

to develop a greater understanding of her clients' difficulties.

Facts, Fads or Fashions?

A concern for the public is that health advice changes. A difficulty is that research continuously turns up new evidence. At what point do you decide that the evidence is sufficiently convincing to begin publicising a new message or to campaign to change an aspect of health policy or legislation? If you have insufficient knowledge or experience to judge questions that may be medically or technically complex, on what basis do you make your decision? Is it more ethical to discuss the conflicting views openly and just air the debate more widely?

See [Chapter 11](#) for an overview of the mass media and the social media influence on public health.

Health At Any Cost?

What being healthy means to different people is discussed in [Chapter 1](#).

In their enthusiasm for improving health, there is a danger that health promoters and public health practitioners might lose sight that health means different things to different people and is shaped by their various values and experiences. Health may become a stereotyped image of the health promoter's own idea of perfection, leading to a prescription of what people should and should not do. This is clearly contrary to the concept that health promotion is about enabling people to increase control over their health and improve it in ways they see as appropriate.

Health Information: An Insensitive Blunderbuss?

Health promoters should be sensitive to the social, ethnic, economic and cultural background of the individuals and communities with which they work. Health information and large-scale health promotion programmes which portray only white Caucasians, are available only in the English language, or assume a common set of values are unethical.

Empower the People?

Health promotion and public health requires special competencies, some of which are the subject of this

book. It is all or part of the work of very many professions including health, education and community work.

Health promoters from this wide range of disciplinary backgrounds, if they are to empower people to take more control over their own health, need to seek to share their knowledge and experience with lay people, to learn from them and to see them and other workers as valued partners in the promotion of health.

Health for Sale?

With a scarcity of resources available for health promotion and public health and in a climate of market economy and income generation, commercial companies now sponsor some health-promotion activities. One pitfall is the issue of perceived endorsement of products. For example, an NHS organisation could be seen as promoting the use of vitamins if it accepted sponsorship of appointment cards printed with the name of the sponsoring vitamin manufacturer.

There is also a move to involve commercial companies in promoting products in a way that also promotes health. For example, food manufacturers may be involved in special promotions for lower fat products. There are dangers here. The most obvious one being that the interests of the company may not be in harmony with those of the health promoter who will be perceived as endorsing the product. There is also a possibility that the independent credibility of the health promoter is compromised.

Another pitfall is that promoting individual and population health, which should be a fundamental part of health prevention and promotion services, is seen as a potential moneymaker. Basic services such as health information materials, health teaching and giving advice to commercial companies on health for employees become subject to charges.

Individual Freedom or Community Health?

Promoting health can be seen as paternalistic, interfering with personal liberty and freedom. Some might hold the view that doing nothing is the most morally acceptable option as it gives individuals the greatest freedom. However, this does not redress the distribution of power in society, which may limit the ability

of individuals (particularly vulnerable groups) to act autonomously. Health-promotion principles address this by empowering individuals and communities to increase control over factors that affect their health and wellbeing. However, the interplay and interaction between individuals, communities, and the wider populations is important. One of the difficulties in applying ethical principles in health promotion is the tension between the individual and population. In what instances should an individual's rights be overridden in the interests of the greater good? When should society step in and save us from ourselves? Our apparently insatiable appetites for smoking, drinking and eating are resulting in a growth in noncommunicable diseases which are putting a strain on health and social care budgets, and some lifestyle choices may present a health risk to others such as drinking and driving or smoking in a home where there are children. Where and how should we draw the line between individual freedom and public health? When do we reach the point where the consequences are such a drain on the national purse that we can no longer afford the luxury of letting people have the freedom to make health-damaging lifestyle choices? ([The Moral Maze 2014](#); see also McCarteny and Capwell 2016 for a discussion of a range of ethical issues linked to dealing with obesity.)

BEHAVIOUR CHANGE AND NUDGING, AN ETHICAL APPROACH?

Promoting health often focuses on the behavioural change approach previously outlined and in [Chapter 14](#). Is this ethical, and is nudging ethically more acceptable than other forms of behavioural change interventions? It has been argued that a nudging intervention must not restrict choice. It must be in the interests of the person being nudged; it should involve a change in the architecture or environment of the choice; and it should exploit a mechanism of less than fully deliberative choice. But is nudging manipulation, and is manipulation ethically acceptable? Should governments seek to change the culture of society? Is it legitimate for the government to nudge social norms which were already changing as in the case of binge drinking? See the Science and Technology Select Committee House

of Lords (2011) for a full discussion of the ethics of public health behaviour change approaches including nudging.

MAKING ETHICAL DECISIONS

Areas of ethical concern have been raised that do not present easy resolutions or answers. [Beauchamp and Childress \(2001\)](#) offer four ethical principles which can act as a guide to ethical practice:

Respect for autonomy. Respecting the decision-making capacities of autonomous persons and enabling individuals to make reasoned informed choices. Are there groups in society who might be seen as incapable of autonomy such as people with learning disabilities, young children or prisoners? And, if so, will this affect your health promotion or public health practice approach? If an individual makes a choice that you consider harmful, the dilemma may be how to respect that person's autonomy while doing good and avoiding harm. The key question is: By what right am I intervening, and how do I justify the action I am taking?

Beneficence. This considers the balancing of benefits of an intervention against the risks and costs; the health promoter should act in a way that benefits the client.

Nonmaleficence. Avoiding the causation of harm; the health promoter should not harm the client. The harm should not be disproportionate to the benefits of intervention. Victim-blaming would be considered harm as would stigma. It may not always be possible to simultaneously do good and avoid harm. For example, a mass media campaign showing the dangers of drink driving may have the effect of reducing the rates of drink driving but may also impact negatively on those who have been convicted of drink driving by labelling them and/or increasing their feelings of guilt. You will be able to think of other examples.

Justice. This involves distributing benefits, risks and costs fairly; the notion that clients in similar positions should be treated in a similar manner. Health promotion involves difficult decisions in the dividing of time and resources between individuals and communities, and between high-risk groups and whole populations. How do you balance general campaigns

on healthy eating for the whole population with targeted interventions such as setting up a food cooperative in a deprived area?

The principles provide a framework for consistent moral decision making, but health promotion and public health interventions can encapsulate complex and sometimes conflicting choices. Because of this, ethics is a core public health competency, and its importance is being increasingly recognised. Questions regarding the justification of paternalistic interventions, fair distribution of health and responsibility for health are prominent (Blackster 2014; FPH 2016a). Some of the previous examples are taken from SFHP/SHEPS Cymru (2009). The sets of questions in Box 4.2 draw on the four ethical principles previously outlined and are designed for you to think about intervention ethics.

BOX 4.2

SOME ETHICAL QUESTIONS ON HEALTH PROMOTION AND PUBLIC HEALTH PRACTICE INTERVENTIONS

1. To what extent can the public good or the public interest justify state interventions that impose limits upon the freedom of individuals in terms of lifestyle choices?
2. What role should the law, both regulatory and fiscal measures, play in regulating health risks?
3. Should governments actively aim to change our preferences about such things as food, smoking or physical exercise?
4. To what extent do individuals have moral obligations to contribute to protecting the community or the public good?
5. When is it appropriate to concentrate resources on prevention rather than cure?
6. Given the fact that we cannot protect population groups from all harm, what sorts of harm provide a justification for public health action?
7. What limits do we wish to place upon public health activities?
8. How do we ensure that the interests of individuals are not set aside or forgotten in the pursuit of population health benefits?
9. What should be the balance between individual and government responsibility for health?
10. Should medical treatment be refused to those who are obese?

These questions are designed to help you to think through health promotion and public health actions in terms of the ethical implications of practice.

Exercise 4.3 and Exercise 4.4 (which uses Fig. 4.1) are designed to help you to think about intervention ethics. Please also refer to Fig. 4.2 which provides an overview of ethical ways of working that highlight goals and principles.

EXERCISE 4.3

Ethical Decisions in Health Promotion

Look again at Case Studies 4.1 and 4.2. You may find it helpful to use the questions in Box 4.2 on making ethical decisions to identify the issues relevant to each situation and to decide what you would do.

EXERCISE 4.4

Ladder of Health Promotion Action

Work in small groups of three or four. Consider the health promotion intervention ladder in Fig. 4.1 and discuss the following:

- The ethical issues that might be relevant to each rung of the ladder
- Are there modes of intervention that you would reject on ethical grounds?

TOWARDS AN ETHICAL CODE OF PRACTICE

Many professions have codes of practice, which are broad principles and guidelines on how professionals should and should not act. They reflect the values accepted as underpinning ethical practice. Health promoters from different professional backgrounds should ensure they are familiar with the codes of practice of their own professional bodies and also be familiar with the ethical standards embedded in the Faculty of Public Health's Good Public Health Practice Framework (2016b) and Public Health England's Public Health Skills and Knowledge Framework (2016b). For further reading on ethics and the promotion of health see Carter et al (2012) and Holland (2014).

