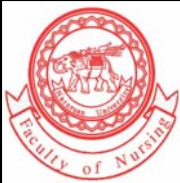




Development of health promotion knowledge transference model for health leader in community

by
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Introduction



The incidence and prevalence of chronic diseases such as hypertension, diabetes and hyperlipidemia are increasing in Thailand. (MOPH, 2008).

Chronic diseases are often the result of behaviors such as overeating, lack of exercise stress, and lack of social support (Pender, Murdaugh, & Parsons, 2006).

Knowledge about health promotion plays an important role in lifestyle decision making and behaviors. People who are knowledgeable about ways to improve and maintain health have the ability to change behavior (Grover & Davenport, 2001).

To better work with communities regarding health promotion knowledge and behaviors of people, community health care team; community nurse, public health personnel, health educator etc must understand different types of knowledge and how knowledge is used to guide behavior.



Health care team : family doctor, community nurse, public health personnel and health volunteer
1 Health volunteer take care around 10 families (house).



Introduction



In communities the need for health promotion teaching to promote positive behaviors is strong.

The community health team, community nurse, family doctor, health personnel can assist community leaders (health volunteers, head of villager, and representative of sub-district organization) in understanding and obtaining the necessary knowledge to promote health and provide a better quality of life for their community.

Out of the need of HP in community and have well-resource from health volunteer system,

A model for the distribution of health promotion knowledge to community leaders will be used in this study to help develop an effective way to support the education, knowledge transfer, and health promotion role of health care team.



Research objective

- 1. Analyze the needs for health promotion activities in the community.**
- 2. Develop a model for the transference of health promotion knowledge among community leaders.**
- 3. Examine the effectiveness of the transference of health promotion knowledge model among community leader.**



Method (R&D)

Three stages approach :

- 1. A situational analysis of problems and requirements for health promotion among people was done.**
- 2. Develop a model for the transference of knowledge of health promotion (MTKHP) among community leaders by expert conferring and brainstorming among stakeholder.**
- 3. The effectiveness of the model (MTKHP) was obtained through quasi-experimental design.**

Population and sample

Three different populations were used:

- The first group of 47 participants was involved in the situational analysis (step I) included health volunteers, village leaders, villagers including the elderly and people with chronic illness, and health providers in Thumbun Taa poo, Mueng district, Phitsanulok.
- The second sample group of participants designed the model (MTKHP) consisted of three experts and the original 47 participants from the first sample group.
- The last group of participants was 60 community leaders were randomly assigned to a control or experimental group. The control group did not participate in any steps of the model whereas the experimental group participated in all of the model.

The research instruments	<p style="text-align: center;"><u>Quantitative</u></p> <p>Two instruments were used to evaluate the stage 3 were developed by the researchers in accordance with Pender Health Promotion Behavior Model (nutrition, exercise, stress reduction, and social support) (Pender, Murdaugh, & Parsons, 2006)</p> <ul style="list-style-type: none"> - a health promotion knowledge questionnaire (true-false, its reliability was 0.82) - a check list to evaluate teaching skills (was scored using 2- for actions that were correct, 1- for actions that were used incorrectly, and 0 for no action The inter-rater reliability of this scale was 0.78.
<p style="text-align: center;"><u>Qualitative</u></p> <ul style="list-style-type: none"> - Focus group guideline 	



Data collection and analysis

- Focus group discussions were tape recorded and analyzed using content analysis.
- The model for the transference of knowledge **(MTKHP)** was developed by using the information from the focus group situational analysis as well as conferring with experts, and brainstorming with community leaders.
- The data from the two research instruments were analyzed by using mean, standard deviation, and repeated measures ANOVA.



Result




Phase I : Findings revealed that

Health promotion pamphlets were the primary means of providing information about health promotion activities. The problem with simply distributing written information about health promotion activities was that the people in the community were unable to read the pamphlets.

Health volunteers provided health information to community members who were ill, however, there was little follow-up, many community members did not change behaviors based on the health volunteers teaching.


This findings demonstrated the need for well-trained health personnel at the community level to assist with changes in health behaviors of the people.

