

SHERRI
SHEINFELD
GORIN

HEALTH

PROMOTION

JOAN
ARNOLD

HANDBOOK

HEALTH PROMOTION HANDBOOK

SHERRI SHEINFELD GORIN, PhD

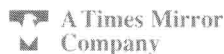
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רפאנו ה' ונרפא

Heal us, O Lord, and we shall be healed.

(Daily Prayer, from Jeremiah 17:14)

מים רבים לא יוכלו לכבות את האהבה

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

(Song of Songs 8:7)

Health to my beloved family.

Sherri Sheinfeld Gorin

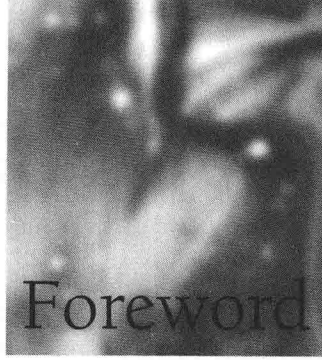
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“But let there be no scales to weigh your unknown treasure;
And seek not the depths of your knowledge with staff or sounding line.
For self is a sea boundless and measureless.”

(On Self-Knowledge from *The Prophet* by Kahlil Gibran)

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

Joan Arnold



Foreword

The *Health Promotion Handbook* by Dr. Sherri Sheinfeld Gorin and Dr. Joan Arnold is a text that breaks new ground in several important areas, making it an especially admirable and valuable piece of work. First, it makes the reader think—not just incorporate useful information (with which this text happens to be filled), but really think, ponder, and reflect. The reader of this text will be challenged to be concerned not only with the body of knowledge, skills, and attitudes he or she is in the process of learning either as a first-time student or as a health care professional but also with renewing, sharpening, and expanding both understanding and clinical ability.

This text also makes the reader think about *himself* or *herself* and about his or her *own* attitudes toward health and health practices for *both* self and others in the context of doing clinical work that is health-oriented. Certainly in the practice of that function we call “health promotion,” no one can be perfect—with only two general exceptions—in, for example, his/her own eating patterns, his/her own approach to exercise, and the way he/she manages stressors. The two exceptions to the nonperfectionism rule are, of course, not using tobacco products at all and not ever *abusing* any of the other recreational mood-altering drugs, such as alcohol.

Indeed, with few exceptions such as the two just mentioned, perfection in virtually anything is almost impossible to achieve. Therefore perfectionism must by definition be destructive, for it must by definition lead to frustration, anger, feelings of guilt, and quitting the health practice for which one is trying to achieve perfection.

However, for the health care professional engaging in the work of health promotion, it is helpful to lead a *reasonably* healthy life oneself to enable one to show the flag, be personally knowledgeable about the content of the process, and be personally knowledgeable about the challenges one must meet on the road to becoming and being healthy. The personal, effective involvement of the health care professional in healthy living himself or herself is a recurring theme of this text (see especially Chapters 4 and 5). It is indeed a vital message that is given little emphasis elsewhere.

Second, in its ground-breaking endeavours, the approach to and program for clinical health promotion put forward in this text rests upon a theoretical base. That is unusual these days. So much of the work presently done in medicine, health promotion, and disease prevention lacks such a base, or at least lacks a conscious one. That is one reason why so many initiatives in these related fields ultimately fail over time. It is thus so good to see a work such as this one in which the several parts are tied together by common theory.

The theoretical base has several important components. First are the group of images set forth in Chapter 1: health as antithesis of disease, balance, growth, functionality,

goodness of fit, wholeness, sense of well-being, transcendence of the potential for health, and empowerment. Second is the concept of collaboration between health care professional and patient/client as central to the effective practice of health promotion, whether in the clinical or the community setting. Third is the idea that for many health promotion practices there is a common approach to implementation that can be used across the board, an approach that always emerges within a dynamic political and economic context.

