



Patient Education and Health Promotion

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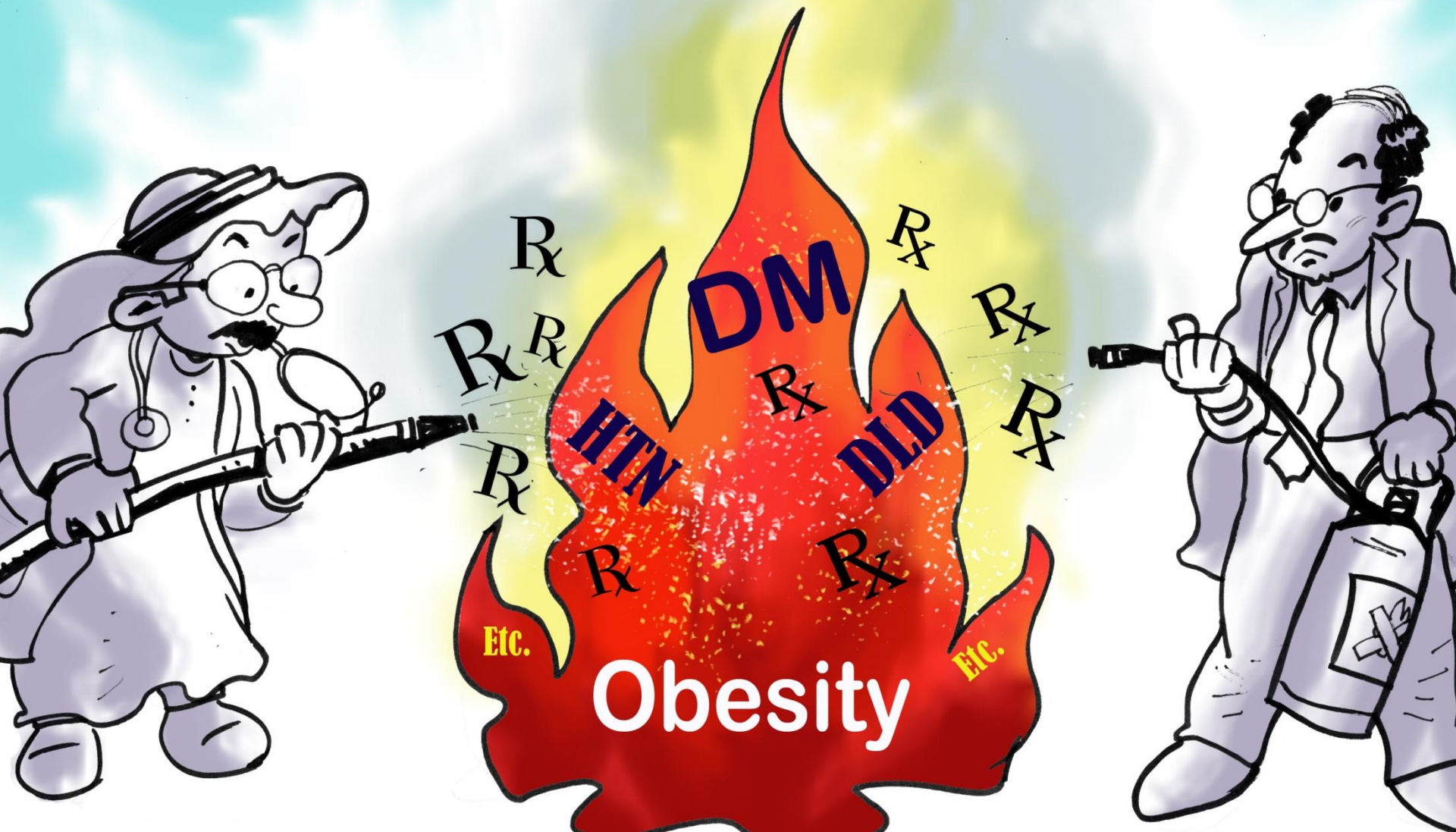
Learning Objective:

- At the end of this session, the students will be able to:
- Recognize the impact of different lifestyle modification measures on atlas of morbidity of Saudi population.
- Explain patient education purposes and factors to consider in the process and how to ensure its effectiveness.
- Define health promotion with example to encourage good behavior and discourage bad health behavior.
- Become aware of health belief model.
- Discuss why primary care is the optimum setting for health education and health promotion.

“There I am standing by the shore of a swiftly flowing-river and I hear a cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then, just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who the hell is upstream pushing them all in”.

Zola, I.K. “Helping – does it matter? The problems and prospects of mutual aid groups”.

Crises Management



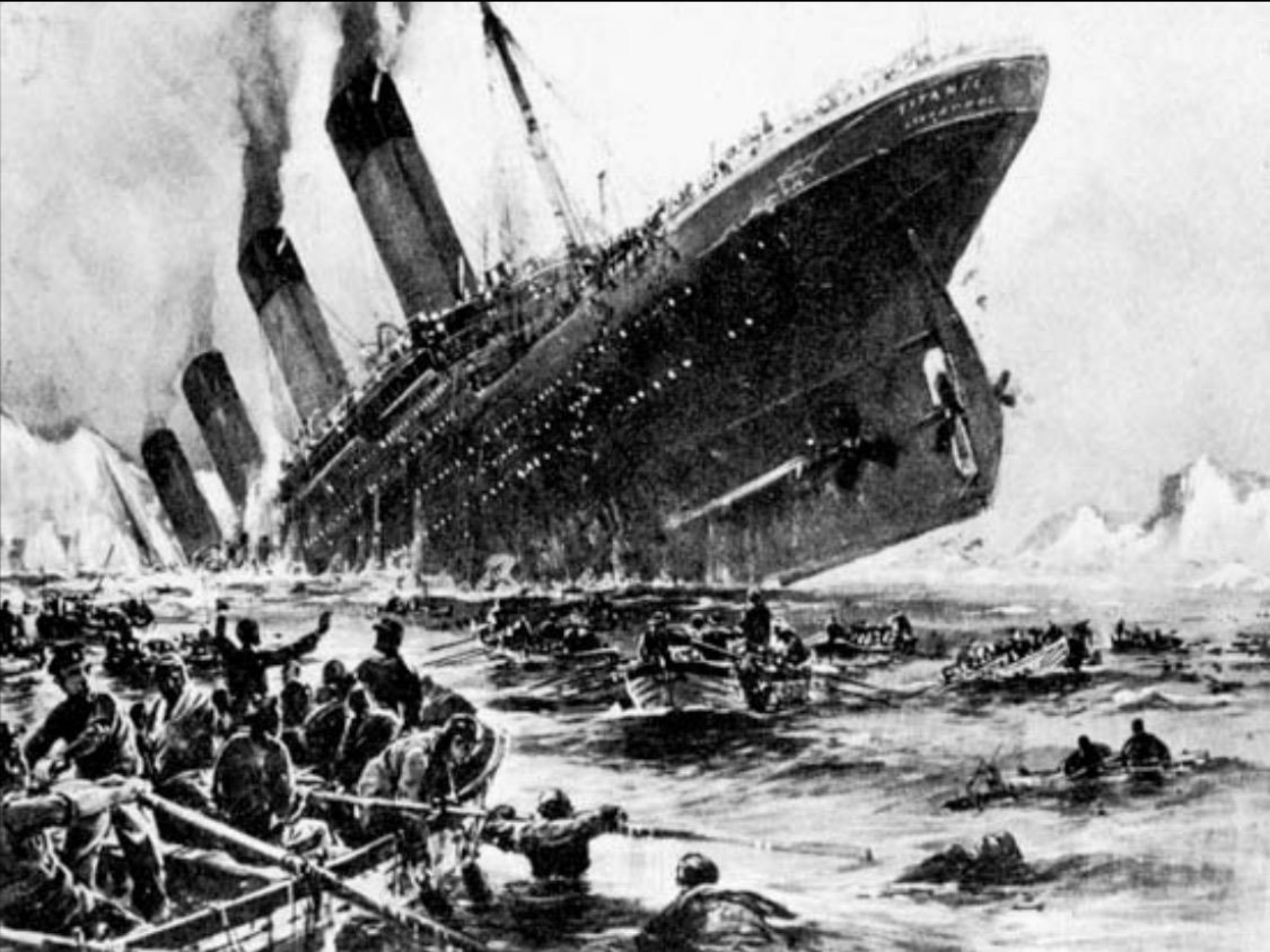
- Cost ?

Less attention on
prevention??

Less than one cent of every health care dollar in the U.S. is spent on prevention research.



