

Unit 20: Promoting Health Education

Unit code:	J/601/2406
QCF Level 3:	BTEC Nationals
Credit value:	10
Guided learning hours:	60

● Aim and purpose

This unit aims to enable learners to understand the principles underpinning health education and related models of behaviour change. This will enable them to apply these principles to the design and implementation of a small health education campaign.

● Unit introduction

Health education is a central component of health promotion, which in turn is a major component of public health. This unit links with *Unit 12: Public Health*, and aims to extend some of the concepts introduced there. The unit also extends concepts of health and ill-health introduced in *Unit 7: Sociological Perspectives for Health and Social Care* and aspects of the psychological perspectives introduced in *Unit 8: Psychological Perspectives In Health and Social Care*.

The unit is introduced with a brief historical review. Early developments in public health, and more recent international milestones, will be explored in relation to how they have influenced the development of current thinking on health education. Health education aims to provide information to encourage individuals to change their behaviour for the benefit of their health and wellbeing. The role of health educators will be considered.

Victim blaming and empowerment models of health education will be explored. Learners will consider the role of social marketing, the mass media, community development and two-way communication as different approaches to health education. The use of new technologies in health education will be a theme throughout the unit. Learners will investigate different models of behaviour change, specifically in relation to health education, and consider the importance of socio-economic context on influencing outcomes from health education.

The design and implementation of a small-scale health education campaign is a major aspect of this unit. In designing the campaign, learners will define appropriate aims and objectives related to national and local health strategies and targets. They should have a clear understanding of the target audience and the context of the campaign. Planning for the campaign should incorporate design principles and take account of ethical considerations. Each learner will produce a resource to support their campaign. At the end of the campaign, learners will evaluate their individual resource and its contribution to the campaign as well as the success of the overall campaign.

● Learning outcomes

On completion of this unit a learner should:

- 1 Understand different approaches to health education
- 2 Understand models of behaviour change
- 3 Understand how health education campaigns are implemented
- 4 Be able to implement a health campaign.

Unit content

1 Understand different approaches to health education

Historical perspective: development of public health system; Health for All by the Year 2000, Alma-Ata Declaration, Ottawa Charter for Health Promotion 1986

Health educators: international, eg World Health Organization; national/local/as appropriate to home country, eg Department of Health, Health Protection Agency, NHS Direct, Primary Care Trusts, role of professionals

Social marketing approach: marketing mix; benefits, eg audience analysis and segmentation, needs-led, targeted approach; limitations, eg cost, time

Role of mass media: different forms, eg television, radio, newspapers, magazines, posters, billboard displays, leaflets; benefits, eg raising consciousness about health issues, reaching large audience, conveying simple information, placing health on the public agenda; limitations, eg inability to convey complex information or teach skills, less specific information, limited two-way communication

Community development approach: holistic concept; participation, empowerment, benefits, eg focuses on root causes of ill health, helps to reduce inequalities; limitations, eg time consuming, difficult to quantify and evaluate

Two-way communication: in health and social care settings, eg advice on pre-conceptual health, safe sex, immunisation); other uses, peer educators, use of theatre and drama, interactive video and computer packages

Models: 'victim blaming', empowerment

National campaigns: for, eg physical activity, diet, smoking, heart disease, sexually transmitted infection, mental health, reduction of teenage pregnancies

2 Understand models of behaviour change

Models: health belief model, theory of reasoned action, theory of planned behaviour, stages of change model, social learning theory

Social and economic context: eg financial, social class, peer pressure

3 Understand how health education campaigns are implemented

Health strategies: campaigns, eg Saving Lives: Our Healthier Nation, Every Child Matters, Choosing Health; Making healthy choices easier, as appropriate for home country; the role of legislation, as relevant to all aspects of health

Design principles: importance of health policy, information gathering/statistics, target setting, objectives that are specific, measurable, realistic and acknowledge starting point of audience, approach chosen, clear and accurate information communicated appropriately, misinformation and prejudice challenged and corrected, consult with appropriate agencies/organisations/people, links to national campaigns, obtaining feedback from participants

Resources: types of, eg paper based, podcast, moving image, game, three-dimensional model, an activity, drama; ICT-enabled eg online quiz

