Level 2 Award in Applied Health Improvement

12 Guided Learning Hours (GLH)
20 Total Qualification Time (TQT)

Ofqual Qualification Number 600/2745/9

January 2017

Description:

The objective of this qualification is to provide candidates with a knowledge and understanding of the principles of promoting health and wellbeing and of how successful candidates can direct individuals towards further practical support in their efforts to attain a healthier lifestyle. Unit Two of this qualification develops the skills that individuals need in order to be able to apply their knowledge.

The qualification covers examples of inequalities in health within the UK, explains possible reasons for why there are inequalities in health and current approaches to tackling these inequalities. How individuals can help others improve their health is central to this qualification. Candidates will learn how effective communication can support health messages, how to promote improvements in the health and well-being of others and understand the impact of change on improving an individual’s health and well-being.
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Unit One: Principles of Health Improvement

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, by being able to meet the following assessment criteria:**
   
   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

2. **Understand how effective communication can support health messages, by being able to meet the following assessment criteria:**
   
   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

3. **Know how to promote improvements in health and well-being to individuals, by being able to meet the following assessment criteria:**
   
   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 for 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
4. **Understand the impact of change on improving an individual’s health and well-being**, by being able to meet the following assessment criteria:

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
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.

Assessment

Attainment of the Learning Outcomes will be assessed by a multiple-choice examination. A candidate who is able to satisfy the learning outcomes will be awarded a score of at least 20/30 in the examination.

The multiple choice examination is provided by The Society. The examination consists of 30 questions. The duration of the examination is 45 minutes.

Exemptions

Candidates who hold either of the following qualifications can claim exemption from this unit.

RSPH Level 2 Award in Understanding Health Improvement (Ofqual No. 600/0592/0)

RSPH Level 2 Award in Understanding Health Improvement (Ofqual No 603/0655/5.)
Unit Two: Applied Health Improvement

Unit Level: 2
Unit Number: F/503/4393

Summary of Outcomes:

To achieve this unit a candidate must:

1. **Be able to identify facilities which could contribute to the health improvement of individuals and are accessible to the community, by being able to meet the following assessment criteria:**

   1.1 Locate facilities for health improvement in a community; to include facilities for **FOUR** of the following: healthy eating, improving fitness, reducing weight, reducing alcohol intake, stopping smoking, sexual health
   1.2 Identify how these facilities could contribute to health improvement
   1.3 Determine how individuals can gain access to these facilities

2. **Be able to provide support to individuals wishing to improve their health, by being able to meet the following assessment criteria:**

   2.1 Identify a behaviour change that may result in improvement in health and well-being of an individual
   2.2 Identify **TWO** goals that will enable an individual to change their behaviour
   2.3 Identify **THREE** factors that may result in resistance to change or regression
   2.4 Outline how an individual can be helped to achieve their goals and overcome any resistance to change and / or setbacks

3. **Be able to record outcomes relating to health improvement, by being able to meet the following assessment criteria:**

   3.1 Use **TWO** different methods for recording and measuring health improvement outcomes
   3.2 Explain the importance of client confidentiality

4. **Be able to communicate with individuals to support their health improvement goals, by being able to meet the following assessment criteria:**

   4.1 Use **THREE** different communication methods relevant to health improvement
Content:

1. **Identification of Facilities**

1.1 *Local provision / facilities*: facilities such as clinics, sports/fitness centres, fitness tracks, health food shops, fresh fruit and vegetable markets; list resources available at these such as stop-smoking classes, nutrition advice, exercise classes, literature

1.2 *How these facilities can contribute to health improvement*: what are the health improvement possibilities for the facilities outlined; how can they be utilised; what are the local approaches for reducing health inequalities and health improvement?

1.3 *How individuals can gain access to facilities*: Identify the accessibility of the facilities such as membership requirements, proximity to local transport routes, opening times, is a referral from a GP required, availability of literature in a range of languages, costs involved.

