LEARNING AIM A: UNDERSTAND THE PURPOSE OF HEALTH EDUCATION

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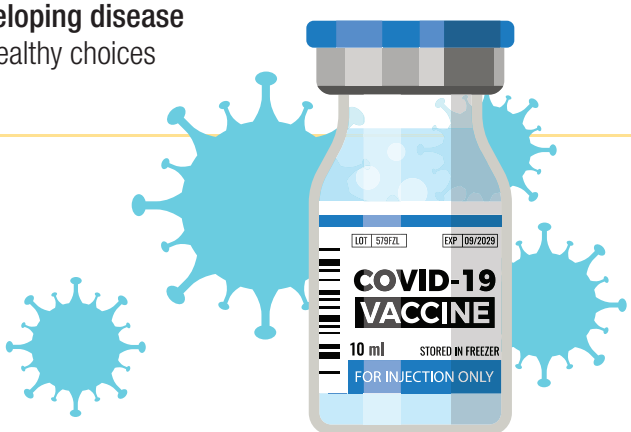
A1 Purpose of health education

- **Definition:** Health education is the process of providing individuals and communities with information, skills and support to promote healthier lifestyles, prevent illness, and improve overall wellbeing.
- **Develops understanding of health risks and risk-taking behaviours.**
  - **Examples of health risks:** childhood illnesses, tooth decay, obesity, STIs, diabetes, heart disease, lung cancer.
  - **Examples of risk-taking behaviours:** smoking, binge drinking, illegal drug use, unprotected sex, dangerous driving, poor diet, lack of exercise.
- **Reduces causes and incidence of ill health** e.g. through campaigns about diet to prevent obesity.
- **Controls the occurrence of infectious disease** through vaccination and hygiene campaigns e.g. handwashing in schools.
- **Protects against environmental hazards** e.g. air pollution campaigns, sun safety advice.
- **Promotes equity and empowerment:**
  - **Equity:** giving tailored support so everyone can achieve fair health outcomes, making services accessible e.g. translated health leaflets for minority language speakers.
  - **Empowerment:** enabling people to take control of their health by making informed choices e.g. by providing clear, accessible information about screening programmes.

A2 The role of health education

- **Identifies priority areas for public health at national/local levels** e.g. smoking cessation, mental health.
- **Uses demographic and epidemiological data**
  - **Demographic data:** information about populations such as age, gender, income, ethnicity which shows who is most at risk.
  - **Epidemiological data:** statistics on the distribution and causes of health conditions (e.g. prevalence of obesity in different regions) which helps set priorities.
- **Addresses public health challenges** like ageing population, antibiotic resistance, rising mental health needs.
- **Reduces exposure or risk of an individual or group developing disease or disability due to poor health** by helping people make healthy choices and avoid harmful behaviours.



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A3 Organisations influencing health education

- **World Health Organisation (WHO):** sets global health priorities and provides guidance on improving population health worldwide.
- **NHS England:** commissions and delivers health services, runs national campaigns and promotes health improvement. Note: In March 2025 it was announced that NHS England would be abolished, and its role/functions absorbed into the Department of Health & Social care over a two-year period.
- **Department of Health and Social Care (DHSC):** sets national health policy, funds the NHS and public health initiatives, and ensures health services meet national standards.
- **UK Health Security Agency (UKHSA):** leads on infectious disease control and emergency preparedness e.g. COVID-19 vaccination campaigns.
- **Office for Health Improvement and Disparities (OHID):** works to improve public health and reduce health inequalities across England. It focuses on preventing disease, promoting health, and ensuring everyone has the opportunity to live a healthier life, especially those in disadvantaged areas.
- **Integrated Care Partnerships (ICPs):** bring together NHS organisations, local authorities, and community partners to plan and deliver joined-up health and care services.
- **Integrated Care Systems (ICS):** coordinate health and social care services across regions to improve population health and reduce health inequalities.
- **Integrated Care Boards (ICBs):** allocate NHS funding and commission health services within each ICS to meet local health needs.
- **Local Authorities:** responsible for commissioning local public health services e.g. stop smoking, weight management.
- **Faculty of Public Health:** professional body for public health specialists; sets standards for training and supports education, research, and policy development in public health.

A4 Legislation and regulations

- **WHO Sustainable Development Goal 3:** promotes global equity in health and wellbeing focusing on reducing mortality, combating disease, and strengthening health systems worldwide.
- **Health and Care Act 2022:** introduced Integrated Care Systems to promote collaboration between the NHS, local authorities, and community organisations, aiming for joined-up care, improved population health, and greater equity in access to services.
- **Health and Social Care Act 2012:** placed responsibility for public health with local authorities, ensuring local needs are addressed through tailored health promotion and prevention programmes.
- **Care Act 2014:** emphasised prevention and wellbeing, encouraging early intervention to reduce the need for crisis care and support people to maintain independence and quality of life.
- **Importance:** legislation and regulations ensure accountability and clear responsibilities, set national standards for health and care, reduce health inequalities, and promote fair and equitable access to health education and services for all.