Targets: local, national

4 Be able to implement a health campaign

Aims and objectives: improving health of individuals and society, eg by providing health-related learning, exploring values and attitudes, providing knowledge and skills for change, promoting self-esteem and self-empowerment, changing beliefs, attitudes, behaviour, lifestyle

Target audience: as appropriate, eg young children, young people, older people, pregnant mothers

Context: one to one, groups

Ethical issues: to consider, eg rights of individuals, rights of others, confidentiality

Evaluation: success of, eg aims and objectives, targets; strengths and weaknesses; aspects to improve

Assessment and grading criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria for a pass grade describe the level of achievement required to pass this unit.

Assessment and grading criteria		
To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain three different approaches to health education [IE3]		D1 justify the proposed approaches and methods in their health education campaign, relating them to models of behaviour change
P2 explain two models of behaviour change that have been used in recent national health education campaigns [IE3; CT2; CT3]	M1 assess how the social context may influence the ability of health education campaigns to change behaviour in relation to health	
P3 explain how to plan a small-scale health education campaign relevant to local or national health strategies [TW1; TW4; TW5; SM2; SM3; EP2; EP3; EP6]		
P4 carry out a health education campaign, relating it to models of behaviour change	M2 assess factors that influenced the effectiveness of their health education campaign	D2 make recommendations for improving their health education campaign.
P5 explain ethical issues involved in the health education campaign. [RL5; SM5]	M3 discuss how ethical issues that arose were addressed.	

PLTS: This summary references where applicable, in the square brackets, the elements of the personal, learning and thinking skills which are embedded in the assessment of this unit. By achieving the criteria, learners will have demonstrated effective application of the referenced elements of the skills.

Key	IE – independent enquirers	RL – reflective learners	SM – self-managers
	CT – creative thinkers	TW – team workers	EP – effective participators

Essential guidance for tutors

Delivery

This unit can be introduced through an activity where learners' review their experiences of health education. Discussion relating to their perceptions of different national campaigns as experienced in their education and elsewhere would be helpful to introduce different approaches to health education. Learners could reflect on the extent to which they have modified their own behaviour in response to health education information and consider factors that have influenced their responses to this information. This could lead to a review of learners' understanding of concepts of health and wellbeing and then, through linking with *Unit 12: Public Health* (if included in learners' programme), to understanding of public health. A historical perspective of public health could be developed through internet research and discussion of key aspects of landmark charters and declarations and could consider the role of different organisations and professionals in health education. A guest speaker from the local health promotion service could be helpful.

Activities encouraging learners to relate their own experiences of health education could be linked to national campaigns, with learners working in small groups to research campaigns on different topics. Learners could share their findings through a debate or informal seminar. An early opportunity to review different types of health education resources for example film, printed literature, websites providing health education information, advertising, food or medication packaging, and broadcast media would help learners to understand the way information is communicated and the reliability of health education information. It may also be helpful for learners to analyse the role of communication in health education, building on understanding gained in *Unit 1: Developing Effective Communication in Health and Social Care*.

When considering models of behaviour change, learners could work in small groups to research and prepare posters/presentations about these models. They should relate the models to the current or recent health education campaign/s they have already examined, and be encouraged to view them holistically and consider their limitations in terms of predicting behaviour change. In general, a single model does not offer a full explanation for behaviour change, due to the importance of the context of the behaviour and also the particular topic involved. With different topic areas, different behaviours may have more or less importance. An understanding of models of behaviour change, on the other hand, may help in the planning of campaigns as they highlight factors that influence behaviour decisions. Consideration of the Healthy School Lunch campaign could be used as a focal point for comparing the different models and considering the social and economic context.

Models of behaviour change are also introduced in *Unit 30: Health Psychology*. If learners have completed Unit 30, the understanding gained can be reviewed and extended in this unit.

Once learners have been introduced to the theoretical principles, the focus of classroom activity will be on learners' own health education campaigns. They will spend considerable time planning for and implementing their campaigns. If the campaigns are to be implemented for a particular event, then it may be appropriate for learners to work collaboratively on the overall planning. The teamwork involved could be appropriate for the teamwork assessment in *Unit 44: Vocational Experience in Health and Social Care*. Clear deadlines will be required to ensure learners complete their campaign allowing time to produce their report of the campaign for assessment. Neither the campaign itself nor each learner's own resource are assessed (for this unit) but evidence for assessment cannot be completed until the campaign has been implemented.

