| 5. Understand ways in which health promotion is delivered | 5.1 Explain the role of a range of people and organisations that may contribute to health promotion activities  
5.2 Evaluate the value and limitations of health promotion activities in a range of situations |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6  Understand the aims of a health promotion activity | 6.1 Plan a health promotion activity for a particular target group  
6.2 Justify the plan  
6.3 Undertake a health promotion activity  
6.4 Evaluate the health promotion activity |
### Grade Descriptor 2: Application of knowledge

<table>
<thead>
<tr>
<th>Merit</th>
<th>Distinction</th>
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</table>
| c) The student, students work or performance: has **very good** levels of  
  - Insight  
  - Creativity | c) The student, students work or performance: has **excellent** levels of  
  - Insight  
  - Creativity |

### Grade Descriptor 7: Quality

<table>
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</table>
| 7c) The student, student’s work or performance:  
  Taken as a whole, demonstrates a **very good** response to the demands of the brief/assignment | 7c) The student, student’s work or performance:  
  Taken as a whole, demonstrates an **excellent** response to the demands of the brief/assignment |
REPORT: Advising the community of the effects of cigarette smoking

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Introduction
21% of the population smoke. It is a key health objective of the government to reduce the incidence by raising awareness of ways to quit smoking or to take up the habit. The aim of the health event at xxxxxxx College on the xxxxxxxxxx was to advise the community on the effects that smoking has on the body, trying to discourage them from smoking with the use of literature and props. The National Institute of Clinical Excellence (NICE) provides guidance on promoting good health and preventing and treating ill health. Guidance is divided into Public Health Programmes and Public Health Interventions, which include smoking cessation.

This report will firstly discuss the role of the stakeholder, devise a plan of activity and justify the reason for the plan and it will also evaluate the event.

Rationale
The rationale of the event is to raise awareness of the effects of smoking. 21% of the population smoke. There are around 10 million adults who smoke cigarettes in Great Britain, approximately a sixth of the total UK population consisting of 22% of adult men and 19% of adult women (ASH, 2013).

Cigarette smoking by age – percentage of adult population

<table>
<thead>
<tr>
<th>Year</th>
<th>16-19</th>
<th>20-24</th>
<th>25-34</th>
<th>35-49</th>
<th>50-59</th>
<th>60+</th>
</tr>
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<tbody>
<tr>
<td>1978</td>
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<td>40</td>
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<td>28</td>
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</tr>
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<td>2008</td>
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<td>30</td>
<td>27</td>
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<td>24</td>
<td>26</td>
<td>25</td>
<td>25</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>2010</td>
<td>19</td>
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<td>29</td>
<td>27</td>
<td>23</td>
<td>21</td>
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</tbody>
</table>
The 25-34 age group (32%) has the highest prevalence of smoking in men and in women 20-24 year olds (29%) (ASH, 2013).

**Role of the stakeholders**

In a health promotion event a stakeholder is a person/people with an interest, concern or would benefit in the topic being promoted, in this case advising a group of cigarette smokers to quit. Smoking campaigns are part of the government initiative to decrease the number of smokers thus reducing the costs to the NHS caused by smoking related illnesses and treatments. This would also impact on other services within the NHS such as GP surgeries who have to either train or employ staff to carry out this role as a smoking cessation advisor. There would also be an impact on costs to secondary care establishments such as hospitals as less expensive diagnostic tests would be needed.

The Quality and Outcomes Framework (QOF) was introduced, which is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. The practices are given targets to manage some of the most common chronic diseases such as asthma or diabetes; the more targets achieved the higher the financial reward. For example GP practices will ask their patients if they smoke and record the data and if cessation advice was given. The targets set a standard of care and encourage health promotion, linking back to intervention, protection and prevention, aiming at controlling chronic illnesses. Overall the aim is to provide funding to achieving practices and save money. In April 2013 the framework was taken over by the Clinical Commissioning Groups (CCG) (DOH, 2012).

The government introduced campaigns on TV, online and on billboards to aim to increase awareness by highlighting the immediate damage done by cigarettes. Warnings are added to cigarette packets and the age of being able to buy cigarettes has increased (WHO, 2013). Smokers are also encouraged to collect free ‘Quit Kits’ from participating pharmacy’s to support them. In 2007 the Health and Social Care Act was amended to ban smoking in enclosed public spaces such as bars,
SAMPLE 3 – STUDENT WORK

restaurants and workplaces. Studies 2012) that this has lowered rates of cardiac arrest and admission rates for cardiac arrest and asthma since the ban.

Public health charity Action on Smoking and Health (ASH) also campaign against working to eliminate the harm caused by tobacco as well as other organisations such as the BMA. Also the government was also running a campaign known as ‘Stoptober’, which was also supported by Cancer Research and the British Heart Foundation. This was a quit campaign encouraging people to quit for at least one month (DOH, 2012).

