



## Health champion “bite-size” taster session

### Health champions - who are they?

Anyone in the community who is helping others to make health changes, but the Royal Society for Public Health (RSPH) Level 2 Award Understanding Health Improvement is a qualification that helps people to do this well.

This course should (a) help you towards understanding the role of a health champion; (b) give you the knowledge to decide whether you would like to take up the RSPH qualification. West Lancashire CVS is an accredited RSPH centre (<http://www.wlcvs.org/>) and delivers health champion training. You can also search for other centres via the RSPH website.

The following information has been adapted and shaped by experience in West Lancashire. To find out more about RSPH courses please go to: <https://www.rsph.org.uk/>.

### What do health champions do? They are local people who

- ✓ Listen to people
- ✓ Pass on information
- ✓ Signpost to places of help (pharmacies, for example)
- ✓ Help people to make a change that **they** want to make

### What do they **not** do?

- X Assess people’s health and fitness
- X Measure people’s health (blood pressure, waist measurements)

### Why have health champions? Because:

- ✓ Health is everybody’s business
- ✓ Local people know where to go, who to see, what to find locally (a playing field for running, or a walk-in health centre)
- ✓ Sometimes people can help themselves with the right information. Or they may have to visit a doctor, dentist or other health service.  
A health champion listens to help others work out what they need and to choose the next step.

#### *An example:*

Bill wants to quit smoking. He meets his friend Pete, who is a health champion and ex-smoker. Pete knows about the NHS Smoking Wheel to help Bill understand the health benefits, the money he can save and other advantages! (No more coughing, hanging around outside for a smoke, or having clothes that smell).







But Bill is struggling – he’s been trying to quit for some time. He wants to be able to fly long-distance, but worries that he would not manage without being able to smoke. Time



to let him know that he could get some help if he spoke to his surgery or the local Stop Smoking Service. Pete shows him the NHS Choices website <http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx>. Pete discovers that Bill likes his smartphone. So he encourages him to try the NHS Smokefree app.

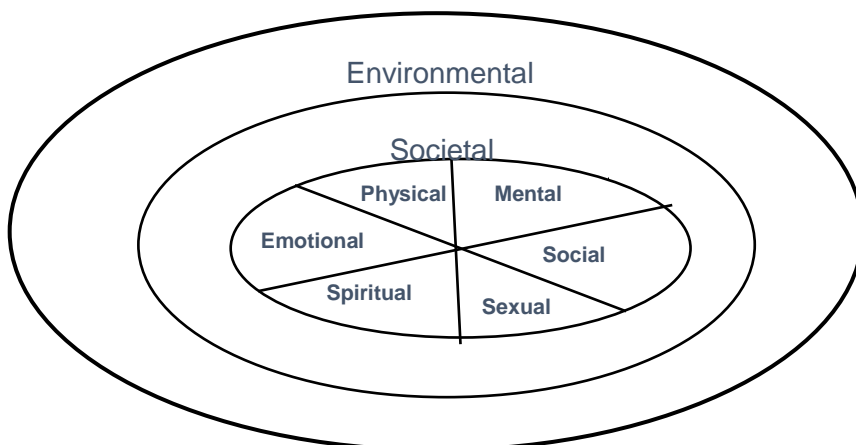
On the NHS website they also notice that Bill can have a free NHS health check. Bill thinks it would be good to know how well he is. Now he has more options. He enjoys talking to Pete and knows that there is more support.

*How many tools can you find in this story?*

-  Someone to talk to
-  health services: doctor; Stop Smoking Service
-  Smoking Wheel
-  smartphone apps
-  NHS Choices website
-  *do you know of any other tools that are not mentioned here?*

**Individual dimensions of health** (*fill in the meanings*)

- ❖ **Physical health** - fitness, not being ill ('absence of disease or illness' – Western Scientific Medical Model)
- ❖ **Mental health** - feel good and able to cope
- ❖ **Emotional health** - can say how you feel and maintain relationships
- ❖ **Sexual health** - can accept and express sexuality
- ❖ **Spiritual health** - can live by your moral or religious beliefs
- ❖ **Social health** - has social support, e.g. friends and family



(Adapted from: Aggleton & Homans 1987 and Ewles and Simnett 1999)



Which dimensions of health are most important to you and why?

.....  
.....

As you can see from this table, there are **environmental and societal** dimensions.

In fact, the UK is split between income rich and income poor. We should have the same health if we share the same health service? But we do not. We have health inequality. For example:

People live longer or less (mortality) depending on their

- ❖ Social class (1 to 5)
- ❖ Sex : man, woman
- ❖ Ethnicity : country/race of origin
- ❖ Income : what you earn
- ❖ Environment : where you live

*Did you know?*

! There are twice as many reports of long-standing illness among men and women from social class I than social class 5 (people in the top social class are more likely to go to the doctor and get treatment)

! Women live on average 4 years longer than men. They are more likely to go to see the doctor. They are protected by the hormone oestrogen

! The mortality rates increase steadily (so people live shorter lives) from the South East of England to the North West. (For England)

What can we do? We can change some things ....

