

## Evaluation of Health Promotion Program for the Prevention of Epidemics at Primary Health Care Centers in Baghdad City: Comparative Study

تقويم برنامج تعزيز الصحة للوقاية من الأمراض الوبائية في مراكز الرعاية الصحية الأولية في مدينة بغداد: دراسة مقارنة

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### المستخلص

**الأهداف:** لتقويم برنامج تعزيز الصحة للوقاية من الأمراض الوبائية و المقارنة ما بينها في مراكز الرعاية الصحية الأولية في مدينة بغداد. **المنهجية:** أجريت دراسة وصفية لتقويم برنامج تعزيز الصحة للأمراض الوبائية في مراكز الرعاية الصحية الأولية في مدينة بغداد من 15 تشرين الأول 2019 ولغاية الأول من آذار 2020. جمعت عينة غرضية غير احتمالية من (42) مسؤول وحدة تعزيز الصحة من نفس مراكز الرعاية الصحية الأولية المقسمة إلى (14) رئيسي و (14) فرعي و (14) طب الأسرة من مراكز الرعاية الصحية الأولية في مدينة بغداد. تم بناء أداة مقابلة لغرض الدراسة. هذه الأداة مكونة من جزئين، المعلومات الديموغرافية وتقويم برنامج تعزيز الصحة. تم تحديد صدق المحتوى والثبات من خلال الإتساق الداخلي لأداة الدراسة عن طريق الدراسة الإستقرائية. جمعت البيانات من خلال إستخدام أداة الدراسة وتقنية المقابلة الشخصية كوسيلتين لجمع البيانات. حلت البيانات من خلال تطبيق الأسلوب الإحصائي الوصفي لتحليل البيانات كالتكرارات والنسب المئوية والوسط الحسابي للقيم والقيم الكلية والمعدلات والوسط الحسابي وإسلوب تحليل البيانات الإحصائي الإستنتاجي كتحليل التباين.

**النتائج:** أشارت النتائج بأن مراكز الرعاية الصحية الأولية لطب الأسرة قد نفذت برنامج تعزيز الصحة بشكل وافي ومؤثر أكثر من مراكز الرعاية الصحية الأولية الرئيسية والفرعية.

**التوصيات:** أوصت الدراسة الحالية إلى التقويم الدوري والمنتظم لبرنامج تعزيز الصحة المطلوب في دوائر الصحة وقطاعات الرعاية الصحية ومراكز الرعاية الصحية الأولية لتحديد مراقبة إستخدامه. إجراء بحوث إضافية على عينة كبيرة من مراكز الرعاية الصحية الأولية وعلى المستوى الوطني.

**الكلمات المفتاحية:** التقويم، برنامج تعزيز الصحة، مراكز الرعاية الصحية الأولية

### Abstract:

**Objective(s):** To evaluate and compare between Health Promotion Program for the Prevention of Epidemics at Primary Health Care Centers in Baghdad City.

**Methodology:** A descriptive study, using the evaluation and comparative approaches, is conducted to evaluate health promotion program for the prevention of epidemics at primary health care centers in Baghdad city from October 15<sup>th</sup> 2019 through March 1<sup>st</sup> 2020. A purposive, non-probability, sample of (42) health promotion unit officers were recruited from the same number of primary health care centers which were divided into (14) main, (14) sub and (14) family medicine primary health care centers in Baghdad City. Interview schedule instrument is constructed for the purpose of the study. Such instrument is comprised of (2) parts; Demographic information sheet and evaluation of health promotion program. Content validity and internal consistency reliability are determined the study instrument through pilot study. Data were collected through the use of the study instrument and the application of the interview technique as means of data collection. Data were analyzed through the application of descriptive statistical data analysis approach of frequency, percentage, total scores, ranges and mean and inferential statistical data analysis approach of analysis of variance.

**Results:** The study results indicate that the family medicine primary health care centers have implemented the health promotion program more sufficiently and effectively than main and sub primary health care centers.

**Recommendations:** The present study recommends that periodic and regular evaluation of the health promotion program is required at health directorates, health care sectors and primary health care centers for the determination of monitoring its utility. Further studies can be carried out on a larger sample size of primary health care centers and a nationwide scale.

