How Can Case Managers Incorporate Health Promotion Into Their Practices?

In the Ottawa Charter for Health Promotion, 1986, the World Health Organization defined health promotion as the process of enabling individuals to increase control over the determinants of health and thereby improve their own health (World Health Organization, 1986). The World Health Organization stated that participation is essential to sustain health promotion. Clients’ taking responsibility for and control of their health and the continued promotion of their own good health through disease prevention or chronic disease management is encouraged by occupational health nurses from initial client contact through all stages of the professional relationship, whether that relationship exists in acute care, chronic long-term care, home health, public health, occupational health, or case management practices. Occupational health nurses must promote the autonomy of clients, including their ability to make informed health care decisions and lifestyle choices. Occupational health nurses work to promote the independence of clients through interventions such as rehabilitation and education.

The nurse–client relationship offers nurse case managers the opportunity to bring about positive change through the case management process and also through promoting autonomous behavior using the principles of health promotion. Edelman and Mandle (2006) discussed the importance of the nurse–client relationship. They stated that the nurse–client relationship was the primary arena for health promotion. Core components of the nurse–client relationship include value, clarification, communication, and the helping relationship. The care dimension in health care is lost and health promotion is reduced to a standardized recipe if no relational context exists.

According to Edelman and Mandle (2006), health promotion strategies help individuals change their lifestyle and move toward a state of optimal health. Return to optimum health and wellness is also a goal of case management. Moving to a state of optimal health includes developing strategies not only to prevent disease, but also to return clients to maximum health through rehabilitation and then, if necessary, to manage chronic disease. Given the current value-driven health care environment, clinical and business outcomes must be linked. Returning clients to optimum health and maintaining that state is a positive clinical outcome that can be linked to reduced health care costs for business and industry.

In 1995, the American Association of Occupational Health Nurses, Inc. first defined the role of an occupational health nurse case manager and later refined the definition as “a process of coordinating an individual client’s total health care services following disease, illness or injury, to achieve optimum quality care delivered in a cost effective manner” (2003).

Rogers (2003) linked the nursing process with the case management process, listing the stages of the case management process as:

1. Client identification and outreach.
2. Individual assessment and diagnosis.
3. Service planning and resource identification; linking clients to needed services.
4. Service implementation and coordination, monitoring service delivery, and advocacy.
5. Evaluation.

Edelman and Mandle (2006) defined the levels of prevention as primary, secondary, and tertiary. Each level of prevention occurs at a distinct point in disease development and requires specific nursing interventions. Primary prevention includes general health promotion as well as specific protection against disease. Secondary prevention emphasizes early diagnosis and prompt treatment, thereby shortening the duration and reducing the severity of illness and enabling clients to return to a healthy state as soon as possible. Tertiary prevention stops a disease process and prevents continuing disabilities. The objective is to return clients to maximum functioning within the constraints of their disabilities. It is clear that the opportunity exists to interject health promotion throughout each stage of the case management process. The type of health promotion intervention is determined by the disease process and level of prevention.

One way to manage a disease is to prevent reoccurrence by educating clients and their families about the...
importance of proper hygiene, proper nutrition, and exercise. Sometimes, the best outcome of returning clients to optimum health is that clients must manage chronic disease. For example, a newly diagnosed diabetic client will need education regarding diet (e.g., calories and food groups), insulin, and exercise. Health promotion that includes instruction in not only the “how” but also the “why” would be expected to lead to successful management.

The levels of prevention and the nursing case management process complement one another. For example, within primary prevention, nurses focus on the education process. They identify family and friends needing instruction to support behavioral change in clients (e.g., clients with newly diagnosed cardiovascular disease need to stop smoking but may be living with other smokers). When nurses identify disease processes, complete selective examinations to prevent disease complications and sequelae, and work to shorten the period of disability, they are working in secondary prevention. During tertiary prevention, nurses use hospital and community facilities to retrain and educate clients to maximize their remaining function.

Throughout the case management process, nurses have the opportunity to assist clients’ return to and maintenance of health by stressing the importance of regular screenings, chronic disease management, and, in some cases, behavioral changes such as cessation of tobacco, alcohol, or drug use. Every stage of case management offers the opportunity to incorporate the appropriate level of prevention and corresponding strategies. The nursing process, health promotion, and the case management process involve implementation and then evaluation of nursing case management and health promotion strategies.