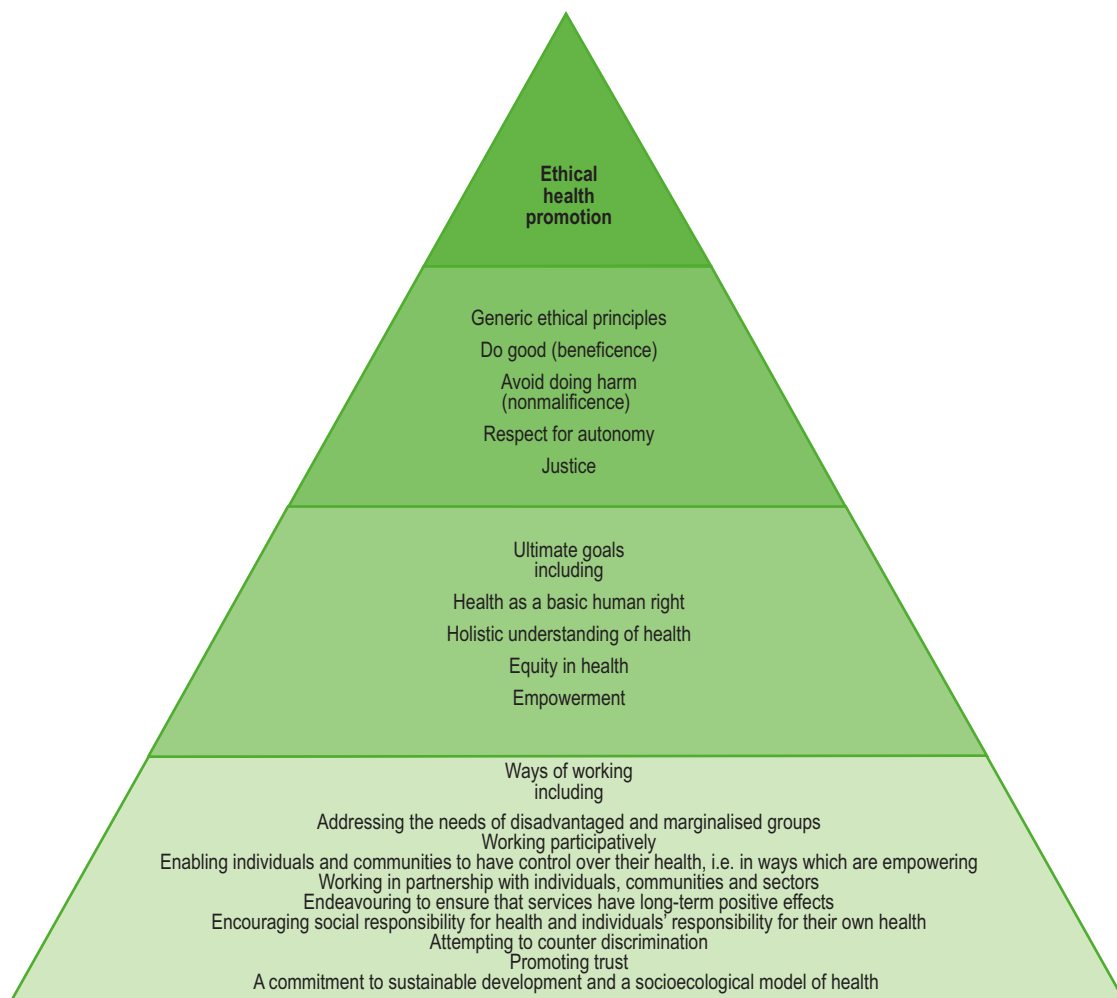


FIG. 4.2 ■ A framework for ethical health promotion and public health practice. (Taken from *Shaping the Future of Health Promotion (SFHP)* and *Society of Health Education and Promotion Specialists (SHEPS) Cymru* 2009. Reproduced with permission.)

PRACTICE POINTS

- In choosing approaches to health promotion and public health practice, take account of the different aims and values they reflect.
- Remember that ethical issues and dilemmas are inherent in promoting health and you need to think through the process of how you will make ethical decisions.
- Be familiar with the code of professional practice of any profession to which you belong.

- Good practice in health promotion and public health involves working to the specific values and principles of practice.

REFERENCES

- Beauchamp TL, Childress JF 2001 Principles of biomedical ethics, 5th edn. Oxford, Oxford University Press.
- Blacksher E 2014 Public health ethics. Ethics in medicine, University of Washington School of Medicine. <https://depts.washington.edu/bioethx/topics/public.html>.

- Byrne E, Elliott E, Green L, Lester J 2014 Housing and Health Evidence Review for Health Impact Assessment (HIA). Cardiff, Wales Health Impact Assessment Support Unit (WHIASU).
- Campbell F, Holmes M, Everson-Hock E, et al 2015 A systematic review and economic evaluation of exercise referral schemes in primary care: A short report. *Health Technology Assessment* 19(60).
- Carter SM, Cribb A, Allegrante P 2012 How to think about health promotion ethics. *Public Health Reviews* 34(1):122–145.
- Dawson A, Verweij M (Eds) 2009 *Ethics, prevention, and public health. Issues in biomedical ethics*. Oxford, Oxford University Press.
- Faculty of Public Health 2016a Public health ethics in practice. http://www.fph.org.uk/events/public_health_ethics_in_practice.
- Faculty of Public Health 2016b Good public health practice framework. http://www.fph.org.uk/uploads/Good%20Public%20Health%20Practice%20Framework_%202016_Final.pdf.
- Frieden TR 2010 A framework for public health action: The Health Impact Pyramid. *American Journal of Public Health* 100(4):590–595.
- Holland S 2014 *Public health ethics*, 2nd edn. Cambridge, Polity Press.
- Kumar J 2011 Responses to health promotion campaigns: Resistance, denial, and othering. *Critical Public Health* 21(1):105–117.
- Lambie-Mumford H, Crossley D, Jensen E, Verbeke M, Dowler E 2014 Household Food Security in the UK: A review of food aid. Food Ethics Council and Warwick University.
- Maningat P, Gordon BR, Breslow JL 2013 How Do We Improve Patient Compliance and Adherence to Long-Term Statin Therapy? *Current Atherosclerosis Reports* 15:291. <http://dx.doi.org/10.1007/s11883-012-0291-7>.
- Marmot M 2016 Health inequalities and the causes of the causes. 57th Boyer Lecture Series Episode 1. <http://www.abc.net.au/radionational/programs/boyerlectures/>.
- Mays D, Stephen E, Gilman SE et al 2014 Parental smoking exposure and adolescent smoking trajectories. *Pediatrics* 133(6):983–991.
- McCartney M, Capewell S 2016 Is obesity really the new smoking. Radio 4 in four. <http://www.bbc.co.uk/programmes/p047t7v6>.
- McDaid D, Oliver A, Murkur S 2014 What do we know about the strengths and weakness of different policy mechanisms to influence health behaviour in the population? *European Observatory on Health Systems and Policies*. http://www.euro.who.int/__data/assets/pdf_file/0003/270138/PS15-web.pdf.
- Nagler RH 2014 Adverse outcomes associated with media exposure to contradictory nutrition messages. *Journal of Health Communication* 19(1):24–40.
- National Institute for Health and Clinical Excellence 2013 Public health guidance PH10: Stop smoking services. <https://www.nice.org.uk/guidance/ph10/chapter/4-Recommendations>.
- NHS 2016 Change4life. <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>.
- NHS Choices 2016 5 a day.
- Personal, Social and Health Education Association 2016 PSHE Association programme of study for PSHE education (Key Stages 1–4). <https://www.pshe-association.org.uk/curriculum-and-resources/resources/pshe-association-programme-study-pshe-education>.
- Public Health England 2016a Immunisation. <https://www.gov.uk/government/collections/immunisation#history>.
- Public Health England 2016b Public health skills and knowledge framework. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545012/Public_Health_Skills_and_Knowledge_Framework_2016.pdf.
- Science and Technology Select Committee House of Lords 2011 Behaviour Change 2nd Report of Session 2010–12 HL Paper 179. London, The Stationery Office.
- Shaping the Future of Health Promotion and Society of Health Education and Promotion Specialists Cymru 2009 A framework for ethical health promotion (draft). London, Royal Society for Public Health and SHEPS Wales.
- South J 2014 Health promotion by communities and in communities: Current issues for research and practice. *Scandinavian Journal of Public Health* 42, 82–87.
- Sperlich S, Maina MN 2014 Are single mothers' higher smoking rates mediated by dysfunctional coping styles? *BMC Women's Health* 14, 124. <http://dx.doi.org/10.1186/1472-6874-14-124>.
- Tengland P 2012 Behavior change or empowerment: On the ethics of health-promotion strategies. *Public Health Ethics* 5(2):140–153.
- The Moral Maze. 2014 Public health vs individual freedom. <http://www.bbc.co.uk/programmes/b03tt510>.

WEBSITES

- Food Ethics Council for details on food poverty in the UK. <http://www.foodethicscouncil.org/society/food-poverty.html>.
- NICE webpages for lifestyle and wellbeing. <https://www.nice.org.uk/guidance/lifestyle-and-wellbeing>.
- Nuffield Council on Bioethics – exploring ethical issues in biology and medicine. <http://nuffieldbioethics.org/>.

