



# NMNEC Concept: Health Promotion

**Mega Concept:** Professional Nursing

**Category:** Professional Attributes

**Concept Name:** Health Promotion

**Concept Definition:**

Activities that increase the levels of health and well-being and actualize or maximize the health of individuals, families, groups, communities, and society.

In expanding on the above definition it is noted that health promotion is an activity that can promote or improve the level of health and wellbeing of an individual, family, or community. Health promotion's focus is for the individual, family, or community to actualize and/ or maximize the need for a change in behavior that will lead to a positive health benefit. This definition is supported by the World Health Organization's (WHO) definition of health promotion as "the process of enabling people to increase control over, and to improve their health" (WHO, 1986).

**Scope and Categories:**

The scope of health promotion is expansive and relevant across the lifespan. Health promotion recommendations are based on the needs of the individual, family, or community such as lifespan categories: infants, toddlers, school-age, adolescents, adults and older adults. Health promotion activities should be comprehensive and involve the individual and/or group (American Nurses Association, 1995; WHO, 1986).

**Categories:**

There are three categories or levels for health promotion:

1. Primary prevention: Measures taken to improve health or protect one from disease or trauma. Primary prevention measures focus on health education to enable one for the most favorable health outcomes, i.e. nutrition, exercise, immunizations, and safety equipment.
2. Secondary prevention (Screening): Measures taken for early detection of disease, often times this entails health screening followed by appropriate interventions, such as health promotion education or treatment. The early detection of disease can provide an opportunity to make beneficial changes to cure or reduce the negative impact of the disease detected. United States Preventative Services Task Force (USPSTF) provides current recommendations for the use of reliable and valid screening techniques for different diseases (USPSTF, August, 2018).



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3. Tertiary prevention: Measures that aim to reduce the impact of the disease and promote quality of life through active rehabilitation; it is collaborative management with the inter-professional health care team to maintain the highest quality of health for the individual. Health promotion modalities are used within the context of rehabilitation. For example, nutrition and exercise education may still be used and adapted to the specifics of the individuals' condition.

### Attributes/Criteria:

Health Promotion is characterized by four elements:

- Optimization of health:
  - Maintain high-level wellness
  - Prevent illness
  - Protection from harm
  - Early detection and management of disease
- Evidence:
  - Health promotion needs to be current and evidence based reflecting the new knowledge gained thorough research
  - Recommendations can be obtained through current practice guidelines for health professionals
  - The U.S. Preventive Services Task Force has developed a grading system (and level of certainty scale) to determine health outcome effects for many health promotion activities, based on research and clinical evidence. (USPSTF, June, 2018)
- Patient/Community Centered:
  - “Incorporation of health promotion measures must be valued and desired by the individuals impacted. On an individual level, personal motivation to incorporate the strategies is required. On a community level, leadership from individuals within the community is needed for successful implementation” (Giddens, p. 424).
- Enculturation:
  - Requires competence and sensitivity with diverse groups
  - Incorporation of individual, family, or community beliefs, attitudes, values, behaviors, and interpersonal dynamics to have success

### Theoretical Links:

Main areas of models and theories relating to health, behavior, and health promotion:

- **Individual-Focused Models:** Focuses on individual in the context of themes; cognition, motivation, behaviors or environment

Examples:

1. Health Promotion Nursing Model (Pender, Murdaugh, & Parsons, 2006)



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Behavior outcomes, healthy behaviors, are influenced by the integration of an individual's experience, uniqueness, and by the influences of the behavior on the individual (perceived benefits and barriers, self-efficacy, activity-related affect, and interpersonal and situational influences).

### 2. Health Belief Model (Rosenstock, 1966)

The Health Belief Model was a psychological model developed to help predict and explain the health behaviors of people. It focuses on the premise that a person's attitudes and beliefs will determine if they seek out health prevention. The health belief model proposes that a person's health-related behavior depends on the person's perception of four critical areas:

- a. Severity of a potential illness
- b. Person's susceptibility to that illness,
- c. Benefits of taking a preventive action, and
- d. Barriers to taking that action.