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A5 Monitoring the health of the nation

- **World Health Organization key priorities for monitoring health and wellbeing** include tracking global diseases and health trends, monitoring health inequalities and access to care.
- **Government methods used to monitor patterns and trends in health and wellbeing at a local and national level** include:
  - **Epidemiological data:** studies on causes and spread of disease.
  - **Health reports:** national, regional, and local monitoring e.g. UK Health Security Agency data and Joint Strategic Needs Assessments.
  - **Demographic data:** census and surveys on age, gender, and lifestyle.
  - **Health service data:** hospital and GP records to track trends.
- **Public health practitioners use data to monitor and respond to public health issues** to:
  - Track trends in health and illness across populations.
  - Detect and respond to emerging health issues.
  - Compare groups to identify inequalities.
  - Set priorities and design targeted campaigns.
  - Plan and evaluate public health programmes.
  - Focus on high-risk groups or areas.
  - Measure impact and improve services.
  - Inform policy and funding decisions.

LEARNING AIM B: KEY ISSUES, PRIORITIES AND FACTORS AFFECTING HEALTH AND WELLBEING

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B1 Health issues and priorities

A range of issues and priorities for health at a local and national level, considering the impact on individuals, their holistic health and wider society:

- **Smoking:** causes lung disease, cancer, and heart problems.
  - High prevalence increases healthcare costs and reduces productivity, making it a priority at local and national levels.
- **Diet and nutrition:** poor diet leads to obesity, diabetes, and malnutrition.
  - National and local campaigns promote healthy eating to reduce long-term healthcare burden on health and social care services.
- **Alcohol and drug/substance misuse:** leads to liver disease, addiction, mental health problems, and accidents.
  - Priority for prevention, treatment, and education services.
- **Pollution:** air, water, and noise pollution cause respiratory illnesses, cardiovascular disease, and stress.
  - Local and national policies aim to reduce environmental risks.
- **Mental health:** conditions like depression and anxiety affect emotional, social, and physical health.
  - Can lead to work absenteeism and strain on health and social care services.
  - Early intervention and support are key public health priorities.
- **Better start in life:** early childhood health, nutrition, and development shape lifelong wellbeing.
  - Prioritising early interventions reduces health inequalities and improves long-term outcomes for society.
- **Sexual health:** issues like STIs and unplanned pregnancies affect physical and mental health.
  - Education, prevention, and services reduce individual risk and wider societal costs.
- **Reproductive health:** includes fertility, maternal health, and safe pregnancy.
  - Ensuring access to services is a priority to improve outcomes for families and communities.

LEARNING AIM B: KEY ISSUES, PRIORITIES AND FACTORS AFFECTING HEALTH AND WELLBEING

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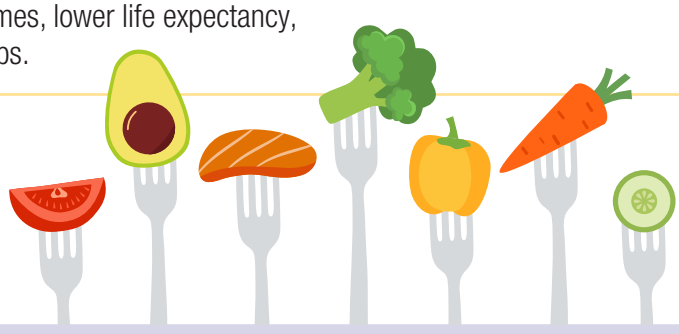
B2 Factors affecting health and wellbeing

Factors affecting health and wellbeing – examples of positive and negative outcomes:

- **Social relationships (family, friends, groups)**
  - **Positive:** supportive family and friends improve mental health and encourage healthy behaviours.
  - **Negative:** social isolation or toxic relationships can lead to stress, depression, or risky behaviours.
- **Economic factors (income, employment, affordability)**
  - **Positive:** stable income and employment allow access to healthy food, healthcare, and leisure, promoting wellbeing.
  - **Negative:** low income or unemployment can cause poor nutrition, stress, and limited access to healthcare.
- **Environmental factors (geography, access to services, housing)**
  - **Positive:** living near parks, healthcare, and clean environments supports physical activity and health.
  - **Negative:** poor housing, pollution, or remote locations reduce access to services and increase disease risk.
- **Behavioural factors (stereotypes, discrimination, personality, empowerment)**
  - **Positive:** empowered, compliant individuals may engage in preventative health behaviours and seek help early.
  - **Negative:** experiencing prejudice or holding unhealthy behaviours can increase stress, avoid healthcare, or limit opportunities.
- **Education (access and engagement with learning)**
  - **Positive:** good education improves health literacy, employment prospects, and decision-making for healthy lifestyles.
  - **Negative:** limited education reduces understanding of health risks and access to opportunities for wellbeing.
- **Media (news, social, websites)**
  - **Positive:** reliable media provides health information, awareness campaigns, and motivation for healthy choices.
  - **Negative:** misinformation or excessive screen time can lead to anxiety, poor body image, or unhealthy behaviours.
- **Health inequalities (social class, race, age, sex, disability, sexual orientation, location)**
  - **Positive:** awareness and targeted interventions can reduce disparities and improve access to care.
  - **Negative:** inequalities can cause poorer health outcomes, lower life expectancy, and limited healthcare access for disadvantaged groups.



