

The Chinese University of Hong Kong
The Nethersole School of Nursing
Cadenza Training Programme

**CTP001: Successful Ageing and
Intergenerational Solidarity**

Module II
Chapter 2: Health Promotion Strategy

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香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust



Lecture Outline

- Introduction of health promotion
- Evidence based health promotion
- Health promotion strategies for older people
 - Strategic directions and aims
 - Health promotion settings and topics
 - Implementation of health promotion
 - Evaluation of health promotion

Introduction to Health Promotion



What is health?

- Should we define health as being free from physical and mental disease or illness?
- WHO definition - “A state of complete mental, physical and social well-being.”
- A positive concept emphasising
 - social and personal resources
 - physical and mental capabilities

What is health promotion?

- “A process of enabling people to increase control over, and to improve, their health.”

(WHO, 1987)

- “Health promotion is raising the health status of individuals and communities.”

(Ewles & Simnett 1999)

Health promotion

Provides health information and education, which includes addressing policy, facilities and environmental conditions so that individuals can make appropriate choices concerning their health

(Kerr, 2000; Tones & Tilford, 2001)

Health promotion

- Individual level
 - Equip individuals with knowledge to safeguard health and minimise the risk of disease or illness.
- Social and environmental level
 - Change the social, environmental and economic conditions to help improve public health and health of the individual.
 - Enhance the public's knowledge and attitudes about public health and individual health.

Benefits of health promotion

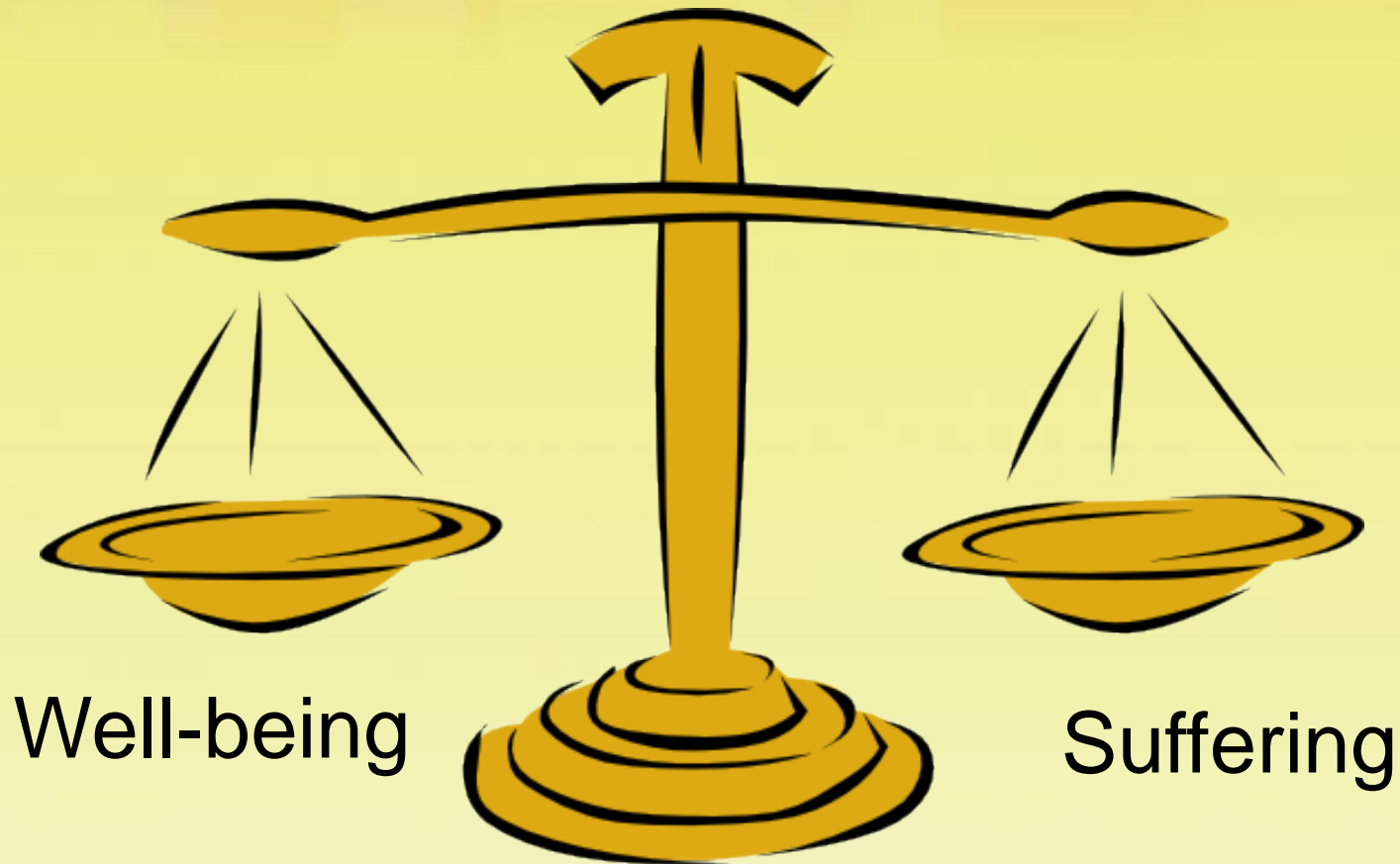
1. Living at home maintains the dignity and independence of older people.
2. Enables older people to remain independent at home, especially those who become ill/dependent.
3. Increases support for older people from family, neighbours and voluntary bodies.
4. Provides high quality hospital and residential care when they can no longer live independently at home.

