RSPH Level 2 in Understanding Health Improvement

Live Well Suffolk
Steps to a healthier future
Learning materials

- This provides additional notes/tool to the e-learning module particularly of benefit to those who are unable to print from a computer
- It is recommended to pay particular attention to areas highlighted in blue
- A revision session will be provided prior to the exam to allow for clarification and questions
- If you require large print please contact Fiona on 01473 229292
Aim of the programme

To provide candidates with a knowledge and understanding of:

- the principles of promoting health and wellbeing
- how to direct individuals towards further practical support in their efforts to maintain and attain a healthier lifestyle
It is not X about you undertaking

- Assessment of people’s health and fitness using detailed questionnaires or specialist exercise equipment and techniques

- Clinical tests e.g. blood pressure, BMI waist measurements, cholesterol tests etc.
It is about **you** helping individuals

- Meet **their** needs
- Make informed choices
- Develop and/or improve healthier lifestyles

By listening, providing support, information, signposting and being available
Outcome 1

At the end of this session you will:
Know how inequalities in health may develop and what the current policies are for addressing these, by being able to:

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

• Identify the factors leading to health inequalities

• Outline the policies and methodologies for reducing inequalities in health
Individual dimensions of health

- **Physical health**
  fitness, not being ill

- **Mental health**
  feeling good and able to cope

- **Emotional health**
  ability to express feelings and maintain relationships

- **Social health**
  social support systems, eg friends and family

- **Spiritual health**
  moral or religious beliefs and ability to engage with these

- **Sexual health**
  acceptance of an ability to express one's sexuality
Health inequalities have an impact on individuals and communities

Health is everyone’s business and we need to help by:

- Encouraging and facilitating people to improve and achieve healthier lifestyles and choices
- Improving access to facilities and services
- Providing the link between individuals and communities to health workers and health professionals
- Implementing policies and guidance on health
Examples of some Health Models

Adapted from Aggleton & Homans 1987 and Ewles and Simnett 1999

The Main Determinants of Health

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Social Model of Health

Attempts to map the relationship between the individual, their environment and disease.

Individuals are at the centre with a set of fixed genes; surrounding them are influences on health that can be modified.

- The first layer is personal behaviour and ways of living that can promote or damage health e.g. choice to smoke or not, Individuals are affected by friendship patterns and the norms of their community

- The second layer is social and community influences, which provide mutual support for members of the community in unfavourable conditions. They may also provide no support or have a negative effect

- The third layer includes structural factors: housing, working conditions access to services and provision of essential facilities

_Dalgren & Whitehead (1991)_
Equality

• Research suggests a relationship between the widening gap in social class and mortality rates between the classes

• Influencing factors include housing, car access, education, household possessions and income
‘Whilst the health of all groups in England is improving, over the last ten years health inequalities between the social classes have widened—the gap has increased by 4% amongst men, and by 11% amongst women—because the health of the rich is improving more quickly than that of the poor.

Health inequalities are not only apparent between people of different socio-economic groups—they exist between different genders, different ethnic groups, and the elderly and people suffering from mental health problems or learning disabilities also have worse health than the rest of the population.

The causes of health inequalities are complex, and include lifestyle factors—smoking, nutrition, exercise to name only a few—and also wider determinants such as poverty, housing and education.’
Strengthening individuals and communities will………..

• Ensure people (individuals) are well informed and able to make healthier choices

• Help people in their communities to acquire the skills and confidence to take greater control over their health with training and education
Factors affecting individuals

- Past life experiences
- Education
- Psychological state
- Economic status
- Social contact
- Physical abilities
- Housing
- Attitudes and beliefs
Aspects which may lead to health inequalities

- Social Class
- Sex - gender
- Ethnicity
- Income
- Environment - including where you live
- Equality
Social class – life expectancy

- A man in social class I (professional) is likely to live around 7 years longer than a man in social class 5 (unskilled manual worker).

