

Women's heart health promotion in new zealand



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Fight Against Heart Disease in Women: A Health Promotion Plan

Health Promotion is the process of enabling people to have a control over their wellbeing—physical, emotional, socio-cultural and spiritual. Without encouragement from health professionals, improvement of health and reduction of the incidence of illnesses and disabilities is impossible to attain. Thus, health strategies in promoting health must take priority. In this paper, a health promotion plan on Heart Disease in Women, which is one of the objectives of the New Zealand Health strategies will be presented.

New Zealand has a growing frequency rate of heart disease mainly because of its rising population, an ageing population and lifestyle variations such as smoking, having secondary lifestyle or physical inactivity and changes in diet. According to the Ministry of Health (2014), heart disease is the number one cause of mortality in New Zealand and is responsible for 30% death cases per year. One dies from heart disease every 90 minutes, giving a total number of 16 deaths per day in New Zealand.

The Health Strategy for New Zealand gives a background for the health sector to inflate the total health status of New Zealanders and to lessen inequalities amongst New Zealanders. The unequal distribution of social determinants in terms of age, sex, hereditary factors, financial, education, occupation and housing conditions are associated with health inequalities. According to Ministry of Health (2012), “ addressing these social

determinants of inequalities requires a total health approach that takes justification and explanation of all the influences on health and in what way they can be commenced to improve overall health status. This method necessitates both intersectoral action that addresses the social and economic determinants of health and action within health and disability services.”

Ministry of Health (2012), recommend philosophies in health that should be applied to any activities to safeguard inequalities in health in those activities. In the proposed framework, it includes making and imposing extensive strategies which are the following:

1. Structural – social, financial, national and historical health inequalities root grounds identification
2. Intermediary pathways – comprises psychosocial and behavioral factors that intercede the influence of structural factors on health
3. Health and disability services – it is a thorough actions undertaking
4. Impact – on socioeconomic situation minimization (MOH, 2012)

Further, the key to Health Promotion here in New Zealand is the founding document of the Treaty of Waitangi. It is an agreement between the relationship of the Crown and the Maori. The crown represents the non-Maori people and the New Zealand government. The treaty of Waitangi is a document that provides the framework of Maori and non-Maori health development and well-being. This is to ensure that both parties are equally respected in terms of providing their health care needs. Also, to reduce the incidence of inequities between the Maori and Non-Maori, it is very important

to acknowledge the Treaty of Waitangi and the treaty principles which is *participation, partnership and protection* .

In participation, it emphasizes the involvement of Maori in planning, monitoring and evaluating programs. While the principle of partnership, refers to the relationship of Maori and non-Maori in making health plan, policies and programs. In making all these strategies and health promotion, it is important to include the principle of protection. This is to ensure that the interest of the Maori is protected and both Maori and Non-Maori have equal health status and outcomes (Ministry of Health, 2003).

Moreover, the Ottawa Charter was first created during the first international conference on Health Promotion which was held in Ottawa, Canada in November, 1986. It is the key founding document of health promotion in New Zealand. This framework has provided a useful tool guide for actions and implementation of health promotion (Ministry of Health, 2003).

Health Promotion Plan on Women's Heart Disease

The annual plan includes assessment, prevention and control programs, monitoring and evaluation, indirect management and administrative operations.

Goal : The program aims to reduce the incidence of Women's heart disease and control its complications by ensuring that Women in New Zealand have opportunities to access the health services/ programs.

General Objectives :

1. To conduct health assessment of women who are at risk for developing heart disease;
2. To implement prevention and control program, such as eat well and be heart healthy, stretch and sweat, and fight against tobacco related death;
3. To monitor and evaluate improvement of health and effectiveness of programs;
4. To ensure practitioners are skilled and well-trained to be efficient in providing health promotion campaigns and education;
5. To support operations in the conduct of the programs;

Health Control and Prevention Programs

Title: How's your heart? Heart disease assessment and education

Rationale: Screening tests and knowledge on heart disease are the keys to prevent cardiovascular disease (American Heart Association, 2014). Regular screening tests should begin at age 20 because this would serve as an eye-opener for women to modify their lifestyle or make necessary changes to prevent development of heart diseases. Education provides knowledge to women on how to make heart healthy and how to prevent heart diseases

Goal: To provide free heart screening services in public health hospitals or centers monthly and provide regular health education campaigns and educational materials such as brochures, flyers, posters, pamphlets.

Target population: Women living in New Zealand starting age 20.

Strategies:

Actions: Communicate and ask support to the Ministry of Health and Board of Trustees of the hospital for the implementation of the program, Involvement of Maori, Pacific, and other locals or migrants to support, contribute and participate in program development.

Range of Activities: Vital screening tests are blood pressure, body weight, Fasting Lipoprotein Profile (cholesterol and triglycerides), blood glucose.

Health Education

Settings: Public Health Hospitals and Community Health Centers for the screening, University and Workplace for Education and a door-to-door campaign

Title: *Eat well and be heart healthy*

Rationale: Improving nutrition to reduce the prevalence of weight gain or obesity, a precursor to heart disease takes priority and be addressed (Willett, Koplan, Nugent, Dusenbury, Puska, & Gaziano, 2006). In New Zealand, obesity is also one of the targets Health Strategies.