Fourth, among the ground-breaking elements of this text is the Health Promotion Matrix itself (see Chapter 5). It provides a standardized approach to health promotion interventions for individuals, groups, families, and communities, from small to large. The Health Promotion Matrix has several essential elements. It establishes what health and healthy behaviors are. It also integrates psychologic and social theory into the recommended behavioral change process toward health. Within the overall framework, the Health Promotion Matrix stresses the individualization of the approach to each patient/client.

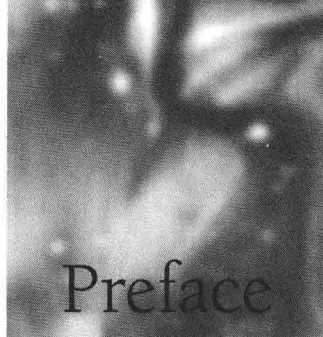
It views the health care professional as a facilitator, not the director, of the behavior change process. It applies the classic planning model to the health promotion process, including the often-neglected step of needs assessment (termed by the authors: *image appraisal*). It offers literal "scripts" for the clinician-patient/client interaction that, with the obvious detail modifications for each specific intervention whether it be smoking cessation or weight management, provide guidelines for an effective interaction.

The *Health Promotion Handbook* is a thoughtful, useful, challenging approach to the subject that hopefully will help many students and professionals become and be highly effective promoters of health promotion.

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Preface

The *Health Promotion Handbook* is written to address the health promotion needs of individuals, families, groups, and communities. As a practice-driven handbook, this is designed to translate theories of health promotion into a step-by-step clinical approach for engaging with clients toward internalizing an idealized image of health, using the Health Promotion Matrix (HPM). The intended audience for this text includes practicing health care professionals and students in a variety of health-related fields, including nursing, public health, allied health, medicine, and social work.

ORGANIZATION

Part One

The five chapters in Part One, “Health, Health Promotion, and the Health Care Professional,” describe the theoretical framework on which the text rests. Chapter 1, “Images of Health,” begins with the various constructions of health characterized as themes, such as health as a balanced state, health as goodness of fit, health as transcendence, and health as power. These myriad images of health suggest how it is viewed by different clients and may explain some of the dynamics of change.

“Models of Health Promotion,” Chapter 2, explores contemporary theoretical approaches to health promotion. It integrates the images of health with models of health promotion, from the macro-level, such as the social ecology model, to the micro-level, such as 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 community. Approaches to the evaluation of health promotion programs founded on these contemporary models, and their consequent measures of change, are also discussed.

Within Chapter 3, “Contexts for Health Promotion,” the myriad political and economic forces influencing health promotion are detailed. These factors range from the legislative (e.g., the National Consumer Health Information and Health Promotion Act of 1975, which has been amended by a number of subsequent acts) to the economic, from the perspective of major governmental programs and insurers.

“Agents for Health Promotion,” Chapter 4, describes the processes health care professionals engage in with clients to promote health. Underlying these processes are the assumed values of collaboration, empowerment, and mutual participation.

Chapter 5, “The Health Promotion Matrix,” is central to the unique thrust of this text as practice-oriented, yet grounded in both theory and the policy context. It describes the Health Promotion Matrix, a dynamic confluence of five dimensions, four client systems, and nine healthy behaviors that guide the health care professional’s work with the client.

The HPM embodies five dimensions of the intervention process—image creation, image appraisal, minimize health depleting patterns, optimize health supportive patterns, and internalize idealized image—within the context of individual, family, group, and community client systems. The HPM defines nine healthy behaviors that together promote health. An abbreviated script reflecting the HPM acquaints the health care professional with the use of the dimensions. A more comprehensive script is found in the Appendix. Scripts specific to each healthy behavior are found in Part Two.