- A child born in social class 5 is twice as likely to die before the age of 15 as a child born in social class 1.

- There are twice as many reports of long-standing illness among men and women from social class 1 than social class 5 (because SC 1 more likely to report their illnesses and receive treatment).

Source: Department of Health [DoH] (1996)
Age and Gender

- Women live on average 6 years longer than men
- Women benefit from the protective effects of the hormone oestrogen
- Women are more likely to report illness to their GP
Health inequalities - Income

Low income can affect health:

- Physiological - inadequate housing
- Psychological - stress and lack of social support
- Behavioural - health damaging behaviours

Blackburn 1991
Examples of health inequalities in ethnic groups

In comparison with England and Wales, mortality (death) rates are higher in people from the Indian sub-continent, Africa and the Caribbean from:

• Tuberculosis
• Accidents
• Cancer of the liver

African and South Asian populations have higher mortality (deaths) from:
• Hypertension (high blood pressure)
• Strokes
Health inequalities - environment

Research suggests:

• Mortality rates increase steadily from the South East of the country to the North West
• A North-South divide is present for most diseases

One explanation might be differences in social class distribution - those areas having high mortality rates also having a greater proportion of classes 4 and 5
Health inequalities – England and Wales environment

The Wash

The Severn Estuary
Policies for reducing inequalities in health

• Choosing Health Making healthier choices easier (DH 2004)

• Our health, our care, our say (DH 2006)

• NICE (National Institute for Health and Clinical Excellence) sets of recommendations that, if fully implemented, could help the NHS to save millions of pounds, whilst maintaining or improving the quality of care.
“providing information and persuasive messages can increase people’s knowledge of health risks and what action to take to deal with them. This is an essential framework for changing our way of life, but it is rarely enough on its own. There is good evidence that a range of approaches grounded in psychological science can help people in changing habits and behaviour.”
Policies for reducing inequalities in health

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health.

NICE makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on:

how to improve people's health and prevent illness and disease
To improve our diet the government has set the following objectives

- Increase fruit and vegetable intake to five portions a day
- Increase the intake of dietary fibre
- Reduce the intake of salt
- Reduce the intake of saturated fat
- Reduce the intake of sugar
Outcome 2

At the end of this session you will: **Understand how effective communication can support health messages**, by being able to:

- Identify the communication skills that are effective in communicating health messages
- Identify barriers to communication that may affect the understanding of health messages and strategies for overcoming these
- State the role of effective communication in the promotion of health messages
Communication

• Language is concerned with communicating *Meanings*

• Non-verbal and para-verbal communication are more concerned with communicating *Attitudes and Feelings*
What else impacts on communication?

• Appearance
• Facial Expression
• Eye contact
• Posture
• Proximity
• Personal Space
• Bodily Contact
Definition of communication

“Two-way process of reaching mutual understanding, in which participants not only exchange (encode-decode) information but also create and share meaning.”

Clarke 2004
Methods of effective communication

• Verbal (speech)

• Non-verbal (body language)

• Para-verbal (accompaniments to speech)

• Active listening
What makes a difference to the way you speak?

Para-verbal communication

- Tone of voice
- Speed of speech
- Volume of speech
- Clarity of speech
- Accent
Active listening

- Giving Attention
- Encouraging
- Paraphrasing
- Reflecting feelings
- Reflecting meanings
- Summarising
Non-verbal accompaniments to listening

- Smiles and frowns
- Head nods
- Gestures
- “Yes”…”No”… etc
% of Non verbal communication

Communication Skills

- non-verbal communication: 55%
- vocal variety: 38%
- words: 7%

Mahrabian 1967
Question types - Open

Definition
An open question can be defined as:
one that doesn’t lead the answer and encourages an expanded response

The content is determined by the respondent and may be long
Using **Open** questions

Open questions have the following characteristics:

- They ask the respondent to think and reflect
- They will give you *opinions* and *feelings*
- They hand control of the conversation to the respondent
Using Open questions

Open questions usually start with:

- How
- What
- Where
- Why
- When
- Which
- Who
Definition
Two definitions commonly describe closed questions:

- *One that can be answered with either a single word or a short phrase.*
  e.g. 'How old are you?' and 'Where do you live?' are closed questions.