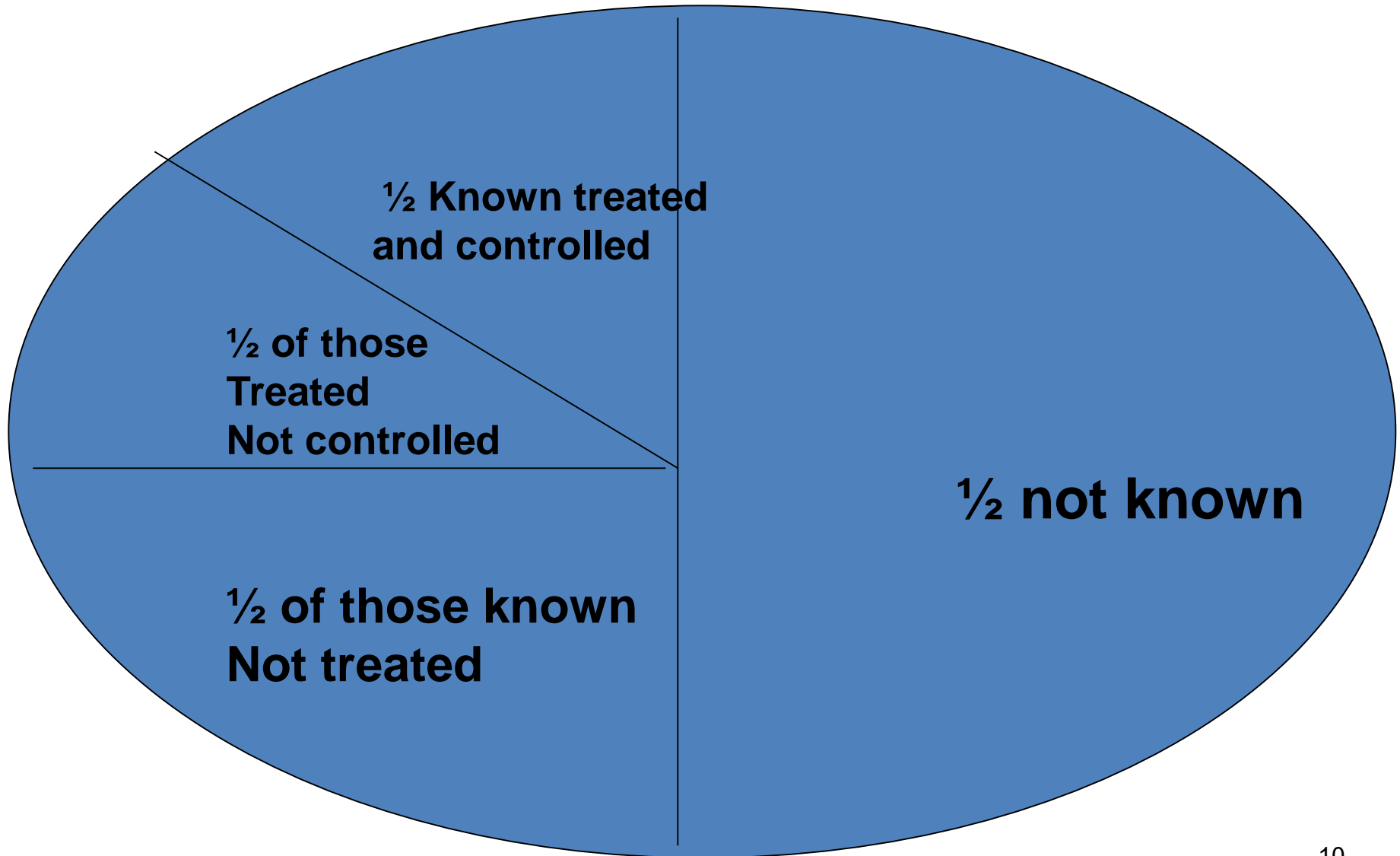
Source: America Speaks: Poll Data, Vol. 5, Research!America, 2003.



Iceberg Phenomenon



The Rule of Halves in Hypertension



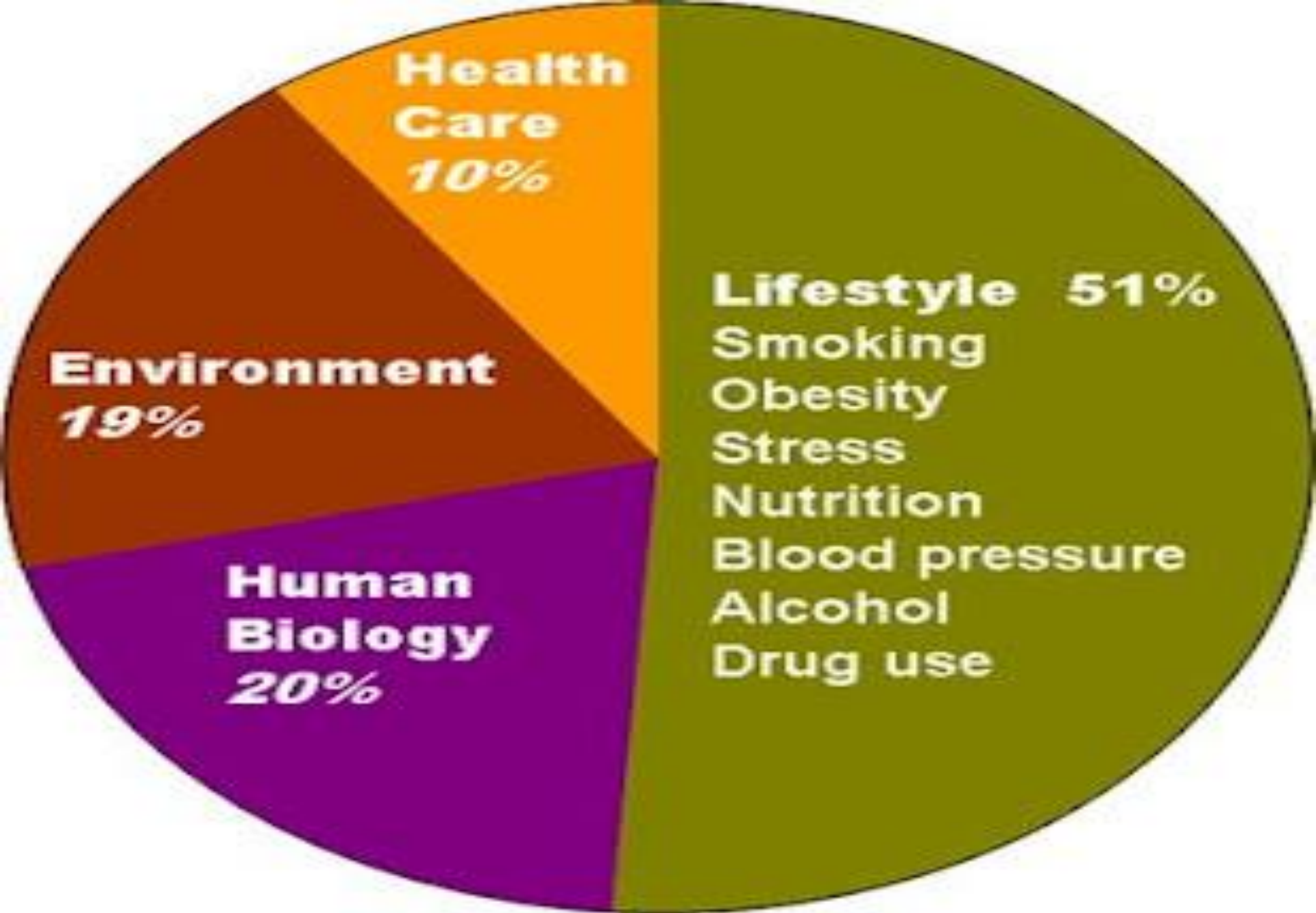
Defining Health: The World Health Organization

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.

Prevalence of hypertension and risk factors in three national studies

Diseases and risk factors	*Nozha et al (%)	**Stepwise MOH study (%)	***IHME + MOH (%)
Hypertension	26.1	26	15.2
Diabetes Mellitus	23.7	17.9	13.2
Hypercholesterolemia	54	19.3 (TG 40.3)	8.5
Body mass index (BMI)			
A- 30	35.5	36.1	28.7
Overweight	35.6		30.7
Central obesity		29.4	
Smoking	12.8	12.9	12.2
Consuming less than 5 servings of fruits and vegetables/day		93.5	92.8
Low physical activity	96.1	33.8	60.3
Coronary artery disease	5.5		
Metabolic syndrome	39.3		

- *conducted 1995-2000 on more than seventeen thousands Saudis aged 30-70
- **conducted 2004-2005 on 4758 Saudis aged 15-64
- ***conducted 2013 on 11700 Saudis aged 18-65



Irwin A, Valentine N, Brown C, Loewenson R, Solar O, Brown H, Koller T, Vega J. The commission on social determinants of health: tackling the social roots of health inequities. PLoS Med. 2006 May











عطنا نهن تپيس مندي
و لآر لبن خالي لآر سم

مندي
و منبدي
ت / ك / ك / ك / ك



ترجمة: نصر الفريد
@nsrfred



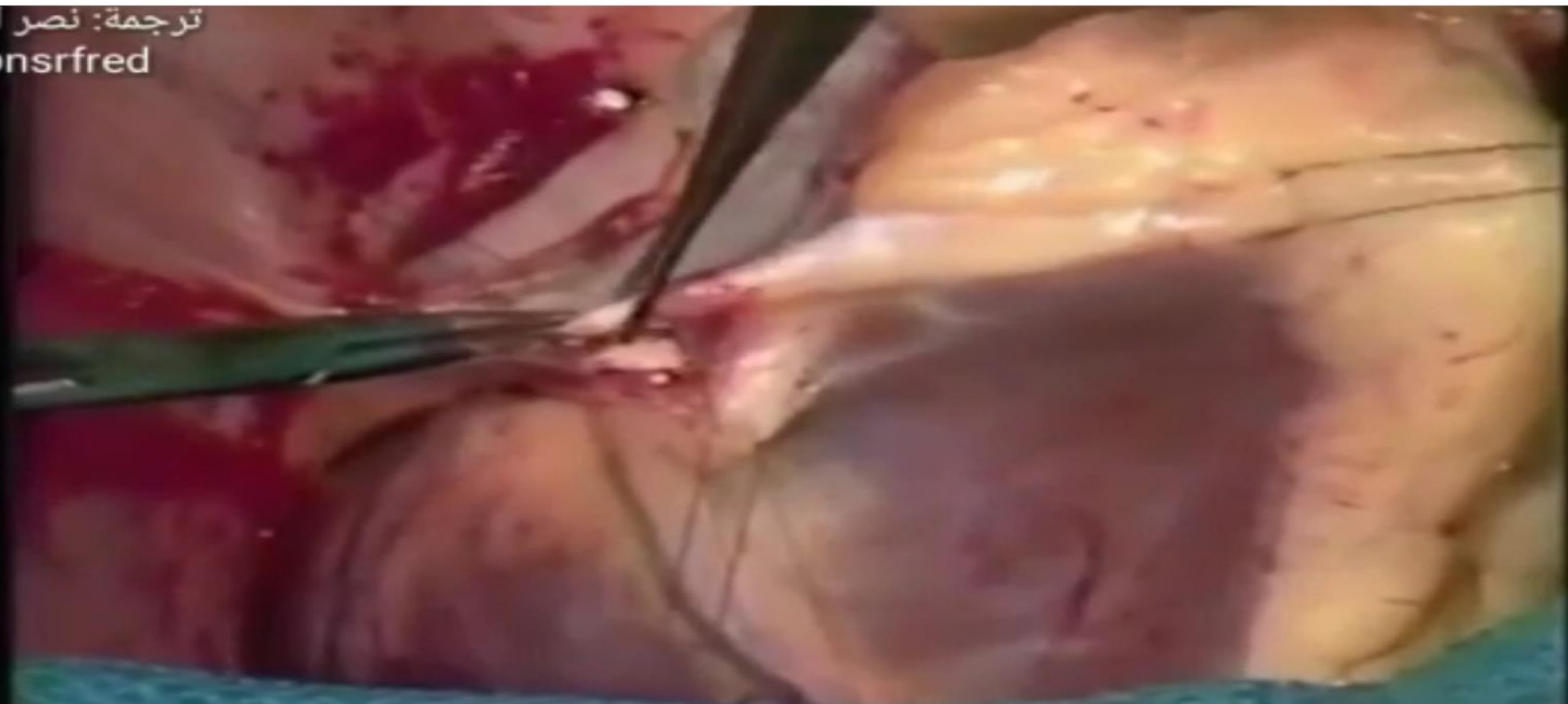
تكون شفافة تماماً ومائلة للصفرة لكن يمكن المشاهدة من خلالها

