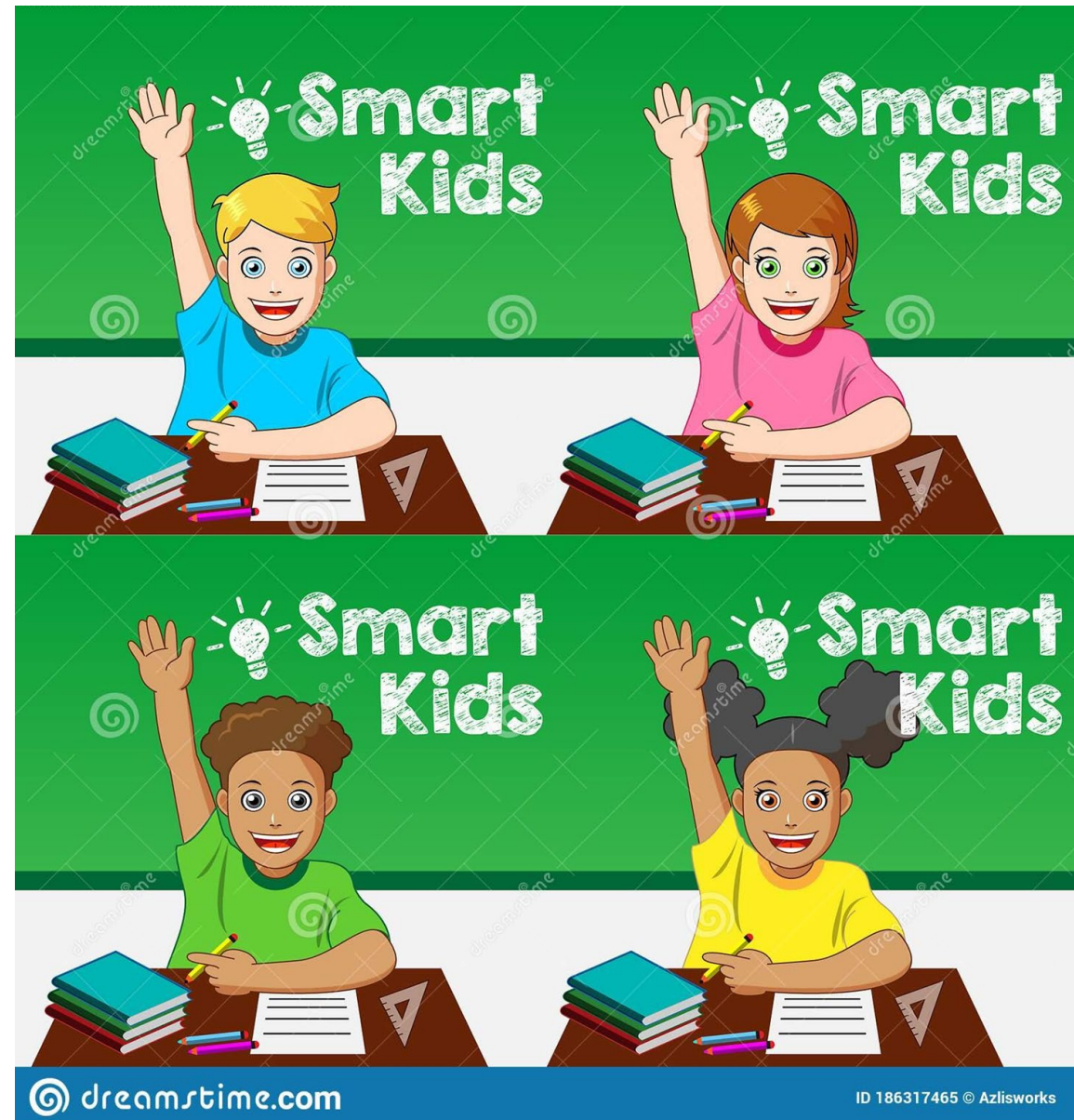HEALTH PROMOTION IN NURSING PRACTICE

Interventions for Health Promotion and Disease Prevention

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Outline

- Review: Health Promotion in Nursing Practice
- Using the Ecological Perspective in Interventions
- Preparing for Change: Individual and Community/Population
- Types of Interventions
- Examples

Five Foci of Health Promotion

•According to the *1986 Ottawa Charter for Health Promotion*, the five (5) foci of health promotion are to:

- *Develop Personal skills*-through the provision of information, education for health , and enhancing life skills increase the options of people to exercise more control over their own health and over their environments.

- *Create supportive environments*- there is a need to encourage *reciprocal maintenance*, to take care of each other, our communities and natural environment. Conservation of natural resources throughout the world is a global responsibility. Work and leisure should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

- *Strengthen Community Actions*- empowerment of communities, their ownership and control of their own endeavors and destinies.
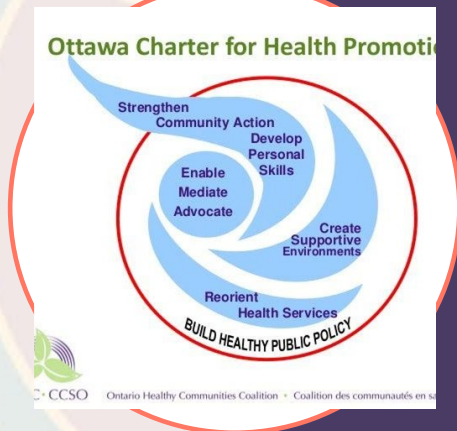
Five Foci of Health Promotion

- **Build Healthy Public Policy-** health care is also in the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Contributes to safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy identifies obstacles to healthy public policies.

- **Reorient Health Services-**must go beyond providing clinical and curative services. Health services must embrace an expanded mandate which is sensitive and respects cultural needs and supports the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Health Promotion and Power

Health Promotion

(1986 Ottawa Charter for Health Promotion)

-is the process of *enabling* people to increase control over, and to improve, their health.