- *One that can limit the answer to either 'yes' or 'no'.*
Using **Closed** questions

Closed questions have the following characteristics:

- They give you *facts*
- They are easy to answer
- They are quick to answer
- They keep control of the conversation with the questioner
Using **Closed questions**

Closed questions usually start with:

- *Is*
- *Do*
- *Did*
Using questions to full advantage

Closed Questions
- Objective: Confirm Facts
- Clear-up Confusion
- Narrow Focus

Open Questions
- Fact Feeling Qs
- Feeling Finding Qs
- High Gain Qs

Objective: Get Facts
Subjective: Get Feelings
Speculative: Thought Provoking
Giving health messages - Brief Advice

BRIEF ADVICE is pro-actively raising awareness of, and assessing a person’s willingness to engage in further discussion about, healthy lifestyle issues. It is usually given opportunistically.

Normally takes up to 3 minutes
Brief advice

- **Listen** – To the person’s needs or concerns.
- **Observe** – For signs of health-related or lifestyle issues, e.g. nicotine-stained fingers.
- **Ask** – Raise issues in a non-threatening manner using indirect questions to start with.
- **Assess** – The person’s response. Do they appear willing to engage in further discussion on this topic?
- **Advise** – If the person is interested then give general health advice or signposting/referral to someone for a **specific brief intervention**
- **If the person** is not keen to have further discussions then let them know that they can come back and ask any questions
- **Record** – The outcome. Did this discussion entail brief advice only or did it lead to a signposting/referral? Was the person particularly sensitive to this issue? If so, why? Did you refer or advise the person to follow-up? If yes, where and when?
**Giving health messages - Brief Interventions**

**BRIEF INTERVENTIONS** occur when a person responds positively to proactive brief advice or specifically asks for help with a health-related issue. The model for giving brief interventions is adapted from NICE guidance for smoking cessation.

Typically taking **up to 30 minutes** and includes:

- Giving simple opportunistic advice to change
- Assessing a person’s commitment to change
- Supplying self-help materials or resources
- Offering behavioural support.
- Providing specialist support (if suitably trained)/ refer/ ‘signpost’ to specialist support
- Offering a follow-up appointment if appropriate
- Recording the outcome of discussion

©

ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE
Giving health messages - Signposting

- How to get there
- Correct address
- Who to speak to
- Times of opening
- Services provided
- Days of week
- Referral process
Barriers to effective communication

• When there is a mismatch between a verbal and non-verbal message, the non-verbal message is likely to be the most powerful.

• When two people misinterpret the meaning of a verbal utterance, *miscommunication* occurs…

• Miscommunication can be more damaging than a lack of communication.
Overcoming barriers to communication

- Use simple terms and words
- Say things in a logical sequence
- Use pictures, mime and simple written instructions
- Always check that you have been understood
- Summarise regularly
- Avoid continually asking closed questions
Overcoming language barriers

- Language can be problematic between people of different ethnic backgrounds
- The use of a translator could be beneficial
- Speak clearly and slowly and don’t raise your voice to get the message across
- Repeat what you think may not have been understood
Outcome 3

At the end of this session you will:

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

- Give the Western Scientific model and World Health Organisation definitions of the term ‘health and well-being’
- Identify positive and negative influences on health and well-being
- Give an example of a strategy for the promotion of health and well-being
- Identify resources that can be used for promoting health and well-being
- State how individuals can promote health and well-being
What is your definition of health?

“Clarifying what you understand about health and what other people mean when they talk about health, is an essential first step for the health promoter.”