FACEBOOK

- Nuffield Council on Bioethics <https://www.facebook.com/nuffieldbioethics>.

BLOG

- Nuffield Council on Bioethics <http://nuffieldbioethics.org/blog/>.

YOUTUBE

- Nuffield Council on Bioethics, selection of videos on ethical issues <https://www.youtube.com/user/NuffieldBioethics>.

BBC IPLAYER

- Is obesity the new smoking? <http://www.bbc.co.uk/programmes/p047t7v6>.

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PART 2

Planning and Managing Health Promotion and Public Health Practice

PART CONTENTS

5. PLANNING AND EVALUATING HEALTH PROMOTION AND PUBLIC HEALTH INTERVENTIONS
6. IDENTIFYING HEALTH PROMOTION AND PUBLIC HEALTH PRACTICE NEEDS AND PRIORITIES
7. EVIDENCE AND RESEARCH FOR HEALTH PROMOTION AND PUBLIC HEALTH PRACTICE
8. SKILLS OF PERSONAL EFFECTIVENESS
9. WORKING EFFECTIVELY WITH OTHER PEOPLE

PART SUMMARY

Part 2 aims to provide guidance on how you can:

- plan and evaluate your health promotion and public health practice work using a basic framework
- identify the views and needs of the clients/users/receivers of health promotion and set priorities for your work
- link your work to the efforts of colleagues and to local and national strategies
- use an evidence-based approach through using published research, doing your own research when necessary and auditing your work, thus ensuring that your efforts are effective and provide value for money
- organise yourself and manage your work to be effective and efficient
- develop competencies to work more effectively with colleagues and people from other organisations

Chapter 5 sets out a seven-stage planning and evaluation framework, which will help you to clarify what you are trying to achieve, what you are going to do and how you will know whether you are succeeding. The meaning of terms such as aims, objectives and targets are discussed, and there is guidance on how to specify them.

Chapter 6 explains how to identify need and describes the sources of information you require to establish the needs of a community, a group or an individual. Guidelines are provided on how to gather and apply information to assess needs and set priorities.

Chapter 7 provides an overview of the knowledge and skills required to plan health promotion and public health practice activities effectively including how to find and use published research. Guidance is included on how you can contribute to national and local public health strategic plans and complement what other people are doing. Evidence-informed practice is discussed and advice offered on how you can carry out small-scale research, audit your activities and ensure value for money. The chapter includes the key steps required to undertake a health impact assessment.

Chapter 8 focuses on how you can develop the competencies to manage yourself and your work effectively including managing information, writing reports, using time effectively, planning project work, managing change and working for quality.

Chapter 9 is about how to work with other people including communicating with colleagues, coordination and teamwork, participating in meetings and working in partnerships with other organisations.

5

PLANNING AND EVALUATING HEALTH PROMOTION AND PUBLIC HEALTH INTERVENTIONS

CHAPTER CONTENTS

SUMMARY

THE PLANNING PROCESS

THE PLANNING FRAMEWORK

PRACTICE POINTS

SUMMARY

This chapter presents an outline of a planning and evaluation cycle for use in the everyday work of public health practitioners and health promoters. It involves seven stages which include the measurement and specification of needs and priorities, the setting of aims and objectives, decisions on the best way of achieving aims, the identification of resources, the planning of evaluation methods, and the establishment of an action plan followed by an intervention. Examples are given of aims, objectives, and action plans, and exercises are provided on setting aims and objectives and using the planning framework to turn ideas into action.

This chapter is about planning and evaluation at the level of your daily work in health promotion and public health practice. It provides a basic framework for you to use to plan and evaluate your projects and activities whether you work with clients on a one-to-one or group basis or undertake specific projects or programmes.

THE PLANNING PROCESS

Planning is a process that, at its very simplest, should give you the answers to three questions:

1. **What am I trying to achieve?** This question is concerned with identifying needs and priorities, then with being clear about your specific aims and objectives.
2. **What am I going to do?** This can be helpfully broken down into smaller steps:
 - Select the best approach to achieving your aims using evidence.
 - Identify the resources you are going to use.
 - Set a clear action plan of who does what and when.
3. **How will I know whether I have been successful?** This question highlights the importance of evaluation and the integral part it plays in planning health promotion and public health interventions. It should not be an afterthought or left too late to capture the information you need.

The planning process has been put together in the seven-stage flowchart in [Fig. 5.1](#). The arrows on the flowchart lead you around in a circle. This is because, as you carry out your plan and evaluation, you will probably find things that make you rethink and change your original ideas. For example, things you might want to change could include working on a need you found you had overlooked; scaling down your objectives because they were too ambitious; changing

the health educational resources or social media posts because you found that they were not as useful or effective as you had hoped; or, on the basis of new evidence, completely rethinking your strategy. The direction of the arrows in the flowchart is anticlockwise, but in reality planning is not always an orderly process. You may actually start at Stage 6 with a basic idea of a health-promotion intervention. Thinking more about it may lead you to clarify exactly what your aims are (Stage 2). Next, you might think about what resources you are going to need (Stage 4) and realise that you do not have enough time or money to do what you had in mind, so you go back to Stage 2 and modify your aims. Then you think about the best way of achieving your aims (Stage 3) and work out an action plan (Stage 6) with milestones. After that, you start to think seriously about how you will know whether you are successful (Stage 5), and you put your evaluation plans into your action plan (Stage 6 again). In effect, you are continually reviewing and improving your plan, using the framework appropriately to help you keep on course.

Planning takes place at many levels. If you are embarking on a major national public health intervention, you will need to take time to plan it in depth and in detail. If you are simply planning a short one-to-one session with a client, you will still need to plan and go through all the stages, but the process might be quick and may not even be written down.

For example, a chiropodist seeing a client with a foot care problem may identify that the client needs knowledge and skills in cutting toenails correctly. They decide that their aim is to give the patient basic information and training on this. They will know if they have been successful by examining the client's feet and by getting feedback about how they managed next time they see them. They identify an information leaflet that they can give the patient as reinforcement. They decide on an action plan of explanation and demonstration, and then get the patient to practise. They review the patient's toenail cutting skills next time they see them, reinforcing or correcting as necessary. All this planning takes place inside the chiropodist's head and is an integral part of his or her everyday professional practice.

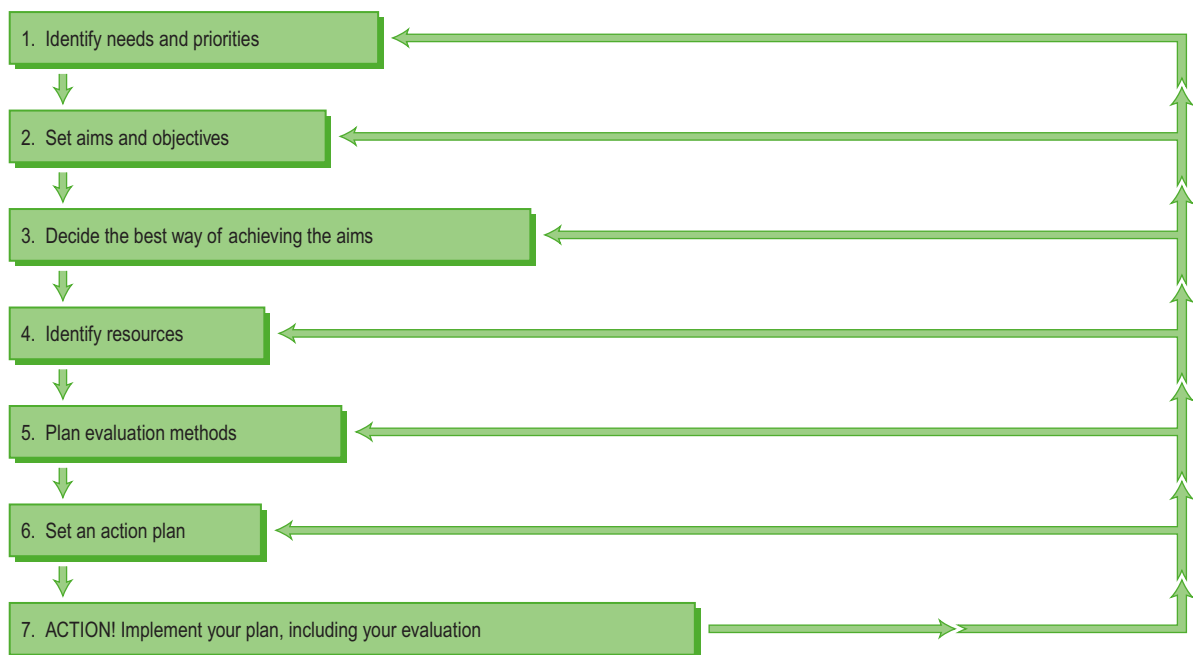


FIG. 5.1 ■ A framework for planning and evaluating health promotion and public health practice interventions and projects.