Power **(Merriam Webster Dictionary)**

- Ability to act or produce effect or change

- Possession of control, authority or influence

(power is the degree of control over human, intellectual and financial resources exercised by different sectors of society)

Health Promotion

- *Health promotion* is a process of *empowerment*

    Strengthens people's capacities

    Provides opportunities for people's active participation and decision-making

- *Health promotion*
    - Continuous Process
    - Rooted on Daily Lives
    - Holistic and encompassing

- *Health promotion* encompasses *health education,* and incorporates *social and political actions (Labonte & Laverack, 2008)*
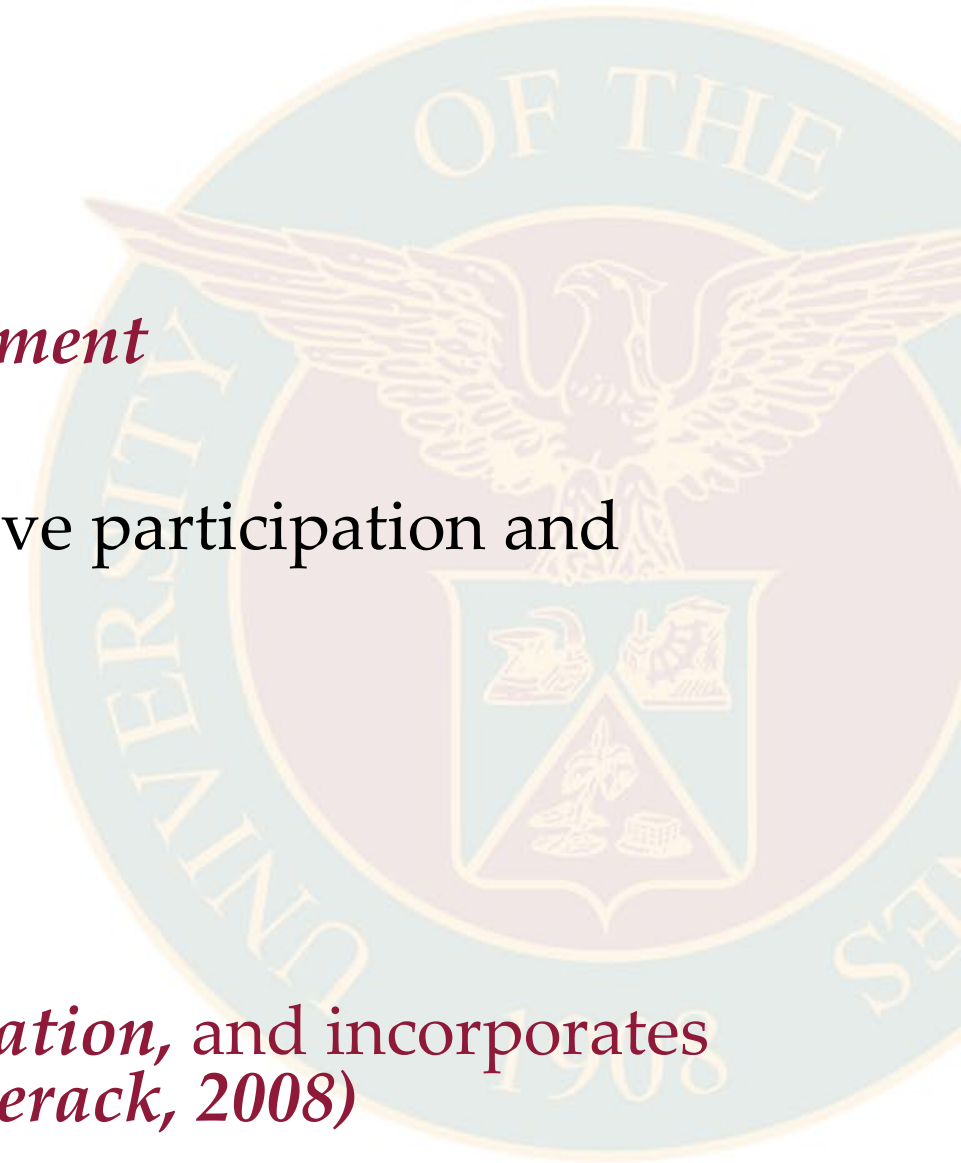
Using the Ecological Perspective in Interventions

The Ecological Perspective

- The *ecological perspective* emphasizes the *interaction between and interdependence of factors within and across all levels of a health problem.*

- Two key concepts to help in identifying Intervention points for Health Promotion
  - Behavior both affects and is affected by *multiple levels of influence*
  - Individual behavior both shapes and is shaped by the social environment (*reciprocal causation)*

The Ecological Perspective

- Five (5) Levels of Influence (for health-related behaviors or condtions)

LEVEL	DEFINITION
Intrapersonal (Individual) Level	Individual characteristics that influence behavior e.g. knowledge, attitudes, beliefs, personality traits
Interpersonal Level	Interpersonal processes and primary groups (including family, friends and peers) that provide social identity, support and role definition
Community Level (Institutional, Organizational factors)	Rules, regulations, policies and informal structures (may constrain or promote recommended behaviors)
Community factors	Social networks and norms or standards (formal or informal) among individuals, groups and organizations)
Public Policy Factors	Local (barangay/municipal/city), provincial, regional and national policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control and management

Preparing for Change
Individual and Community Approaches

Individual

- *Behavior Change*
  - Nurses must always take into account the *complex nature of behavior change*
  - It is important not to assume someone wants to change behavior.
  - Thus, nurses must assess an individual's *readiness to change*
  - *Readiness to change – a state and a process*
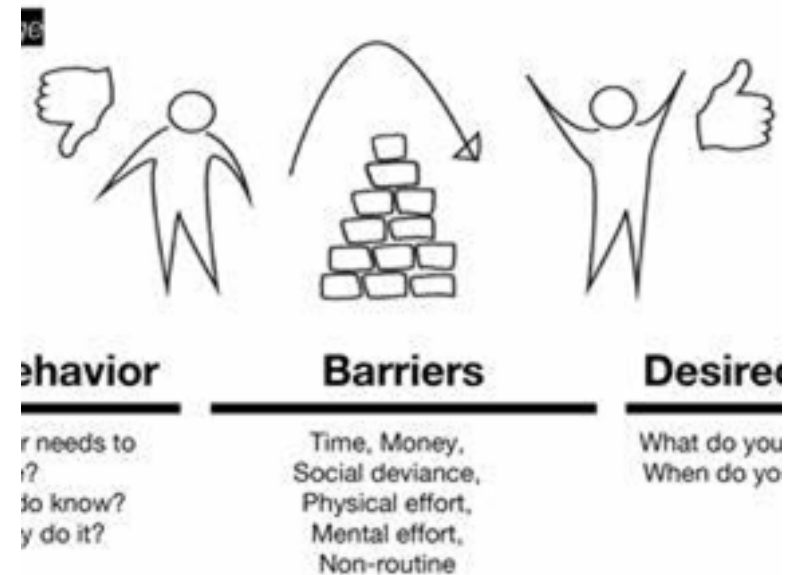
The Nurse's Role in Assessing Client's Readiness to Change