Naidoo J & Wills J 2006
Definitions of health

‘The absence of disease or illness’. In this sense, health is a negative term, defined by disease / illness being absent. This view of health has been very influential, and underpins the training and ethos of a wide range of health professionals.

Western Scientific Medical Model
The World Health Organisation (WHO) Definition

“a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity”
In 1984 WHO developed a more holistic definition

“Health is the extent to which an individual or a group is able on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not an object of living; it is a positive concept emphasising social and personal resources as well as capabilities.”
Positive and negative influences on health and well being

• Good nutrition is **vital** to good health

• Many people in England **do not eat well** – particularly those among the more disadvantaged and vulnerable groups

• A significant number of people consume less fruit, vegetables and fibre than recommended
Positive and negative influences - Nutrition

- Poor nutrition has been linked with heart disease, stroke and some cancers.
- It is estimated that eating at least five portions of varied fruit and vegetables a day can reduce the risk of deaths from chronic diseases.
Positive and negative influences - Physical Activity

- Physical activity as part of everyday lives is **declining**

- The proportion of people engaged in physical activity declines after the age of **35 years**

- When all sources of activity are considered only approximately **one third of men and a quarter of women** of the population of England and Wales meet the recommendations for health benefits
Positive and negative influences - Physical Activity

• Children and young people – should undertake a total of 60 minutes of moderately intense exercise each day

• To achieve general health benefit, adults should undertake a minimum of 30 minutes a day of moderate activity on a minimum of 5 days a week

• At least twice per week the physical exercise should be of the more rigorous /high impact /stress type to improve bone health, muscle strength and flexibility
Positive and negative influences - Recommendations

• Increasing activity levels will contribute to the prevention and management of over 20 conditions and diseases including coronary heart disease (CHD), diabetes and cancer

• Regular physical activity reduces the risk of depression and has positive benefits for mental health including anxiety, mood and self-esteem
Positive and negative influences - Alcohol

Recommended alcohol limits

3-4 units a day 2-3 units a day

with at least two alcohol free days per week
Common alcohol units

White Wine 750 millilitres 11% = 8.25 units

Red Wine 750 millilitres 14% = 10.5 units

Lager 330 millilitres 5% = 1.65 units

Beer 500 millilitres 5% = 2.5 units
Positive and negative influences - Smoking

Smoking adversely affects:

- The heart
- The lungs
- Healing
- The immune system

And increases the risk of all cancers
Positive and negative influences – Sexual health

There has been an increase in the number of Sexually Transmitted Infections

Those groups most at risk:
• young adults
• drug users who are injecting
• men who have sex with men
• some ethnic minority groups – Afro-Caribbeans, black Africans
Positive and negative influences – Sexual health

Infections include:

• Chlamydia
• Genital warts
• Gonorrhoea
• Genital herpes
Role of effective communication in promoting lifestyle/behaviour changes

• Using the right approach
• Using the right words
• Motivating statements
• Choosing the right moment
• Allowing people time to consider change
• Only discussing health changing behaviour if the person is ready to change
Supporting people to make behaviour changes

• Behavioural Change

• Educational Approach

• Social Change
The Behavioural Change approach

Aim: to help **individuals** adopt healthy behaviours

Methods used in this approach are targeted at the individual

- One-to-One or group counselling
  - e.g. goal setting / action plans
- Supportive counselling
- Education
Social Change approach

Aim: to change **groups** and **populations**
and is a ‘top down’ method

Methods used need to affect policy and
these methods are:

- Lobbying
- Policy planning
- Negotiating
The Educational approach

Aim: to allow people to make \textbf{informed choices}

Based on the premise that if you increase knowledge, attitudes will change which will affect behaviour

Methods used:

• Leaflets, booklets, videos etc
• Teaching sessions
• One-to-One or group discussions
Local initiatives

• Aimed at individuals and communities e.g. Immunisation programmes, environmental health, access to healthcare facilities and resources
Resources

Key points:

• Ensure resources e.g. leaflets, information from the internet, written articles etc. are up to date and where possible evidence based

• Use resources from well known and reliable providers

• Make sure you are giving similar information to others in your area to ensure the same messages are being given

• NHS Choices provides lots of links to other useful websites on healthier lifestyles
Role of individuals

Health Champions -

• give people in their workplace or community, support in making the healthier lifestyle changes for each individual’s personal needs and choices.
• signpost people to specialist services and support when necessary
Role of individuals

Health Trainers –

• More than advice and support, Health Trainers enable people to develop the skills to set their own behavioural goals, manage their behaviour and life events that they would like to change.

In targeting those people who would like to change behaviours relevant to their health, and have previously been hard to reach via other services, the Health Trainer has the potential to reduce health inequalities.

Adapted from Improving Health: Changing Behaviour DH NHS Health Trainer Handbook 2008
Confidentiality – our role

Why is confidentiality so important?
• Trust
  – *If people thought that their private/personal information might be shared freely with others then they would be less willing to want to work with us*
• Respect for clients’ autonomy
  – *Control of their life and who knows what about them*
• Comply with the law
• Comply with policies and procedures laid down in codes of practice
• Comply with places of employment requirements
Confidentiality – what we need to do

• Keep appropriate records ensuring confidential details (including those on computer) are kept securely and are accessible only to you, the person you are supporting and your supervisor

• Inform the person if any confidential information may be shared with colleagues or mentors, and only do this with the person’s consent

• Consider the room/venue used to meet has an acceptable level of privacy or safeguards for your client group
  – Can your conversations be overheard?
  – Are you in full view of other people?
Confidentiality – what is a record?

....of a person

• A record is anything that contains information (in any form) which has been created or gathered as a result of work

• The record can contain information about a current episode or a compilation of every episode
Data Protection Act 1998

This Act provides the legal framework that governs the processing of information that can identify living individuals.

Processing includes obtaining, recording, holding, using and disclosing information.

The Act applies to all forms of media including paper and images.

It applies to confidential information about a person and includes personal records.
Checking out how we are doing

- To evaluate the strengths and weaknesses of a programme, what we do and constantly improve, a system called an ‘Audit’ is used.

- Audit is a systematic review of the operations and processes of the service followed by recommendations on how to improve it.
The Audit Cycle

1. Collect data on performance
2. Specify standards to measure
3. Identify key aspects
4. Implement changes
5. Assess performance
6. Identify changes needed
Outcome 4

At the end of this session you will:

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

- Give an example of behaviour change that can improve an individual’s health and well-being
- Outline how individuals can be encouraged to change their behaviour
- Identify positive and negative influences on behaviour change
How behaviour change can improve an individual’s health and well being

• Social psychology states that people’s behaviour is partly determined by their attitude to a certain behaviour

• Attitude, belief and motivation come from a person’s values, drives and instincts, and society influences
Behaviour Change Theory

- **Beliefs** are based on the information a person has about something

- **Values** are acquired through social interaction and are usually emotionally based on what a person thinks is important

- **Attitudes** are more specific and describe secure feelings about certain issues although there is not a clear link between attitude and behaviour
Behaviour Change - Theory models

Theory models describe behaviour change; the main ones being:

- Theory of Planned Behaviour and Reasoned Action
- The Stages of Change Model
- The Health Belief Model
Reasoned Action

• One’s attitude can lead to an intention to act or not to act

• This intention may or may not lead to a particular behaviour

• The model (The theory of Reasoned Action) was developed to show this process
A model of the process

Belief toward an outcome → Attitude
Evaluation of the outcome → Intention
Behaviour
Beliefs of what others think → Motivation to comply with others
What the experts think

Adapted from Understanding Attitude and Predicting Human Behaviour
Ajzen and Fishbein 1980
Prentice Hall
Benefits of increasing physical activity

