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COMMUNITY HEALTH NURSING

For BSc and PB BSc Nursing Students

3rd Edition

Volume 2



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COMMUNITY HEALTH NURSING

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3rd Edition

Volume 1



BT Basavanthappa

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4 CHAPTER

Promotion of Health

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INTRODUCTION

Health is a state of being free from illness or injury, or a person's mental or physical condition. Health promotion is an activity than support or encouraging the person being healthy.

Good health is a prerequisite of human productivity and development process. It is essential for the economic and technological development. Health as defined by Pericles (500 BC) is that 'it is a state of moral, mental and physical well-being, which enables a person to face any crisis in life with utmost grace (of God) and facility. WHO (1958), reflected a holistic perspective in its classical definition of health as a state of complete physical, mental and sound well-being, not merely the absence of disease and infirmity'. Terries (1975) considered with the definition to be 'vague and imprecise with utopian aura'. So, Terries (epidemiologist) expanded the definition that health is a state of physical, mental and social well-being, and ability to function and not merely absence of illness, and infirmity by deleting the word 'complete' and adding ability to function, and made WHO definition, which was placed in a more realistic context, providing a useful framework for health promotion.

More contemporary definitions of health have emphasized the relationship between health and wellness and health promotion. Although health may be viewed as a static state of being at any given point in time, wellness is the process of moving toward integrating human functioning and maximizing human potential. Health promotion is the process of helping people enhance their well-being and maximize their human potential. The focus of health promotion is on changing patterns of behavior or environmental structures to promote health rather than simply to avoid illness. The goal of health promotion is to enable people to exercise control over their well-being and ultimately improve their health, focusing on people and population as a whole and not solely on people who are at risk for specific disease. Health promotion combines education, organizational involvement, economics and political influences to bring about changes in behaviors of individuals and groups, or changes in environmental structures related to improved health and well-being. This classic definition of health promotion remains pertinent, and today the terms 'wellness' and 'health promotion' are frequently used interchangeably, with both terms having elements of physical, mental and social well-being for both the individual and the community.

DEFINITIONS

1. Activities directed toward increasing the level of well-being and actualizing the potential of individuals, families and groups; a category separate from primary prevention.

   — Pender, 1987
2. Maintaining or improving the general level of health of individuals, families and groups; part of primary prevention.

   —Leavell and Clark, 1965
3. Individual and community activities to promote healthful lifestyles.

   —Julius Richmond, 1979
4. Positive health promotion is the process of enabling people to increase control over and improve their own health; aimed primarily at improving health potential and maintaining health balance.

   —Amelia Mangay-Maglacas, Chief Nurse WHO, 1988

Pender (1987) considers health promotion separate from primary prevention. She defines health promotion as 'activities directed toward increasing the level of well-being', and primary prevention as 'activities directed toward decreasing the probability of specific illnesses'. In this instance, health promotion is considered to be an approach behavior, whereas primary prevention is considered avoidance behavior. Health promotion is not disease oriented, i.e. no

specific problem is being avoided. By contrast, primary prevention activities are geared toward avoiding specific problems. Having analyzed the terms used in the health promotion literature (Brubaker, 1983) agrees with Pender's definition and further argues that even dictionary definitions support differences between the terms 'health promotion' and 'primary or illness prevention'. Brubaker notes that promotion is geared to 'helping and encouraging to flourish', whereas to prevent is defined as 'to keep from occurring'. For example, a 40-year-old male may begin a program of walking 3 miles each day. If the goal of his program is to 'decrease the risk of heart disease', then the activity would be considered prevention. By contrast, if his walking regimen is instituted to 'increase his overall health and feeling of well-being', then the activity would be considered health promotion behavior. Most authors do not take health promotion to mean simply the avoidance of risk factors or the maintenance of stability. Rather, health promotion is seen as being directed toward self-development, growth and a high level of wellness (Brubaker, 1983).

In a document of 1979 called Healthy People, the Surgeon General of the United States differentiates health promotion, health protection and preventive health services. He outlines specific activities for each category as detailed below.

Health promotion: Individual and community activities to promote healthful lifestyles. Examples of health promotion activities include improving nutrition, preventing alcohol and drug misuse, maintaining fitness and exercising.

Health protection: Actions by government and industry to minimize environmental health threats. Health protection relates to activities such as maintaining occupational safety, controlling radiation and toxic agents, and preventing infectious diseases and accidents.

Preventive health services: Actions of healthcare providers to prevent health problems. These services include control of high blood pressure, control of sexually transmitted disease, immunization, family planning and health care during pregnancy and infancy.