Dalton and Gottlieb (2003) recommended several important aspects of the role of the nurse in supporting an individual to change a health behavior:

- Working collaboratively

- Discerning when support starts to feel like pressure

- Exploring ambivalence

- Focusing on the manageable

- Developing awareness of negativity

Readiness to Change: Self-efficacy & Resilience

•Self-efficacy

- reflects an *optimism* that novel or difficult tasks can be completed, and that desired outcomes can be achieved

- reflects *confidence* in the ability to deal with life's challenges
  - Perception of being able to control and shape one's future
  - Perception of being able to attain desired outcomes based on one's actions and decisions

Readiness to Change: Self-efficacy & Resilience

Resilience

- Ability to cope adaptively with negative stressors

- Comprise of personal resources such as:
    - Self-esteem
    - Self-efficacy
    - Optimism
    - Coping strategies
    - Social relations

Interventions to Support the Development of Self-efficacy

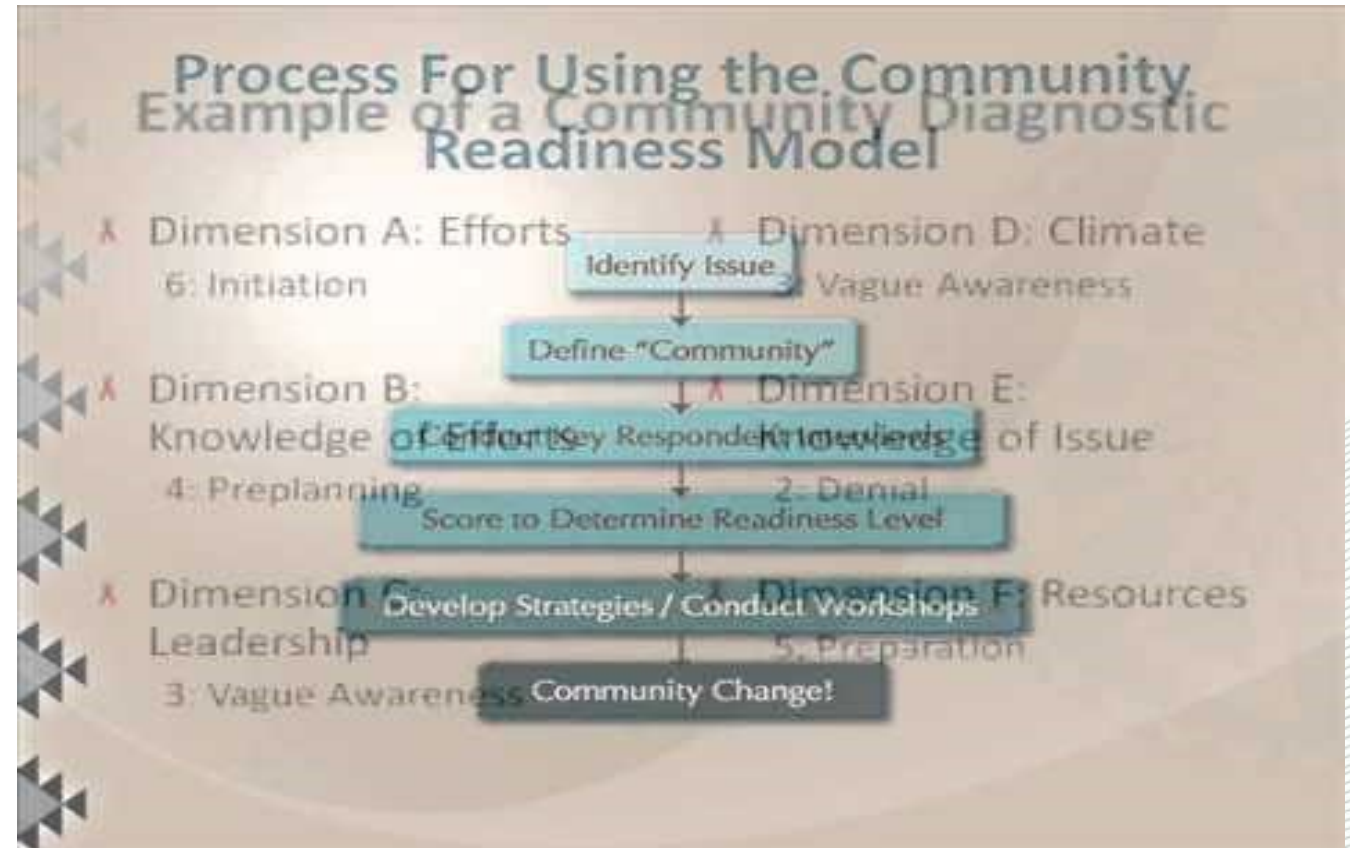| INTERVENTION	DESCRIPTION
Mastery Experience (Performance outcomes)	Relates to individual's previous experiences in response to a health behavior previous success fosters self-efficacy while previous failure undermines self-efficacy
	Listen and express empathy, discuss how difficult change is and how most people "quit" several times before quitting for good. Assess reasons for quitting previously what helped them succeed for a time ask reasons for starting the unhealthy behavior/s again.
Vicarious experiences	Provides exposure to strategies and techniques that might be helpful in achieving set goals and overcoming obstacles to those goals
Verbal persuasion/social persuasion	Consistent encouragement
	Develop strategies to counter sources of discouragement
Perceptions of somatic/affective states (Physiological feedback)	Explore with the client the impact that their current behavior has on them (physical, emotional attitudes)

Community Change: The Community Readiness Model

- Developed by the Tri-Ethnic Center for Prevention Research at Colorado State University

- Integrates a community's culture, resources, and *level of readiness* to more effectively address an issue/problem

- Allows communities to *define issues and strategies in their own contexts*

- *Builds cooperation* among systems and individuals

- *Increases community capacity* for prevention and intervention

- *Encourages and enhances community investment* in an issue/problem

- Can be applied in any community (geographic, issue-based, organizational, etc.)