THE PLANNING FRAMEWORK

Stage 1: Identify Needs and Priorities

How do you determine what health promotion is needed? If you think you already know, what are you basing your judgement on? Who has identified the need: you, your clients, the local health and wellbeing board, or national policy directives? Identifying need is a complex process, which is looked at in depth in the next chapter. (See [Chapter 6](#).)

You may have a long list of public health needs you have to respond to professionally such as those set out in the Public Health Outcomes Framework (PHOF; see [Department of Health \(DoH\) 2016](#) and the PHOF website in the references at the end of the chapter) or in your local health and wellbeing strategy, so another issue is how to establish your priorities. Again, this is discussed in detail in the next chapter, but an important point is that you must have a clear view of which needs you are responding to and why, and what your priorities are.

Stage 2: Set Aims and Objectives

People use a range of words to describe statements about what they are trying to achieve such as aims, objectives, targets, goals, mission, purpose, result, product, and outcomes. It can be helpful to think of them as forming a hierarchy as in [Fig. 5.2](#). At the top of the hierarchy are words that tell you why your job exists such as your job purpose or remit, or your overall mission. In the middle of the hierarchy are words that describe what you are trying to do in general terms such as your goals or aims. At the bottom of the hierarchy are words that describe in specific detail what you are trying to do such as targets or objectives.

It is worth noting that objectives can be of different kinds. Health objectives are usually expressed as the outcome or end state to be achieved in terms of health status such as reduced rates of illness or death. However, in health promotion and public health practice, work objectives are often expressed in terms of steps along the way towards an ultimate improvement in the health of individuals, groups, or populations such as increasing exercise levels or reduction in body mass index (BMI) or numbers of people who quit smoking.

In health education, educational objectives are framed in terms of the knowledge, attitudes or behaviour to be exhibited by the individual or group. Objectives can also be in terms of other kinds of changes, for example, a change in health policy (introducing a healthy eating policy in the workplace) or health-promotion practice (providing health information in minority ethnic languages). (See the following section on setting health-education objectives.)

The term ‘target’ is often used in public health and health promotion. Targets usually specify how the achievement of an objective will be measured, in terms of quantity, quality and time (the date by which the objective will be achieved). So a health target can be defined as a measurable improvement in health status by a given date that achieves a health objective. This is the approach used in national strategies for health such as the strategy for public health in England *Healthy Lives Healthy People* ([DoH 2010](#)) and the Public Health Outcome Framework which uses indicators to map progress ([Public Health England \(PHE\) 2016](#)). For evidence to inform the setting of goals/aims/objective, see, as an example, PHE publications such as *Sugar reduction: The evidence for action* ([PHE 2015](#)).

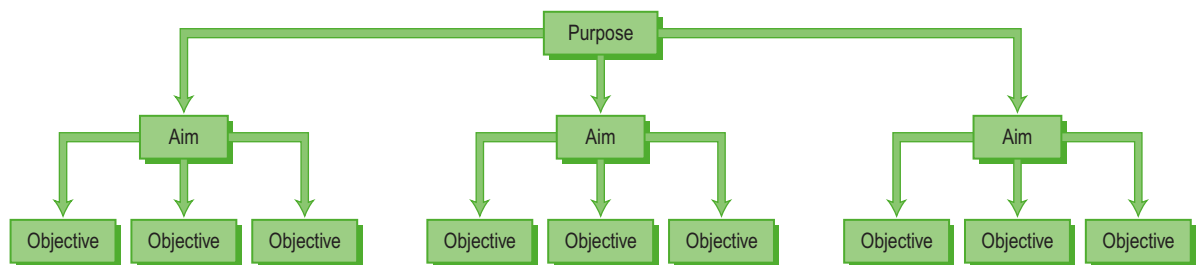


FIG. 5.2 ■ A hierarchy of aims.

Objectives are framed as health objectives, and the targets are framed as health targets (changes in rates of death or illness by a specific date), behaviour targets (such as changes in population rates of smoking or drinking by a specific date) or progress measures (such as the number of people attending a smoking cessation service and the number setting a date when they plan to stop smoking).

When you plan health promotion and public health initiatives, you need to set aims, objectives and targets or goals and outcomes.

Your aims (or aim, as there does not have to be more than one) are broad statements of what you are trying to achieve. Your objectives are much more specific, and setting these is a critical stage in the planning process.

Objectives are the desired end state (or result or outcome) to be achieved within a specified time period. They are not tasks or activities. Objectives should be as follows:

- **Challenging.** The objective should provide you with a health promotion/public health challenge in relation to what needs to be achieved.
- **Attainable.** On the other hand, it should be both realistic and achievable within the constraints of your professional role.
- **Relevant.** It should be consistent with the aims of the organisation and with the overall purpose/remit of your job.
- **Measurable.** You should try to identify objectives that are measurable, for example, specifying quantity, quality, and a time when they will be achieved. For instance (using the example in [Exercise 5.1](#)), an objective of 'to improve access to health information through the use of videos and social media...' has been achieved by working out the appropriate number of videos and languages and then specifying the target as 'to have videos covering five different health topics in three different languages...'

It is sometimes difficult to distinguish between aims, objectives and action plans. For example, a dietician who wants to improve the information they give to obese patients may describe their aim as 'to produce an information leaflet', but this is also their objective and their action plan. The answer is to think it through

EXERCISE 5.1

Clarifying Your Purpose, Aims and Objectives

Read this example of a health promoter's purpose, aims and objectives.

Mark is a public health practitioner with a health-promotion role working for a local authority (LA). His *purpose/remit* is to reduce inequalities in health in the population living and working in the area covered by the LA. To do this, one of his *aims* is to improve levels of health knowledge of the ethnic minority groups. One of his *objectives* is to improve access to health information through the use of health videos. He sets a target of having a selection of videos covering five different health topics in three languages available on the LA website and Facebook page and on YouTube within a 6-month period.

Now:

1. Thinking of your own job, write down what you believe to be its remit or purpose.
2. Then, give an example of one of your health-promotion public health aims.
3. Finally, give an example of an objective you are trying to achieve in fulfillment of the aim you selected.

If you can't find an example from your practice, make up an example of what you would like to do if you had the opportunity.

further and ask: Why produce a leaflet? What am I aiming to achieve by producing the leaflet? It then becomes clearer that the aim is to improve patient compliance with dietary treatment, and one of the objectives is to improve patients' understanding of their dietary instructions. The action is to produce the leaflet. The importance of actually thinking through your aims and objectives in this way is that it helps you to be absolutely clear about *why* you are doing something, not just *what* you are doing. Failure to think through this stage means that health promoters waste time and energy proceeding with what seems like a good idea only to realise, too late, that what they are doing is not actually achieving what they want.

Setting Health Educational Objectives

If your health-promotion activity is based on a health-education approach (as it often is if you are a health trainer or a PSHE teacher, for example), it is useful to plan in terms of *educational* objectives (see [Chapter 3](#) for more information on the role of health trainers and PSHE teachers).

Educationalists traditionally think of objectives (sometimes called learning outcomes) in terms of what

the clients will gain. Furthermore, the objectives are considered to be of three kinds: what the health educator would like the clients to *know*, *feel* and *do* as a result of the education. In the language of the educationalist, these may be referred to as cognitive, affective and behavioural objectives.

Objectives About ‘Knowing’. These are concerned with giving information, explaining it and ensuring that the client understands it, thus increasing the client’s knowledge, for example, explaining the weight loss advantages of increasing exercise levels to someone who is obese. Here, the objective would be to develop an understanding of the value of exercise in the client with regard to their weight loss programme to enable them to make informed choices in terms of their weight loss strategies.

Objectives About ‘Feeling’. These objectives are concerned with attitudes, beliefs, values and opinions. These are complex psychological concepts, but the important feature to note is that they are all concerned with how people feel. Objectives about feelings are about clarifying, forming or changing attitudes, beliefs, values or opinions. In the previous example, when the health promoter is educating a client about exercise and weight loss, in addition to the knowledge objective, there could be an objective about helping the client to explore their attitude towards exercise and any values, beliefs or opinions that might be forming a barrier to increasing exercise levels.

Objectives About ‘Doing’. These objectives are concerned with a client’s skills and actions. For example, teaching a routine of aerobic or yoga exercises has the objective that clients acquire practical skills and are able to do exercise-related specific tasks.

In the health-education approach to health promotion and public health, a combination of the knowing, feeling or doing educational objectives is usually required. For example, when a health visitor is advising a parent about feeding their toddler, they may be planning to achieve the following objectives within three home visits:

- The objective of ensuring that the parent knows which foods constitute a healthy eating

programme for their child and which are best given in restricted amounts.

- The objective of relieving the parents’ anxiety that their healthy child’s food fads may cause serious ill health.
- The objective that the parent learns what to do at meal times when the child has a tantrum about eating.

To summarise the key points about setting aims and objectives:

- The focus is on what you are trying to achieve.
- Be as specific as possible. Avoid vague or subjective notions of what you want to achieve.
- Express your objectives in ways that can be measured. How much? How many? When?
- Do not get bogged down in terminology. It does not matter whether you talk about goals, aims, objectives, targets or outcomes. The key principle is to be very clear about what you are trying to achieve.