The Chief Scientist for nursing from the World Health Organization (WHO), Amelia Mangay-Maglacas, uses the terms positive health and positive health promotion, and presents them in a broader context. According to Maglacas, positive health for all does not mean the eradication of every disease or the healing of every body part. Rather, health should be considered in the context of its contribution to social and economic development, so that all people have the necessary social and economic support to lead satisfying lives (1988). Positive health promotion is the process of enabling people to improve and to increase their control over their own health. The goal of positive health is attained by caring for ourselves and for others, by controlling life's making, and by ensuring that conditions in society allow people to attain health.

Health promotion is an important component of nursing practice and also it is an accepted aim of nursing practice, although it is rarely defined, and is not often differentiated from disease prevention or health maintenance. In narrow sense, prevention means avoiding the development of disease in the future and in broader sense, it consists of all interventions to limit progression of a disease. The levels of prevention occur at various points of a course of disease progression.

Leavell and Clark (1965) strongly influenced the evolution of health promotion and disease prevention strategies through their classic definitions of primary, secondary and tertiary levels of promotion that were rooted in the biomedical model of health and epidemiology. The applications of preventive measures, according to them corresponds to the natural history or stages of disease. Classic definitions of primary, secondary and tertiary levels of promotions are:

1. Primary prevention: Focuses on health promotion and protection against specific health problems. So, primary prevention measures are directed toward 'well' individuals in the prepathogenesis period to promote their health and to provide specific protection from diseases [e.g. immunization against diseases such as diphtheria, tetanus, pertussis (DTP) and polio]. The purposes of primary prevention are to decrease the risk or exposure of the individual or community to disease.
2. Secondary prevention: Focuses on early identification of health problems and prompts intervention to alleviate health problems. Its goal is to identify individuals in an early stage of a disease process and to limit future disability. So, here secondary preventive measures are applied to diagnose or treat individuals in the period of pathogenesis.
3. Tertiary prevention: Focuses on restoration and rehabilitation with the goals of returning the individual to an optimum level of functioning. So, the tertiary prevention addresses rehabilitation and the return of people with chronic illness to a maximal ability to function.

The three levels of prevention may overlap in practice. For example, person may experience heart attack and the goal of secondary prevention is to limit the disability. The teaching of lifestyle changes for that person's rehabilitation will be health education activities of primary prevention in which primary prevention has no distinct

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component of health promotions and specific protection. Health promotion focuses on positive measures such as education for healthy living and prevention of promotion of favorable environmental conditions as well as periodic selective examinations, e.g. assessment of health education. Specific protection includes measures to reduce the threat of specific diseases such as hygiene and the elimination of workplace hazards. Both components are not the same; the term health promotion is linked to a positive view of health, e.g. health habits, whereas specific protection is linked to the negative view of absence of disease, e.g. disease prevention.

Health promotion is considered as primary prevention and is directed towards modifying the human behavior to adopt positive health practices. So, health promotion is a behavior directed toward achieving a greater level of health illness prevention, reducing the threat of illness or disease; and health maintenance is directed toward keeping a current state of health. Some feels that health promotion has to be different from health protection or illness prevention, and stated that health promotion is a behavior motivated by the desire to increase well-being and actualize human health potential; and health promotion or illness prevention as a 'behavior motivated by a desire to actively avoid illness, detect early or maintain functioning within the constraints of illness'.

Now the public has become increasingly aware of and interested in health promotion, and there is an increasing trend towards improving the quality of life rather than the traditional approach of disease control in the field of health. Many persons are aware of the relationships between lifestyle and illness, and are developing health-promoting habits such as getting adequate exercise, rest, relaxation, maintaining good nutrition, and controlling the use of tobacco, alcohol and other drugs.

PRINCIPLES

World Health Organization describes health promotion as the process of enabling people to increase control over and improve their health (WHO, 1984). Accordingly, the five principles, which are basis of health promotion includes:

1. It involves the population as a whole in the context of their everyday life, rather than focusing on people at risk in specific disease.
2. It is directed toward action on the determination of health.
3. It combines diverse, but complimentary methods or approaches including communication, education, legislation, fiscal measures, organizational change, community developmental and spontaneous local activities against health hazards.
4. It aims at effective and concrete public participations.
5. It is basically an activity in health and social field, and not medical service health professionals, particularly in primary health care have a vital role in nurturing and enabling health promotion.

According to Ottawa Charter (1986), health promotion combines both individual and community level strategies including 'building healthy public, creating supportive environments, strengthening community action, developing personal skills and reorienting health services'. Health is a source of daily living. For individuals or communities to realize physical, mental and social well-being, they must become aware of; learn to use the social and personal resources available within their environment.

According to Bangkok Charter (2005), for health, promotion in the universe requires certain actions, which includes:

1. Advocating for health benefit based on human rights and solidarity.
2. Investing in sustainable policies, action and infrastructures to address determination of health.
3. Building capacity for policy development, leadership, health promotion practices, knowledge transfer and research, and health literacy.
4. Regulating the legislate to ensure high level of protection from harm, and enable equal opportunity for health and well-being for all people.
5. Partner and build alliance with public, nongovernmental, international organization, and civil society to create sustainable actions.

