

Personal Health Assessment and Health Promotion Plan

Erin Burdi

Ferris State University

Abstract

Maintaining a healthy weight is one of the most beneficial things that a person can do to promote their own health. There are so many negative health effects caused by obesity: the physical wear and tear, emotional depression, financial cost, and psychosocial damage to one's self-esteem are just a few. The Centers for Disease Control and Prevention recently released a study that stated that being obese was linked to an increased risk of death from the following: cardiovascular disease, diabetes, and cancers associated with obesity, including breast, colon, esophageal, uterine, and ovarian cancers (Flegal, Graubard, Williamson, & Gail, 2007). I have identified a personal desire to make a positive lifestyle change, in order to promote my own health. I have decided to construct and implement a personal weight loss plan. Healthy eating and routine exercise are two essential pieces to a successful weight loss program. That is why I have incorporated both in my weight loss plan. This health promotion plan for weight loss is based on the Transtheoretical Model of health developed by Prochaska and DiClemente. Tools used to develop my plan are discussed. Measurable long and short-term goals have been determined, as well as, potential barriers identified. An applicable NANDA nursing diagnosis has been selected and discussed.

Call to Action

Wednesday, January 14th 2010, that was the day that I first “woke up”. The crazy festivities of the holiday season were drawing to a close. I was out dress shopping for the final holiday event of the season, my work party. This was a dress-casual event and it had been a few years, and several pounds ago, since I had purchased a dress. I had a feeling that this was going to be an emotionally rough venture, so I brought my mother and youngest sister with me for moral support. Foolishly, I began selecting dresses in a size twelve, the last size that I had worn. I brought my selections to the dressing room, unprepared for the breakdown that was about to ensue. Of course, the size twelve’s did not fit, and then neither did the fourteen’s. I was heartbroken when the first dress that fit was a sixteen; I had gained four dress sizes. Tears of frustration and disappointment flooded my eyes. How could I have let this happen? I had never been this overweight. For so long, I allowed myself to think that “it was just the clothes that were being made smaller”, not wanting to admit, that it was I who was getting larger. I tried to pull myself together and come out of the fitting room. My dear mother, seeing the dismay all over my face, tried to comfort me, “it’s okay darling” she said. I allowed myself to stand there in my mother’s arms and lick my wounds, but in my head I knew, that this was not “okay”. I had indulged my unhealthy habits long enough, I needed to change and I needed a plan. The Transtheoretical Model and health assessment tools provide the basic framework for a successful plan to help me in achieving my self-care goal: losing weight.

Personal Health Assessment

The initial step necessary prior to building my plan, was to assess my personal perspective on health. The Health Beliefs Survey was a helpful tool in accomplishing this step. The final score, tallied from my answers to each question, only re-affirmed what I already knew, that I had a very self-motivated view on my health. The power of self-efficacy, or one's belief in whether they can accomplish something, can make or break any change. The benefits of implementing my plan were considered versus the time and physical investment required. The next step was to gather useful tools that I would need to make my plan success. I first needed to accurately assess my eating habits and physical baseline. I spent one week tracking the types of food that I ate and wrote them down in a food journal. I weighed myself and then assessed my Body Mass Index (BMI) using the BMI scale found in appendix B. Initial BMI, weight, and physical measurements of my bust, waist, hips and thighs were taken and recorded on the physical tracking chart provided in appendix C.

Health Promotion Plan

Diet

The Weight Watchers "Points" system has been chosen to regulate my diet. A few of my co-workers have had great success with this system. After conducting my own research on the details of this system, I decided that Weight Watchers would be a flexible and economical option. Through Weight Watcher's, an individual is allowed a given number of points in a twenty-four hour period, based on their starting weight. Each food item is also given a point value based on caloric, fat, and fiber content. The higher the calorie and fat content, the higher the point value. A requisite guideline, based on the USDA's food pyramid, is provided to

encourage proper nutrition. The “e-tool” that I will be using to reference the point value of food selections can be found on their website, www.weightwatchers.com. I will also be maintaining a food journal (appendix D) that will track meal choices, their point value, and a running tally of my daily points.

Physical Exercise

The American College of Sports Medicine (ACSM) recommendations for an exercise program are; “thirty minutes of moderately intense cardio, five days per week, or vigorously intense cardio twenty minutes per day, three days per week” (ACSM, 2007, p.1). Moderately intense exercise has been clarified by the ACSM as “a brisk walk, or any other activity that noticeably elevates heart rate, causes an individual to “break a sweat” while still being able to carry on a conversation”(ACSM, 2007, P.2). A combination of both moderate and vigorous intensity exercises have been included in my plan. I have a large and energetic canine that I walk every day through a park near my home. Our course takes about thirty to forty-five minutes to complete. Our walk is hardly what I would consider a vigorous intensity, so this will be logged as my moderate activity each week. I have a gym membership through the YMCA. I plan to attend for about an hour, a minimum of three days per week. Time spent at the gym will be focused on vigorously-intense cardio sessions, utilizing the elliptical and treadmill machines available, and strength training. Strength training is another recommendation made by the ACSM. They recommend “performing eight to ten strength training exercises, for eight to twelve repetitions, two days per week” (ACSM, 2007, p.1). This will be another focus while I am at the gym. There are a variety of different weight machines to choose from. I will combine upper and lower body strength machine exercises with abdominal crunches for my training routine. An exercise log, detailing type of activity and duration will be kept. I plan to weigh myself on a

weekly basis and re-measure the identified physical attributes every four weeks to assess the effectiveness of my exercise plan.

