Level 2 Award in Understanding Health Improvement

January 2020

Guided Learning Hours: 8 hours

Total Qualification Time: 8 hours

Ofqual Qualification Number 603/0655/5

Description

The objective of this qualification is to provide candidates with an understanding of the principles of promoting health and wellbeing and enable them to direct individuals towards further practical support in their efforts to attain a healthier lifestyle.

The qualification covers examples of inequalities in health within the UK, their possible causes and current approaches to tackling these inequalities. Candidates will learn how effective communication can support health messages, how to promote improvements in the health and wellbeing of others and understand the impact of behaviour change on improving an individual's health and wellbeing.

The qualification is for existing or aspiring health champions and volunteers who wish to improve the health and wellbeing of people in their local community by motivating and encouraging them to make positive lifestyle choices. Community workers, health advisors, pharmacy assistants and anyone in the wider public health workforce will also benefit from this qualification. The qualification also provides a foundation for those considering a Health Trainer role. It is mapped to National Occupational Standards and functions of the Public Health Skills and Knowledge Framework (PHSKF) and Making Every Contact Count (MECC) guidelines.

Contents

Principles of Health Improvement

Total Unit Time: 8 hours
Guided Learning: 8 hours
Unit Level: 2
Unit Number: T/502/7120

Summary of Learning Outcomes

To achieve this unit a candidate must:

1.   **Know how inequalities in health may develop and what the current policies are for addressing these,** *with reference to:*

   1.1   An example of health inequality, its effects and possible impact on local communities
   1.2   The factors leading to health inequalities
   1.3   The policies and methodologies for reducing inequalities in health

2.   **Understand how effective communication can support health messages,** *with reference to:*

   2.1   The communication skills that are effective in communicating health messages
   2.2   Barriers to communication that may affect the understanding of health messages and strategies for overcoming these
   2.3   The role of effective communication in the promotion of health messages

3.   **Know how to promote improvements in health and wellbeing to individuals,** *with reference to:*

   3.1   The Western Scientific Model and World Health Organisation definitions of the term 'health and wellbeing'
   3.2   Positive and negative influences on health and wellbeing
   3.3   An example of an approach to the promotion of health and wellbeing
   3.4   Resources that can be used for promoting health and wellbeing
   3.5   How individuals can promote health and wellbeing

4.   **Understand the impact of change on improving an individual's health and wellbeing,** *with reference to:*

   4.1   An example of behaviour change that can improve an individual's health and wellbeing
   4.2   How individuals can be encouraged to change their behaviour
   4.3   Positive and negative influences on behaviour change

Candidates successfully achieving this qualification will have knowledge and understanding of facts, procedures and ideas around health improvement to complete well-defined tasks and address straight-forward problems. They will be able to interpret relevant information and ideas and will be aware of a range of information that is relevant to heath improvement.

Indicative Content

1. Inequalities in health

1.1 *Examples of health inequalities:* information from sources such as joint strategic needs assessment data (JSNA), local health profiles, The Marmot Review (2010), Public Health Outcomes Framework and Healthy Life Years (HLY); differences in various health indicators such as obesity, hypertension and heart disease, cancer; local public health priorities and how they are addressing inequalities with examples of positive outcomes.

1.2 *Factors leading to health inequalities:* effect of the wider determinants of health such as social class, gender, ethnicity, income, environment, age and education on health and life expectancy; use of national information to compare with geographical data to highlight these factors and the postcode lottery effect.

1.3 *Policies and methodologies for reducing inequalities in health:* broad aims of Government policies and examples of other public health policies such as Healthy Lives, Healthy People DH, 2010; Health and Social Care Act, DH, 2012; formation of Public Health England (PHE), 2013; Five Year Forward View (NHS England), Oct 2014; the origins and aims of Making Every Contact Count (MECC); National Institute for Health and Care Excellence (NICE) guidance (concept of NICE as a provider of guidance rather than specific examples); Methodologies such as asset based approaches; community-based approaches.

2. How effective communication can support health messages

2.1 *Methods of effective communication:* methods such as non-verbal, para-verbal, verbal and active listening; examples of these skills and their application; different types of questioning such as open, closed, leading and probing to encourage an open and frank exchange of views; examples of pacing and leading techniques; key elements of reflecting back: showing empathy and being non-judgemental, ensuring communication free from discrimination; consideration of individual's level of knowledge, cultural, religious and personal beliefs and circumstances.

2.2   *Barriers to communication*: barriers to communication such as level of knowledge, experiences and use of services, cultural, religious and personal beliefs and/or values; strategies for overcoming these such as use of translators, simplification of terms and words, repetition, written or visual explanations as appropriate, presenting balanced information, checking understanding; use of smart technology such as apps.

2.3   *Role of effective communication in promoting lifestyle/behaviour changes:* how brief interventions and simple statements of fact about health and healthy lifestyles can be used to prompt individuals to consider and make changes to their lifestyle; examples of brief interventions, their construction and use; 'ask, assess, advise, assist'; use of signposting; checking knowledge and readiness to change; ensuring accuracy, currency, sufficiency and relevance of advice and information in ways which are appropriate to different people (e.g. culture, language or special needs).