ترجمة: نصر الفريد
@nsrfred



أن الطبقة التي تطفو في هذه العينة كانت سميكة ودهنية بيضاء كالصمغ

ترجمة: نصر الفريد
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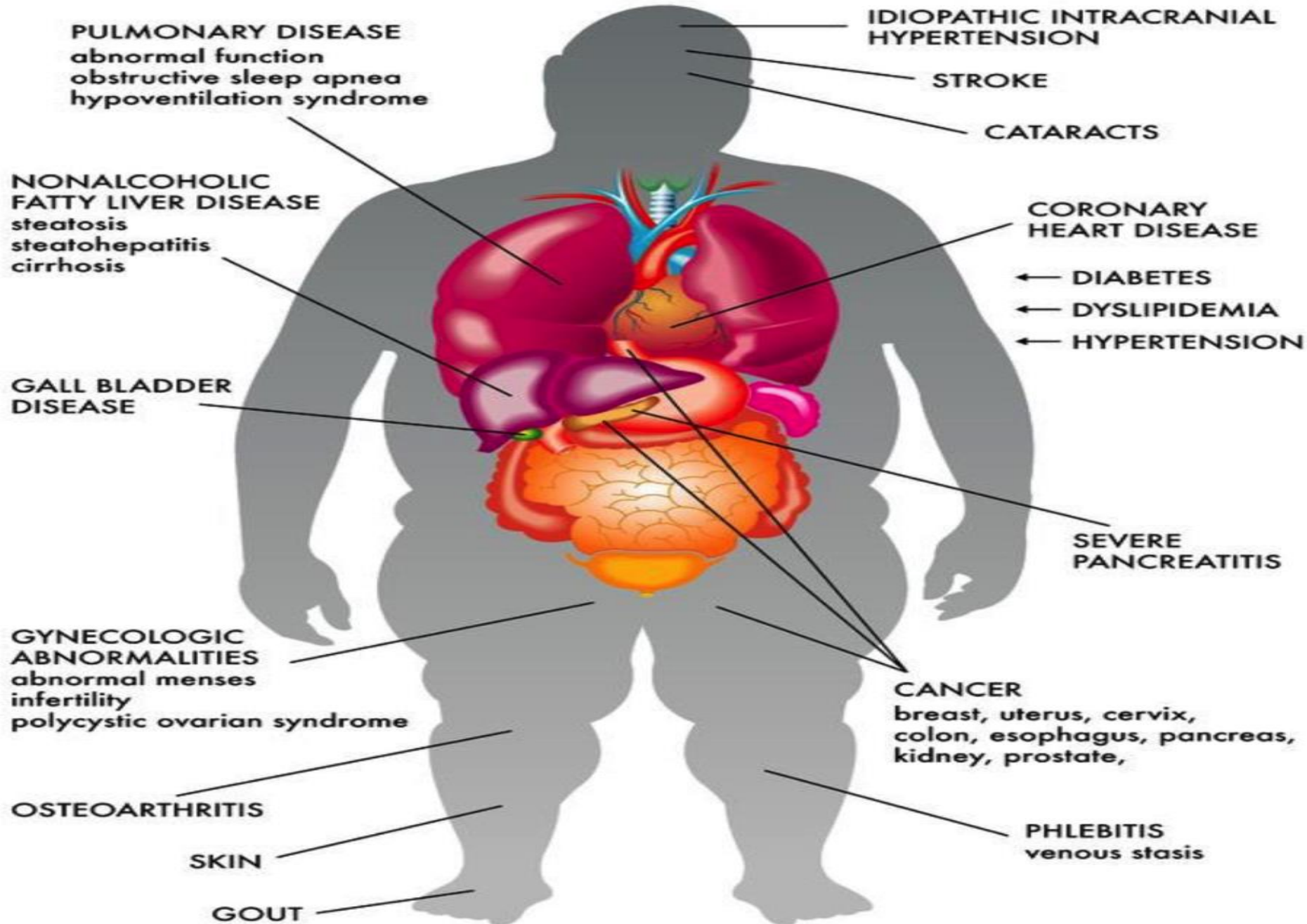


رياضتي
المفضلة بعد الغداء



Obesity

medical complications



Overweight

Increasing weight associated with:

- ↑ risk of overall mortality (up to 2.5-fold in the 30-44 age group, less at older ages)
- ↑ risk of cardiovascular mortality (up to 4-fold in the 30-44 age group, less at older ages)
- ↑ risk of diabetes (up to 5-fold)
- ↑ risk of hypertension
- ↑ risk of some cancers
- ↑ risk of gall bladder disease

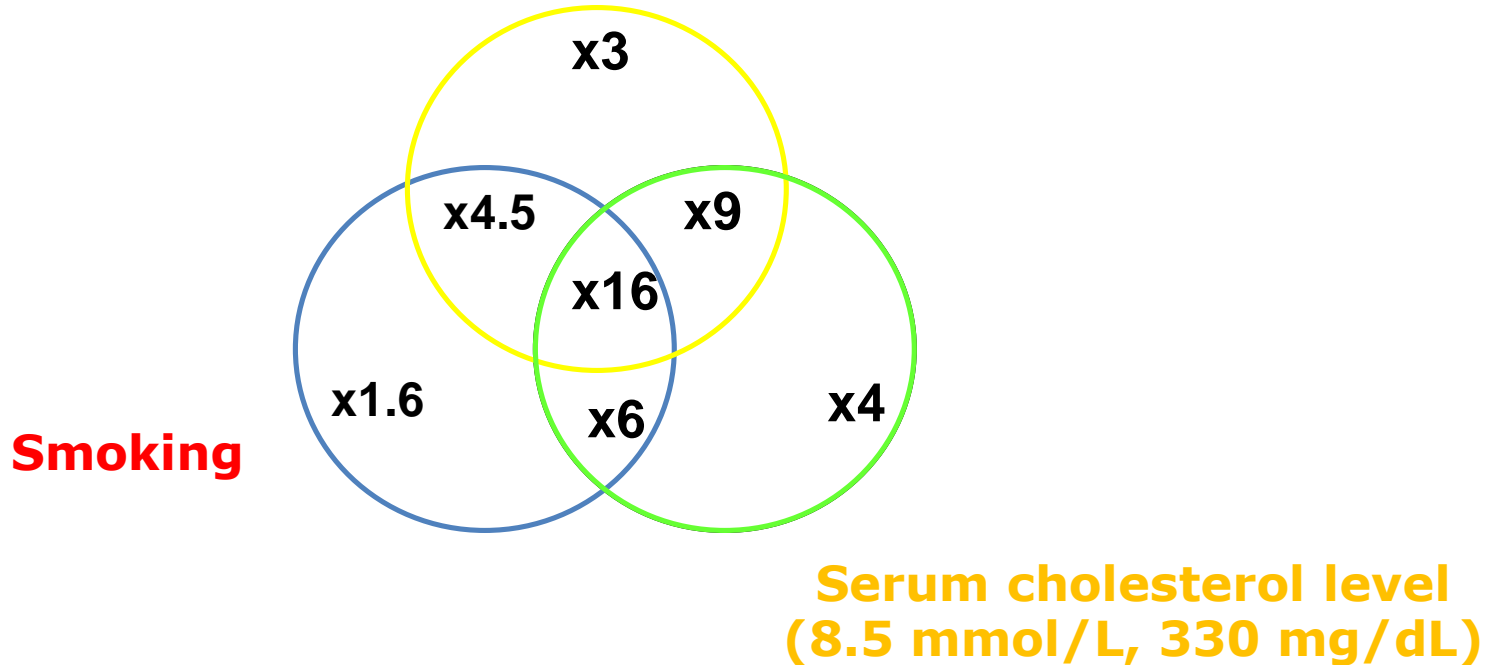
Physical activity

- A sedentary lifestyle increases the risk of
 - overall mortality (2 to 3-fold)
 - cardiovascular disease (3 to 5-fold)
- The effect of low physical fitness is comparable to that of hypertension, high cholesterol, diabetes, and even smoking.

