Personal Health Assessment and Health Promotion Plan

Holly K. Ehrke

Ferris State University
Abstract

Health promotion plan for strength and endurance was created after health assessment and self-assessment. Health Belief Survey indicated that I have personal control over my own health. Assessment tools were used to compare myself to standardized tests of strength and endurance. The transtheoretical model was used to assess readiness for behavior change. A wellness diagnosis was applied to the results and a personal health promotion plan was established.

Keywords: Health Belief Survey, health promotion, strength, endurance
Personal Health Assessment and Health Promotion Plan

“Health promotion is directed toward increasing the level of well-being and self-actualization of a given individual or group. Health promotion focuses on efforts to approach or move toward a positive valance state of high-level health and well-being” (Pender, 2010, p.37). Upon completion of the Health Beliefs Survey, I realized that I believe that I have more personal control over my own health. One component of my health that I can control, assess, and promote changes within my life, is strength and endurance. I have been an avid long distance runner for most of my life. Although I continue to exercise about two times per week, circumstances in my life have put daily exercise on the back burner. I am a mother of three, who works full-time, goes to school three-quarters time, and is very active with school and community events. Also, five years ago, I had a life changing event; I herniated a disc in my back while tossing my baby up in the air which required surgery. Although my daily activities remain the same, I have some physical mobility limitations related to surgery. I am unable to do bending and twisting activities and run long distances without having back pain.

Now, as age forty quickly approaches, and I have concerns about my own health. My mother has diabetes, hypertension, elevated cholesterol, cardiovascular disease and is obese. My father suffers from effects of a stroke. “Health promotion and primary prevention (action to avoid illness/disease) have been shown to have substantial benefits in improving quality of life and longevity” (Pender, 2010, p.36). This is a motivating factor to make lifestyle changes for myself.

“The family plays an important role in the promotion of health because health information is shared and behaviors are learned, practiced, and reinforced in the daily routine, which are facilitated or hindered by family values and beliefs (Wingood & Keltner, 1999)”
(Pender, 2010, p. 26). Last winter, my family and I started to make some life style changes together. We became more conscious of our food choices and exercised together as a family. But still, this was not enough for me, as an individual. I began running with the cross-country team this summer and realized that I did not have the endurance like I had even ten years ago.

The instruments used to assess my component of health promotion, strength and endurance, include: the body mass index calculator from the National Heart Lung and Blood Institute, the sit and reach flexibility test from Eurofit, the step test from the American College of Sports Medicine and the U.S. Army’s standards for push-ups, sit-ups and the two mile run. First, I chose body mass index (BMI) as a standardized measurement of body fat. BMI is also used as an indicator for diseases associated with increased body fat such as, diabetes, hypertension, and certain cancers. BMI is a calculation of one’s weight and height. A BMI under 18.5 is considered underweight. A normal BMI is 18.5-24.9. A BMI of 25.0-29.9 is considered overweight and over 30 is obese. The measurement of BMI does have some limits. It may overestimate body fat in persons with a muscular build, such as an athlete. It may also underestimate body fat in those whom have lost body fat, such as the elderly (National Heart Lung and Blood Institute).

Secondly, I chose the sit and reach flexibility test. It is one of the nine European physical fitness tests by Eurofit that measures different components of fitness. I chose this test because of my decreased flexibility in my back. This test measures flexibility in the lower back and hamstring muscles. A limitation of this test is that people with long arms and/or short legs would get better results. This type of measurement is specific to the lower back and hamstrings and may not be a good indicator of flexibility to the rest of the body. This test is considered valid because it only measures the flexibility of the lower back and hamstrings. The reliability of this test depends on how much the person warmed up before the measurement. Results for a
woman are as follows: greater than 11.5 inches is super, 11.5 to 8.0 inches is excellent, 7.5 to 4.5 inches is good, 4.0 to 0.5 inches is average, 0 to -2.5 inches is fair, -3.0 to -6.0 inches is poor, and greater than -6.0 inches is very poor (Obesity Research, 2003).

The third test I conducted to evaluate my strength and endurance was the step test. “For the step test, a step 16 to 17 inches high is recommended. The step rate should 24 steps per minute for men and 22 steps per minute for women. Each step consists of the following sequence: left foot up; right foot up; left foot down; right foot down” (Pender, 2010, p.99). A pulse rate is measures after three minutes of the stepping. “Recovery rate of 140 for women and 124 for men is in the low-risk range of recovery while a recovery rate of 184 for women and 178 for men is in the high-risk range of recovery” (p.99). I chose this test because it was easy to conduct within my home. The reliability of the step test “will depend upon how strict the test is conducted and the individual's level of motivation to perform the test.” The test is valid because it “provides a means to monitor the effect of training on the athlete's physical development” (Harvard Step Test, 1943).