3.   Promote improvements in health and wellbeing

3.1   *Definitions of health and wellbeing:* definitions of health to include the Western Scientific Model and World Health Organisation definition; dimensions of health; current definitions used by health care professionals.

3.2   *Positive and negative influences on health and wellbeing*: effect of lifestyle, attitudes, smoking, diet, physical activity, alcohol intake and sexual behaviours on health; role of family and friends; peer behaviour and modelling; effects of community and environment; health on the high street; attitudes towards taking responsibility for own health and wellbeing.

3.3   *Approaches to promotion of health and wellbeing*: definitions of health promotion; approaches to health promotion such as behavioural change, educational approach and social change; strengthening individuals and communities; immunisation programmes; improving the environment; improving access to healthcare facilities and resources; encouraging a healthy public policy; the concept of health as everyone's business; MECC approach; NICE pathway for behaviour change; examples of approaches, incentives and rewards being used to improve public health.

3.4 *Resources*: sources of information and advice on health issues; advantages and disadvantages of information from different sources; resources for health improvement activities such as healthy eating and physical activity; health care centres and fitness centres; local resources available for targeted local health needs; Change4Life, Eatwell Guide, alcohol guidelines, physical activity recommendations, Five ways to wellbeing; NHS Choices Live Well; NHS One You campaign.

3.5 *Role of individuals*: role of individuals in improving health and supporting local communities, identifying resources and ensuring their accessibility; examples of specific workers such as health trainers, health champions and volunteers; importance of maintaining client confidentiality and methods for achieving this; building confidence and motivating clients to take responsibility for their own lifestyle choices through information and education; NICE guideline NG44 to "represent local needs and priorities" and take on peer and lay roles to reach marginalised and vulnerable groups; how to carry out peer interventions and reach individuals from same community or similar background.

4. Impact of change

4.1 *How behaviour change can improve an individual's health and wellbeing*: benefits to health and wellbeing, including mental health, of increasing physical activity, reducing alcohol intake, reducing/stopping smoking and changing diet; setting goals for physical activity and healthy eating; use of evidence from PHE local health profiles, JSNA or other sources regarding the success of different health improvement strategies.

4.2 *How individuals can be encouraged to change their behaviour*: different ways in which individuals can be encouraged to change their behaviour and be supported whilst doing so, such as how to motivate individuals, confidence building and self-efficacy; individual's perception of advantages and disadvantages of change and influence on decision making; simple cost-benefit analysis; awareness of the short, medium and longer-term consequences of health-related behaviour for themselves and others; positive benefits of health-enhancing behaviours; importance of planning changes in small steps over time; how social contexts and relationships may affect behaviour; planning for scenarios that will undermine positive changes; coping strategies to prevent relapse; setting and recording of SMART goals; benefits of sharing behaviour change goals with family and peers.

4.3 *Positive and negative influences on behaviour change*: the effect of an individual's attitude, values and beliefs on behaviour change; influence of peers; community and environment; social isolation; support networks; set-backs and lapses and how to support these; non-achievement; social norms; use of rewards; the effect of individual's capability and opportunities on motivation.

Mapping to National Occupational Standards

This unit maps to the following National Occupational Standards of Skills for Health:

- ☐ HT2 Communicate with individuals about promoting their health and wellbeing

- ☐ HT3 Enable individuals to change their behaviour to improve their own health and wellbeing

Mapping to Public Health Skills and Knowledge Framework

This unit maps to the following functions of the Public Health Knowledge and Skills Framework (PHSKF):

- **Area A: Technical – Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities A2**

  A2.1 Influence and strengthen community action by empowering communities through evidence-based approaches

  A2.3 Initiate and support action to create environments that facilitate and enable health and wellbeing for individuals, groups and communities

  A2.4 Design and/or implement universal programmes and interventions while responding proportionately to levels of need within the community

- **Area B: Context – Work with, and through, policies and strategies to improve health outcomes and reduce inequalities, B1**

  B1.1 Appraise and advise on global, national or local strategies in relation to the public's health and health inequalities

  B1.3 Develop and/or implement action plans with, and for, specific groups and communities, to deliver outcomes identified in strategies and policies

- **Area C: Delivery – Communicate with others to improve health outcomes and reduce health inequalities, C2**

  C2.2 Communicate sometimes complex information and concepts (including health outcomes, inequalities and life expectancy) to a diversity of audiences using different methods

C2.3 Facilitate dialogue with groups and communities to improve health literacy and reduce inequalities using a range of tools and technologies

C2.4 Apply the principles of social marketing, and/or behavioural theory, to reach specific groups and communities with enabling information and ideas

Mapping to Make Every Contact Count (MECC)

This unit maps to Level 1 of the MECC guidelines* which cover Knowledge:

Level 1

1.1   Recognise public health is everyone's business

1.2   Ensure your own actions support the care, protection and wellbeing of individuals

1.3   Start a healthy conversation with an individual about their health behaviours and/or lifestyle

1.4   Support individuals to make informed choices about their health and lifestyle

1.5   Support and enable individuals to access appropriate information to manage their health behaviours and self-care needs

1.6   Provide opportunistic brief interventions

*Based on the Kent, Sussex and Surrey model of MECC

Assessment

The knowledge and understanding of the candidates will be assessed by a multiple-choice examination. The multiple choice examination is provided by RSPH. A candidate who is able to satisfy the learning outcomes will **<u>achieve</u>** a score of at last 20 out of 30 in the examination. Strong performance in some areas of the qualification content may compensate for poorer performance in other areas.