To practise setting aims and objectives, undertake [Exercise 5.1](#) and [Exercise 5.2](#).

EXERCISE 5.2

Setting Aims and Objectives

Yewtree Scheme

The three practices at Yewtree Health Centre have agreed to establish physical activity assessment sessions, backed up by a display in the shared waiting area, with the long-term aim of reducing the incidence of coronary heart disease in the practice populations.

The detailed objectives are:

1. to raise the users’ awareness of the link between inadequate exercise and coronary heart disease, and the part which individuals can play in reducing their own vulnerability to the disease
2. to assess and advise about individuals’ physical fitness levels and help them to prepare an appropriate exercise action programme based on those results
3. to monitor and evaluate, on a continuing basis, the effectiveness of the fitness testing in respect of the resources involved and the reduction in vulnerability to heart disease.

Ask yourself the following questions:

1. Do the objectives match the characteristics of objectives previously described? Are they challenging, attainable, as measurable as possible and relevant?
2. How would you suggest changing the objectives?

Stage 3: Decide the Best Way of Achieving the Aims

Occasionally, there might be only one possible way of accomplishing your aims and objectives. Usually, however, there will be a range of options. In [Case Study 5.1](#), Jim has a number of options about how to achieve his objective of increasing the sun safety measures being taken by the school and the children. He could write to the schools or to parents of school-age children; he could hand out leaflets at school gates; he could lobby parents to take up the cause; he could find out if there are any school governors' meetings and ask to speak at them; he could conduct a sun safety campaign in the local media; he could write an article on the issue of sun safety in school playgrounds for the education journals that teachers read; or he could try to meet each Head Teacher face-to-face. Or he could do two or more of these together.

CASE STUDY 5.1

Jim is an environmental health officer. His project is to tackle sun safety in schools. This fits in with the overall purpose of his job which is to ensure safer environments. Jim works out that his *aim* is to work with local schools to set up a scheme that will result in sun safety measures being taken by the school and the children. He researches the subject in detail, looking at the results achieved from similar projects and working out how much time and money it is likely to take. He then decides that it is reasonable to set his *objective* as follows:

- Within 6 months to have raised awareness of the feasibility and advantages of developing shaded play areas with 10 primary schools and worked with at least five to set up shaded areas.

Health promoters such as Jim in this Case Study and Sue in [Case Study 5.2](#) are faced with the problem of how to identify the best strategy for achieving their objectives. Factors to consider include:

- which methods are the most appropriate and effective in meeting your aims and objectives?
- which methods will be most acceptable to the individual or population group?
- which methods will be easiest?
- which methods are cheapest?
- which methods do you find comfortable to use?

CASE STUDY 5.2

Sue is a nurse specialising in coronary care. Her project is to run patient education programmes so that discharged patients know how to look after themselves. This fits in with the overall purpose of her job, which is to care for patients while they are in hospital and maximise their chances of a healthy life following discharge.

Sue decides that her *aim* is that patients will have participated in a cardiac rehabilitation programme for post-heart attack patients. Her *objectives* are:

- that every patient, before leaving the hospital, knows what they are advised to do about diet, exercise, smoking and stress control
- that every patient will be confident and competent to put this advice into practice
- that every patient and his or her carers and relatives will have had an opportunity to discuss questions and anxieties with a qualified member of the staff.

Sue's programme is a continuous course of group sessions each week with each session focusing on a specific issue. So each individual session also has a set of objectives. Objectives for the session on 'Eating well when you go home', for example, include the following:

- Patients will understand the basic principles of a healthy diet: low fat, low salt, low sugar, and high fibre.
- Patients will know which foods they can eat in unlimited amounts, which they should restrict, and which they should avoid.
- Patients will know what their ideal weight should be.
- Patients who are overweight will have devised a personal weight loss plan.

There is more about evidence for success, cost-effectiveness and value for money in [Chapter 7](#), and Part 3 of this book covers how to use these methods to develop the necessary competency.

Looking at the first of these questions about which methods are most appropriate and effective for your aims, there is an accumulated body of evidence that helps identify effective methods for particular aims at the National Institute for Health and Care Excellence ([NICE 2016](#)) and at the Cochrane Database of Systematic

Reviews or the Cochrane Library (see website references at the end of the chapter). [Table 5.1](#) identifies the range of aims, grouped into categories, and the appropriate and effective methods for achieving them. This provides a general guideline which may have exceptions.

TABLE 5.1	
Aims and Methods in Health Promotion and Public Health Practice	
Aim	Appropriate Method
Health awareness goal	Talks
Raising awareness, or consciousness, of health issues	Group work Mass media and social media Displays and exhibitions Campaigns (which could include the mass media and social media)
Improving knowledge	One-to-one teaching
Providing information	Displays and exhibitions Written materials Mass media and social media Campaigns Group teaching
Self-empowering	Group work
Improving self-awareness, self-esteem, decision making	Practising decision making Values clarification Social skills training Simulation, gaming, and role play Assertiveness training Counselling
Changing attitudes and behaviour	Group work Skills training
Changing the lifestyles of individuals	Self-help groups and peer support One-to-one advice and instruction Group or individual therapy Nudging Written material, social media, YouTube Social marketing approach
Societal/environmental change	Positive action for under-served groups Lobbying for fiscal and legislative change
Changing the physical or social environment	Pressure and campaign groups, e.g. 38 Degrees Community development Community-based work Advocacy schemes Environmental and social measures Planning and policy making Organisational change Enforcement of laws and regulations

You may have decided on more than one of these categories of aims. For example, the inputs that contribute towards changing the behaviour of individuals can be complemented by societal changes, so that, together, they are more effective than either intervention alone by creating synergy. So, for example, to reduce the over-consumption of alcohol by young people, you could:

- provide health education about alcohol as part of schools' personal, social, health and economic education programmes
- provide educational rehabilitation programmes for young drink-drive offenders
- work with young people to promote the social acceptability of consuming nonalcoholic drinks
- lobby for an increase in alcohol taxation (a unit price) or for increasing the age at which young people can buy alcohol or for changes to the labelling of alcoholic drinks
- work with alcohol companies in terms of promoting sensible drinking.

The example in [Fig. 5.3](#) shows a range of aims and methods that might be used to promote healthy eating. A health promoter or public health practitioner may not use all these at any one time, but they are given here to illustrate the range of possibilities.

Stage 4: Identify Resources

What resources are you going to use? You have to establish what resources you are going to need and what are already available, what additional resources you are going to have to acquire and whether you will need extra funding. A number of different kinds of resources can be identified.

Professional Input

Your experience, knowledge, skills, time, enthusiasm and energy are vital resources. It helps identify all the other professional and lay people with something to offer. This may include colleagues and others in your professional networks (see [Exercise 3.2 in Chapter 3](#)) with relevant expertise who can advise and help you make your plans, clerical and secretarial staff who can help with administration, technicians, graphic designers, and web designers and artists who can help with exhibitions, displays, teaching/publicity materials and internet-based resources.

