

Health promotion essay: skin cancer awareness and prevention



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Health Promotion Essay about Skin Cancer Awareness and Prevention.

Include group members were Lawrence Essilfie, Olufunmilayo Dawodu, Carla Gillard, Neil Brannigan, Niamh Greaney and Fiona Opoku through shared ideas, experiences and debates.

This essay shall discuss a health promotion forum on awareness and prevention of “ Skin cancer” which was carried out by student nurses, named above. The four main areas the essay will cover are assessment of health needs, approach used, and evaluation of the health forum and finally conclude with a summary of the health forum. World Health is an important issue in today’s society. A good definition of health is “ A state of complete physical, mental, and social well-being and not merely the absence of disease” (World Health Organization, 1946).

Skin cancer is defined as malignant cell that forms in the tissues of the skin outer layer. Generally, most forms of skin cancer characteristic increase in a pattern. It begins with a single cell, by mysterious reasons the cell begins to reproduce extremely quickly. This uncontrollable growth leads eventually to cancerous cells which spreading through the body, affect larger areas. It occurs in both men and women (Hounsoume et al, 2009).

Assessment health needs is a systematic method for reviewing the health issue facing the population leading to agreed priorities and resources allocation that will improve health inequalities (NICE, 2005). There is an enormous detrimental of skin cancer in the United Kingdom (UK) and worldwide; therefore the need to educate the public is important.

Epidemiological and demographic statistics

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Skin cancer has been established as one of the common cancer in UK, men and women are likely to get skin cancer but have not been known to be the most common cancer in women. Cancer Research UK, (2011) supported that, in 2011 13, 300 people in the UK were diagnosed with skin cancer. 71% of those diagnosed with skin cancer were men, 61% of those were women and that is, 37 people globally been diagnosed every day (Worldwide Cancer, 2012).

Cancer Research UK, (2011) states that one in every nine people in the UK will develop skin cancer at some point in their life; more than 300, 000 cases will be diagnosed by the year 2020. It has become the most common cancer in the UK and is a leading cause of death for men aged 34 to 54 (Macmillan, 2009).

According to Cancer Research UK, (2011), the strongest risk factor for skin cancer after smoking and alcohol is ultraviolet light, tanning beds, genetics and age. The older the person, the higher is the risk of developing skin cancer. NICE, (2010) supported that, skin cancer is strongly related to age with 81% of cases occurring in both sex age 50years and over and nearly 48% of cases of skin cancer are diagnosed in the 50- 69 age group. The World Health Organization WHO (2011) supports, skin cancer to be in the group top ten cause of death in high income countries. Despite the high incidence rates in western countries, 89% of people diagnosed with skin cancer are due to early detection and treatment states (Parkin et al, 2010).

The Australia and New Zealand have one of the highest incidence rates worldwide including North America and USA, UK making these countries a

priority for skin cancer awareness and prevention. In 2010 skin cancer resulted in an estimated 11, 790 deaths in undeveloped countries and 184, 000 deaths in developed countries accounting for 12 and 16 percent, respectively of all cancer deaths in men and women states Sherris, (2002).

Between 2006-2008 skins cancer began to rise at the young age of 25 years, following the statistics and research completed by researchers. The target group will be from 18-40 years of age. The rational for choosing this target group was; giving information to young adults can give early discovery which can result in treatment, which increases chances of preventing, and also considering the opportunity for youngster to fully understating the risk of skin cancer (Davies & Macdowall, 2006).

Factors

There are public health aspects to most cancers. Prevention is vital, including maintain a healthy lifestyle. There are many social factors that can affect skin cancer as stated above. Little exposures to ultraviolet light and the right timing can reduce the chances of skin cancer including awareness of the disease (American Cancer Society, 2010).

Studies found that, non-melanoma incidence is rising in younger people, especially among those aged 25-39 (Bath-Hextall et al. 2007). The rates of most serious skin cancer are higher with men, as well as the deaths rate (Cancer Research UK, 2014). Malignant melanoma incidence has also risen in last 20 years in England from a rate of 6. 7 per 100, 000 people in 1985-87 to around 17. 3 per 100, 000 people in 2004-14 (Hounsome et al. 2009).

Office for National Statistics, (2009) supported skin cancer is a public health
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issue, by placing the number of skin cancer deaths in the UK, is increasing each year. WHO, (2011) prompting the government to increase the awareness of skin cancer, like promoting UK national skin screening program, to create the awareness (Macmillan, 2009).

Health Education Authority. (1998). Skin cancer prevention: policy guidelines for local authorities is to provide shade structures in public places to be utilised by general members most especially, children and young adult. Emphases were being given to the need to provide shade in areas often used. DOH (2006) Skin cancer awareness policy supported that, outdoor workers should be conscious of when and time to work, the feel and look of their skin and through contractors will obtain education in the suitable use of protective clothing and sunscreens to prevent against skin cancer.

NICE (2011) skin cancer guidance is to ensure the published skin cancer measures are both comprehensive and clear to the public. It promotes self aware, also supporting being skin aware and regular skin checking together offer the best chances of finding skin cancer early. WHO, (2011) be skin aware, supported also the leaflets encourages public to become more aware of their bodies generally and to get to know their own skin. In addition, CIEH, (2005) Also stating some risk reduction might be achieved with prevention, these strategies cannot eliminate the majority of skin cancer that develop in low and middle income countries where skin cancer is diagnosed in very late stages. Therefore early detection helps in order to improve skin cancer outcome and survival remains the cornerstone of skin cancer control.

