

# University of the West of Scotland

## Module Descriptor

**Session: 2022/23**

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<b>Title of Module: Responding to Public Health Challenges</b>
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<b>Code: MIDW11030</b>	<b>SCQF Level: 11</b> (Scottish Credit and Qualifications Framework)	<b>Credit Points: 20</b>	<b>ECTS: 10</b> (European Credit Transfer Scheme)
<b>School:</b>	School of Health and Life Sciences		
<b>Module Co-ordinator:</b>	Helen Cockburn		

<b>Summary of Module</b>
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There have been significant improvements in international health status in terms of the major diseases of cancer, heart disease and stroke. These improvements however have not been experienced by everyone. Unacceptable inequalities in health still exist across societal groups (EU Commission, 2014; NHS Scotland, 2020; Scottish Government, 2018a), with some developed countries experiencing notable differences in life expectancy between poor and affluent areas of as much as 17years (OECD, 2018).

This module will explore the policy context and its intended impact (Scottish Government, 2018a; WHO, 2017), developed across sectors to address, improve health and tackle health inequalities (Walker & John, 2012; WHO, 2017). It will allow an insight into some of the measures used in determining trends and patterns in population health, including epidemiology and health statistics, as well as a number of contemporary approaches in addressing health concerns (Hosseinpour, Bergen, and Schlottheuber, 2015).

Students will be introduced to public health theory and practice, and work towards adopting a systematic approach to developing health improvement interventions using the processes underpinned by public health and health promotion specialists. Students will also explore the methods by which these interventions can be planned, managed, and evaluated, in order to develop the maximum impact and benefit for organisations and stakeholders (Corcoran, 2013).

Syllabus Overview:

- Determinants of health
- Health inequalities and equity
- Policy context; public and social policy
- Epidemiology
- Health needs assessment
- Health improvement; policy, methodologies, models (e.g Beattie's, Downie, Fyffe & Tannahill, Precede-Proceed, Transtheoretical model) and initiatives.
- Cultural competence
  
- The above skills acquisition, contributes to the development of the UWS Graduate Attributes: Universal - critical thinking, analytical, inquiring, culturally aware, emotionally intelligent, ethically-minded, culturally aware, collaborative, research-minded, and socially responsible; Work-Ready -knowledgeable, digitally literate, effective communicator, motivated, potential leader; and Successful -autonomous, incisive, creative, resilient and daring.

<b>Module Delivery Method</b>					
<b>Face-To-Face</b>	<b>Blended</b>	<b>Fully Online</b>	<b>HybridC</b>	<b>HybridO</b>	<b>Work-based Learning</b>
✓		✓			
<b>Face-To-Face</b> Term used to describe the traditional classroom environment where the students and the lecturer meet synchronously in the same room for the					

whole provision.

**Blended**

A mode of delivery of a module or a programme that involves online and face-to-face delivery of learning, teaching and assessment activities, student support and feedback. A programme may be considered “blended” if it includes a combination of face-to-face, online and blended modules. If an online programme has any compulsory face-to-face and campus elements it must be described as blended with clearly articulated delivery information to manage student expectations

**Fully Online**

Instruction that is solely delivered by web-based or internet-based technologies. This term is used to describe the previously used terms distance learning and e learning.

**HybridC**

Online with mandatory face-to-face learning on Campus

**HybridO**

Online with optional face-to-face learning on Campus

**Work-based Learning**

Learning activities where the main location for the learning experience is in the workplace.

**Campus(es) for Module Delivery**

The module will **normally** be offered on the following campuses / or by Distance/Online Learning: (Provided viable student numbers permit)

Paisley:	Ayr:	Dumfries:	Lanarkshire:	London:	Distance/Online Learning:	Other:
			✓		✓	

**Term(s) for Module Delivery**

(Provided viable student numbers permit).

Term 1	Term 2	Term 3
✓		

**Learning Outcomes: (maximum of 5 statements)**

On successful completion of this module the student will be able to:

- L1. Critically examine the range of theories and models, which underpin contemporary health improvement and public health practice.
- L2. Demonstrate a critical understanding of the concepts, principles and methods of utilising epidemiological and other health data to underpin health needs assessment
- L3. Analyse the major determinants of health and critically evaluate global, national and local policy initiatives for improving public health.
- L4. Systematically review and evaluate the effectiveness of health improvement interventions which contribute to enhancing the health and social wellbeing of individuals, families and communities.

