

BMHN5002: HEALTH PROMOTION IN PRACTICE

BSc Health, Nutrition and Lifestyle

1. Description of the Health Promotion Event

The Fibre + Water = Healthy Gut health promotion event was designed to create awareness among the public about the importance of dietary fibre and the importance of maintaining the balance between fibre and hydration in keeping the gut healthy. The event, which was held in a university setting, had 47 participants, with the majority being university students aged 18-24 (72.3%). This demographic is especially applicable considering the fact that young adults tend to have inadequate dietary fibre intake, and the average levels in the UK amount to 18g per day, which is much lower than the recommended 30g (NHS, 2023; Stephen et al., 2017).

Aims and Objectives

The overall objective was to enhance the knowledge and awareness of dietary fibre and hydration. The specific objectives include:

1. to make the participants aware of the adult recommended daily intake of dietary fibre, which is 30 g (British Nutrition Foundation, 2023);
2. to discover what foods are rich in dietary fibre, especially those of plant origin;
3. to understand the physiological connection between the increased intake of dietary fibre and a sufficient amount of water; and
4. To evaluate participant knowledge using a structured questionnaire.

These are in line with wider public health objectives as described in the Healthy Weight: Healthy Wales Delivery Plan (2021), which focuses on addressing the barriers to healthy food options.

Planning Phase

The team planning was done in a systematic way, and the team members had to meet formally with documented minutes (see Appendix 1). The roles were assigned in a manner that would maximise the contribution of each member: Lottie handled the preparation of

leaflets with the lecturer of the module. Kate handled the interactive game with fibre and the fibre benefit materials. Lindsay made the display banner and freebies. Amelie designed and distributed the evaluation questionnaire, either through a QR code or paper. Such a hierarchy of delegation is in line with health promotion planning best practice, whereby well-established roles minimise role ambiguity and enhance event outcomes (Green et al., 2015; Tones and Tilford, 2001).

Event Day

The event had a central display board with the message 'Fibre + Water = Healthy Gut' on it, with food models that were used to represent the high-fibre foods such as beans, lentils, whole grains, and fruit. The educational leaflets, game of sorting the fibres, and visual guide to hydration based on the Bristol Stool Chart were included to meet the various learning styles (Fleming and Baume, 2006). Freebies were handed out as signals to action and enticed the participants to use them. The questionnaire was given through Microsoft Forms, with 47 responses filled, and the average completion time was one minute and twenty-one seconds, which shows its accessibility.

2. Assessment of Effectiveness: Questionnaire Analysis

The questionnaire was analysed using Microsoft Excel. Results are presented in Tables 1-3 below.

Table 1: Demographic Profile of Respondents (n=47)

Age Group	Frequency (n)	Percentage (%)	University Year
18-24	34	72.3%	1st Year: 14 (29.8%)
25-34	5	10.6%	2nd Year: 20 (42.6%)
35-44	3	6.4%	3rd Year: 6 (12.8%)
45-54	3	6.4%	4th Year+: 3 (6.4%)
55+	2	4.3%	Not in university: N/A
Under 18	0	0.0%	
Total	47	100%	

Source: Fibre Questionnaire (Microsoft Forms, 2026)

As Table 1 indicates, the sample was predominantly university students aged 18-24 (72.3%), with 2nd-year students forming the largest subgroup (42.6%). This demographic concentration limits generalisability but is appropriate given the university setting and is consistent with studies suggesting university campuses are effective venues for dietary health promotion (Riddell et al., 2011).

Table 2: Knowledge Question Results — Proportion Answering Correctly

Question	Correct Answer	n Correct	% Correct
Q3: Adult recommended daily fibre	30g	41	87.2%
Q4: Foods high in fibre (top answer)	Beans	45	95.7%
Q5: Effect of fibre without water	Constipation	40	85.1%
Q6: Urine colour when well hydrated	Pale yellow	39	83.0%
Q7: Healthy stool (Bristol Stool Chart)	Type 3 or 4	44	93.6%

Source: Fibre Questionnaire (Microsoft Forms, 2026)

Table 2 illustrates a good knowledge performance in all the domains. The most accurate response rate was on the question of beans as a high-fibre food (95.7%), followed by the Bristol Stool Chart question (93.6%). More importantly, 87.2% of the respondents named 30g as the recommended daily intake of fibre in adults, which indicates a successful transfer of knowledge in the event materials. The lowest appropriate answer rate was on the urine colour as a hydration measure (83.0%), which implies that this area might need more salient signposting in any future event (Perrier et al., 2013).