Healthy lifestyle

- **“A healthy lifestyle adds years to life and life to years.”** (WHO, 2010)
 - ♥ **LOWERS THE RISK** of being seriously ill or dying early
 - ♥ **HELPS YOU ENJOY** more aspects of your life.
 - ♥ **HELPS YOUR WHOLE FAMILY**
- **Older people with better health habits live healthier and longer.**

(WHO, 1999)

Health in Old Age



'Health' means a balance between physical, psychosocial well-being and suffering.
(Kerr, 2000)

Factors Affecting Health

(Woo et al., 2002, 2008)

Diet

Physical
activity

Drug

Smoking

Alcohol

Mental
health



**HEALTH
PROMOTING
BEHAVIOUR**

- Aim to enhance and maintain health + prevent disease

- Nutrition/eating behaviors
- Regular exercise
- Vaccination



**HEALTH
COMPROMISING
BEHAVIOUR**

- Negatively affect health
- Smoking
- Alcohol
- Drug
- Risky driving behaviors

Health-affecting habits of adults in HK 2009

Habit	Male (%)	Female (%)	Total (%)
Daily smoking	22.1	6.3	13.6
Daily alcohol intake	6.7	0.8	3.5
Low level of physical activity	19.8	22.0	21.0
< 5 portions of fruit & vegetables	85.2	73.8	79.0
Overweight & Obesity	49.2	29.7	38.7

- A population-based cohort study of Japanese men and women aged 40-79 years conducted for 12.5 years highlighted a combination of 6 healthy lifestyles inversely associated with risk of mortality:

1. healthy weight
2. daily consumption of green leafy vegetables
3. not currently smoking
4. not drinking heavily
5. walking >1hour
6. sleeping 6.5 - 7.4 hours per day

(Tamakoshi et al., 2009)