**Employability Skills and Personal Development Planning (PDP) Skills**

SCQF Headings	During completion of this module, there will be an opportunity to achieve core skills in:
Knowledge and Understanding (K and U)	SCQF Level 11. Critically exploring both the policy and practice context of health inequalities and appraisal of the cross sectoral responses to improve health and tackle inequalities.
Practice: Applied Knowledge and Understanding	SCQF Level 11. Critically examining the application of knowledge and skills required by healthcare professionals to contribute to the health improvement agenda.

	Apply the principles of epidemiological theory to the health care environment.
Generic Cognitive skills	SCQF Level 11. Analysing the links between policy and strategy and implementation of local, national and/or international public health initiatives.
Communication, ICT and Numeracy Skills	SCQF Level 11. Critically appraising health and social care communication strategies used to enhance wellbeing at individual, family and community levels
Autonomy, Accountability and Working with others	SCQF Level 11. Reflecting analytically on own role and those of health and social care providers across statutory and third sector services contributing significantly to the delivery of health improvement and public health practice. Commenting critically on partnership working between public health, health improvement and third sector organisations.

<b>Pre-requisites:</b>	Before undertaking this module the student should have undertaken the following:	
	<b>Module Code:</b>	<b>Module Title:</b>
	<b>Other:</b>	
<b>Co-requisites</b>	<b>Module Code:</b>	<b>Module Title:</b>

\* Indicates that module descriptor is not published.

<b>Learning and Teaching</b>	
This module is delivered via hybrid delivery as well as by fully distance learning utilising the Virtual Learning Environment (VLE).	
<p>Hybrid delivery: In this mode of delivery, students will attend classes and take part in a range of face-to-face/synchronous student-centered activities with the lecturer and class peers. The materials presented during the classes will be those utilised by fully online students to ensure parity of experience. Taught students have access to direct individual and tutorial support from their lecturers and will be directed to wider reading, including access to electronic library and books. They will also have access to the VLE as a mechanism for communication and dissemination of information.</p> <p>Distance learning students: In this mode of delivery, students are learning fully online and are supported by the VLE. On-line students will receive core module resources; individual and group tutorial support and directed learning via the VLE system. This will be aided by asynchronous online discussion boards; virtual learning activities; tutorials (on-line or face to face via MST Teams or WEBex); directed wider reading including access to electronic library and e-books.</p> <p>All students will be expected to work through the online module materials independently via the VLE. This will assist in enhancing skills of communication, presentation, problem-solving and critical reflection. Module content reflects societal diversity and a rights-based approach to practice. To promote accessibility, anticipatory adjustments have been made to teaching and learning strategies e.g. availability of electronic copies of lecture materials. Further reasonable adjustments can be made for students who have been assessed as requiring specific adjustments e.g., specialised equipment for studying e.g., specialised software.</p>	
<b>Learning Activities</b> During completion of this module, the learning activities undertaken to achieve the module learning outcomes are stated below:	<b>Student Learning Hours</b> (Normally totalling 200 hours): (Note: Learning hours include both contact hours and hours spent on other learning activities)
Tutorial/Synchronous Support Activity	3
Asynchronous Class Activity	19
Lecture/Core Content Delivery	40
Personal Development Plan	6
Independent Study	132

**\*\*Indicative Resources: (eg. Core text, journals, internet access)**

The following materials form essential underpinning for the module content and ultimately for the learning outcomes:

## Core text:

Bhopal, R. S. (2013) Concepts of Epidemiology: Integrating the Ideas, Theories, Principles and Methods of Epidemiology. 3rd ed. Oxford: Oxford University Press. <http://libcat.uhi.ac.uk/record=b1106651~S18>

Corcoran, N. (ed.) (2013) Communicating Health: Strategies for Health Promotion. 2nd ed. Thousand Oaks: SAGE Publications. <http://libcat.uhi.ac.uk/record=b1562518~S18>