- Can be used to address a wide range of issues/problems

- Is a guide to the complex process of community change

Dimensions of Readiness

Dimensions are *key factors that influence your community's preparedness to take an action on an issue/problem*

Process For Using the Community Diagnostic Readiness Model
Example of a Community Readiness Model

Dimension A: Efforts
6: Initiation

Dimension D: Climate
Vague Awareness

Dimension B: Knowledge of Efforts
4: Preplanning

Dimension E: Knowledge of Issue
2- Denial

Dimension Leadership
3: Vague Awareness

Dimension F: Resources
5: Preparation

Identify Issue
Define "Community"
Key Responders
Score to Determine Readiness Level
Develop Strategies / Conduct Workshops
Community Change!

Dimensions of Readiness

- *Community efforts*- to what extent are there existing efforts, programs, and policies that address the issue?

- *Community knowledge of the efforts*- To what extent do community members know about existing local efforts and their effectiveness? Are the efforts accessible to all segments of the community?

- *Leadership*-To what extent are appointed leaders and influential community members supportive of the issue?

- *Community Climate*- What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

- *Community knowledge of the issue*- To what extent do community members know about the causes of the problem, consequences, and how it impacts the community?

- *Resources related to the issue*-To what extent are local resources-people, time, money, space, etc.-available to support efforts?

Stages of Community Readiness

Readiness

- The degree to which a community is prepared to take on an action on an issue or problem.
    - Very issue or problem-specific
    - Measurable
    - May vary across dimensions
    - May vary across different segments or groups of a community
    - Can be increased successfully
    - Essential knowledge for the development of strategies and interventions

The Nurse's Role in Assessing the Community's readiness for Change

Matching an intervention to a community's level of readiness is essential for success

- Interventions must be challenging enough but not to ambitious

Why Use the Community Readiness Model

- *It conserves valuable resources (time, money, people*) by guiding the selection of strategies that are more likely to be successful.
- *It is an efficient, inexpensive, and easy-to-use tool.*
- *It promotes community recognition and ownership of the issue.* It recognizes the needs and assumptions of the community.
- *Because strong community ownership, it helps to assure that strategies are culturally congruent and sustainable.*
- *It encourages the use of local experts and resources instead of reliance on outside experts and resources.*
- *The process of community change can be complex and challenging-*model breaks down the process into manageable steps.
- *It creates a community vision for healthy change.*

Community Readiness Model

What the Model CAN Do

✓ The model can *help identify resources*

✓ The model can *help identify obstacles*

✓ The model can provide *assessment of how ready the community is* with respect to accepting a given issue as something that needs doing

✓ The model can *identify types of efforts* that are appropriate to initiate, depending on the readiness level

✓ The model can *help build cooperation* among systems and individuals

What the Model CAN'T Do

X The Model cannot make people do *things they do not believe in*

X The model *does not prescribe exact details what to do* to accomplish your goals/objectives

When Should You Use the Community Readiness Model?

- *In the course of an ongoing effort*-important to monitor readiness, and adjust your strategy accordingly.

- *Each time you tackle a new issue*-issue specific

- *When several different communities, or different segments of the community are involved*- parts of the community or other communities have different levels of readiness regarding an issue.

- *When you're planning an effort that involves a participatory process*-level of participation, where to start to be successful.

- *When you're engaged in a community or neighborhood planning effort*-assume that everyone is at same readiness level thus little encouragement to move.

Who Should Be Involved in Using the Community Readiness Model

Who should consider the model and/or conduct the assessment?

- Policymakers and planners

- Anyone interested in community or social change

Who should be surveyed when the model is being applied?

- Depends on the nature of the issue/problem
  - Schools/universities
  - Local governments
  - Indigenous elders/tribal leaders
  - Law enforcement
  - Health and Medical Professions
  - Social welfare services
  - Marital health and treatment services
  - Clergy or spiritual community
  - Youth
  - People with limited incomes and daily wage

Conducting Community Readiness Assessment

Step 1- Identify your issue

Step 2- Define "community' with respect to the issue (i.e. geographical area, a population group, an organization, etc.)

Step 3- Conduct community readiness assessment

*Step 4 -*Use scoring to determine readiness level

Step 5 –Develop and implement strategies, interventions appropriate to the readiness level

Step 6- Evaluate effectiveness of strategies/interventions

Step 7- Utilize what you learned to address related issues/problems

- **ASSESSMENT**
- **DIAGNOSIS**

- **PLANNING and IMPLEMENTATION**
- **EVALUATION**

Scoring Community Readiness Assessment

How do you administer and score the Communities Readiness Assessment?

How do you use community readiness information

Choose and train interviewers

Choose and train scorers

Goals and General Strategies per Stage of Readiness

	STAGE	GOAL	STRATEGIES
1	No Awareness	Raise awareness that the issue exists	· One-one visits with community leaders/members · Visit existing and established small groups to inform them of the issue · Place items in the media that explain or call attention to the issue
2	Denial/Resistance	Raise awareness that the issue/problem exists in the community	· Continue one-one visits and encouraged you already engaged with to assist · Discuss local incidents related to the issue · Approach and engage local educational/ health outreach programs to assist in the effort with flyers, posters, or brochures · Point out media articles that describe local critical incidents · Place your own items in the media about the issue's local effects · Prepare and submit articles for church bulletins, local newsletters, club newsletters, etc.

Goals and General Strategies per Stage of Readiness

	STAGE	GOAL	STRATEGIES
3	Vague Awareness	Awareness that the community can do something about the issue	· Get agendas and present information at local community events and to unrelated community groups · Post flyers, posters, and billboards · Initiate your own events and use those opportunities to present information on the issue · Conduct local informal surveys and interviews with the community · Publish newspaper editorials and articles with general information and local implications
4	Preplanning	How to address the issue	· Introduce information through presentations and media · Visit and invest community leaders in the cause · Review existing efforts in the community (curriculum, programs, activities) to determine who the target populations are and consider the degree of success of the efforts · Conduct FGDs and develop strategies · Increase media exposure

Goals and General Strategies per Stage of Readiness

	STAGE	GOAL	STRATEGIES
5	Preparation	Information-gathering to lay the groundwork for planning community strategies to deal with the issue	· Conduct school drug and alcohol surveys · Conduct community surveys · Sponsor a community picnic to kick off the effort · Conduct public forums to develop strategies from the grassroots level · Utilize key leaders and influential people to speak to groups and participate in local radio and television shows · Plan how to evaluate the success of your efforts
6	Initiation	Provide community-specific information to support existing programs and initiatives	· Conduct in-service training on community readiness for professionals and paraprofessionals · Plan publicity efforts associated with start-up of activity or efforts · Attend meetings to provide updates on progress of the effort · Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information · Begin searches for additional resources and potential funding · Begin some basic evaluation efforts

