Health Promotion: Effectiveness of Interventions of Nursing Students with Aging Population
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**Problem:** Faculty members are encouraged to develop course content and teaching-learning strategies that apply learning in community contexts, either directly or indirectly.

**Evidence:** A significant challenge for health care workers practicing in South Texas is the ability to provide culturally and linguistically appropriate care.

**Strategy:** Health Promotion course content designed to prepare nursing to work with health promotion partners included procedure for home visits, wellness goal setting, and behavior management.

**Practice Change:** Students work with their community residing volunteer partner to develop a personalized wellness goal and implement a health promotion plan.

**Evaluation:** Health partners were Hispanic, English/Spanish speaking individuals between the ages of 47 to 90, with average age of 72. The Health Promotion plan developed between student and health partner focused on the co-identified need, and includes development of a contract for student and partner mutual contributions to the plan.

**Results:** Using Chi Square for ordinal level data it was found that there was a relationship between language and age of the elder partners meeting their goal. Personal Health goal were achieved at a higher rate than those goals related to activity and diet. The preferred learning method for goal strategies was through one on one explanation rather than through the use of printed materials or other visual methods. Within home-coaching from the student on a consistent basis 47% of the partners achieved their goals, while 38% partially met their goals. The Health Promotion Partner model is effective for teaching both nursing students and elders about health promotion strategies.

**Recommendations:** The course content regarding development of individual health promotion contracts with the community residing aging population contributes to the assessment and decision making nursing skills.

**Lessons Learned:** Scheduling of the community visits for this clinical experience should be every other week for six weeks rather than weekly.

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Bibliography:

