations) are better than the England average. The rate of new cases of tuberculosis is better than the England average. The rates of hip fractures in older people (aged 65+) and new sexually transmitted infections are worse than the England average. The rate of statutory homelessness is better than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.

* rate per 100,000 population

JOINT STRATEGIC NEEDS ASSESSMENT



1.2 Factors leading to health inequalities

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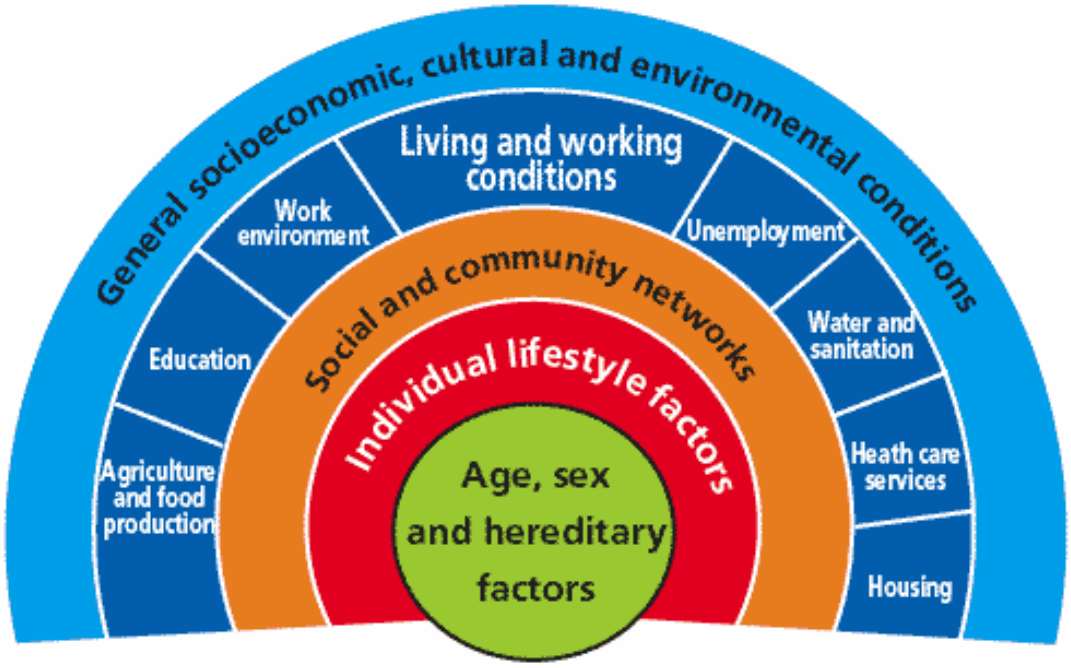

Dahlgren and Whitehead Model 1991

Office for National Statistics

NICE National Institute for Health and Care Excellence

1.3 Policies and methodologies for reducing health inequalities

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Healthy Lives, Healthy People

Our strategy for public health in England

UK Health Security Agency

NICE National Institute for Health and Care Excellence

Office for Health Improvement & Disparities

NHS
The NHS Long Term Plan

Activity……

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1. How would you define “Health Inequality”?

2. Give examples of how you would find data about levels of health inequalities in your area.

3. Provide five examples of factors which can lead to health inequalities.

4. Provide three examples of national policies or guidelines which aim to reduce health inequalities.

Learning outcome 2

Understand how effective communication can support health messages, *by being able to:*

2.1 Identify the communication skills that are effective in communicating health messages

2.2 Identify barriers to communication that may affect the understanding of health messages and strategies for overcoming these

