

Assessing, planning,
implementing and
evaluating a health
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Assessing, Planning, Implementing and Evaluating a Health Promotion

Activity The following assignment will discuss the health forum stall the student nurses completed on “ The benefits of walking and exercise” within the university, by identifying the health needs and target group from UK epidemiology and demography statistics. Finally the assignment will evaluate the health forum stall’s effectiveness in completing the aims and objectives by using the Process, Impact and Outcome evaluation tool (Ewles & Simnett, 2003).

ASSESSMENT OF HEALTH NEED Health promotion is a process, which encourages individuals to increase their knowledge through information and individual choice to recognize and improve their health (WHO, 1986). The benefits of walking and exercising are vast and can help alleviate, reverse or ward off many health issues. NHS Choices (2011) suggests that people who participate in regular activity are at a lower risk of many chronic diseases such as heart disease, type 2 diabetes, stroke and some cancers.

Research has also shown that physical activity can heighten energy levels and people could show a decline in stress as well as reduce the risk of depression and dementia (NHS Choices, 2011). Yet, only 37% of men and 24% of women currently meet minimal recommendations for activity at an adult age (Choosing Activity, 2005) . The Office of National Statistics (2011) estimated the UK population at 62. 3m in mid 2010 and Cardiovascular disease, Heart disease and Strokes were the most common cause of death at 32% and cancers accounted for 29% of deaths.

The group is aware that the advice and guidance should start as early as possible through reading government recommendations and this would ideally be in childhood. However as adult nurses the group decided to concentrate on UK resident adults aged 16 plus as the target group with the rationale being: The health benefits of walking & exercise have advantages for any age, gender or physical condition. The findings of epidemiology and demography statistics indicate that there is an increasing need for accurate information, guidance and advice to all, as health risks could affect any one person.

According to The Health and Social Care Information Centre (2011) work commitments and a person's perceived lack of leisure time results in a person's inability to participate in physical activity. Choosing Activity (2005) records that men in managerial and professional and intermediate households are more likely to have a higher participation in sports and exercise estimated at 45-49%. Furthermore both men and women, in all age groups, that have achieved lower than average academic outcomes are associated with a higher level of inactivity.

Department of Health (DoH, 2004) At least five a week: Evidence on the impact of physical activity and its relationship to health, is a report from the Chief Medical Officer focusing on the growing epidemic of obesity and also, due to considerable media attention, the wider issue of other public health risks in the industrialised 21st century due to sedentary lifestyle. Following on from this the DoH devised an action plan called " Choosing activity: a physical activity action plan" in 2005.

The paper called for NHS providers and PCT's to work closely with local authorities and private and voluntary sectors to create opportunities to access information regarding physical activity. It asked for health professional to encourage an active life (DoH, 2005). A white paper entitled 'Healthy Lives Healthy People' (DoH, 2010) outlines strategies for public health in England. The government is supporting physical activity from a young age by encouraging walking and cycling to school. As part of this paper the 'walk once a week' initiative encourages children to walk to school or use a walking bus and £ 0m from the Department of Transport has been given to Bikeability cycle training, the much improved cycling proficiency scheme from the 1970's (DoH, 2010). Bradshaw's Taxonomy (1972 cited in Naidoo & Wills, 2000) identifies four types of health need. The normative need was used within the health promotion activity as the information was given to the public from professionals. The need was appropriate as the student nurses as health professionals targeted the public to share their knowledge, which was based on statistical information.

APPROACH

The approach used for the health forum was the educational approach. The educational approach enables health professionals to provide information, knowledge and understanding of health issues. From this the target group is able to make informed decisions about their health (Kiger, 1995). The educational approach works appropriately by enabling a range of information and resources to be displayed. This is an advantage of this approach as participant's different learning styles can be facilitated with posters, interactive games and visual displays (Dunn & Griggs, 1998).

The educational approach is useful according to Naidoo & Wills (2000) as it allows for a group of educators to reflect on and evaluate a health promotion activity. A weakness of the approach however, is that participants would need to seek more help, advice and support following on from the activity (Elwes & Simnett, 2003). The aim of the health forum was to raise awareness of the benefits of walking and exercise. The groups objectives were that at the end of a 3-4 minute session at our health promotion stand visitors would be able to * Identify 2 benefits of walking and exercise Have an opportunity to test their fitness level The acronym SMART is often used as a way to set objectives for a planned activity. SMART stands for Specific, Measurable, Achievable, Realistic and Time related (Kane et al, 2011). The group made the objectives specific to the benefits of walking and exercise, measurable by creating an evaluation tool questionnaire to record the results, realistic to the health forum by making posters and activities to measure peoples fitness and kept within the time frame of 3-4 minutes to educate visitors, thus making it time specific.

