

HPRM1100 FULL NOTES

SEMESTER 2 2018

Week 1: Introduction

Week 2: Individuals & Approaches

Week 3: Environmental Approaches to Individuals & Populations

Week 4: Debate Support (No Lecture)

Week 5: Debate Presentations (No Lecture)

Week 6: Social Marketing & Health Funding by Industry

Week 7: Mid-Semester Exam (No Lecture)

Week 8: Designing Scalable Health Promotion Interventions

Week 9: Evaluating Health Promotion Interventions

Week 10: Public Holiday (No Lecture)

Week 11: Assessing & Reducing Inequalities in Physical Activity (Guest Lecturer)

Week 12: Course Overview & Health Promotion Challenges

Week 13: Revision (No Lecture)

GUEST LECTURER – ASSESSING & REDUCING INEQUALITIES IN PHYSICAL ACTIVITY: PITFALLS, CAVEATS & LESSONS FROM BRAZIL

Throughout the lecture, constantly reflect on how the concepts discussed in this course are applied in Gregore Iven Mielke’s work!

Brazil has a population of approximately 210 million inhabitants (6th in the world), which presents challenges regarding the creation and implementation of appropriate health interventions. Brazil has 5570 municipalities which also creates social, population, structure and administrative challenges to design an appropriate intervention.

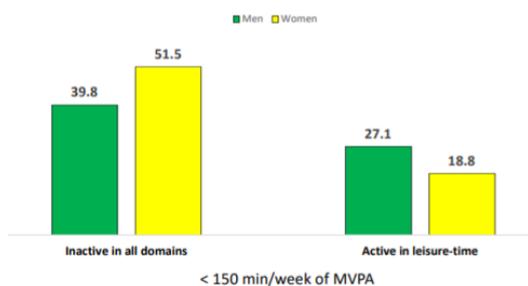
Large-population countries have new challenges due to urbanisation and economic growth, but they also face old health issues, such as maternal and childhood mortality. In regard to health promotion, the population may not view issues such as physical activity as significant enough and fail to understand their prioritisation.

Non-communicable chronic diseases are now Brazil’s greatest health issue and account for more than 70% of deaths.

Brazil has a large regional difference, as the north region of the country is much poorer than the south. The huge difference in life expectancies are also reflected in the health behaviours. The south region performs much better in lifestyle categories (such as smoking, alcohol, physical activity and diet), which makes it more difficult to deliver appropriate health interventions to the whole population. This is because the needs of the much lower socioeconomic areas differ from that of the higher status. Low socioeconomic status is related to low health and health outcomes.

The most serious health issue in Brazil is health inequalities! This is important to consider for the development of interventions which focus on lifestyle factors.

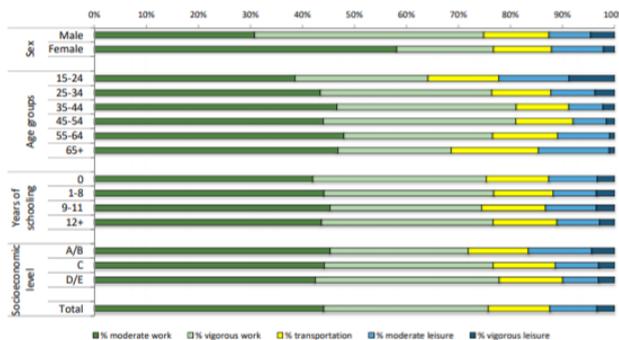
‘Physical Activity & Television Viewing Among Brazilian Adults: National Health Survey 2013’:



-Physical activity data in Brazil depict that nearly 40% of men don’t achieve the guidelines for physical activity and health. This health difference reflects the health inequalities.

-In addition, there also exists gender inequalities as the women depict an even higher prevalence of physical inactivity. This could be related to transport, leisure time and occupation.

-The proportion of individuals who achieve the recommended amount of physical activity during their leisure time is approximately 27% of men and 18% of women.



‘Contribution of Specific Domains & Intensities to the Total Amount of Minutes per Week spent on Physical Activity Among Brazilian Adults 2013-2014’:

- Work-based physical activities are responsible for 75% of overall physical activities. This is important because Brazil’s economics are growing which

may further decrease the amount of work-based physical activity; hence the need to focus on leisure time physical activity.

COURSE OVERVIEW & HEALTH PROMOTION CHALLENGES

Throughout this lecture, we will be looking back across studied content and examine how they inform the revision for the upcoming exam. Note that the portfolio tasks show be used to support revision.

Concepts – What is health promotion and who promotes health?

- We need to be specialists in generalisation due to the multi-disciplinarily nature of health.
- As a practitioner, you must understand the different experts that you must link into.
- This involves understanding the different components and conditions that influence behaviour and how they fit together to effectively result in behavioural change.

Individuals & Populations – The large majority or the deviant minority?

- A combined approach is the way to go!
- Need to think about populations and the upstream approach.
- Think about the strengths and limitations of each approach.
- Sources: Rose

Changing Behaviour – Socioecological model, mHealth & environments

- Multi-layered approaches are essential and link to the socioecological model, as all the layers link in together and targeting the layers brings about comprehensive change.
- Understand the different types of environments and how they each contribute to health promotion.
- Understand nudging and how it links to behaviour economics. Understand the different between nudging and legislations and the strengths and limitations of each.
- Sources: Dannenburg; Marteau

Social Marketing – Types, principles & health funding

- Mix your social marketing ingredients
- Segment (target) demographics to further enhance effectiveness
- Be creative with marketing approaches!
- Accepting funding from large companies is always a dilemma. As long as there is objectivity, then it might be acceptable. Another positive argument is that such companies are not going to go away, so small change from them can contribute to a big population change. Some of the arguments as to why one should not accept funding is lack of objectivity and lobby legislation.
- Sources: Gomez