2.3 State the role of effective communication in the promotion of health messages

2.1 Methods of effective communication

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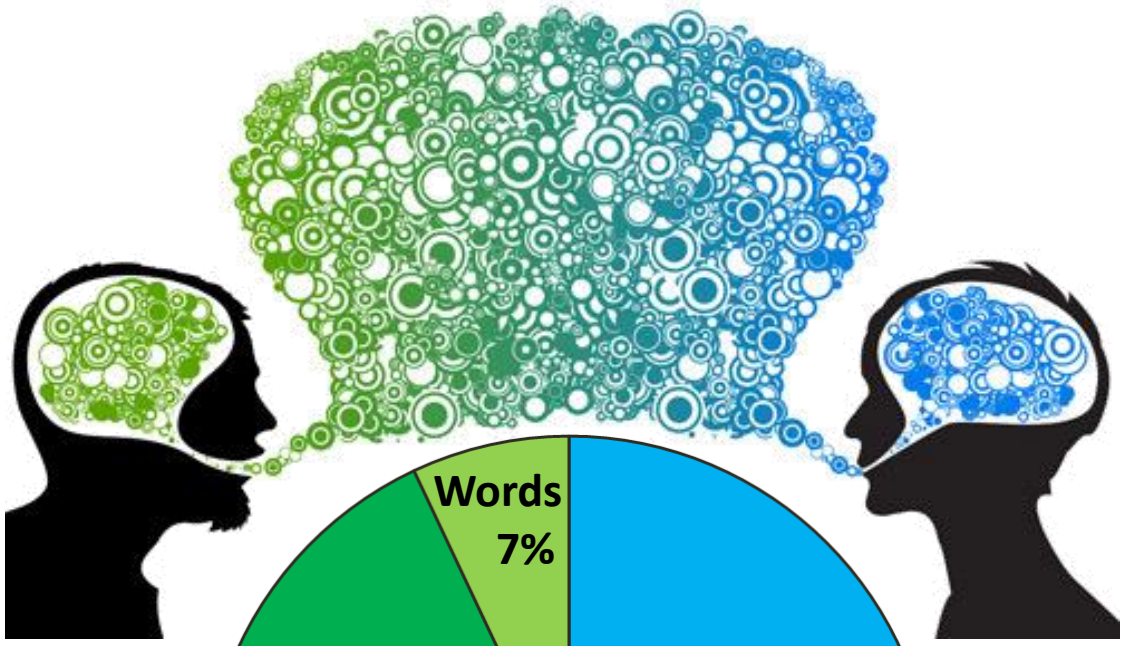