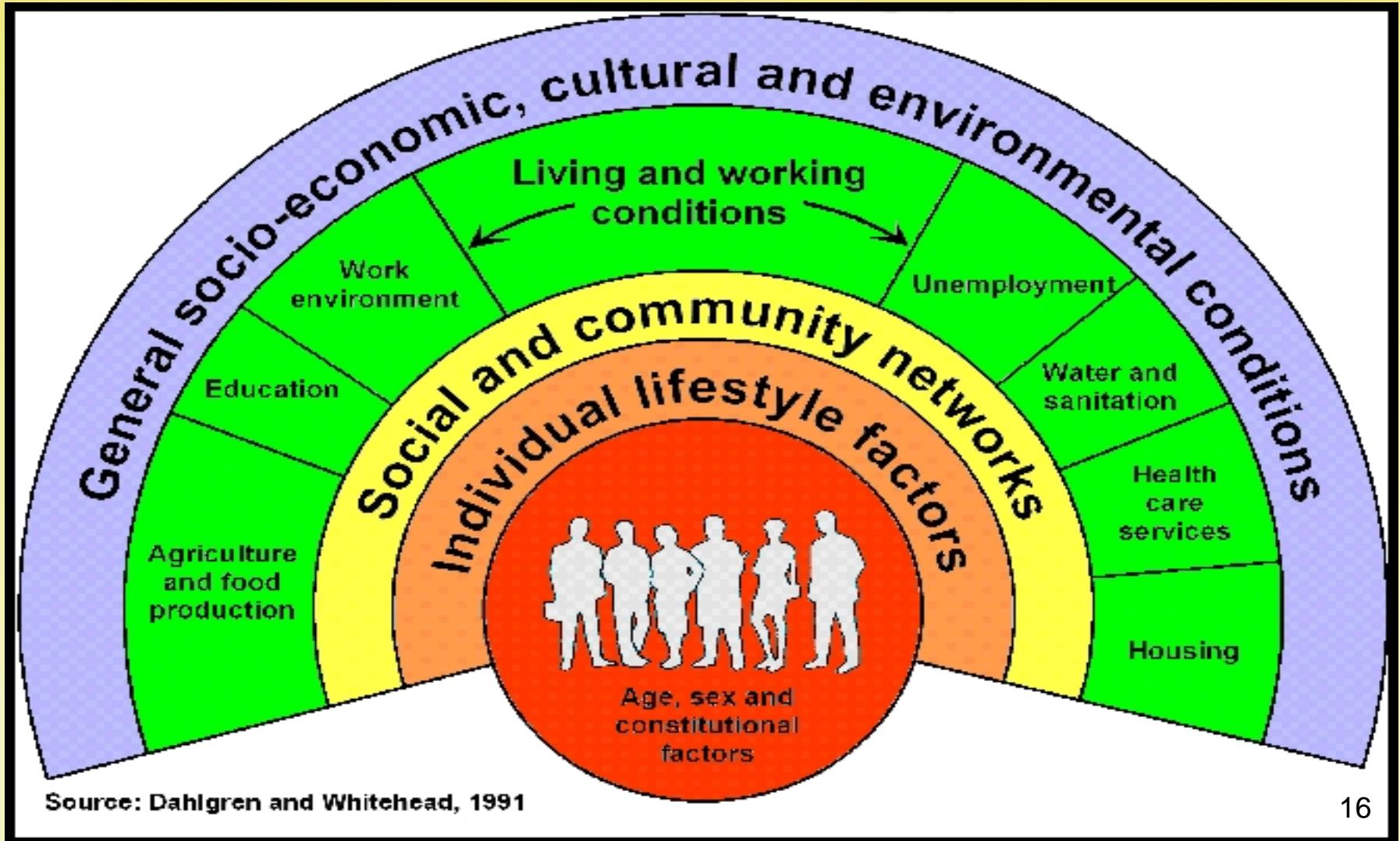
Major determinants of health

Factors influencing and determining health

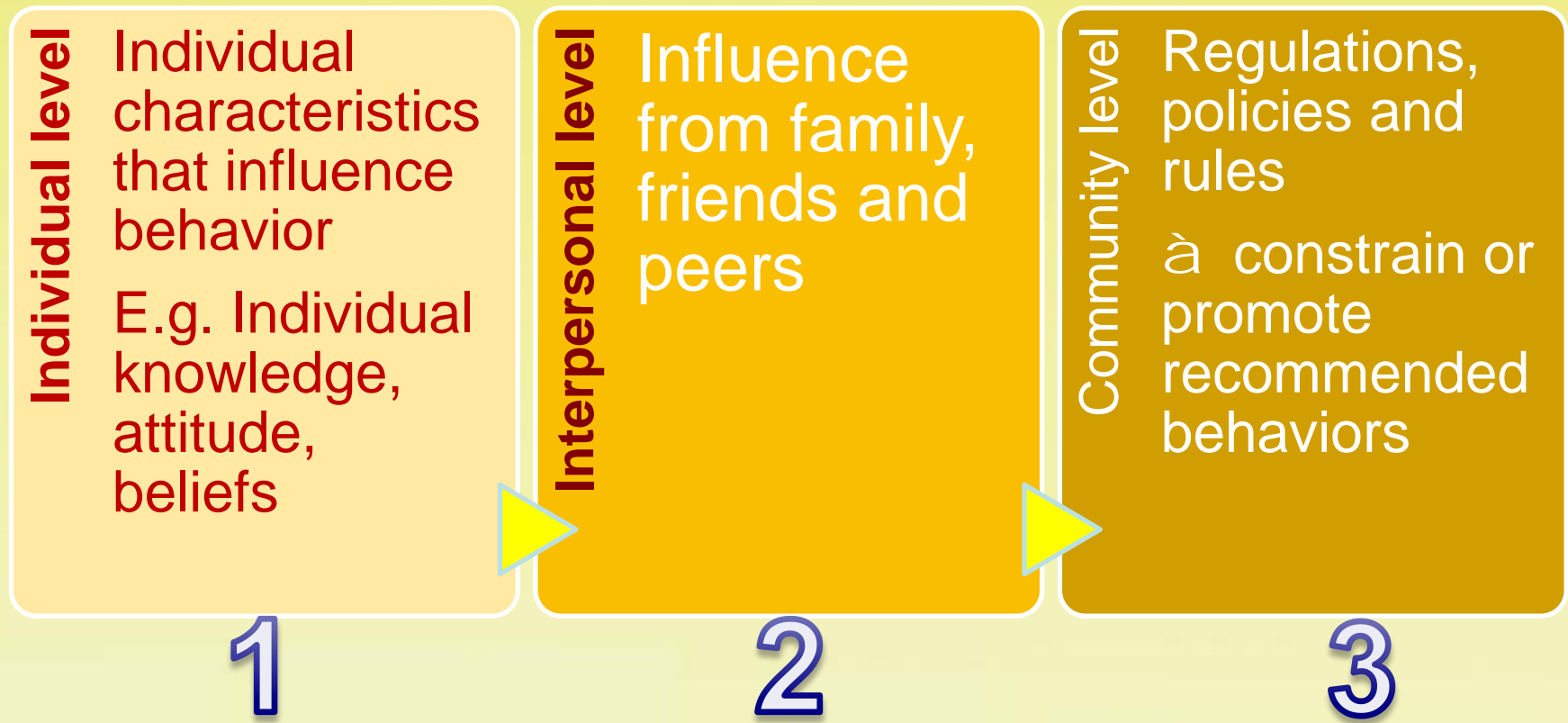
- Individual level (Internal) – age, sex, hereditary factors, lifestyle choices.
- Socioeconomic and environment level (External) – Social networks, work environment, education, housing.

(Glanz et al., 2005)

Multi-level determinants of health habits – a social-ecological approach



Levels of determinants of health (1)



Levels of determinants of health (2)

Community factors

Social networks, norms and standards
Exist as formal or informal among individuals, groups and organizations.

4

Public policy

Local/federal policies and law
à regulate health actions and practices for disease prevention, early detection, control and management

5

Public policy

Examples...

Can you think of policies/laws that the government has implemented to promote a healthy lifestyle?

Free vaccination
for older people

Smoking
cessation
campaign

Food labelling
law

Evidence Based Health Promotion

Evidence based health promotion

A systematic process of planning, implementation and evaluation adapted from efficacious trials of interventions in order to address population health issues in the social-ecological context.

(Tones & Tilford, 2001)

Example

- Strong evidence indicates obesity is associated with cardiovascular risk, hypertension, hyperlipidemia and diabetes in both older men and women.

