



HEALTH PROMOTION IN PRACTICE

Sherri Sheinfeld Gorin
Joan Arnold
Editors

Foreword by Lawrence W. Green

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וכל המקיים נפש אחת מישראל מעלה עליו הכתוב כאילו קיים עולם מלא

He who saves a single life is as if he has saved the entire world.

—Babylonian Talmud, *Sanhedrin* 37a

מים רבים לא יוכלו לכבות את האהבה

Vast floods cannot quench love, no river can sweep it away.

—Song of Songs 8

For my beloved family.

—Sherri Sheinfeld Gorin



*But let there be no scales to weigh your unknown treasure;
And seek not the depths of your knowledge with staff or sounding line.*

For self is a sea boundless and measureless.

—Kahlil Gibran, *The Prophet*, on Self-Knowledge

For Rick, Michael, and Matthew, knowing your love and support.

—Joan Arnold

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FOREWORD

Striking the right balance between theory, evidence-based guidelines, and the practical experience and wisdom of practitioners is the challenge of every generation of health workers, but that balance has become more challenging with the proliferation of theories, evidence, and varied circumstances of practice. Health promotion adds additional challenges, with its subject matter involving the complexities of human behavior, above and beyond the complexities of human biology.

Sherri Sheinfeld Gorin and Joan Arnold have waded courageously into these challenges and complexities with a creative approach designed to sort out and frame the various theories and problems of behavior and of practice. They wisely focused their health promotion matrix in the first edition on clinical practice, acknowledging the greater complexities presented by the social, cultural, and economic forces affecting health in the broader community. But they related clinical practice to that broader reality with their placement of clinical practice within an ecological framework of community influences.

With this second edition they have stretched their courage and have challenged their readers to stretch beyond the clinical to organizational wellness, with a stronger emphasis on health management, policy, and community disaster preparedness. This book links clinical practice with the social ecology of health behavior, emphasizing cultural competence and the broader contexts of economic and even global influences.

This book also reviews (in Chapter Two) theoretical and conceptual models of health, health behavior, and social behavior as they pertain to health. This emphasis on ecological models and approaches sets the stage for subsequent discussions of health promotion practice in relation to specific health issues and settings.

From the conceptual and context-setting frameworks in Part One, this book moves in Part Two into collaborative analyses of applications of the frameworks to the leading issues in health behavior change and health promotion in clinical practice. The authors of these chapters are leading professionals in their respective areas.

Finally, this book closes with a chapter titled “Future Directions for Health Promotion.” This chapter invites students and health professionals to look forward and to create the future of their practice, not just react to it.

This book will help health professionals and students preparing for practice to find applications of theory in understanding the problems they face in practice, but even more important will be the solutions to problems in practice that will grow out of their greater understanding. Much has been made in the writings of scientists of the need for theory and evidence to guide practice, but this plea often sounds hollow to practitioners who perceive the theory and the scientific evidence to have come from outside the realities of everyday practice situations. The applications in this book should help to bridge that gap between theory and practice.

January 2006

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PREFACE AND ACKNOWLEDGMENTS

Health Promotion in Practice addresses health promotion for individuals, families, groups, and communities. As a practice-driven book it is designed to translate theories of health promotion into step-by-step clinical approaches for engaging with clients. The intended audience for this book includes practicing health care professionals and advanced students in a variety of health-related fields, including public health, nursing, health management and policy, medicine, and social work.

Health Promotion in Practice is the second edition of the *Health Promotion Handbook* (Sheinfeld Gorin and Arnold, 1998). In this new edition the Health Promotion Matrix (HPM) has been integrated into Chapter Two, “Models of Health Promotion,” in order to better highlight the full range of models that apply to each of the specific practice frameworks. Further, the practice frameworks have been expanded to include violence prevention and disaster preparedness and a new view of organizational wellness. We have integrated contemporary themes such as cultural competence, resilience, genetic susceptibility, and survivorship. Replacing the uniform script at the end of each chapter with clinical interventions that are unique to the practice frameworks also strengthens the clinical relevance of this book.

The audience for this book is consequently expanded to include advanced students of health care such as upper-level undergraduates and graduate students. *Health Promotion in Practice*, because of its clinical focus, will also continue to serve as a valued resource for practitioners worldwide.

Organization

The four chapters in Part One, “Health, Health Promotion, and the Health Care Professional,” describe the theoretical frameworks on which the work rests. Chapter One, “Images of Health,” begins that description by presenting various constructions of health, such as health as a balanced state, health as goodness of fit, health as transcendence, and health as power. Such images represent the clustering of views on health and provide a framework to explain the dynamics of client change.