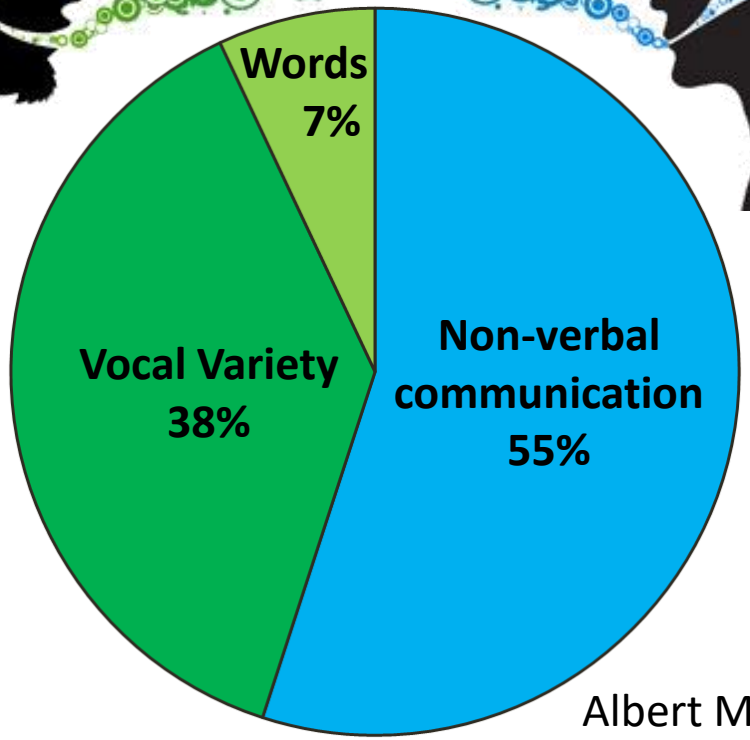

Albert Mehrabian Model

2.2 Barriers to communication

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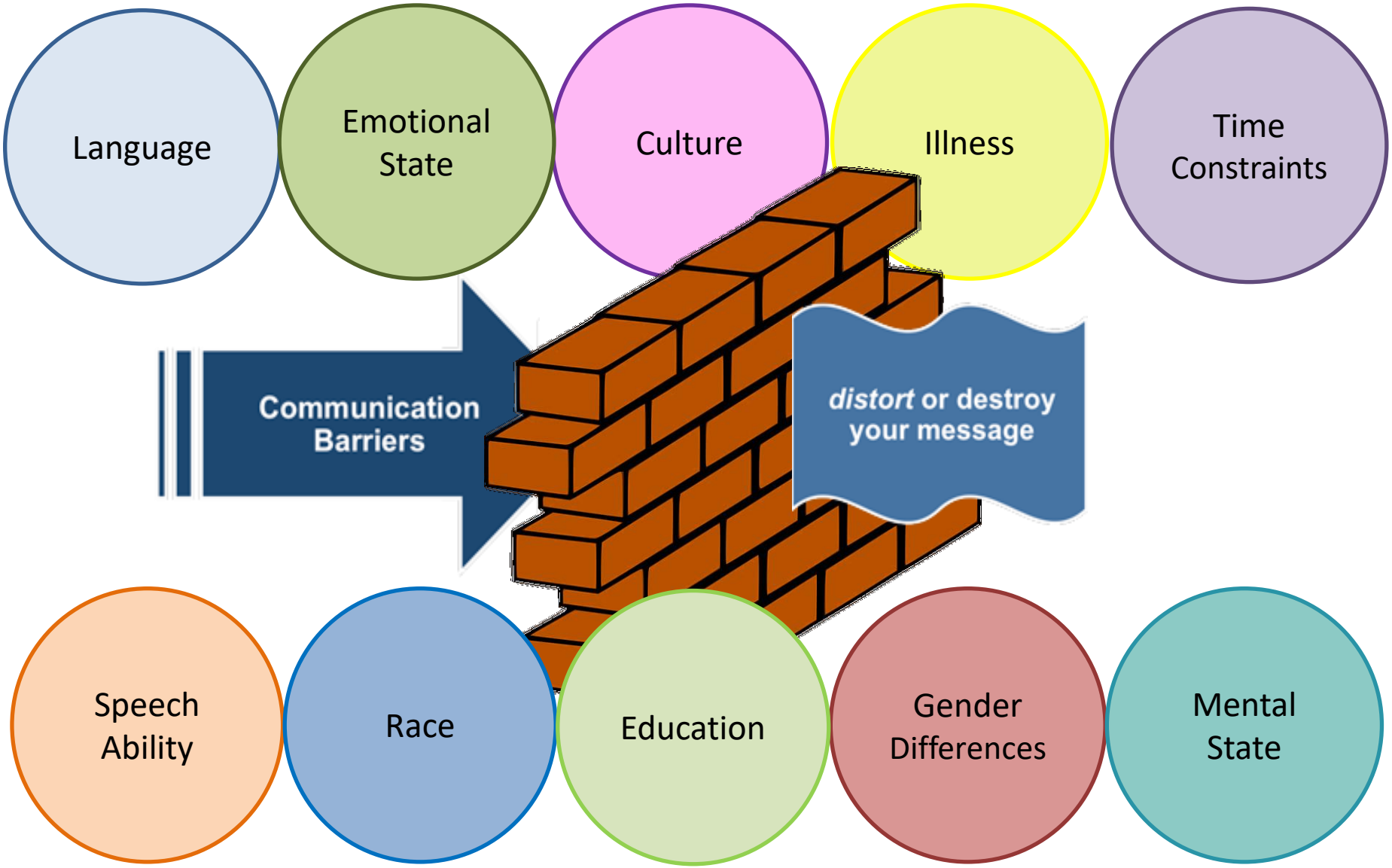

2.3 Role of effective communication

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ASK
ADVISE
ASSESS
ASSIST

Activity…..

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1. Provide examples of “open questions” and “closed questions”. How can each of these question types be used in effective communication?

2. State five barriers to communication that can affect the understanding of health messages. How can these barriers be overcome?

3. Outline the characteristics of “brief advice” and “brief interventions”, including examples of situations when each of these approaches is more appropriate.