Health promotional activities need to be carried out for target people. According to the WHO, target people includes workers at workplace, adolescents, elderly people, women and children:

1. Health promotion activities at workplace are that there should be facilities for health assessment, stress, management, prevention of accidents, prohibiting smoking, provide nutritional education and facilities for exercise and fitness, and recreation. If provided, it helps to reduce the burden of employees by reducing rising cost of health, develops caring image, decrease absenteeism and increased productivity.
2. Health promotion activities for adolescents are required to reduce behavioral and lifestyle problems, and to prevent risk-taking behavior such as reckless driving, and including sexual activities, etc.

HEALTH PROMOTION MODEL

The initial version of the Health Promotion Model (HPM) appeared in the nursing literature in the early 1980s and focused on health-promoting behaviors rather than health protection or illness prevention behaviors. The initial

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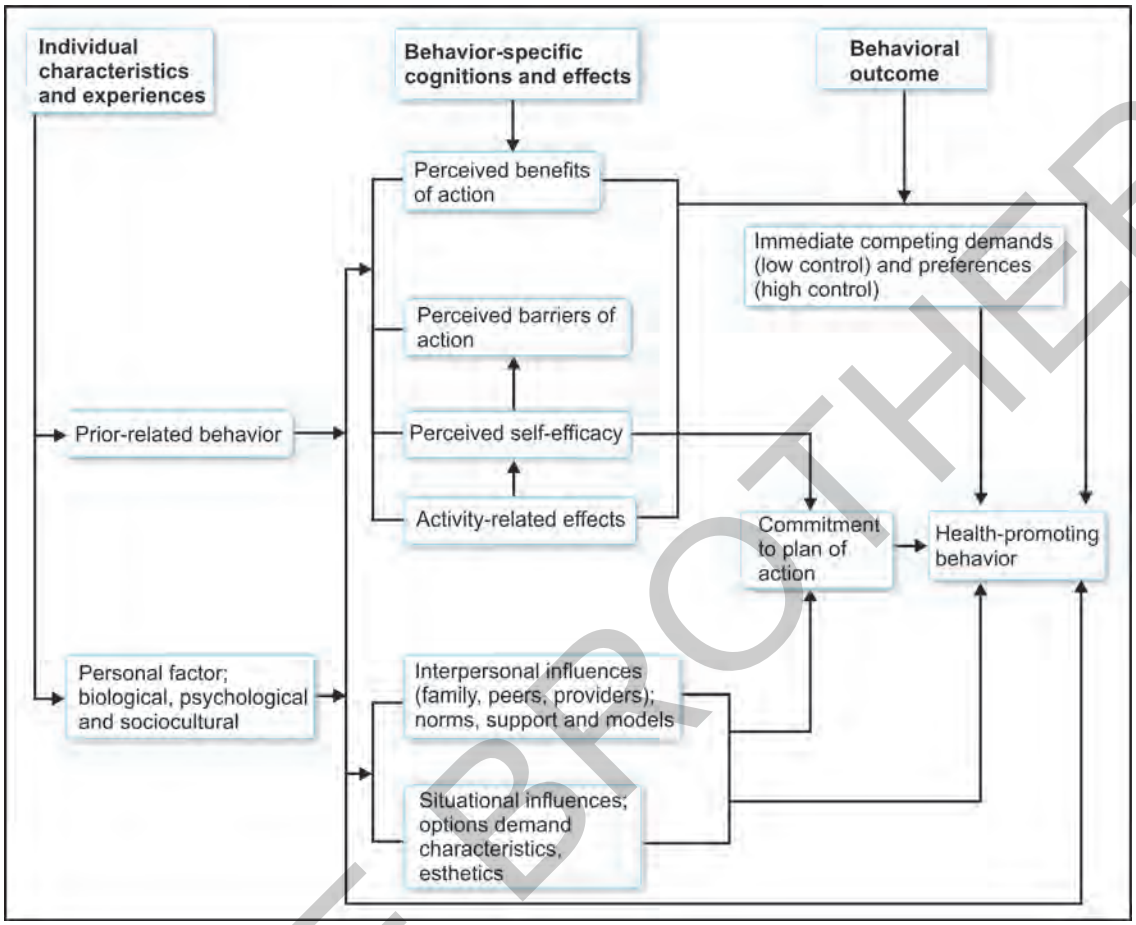


Figure 4.1: Health promotion model

model has recently been replaced by the HPM (revised) as shown in Figure 4.1. The HPM is a competence- or approach-oriented model that depicts the multidimensional nature of persons interacting with their interpersonal and physical environments as they pursue health. The assumptions of HPM are the variables in the revised HPM and their interrelationships that are described as follows:

1. Persons seek to create living through which they can express their unique human health potential.
2. Persons have the capacity for reflective self-awareness, including assessment of their own competencies. Person's value growth in directions viewed as positive and attempt a personally acceptable balance between change and stability.
3. Individuals seek to actively regulate their own behavior.
4. Individuals in all their biopsychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time. Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their life span.
5. Self-initiated reconfiguration of person-environment interactive patterns is essential to change behavior.