Finally, I conducted the United States Army’s standards for push-ups, sit-ups and the two mile run for women. This was an easy test to evaluate at home. The sit-ups, push-ups and two mile run are standardized tests that have been conducted by the U.S. Army. These tests are considered reliable and valid and little data has changed, especially for women, over the last nineteen years for recruitment (Sports Medicine, 2006).

Method

Transtheoretical Model

“Prochaska and DiClemente (1984) developed the transtheoretical model based on their extensive research on smoking cessation among adults. They proposed that health-related
behavior change progresses through five stages, regardless of whether the client is trying to quit a health-threatening behavior or adopt a healthy behavior” (Pender, 2010, p.42). The first stage of the transtheoretical model is precontemplation. During this stage “a client is not thinking about quitting or adopting a particular behavior, at least not within the next 6 months” (p.42). The second stage is contemplation; the client is thinking about change. The third stage is planning and preparation. During this stage “a 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 (making small or sporadic changes)” (p.43). I am in the planning and preparation stage of the transtheoretical model. I have been making small, sporadic changes in my behavior to promote healthy living. Last winter, along with my family, I started making changes to my behavior. In addition to running, I have been more conscious about nutrition, supplements, and weight lifting. Although the weight lifting has not been consistent, I am trying to strengthen my core abdominal muscles to improve my back and reduce injury. Maintaining, a lean body weight and strengthening my abdominal muscles is the answer to further back injuries, per Dr. John Cilluffo. The fourth stage of the transtheoretical model is action. “The client has made the behavior change and it has persisted for a period of 6 months (actively engaged in behavior change)” (p.43). The last stage is the maintenance. “This is the period beginning 6 months after action has started and continuing indefinitely. The client has continued and stabilized the change beginning 6 months after the action started and continuing indefinitely (sustaining the change over time; Prochaska & Diclemente, 1984)” (p.43).

It is difficult to apply myself to the stages of action and maintenance, of the transtheoretical model, at this time in my life. I want to be in the maintenance stage right now. Time is my perceived barrier to action. My time consists of working full-time, attending school
three-quarters time, raising three children, caring for elderly parents, and being involved with the community; which does not allow for much spare time. As this semester is progressing, I am becoming better at time management and hope to find more time for myself and my plan for health promotion.

**Results**

**Instruments Used**

The instruments used to assess my component of health promotion, strength and endurance, include: the body mass index calculator from the National Heart Lung and Blood Institute, the sit and reach flexibility test from Eurofit, the step test from the American College of Sports Medicine and the U.S. Army’s standards for push-ups, sit-ups and the two mile run. My BMI is 19.6. A normal BMI is 18.5-24.9. This assessment indicates that I am at low risk for diseases associated with increased body fat such as, diabetes, hypertension, and certain cancers. My score for the sit and reach flexibility test is +0.5 inches. Although this is considered an average finding, I realize that I do not have much flexibility in my lower back. My score for the step test is 148; with an average recovery rate for women to be 140. I was encouraged with my results of the step test. I anticipated my results to be much worse. My results from the United States Army’s standards for push-ups, sit-ups and the two mile run are as followed: for a woman at age thirty-nine the minimum/maximum amount of push-ups is 34/73 and I was able to do 34; the minimum/maximum amount of sit-ups is 38/76 and I was able to do 22; and the minimum/maximum for the two-mile run is 17:00/22:42 and I ran the two-mile in 23 minutes and 32 seconds.

**Significance of Findings**
The significance of these findings is that my overall scores were better than what I anticipated. The areas that I scored average to below average were the sit and reach flexibility test, sit-ups, and the two-mile run. I do not have much flexibility in my lower back. This is related to having a discectomy at level L5-S1 five years ago. I do not anticipate my flexibility to improve related to a surgical intervention. I am not able to run long distances anymore related to the discectomy. Instead, I rotate running and walking. For example, I run one half mile and then walk one half to help alleviate pain in my lower back while exercising.

Discussion

Wellness Diagnosis

My well-oriented nursing diagnosis congruent with my findings is: health-seeking behaviors related to absence of (regular) aerobic exercise as a risk for coronary artery disease. The definition of health-seeking behaviors is actively “seeking ways to alter personal health habits or the environment in order to move toward a higher level of health” (Sparks and Taylor’s Nursing Diagnosis Reference Manual, 2008). I chose this nursing diagnosis because I have a significant family history of diabetes, hypercholesterolemia, and cardiovascular disease and I have had gestational diabetes. According to my Health Belief Survey, I feel that I am in charge of my own health and can make decisions to implement changes to my own outcomes. I also understand the implications if I personally do not make these changes within my own life. Although I rate my overall health as good, I want to achieve a higher level of wellness for myself.