Learning outcome 3

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Know how to promote improvements in health and well-being to individuals, *by being able to:*

3.1 Give the western scientific model and World Health Organisation definitions of the term 'health and well-being'

3.2 Identify positive and negative influences on health and well-being

3.3 Give an example of an approach to the promotion of health and well-being

3.4 Identify resources that can be used for promoting health and well-being

3.5 State how individuals can promote health and well-being

3.1 Definitions of health and wellbeing

Western Scientific Model of Health:

"Health is the absence of disease or illness".

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

3.2 Positive and negative influences on health and wellbeing

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3.2 Positive and negative influences on health and wellbeing

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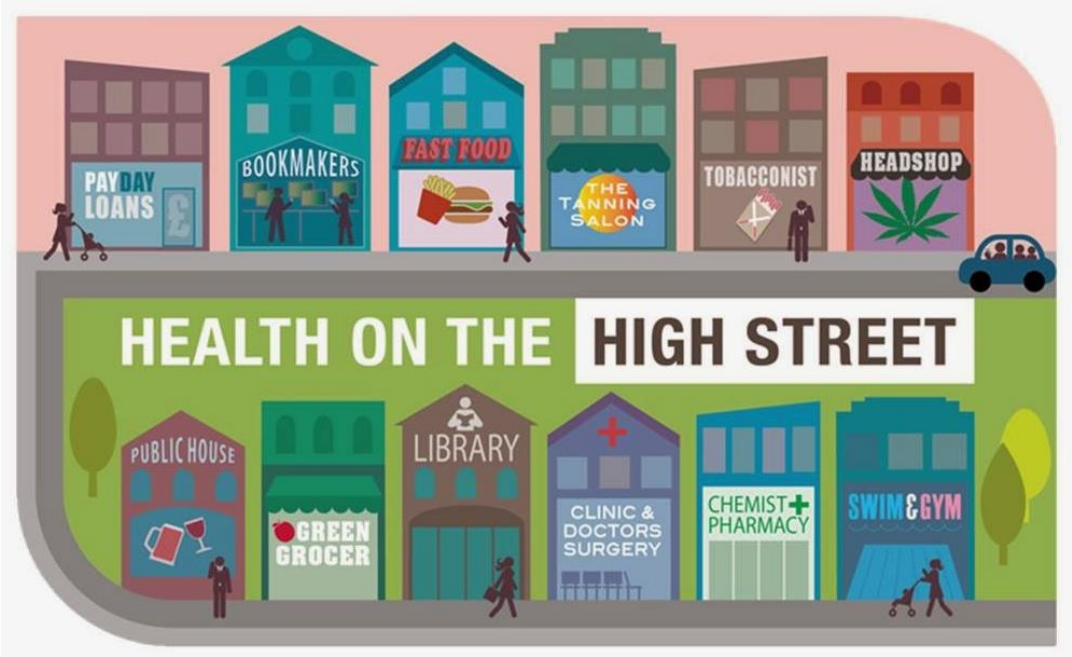