Support could be given with reference to earlier learning when reviewing recent campaigns. This might include guidance regarding the practicalities of the campaign for example consent, use of facilities, as well as with aspects such as the importance of health policy, information gathering, target setting, and the aims and objectives of their campaigns. Appropriate support to enable learners to produce their individual health education resource should be included in the unit delivery schedule. Some resources for making their own individual resource, such as mini camcorders and specialist software could be introduced as part of the planning phase for the campaigns. It is not expected learner resources are the sole health education information for their campaign and some time for learners to access professionally produced resources to complement their own resource should be scheduled.

Learners may work cooperatively in the overall campaign but assessment evidence will be produced individually.

It is important for learners to consider the ethical issues associated with health education campaigns and this should be introduced at the beginning of the unit when looking at national campaigns. Learners should be encouraged to discuss the ethical considerations of these campaigns and how they could be addressed. This, in turn, will enable them to keep ethics at the forefront when planning their campaign.

Outline learning plan

The outline learning plan has been included in this unit as guidance and can be used in conjunction with the programme of suggested assignments.

The outline learning plan demonstrates one way in planning the delivery and assessment of this unit.

Topic and suggested assignments/activities and/assessment
Introduction to unit.
<p>Learning outcome 1</p> <p>Group discussion: sharing experiences of health education, eg from school, peers, other sources.</p> <p>Tutor input: distinguishing health education from health promotion, link with public health; nature of health, wellbeing, disease, disorder (Unit 7 review).</p> <p>Tutor support: scheduling learner projects.</p>
Discussion, group research, tailored activities: public health timeline, eg for water, food hygiene, adequate nutrition, treatments for disease (such as antibiotics); establishment of lifestyle-health/ill health associations, eg for smoking, heart disease; political influences, eg national, international.
Guest speaker (from, eg Department of Health, primary care trusts, job roles providing health education including voluntary sector): discuss health education responsibilities in home country and occupational standards for health education.
Placement research: finding out how service users are supported so they have accurate information on relevant health matters eg health in early years curriculum, Personal Health and Social Education (PHSE), Every Child Matters (ECM), health education for adult groups, including older people. Difference in emphasis for different age groups.
International initiatives: eg World Health Organization (WHO), European Union (EU), international health charters. Learners research in groups and report back to peers on Health for All, Alma-Ata, Ottawa, emerging equivalents if appropriate.
Detailed briefing. Exploration of health education campaigns: learners scrutinise a range of health education material from a range of sources, eg health promotion service, retail companies, websites; working in groups, learners each focus on a different theme, eg clarity of communication, validity of information, suitability for different target audiences. Information shared through, eg informal annotated wall displays, seminar, informal presentations on flipchart.

Topic and suggested assignments/activities and/assessment

Approaches to health education. Introduce terminology: social marketing, role of mass media; draw on learning from previous activity. Community development – concept, local examples – guest speaker, eg from Primary Care Trust (PCT). Two-way communication examples. Discussion of advantages and disadvantages of each approach, type of health topic addressed, location, processes.

Discussion: different health education approaches as applied to different national campaigns. Consideration of ethical issues in relation to these.

Assignment 1: Principles of health education (P1)

Learning outcome 2

Revise models of behaviour change introduced in Unit 7 (if included in programme). Discuss in relation to local and/or national health campaigns.

Assignment 2: Principles of health education (P2, M1)

Discussion: case studies in which socio-economic factors are an influence on the ability of target individuals/groups/communities to respond to health education information. Ethical issues.

Tutor input/workshop: methods for measuring effectiveness of health education campaigns, eg surveys, measuring changes in behaviour, eg over the short and long term. Working with statistical data on incidence of lifestyle choice-related ill health, over different timescales, eg weeks, years, decades; relate back to public health awareness of first session. Discussion of how data informs policies and approaches in health education.

