

Postgraduate Diploma

in Public Health

**Health Promotion for**

**Public Health I**

**Module Guide**

**2016**

School of Public Health

University of the Western Cape



***HEALTH PROMOTION FOR PUBLIC HEALTH I***

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Module Registration Number: SPH733

Value of module: 20 credits

Study time required: 200 notional learning hours

Pre-requisites: None except those in the Rules of Admission

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**I MODULE INTRODUCTION**

# 1 LETTER OF WELCOME

# School of Public Health

 University of the Western Cape

 Private Bag X17

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 South Africa

Dear colleague

**Welcome to the Health Promotion for Public Health I module.**

This module was created to help prepare individuals in the fields of health and welfare to gain an understanding of the concepts and practice of Health Promotion. We hope that you will find the materials relevant to your work situation and useful in developing your skills as a health promoter. This module also consolidates many of the concepts and principles that you have learnt throughout the course. You will find that we have not gone into depth with some aspects such as community participation (which is very important in Health Promotion) because you have already learnt about it in one of your other modules.

Health Promotion is an important skill area for Public Health professionals. This Health Promotion module thus forms one of the core modules for the Postgraduate Diploma in Public Health. The module covers six main areas, aimed at providing you with an insight into the concepts, history and applications of Health Promotion.

This module is designed for self-study or flexible learning which enables you to work through the study sessions at your own pace. This also allows you to explore the material to whatever depth you prefer, and to skip parts with which you are already familiar. The module invites a range of learning activities including reading, analysis, reflection and application of new concepts, theories and models to your own work context as well as observation and practice.

The introductory pages which follow provide you with an overview of the Module, its outcomes, assignments as well as the sources from which you can expect support and assistance. Take the time to look through this section before you begin studying – taking particular note of the assignment and its requirements.

The assignments must be submitted during the course of this module; the portfolio must be submitted by the end of your PG Diploma programme which may be at the end of Year 1 or 2 of study, depending on your chosen pace of study. You need to work consistently on the portfolio, as it is an important component of your learning, but will hopefully also provide you with a helpful addition to your curriculum vitae. There is more about the portfolio in this section.

We hope that you will give us feedback on your experience of the study sessions in this module. An evaluation form will be sent to you on completion of your final assignment.

# We hope you enjoy your studies.

Best wishes

Suraya Mohamed(Module Convenor)

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| --- |
| P1030142**Contact Details**Ms Suraya Mohamed (Module Convenor)Tel: 021 959 2628Mobile: 9837865238E-mail: sumohamed@uwc.ac.za |

* Vision Statement of the School of Public Health

University of the Western Cape

The **Vision** of the School of Public Health is to contribute to the optimal health of populations living in a healthy and sustainable environment in developing countries, particularly Africa, with access to an appropriate, high quality, comprehensive and equitable health system, based on a human rights approach.

The **Purpose** of the School is to contribute to developing policy-makers and implementers who are knowledgeable and skilled in the principles and practice of Public Health, whose practice is based on research, influenced by informed and active communities, and implemented with a commitment to equity,

social justice and human dignity.

**2 INFORMATION ABOUT THIS MODULE**

**2.1 Module Aims and Rationale**

This overview introduces you to the content and the structure of the module. You will also explore aspects of academic learning and practice some ways of learning more effectively. You will examine the meanings of different basic concepts which underpin the entire module and the readings.

**2.2 Module Outcomes**

Here we present the intended learning outcomes of this module so that you can see what competences you are expected to have developed by the end of the module.

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| **By the end of this module, you are expected to be able to:** |
| Define Health Promotion.Describe how perceptions of health and the determinants of health influence approaches to Health Promotion. Outline the development of the Health Promotion movement. Describe the Ottawa Charter action areas and strategies and their application in local Health Promotion projects. Discuss selected approaches to Health Promotion.Discuss and classify the range of Health Promotion activities in your own context.Apply selected Models of Change to a Health Promotion problem.Distinguish appropriate methods for Health Promotion communication.Plan a Health Promotion programmeIdentify the dilemmas in Health Promotion evaluation.Discuss the ethical issues relevant to Public Health and Health Promotion |

**2.3 Module Outline**

The main topics covered in this module are:

# Unit 1: What is Health Promotion?

## Unit 2: The development of Health Promotion

Unit 3:Approaches to Health Promotion

Unit 4: Practising Health Promotion

Unit 5: Planning for Health Promotion

Unit 6: Pulling together

**2.4 The Module Guide**

This Module Guide is organised into 6units. Each unit is divided into a number of study sessions, each of which is about 5–6 hours of study time. The first page of a study session provides an overview of the session, including a brief introduction, the contents of the session, the learning outcomes (public health content and academic learning content), and the main readings.