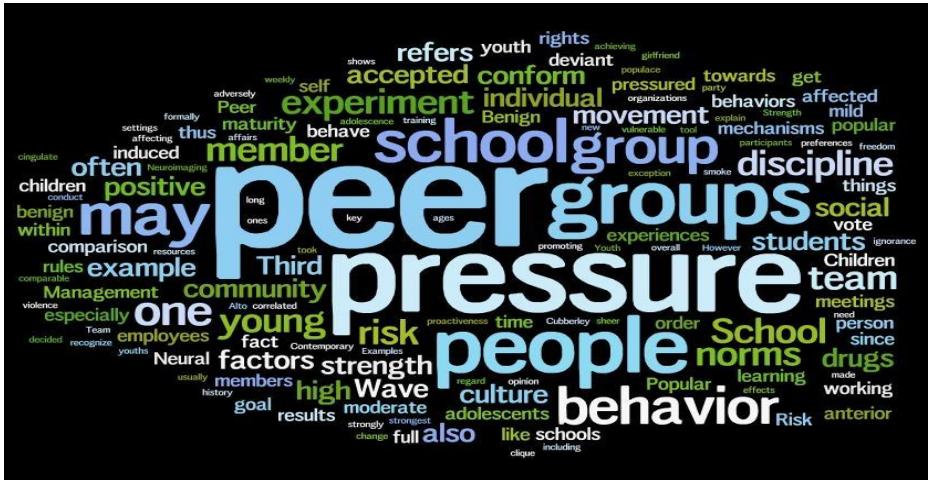

3.3 Approaches to promotion of health and wellbeing

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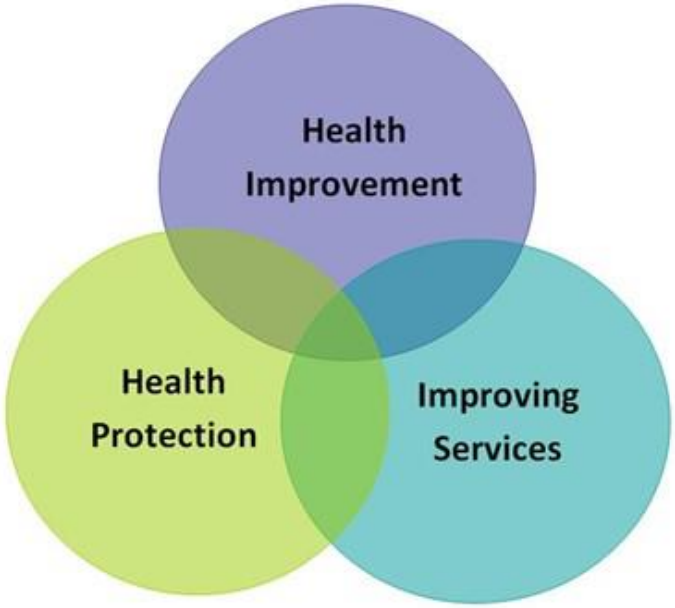

3.4 Resources

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Better Health healthier families

ONE YOU

NHS choices
Live Well
Healthy living for everyone

3.5 Role of individuals

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Community Health Champions

YOUTH HEALTH CHAMPIONS

Health and Wellbeing Coaches

healthtrainers

Care navigators

Social Prescribing Link Workers

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1. Describe both the western scientific model and the World Health Organisation definitions of “health”.

2. Identify three positive and three negative influences on an individual’s health and wellbeing.

3. Describe the MECC approach to behaviour change.

Learning outcome 4

Understand the impact of change on improving an individual's health and well-being, *by being able to:*

4.1 Give an example of behaviour change that can improve an individual's health and well-being

4.2 Outline how individuals can be encouraged to change their behaviour

4.3 Identify positive and negative influences on behaviour change

4.1 How behaviour change can improve an individual's health and wellbeing

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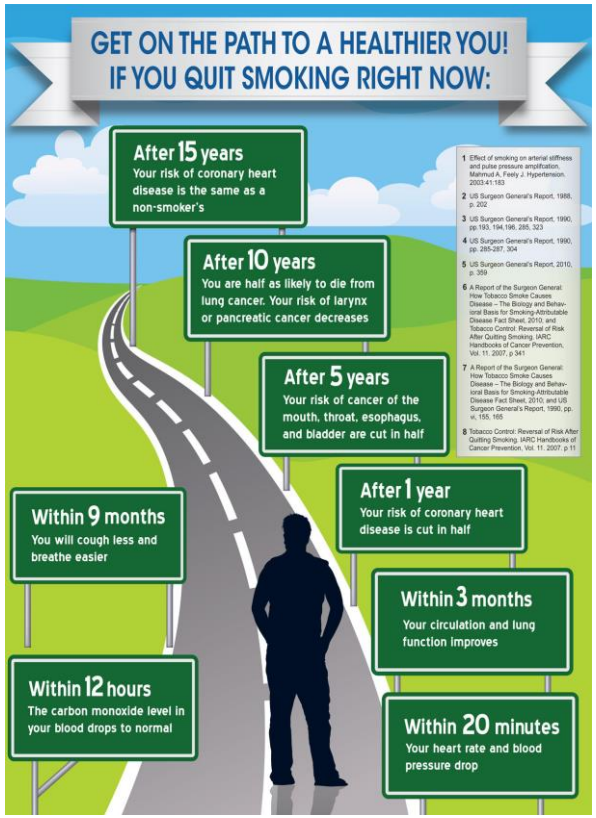