Douglas, J. (ed.) (2010) A Reader in Promoting Public Health: Challenge and Controversy. 2nd ed. Milton Keynes: SAGE. <http://libcat.uhi.ac.uk/record=b1488036~S18>

Ebner, Y. (2010) The Impact of the Economic Crisis on Health Inequalities. Geneva: Assembly of European Regions. [Online] Available: [http://www.aer.eu/fileadmin/user\\_upload/Commissions/HealthSocial/EventsAndMeetings/2010/Brussels\\_Fall/FINAL-Healthinequalities.pdf](http://www.aer.eu/fileadmin/user_upload/Commissions/HealthSocial/EventsAndMeetings/2010/Brussels_Fall/FINAL-Healthinequalities.pdf)

Institute for Government (2018) Understanding the economic impact of Brexit. Institute for Government: London

Kings Fund (2019). Brexit: the implications for health and social care. (Online) <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care> (Date Accessed 19/01/21)

Hosseinpoor, A., Z, Bergen, N. & Schlottheuber, A. (2015) Promoting health equity: WHO health inequality monitoring at global and national levels, Global Health Action, 8:1, DOI: 10.3402/gha.v8.29034

Marmot, M., Allen, J., Goldblatt, P., Herd, E. and Morrison, J (2021) Build Back Fairer: The Covid-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health equity

NHS Scotland (2020) Recover, Restore, Renew. Chief medical officer for Scotland annual report 2020-2021 <https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2021/03/cmo-annual-report-2020-21/documents/chief-medical-officer-scotland-annual-report-2020-2021/chief-medical-officer-scotland-annual-report-2020-2021/govscot%3Adocument/chief-medical-officer-scotland-annual-report-2020-2021.pdf?forceDownload=true>

OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle. OECD Publishing: Paris Available (online) [https://doi.org/10.1787/health\\_glance\\_eur-2018-en](https://doi.org/10.1787/health_glance_eur-2018-en) (Date accessed 18/1/21).

Ritsatakis, A. (2011) Healthy Cities Tackle the Social Determinants of Inequities in Health: a Framework for Action. [Online] Available: [http://www.healthycities.org.uk/uploads/files/10\\_new\\_healthy\\_cities\\_tackle\\_the\\_social\\_determinants\\_of\\_inequities\\_in\\_health\\_a\\_framework\\_for\\_action\\_\\_edited\\_final.pdf](http://www.healthycities.org.uk/uploads/files/10_new_healthy_cities_tackle_the_social_determinants_of_inequities_in_health_a_framework_for_action__edited_final.pdf)

Scottish Government (2018a) Public Health Priorities for Scotland. Scottish Government: Edinburgh

Walker, P. and John, M. (2012) (eds.) From Public Health to Wellbeing: the New Driver for Policy and Action. Basingstoke: Palgrave Macmillan. Available (online) <http://libcat.uhi.ac.uk/record=b1534234~S18> (Date accessed 18/1/21)

World Health Organisation (2010) Poverty, social exclusion and health systems in the WHO European Region. WHO Regional Office for Europe: Copenhagen

WHO (2014) Review of Social determinants and the health divide in the WHO European Region: Final Report. [Online] Available: <http://www.instituteofhealthequity.org/projects/who-european-review>

WHO (2017) National Health Inequality Monitoring. [https://www.who.int/docs/default-source/gho-documents/health-equity/handbook-on-health-inequality-monitoring/9-june-web-version-17136-national-health-inequality-monitoring-step-by-step-manual.pdf?sfvrsn=2a9ac9a9\\_2](https://www.who.int/docs/default-source/gho-documents/health-equity/handbook-on-health-inequality-monitoring/9-june-web-version-17136-national-health-inequality-monitoring-step-by-step-manual.pdf?sfvrsn=2a9ac9a9_2)

## Recommended text:

Green, P., Tones, K., Cross, R. and Woodall, J (2015) Health Promotion planning and strategies. 3rd ed. Milton

Keynes: SAGE.

Labonte, R. and Ruckert, A. (2019) Health Equity in a Globalizing Era: Past challenges, Future Prospects. Oxford: Oxford University Press

Martin, P., Duffy, T., Johnston, B., Banks, P., Harkess-Murphy, E. and Martin, C. R. (2013) Family Health Nursing: A Response to the Global Health Challenges. Journal of Family Nursing. Vol.19 (1), pp.99-118.