# Goals and General Strategies per Stage of Readiness

	STAGE	GOAL	STRATEGIES
7	Stabilization	Stabilize efforts and programs to maintain the overall community effort	· Plan community events to maintain support for the issue · Conduct training of community professionals · Conduct training for community members. Introduce your program evaluation through training and newspaper articles. · Conduct quarterly meetings to review progress, modify strategies · Hold recognition events for local supporters or volunteers · Begin networking among service providers and community systems
8	Confirmation/expansion	Expand and enhance services	· Formalize the networking with qualified service agreements · Prepare a community risk profile · Publish a localized program services directory · Maintain a comprehensive database available to the public · Develop a local speaker's bureau. Initiate policy change through support of local city officials · Develop media outreach on specific data trends related to the issue · Utilize evaluation data

Goals and General Strategies per Stage of Readiness

	STAGE	GOAL	STRATEGIES
9	High Level of Community Ownership	Maintain the momentum and continue growth	· Maintain local business community support and solicit financial support from them · Diversify funding resources · Continue more advanced training of professionals and paraprofessionals · Continue-re-assessment of issue and progress made · Utilize external evaluation and use feedback for program modification · Track outcome data for use with future grant requests · Continue progress reports for benefit of community leaders and local ownership

Interventions

Interventions are actions that nurses take on behalf of individuals, families, population groups, communities, and systems to improve or protect health status (adapted from Minnesota Department of Health, 2001)
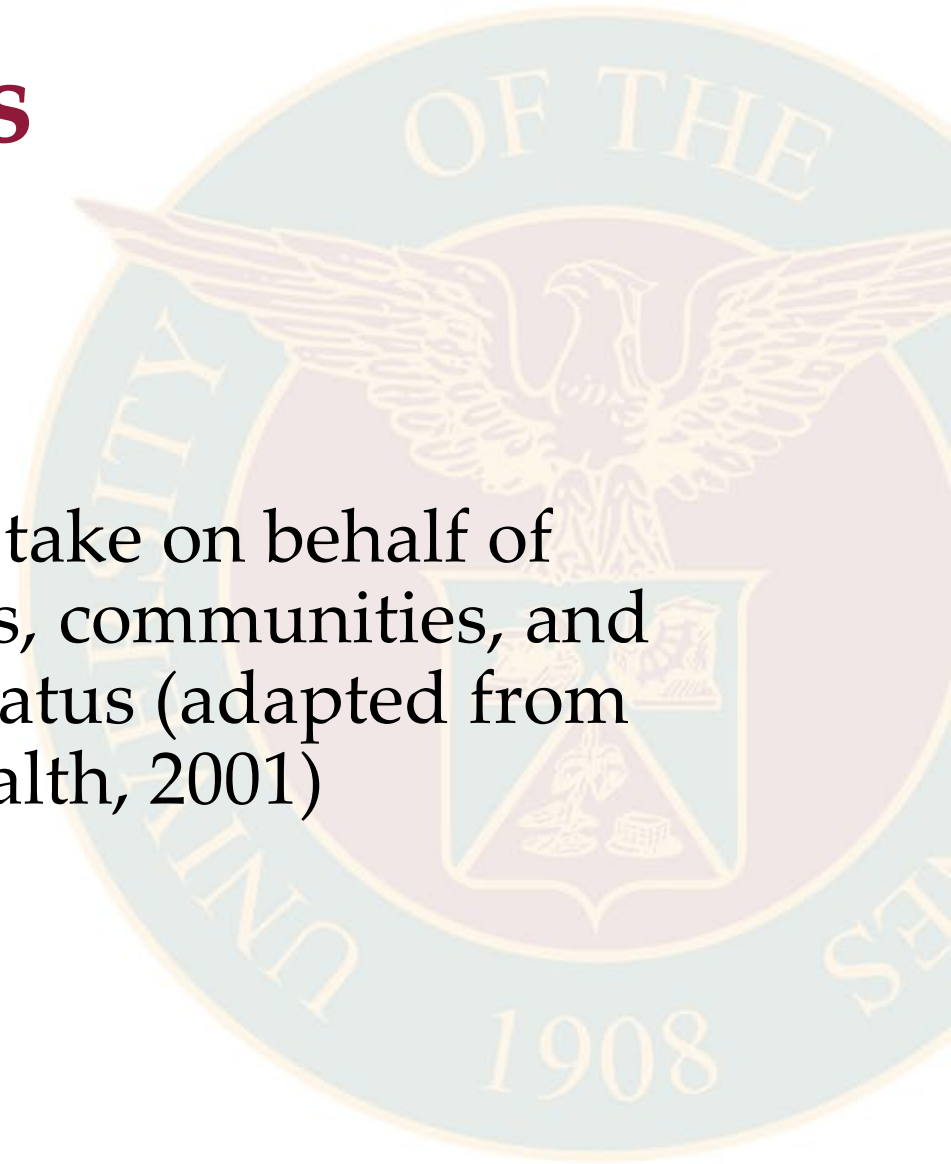
Strategies to Address Individual Behavior Change

- ***Brief Intervention (BI) Technique***
  - 5 to 15- minute structured conversation that involves assessment (of commitment to change), discussion, negotiation, encouragement and advice

- ***Health Teaching***
  - Facilitate learning that leads to positive behavior change. Includes identification of learning needs and adaptation to client's environment and value system.