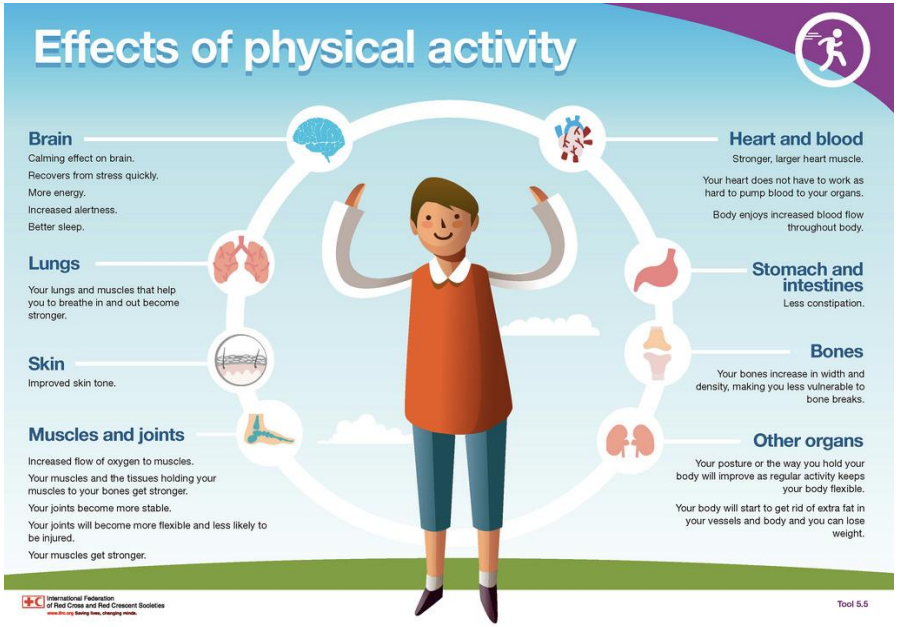

4.2 How individuals can be encouraged to change their behaviour

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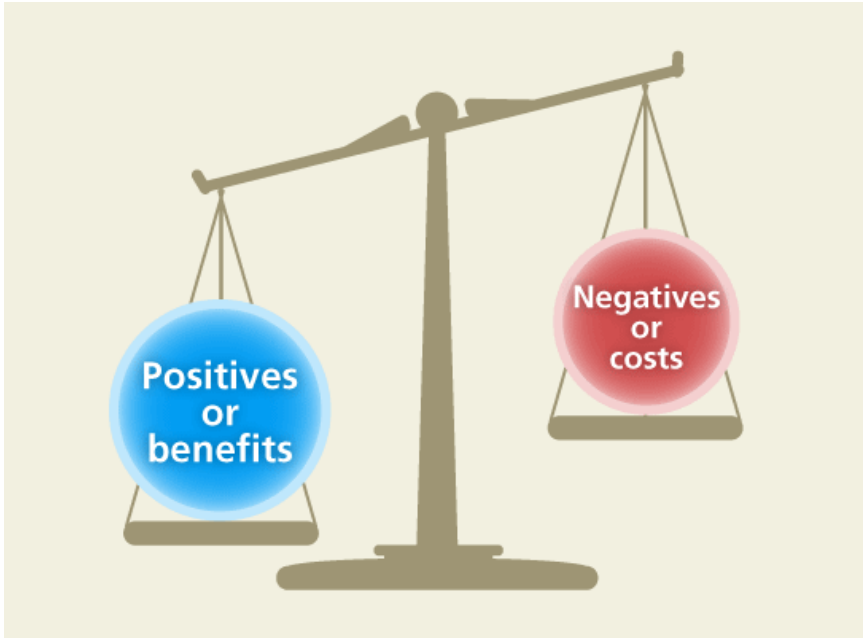

