Promoting Public Health 8

Getting to know your unit

This unit will aim to help you understand the topic of how public health is promoted throughout the world, but especially in the UK. There will be research topics given to you by your tutor to help you with this unit and to assess your learning. Assignments will be set for each learning aim, with a pass, merit or distinction grade given. To obtain a distinction you must evaluate how far health strategies meet the aims of health factors in Britain, or another area of your choice, which must be approved by your tutor, and how successful a recent health strategy has been.

How you will be assessed

You will be assessed by a set of assignments set by your tutor, to ensure that you fully understand the topic of how public health is promoted in the UK and worldwide. There will also be role plays given to you by your tutor to help you with this unit and to assess your learning.

Assignments will be set for each learning aim, with a pass, merit or distinction grade given.

It is important to check that you have met all the Pass grading criteria as you work your way through the assignments. To achieve a Merit or Distinction, you need to present your work in such a way that you meet the criteria for those grades. To achieve Merit, you need to analyse and assess the impact of a recent health campaign; and for Distinction you need to evaluate and justify recent health campaigns.

Assessment criteria

This table shows what you must do in order to achieve a **Pass**, **Merit** or **Distinction** grade, and where you can find activities to help you.

Pass	Merit	Distinction
Learning aim A Examine strategies for developing public health policy to improve the health of individuals and the population		
A.P1	**A.M1**	**A.D1**
Explain the strategies used to develop public health policy in order for it to meet its aims. **Assessment practice 8.1**	Analyse how public health policy is influenced by strategies and patterns of health and ill health. **Assessment practice 8.1**	Evaluate how far the use of strategies and monitoring the health status of the population helps public health policy to meet its aims in reducing the factors that influence public health, with reference to a specific demographic area. **Assessment practice 8.1**
A.P2		
Explain how monitoring information to determine patterns of health and ill health is used by government to inform the creation of public health policy. **Assessment practice 8.1**		

Pass	Merit	Distinction
Learning aim **B** Examine the factors affecting health and the impact of addressing these factors to improve public health		
B.P3 Explain factors affecting current patterns of health and ill health in a specific demographic area. **Assessment practice 8.1**	**B.M2** Assess the extent to which factors affect current patterns of health and ill health with reference to a specific demographic area. **Assessment practice 8.1**	
B.P4 Explain the impact of public health policy in minimising these factors in relation to a specific demographic area. **Assessment practice 8.1**	**B.M3** Assess how minimising the factors affecting health can contribute to improving the health of the population in relation to the area. **Assessment practice 8.1**	
Learning aim **C** Investigate how health is promoted to improve the health of the population		
C.P5 Explain how approaches to health promotion and protection have been applied in a selected health promotion campaign. **Assessment practice 8.2**	**C.M4** Assess the success of approaches used to promote and protect health and prevent disease in a selected health promotion campaign. **Assessment practice 8.2**	**C.D2** Justify the approaches used to promote and protect health and prevent disease in a selected health promotion campaign. **Assessment practice 8.2**
C.P6 Explain how approaches to prevention and control have been applied in a selected campaign. **Assessment practice 8.2**		
Learning aim **D** Investigate how health promotion encourages individuals to change their behaviour in relation to their own health		
D.P7 Explain how models or theories that justify behaviour change can be used to overcome barriers in relation to a selected health promotion campaign. **Assessment practice 8.2**	**D.M5** Analyse how theories or models and approaches have been used in a selected health promotion campaign to overcome barriers and increase public awareness. **Assessment practice 8.2**	**D.D3** Evaluate the success of a specific public health campaign in encouraging behaviour change in relation to health. **Assessment practice 8.2**
D.P8 Explain the features of a selected health promotion campaign and the approaches used to increase public awareness. **Assessment practice 8.2**		**D.D4** Evaluate how far a recent health promotion campaign met the aims of public health policy through the strategies and approaches used to improve the health of a demographic area. **Assessment practice 8.2**

Getting started

A good place to start is discussing, in groups, health campaigns being promoted on the television, radio or posters on health that you have seen or read. After the discussion you can note what you believe the campaign is about and how effective it is.

A Examine strategies for developing public health policy to improve the health of individuals and the population

The origins and aims of public health policy

On 5 July 1948 the National Health Service came into being, to ensure that people in the UK would receive free healthcare at the point of delivery, no matter what their income. It was the first health service of its kind in the world.

During and after the Second World War, the government and the major political parties became more aware and concerned about people's health. Additionally, there were considerations about recovery from serious injuries, some of which had never been seen before, due to the bombing raids in the UK and from those incurred by the people returning from fighting. Up until this time, people who could afford it had private health insurance to help towards their medical bills. Those who could not afford to pay for a doctor and for medicine went without proper medical help.

The government commissioned Sir William Beveridge to investigate ways in which the country could recover from the Second World War. Beveridge had much experience in political affairs and was an expert on the problem of unemployment. In 1942, the Beveridge Report (1942) was published. The report stated that the post-war period was a time for radical change and one recommendation was that the government should find ways to fight disease.

The public welcomed the Beveridge report. In 1940 measles became a **notifiable disease** in England and Wales. There had been an epidemic of measles in 1940, which was a very serious illness at that time, with approximately 400,000 cases reported. Approximately one in twenty babies died before their first birthday, and every year people died of infectious diseases such as pneumonia, meningitis, tuberculosis and polio. There was overwhelming evidence for the need for health care for all.

Key term

Notifiable disease – a medical condition required, by law, to be reported to government authorities.

Research

There was another measles epidemic in 1961 in the UK, with 763,531 cases reported to Public Health England. Look at the statistics provided on: **www.gov.uk/government/publications/measles-deaths-by-age-group-from-1980-to-2013-ons-data/measles-notifications-and-deaths-in-england-and-wales-1940-to-2013** to find out what the major difference was between the epidemics in 1940 and 1961. Why do you think this occurred?

Between the First and Second World Wars, from 1919 to 1939, there had been numerous reports on improving healthcare but nothing had been implemented. In 1945, the new Labour government took on the recommendations of the report and

the National Health Service Act was passed in 1946, and came into force in 1948. The National Health Service (NHS) would be completely financed by tax, would benefit every person in the country and be available from the cradle to the grave. For the first time, people could receive diagnosis and treatment of any illness, either at their home or in hospital, including dental and ophthalmic care, regardless of their ability to pay. The implementation of a National Health Service has had a significant impact on the nation's health, improving the health of millions.

▶ Aneurin Bevan, the Minister for Health, visiting the first patients of the new NHS at Trafford General Hospital in July 1948

Aims of public health policy

Planning national provision of health care and promoting the health of the population

The government has an overriding moral aim to make sure that the health of its citizens is paramount, and this became even more prevalent due to the health of people during and after the Second World War. The NHS started to provide a more accessible health service to meet the aim of public health policy by ensuring fair and impartial health services across the whole of the UK, so that an acceptable standard of good health would be experienced by the whole population regardless of social standing and geographical location.

To meet the needs of a changing demographic, public health policy needs to be responsive. To plan for future needs and to provide care in acute situations such as the swine flu epidemic in 2009, the government needs to gather statistical data and commission reports into current trends in health within the nation as well as attempting to predict future developments in the health status of the nation.

Information on the factors that influence health such as lifestyle choices, unemployment, education, housing, prevalence of disease and poverty help to shape the planning process for health provision. Public expectations of health provision and the protection that it provides for their welfare have increased with technological advances in medicine and equipment. Health trends have changed over the years, as more medical conditions become treatable and life expectancy has increased.

Currently, public health policy has to address a range of issues such as dementia, mental health issues and rising rates of resistance to antimicrobial treatments as well as raising awareness of the importance of healthy eating, exercising, moderation in alcohol consumption and stopping smoking.

Debbie Does Her Best

When Debbie's marriage to Tahir broke up and she lost her job at the biscuit factory she had to leave her comfortable life behind and start again with two young children. Accomodation was very expensive in the city she lived in and in order to move out of emergency accommodation provided by social services, Debbie borrowed money for the first month's rent and a bond on a flat from her family.

Debbie's flat was damp, black mould covered the walls and condensation ran down the windows. The flat was expensive to heat and the children often slept with clothes on top of their pyjamas in the winter. Debbie developed depression because of the break up of her marriage and the state of her housing. She found it impossible to find employment and she was upset that she couldn't give the children a varied diet.

Check your knowledge

1 What health problems could the children develop by living in this environment?
2 How can unemployment have an impact on the short term and long term health of families?'
3 Why is nutrition important to health?
4 How can depression and unemployment affect health?

Identifying and monitoring needs

It was noted by health officials that due to food rationing during the war and the ten years after it, that people's health improved. This was also investigated. Local authorities at this time introduced Children's and Mental Health Departments to help support illness and conditions brought on by war, or poverty, and this became known as the 'social citizenship' agenda, in which the government became the provider for the welfare of all, for the first time. The World Health Organization (WHO) in 1946, identified health as a separate issue in which governments must be involved, to the benefit of people's physical, mental and social wellbeing, and not just for treating diseases. An active role in raising public awareness continued through the 1970s and 1980s with public information films on topics as varied as the safe handling of fireworks and crossing the road safely, through to sexual health.

The government's role in understanding and predicting social change is pivotal in the treatment and control of disease. As social influences such as the media and peer pressure become more prevalent, health policy needs to become more responsive. Examples of this include campaigns to raise awareness of the dangers of illegal drug use and the impact on the community of driving while under the influence of alcohol or drugs. The government response to medical evidence of the link between smoking and various types of cancer, including lung cancer and throat cancer, have led to a range of interventions controlling not just the advertising of cigarettes but also restictions on where individuals may smoke. Smoking in the workplace was banned in England on 1 July 2007.

Research

Investigate the government's response to the link between childhood obesity and type 2 diabetes in children. What initiatives has the government tried to persuade parents, carers and children to improve nutritional standards?

Identifying and reducing inequalities

It was not until 1974 that the NHS was responsible for the majority of public health. Prior to this, the NHS was being established, spreading across the nation and reclaiming responsibility for the health of all citizens. However, with the population's health needs differing enormously between rural and industrial areas, for example, establishing local authorities was found to have more of an impact on the provision of appropriate health services.

Protecting society from health threats

From the 1970s onwards, factors such as crime rates, housing conditions, pollution, economic regeneration and education were observed as affecting the health and wellbeing of people. There are worldwide and national guidelines about monitoring these issues and suggesting improvements to protect the population from these hazards. For example, there is legislation about the disposal of toxic waste and standards governing air quality in cities with regard to vehicle emissions.

A new local authority role, Director of Health, required local authorities to be directly responsible for the health of their residents. All communicable illnesses are reported through a GP, or local hospital, to a regional health team who monitor the overall incidence. If several cases of an infectious disease are reported, then an outbreak management team investigates, monitoring its spread throughout the local area, and putting in place medical resources to prevent further spread.

Wherever possible, preventative measures are used against infections that are likely to occur on a seasonal basis. For example, flu vaccination is offered to vulnerable people, including the elderly, or those with a specific health condition such as diabetes, to prevent the illness in these groups. The immunisation of babies and infants to prevent the spread of communicable diseases such as mumps, measles and rubella, is another example of a preventative measure.

Controlling an outbreak of an infectious disease would include a case definition report. This includes information about the time, place, the person and the illness, so that a picture can be established to understand where the outbreak started. The local health authorities use this information to report to the national health body, which allows monitoring of whether the outbreak is spreading or decreasing, and appropriate resources to be implemented to prevent further spread.

Addressing national health problems

National health problems are issues that can affect any sector of society, although they may be more prevalent in some sectors than others, or some regions may find themselves at higher risk than others. Air pollution, for example, affects everybody but some areas have higher pollution than others. An example of this would be traffic pollution being higher in the cities. Further to this, some sectors of the community may be more affected by a problem than others. Someone with Chronic Obstructive Pulmonary Disease (COPD) will suffer more breathing difficulties than the average person when air pollution levels are high.

Poor diet and the build-up of fatty deposits in the arteries which break free and block vessels in the brain is one cause of stroke.

Developing screening programmes

Screening is a way of identifying people who may be at a high risk of contracting a disease or condition, for example bowel or cervical cancer or glaucoma. If the individual is found to have a health problem after the screening test, further investigation will be recommended. A screening programme has to be cost effective for the health service. There are more than 100 screening programmes in the UK.

Screening programmes in the UK are targeted to sections of society that have already been identified as at a higher risk. A family history of breast cancer for example may put a woman at higher risk of developing the disease.

Certain age groups also have a higher prevalence of disorders. Cholestererol testing and blood pressure checks are routinely offered to people over 40 as the conditions that can come with having elevated levels of cholesterol or having high blood pressure, such as stroke, can strike without warning.

⏸ PAUSE POINT   Why did the NHS come into being?

Hint   Think about how people afford and pay for health care.

Extend   What was the immediate impact of the National Health Service Act 1946 on people's health at that time?

Strategies for developing public health policy

Strategies

The Department of Health (DH) is the government department responsible for identifying the nation's health needs in England, and for developing programmes to reduce risk and screen for early signs of disease. The DH works with other agencies to gain a full understanding of the issues around the nation's health to create national policies and legislation. The agencies include:

▶ the Care Quality Commission (CQC)
▶ the Health and Social Care Information Centre
▶ NHS England
▶ Health Education England.

Present policies from the DH include:

▶ cancer research and treatment
▶ children's health
▶ dementia
▶ drug misuse and dependency
▶ health and social care integration
▶ obesity and healthy eating.

Each of these policy issues is broken down into further areas of concern. For example, 'School Food' looks at caterers introducing healthier foods into school menus, and includes research undertaken by Public Health England, Government Buying Standards and the Children's Food Trust.

The Scottish Health and Social Care Directorate reports to the Secretary of Health on the health and wellbeing of its citizens in 14 regional health authorities. The health services work with partners and the public to provide safe, effective and person-centred healthcare. A recent strategy, part of the Quality Strategy, was 'Better Health, Better Care', which proposed that NHS staff, patients, and carers should better understand their rights and responsibilities. This strategy aims to ensure compassionate staff, good and clear communications, a safe environment and clinical excellence.

In Northern Ireland, the Public Health Agency (PHA) works to increase wellbeing and to decrease inequalities in the health of its population. The PHA reports to the Department of Health (Northern Ireland). A recent strategy, 'Making Life Better', was created to help individuals have greater control of their own health, and to be supported by the health services in helping them achieve this.

The NHS Wales strategy, 'Together for Health', aims to improve health services for the benefit of the Welsh people. Another NHS Wales strategy, 'Working differently – working together', sets out how to improve health information for the future.

Planning and evaluating

The DH undertakes research into all areas of the nation's health. By using a range of different agencies throughout the UK, the DH obtains the right information for what to plan and put into place to help and support people with their health. The same agencies can also feed back to the DH on any improvements needed in health care for their area.

According to the NHS Health Check Implementation Review and Action Plan 2013, the seven most preventable causes of death were alcohol consumption, high blood pressure, smoking, obesity, cholesterol, poor diet and lack of physical activity. By challenging the public's acceptance of the inevitability of disease as being unrelated to lifestyle choices, the government can formulate strategies that help the public to help themselves.

Obesity is another health issue that is affecting more people in England than in many other developed countries. Public Health England reports that one in five children entering primary school is already overweight or obese. 'Obesity and healthy living' is the government's policy that aims to create a downward trend in the levels of excess weight in adults and children by 2020. This will be achieved through a series of a public awareness drives by the government that encourage people to eat a healthy diet and exercise more.

Obesity is a particular issue in deprived areas. If the current trend continues, it is predicted that 70 per cent of adults will be overweight or obese by the 2030s. The financial costs to society associated with obesity-related diseases are increasing, such as type 2 diabetes and coronary artery disease. Action to tackle obesity is one of PHE's seven priorities. National mapping of weight management services (2015) was research undertaken by PHE working with other, more local, agencies in an area of northern England to gather data on obesity.

Minimising harm from the environment

The Department for Environment, Food & Rural Affairs (Defra) has responsibility for minimising harm to the population from environmental conditions that could cause disease.

Pollution

A current concern is poor air quality, which is estimated to shorten life expectancy by about seven or eight months. Pollution from the density of road traffic in some London streets surpasses the annual European air pollution targets within days.

Defra works with Environmental Protection UK to implement The Air Quality Strategy for England, Scotland, Wales and Northern Ireland. The strategy aims to minimise levels of harmful industrial pollutants in the air such as lead, sulfur dioxide and nitrogen oxide; levels for their output are set and checked nationally, as are emissions from industry and sea pollution.

Recycling and waste management

For issues around recycling and waste management, the government works closely with the Environment Agency, who in turn works with local agencies concerned with waste and recycling. This is to ensure that waste management companies are regulated and monitored by local authorities issuing permits to companies applying to recycle and dispose of waste. The waste is categorised (for example hazardous chemicals, metal, medicines, batteries or paper) with regulations for all types of waste. One such regulation is the Waste Electrical and Electronic Equipment (WEEE) guidance

for approved authorised treatment facilities and approved exporters, which was updated in January 2016. The guidelines set targets for the recycling of items such as small and large household appliances, IT and telecommunications equipment, lighting equipment, electrical and electronic tools, toys, leisure and sports equipment, medical devices (except implanted/infected products), display screens and photovoltaic panels.

A Little Won't Matter

When Kristof was young he had a transistor radio and it used up batteries quickly and batteries were expensive so he didn't use the radio very often. When the batteries wore out he threw them in the bin.