Learning outcome 3 and 4

Briefing: for developing health education campaigns. Discuss topics, learners may work in a group to plan a health education event. Tutor agrees topic of learner campaigns. Planning using SMART principles, agree responsibilities if working in teams.

Assignment 3: Own small-scale health education campaign: design, resource and implementation (P3, P4)

Learner research: accessing published/professional resources to support campaigns. Developing ideas for own individual resource. Liaison with others regarding campaigns as appropriate.

Briefing: for evaluating campaigns. Planning time. Report writing.

Assignment 4: Own small-scale health education campaign: evaluation (P5, M2, M3, D1, D2)

Briefing: regarding use of technology for making own resource, eg suitable software tools. Individual research for, and making of, own resource for health education campaign, including a tool to gather feedback from participants.

Practical: setting up and implementing/delivering the health education campaign.

Class discussion: to review general strengths and weaknesses of learner campaign(s). Identification of influencing factors. Relating these to socio-economic factors, as well as logistical and circumstantial factors relevant to the implementation. Review of individual campaigns and resources in pairs.

Assessment of participant feedback on campaign, including resources. Work on report including revision of report format, structure, role and presentation of recommendations. Supported time working on report.

Unit review and assessment.

Assessment

Assessment of this unit has two main parts. Firstly, the theoretical basis of health education and, secondly, its practical application to a health education campaign. Learners need to develop a single resource that may be used alone or alongside professionally-produced resources during the implementation/delivery stage of the health education campaign.

P1 requires an explanation of three different approaches to health education. A description is not adequate and learners must include an explanation of the role of health educators in their evidence. Evidence could be presented using text and/or using a visual format such as a substantial leaflet. This assignment could then lead to a second assignment to address P2 and M1.

For P2, learners will need to use examples from national campaigns to illustrate how the two different models have been used. A straight description of each model is not sufficient. The same piece of evidence, based on the examples, could be expanded for M1 in terms of how socio-economic factors might influence the ability of a health education campaign to change behaviour.

For P3 and P4, learners need to plan, design and implement a small-scale health education campaign, which will form the basis of the rest of the assessment for this unit. They need to consider recent or current health policy, the importance of information gathering, target setting, and the aims and objectives of the campaign, along with the target audience and choice of approach. How the implementation of the campaign will be managed by the tutor may depend on the size of the class and the specific circumstances relating to the practicalities of the campaigns, for example location, scheduling, access to a target audience. Learners will need to be briefed accordingly. Each learner must work independently to generate the evidence they submit for assessment, but learners could work in teams to organise different aspects of a shared campaign if appropriate. The teamwork involved could be reviewed separately for *Unit 44: Vocational Experience in Health and Social Care*.

Learners could select a health education topic of interest to them. It would be most appropriate, because of convenience and ethical issues, for learners to use their peers as the target audience for their health education campaigns. A shared campaign could be implemented through health education displays which target learners within the centre. For some learners, there may be opportunity to develop a campaign that can be delivered within the constraints of a work experience placement. For example, a programme of activities incorporated into curriculum routines that encourage young children to develop good personal hygiene habits, for example washing hands and cleaning teeth, could be acceptable provided explicit consent is obtained from the placement. For good practice, each learner's participation in the health education campaign could be verified through a witness testimony statement from the assessor or appropriately qualified supervisor. Qualitative comments on learner performance could provide a useful resource for learners to consider as evidence of their practice in the written evaluation.

For P4, learners must produce their own resource even within a shared campaign. The health education content of the resource should be authored by learners but, depending on the medium chosen for the resource, learners may be assisted by their peers, for example in operating recording devices or acting parts in a drama. Resources using recorded media would not be expected to exceed five minutes play time. Where learners have collaborated in making a resource, then they should submit a supporting statement with their work making clear their individual contribution to producing the resource. This evidence could be verified by the tutor's signature and a date. When analysing how the resource contributed to the campaign, learners should be encouraged to obtain feedback from their peers and participants as supporting evidence for their analysis. Learners should consider the health education messages/content as well as the logistical/organisational aspects of their campaign.