Personal Health Promotion Plan

My personal health promotion plan that is congruent with my assessment and diagnosis of health-seeking behavior is to develop both short-term and long-term goals for myself. My
short-term goals include: 1. I will have thirty minutes of aerobic exercise two times per week throughout the fall 2010 semester. 2. I will incorporate thirty minutes of alone time for myself daily. This may include a walk at lunch, stretching and building core abdominal muscles in the morning, or playing the WiiFit while dinner is cooking. My long term goals include: 1. I will have thirty minutes of exercise three to four times per week by the summer 2011 semester. 2. I will achieve a proper heart rate during exercise “(60% to 80% of 220, minus patient’s age)” (Sparks and Taylor’s Nursing Diagnosis Reference Manual, 2008) by the summer 2011 semester. 3. I will improve my time, by one minute, for the two-mile run by the summer 2011 semester. In reference to the transtheoretical model, my short term goals will help me move onto the action stage of the model. By the summer of 2011, “six months after engaging in behavior change” (Pender, 2010, p. 43), I will be able to move onto the maintenance stage of the transtheretical model. “This is the period beginning 6 months after action has started and continuing indefinitely” (p.43).

In conclusion, Halbert Dunn described a term of high-level wellness in his definition of health. High-level wellness is “human functioning that is orientated toward maximizing the potential of which the individual is capable” (Pender, 2010, p.21). Although, I was satisfied with my results from my assessments and Health Belief Survey, I felt that I could improve my cardiovascular status by increasing my strength and endurance. My short and long term goals are realistic and achievable. My only perceived barrier to action that I note is time. With better time management and support from my family, I anticipate reaching my goals by summer 2011. In Engel’s biopsychosocial definition of health (1997), “an individual’s health affects the functioning of the family, and in turn, family functioning affects the health of the individual” (Pender, 2010, p.26).
References


Cilluffo, John (September 2005). Hospitalization at Munson Medical Center.


Ursey, P. (September 2010). NURS 310 Class Syllabus.


## Appendices

### Health Beliefs Survey

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

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

1. If I get sick, it is my own behavior that determines how soon I will get well again.  
   - Disagree: 1, 2, 3; Agree: 4, 5, 6

2. No matter what I do, if I am going to get sick, I'll get sick.  
   - Disagree: 1, 4, 5, 6; Agree: 2, 3

3. Having regular contact with my physician is the best way for me to avoid illness.  
   - Disagree: 1, 2, 3, 4; Agree: 5, 6

4. Most things that affect my health happen to me by accident.  
   - Disagree: 1, 2, 3, 4, 5; Agree: 6

5. Whenever I don't feel well, I should consult a medically trained professional.  
   - Disagree: 1, 2, 3, 4, 5; Agree: 6

6. I am in control of my health.  
   - Disagree: 1, 2, 3, 4, 5, 6; Agree: 6

7. My family has a lot to do with my becoming sick or staying healthy.  
   - Disagree: 1, 2, 3, 4, 5, 6; Agree: 6

8. When I get sick, I am to blame.  
   - Disagree: 1, 2, 3, 4, 5, 6; Agree: 6

9. Luck plays a big part in determining how soon I will recover from an illness.  
   - Disagree: 1, 2, 3, 4, 5, 6; Agree: 6
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

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. 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, Chance, 31.0, Powerful-others, 40.9

My scores: Internal Items: 54, Chance Items: 28, Powerful-others Items: 2

The Push Up [upper body]

TO TEST YOUR UPPER BODY, DO AS MANY COMPLETE, CORRECT PUSH-UPS AS YOU CAN. WOMEN MAY DO A MODIFIED VERSION.