Part Two

Part Two of the text, “Practice Frameworks for Health Promotion,” is organized around clinical approaches specific to the nine healthy behaviors: smoking cessation, eating well, physical activity, sexual awareness, injury prevention, substance safety, oral health, self-development, and productivity. An introduction to each chapter relates the healthy behavior to the Health Promotion Matrix. An up-to-date perspective on the healthy behavior follows, with case material integrated into the discussion. Finally, each chapter concludes with a practice-ready script for engaging clients in a dialogue about health promotion.

Chapter 6 explores smoking cessation, perhaps the key issue in health promotion. It begins by outlining the tobacco industry’s influence on smoking and follows with descriptions of the major population subgroups who smoke, the causes of smoking, and the key interventions for smoking cessation. The chapter provides examples of techniques to help different target population groups quit smoking. A script contains the skills needed by the health care professional to serve as a counselor to different clients in tobacco control.

Chapter 7, “Eating Well,” begins with a description of the role food plays in daily life. Unlike other behaviors, such as smoking, clients cannot simply stop eating. 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—an image realized with the help of the health care professional’s use of nutritional appraisals, reorientation of client choice in food selection, and the evaluation of programs designed to encourage healthy eating. The assessment of nutritional change strategies for an overweight woman who has high cholesterol is depicted. A script assists health care professionals to work alongside clients to imagine a healthy use of food and to alter their eating patterns.

Chapter 8 explores physical activity as a major contributor to risk reduction for multiple diseases, such as 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 Physician-based Assessment and Counseling for Exercise (PACE) program, an empirically tested program for systematic exercise development, is explored in depth. A script details a client-health care professional dialogue using the HPM that assists in creating positive, constructive images of fitness, as well as a realistic daily activity routine.

Chapter 9 looks at sexuality as a healthy dimension of being human. From a developmental perspective on human desire, the chapter examines the physiologic and psychosocial aspects of sexual coupling. Throughout, the chapter emphasizes the importance of health care professionals becoming comfortable with exploring the client’s sexual history

and status. The case found in this chapter lists ordered queries about sexual attitudes, beliefs, and behaviors that are suitable for use in an interchange between health care professionals and gay, lesbian, and bisexual teens.

Chapter 10 investigates injury prevention, whether to an individual in a motor vehicle, on a bicycle, in a pedestrian situation, in the home, at work, or during leisure activity. It begins with a description of the strategies for health promotion—education and behavior change, engineering and technology, and legislation and law enforcement—that target host, environment, and agent factors. Changing multiple settings, such as schools, work-sites, communities, and health care sites is encouraged. The case in the chapter fosters injury prevention for children through the use of car seats. A script assists the health care professional in assessing the likelihood of unintentional injury from various threats, such as falls, fires, carbon monoxide and smoke, poisons and medications, home appliances, tools and equipment, and swimming pools. The chapter concludes with an HPM-based strategy to help clients acquire a safety consciousness and to implement a defense protocol.

Chapter 11 details the benefits of substance safety. It classifies several types of drugs, including prescribed, over-the-counter, and 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 im-moderate drinking by gender, age, and ethnic/racial groups may influence the strategies health care professionals adopt. Both the case and the script in the chapter encourage health care professionals to screen each client for at-risk alcohol use and to use direct feedback, goal-setting, and social reinforcement to change behavior.

In Chapter 12, oral health promotion is examined. The effects of common oral diseases and health conditions that place clients at risk for periodontal diseases, dental decay, and oral cancer are reviewed. The implications of community fluoridation efforts are detailed. For the individual client, proper toothbrushing and flossing techniques, as well as the use of sealants, are examined as preventive techniques. The interrelationship of oral health to general health promotion is emphasized throughout the chapter. An oral health promotion case involving a pregnant woman is followed by a more general script, using the HPM.