Naidoo, J. and Wills, J. (2016) Developing Practice for Public Health and Health Promotion. 4th ed. London: Elsevier.

NHS Health Scotland (2017) Maximising the role of NHS Scotland in reducing health inequalities. NHS Health Scotland: Edinburgh

Scottish Government (2018) Long- term Monitoring of Health Inequalities, Dec 2018 report. Scottish Government: Edinburgh

Scriven, A. and Hodgins, M. (2013) Health Promotion Settings Principles and Practice. Milton Keynes: SAGE

Sim, F. and McKee, M. (eds.) (2011) Issues in Public Health. 2nd ed. Maidenhead: McGraw-Hill/Open University Press. <http://libcat.uhi.ac.uk/record=b1532733~S18>

Treanor, M (2020) How COVID-19 crisis measures reveal the conflation between poverty and adversity. <https://eupublishing.com/doi/full/10.3366/scot.2020.0338>

Useful sources:

Scottish Government website for current information about Coronavirus: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-individuals-and-businesses-in-scotland>

WHO Global coronavirus information on research:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>

WHO Coronavirus Dashboard:

<https://covid19.who.int/> (latest updates on disease by country / continent – case numbers, deaths)

Glasgow Centre for Population Health <http://www.gcph.co.uk/>

European Commission [http://ec.europa.eu/health/index\\_en.htm](http://ec.europa.eu/health/index_en.htm)

Eurostat <http://ec.europa.eu/eurostat>

The Network of Public Health Observatories <http://www.apho.org.uk/>

Information Services Division (ISD) <http://www.isdscotland.org/>

World Health Organization health promotion home page. <http://www.who.int/healthpromotion/en/>

Health Scotland <http://www.healthscotland.com/>

The Department of Health home page a useful starting point for finding out about health issues in UK with a large number of documents available for downloading <http://www.dh.gov.uk/>

Health promotion glossary. For a useful set of definitions of key concepts in health promotion including sources see: [http://www.who.int/hpr/NPH/docs/hp\\_glossary\\_en.pdf](http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf)

The Royal Society for Public Health

<http://www.rsph.org.uk/en/health-promotion/>

(\*\*N.B. Although reading lists should include current publications, students are advised (particularly for material marked with an asterisk\*) to wait until the start of session for confirmation of the most up-to-date material)

## Engagement Requirements

In line with the Academic Engagement Procedure, Students are defined as academically engaged if they are regularly engaged with timetabled teaching sessions, course-related learning resources including those in the Library and on the relevant learning platform, and complete assessments and submit these on time. Please refer to the Academic Engagement Procedure at the following link: [Academic engagement procedure](#)

Where a module has Professional, Statutory or Regulatory Body requirements these will be listed here: In line with the Academic Engagement and Attendance Procedure, Students are defined as academically engaged if they are regularly engaged with timetabled teaching sessions, course-related learning resources including those in the Library and on the VLE, and complete assessments and submit these on time. Please refer to the Academic Engagement and Attendance Procedure at the following link: <https://www.uws.ac.uk/media/4153/academic-engagement-and-attendance-procedure.pdf>

### Supplemental Information

<b>Programme Board</b>	Midwifery & Specialist Nursing
<b>Assessment Results (Pass/Fail)</b>	No
<b>Subject Panel</b>	Midwifery&Specialist Nursing L9-11
<b>Moderator</b>	Alan Curley
<b>External Examiner</b>	N Walsh
<b>Accreditation Details</b>	University of The West of Scotland
<b>Changes/Version Number</b>	2.11 minor revisions: updated module coordinator, moderator and updated resources

### Assessment: (also refer to Assessment Outcomes Grids below)

Both formative and summative assessment strategies will be utilised within the module. Early formative assessment will be incorporated into the module to facilitate the process of student development and academic literacy skills, providing both feedback and feed-forward to enable this process. The summative assessment will be in 2 parts.