For P5, M2, M3, D1, D2, evidence for the health education campaign could best be submitted as a report. Learners should have the opportunity to add to their evidence after the campaign is completed and before summative assessment takes place. All evidence will be based on the health education campaign. Generic information relating to health education campaigns is not appropriate. All evidence submitted for assessment should be learners' individual work with their evaluations based on their own individual perspective of the campaign. Learners will also need to be advised as to the collection of appropriate witness testimony evidence in the context of their campaigns.

Programme of suggested assignments

The table below shows a programme of suggested assignments that cover the pass, merit and distinction criteria in the grading grid. This is for guidance and it is recommended that centres either write their own assignments or adapt any Edexcel assignments to meet local needs and resources.

Criteria covered	Assignment title	Scenario	Assessment method
P1, P2, M1	Principles of health education	You are a care professional considering the principles that underpin health education if it is to be effective in improving the health and wellbeing of individuals and groups.	Written report/essay/article.
P3, P4	Own small-scale health education campaign: design, resource and implementation	You are working as part of a team which is developing a local health education campaign.	Plans and designs. A resource to use as part of the health education campaign. It may be in any format and should learners' own work. Evidence of campaign implementation/witness statement.
P5, M2, M3, D1, D2	Own small-scale health education campaign: evaluation	As part of your professional practice, you must review and reflect on the success, or otherwise, of a health intervention so that lessons may be learned to improve the campaign.	A written report.

Links to National Occupational Standards (NOS), other BTEC units, other BTEC qualifications and other relevant units and qualifications

This unit forms part of the BTEC Health and Social Care sector suite (see *Appendix A*) and has links with units from other qualifications in that suite. See *Appendix E* for NOS links and *Appendix G* for a mapping of the NHS Knowledge and Skills Framework against particular units in this qualification.

Essential resources

The following resources are essential for delivery of this unit:

- an appropriately qualified tutor
- library resources with key texts and other reference materials.

In addition, the following resources are considered to be highly valuable:

- work experience placements
- information sources such as environmental health officers, Primary Care Trusts, health care practitioners, health centres/GP practices, health promotion units
- local and national media reports.

Employer engagement and vocational contexts

Employers could engage with this unit by providing opportunity for learners to carry out research for their health promotion campaign through reviewing specialist resources for example for a particular service user group or developing their own resource. Contributions as guest speakers could also be valuable, as negotiated with the tutor.

Indicative reading for learners

There are many resources available to support this unit. Some examples are given below.

Textbooks

Acheson D – *Independent Inquiry into Inequalities in Health: Report* (HMSO, 1998) ISBN 9780113221738

Benzeval M et al – *Tackling Inequalities in Health* (King's Fund, 1995) ISBN 9780852999684

Bernard M – *Promoting Health in Old Age* (Open University Press, 2000) ISBN 9780335192472

Boys D, Langridge E and Michie V – *BTEC National Health and Social Care Book 2* (Nelson Thornes, 2007) ISBN 9780748781720

Brooke A, Welton S – *A-Z of School Health* (David Fulton Publishers, 2003) ISBN 9781853468308

Coleman J, Hendry L and Kloep – *Adolescence and Health* (Wiley, 2007) ISBN 9780470092071

Davey et al – *Health and Disease: A Reader* (Open University Press, 2002) ISBN 9780335209675

Ewles L and Simnett I – *Promoting Health. A Practical Guide* (Bailliere Tindall, 2003) ISBN 9780702026638

Laverack G – *Health Promotion Practice Building Empowered Communities* (Open University Press, 2007) ISBN 978033522057

Lucas K and Lloyd B – *Health Promotion Evidence and Experience* (Sage, 2005) ISBN 9780761940067

Naidoo J and Wills J – *Health Studies An Introduction* (Palgrave, 2001) ISBN 9780333760086

Naidoo J and Wills J—*Health Promotion: Foundations for Practice* (Bailliere Tindall, 2000) ISBN 9780702024481

Nutbeam D and Harris E – *Theory in a Nutshell: A Practical guide to health promotion theories* (McGraw-Hill, 1999) ISBN 9780074713327

Nutbeam D and Harris E – *Theory in a Nutshell: A Practical guide to the evaluation of health promotion programs* (McGraw-Hill, 1999) ISBN 9780074715534

Stretch B – *Core Themes in Health and Social Care* (Heinemann, 2007) ISBN 9780435464257