Sources: Wei et al., *JAMA* 1999;
Blair et al., *JAMA* 1996

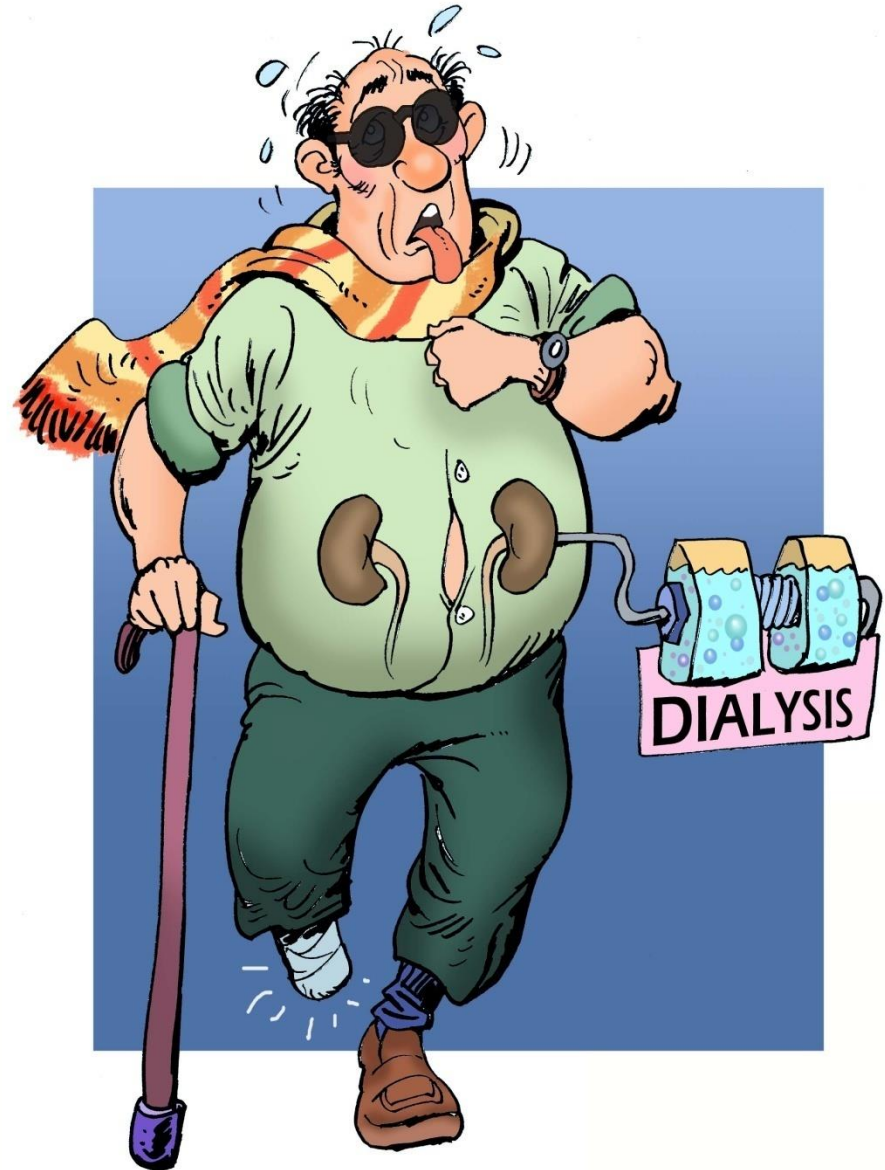
Levels of Risk Associated with Smoking, Hypertension and Hypercholesterolaemia

Hypertension

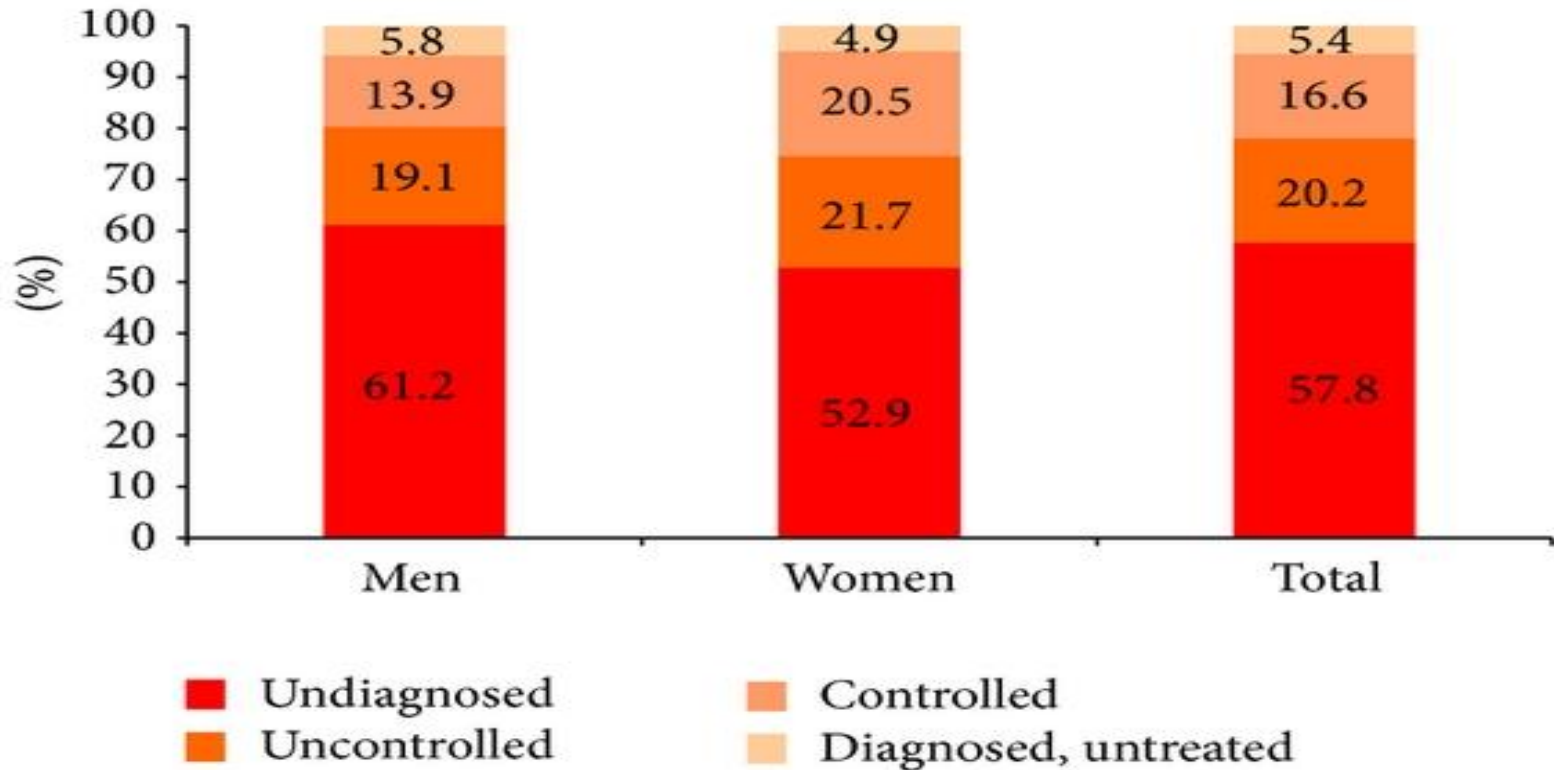


ACCOMMULATION OF RISK FACTORS

Risk behavior
Unbalanced diet
Inactivity
Obesity
Smoking



Percent distribution of diagnosis and treatment status among hypertensive Saudis aged 15 years or older, 2013

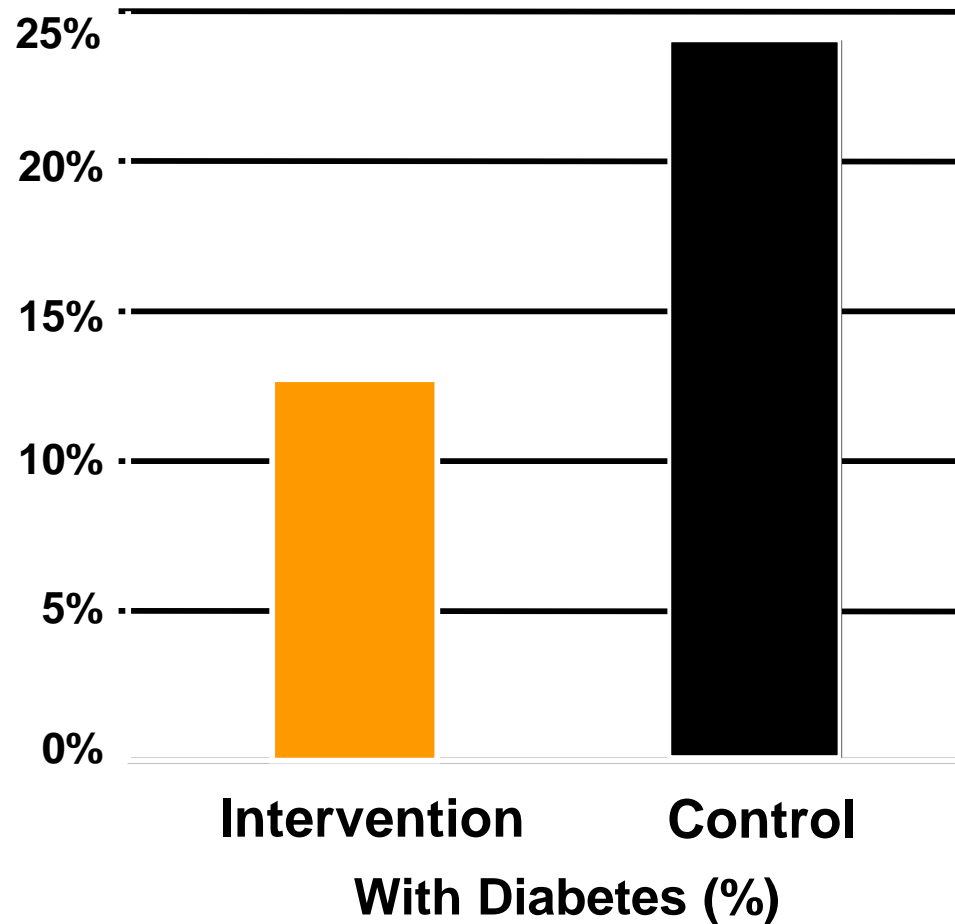


What can be done to change the picture ?