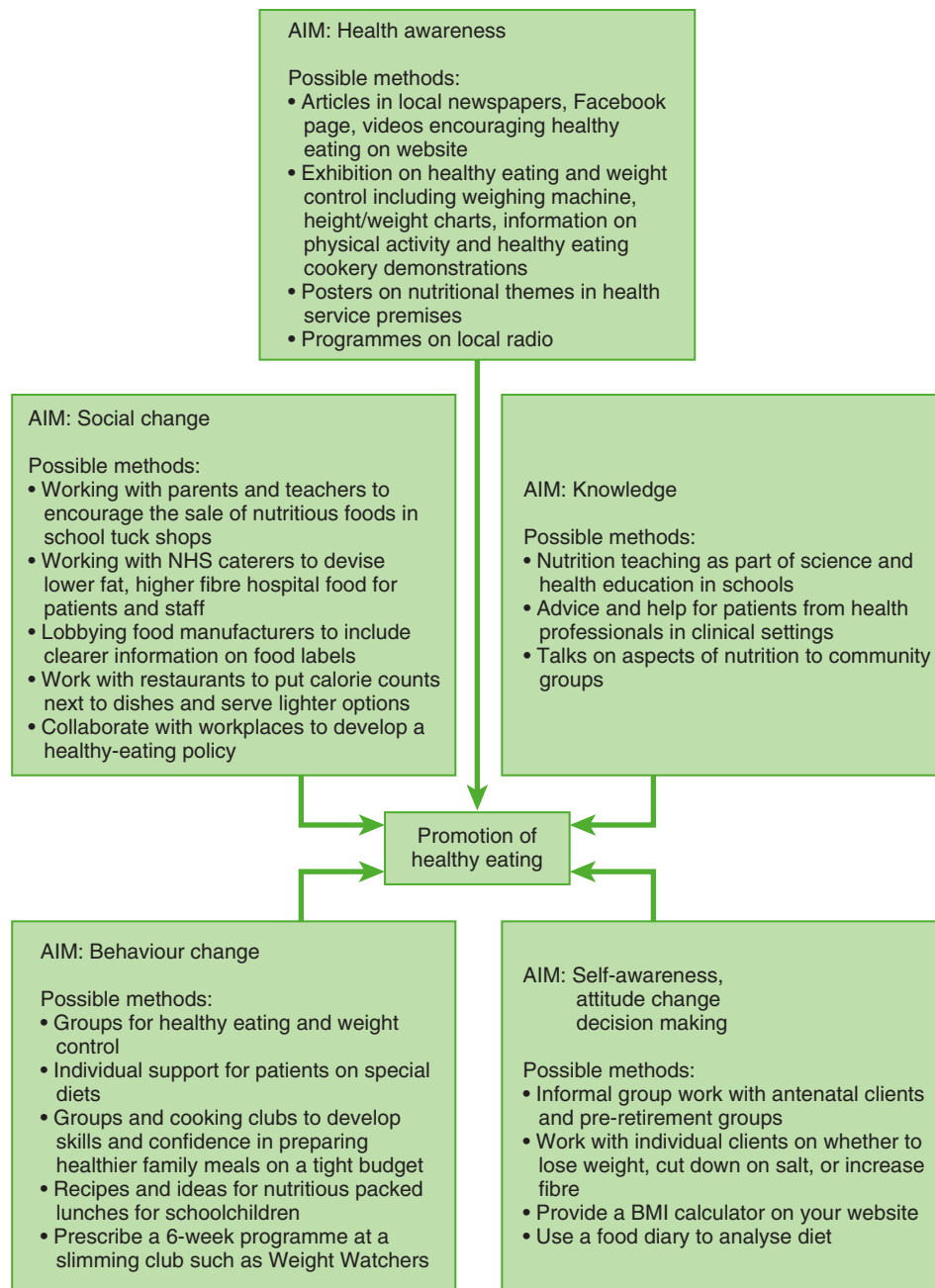


FIG. 5.3 ■ Aims and methods for the promotion of healthy eating.

Your Client or Client/Target Group

These are another key resource. Clients may have knowledge, skills, enthusiasm, energy and time, which can be used and built upon. In a group, clients can share their knowledge and previous experience and,

in this way, help each other to learn and change. An ex-client can be a very valuable resource too. For example, someone who has successfully lost weight, an ex-smoker or a person who has undergone a particular health-related experience can be a great help to

clients who are grappling with similar problems and experiences.

People Who Influence Your Client or Client Group

These may include clients' relatives, friends, volunteers, patients' associations and self-help groups. It may also be possible to harness the help of significant people in the community who are regarded as opinion leaders or trendsetters such as political figures, religious leaders or media celebrities.

Existing Policies and Public Health Strategies

National and local policies and strategies for public health are useful to locate in terms of the work that you are planning. If, for example, you are planning to develop an intervention to help prevent the spread of sexually transmitted infections and HIV and reduce unwanted pregnancies, find out if there is already a policy on promoting sexual health in your area. Also find out whether your work fits into *A Framework for Sexual Health Improvement in England* (DoH 2013) and use the associated NICE guidance such as Preventing sexually transmitted infections and under-18 conceptions overview (NICE 2016).

Existing Facilities and Services

Find out what relevant local facilities already exist and whether they are fully utilised, for example, sports centres offering facilities for exercise and local classes or groups on cooking for healthy eating.

Material Resources

These might include leaflets, posters and display/publicity materials, or, if you are planning health promotion involving group work, you need resources such as rooms, space, seats, audiovisual equipment and teaching/learning materials.

Media Resources

Multimedia resources can include Facebook, blogs, Twitter, Instagram and YouTube on a wide range of health-related topics including those provided by statutory public health agencies such as the DoH and PHE. There is a wide assortment of media resources available on the internet, but it might be that your public health project would lend itself to the development of a new Facebook page, YouTube presentation

or blog, for example, in which case you will need resources for these.

Stage 5: Plan Evaluation Methods

How will you measure success and know whether your health promotion and public health practice is successful? Sophisticated methods are required to evaluate large-scale health promotion interventions. However, this should not deter health promoters; less complex methods of evaluating the everyday practice of health promotion can, and should, be used routinely.

What is Meant by Evaluation?

Evaluation is about making a judgement about the value of a public health or health promotion intervention, whether it is, for example, a health-education programme, a community project or an awareness-raising campaign to change local policy. Evaluation is crucial for ongoing quality improvement in your practice and involves the process of assessing *what* has been achieved and *how* it has been achieved. It means looking critically at the activity or programme, working out what were its strengths and its weaknesses, and how it could be improved.

The judgement can be about the *outcome* (what has been achieved) and whether you achieved the objectives which you set. So, for example, you should judge whether people understood the recommended limits for alcohol consumption as a result of your sensible drinking education, whether people in a particular community became more articulate about their health needs as a result of your community empowerment work or whether you achieved media coverage for your health campaign.

Judgements should also be about the *process* (how it has been achieved) and the cost benefit, for example, whether the most appropriate methods were used, whether they were used in the most effective way and whether they gave value for money. So, for example, you could consider whether the video-based discussion you used in your teaching programme was the best teaching method to use, whether the community development approach you chose was the most appropriate one in the circumstances, or whether you would have achieved more public awareness with less money if you had opted for a media stunt with possible free news coverage rather than an expensive advertising and leaflet campaign (see Pettman et al 2012

for a discussion on the complexities of public health practice evaluation).

Key terms often used in discussions about evaluation are defined in the Glossary at the end of this book.

Why Evaluate?

You need to be clear about why you are evaluating your work because this will affect the way you do it and the amount of effort you put in. Some reasons could be the following:

- To improve your own practice: Next time you deliver a similar intervention, you will build on your successes and learn from any mistakes.
- To help other people to improve their public health practice: If you disseminate your evaluation, it can help others improve their practice as well. It is vital to publicise failures as well as successes.
- To justify the use of the resources that went into the intervention and to provide evidence to support the case for doing this type of health-promoting intervention in the future.
- To give you the satisfaction of knowing how useful or effective your work has been; in other words, for your own job satisfaction.
- To identify any unplanned or unexpected outcomes that could be important. For example, a publicity campaign to deter young people from taking drugs could have the opposite effect by unwittingly glamorising drug-taking and making it appear to be a more common activity than it really is.

Who is the Evaluation For?

Who will be using your evaluation data? The answer to this affects what questions you ask, how much depth and detail you go into and how you present the information.

If you are solely assessing how well a health-promotion intervention went for your own benefit so you can change it appropriately next time you run a similar session, you will simply make a judgement on how you think it went based on your observation and the clients' reactions and make a few notes. But if you are writing a report for your manager or for a body that you want to fund the work, you need to think through what questions those people will expect to be answered and how much detail they will want.

For example, a group of health visitors evaluating a pilot scheme for a telephone advisory service at evenings and weekends need an evaluation report after 6 months for their manager who is funding the service. What will the manager need to know? At the very least, they will probably need a clear indication of the use made of the service. This might include how many people used it, the characteristics of the users (for example, whether they were first-time parents), how much it was used, what sort of issues people rang about, what the clients gained from it and how much it cost. It would be helpful for the health visitors to ask their manager what evaluation data will be required at the planning stage of the project so that the appropriate data can be collected from the start.

Assessing the Outcome

Looking first at outcome measures, which are called summative evaluation, you need to go back to the objectives you set and plan how you are going to determine whether you have achieved the objectives. Objectives are about the changes the intervention was designed to achieve and might have included changes in people's knowledge or behaviour or changes in policies or ways of working. Long-term health promotion projects may also have objectives about changes in health status. The following lists indicate the kinds of changes that may be reflected in your objectives and what methods you might use to assess or measure those changes.

Changes in Health Awareness Can Be Assessed By:

- measuring the interest shown by consumers, for example, how many people took up offers of leaflets, how many people enquired about preventive services, or how many people visited a website, friended or shared a Facebook page or retweeted.
- monitoring changes in demand for health-related services such as smoking cessation.
- analysis of media coverage of the public health issue, if it is a national campaign.
- questionnaires, interviews, focus group discussion or observation with individuals or groups.

Changes in Knowledge or Attitude Can Be Assessed By:

- observing changes in what clients say and do: Does this show a change in understanding and attitude?
- interviews and discussions involving question-and-answer between health promoter and clients.
- discussion and observation on how clients apply knowledge to real-life situations and how they solve problems.
- observing how clients demonstrate their knowledge of newly acquired skills.
- written tests or questionnaires that require clients to answer questions about what they know. The results can be compared with those of tests taken before the health intervention or from a comparable group that has not received the health promotion.

Behaviour Change Can Be Assessed By:

- observing clients' behaviour.
- recording behaviour. This could be based on records such as numbers attending a smoking cessation clinic or clients keeping a diary which is used at the end to assess behaviour change. It could be a periodical inventory such as a follow-up questionnaire or interview to check on smoking habits 6 and 12 months after attending the smoking cessation clinic. Records of client behaviour can be compared with those of comparable groups in other areas or with national average figures.