Strategies to Address Individual Behavior Change

- *Counselling*
  - Assist individuals/families to develop ability to assume increased responsibility for self-care and to cope with stressful situations
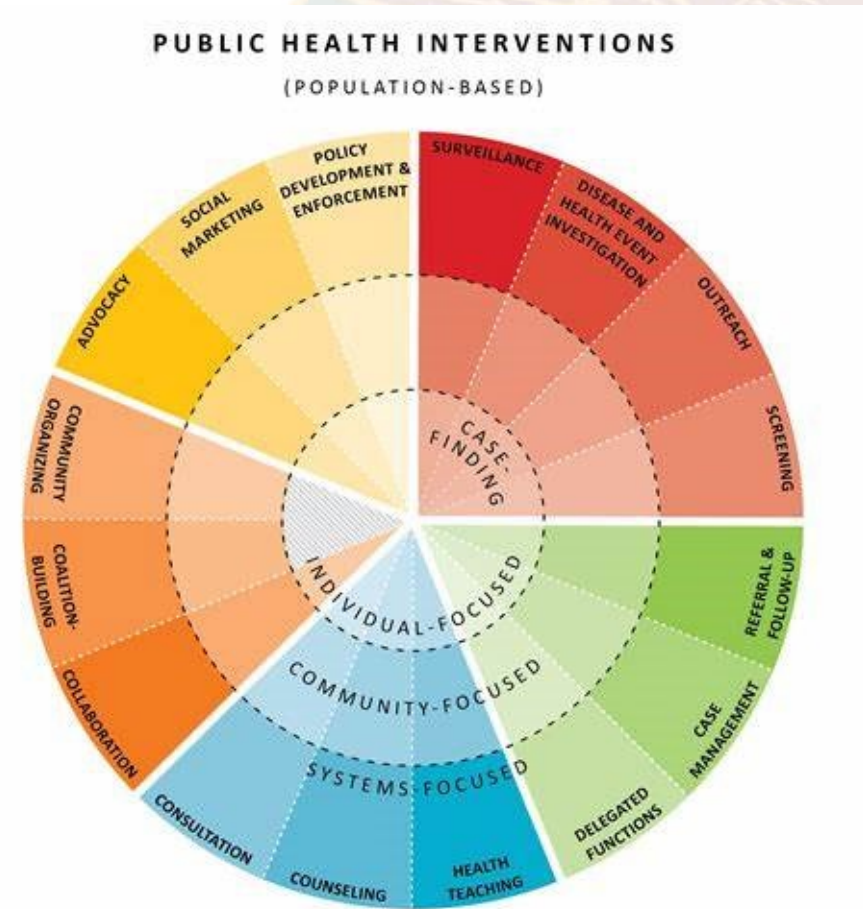
- *Case Management*
  - Coordinate comprehensive care for individuals, families and groups that require extensive services. Used to optimize client's self –care capabilities, promote efficient use of resources, decrease fragmentation of care across settings, provide quality care in least restrictive environment and promote cost effectiveness

Strategies to Address Community and Population Behavior Change

Public Health Interventions

- *17 interventions*
  - *Population-based approach*
  - *Interventions consider all levels of practice*
    - Individual/family focused
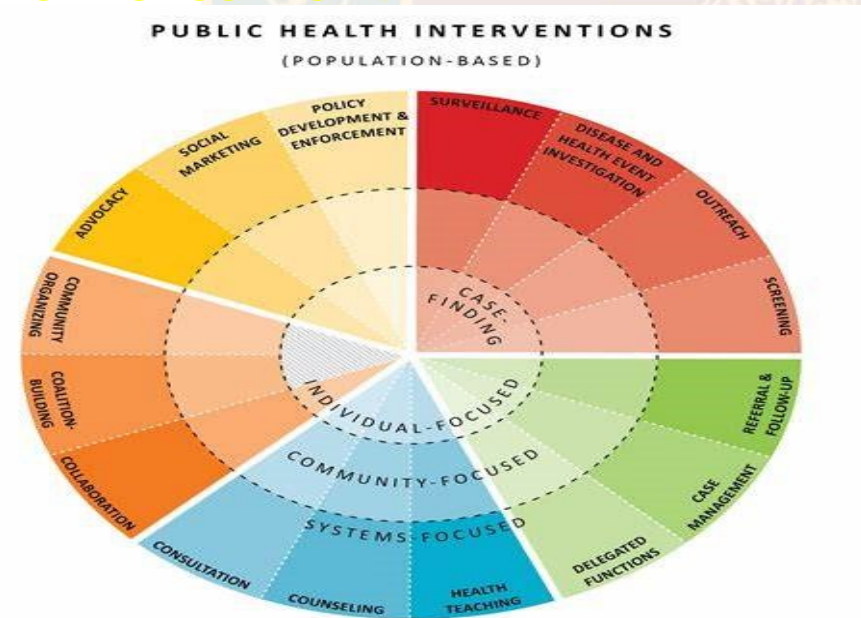   - Community-focused
    - Systems-focused

PUBLIC HEALTH INTERVENTIONS
(POPULATION-BASED)

Public Health Interventions

- *17 Interventions*
  - **Surveillance**
  - **Disease and health event investigation**
  - **Outreach**
  - **Screening**
  - **Case-finding**
  - **Referral and follow-up**
  - **Case Management**
  - **Delegated functions**
  - **Health teaching**
  - **Counselling**
  - **Consultation**
  - **Collaboration**
  - **Coalition –building**
  - **Community Organizing**

- **Advocacy**
- **Social Marketing**
- **Policy development and enforcement**

PUBLIC HEALTH INTERVENTIONS
(POPULATION-BASED)
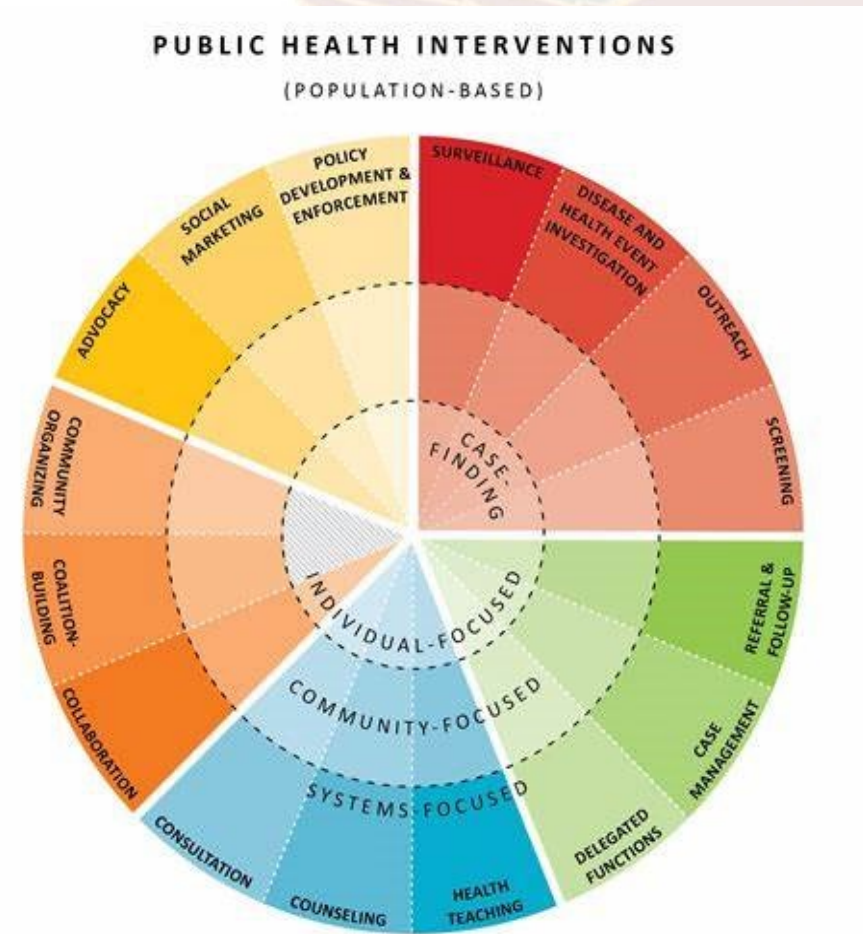
Public Health Interventions