Each study session has a combination of input (content), tasks, and feedback for the tasks. By doing the tasks, you should achieve the outcomes of the study session.

**2.5 Learning material**

The Module Guide refers you to a number of readings. Some are more detailed than others, in order to cater for different levels of knowledge and interest. Some repeat themes, which is inevitable when using texts from a range of sources. We therefore advise that you use the readings selectively, judging what is useful for you. This, at times, will involve being selective about the depth at which you can complete the Tasks. Please use your judgement for this too, but make sure that your reading prepares you for completing your assignments – it will not be enough to give only your opinions.

The Readings are listed at the start of the Study Session, and you are directed to them as you work through the Session. Boxes like the one below mean the reading is in the Readings sub-folder on the USB flash drive and are core to the module. The Readings are indexed alphabetically . As a Postgraduate student, you should read them, and more!

|  |
| --- |
| **Reading**WHO. (Spring 1991) A Call for Action: Promoting Health in Developing Countries. *Health Education Quarterly*, 18(1). |

In addition, we have placed supplementary teaching resources on the USB flash drive you have been given. This contains supplementary teaching resources to which you will be guided. As you work through the Module Guide, you will be directed to them if required for this module. Some of them are freely available from the Internet, but we have saved them onto the USB flash drive because it takes time to download them and therefore expense. Some of the Additional Resources are needed for Tasks, others may be helpful for your assignments. You’ll see a box like this when you are being directed to the USB flash drive.

|  |
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| **Additional Resource** Sanders et al (2008). What is needed for Health Promotion in Africa: band-aid, live –aid or real change? |

Thirdly, there are a few things you will have to look at on the Internet which are indicated by boxes like the one below. There is a great deal of material available to you; one has to be selective.

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|  | **Internet Resource**You can access this from the link below. *How Social, Political Economic Policies Affect Health [Online], Available*: <http://www.youtube.com/watch?v=LdoGi7IyQ2Q&feature=related> [Downloaded: 26.9.12]. |

**2.6 Module Evaluation**

You will be asked by the Module Convenor to evaluate this module once you have completed it. Please let us know how you find it as this will help us to improve the module for future students.

**3 THE PORTFOLIO: INTRODUCTION**

Detailed instructions for your portfolio are to be found in Introducing Public Health: Its Basis and Scope, and in your final module, Monitoring and Evaluation for Health Services Improvement I.

By now you should have created your own portfolio according to the guidelines provided, and be ready to upload your selected examples and report for this module.

Here’s a quick review of the process for each module:

• Select and upload your work as you complete a module;

• Write a Module Reflective Report on your experience of the module as you complete it. To do so, it would be wise to take notes in a study diary (reflecting on your experiences and observations) as you work through the module. Your lecturer will provide brief feedback, once given access by you.

• If you are doing your PGD over two years, your portfolio must only be submitted in your second year, after your Monitoring and Evaluation for Health Services Improvement I final Assignment 2. However, you are urged to build your portfolio as you work through your modules across the two years.

Key points about the portfolio

• It counts for 20% of Assignment 2, Monitoring and Evaluation for Health Services Improvement I (M & E) module.

• To be of value, you need to work consistently: develop it over the one or two years that you are involved with your PG Diploma Programme.

• It should be made up of two (2) parts, a set of samples of your work with short accompanying reports (Part 1), and a final composite report (Part 2).

• To make the process meaningful, you must compile a brief Module Reflective Report on your experience of each module as you complete it. This will serve as the raw material for your final reflective report (End of Programme Report).

**4 ASSESSMENT**

4.1 Information about assessment

There are TWO compulsory assignments in the Module. You must submit both, on deadline. You will receive assignment deadlines from the SOPH Student Administrator. Consider it your responsibility to ensure that you know the deadlines when the semester starts. In addition, you are required to keep a diary of your reflections on this Module, and all your Modules, in preparation for developing a Portfolio of your work across the Postgraduate Diploma in Public Health. (See Portfolio Development at the end of the Module Introduction).