Transtheoretical Model

The Transtheoretical Model of health promotion was developed in 1984 by Prochaska and DiClemente. Their Transtheoretical Model was based on their “extensive research studies on smoking cessation in adults” (Pender, Murdaugh & Parsons, 2006, p.42). “They proposed that health-related behavior changes progress through five stages; pre-contemplation, contemplation, planning or preparation, action, and maintenance. These five stages apply, “regardless whether a client is trying to quit a health-threatening behavior, or adopt a healthy behavior” (Pender, Murdaugh & Parsons, 2006, p.42).

Precontemplation

Precontemplation is the first stage of Prochaska and DiClemente’s health model. In this stage, the “client is not currently thinking about quitting or adopting a particular behavior; at least not within the next six months” (Pender, Murdaugh & Parsons, 2006, p.42). Simply stated, the individual has no intention to make any change. I would dare say that I had been living in this stage for quite some time.

Contemplation

In the Contemplation stage, an individual is beginning to “warm up” to the idea of making a change. The client is “seriously thinking about quitting or adopting a particular behavior within the next six months” (Pender, Murdaugh & Parsons, 2006, p.42). It is this stage

that I believe I had entered that fateful day in the dress shop. I knew I had to change my eating and exercise habits in order to lose weight, but I had yet to formulate a plan to do so.

Planning or Preparation

Planning or Preparation is the stage in which “the client who has tried to quit a negative behavior or adopt a positive behavior in the past year is seriously thinking about engaging in the contemplated change within the next month” (Pender, Murdaugh & Parsons, 2006, p.43). It is in this third stage of the Transtheoretical Model that I feel I currently reside. A substantial amount of time and thought has gone into the development of my weight loss plan. A baseline assessment of my physical fitness and eating habits has been established. The tools that will be used to measure the progression of my plan have been identified and are already in use. I have a gym membership and have been exercising on a fairly regular basis for two weeks. Research has been done to find a dietary plan that would be economical and flexible enough to fit my lifestyle.

Action

The Action stage of this model focuses on persistence of change. In this stage, “the client has made the behavior change and it has persisted for a period of six months, meaning the client is actively engaged in the behavior change” (Pender, Murdaugh & Parsons, 2006, p.43). It is in this stage where the changed behavior begins to develop into a routine.

Maintenance

It is in this final stage of Maintenance, that the “client has continued and stabilized the change beginning six months after the action started and continuing indefinitely, sustaining the change over time” (Pender, Murdaugh & Parsons, 2006, p.43). There is not a quick fix for being

overweight. “Yo-yo” dieting is very unhealthy and sporadic exercise can actually do physical damage to the body. A healthy diet and exercise needs to be an integral part of a persons’ daily routine.

Goals

I have developed both long and short term goals that I hope to achieve with this weight loss plan. Upon assessment of my initial BMI, I was shocked to find that I borderline between the overweight and obese categories. My long term goal is to lose enough weight so that I would fall into the healthy category. This added up to approximately forty pounds that I would need to lose. I plan to accomplish this by June twelfth. This date is of significance to me, as it is one of my dearest friends fiftieth birthday party. I have set what I feel is a reasonable short term goal of losing two to five pound per week . Another short term goal that I have is to maintain a consistent gym regimen of three to four days each week. This presents a challenge due my variable work schedule. I work three twelve hour night shifts per week and the nights that I am scheduled change on a weekly basis. My plan to overcome this challenge is to attend the gym on the days that I am off. This will still give me the four days per week that I desire.

Nursing Diagnosis

Health-Seeking Behavior related to Absence of Aerobic Exercise

I have chosen the Health-Seeking Behavior nursing diagnosis because it seemed to accurately apply to my current view on my health status. The definition of health-seeking behavior is “active seeking (by a person in stable health) of ways to alter personal health habits or the environment in order to move toward a higher level of health” (Sparks & Taylor, 2008, p.842). The defining characteristics include “an expressed or observed desire to seek a higher

level of wellness” (Sparks & Taylor, 2008, p.842). I think that by identifying my weight problem and constructing a comprehensive plan to lose weight I have demonstrated such desire. The expected outcomes of this nursing diagnosis include the development of an exercise plan as I have outlined above.

Conclusion

In summary, I have identified a personal need to lose weight, in order to improve my health. I have chosen to reform both my diet and exercise habits in order to accomplish this task. The Transtheoretical model and Health Beliefs Survey have been used to assess personal views on health and develop a plan to lose weight. Through the use of the Health Beliefs Survey I have identified that I have internal beliefs regarding my health. I know that I possess the power to change my lifestyle in order to improve my health. I have decided to utilize the Weight Watcher’s point system to regulate my diet and have developed an exercise program that I feel is realistic for my schedule. Tools have been designed and will be utilized to assess and measure the effectiveness of my plan. Measureable goals have been set and barriers recognized. An appropriate NANDA wellness nursing diagnosis has been selected and compared to my plan. I am hopeful that this plan will work effectively in achieving my goal of weight loss.