Forty years later, Kristof has, among other things: a mobile phone, an electric toothbrush, a torch, an electric car key, an electric cigarette, a cordless door bell, a smoke detector, a laptop and a small clock in every room to help him organise his life.

Kristof likes new things so he updates his appliances as often as he can afford to. The things that Kristof doesn't need and can't sell he throws away. Kristof has never seen the point of going to the council tip as the dustbin men come every week and empty his bin. He never uses the council recycling services.

Check your knowledge

1 What problems could the batteries cause to the environment if not disposed of safely?

2 How can Kristof reduce the amount of damage that he causes to the environment by using his electrical equipment?'

3 Why is it important for public health that people are aware of environmental issues such as the safe disposal of toxic materials?

There are many other everyday items that can cause ill health if they are not disposed of correctly. All drugs including prescription medications, over-the-counter medications and illegal drugs have the potential to cause harm to public health if they are not disposed of appropriately. Medication should be returned to the pharmacist for safe disposal, not flushed down the toilet where it can enter the water course and cause contamination.

Many other products such as engine oil, paint, baby wipes and even the fat from cooking have the potential to contaminate the water course or damage the sewage system. Blocked waste pipes or sewage pipes can force sewage to back up into people's homes, flooding them with faecal matter which, if ingested, exposes the residents to a potential range of bacterial illnesses of the digestive system.

Food safety

The Food Standards Agency (FSA) is a non-ministerial government department responsible for food safety and hygiene throughout the UK. The FSA works with seven other agencies and local authorities to enforce food safety regulations. The Welsh government is responsible for nutrition policy in Wales.

The Advisory Committee on Novel Foods and Processes advises the FSA about **genetically modified** foods and irradiation of foods. Genetically modified crops and irradiation of foodstuffs are considered by scientists working in the field not to be riskier to human health than conventional food. However, the general public has frequently expressed concerns about their safety and regulation, including labelling and environmental impacts.

Key term

Genetically modified – altering the DNA of an organism (food or plant) to create something that does not occur through natural reproduction.

Research

Investigate the government's current health campaign: Sugar Smart 2016. Create information for a display board for staff and other learners at your school or college. What do you think this campaign hopes to achieve?

⏸ **PAUSE POINT** Why does the government work with a range of agencies with regard to people's health?

> Hint   Think about all the different things that can affect people's health.
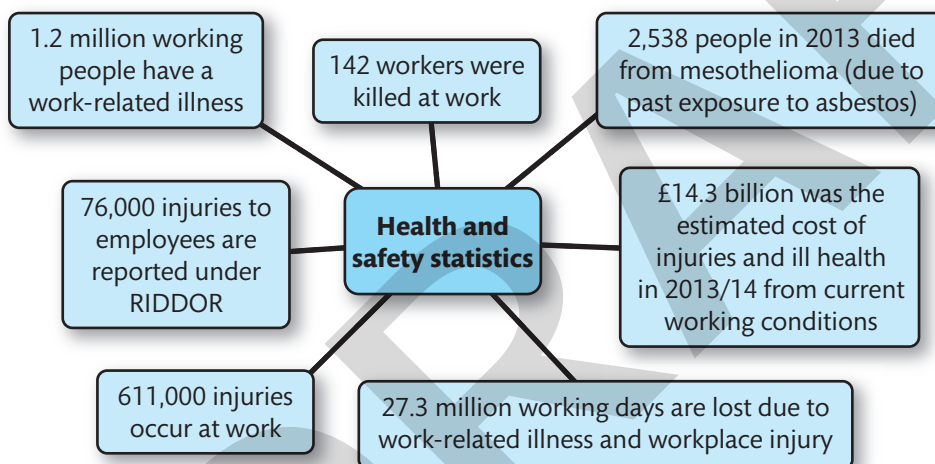> Extend   Research a government policy on children's health. Find out which agencies the government works with to get information.

Monitoring the health status of the population

Health monitoring is an important way of maintaining the nation's health. By closely monitoring outbreaks of diseases, or the increase of the incidence of illnesses seriously dangerous to health, local, regional and governmental departments are able to put in place the necessary resources.

Sources of information for determining patterns of health and ill health

Sources are wide and varied. The DH website reflects the many agencies that report to government about health-related issues.

- 1.2 million working people have a work-related illness
- 142 workers were killed at work
- 2,538 people in 2013 died from mesothelioma (due to past exposure to asbestos)
- 76,000 injuries to employees are reported under RIDDOR
- **Health and safety statistics**
- £14.3 billion was the estimated cost of injuries and ill health in 2013/14 from current working conditions
- 611,000 injuries occur at work
- 27.3 million working days are lost due to work-related illness and workplace injury

▶ **Figure 8.1:** Key health and safety statistics, Great Britain (2014/15) (source: www.hse.gov.uk/statistics)

Where do you think the information in Figure 8.1, as reported to the Health and Safety Executive (HSE) comes from? There are several data sources for injury and ill health statistics in Britain, some of which were mentioned in relation to the work of the DH (see the section on Strategies for developing public health policy). The HSE is a government agency, reporting directly to the government, which is used to report injuries, illnesses and diseases related to work. It obtains its data from the agencies with which it works. It is a legal requirement to report incidents and ill health at work to enable the HSE, and other agencies, to gather data about how and why risks arise, and to investigate serious incidents with a view to their prevention.

RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), covers the reporting by employers of any diseases or illnesses affecting their workers that are potentially caused by the work environment. This is useful in determining the healthcare needs that occur in certain occupations. The data can also be used to

see whether any further precautions are required for certain tasks. Employers may think any incidents are isolated, whereas by reporting it to the HSE, it may be shown to occur frequently in certain occupations. The information can be used to support workers' health and to put safe working practices in place.

The Labour Force Survey (LFS)

The LFS surveys more than 40,000 households in Britain to determine whether occupants have work-related illnesses. Again, this information is fed back to the HSE for further investigation. Various government departments use LFS results when checking the effect of existing policies, to inform future policy changes and when deciding on the best uses of public resources. Additionally, the European Union uses LFS results to determine UK funding for improvement of employment prospects, facilities and opportunities in local areas.

The Health and Occupational Reporting network (THOR)

THOR is a group run by the University of Manchester to produce statistical information from specialists seeing patients for work-related respiratory disorders and skin diseases. More than a thousand specialist doctors voluntarily provide information, with an estimated 25,000 plus cases of occupational disease and work-related ill health. The data is used to inform the national agenda and to provide a resource for participating doctors, applied occupational health epidemiology, and other research. Since 2005, THOR has also collected information about, and conducted research on, the costs of work-related sickness absence.

Statistics

The World Health Organization (WHO)

The UK government gathers information and statistics from scientific research, including from the WHO and each country within the UK, to ensure local, regional and national health is monitored so that resources can be planned based on specific needs.

The WHO is an agency of the United Nations concerned with international public health. The organisation is responsible for the World Health Report and its current priorities include driving the development of international reporting, publications and networking.

As a global organisation, the WHO gathers information from its 194 members (and two associate members) around the world about health problems. This information is disseminated globally so that appropriate resources and advice can be given to help with specific health issues.

The WHO has recently been involved in the study of maternal, newborn, child and adolescent health on a global, regional and national level. The UK and other member states have provided national statistics. The WHO uses this data to inform all countries about inequalities in health care and which wealthier countries can help poorer countries financially or by supporting healthcare initiatives. The WHO also works with countries to try to deal with health problems in the best way possible.

Government, regional and local

The DH relies on local and regional health authorities to monitor and report on the health of the population in the area for which they have responsibility.

GPs, pharmacists, hospitals, health centres run by specialist groups, for example sexual health clinics, have to report all diseases and illnesses causing a serious threat to health to local health authorities. This includes meningitis, norovirus and measles, so that the local health authority can provide relevant resources and guidance to the medical

profession. In turn, the local authority has to report these diseases or illnesses to the regional health authority, which provides more guidance or resources, if needed. The regional health authority monitors the local situation to see whether the disease spreads or is controlled.

Syphilis, Tees Valley, 2009-2014
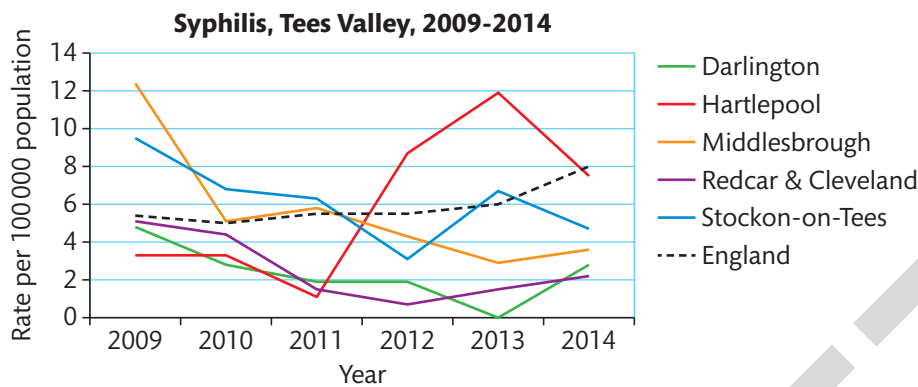
▶ **Figure 8.2:** Can you suggests some reasons why the levels of syphilis vary between years in these five locations in comparison to the rest of England and how this could impact health promotion campaigns in these areas? Source: Public Health England

The regional health authority reports health issues to the DH, which monitors the situation and provides extra resources, if necessary. They report to the European Union, which then reports to the WHO, so that an overall picture of the population is monitored and helped when necessary. The Zika virus is being closely monitored in this way and guidelines are being set and resources are being created to keep people informed of the risks and to try to control infection rates.

Health studies

Sometimes the government commissions reports on specific health matters, such as the Black Report on the inequalities of health provision or the Acheson Report (the Beveridge Report 1942 is also an example of a commissioned health report).

The Black Report 1980

In 1980, the Department of Health and Social Security published a report that focused on health inequalities in the UK. The report highlighted that ill health and death rates were higher in poorer areas of Britain. In more affluent areas, the rate was lower. Despite the establishment of the NHS in 1948, the gap appeared to be widening. The report reflected that in different parts of the country, life expectancy differed by ten years. It also reflected that professional people had a healthier lifestyle than unskilled workers. This was reported as due to the professional people's awareness about healthy diet, looking after themselves and seeing doctors when needed. It was also shown that women tended to have more illnesses. However, it was suggested that men were less likely to see a doctor when they were ill, meaning that women tended to lead healthier lives as their health problems were dealt with. The Black Report suggested policies that the government should implement to combat these inequalities, although these were not implemented at the time. However, the report led to an assessment by the Office for Economic Co-Operation and Development (OECD) and the WHO of health inequalities in 13 countries.

The Acheson Report 1998

In 1998, the Acheson Report was still showing inequalities in health care according to an individual's economic status. The report called for more funding for nutritional education in schools through the curriculum, and for teaching children, especially

Research

In groups, research the Acheson Report. Each group should look at a different aspect of the report, such as education, babies, smoking and drinking, older people or mental health. Each group should share their findings. After reflecting on the reports, what impact do you think this report had on delivery of health care in areas of high and low economic incomes? (This can be local, regional or national.)

those in deprived areas, to budget and cook healthy meals. It also suggested that schools deciding to sell their playing fields and receiving less funding for free school meals had led to a worsening of health for children living in poverty.

The report contained policy suggestions to lessen these health disparities, which influenced the government green paper Our Healthier Nation: A Contract for Health (1998) and the white paper Saving Lives: Our Healthier Nation (1999).

How data is used by public health practitioners to monitor and respond to public health issues

The DH publishes statistics gained from data to:

▶ inform debate on health issues
▶ inform decision making in health care
▶ commission research into a specific illness or diseases causing concern.

Data is important to the delivery of appropriate health care. Up-to-date information is crucial to prevent the spread of diseases and to support patients with the necessary medicines. Knowing about a health concern in a local area gives people control of their lives and helps to increase their wellbeing. If patients are aware of certain diseases that may affect them they can decide what action to take to minimise risk to their health, for example the uptake of the annual flu vaccine by vulnerable people.

Health practitioners use data to help people decide on sensible health precautions to take when travelling. For example, charts are available for GP practices that show travel destinations with the appropriate vaccines required when travelling to that part of the world.

If an outbreak of a disease affects a community, health practitioners can obtain data to see whether their area will be affected, enabling them to order supplies of the appropriate drugs to ensure patients are treated quickly. For example, cases of avian flu (bird flu) can be monitored around the world and if British people are travelling to affected areas, vaccines and medical care can be put into place to support them.

PAUSE POINT How is data used by the DH in understanding the spread of an epidemic?

Hint Epidemics affect large amounts of the population.

Extend How does the DH track the spread of infection to keep British people informed?

Groups that influence public health policy

Government and government agencies

Every country has a department of health with the responsibility of overseeing the wellbeing of its citizens and advising the government about the best quality of care. This is achieved by using current data, obtained from local, regional or global agencies.

In England, the DH is the main government body that oversees reports and gathers evidence of illness and disease. It advises the government about shaping and funding health care. In Scotland, the Health and Social Care Directorate performs this role.

Pressure groups

In Britain, pressure groups use the data they collect to persuade the government to change policies or to fund particular causes. Such groups include Age UK, the British Heart Foundation and ASH (Action on Smoking and Health).

Age UK

In 2009, Age Concern and Help the Aged merged to form a new charity, Age UK. Its aim is to help people enjoy later life, with the ethos that 'ageing is not an illness, but it can be challenging'. Age UK is the largest charity working for the benefit of the over sixties and provides services and support for older people at a national and local level. It regularly conducts research into the health of the over sixties, and tries to persuade the government about health and care improvements that could be made for this age group. This may include issues about human rights, age discrimination and the effects of ageing in a rural society. It commissions reports when needed and analyses findings to support its policies when trying to influence national or European government decision-makers. Age UK also supports local concerns and individual cases.

British Heart Foundation (BHF)

The BHF is the largest independent funder of **cardiovascular** research. Its vision is that nobody should die prematurely or suffer from heart disease. It researches into the causes of heart disease, its diagnosis, treatment and prevention. BHF research has helped the NHS to develop new techniques, such as **angioplasty**.

Action on Smoking and Health (ASH)

ASH was established by the Royal College of Physicians as a charity to eliminate the effects of smoking. Their policies aim to bring awareness of the effects of smoking to the public, as well as to try to change government policy to try to reduce addiction.

> **Research**
>
> Visit the websites of Age UK, the British Heart Foundation and ASH to find out more about the types of research they undertake and how they put pressure on the UK government as a result of their findings.

Key terms

Cardiovascular – the heart and blood vessels.

Angioplasty – a procedure that uses a balloon to widen blocked or narrow coronary arteries. Angioplasty is now a common and routine operation in heart surgery.

International groups

World Health Organization (WHO)

The WHO was formed in April 1948. Its headquarters are based in Geneva, Switzerland, and it has offices all around the world. The purpose of the organisation is the physical, mental and social wellbeing of all peoples in the world. The WHO works with more than 150 countries around the world. Its purpose is to lead on world health, within the United Nations system, in countries where action is needed. The WHO works with a country's policymakers to ensure that the country receives appropriate health support and guidance. It also works with universities and other educational institutions around the world, the private medical sector and national governments to resolve critical health issues. Some examples of the health problems that the WHO has recently been involved with are:

- HIV
- Zika virus
- malaria
- tuberculosis (TB).

The WHO sets the standards for research and ensures that the findings are translated and known throughout the world. This enables all governments to be aware of current research to ensure that their population receives the most up-to-date medical assistance. The WHO also tries to regulate the prices of medical help, by supplying medicines or equipment and by leading in the financial assistance of poorer countries.

> **Research**
>
> In groups, investigate the WHO and its centres around the world. Each group should select a different region of the world, and find out about its major health problems. Each group should share its findings with the other groups.

▶ A WHO worker training nurses in Sierra Leone to use protective clothing in the Ebola outbreak of 2014

United Nations (UN)

The UN was founded in 1945, after the Second World War, to take action on the main issues affecting the world, including health, human rights and internal peace and security. Its main headquarters are in New York, where governments meet to negotiate ways to improve problems.

Some of the issues facing the UN around the world in regard to health are:

▶ sustainable food sources in poorer countries, to try to eradicate hunger

▶ stopping the practice of female genital mutilation (FGM) by 2030

▶ monitoring international human rights treaties.

National groups

National groups operate in specialist areas of health to support the UK population to maintain and improve its health. These groups carry out research in their specialist area. For example, based on research evidence, Cancer Research UK informs the government about breakthroughs that may require government influence or legislation to be implemented for the benefit of all people with cancer.

National Institute for Health and Care Excellence (NICE)

NICE is an organisational body that puts in place improvements in health and social care. It monitors systems and organisations involved in health issues in Britain. NICE reviews evidence-based guidance and sets standards to ensure the most up-to-date and best practice in any health problem is followed by all health authorities, charities and private practices, to ensure the safety of service users. Some of the evidence-based guidelines from NICE include:

▶ cancer service guidelines

▶ clinical guidelines

▶ medicines practice guidelines

▶ public health guidelines

▶ safe staffing guidelines

▶ social care guidelines.

Research

Go to the NICE website: **www.nice.org.uk** and search for NICE guidance on health protection. What recent guidelines have been published concerning public health? Explore one guideline and make notes about its recommendations.