DO WE HAVE EVIDENCE TO SUPPORT INTERVENTION?

Benefit of Treating The Metabolic Syndrome: Finnish Diabetes Prevention Study

■ After 4 years, risk of diabetes reduced by 58%



Impact of health behaviors on blood pressure

CHEP 2014

Intervention	Systolic BP (mmHg)	Diastolic BP (mmHg)	Evidence grade
Diet and weight control	-6.0	-4.8	B
Reduced salt/sodium intake	- 5.4	- 2.8	A
DASH diet	-11.4	-5.5	B
Physical activity	-3.1	-1.8	D
Relaxation therapies	-3.7	-3.5	B-D
Multiple	-5.5	-4.5	

Evidence for Lifestyle modification

- *A weight loss diet resulted in reductions in body weight and BP.¹*
- **Reduced sodium intake reduces blood pressure ,risk of stroke and fatal coronary heart disease .²**
- **The inverse association between low-fat dairy foods and fluid dairy foods and risk of EBP.³**
- **A high fruit and vegetable intake is inversely associated with BP levels.⁴**
- **Regular aerobic exercise significantly reduces BP the equivalent of 1 class of antihypertensive medication.⁵**
- **Hypertension was associated with smoking in a dose–response manner.⁶**
- **Improve sleep quality could serve as effective primary, secondary, and tertiary preventive measures for hypertension.⁷**

Principles of patient education

patient education purposes

Conveying knowledge and understanding

Creating a different attitude or perspective

Building skills

Changing behavior

Factors to consider

Patient's and family's beliefs and values

Their literacy, educational level and language

Emotional barriers and motivations

Physical and cognitive limitations

The financial implications of care choices

To ensure pt ed is effective component of pt care

Incorporate it into mission and strategic priorities

Create environment that encourage pt ed efforts

Ensure infrastructure to oversee, provide and support pt ed

Incorporate it policies, procedures and protocol

Ensure performance improvement address pt ed

Provide necessary resources (staff, training and materials)

Improving patient education

Assess educational and clinical needs

Include in patient education classes

Skills lab for patient and family

Individualize printed materials (?culturally sensitive)

Educational telephone program

Self-monitoring diaries for self assessment and learning

Well prescription (behavior, exercise, diet, stress ,reading ect)

Workshops for staff

Multidisciplinary pt ed committees + pt +family (needs, design, evaluate)

Challenges to effective education

Sensory and physical impairments

Illiteracy

Language

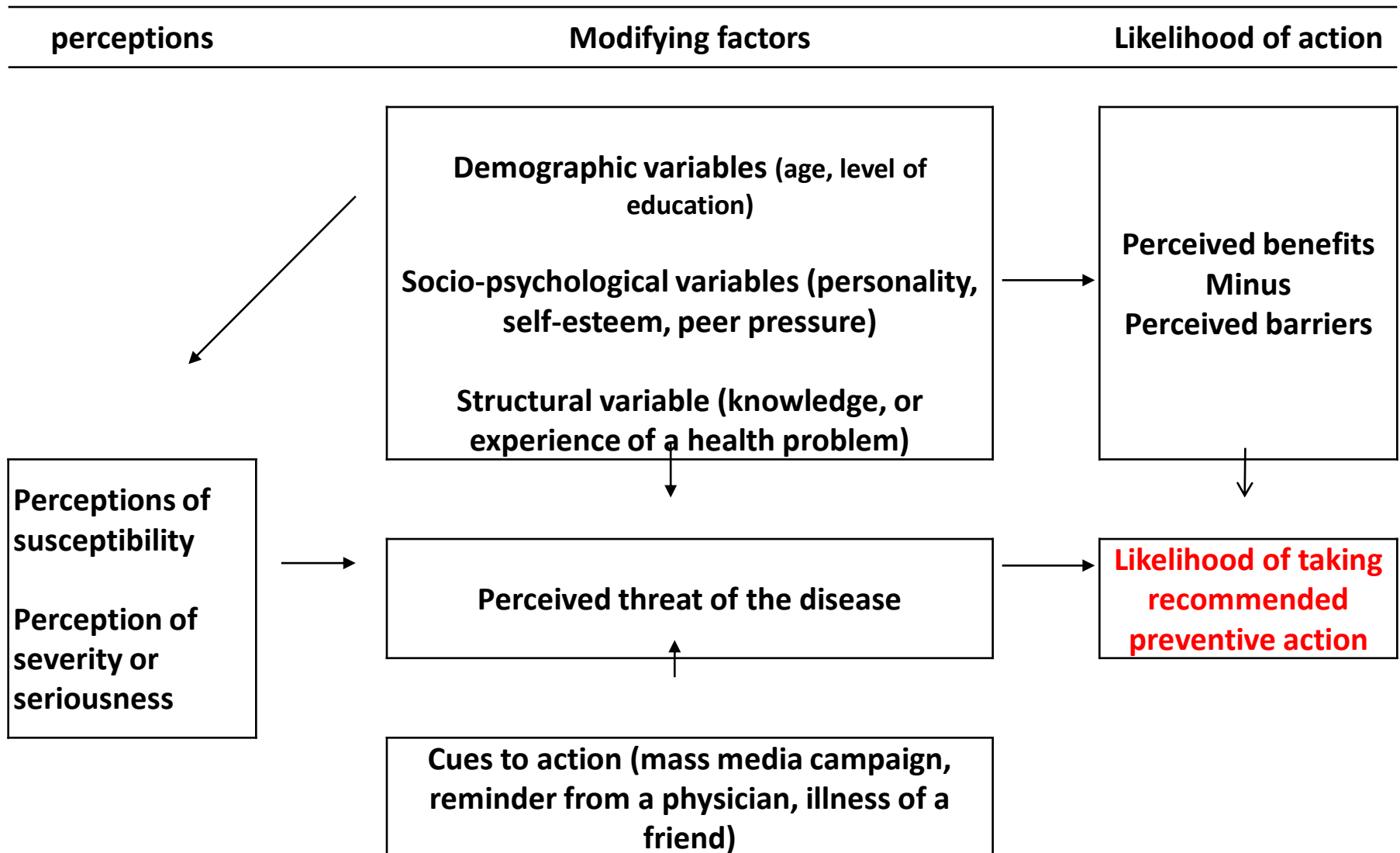
Age

Social, cultural, spiritual

The value of patient education can be summarised as follows:

- Improved understanding of condition, diagnosis, disease, disability
- Improved understanding of methods and means to manage multiple aspects of medical condition.
- Improved self advocacy in deciding to act both independently from medical providers and in interdependence with them.
- Increased Compliance .
- Patient Outcomes –respond well to plan – fewer complications.
- Informed Consent.
- Utilization – More effective use of medical services .
- Satisfaction and referrals .
- Risk Management - Lower risk of malpractice when patients have realistic expectations.

PHASES OF THE HEALTH BELIEF MODEL



Six main constructs

People are ready to act if they:

- Believe they are susceptible to the condition. (**perceived susceptibility**)
- Believe the condition has serious consequences (**perceived severity**)
- Believe taking action would reduce their susceptibility to a condition or its severity (**perceived benefit**)
- Believe cost of taking action (**perceived barriers**) are outweighed by the benefits
- Are exposed to factors that prompt action (e.g., television, reminder...etc.) (cues to action)
- Are confident in their ability to successfully perform an action (**self efficacy**)

Is there anybody who does not know that smoking is independent risk factor for cancer?

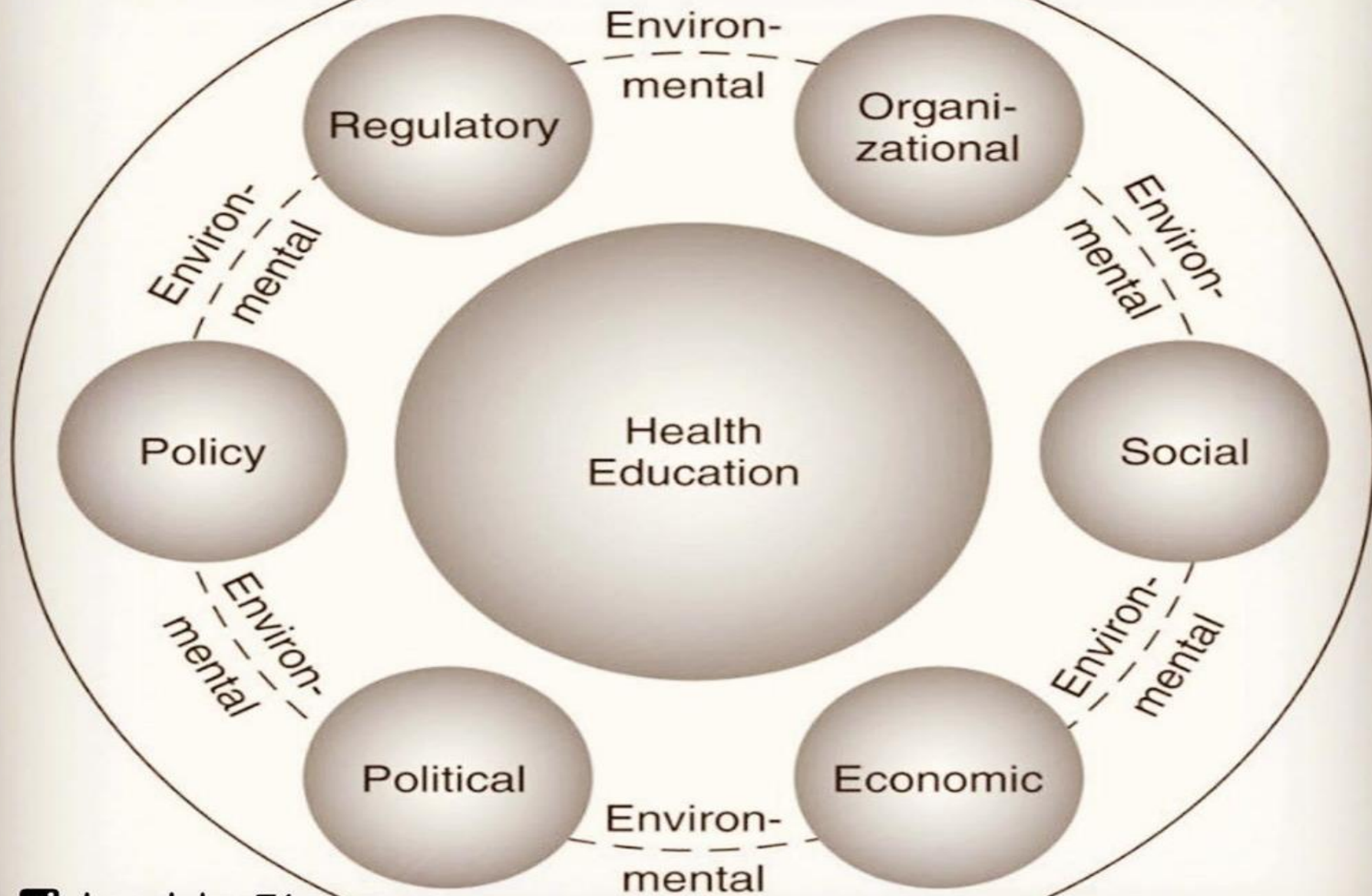
So why the rate of smoking is on the increase?

