Health Promotion / Inequalities

Key Message

Health Promotion and Health inequalities are key issues for the UK and the EU more broadly. Whilst the health of people in Scotland is improving overall, there is still evidence of significant health inequalities within the poorest sections of the population. Inequalities exist in terms of mortality, physical and mental health and wellbeing and access to and use of health services. Statistics show that those who live in poverty in Scotland are likely to die 10 years earlier than those who do not live in poverty.

Factors or determinants that affect an individual’s health and wellbeing: personal characteristics (age, gender, ethnicity, biological inheritance), the physical environment, the cultural circumstances, policies and laws, income, work, behaviour and lifestyle.

NHSScotland is committed to providing a health service that promotes health and tackles inequalities and has for a number of years been developing the Health Promoting Health Service agenda [http://www.healthscotland.com/topics/settings/health/hphs.aspx] and embracing the Government’s Equally Well strategy [http://www.scotland.gov.uk/Topics/Health/health/inequalities/inequalitiestaskforce] as part of its strategy for a person-centred, safe and effective service delivery.
What does this mean for the Effective Practitioner?

Every contact that an NHSS practitioner has with a patient or client is an opportunity for health promotion where practitioners are encouraged to broach whether the patient/client would like or need to change their lifestyle. Sometimes when assessing a patient or client you can realise that there are health issues, for example smoking or alcohol misuse but find the issue of raising it with patients difficult.

**Be brave.**

Using a person-centred approach, it’s acceptable to challenge them patients/clients about their lifestyle choices. For example, for someone with liver disease, “have they thought about reducing or giving up drinking?”

It’s important to be non-judgemental, be empathetic to the person’s personal circumstances and know where and how to refer on if the patient or client is open to change.

The person might not hear the first time or second – if you are the third person giving the message then you could be one that acts as the change agent.

Find more work-based learning activities on the effective practitioner website at [www.effectivepractitioner.nes.scot.nhs.uk](http://www.effectivepractitioner.nes.scot.nhs.uk)
Reflection on Health

- You may want to discuss this with a friend or colleague.
- How would you describe health? What does it mean to you?
- What personal and cultural factors influence the choices you make?
- To what extent do you agree with the distinction that some inequalities are inherent, while others are socially produced, and ‘unfair’?
- What do you think are the health and social inequalities in Scotland?
- To what extent do you think lifestyle ‘choices’, such as smoking or diet, are a matter of choice?

How do you feel this reflection could impact on your practice?

Ref: Bridging the Gap, 2011. (http://www.bridgingthegap.scot.nhs.uk/)

Record your learning in your professional portfolio.

Related KSF core dimensions: personal and people development, equality and diversity.
Impact of economic conditions

In recent years discussion about the economic conditions has been dominated with the language of ‘recession’, ‘downturn’, ‘crisis’, ‘credit crunch’ and ‘cuts’...

Discuss with your peers what kind of impact you think the economic conditions are having on your service users in terms of:

- Living and working conditions
- Social and community networks
- Lifestyle factors
- Health and wellbeing.

How can you use this information to enhance the care you provide to your patients/clients?

Ref: Bridging the Gap, 2011. (http://www.bridgingthegap.scot.nhs.uk/)

Record your learning in your professional portfolio.

Related KSF core dimensions: personal and people development, equality and diversity.
Health Promotion

Consider patients and clients you care for where you suspect health behaviour has had a negative impact.

The next time you assess such a patient, consider the potential for a health promotion message. Consider:

- What should the message be?
- How and when will you raise the subject?
- Do you know where to signpost if the patient needs to be referred?

Having raised the subject:

- Was the patient ‘open’ to listening?
- Were your communication skills appropriate?
- What might you do differently the next time?

Discuss your experience with a colleague to find out their views about what you did and how they would raise the health promotion message when dealing with their patients/clients.

Record your learning in your professional portfolio.

Related KSF core dimensions: personal and people development, equality and diversity.

Notes

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Reflection

It is good practice to reflect and record the learning you undertake in the workplace. Gibbs [http://distributedresearch.net/wiki/index.php/Gibbs_reflective_Cycle] provides a useful model for reflection that you can refer to when recording your learning. You may also access a Reflective Account form and other reflection tools on the Effective Practitioner website.

Description
What happened?

Action Plan
If it arose again what would you do?

Feelings
What were you thinking and feeling?

Gibbs
Model for Reflection

Conclusion
What else could you have done?

Evaluation
What was good and bad about the experience?

Analysis
What sense can you make of the situation?

Notes

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