As Chapter 13, “Self-Development,” unfolds, identity, self-esteem, and self-expression are discussed as the most persistent patterns that characterize individuals in relation to one another over time. Development is viewed from a lifespan perspective, with an orientation toward fostering healthy attitudes and behaviors about growth and the aging process. The importance of affiliative connections and social supports throughout development is explored. Enriching self-acceptance and cultural sensitivity is addressed. The importance of spirituality is detailed. A framework for fostering personal growth through an acceptance of life losses is found in a script at the conclusion of the chapter.

“Productivity,” Chapter 14, focuses on the importance of worklife as a seminal force in health promotion. Human beings are goal-directed and derive satisfaction from the exchange of effort for the reward of money. Further, as explored in the chapter on self-development, work affects an individual’s self-identity—while the work becomes the person, the person also tends to become what he/she does. The chapter begins with a discussion of the definitions of productivity within two models and the manifestations of the *gray zone*, which is a term that describes a state between maximal productivity and illness. An assessment package designed to examine health for its relationship to produc-

tivity is described. A case for a worker in the gray zone is presented, and an HPM-founded script designed to enrich the goodness of fit between worker and job is detailed.

Part Three

Part Three, "Political and Economic Considerations in Health Promotion," explores the factors shaping the present and the future of the field. Chapter 15, "Economic Considerations in Health Promotion," recognizes the pivotal role economics plays in directing health promotion practice at present. Classic tools of analyzing the financial advantages of health promotion practices are offered. A detailed example of a systematic cost and benefit analysis for a managed care organization ends the chapter.

The final chapter of the text, "Future Directions for Health Promotion," points to the larger influences on health promotion practice of the future, such as a growing aged population, the increased role of managed care, and the need for an ethical dialogue. Using the HPM as a conceptual framework, health care professionals, participating alongside the client system, can shape the future of health care.

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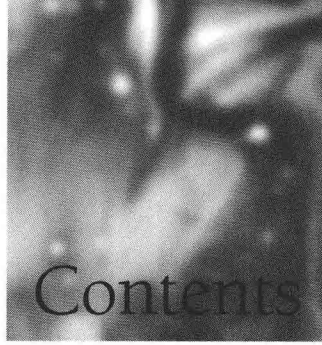
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Sherri Sheinfeld Gorin & Joan Arnold



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PART
one

HEALTH,
HEALTH PROMOTION,
and the HEALTH CARE
PROFESSIONAL

Images of Health

Joan Arnold and Laurel Janssen Breen

What do you imagine when you think about health—your health? What level of health do you think you possess now? What level of health would you like to achieve? How is health uniquely defined? These critical questions beckon examination by the health care professional and the client. Searching for their clarification provides a person the opportunity for self-discovery about one's personal image of health. Once conceptualized, this image of health provides a person direction for health promotion actions.

Health may be a baffling subject, yet it is a desired aspiration for all. Contemporary thinking about health emphasizes empowering community groups and individuals to realize their own health aims. Despite widespread interest directed toward defining health at a theoretical level, few frameworks are applicable to clinical practice. The Health Promotion Matrix (detailed in Chapter 5), however, embodies a theoretically grounded approach to health promotion that is designed to respond to practice realities. The Matrix is based on the idea that health is a resource for everyday living (World Health Organization, 1986; in press) and is defined by the individual, family, group, and community specific to its own image. Perhaps then, health is achievable as a person defines it within the parameters of his/her own being, family, and community. The various frameworks from which clients and health care providers develop their images of health are derived from an array of health models. The images of health, as described in this chapter, are organized into nine categories, each reflecting a unique view. These categories portray health as the antithesis of disease; a balanced state; a growth phenomenon; a functional capacity; goodness of fit; wholeness; well-being; transcendence; and finally, empowerment. A careful examination of the concept of health and its evolution will reveal the complexities of the image of health.

IMAGINING HEALTH

Health has been viewed from a multitude of perspectives. Health may be a reference for disease, defined by determining forces, or a panacea. Although an elusive term, health may be projected by the human system as autonomy and integrity. Health may be the uniquely characteristic strengths of a person, family, and community. It could also be a