What is Health Promotion?

Concept was first introduced in USA 1979

Has evolved to include the educational, organizational, procedural, environmental, social, and financial supports that help individuals and groups reduce negative health behaviors and promote positive change among various population groups in a variety of settings

HEALTH PROMOTION



HEALTH PROMOTION

Health Promotion includes ...

- Promoting healthy lifestyles.
- Getting people involved in their own health care.
- Creating an environment that makes it possible to live a healthy life.
- Recognition of lifestyle diseases as major causes of illness and death.
- Strengthening community participation.

Intersectoral approach

Health Promotion brings together many sectors to work towards the achievement and maintenance of health and wellness.

- The Health sector alone cannot achieve a healthy society.
- All sectors, both government and non-government, need to work together.
- Health Promotion can provide the link between the various sectors.
- Within Health the various disciplines also need to work together towards wellness.

Some non-health sectors with an input into Health Promotion...

- Education/ schools
- Agriculture
- Community Services
- Sport
- Media
- Non-Governmental Organizations (NGO's)
- Community groups
- Youth
- Private sector

Health sectors with an input into Health Promotion

- Environmental Health
- Nutrition
- Community nursing
- Mental Health
- Dental
- Epidemiology
- Hospital (secondary) care
- School of Nursing
- Occupational therapy

Some other sectors which are important

- Legal
- Public Works
- Housing
- Water Authority
- Alternative medicine

Formulating healthy public policy

- Promotes healthy policies in all sectors , eg healthy workplaces, schools, homes, buildings, villages and communities.
- Health aspect should be thought of and included in the policies of the various sectors.
- Health Policies should also emphasize the prevention and promotion.

Reorienting health services

Since lifestyle is linked to many of today's health problems, prevention and promotion should decrease the burden on secondary (curative) health care.

- Greater emphasis and resources placed on health promotion and primary health care.
- Less emphasis on purchase of high tech equipment for secondary health care.
- Equity in health care.

Empowering communities to achieve well-being

- Involvement of the community in health decisions, a multisectoral and participatory approach.
- Provide communities with the information and tools to take actions to improve health and well-being.

Building alliances with special emphasis on the media

- Media key players, influence on health of people.
- Partnership with media ensures their collaboration and that correct information is passed on.
- Free flow of information both ways, on matters vital to health.

Creating supportive environments

- Healthy physical, social and economic environment.
- All development activities should aim for a healthy environment – healthy buildings, roads, workplaces, homes, surroundings and schools.

Developing /increasing personal health skills

- Information and education for personal and family health.
- Take account of values, beliefs and customs of the community.
- Continuous process at all stages of life.
- Guided and supported in developing skills (not imposed on them).
- Build on existing knowledge and attitudes.

Behavior Change

– Is It An Easy Task?

- Can we expect people to adopt a healthy lifestyle after they have been exposed to a health promotion program?
- Can we force people to participate in sport and physical activities because we believe they are good for their health and soul?
- **No** ... Getting people to engage in health behavior change is a complex process that is very difficult even under the best of conditions..

Effective Health Promotion2

- Effective health promotion programs
 - help people:
 - modify behaviors, increase skills, change attitudes, increase knowledge, influence values, and improve health decision making
 - maintain healthy lifestyles
 - provide:
 - educational, organizational, environmental, financial, and social support
 - e.g., worksite smoke cessation program

Need for Health Promotion1

- Physical Inactivity is a Global Problem
 - In developed countries:
 - Industrialization, modern technologies, automation, and a global food market have taken away the need and opportunity for physical exertion
 - In developing countries:
 - Over crowding, poverty, crime, traffic, low air quality, plus lack of parks, sports and recreation facilities, and sidewalks make physical activity a difficult choice
 - **Result:** 60% ~ 85% global population fails to achieve 30 minute moderate intense physical activity daily

Need for Health Promotion2

- Physical movement and activity are essential for the human organism to grow, develop, and maintain health.
- Consequences of physical inactivity
 - increased levels of obesity, diabetes, cardiovascular disease (the leading cause of death in most countries)

Need for Health Promotion3

- Chronic diseases associated with unhealthy behaviors, such as unhealthy diets, caloric excess, inactivity, and obesity are the greatest public health problems in most countries of the world
 - The increasing incidence of chronic diseases
 - causing ~60% of the 56.5 million reported deaths globally
 - contributing ~46% to the spread of disease worldwide
 - These estimates are expected to rise to 73% and 60%, respectively, by 2020

What Has Been Done³?

- In the past three decades:
 - widespread interest in good health, wellness, and health behaviors,
 - recognized for its potential to improve quality of lives, longevity & adaptation healthy lifestyle,
 - programs to promote good health among general population.

What Has Been Done¹?

- WHO Annual Global Move for Health initiative
 - to promote healthy diets and physical activity among the world population, both male and female, of all ages and conditions including disabilities worldwide.
- WHO Global Strategy on Diet, Physical Activity and Health

Why Aren't We Effective?

- Programs not based on sound health behavior theories or outcomes assessment
- The program planners may:
 - not have the necessary knowledge of health promotion program planning, implementation, evaluation, and
 - lack adequate training in health behavior theories.
- Having good intentions and the knowledge in exercise and sports are not enough.

What can Sport do to Promote Health2?

- Participation help people become more physically active and develop healthier lifestyle habits, thus reduce :
 - obesity, BP ,cholesterol
 - burden illness and premature death.

What Can Sport Do to Promote Health3?

- build social bonds and social support,
- reduce feelings of depression and anxiety,
- promote psychological well-being, and
- prevent risky behaviors, especially among children and young people
 - tobacco, alcohol or other substance abuse
 - unhealthy diet or violence

What Can Sport Do to Promote Health5?

- Detailed sport plans provide procedural support for behavioral change.
- Incentives eg discounted, free gym, reduced insurance premiums for regular exercise and healthy body weight = provide financial support for behavioral change.

What Can Sport Do to Promote Health6?

- Building fields, sidewalks, bike lanes, and organize events = environmental support for behavioral change.
- Participating in sport, instill the value of sport in all aspect of our lives, and involve families, friends, and coworkers = social support for behavioral change.

Plan Sport-Related Health Promotion Programs¹

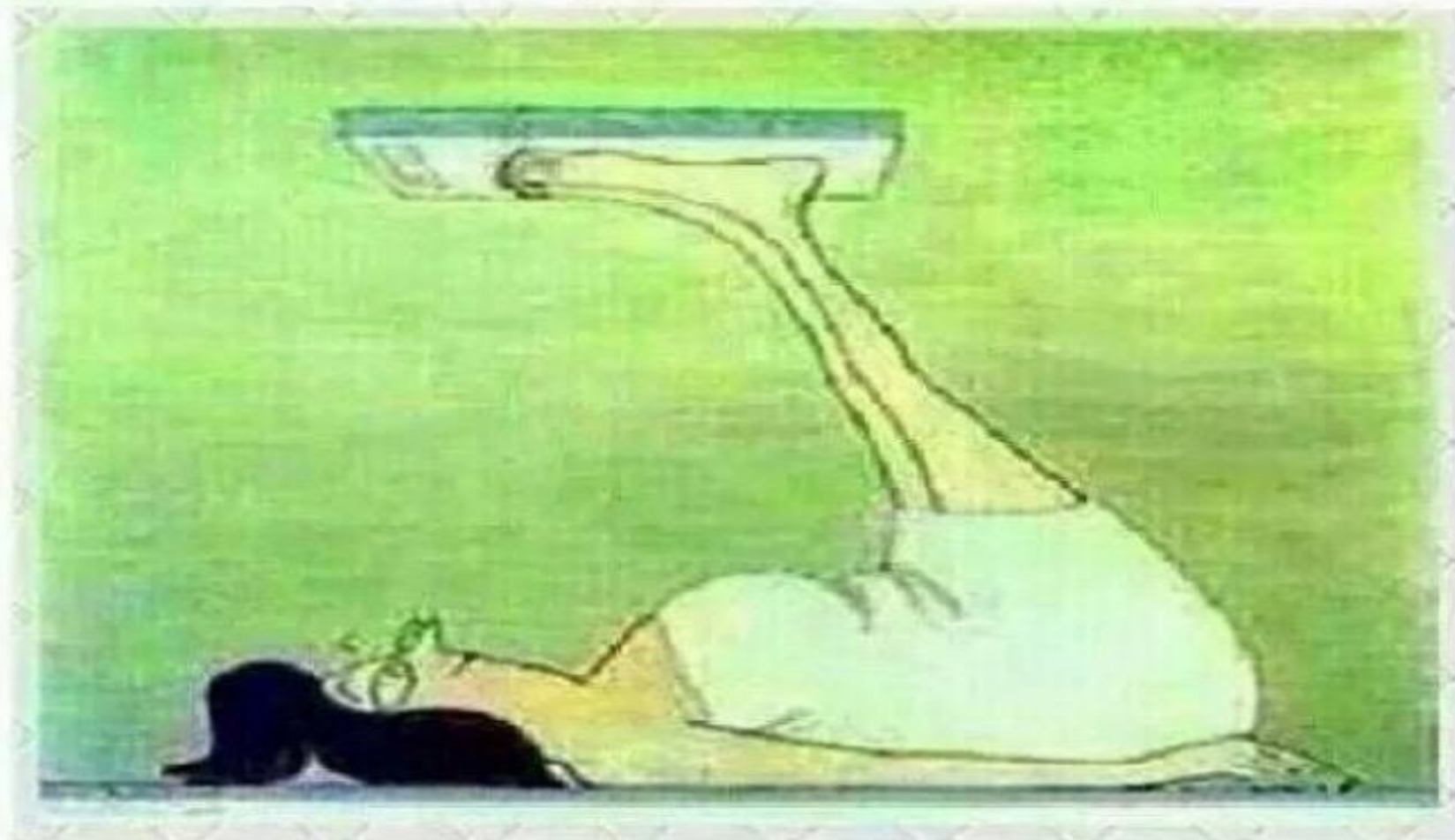
- Practitioners and scholars in sport field:
 - are experts in theories and skills of sports,
 - have a desire to help people live a healthier life, and
 - already possess the basic program planning and implementation skills.