**Key words:** Evaluation, Health Promotion Program, Primary Health Care Centers

## Introduction:

A health promotion program— is occasionally recognized as a wellness program. Wellness is related to health promotion and disease prevention. Wellness is designated as the arrogances and energetic decisions completed by an individual who donates to progressive health behaviors and consequences. Proposing health promotion programs to people offers a number of possible profits. For example, it may lessening their health care expenses and refining their overall health. So far, health promotion programs have augmented in admiration in current years and the charge of health promotion programs is quite low<sup>(1,2)</sup>.

Health promotion programs offer deliberate, systematized, and planned actions and proceedings over time that emphases on assisting individuals make well-versed choices about their health. They endorse rule, ecological, controlling, structural, and lawmaking variations at several levels of government and organizations. The prearranged modification in health promotion can be functional among individuals in wide-ranging situations and at any phase in the usual antiquity of a disease or health problem. It is intended to effort with a priority population (target population) — a distinct collection of individuals who

stake some shared characteristics linked to the health distress being spoken. Programs are deliberate, applied, and appraised for their precedence population. The basis of any fruitful program lies in congregation of evidence about a precedence population's health worries, wants, and needs. Charming the institutes, place of work, health care administrations, and communities where people animate and labor as associates in the course of promoting health is utmost active<sup>(3)</sup>.

The standing of health promotion program is that nurses and nurse practitioners are frequently fixated not only straight patient care, but also sickness deterrence. A significant component in illness stoppage is partaking knowledge about illnesses and how to guard clients from them. Nurses can stake evidence in countless methods, counting over communal teaching gatherings and throughout one-on-one therapy assemblies with patients who are beneath their carefulness. When patients comprehend the dangers of definite lifestyle selections, they have the information to begin creating modifications<sup>(4)</sup>.

Nurses show enormous character in disease deterrence and health promotion. We, as nurses accept the role of envoys of health. Yes, I do trust that nurses show fair

as a significant role in caring for the well as they do in taking care for the ill. Maybe considerate for the healthy is the additional significant protagonist. In this day and age of economical scratches, charge decrease and staffing lacks, health promotion brands sagacity. If we can reserve well-being, we decrease the amount of times an individual wants to move in the health-care system, thus plummeting expenses<sup>(5)</sup>.

Relative to the early determined indication, the present study aims to evaluate health promotion program for the prevention of epidemics at primary health care centers in Baghdad city.

### **Methodology:**

A descriptive study is conducted to evaluate and compare Health Promotion Program for the Prevention of Epidemics at Primary Health Care Centers in Baghdad City from October 15<sup>th</sup> 2019 through March 1st 2020.

The present study is conducted at main, sub and family medicine primary health care centers in Baghdad City. These centers provide health promotion services the health promotion program for the prevention of epidemics.

A purposive, non-probability, sample of (42) health promotion units officer were recruited from the same

number primary health care centers which divided into (14) main, (14) sub and (14) family medicine primary health care centers in Baghdad City (Table 3-1).

### **Inclusion Criteria:**

Such criteria include the following:

- a. Primary health care centers that implement health promotion program for the prevention of epidemics.
- b. Main, sub and family medicine primary health care centers.

Ethical Considerations:

When the study has been approved by the Scientific Research Ethics Committee, official permissions were obtained from the Ministry of Planning Central System for Statistics, Al-Karkh Health Directorate, Health Care Sectors, primary health care centers and Al-Russafa Health Directorate, Health Care Sectors and primary health care centers in Baghdad City.

All health promotion officers, who have participated in the study, have signed consent form for their agreements for the participation in the study. All participants were introduced with the study objectives and they were presented with the opportunity of being aware of the study affairs. They have been assured that their responses are confidential.

Interview schedule instrument was constructed for the purpose of the study. Such an instrument is presented as follows:

### **Part I: Demographic Information**

This part consists of the demographic information of health directorate, health care sectors and primary health care center's name and classification.

