

Year 13 Topics

In year 13 we teach the following topics over the course of the year. Each topic draws on prior learning from previous years and builds on understanding from the KS3 programme of study. Each topic develops and deepens the Core knowledge that will underpin all areas of the curriculum at KS5 and onward into undergraduate courses.

Topic	Rationale	Knowledge acquisition	Key vocabulary	Skills and enrichment
Unit 8: Promoting Public Health	Examine strategies for developing public health policy to improve the health of individuals and the population	Contributors to public health systems from 1942, e.g. include the Beveridge Report 1942, National Health Service Act 1946, rising public anxiety about the risk of epidemics, e.g. measles. Aims of public health policy, to include: <ul style="list-style-type: none"> planning national provision of healthcare and promoting the health of the population identifying and monitoring the needs of the population identifying and reducing inequalities between groups and communities in society protecting individuals, groups and communities in society from threats to health and wellbeing that arise from environmental hazards and communicable diseases addressing specific national health problems over a period of time developing programmes to screen for early diagnosis of disease. 	Epidemics National provision Environmental hazards Communicable disease	Throughout the unit: <ul style="list-style-type: none"> Further develop skills in research methods. To include: <ul style="list-style-type: none"> Analysis Evaluation Reflection Numeracy Problem solving. Independent study skills. Oracy skills developed Develop skills in data analysis from national statistics on health. Teeside University talk on Nursing provides an opportunity to develop skills in interviewing a nurse on current practice in promoting public health for individual's with a learning disability. Students develop skills in interviewing when Staff and service users from Mencap talk about health
		<ul style="list-style-type: none"> Strategies, to include identifying the health needs and promoting the health of the population, developing programmes to reduce risk and screen for early disease. 	Strategies	

		<ul style="list-style-type: none"> • Planning and evaluating the national provision of health and social care target setting, to include local and national provision. • Minimising harm of environmental factors, to include recycling, waste management, pollution reduction, ensuring food safety. 		promotion in their organisation.
		<ul style="list-style-type: none"> • Statistics to include World Health Organization (WHO), government, regional, local studies to include epidemiological, regional and local reports, demographic data. • Public Health Observatories reports on health inequalities to include Black Report 1980, Acheson Report 1998. • How data is used by public health practitioners to monitor and respond to public health issues. 	Epidemiology Demographics Health inequalities	
		<ul style="list-style-type: none"> • Government and government agencies, e.g. Department of Health • Pressure groups, e.g. Age Concern, British Heart Foundation, Action on Smoking and Health (ASH). • International groups, e.g. WHO, United Nations (UN). • National groups, e.g. the National Institute for Health and Care Excellence (NICE), • Cancer Research UK. 	Pressure groups Government Agencies	
	Examine the factors affecting health and the impact of addressing these	<ul style="list-style-type: none"> • Socio-economic, e.g. income, education. • Environmental, e.g. housing, access to exercise facilities. • Genetic, e.g. sickle cell anaemia. • Lifestyle, e.g. diet, substance misuse. 	Socio-economical Environmental	

	factors to improve public health	<ul style="list-style-type: none"> • Links between social change, lifestyle choices and public health issues, e.g. obesity, cancers. 		
		<ul style="list-style-type: none"> • The social and economic impact of ill health on individuals and the population. • Reduced health and social inequalities through improvements in more disadvantaged communities. • Increased life expectancy, including quality of life. • Reduced demand for or pressure on health and social care services. 	Life expectancy	
	Investigate how health is promoted to improve the health of the population	<p>Aims – to improve the health of individuals and the population and reduce health inequalities. Global, e.g. WHO. National/regional/local as appropriate to England, Wales or Northern Ireland, e.g.:</p> <ul style="list-style-type: none"> • Department of Health • Public Health Agency • clinical commissioning groups (CCGs) • health professionals. 		
		<ul style="list-style-type: none"> • Monitoring the health status of the community and identifying those most at risk, e.g. children, unemployed, older people, minority ethnic groups. • Health surveillance programmes. • Targeted education and health awareness and health promotion programmes. • Socio-economic support to reduce health inequality between individuals and communities, e.g. winter fuel payments, free school meals, housing support. • Improving access to health and care services. • Co-ordinating national and local services. 	<p>Health status Health surveillance Disease registration Statutory duty Microbiology services</p>	

		<ul style="list-style-type: none"> • Disease registration to inform of health trends and for strategic health planning. • Statutory duty to notify certain communicable diseases, e.g. measles, tuberculosis. 		
		<ul style="list-style-type: none"> • Evidence-based responses through environmental surveillance and intelligence gathering. • Environmental controls, e.g. waste disposal and treatment, water supply, food production, preparation, storage and sales. • Regulations, control and monitoring of public areas and work environments. • The role of microbiology services to identify and control outbreaks of food-, water- or airborne disease. • The role of field epidemiology in controlling communicable disease, e.g. pandemic influenza preparedness and response. • Specific programmes for health protection, e.g. immunisation, health and genetic screening programmes. 		
		<ul style="list-style-type: none"> • Prevention and control of communicable diseases, e.g. guidance on hygiene, BCG vaccination to protect against tuberculosis, use of antibiotics to prevent the spread of bacterial meningitis. • Prevention and control of non-communicable diseases, raising awareness of causes, • contributory lifestyle factors and the symptoms of, e.g. skin cancer, coronary heart disease. 	<p>BCG - tuberculosis Bacterial meningitis - antibiotics</p>	

		<ul style="list-style-type: none"> Socio-economic support and protection benefits, e.g. pensions, free school meals. 		
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	Investigate how health promotion encourages individuals to change their behaviour in relation to their own health	Relation to health policy. <ul style="list-style-type: none"> Objectives. Target audience. Reasons for approach – media resources. Ethical considerations. Analysis of data obtained during and after promotion to evaluate outcomes against original objectives. Influence of campaign focus, target audience and ethical considerations on chosen model. 	Target audience Media resources Data analysis	
		Cost, e.g. cost of transport affecting access to health services and treatments, cost of exercise facilities, cost of nutritional food. <ul style="list-style-type: none"> Individual resistance/indifference. Accessibility of resources. Lifestyle factors, e.g. diet, exercise, smoking. The media, e.g. over-exposure leading to public indifference, inaccurate reporting discouraging participation. 	Individual resistance Accessibility	
		<ul style="list-style-type: none"> Health belief model Theory of reasoned action Theory of planned behaviour Stages of change model Social learning theory 	Health belief model Theory of reasoned action Theory of planned behaviour Stages of change model Social learning theory	
		<ul style="list-style-type: none"> Health education activities, e.g. healthy eating campaigns, government standards for school lunches. Social marketing approach – marketing mix, benefits, limitations. 	Social marketing National campaigns	

		<ul style="list-style-type: none">• Role of mass media – different forms, benefits, limitations.• Community development approach – holistic concept, participation, empowerment, benefits, limitations.• Two-way communication – in health and social care settings; other uses, peer educators, use of theatre and drama, interactive video and computer packages.• National campaigns, e.g. physical activity, diet, smoking ban, Drink Wise, reduction of teenage pregnancies.		
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