How Do We Change Culture?

- In some culture, “plump” used to be a sign of health and wealth.
- In the Middle East, “round” is seen as successful.
- Some Africans view “heavy” women as a sign of having rich husbands?

الطريقة الصحيحة لقياس وزنك

سفنين وانا بقيس وزني غلط 😞



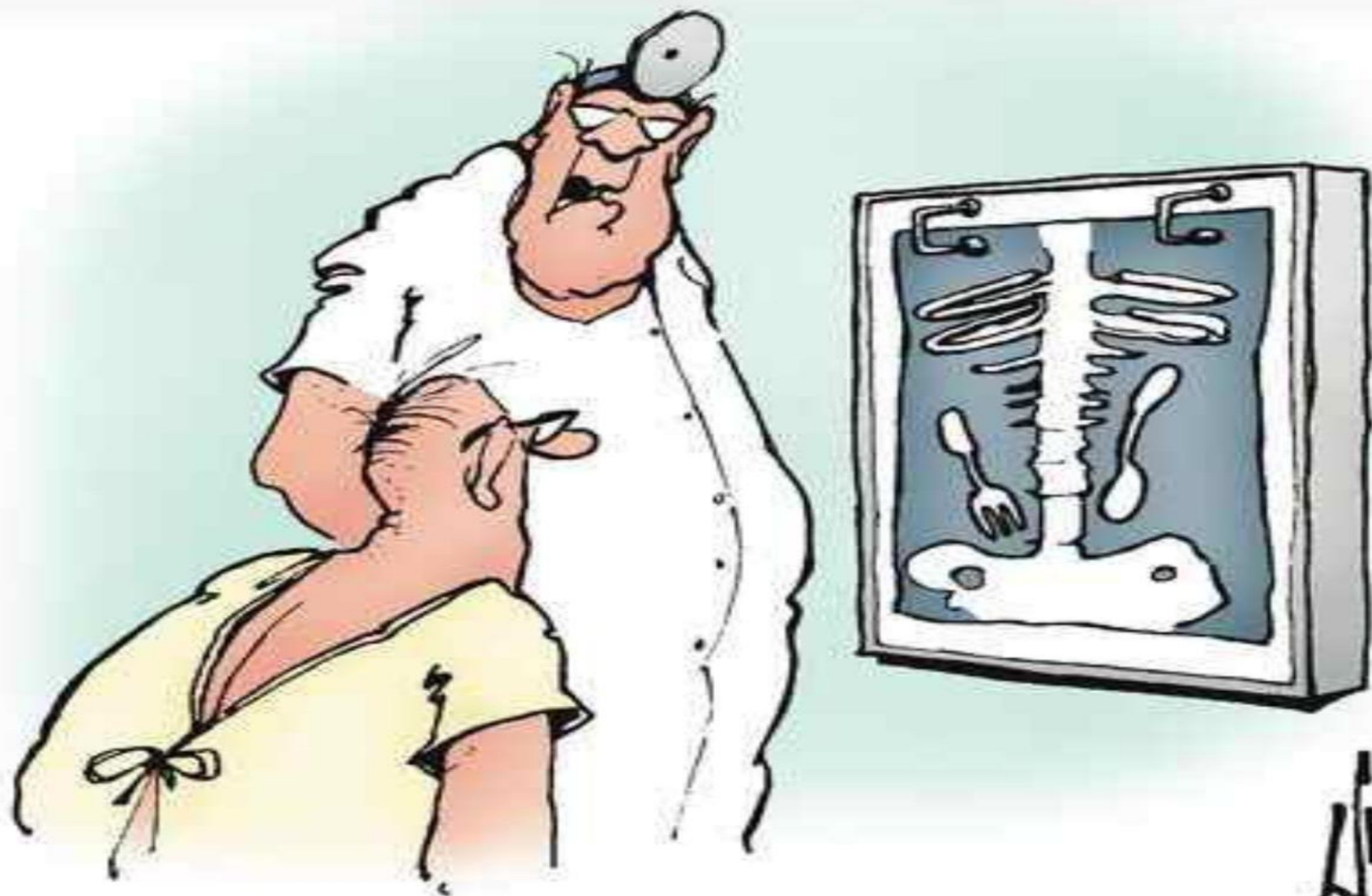
لما دكتور الريجيم
يقولك ٣ معالق رز



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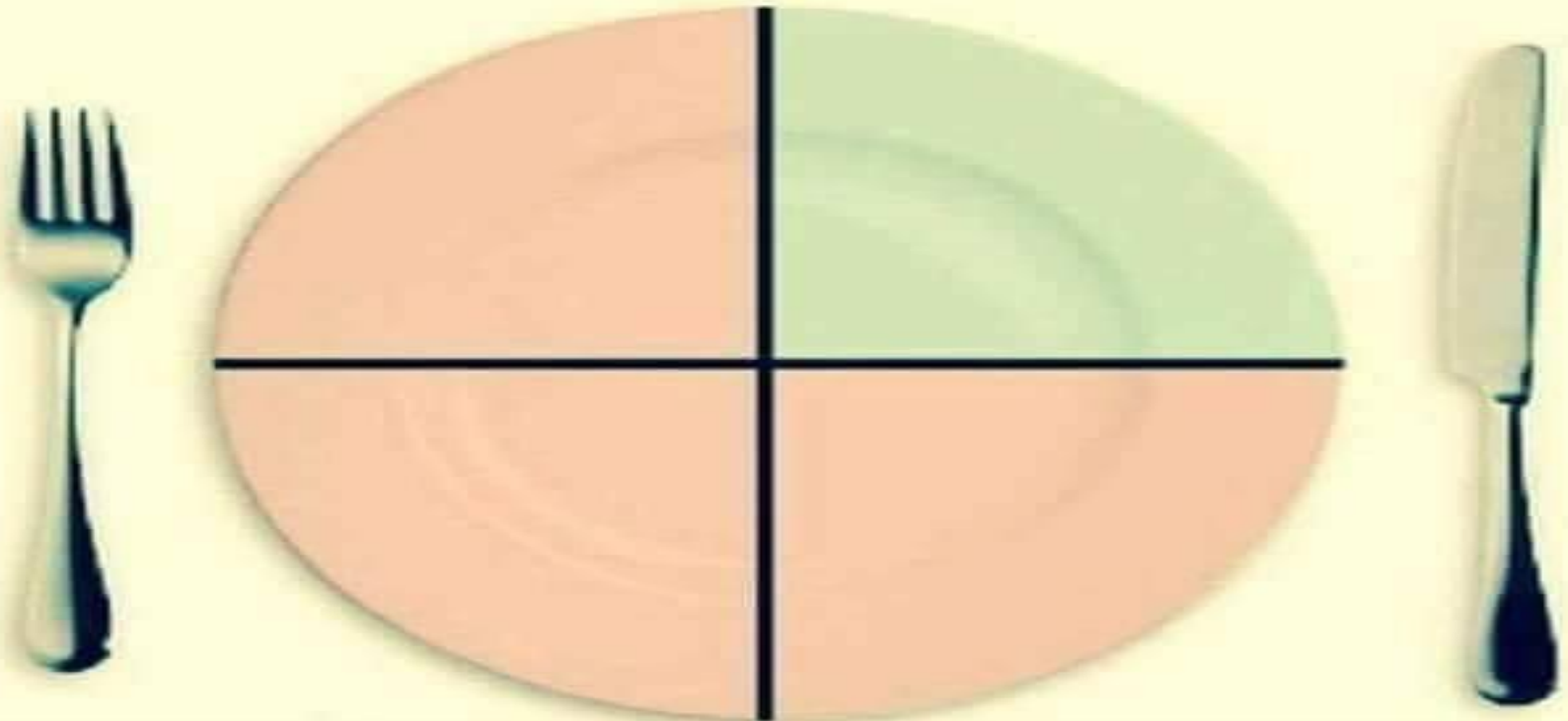
**“From your X-ray, I’d say
you eat too fast.”**

عَنْ مِقْدَامِ بْنِ مَعْدِي كَرِبَ رَضِيَ اللَّهُ عَنْهُ قَالَ :
سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ :
(مَا مَلَأَ آدَمِيٌّ وَعَاءً شَرًّا مِنْ بَطْنٍ ؛ بِحَسْبِ ابْنِ
آدَمَ أَكْلَاتُ يُقْمَنُ صُلْبَهُ ؛ فَإِنْ كَانَ لَا مَحَالَةَ
فَتُلُتْ لِبَطْنِهِ وَتُلُتْ لَشِرَابِهِ وَتُلُتْ لِنَفْسِهِ)
رواه أحمد (16735) والترمذي (2380) ، وقال
الترمذي : هَذَا حَدِيثٌ حَسَنٌ صَحِيحٌ ، وَصَحَّحَهُ
الألباني .