Individual Characteristics and Experiences

The importance of an individual's unique personal factors or characteristics and experiences will depend on the target behavior for health promotion. There is flexibility in the HPM to select those characteristics that are relevant to the particular health behavior. Personal factors are categorized as biological (e.g. age, strength, balance), psychological (e.g. self-esteem, self-motivation) and sociocultural (e.g. race, ethnicity, education and socioeconomic status). Some personal factors can influence health behaviors, while others such as age, cannot be changed. Prior-related behavior includes previous health-promoting behavior and received a positive benefit; as a result, it will engage

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in future health-promoting behaviors. In contrast, a person with a history of barriers to achieve the behavior remembers the hurdles, which creates a negative effect. The nurse can assist by focusing on the positive benefits of the behavior, teaching how to overcome the hurdles and providing positive feedback for the client's successes.

Nursing interventions usually focus on factors that can be modified. It is just as important, however, it also focus on factors that cannot be changed, such as family history. For instance, if a woman has a strong family history of breast cancer, she may neglect self-care practices such as performing breast self-examination and having regular mammograms. She may do this out of fear of finding a lump or just feeling that with her family history, it is inevitable that she will have breast cancer. Nurses should recognize this and direct more support, and information to this group of women, reinforcing the idea that even with a strong family history, early detection and treatment are especially important, and offer more hope for a cure. Helping to transform that fear into hope for early detection can make a difference in health attitudes and behaviors.

Behavior-specific Cognitions and Affect

The set of variables is considered to be of major motivational significance for acquiring and maintaining health-promoting behaviors. Behavior-specific cognitions constitute a critical 'core' for intervention, because they can be modified through nursing interventions. They include the following:

1. Perceived benefits of action-anticipated benefits or outcomes (e.g. physical fitness, stress reduction) affect the person's plan to participate in health-promoting behaviors and may facilitate continued practice. Prior positive experience with the behavior or observations of others engaged in the behavior is a motivational factor.
2. Perceived barriers to action: A person's perceptions about available time, inconvenience, expense and difficulty performing the activity may act as barriers (imagined or real). Perceived barriers to action affect health-promoting behaviors by decreasing the individual's commitment to a plan of action.
3. Perceived self-efficacy: This concept refers to the conviction that a person can successfully carry out the behavior necessary to achieve a desired outcome, such as maintaining an exercise program to lose weight. Often people who have serious doubts about their capabilities, decrease their efforts and give up; whereas those with a strong sense of efficacy exert greater effort to master problems or challenges.
4. Activity-related affect: The subjective feelings that occur before, during and following an activity can influence whether a person will repeat the behavior again or maintain the behavior. What is the individual's reaction to the thought of the behavior? It is perceived as fun, enjoyable or unpleasant? A positive affect or emotional response to a behavior is likely to be repeated and behaviors associated with a negative affect are usually avoided.
5. Interpersonal influences: These are a person's perceptions concerning the behaviors, beliefs or attitudes of others. Family, peers and health professionals are sources of interpersonal influences that can influence a person's health-promoting sources of interpersonal influences that can influence a person's health-promoting behaviors. Interpersonal influences include expectation of significant others, social support (e.g. emotional encouragement) and learning through observing others or modeling.
6. Situational influences: These are direct and indirect influences on health-promoting behaviors, and include perceptions of available options, demand characteristics, and the esthetic features of the environment. An example of individual's perception of available options can include easy access to healthy alternatives such as vending machines and restaurants that provide healthy menu options. Demand characteristics can directly affect healthy behaviors through policies such as a company regulation that demands safety equipment to be worn or that establishes as 'no smoking' environment. Individuals are more apt to perform health-promotion behaviors, if they are comfortable in the environment versus feeling alienated. Environments are considered safe as well as interesting and also include desirable esthetic features that facilitate health-promoting behaviors.

Commitment to a Plan of Action

Commitment to a plan of action involves two processes; one is commitment and the other is identifying specific strategies for carrying out and reinforcing the behavior. Strategies are important because commitment alone often results in 'good intentions' and not actual performance of the behavior.