Policy Changes Can Be Assessed By:

- policy statements and implementation such as increased introduction of healthy eating choices in workplaces and schools.
- legislative changes such as increased restriction on smoking in cars where there are children as passengers; the introduction of a sugar tax.
- increases in the availability of health-promoting products, facilities and services such as exercise prescription schemes.

- changes in procedures or organisation such as more time being given to patient education or GP Brief Interventions.

Changes to the Physical Environment Can Be Assessed By:

- measuring changes in such things as air quality, traffic or pedestrian flows, the number of bike lanes or the amount of open green space available to the public within a defined area.

Changes in Health Status Can Be Assessed By:

- keeping records of simple health indicators such as weight, blood pressure rates, pulse rates on standard exercise or cholesterol levels.
- health surveys to identify larger scale changes in health behaviour or self-reported health status.
- analysis of trends in routine health statistics such as infant mortality rates or hospital admission rates.

It will be seen from this list that common evaluative methods are the generation of data from observation, holding discussions and distributing questionnaires and data analysis of health and other records.

Assessing the Process

Assessing intervention processes, often referred to as process formative evaluation, is an important but complex aspect of a comprehensive evaluation of health promotion and public health activities. For example, attempts to tackle problems such as smoking and obesity increasingly use multifaceted interventions that comprise multiple interacting components (Moore et al 2015). These types of interventions require a systematic approach to designing and conducting the process evaluations, drawing on clear descriptions and identification of key process questions. This involves examining what went on during the process of implementation and making judgements about effectiveness and efficiency. Was it done as cheaply and quickly as possible? Was the quality as good as you wished? Were the appropriate methods and materials used? You may, for instance, achieve your objectives but in a time-consuming, costly or inefficient way. So it is important

to evaluate the process and identify whether you have achieved your desired outcome. Formative evaluation can be ongoing so that changes can be made to the intervention if it is found not to be working while it is in the process of delivery.

How are you going to assess the process? There are key aspects to process evaluation which involve measuring the input, self-evaluation by asking yourself questions and getting feedback from other people.

Measuring the Input. This is essential if you are going to make judgements about whether the outcome was worthwhile. You need to record everything that went into your health promotion or public health intervention in terms of time, money and materials. Then, you can make an informed judgement about cost–benefit and whether the outcome justified the cost.

Self-evaluation. Ask yourself ‘What did I do well?’, ‘What would I like to change?’ and ‘How could I improve that next time?’ All kinds of health promotion and public health interventions can be subjected to process evaluation, whether it is a one-to-one health-education intervention with a client, facilitating a self-help group, undertaking community empowerment work, developing and implementing a health policy or lobbying for organisational and structural changes.

An important point to note about self-evaluation is the need for a balanced objective critique which highlights both the positive and the negative aspects. Identify the things that have worked and look for constructive ways of moving forward with things that could be improved.

Feedback From Other People. Giving and receiving feedback is an essential skill for every health promoter. Getting feedback from a trusted colleague on your intervention is a valuable form of peer evaluation. Asking for and getting feedback from your manager should be part of the regular monitoring of your performance. (See the section in [Chapter 10](#) on asking questions and getting feedback.)

Obtaining feedback from the clients or users themselves should also be part of assessing the process of every intervention. The important thing is to encourage

a nonjudgemental atmosphere of openness and honesty. It can be done in many ways; simply observing clients and users accurately is an important tool. Do they look anxious or relaxed? Do they look interested and alert or bored and detached? You can also ask for feedback in such ways as a suggestions box, through noting any spontaneous verbal feedback you receive or through asking questions.

Stage 6: Set an Action Plan

Now that you know:

- what you are trying to achieve and have identified the best way to go about it
- how to evaluate it
- what resources you need

you can get down to planning in detail exactly what you are going to do. This means writing a detailed statement of who will do what, with what resources, and by when.

It is helpful, especially if you are tackling a large project, to break down your plan into smaller, manageable elements. One way of doing this is by thinking in terms of *key events*. Draw up a schedule showing the key events that are planned to happen at particular points in time. The schedule should specify deadlines that must be met by the people involved. Another way of breaking down a large project is by *milestone* planning. This is different from key events planning: instead of listing events, it lists a series of significant dates at fixed intervals (the milestones) and shows what must have happened by each of them. [Box 5.1](#) illustrates both types of action plans. See also [PHE \(2014\)](#) for an example of an action plan.

For more discussion about the skills of project management, see [Chapter 8](#), section on managing project work.

Stage 7: Action!

This is the stage in which you deliver your health-promoting intervention, remembering to evaluate the process as you go along.

[Exercise 5.3](#) gives you the opportunity to apply this planning framework.

Be aware that when you are thinking about one section of the planning framework, it may have

BOX 5.1 ACTION PLANS

A **key events plan** drawn up by a public health practitioner who plans to set up an interactive multimedia health stall in a local supermarket to promote sensible drinking over the Christmas period could look like this:

1. *Discuss with my manager* at June meeting.
2. *Identify support from colleagues* by July.
3. *Approach supermarket manager*; by August agree to space and times.
4. *Convene planning group* of colleagues in August to sort out who will do what and when, evaluate plans and identify the resources required.
5. Planning phase, September to November including resource development.
6. *Set up first stall* in late November.

A brief **milestone plan** for the early stages of setting up a community health project could be like this in a framework of 3-monthly 'milestones':

January to March 2017	Steering group agrees job description for community health worker. Job advertised.
By end of June 2017	Interviews; appointment made. Community worker takes up post.
By end of September 2017	Community worker induction programme completed.
By end of December 2017	First progress report to Steering Group.

EXERCISE 5.3

Ideas Into Action: Planning a Health Promotion and Public Health Practice Intervention

Work alone or in a small group.

Think of an area of health promotion or public health practice where there is an identified need and within the remit of your job to meet that need. It could be an established area of work such as antenatal education, smoking cessation, teaching food hygiene, or an area of new work you would like to tackle such as an intervention to prevent obesity in children. If you are not currently in a job which involves health promotion or public health, think of a health-related project you would like to tackle in your personal life or a project for any voluntary/community group you are associated with, or just imagine what you would like to do if you had the opportunity (see the WHO website in the following references for programme and project ideas).

Work through the following stages of the planning cycle. Start by writing each of the following headings at the top of a separate large sheet of paper or word document, and then work through them:

1. **Aims and objectives**
Ask yourself 'What am I trying to achieve?' Identify your broad aim or aims, then be more specific and identify your objectives.
2. **The best way of achieving my aims**
Think of all the ways in which you could achieve your aims and identify the best way.
3. **Resources**
Identify the resources you already have available and any extra ones you will need.
4. **Evaluation**
Ask yourself 'How will I know if I am succeeding?' Identify how you will evaluate both the process and outcome of your work.
5. **Action plan**
Identify who will do what, with what resources, and by when. Set milestones, if appropriate.

implications for the others, so you may find yourself going back to modify and refine what you have already written.

To summarise, the planning process consists of a series of stages which enable you to more systematically organise your health promotion and public health practice work by focusing on key questions around What? Why? When? Who? Where? and How?

Useful additional reading to support planning is [Eldredge et al \(2016\)](#) who propose an intervention mapping approach, and for some theoretical and practice insights into evaluation of complex health interventions, see [Bell and Aggleton \(2016\)](#). NICE provides excellent guidance on planning for behavioural change interventions based on a series of principles. The social context principle is an important one for those

planning behavioural change interventions (refer to the website reference at the end of the chapter). Finally, the National Social Marketing Centre also provides a planning model and tools for planning behavioural change interventions. Their website is also referenced at the end of this chapter.

PRACTICE POINTS

- Health promotion and public health practice interventions benefit from being planned and evaluated in a systematic way.
- A planning cycle should ensure that needs and priorities are identified, aims and objectives are clearly set and methods for achieving aims and objectives are carefully considered in the context of available resources.
- Evaluation is an important component of the planning process, and evaluation methods should be formative, measuring the process, and summative, measuring the outcome of the intervention.

REFERENCES

- Bell S, Aggleton P 2016 Monitoring and evaluation in health and social development: Interpretive and ethnographic perspectives. Oxford, Routledge.
- Department of Health 2010 Healthy lives, healthy people. London, The Stationery Office.
- Department of Health 2013 A framework for sexual health improvement in England. London, The Stationery Office.
- Department of Health 2016 Improving outcomes and supporting transparency part 2: Summary technical specifications of public health indicators. London, The Stationery Office.
- Eldredge LKB, Markham CM, Reiter RACE, Fernandez ME, Kook G, Parcel GAS 2016 Planning health promotion programs: An intervention mapping approach, 4th edn. Jossey-Bass Public Health. <http://greatist.com/live/best-health-happiness-blogs-2016>.
- Moore GF, Audrey S, Barker, et al 2015 Process evaluation of complex interventions: Medical Research Council guidance. British Medical Journal 350: 1258.
- NICE 2016 Preventing sexually transmitted infections and under-18 conceptions overview. <http://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions>.
- Pettman TL, Armstrong R, Doyle J, et al 2012 Strengthening evaluation to capture the breadth of public health practice: Ideal vs. real. Journal of Public Health 34(1):151–155.
- Public Health England 2014 Guidance for developing a local suicide prevention action plan: Information for public health staff in local authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359993/Guidance_for_developing_a_local_suicide_prevention_action_plan__2_.pdf.
- Public Health England 2015 Sugar reduction: Evidence for action. England, HSCIC.
- Public Health England 2016 Public health outcomes framework. <http://www.phoutcomes.info/public-health-outcomes-framework>.