Bradshaw's' needs

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The type of needs chosen for raising skin cancer awareness and prevention is normative need. Normative need is a need that is identified by health professionals based on the available sources and then judge on how the needs can be met. One disadvantages of normative need is that it is not an objective fact it reflects on the judgement of the health professional which may be different from the patients. (Naidoo & Willis, 2009).

An educational approach was used because the aim of the forum was to equip individuals with the knowledge about being skin awareness so they can be able to make a well informed decision regarding their lives (Miller, 2013). The approach is intended to have an outcome for the targeted group because they will have an understanding of skin cancer and how early detection can changes life's (Scriven, 2010).

Advantage of the approach is the public's right of free choice as long as the health promoter identifies the educational content to the individual (Ewles & Simnet, 2003), the promoters in this case had identified that, giving preventive measure is beneficial. The disadvantage of the approach is in spite of the individuals being educated and given information does not necessarily mean they will change (Naidoo & Willis, 2009). Methods used to educate was leaflets, showing through poster how affected skin looks, wallet size cards with information, sample sun cream also discussions once educated the visitors had the right to make an informed choice (Miller, 2013).

Aims and objectives are important to be specific, measurable, achievable, and realistic time oriented (Ewles & Simnet, 2003). The groups aim was to

raise awareness and prevention of skin cancer to the public aged between 18-40 years. The groups objectives were that, at the end of 4-5 minutes visitors will be able to list two ways to prevent them from getting skin cancer, can name two sign, symptoms and the main causes of skin cancer, they would be able to list any two things they learnt from visiting our stand and also be able to state where they can access further information on skin cancer (Scriven, 2010).

The evaluation process that had been used is impact, process, outcome and income which are in line with (Naidoo & Willis, 2009). Process is described as the activity that shows detailed account of the intervention being planned and carried out (Tonnes & Tilford, 2001).

To achieve aims and objectives the group set up rules, each member was given a task to do which will help in achieving aims and objectives, resources that were gathered are posters, sun scream with SFP 15 and leaflets for the health forum. Achieving this, effective communication and understanding of what was expected from every member of the group (Scriven, 2010).

Process Evaluation

Proposed successful working in partnership with colleagues help develop each other's strengths (Ewles & Simnet, 2003). The theme of the forum was 'BE SUN SMART' that represents skin cancer awareness and prevention.

There were writing in orange and bold stating " Skin Cancer Awareness And Prevention," which was eye catching as a member of the group printed an image both genders why half of their faces were affected and a moles at the

back representing how to sport and prevent skin cancer developing (Miller, 2013).

A hat, sunglasses and T-shirt were use visually to help our visitors think how to prevent their bodies from getting skin cancer whenever they are going under the sun, be sun smart were used as a rhymed to remember our visitors, Leaflets were distributed among the people visiting the stand and different literature resources were displayed for visitors to read and also take away with them for future purposes (Bunton & MacDonald, 2002) This proved effective as visitors did not know how to identify normal moles from the cancerous moles (Tones & Tilford, 2001).

After showing of how skin changes when it's affect by cancer cell and how to prevent those, questionnaires were distributed to the visitors in order to measure and assess whether objectives were achieved (Naidoo & Wills, 2009). Questionnaires were given to each visitor who visited our stand. The questionnaire was helpful as it allows the visitors time to think about their responses with intrusion and can be distributed to vast numbers of people at the same time (Louise & Parker, 2007). Freebies like a wallet size card with the help line and a website to get more information was given out, SPF 15 sun cream and a bottle of water was given out to every visitor who filled out a questionnaire.

Impact evaluation is relevant to health promotion because it measures the impact of the activity (Scriven, 2010). Attending the health forum was encouraging as different age groups attended. Lecturers of the group evaluated the group's overall presentation gave positive feedback on the

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presentation and overall work and we also got a very positive feedback from participant as we made her aware to visit her GP about a mole she been having over three weeks.

The immediate impact was measured using the questionnaire that was distributed during the forum. All twenty five questionnaires were completed and 68% of the public that attended the forum could state the promoters objectives' (Miller, 2013). However, 32% of the public were not sure, out of the twenty five questionnaires, twenty five were completed by the targeted group 100%. Out of the twenty five questionnaires, eighteen of them feel more confident knowing how to avoid and prevent their skin of any skin cancer and also being well aware of where to get information, therefore the promoters achieved their aims and objectives as figures were significant (Scriven, 2010).

Outcome evaluation looks at long term of the health promotion activity, to see whether the objectives had been achieved or not (Tones & Tilford, 2001). It is impossible to meet up with the participants who took part in the forum to gain feedback as the promoters did not obtain the contact details. Overall the presentation was excellent. The stand was very attractive.

Improvement for the future would be to obtain participants contacts and enable the promoters to reach out of them where and when necessary. Also to spend a little bit more time with the participants as different people learn differently to achieve 100% of promoters' aims and objectives.

The health promoter's role is to help people improve and gaining increase control over their health. By acting as a facilitator for assessing, evaluating <https://assignbuster.com/health-promotion-essay-skin-cancer-awareness-and-prevention/>

and understanding health which involves working with all age groups, from a wide range of audiences (Green & Tonnes, 2010). Educating the public, they will have to keep their knowledge up to date about issues arising or that needs improving, (Bennet, Perry & Lawrence, 2009).

In conclusion the aim and objectives were achieved by raising awareness and prevention of skin cancer which is beneficial regardless of age by using an educational approach. Knowledge was gained during the campaign which was positive and will help the health promoters plan and implement any future activities.

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