Immediate Competing Demands and Preferences

Competing demands are those behaviors over which an individual has a low level of control. For example, an unexpected work or family responsibility may compete with a planned visit to the health club and not responding to this responsibility may cause a more negative outcome

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than missing the exercise routine. Competing preferences are behaviors over which an individual has a high level of control; however, this control depends on the individual's ability to be self-regulating or not to 'give in'. For example, a person who chooses a high-fat food over a low-fat food, because it tastes better, has 'given in' to an urge based on a competing preference.

Behavioral Outcome

Health-promoting behavior, the outcome of the health promotion model is directed toward attaining positive health outcomes for the client. Health-promoting behaviors should result in improved health, enhanced functional ability and better quality of life at all stages of development.

Health behavior change is a cyclic phenomenon in which people progress through several stages. In the first stage, the person does not think seriously about changing behavior; by the time, the person reaches the final stage, he/she is successfully maintaining the change in behavior. Several behavioral change models have been proposed. The stage model proposed by Prochaska, Norcross and DiClemente (1994) is discussed here. As shown in Figure 4.2, the stages are:

1. Precontemplation.
2. Contemplation.
3. Preparation.
4. Action.
5. Maintenance.
6. Termination.

If the person does not succeed in changing behavior, relapse occurs.

Precontemplation Stage

In the precontemplation stage, the person typically denies having a problem, views other as having a problem, and therefore, wants others to change their behavior. They do not think about changing behavior, nor are they interested in information about the behavior. Some people believe that behaviors are not under their control and may become defensive when confronted with information, because they believe the situation is hopeless.

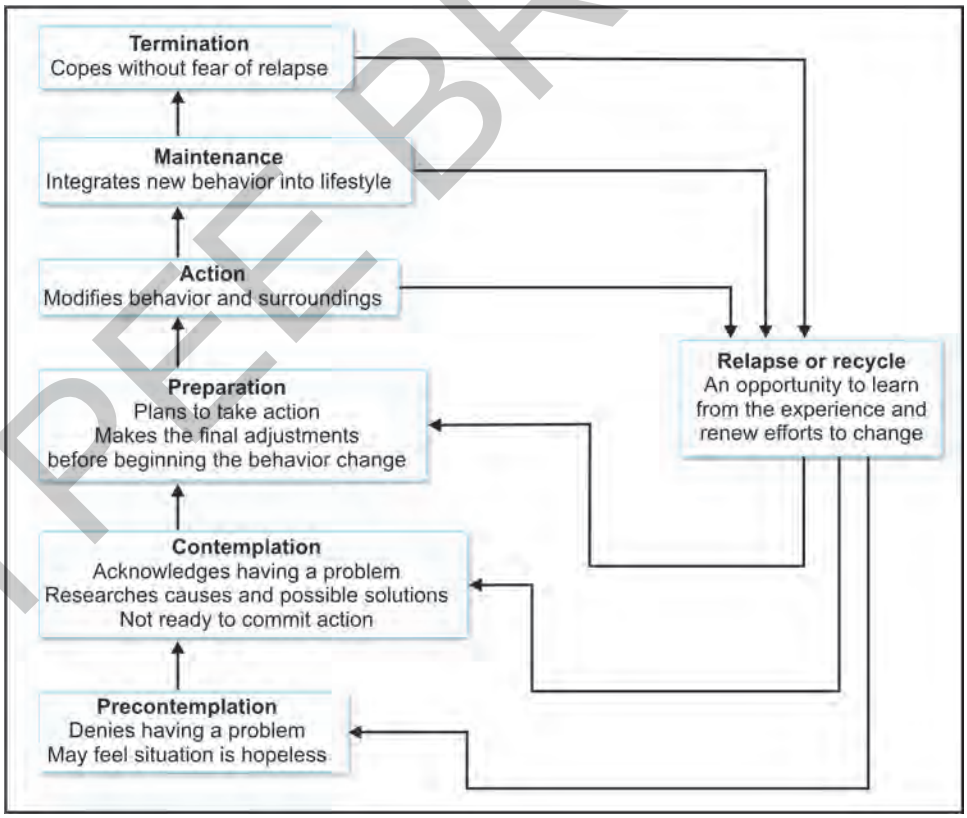


Figure 4.2: The stages of change are rarely linear. It is more common for people to recycle several times through stages. The person who takes action and has a relapse (recycles through some or all of the stages again) is more apt to be successful the next time than the individual who never takes action.

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The person may have tried changing previously, but was unsuccessful and now sees the behavior as their 'fate' or that change is hopeless.

Contemplation Stage

During the contemplation stage, the person acknowledges having a problem, seriously considers changing a specific behavior, actively gathers information and verbalizes plans to change the behavior in the near future. The person, however, may not be ready to commit the action. Some people may stay in the contemplative stage for months or years before taking action. When contemplators begin the transition to the preparation stage, their thinking is clearly marked by two changes—focusing on the solution rather than the problem and thinking more about the future than the past.