### 3. Transtheoretical Model of Change (Prochaska and DiClementel, 1984)

This model proposes that health –related behavior progresses through six stages of change on a continuum that leads to a change in behavior. The six stages are:

- a. Pre-contemplation- (Not Ready for change) Not intending to change in foreseeable future, consider in next 6 months
- b. Contemplation- (Thinking of change) Ambivalent, might consider in next month
- c. Preparation- (Ready to Change) Try within a month
- d. Action- (Making Change) Actively taking steps toward change
- e. Maintenance- (Staying on Track) Actively maintain changes and to prevent relapse
- f. Relapse- (Fall from Grace) Regression to an earlier stage

- **Community-Focused Models:** Focuses on the community as a whole, which have common attributes
  - Focuses on community values and norms
  - Legitimizes desirable behaviors and environmental changes
  - Participation of community leadership
  - Planned change in which the community-focused members have control (Giddens, 2017)

Examples:

1. Community Health Promotion Model: Diffusion of Innovations Model first developed by E. Rogers in 1995. Health behaviors change related to the dissemination of intervention and that the adoption of the intervention is related to the perceived value. There are four steps to the diffusion:
  - a. Innovation-"an idea, practice, or object that is perceived as new by an individual or other unit of adoption" (Rogers, 2003, p. xx)



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- b. Communication Channels- A communication channel is "the means by which messages get from one individual to another" (Rogers, 2003, p. 217)
  - c. Time-"The innovation-decision period is the length of time required to pass through the innovation-decision process". "Rate of adoption is the relative speed with which an innovation is adopted by members of a social system" (Rogers, 2003, pp. 213, 221).
  - d. Social Systems-"A social system is defined as a set of interrelated units that are engaged in joint problem solving to accomplish a common goal" (Rogers, 2003, p. 37).
2. Social Ecology Models: These models focus on the influence of social and cultural contexts and how they impact a person within their environment. It addresses the fact that there are multiple variables that influence health behavior:
- a. Dorthea Orem's Self Care Theory in *Nursing: Concepts of Practice*, originally published in 1971 (Orem, 2001)
  - b. Florence Nightingale's Environmental Theory, originally published in 1898 in *Notes on Nursing: What It Is, and What It Is Not* (Nightingale, 1969)
3. Social Marketing Models: These models focus on influencing behavior change by influencing the adoption of an idea by the general public. The foundations of social marketing models in health promotion are: the "product" is the desired application, the "price" is the social and economic cost to the community related to the adoption, the "place" is to persuade the individuals to adopt the change :
- a. Public Health Framework- Center for Disease Control and Prevention (CDC), Social Marketing for health behaviors (CDC, 2018)
  - b. Communication Theory- CDC, Health Communication (CDC, 2019)

### Context to Nursing/Health Care:

Nurses work with individuals and families to enhance health and wellbeing as well as working with communities and organization to develop and implement health plan or health policy for the betterment of the people.

**Knowledge:** Being knowledgeable about health promotion for individuals, families and communities

Nurses need to know:

- Current health promotion strategies and how they impact an individual, family or community
- That the diversity of individuals, families, and communities need to be considered with health promotion
- Different health promotion models to provide a foundation in the use of the nursing process/practice
- How health promotion is related and integrated into the different health care systems
- The levels of prevention and how it impacts and individual, family, or community



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- Health promotion is on a continuum
- Individuals respond uniquely to health promotion strategies

**Skills:** Able to use health promotion as a means to enhance ones' health

Nurses need to be able to:

- Develop a therapeutic relationship with the individual, family, or community for accurate assessment
- Use assessment as a foundation of the health promotion plan
- Individual: Includes a comprehensive assessment of health status, health behaviors and risks, evaluates family health history, lifestyle, history and physical exam, personal preferences, values, goals and relationships
- Family: Includes gaining an understanding of health promotion and health protection measures in the family. Assesses family strengths and relationships within the family and how decisions are made
- Community: Includes community representatives and through community data collection (observation, interviews from community residents). Further information is collected that represents the structure of the community such as census data, population/demographics, morbidity and mortality data, environmental data and community and government resources
- Integrate diversity variables into assessment and implementation nursing practice
- Use appropriate evidence based screening modalities that are highly reliable and valid
- Communicate effectively with the inter-professionals
- Educate on various interventions in order to improve ones' health
- Use nursing informatics and technology for assessment and implementation of health promotion