### **Part II: Evaluation of Health Promotion Program**

This part is comprised of (21) items that evaluate health promotion program at primary health care centers. It is consisted of the following:

#### 1. Description of the Program:

This part is measured by (14) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 2. Sessions:

This part is measured by (5) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 3. Meetings:

This part is measured by (4) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 4. Media Programs at Broadcast, Television and Satellite Channels

Seasonally:

This part is measured by (4) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 5. Awareness Materials:

This part is measured by (3) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 5. Monthly Health Occasions:

This part is measured by (2) items which rated and scored as always = 3, sometimes = 2 and never = 1.

#### 6. Field Visits:

This part is measured by (2) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 7. Activities of Health Promotion Units at Primary Health Care

Centers:

This part is measured by (4) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

#### 8. Contributors in Program Evaluation:

This part is measured by (8) items which are rated and scored as always = 3, sometimes = 2 and never = 1.

A pilot study was carried out for the period from November 4th through December 14th 2019 in order to determine the validity and reliability of the study instrument.

The content validity of the study instrument is obtained through panel of (10) experts. These experts were presented with copy of the education program and the study instrument and asked to value their content clarity and adequacy. Their responses suggested that the study instrument is clear and adequate measure.

Internal consistency reliability is employed for the determination of the study instrument stability. Cronbach alpha correlation coefficient is computed on responses of (15) health promotion unit officer main, sub and family medicine primary health care centers in Baghdad City. Finding of this computation indicates that the correlation coefficient ( $r = 0.85$ ) is approving that the instrument is highly and adequately reliable measure for the phenomenon underlying the present study.

Data are collected through the use of the study instrument and the application of the interview technique as means of data collection.

Data were analyzed through the application of descriptive statistical data

analysis approach of frequency, percentage, total scores, ranges and mean and inferential statistical data analysis approach of analysis of variance.

### **Ethical considerations**

The Institutional Review Board (IRB) in college of nursing /university of Baghdad reviewed contents of program and questionnaire before conducting a study. Informed consent was taken orally before participating in the study. After that information regarding study title and objectives had been given. Two official requests were submitted through the College of Nursing / University of Baghdad to medical city directorate/ Ministry of Health (MOH) to take approval for data collection from Iraqi center for cardiac disease and Al-Karkh health directorate/ Ministry of Health (MOH) to take approval for data collection from Ibn-Albetar specialist center for cardiac surgery in Baghdad city.

**Results:****Table (1): Overall Evaluation of Health Promotion Program**

| Source of Variance | Sum of Squares | Df | Mean Square | F     | Sig. |
|--------------------|----------------|----|-------------|-------|------|
| Between Groups     | 1308.048       | 2  | 654.024     | 7.494 | .002 |
| Within Groups      | 3403.857       | 39 | 87.278      |       |      |
| Total              | 4711.905       | 41 |             |       |      |

The results out of this table depict that the majority of main (83.34%) and family medicine (100%) primary health care centers have good overall evaluation. But sub one has equal level of good and fair overall evaluation (50%) each.

| Primary Health Care Centers | Poor<br>(46-76.6) | Fair<br>(76.7-107) | Good<br>(107.1-138) |
|-----------------------------|-------------------|--------------------|---------------------|
| <b>Main</b>                 | <b>0 (0%)</b>     | <b>3 (16.66%)</b>  | <b>11 (83.34%)</b>  |
| <b>Sub</b>                  | <b>0 (0%)</b>     | <b>7 (50%)</b>     | <b>7 (50%)</b>      |
| <b>Family Medicine</b>      | <b>0 (0%)</b>     | <b>0 (0%)</b>      | <b>14 (100%)</b>    |

**Table (2): Comparative differences between main, sub and family medicine primary health care centers relative to overall evaluation of health promotion program**

**df: Degree of Freedom, F: F-statistics, Sig.: Level of Significance at  $p \leq 0.05$**

The results out of this table reveal that there are highly significant differences among the main, sub and family medicine primary health care centers relative to evaluation of health promotion program.

**Discussion:****Part I: Discussion of the overall evaluation of the health****Promotion Program**

Such overall evaluation depicts that the health promotion program at all family medicine primary health care centers have been evaluated as good (100%); the majority of the health promotion program at main primary health care centers have been evaluated as good (83.34%) and half of the health promotion program at sub primary health care centers have been evaluated as good (50%) and fair (50%) (Table 1). Such findings can be interpreted in a manner that the health promotion program at the family medicine primary health care centers is well-structured and efficiently implemented probably due to the structure, as well as the vision and the mission of these centers.