The module is weighted as follows:

Assignment 1: 40%

Assignment 2: 60%

**To pass the module:**

* You are required to pass both assignments with a minimum of 50%.
* You must pass Assignment 1 to proceed to Assignment 2.
* You must have a minimum overall aggregate of 50% for the module.
* You may repeat Assignment 1 once, if you get below 50%. You cannot, however, be awarded more than 50% for the retried assignment.

**4.2 Submitting Assignments**

**Read the *SOPH Programme Handbook* before submitting, to make sure you have followed the SOPH’s instructions for submission of assignments. There is crucial information regarding referencing and plagiarism in it.**

These guidelines must be followed exactly. Getting this wrong wastes our time, and we WILL return the assignment to you to correct.

* Send assignments to the Student Administrators, **not** the lecturer.
* When you submit your assignment, you will receive acknowledgement that it has been received. If you don’t, check that it has been received.
* Type your assignment on A4 paper, in 1,5 line spacing, in 12 pt Times New Roman, and leave normal margins for the lecturer’s comments.
* Keep to the recommended length. Excessively long assignments may be penalised.
* Number ALL pages.
* Include the Assignment Cover Sheet (completed *fully*) as the first page of the assignment, i.e. the cover sheet and the assignment must be one document.
* Always put your name on every file you send, and label the file correctly, using these instructions as a guideline if submitting by e-mail:
	+ - Your Name (Surname, Initial) e.g. Mambwe R
		- Module abbreviation (see Programme Handbook for Core module abbreviations). Use CAPITALS, e.g. PHC I
		- Assignment number, e.g. 1 or 2, and Draft or Final
		- The year, i.e. 2010

e.g.Mambwe R, HP I Asn 1 Draft 2010; Mambwe R, HP I Asn 1 Final 2010*.*

**SOPH Address to which assignments MUST be sent:**

**E-mail:**  **soph-asn@uwc.ac.za**

**4.3 Assignment Deadlines**

* Assignments must be submitted by the due date, *preferably by e-mail*, but fax or post are accepted if dated on or before the due date.
* You will receive assignment deadlines from the Student Administrator once you have selected your modules.

PLEASE NOTE: Late submission of assignments will impact on the time you have available for the next assignment, disrupt your lecturers’ schedules and result in late submission of marks into the UWC marks administration system; should that happen, you will have to repeat the entire module. It’s therefore in your interests to manage your time as effectively as possible. Section 4 in this Module Introduction offers some general guidance and a blank work plan for you to work out your schedule for the semester. Should you require more guidance, try the SOPH *Academic Handbook.*

**Assignment Extensions**

Under special circumstances, extensions may be granted. Even so, the extension will not normally be longer than two weeks. To request an extension, contact the Student Administrator (not the lecturer or Module Convenor) as soon as a problem arises. No extensions will be given for Draft Assignments, and no late assignments will be accepted in Semester 2.

**4.4 Draft Assignments: Please read this section carefully**

Lecturers will give you valuable feedback on your assignment if you send a draft. However, Drafts will ONLY be reviewed if they are received TWO OR MORE weeks before the final submission date; no extensions will be given for drafts; assignments received less than two weeks before the final assignment submission date will be taken to be the final.

If you want to submit a draft, do not submit a complete assignment. Select sections with which you are having difficulty, or submit an outline of the whole, but not the whole assignment. Lecturers will make every effort to respond to submitted drafts timeously.

IMPORTANT:

The following section contains the assignments for the module. Please read questions and instructions carefully. There is important information about assessment in the *SOPH Programme Handbook*, be sure to refer it before submitting your assignment.

***Please note that this scenario applies to both Assignments 1 and 2.***

**4.5 Your Assignments for *Health Promotion for Public Health I***

**Scenario: Child Safety**

A shack settlement on the outskirts of a city in your country is being developed: formal houses are being built to replace the informal dwellings in the area. A primary school has also just been built which includes a preschool section. The new principal is a proactive person who is keen that the children in his school should have the opportunity to develop to their maximum potential to become productive citizens in the future. He is aware that for children to learn well, they have to be healthy. One of his main concerns is child safety, an important child health issue; he has therefore approached the local health authority to discuss ways that child safety could be promoted in the area.