WEBSITES

- Cochrane reviews for evidence to inform the planning of interventions. <http://www.cochrane.org/reviews>.
- For social marketing planning models and tools. <http://www.nsms.org.uk>.
- NICE for their Health and Lifestyle pathway and for guidance on behavioural change interventions. <https://www.nice.org.uk/guidance/ph6/chapter/3-Recommendations#planning>.
- Programmes and projects initiated by the WHO. <http://www.who.int/entity/en/>.
- Public Health Outcomes Framework 2016 to 2019. <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>.

FACEBOOK

- Public Health England's Facebook pages for updates on current initiatives and news items. www.facebook.com/PublicHealthEngland.

6

IDENTIFYING HEALTH PROMOTION AND PUBLIC HEALTH PRACTICE NEEDS AND PRIORITIES

CHAPTER CONTENTS

SUMMARY
CONCEPTS OF NEED
NEED, DEMAND AND SUPPLY
IDENTIFYING HEALTH PROMOTION NEEDS
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SETTING HEALTH PROMOTION AND PUBLIC
HEALTH PRIORITIES
PRACTICE POINTS

SUMMARY

This chapter begins with an analysis of the concept of need. This is accompanied by an overview of essential factors for you to consider when identifying health promotion and public health needs. These include the scope and boundaries of professional remits, the difference between reactive and proactive choices and the importance of placing the people who are the targets and users of health promotion at the centre of the needs identification process. This discussion is supplemented with an exercise on the user friendliness of services. In the next section on finding and using health information, types and sources of information are identified and exercises included on gathering and applying information. This is followed by a framework for assessing health promotion needs with a case study and an exercise. In the final section, there is a focus on priority setting with exercises on analysing the reasons for and the setting of health promotion and public health practice priorities and on setting priorities.

Many organisations at different levels have a role in identifying public health needs including those needs that can be addressed by health promotion

and public health practice interventions. These range from international agencies such as the World Health Organization (WHO), national organisations such as government departments, to organisations at local level such as local authorities or National Health Service (NHS) Trusts.

See [Chapter 3](#) for information on the range of agencies with a public health and health promotion role, [Chapters 3](#) and [16](#) for national and local health strategies, and [Chapter 16](#) for making and implementing national and local health policies.

The focus in this chapter is on the need for interventions undertaken by health promoters and public health practitioners working with individual clients, families, groups and communities.

Identifying the people or target group who are intended to benefit from health-promotion activities is a complex process. These people may be referred to as *users*, which implies they use health-promotion services such as smoking cessation groups. In some cases, people receive help that they may or may not use, for example, receiving advice and information leaflets. Alternatively, people may be called *consumers*,

customers, clients or patients if they are receiving their health promotion via medical services such as a coronary rehabilitation service. Positive action may be necessary to ensure that everyone has equal access to services and can benefit from them.

Going one stage further and identifying and prioritising people's needs is also a complex and difficult process. Needs may exceed the finite resources available to meet them, so difficult choices may have to be made.

Before looking further at how the needs of the users and receivers of health promotion can be met, it is worth considering what is understood by a need.

CONCEPTS OF NEED

It is useful to think of need in terms of:

- the kinds of health problems that people experience or are at risk from
- the requirements for a particular kind of health-promotion response
- the relationship between health problems and the health-promotion responses available.

Bradshaw's (1972) taxonomy of need was established many years ago, but it is still very useful in distinguishing between four different kinds of need.

1. Normative Need – Defined by the Expert

Normative need is a need defined by experts or professionals according to their own standards; falling short of those standards means that there is a need. For example, a dietitian may identify a certain level of nutritional knowledge as the desirable standard for her client and defines a need for nutrition education if her client's knowledge does not reach that standard. This normative need is based on the judgements of professional experts, which may lead to problems. One is that expert opinion may vary over what is the acceptable standard, and the values and standards of the experts may be different from those of their clients.

Some normative needs are prescribed by law such as food standards regulation with much of the detailed legislation for the UK originating in the European Union (see [Food Standards Agency 2013](#)) or by national policy and related public health outcomes framework (see, for example, Department of Health (DoH) 2012a).

2. Felt Need – Wants

Felt need is the need that people feel; it is what they *want*. For example, a pregnant woman may feel the need for (and want) information about childbirth. Felt needs may be limited or inflated by people's awareness and knowledge about what could be available; for example, people will not feel the need to know their blood cholesterol level if they have never heard that such a thing is possible or know about the potential risk of high blood cholesterol levels to health.

3. Expressed Need – Demands

Expressed need is what people say they need; it is felt need that has been turned into an expressed request or demand. Commercial weight-control groups and exercise classes are examples of expressed need; they are provided in response to demand.

Not all felt need is turned into expressed need or demand. Lack of opportunity, motivation, or assertiveness could all prevent the expression of a felt need. Lack of demand, therefore, should not be equated with lack of felt need.

Expressed needs may conflict with a professional's normative needs. For example, a patient may express a need for a course of individual professional counselling as a result of experiencing a mental health problem, but the resources may not be available for this type of health-promoting service and normative needs and priorities may be focused on other types of interventions to promote mental health.

4. Comparative Need

Comparative need for health promotion is defined by comparison between similar groups of clients, some in receipt of health promotion and some not. Those who are not are then defined as being in need. For example, if Company A has an employee health policy covering stress at work and the provision of healthy food choices in the staff canteen and Company B does not, it could be said that there is a comparative need for health promotion in Company B. This assumes that the health promotion in Company A is desirable and ideal, which of course it may not be.

NEED, DEMAND AND SUPPLY

Over time, there has been debate over need, demand, supply, and quality of health services and other public sector services that relate to health such as education. Levels and quality of service vary nationally and internationally (see [Dorling 2015](#) for a global analysis), and in the UK between GPs and hospitals even in the same neighbourhood, resulting in what has been termed as a postcode lottery ([Public Health England 2015](#)). The need for services may be similar or different, but supply is unevenly distributed, and this results in significant health inequalities (see, for example, [Hatchard \(2015\)](#) in relation to mental health services, [Macmillan \(2014\)](#) in relation to cancer care and survival, and [Stephenson \(2016\)](#) reporting variation in specialist children's care provision).

If demand outstrips supply, it means that people do not always get the access or the quality of the health provision they want or that health professionals believe they need. This issue of uneven provision also applies to health promotion and public health services with an early survey showing different levels of health-promotion provision in different geographical areas in the UK ([Scriven 2002](#)). The problem of uneven provision arises because the health services and other public bodies have a finite pot of money to spend, so they have to prioritise. This results in rationing ([Edwards et al 2015](#)). To overcome some of the problems associated with rationing, adults receiving NHS Continuing Healthcare and children in receipt of continuing care have had a right to have a personal health budget. A personal health budget is an amount of money to support personally identified health and wellbeing needs, planned and agreed upon between the person and their local NHS team. The aim is to give people with long-term conditions and disabilities greater choice and control over the health care and support they receive, if they desire this ([NHS Choices 2016](#)). Measures to address the uneven supply and quality of health services have also included the development of national standards. The National Institute for Health and Care Excellence (NICE) provides the standards not only for clinical and healthcare practice but also for public health and health promotion. Quality standards set out the priority areas for quality improvement. Quality standards cover:

- areas where there is variation in care
- topics across health and social care.

Each standard contains a set of statements to help you improve quality. It also tells you how to measure progress against the statement.

The standards are developed independently in collaboration with health and social care professionals, practitioners and service users. They are based on NICE guidance and other NICE-accredited sources.

Example of a Quality Statement

Older people using home care services have a home care plan that identifies how their personal priorities and outcomes will be met, *Home care for older people, NICE quality standard (NICE 2016a)*.

Anyone wanting to improve the quality of health and care services should consult the standards. For example:

- commissioners – Use the quality standards to ensure that high-quality care or services are being commissioned.
- service providers – Use the quality standards to monitor service improvements, to show that high-quality care or services are being provided and highlight areas for improvement.
- health, public health, and social care practitioners – Use audit and governance reports to demonstrate the quality of care, as described in a quality standard, or in professional development and validation.
- regulators – For example, the Care Quality Commission.

Quality standards are not mandatory. They support the UK government's vision for a health and care system focused on delivering the best possible health outcomes and are therefore important for all professionals with a public health remit.

The Health and Social Care Act ([DoH 2012b](#)) says that the Secretary of State for health, in discharging their duty to improve the quality of services, must have regard for the quality standards prepared by NICE ([NICE 2016b](#)).

IDENTIFYING HEALTH PROMOTION NEEDS

How do health promoters and public health practitioners set about identifying individual and/or group needs? There are three key areas that are useful to