Cancer Research UK

The aim of Cancer Research UK is to use research findings to eliminate cancer. It is a charity and receives no government funding. Cancer Research UK reports that the ten-year survival rate for all types of cancer has doubled in the past 40 years and that it wants to continue to improve this figure. Cancer Research UK works in four main areas of cancer research:

▶ helping to prevent cancer
▶ earlier diagnosis
▶ developing new treatments
▶ personalising treatments to meet individual health needs and to make treatment more effective.

Current research includes:

▶ lung cancer research – as the second most common cancer in the UK, Cancer Research UK is campaigning hard to stop smoking, the main cause of this cancer
▶ pancreatic cancer research – survival rates are almost non-existent as it is difficult to diagnose pancreatic cancer early enough, Cancer Research UK is researching early detection methods
▶ oesophageal cancer research – survival rates for this type of cancer are still low
▶ brain tumour research – there are over 100 different types of brain tumour, and Cancer Research UK is working to find causes and cures.

B Examine the factors affecting health and the impact of addressing these factors to improve public health

Factors affecting health

Socio-economic factors

It has long been recognised that social and economic background affects an individual's health, wellbeing and overall life expectancy.

The WHO states that the conditions in which people are born, grow, live, work and age will determine their health and wellbeing. Additionally, health and wellbeing are affected by social and economic factors, such as access to money, power and resources. These factors (called social determinants) cause health inequities within and between countries.

In 2011, the British Medical Association (BMA) published *Social Determinants of Health – What Can Doctors Do*. The report reflects that inequalities in health and social care are determined by a person's age, income, education, occupation, gender, ethnicity and where a person lives within Britain. The report aims to help doctors identify and take actions, which are neither necessarily medical nor requiring medical knowledge, to make a positive difference. For example, doctors can use their position and their expertise to advocate for change in areas outside traditional medical areas, and promote research into prevention measures.

Evidence from the Office for National Statistics (ONS) shows how a person's position on the neighbourhood income deprivation calculator affects their life expectancy.
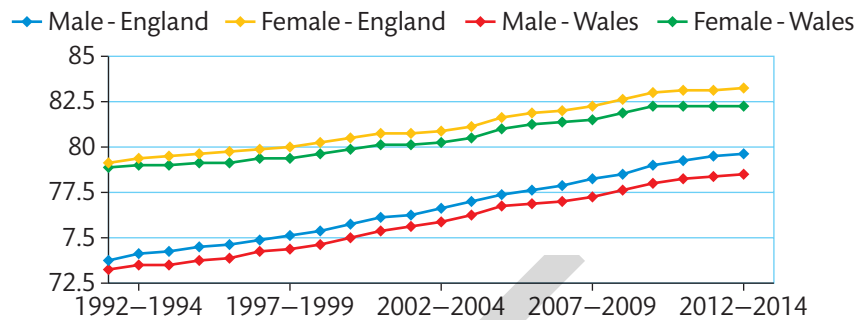
▶ **Figure 8.3:** Life expectancy, England and Wales, 1992–2014 (source: Office for National Statistics)

Cities such as Glasgow, Liverpool and Manchester, with high levels of poverty, have higher levels of death in young men. Drug use, alcohol abuse and high suicide rates are more prominent factors in poorer communities. Understanding and acting on this information can improve how health needs are met and lives can be made better.

Research

Search the ONS website for its bulletin: *Life Expectancy at Birth and at Age 65 by Local Areas in England and Wales: 2012 to 2014.* What conclusions can be drawn from the main points at the start of this bulletin?

Education is also a factor that can affect people's health, especially during the early development of physical and emotional health. What children are taught before they go to school has a great impact, which can affect their health and wellbeing, and even their future parenting skills. Although information about healthy eating and lifestyles is taught in school, in poorer communities the theory is not always practised outside school. There are several reasons for this, including lack of parental interest, lack of money to purchase healthier food options, playing with computer games instead of playing outside, plus concern about letting children play outdoors. In cities, places to play may be restricted or vandalised where they do exist, plus air pollution is now seen as a major health concern.

Environmental factors

The environment in which a person grows and lives has a major influence on their health and wellbeing.

Poor housing and homelessness

Poor housing can cause many illnesses. Damp walls or floors, especially with mould growing on them, may causing respiratory problems. People often become depressed and anxious about their poor living conditions and may become mentally ill. Dark lanes, poor lighting, having no safe places for children to play or people to walk outside, rubbish on the streets and lack of green spaces, all contribute to ill health.

Homeless healthcare teams operate in many areas around the UK. They are multi-disciplinary teams that provide care and support in their local area for homeless individuals or families. These teams have contacts with many other agencies supporting homeless people.

People may become homeless through a range of issues, for example they may be refugees or travellers, they may have mental health issues, their relationship may have broken down or they may have financial problems. People sleeping rough may not have identification papers or evidence of an address, so may not be able to claim the benefits that could help them with shelter and food. Organisations such as local authority homeless healthcare teams and social services departments may be able to help homeless people to access medical help, food and temporary accommodation.

Access to exercise facilities

One of the main drives by the government is to reduce obesity and improve the health of the population. Exercise helps individuals to achieve and maintain a healthy weight.

Gyms and fitness centres are good places to exercise. However, people may not be able to afford to join a gym or a fitness centre, or pay for exercise classes. Some gyms and fitness centres offer monthly membership and some local authorities allow discounts at fitness centres for people claiming certain benefits.

Many local authorities also supply fitness machines in local parks for anyone to use free of charge. However, people who work during the daytime may have safety concerns about using this equipment to exercise in the evenings when they are free to do so. People who like to run or jog may be concerned about poor lighting, uneven pavements, busy traffic and many other issues that may make exercising in their local area unsafe.

Playing outside and participating in organised and unorganised sporting activities helps children's wellbeing and health. Concerns about their safety, including from violent attacks, involvement in minor crime and exploitation by drug dealers or paedophiles has led to many parents not allowing unsupervised outdoor play. Additionally, many children prefer to stay indoors and play computer games and lack the enthusiasm to participate in sports or exercise. This has contributed to many health issues such as obesity and a re-emergence of rickets (a condition that causes bone deformities in children through softening and weakening of their bones). NHS Choices has reported a slight but significant increase in cases in recent years. Many of these children have low levels of vitamin D in their blood (which may be caused by low exposure to sunlight).

Air pollution

Air quality monitoring sites, which are situated in several hundred locations throughout the country, record all the different types of pollutants in the air for that area. People living in cities are more prone to health concerns than those living in smaller towns or villages. Vehicle fumes affect air quality; the closer to a main road the higher the pollution is, whereas just 30 metres away the pollution drops quite significantly. Valleys hold pollution whereas areas of land higher up are less polluted. Winds can blow pollution to places nearby that normally have a lower pollution rate.

Genetic factors

Children resemble their parents because they inherit genetic information passed on to them by their parents. Children usually look a little like their father, and a little like their mother, but they will not be identical to either of their parents. This is because they inherit half of their features from each parent. All human cells normally contain 23 pairs of chromosomes, one chromosome from each pair is inherited from the mother and one from the father through sexual reproduction. Chromosomes contain genes and there may be different forms of the same gene, caused by mutation in the genetic code, for example for inheriting eye colour. Some features vary due to environmental

Research

In pairs, research air pollution in your area by going to the government website: **https://uk-air.defra.gov.uk** and choosing a location or postcode area. Check for your nearest monitoring site. What information does it give you?

causes. For example, the weight of identical twins is likely to vary if one twin is fed more than the other.

Some health problems and medical conditions can also be inherited when there is a faulty version of a gene. Whether a medical condition arises depends on:

▶ what genes are inherited

▶ whether the gene for that condition is dominant or recessive

▶ environmental factors, including preventative treatment.

Most health conditions are caused by a combination of genetic and environmental factors such as diet and exercise. It is likely that in the future, research will identify the specific combination of genes and environmental factors that will enable individuals to know which medical conditions they are most likely to develop, thus significantly reducing the possibility of developing them.

Genetic mutations can be caused by exposure to specific chemicals, such as those in cigarette smoke, or radiation. They can also occur when DNA is not copied correctly during cell division.

Sickle cell anaemia

Sickle cell anaemia is a genetically inherited condition affecting the formation of red blood cells. These cells are normally small in size, round in shape and flexible. They contain haemoglobin, a protein that combines with oxygen. Red blood cells carry oxygen around the body to supply cells with oxygen, which is used to break down sugar and release energy.

In sickle cell anaemia, a mutated form of haemoglobin causes the red blood cells to become crescent shaped when oxygen levels are low. The distorted, or sickled, red cells cannot pass through the smaller arteries and arterioles and can block these blood vessels. This is a sickle cell crisis and causes severe pain, and tissue and organ damage. The sickled cells have a shorter lifespan than normal red cells, and they are not replaced as quickly, which leads to anaemia.

In Britain, sickle cell anaemia is more commonly found in people of African or Caribbean descent. However, it is also found in people from the Middle East, Eastern Mediterranean and Asia. The mutant gene has to be inherited from both parents for the child to get sickle cell anaemia. However, sickle cell trait occurs when the gene is inherited from one parent only. A person with sickle cell trait is said to be a carrier of the disease and their blood will contain some sickle cells. However, they will be able to produce normal haemoglobin and it is unusual for them to experience any other symptoms. Carriers may pass the abnormal gene to their children.

If someone in a family has a sickle cell disorder then all the family are checked for it. Pregnant women are tested within ten weeks of a pregnancy starting. If a woman is found to be a carrier, then the father is checked too, as the condition is only passed on when both parents are carriers.

Lifestyle factors

A person's lifestyle has an effect on their health and wellbeing. If a person has a poor diet and misuses drugs and alcohol, then the person's health will be detrimentally affected. The Black Report showed that economic and social lifestyle has either a positive or negative impact on a person's health. The health of people living in poorer communities is less good than the health of those living in more affluent areas, and they also have a lower life expectancy.

Diet

To eat a healthy diet the balance of nutrients taken in needs to be right. To do this, it requires eating the right amounts of a range of foodstuffs. Poor diet is when a person is not eating the nutrients they need to be healthy, and it can refer to either malnutrition or obesity. Obesity is currently of concern to the health services, particularly obesity in young children. NHS Direct reports that it is estimated that one in every four adults in Britain, and one in five children aged between 10 and 11 years old are obese, which places the UK at the top of Europe's 'obesity league'.

Obesity can be defined as when a person is more than a third over the normal weight for their age, height and body type. This can be due to a diet that has more calories than the body needs, which is then stored as fat. It may also be due to lack of exercise. The Body Mass Index (BMI) can be used as a baseline guide for whether someone is overweight or underweight. The BMI assesses the relationship between a person's height and weight. However, this measure should be used with caution as using it could mean that a very muscular person would be considered obese. It is, therefore, now more usual to also look at the relationship of the individual's waist measurement to their height.

Obesity can lead to serious health problems, such as:

▶ type 2 diabetes
▶ coronary heart disease
▶ breast cancer
▶ bowel cancer
▶ stroke.

It can also lead to psychological problems such as depression, low confidence and low self-esteem, and feelings of isolation. These conditions can affect relationships with partners, family and friends.

❚❚ PAUSE POINT   Reflect on the area in which you live and the main factor that affects your health.

Hint   Think about genetic, lifestyle, environment and socio-economic factors.

Extend   Research your area. How might one factor influence the health of the public more than the others?

Substance misuse

Substance misuse includes taking illegal drugs such as cocaine, heroin or cannabis and can cause severe health problems.

Apart from making a person chilled or relaxed, using cannabis can cause problems such as feeling sick, feeling sleepy, making things harder to remember and paranoia or panic attacks.

Taking heroin and cocaine is addictive. It can cause very serious physical and psychological damage, as well as incurring debt through financing the habit, leading some users into crime.

The NHS and many charities, such as **FRANK**, support people trying to stop taking illegal drugs.

Public Health England's *Alcohol and drugs prevention, treatment and recovery: why invest?* (2013) reported that:

Key term

FRANK – national drug education service set up in 2003 by the DH and Home Office to provide education to reduce the use of both legal and illegal drugs, through its website and media campaigns.

- almost 3 million adults use illegal drugs
- there are almost 300,000 heroin or crack users
- 40 per cent of prisoners have used heroin
- more than a million families have had drug-related problems
- a typical heroin addict spends over £1400 a month on drugs; hence it is a big cause of crime
- communities feel safer in areas where there are drug treatment centres (as crime tends to be lower in these areas).

The annual cost to society of drug addiction is just over £15 bn. The NHS spends about £500 m a year on treating drug misusers. It costs about £40 m a year when children have to be taken into care because of their parents' drug misuse.

Alcohol

Alcohol misuse over a long period of time can lead to:

- heart disease
- stroke
- liver disease
- liver cancer
- mouth cancer
- pancreatic cancer.

Alcohol misuse also causes social problems, such as unemployment or divorce, and sometimes homelessness. There are a number of charities that work to reduce the harm caused by alcohol-related problems, including Alcohol Concern (in England and Wales) and Alcoholics Anonymous (Great Britain) Ltd.

In *Alcohol and drugs prevention, treatment and recovery: why invest?* (2003), Public Health England reported that almost 10 million adults are at risk of ill health from high levels of alcohol consumption, with 1.5 million adults having alcohol addiction. In 2012, alcohol-related causes were linked to:

- approximately 20,000 deaths, including a quarter of all deaths among young males aged 16–25 years and nearly 15 per cent of road deaths
- high reporting of domestic violence
- marriage breakdown
- physical and emotional problems in children living with parents with alcohol problems
- almost 50 per cent of violent assaults.

This has cost the NHS £3.5 bn, and lost productivity has cost the nation £7 bn. The total cost to society is estimated at about £20 bn.

It is estimated that the result of interventions in young person's drug and alcohol problems could lead to savings of £4 m in health care, and £100 m in crime. Interventions can also help young people re-enter education, employment or training, which will help them economically, with an estimated saving to government spending of £160 m.

The European Code Against Cancer recommends that men should not drink more than two standard measurements of alcohol a day, whereas women should only drink one standard measurement of alcohol a day. (A standard measurement is considered to be 10–12 grams of pure alcohol, and this equates to, for example, about half a pint of beer (330 ml), a small glass of wine (175 ml), or a standard measure (25 ml) of spirits.)

However, new UK government guidelines state that the alcohol limit for men and women should be the same and that neither group should regularly drink more than 14 units per week spread evenly across a few days. It also recommends that people should have at least two alcohol-free days a week.

Links between disease and other factors

The NHS, government agencies and charities promote a healthy lifestyle with positive life choices to ensure people lead healthier lives. Poor lifestyle choices can cause higher crime levels, severe health problems and premature deaths. There is currently concern about the increasing numbers for obesity, alcohol and drug misuse, which are costly for society to deal with. It makes financial sense for the government to invest in public health campaigns and help centres as these numbers are predicted to increase even further over the next fifteen years. Should this happen, then the budget for the NHS will also need to increase.

Obesity

In 2015, Public Health England recorded the annual cost to the NHS for treating people with obesity as being £5.1 bn. The wider cost to the economy was estimated at £27 bn, which includes the cost of medication (£13.3 bn) and sickness absences.

Obesity was estimated to account for sickness absences totalling £16 m and social care costs of £352 m. If the current trend continues, by 2034 it may mean that two in three adults will be overweight or obese.

There are financial and health costs. It is reported that obese children experience bullying and stigmatisation, suffer low self-esteem and ill health. If a child is overweight they are at an increased risk of being overweight in adulthood, leading to high blood pressure, bone and joint problems, breathing difficulties and premature death.

Social factors play an important role in obesity, such as:

- increasing number of fast food outlets, which sell products high in saturated fat and salt
- many people feeling they do not have the time to cook using raw ingredients
- lack of cooking skills, with many not knowing how to cook healthy meals
- the perceived cost of buying healthy foods, particularly for those with low incomes
- working long hours
- lack of exercise, with lifestyle changes meaning that many people spend long hours using a computer at work, increases in using social media and spending time playing games online.

Cancer

It is unclear what causes cancers but lifestyle choices are seen as a factor. Research has proved that smoking is a lifestyle choice that can increase the risk of developing lung cancer, respiratory disorders and many other health problems.

In the UK, approximately 29 per cent of cancer deaths are caused by smoking. Smoking can also increase the risk of developing mouth, throat, lung, bladder, kidney and pancreatic cancers. **Passive smoking** also increases the chances of developing cancer.

Cancer Research UK states that changes in lifestyle could prevent about 40 per cent of all cancers. These changes include:

- not smoking
- maintaining a healthy bodyweight

- reducing alcohol intake – from January 2016, UK government guidelines recommend that the limits for men and women should be the same, and that it is safest to avoid drinking alcohol or limit intake to less than 14 **units of alcohol** per week
- eating a healthy, balanced diet
- exercising and being active
- avoiding infections such as **human papilloma virus** (HPV), for example by practising **safe sex**
- taking precautions when exposed to the sun, for example by using high protection factor sunscreen or sunblock, covering exposed areas of skin, wearing a hat and keeping out of the sun during the hottest periods of the day
- avoiding cancer risks in the workplace.

Key terms

Passive smoking – inhalation of smoke from tobacco products smoked by another person, particularly in an enclosed environment.

Human papilloma virus (HPV) – causes many skin and moist membrane infections, including premalignant lesions that may develop into cancer of the cervix.

