

M 4225 Science of Health Promotion & Disease Prevention

Health Promotion Basics

What is Health???

- traditional medicine - absence of disease
- WHO (1947) – complete physical, mental & social well-being, not merely absence of disease and infirmity
- Murray & Zentner – state of well-being (where)...person uses purposeful, adaptive responses...to maintain relative stability and comfort
 - strive for personal objectives & cultural goals

Gorin and Arnold

- antithesis of disease (dis-ease)
- balanced state
- growth
- functionality
- goodness of fit
- wholeness, well-being
- empowerment and transcendence

G&A : Healthy Behaviors

- smoking cessation
- eating well
- physical activity
- sexual awareness
- injury prevention
- substance safety
- oral health
- self development
- productivity

Healthy People 2000

- US federal program with 3 goals & 22 areas of risk reduction :
 - increase healthy life span
 - decrease health disparities
 - universal access to preventive services
- 1995 progress report :
 - 50% objectives moving toward target
 - 18% moving away from target
 - 3 % no change
 - 29% QNS

Health People 2010

- prevention agenda for the US with 28 areas of focus; 2 major goals
 - increase quality & quantity of healthy life
 - eliminate health disparities
- leading health indicators
 - physical activity
 - overweight & obesity
 - tobacco use
 - substance abuse
 - responsible sexual behavior
 - mental health
 - injury and violence
 - environmental quality
 - access to health care

Criteria for Health Promotion Programs

- address carefully defined, modifiable risk behaviors that are measurable in target group
- reflect consideration of special characteristics, needs & preferences of target
- effective and appropriate for setting
- make optimum use if available resources
- organized and implemented so effect & outcomes can be measured and evaluated

Health Promotion Theories

- emerging field
- previously, behavioral and social science theory most common
 - focus on individual and ID-ing and quantifying determinants of behavior
 - health belief models
 - theory of reasoned action

Assumptions about individual-level determinant theories

- individual is decision maker
- good health is valued; will change behavior to prevent 'bad health'
- all behavior is volitional
- cognitive predispositions drive health behaviors
- research evidence does indicate that these theories are effective

Process of change....

- pre-contemplation
 - no plans to change ever!
- contemplation
 - increasing awareness of need for change
- preparation
 - planning to take action....soon....
- action
 - steps taken to modify a behavior or environment
- maintenance
 - consistent engagement in new behavior

Change may be facilitated or 'pushed' by crisis....

- a dis-equilibrium
 - emotional and cognitive, where old/usual coping mechanisms and/or problem solving skills ineffective
- developmental/predictable vs. accidental/situational
 - identifiable points in life cycle where new coping skills and problem solving necessary
 - unexpected 'accidents' necessitating new coping skills

Antecedents of crisis theory...

- Lindemann
 - precursor of PTSD; also grieving stages
- Caplan
 - transitional period, self limiting to 4-6 weeks
 - context of event important
 - intervention most successful at height of crisis
- Aquilera and Messick
 - balancing factors include realistic perception of problem, amount and quality of social support and caliber of coping mechanisms

Other emerging models

- precaution adoption/transtheoretical
 - steps of decision-to-take-precautions process ~ previously un-identified threat
- information-motivation-behavioral skills
 - helps understand factors which influence choices about health behaviors
- elaboration likelihood
 - framework for understanding attitude formation and change facilitation
- authoritative parenting
 - not 'authoritarian' – good for adolescents engaged in risky behaviors

- food for thought.....
 - how does the concept of 'boundaries' – separation of personal and professional ideas and beliefs – affect health promotion and disease prevention?
 - do nurses have an 'edge' in health promotion and disease prevention activities? Why or why not?