Preparation Stage

The preparation stage occurs when the person undertakes cognitive and behavioral activities that prepare the person for change. At this stage, the person makes the final specific plans to accomplish the change. Some people in this stage may have already started making small behavioral changes, such as eliminating sugar in their coffee.

Action Stage

The action stage occurs when the person actively implements behavioral and cognitive strategies to interrupt previous behavior patterns, and adopt new ones. This stage requires the greatest commitment of time and energy.

Maintenance Stage

During the maintenance stage, the person integrates newly adopted behavior patterns into his/her lifestyle. This stage lasts until the person no longer experiences temptation to return to previous unhealthy behaviors. Without a strong commitment to maintenance, there will be a relapse, usually to the precontemplation or contemplation stage.

Termination Stage

The termination stage is the ultimate goal where the individual has complete confidence that the problem is no longer a temptation or threat. Experts debate whether some behaviors can be terminated versus requiring continual maintenance.

These six stages are cyclic; people generally move through one stage before progressing to the next. However, at any point a person may relapse or recycle to any previous stage. In fact, the average successful self-changer recycles through the stages several times before they make it to the top and exit the cycle. The majority of individuals who relapse return to the contemplation stage. During this time, they can think about what they learned and plan for the next action to be attempted. The strategies for the promotion of health should be adopted according to the needs of the people depending upon their social, cultural, economic and environmental background. The strategy is to strengthen the individual to achieve optimal health, which includes—proper health system, information and education, health research, welfare programs and healthy lifestyle.

NURSE'S ROLE IN HEALTH PROMOTION

Health promotion is an important component of nursing practice. It is a way to thinking that revolves around a philosophy of wholeness, wellness and well-being. In the past two decades, the public has become increasingly aware of and interested in health promotion. Many people are aware of the relationship between lifestyle and illness, and are developing health-promoting habits, such as getting adequate exercise, rest and relaxation; maintaining good nutritional and controlling the use of tobacco, alcohol, and other drugs.

Individuals and communities who seek to increase their responsibility for personal health and self-care require health education. The trend toward health promotion has created the opportunity for nurses to strengthen the profession's influence on health promotion, disseminate information that promotes an educated public, and assist individuals and communities to change long-standing health behaviors.

A variety of programs can be used for the promotion of health, including:

- Information dissemination
- Health risk appraisal and wellness assessment
- Lifestyle and behavior change
- Environmental control programs.

Information Dissemination

Information dissemination is the most basic type of health promotion program. This method makes use of a variety of media to offer information to the public about the risk of particular lifestyle choices and personal behavior, as well as the benefits of changing that behavior and improving the quality of life. Billboards, posters, brochures, newspaper features, books and health fairs all offer opportunities for the dissemination of health promotion information. Alcohol and drug abuse, driving under

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the influence of alcohol, hypertension and the need for immunizations are some of the topics that are frequently discussed. Information dissemination is a useful strategy for raising the level of knowledge and awareness of individuals and groups about health habits.

When planning information dissemination, it is important to consider factors such as cultural factors and different age groups. Knowing the best place and method to distribute information will increase the effectiveness. For example, older African Americans usually have strong ties to their churches for social support as well as religious practices. Knowing this, the church can often be the appropriate place to hold health fairs or even small group discussions on various health topics. It provides a stepping stone for providing information and suggesting resources for special needs; all done in a comfortable non-threatening environment for persons in that age group and culture.

It is just critical to know where people get 'misinformation'. Sending multiple mailings has become a marketing ploy for advertising 'miracle' vitamins, herbs and food supplements. These are heavily directed towards elders who may choose this route of purchasing items due to transportation problems that they may have.

Health Risk Appraisal and Wellness

Health risk appraisal and wellness assessment programs are used to appraise individuals of the risk factors that are inherent in their lives, in order to motivate them to reduce specific risks and develop positive health habits. Wellness assessment programs are focused on more positive methods of enhancement, in contrast to the risk factor approach used in the health appraisal. A variety of tools are available to facilitate these assessments. Some of these tools are computer based, and can therefore be offered to educational institutions and industries at a reasonable cost.

Lifestyle and Behavior Change

Lifestyle and behavior change programs require the participation of the individual, and are geared toward enhancing the quality of life and extending the life span. Individuals generally consider lifestyle changes after they are informed of the need to change their health behavior and have become aware of the potential benefits of the process. Many programs are available to the public, both on a group and individuals basis, some of which address stress management, nutrition awareness, weight control, smoking cessation and exercise.

Environmental Control Programs

Environmental control programs have been developed in response to the continuing increase of contaminants of human origin that have been introduced into environment. The amounts of contaminant that are already present in the air, food and water will affect the health of our descendants for several generations. The most common concerns of community groups are toxic and nuclear wastes, nuclear power plants, air and water pollution, and herbicide and pesticide use.

