



## Original Article

## Effects of Health Education Programs for the Elders in Community Care Centers – Evaluated by Health Promotion Behaviors



Kuo-Song Chang<sup>a, c, f, g</sup>, Wen-Hsiang Tsai<sup>c</sup>, Cheng-Ho Tsai<sup>a, b, c</sup>, Hung-I. Yeh<sup>a, c, g</sup>,  
Po-Hao Chiu<sup>d</sup>, Ya-Wen Chang<sup>a</sup>, Hsin-Yung Chen<sup>e</sup>, Jung-Mei Tsai<sup>c, f, g, h\*</sup>,  
Shu-Chen Lee<sup>c, f\*\*</sup>

<sup>a</sup> Taiwan Foundation for Geriatric Emergency and Critical Care, Taiwan, <sup>b</sup> Forever Young Healthcare Management Consultants Co., Ltd, Taiwan, <sup>c</sup> Mackay Memorial Hospital, Taiwan, <sup>d</sup> Mackay Memorial Hospital Institutional Review Board, Taiwan, <sup>e</sup> Ningchi's Holistic Health Life Care Association, Taiwan, <sup>f</sup> Mackay Junior College of Medicine, Nursing, and Management, Taiwan, <sup>g</sup> Mackay Medical College, Taiwan, <sup>h</sup> College of Nursing and Health Sciences, Da-Yeh University, Taiwan

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## SUMMARY

**Background:** Taiwan is an aging society by the definition of the World Health Organization. The trend of elder population is one of the fastest worldwide. The Taiwan Foundation for Geriatric Emergency and Critical Care dedicates to disseminate health promotion behaviors for community elders and middle age adults. The purpose of this study is to investigate the effects and satisfaction of the health education programs on health promotion behaviors.

**Methods:** A one-group pretest-posttest study was conducted using purposively sampling of participants of the health education programs at five community care centers in the great Taipei metropolitan area. A structure questionnaire was developed to collect data. SPSS 20.0 was used in statistical analysis.

**Results:** Above 40% of 136 participants were either overweight or obesity. Comparing pretest and posttest scores, the changes in mentality, perceived health, physical exercise, and blood pressure measurement were significant ( $p < 0.05$ ). The overall satisfaction with the health education programs was high (3.62). It was found the correlation between marital status and perceived health was positive ( $p < 0.05$ ).

**Conclusion:** The health education programs specifically for elders and middle age adults in community care centers were effective in raising the awareness of health promotion behaviors. The success could provide a reference for future studies developing health promotion and education programs and holistic care for community elders and middle age adults in Taiwan.

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## 1. Introduction

The elderly population of Taiwan was estimated above 7% in 1993, an aging society by the definition of the World Health Organization (WHO). According to government statistics, the aged population in Taiwan will be of 14% for an aged society by 2018 and of 20% for a hyper-aged society by 2025. Soon Taiwan will pass the threshold of an 'aged' society.<sup>1</sup> The trend of aged population in

Taiwan is one of the fastest in the world according to the statistics from the Interior Department of Taiwan.<sup>2</sup> The National Development Council of Taiwan also revealed that the population aging speed is concerned by most nations as critical issues in the public health, preventive medicine, and socio-economic sectors.<sup>3</sup>

The health condition of most elderly population declines as age progress. A large portion of elderly population may suffer from hypertension, hyperlipidemia, cardiovascular disease, obesity, degenerative arthritis, diabetes, depression disorder, etc. One study found that health promotion behaviors might prevent diseases and improve health conditions. The study enlisted a series of behaviors such as exercise regularly, measuring blood pressure, lipid, and blood sugar regularly, having weight control, and preventing exposure of secondhand smoke.<sup>4</sup>

\* Correspondence to: Jung-Mei Tsai, No. 45, Minsheng Rd., Tamshui Dist., New Taipei City 25160, Taiwan.

\*\* Correspondence to: Shu-Chen Lee, No. 92, Sec. 2, Chungshan N. Rd, Taipei, Taiwan.

E-mail addresses: [jungmei56@gmail.com](mailto:jungmei56@gmail.com) (J.-M. Tsai), [sj@mmh.org.tw](mailto:sj@mmh.org.tw) (S.-C. Lee).

Maintaining healthy and self-reliance in addition to prevention of disability and diseases are immense challenges which are confronted by aged population.<sup>5–7</sup> Using health education programs as an intervention to raise the awareness of health promotion behaviors is beneficial to the health of elders in community. Even though educating health promotion behaviors was originally emphasized on adults of younger age. To stress the importance of health promotion behaviors among community elders and middle age adults, the Taiwan Foundation for Geriatric Emergency and Critical Care, an association of healthcare professionals and qualified volunteers in Taiwan, is endeavored to promote health behaviors in community by offering a comprehensive health education programs with seminars, lectures, and activities to elders and middle age adults living in the great Taipei metropolitan area. The designs of these health education programs are to advocate health promotion behaviors. The contents of these health education programs are revised constantly to adjust for the needs and situations of the target audience.