“Models of Health Promotion,” Chapter Two, explores contemporary theoretical approaches to health promotion. It integrates the images of health with models of health promotion, from the macrolevel, such as the social ecology model, to the microlevel, including the health belief model. It highlights the moral underpinnings for these varied models of health promotion, as well as the cross-cutting constructs of empowerment and cultural competence. Approaches to the evaluation of health promotion programs founded on these contemporary models, and their consequent measures of change, are also discussed.

In Chapter Three, “Contexts for Health Promotion,” the myriad political and economic forces influencing health promotion are detailed. With the expanding influence of international bodies like the World Health Organization, global legislation and policy mandates are changing the purview of national health promotion. States are playing a larger role in the maintenance of health for their citizens and in the protection of the most vulnerable. These initiatives are found in legislation, policy, and economic incentives, from the perspectives of governmental and private programs and insurers.

“Agents for Health Promotion,” Chapter Four, describes who the current health care professionals are and the principles of practice that unify them across disciplines. Underlying these principles are the assumed values and skills of collaboration and cross-disciplinary partnering, cultural competence and proficiency, health communication and literacy, and using a strengths-based approach for changing systems for health promotion.

Part Two of this book, “Practice Frameworks for Health Promotion,” is organized around clinical approaches specific to eleven healthy behaviors: eating well, physical activity, sexual health, oral health, smoking cessation, substance safety, injury prevention, violence prevention, disaster preparedness, organizational wellness, and enhancing development. The introduction to each chapter establishes the importance of the area and provides an evidence-based literature review. The chapter then moves on to suggest clinical interventions. Each chapter concludes with practice-related resources for engaging with clients in a dialogue about health promotion.

Chapter Five, “Eating Well,” describes the role food plays in daily life, especially given the increased attention to obesity as a national health concern. Unlike behaviors such as smoking, eating is not something that clients can just stop doing. In changing eating behaviors, the health care professional must recognize that clients ingest food, not nutrients. Throughout the chapter, food is described as a promoter and sustainer of health. The health care professional assists clients in using nutritional appraisals, reorienting choices in food selection, and evaluating programs designed to encourage healthy eating.

Chapter Six, “Physical Activity,” explores activity as a major contributor to risk reduction for multiple diseases, including non-insulin-dependent diabetes mellitus, and as central to weight control and the maintenance of bone mass. Using transtheoretical theory, techniques for assisting sedentary clients are described as well as mechanisms for engaging moderately or highly active clients. The Patient-Centered Assessment and Counseling for Exercise (PACE) program, an empirically tested program for systematic exercise development, is explored in depth.

Chapter Seven, “Sexual Health,” looks at sexuality as a healthy dimension of being human. With an understanding of the diversity of sexual health needs across varied subgroups, the chapter examines how sexual health is defined and promoted. After assessing the evidence for the effectiveness of sexual health promotion, the chapter presents two interventions for clinical care settings: taking sexual histories and promoting individual safer sex.

In Chapter Eight, “Oral Health,” the effects of common oral diseases and health conditions that place clients at risk of periodontal diseases, dental decay, and oral cancer are reviewed. An emphasis is placed on recognizing symptoms of these oral diseases through clinical assessment. Evidence-based preventive health activities are provided for health care professionals to use with their clients to prevent new disease and to reduce the severity of existing disease.

Chapter Nine, “Smoking Cessation,” highlights the population subgroups that continue to smoke despite the enormous resources applied to both national and worldwide smoking cessation education and legislation. It addresses the causes of smoking, including emerging findings on genetic susceptibility. Further, the chapter explores key interventions for smoking cessation, particularly among the vulnerable oncology and psychiatric populations.

Chapter Ten, “Substance Safety,” details the benefits of such safety promotion. It classifies drugs into several types: prescribed and over-the-counter drugs; banned street drugs, such as marijuana, cocaine, and heroin; alternative medicines, such as herbs and vitamins; and social drugs, such as nicotine, caffeine, and alcohol. Alcohol, the most widely used of the risky substances, is the focus of the remainder of the chapter. Differing rates and impacts of immoderate drinking in the various gender, age, and ethnic and racial groups may influence the strategies health care professionals adopt.

Chapter Eleven, “Injury Prevention,” investigates injuries as a public health problem. It begins with the causes and magnitude of the problem, detailing the epidemiology of injuries. Axioms for injury prevention are then provided to guide efforts to control this problem. The chapter describes strategies for health promotion, education and behavioral change, legislation and law enforcement, use of engineering and technology, and use of combined behavioral and environmental approaches to injury prevention.