Systems-focused

- Changes organizations, policies, laws, and power structures
- Indirect effects on communities and individuals
- More effective and sustainable
- **Orange** and **Yellow**

PUBLIC HEALTH INTERVENTIONS
(POPULATION-BASED)
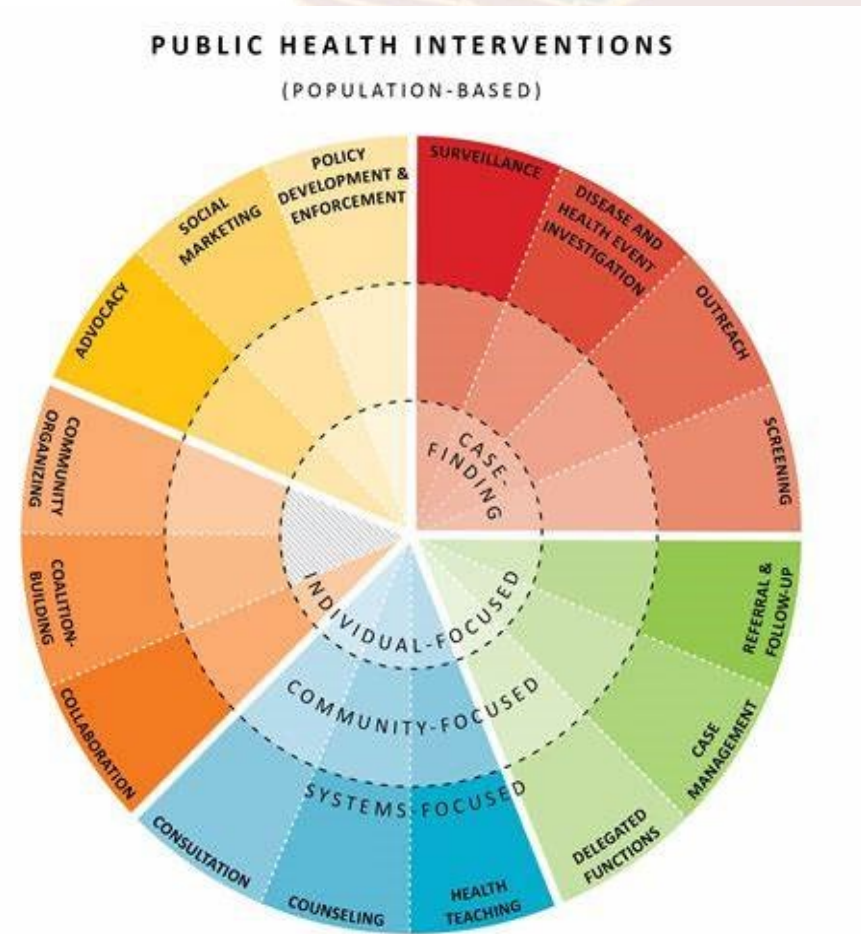
Public Health Interventions

Community-focused

- Changes community norms, attitudes, awareness, practices, and behaviors
- Target entire populations or specific population groups

PUBLIC HEALTH INTERVENTIONS
(POPULATION-BASED)

Public Health Interventions

Individual/Family-focused

- Changes knowledge, attitudes, beliefs, practices, and behaviors of individuals and families
- Directed at individuals-alone or as part of a family, class or group
- Individuals receives services because they are identified as belonging to a population

PUBLIC HEALTH INTERVENTIONS
(POPULATION-BASED)
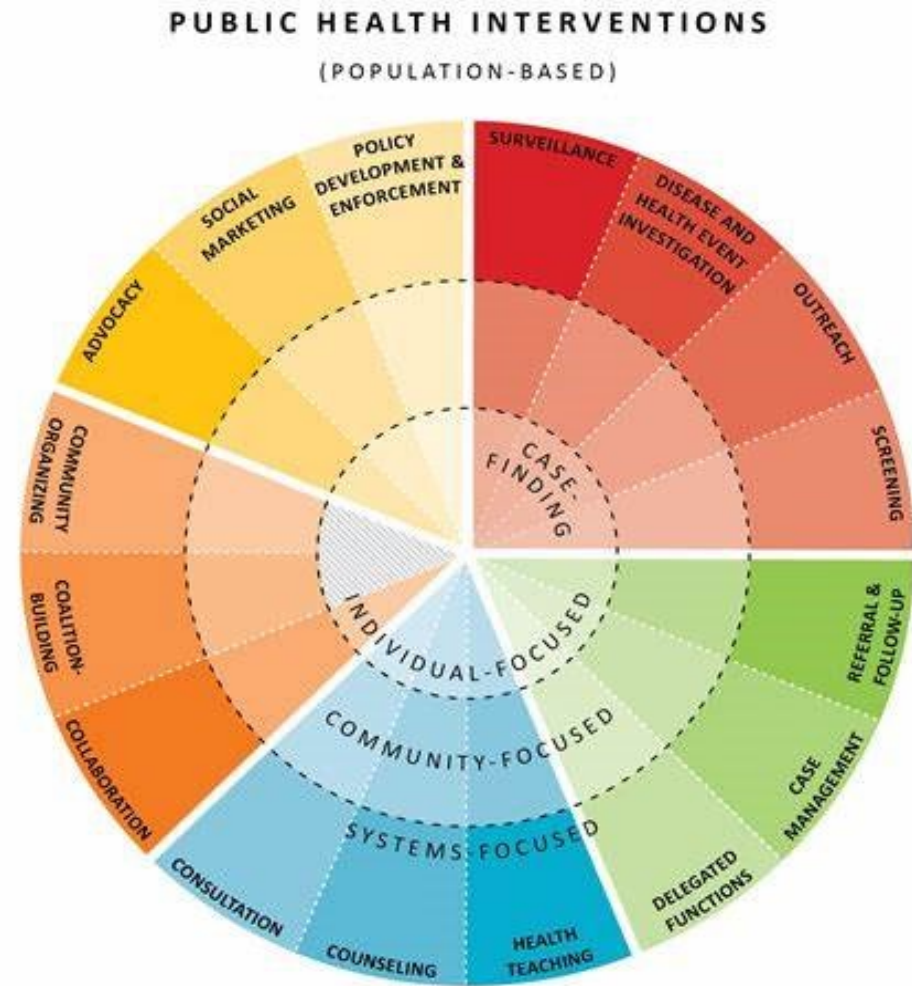
Public Health Interventions