- ✓ Eat more healthily:
  - Increase** fruit and vegetable intake to five portions a day
  - Increase** the intake of dietary fibre: *an example – eat an apple, rather than buying the juice!*
  - Reduce** the intake of salt, saturated fat, sugar

- ✓ Stop smoking
- ✓ Reduce alcohol
- ✓ Be active

(These are key health messages)



Did you know?

- ✓ Children and young people (5-18 years old): at least 60 minutes every day of moderate (e.g. walking a dog) to vigorous intensity physical activity (e.g. running)
- ✓ Adults (19-64 years old) and older people (65+): at least 150mins - two and half hours - each week of moderate to vigorous intensity physical activity (e.g. 30 mins per day x 5 cycling/fast walking)
- ✓ At least twice per week the physical exercise should be more rigorous to strengthen muscle and bone (e.g. heavy gardening)

<http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

*“Health is the extent to which an individual or a group is able on the one hand, to realise aspirations and satisfy needs; and, on the other hand, to change or cope with the environment.*

*Health is, therefore, seen as a resource for everyday life, not an object of living; it is a positive concept emphasising social and personal resources as well as capabilities.”*

(World Health Organisation, 1984)

### **So now we may feel more informed – but how do we tell others to help them be more informed too?**

“It’s not what you say, it’s how you say it”

Name a time when you felt that a person did not mean what they said. (My example: at the till in a supermarket ‘sorry for your wait’ – is the person sorry!?)

What affects a conversation?

- What I say – my words
- Eye contact
- Body language - am I crossing my arms or legs? Do I keep checking my phone?
- Am I smiling, frowning or neutral?
- Is my voice loud or quiet?
- What is my accent? (*everyone* has an accent)
- Do I speak quickly, or slowly?
- Am I wearing a suit?!
- Am I sitting closely or at a distance? Am I touching?

And am I actually listening, by

- not interrupting?
- reporting back (“so you are feeling that” ...)

<http://www.wlcvs.org/health-network-3/> for health news



- summarising (“so what I understand is” ...)
- ensuring that you know I am listening (‘ah’, ‘yes’, ‘uhm’, a nod)
- asking questions?

Did you know that body language and how we say something is much more powerful: so if the body language, or the way we speak does not match the words, the non-verbal will be the message. (‘Sorry for your wait’, but said quickly and no eye contact!)

So when talking to people about their health we should:

- use the right approach
- use the right words
- use body language that is right for the other person
- choose the right time
- find the right place (not where other people can overhear)
- allow people time to think about change
- only discuss health change if the person is ready to change

When we talk to each other we are supporting behaviour change. A person may think about changing if they know why it is a good idea (the benefits).

And *generally* we do not pass on what someone has said. Trust is very important.

*Remember the story of Bill?*

Maybe Bill is not ready for change – or maybe the change is too big, too difficult. So Pete could find out how Bill could start small changes by thinking of **SMART**:

**S**pecific - is the goal clear? (For example, be able to go on a long-distance flight)

**M**easurable - can it be measured? (By a change in weight, money saved etc.)

**A**chievable – can Bill do it? (Alone, or with help?)

**R**elevant – is it relevant to Bill? (Does it matter to him?)

**T**imely – is it the right time? How is he going to mark the time it takes? (A diary? Quit by a specific date? With a new hobby, as he becomes fitter? With a travel date?)

And how can Pete help?

- Encourage, be positive and focus on what Bill manages to do, if something has gone wrong (he picked up a cigarette after a few days of quitting).
- Agree to meet Bill again to find out how he’s doing – it will give Bill a target date and someone to talk to.



**We'll now check what you have learned. Questions:**

- (1) Name one activity that health champions do. Answer:  
*One of: Listen to people; pass on information; signpost to places of help; help people to make a change that they want to make*
  
- (2) Should we reduce the amount of (a) salt or (b) fibre that we eat? Answer: *salt*
  
- (3) If somebody wants to find out more about a health topic, what is a good source online? Answer: *NHS Choices <http://www.nhs.uk/pages/home.aspx>*
  
- (4) How many individual dimensions of health are there? Answer: *six*
  
- (5) Name one key health message. Answer: *One of: Eat more healthily; stop smoking; reduce alcohol; be active*
  
- (6) Adults should walk for at least *30 mins* minutes per day (fill in the answer). *To come to 150 minutes per week*
  
- (7) What is likely to be more powerful in a conversation? (a) words; (b) body language.  
Answer: *body language*
  
- (8) Why is a SMART target important? Answer: *Because it gives the person something specific to achieve that is right for them with a time to complete it.*

**What I can do next?**

Maybe this course has been enough for you. But if you would like to know more or take up the RSPH qualification, please contact West Lancashire CVS at [enquiries@wlcvs.org](mailto:enquiries@wlcvs.org), or call 01695 733737. Alternatively, there are other RSPH centres across the country.