EVALUATION Evaluation of health education activities can help to determine how well objectives have been achieved (Kenworthy et al, 2002) Process evaluation is assessing the way a programme was implemented, impact evaluation measures the effectiveness in terms of achieving objectives and finally outcome evaluation measures the overall achievement of the assessment. This can sometimes be hard to measure as some outcomes may only be able to be measured more than six months later (Kane et al, 2011).

PROCESS The picking of random groups enables the student nurse to gain experience of working with different people with different skills that are all
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working towards the same goal (Hinchcliff et al, 2003). The randomly chosen group worked well together. Everyone was given set tasks to get a range of different resources and information to feedback to the group, resulting in a good knowledge base of the subject area. People will generally respond differently to learning activities, so using more than one approach to educate the visitors to the stall helps the visitors to remember the information (Bunton & Macdonald, 2002). With this in mind the decision was made to have a variety of activities including guess the answer flip charts, an opportunity to test fitness levels, leaflets, posters and brightly coloured facts and statistics. Ewles and Simnett (2003) claim that leaflets can be used at the persons own pace and be discussed with other people and that a poster can raise awareness of issues and convey information.

However despite leaflets and posters often being deemed as a reliable source, they should be considered in terms of relevance for the client (Holt & Wylie, 2010) IMPACT The group's evaluation tool was a six questioned questionnaire which could show the immediate knowledge gained by the participants and also show how much of a sedentary a lifestyle a participant led. The stall worked efficiently with participants engaging with the student nurses and asking questions as if genuinely interested.

The questionnaires were filled in willingly with participants being given a sticker with exercise facts on and a free swim pass. Participants were unwilling however to partake in the fitness level testing that was offered. The results showed that 93% of participants were able to name the 2 benefits of walking and exercise and also 60% and 36% of participants respectively felt

they would feel better and happier after partaking in 20 minutes of physical exercise.

Finally 66% of participants claimed to spend more time sitting down than on their feet showing how sedentary lifestyle has become for people. Not all of the objectives were met as many participants were unwilling to test their physical fitness and also members of the group felt uncomfortable asking some participants to test their fitness because of sensitivities regarding the weight or size of the participant. The tutor feedback was useful stating that the resources were useful and appropriate for the target group and that the evaluation tool was appropriate.

The tutor was however critical about how much information was gained about participant's knowledge of health, the tutor felt the questionnaire was more about people's lifestyles than a message to change. Overall the tutor noted good interaction amongst group members and felt the freebies the stall gave out were a good idea. **OUTCOME** The results of the health promotion activity measurements are immediate, Craig & Lindsay (2000) suggest that any data collected too soon after an activity may not truly reflect upon any changes for attitudes, understanding and perception.

Moonie et al (2000) suggest that questionnaires sent to participant's homes could have a low response rate. To measure long term outcomes questionnaires would have to be sent out to the participants 3-6 months later. This could show if the health promotion activity had a significant effect after the initial responses but only if people did respond. However this would not be feasible as addresses and names would have to be taken and this

would have to be in line with the sensitive personal data section of The Data Protection Act (1998) and as the health promotion forum was a one day event this would not work.

The group evaluated what would have been done differently if the opportunity to do the health forum again was given. The group felt the questionnaire could have been improved by asking more questions that would gain an idea of the participant's knowledge and also by putting in questions with multiple answers on how to change their lifestyle. The group also would have changed the testing fitness activity, by having a small cordoned off private area with a health and safety warning to enable participants to feel more at ease with taking part.

The DoH (2010) state that " Families will be supported more to make informed choices about their diet and their levels of physical activity, including updated guidelines on physical activity". According to the Nursing and Midwifery council (2008) a nurse should " Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community" Further advice and help with physical activity is available through a G. P or a practice nurse as well as being available on the internet. CONCLUSION

The group felt the health promotion activity was an overall good attempt to educate people and raise awareness of the benefits of walking and exercise. The group were able to identify an appropriate target group from epidemiology and demography statistics and met this target age range during the health promotion forum. The team had good interaction from

participants and the majority of the objectives were met through the activities offered. Finally the group upheld the Beauchamp & Childress (2001) ethical principle of Beneficence in the health forum.

This was achieved by the group aiming to do good, maximise good and by putting the participant's interests first with promoting their health and welfare. REFERENCES Beauchamp, T. L. & Childress, J. G. (2001). Principles of biomedical ethics. (6th ed). New York: Oxford University Press. Bunton, R. & Macdonald, G. (2002). Health promotion: disciplines, diversity and developments. (2nd ed.). Routledge. Craig, P. & Lindsay, G. (2000). Nursing for Public Health: Population-based Care. London: Churchill Livingstone. Dunn, R. & Griggs, A. (1998).

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