Unit of alcohol – 10 ml or 8 g of pure alcohol; standard guidance is that this is equal to 250 ml of 4 per cent beer, 76 ml of 13 per cent wine or 25 ml of 40 per cent whiskey, for example.

Safe sex – for example, avoiding risky situations, such as when large amounts of alcohol or drugs have been consumed, and using a condom (especially for casual sexual encounters).

Research

In pairs, research a national health risk (provided by your tutor), for example cancer (breast, lung, pancreatic, prostate), obesity, or drug and alcohol abuse. Find out what government initiatives are presently in place. Share your findings with the other pairs.

The socio-economic impact of improving the health of individuals and of the population

The Black Report highlighted the impact of social and economic circumstances on an individual's health, particularly on ill health. Healthy people spend more, making the economy richer. Businesses prosper when workers are healthy, as reported by the WHO.

The government is extremely concerned about the expense of health and social care. The NHS has reported that caring for individuals with type 2 diabetes, for example, costs the country almost £9 bn a year. The government has driven public health campaigns for healthy living, including Sport For All and media campaigns about healthy eating, such as Change4Life.

Reducing health and social inequalities

If social inequalities were reduced, then the population would become healthier. A healthier population works better, has less time off sick, and has increased productivity, which leads to a wealthier nation.

Improvements in more disadvantaged communities

Improving health outcomes for more disadvantaged communities depends on the resources and facilities available. Help may be provided by local or national funding or from the National Lottery funding a specific programme. Usually the services are offered by voluntary groups who may arrange and/or organise and run classes, for example nutrition advice classes or exercise classes such as Zumba or yoga.

Local community groups can influence and empower their local community to set up and maintain facilities, such as safe play areas for children. They can also represent the local community at local authority level in issues such as improving availability and condition of local authority housing.

Life expectancy and quality of life

According to the ONS, life expectancy has increased significantly in the last 30 years in Britain. For example, in England, a boy's life expectancy at birth increased by 5.9 years and a girl's by 4.1 years.

The NHS has contributed to people surviving major illnesses and improved the quality of life for people living with illness. A person's quality of life depends on their physical, psychological, emotional, social and occupational wellbeing. Disorder or disruption of any of these factors can lead to ill health.

Reduced demand for or pressure on health and social care services

People are living longer. Older people may become frailer, sicker and require more health and social care than younger people. The need for residential and nursing care for the elderly has increased, especially with the change to traditional family patterns (including moving away from local areas, divorce, separations and non-nuclear family types), which means that family may not exist or be able to care for elderly family members. Lifestyle choices by younger people may also have an impact on the future demands placed on the healthcare system. According to diabetes charities there were 533 cases of type 2 diabetes in under 19s in 2016. Type 2 diabetes is usually only seen in people over the age of 40 and poor diet and nutrition choices are often blamed for this rise. Supporting young people to make healthier lifestyle choices in all aspects of their lives including alcohol consumption, sexual activity, diet and exercise and illegal drugs will help to reduce the pressure on health and welfare services.

Looking at the way services are provided will also have an impact on the pressure on health and social care services. More treatment in the community could reduce the number of expensive hospital admissions, larger specialist services could create centres of expertise and improve the quality of care.

The health and social care services are going through big changes, to ensure that they can provide economically efficient services now, and also in the future. Private sector care is also growing to meet demand.

❚❚ PAUSE POINT How do you think your lifestyle influences your health and quality of life?

Hint Reflect on lifestyle choices, from diet and physical activity to drinking, smoking and social choices.

Extend List your lifestyle choices in columns – good choices against poorer choices. Should you change any aspects of your lifestyle? Add another column and state the changes you would make against each lifestyle choice you want to change.

Assessment practice 8.1

Carry out research on each of the four factors (socio-economic, environment, genetic or lifestyle) that affect health in your local community. Then research how public health policy helps in reducing the problems of health in your area.

1 Using an example from each health factor, explain why monitoring this data on health and ill health can affect the promotion of health in your area.

2 Analyse the way in which patterns of health and ill health have helped to form public health policy, giving examples.

3 Assess the impact of minimising the factors that affect health on improving health in your area.

4 Evaluate how far strategies and monitoring health status to form health policy has affected health in your area compared to different parts of the country.

Plan

- What is the task? What is it I have been asked to do?
- How confident do I feel in answering this?
- What areas will I struggle with?

Do

- Do I know what I am doing?
- Can I identify where I need to improve?

Review

- Can I evaluate what I have done and how I approached the task?
- Have I learnt from this and can I make changes to my work to make it better next time?

C   Investigate how health is promoted to improve the health of the population

The role of health promoters

Aims

The aim of health promoters is to improve the health of individuals and populations. Health promoters include global organisations such as the WHO, and national governments, local health authorities, local government and specialist departments researching specific aspects of health. The aim of all governments is to promote the health of their own population and to narrow the divide between health inequalities.

Global health promoters

World Health Organization (WHO)

The WHO's main purpose is to coordinate international health within the United Nations framework. It directs health systems and leads on the promotion of healthy living throughout the world, working with global policymakers and health partners to assist countries in the development of healthcare systems. The WHO gathers information from countries experiencing health problems, such as the recent outbreaks of Ebola and Zika virus, to gain a better understanding about controlling the disease locally and globally, as well as assisting the affected areas with managing and treating the disease.

Child Family Health International (CFHI)

The CFHI is a non-government organisation that specialises in global health education programmes, educating families in low and middle-income countries around the world. It provides support for local communities in ten countries in South America, Asia and Africa. Working alongside local health professionals, CFHI volunteers provide programmes that include health and safety, paediatrics, nursing and care in community clinics and cover many more local and national issues.

Save the Children

Save the Children is a charity. It operates with the sole purpose of supporting the health of children worldwide. By participating in local communities, it aims to develop improved, healthy living conditions for children; ensuring that every child survives into adulthood by being protected from harm and by being educated about healthy living.

Médecins Sans Frontières (MSF)/Doctors Without Borders

MSF is an organisation that provides medical help and emergency medical aid in areas of armed conflict, to populations or communities in distress, where there are epidemics and natural or human-created disasters, or to communities excluded from other sources of health care.

The International Union of Health Promotion and Education (IUHPE)

IUHPE is an independent, professional association of individuals and organisations working worldwide to improve health and wellbeing through education, community action and the development of healthy public policy. It publishes a quarterly, multilingual journal *Global Health Promotion*, of authoritative peer-reviewed articles about health promotion initiatives.

National, regional and local health promoters

England

The Department of Health (DH) is responsible for health and wellbeing in England and Wales. It leads on health policies for short- and long-term challenges to the health of the population. It is responsible for funding and delivery of health services, and is accountable to parliament for the health of the nation. The DH works with 28 agencies and public bodies, including Public Health England, Health and Social Care Information Centre and Health Education England. These agencies and public bodies report directly to the DH, supplying specialist research data when requested. In 2013, NHS England took on the responsibility of planning and delivery of health services and is directly accountable to the DH. NHS England leads the NHS in England, setting priorities to improve health and care. It commissions healthcare services in England, sharing out more than £100 bn in funds for GPs' contracts, pharmacists, and dentists. It supports Clinical Commissioning Groups (CCGs), which plan and pay for local services such as hospitals and ambulance services.

Wales

NHS Wales provides health care to about 3 million people and is responsible for services, policy and funding for current and future care in Wales. It was formed in 2009 when the Welsh Assembly decided that NHS services should provide care at a more local level. NHS Wales is accountable to the Welsh government, it has seven Local Health Boards, each responsible for its own area and three national NHS Trusts (whose responsibilities include the operation of Public Health Wales).

Northern Ireland

Health and Social Care Northern Ireland (HSC) is responsible for public health and, unlike England and Wales, it is also responsible for social care. Hospital care is provided by the five regional trusts responsible for health and social care in their local area.

The Public Health Agency (PHA) was established in April 2009 as part of the HSC reforms. Its role is the regional organisation of health protection, and health and social wellbeing improvement. The PHA operates in three areas: Public Health, Nursing and Allied Health Professionals, and Operations.

Regional and local health trusts

Foundation Trusts are independent trusts accountable to their local community. Local people can be on the board of governors. Trust governors have the responsibility to approve or amend changes to suit the local community needs in which the trust operates. All decisions about planning future changes to the trust have to be presented to the board of governors.

The Health and Social Care Act 2012 set out the statutory requirements of a local authority with regards to the health and social care of its local population. Within this area are NHS Foundation Trusts, which through NHS Improvement monitor hospital performance, and how funding is spent, and developed so that services improve.

Local hospitals and community services

Clinical Commissioning Groups (CCGs) have a major role in the health of their local areas. CCGs are led by local groups that include all GP groups in their area, which gives GPs and other clinicians influence over commissioning decisions.

The CCGs report to NHS England and are responsible for:

▶ hospital care
▶ rehabilitative care
▶ urgent, emergency and out of hours care
▶ most community health services
▶ mental health and learning disability services.

> **Link**
>
> To learn more about the new structure visit **https://improvement.nhs.uk/**

> **Research**
>
> In pairs, research how the local health authority in your area is arranged. Produce a poster detailing the procedure for reporting health problems such as heart attacks, lung disease caused by asbestos, obesity, strokes, different types of cancer, sexually transmitted disease, kidney disease, bladder problems or arthritis.

> **Ⅱ PAUSE POINT**
>
> Think about a time that you, or a person you know, wanted information about a certain health topic. How easy was it to obtain it and who provided the information?
>
> **Hint**   Did you find out through a leaflet from your GP practice, or your local pharmacist, or did you use a website? List places from which you found the information.
>
> **Extend**   Obtain a range of health promotion materials and find out who provided the information for them.

Approaches to promoting public health and wellbeing

Monitoring the health status of the community

Using information and data gathered from around the country, Public Health England produces meaningful health intelligence reports about trends, specific diseases and disorders, how health inequalities are being dealt with and the impact of interventions on health care. These reports enable healthcare practitioners, policymakers and commissioners on health matters to make informed decisions about implementing care.

Identifying those most at risk

Children

A group of professionals and representatives from across the children's sector, the Children and Young People's Health Outcomes Forum (CYPHOF), advises on improving children and young people's health outcomes. Health prevention services are targeted at children as they are seen as being young enough to develop good health and lifestyle behaviours and to avoid damaging behaviours in the future. The CYPHOF reported that although statistics for young people smoking and drinking and teenage pregnancies have fallen in recent years, 20 per cent of children are now obese. Evidence drawn from health data about children, such as *Fair Society, Healthy Lives* (Marmot Review, 2015), notes that what affects children, from conception onwards, has lifelong effects on their health. This includes issues of attachment, obesity, heart disease, mental health, educational achievement and economic status. Health education issues are taught in schools, including information about healthy eating, awareness of the effects of long-term smoking, taking illegal drugs, and sexual health.

Unemployed

Data provided by the ONS shows clear and defining information about the relationship between poor health, the devastating symptoms of mental ill health and unemployment. A person who is unemployed has more chance of feeling less valued, maybe becoming depressed and developing an unhealthy lifestyle. Due to their mental health and lack of wealth they may not exercise or eat healthily, and hence could become obese, leading to a premature death. Other ONS statistics indicate that unemployed people are more likely to experience:

▶ long-standing (chronic) illness

▶ poorer mental health

▶ higher levels of psychological distress

▶ higher hospital admissions.

Older people

According to the Office for National Statistics in 2011 there were 9.2 million people in England and Wales aged 65 and over. This represents an increase of 900 000 since the previous census in 2001. Of those aged over 65, only 50 per cent stated that they felt that their health was 'very good' or 'good'. Within the general population excluding those over 65, almost 90 per cent rate their health as 'good or 'very good'

With the numbers of older people in Britain increasing significantly, it is important for health services to understand the health needs of the elderly. Many older people remain active, which helps maintain good health and quality of life, whereas some who are less physically active, which may be due to economic circumstances or physical impairments, develop health needs.

Promoting health and welfare is different in different regions; it is often funded by charities or the local council and not all elderly people can access resources such as:

▶ leisure centres having free membership for the over 60s

▶ fitness clubs in community centres offering free activities such as yoga and Pilates

▶ drives to encourage walking and cycling for people who find running difficult.

Minority ethnic groups

A minority ethnic group is defined as a group within a community which has a different race or culture to the majority of the group. Minority groups can come from anywhere and in the shifting demographics of some city populations, the minority groups can change as the population moves and changes, to the point where some former minority groups become the majority. Discrimination against minority ethnic groups can lead to individuals within the group becoming depressed and anxious. The advertising campaign, 'Time to change' included people from minority ethnic groups in the hope that people would start the conversations about mental health. Many earlier campaigns only depicted white people, which may have lessened their impact on minority ethnic groups. It has been recognised that more campaigns are needed to work with ethnic groups on a national scale and not local areas, which has limited impact. Diabetes UK ran a campaign including minority ethnic groups in which there are a large number of people, who possibly due to their diet, have coronary disease, or strokes which are brought on by diabetes.

Health surveillance programmes

The Health and Safety Executive (HSE) monitors illness at work. It requires health checks in the workplace, for example on noise levels or the use of solvents and other biological agents that can be hazardous to health. Many of these health checks are required by law. This type of health surveillance is important to detect ill health caused by occupational environments early, so that employers can take improvement measures to prevent further adverse effects on their employees' health. Data gathered by the HSE is made available to other employers, so that they can also take action to make their workplaces safer. The HSE also provides information to help design training programmes to improve work conditions.

Targeted education, health awareness and health promotion programmes

The government sponsors campaigns to reduce smoking, to improve sexual health and to encourage healthy eating to avoid obesity. Educational programmes have been introduced to help children understand the consequences of living an unhealthy lifestyle and the benefits of improving their eating habits. Parenting skills are being run in schools and for young mothers to show how the benefits of a caring relationship with their baby can help them and their baby develop.

There are also initiatives to improve the health of people who are unemployed, which include:

- reduced entry fees to leisure centres
- Mind, the mental health charity, gives grants to run gardening and DIY projects, to help support wellbeing and to improve skills for future employment
- the Prince's Trust supports many projects for young unemployed people
- volunteering opportunities, to help people gain new skills and re-engage with their local community.

❚❚	PAUSE POINT	Can you recall any health education you received in primary school? If so, how did it impact on you?
	Hint	Think about school activities around cooking and physical exercise. Did some have hidden health promotion benefits, such as sports day?
	Extend	What is happening now in regard to promotion of health? Is this different from when you were in primary school?

Socio-economic support to reduce health inequality between individuals and communities

Winter fuel payments

People over 60 years of age are automatically paid winter fuel allowance (qualifying ages are published annually on the government website), if they receive a state pension or another social security benefit (other than Housing Benefit, Council Tax Reduction, Child Benefit or Universal Credit). Other people who qualify but do not get paid automatically have to make a claim. This allowance helps to pay heating bills and avoid older people dying of hypothermia in extremely cold conditions. In extremely cold conditions, an extra payment may be claimed for each seven-day period of very cold weather in certain months, which is paid into the same account as other benefits being paid.

Winter fuel payments do not affect the amount paid when claiming other benefits.

Free school meals

The government is driving the promotion of healthy eating habits. The Children and Families Act 2014 requires all government-funded schools to offer free school meals to every pupil in reception class, year 1 and year 2. This includes providing packed lunches for children when they are on a school outing. Families who are claiming certain benefits may also be able to claim free school meals for children attending nursery or for their older children.

Housing support

People who may need support to live independently include those with learning difficulties, those with mental health issues, young single parents, those at risk of becoming homeless and individuals recently discharged from prison. A team of social workers will assess individual cases to see whether they qualify for support. Support is usually provided by local councils or landlords, by offering help with:

▶ budgeting and paying bills

▶ planning meals and shopping

▶ emotional support

▶ social or leisure activities.

Improving access to health and care services

The National Institute for Health Care and Excellence (NICE) recommends measures to improve health and social care services to health boards around Britain, which local authorities and their partners must implement to ensure fair access for all, especially for vulnerable people. Some vulnerable people do not visit health and social care services, which increases their risks of poor health. Local authorities are best placed to know the communities in their geographical area and how to improve health and care services for the more disadvantaged people living in poorer areas. Local authorities also implement strategies to increase healthy life expectancy for all groups of people living in their area.

Co-ordinating national and local services

Inquiries into the poor care standards at the Stafford Hospital and Winterbourne View Care Home, highlighted that it is vital that there is a coordinated, national, integrated care programme for every person in Britain. It is inefficient for organisations and authorities to work in isolation, which can result in local authorities and government agencies being unaware of services that provide poor quality care. It is essential that there are seamless

and coordinated services between physical and mental health, primary and secondary care, and health and social care. Government departments work with the organisations commissioning care, such as the NHS Confederation, the Care Quality Commission and the Care Provider Alliance, among others, to ensure this happens.

Disease registration to inform of health trends and for strategic health planning

In Britain, local health authorities report any outbreak of a disease in the area for which they are responsible. This information is generated from GP reports, health charities (such as Cancer Research UK) and private health agencies. In turn, the information is passed to the DH, to form a picture of the health of the nation at any given time. If a serious outbreak of a disease is detected, this is reported to the WHO. The WHO tracks the data, to see whether medical assistance and resources are needed to prevent a serious epidemic of a disease, which could become worldwide. The recent outbreak of infection by the Zika virus has recently been tracked by the WHO. Visitors to affected areas, especially to Brazil (the hosts of the 2016 Olympic Games), will be monitored closely to ensure they do not carry the virus back to their country. This will be achieved through publishing health information about the virus, including campaigns to educate people about how to prevent infection, and continuous monitoring of outbreaks.