2. **Provide support to individuals wishing to improve their health**

2.1 *Identify a behaviour change that may result in improvement in health and well-being of an individual*: use of case studies or other information to suggest a behaviour change for an individual that should result in health improvement; justification of the suggested behaviour change; outline of the expected health improvement.

2.2 *Identify goals that will enable an individual to change their behaviour*: goals should be SMART and consistent with the behaviour change.

2.3 *Factors that may result in resistance to change or regression*: attitudes, values and beliefs that may result in resistance to change or regression; inappropriate goal-setting, possible change in circumstances.

2.4 *How to support an individual in achieving their goals and overcome any resistance to change and / or setbacks*: support strategies; use of encouragement and rewards; re-scheduling of goals; recording of achievement; taking smaller more achievable steps; making better use of resources and services.
3. **Record outcomes**

3.1 *Methods for recording and measuring outcomes*: Use of methods such as ABC forms, personal health guides, diaries; measuring lifestyle changes and achievements.

3.2 *Confidentiality of information*: responsibilities associated with handling confidential and sensitive information; importance of confidentiality; legal considerations; methods for ensuring and maintaining confidentiality.

4. **Communication**

4.1 *Use communication methods*: Use of positive brief interventions, posters, scenarios and related communication methods for health improvement.

**Assessment:**

Assessment of this unit will be by submission of a portfolio of evidence. Evidence will be generated by completion of centre-designed assignments. Assessment decisions for this unit are subject to internal and external verification. Centres can obtain guidance on assessment material for this unit from RSPH.
Learner Guidance:

Recommended prior learning:

There are no recommended prior learning requirements for this qualification. The Society does, however, recommend that candidates have a level of literacy and numeracy equivalent to Level 1 (but see notes on Special Assessment Needs below).

Suggested Reading:


Department of Health publications and papers:

Promoting Optimal Self Care S. Tomkinds & A Collins DoH 2005
The white paper, Saving Lives: our Healthier Nation - DoH July 1999
For the Record: Managing Records in the NHS Trusts and Health Authorities [http://www.doh.gov.uk/nhsexec/manrec.htm](http://www.doh.gov.uk/nhsexec/manrec.htm)
Centre Guidance:

Registration of Candidates:

Candidates must be registered with RSPH and have a candidate number before any work can be submitted for external verification.

Candidate registration forms can be downloaded from the Centre Area of the Qualifications section of the RSPH web-site (www.rsph.org.uk).

Submission of completed candidate work:

Centres should follow the RSPH procedures for submitting internally assessed work for external verification. These can be found under Resources in the Centre Area of the Qualifications section of the RSPH web-site (www.rsph.org.uk). Guidance on developing appropriate assessment material for this unit can be obtained from Resources.

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.

Centres should submit exemplar assessment material to RSPH, clearly showing how this will be used to test each of the assessment criteria for the qualification.

Please contact the Qualifications Department at centreapproval@rsph.org.uk if you need any assistance.

Key Skills:

It is expected that the delivery of this qualification should provide opportunities for the development of the following key skills:

Application of Number Level 2
Communication Level 2
Information and Communication Technology Level 2

Guidelines for key skills are shown in Appendix 1.
Other Issues:

The delivery of this qualification could provide opportunities for contributing to an understanding of Spiritual, Moral, Ethical, Social and Cultural issues and an awareness of Environmental issues, Health and Safety considerations and European developments. Possible areas for discussion are shown below.