Part A of the summative assessment is based on the student's participation in two Asynchronous Discussions hosted on the Virtual Learning Environment. Discussions will be marked using a PACE methodology developed within the School of Health and Life Sciences. This methodology is based on a model for participation in asynchronous discussions developed by Sabin, H., Larson, S. & Nellen, T. (2000) The PACE Model: for On-line Teaching and Student Support, Learning Technology Newsletter, 2(1):16-20. This will contribute 50% of the final mark awarded to the student.

Each component can be passed at 40% with an aggregate mark of 50% B2 requiring to be achieved to pass the module

Part B of the summative assessment is a written report equivalent to 50% of the final mark. In addressing all the learning outcomes within the context of the module, the student will select a major health issue for examination and present a report on a critical evaluation of the global, national, and local policy initiatives introduced to tackle the issue (3250 words + 10%).

Each component can be passed at 40% with an aggregate mark of 50% B2 requiring to be achieved to pass the module

(N.B. (i) **Assessment Outcomes Grids** for the module (one for each component) can be found below which clearly demonstrate how the learning outcomes of the module will be assessed.

(ii) An **indicative schedule** listing approximate times within the academic calendar when assessment is likely to feature will be provided within the Student Handbook.)

### Assessment Outcome Grids (Footnote A.)

## Component 1

Assessment Type (Footnote B.)	Learning Outcome (1)	Learning Outcome (2)	Learning Outcome (3)	Learning Outcome (4)	Weighting (%) of Assessment Element	Timetabled Contact Hours
Review/ Article/ Critique/ Paper	✓	✓	✓	✓	50	0

## Component 2

Assessment Type (Footnote B.)	Learning Outcome (1)	Learning Outcome (2)	Learning Outcome (3)	Learning Outcome (4)	Weighting (%) of Assessment Element	Timetabled Contact Hours
Report of practical/ field/ clinical work	✓	✓	✓	✓	50	0
<b>Combined Total For All Components</b>					100%	0 hours

### Footnotes

- A. Referred to within Assessment Section above  
 B. Identified in the Learning Outcome Section above

### Note(s):

1. More than one assessment method can be used to assess individual learning outcomes.
2. Schools are responsible for determining student contact hours. Please refer to University Policy on contact hours (extract contained within section 10 of the Module Descriptor guidance note).  
 This will normally be variable across Schools, dependent on Programmes &/or Professional requirements.

## Equality and Diversity

The School of Health and Life Science believes that education and practitioner diversity are central to achieving quality of care.

Within this module, quality of care, inclusiveness, and employability are achieved by:

- Provision of a welcoming and supportive culture that promotes accessibility and equal opportunities to students and prospective students
- Promotion of confidence and knowledge of their rights as a student and employee
- Promotion of respect and knowledge of client diversity, their needs, rights, and associated practitioner responsibilities

The above aims are supported by staff belief in fairness and equal opportunities and thus guide the content, teaching, learning, assessment, and evaluation.

Anticipatory' and 'reasonable' adjustments are grounded in 'competence standards' – specifically, the core requirements for progression/achievement in placement/module. Anticipatory adjustments have been made and 'reasonable adjustments' can be made available in teaching and learning strategies to promote accessibility of the module. For students who have disclosed a disability, the UWS Disability Service (DS) will assess the individual's strengths and support needs and then forward a Student Support Form to the appropriate DS Co-ordinator who will circulate the form to all of the relevant teaching staff. 'Reasonable adjustments may include adapted or specialised clinical equipment (e.g. electronic stethoscope, coloured overlays) or further specialist assessment or support (e.g. assessment by an Educational Psychologist, extended time for presentations or assessments). If funding is required, this can be organised by the DS and funded by the School. Reasonable adjustments, in line with DS recommendations for the assessment of the individual student, can be assured.

Processes and procedures have been subject to Equality Impact Screening and where appropriate Equality Impact Assessment. Evaluation by all key stakeholders throughout the life of the module is also central to meeting our commitments.

Students should approach the Disability Service as early as possible to discuss support. Details of the service can be found at: [www.uws.ac.uk/disabilityservice/](http://www.uws.ac.uk/disabilityservice/)

### UWS Equality and Diversity Policy

(N.B. Every effort will be made by the University to accommodate any equality and diversity issues brought to the attention of the School)