(Pereira et al., 2002, Rexrode et al., 2001; Yusuf et al., 2005)

E.g., focus on reducing fat intake

- 1% ↑ cholesterol → 2% ↑ coronary artery disease
- 1% ↑ HDL → 2% ↓ coronary artery disease

(Chernoff, 2001)



Barriers to developing health promotion programmes for older adults

- Perception that older adults will NOT follow such plans or change their lifestyles
 - Consider themselves too old to benefit from such changes
- Unwillingness to alter health behaviour
 - Negative attitudes to changing behaviour

(Brenner & Shelly, 1988)

Theories and models that drive measurement of modifiable health risks and behaviour

√ Health Belief Model

ü Proposes the individuals DO or DO NOT modify health behaviour based on their perceptions of the severity of a disease/the likelihood of becoming ill

√ Theory of Planned Behaviour

ü Suggests the intention to change health behaviour depending on attitude, subjective norms and perceptions of behaviour control

Health Belief Model



Health Belief Model (HBM)

- HBM addresses
 - 1) the individuals' perceptions of the threat posed by a health problem
 - 2) the benefits of avoiding the threat
 - 3) addresses the factors influencing the decision to act

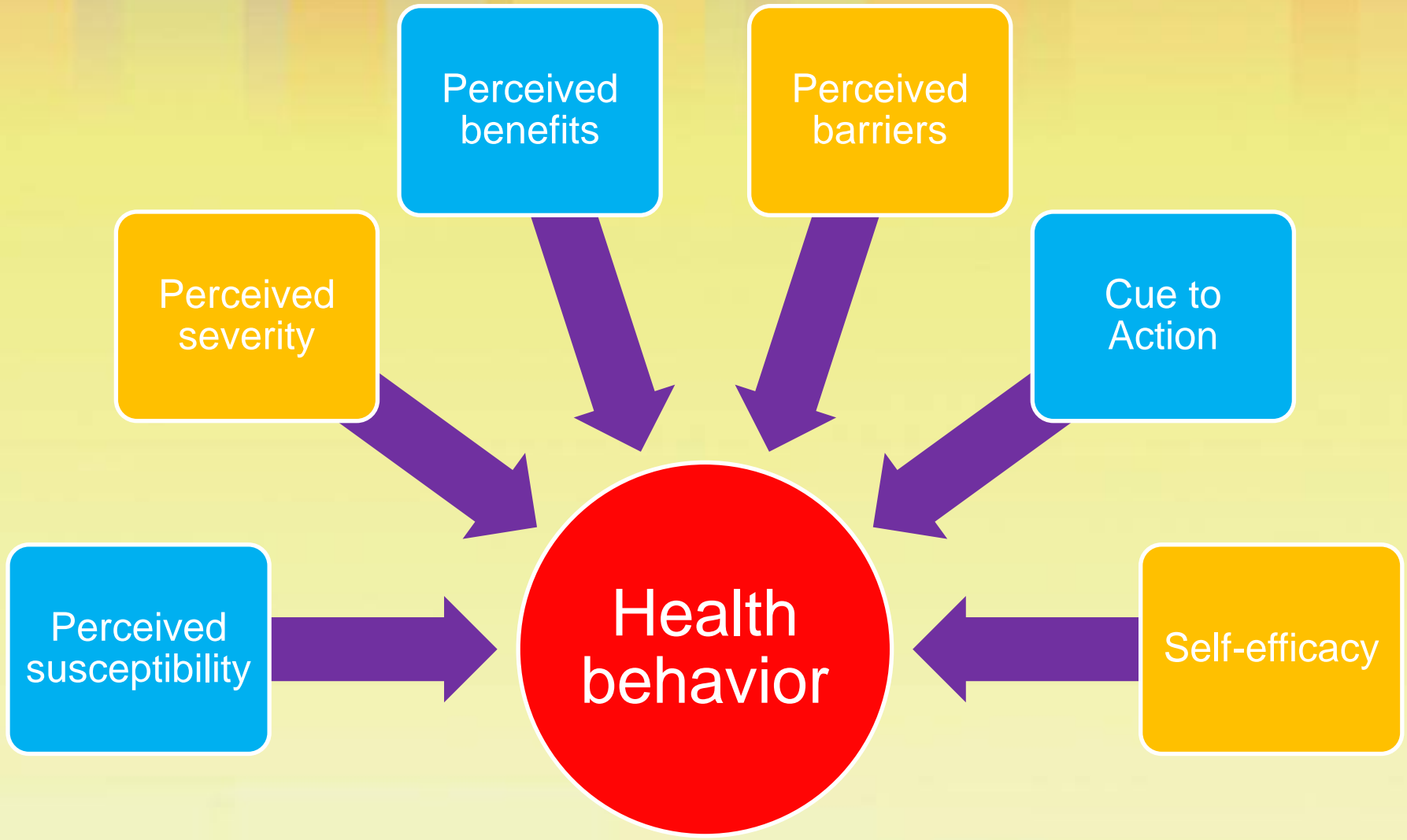
(Glanz et al., 2005; Redding et al., 2000)

I am very young and I don't have any symptoms. I am unlikely to suffer from diabetes.

None of my family members have diabetes. My risk of getting the illness is very low!

I'm scared to take the blood glucose test. I don't know what to do if I get it.