Resting on an epidemiologic base, Chapter Twelve, “Violence Prevention,” details the significant advances that have been made in understanding violence as a public health issue. Using a taxonomy of types of violence and an ecological framework, violent behavior is thoughtfully examined. A framework for violence prevention and intervention is outlined as are strategies for program evaluation. The process of implementing and disseminating effective interventions is illustrated through discussion of the use of consensus documents and evidence-based guidelines and the involvement of those public health agencies that are leading the efforts to reduce violence.

Chapter Thirteen, “Disaster Preparedness,” examines emerging concerns about threats to safety and security, now omnipresent in the United States. In the prologue, it explores the social ecological determinants of population health following disasters. It also discusses approaches to threat detection, vehicles for terrorism, and human responses to potential disasters. Detailing protocols for systemwide evacuations, triage, and treatment, this chapter explores a new area of public health that is now in the forefront of public health professionals’ attention.

Chapter Fourteen, “Organizational Wellness,” adopts a comprehensive definition that strategically integrates business, interpersonal, and individual needs to optimize overall human and organizational well-being. Applying a myriad of concepts derived from psychology and sociology to the understanding of the work-site as a venue for and an influence on health promotion, this chapter suggests a set of innovative approaches to enhance workplace wellness.

As Chapter Fifteen, “Enhancing Development,” unfolds, development is explored as an ongoing and evolving process in individuals, families, groups, and communities. Viewed from a life course perspective, development is seen as complex, unique, and patterned. Resilience, spirituality, and grieving are discussed as significant forces in human systems as they develop. Throughout the chapter, loss and growth are viewed as intrinsically linked, at no time more than at the end of life.

Part Three of this book, “Economic Applications and Forecasting the Future of Health Promotion,” explores some of the factors shaping the present and the future of the field.

Chapter Sixteen, “Economic Considerations in Health Promotion,” recognizes the pivotal role economics plays in directing health promotion practice at

present. Practical tools for analyzing the economic advantages of health promotion practices are offered. A detailed example of the process of implementing a health promotion program in a managed care organization anchors the chapter.

The final chapter, “Future Directions for Health Promotion,” points to the larger influences on health promotion practice yet to come. It is likely that the opportunities will include addressing the needs of the growing elderly population, designing health promotion for a diverse populace, harnessing the forces of global change to promote health, measuring community change, and engaging in an ongoing ethical dialogue. The future of health promotion is predicated on actions taken by and for communities.

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PART ONE

HEALTH, HEALTH
PROMOTION, AND THE
HEALTH CARE PROFESSIONAL



CHAPTER ONE

IMAGES OF HEALTH

Joan Arnold
Laurel Janssen Breen

What do you imagine when you think about health—your health? Do you view yourself as healthy? What health goals do you possess now for yourself and your family? Do factors in your community contribute to your personal health and your family’s health? Is your community healthy? In your own unique way, how do you define health? These critical questions beckon examination by the client and the health care professional. Searching for their clarification provides opportunities for discovery about images of health and direction for professional health care interactions and interventions. Once conceptualized, an image of health provides direction for health promotion actions.

Health is baffling. Contemporary thinking about health emphasizes empowering nations, community groups, and individuals to realize their own health aims. In the face of widespread interest in defining health at the theoretical level, the development and the use of clinical practice frameworks to support interventions are increasing. These practice frameworks and theoretical models both reflect and affect clients’ and health care professionals’ *images of health*. This chapter describes ten categories of images of health, each reflecting a unique view (Exhibit 1.1).

Each image category may include aspects that are also found in other images, and some words may have different meanings in the contexts of different images. These images portray health as the antithesis of disease, a balanced state,

EXHIBIT 1.1. IMAGES OF HEALTH.

Antithesis of disease
Balanced state
Growth
Functionality
Goodness of fit
Wholeness
Well-being
Transcendence
Empowerment
Resource

growth, a functional capacity, goodness of fit, wholeness, well-being, transcendence, empowerment, and finally, a resource. Reflecting on these images of health reveals the complexities of health.

Imagining Health

Health is an elusive term because the state of being healthy can be viewed from a multitude of perspectives. Health may be considered a reference for disease, defined by determining forces, or a panacea. It may be thought of as autonomy and integrity projected by the human system. It may refer to the uniquely characteristic strengths of a person, a family, a group or population, a community, a nation, or the world. It may also mean a self-sustaining or self-replenishing capacity. Health may be thought unattainable, impossible to achieve because of limitations, oppression, and depleting forces. Curiously, health care professionals, regardless of discipline, know more about disease, pathology, and dysfunction than they do about health. Although health is valued and desired as a goal, the diagnostic precision found in dealing with conditions of illness, disease, and social problems is not evident in the study of health. Our clients look to us, as providers of health care, to assist them to achieve their desire to be and feel healthy. As clients strive to shape personal pictures of health, the health care professional bears witness to the coalescing of images of health into the client's own unique composite. This unique