Plan of activity and justification
The team planned the event in the entrance of xxxxxxx College at 6pm on the xxxx. As the 20-34 year olds have the highest prevalence of smoking this was our target group, as college attracts this age range. As a group we researched smoking related illnesses and decided to set up a display using tables and two display back boards. We displayed props and literature on the effects that smoking has on the body and ways in which help can be gained to support someone wanting to quit. The display was presented with the effects of smoking on one side of the tables and the ways to prevent and quit smoking on the other.

We used props as they were very lifelike, with an aim to make the display visual and attract people’s attention to come over to our exhibition and the literature was for people to take away and read at their leisure. We devised questionnaires for smokers and non-smokers and handed them out to people to complete, acquiring people’s statistics – height, weight, age and gender with an intention to provide information relating to the body which smoking attributes to such as weight gain. We also demonstrated to people what the effects on the body smoking can have by using the peak flow machine to establish the effects smoking has on the lung capacity and the shortness of breath cigarettes, which when the user breathed in and out through the hollow plastic cigarette, air deprivation was immediate, stimulating the air restriction which is common in smokers. We sourced most of our
SAMPLE 3 – STUDENT WORK

visual props from a local HP Library and all the other props and literature from a local GP practice. The results of the conclusions were collated into graphs (Appendix 1).

Display of the effects of smoking.

Literature and props – effects of smoking
Information on quitting smoking

**Evaluation**
The event was held on an evening in the college, which did reduce the number of people within the building and people seemed in a hurry to get home, which is understandable at that time of the evening. At first we found that people were reluctant to come over to the display but when we went over to people asking them to complete the questionnaires, enticing them to the table so that we could take their measurements. Also offering to check their lung capacity using the peak flow machine people started to come over. The peak flow did end up attracting quite a few younger students, which seemed to turn into a competition as to who had the best lung capacity.

Discussions with some of the smokers revealed that they were not aware of the impact smoking has on their lung capacity and some of the younger students seemed genuinely concerned by the outcomes of their peak flow result. A good result should be around 4 but the smokers with the exception of one person’s result
SAMPLE 3 – STUDENT WORK

were between 8 to 16. The results showed that smoking does impact on a person’s lung capacity, that the younger generation smoke more than the older but it was interesting to see that the non-smokers weight was higher than a smoker. Evidence indicates that smokers use cigarettes as a form of weight control and this was shown here (although the sample was small) (Appendix 2). Celebrities promote that they have healthy lifestyles through good diets and exercise but most also smoke to decrease their appetite to prevent weight gain

Values and limitations
The values are that by improving a person’s self-esteem by helping them identify concerns and gain the skills and confidence to act upon them, it can empower them to take control of their lives and act on the information given thus improving a person’s quality of life. Health professionals use all these strategies to change attitudes and as a result alter behaviour. Life expectancy can increase offering the opportunity to improve life potential.

Deprived and disadvantaged groups have shown to have higher smoking levels. Poorer smokers consume more tobacco than more wealthy smokers. Smokers in routine and manual groups consume on average 15 cigarettes per day compared with smokers in managerial and professional groups who consume 13 cigarettes per day. There is also evidence that poorer smokers consume more tobacco from each cigarette smoked, either by smoking cigarettes with a higher tar yield, by leaving a shorter stub or by drawing harder on the cigarette.

Persistent smokers are excessively drawn from lower socio-economic groups. Among those in unskilled manual occupations, persistent smokers make up 2 out of 3 of those who ever smoked, compared with those in professional occupations where only 1 in 3 of those who ever smoked are current smokers. Also people in poorer social groups, who smoke, start to smoke at an earlier age (ASH, 2013).
SAMPLE 3 – STUDENT WORK

Some of the limitations can be getting people to listen as people only seem to want to know about things if it effecting their lives at the time. Health promotion adjusts people’s lifestyle and choice. It is secured by legislation which can lead to overprotection – ‘nanny state’ for example passive smoking.

**Conclusion**

Smoking remains a challenge to public health. 21% of the population smoke and reducing this is difficult particularly reaching hard to reach groups. Health education is the main approach in health promotion practice and smoking is one of the major contributors to the cause of chronic illnesses such as lung disease. The government sets targets to set a standard of care, it encourages health promotion. The aim of these targets links back to health promotion with intervention, protection and prevention, aimed at controlling a chronic condition.

The team ran an event to advise people on the effects that smoking has on the body also offering advice and information on the help and support there is available to help people quit. The results of the questionnaires showed that smoking does have a significant effect on the lung capacity that it seems to be the younger generation who smoke more and also that smoking has an impact on a person’s weight.
Reference List

