

# Research roundup: June 2018

*In this section, a range of brief synopses of recently published articles that may be of interest to health visitors is presented. The aim of this roundup is to provide an overview, rather than a detailed summary, of the research papers selected. Should you wish to look at any of the papers in more detail, a full reference is provided.*

## Behaviour change opportunities at GP mother and baby checks

Pregnancy and the postnatal period are often seen as 'teachable moments', when women and their partners are more receptive to health promotion that may lead to behaviour change affecting the child and family. All women are offered a health check with a GP at 6–8 weeks postpartum. This study set out to explore GPs' views and experiences of the postnatal check as a health-related behaviour change opportunity. A purposive sample of 18 GPs in the north west of England were contacted for semi-structured telephone interviews, which were recorded and transcribed using thematic analysis.

Health promotion evolved as an important part of general practice and, while the respondents recognised that the postnatal period and the postnatal check have the potential to instil behaviour change, there were problems with sufficient time for appointments.

Some GPs said they felt they did not have the skills for such health promotion and saw it as more appropriate to signpost to other professionals, such as health visitors, midwives, dietitians and specialist nurses. Other participants felt that the woman should take the lead on the discussion of behaviour change.

Overall, the study found that the postnatal check was an opportunity that was not really used. The doctor-led approach focused on medical and pregnancy-related concerns. In terms of women's perspectives, it was unclear whether they wanted to engage in education related

to lifestyle choice. Further research is needed on women's views as well as consideration of increased opportunities to liaise with other health professionals who are in a stronger position to support lifestyle change.

JHV

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Talbot H, Strong E, Peters S, Smith DM. Behaviour change opportunities at mother and baby checks in primary care: a qualitative investigation of the experiences of GPs. *Br J Gen Pract.* 2018 68(669):e252-e259.

## The LiveWell Dorset behaviour change system

Behaviour change is vital to promote healthy lifestyles and improve the nation's public health (National Institute for Health and Care Excellence, 2007). The LiveWell campaign in Dorset aims to address the unhealthy lifestyle behaviours of the local population to improve public health while meeting the budget constraints faced by local authorities.

LiveWell Dorset has developed an integrated service to facilitate behaviour change on an individual level, using person-centred coaching and a digital support tool, along with training of health and social care practitioners. This integrated service focuses on prevention-based health and lifestyle behaviours to reduce disease prevalence. Clients are assessed and allocated to either

a low-level or more intensive coaching support service. Each individual has a complete assessment of their behaviours. Using this method, one-to-one coaching can be tailored to the individual, to understand what the barriers are to them having the motivation to change, the capability to change and the opportunity to sustain the change.

Individuals receive four to six sessions, including support and advice, and are then followed up at 3, 6 and 12 months to obtain data about how successful the intervention has been. The researchers propose that while one-to-one coaching is a costly intervention, the use of digital tools should complement and maintain these positive behaviour changes in individuals to make it a cost-effective method of reducing unhealthy behaviours.

The authors also propose that using digital tools reaches a larger population of people, including men and young people who are less likely to attend face-to-face-based interventions.

As this is an ongoing project with funding guaranteed until 2020, reviews and follow-up will need to be collated to assess the outcomes, financial feasibility and relevance of an integrated behavioural intervention in practice.

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Crowe S, Burley S, Long S. The LiveWell Dorset behaviour change system. *Perspect Public Health.* 2018 Mar;138(2):83-84.

ADOBE STOCK



Simply teaching students about healthy behaviours has not previously proven effective in changing behaviours or, in the long run, in decreasing morbidity and mortality rates

### Ecological and political economy lenses for school health education

Internationally, school educators are faced with an array of complex health and social problems that need addressing, such as smoking, drug use, obesity and teenage pregnancy. Health education curricula tend to focus predominantly on reducing rates of these problems, and the approach is often based on changing individualised behaviours rather than taking a much wider perspective that includes the social and structural determinants of health.

The authors of this review offer a comprehensive critique of the current *status quo* in the US, arguing that school health education provision in the country is ripe for critical exploration and that a reconsideration is required in terms of what students are taught about health. How can they be supported to think more critically about the complexities of health and the factors that influence health outcomes?

Focusing on behaviour change can result in a reductionist approach and negative outcomes. Of particular concern are the unrealistic expectations and damaging effects of the suggestion that individuals are solely responsible for their own health. As Minkler (1999: 126) argues, 'An overriding emphasis on personal responsibility blames

the victim, by ignoring the social context in which individual decision making and health-related action takes place'. Additionally, simply teaching students about healthy behaviours has not previously proven effective in changing behaviours or, in the long run, in decreasing morbidity and mortality rates (Gard and Pluim, 2014). In light of this, a shift in teaching is suggested and a need for pedagogical approaches that allow students to gain a critical understanding of the social structures and systems influencing health (upstream), and also confidence in their agency and ability to effect change where possible.

Using such approaches incorporates health in its fullest ecological context and supports the practice of critical thinking. An ecological model allows for a more critical approach to health that goes beyond a superficial understanding of individual behaviour as being the sole determinant of health. This approach is grounded in two key assumptions: that health and health behaviours are influenced by factors at the individual, interpersonal, community, institutional and public policy levels, and that these factors influence each other across the different levels (Sallis et al, 2008). Thinking more critically challenges current discourses that support or reinforce the standardised health messages about obesity, sex

and pregnancy, alcohol and drug use that are often blaming and stigmatising. This viewpoint builds on Quennerstedt et al (2010: 97) who state that health education 'takes as its starting point the learning that occurs in the lives of young people'.

Themes of social justice, power inequity and ethics are also prevalent through a dialogue of promoting student learning that supports a strong sense of self, of value and of increased voice. Teaching with an eye on social justice and equity are seen as more productive, complementing other research on critical health education. What this paper adds to this particular discussion is an explicit integration of the ecological model and a call for newer approaches. **JHV**

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 Sallis J, Owen N, Fisher E. Ecological models of health behavior. In: Glanz K, Rimer BK, Viswanath K (eds). *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco, CA: Jossey Bass Publishers; 2008: 462-484.  
 Quennerstedt M, Burrows L, Maivorsdotter N. From teaching young people to be healthy to learning health. *Utbildning & Demokrati*.2010;19(22):97-112.

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