4.3 Positive and negative influences on behaviour change

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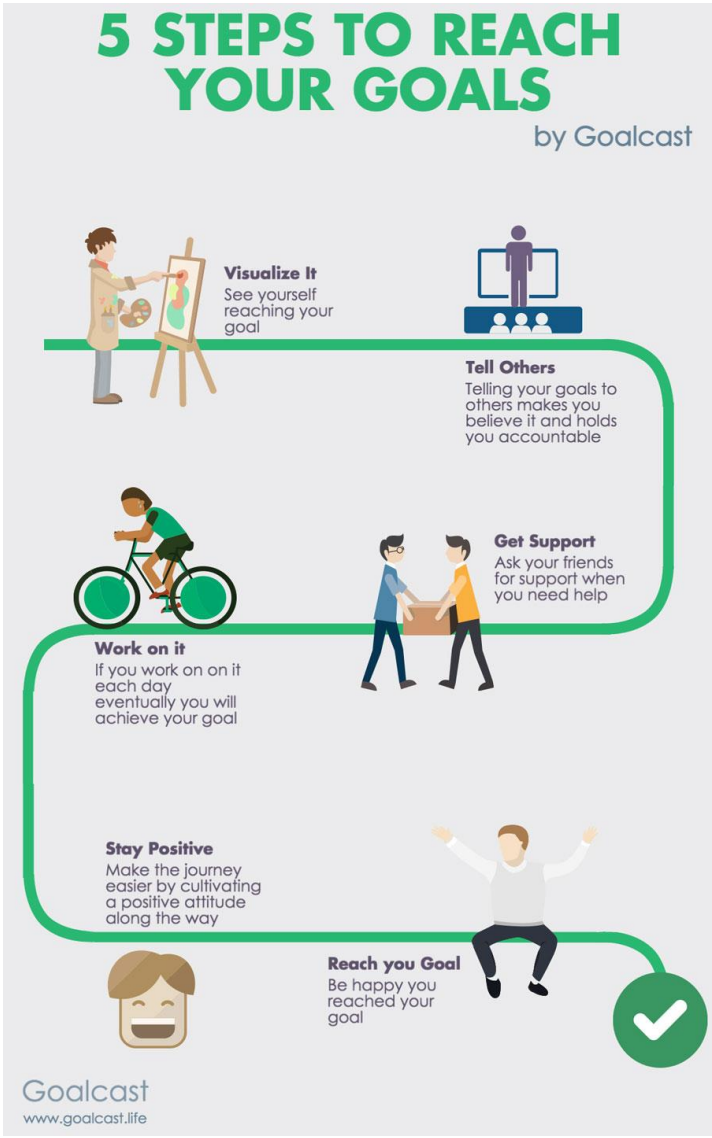

Activity….

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1. Describe the SMART goals a person could set to help them to increase their levels of physical activity.

2. Describe the factors which might motivate a person to eat a healthier diet.

Summary

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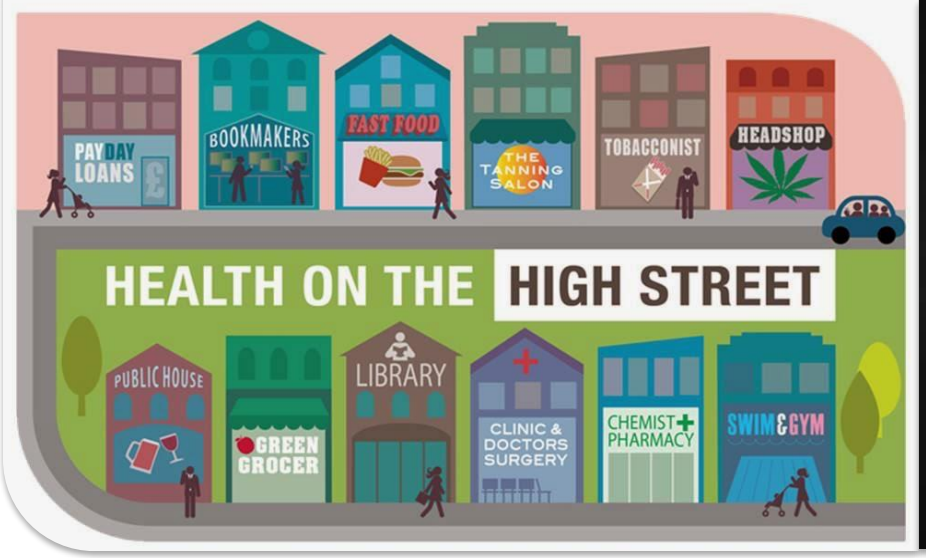

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