Statutory duty to notify certain communicable diseases

All registered medical practitioners have a statutory obligation to report certain infectious diseases to the local authority health protection team. Written notification must be sent within three days of diagnosis, or it can be provided verbally in the case of an emergency. Two of the infectious diseases that must be reported in this way are measles and tuberculosis.

Measles

Measles is extremely contagious. It is spread through droplets when an infected person coughs or sneezes. In the last serious measles outbreak in 1961, there were more than 700,000 cases reported. Since vaccination was introduced in 1967, the incidence has significantly decreased.

However, in 2000, the MMR vaccine (which was being routinely used against measles, mumps and rubella) was incorrectly linked to autism, and many parents stopped having their children vaccinated. As a result, in 2006 one child in the UK who had not been vaccinated died of measles. In 2013, in the region of 2000 cases were reported, 257 people were admitted to hospital with serious complications, and in Wales a young man died.

Tuberculosis (TB)

TB is a bacterial infection spread by droplets when an infected person coughs or sneezes. It is the single highest cause of death by any disease worldwide. The WHO reported that, in 2014, 9.6 million people worldwide fell ill with TB, and 1.5 million died from the disease.

About a third of the world's population has latent TB. These individuals have been infected with TB bacteria but have not yet become ill. They cannot transmit TB but there is a small risk that they will develop TB at some stage in their lifetime. However, people whose immune systems are compromised are at a much higher risk of becoming ill; for example, those living with HIV, people who are malnourished, people who have diabetes and smokers.

Active TB is extremely contagious. It infects the body and particularly affects the respiratory system although it can affect any body system, including the lymph glands, bones and nervous system. Early symptoms include cough, fever, night sweats and weight loss, which can be mild and, therefore, ignored for some time – causing delays in seeking treatment.

TB is a treatable and curable disease.

❚❚ PAUSE POINT   How does supporting health education needs bring about changes in people's attitudes about looking after themselves?

Hint   Think about provision of extra support for those in need.

Extend   Using data from the NICE publication 'Preventing excess winter deaths and illness associated with cold homes' (2016), explain how the government's 'winter fuel payments' help to improve people's health.

Approaches to protecting public health and wellbeing

Protecting public health

Public health protection teams (HPTs) provide specialist public health advice and support to the NHS, local authorities and other agencies throughout the country by providing support with:

▶ local **health surveillance**

▶ alert systems

▶ investigating and managing health protection incidents.

Local health professionals report outbreaks of infections, incidences of chemical and radiation hazards, and major health emergencies to their local HPT. If healthcare professionals are unsure of what action to take in an outbreak of disease or a major health concern, they can seek help and advice from the local or national public health teams. If necessary, the HPT will pass this information to Public Health Europe and the WHO.

National and local action plans for infectious diseases

Wales has Public Health Wales in place and their stated aim is a Healthier, Happier and Fairer Wales. They have a range of policies concerning health and work, and you can find information on people's rights in work and health on their website. The general public can contact Public Health Wales to find out information on health services and concerns. Health professionals inform them of an outbreak of a disease or can get support if they need it.

Environmental surveillance and intelligence gathering

Surveillance is important in public health work to ensure the spread of diseases is reduced both nationally and within a local area. Data received from public health surveillance informs public health actions about the treatment of disease and minimisation of spread of infectious diseases, programme planning and evaluation. Surveillance is a continuous cycle of data gathering, so that historical data can be consulted when there are outbreaks of disease, and the treatments in those outbreaks can be evaluated and used as a guide about how to proceed in the current outbreak. Data is gathered through local and national sources that register health conditions.

> **Key term**
>
> **Health surveillance** – a system of checks, which may be required by law, to detect ill effects and hazards to health, provide data, and monitor control systems (and check for lapses) to provide protection against hazards to health and wellbeing.

Some examples of some of the surveillance topics include:

▶ mortality data – all deaths must be registered regardless of where or why they occur, rates of deaths in hospitals, rest homes, at home and those caused through car accidents, injuries at work etc can be analysed for patterns

▶ infectious disease data – all outbreaks and control measures used in cases of infectious diseases such as measles and TB, must be reported so that they can be monitored

▶ environmental hazards data – statistics about environmental concerns, for example from a gas storage unit are compiled and monitored by the Environment Agency

▶ cancer data – the National Cancer Registration Service provides data to the ONS about new cases of cancer and cancer survival, monitors new cases of cancer in the population and looks at trends and geographical patterns to detect risk factors and cancer clusters

▶ acute and chronic disease registers – the General Lifestyle Survey provides data about, for example asthma, cardiovascular disease, diabetes, mental health and dental health.

The surveillance data allows for strategic planning and allocation of resources at a local, national and global level. The use of strategic information and intelligence also allows for review of whether treatments are successful or not, what is required to improve public health and health care and the actions taken in disease outbreaks (which may inform future actions).

Environmental controls

Waste disposal and treatment

There are regulations governing the safe disposal of clinical waste and many other products. Table 8.1 shows some of the main methods of disposal of waste from healthcare sources.

▶ **Table 8.1:** Main methods used for clinical waste disposal

Method	Used for	Comments
Incineration	Most items of clinical waste	• Guidelines provided by Department for Environment, Food and Rural Affairs (Defra) for compliance with the European Community (EC) Directive 2000/76/EC on the incineration of waste. • Seen as the best method for healthcare waste. • Guidelines cover hazardous or toxic waste, to ensure that fumes from incineration are controlled, and that ashes are placed in an area that cannot infect animals or people. • Pressurised containers and batteries should not be incinerated as these may explode and cause damage to equipment and personnel. • Also inadvisable to incinerate products made of heavy metal, as toxic metal fumes could be released into the atmosphere.
Chemical disinfection	Potentially infectious liquid waste such as blood, urine, faeces and hospital sewage Sharps disposal	• Uses antimicrobial chemicals. • Sharps are usually shredded before the chemical process starts. • Chemicals used for disinfection are themselves hazardous, so the people involved in the waste process must be properly trained and use appropriate personal protection equipment.
Inertisation	Pharmaceuticals Incineration waste	• A process of mixing waste with cement, which holds the toxins within it. • This mixture is then poured into a specially measure pit to set or used to create cement pellets. • The pit/pellets are then buried under strict control methods and in special sites.

Waste disposal includes the disposal of carcasses. Defra provides guidelines, *Fallen stock and safe disposal of dead animals* for the disposal of farm animals, which must not be burned or buried on farm land. There is separate guidance for the disposal of diseased or potentially infected carcasses, for example animals suspected of being infected with TSE (transmissible spongiform encephalopathy – a cause of variant Creutzfeldt-Jakob (so-called mad cow) disease in humans).

> **⏸ PAUSE POINT**   How easy is it for you and your family to recycle waste in your area? What type of disposal method is used?
>
> **Hint**   You could look at your local authority environment website.
>
> **Extend**   Research the data given by the environment website about how much recycling costs, the benefits to the community of recycling and what the recycling is used for.

Water supply

The Drinking Water Inspectorate oversees the quality of drinking water by ensuring that water companies operating in England and Wales supply safe drinking water to consumers such as homes, hospitals, businesses and anywhere where drinking water is available from a mains tap. It ensures that the quality of the water meets legal requirements set out in The Water Supply (Water Quality) Regulations 2000.

In Wales the quality of water is ensured by the National Public Health Service for Wales.

In Scotland, water regulations are overseen by the Scottish Environment Protection Agency (SEPA), to ensure safe clean water meets the health requirements.

In Northern Ireland, the Drinking Water Inspectorate has the responsibility of ensuring that water is safe.

Food production, preparation, storage and sales

The FSA regulates food production in Britain and is led by the European Union legislation on food standards. The FSA represents England, Wales and Northern Ireland in the European Union, and is involved in setting the nutrition and health agenda at European level. The FSA has a statutory requirement to protect people's nutritional health in Britain. Its responsibilities cover food production, preparation, storage and sales. The Food Standards Act requires businesses involved with food products to ensure that:

- foodstuffs are kept free from harmful substances that may cause health concerns to consumers
- food products are correctly stored
- food products that are sold are of the nature, substance and quality that consumers expect
- food products are not falsely labelled, advertised or presented to mislead consumers.

The FSA defines food as 'any substance or product, whether processed, partially processed or unprocessed, intended to be, or reasonably expected to be ingested (eaten) by humans'.

The courts decide penalties but abide by the guidelines set out by the FSA. In England and Wales, the Magistrates' court can imprison offenders for up to two years and fine them a limitless amount. In Scotland the Sheriff court can fine an offender £20,000, and impose a maximum of one year in prison.

Regulations, control and monitoring of public areas and work environments

Defra has authority over all aspects of the environment, including air pollution, traffic noise, litter and mess on the streets, graffiti and antisocial behaviour such as noisy neighbours. The department sets guidelines for local authorities to follow and has systems in place for the reporting and investigation of issues.

The department works closely with European and other international bodies to ensure that standards are followed. One of the standards covers air quality. Britain is experiencing many problems in trying to reduce the levels of nitrogen dioxide, which is a dangerous gas produced by car fumes. Some streets in London surpass the annual levels for emissions of this gas within days.

Noise nuisance is another area of environmental concern, especially in regards to occupational, aviation, road and rail noise. Defra sets policies and legislation for local authorities to manage noise, helping improve people's quality of life. Research led by the London School of Hygiene & Tropical Medicine, and published in the *European Heart Journal* in 2015, suggests that long-term exposure to traffic noise is linked to deaths and an increased risk of strokes, particularly in elderly people.

The role of microbiology services to identify and control outbreaks of food-, water- or airborne disease

The role of local and national microbiological services is to identify, isolate, treat and prevent human infections caused by pathogenic (disease causing) organisms.

When an individual has an infection, depending on the signs and symptoms, a sample may be taken for analysis, for example urine, faeces, skin, blood or saliva. The sample is sent to a local pathology laboratory for analysis; this may be a department within a large hospital. The results usually take several days, depending on the tests required. (Some results may be available in hours and others may take longer than the three days.)

Microbiology services are broken into different departments:

- bacteriology and mycology – to detect infections caused by bacteria and fungi
- virology – to detect infections caused by viruses
- serology – to detect infections in blood samples
- infection control – to control infections in hospitals, in particular those due to methicillin resistant staphylococcus aureus (MRSA).

Identifying and controlling diseases spread in food

Public Health Laboratories (PHLs) are based within large NHS trusts and they can test samples and provide specialist support in situations where there is an outbreak or incident of disease caused by contaminated food. Information is then shared with other departments such as Environmental Health.

Premises may be checked by Environmental Health Officers. The EHO can visit premises where there have been reports of illness which may be due to food purchased from those premises, or where there are reports of vermin infestations. They have the power to enforce immediate closure of premises that they consider pose a risk to public health and will not lift the closure order until they are satisfied that the conditions that they impose for the safe handling of food are met.

Identifying and controlling diseases spread by water

The PHL can identify and isolate the pathogens that cause outbreaks, such as Legionnaires Disease caused by the legionella bacteria which can be spread either in water or in water vapour (shower heads or cooling towers, for example, may be sources of infection), and it is the responsibility of the employer to ensure that the guidance of the Health and Safety Executive is followed in the workplace to ensure the safety of staff, visitors and the wider public. The regulations for ensuring safety are covered both by the Health and Safety at Work Act (1974) and Control of Substances Hazardous to Health Regulations (2002) COSHH.

The consequenses of an outbreak can be very serious. For example, an outbreak of Legionnaires Disease in 2002 in Barrow-in-Furness resulted in seven people dying and 180 being infected with the disease. After the first two cases were linked to Barrow-in-Furness, an Outbreak Control Team (OCT) was established to identify the source of the outbreak, which turned out to be an arts and leisure facility in the city. It then became the role of the OCT to manage the consequences of the outbreak.

Identifying and controlling airborne diseases

Airborne diseases are spread by respiratory droplets or dust from one person contaminating someone else. The pathogens involved may be viruses, bacteria or fungi. The PHL can formulate an emergency response to naturally occurring pathogens such as SARS or H5N1 influenza as well as providing specialist support in the event of a bioterrorist threat.

The role of field epidemiology in controlling communicable disease

People working in field epidemiology around the world track and report outbreaks of infectious diseases to local, national, regional and world health authorities. This enables resources to be appropriately allocated to the area of outbreak. It also enables global authorities to put in place controls to prevent the spread of the infection. The Ebola outbreak in Uganda in 2007 was reported through field epidemiology experts. A WHO task force coordinated the response to this outbreak and although it lasted several weeks, it was contained in a local area.

Preparedness and response

Field workers and trained personnel were quickly sent to help isolate the outbreak in that area and report any further cases. All outbreaks of Ebola in neighbouring countries were reported. Teams of nurses and doctors were trained in treatment methods, and national and world military personnel were trained in how to set up treatment camps. The WHO mobilised collaborating laboratories in France and West Africa to diagnose cases. Médecins Sans Frontières set up isolation facilities. With multidisciplinary teams working effectively together the Ebola outbreak was brought under control before it became a world health problem causing thousands of deaths.

> **Research**
>
> Access the WHO website and read the report about key events in the WHO response to the Ebola outbreak. Suggest ways in which this could have been controlled.

Specific programmes for health protection

▶ Child receiving immunisation

Immunisation

Immunisation protects the population from preventable infections such as tetanus, diphtheria, measles, mumps, polio and influenza.

Older and vulnerable people are offered flu jabs every winter. People over 65 years of age, and vulnerable people, are offered immunisation against pneumococcal polysaccharide (PPV) influenza and shingles, which are all serious infections.

In the UK, childhood vaccination programmes are designed to protect young children from dangerous infections. These programmes include:

▶ at two to four months old – diphtheria, pertussis, polio

▶ at 12 to 13 months old – measles, mumps and rubella (MMR)

▶ between two and 17 years old – influenza

▶ for girls aged between 12 and 14 years – human papillomavirus (HPV).

Health screening

Screening is an effective way of checking a person's health status to identify individuals at higher risk of a disease or condition, allowing them to choose to have treatment should the disease or condition be found. Screening may be offered to all individuals in a population or only to people at risk of developing specific conditions such as cancer, diabetes or sickle cell anaemia. Screening programmes should be of benefit both to the individual and to society as a whole, and not impose too high a cost on the NHS.

The UK National Screening Committee (UK NSC) advises the NHS on which screening programmes to offer. Table 8.2 shows some examples of the current population screening programmes available through the NHS.

▶ **Table 8.2:** Examples of UK population screening programmes

Condition/disorder	Available to
Abdominal aortic aneurysm	All men in England aged 65 years and over.
Bowel cancer	All men and women in the UK aged 60 to 74 years (offered every two years).
Breast cancer	All women in the UK aged 50 to 70 years (in some areas and cases it may be offered to younger women).
Cervical screening	All women in England aged 25 to 64 years (offered every three years to women aged 25 to 49 years, and every five years to women aged 50 to 64 years).
Diabetic eye screening	All people with type 1 and type 2 diabetes aged 12 years or over.
Foetal anomaly screening (including for Down's syndrome)	Pregnant women, between 10 and 14 weeks of pregnancy.
Infectious diseases in pregnancy screening	All pregnant women are screened for HIV, hepatitis B and syphilis.
Newborn and infant physical examination screening	All newborn babies are screened within 72 hours of birth, and then again between six to eight weeks old for conditions that may affect the heart, hips, eyes and (in boys) testes.
Newborn blood spot screening (the 'heel-prick')	All newborn babies are screened for sickle cell disease (SCD), cystic fibrosis (CF), congenital hypothyroidism (CHT) and inherited metabolic diseases such as phenylketonuria (PKU).
Newborn hearing screening	All babies born or resident in England within four to five weeks of birth, but not after three months of age. Babies with a known risk of hearing impairment or deafness from another condition are not eligible.
Sickle cell and thalassaemia screening	All pregnant women. Fathers-to-be, where the mother is a genetic carrier. All newborn babies (part of the newborn blood spot screening programme).

Screening is not 100 per cent accurate. However, if a condition or disease is found it can be investigated and medical treatment given. Screening may lead to difficult decisions, for example a pregnant woman may have to decide whether or not to carry on with a pregnancy if a particular health condition is detected in the baby.

Genetic screening

Genetic screening is offered to people susceptible to developing a specific inherited disease or condition. These screening programmes are offered for newborns, older children, couples or individuals before and during pregnancy. Genetic screening includes sickle cell disease, which if detected early can reduce childhood deaths or severe health problems. Women with a history of premenopausal breast cancer in their family can be screened for the abnormal genes: BRCA1 and BRCA2 genes. Abnormal BRCA1 and BRCA2 genes account for about 1 in 10 of all breast cancers, but their presence does not mean an individual will get breast cancer.

Case study

Angelina Jolie

Angelina Jolie's grandmother, mother and aunt all died of breast or ovarian cancer. She was screened and found to have BRCA1 gene mutation. She was told she had an 87 per cent chance of developing breast cancer and a 50 per cent chance of developing ovarian cancer. In 2013, Angelina Jolie had a double mastectomy to reduce her risks of developing these cancers, and she now has regular screening tests. (She later underwent surgery to remove her ovaries and fallopian tubes after a blood test indicated early signs of cancer.)