References

American College of Sports Medicine. (2007). *Physical Activity and Public Health Guidelines*.

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Appendix A

Health Beliefs Survey

The questionnaire is designed to determine the way in which different people view certain important health-related issues. Each item is a belief statement, with which you may agree or disagree. Beside each statement is a scale that ranges from strongly disagree (1) to strongly agree (6). For each item, choose the number that represents the extent to which you disagree or agree. This is a measure of your personal beliefs; obviously, there is no right or wrong answers.

Please answer these items carefully, but do not spend too much time on any one item. As much as you can, try to respond to each item independently. When making your choice, do not be influenced by your previous choices. It is important that you respond according to your actual beliefs and not according to how you feel you should believe or how you think we want you to believe.

1 - Strongly Disagree; 2 - Moderately Disagree; 3 - Slightly Disagree; 4 - Slightly Agree; 5 - Moderately Agree; 6 - Strongly Agree

	1	2	3	4	5	6
1. If I get sick, it is my own behavior that determines how soon I will get well again.				X		
2. No matter what I do, if I am going to get sick, I'll get sick.			x			
3. Having regular contact with my physician is the best way for me avoid illness.				x		
4. Most things that affect my health happen to me by accident.		X				
5. Whenever I don't feel well, I should consult a medically trained professional.			X			
6. I am in control of my health.						x
7. My family has a lot to do with my becoming sick or staying healthy.			x			
8. When I get sick, I am to blame.				x		
9. Luck plays a big part in determining how soon I will		X				

recover from an illness.						
10. Health professionals control my health.		X				
11. My good health is largely a matter of good fortune.			x			
12. The main thing that affects my health is what I myself do.					x	
13. If I take care of myself, I can avoid illness.					x	
14. When I recover from illness, it's usually because other people have been taking good care of me. (doctor, nurses, family)		x				
15. No matter what I do, I'm likely to get sick.			x			
16. If it's meant to be, I will stay healthy.			x			
17. If I take the right actions, I can stay healthy.					x	
18. Regarding my health, I can only do what my doctor tells me to do.		x				

These three subscales, and the items included in each, are as follows:

- Internal Items: 1, 6, 8, 12, 13, 17
- Chance Items: 2, 4, 9, 11, 15, 16
- Powerful-others items: 3, 5, 7, 10, 14, 18

The score on each subscale is the sum of the values for each item in that subscale multiplied by 2. Scores within each subscale can range from 12 to 72. The higher the score on the internal subscale, the more personal control clients believe that they exercise over their own health. The higher the scores on the chance subscale and power-others subscale, the higher the beliefs in the importance of chance and others respectively in controlling personal health. Normative means for adults on each subscale are as follows:

Internal, 50.4 **(58)**

Chance, 31.0 **(32)**

Powerful-others, 40.9 **(32)**

Appendix B

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

BMI

less than 18.5

18.5 - 24.9

25.0 - 29.9

30.0 or more

Underweight

Healthy

Overweight

Obese

Appendix C

PROGRESS REPORT

<p>Week 1</p> <p>Wt: 175lbs. BMI : 31</p> <p>Bust:42” Waist 33”</p> <p>Hip: 41” Thigh:25”</p>	<p>Week 2</p> <p>Wt: ____</p>	<p>Week 3</p> <p>Wt:____</p>	<p>Week 4</p> <p>Wt:____ BMI ____</p> <p>Bust:____ Waist____</p> <p>Hip____ Thigh____</p>
<p>Week 5</p> <p>Wt:____ BMI ____</p> <p>Bust:____ Waist____</p> <p>Hip____ Thigh____</p>	<p>Week 6</p> <p>Wt:____</p>	<p>Week 7</p> <p>Wt:____</p>	<p>Week 8</p> <p>Wt:____ BMI ____</p> <p>Bust:____ Waist____</p> <p>Hip____ Thigh____</p>
<p>Week 9</p> <p>Wt:____ BMI ____</p> <p>Bust:____ Waist____</p> <p>Hip____ Thigh____</p>	<p>Week 10</p> <p>Wt:____</p>	<p>Week 11</p> <p>Wt:____</p>	<p>Week 12</p> <p>Wt:____ BMI ____</p> <p>Bust:____ Waist____</p> <p>Hip____ Thigh____</p>

Appendix D Exercise Log

Date: _____	Date: _____	Date: _____	Date: _____
Activity: _____	Activity: _____	Activity: _____	Activity: _____
Duration: _____	Duration: _____	Duration: _____	Duration: _____
Activity: _____	Activity: _____	Activity: _____	Activity: _____
Duration: _____	Duration: _____	Duration: _____	Duration: _____
Date: _____	Date: _____	Date: _____	Date: _____
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