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<th>Description</th>
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<td>Spiritual, social and cultural issues</td>
<td>These issues are integral to this award. Candidates may discuss the spiritual, social and cultural influences on individuals and how these may affect how they think and feel about themselves, their lifestyle and changing it.</td>
</tr>
<tr>
<td>Moral, ethical and legislative issues, including health and safety</td>
<td>Candidates may discuss moral issues relating to the adverse effects of inequalities on health, by considering aspects such as ethnicity, employment and social class. Ethical issues on maintenance of confidentiality in relation to personal information known or held about individuals may be considered. These issues are integral to this award. Regarding health and safety, candidates may consider whether there are any risk factors relating to their work role and how they might address them.</td>
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<tr>
<td>Economic issues</td>
<td>Candidates may discuss the financial cost to individuals, and the wider economic cost, of poor health. This issue is integral to this award.</td>
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<tr>
<td>Environment and sustainability issues</td>
<td>Candidates may consider ways in which people’s lifestyles may impact on the environment and on sustainable living, for example the quantity of waste that is produced (eg food, food wrapping and plastic bottles).</td>
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<tr>
<td>European and global issues</td>
<td>In considering social and cultural influences on health, candidates may wish to compare such influences on lifestyles in the UK and in other countries. The World Health Organization’s definition of health, and its five key principles of health promotion, underpins all the outcomes of this award.</td>
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**National Occupational Standards**

The qualification has been mapped to the following National Occupational Standards of Skills for Health:

- Unit HT1 Make relationships with communities
- Unit HT2 Communicate with individuals about promoting their health and wellbeing
- Unit HT3 Enable individuals to change their behaviour to improve their own health and wellbeing
Further details of these National Occupational Standards can be obtained from RSPH Qualifications.

The qualification is also mapped to the following dimensions of the NHS Key Skills Framework:

Communication: Communicate with a range of people on a range of matters
Dimension HWB1: Promotion of health and well-being and prevention of adverse effects on health and well-being
Dimension HWB4: Enablement to address health and well-being needs

Special Needs:

Centres that have candidates with special needs should consult The Society's *Regulations and Guidance for Candidates with Special Assessment Needs*; this is available from The Society and The Society's web site (www.rsph.org.uk).

Progression:

Learners who achieve this qualification can progress to the following qualifications:

RSPH Level 2 Award in Understanding Behaviour Change
RSPH Level 2 Award in Improving the Public's Health

Recommended Qualifications and Experience of Tutors:

The Society would expect that tutors have teaching experience and a qualification in a relevant subject area, but recognises that experienced teachers can often compensate for a lack of initial subject knowledge, or experienced practitioners for a lack of teaching experience.

Centres should be registered with The Society

Contact Details:

Any enquiries about this qualification should be made to:

The Qualifications Department, Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN
Tel. 020 7265 7300
Fax. 020 7265 7301
Email. info@rsph.org.uk
Website. www.rsph.org.uk
Appendix One: Key Skills Guidelines

This qualification provides a number of opportunities for candidates to develop competence in key skills and to produce evidence towards attainment of key skills. Successful completion of the qualification does not in itself imply attainment of the listed key skills; this is dependent on the candidate producing a portfolio of evidence and the teaching and learning methods adopted by the tutor(s) and candidate in the delivery of the qualification.

The specification content, which provides the most appropriate opportunity for key skill development, is signposted below.

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<td><strong>N2.1</strong> Interpret information from a suitable source.</td>
<td>Candidates could be asked to interpret statistics on the incidence of ill health caused by smoking, over-eating, lack of exercise and similar lifestyle behaviours.</td>
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<td><strong>N2.2</strong> Use your information to carry out calculations to do with: a amounts or sizes b scales or proportion c handling statistics d using formulae.</td>
<td>Candidates could be asked to show how statistics compare over time, for the various diseases amongst different age groups, social classes and geographical areas.</td>
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Communication

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<td><strong>C2.1a</strong> Take part in a group discussion.</td>
<td>Any part of the content could be used as the basis for a discussion.</td>
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<td><strong>C2.2</strong> Read and summarise information from at least two documents about the same subject. Each document must be a minimum of 500 words long.</td>
<td>Information about any part of the content could be obtained from leaflets, books and articles.</td>
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<tr>
<td>Skill</td>
<td>Specification Content</td>
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<tr>
<td>ICT1.1</td>
<td>Find and select relevant information. Information about any part of the content could be obtained from and presented by the use of Information Technology</td>
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<tr>
<td>ICT2.1</td>
<td>Search for and select information to meet your needs. Use different information sources for each task and multiple search criteria in at least one case. Information about any part of the content could be obtained from leaflets, books and articles.</td>
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