Check your knowledge

1   What effect do you think Angelina Jolie's decision to make her health concerns public has had on women in the UK? See if you can find any information about the 'Angelina effect'.

2   Do you think this generally had a positive or negative impact on women's attitude towards breast screening?

❚❚ PAUSE POINT   How are vulnerable people around the world protected from disease and illness?

Hint   Think about monitoring and control, and the organisations that provide this support.

Extend   How is the Zika virus being monitored and controlled?

Disease prevention and control methods

Prevention and control of communicable diseases

The prevention and control of communicable diseases in the UK is the responsibility of the DH. Communicable diseases can be controlled by immunisation, good environmental health and leading a healthy lifestyle. People can be educated through television and radio adverts, information in GP surgeries and health information campaigns.

Good hygiene

Diseases, such as ordinary coughs and colds, which are spread through airborne droplets from an infected person coughing or sneezing, can largely be prevented by practising good hygiene. Individuals should be educated to cover their mouths with a tissue when they cough or sneeze. Afterwards, they should safely dispose of the

tissue in a covered bin and wash their hands. Washing hands after using the toilet can prevent the spread of illnesses, such as those caused by *E. coli*. In hospitals, medical centres, schools and colleges a biological hand wash is available for people to use to avoid cross contamination.

Vaccination against TB

An individual can be protected against tuberculosis (TB) through vaccination with the Bacillus Calmette-Guerin (BCG) vaccine, which is not part of the NHS vaccination schedule. BCG vaccination is only offered to babies and children considered to be at risk, for example those living in an area with a high rate of TB, or those whose parents or grandparents have lived in countries with a high rate of TB.

BCG vaccination may also be offered to older children at risk who did not have the vaccine as a baby. Some adults (between the ages of 16 and 35 years) whose work exposes them to the risk of contracting TB, for example those working in laboratories, veterinary staff, care home staff, people who work with refugees and healthcare workers, may also be offered the vaccine.

The bacteria in the BCG vaccine are weak. The vaccine works by triggering the immune system against the disease, without causing it, thus providing immunity. It is about 70 to 80 per cent effective against severe forms of TB, including TB meningitis in children. However, it is less effective in preventing the more common form of TB in adults, respiratory TB – hence vaccination is not offered to people over 35 years of age.

Preventing the spread of bacterial meningitis

Antibiotics are a proven medicine against bacterial infections and are prescribed by GPs and hospital doctors if required. A course of antibiotics are given which must be completed by the patient to ensure a full recovery from an infection. Many people do not complete the full course as when they start to feel better they stop taking the antibiotics. As healthcare workers, be aware that people in your care must be encouraged to finish the complete course. In the case of bacterial meningitis, antibiotics may also be prescribed as a precautionary measure for people with prolonged contact with an infected person. This can include anyone living in the same house, halls of residence or a boyfriend or girlfriend of the infected person. These people may not show symptoms but the antibiotic course must be completed to ensure that the infection is not spread. People with only brief contact will not be offered a course of antibiotics as over-prescription of unnecessary treatments leads to antibiotic resistance and is an unneccesary expense. Antibiotics will not be prescribed for viral meningitis as antibiotics are ineffective in the treatment of viruses and this condition usually gets better on its own.

Prevention and control of non-communicable diseases

Non-communicable diseases (NCDs) are all diseases that are not infectious or contagious. This includes cancers, chronic respiratory (lung) disease, cardiovascular (heart) disease and diabetes, which are the commonest causes of death worldwide. Mental illness is also included as an NCD as data from the DH suggests that mental health illness shortens life expectancy, which may be because people with mental illnesses do not look after their physical health. In the UK in 2014, NCDs accounted for 557,000 deaths. The UK government has declared their intention to prevent and control NCDs to the WHO.

The main causes of NCDs are cardiovascular disease (31 per cent) and cancers (29 per cent). Contributory factors are poor mental health, smoking, poor diet, lack of physical activity, substance abuse, alcohol abuse and obesity. Early detection and management

of NCDs can help delay more complicated health problems, and reduce the cost to the NHS. It was estimated that in 2013 the cost of cardiovascular disease to the NHS was £6.8 bn, including treatments, surgery and medicines. Diabetes and its complications is estimated to cost £9 bn a year. Many NCDs can be prevented by individuals adopting healthier lifestyles, which can be achieved through education and support with mental health issues.

A United Nations meeting in 2011 concluded that governments around the world must do more about the prevention of the NCD epidemic. Governments need to do more to deal with poverty, which is a big factor affecting people's health.

Raising awareness of causes

There is a government drive to reduce the NCD risk factors, with campaigns to reduce salt and trans fats (trans fatty acids) in food and to promote breastfeeding which is a healthier choice for babies than formulated milk feeds.

Contributory lifestyle factors

A person's lifestyle may be a contributory factor to their wellbeing. A person with a healthy lifestyle is likely to be healthy. However, a person who does not take care of their health and wellbeing may experience poor health and, potentially, premature death.

Skin cancer

Skin cancers are categorised as melanomas and non-melanomas. Melanomas originate from melanocytes, and usually start as moles; non-melanoma skin cancers that arise from other skin cells are more common (except in young people). However, both types of skin cancers can be caused by exposure to the sun, and also from overuse of ultraviolet sunbeds. People with fairer colouring are more prone to the harmful effects of the sun.

Largely under reported until recent years, the incidence of skin cancers has risen more than six-fold since the 1970s; the British Skin Foundation reports that more than 100,000 cases are reported each year, making skin cancer one of the most significant causes of cancer in the UK. Skin cancer is often diagnosed early as it can be readily seen, meaning treatment is usually more successful.

There have been recent health promotion campaigns to raise awareness about the causes of skin cancers and to encourage people to apply high protection factor sunscreen, especially to areas of skin most exposed to the sun.

Coronary heart disease

Eating too much fat or salt, and not exercising, raises the risk of an individual developing coronary heart disease later in life. Healthy foods and the importance of exercise are now promoted in primary schools, so that children grow up with a better understanding of how to live a healthy lifestyle.

There have been many public health campaigns to raise awareness of the lifestyle factors that contribute to good or poor cardiac health. Currently, the government has campaigns specifically targeting measures to improve coronary health such as Sugar Smart, Start 4 Life and Change4Life, and stopping smoking.

Socio-economic support and protection benefits

It is important to help people with low incomes to achieve healthier lifestyles, decreasing their dependence on health and social services, improving their quality of life and enabling them to live longer and healthier lives.

Research

What is the government currently doing to promote the prevention and control of NCDs? Use your findings to create a display board for your school/college.

In some areas of the UK, people over 60 may be entitled to use leisure centres free of charge, to help maintain a healthy and active lifestyle. Transport services have discounts for many people, including seniors, enabling older people to travel more and to visit friends and relations. In many areas of the UK, people over 60 years old can use public transport free of charge.

Pensions

The basic state pension is a regular payment from the government. A person with sufficient national insurance contributions, receives a pension from the state when they reach state pension age. The pension age is set by the government and can be changed in a financial budget. The amount a pensioner receives is fixed by the government, but is increased each year according to rises in earnings, the cost of living or inflation rates. There are different rates for a single person's pension and a married couple's pension.

People may also receive a private pension; either one that they have made independent savings for, or one received from contributions they made to a pension fund through their employment.

An individual can continue to work and still be paid their state pension and/or a private pension.

Free school meals

Free school meals help children receive a healthy meal once a day while at school. Under the school food standards, schools must provide high-quality meals consisting of meat, poultry or oily fish, fruit and vegetables, bread, cereals and potatoes. There should not be any drinks with added sugar, crisps, chocolate or sweets, and no more than two portions of deep fried food per week.

The government's Universal Infant Free School Meals policy allows for infants from Reception class through to Year 2 to receive free school meals. Families claiming certain benefits can also claim free school meals for their older children or younger children in nursery.

❚❚ PAUSE POINT

Describe three ways in which vulnerable people and children are supported in improving their health.

Hint   Think about the benefits for adults and health promotion programmes in schools.

Extend   Use official data to analyse the affect that the three ways of support you identified have improved the health of the vulnerable people or children concerned.

D Investigate how health promotion encourages individuals to change their behaviour in relation to their own health

Features of health promotion campaigns

Health promotion campaigns can either be charity-led, for example Cancer Research UK campaigns, or nationally organised as with campaigns such as Change4Life, which is run by the NHS. These campaigns are run to inform people about how to improve their personal health, so that they become aware of the positive changes they can make and the impact it will have on their overall wellbeing.

Relation to health policy

Government agencies responsible for setting health policy use current trends about health problems to improve health policies. In this way, health policy works towards creating a healthier population.

This is achieved by testing policies already in place, analysing what is working and what needs to change, and retaining only those policies that work. The knowledge gained is used to enable health professionals to educate the population through health campaigns to improve health, or aspects of health. For example, current UK health concerns, and consequently targeted campaigns, include obesity, alcohol, drug activity and smoking.

Objectives

The objectives of health campaigns are to improve the health of the population, to educate the public how to improve and maintain their health, and how to live life to its full potential.

Target audience

The key step in any health communication and in social marketing is to identify the section of the population that might benefit from a particular campaign. The more that is known about this section, the better the campaigns will be in targeting this group of people and in getting the right message across to ensure that the right policies are put into place.

Researching the target audience can be done by health professionals passing data to medical research companies, who use various sources, such as the internet and social media, to build a profile of the target group. From this, campaigns can be created and tested on a sample group to see whether the campaign would influence them to make a specific change. Issues such as language use, using appropriate actors and relevant situations are taken into account, to ensure that the right message is being delivered and that the relevant people can relate to the campaign.

> **Research**
>
> Look at the health campaign about mental health issues – 'It's time to talk, it's time to change'. What do you think were the reasons behind its launch in 2007? You could also access the Mind website to research the effect the campaign has had on attitudes about the stigma of mental health.

Reasons for approach – media resources

Approaches to campaigns have to take into account how people communicate. Currently social media is a big part of most people's lives, including for people aged over 65 years old. Part of the research before launching a campaign is to find out from participants how they communicate, and which media platform would make the best impact, for example:

- television – will probably reach the largest audience, but careful research is required to ensure the times and programmes the target audience watches
- radio – again, reaches a large audience, but research will need to look at **demographics** and specific stations
- social media/websites – research required to see which types the target audience most uses, for example whether they use Snapchat as opposed to Twitter, Facebook or Instagram
- magazines – for different age groups and interests.

> **Key term**
>
> **Demographics** – statistics about the population and particular groups within it, for example age, income and education.

All media sources can be used effectively, as long as the right media resource is used. Much research is needed to find the right approach for a campaign and to ensure its maximum impact. People will quickly disengage with a health promotion message if they feel that they are being made to feel like they are not good enough, not trying hard enough or the information is aimed at someone else. Getting the balance right between making an individual feel bad about an unhealthy activity that they want to do and educating them about a healthy option without stigmatising or criticising them can be very difficult, especially if the activity is not something that they openly discuss or which is bound in social taboos. An example of this would be using a condom with a new sexual partner. Many females feel awkward carrying condoms and some men may find using them changes the sexual experience.

It is also important that the information is current and, where appropriate, complies with legislation, policies and procedures. An example of this would be manual handing legislation in the workplace. All places of work are subject to the Health and Safety at Work Act (1974) and the rules apply to staff, volunteers and visitors. Safe practices such as how to handle and load, for example a crate of milk, a box of paper or a person, must be handled in accordance with the current advice and the methods have changed over the years. It is important that everyone has up-to-date training.

Ethical considerations

Ethics is the discipline involved in moral reasoning, especially applied to behaviour. Before campaigns are undertaken there are ethical questions that must be considered about the implications for the target population. The two main ethical questions being as follows.

What is considered a healthy society?

Although this question pertains to everyone in society, it can sometimes be seen to relate only to people living in poor communities or people living unhealthy lifestyles. In a healthy society, everyone should not only look after their own health but ensure that other people's health and wellbeing is catered for. In a healthy society, there would be little or no illness or poverty, people would have access to nutritious food, clean water, fresh air and healthy, outdoor exercise.

What should health campaigns contribute to a healthy society?

Health promotion campaigns should educate everyone about what contributes to a healthy lifestyle as well as the consequences of making poor lifestyle choices. This needs to be done in a way that avoids stigmatising people with a particular health problem, making them feel guilty about their condition or implying that it is 'their own fault' that they are unhealthy. A good campaign should be informative and enable people to make their own judgements about their lifestyle.

Considerations about the ethical implications of health promotion vary widely. However, the following points should be considered when planning campaigns.

Does the health promotion campaign:

▶ limit or increase the freedom of individuals – care must be taken not to criticise or ridicule an individual's lifestyle, or to make them feel self-conscious, if a person feels threatened by a health campaign, it is likely to prevent them from taking part in activities that could help improve their wellbeing

▶ benefit all – for example, it cannot be only for those who can afford a gym membership or to buy organic food

▶ blame or stigmatise – someone who has a disability, who is sick or at higher risk of developing a disease or condition should not be made to feel like a 'victim'

▶ distribute benefits fairly – the campaign benefits should help all of the population.

Analysis of data about health promotion campaigns

Data obtained during and after promotion is used to evaluate campaign outcomes against original objectives. This is essential to judge whether a campaign has been successful or not. It also enables lessons to be learned to either maintain a successful campaign for the future, or to make changes to unsuccessful campaigns to help ensure future success.

Influence of campaign focus

Target audience

In 2010 the DH started raising awareness about poor lung cancer survival rates. In 2011, a campaign focusing on earlier diagnosis of lung cancer, 'Be clear on Cancer' was developed. Data had shown that people were presenting at GP surgeries with late-stage disease, and that only 5 per cent of people survived for five years or longer following a diagnosis of lung cancer.

▶ Example of a poster from the Be Clear on Lung Cancer campaign (source: Evaluation of the Be Clear on Cancer lung cancer awareness campaign regional pilot, East and West Midlands (2015), Department of Health and Public Health England)

Ethical considerations on chosen model

Three main questions were raised at a meeting before the campaign was released.

▶ Would the campaign work?

▶ Would it cause panic, with anxious people queuing outside GP surgeries for further information?

▶ Was it ethical to run, or would it make existing lung cancer patients more aware that their condition was terminal?

Before running the campaign nationally, research was undertaken to see whether these questions could be answered. It was decided to run pilots in the east and west Midlands area. Two 30-second television adverts were targeted at working men and women in the 50+ age group. There was one advert featuring a man and one featuring a woman, both characters had persistent coughs and eventually went to see their GP to talk about it.

After the advert was run, evidence was gathered from GPs and hospitals in the area and analysed to see what effects the campaign had produced. From the evidence, it was seen that more cancers had been identified at an earlier stage than previously, and not just lung cancer. The Midlands pilot campaign had been successful and so from 2012 it was run nationally. 'Be Clear on Cancer' is still run by Cancer Research UK and due to its success now includes other types of cancer such as breast, bowel and bladder.

❚❚ PAUSE POINT	In two minutes, write down all the media campaigns that you can remember seeing or hearing about.
Hint	Think about all the media you use such as television, Facebook, radio, posters at bus stops or train stations, magazines etc.
Extend	Look for health campaigns currently being advertised. How many can you identify? Have you added to your initial list? Explain the difference between those you identified initially and those you later identified.

Barriers to participation and challenging indifference

Cost

Lifestyles depend on the financial situation of individuals or families. If a person or a family has a moderate to high income, they are more likely to live a healthier lifestyle. They will be able to afford gym membership, to buy nutritious food, are likely to be better educated and to be more interested in living healthily. By contrast, people living on lower incomes or in poverty are more likely to eat a poor diet, be unable to afford to go to a gym or leisure centre and generally have a poorer lifestyle. Sporting activities can be expensive, which may prevent some children and adults from playing team games to keep fit. For example, joining a football team may entail having to buy kit, pay fees, pay for travel to away fixtures and pay to join in social activities. Poorer individuals and families may struggle to pay for nutritious foods on a regular basis and so buy cheaper food that contains more fats and salts. This affects their immediate health as well as their life expectancy.

Individual resistance/indifference

Some people are not interested in making the effort to eat well or to exercise, or they have an 'it won't happen to me' attitude. For example, it can be difficult to persuade a small child or teenager to eat well as they might not be able to envisage the effects on their health in several years' time. This may be due to apathy or to mental health issues.

Some people feel threatened by specific healthy activities, such as taking part in sport. They may recall negative experiences of school, of being forced to join in a sporting activity, or they may think that participating in sport will not be of benefit to them. Negative attitudes may be caused by lack of self-esteem, not being encouraged by family or friends when they were younger, or parents or carers passing on negative health behaviours.

Additionally, there is a thinking strategy, the 'tomorrow syndrome', where exercise and healthy eating will start tomorrow – and, of course, tomorrow never comes!

Accessibility of resources

Accessibility is important, and everyone should have access to sporting activities, leisure centres and travel, enabling them to participate in activities and improve their lifestyle. If facilities are inaccessible, due to their location or the difficulty experienced in travelling to them, this will prevent people taking part in exercise or social activities. Local authorities have an obligation to ensure that everyone living in their area has access to health and leisure facilities. Additionally, local authorities often reduce costs, or offer free admission for people receiving benefits or for elderly people. There are usually concessionary rates for other groups such as children. Travel costs are also often reduced or free for children, people receiving benefits and older people.