Is the screening test useful and accurate?



1. Perceived susceptibility

- Beliefs about the chances (how likely) of getting a health problem.

As I age, I am very likely to have high blood pressure, high cholesterol and high blood sugar.

None of my family members have diabetes. I'm still very young and my chances of getting this illness must be very low.

2. Perceived severity

- Beliefs about how serious a health problem and its consequences are.

There is no cure for diabetes; I must die.

It is very common to have high blood pressure. Almost all older people have it. I don't think it is a big problem.

3. Perceived benefits

- Beliefs about the effectiveness and advantages of taking action to reduce the risk.

Increasing soluble fibre intake can help reduce blood cholesterol levels.

Blood glucose test can help detect pre-diabetes and diabetes.

4. Perceived barriers

- Beliefs about the material and psychological costs of the action.

I can't afford a bone screening test.

The oral glucose tolerance test takes too long to complete.

5. Cue to Action

- Internal/external factors that activate readiness to change.

I've been experiencing symptoms of toe and ankle pain (internal).

The dietitian recommends I eat less fat (external).

My sister has been diagnosed with Type 2 diabetes. (external).

6. Self-efficacy

- Confidence in one's ability to take action.

I am determined to lose 6lb in a month.

I can refuse my friend's offer to go for a dinner when I'm on diet.

If I follow a diet, I am afraid I will not have enough energy for the day.

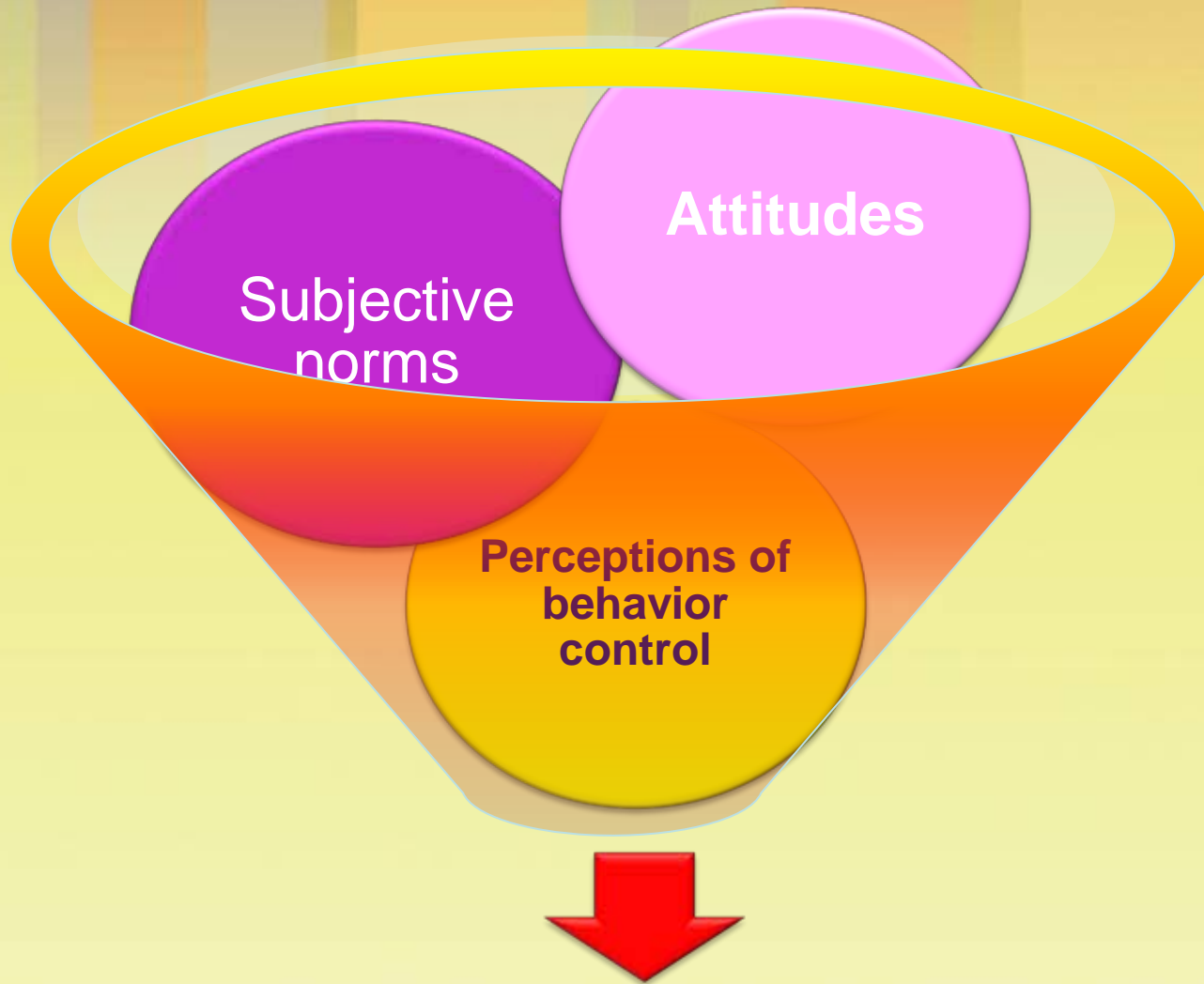
I've bought a glucometer to check my blood glucose level everyday.