**Attitudes:** Nurses' personal and professional attitudes are instrumental in shaping their nursing practice.

Nurses need to be able to:

- Value their own role in health promotion
- Recognize that their own beliefs can affect the nursing practice of health promotion with individuals, families, and communities
- Develop an attitude of collaboration with inter-professionals to develop and coordinate health promotion for individuals, families and communities.
- Value the use of informatics and technology to help promote health

**Interrelated Concepts:**



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- **Development:** appropriate assessment and implementation related to the age of the healthcare participant in order for the promotion to be affective, also different areas of health promotion are applicable at different age levels
- **Diversity:** Diversity plays a great impact on the way one lives and interprets their world, this needs to be taken into consideration when assessing and individual and analyzing data and when developing a plan to promote the health behavior
- **Collaboration:** Effective communication with interprofessionals assures that the healthcare participant is receiving coordinated care
- **Patient Education:** Foundation of health promotion practices delivered by nurses
- **Health Policy:** Health promotion guidelines are implemented through health policy
- **Health Care Delivery Systems:** Healthcare delivery systems impact the access and promotion of prevention strategies
- **Health Care Economics:** Health promotion is a leading focus in health care delivery that has increased quality of life and decreased health care cost. The Surgeon General of the United States in 1979 set a goal to improve the health of the nation focusing on issues that relate to health promotion. Healthy people reports provide current goals and objectives related to health promotion. (Public Health Service, 1979)

### Exemplars:

#### New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

#### For Primary Prevention (Risk Reduction):

1. Health Promotion: Nutrition and Exercise education across the lifespan
2. Disease Prevention:
  - a. Immunization clinics
  - b. Hand-washing

#### For Secondary Prevention (Screenings):

Screenings as appropriate across the lifespan:

1. Developmental screening
2. Hypertension (blood pressure screening)
3. Body Mass Index
4. Cancer screenings
5. Alcohol/substance abuse
6. Perinatal depression



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## For Tertiary Prevention (Harm Reduction)

Health promotion programs to reduce harm:

1. Smoking Cessation programs for persons with pulmonary disease
2. Weight reduction
3. Medication adherence

## Optional Exemplars:

### Primary Prevention (Risk Reduction):

- Dental education in schools, 20-25% of school age children have dental caries which can lead to pain, infection and lead to problems of eating, speaking, and learning (CDC, 2014).
- Needle Exchange prevention of chronic conditions such as hepatitis B, C and D and human virus. (CDC, 2019)
- Safety Equipment for sports and occupation as 1.7 million people are hospitalized or die related to traumatic brain injury (Daneshvar, M., Baugh, C., Nowinski, A. Stern, R. and Cantu, R., 2011)

### Secondary Prevention (Screening):

- Glucose Tolerance Testing in pregnancy to reduce pregnancy and fetal complications (American College of Obstetricians and Gynecologists, 2018).
- Vision and Hearing effects growth and development and maintenance of safety and health. Addressed as exemplars in Sensory Perception concept

### Tertiary Prevention (Harm Reduction):

Rehabilitation centers/education:

- Cardiovascular
- Pulmonary
- Stroke
- Substance/Addiction Centers provide support and education to reinforce change as addressed in the transtheoretical model of change.