ربع ما تأكله يكفيك كي تعيش .. الثلاثة أرباع
الأخرى تجعل الأطباء يعيشون ..

**“One quarter of what you eat
keeps you alive.
The other three-quarters
keeps your doctor alive.”**

-Ancient Egyptian Proverb







1 T

1/2 T

1 tsp

1/2 tsp

1/4 tsp

1/8 tsp



1/2

1/3

1/4

2/3

3/4

1

WHO recommends consuming no more than 12 teaspoons of sugar per day

Did you know?

One can of soft drink (330 ml) contains about 8.5 teaspoons of sugar, the daily limit for children 4–5 years old (see table below).

Fruit juices are often seen as a healthier option; however, they can have as much or even more sugar than soft drinks.



Typical sugar content of drinks

	330 ml =	 8.5 TEASPOONS
Soft drink/ soda		
	330 ml =	 5.5 TEASPOONS
Bottled ice tea		
	330 ml =	 9.5 TEASPOONS
Powdered fruit-flavored drink mix		
	330 ml =	 7 TEASPOONS
Flavored yoghurt drink		
	330 ml =	 9.5 TEASPOONS
Fruit juice		
	330 ml =	 7 TEASPOONS
Flavored milk drink		
	330 ml =	 10 TEASPOONS
Energy drink		

Sugar Content of some Beverages & Chocolate



Avoid sugars
YOU prevent
illnesses



1376 كال
سعرة حرارية

21 ريال
SR



1402 كال
سعرة حرارية

21 ريال
SR



1203 كال
سعرة حرارية

19 ريال
SR



1135 كال
سعرة حرارية

24 ريال
SR

تشيلي الدجاج CHILI CHICKEN



1123 كال
سعرة حرارية

20 ريال
SR

سوبر تشيلي الدجاج SUPER CHILI CHICKEN



1347 كال
سعرة حرارية

23 ريال
SR

برجر الدجاج CHICKEN BURGER



1208 كال
سعرة حرارية

21 ريال
SR

سوبر تشكن SUPER CHICKEN



1394 كال
سعرة حرارية

24 ريال
SR

جميع الأسعار تشمل ضريبة القيمة المضافة
All prices are inclusive VAT

يحتاج البالغون إلى ٢٠٠٠ سعر حراري في المتوسط يوميا، وقد تختلف الاحتياجات الفردية من السعرات الحرارية من شخص لآخر (البيانات التقديرية الإضافية متاحة عند الطلب)



المرقوق
سعر حراري 65



السليق
سعر حراري 266



الكبسة
سعر حراري 148



القرصان
سعر حراري 102



الهريس
سعر حراري 68



المطازيز
سعر حراري 111



الجريش
سعر حراري 84



القشد
سعر حراري 344



الحنيني
سعر حراري 290

السعرات الحرارية في الأكلات
الشعبية السعودية
(لكل ١٠٠ غرام)

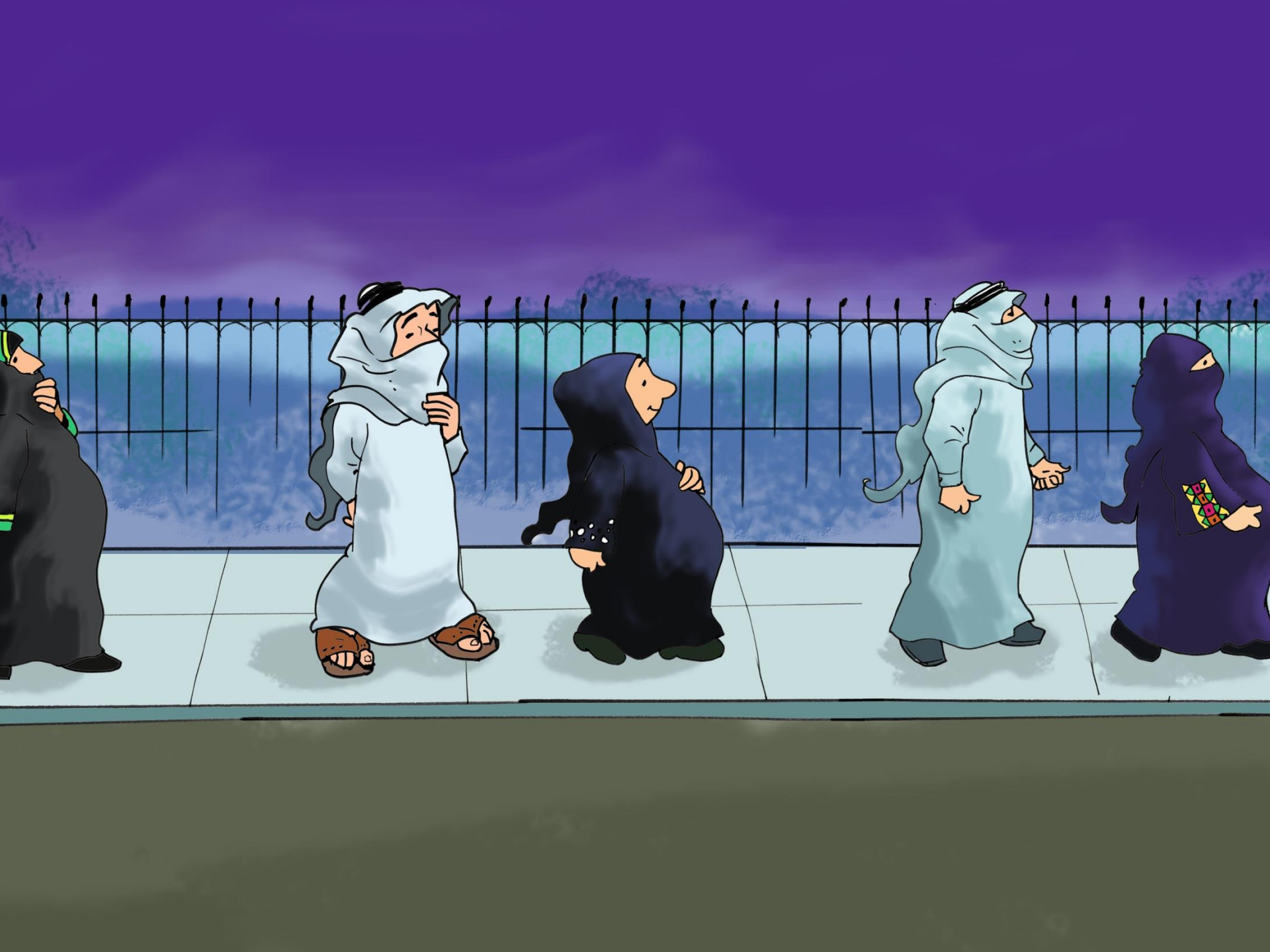






شارع الحوامل







❖ measures which promote good health and prevent or delay the onset of diseases or their complications is anticipatory care?

❖ This care aims to:

- Improve the quality of life
- Reduce the premature disability
- Increased life expectancy

The optimum setting for anticipatory care is Primary Health Care/Family medicine/GP.

- ❖ Frequent contacts.
- ❖ Defined population.
- ❖ Primary-care team.
- ❖ Dr.-Pt. relationship.
- ❖ Holistic approach.

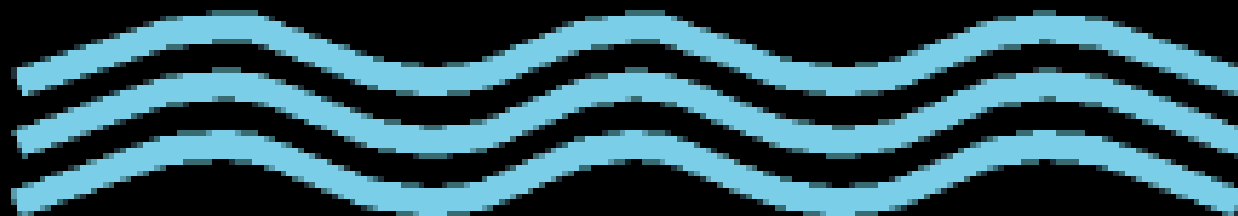
هذا الجيل الجديد
يجي واير ليس

هذا شنو
ماعندة حبل سري





HEALTHY CITIES



FOR BETTER LIFE

Successful Health Promotion



دليل السعرات الحرارية لخفض الوزن

<https://www.moh.gov.sa/HealthAwareness/EducationalContent/Food-and-Nutrition/Documents/Food-Calorie-Calculator.pdf>

حساب السعرات الحرارية

<https://www.sfda.gov.sa/ar/awareness/healthyFood/Pages/CalculateCalories.aspx>

السعرات الحرارية في الوجبات الغذائية

<https://www.sfda.gov.sa/ar/awareness/Campaigns/Documents/CaloriesCalculation.pdf>

12 tips to healthy

https://www.google.com/search?q=12+tips+to+healthy&rlz=1C5CHFA_enSA774SA774&oq=12+tips+to+healthy&aqs=chrome..69i57j69i61l2j0l3.3243j0j7&sourceid=chrome&ie=UTF-8

Questions

Thank you