The local authority also has a vision of this new development being a model for the healthy development of the children in the area. They have agreed that child safety is a good starting point. They called a meeting of relevant stakeholders (including businesses) in the area to decide what needs to done to develop this area further, to ensure the safety of its children. The community is close-knit and has also been invited to the meeting. As a Health Promoter based at the local health facility, you have been asked to submit a Health Promotion programme plan to promote child safety in the area. You have decided to focus on unintentional childhood injuries for your programme. This extract from the *World Report on Child Injury Prevention* forms the basis of your programme:

*“The landmark Convention on the Rights of the Child, ratified by almost all governments around the world, states that all children have a right to a safe environment and to protection from injury and violence. It further states that the institutions, services and facilities responsible for the care or protection of children should conform with established standards, particularly in the areas of safety and health. Safeguarding these rights everywhere is not easy, but it can be achieved by concerted action. Children are exposed to hazards and risks as they go about their daily lives and are vulnerable everywhere to the same types of injury. However, the physical, social, cultural, political and economic environments in which they live differ greatly. Their particular environments are thus very important”* (WHO, 2008:1).

As a Health Promoter, you work with the notion that “children‘s health and well-being are influenced by a complex interplay of biological, environmental, cultural, and socio-economic factors as highlighted in the classic model of health determinants suggested by Dahlgren and Whitehead (1991)” (Simovska & Carlsson, 2012: 292). Taking these factors into account, it is clear that an integrated approach would be required if the local authority’s vision for the children of the community is to be realised. This would involve joining forces with officials from other departments and local community organisations, amongst others

**References**

Simovska, V., & Carlsson, M. (2012). Health-promoting changes with children as agents: findings from a multiple case study research. *Health Education*, 112(3), 292–304.

WHO. (2008). *World Report on Child Injury Prevention.* Geneva, WHO/NMH/VIP08.01 <http://whqlibdoc.who.int/hq/2008/WHO_NMH_VIP08.01_eng.pdf?ua=1> [Accessed 20.9.14].

 **Assignment 1 – Theories and Concepts Underlying Health Promotion**

**40 marks (40% of your result)**

Word limit: No more than 2 000 words in Times Roman 12pt, 1,5 line spacing.

The first assignment tests your understanding of the theories and concepts related to Health Promotion. In order to answer this assignment you need have studied your module through to the end of Unit 4.

**You should by now be familiar with the extent and scope of Child Health issues from the modules you have completed.** We now want you to start thinking about how you can develop a Health Promotion programme for Child Safety, an important Public Health issue.

In the context of the above scenario, explain the meaning each of the following concepts in relation to developing a Child Safety Health Promotion programme for prevention of either **unintentional childhood injuries in the home** OR **road traffic related injuries.** Consider the importance, advantages and constraints of each concept as appropriate; include why it is important to consider each concept in developing a suitable Health Promotion programme. Please state the type of injuries you will be discussing.

Do not discuss the interventions you would develop, as this will form part of your second assignment.

**Concepts to be discussed:**

* Determinants of health
* Models of Change in Health Promotion
* Intersectoral collaboration - include the advantages and constraints
* Community participation - include the advantages and constraints
* Use of media – advantages and limitations
* Health Promoting Settings approach

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| **Guidance for the assignment 1****Determinants** For this section, think about all the factors that can contribute to Child Safety in terms of unintentional childhood injuries. Divide your determinants into the categories as shown in the Dahlgren and Whitehead (1991) framework. Do NOT deal with the hereditary or biological factors (level 1).Start with the second layer – individual or lifestyle factors. You may not be able to fill all the categories, but see how far you can go. For each category, explain what you understand by the category, e.g. living and working conditions. Then say what the living and working conditions for Child Safety would be. You need to do this for all the categories that you think contribute to Child Safety. **Models of Change**The purpose of this section is to see if you understand the different Models of Change models and how to apply them. Choose two models that would be most appropriate for the given scenario, and describe them. It is suggested that you choose one aimed the individual (bearing in mind the importance of the behaviour of the caregiver for child safety) and one aimed at the population. **Intersectoral Collaboration** What is Intersectoral Collaboration (ISC)? List which sectors you would involve in your programme and why you have chosen them. What are the advantages/disadvantages of ISC? (do not include community with ISC as you will discuss it separately in the next section.**Community Participation**What is Community Participation (CP)? Who would you would involve in your programme? Briefly explain why you have chosen them (e.g. community leader because he/she has influence in the community). What are the advantages/disadvantages of CP?**Media**What types of media would you consider for your programme? What are the advantages/disadvantages of different media and what factors need to be considered when developing Health Promotion media, e.g. the literacy levels of target audience when designing pamphlets?**Settings**What is a “settings approach”? What are the advantages/disadvantages of using a settings approach? Which setting/s would you use for your programme in the given scenario and why? |