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### References:

- American College of Obstetricians and Gynecologists (ACOG). (2018). ACOG practice bulletin no. 190: Gestational diabetes mellitus. *Obstetrics & Gynecology*, 131(2) (pp. e49-e64).
- American Nurses Association (ANA). (1995). *ANA position Statement: promotion and disease prevention*. Retrieved from <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/promotion-and-disease-prevention/>
- Center for Disease Control and Prevention (CDC). (2014). *Children's oral health*. Retrieved from [https://www.cdc.gov/oralhealth/children\\_adults/child.htm](https://www.cdc.gov/oralhealth/children_adults/child.htm)
- Center for Disease Control and Prevention (CDC). (2018) *Effective intervention: social marketing*. Retrieved from <https://effectiveinterventions.cdc.gov/community-and-structural-level/group-3/social-marketing>
- Center for Disease Control and Prevention (CDC). (2019). *Gateway to health communication & social marketing practice*. Retrieved from <https://www.cdc.gov/healthcommunication/healthbasics/WhatIsHC.html>
- Center for Disease Control and Prevention (CDC). (2019). HIV prevention. Retrieved from <https://www.cdc.gov/hiv/basics/prevention.html>
- Daneshvar, M., Baugh, C., Nowinski, A. Stern, R. and Cantu, R. (2011). *Helmets and mouth guards: The role of personal equipment in preventing sport-related concussions*. *Clinical Sports Med.* 2011 Jan; 30(1): 145–163. doi: 10.1016/j.csm.2010.09.006
- Giddens, J. F. (2017). Health promotion. In J. F. Giddens (Ed.), *Concepts for nursing practice* (2<sup>nd</sup> ed.) (pp. 422-430). St. Louis, MO: Mosby/Elsevier.
- Nightingale, F. (1969). *Notes on nursing: What it is, and what it is not*. Dover Publications. (Classic Work)
- Orem, D. (2001). *Nursing: Concepts of practice* (6<sup>th</sup> ed.). Mosby. (Classic Work)
- Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2006). *Health promotion in nursing practice* (5<sup>th</sup> ed.). Upper Saddle River, NJ: Pearson Prentice Hall.



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Prochaska, J.O. and DiClemente, C.C. (1984). *The transtheoretical approach: Towards a systematic eclectic framework*. Dow Jones Irwin, Homewood, IL, USA.

Public Health Service. *Healthy people: The surgeon general's report on health promotion and disease prevention*. Washington, DC: US Department of Health, Education, and Welfare, Public Health Service, 1979; DHEW publication no. (PHS) 79-55071. (Classic Work)

Rogers, E. M. (2003). *Diffusion of innovations* New York: Free Press. (Classic Work)

Rosenstock, I.M. (1966), "Why people use health services", *Milbank Memorial Fund Quarterly*. 44 (3): 94–127. (Classic Work)

United States Preventive Services Task Force (USPSTF). (August, 2018). *Recommendations for primary care practice*. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>

United States Preventive Services Task Force (USPSTF). (June, 2018,). *Grade definitions after July 2012: What the grades mean and suggestions for practice*. Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>

World Health Organization (WHO). (1986). *Ottawa charter for health promotion*. Geneva: World Health Organization. Retrieved from <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

### Resources:

National Prevention Council. (2011, June 16). *National prevention strategy*. Washington, D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

Pender, N. J. (2006). Expressing health through lifestyle patterns. In W. C. (Ed.), *Philosophical and theoretical perspectives for advanced nursing practice (4th ed.)* (pp. 143-153). Boston: Jones and Bartlett.

United States Department of Health and Human Services (USDHHS), Office of Minority Health. (2006). *Report: Setting the agenda for research on cultural competence in health care*. Retrieved from U.S. Department of Health and Human Services. (2012). *Healthy people 2020*. Washington, D.C.: Author. Retrieved from <https://www.minorityhealth.hhs.gov/assets/pdf/checked/agendarptall.pdf>



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### Website Resources:

Agency for Healthcare Research and Quality (AHRQ) @ <http://www.ahrq.gov/>

Agency for Healthcare Research and Quality (AHRQ): National Healthcare Quality and Disparities Reports @ <https://www.ahrq.gov/research/findings/nhqrdr/index.html>

Healthy People 2020 @ <http://www.healthypeople.gov/2020/default.aspx>

National Cancer Institute. (2005). *Theory at a glance a guide for health promotion practice*. (2<sup>nd</sup> ed.) (NCI Publication No.: T052, NIH No.: 05-3896). Retrieved from <https://searchworks.stanford.edu/view/9100318>

United States Department of Health and Human Services (HHS) @ <https://www.hhs.gov/>