RED WEDGE
- *Surveillance*-is an ongoing, systematic collection, analyses, and interpretation of health-related data essential to the planning, implementation , and evaluation of public health practice (World Health Organization, 2018)
- *Disease and health event investigation*- systematically gathers and analyzes data regarding threats to the health of the population, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.
- *Outreach*- locates populations of interest or populations at risk and provides information about the nature of the concern, what can be done about it, and how to obtain services.
- *Screening*- identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations.
- *Case-finding*- locates individuals and families with identified risk factors and connects them to resources.

Public Health Interventions

GREEN WEDGE

Referral- makes a connection to necessary resources to prevent or resolve problems or concerns. *Follow-up* assesses outcomes related to the utilization of the resources.

Case Management- is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet client needs. It uses communication and available resources to promote safety, quality of care, and cost-effective outcomes.

Delegated function- include: 1) direct care tasks a registered professional nurse carries out under the authority of a health care practitioner, as allowed by law, and 2) direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform.

Public Health Interventions

BLUE WEDGE

Health Teaching- involves haring information and experiences through educational activities designed to improve health knowledge, attitudes, behaviors, and skills (Friedman, Cosby, Boyko, Hatton-Bauer, & Turnbull, 2011)

Counselling- involves establishing an interpersonal relationship at an emotional level, with the goal of increased or enhanced capacity for self-care and coping.

Consultation- seeks information and generates optional solutions to perceived problems or issues through interactive problem-solving.

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Public Health Interventions

ORANGE WEDGE

Collaboration- enhances the capacity to promote an protect health for mutual benefit and a common purpose. Collaboration involves exchanging information, harmonized activities, and shared resources (National Business Coalition on Health, 2008)

Coalition-building-helps promote and develop alliances among organizations or constituencies for a common purpose. It builds links, solves problems, and/or enhances local leadership to address health concerns.

Community organizing- is " the process by which people come together to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the objectives they want to accomplish (Center for Community Health and Development at the University of Kansas, 2017).

Public Health Interventions

YELLOW WEDGE

Advocacy- is the act of promoting and protecting the health of individuals and communities, "by collaborating with relevant stakeholders, facilitating access to health and social services, and activity engaging key decision-makers to support and enact policies to improve community health outcomes (Ezeonwu, 2015,p. 223)

Social Marketing- is a process " that uses marketing principles and techniques to change target audience behaviors to benefit society as well as the individual" (Lee and Kotier, 2016.p. 9)

Policy development- places health issues on decision makers' agendas, establishes a plan of resolution, determines needed resources, and results in laws, rules, regulations, ordinances, and policies created in conjunction with policy development.

Examples
Applying various health promotion strategies and approaches

Case 1:

You are working in Brgy. Bagong Silang, Caloocan helping to design a program that will help address the high prevalence of teenage pregnancy. You want to involve the teens, parents, school and church personnel in designing and implementing the program to ensure it would be supported by the community. The nurse believed that change is best designed by the community that will benefit from the health promotion program.

Examples
Applying various health promotion strategies and approaches

Case 1:

- Theories and Models to be Used
  - Life Course Health Development Model
  - Bronfenbenner's Ecological Systems Theory
  - Community Organization (Participatory Model)
- Possible Strategies and Approaches
  - Community Organizing
  - Collaboration
  - Capacity-building and training
  - Case management
  - Health Teaching

Examples
Applying various health promotion strategies and approaches

Case 2:

You are a newly deployed nurse at Tawi-Tawi Province. You noted that the prevalence of HIV is rising among men having sex with men (MSM). The conservative culture and religion (Mostly Islam) compel MSM, gay bisexual, and transgender to engage in clandestine, unprotected sexual activities. According to a local, the prevalence of HIV is most likely higher than reported because many are afraid of being further stigmatized. Those who are openly gay and transgender ,already experience stigma and discrimination from their families and communities. Availability of information and access to HIV testing is very limited to occasional advocacy caravans because of the distance and isolation of the province to the main island of Mindanao.

Examples
Applying various health promotion strategies and approaches

Case 2:

- Theories and Models to be Used
  - Health Belief Model
  - PRECEDE-PROCEED MODEL

- Possible Strategies and Approaches
  - Social Marketing
  - Coalition Building
  - Advocacy
  - Capacity building and training
  - Health Teaching
  - Counselling

Examples
Applying various health promotion strategies and approaches

Case 3:

• You are a nurse assigned in Convergys Nuvali, Sta. Rosa, a BPO company. You noticed there are a lot of employees who are overweight. Hypertension, migraines and depression are also common. During breaks, you notice a lot of employees chatting and smoking with others. Most of the time, food served in the office cafeteria are fried, salty and released. Available drinks and snacks are made from refined sugars. Last month, there was a 40-year old team leader who underwent coronary bypass surgery and returning to work soon.

Examples
Applying various health promotion strategies and approaches

Case 3:

- Theories and Models to be Used
  - Transtheoretical Model and Stages of Change
  - Pender's Health Promotion Model

- Possible Strategies and Approaches
  - Social Marketing
  - Health Teaching
  - Counselling