Goal: To ensure mothers'/ women's class shall be conducted to provide adequate knowledge on proper diet and menu preparation.

Target population: Women living in New Zealand starting age 20.

Strategies:

Actions: Communicate and ask support to the Ministry of Health and Community authorities for the implementation of the program, Involvement

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of Maori, Pacific, and other locals or migrants to support, contribute and participate in program development.

Range of Activities: Healthy food policy development, Food diary and menu planning, Health Education

Settings: Public Health Hospitals and Community Health Centers, University and Workplace for Education and a door-to-door campaign

Title: *Stretch and Sweat Activities*

Rationale: Sedentary activity among women is known to be a major risk factor in developing heart disease next to smoking. In the year 2009, 246 New Zealanders had premature death caused by lack of physical activity). Failing to do physical inactivity can highly contribute to another risk factor like high cholesterol and high blood pressure. Sedentary activities may lead to poor health outcomes (Auckland Council, Waikato Regional Council, and Wellington Regional Strategy Committee, 2013).

Evidently, active physical activities are beneficial to maintain a good health. It is helpful for maintaining a healthy heart and body. It is not only considered to be a preventive measure, but also a treatment itself (Auckland Council, Waikato Regional Council, and Wellington Regional Strategy Committee, 2013). According to Heart Foundation (2004), active physical activity can reduce up to 50% of incidence and fatality rate of heart disease. While, those with existing heart disease will have 25% decrease chance of dying from another heart attack.

Goal: To incorporate 30 minutes of moderate to intense physical activities into the daily activities of women at least 5-7 times a week (Heart Foundation, 2004).

Target Population: To achieve a maximum health benefit, it is important for people to be physically active. According to Active New Zealand Survey (2015), they identified that women are most likely to be inactive than men. This is due to the different factors that hinder them from participating in any physical activities. As stated by the World Health Organization (2015), lower income of women may be a barrier to access physical activity. Aside from that, women have limited time to engage in physical activities because of their caregiving roles at home.

Strategies:

Actions: Communicate and ask support to the Ministry of Health and Community authorities for the implementation of the program, Involvement of Maori, Pacific, and other locals or migrants to support, contribute and participate in program development.

Range of Activities: Free yoga every Tuesday and Thursday morning and afternoon, Free Zumba class during weekends, Fun run activities and bike and hike activities

Settings: Parks and open fields

Title: *Fight against Tobacco related death*

Rationale: According to the Ministry of Health, the main cause of avoidable morbidity and mortality in New Zealand is tobacco use. It is responsible for an estimated 4,300 to 4,600 deaths per year and it contributes considerably in the development of some heart disease. Tobacco consumption is one of the health inequalities in New Zealand as increased smoking incidence are seen amongst groups that have low income.

On the other hand, approximately 1.3 billion individuals use tobacco worldwide and it causes five million premature deaths annually. At the present stage, it is responsible for the mortality ratio of one in ten adults worldwide. As per WHO (2014), tobacco usage will result in 10 million deaths annually by year 2020 if present patterns remain.

Goal: The three key objectives of tobacco control strategies are to lessen initiation of smoking, to double the likelihood of quitting and to lessen the exposure to second-hand smoking.

Target Population: The no smoking strategies are intended to become routine practice for all health care workers in connection to those individuals who smoke. Nevertheless, within the population of individuals who consume tobacco there are specific target populations. These are Maori and Pacific people as these populations display considerably increased incidence of tobacco use compared to other populations. New Zealand Health Survey 2013, found out that Maori women were two times probable to be a smoker in comparison in women in the entire population while both Maori and Pacific men were 1.5 times probable to be smokers in comparison in the entire population.

Another important target population are parents' ages 15 to 45 years of age. Helping parents to stop smoking is vital to further lessening smoking initiation by children and young age.

Strategies:

Actions: Communicate and ask support to the Ministry of Health and Community authorities for the implementation of the program, Involvement of Maori, Pacific, and other locals or migrants to support, contribute and participate in program development.

Range of Activities: Health Education, Smoke free celebration activities, individualized quit smoking plan, house-to-house monitoring, also promotion of nicotine replacement therapy.

Nicotine Replacement Therapy comes in five forms that has been approved by the Food and Drug Administration. These are nicotine patches (transdermal nicotine system), nicotine gum (nicotine polacrilex), nicotine nasal spray, nicotine inhalers and nicotine lozenges. These are locally available which can be consumed for eight weeks, and double the chances of quitting as these will diminish smoking cravings without affecting one's health.

Monitoring and Evaluation: Each program must be monitored and evaluated whether effective or not in order to modify the program and conduct research studies on how to improve health.

Indirect management and administrative operations: Attendance to meetings, convention, trainings, and summit is very important to ensure that <https://assignbuster.com/womens-heart-health-promotion-in-new-zealand/>

the practitioners are skilled and effective in promoting health on heart disease.

Support to operations: The funding and budget allocated for the health programs, which includes the education and campaign materials

By and large, health promotion is critical in the health care delivery system, and that must be practiced to prevent or eradicate onset of diseases.

Further, the involvement and consultancy of the people in the community in the development of programs are extremely significant to identify health threats and problems properly, and make necessary intervention programs tailored to their needs. Consequently, would address and prevent health inequalities and improve health outcomes.

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