REFERENCES

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Clients need to voluntarily take an active role in promoting their own well-being. They should do so for themselves and their family. This is a quality of life issue for everyone involved. Unfortunately, wellness concepts are not internalized by all and individuals have different learning abilities and styles of participating in protecting and promoting their health. However, society is increasingly viewing health as a personal responsibility. The concepts of eating healthy, exercising regularly, and maintaining a healthy lifestyle permeate American culture. This view of health as an individual responsibility is becoming more important as the American workforce ages. Personal fitness is seen by many as an asset enhancing the quantity and quality of life and having a direct economic impact on individuals, families, and the nation.

Despite healthy lifestyle cues saturating the media and growing social awareness that fitness is a personal quality of life issue, individuals who resist taking an active role in ensuring their own well-being persist. Often times, individuals who do not protect their health eventually suffer a chronic disease (e.g., chronic obstructive lung disease) or experience the consequences of a condition (e.g., morbid obesity) and then realize they should have taken better care of themselves. The well-known baseball player Mickey Mantle, while awaiting a liver transplant, is quoted as saying, “If I knew I was going to live this long, I’d have taken better care of myself” (www.brainyquote.com/quotes/authors/m/mickey_mantle.html). Individuals may be reluctant to participate in health promotion activities for many reasons. Barriers to understanding the importance of self-directed health promotion have included profound disability, lack of understandable health education, or lack of access to convenient or affordable fitness programs.

So, how can case managers incorporate health promotion into their practices? Case managers should familiarize themselves with the full array of health education and fitness resources their clients can access. Case managers can work with their clients on an individual basis to minimize or remove the barriers inhibiting their access to health promotion resources. The key to successfully incorporating health promotion into a plan of care is to provide clients with as many opportunities for health education and affordable fitness as possible.

Some employers have partnered with local fitness franchises to provide discounted memberships (e.g., waived initial fees and reduced monthly fees) for their employees. These discounted memberships can often be extended to family members. Employers can easily enter into these virtually risk-free arrangements. Most fitness franchises are accustomed to providing such arrangements as standard marketing practice. Employees receive the benefit of attending a fitness center that meets their needs and is accessible and affordable.

Case managers should also be aware of the many low-cost, or free, resources that may exist in their communities. These can include:
- Interdenominational or faith-based groups that meet weekly at local churches to engage in activities such as meditation, yoga, or healthy cooking.
- Smoking cessation, dietary planning, weight management, or communicable disease prevention.
programs available from local health departments.
- Community-oriented “healthy eating and dietary planning” forums offered by grocery chains.
- Organizations offering opportunities for structured exercise and health education.

Case managers can also direct their clients to the plethora of health promotion resources available on the Internet. Some reputable websites offering self-guided health promotion and health education include:
- AARP’s “Health” page (www.aarp.org/health), providing extensive content regarding the importance of staying active and maintaining a healthy lifestyle.
- The American Heart Association’s “Healthy Lifestyle” page (www.americanheart.org), containing easily understandable heart health advice and links to multiple sites offering diet and exercise information.
- The American Cancer Society’s “Healthy Lifestyle” page (www.cancer.org), offering not only prevention, early detection, and treatment measures for cancer, but also resources for promoting healthy living in general.
- The Centers for Disease Control and Prevention’s “Healthy Living” page (www.cdc.gov/HealthyLiving), offering information regarding not only healthy lifestyles, but also prevention of communicable diseases such as influenza and the common cold.
- The YMCA (www.ymca.net) offers information regarding health promotion and can direct individuals to local community agencies for assistance in networking with neighbors or peers to exercise in a low-cost and structured environment.

Case managers can look forward to having evidence-based, scientifically proven health promotion and disease prevention best practice models to draw upon in the future. A recently launched National Institute for Occupational Safety and Health research program, the WorkLife Initiative, has established three centers of excellence to conduct research that will comprehensively examine establishing best practice models for workplace health promotion. A variety of lifestyle and workplace issues that influence worker health and safety will be studied. The mission of this initiative is safe and healthier workers in workplaces that protect, sustain, and promote health and well-being. The WorkLife Initiative envisions workplaces that are free of recognized hazards, with health-promoting and -sustaining policies, programs, and practices; and employees who have ready access to effective programs and services that protect their health, safety, and well-being. Additional information regarding the specific research agenda of this initiative is available at www.cdc.gov/niosh/programs/worklife/grants.html (Teri Palermo, WorkLife Initiative Coordinator, personal communication, January 9, 2008).

Case managers can offer their clients a wide assortment of personal health education, health promotion, and fitness resources. They can encourage their clients to engage in health-promoting activities and can serve as resources or referral points for accessing health education. Ultimately, clients must decide to work toward wellness rather than fall into the continuum of chronic illness, disability, and possibly premature death. Case managers will continue to be challenged to develop health promotion best practice models that accommodate the learning styles and health behaviors of a increasingly diverse work force.

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