- Reduce risk of heart disease, high blood pressure, osteoporosis, diabetes and obesity
- Reduce some of the effects of ageing
- Joints, tendons and ligaments will be more flexible
- Help maintain a healthy weight
- Help relieve stress & anxiety
- Increase energy and endurance levels
Benefits of drinking less alcohol

• Reduce risk of heart disease and cancer
• Less likely to have an accident
• Liver more able to recover and repair damage
• Save money
• Increase energy and concentration
• Less likely to embarrass self or upset friends & family
Benefits of giving up smoking

- Reduce risks of lung and heart disease
- Reduce risk of cancer
- Reduce breathlessness
- Save money
- Clothes and breath will smell better
- Sense of taste will improve
- Skin will look better
- Likely to live longer
Benefits of eating healthily

• Reduce risk of heart disease and high blood pressure
• Reduce risk of cancer
• Have more energy
• Might be ill less often
• Might lose weight
• Will have improved bowel health
• Skin, nails and hair will look more healthy
Self confidence & Self efficacy

- Self confidence is having confidence in oneself in achieving a certain chosen course of action.

- Self efficacy is the belief that one is capable of performing in a certain manner to attain certain goals.
Goal setting

- Goal setting theory states that individuals make calculated decisions about their desired goals.

- Once individuals determine the goals they intend to achieve, these goals and intentions direct and motivate their efforts to achieve them.

  - Therefore, setting goals can affect the behaviour of the individuals.
Where are we starting?

Before setting any goals we need information about the person:

• We need to record this
• There are a number of forms available – you may be asked to complete one for the Data Collection Reporting System (DCRS)
• It provides information to monitor progress and the final outcome
• It provides evidence of what has been achieved
How individuals can be encouraged to change their behaviour - goal setting

- Participation in goal setting and accepting the goals are needed - to gain commitment to the task or goal

- Receiving feedback on goal achievement - important for motivation

- Goals motivate people - to produce the effort necessary to meet task demands and persist over time
Goal setting

• Goals direct individuals’ attention to relevant task features, behaviours to be performed, and potential outcomes

• Goals can affect how people process information

• Goals help people focus on the task, select and apply appropriate strategies, and monitor goal progress
SMART Principles

• When the person has decided what health behaviour they want to change, they need to set a goal in order to change their behaviour.

• Your role is to help the individual set a simple goal, written down clearly and likely to be achieved.

• Goals should be SMART.
SMART means………

**Specific**
- Some goals can be vague and difficult to measure
- It is important to set goals that are clear and precise

**Measurable**
- Making the goal specific means that it should be easy to measure /quantify progress or goal achievement

**Achievable**
- Set goals that are within the person’s reach
- Failing to achieve a goal can have a negative effect on their motivation to work towards their goal
SMART means………

**R**elevant
  - Does the person think/is the goal is relevant to them?

**T**imely
  - Is this goal the right thing for them to try to achieve right now?
    - If so, set a time frame in which the goal can be achieved
    - If you don’t set a target date for the completion of the goal, it could go on and on without the person ever achieving it
Positive and negative influences on behaviour change

If the goal is **achieved**
- Set a new, slightly more difficult goal, or stay with what has been achieved to ensure progress is maintained

If the goal is **not achieved**
- Focus positively on what has been achieved
- Reduce or change the goal with the individual
- Take joint responsibility for having set the goal too high
- Encourage the person to learn from any problems or set-backs they experienced
Positive and negative influences on behaviour change

If the goal is partly achieved

- Focus on what the person did achieve
- Build on success
- Decide on what needs to change to be successful next time
- Were there any barriers and situations which prevented it being successful?
- Find ways of moving forward
- Is extra help needed from other people?
Positive and negative influences on behaviour change

Reward people

- Find out what would be a valued reward for the person achieving a goal
- It does not need to cost money
- Think of some things they might like as a suitable reward
- The person needs to choose but at least you will have some suggestions to help them decide what reward they want