LEARNING AIM C: APPROACHES TO HEALTH EDUCATION CAMPAIGNS AND IMPACT

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C1 Current health campaigns

Examples of international campaigns - World Health Organization

- ***Be Tobacco Free:*** raises awareness of the dangers of smoking and secondhand smoke, encouraging countries to implement anti-smoking policies.
- ***Safe Motherhood/ Every Woman, Every Child:*** promotes maternal and child health, vaccination, and access to healthcare worldwide.
- ***Global Handwashing Day:*** educates people globally about hand hygiene to prevent infectious diseases.

National campaigns - Department of Health & Social Care (DHSC), NHS, Charities

- ***Better Health: Healthier Families*** **(NHS/DHSC):** encourages healthy eating and regular physical activity in children and families to prevent obesity.
- ***Stoptober*** **(NHS/DHSC):** annual campaign to support adults to quit smoking over a 28-day period.
- ***Time to Change*** **(Charity: Mind):** raises awareness of mental health issues, reduces stigma, and promotes support for people experiencing mental illness.

Local campaigns - Local NHS organisations and local authorities

- **Local stop smoking services:** provide community support, advice, and free resources to help residents quit smoking.
- **Healthy weight initiatives:** local councils run programmes offering nutrition advice, exercise classes, and weight management support.
- **Sexual health clinics campaigns:** Local authorities promote free STI testing, safe sex awareness, and contraception services in schools or community centres.

LEARNING AIM C: APPROACHES TO HEALTH EDUCATION CAMPAIGNS AND IMPACT

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C2 Models, theories and wider approaches

- **Health belief model:** people are more likely to change behaviour if they perceive themselves to be at risk and believe the benefits of change outweigh the barriers.
- **Transtheoretical model/ Stages of change:** behaviour change occurs through stages — pre-contemplation, contemplation, preparation, action, and maintenance — with interventions tailored to readiness for change.
- **Social cognitive theory:** behaviour is learned through observing others, modelling, and reinforcement, with self-efficacy playing a key role in sustaining change.
- **Theory of reasoned action:** behaviour is influenced by attitudes and perceived social norms; individuals are more likely to act if they intend to and believe others support the behaviour.
- **Joint health and social care approach:** integrated care systems, schools working with NHS, voluntary groups to ensure individuals received co-ordinated, person centred support.
- **Responsibilities of professionals:** nurses, social workers, GPs have a responsibility to promote positive health behaviours in daily practice.
- **Holistic approach:** health education campaigns should address physical, intellectual, emotional and social wellbeing.
- **Person-centred approach:** focuses on the individual's needs, values, and preference, respecting autonomy where individuals are supported to make their own informed decisions about health behaviours, treatment, and lifestyle changes.
- **Addressing health inequalities:** ensuring fair access to healthcare, education, and opportunities by promoting equality and diversity, overcoming barriers such as poverty, targeting national policies e.g. health inequalities strategies to improved conditions that affect health and economic action to support job creation and fair wages
- **Government initiatives include** things like clean air initiatives, sugar tax, creating cycle lanes, subsidising healthy food.
- **Impact of engaging and empowering education** improves family health, reduces demand on NHS, improves lifelong outcomes.
- **Measuring effectiveness:**
  - Benefits of early intervention e.g. exercise prevents diabetes.
  - Improved holistic health.
  - Reduction in specialist/expensive interventions.
  - Evidence of behaviour change e.g. reduced smoking rates, increased vaccine uptake.

LEARNING AIM C: APPROACHES TO HEALTH EDUCATION CAMPAIGNS AND IMPACT

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C3 Planning a health education event

A plan for a health education event should include:

- **Aims and objectives:** specific, measurable, achievable, realistic, and timebound, based on the starting point of the audience.
- **Approach:** choose an appropriate behaviour change model; provide accurate, clear information.
- **Challenging misinformation:** address myths, stereotypes, prejudice and discrimination.
- **Target groups:** tailor event to impact different groups (e.g. young people vs older adults).
- **Integrated approach:** consult with schools, GPs, community organisations.
- **Use of demographic data:** inform content and delivery e.g. high obesity rates in a borough → focus on healthy eating.
- **Ethical considerations:** respect rights, confidentiality, and dignity of participants.
- **Resources:** use a mix of print, digital, and in-person materials (e.g. leaflets, videos, interactive workshops).
- **Measuring impact:** use questionnaires, focus groups, observations, interviews to evaluate success.