In contrast, the health promotion program at main primary health care centers has been executed with well range scale of benefits than those of sub primary health care centers.

Types of appraisal in health promotion and disease prevention programs include determinative appraisal that happens throughout program expansion and application. It offers evidence on attaining program goalmouths or refining the program; development appraisal is a sort of

determinative appraisal that measures the kind, amount, and excellence of program actions or facilities; product appraisal can emphasis on little- and lasting program purposes. Suitable methods validate vicissitudes in health situations, excellence of life, and actions; and influence appraisal measures a program's outcome on members. Proper actions include variations in alertness, information, arrogances, performances, and/or abilities <sup>(6)</sup>.

Conferring to the Ontario Public Health Standards (OPHS), program appraisal is the organized assembly, investigation, and recording of data around a program to backing in policymaking. It contains measurable, qualitative, and mixed-method procedures. Such exertions create the evidence wanted to project or advance the efficiency of health promotion exertions <sup>(7)</sup>.

Course appraisal is utilized to display and certificate program application and can support in considerate the association between exact program components and program results. The latitude and employment of course appraisal has developed in difficulty as its significance and usefulness has become extra extensively documented. Recommended components for course-

appraisal procedures comprise loyalty, dosage (transported and conventional), grasp, staffing, and setting <sup>(8)</sup>.

Course appraisal achieves the want for evidence on program employment, which is vital in understanding program results, and notifying upcoming exertions in like extents. Determinative appraisal targets to aid grow and progress programs as of an initial phase, when chances for effect are probable to be extreme. Larger submission of determinative and course appraisal to these programs in the forthcoming has the probable to lead to improved intended and extra actual programs, and better-quality considerate of the issues manipulating program results <sup>(9)</sup>.

Community-oriented health promotion programs have succeeded completed the earlier twenty years. These programs have wide-ranging significantly in their objectives and in their methods to attainment these objectives. While certain plasticity is serious to program efficiency, it is also significant to conclude a customary of essential features in demand to differentiate community-oriented programs as of other sorts of health promotion actions. It inspects certain of the important features of community-oriented health promotion programs, and the trials

confronted by specialists who demand to involve in this kind of effort <sup>(10)</sup>.

Descriptive evaluation study is directing to designate the course appraisal of healthy stadia (HS) program, from its commencement in July 2007 to December 2009, in order to measure the viability and bear ability of an HS system crosswise Europe. Rendering to the appraisal's outcomes, numerous decent follows, such as deterrence rules and those subsidiary people with incapacities were applied in stadia over the development of the program. Contrariwise, performs subsidiary actions are usually not attained. The executed actions mostly convoluted staff and visitors. Shortage of human and financial means, particularly to the finale of the package, is well thought-out the main contest for program expansion. In inference, the process appraisal obtainable of the probability of the HS program and the improvement of health promoting performs strenuously <sup>(11)</sup>.

## **Part II: Discussion of the Comparative Difference between Primary**

### **Health Care Centers**

Analysis of such a comparative difference indicate that family medicine primary health care centers have contrarily performed the health promotion program than main and sub ones (Table 2). This



finding offers significant indication that family medicine health care centers efficiently implement the health promotion program than main and sub primary health care centers with regarding all aspects of the program evaluation.

As far as the study has confirmed that family medicine primary health care centers have competently contrivance the health promotion program than other primary health care centers in Baghdad City, the study is unfortunate to allocate support evidence to such finding due to its originality.

### Recommendations:

Based on the early derived conclusion, the study recommends that:

1. Health authority support can be offered to health promotion program at sub

primary health care centers through which the program can efficiently,

sufficiently and effectively employed.

2. The evaluation tool can be utilized as an appropriate measure for

ascertaining the evaluation of the health promotion program health system wise.

3. Periodic and regular evaluation of the health promotion program is required at

health directorates, health sectors and primary health care centers for the

determination of monitoring its utility.

3. Further research can be carried out on a large sample size of primary health care

centers and a nationwide scale.

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