Theory of Planned Behaviour

Theory of Planned Behaviour (TPB)

- A behavioural change can be predicted by behavioural intention, which is affected by
 - 1) how the person evaluates the behaviour
 - 2) how his/her social circles perceive the behaviour
 - 3) how he/she thinks of their ability to behave

(Ajzen, 1991; Ajzen et al., 1992)



Behavioral intention



Health behavioral change

Theory of Planned Behaviour (TPB)

Attitude

The belief that a behaviour will lead to a particular outcome and that outcome has a value.

Example

Exercise can prevent overweight.

Vaccination is effective to prevent flu.

Theory of Planned Behaviour (TPB)

Subjective norms

Perception of general social pressure from significant others to perform or not to perform a behaviour.

Example

My husband wants me to keep fit.

My aunt thinks Tai Chi can help coordination and balance.

Theory of Planned Behaviour (TPB)

Perception of behaviour control

Perception of an individual that he has a choice in performing or not performing a specific behaviour.

Example

I can easily control the diet that I eat.

I cannot eat steaks as I only have denture.

Theory of Planned Behaviour (TPB)

Behavioural intention

An indication of a person's readiness to perform a given behaviour.

Example

I intend to quit smoking.

I am going to take the exercise class next month.

Stage of Change Model

Stage of Change Model (SOC)

Behavioural change is a process – people attempt to change a behaviour.

Ø Analyses stages and processes that people are going through.

Ø Offers chance to design more specific treatment goals.

Pre-contemplation stage

- Unaware/no intention to take action within next 6 months.
- Tends to avoid information/discussion.
- Resistant, unmotivated, in denial.

My blood pressure is just a bit higher than the normal range, it is usual for older people. I do not think it is a problem.

Contemplation stage

- Starts to think about/recognise there is a problem.
- May take action within next 6 months.

I have a family history of heart attacks. Doctor recommends I control salt intake and take regular exercise but I don't like eating food with no taste and I am too old to do exercise.

Preparation stage

- Intends to take action within next 30 days.
- Have taken some behavioural steps in the right direction.

I've decided to join the Tai Chi class with my friends and plan to reduce the frequency of eating dim sum.

Action stage


- Has changed behaviour for <6months and is starting to live with the 'new' life.
- Chances of relapse and temptation are very strong.
- → willpower and short-term rewards may be needed to sustain the motivation.

I've been doing Tai Chi for 3 months and I've reduced the frequency of eating canned foods.

Maintenance stage

- Has changed behaviour for >6months.
- Working to consolidate the changes and maintain the 'new' status.
- Needs to avoid personal and environmental temptations.

I enjoy doing Tai Chi and will keep doing it every morning with my friends.



Stage of change model – spiral model

- People in different stages have different needs and barriers, they may fall back to a previous stage when motivation is poor. Therefore they need:

üempowerment

üpeer support

üself control

Health promotion strategies for older people

The role of health promoters

1. Assess the needs of the community
 - from epidemiological data?
2. Encourage community participation
3. Facilitate community groups
 - provide adequate resources
 - networking with the groups to encourage sharing of resources

Health promotion

Has a strategic framework of 3 approaches

Population group

- **Older People**

- Children
- Teenage / Young adult
- Middle-aged
- Women
- Men

Settings

- **Health services**

- Community
- School
- Work place
- Youth sector

Topics

- ü **Smoking cessation**
- ü **Healthy eating**
- ü **Physical activity**
- ü **Good oral hygiene**
- ü **Safety & injury prevention**

Strategic aims and objectives

SMART approach

- Specific - outcome-specific
- Measurable
 - Establish concrete criteria for measuring progress toward the attainment of the goal.
- Achievable
 - Attitudes, abilities, skills, and financial capacity to reach the goal?
- Realistic
 - Is the goal 'do-able'?
- Time-bound - priority and time frame

Implementation of health promotion

Six key elements in implementation:

- partnership
- environment
- outcome-focused
- population-based intervention
- life-course approach
- empowerment

You may click the
link for more
details



http://www.dh.gov.hk/english/pub_rec/pub_rec_ar/pdf/ncd/chap_6.pdf

Partnership

- Draws upon strengths from different sectors with resources (e.g., funding), as health promotion requires whole community involvement:
 - government organisations
 - NGOs
 - district councils
 - mass media
 - academic institutions

Environment

- Different environments can be determinants of people's health:
 - workplace
 - community
 - school/colleagues

Outcome-focused

- Ensures health gains from interventions through monitoring the health outcomes.

Population-based intervention

- The health-related activities are beneficial to the whole population,
 - ✓ e.g., influenza vaccination / streptococcus pneumonia vaccination is beneficial to the public.

Life-course approach

- Addresses the adverse effects of all life stages, selects relevant resources for different populations.

Examples

- Early colorectal screening in middle age group to prevent colorectal cancer.
- Oral hygiene practices promoted in older adult groups.

Empowerment

Equip people with appropriate skills to achieve their full potential.