Every organisation is covered by the Equality Act 2010, to ensure that facilities are accessible for all, regardless of health or disability, and that people can use the facilities safely.

Lifestyle factors

An individual's lifestyle may affect their participation in activities. Poor diet causes lack of energy, obesity and weight gain, which may make individuals unwilling to take part in sporting or leisure activities. Obese and overweight people may feel embarrassed about taking part, or they may not be encouraged to take part.

Smoking may make a person breathless, making it a struggle to join in leisure activities effectively.

The media

The media plays an important role in encouraging participation in leisure activities. However, in the past, reports have tended to focus on extremely fit and attractive people enjoying sport. This can have a negative impact on, for example an overweight person with a negative body image who wants to take part in sport. Inaccurate reporting about the 'perfect body' is often reflected in magazine articles, on television, in social media, websites and advertising. There are many articles that disguise a person's true statistics and in which their images have been air-brushed to achieve an 'ideal look'. Striving to achieve this ideal can have a negative effect on a person's attitude and desire to take part in activities where their body may be on show to others. Women in particular may feel that they are bombarded with images of the 'perfect body'.

However, there has been a recent move towards change and the image of sport is being portrayed more inclusively, for example coverage of the Paralympics and Invictus Games, advertising people with disabilities taking part in sport and other physical activities and adverts featuring people of all shapes and sizes taking part in sports. Media coverage such as this encourages people to participate, regardless of skin colour, health and body shape.

Some people may feel uninterested about participation because they have heard the message so many times that they have simply stopped listening. If an individual lacks both the will, determination and drive to engage in physical activity and they also don't personally identify with people that are physically active, then they can be very difficult to engage in healthy activities.

Salad is a Garnish not a Food

Butch drove a lorry, a large HGV, up and down the country and all over the Continent. Butch was away from home for days at a time and he often ate his meals at motorway service stations or roadside cafes. Butch neither loaded nor unloaded his truck as there were forklift drivers for that. Butch turned his steering wheel and the pages of his daily newspaper which he read on his allotted rest periods.

Butch knew the names and relationship statuses of the rich and famous but thought their lives mainly irrelevant to the kind of graft that he did, day in day out.

Butch suffered with obesity, constipation and piles. He could only just walk 300 metres before he was out of breath but that didn't matter to him, his partner loved him the way he was.

Check your knowledge

1   Why did Butch think that he did not need to exercise?

2   How did the people around Butch contribute to his lack of exercise?

3   What could Butch have done to increase his levels of activity?

Ⅱ   PAUSE POINT   What makes people resist improving their health?

Hint   Think about mental and physical behaviours.

Extend   Ask people in your class about eating habits and changes they could make to improve their diet. Are there any reasons why they would not make the changes?

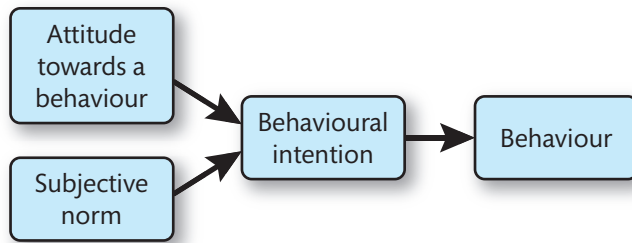## Models and theories that justify health behaviour change

Health belief model

The health belief model was developed by social psychologists in the 1950s. The model studied people's attitudes and beliefs, to determine their health behaviours. The model proposed that people would change their attitudes towards their own health if they were faced by threat of a disease that they considered would cause serious health problems for them, and that they would take action to find out about the symptoms and the best way to treat it. However, if people do not feel they are at serious risk, they will continue their unhealthy lifestyle in the false belief that ill health will not happen to them.

▶ **Table 8.3:** The health belief model

Concept	Definition
Susceptibility	An individual's assessment of the risk of getting a disease. For example, if a young person believes a certain disease only affects older people, they are less likely to take actions to prevent getting it.
Severity	The individual's view about the disease's impact on their health. Impacts range from the worst scenario of death, to disablement, severe pain and how long illness will last.
Benefits	The individual's view of how much a medicine or treatment would help.
Barriers	Difficulties an individual perceives about taking medicines or receiving treatments, including cost, physical and psychological side effects.
Action	Prompts the individual may use to take the prescribed action, for example using their mobile to remind them to take the medicine, using a wall or email calendar etc.
Self-efficacy	The belief an individual has about taking the prescribed medicine or treatment. They may not take it even if they know the medicine is good for them. Family and friends can encourage the individual to take it.

Theory of reasoned action

Attitude towards a behaviour → Behavioural intention → Behaviour

Subjective norm → Behavioural intention

▶ **Figure 8.4:** The theory of reasoned action (source: Usability news, '*E-Commerce, the Consumer Decision Process, and the Theory of Reasoned Action', by Fred Volk*)

The theory of reasoned action was first developed in mid-1970s. It is mainly concerned with behaviour, but recognises that situations have an effect on it. For example, a teenager's attitude towards the behaviour of smoking may be either favourable or unfavourable. Much will depend on their pre-existing attitudes to smoking, learned through from their parents or through education. The **subjective norm** is peer pressure about smoking, whether there is pressure to smoke or not. The teenager's behaviour about smoking or not smoking is formed from their attitude towards the behaviour, the subjective norm and their own reasoned intentions.

There are two parts to a reasoned action; the 'attitudes' and the 'norms' that predict behavioural intent. Attitudes lead a person to want to do something, but the relevant norms persuade the person to do something else. Attitudes and norms can be further divided, meaning that if another person wants to persuade someone to do something they may have many options.

▶ Attitudes can be broken down into evaluation and strength, so a person evaluates a situation and the strength of their attitude decides how much they want to do it.

▶ Norms can also be divided into normative beliefs – where a person thinks what others would expect them to do, and motivation to comply – where a person thinks how important is it to do what others expect of them.

If an attitude is stronger in a person than the norm, then the attitude part will win, and vice versa.

For example, if a doctor is trying to persuade a patient to take medicine and the patient has a positive attitude towards taking it, 'I've heard the medicine is really good', then it will be easy to persuade them to take the medicine. However, if the patient has a negative attitude, for example, the last time they took that medicine it made them feel nauseous, the doctor must try to reduce that attitude and persuade them to take the medicine, maybe by emphasising how the medicine will improve their current condition. Another way of persuading a patient to take the medicine is through normative beliefs. For example, the doctor could either emphasise that the person's family would like them to take it, or that other people with the condition are taking it and it is having positive effects on their health.

Key term

Subjective norm – a perceived social pressure that arises from an individual's perception of what other people would think or do in similar circumstances.

Theory of planned behaviour

This theory evolved in the 1980s and is based on reasoned action theory. It has been used successfully to predict a person's health behaviour and intention including drinking, smoking, breastfeeding, substance misuse and many other things. The theory believes that behavioural intentions depend on motivation and the ability to control their behaviour.

Component	Description
Attitude	The individual's positive or negative evaluation of something.
Behavioural intention	The individual's motivational strength to do something.
Subjective norms	Whether other people approve or disapprove.
Social norms	The cultural influences that impact on an individual's decision.
Perceived power	What the individual believes will help or impede their decision.
Perceived behavioural control	The individual's perception of the difficulties that may influence their intentions.

When working with a patient, a healthcare professional will need to know what influences there are on that patient, and work out strategies to overcome any negative influences to ensure the health of the patient improves.

Stages of change model

In the 1990s, researchers working in the field of alcoholism developed a six-stage change model to help alcoholics overcome their addiction. It was thought that if a person understands their readiness to change they could use the six-stage model to choose the right course of action for them. From this research it was seen that the stages of change model can be used in all areas of health care. The six stages identified are: precontemplation, contemplation, determination, action, maintenance and termination.

Precontemplation

This falls into four groups.

▶ Reluctant – where the individual does not see the problem, which could be due to their reluctance, lack of knowledge, willingness or drive to consider change, or they may not be fully aware of their health condition.

▶ Rebellious – the individual wants to make their own decisions, they are resistant to being told what to do.

▶ Resigned – the individual has given up hope of changing, they may be overwhelmed or have tried before and failed.

▶ Rationalising – the individual has answers as to why their health issue is not a problem, or that the proposed change may be for others but not for them.

Contemplation

In this stage, the individual may be willing to change but has not yet decided to start on the process of change. They realise there is a problem, they may think of previous attempts that have failed. They are weighing up the pros and cons.

Determination

This is the crucial stage when the individual will definitely try to change. However, without proper plans and support from professionals, change will often fail. It is vitally important that the right support is in place.

Action

This is the stage where the individual puts their plans to change into action. It is a good idea for them to inform others of their intentions, so they know they are being watched and monitored. If a good plan has been put into action, the individual will start to see the result of the change and experience a positive feeling about it, which will motivate them further.

Maintenance

The action stage usually takes between three and six months to complete. After this time, the real test is to maintain the change. It is easy for an individual to fail to cope with the long-term effects of change, to stop taking their medication, to go back to unhealthy eating habits, or go back to smoking or drinking or taking drugs. The individual must learn coping strategies for the future.

Termination

This is the stage where the change is complete and the individual is living confidently with the changes they have made.
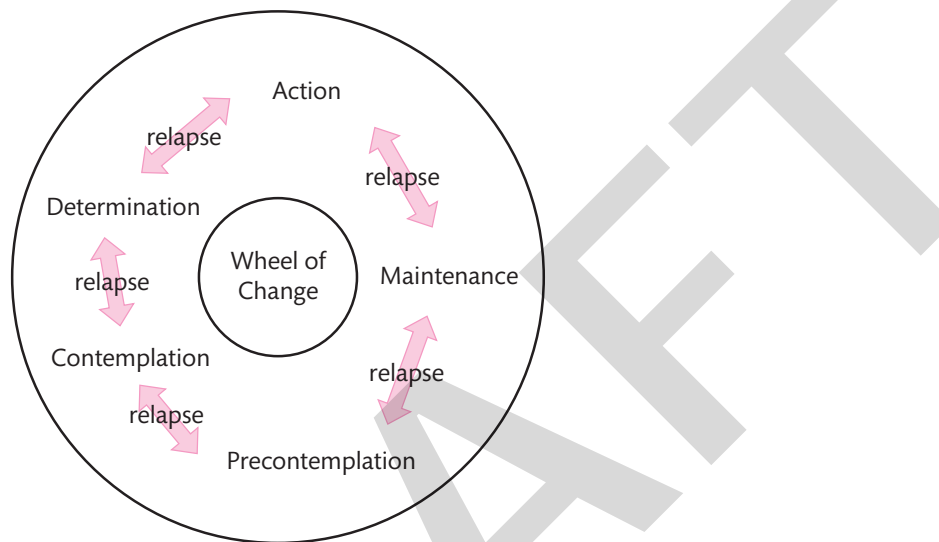
▶ **Figure 8.5:** The wheel of change

Social learning theory

Social learning theory was developed in the 1970s by Albert Bandura. It is based on theories about conditioning and linked to cognitive learning. Bandura observed that children learned by observing and copying the behaviours (modelling) of people around them. There are many influential models in a child's life such as parents, family, TV and other media characters, friends and teachers. Models may provide positive or negative behaviours to imitate. Children will imitate behaviour regardless of whether the behaviour is 'appropriate' or not. This process continues into adulthood. Social learning theory explains the continuous development of behaviours throughout life. This can have an impact on health if, for example, a school teacher tells children not to smoke because it increases the risk of developing cancer but the teacher has been witnessed having a cigarette. In this theory the behaviour will make a greater impression than the words.

Approaches to increasing public awareness of health promotion

The government sponsors many health awareness campaigns and activities to improve people's health, leading to reducing the future cost of health care, and helping people to achieve their full potential, have a good quality of life and reach full life expectancy. Celebrity chefs are actively seeking to promote healthy eating education and to create healthy eating plans for school meals. For example, Jamie Oliver was active in lobbying the government to make changes to school meals and is currently involved in launching Food Revolution Day, to raise awareness of global health issues around food.

Health education activities


▶ **Figure 8.6:** Change4Life campaign logo

One of the main campaigns the government sponsors to improve and maintain a positive healthy lifestyle is Change4Life. Other campaigns include Eat Well and Get Going.

Change4Life

Change4Life is a campaign in England and Wales, sponsored and run by the NHS, to make people more aware about healthy eating and the food they eat. The campaign also includes information about exercise.

The Change4Life campaign includes the following.

▶ Sugar Smart – which aims to educate people about how much sugar they are eating, including the health consequences.

▶ Eatwell – which provides guidance about the quantities of food a child or adult should eat, including the eatwell plate. This is part of the school curriculum to educate children in healthy eating.
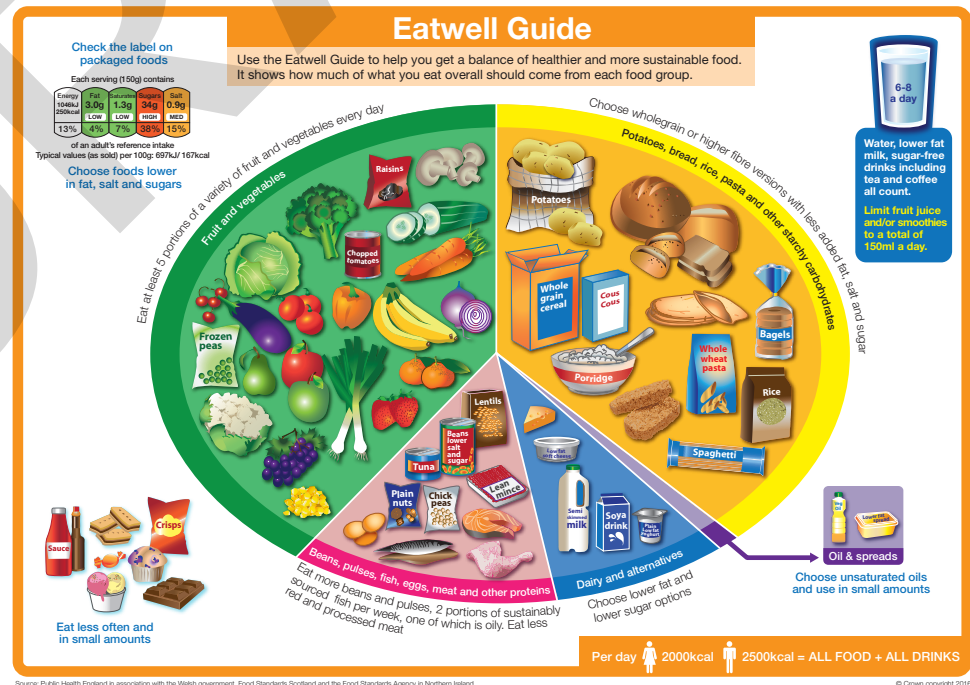
▶ **Figure 8.7:** The eatwell plate

▶ Get Going – which encourages exercise and activities, providing information about how to get involved with local leisure centres and what daily exercises can be done.

There is also information on the Change4Life webpage about eating less salt, drinking less alcohol and how to find out about local activities.

In Scotland there is the 'Eat better, Feel better' campaign, the first community health project in Scotland to support people to eat more healthily through providing information about cooking skills, budgeting and meal planning.

The Public Health Agency in Northern Ireland runs the 'Get a Life, Get Active' campaign, to encourage people to be more physically active.

Government standards for school lunches

The government's *School meals – healthy eating standards* (2015) sets out the quality and range of food that must be served in all schools including state-maintained, academies and free schools. The standards also apply to all food sold by schools throughout the school day, from breakfast, snacks, tuck shops, lunches and after school clubs. It advises on how much a child should have from each food group, and suggests the type of food to eat. The suggested foods are nutritionally sound and adhere to current nutrient-based standards. The standards also make recommendations that the food should be interesting and creatively presented, to make eating a positive experience for schoolchildren. The aim is to encourage children to develop and maintain a healthier approach to the food they eat.

Social marketing approach

Social marketing was established in the 1970s to sell ideas, attitudes and behaviours rather than just products. The concept behind the model was to change social behaviours for the benefit of society. It has been used effectively in international health programmes on contraception, drug abuse, heart disease and organ donation.

Marketing mix

The design of social marketing is that it should offer the consumer something rather than trying to sell them an idea. Social marketing, like commercial marketing, uses the marketing mix to achieve this. The limitation of the marketing mix is that companies can decide what the consumer wants/needs, and use research data to confirm that the consumer needs their product to meet that want/need. The marketing mix helps the process of social marketing to ensure that health programmes are run, that people are aware of them, that they are accessible and available to all. It also ensures that they are used effectively to improve the health of populations around the world.

Product

The product in social marketing may not be a physical/tangible object such as a medicine, but could be a service such as a promotional campaign about eating healthily or breastfeeding. Health promoters will need to research to discover what people see as their problem, and what could help them, which then forms the product. Further research is then needed to find out what they feel about the product and whether it would help them, and how important they feel about taking action to improve their health problem by using the product.

Price

The 'price' refers to what the individual must do to improve the problem, either in terms of a monetary transaction or in terms of time, effort, risk of embarrassment or disapproval. For example, for some women having a mammogram or having their breasts checked may be too embarrassing, and for some men having their testicles or prostate checked may also be too embarrassing. If the 'price' is too high when set against the benefits then the service or 'product' will not sell. To ascertain the right 'price', there must be research to ensure the right cost is set for people to use the service/product.