Stretch B and Whitehouse M – *BTEC National Health and Social Care Book 2* (Heinemann, 2007) ISBN 9780435499167

Stretch B and Whitehouse M – *BTEC Level 3 Nationals in Health and Social Care Student Book 1* (Pearson, 2010) ISBN 9781846907663

Stretch B and Whitehouse M – *BTEC Level 3 Nationals in Health and Social Care Student Book 2* (Pearson, 2010) ISBN 9781846907470

Underdown A – *Young Children's Health and Well-being* (Open University Press, 2007) ISBN 0335219063

Wills J – *Promoting Health* (Blackwell Publishing, 2007) ISBN 9781415139991

Other resources

HM Government – *Choosing Health* (Department of Health, 2004)

Saving Lives: Our Healthier Nation (Department of Health, 1997)

The New NHS; Modern Dependable (Department of Health, 1997)

Journals and magazines

Care and Health

Community Care

Nursing Times

Many magazines carry articles about health issues. Magazines from the weekend newspaper broadsheets are particularly valuable in discussing factors such as lifestyle and diet. Several 'teen' magazines also carry articles about health issues. Learners must look at the validity and reliability of their sources.

Websites

www.dh.gov.uk

Department of Health (DoH)

www.foodinschools.org

DoH and DCFS resource for schools

www.healthyschoollunches.org

Physicians' Committee for Responsible Medicine resource

www.hesonline.nhs.uk

NHS statistics resource

www.hpa.org.uk

Health Protection Agency

www.schoolfoodtrust.org.uk

DCSF resource

www.who.int

World Health Organization

www.wiredforhealth.gov.uk

DoH and DCSF resource

Delivery of personal, learning and thinking skills

The following table identifies the opportunities for personal, learning and thinking skills (PLTS) that have been included within the pass assessment criteria of this unit.

Skill	When learners are ...
Independent enquirers	[IE3] exploring approaches to health education and exploring models of behaviour change in relation to health education
Creative thinkers	[CT2,3] describing models of behaviour change in relation to recent national health education campaigns
Reflective learners	[RL5] explaining the ethical issues involved in their health education campaign
Team workers	[TW1,4,5] designing and implementing their health education campaign in conjunction with campaigns of others
Self-managers	[SM2,3] designing and implementing their health education campaign
Effective participators	[EP2,3,6] implementing their health education campaign.

● Functional Skills – Level 2

Skill	When learners are ...
ICT – Use ICT systems	
Select, interact with and use ICT systems independently for a complex assignment to meet a variety of needs	making an ICT-based health education resource
Use ICT to effectively plan work and evaluate the effectiveness of the ICT system they have used	researching health education principles and topics
Manage information storage to enable efficient retrieval	writing the report of their health education campaign
ICT – Find and select information	
Select and use a variety of sources of information independently for a complex assignment	selecting ICT-based health education resources for use in health education campaign
Access, search for, select and use ICT-based information and evaluate its fitness for purpose	selecting relevant health education information from valid sources
ICT – Develop, present and communicate information	
Enter, develop and format information independently to suit its meaning and purpose including: <ul style="list-style-type: none"> • text and tables • images • numbers • records 	developing health education resource presenting health education campaign preparing a format to gather feedback on campaign from participants
Bring together information to suit content and purpose	preparing own health education resource analysing feedback
Present information in ways that are fit for purpose and audience	presentation of the report
Mathematics	
Understand routine and non-routine problems in a wide range of familiar and unfamiliar contexts and situations	exploring statistical data relating to health education campaigns and incidence of diseases associated with changes in health behaviour
Identify the situation or problem and the mathematical methods needed to tackle it	gathering and analysing feedback on campaign from participants

Skill	When learners are ...
English	
Speaking and listening – make a range of contributions to discussions and make effective presentations in a wide range of contexts	contributing to discussions interacting with participants during the health education campaign
Reading – compare, select, read and understand texts and use them to gather information, ideas, arguments and opinions	researching health education information using health education information in developing their resource and implementing their campaign
Writing – write documents, including extended writing pieces, communicating information, ideas and opinions, effectively and persuasively	preparing their resource preparing the written report of the health education campaign.