The U.S. Army’s standards for Push-Ups and Sit ups are as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Push-Ups Min/Max</th>
<th>Set-Ups Min/Max</th>
<th>2 mi. Run Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-21</td>
<td>42/71</td>
<td>53/78</td>
<td>15:54/13:00</td>
</tr>
<tr>
<td>22-26</td>
<td>40/75</td>
<td>50/80</td>
<td>16:36/13:00</td>
</tr>
<tr>
<td>27-31</td>
<td>39/77</td>
<td>45/82</td>
<td>17:00/13:18</td>
</tr>
<tr>
<td>32-36</td>
<td>36/75</td>
<td>42/76</td>
<td>17:42/13:18</td>
</tr>
<tr>
<td>37-41</td>
<td>34/73</td>
<td>38/76</td>
<td>18:18/13:36</td>
</tr>
<tr>
<td>42-46</td>
<td>30/66</td>
<td>32/72</td>
<td>18:42/14:06</td>
</tr>
<tr>
<td>47-51</td>
<td>25/59</td>
<td>30/66</td>
<td>19:30/14:24</td>
</tr>
<tr>
<td>52-56</td>
<td>20/56</td>
<td>28/66</td>
<td>19:48/14:42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Push-Ups Min/Max</th>
<th>Set-Ups Min/Max</th>
<th>2 mi. Run Min/Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-21</td>
<td>19/42</td>
<td>53/78</td>
<td>18:54/15:36</td>
</tr>
<tr>
<td></td>
<td>men</td>
<td>women</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cm</td>
<td>inches</td>
<td>cm</td>
</tr>
<tr>
<td>super</td>
<td>&gt; +27</td>
<td>&gt; +10.5</td>
<td>&gt; +30</td>
</tr>
<tr>
<td>excellent</td>
<td>+17 to +27</td>
<td>+6.5 to +10.5</td>
<td>+21 to +30</td>
</tr>
<tr>
<td>good</td>
<td>+6 to +16</td>
<td>+2.5 to +6.0</td>
<td>+11 to +20</td>
</tr>
<tr>
<td>average</td>
<td>0 to +5</td>
<td>0 to +2.0</td>
<td>+1 to +10</td>
</tr>
<tr>
<td>fair</td>
<td>-8 to -1</td>
<td>-3.0 to -0.5</td>
<td>-7 to 0</td>
</tr>
<tr>
<td>poor</td>
<td>-20 to -9</td>
<td>-7.5 to -3.5</td>
<td>-15 to -8</td>
</tr>
<tr>
<td>very poor</td>
<td>&lt; -20</td>
<td>&lt; -7.5</td>
<td>&lt; -15</td>
</tr>
</tbody>
</table>

**My score**: +0.5 inches
BMI TABLE

My BMI = 19.6

Pender, 2010, p. 103 can be referenced. I had a difficult time fitting a BMI chart onto my appendices.

(Checklist for submitting papers and grading plan below)

CHECKLIST FOR SUBMITTING PAPERS

<table>
<thead>
<tr>
<th>CHECK DATE, TIME, &amp; INITIAL</th>
<th>PROOFREAD FOR: APA ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/29/2010 @ 1420.HKE</td>
<td>1. Page Numbers: Did you number your pages using the automatic functions of your Word program? [p. 230 and example on p. 40]</td>
</tr>
<tr>
<td>10/03/2010 @ 1100, HKE</td>
<td>2. Running head: Does the Running head have a small “h”? Is it on every page? Is it less than 50 spaces total? Is the title of the Running head in all caps? Is it 1” from the top of your title page? (Should be a few words from the title of your paper). [p. 229 and example on p. 40]</td>
</tr>
<tr>
<td></td>
<td>3. Abstract: Make sure your abstract begins on a new page. Is there a label of Abstract and it is centered at the top of the page? Is it a single paragraph? Is the paragraph flush with the margin without an indentation? Is your abstract a summary of your entire paper? Remember it is not an introduction to your paper. Someone should be able to read the abstract and know what to find in your paper. [p. 25 and example on p. 41]</td>
</tr>
<tr>
<td></td>
<td>4. Introduction: Did you repeat the title of your paper on your first page of content? Do not use ‘Introduction’ as a heading following the title. The first paragraph clearly implies the introduction and no heading is needed. [p. 27 and example on p. 42]</td>
</tr>
<tr>
<td></td>
<td>5. Margins: Did you leave 1” on all sides? [p. 229]</td>
</tr>
<tr>
<td></td>
<td>6. Double-spacing: Did you double-space throughout? No triple or extra spaces between sections or paragraphs except in special circumstances. This includes the reference page. [p. 229 and example on p. 40-59]</td>
</tr>
<tr>
<td></td>
<td>7. Line Length and Alignment: Did you use the flush-left style, and leave the right margin uneven, or ragged? [p. 229]</td>
</tr>
<tr>
<td></td>
<td>8. Paragraphs and Indentation: Did you indent the first line of every paragraph? See P. 229 for exceptions.</td>
</tr>
<tr>
<td></td>
<td>9. Spacing After Punctuation Marks: Did you space once at the end of separate parts of a reference and initials in a person’s name? Do not space after periods in abbreviations. Space twice after punctuation marks at the end of a sentence. [p. 87-88]</td>
</tr>
<tr>
<td></td>
<td>10. Typeface: Did you use Times Roman 12-point font? [p. 228]</td>
</tr>
<tr>
<td></td>
<td>9. Abbreviation: Did you explain each abbreviation the first time you used it? [p. 106-111]</td>
</tr>
</tbody>
</table>
|                            | 11. Plagiarism: Cite all sources! If you say something that is not your original idea, it must
be cited. You may be citing many times…this is what you are supposed to be doing! [p. 170]