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| **Marking criteria for Assignment 1** | Marks |
| 1. Shows understanding of the concepts and their relevance– provides definitions, applies them to the scenario and diabetes in an appropriate manner (5 for each concept)
 | 25 |
| 1. Critical analysis
 | 10 |
| 1. Academic rigour – including appropriate selection of information and use of sources, and presentation (e.g. layout, spelling, grammar, language clarity and correct referencing)
 | 5 |
| **TOTAL**  | **40** |

**ASSIGNMENT 2 – Designing a Health Promotion Programme**

**60 marks (60% of your result)**

Word Limit: No more than 2 500 words in Times Roman 12 pt, 1,5 spacing

Assignment 2 tests your ability to operationalise Health Promotion theory and concepts. In order to answer this assignment, you will need to have completed Unit 5.

1. For Assignment 2, consider the scenario given.
2. Develop a Health Promotion Programme Action Plan showing how you would tackle Child Safety related to your chosen topic of **unintentional childhood injuries in the home** OR **road traffic related injuries.** Ensure that you extend beyond the medical model.
3. Remember the action areas of the Ottawa Charter, and consider the determinants that you had described in assignment 1; then think about what you will need to do to address those determinants.
4. For the Action Plan, present your aim and five objectives; provide a strong rationale for why you have chosen them. Your rationale should draw on the literature, and could include examples of how interventions relayed to your topic were done by others. As always, accurate referencing is imperative.
5. Then choose two of your five objectives and develop a detailed plan using these headings. (see page 140 in your module guide for example)
6. Activities (What)
7. Processes (Steps to be taken)
8. Person/s Responsible (Who)
9. Target population and setting
10. Resources (including human resources, i.e. who you will draw on or involve). For example, if you say you that will engage a community health worker as a resource, then say what that individual’s role will be in your specific programme.

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| **Marking criteria for Assignment 2** | **Marks** |
| 1. Action plan shows a broad-based (integrated) approach
 | 20 |
| 1. Logical comprehensive explanation of the rationale for choices
 | 20 |
| 1. Action plan is feasible and realistic
 | 15 |
| 1. Academic rigour\*. Academic rigour includes: appropriate selection of information and use of sources; structure; scholarly presentation; language clarity and accuracy; correct and consistent referencing; and compliance to guidelines provided.
 | 5 |
| **TOTAL** | **60** |

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| Module Reflective ReportDon’t forget to lodge your Reflective Report on this module on your Portfolio website, and to alert your lecturer to provide some feedback. |

5 ASSIGNMENT COVER SHEET

**IMPORTANT NOTE: You will find an electronic version of this on your USB flash drive in General SOPH Administration Folder**

**School Public Health – University of the Western Cape**

An Assignment Cover Sheet needs to be copied into the same file as every e-mailed assignment. Please fill in all details clearly and cut and paste this form to the front of your assignment.

**Full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student number:**

**Convenor: Ms Suraya Mohamed**

**Module name:  *Health Promotion for Public Health I* module** (SPH733)

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| --- | --- | --- | --- |
| Assignment  | **1 (DRAFT)** | **2 (DRAFT)** | **Please Tick** |
| **1 (FINAL)** | **2 (FINAL)** |

### Student’s comments to tutor

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**Declaration by student**

I understand what plagiarism is. This assignment is my own work, and all sources of information have been acknowledged. I have taken care to cite/reference all sources as set out in the *SOPH Academic Handbook*.

**Signed by the student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Office Use**Date received | Assessment/Grade | Tutor | Recorded & dispatched |

**II** STUDY SESSIONS

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