Testing the effectiveness of MTKHP
(Step 1: Learning HP behaviors of diabetic group)



	pre-model	post-teaching through	post-model
Experiment	O ₁ X _t X _p	O ₂ X _c	O ₃
Control	O ₄	O ₅	O ₆

Testing the effectiveness of MTKHP
(Step 2: Teaching through practice)
Experimental group provided HPB to dm risk people in their own village whereas control group provide freely.



	pre-model	post-teaching through	post-model
Experiment	O ₁	O ₂ X _t X _p	O ₃
Control	O ₄	O ₅	O ₆



Testing the effectiveness of MTKHP (Step 3 : measuring outcomes of knowledge and teaching skill)

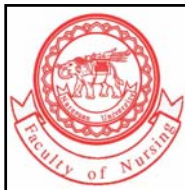
	pre-model	post-teaching through		post-model
Experiment	O ₁ →	X _t X _p	X _c	O ₂
Control	O ₄ →			O ₅
				O ₃
				O ₆

X_t = teaching
X_p = teaching through practice
X_c = collaboration

Testing the effectiveness of MTKHP (Step 4 : Collaboration with health knowledge transference) (Experimental group provided HPB information to their colleague (health volunteers) who are not the sample)



	pre-model	post-teaching through		post-model
Experiment	O ₁	X _t X _p	X _c	O ₂
Control	O ₄			O ₅
				O ₃
				O ₆



Testing the effectiveness of MTKHP (Step 5 : *measuring the transference of health promotion competency*)



	pre-model	post-teaching through	post-model
Experiment	O ₁	O ₂	←
O ₃		Xt Xp	Xc
Control	O ₄	O ₅	←
O ₆			

Knowledge

knowledge

the difference of average score

pre-model

pre-model-post-model

average

-after teaching practice

F

F

Total

Experiment 24.67/25.63/26.60

-1.100***

-1.530***

Control 24.00/25.23/25.13

Experimental gr had significantly higher difference of average total score of knowledge between post-pre model than that of control group.
(nutrition , exercise , stress management were significantly different)

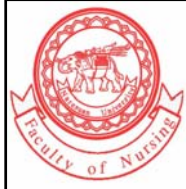


Teaching skill

teaching skill	the difference of average score		
	pre-model	pre-model-post-model	
average	-after teaching practice		
	F	F	
Total			
Experiment	1.52/1.79/1.77	-0.147***	-0.179 ***
Control	1.49/1.51/1.59		

Experimental group had significantly higher difference of average total score of teaching skill between post-pre model than that of control group.

(exercise, stress management and social support were significantly different)



Discussion



The overall findings from this research study showed that using the model developed knowledge transition can take place and improve health promotion activities at a high level than when the model is not used.

Implementation of this model is not complex and can be done by most community health care provider.

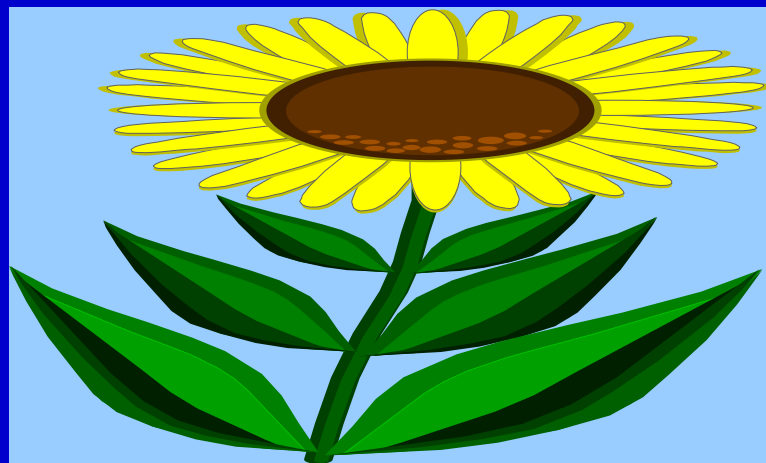
In Thailand the gate keepers of the healthcare system are the health volunteer. Providing them with a model to promote health promotion learning and knowledge transfer into action may improve the health and well being of the Thai population.



Implication for future research

They are so many types of knowledge development and management, this research uses a small group of lecture, demonstration, and guided practice technique to enhance knowledge and teaching skill of community leaders.

The other technique of teaching-learning and knowledge management regarding health promotion activities should be the subject of further study.



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