Table 3: Q8 Open-Ended Responses — Suggested Behaviour Changes (n=47)

Q8: Suggested Dietary Change	No. of Respondents Mentioning	% of 47 Responses
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Eating beans / baked beans	10	21.3%
Eat more vegetables / greens	8	17.0%
Wholemeal bread/fibre bread	7	14.9%
Increase water intake	6	12.8%
Eat an apple/fruit intake	5	10.6%
Overnight oats/oats and chai	4	8.5%
Other responses	7	14.9%

Source: Fibre Questionnaire (Microsoft Forms, 2026). Note: Multiple responses per participant are possible.

Table 3 indicates the intended behaviour change in participants, with the most frequent change indicated as eating more beans (21.3) and vegetables (17.0). Such food-related intentions are consistent with the findings that plant-based diets can greatly decrease the risk of non-communicable diseases and aid gut microbiome diversity (Reynolds et al., 2019; Fu et al., 2022). When these findings are connected to the health literacy framework by Nutbeam (1998), the findings indicate a degree of functional and communicative literacy was attained. Participants were able to remember accurate information and intended change without longitudinal follow-up, which would determine critical literacy and long-term behaviour change. In the context of a public health evaluation, Rootman et al. (2001) stress that effectiveness has to be measured in the short-term, medium-term, and long-term results. The questionnaire measured the short-term knowledge gains, but future evaluation instruments must also include post-event follow-ups to assess whether the participants moved beyond intention and action, which is in line with the NICE (2014) recommendations regarding behaviour change interventions.

3. Critical Evaluation of Health Promotion Theories

Health Belief Model

An implicit framework of the event was based on the Health Belief Model (Rosenstock, 1974), which covered the perceived susceptibility to poor gut health, perceived

severity of inadequate fibre intake (e.g., constipation, increased risk of colorectal cancer), and perceived benefits of dietary change. The interactive game and food models were viewed as cues to action, which is a key HBM construct, whereas freebies acted to diminish perceived barriers by showing that high-fibre foods are available and affordable (Champion and Skinner, 2008). Nevertheless, HBM has been criticised for overemphasising the personal mental processes and downplaying structural and socioeconomic factors of dietary behaviour (Nutbeam, Harris and Wise, 2010).

Transtheoretical Model

The Transtheoretical Model (TTM) by Prochaska and DiClemente (1983) recognises that individuals are at various levels of behaviour change readiness, including precontemplation, contemplation, preparation, action, and maintenance. The messaging of the event, especially the small-change tips in the Q8 answers, was quite appropriate to the contemplation and preparation phases. This aligns with NICE's (2014) suggestions to match health promotion interventions with the stage of change of the individuals. The lack of follow-up, though, implies that progression beyond contemplation cannot be established, and this is a methodological limitation. Stage-matched motivational strategies could be integrated into future events to help those people who are on both sides of the change continuum (Prochaska and Velicer, 1997)

Social Cognitive Theory

The Social Cognitive Theory (SCT) by Bandura (1986) focuses on the impact of self-efficacy, observational learning, and outcome expectations in influencing health behaviours. The food models and fibre sorting game offered vicarious learning experiences, instilling the confidence of the participants that it was possible to identify and eat high-fibre foods, which is a fundamental self-efficacy mechanism. The empirical validation of SCT in

dietary intervention studies has also been conducted by Anderson, Winett, and Wojcik (2007), who showed that there are significant correlations between self-efficacy and consuming dietary fibre. The interactive event format thus offered a suitable SCT-oriented medium for health promotion.

Ottawa Charter

The Ottawa Charter, the health promotion document by WHO (1986), defines five action areas: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. The event was more about individual skill enhancement by offering knowledge and awareness creation, and provided a temporary conducive environment in the university. Nevertheless, it was not well spread among the pillars of the Charter. Better correspondence to community action and policy advocacy, e.g., using university catering services to market high-fibre menus, would enhance the public health effects of the event (Rootman et al., 2001).

4. Partnership Working in Health Promotion

Partnership working is a well-known principle of successful health promotion, as it allows sharing expertise, resources, and reach, which no single person or organisation can manage independently (Naidoo and Wills, 2016). In the student team, cooperation was systematic and calculated: the roles (Appendix 1) facilitated specialisation, with the common ownership of the objectives of the event. This is reflective of the interprofessional collaboration models outlined by Henneman, Lee, and Cohen (1995), who cite shared decision-making, mutual respect, and complementary role contribution as the characteristics of effective collaboration.