This study was purported to evaluate the effects of these health education programs on health promotion behaviors among community elders and middle age adults and to explore factors influencing participants' satisfaction with these health education programs.

## 2. Methods and materials

### 2.1. Study design and settings

The study employed a one-group pretest-posttest study design. The study was conducted in a period extending from January 1st to November 30th of 2015. The subjects of the present study were community elders and middle age adults living in the great Taipei metropolitan area including Taipei City and New Taipei City in northern Taiwan. The subjects were of 55 years or older enrolling the health education programs at one of five community care centers operated by the Taiwan Foundation for Geriatric Emergency and Critical Care. The participants were recruited and purposively sampling during sign-up to the health education programs. The health education programs involved a series of lectures, seminars, and activities with various health-related topics, i.e. correct exercise, physical fitness, weight control, proper diet, and lifestyle, etc. These health education programs were sought to disseminate health promotion behaviors among community elders and middle age adults and each program extended eight consecutive weeks.

A structure questionnaire surveying feedbacks of the health education programs was developed. The questionnaire was administrated twice: first one at the first class of each program and the data used as the pretest scores; second one at the final class of each program and the data used as posttest scores. Any question from the participants while filling out the questionnaire would be assisted by the staff of the community care centers.

Consulting with experts in research ethics that obtaining an approval of ethical reviews for the present study was waived, which was due to the fact that the present study involved anonymous survey for program satisfaction only.

### 2.2. Measurement instrument

A structure questionnaire was developed specifically for the purpose of the present study. Items of the questionnaire were selected from literature reviews of relevant researches also extracted from interview transcripts shared by fellow researchers associated with present study. For content validity, the items were reviewed by five experts, two physicians, one professor in clinical nursing, one instructor of social medicine and one professor of

public health and epidemiology. The items were graded for correctness, applicability, and coverage using a 4-point fashion (1 or 2 for removal; 3 or 4 for retain). The final version of the questionnaire contained 12 items with calculated content validity index (CVI) equal 0.89 and reliability (Cronbach  $\alpha$  = 0.90). The items were in five groups: 1) demographic characteristics; 2) perception of health and happiness; 3) health promotion behaviors; 4) habitual behaviors with health risk; 5) program satisfaction.

The demographic characteristics included basic information of gender, age, education level, marital status, and body mass index (BMI). Items in the perception of health and happiness covered self-reported information of biomedical, mentality, perceived happiness, and perceived health. Variables in the health promotion behaviors included self-reported frequency of physical exercise, blood pressure measurement, lipid measurement, blood sugar measurement, weight measurement, health examination, cancer screening, and daily consumption of at least five portions of fruit and vegetables (5-A-Day). Variables in the habitual behaviors with health risk included self-reported information of secondhand smoke exposure, tobacco use, alcohol consumption, and areca (betel) nut chewing. All items except for the demographic characteristics were of 4-point Likert scale (1 for never; 4 for frequently).

### 2.3. Statistical analysis

The data collected from the participants were first stored as tables in Microsoft Excel 2010 then transferred to SPSS 20.0 for statistical analysis. The methods included descriptive statistics, Pearson's product-moment correlation, and one-way ANOVA.

## 3. Results

In the duration of present study, two hundred and twenty copies of the questionnaire were delivered to the participants of the health education programs. One hundred and thirty-six copies of the questionnaires were collected with valid data and the return rate was calculated as 61.8%.

### 3.1. Demographic characteristics of the participants

The demographical characteristics for the participants of the health education programs were showed in Table 1. For gender, there were 104 (76.5%) female and 32 (23.5%) male. In age groups,

**Table 1**  
The demographic characteristics of the participants (n = 136).

Variables	No.	Percentage (%)
<b>Gender</b>		
Male	32	23.5
Female	104	76.5
<b>Age</b>		
55–64 y/o	40	29.9
65–79 y/o	74	55.2
>80 y/o	20	14.9
<b>Marital status</b>		
Unmarried/Single/Divorce/Separated	4	3.1
Married/Cohabit	95	73.1
Widow	31	23.8
<b>Level of education</b>		
Elementary school or less	24	18.2
High school	80	60.6
College or above	28	21.2
<b>Body Mass Index (BMI)</b>		
Thin (BMI < 18.5)	10	7.6
Regular (18.5 ≤ BMI < 24)	63	48.1
Over weight (24 ≤ BMI < 27)	33	25.2
Obesity (27 ≤ BMI)	25	19.1

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