The examination consists of 30 questions. The duration of the examination is 45 minutes.

Suggested Reading

Cragg L., Davies M. and Macdowall W. (eds) (2013) *Health Promotion Theory*. [2nd ed]. Maidenhead, Berkshire: McGraw Hill Education, Open University Press.

Corcoran, N (2013) *Communicating health: strategies for health promotion* [2nd ed]. London: SAGE.

The Data Protection Act 1998 http://www.dataprotection.gov.uk/dprhome.htm

Dixon, A. (2008) *Motivation and confidence: what does it take to change behaviour*? London: Kings Fund.

Ewles, L., Scriven, A., Simnett, I. (2010). *Promoting Health: A Practical Guide, [6th ed].* Oxford: Elsevier.

Knight, A. and McNaught, A. (2011) *Understanding Wellbeing: An Introduction for Students and Practitioners of Health and Social Care.* Banbury: Lantern.

Local Government Association (2013) *Money well spent? Assessing the cost effectiveness and return on investment of public health interventions*

Mason, P & Butler, C. (2010) *Health Behaviour Change – A Guide for Practitioners [*2nd ed]. Oxford: Elsevier.

Naidoo, J. and Wills, J. (2016) *Foundations for Health Promotion* [4th ed]. Oxford: Elsevier.

Nutbeam, D.; Harris, E. and Wise, M. (2010) *Theory in a Nutshell: A Practical Guide to Health Promotion Theories* [3rd ed.]. Sydney: McGraw-Hill.

Rollnick S, Miller WR, Butler CC (2008), *Motivational Interviewing in Health Care.* Guildford Press

Department of Health, Public Health England and NICE publications and papers

Alcohol Consumption: Advice on Low Risk Drinking August 2016

Behaviour Change: Individual Approaches (NICE Guidelines PH49, 2014)

Childhood Obesity: A Plan for Action August 2016

Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities (NICE guidelines NG44, 2016)

Exercise Referral Schemes (NICE Guidelines PH54, 2014)

Five Year Forward View, October 2014

Prevention and Lifestyle Behaviour Change: A Competence Framework (NHS Yorkshire and The Humber)

Healthy Lives, Healthy People: Update and Way Forward, July 2011

Public Health Outcomes Framework 2016-2019

Fit for the Future: Public Health People: A Review of the Public Health Workforce, May 2016

Useful Websites

http://www.altogetherbetter.org.uk/home.aspx
https://www.england.nhs.uk/ourwork/futurenhs/
https://www.gov.uk/government/organisations/public-health-england
https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
http://www.kingsfund.org.uk/sites/files/kf/field/field_document/motivation-confidence-health-behavious-kicking-bad-habits-supporting-papers-anna-dixon.pdf
http://www.local.gov.uk/documents/10180/11493/Money+well+spent
http://www.makingeverycontactcount.co.uk/
http://www.makingeverycontactcount.co.uk/docs/Prevention%20and%20Lifestyle%20Behaviour%20Change%20A%20Competence%20Framework.pdf
http://www.nhs.uk/pages/home.aspx
https://www.nhs.uk/oneyou#uccpWG5aK5FjvbXI.97
http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx
https://www.nice.org.uk/sharedlearning/making-every-contact-count-implementing-nice-behaviour-change-guidance
https://www.nice.org.uk/Guidance/PH6
https://www.nice.org.uk/guidance/NG44

Centre Guidance

How to apply to offer this qualification:

To become a centre approved to offer this qualification, please complete the 'Centre Application Form' which can be found on our website in the Qualifications and Training section. If you are already an approved centre, please complete the 'Add an Additional Qualification Form' which can be downloaded from the Centre area on the website www.rsph.org.uk Please ensure that you include details of your quality assurance procedures. You will need to attach a CV to this application. Please contact the Qualifications Department at centreapproval@rsph.org.uk if you need any assistance.

Special Assessment Needs:

Centres that have candidates with special assessment needs should consult The Society's Reasonable Adjustment and Special Consideration Policy; this is available from RSPH and the RSPH web site (www.rsph.org.uk).

Recommended Qualifications and Experience of Tutors

RSPH would expect that tutors or facilitators have teaching experience and a Level 3 or above qualification in a relevant subject area. However, it will consider experienced practitioners who supervise staff in the workplace and who have appropriate background knowledge to deliver this qualification.

Centres should be registered with RSPH.

Other Information:

All RSPH specifications are subject to review. Any changes to the assessment or learning outcomes will be notified to Centres in advance of their introduction. To check the currency of this version of the specification, please contact the Qualifications Department or consult the RSPH website.

Centres must be registered with RSPH.

Any enquiries about this qualification should be made to:

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