- ü Knowledge and skills in health promotion and disease prevention, e.g.,
 - √ behavioural modification
 - √ proper use of medical and health services

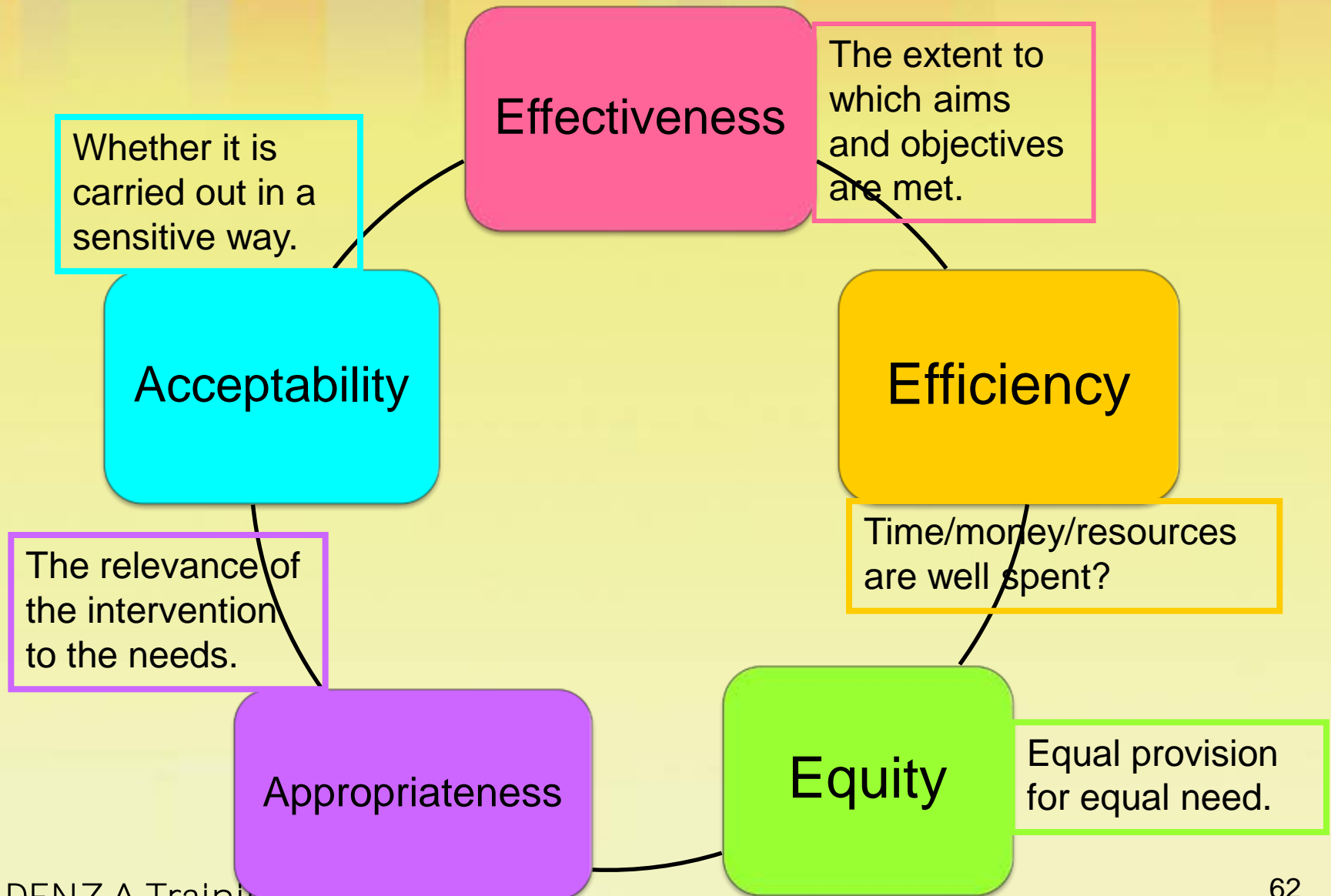
Health Promotion Evaluation

Evaluation

- Use of scientific methods to judge and improve the planning, monitoring, effectiveness and efficiency of health programmes.
- Participants reflect the needs of the whole community or just their own needs?

(O'Connor-Fleming et al., 2006; Wimbush & Watson, 2000)

Criteria to evaluate a programme



Evaluation to improve the programme

To improve methods of programme operation and delivery.

To assess the adequacy of the programme goals.