Health-promotion activities, such as the variety of programs previously discussed, involve collaborative relationships with both clients and physicians. The role of the nurse is to work with people, not for them, i.e. to act as a facilitator of the process of assessing, evaluating and understanding health. The nurse may act as advocate, consultant, teacher or coordinator of services. For example, the nurse's role in health promotion includes:

- Model healthy lifestyle behaviors and attitudes
- Facilitate client involvement in the assessment, implementation and evaluation of health goals
- Teach clients self-care strategies to enhance the fitness, improve nutrition, manage stress and enhance relationships
- Assist individuals, families and communities to increase their levels of health
- Educate clients to be effective healthcare consumers
- Assist clients, families and communities to develop and choose health-promoting options
- Guide client's development in effective problem solving and decision-making
- Reinforce client's personal and family health-promoting behaviors
- Advocate in the community for changes that promotes a healthy environment.

In these roles, the nurse may work with individuals of all age groups and diverse family units or concentrate on a specific population, such as new parents, school-age children or older adults. In any case, the nursing process is a basic tool for the nurse in a health-promotion role. Although, the process is the same, the nurse emphasizes teaching the client (who can be either an individual or a family unit) self-care responsibility. Adult clients decide the goals, determine the health-promoting plans and take the responsibility for the success of the plans.

A thorough assessment of the individual's health status is basic to health promotion. As nurses move toward greater autonomy in providing client care, expanded assessment skills are essential to provide the meaningful

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data needed for health planning. The guide to clinical preventive services provide direction for age-specific periodic health examination, assessment and counseling interventions. In addition, the nurse selects an appropriate health risk appraisal tool for use with clinical observation and assessment. The high-risk family is taught nutritional principles and helped to incorporate healthy food into their diets to prevent nutrition-related problems. Using an aggregate approach, the nurses assesses the community for aggregates at risk for malnutrition (e.g. school children, poor persons, older adults and the homeless), analyze health-risk data and work with others to institute programs to reduce their risk, thereby preventing malnutrition. Community multimedia education for malnutrition risk reduction and lobbying for legislation to promote resources for adequate nutrition within the community are examples of a community approach.

INDIVIDUAL HEALTH PROMOTION

At the individual level, the nurse helps the individual adopt a healthy lifestyle as appropriate to age, culture and resources. For the young child, this includes educating and supporting the parent to provide health-enhancing care. Using the perspective of the family as client, the approach includes the entire family and planning with the family on how to adopt healthy lifestyle activities. These activities range from balanced nutrition to planning for relaxation activities for the family. A wellness inventory helps the nurse design an intervention targeted to the family's awareness of personal self-care. At the aggregate level, the nurse educates school personnel about healthy lunches for the aggregate of students or teachers. Regardless the level of health need or the client system at which care begins, the ultimate goal of the nurse is health promotion of the total community and its constitutes. Participating with community leaders and citizens to establish nutrition education, and making nutritious foods available to all community members are examples of a community-level approach.

Although, an important starting point is the care of the failure of thrive child, the nurse must recognize that solving the immediate problem is not sufficient. The child's health problem is viewed within a broader context of an optimally healthy child, family, aggregate of children and community. This approach necessitates not that the nursing interventions be limited to solving the immediate problem of weight gain, but rather that care be oriented toward interventions that promote optimal health for the child, family, aggregate of high-risk children and the total community.

A second example concerns a referral of a middle-aged man with coronary heart disease (CHD) (Table 4.1). The immediate goal of the nurse is to provide care that will help the individual client to resolve his/her illness. Therefore, teaching him/her about the effects and side effects of the medications and how to monitor the condition at home are important interventions. Within the context of predisposing genetic, lifestyle and environmental factors relative of CHD, the family members are also given information about illness, including early recognition of signs and symptoms for themselves. Assessing the prevalence of CHD among high-risk aggregates is also an important aspect of illness care. An example is providing certificate in Panchayat Raj classes in Karnataka to monolingual Kannada speaking persons in the community. At their community level, it is important to assess whether there are adequate providers and resources for identifying and treating heart disease in the community.

Prevention care is also addressed at the individual level by teaching measures, such as stress reduction, low-fat nutrition and progressive exercise, to prevent recurrence of the disease. For high-risk family members, low-fat nutrition, smoking cessation and regular moderate exercise are important preventive measures. Providing exercise programs to workers in high stress and sedentary occupations is an example of an aggregate level preventive intervention, and multimedia campaigns to provide intensive education to the community about prevention of heart disease during the particular month of each year are an example of a community intervention.

