



Oxford Cambridge and RSA

Unit title:	Health promotion
Unit number:	31
Level:	5
Credit value:	15
Guided learning hours:	60
Unit reference number:	J/601/1675

UNIT AIM AND PURPOSE:

Health promotion is an important part of the work of a wide range of health care practitioners and those engaged in education and social welfare. It is also a major focus of any government.

This unit aims to provide learners with an understanding of factors that can influence national and regional strategies for health promotion. They will also consider reasons that may prevent people from either accessing healthcare or from following health advice.

Learners will investigate theories behind health promotion and the approaches, models and methodology used to encourage health improvement across the population. They will consider how health beliefs of individuals affect their actions and response to health initiatives.

The learners will also examine roles of professionals, routines and government information in improving peoples' health. Possible conflicts with industrial interests such as tobacco, drinks and food manufacturers will also be explored. Learners will have an opportunity to plan their own health promotion campaign, related to a target group of their choice, linking it to national and local strategies and targets.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting **all** the requirements in the assessment criteria.

Learning Outcome (LO) The Learner will:	Pass The assessment criteria are the pass requirements for this unit. The Learner can:
LO1 Understand the socioeconomic influences on health	1.1 explain the effects of socioeconomic influences on health 1.2 assess the relevance of government sources in reporting on inequalities in health 1.3 discuss reasons for barriers to accessing healthcare
LO2 Understand models of health promotion	2.1 analyse the links between government strategies and models of health promotion 2.2 explain the role of professionals in meeting government targets for health promotion 2.3 discuss the role of routines in promoting healthy living
LO3 Understand factors which influence health promotion	3.1 explain how health beliefs relate to theories of health behaviour 3.2 discuss the possible effects of potential conflicts with local industry on health promotion 3.3 explain the importance of providing relevant health-related information to the public
LO4 Be able to plan a health promotion campaign	4.1 plan a health promotion campaign to meet specific objectives 4.2 explain how the health promotion campaign supports health promotion strategies

GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors.

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

Merit Criteria (M1, M2, M3)	Distinction Criteria (D1, D2, D3)
(M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.)	(D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.) (In order to achieve a distinction grade, all merit criteria must also have been achieved.)
MANDATORY TO ACHIEVE A MERIT GRADE	MANDATORY TO ACHIEVE A DISTINCTION GRADE
M1 Analyse concepts, theories or principles to formulate own responses to situations.	D1 Evaluate approaches to develop strategies in response to actual or anticipated situations.
M2 Analyse own knowledge, understanding and skills to define areas for development.	D2 Evaluate and apply strategies to develop own knowledge, understanding and skills.
M3 Exercise autonomy and judgement when implementing established courses of action.	D3 Determine, direct and communicate new courses of action.

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content these are suggestions; they do not have to be the examples that the learner uses.

LO1 Understand the socio-economic influences on health	
Socioeconomic influences	(e.g. income, unemployment, lifestyle choices, environment, homelessness, access to healthcare facilities, access to education, discrimination)
Government sources	(e.g. Black Report 1980, Acheson Report 1998, Marmot Report 2010, NICE, House of Commons Health Committee, Health and Lifestyle Surveys (HALS), Health Survey for England (HSFE), census data)
Barriers	(e.g. location, physical disability, time, employment, income, trust and belief, culture, degree of education, mental capacity, prejudice).
LO2 Understand models of health promotion	
Government strategies	(e.g. Choosing Health 2005, revised 2010; Healthy Lives Healthy People 2010; campaigns such as Smoking Health Harm Campaign, Fitness for Work, Change4Life, Be Clear on Cancer, Act FAST, Be Food Smart, Catch it Bin it Kill it)
Models	(e.g. health belief model, theory of reasoned action, trans-theoretical (stages of change) model, social learning theory)
Professionals	(e.g. health advisers/educationalists, health visitors, practice nurses, school nurses, GPs, midwives, dentists, dieticians, nutritionists)
Targets	(e.g. Our Healthier Nation 1998, NICE, National Health Trusts, current targets such as for. obesity, smoking, alcohol consumption, sexual health, reduction in deaths from strokes, cancer)
Routines	(e.g. personal hygiene, general hygiene, healthy diet, relaxation, exercise, working practice)
Settings	(e.g. home, workplace, schools, primary health care and hospitals, neighbourhoods).

LO3 Understand factors which influence health promotion	
Health beliefs	Internal locus of control, external locus of control, scientific medicine, lay public
Theories of health behaviour	(e.g. health belief model, theory of reasoned action, health action model, stages of change model)
Potential conflicts with industry	(e.g. tobacco industry, leisure industry, alcohol producers and suppliers, hospitality industry, food manufacturers, cost of improving workplace, sponsorship of media)
Importance	(e.g. reducing early deaths, reducing sickness and dependency, reducing cost of care, increasing personal responsibility, removing health inequalities, controlling communicable diseases, protecting vulnerable groups, reducing health risks).
LO4 Be able to plan a health promotion campaign	
Plan	(e.g. rationale, aims and objectives, approaches, models, strategies, timescale, costs, relevant legislation or guidelines (e.g. health and safety, Equality Act), measurable outcomes/pre-set criteria, SMART targets, framework for evaluation such as effectiveness, appropriateness, acceptability, efficiency, equity)
Strategies	(e.g. enabling, creating environments that are supportive of health, advocating to create the essential conditions for health, assessing health needs, incorporation into routines, involving parents and carers, awareness of religious and cultural practices, festivals and special days, involvement of professionals, links with national charities/support groups).

GUIDANCE

Delivery guidance

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include researching the principles and theories of health education and the factors that affect the success, or otherwise, of health initiatives. Discussions with health promotion practitioners should be encouraged where possible.

Learners will benefit from being encouraged to exercise autonomy and judgement to implement both primary and secondary research into the use and effectiveness of health education. Learners might adapt their thinking and reach considered conclusions when analysing government sources and possible conflicts with industry (*based on a foundation of relevant knowledge, understanding and/or practical skills*).

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and from being given the opportunity to explore them using diverse approaches and schools of thought. For example, planning a health promotion campaign to meet specific objectives in a chosen context and then explaining how the health promotion campaign supports health promotion strategies.

Assessment evidence guidance

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes and be submitted in the form of assignments, essays, project portfolios, presentations or, where appropriate, reflective accounts. Where group work/activities contribute to assessment evidence, the individual contribution of each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

J.Naidoo & J Wills. *Foundations for Health Promotion* 3rd ed. Bailliere Tindall 2009
ISBN: 978 0702029653

J.Green & K.Tones. *Health Promotion: Planning and Strategies*. 2nd ed. Sage Publ.
Co. 2010. ISBN: 978 1847874900

M.Gottwald & J.Goodman-Brown. *A Guide to Practical Health Promotion*. Open
University Press. 2012. ISBN: 9780335244591

Journals

Health Promotion Journal
Health Promotion Practice
Health Promotion International

Websites

www.patient.co.uk
www.rsph.org.uk
www.publichealth.hscni.net

Signposting to other units within the qualification

Unit 7: The role of public health in health and social care
Unit 13: Safeguarding in health and social care
Unit 14: Physiological principles for health and social care
Unit 17: Psychology for health and social care