The fact that the team used documented minutes of meetings (Appendix 1) is a good governance practice, which minimises the risk of miscommunication and also gives an accountability record, which is a characteristic of partnerships that work (Dowling, Powell

and Glendinning, 2004). Literature points out that informal relationships, as in student project teams, tend to recreate issues found in the workplace, including power dynamics, unequal distribution of work, and communication failures (Henneman, Lee, and Cohen, 1995). The collaborative decision-making process, in which everyone concurred on the public health messages prior to Amelie creating the questionnaire in this event, is more representative of a cooperative as opposed to a hierarchical model. This is in line with the National Academies Press (US), 2013, who postulate that horizontal and relationship-based teamwork is more effective in health promotion.

On a more general scale, the Healthy Welsh: Healthy Weight strategy (2021) of the Welsh Government highlights cross-sectoral collaboration as a core of health promotion, whereby government, health services, education, and communities should collaborate. This academic environment of the event implicitly places it in an educational partnership – between the university, lecturers of the module, and students – which itself is a kind of multi-level partnership. The next wave might include partnerships with external parties, including public health dietitians, NHS community health teams, or local authority health improvement officers, and greatly increase coverage and sustainability (Olson, 2014; Dahlgren and Whitehead, 1991).

5. Summary of Findings and Learning Experiences

The Fibre + Water = Healthy Gut health promotion event was a success because it fulfilled its main objective of enhancing the understanding of dietary fibre and hydration among the people in a university setting. The results of the questionnaires proved the high knowledge level: 87.2% of the participants were aware of the daily recommendation of fibre intake, 95.7% identified beans as a high-fibre food, and 93.6% identified healthy stool characteristics with the use of the Bristol Stool Chart. Open-ended questions revealed general intentions to make practical dietary changes, especially to eat more beans and vegetables.

In theory, the event was best explained by the cue-to-action mechanism of the Health Belief Model and the focus of Social Cognitive Theory on self-efficacy. The increased involvement of the TTM stage-based approach and the community action and policy advocacy pillars of the Ottawa Charter would make subsequent versions even stronger. This was only assessed through immediate post-event knowledge; a longitudinal design with four to twelve weeks of follow-up surveys would yield more credible data on behaviour change (NICE, 2014; Nutbeam, 1998).

Teamwork was a great learning experience. Effective coordination and limited role ambiguity were achieved by clear role allocation, which was documented in meeting minutes (Green et al., 2015). The experience helped to drive home the significance of communication, shared responsibility, and shared decision-making in professional health promotion practice skills that are directly applicable to future work in the field of public health and nutrition. More importantly, the event proved that health promotion can be effectively achieved through a combination of evidence-based messaging and participatory engagement strategies, along with a structured evaluation in an intelligible theoretical framework. By following these principles, the standards of ethics, conduct, and performance set by the Association of Nutrition (AfN, 2022) are met.

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Appendix 1: Team Meeting Minutes

The following table presents a transcription of the handwritten team meeting minutes recorded during the planning phase of the health .promotion event

Team Member	Role / Responsibility
Lottie	Sorting and preparing the leaflets with Chris (module lecturer)
Kate	Sorting the fibre game and producing educational content on the benefits of fibre
Lindsay	Sorting the display banner and organising freebies for attendees
Amelie	Sorting the survey, creating the QR code, and organising paper copies for distribution on the day
All Members	Collectively decided the public health messaging content to be communicated at the event, in order for Amelie to design the evaluation survey accordingly

Source: Handwritten meeting minutes, recorded 19 April 2026, by Lindsay.

Appendix 2: Event Resources

Key resources used at the event included:

- Central display board: 'Fibre + Water = Healthy Gut' with food models (beans, lentils, whole grains, fruit, vegetables)
- Educational leaflets: recommended daily fibre intake, high-fibre foods, hydration guidance
- Interactive fibre sorting game (developed by Kate)
- Bristol Stool Chart visual aid for identifying healthy gut function
- Evaluation questionnaire: Microsoft Forms 'Fibre Questionnaire', accessed via QR code and paper copies (47 responses collected, average completion time: 1 min 21 sec)
- Event freebies (water bottles, informational booklets) distributed as cues to action