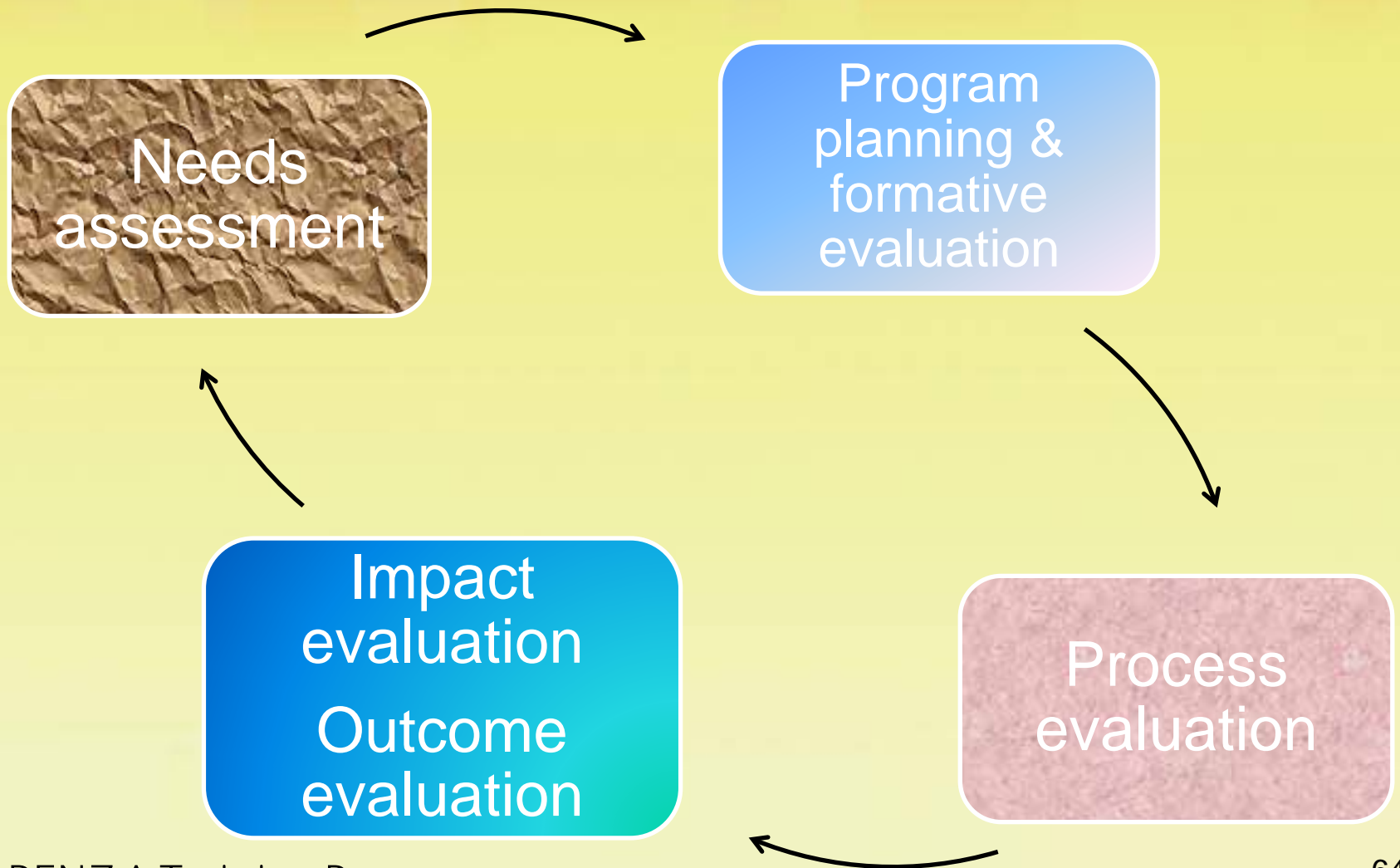
To measure the effect of the programme.

To measure effectiveness of resources.

To justify the programme e.g., budget, staff, facilities, programme procedures, etc.

To identify effective leaderships, facilitation techniques, etc.

Evaluation cycle





Needs Assessment

1. Define the problem (be specific)

- Whose needs? (Individual? Community?)
- What needs? (Smoking cessation? Poor housing?)
- Why is it needed? (High mortality rate?)
- What resources are needed?
- What are the risks?

(O'Connor-Fleming et al., 2006; Wimbush & Watson, 2000)

Needs Assessment

2. Identify the health priorities

- Population profiling
- Epidemiological data
- Perceptions of needs
- Identify and assess the determinant factors

(O'Connor-Fleming et al., 2006; Wimbush & Watson, 2000)

Needs Assessment

3. Epidemiological assessment

- Helps determine/identify what the significant health problem(s) are in that specific target group in the community.
 - What is the incidence? Prevalence of the problem?
 - Demographic characteristics of the population that faces the problem?
 - How can the groups be reached by the programme?
- Scientific-based evidence

Health Promotion Evaluation

Formative Evaluation

- Pilot test the design elements
- E.g. Assess the appropriateness/ accuracy of language used? Completeness of contents and readability?

Process Evaluation

- Monitor the program operation/delivery
- Focuses on how the program is delivered
- E.g. Form a focus group/ Interview the staff/participants for feedback?

Health Promotion Evaluation

Structural Evaluation

- Refers to personnel and environmental factors related to program delivery
- E.g. Use of equipment, training of personnel

Impact Evaluation

- Assess the effects of program activities on its immediate achievements
- E.g. increased knowledge/change in attitudes or demonstrations of skills

Health Promotion Evaluation

Outcome Evaluation

- Determine whether the program had an effect on the target population's health status, morbidity, mortality or other outcome

Outcome evaluation is challenging because it is difficult to determine whether the particular effect was caused by the intervention or was due to confounding factors.

Health Promotion Evaluation

Economic Evaluation

- Estimate both tangible and intangible benefits of the program and the direct and indirect costs of implementing that program

Ethical issues

Ethical standards must be considered when doing an evaluation study:

- q respondent's informed consent

- q all data kept in confidentiality

- q respondents have the right to withdraw from the evaluation study in any circumstances

- q the researcher/evaluator must be value-free and must NOT be in conflict of interest

Summary

- ♣ Understanding the needs/interests of the target population
- ♣ Thorough needs assessment
- ♣ Relationship between management and implementing agency
- ♣ Stakeholders/partnerships
- ♣ Management support at all phases
- ♣ Direct involvement of employees at all stages
- ♣ Regular evaluation

~ END of Chapter 2 ~

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