Health promotion care similarly includes encouraging individuals to adopt a health-promoting lifestyle and helping them to become aware of their own power to do so. The nurse can also encourage families to incorporate health-promoting activities into their daily lives. This might include taking walks, swimming together or joining an intergenerational baseball or bowling team in which families compete with other families. Aggregates can also benefit from heart-healthy classes or activities that are cultural specific to particular aggregates, such as Indian women or Indian teenage girls. These activities can include stress management, well-balanced nutrition, exercise or any other topic that can promote heart health. When looking at the total community, an example of a health promotion intervention is participating in a coalition to plan for parks and recreation areas within the community that are safe and accessible to the population.

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Table 4.1: Community health levels of care: Coronary heart disease (CHD)

Client system				
Focus of care	**Individual**	**Family**	**Aggregate**	**Community**
Illness care	• Administer medications • Monitor heart rate of individual client in the home setting	• Teach signs/ symptoms of CHD to high-risk family members	• Assess prevalence of CHD in the community • Teach classes for specific high-risk groups about what to do in an emergency	• Assess the community for accessibility and adequacy of care providers for client with heart disease
Illness/Disease	• Teach low-fat nutrition, progressive exercise and relaxation to client, to prevent recurrence of heart disease	• Teach low-fat nutrition and importance of regular exercise, and relaxation to high-risk family members to prevent heart disease	• Develop classes for specific high-risk groups about cardiovascular risk reduction	• Community-wide multimedia education for cardiovascular risk reduction
Health	• Empower individual to adopt health promotion lifestyle	• Plan with family to incorporate health-promoting activities into lifestyle	• Provide group education (classes) regarding benefits of regular exercise	• Work with community leaders and citizens to establish safe parks for community activities

In summary, the concepts of health, health promotion and community are inextricably linked. It is difficult to discuss one without including the others. It is also important that nurses examine their definitions and beliefs about each concept as the basis for their practice. The essence of the community-oriented nursing perspective is the ability to see the totality of community, while addressing its component parts and at the same time, to see the total needs for health protection, illness and disease prevention, and illness care and management. It is the integrative relationship among all these levels that distinguishes community oriented from nursing in more circumscribed settings, such as hospitals and clinics.

A rural health outreach program serves migrant workers, their families and other vulnerable populations in the local community. The program's goals include increased knowledge about risk factors, services and self-care, improved community health, increased access and affordability of individual, and community level health promotion services and reduced barriers to health services. The program offers health promotion and disease prevention educational materials, and classes in English and Spanish throughout the regions in church, schools, community centers, fire departments and migrant camps. In addition, clinics have been established in eight local sites across the country. Lay health promoters from the migrant community have been trained to deliver basic health education and resource information. Clinic services include health risk appraisal, disease screening, immunizations, health education, counseling and referral. Funding from a variety of public and private sources supports the program. It is essential that the program show effective outcomes, if it is to sustain funding.

CONCLUSION

Health promotion is the process of enabling people to increase control over and to improve health in respect of physical, mental, social and spiritual well-being. The prior condition required for health education includes education, enabling act and mediation. Here the education will help people to adopt healthy lifestyles, once they are aware about advantages of healthy practices and hazards of unhealthy practices. The education is improving people to adapt healthy practices and enable the people

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to develop the ability or means to do accordingly, i.e. an individual need to have control over unhealthy practices, which are injurious to health. Control over unhealthy practices and adoption of healthy practices help to achieve the given health. There are different interests related to health practices prevailing in a community or within society. So, there is need to mediate those different health practices to the people by Health Personnel including Nursing Personnel and social groups come to compromise for the promotion of health. For the promotion enabling act are needed, which means a status empowering a person or body to take certain action, especially to make regulation for enabling laws relative to prevention of accidents, food adulterations, etc. The promotion of health can be achieved through taking adequate nutrition, daily exercises, getting good sleep and rest, maintaining proper environmental sanitation, proper personal hygiene, leading good and healthy lifestyle, undergoing periodical health check-up getting timely immunizations and solving proper education, etc.

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BT Basavanthappa MSc (N) is a Principal, Rajarajeshwari College of Nursing, Bengaluru, Karnataka, India. He attained superannuation as Professor and Principal of the Government College of Nursing, Bengaluru and also occupied various teaching positions in the same college. He worked as a Staff Nurse at McGann District Hospital, Shivamogga, Karnataka, for 16 years and along with taking part in various community health activities. He did his BSc Nursing (1978) from Bangalore University, Bengaluru, Master of Nursing (1988) from Rajkumari Amrit Kaur College of Nursing, New Delhi, India and PhD in Nursing (1993) from Bangalore University. He is the examiner of various universities, PhD guide, and also evaluator and adjudicator of doctoral studies in nursing. He wrote 25 books and many articles on nursing. He served in professional bodies and universities in various capacities. His contributions are well documented at local, state, as well as national and international levels.

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