| 12. **Direct Quote:** A direct quote is exact words taken from another. An example with citation would look like this: |
| “The variables that impact the etiology and the human response to various disease states will be explored” (Bell-Scriber, 2007, p. 1). Please note where the quotation marks are placed, where the final period is placed, no first name of author, and inclusion of page number, etc. Do all direct quotes look like this? [p. 170-172] |

| 13. **Quotes Over 40 Words:** Did you make block quotes out of any direct quotes that are 40 words or longer? [p. 170-172] |

| 14. **Paraphrase:** A paraphrase citation would look like this: |
| Patients respond to illnesses in various ways depending on a number of factors that will be explored (Bell-Scriber, 2007). Do all paraphrased citations look like this? [p. 171 and multiple examples in text on p. 40-59] |

| 15. **Headings:** Did you check your headings for proper levels? [p. 62-63]. |

| 16. **General Guidelines for References:** |
| A. Did you start the References on a new page? [p. 37] |
| B. Did you cut and paste references on your reference page? If so, check to make sure they are in correct APA format. Often they are not and must be adapted. Make sure all fonts are the same. |
| C. Is your reference list double spaced with hanging indents? [p. 37] |

---

**PROOFREAD FOR GRAMMAR, SPELLING, PUNCTUATION, & STRUCTURE**

| 13. Did you follow the assignment rubric? Did you make headings that address each major section? (Required to point out where you addressed each section.) |

| 14. Watch for run-on or long, cumbersome sentences. Read it out loud without pausing unless punctuation is present. If you become breathless or it doesn’t make sense, you need to rephrase or break the sentence into 2 or more smaller sentences. Did you do this? |

| 15. Wordiness: check for the words “that”, and “the”. If not necessary, did you omit? |

| 16. Conversational tone: Don’t write as if you are talking to someone in a casual way. For example, “Well so I couldn’t believe nurses did such things!” or “I was in total shock over that.” Did you stay in a formal/professional tone? |

| 17. Avoid contractions. i.e. don’t, can’t, won’t, etc. Did you spell these out? |

| 18. Did you check to make sure there are no hyphens and broken words in the right margin? |

| 19. Do not use “etc.” or “i.e.” in formal writing unless in parenthesis. Did you check for improper use of etc. & i.e.? |

| 20. Stay in subject agreement. When referring to 1 nurse, don’t refer to the nurse as “they” or “them”. Also, in referring to a human, don’t refer to the person as “that”, but rather “who”. For example: The nurse that gave the injection…. Should be “The nurse who gave the injection…” Did you check for subject agreement? Likewise, don’t refer to “us”, “we”, “our”, within the paper…this is not about you and me. Be clear in identifying. For example don’t say “Our profession uses empirical data to support ….” . Instead say “The nursing profession uses empirical data….. |

| 21. Did you check your sentences to make sure you did not end them with a preposition? For example, “I witnessed activities that I was not happy with.” Instead, “I witnessed activities with which I was not happy.” |

| 22. Did you run a Spellcheck? Did you proofread in addition to running the Spellcheck? |

| 23. Did you have other people read your paper? Did they find any areas confusing? |

| 24. Did you include a summary or conclusion heading and section to wrap up your paper? |
25. Do not use "we" "us" "our" "you" "I" etc. in a formal paper! Did you remove these words?

26. Does your paper have sentence fragments? Do you have complete sentences?

27. Did you check apostrophes for correct possessive use. Don’t use apostrophes unless it is showing possession and then be sure it is in the correct location. The exception is with the word it. It’s = it is. Its is possessive.

Signing below indicates you have proofread your paper for the errors in the checklist:

_ Holly K. Ehrke_ __________________________ DATE: __09/29/2010 & 10/03/2010__

A peer needs to proofread your paper checking for errors in the listed areas and sign below

_________________________________ Jamie Fortin ______________________________ DATE: __9/29/10_____________