Research

Find out what health promotion campaigns are running in your area. Create a poster for learners in your school or college that shows information about how they can get involved in the campaign and the health benefits of joining in.

Place

Place describes how the individual finds the 'product' or how it is brought to them. For a physical item, this includes distribution networks, transport services, shops, warehouses, and places where the 'product' is given to consumers free of charge. Researching the shopping habits of a population and area provides information about where they shop and determines where the 'product' is sold or given. The places in which this happens must be accessible for all to enable consumers to get the 'product'. In small rural areas, or where people have transport or mobility problems, their needs must be catered for or they will not be able to use the product. For example, mobile medical centres may be used in rural areas to bring the service to the user, or a free volunteer-run taxi service may be used to help transport people needing assistance to get to the required service.

Promotion

Promotion is concerned with advertising. How the health messages are transmitted into people's homes, working lives, schools, universities, colleges, shopping and leisure activities is important. This is mainly done through integrated media promotion, for example simultaneous advertising on multimedia networks such as television, radio and magazines. Research is crucial to ensure effective awareness and promotion of the health and wellbeing benefits of the product, so that there is sufficient demand.

Some other marketing mix considerations

'Publics' are the people involved in the production and distribution of the product or service, and those who buy or use them. External publics include consumers and also policymakers, funders, and people who monitor the programme. Internal publics includes everyone involved in the production and approval of the product or service, such as the scientists involved in the research and government departments who approve and set standards for the product or service.

'Policy' is necessary to motivate consumers using the product or service by informing them about the necessity for their health of buying the product or using the service.

'Purse-Strings' are based on government or foundation funding, or public donation to ensure health programmes are funded, and made available for the public (consumers). 'Partnerships' help fund certain projects, for example Public Health UK work in partnership with Cancer Research UK, which relies on public donations.

Ⅱ PAUSE POINT   Look for a social marketing campaign locally, e.g. posters or displays about cancer, obesity, or benefits of regular exercise.

Hint   Look for posters at train stations or bus stops. There might be something in a magazine or on a school/college noticeboard.

Extend   Choose one of these campaigns and discuss a) what improvement the government hopes to make and b) how effective this campaign has been/might be in improving the health of the population.

Role of mass media

Mass media is a powerful tool in promoting health. Mass media include television and radio broadcasts, magazine and newspaper adverts and articles, billboard posters, the internet and social media, and the distribution of information leaflets. It is used as part of the social marketing mix and, if done correctly, can have a huge impact on the success of a health campaign. The storylines in soaps on television and radio play a significant part in bringing health and social care issues to the public attention; themes have included alcoholism, paedophilia, dementia, cancer, sudden infant death syndrome, learning difficulties, physical disabilities and voluntary euthanasia.

Newspapers have alliances with political parties, which can affect what statistics and information they report, and people should be made aware of this when reading information about certain campaigns. Television broadcasts should be neutral and the broadcasting standards authority ensures that all adverts on television are accurate, reliable and do not deceive the public.

Community development approach

Health campaigns that are set in a community are extremely successful for the needs of the people in that particular area. Health centres, as well as volunteer groups offer information on health matters that are relevant to the local area, which may differ from the needs of other parts of the country. This approach can use local data to pinpoint accurately the health needs of the community. This could depend on the main local employment and health concerns around that; for example, the health needs of a community where a nuclear power plant is the main employer will be different from those where farming is the main occupation. Health campaigns will differ in urban and rural areas, and the average age of a community will also inform health campaigns.

Holistic approach, participation and empowerment

By knowing the local community a holistic approach can be used, whereby the overall health of a person can be looked at with regards to their local environment. This approach empowers the local population to participate in health campaigns as they can be seen to deal with local concerns.

Benefits and limitations

If a health campaign is run by a local community, it may have more of an impact than a national campaign, as the local population has a relationship with local healthcare professionals or volunteers running the campaign. However, there are limitations. Local people may not want to be involved with campaigns and community health programmes run by other local people. They may feel that they do not want those people knowing about their particular and personal health problems and concerns.

Two-way communication

Health campaigns can be promoted in many forms and settings. This includes in schools, health and social care settings, in the theatre and through drama (where drama companies act out health situations or perform plays about health awareness). Using drama to open discussions with children about bullying, for example, can be a very effective way of allowing children to try to empathise or explore feelings in a controlled environment. Soap operas on British television often list helpline numbers after the shows for people to support people who may have been affected by a particular storyline.

For people in crisis with mental health issues, organisations like the Samaritans provide support over the phone. Similarly, charitable organisations such as NSPCC, offer phone services to children to provide counselling and guidance to children who are or have been subject to abuse. Being creative about health awareness promotion may be a better approach for some people who might not otherwise connect with a health promotion campaign. Mark Haddon's play and book *The Curious Incident of the Dog in the Night-Time* looks at the effects of autism on a young person. Plays about mental health issues and their effects can make many people aware about mental health concerns.

Technology including apps, websites and social media, allow the use of interactive learning programmes in health promotion campaigns. People can manage changes in their own health and lifestyle through the use of apps, for example to lose weight, stop smoking and count their steps each day. Devices can be linked, such as wristbands to smart phones, the technology becomes motivational. However, for some it is still too expensive, complicated or they don't want to use it.

The important thing to remember is that everyone is an individual and people respond to different methods of promoting health. It may be necessary to try a number of different methods to get the message through.

National campaigns

The government and charities work in partnership to sponsor national health promotion campaigns that bring attention to specific health issues and work towards changing people's negative lifestyle choices. Some of the government campaigns are delivered by the NHS, for example Change4Life, and others are delivered by organisations such as the BBC, for example the Get Inspired campaign.

Campaign to encourage physical activity

Get Inspired is the legacy of the 2012 London Olympic Games, to help promote activity in people's lives. It is run by the BBC, which organises different activities for sport through volunteer sporting organisations throughout the country. The purpose of the campaign is to inspire people to become interested in sport and also to take part in sporting activities, so that they have fun, develop fitness and improve their health. The many activities offered include adventure sports, badminton, cycling and hockey. Information about the campaign can be found on the BBC website.

Campaign to encourage health eating

Change4Life is a campaign run by the NHS to promote healthy eating and lifestyle choices. Change4Life works with national partners, including commercial brands, government departments and NGOs, to get its message to as many people as possible, to help influence people's behaviour.

Campaign to encourage stopping smoking

The smoking ban, which includes any covered or indoor areas, was a campaign started in 2007, as a consequence of the Health Act of 2006. In 2016, an article by the health editor in the *Daily Telegraph* reported that since the ban started, heart attacks have fallen by 40 per cent.

Campaign to encourage stopping drinking

DrinkWise Australia is a social change organisation that encourages a safer drinking culture. It has run campaigns such as Kids Absorb Your Drinking, Kids and Alcohol Don't Mix and a campaign aimed at 18 to 24 year olds, Drinking – Do it Properly.

Drink Wise Age Well is a campaign in Wales that looks at responsible drinking, to help people take better control of their alcohol consumption. Drink Wise Age Well is funded through the Big Lottery scheme. Joint research by universities in England, Scotland, Wales and Northern Ireland showed that the over fifties age group had a high consumption of alcohol, and consequently had alcohol related health problems. The research highlighted that different geographical areas had different concerns, but all were related to alcohol consumption. Drinking may have increased in this age group for a number of reasons including loneliness, retirement, changes in financial circumstances, loss of a sense of purpose and bereavement.
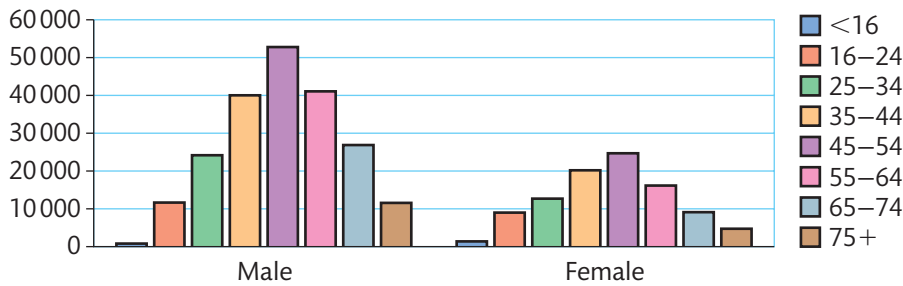
▶ **Figure 8.8:** Number of alcohol-related hospital admissions in 2013–14, in England

Campaign to reduce teenage pregnancies

According to Brook, an agency that works with young people on issues of sexual health and pregnancies, there are 38,000 teenage pregnancies each year in the UK. Almost three quarters of this number are unplanned, and about half will be aborted. The government drive is to include extensive sex education in schools and colleges to reduce this number. This will be included in the curriculum as part of the personal, social, health and citizenship education (PSHCE) programme. The reasons for teenage pregnancies relate to lack of knowledge, peer pressure to have sex, poor access to advice and support and low self-esteem and aspirations. The consequences of teenage parents are seen as poorer health outcomes for the baby, poor emotional health and wellbeing for the teenage mother and the chances of both baby and mother living in poverty.

Assessment practice 8.2

C.P5   C.P6   D.P7   D.P8   C.M4   D.M5   C.D2   D.D3   D.D4

Research a current health campaign looking at its features and explain how it increases public awareness about the health problem. Look at two approaches used to promote this campaign to the public. Explain how effective these approaches have been. How does this protect the public from the health problem? Follow up by researching how these two approaches prevent and control the increase in the specific health problem.

Now looking at the models of behaviour, assess how effective this campaign has been in increasing public awareness of the health problem and whether it has resulted in significant changes to improve health.

Still using this campaign, explain and then analyse how the theories of behaviour were used to persuade people to use the product.

Finally, explain the features of the campaign and the approaches used to make the public aware of it. Evaluate the data collected and analyse how the campaign changed/did not change public behaviour with regards to health.

Plan

- What is the task? What is it I have been asked to do?
- How confident do I feel in answering this?
- What areas will I struggle with?

Do

- Do I know what I am doing?
- Can I identify where I need to improve?

Review

- Can I evaluate what I have done and how I approached the task?
- Have I learnt from this and can I make changes to my work to make it better next time?

Further reading and resources

British Medical Association (2011) *Social Determinants of Health – What Doctors Can Do*, **www.bma.org.uk**

The Marmot Review (2010) *Fair Society, Healthy Lives*, **www.ucl.ac.uk/marmotreview**

The Food Safety Act 1990 (2009 edition) *A guide for food businesses*, **www.food.gov.uk**

Non-communicable diseases in the UK, A briefing paper prepared for the UK Parliament (House of Lords) (2011), **www.c3health.org**

DWI (2009), *Drinking Water Safety – Guidance to health and water professionals*, **www.dwi.gov.uk**

Websites

General information

www.gov.uk
UK government: General information about public health legislation.

www.hse.gov.uk
Health and Safety Executive: Information about risk assessment, COSHH and RIDDOR, shaping and reviewing regulations, producing research and statistics and enforcing legislation.

www.nice.org.uk
National Institute for Health and Care Excellence: Non-departmental Public Body (NDPB) accountable to the Department of Health, providing health and social care information.

www.ons.gov.uk
Office for National Statistics: Official UK statistics about people, populations and communities.

www.citizensadvice.org.uk
Citizens Advice: Information about rights and responsibilities (provide free, confidential and impartial advice).

Specific information

www.ash.org.uk
Action on Smoking and Health (ASH): Public health charity campaigning to eliminate harm caused by tobacco.

www.ageuk.org.uk
Age UK: Information to inspire, enable and support older people.

www.bhf.org.uk
British Heart Foundation: Information about all aspects of heart disease.

www.brook.org.uk
Brook: Information about sexual health and wellbeing for young people.

www.cancerresearchuk.org
Cancer Research UK: Information about all types of cancer, symptoms, treatments and prevention.

www.macmillan.org.uk
Macmillan Cancer Support: Provides cancer services, campaigns and fundraising events.

www.ovg.ox.ac.uk
Oxford Vaccine Group: Registered clinical trials unit providing information about all aspects of vaccines and infectious diseases in the UK.

www.sicklecellsociety.org
Sickle Cell Society: Information about sickle cell disease.

www.who.org
World Health Organization: Information about international health, health systems, health promotion, communicable diseases and non-communicable diseases, corporate services, preparedness, surveillance and response.

www.un.org
United Nations: Information about sustainable development and humanitarian assistance, international law and maintenance of peace and security, protection of human rights, climate change.

THINK ▶FUTURE

Brandon Myres

Social Worker, specialising in fostering

I've been a social worker for ten years. I decided to specialise in fostering as my mother fostered several children when I was young. Although I didn't like the intrusion of other children in my home in my life as a teenager, I now appreciate the positive impact it had on the children my mum fostered. In our local authority, we're always short of foster carers. We run many campaigns in local newspapers, on radio stations, as posters near to bus stops and train stations, and on the side of buses, in the hope of increasing the number of foster carers in the community. Sometimes we're successful after a campaign and get to train some new foster carers, other times we're not. We meet with the marketing team to discuss campaigns, and we work alongside them in creating new promotional ideas about fostering.

After studying a level 3 BTEC in Health and Social Care, I obtained a social science degree as I knew I wanted to become a social worker. While studying, I volunteered for a charity working with families who were finding it difficult to cope with money, health and social issues. I found this work very rewarding and it increased my desire to become a social worker. I also helped to run a playgroup for children from refugee families in transition. This was great fun, but also made me extremely sad when I heard their stories. But, I hope I helped them a bit in adapting to their new lives in this country. My work experiences helped me to gain knowledge and experience about working with people who need help, which has definitely helped me in my career.

Focusing your skills

Health assessment

- When I meet a family or an individual for the first time, I need to know about their lifestyle choices. For example, how they make decisions about diet, their medical needs and general wellbeing, including their mental health. This gives me a good understanding of what they do and don't know.
- I then have to work with them over a period of time, helping them understand how they can improve their lifestyles and choices. This can take a long time as sometimes they are very reluctant to change as they may be confused, wary or unwilling to make changes.
- To do this effectively, I need to know the different ways of providing support and the current information available to educate them about new ideas, including looking after their health, claiming the benefits they are entitled to, what support networks are available to them etc.
- I work with a range of agencies that guide me and supply me with current health information.

- I follow confidentiality rules by making sure all my notes are kept in a secure place, and I only pass information on to members of the team on a need-to-know basis, and with the family or individual's consent.
- I attend regular training, to ensure I'm up to date with current information and local authority procedures, including reporting safeguarding incidents, which I occasionally have to do.
- Once I've completed my assessment of the family's needs, I need to know when and what the next stage of referral is.

Knowledge of current health issues

One of my responsibilities is to keep up to date with current health information and what is available for people who need support. Training is a good way to do this and I take up as many training courses as I can. I also look at current health trends on government websites and ways that health can be improved.

Getting ready for assessment
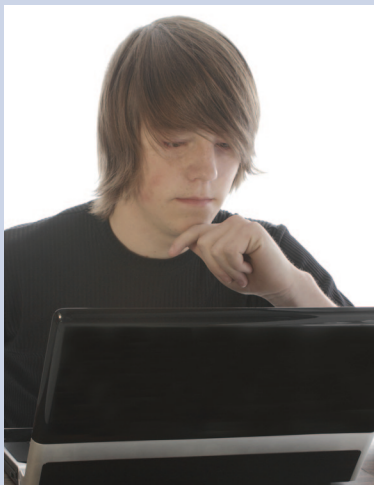
Bailey is working towards a BTEC National in Health and Social Care. For learning aims A and B, he was given an assignment with the following title 'What health campaigns have there been recently in the local area? What impact have these campaigns had on the health of the local population?' He had to write an article for a local health magazine explaining what the campaign was about and why it was relevant to the local community. The article had to explain:

▶ the campaign and its aim
▶ why the campaign was necessary
▶ how the results would be analysed.

How I got started

First I collected all my notes on this topic and put them into a folder. I decided to divide my work into three parts, one about the campaign, one on the health of the local community and finally an analysis of my research. I needed to make sure I included enough work in each section to achieve all the criteria.

I divided my notes into the three parts, a general part, which explained the campaign and its aim. I made sure I had the information I needed by visiting relevant government and health-related websites. I then researched local data on the health needs of the local community that were relevant to the campaign. From this information, I designed a survey-type questionnaire, which I used to interview a number of residents about their knowledge of the campaign and how it had impacted on their lives.

From this, I could see whether the aims of the campaign were met in my local area, and I could then analyse the results to finish my article for the magazine.

How I brought it all together

I decided to use a variety of fonts, colours, pictures, statistical graphs and data to make the work look interesting. I didn't use names from the survey to protect individual's confidentiality.

For case studies and examples, I took some from our lessons and my research. Finally, I wrote a short summary as a conclusion to the article.

What I learned from the experience

I used examples from lessons and from visits. I wished I'd made clearer notes during my research as I realised afterwards that I didn't have all the information I needed. It was really good to speak to people as it brought the campaign to life. However, as this was the first time I'd done anything like this, I was also a bit taken back by people's honesty about their health.

I wasted too much time arranging the survey, thinking that I would have enough time to bring it all together and analyse it. Next time I would get the survey organised quicker as by the end everything was a rush.

Think about it

· Have you written a plan with timings, so that you can complete your assignment by the agreed submission date?
· Do you have notes on the campaign and its aims?
· Is your information written in your own words, and referenced clearly where you have used quotations or information from a book, journal or website?